| CK 2940 PAI | D | | CATION | | STOS AB 3:60 and 1 | | | | E | | | 1 | VI | | |
|--|---------------|------------------|--|------------------------|---------------------------|-------------------|-------------|--|-------------|-------------------|----------------|------------|---------------|---------------|-----------|
| Date of Notification (1) 12-21-2018 | | | | | Owner/Ope eriors, Ind | | (2) | | | IAN | | 7 2 | 019 | in the second | |
| Agencies Notified Type Notification | | | Street Ad | | | | | 111 | 1.2 | JAN | | 1 1 | V1V | | - 975 |
| ☐ EPA ☐ Initial | | | | escent [| T. (1) (1) (1) (1) (1) | | | * | 1 | | | est mil | e as at large | | |
| DEP Amended Amendment # Emergency (in | | _ | | te, Zip Co yn Lake: | de s, NJ 074 | 417 | | | ř. | | () S (, ;) | SON SON | | - si | |
| DOH justification) | cidaling | T | Name of | | | | | | - V-2551035 | ephone N | | | | | |
| DCA Cancellation | | | | Calvan | | | | | 20 | 1-394-1 | 184 | 2 | | | |
| Name of Facility Where Abatement is Taking | Place (3 | 1 | FACII | LITY INFO | RMATION | 4 | Type | e of Facility (4 | 4) | | | | | | |
| Commercial | 1 1000 (0 | , | | | | | | School (K-1 | | | | | | | |
| Street Address 1430 Globe Avenue | | | | | | | × | Subchapter Other (i.e. p | 8 (Othe | | | | ings, l | nome | s, |
| City (5) Mountainside, NJ 07092 | | | | | | | Squi 125 | are Feet | # of | Floors | | BI: | dg. Aq | ge | |
| County (6) | | Т | County C | Code (7) | | -+ | 172.0001111 | ent Use (Pric | or if bei | na demo | lishe | | | | |
| Union | | | (STATE U | ISE ONLY) | | - | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Ov | wner (8) | | ASCM | l No. | | | | atement Con nvironment | | | LLC | 0 | | | |
| Street Address | | | | | | Street 2 235 \ | | ess nia Avenu | е | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code ity, NJ 073 | 804 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | Т | Геlерh | one i | 10 × 10 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ,01 | License 01174 | |). | | | |
| | | | | Date (11) | 100 | | | SHA Monitor | | | | | | | |
| | 12-26-2 | | | | | | | nvironmen | iai Se | rvices, | LL | | | | _ |
| Occupancy Status During Abatement (Check | - | | ************************************** | | | Street 235 \ | | _{ess} nia venue | | | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma | | | | | | | - | Zip Code | | | - | | | - | |
| Other – Describe: | | | | |], | Jerse | ey C | ity, NJ 073 | 304 | | | | | | |
| Scope of Work (Check All That Apply) | _ | | | | | _ | 1 | | | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | Renova Demoli | | | | × | M G | ull Containmo lini-Enclosure llovebag Prod lon-Exempted | e cedure | | | | | 9 | |
| | Is | Loca | tion | | | | | | | | | | Abate Ty | | |
| Location of | | Norma ed Sole | | | | ription | | | | | | | ıy | pe , | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | intena | ince/ | | tos Contain thermal sy | | | | | Amount Specify | | R | 77 | Enc | Ē |
| In Facility | Cus | todial (12) | Staff? | | surfacir | | | | SI | F or LF) | | Remova | Repair | Encapsulate | Enclosure |
| (13) | Yes | No | N/A | | other mis | scellar | ieous | 5) | | | | val | = | ılate | ure |
| 1st Floor | | Х | | | V | /AT | | | 67 | 60 SF | | Х | | | |
| 1st Floor Conference room# 1 | Х | | V | /hite join | t Cor | mpo | und | 5 | 92 SF | | Х | | | | |
| 1st Floor Whole Ceiling | | X | | | Pipe Ir | nsula | ation | | 6 | 25 LF | | Х | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | NJDEP W Hauler ID | | Cubic Ya | | | Name of | | | dfill | | | | |
| Green Environmental Services, LLC | | 100 | 034889 | | 20 | | | Fairles | | dfill | | | | | |
| City, State Jersey City, NJ 07304 | | | | | Disposa 12-26-2 | | | City, Stat | | PA | | | | | |
| Completed by | P. Marrieron. | | | 1 | nature | | - | | | Dat | | | | | |
| Liliana Serrano | Offic | e Ma | nager | | 120 | ua | lii | 2 Helli | CLI | | 12 | -21-2 | 2018 | E | |

| CK7128 PAI | D | | CATION | | w Jersey EESTOS ABA 8:60 and 12 | | | | | E | 1 1/7 | | |
|---|---------------------------|--|--------------------------------|----------------------|---|---|---|--------------|---|---------------------------|---------|---|-----------|
| Date of Notification (1) 1/2/2019. | | | | | Owner/Oper & Seven Pi | | 2) Street, LLC | A CONTRACTOR | JAN | 7 | 2019 |) | |
| Agencies Notified Type Notification | | | Street A | | venue # 3 | 338 | | 1 | Per Tall and a North | FAR word regulation | - 0 | | |
| X DEP Amended X DOL Amendmen | | [| | ate, Zip Ci | | *************************************** | | | Lit | 18 07 15 101 15 101 | | | |
| □ Emergency justification) □ DCA | | | | f Contact h Vurch | io | | | 1 3 10 50 | lephone 1 32) 272 | | | | |
| | | | FAC | ILITY INF | ORMATION | | | | *************************************** | | | | |
| Name of Facility Where Abatement is Takir Private Residence | ng Place (| 3) | | | | | Type of Facility School (K- | | | | | | |
| Street Address | | | | | | Annual Manager | Subchapte Other (i.e. etc.) | | | | ildings | , hom | es, |
| City (5) Verona | | | | | | - 3 | Square Feet 1,500 | # 0 | f Floors | | Bldg. / | \ge | J |
| County (6) Essex | | | | Code (7) USE ONLY | 7 | | Current Use (Pr Private Resi | | ing demo | lished) | | | |
| Name of Monitoring Firm Hired by Building EnviroVision Consultants, Inc. | Owner (8) |) | ASCN 0007 | | | | f Abatement Co a Contracting | | (9) | | | | |
| Street Address 20-21 Wagaraw Road, Building 35 | Ε | | | | 1 | | ddress Clifton Avent | ıe, Un | it 365 | | | | - |
| City, State, Zip Code Fair Lawn, NJ 07410 | | | | | | | ite, Zip Code , NJ 07012 | | | | | | |
| Project Manager for Monitoring Firm Fred Larson | | | Telepho (973) (| ne No. 636-914 | Te | lepho | ne No. 450-9500 | | License 01036 | | | | |
| Start Date (10) 1/14/2019 | Schedul 1/25/2 | | mpletion | Date (11) | Na | ame o | f OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | Str | reet A | ddress Clifton Avenu | | it 365 | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of an all Facility | Abater y Hour | nent s | | Cit | ty, Sta | ite, Zip Code | , | | KINDONIN ZI | 31.00- | | |
| Scope of Work (Check All That Apply) | | | | | | into | 1, 140 01012 | | | | | | |
| ≥3 sf pr ≥3 If ≥160 sf or ≥260 If | portuges. | Renova Demoli | | | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | e. | |
| Location of | E.S. 2000 | Locat Norma | | | | | | - X-6 | | | Abat | emen /pe | t |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Sole aintena todial ((12) | ely by nce/ | | Descrip tos Containir thermal syst surfacing, other misce | ng Ma tems i , VAT | terial (ACM) nsulation, or | (8 | mount Specify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | te | |
| Apartment 1A | | Х | | Wa | all and Cei | iling | Plaster | 1,7 | 75 SF | X | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting, LLC | | H | IJDEP W lauler ID IJ-641 | | Cubic Yard of Waste 25 | ds | 1 2000 | | red Land al Sanita | | ndfill | | |
| City, State Wayne, NJ | - | 1 | | | Disposal D TBD | ate | City, Star Pen Ar | | ennsylv | ania | | | |
| Completed by Sean Zoric | Title Presi | ident | | | Signa | ture | | | | Date 1/2/20 | 19 | *************************************** | |

CK 4715

PATO

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

JAN 7 2019

| Date of Notification (1) Name of Building Owner/Operator (2) | | | | | | | | | | | |
|--|-------------|---------------------|-------|----------------|--|--------------------------------|------------------------------|---------|------------|-------------|-----------|
| 1-2-19 | | | | | | ECH C | ONTRACTI | MC | 201 | DE: | 1.0 |
| Agencies Notified Type Notifica ☐ EPA | ation | | S | treet Addres | 155 R | 7 (7) | | - Green | 1 | -10-10-1 | |
| DEP Amended | | | - | ty, State, Zip | | 1 20 | - | _ | - | | _ |
| DOL Amendme | | di- | 1 | | RELNIFIE | LD M | .T 087 | 30 | 2 | | |
| ☐ Emergence justification | | aing | N: | ame of Conta | | CIS M | Telephone Nur | | _ | | |
| ☐ DCA ☐ Cancellation | on | | ' | | LUCE | | relephone nur | nber | | | |
| | | | | | FORMATION | | | | _ | | _ |
| Name of Facility Where Abatement is Ta | aking Pl | ace (3) | | 70101711 | ii ordiiArrort | Type of Faci | lity (4) | | | | |
| RESIDEN | E | 18/8 | | | | School (K | 5550E-13457-E-0 | | | | |
| Street Address | | | | | | Subchapt | er 8 (Other than K- | 12) | | | |
| | | | | | | homes, e | ., private & commerc tc.) | cial bu | ilding | S, | |
| City (5) | 111 | | | | | Square Feet | | . [| Bldg. | Age | |
| OCTAN (| _117 | | | | | 2000 | _ _ Z | _ _ | 5 | 0+ | |
| COUNTY (6) CAPE MAY | | | | SE ONLY) | (7) (STATE | Current Use | (Prior if being demol | ished) | | | |
| Name of Monitoring Firm Hired by Buildin | - 0 | | | | | | CAMIT | | | | |
| (8) K (/ M | ig Owne | er | ASC | M No. | Name of Abatem | | | | 51 E.C.S.S | | |
| Street Address | | | = | | Street Address | EMCO : | LNC | | - | | _ |
| 33331,183,333 | | | | | The state of the s | 5 500 | UCE ALE | | | | |
| City, State, Zip Code | | _ | | | City, State, Zip C | ode Spik | UCE ALE | | | | _ |
| | | | | | | E SHAL | DE M.J | 18 | 70 | 2 | |
| Project Manager for Monitoring Firm | -2001-02400 | Tel | ephon | e No. | Telephone No. | 3 71111 | License No. | 00 | رك | _ | _ |
| | | . | | | 856-77 | 9-0472 | 013 | 71 | | | |
| Start Date (10) Sch | | | | ate (11) | Name of OSHA N | Monitor , | | - | | | |
| 1-12-18 | | 2- | 18 | | | NIA | | | | | _ |
| Occupancy Status During Abatement (Ch | | 50 5m | | | Street Address | | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm | | | | 1 | | | | | | | _ |
| Other - Describe: | iai Facil | пу ноц | rs | | City, State, Zip Co | ode | 4 | | | I.F. av | |
| Scope of Work (Check all that apply) | | | | | | | | | _ | | _ |
| Scope of Work (Check all that apply) | | | | | ☐ Full Cont | tainment with N | egative Pressure | | | | |
| ≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf | | enovati | | | ☐ Mini-Enc | losure | -3 | | | | |
| ∑ 2100 st 01 2200 ft | Ø4 n | emolitio | n | | ☐ Glovebag | g Procedure mpted (*) and N | lon-Friable Procedu | re | | | |
| | | Locatio | | | | | I | 7 | Abate | ment | |
| Location of | 100000 | lormally d Soleh | | | Description of | | | | Typ | ж | |
| Asbestos-Containing Material (ACM) | Mai | ntenan | œ/ | | s Containing Mate | | Amount | | | Е | |
| TO BE ABATED IN Facility | | ustodia Staff? | I | (i.e., t | hermal systems in surfacing, VAT, o | | (Specify SF or LF) | Rei | Z. | nca | Enc |
| (13) | | (12) | | 1 | other miscellaneou | (st | OF OF ET | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | 1 | | | | B. | | ate | Ге |
| S101.41/ | - | | V | 7 | DALLE ITI | | 7600 50 | 1 | | - | \dashv |
| SIDING | | | _ | | RANSITE | | 2000 SE | X | | | _ |
| | _ | | | | | | | | | | _ |
| | | | | | | | | | | | |
| | | _,_l | 0.51 | | | | | | | | |
| Name of Registered Waste Hauler | | | DEP V | | Cubic Yards of Waste | Name of Reg | istered Landfill | | | | |
| KITMED INC | | 1 - | 790 | 24 . | | C. M | 1.C. M.U. | A | | | _ |
| City, State | - | | | | Disposal Date | City, State | VIO 17 | | | | |
| MADLE SHADE IN | | | | | | _ WOC | DBINE | | (-) | | |
| Completed By Title | CI | JP. | | | Signature | 071 | Date 2 | -1 | 9 | | |
| MICHAU LLOMA _ | 2 | 08. | _ | | - Mull | y V | 1-1-6 | | 1 | | = |

CK4 4715

PATD

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

JAN 7 2019

| Date of Notification (1) | | | Nama of Des | 14:0 10 | | A street | | | -01, | 9 |
|---|--------------------------------|---------------|--------------------------|-------------------------------------|----------------------------|----------------------------------|---------|--------------|-------------|-----------|
| 1-2- | 19 | | F | Iding Owner/Opera ARTHTE | ator (2) | DMTNACT | AAC | ~ | | |
| 1 2 | ype Notification | | Street Addre | ss | | JIG MACE | 110 | <u>ت</u> | VIS: | _ |
| | Initial | | | 155 R | T 50 | W. Celtura E. | | | VO Age | 1- |
| X DOL | Amended Amendment # | 1 | City, State, Z | ip Code | | | | | | = |
| ™ DOH | Emergency (includir | ng | | REEN FI | tlo 1 | NT 08 | 73 | 0 | | |
| | justification) Cancellation | | Name of Con | 97970 | | Telephone N | | 1000 | | |
| | | | | BRUCE | | _ | | | | |
| None of E- 21, 144 | | | FACILITY I | NFORMATION | | | | | | |
| Name of Facility Where Abar | tement is Taking Place | e (3) | | | Type of Fac | cility (4) | | | | |
| Street Address | ESIDENICE | | | | School (| K-12) | | | | |
| Succinduless | | | | | Subchar | oter 8 (Other than K | -12) | | | |
| City (5) | | | | | nomes, | | rcial b | uildin | igs, | |
| MARC | ATT | | | | Square Fee | # of Floors | | Bldg | . Age | |
| County (6) | MIE | | 0 0 | | 1500 | _ _2 | _ | _5 | 0 + | |
| ATL AM | TIC. | | County Code USE ONLY) | (7) (STATE | Current Use | (Prior if being demo | olishe | (b | | |
| Name of Monitoring Firm Hire | d by Building Owner | - | SCM No. | I Nome of About | 1 | ACANT | | | | |
| (8) M | A | | WON 140. | | ment Contracto | | | | | - 2 |
| Street Address | <u> </u> | | | Street Address | LOMCO | INC | | | | _ |
| | | | | 369 | | PRINCI- IA | | | | |
| City, State, Zip Code | | | | City. State, Zip (| Code | PRUCE A | 1 | | | |
| | | | | MAK | PLE SH | LADE MI. | 7 | 20 | 05 | > |
| Project Manager for Monitoring | Firm | Teleph | none No. | l elephone No. | | Licones No | | 200 | 2,0 | _ |
| | | | | 856-7 | 19-047 | 2 01 | 37 | Ί | | |
| Start Date (10) | Scheduled Con | | n Date (11) | Name of OSHA | | | | - | | _ |
| 1-12-19 | 1-22 | -19 | | | NI | A | | | | |
| Occupancy Status During Abat | ement (Check only or | rie) | | Street Address | | | | | | |
| Facility Closed/Vacated Duri | ing Entire Period of Al | bateme | nt | | V. | | | | | |
| Abatement Performed Outsid | de of Normal Facility I | Hours | | City, State, Zip C | ode | | | | | |
| | | | | | | 137 | | | | |
| Scope of Work (Check all that a | apply) | | | □ F# C | | n 12 1721 | | | | |
| ≥3 sf or ≥3 lf . | | vation | | ☐ Mini-End | itainment with N Nosure | egative Pressure | | | | |
| ≥160 sf or ≥260 lf | Demo | olition | | ☐ Gloveba | a Procedure | STOUGHT TO PARK THE THE TANK THE | | | | |
| | Is Loc | ation | | XINON-EXE | empted (*) and N | Ion-Friable Procedu | 7 | | | _ |
| I patrony i accesso y | Norm | nally | | | | | 1 | Abate Tyj | | |
| Location of Asbestos-Containing Material (| ACM) Used So Mainter | | | Description of s Containing Mate | riol (ACAI) | | - | | 1 | |
| TO BE ABATED | Custo | dial | (i.e., t | hermal systems in | isulation | Amount (Specify | 1 - | | E | П |
| IN Facility (13) | Staf (12 | | | surfacing, VAT, other miscellaneou | or | SF or LF) | Remova | Repair | Cap | nclo |
| (10) | | $\overline{}$ | - | oriei miscellaneol | IS) | | oval | air | Encapsulate | Enclosure |
| | Yes N | o N/. | A | | | | | | ē | Ф |
| SIDING | | X | T | RAWSIT | F | 1750 3F | Y | | | |
| | | 1 | | | | 1130 31 | _ | \vdash | - | - 115 |
| | | + | 1=== | | | | - | \dashv | - | _ |
| | | +- | | | | | | \dashv | _ | _ |
| Name of Registered Waste Haule | | NIDEE | Waste C | Cubic Yards T | Nome of D | | | | | |
| 14. | | Hauter | ID No. o | f Waste | Name of Regi | stered Landfill | | | | |
| City, State | | 179 | 104 | | A(| UA | | | | |
| MAPLE SHADI | TIM | | | isposal Date | City, State | C) 3 | | | | |
| Completed By | Title | | | | PLEA | SHUITVIU | -6 | | | _ |
| MICHAEL KLEM. | | | | Signature. | 12 | Date | _1 | a | | |
| 3841 | | | | Mere | NI. | | | | | - |

CK4913 PAID

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

| ٤ | 10 - | |
|----|-------|--------|
| IL | -AR13 | 7 2010 |
| N. | UAN. | 2019 |

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

| LLAMI | In the District | | | (| | 0.00 88. | u 12.120) | | | 世面" | - JA | Nii | 2/ | 2019 | Ŷ |
|--|--|----------------|--------------------|---------------------|---------------|-----------|---------------------------|------------------|------------------------------------|------------------------------|------------------|-------------|---------|-------------|-----------|
| Date of Notification (1) | | | | Name o | of Building C | Owner/O | perator (2) | 9. | ((1/.) | 10011 | _ | | | | |
| Agencies Notified 1 | ype Notification | | | Street A | | res! | 347EI | MAR | CHO | Rettle | T | 140 | ाद | NS | ACI |
| | Initial | | | | | PASS | SAIC | A | VE | - 100 DE G | -, ,] | JQF. | MSH | | |
| D DEP | Amended | | | | ate, Zip Cod | le | | | | | | | | | |
| DOL [| Amendment # Emergency (ir | | - | | ACILE | NSA | +CK | . (| UJ. | 0760 | | | | 110000 | |
| DOH DCA | justification) | | | | f Contact | ١. ٨ | 110 | | | Telephone | | | سو ۵ | 0 | |
| L DCA | Cancenation | | | | ILITY INFO | | | | | 201-8 | 5/7. | - 3 | 75 | 4 | |
| Name of Facility Where Abate | | | | | 3) | 01111211 | 1 | Туре | of Facility (4) | | | | | | |
| TIRST PRES | BYTERIA | 'N' | CHI | IRCH | | | | | School (K-12) | | | | | | |
| | PASSAIC | - | AU | 8 | | | | | Subchapter 8 (Other (i.e. priv | Other than K vate & comme | -12) ercial l | uildir | ngs, ho | omes, | etc.) |
| City (5) | ENSACIC | | | | | | | Square 2 | Feet | # of Floors | | 7 2 2 2 2 2 | 19 | Z8 | |
| County (6) | | | T | | Code (7) | | | | | f being demo | | | | | |
| BER | | | | (STATE | USE ONLY) | - | | | CHURC | | | | | | |
| Name of Monitoring Firm Hir | | ner (8) | | 7000000 | M No. | , | The state of the state of | | ment Contrac | | | | | | |
| DETAIL ASSO Street Address | CIATES | | | - | 00012 | | | | noval, In | с. | | | | | |
| 560 Sylut | N AUS | 1500 | TE | 306 | 45 | | Street A | | th River | Street | | | | | |
| City, State, Zip Code | 1 [| | | | | | City, Sta | es transferation | | | | | | | |
| ENGREMOOD | | . N | J. | 070 | 32 | | | | | ew Jersey | 076 | 01 | | | |
| Project Manager for Monitorir | | | | Telepho | | 0 | Telepho | | | | se No. | | | | |
| ANTHONY VALENT Start Date (10) | AND THE OWNERS AND ADDRESS OF THE PARTY OF T | 0.1.1.1. | | | 69-67 | 0 % | | | -7444 | 0 | 0388 | 5 | | | |
| 1/16/19 | | Scheduled 2/ | | 19 | ate (11) | - 250 | | | Monitor nvironme | ental | | | | | |
| Occupancy Status During Aba | tement (Check Onl | y One) | | | | | Street A | | 1 04 | | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed On | | | | | | | City, Sta | | ler Street | [| | | | | |
| Other - Describe: | OODA T | <u> </u> | 00 | PH | | | | | | ck, NJ 07 | 606 | | | | |
| Scope of Work (Check All Tha | at Apply) | | | | | | | | | | | | | - | |
| □ ≥3 sf or ≥3 lf | | | enovat | | | | | | | with Negative | e Press | ure | | | |
| ≥160 sf or ≥260 lf | | | emolit | ion | | | | - | -Enclosure ebag Procedu | ıre | | | | | |
| | | | | | _ | | | | |) and Non-Fri | iable P | roced | ure | | |
| | | 10000 | Locati | | | | | | | | | | | ment pe | |
| Location of Asbestos-Containing Mat | erial (ACM) | Use | formali d Solel | y by | Ashest | | scription o | | CMO | Amount | | | / | - | |
| TO BE ABATE In Facility | | | intenar odial S | | | nal syste | ems insulat | | | (Specify | | Re | R | Enc | En |
| (13) | | | (12) | | | | VAT, or niscellaneo | ous) | | SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | İ | | | .(%). | | | | a. | • | ate | re |
| CHURCH CRAWL | SPACE | | | 1 | THERMAL | L. Sec | TEM INS | SJ LAT | 101 | 800 L | F | × | | | |
| | <u> </u> | | -turasus | | [1]0 | - 0/3 | | | | <u> </u> | • | • | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hau | ler | | 100000 | JDEP W | | Cubic Y | | T | Name of Reg | sistered Landf | ill | | | | |
| Best Removal, Inc. | | | H | auler ID 1 17109 | No. | of Wast | 10CY | S | Minerva | a Entrerp | rises | , LI | LC | | |
| City, State | | | | | | Disposa | I Date | | City, State | | | | | | |
| Hackensack, NJ 070 | 501 | | | | | 2/ | 1/19 | | Wayne | sburg, Ol | H 4 | 1688 | 8 | | |
| Completed by J. Maiorano | | Title Estin | nato | - | | Si | gnature / | 2. | nous | 1 | Date | 1/- | , 1 | 9 | |
| | | iat() | | | | X 11 | Jul Cont | |) | | 1 | -11 | 1 | | |

| CK7554 PAI | State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) | | | | | | | | | | |] [| / E | |
|---|---|--|------------------|----------------------|---------------------------|--|----------------------------------|---|--|---------------------------|----------|-----|----------------|-----------|
| Date of Notification (1) 01/02/19 | | | Name o | of Building | Owner | r/Operator | (2) | List many | Total State of the | JAN | 7 | 20 | 19 | |
| Agencies Notified Type Notification EPA DEP Initial Amended | | | | ate, Zip C | ode | | | | 1 | TEST | | | | 4 |
| DOL Amendment # Emergency (in justification) DCA Cancellation | | - | | ck, NJ of Contact | | | <u> </u> | | Tele | phone | Numbe | г | | |
| | | | FACI | ILITY INF | ORMA | TION | 115 | | 1 | | | | | |
| Name of Facility Where Abatement is Taking Street Address | Place (3 |) | | | | | | of Facility (4) |) | - 46 1 | (40) | | | |
| City (5) | | | | | | | x c | Subchapter 8 Other (i.e. pri etc.) e Feet | vate & | comme | ercial b | | | nes, |
| Teaneck | | | | | | | Squar | e reet | # 01 | Floors | | Bla | g. Age | |
| County (6) Bergen | | | | Code (7) USE ONLY |) | | Currer | nt Use (Prior | if bein | ng demo | lished) | | | |
| Name of Monitoring Firm Hired by Building Ov | vner (8) | | ASCN | ЛNo. | | | | ement Contr | | | | | | |
| Street Address | | | | | | 1,000,000,000 | Address | s OOVE CO | URT | | | | | |
| City, State, Zip Code | | | | | | | tate, Zip EWOC | o Gode DD, NJ 08 | 701 | | | | 7.4 | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | - 22 | one No 668-90 | | | License 1200 | e No. | | | |
| | chedule 1/17/1 | | npletion | Date (11) | | | | A Monitor PROFES | SION | NALS | | | | |
| Occupancy Status During Abatement (Check (Facility Closed/Vacated During Entire Pe | | | ant | | | | Address | SOVE COL | JRT | | | | | |
| Abatement Performed Outside of Normal Other – Describe: | Facility | Hours | lent | | | The state of the s | tate, Zip | Code DD, NJ 08 | 701 | | | | | |
| Scope of Work (Check All That Apply) | - | | | | | | | _, | | | | _ | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emoliti | | | | × | Mini Glov | Containment -Enclosure rebag Proce -Exempted (| dure | | | | dure | |
| N N N | | Location | 2022 | | | | | | | | | | atemer Type | nt |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Used Mai | ormall d Solel ntenar odial S (12) | y by nce/ | Asbes (i.e. | tos Cor therma surf | escription ntaining M al systems acing, VA | laterial (s insulat T, or | (ACM) ion, | (Sp | nount pecify or LF) | Kelllova | , | Encapsulate | Enclosure |
| (13) | Yes | No | N/A | | otner | miscellan | eous) | | | | Oval | | sulate | sure |
| INTERIOR | | | ı | PIPE | INSULA | TION | | 80 | DLF | x | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | | |
| Name of Registered Waste Hauler | | I N | JDEP W | aste / | Cubic | c Yards | | Name of Re | enister | ed Land | 1611 | | | Щ |
| NEWARK CARTING | | H | auler ID 1509 | | of Wa | aste | | IESI | g.0.011 | | | | | |
| City, State NEWARK, NJ | | | | | Dispo 01/1 | osal Date 7/19 | | City, State BETHLEI | НЕМ | PA | | | | |
| Completed by JOSEPH PERLSTEIN | | Signature | | | | 1.5 | Date 01/02 | /19 | | | | | | |

V35751 PAID

| I A A I | 7 | 2010 |
|---------|---|------|
| JAN | 1 | 2019 |

| LC00 104 | L CELL | | | (1 | ursua | III to NJ/ | AC 6:60 and 5:1 | | JAN | 7 20 | 019 | on the same of the |
|--|----------------------------|----------|---------|-------------------|-------------------|---------------|--|--|-------------------------------------|--------------------|-------------|--|
| Date of Notification (1) | | 002920 | | | | | ng Owner/Operator | V / | | - | - 1 1 | 1 |
| | 02 / | 19 | - | | Le | rtch Wre | cking & Disposa | I | 7-2 | 525 | | |
| Agencies Notified | Type Notific | cation | | | Stree | et Address | | | r.coscor Li | STANSING | Treat. | 101 |
| ☑ EPA ☑ DOLWD | ☐ Initial | j. | | | 51 | 15 Belma | r Blvd. | | | American services | | |
| ⊠ DOH | Amende Amenda | | | | City, | State, Zip | Code | | | | | |
| ☐ DCA | ⊠ Emerge | | udina | | Fa | rmingdal | e, NJ 07727 | | | | | |
| (NJAC 5:23-8) | _ justificat | tion) | | | Name | e of Contac | ct | | Telephone Num | ber | | |
| | ☐ Cancella | ation | | | Do | ug | | | 732-681-020 | 16 | | |
| | | | | | FA | CILITY IN | NFORMATION | | | | | |
| Name of Facility Where A | Abatement is | Taking F | Place | (3) | | | | Type of Facility | (4) | | | |
| Residence | | | | | | | | School (K-12 | 2) | | | |
| Street Address | | | | | | | | Subchapter (| 8 (Other than K-12 rivate and comme |) roial huildir | nae | |
| 201 | | | | | | | | homes, etc.) | | iolai bulluli | igs, | |
| City (5) | | | | | | | | Square Feet | # of Floors | Bldg. / | Age | |
| Wall | | | | | | | | 1200 | 1 | 65 | | |
| County (6) | | | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr | ior if being demoli: | shed) | | |
| Monmouth | | | | | | | | Residence | | | | |
| Name of Monitoring Firm | | lding Ow | mer (| 8) | ASCM | No. | Name of Abateme | | | | | |
| Guardian Contracti Street Address | ng, inc. | | | | | | | ntracting, Inc. | | | | |
| 1889 Rte. 9, Unit 61 | | | | | | | Street Address | 190 (90) 255 | | | | |
| City, State, Zip Code | | - | | | | | 1889 Route 9 | | | | | |
| Toms River, New Je | 200 A 0075 | | | | | | City, State, Zip Co | | | | | |
| Project Manager for Moni | | , | | Tale | | N | | New Jersey 08 | | | 5 | |
| Nicholas Fernicola | toring Filli | | | 1,000 | ephone | No. 9-9932 | Telephone No. | | License No. | | | |
| Start Date (10) | | Schedule | ad Co | | | | 732-349-9932 | Maria de la companya | 00624 | | | |
| 01 /03 / | | | | | | 19 | Name of OSHA M | | | | | |
| Occupancy Status During | | | | | | | E.M.S.L. Anal | туисат ———————————————————————————————————— | | | | |
| ☐ Facility Closed/Vacate | | | | | ment | | Street Address | | | | | |
| ☐ Abatement Performed | Outside of N | ormal Fa | acility | Hou | rs - Des | scribe | 1056 Stelton City, State, Zip Co | J. | | | | |
| Time of Abatement: _ | AM | PM/_ | | _PM- | • | AM | | ode New Jersey 081 | DE A | | | |
| Scope of Work (Check all | that apply) | | | | | | i iscataway, i | New Jersey Uo | 004 | | | |
| | 15 C75 C10 7 V 11 V 15 V 1 | _ | 1.0 | | | | ☐ Full Cont | ainment with Neg | ative Pressure | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | | novati nolitio | | | ☐ Mini-Enc | losure | | | | |
| | | | | | | | ⊠ Non-Exe | mpted (*) and No | n-Friable Procedu | re | | |
| 00- 60 | 12 | | | Locat | 1000000 | 127 | | | | Abatem | nent T | ype |
| Location Asbestos-Containing N | | n | | orma I Sole | lly ely by | A-6- | Description o | | _ | 1 1 1 1 1 1 1 1 1 | 1 | T |
| TO BE ABA | TED | " | Mair | ntena | nce/ | (i.e | stos Containing Ma ., thermal systems i | insulation. | Amount (Specify | Remova | ncal | nclo |
| IN Facilit (13) | У | | Custo | (12) | Staff? | | surfacing, VAT, | or | SF or LF) | val | Encapsulate | Enclosure |
| (13) | | 1 | 'es | No | N/A | | other miscellane | ous) | | | ate | U |
| exterior | | - | | | | acheete | os siding | | 1000 -5 | | +- | |
| interior | | | | NEW WILL | 1 | | | | 1000 sf | | 1 | ᆜ |
| Interior | | | | | | aspesto | os floor tile | | 600 sf | | | |
| | | |] | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Wast | | | | 10000 | JDEP \ | | Cubic Yards of | Name of Regist | tered Landfill | | 1 | |
| Guardian Contractir | ng, Inc. | | | Н | auler II 20223 | TO 10 17 THE | Waste 3 | T.R.R.F. | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | |
| Toms River, New Je | rsey | | | | | | 01/04/19 | Tullytown, | Pennsylvania | 31 | | |
| Completed By (Print or Ty | pe) | Title | | | | | Signature | 1 | / Da | te / | / | |
| Nicholas Fernicola | | Proj | ect l | Vlana | ager | | | | 10 | i / . | 110 | 9 |
| ASB-41 | | | | | | | | 7-12 | | 1100 | 10 | 50 |
| IAN 13 | | * Do | not u | ise th | is form | for asbest | os licensure exemp | ted activities. | | 1 | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification (1) | 00 | TA | 具具 | D | | | JAC 8:60 and 5:1 | | | JAN | 7 | 20 | 119 |
|---------------------------------------|--------------------|---------------|---------|-------------------|----------|---------------------------|--|-------------------|----------------------------|----------------|---------|-------------|-----|
| 01 / | 02 / | 1 | 9 | | 100 | me of Build Paul Mikit | ling Owner/Operator ik | (2) | 2 | 5 | 7 | 8 | 5 |
| Agencies Notified Repa | Type Not | ification | 1 | | Str | eet Addres | S | | 1 11 | SENY | W | | - 4 |
| ⊠ DOLWD | ☐ Initial | المام | | | | | | | 91 199 | \$ - 1 Co | 9.0 | | |
| ☑ DOH | Amen | aea dment# | # | | Cit | y, State, Zip | Code | | | | | | _ |
| DCA | ☐ Emerg | | | ina | L | ittle Egg | Harbor, NJ 08087 | • | | | | | |
| (NJAC 5:23-8) | justific | ation) | Toluu | 9 | | me of Conta | | | Telephone Nu | mhor | | | _ |
| | ☐ Cance | llation | | | F | aul Mikiti | k | | receptione 14ul | libei | | | |
| | | | | | F | ACILITY | INFORMATION | | | | | | |
| Name of Facility Where A Residence | batement i | is Takin | ng Pla | ce (3) | | | The state of the s | Type of Facilit | 5) 8/O.5 | | | | _ |
| Street Address | | | | | | | | School (K- | 12) r 8 (Other than K-1 | 0) | | | |
| | | | | | | | | Other (i.e., | private and comm | 2) ercial h | mildir | nas | |
| City (5) | | | | | | | | homes, etc | :.) | oroidi L | runun | igo, | |
| Lavallette | | | | | | | | Square Feet | # of Floors | E | Bldg. / | Age | |
| County (6) | | | | | | | | 1000 sf | 1 | | 65 | 170 | |
| Ocean | | | | | Co | ounty Code | (7)(STATE USE ONLY) | Current Use (F | rior if being demol | ished) | | | - |
| 1,000,000,000,000,000 | | | | | | | | Residence | | | | | |
| Name of Monitoring Firm | Hired by Bu | uilding (| Owne | r (8) | ASC | M No. | Name of Abateme | ent Contractor (9 | 9) | | | | - |
| Guardian Contraction | ng, Inc. | | | | | | Guardian Co | ntracting, Inc. | • | | | | |
| Street Address | | | | | | | Street Address | | | | | | - |
| 1889 Rte. 9, Unit 61 | | | | | | | 1889 Route 9 | , Unit 61 | | | | | |
| City, State, Zip Code | | 0000 | | | | | City, State, Zip Co | | | | | | - |
| Toms River, New Je | | 55 | | | | | Toms River, | | 8755 | | | | |
| Project Manager for Monit | oring Firm | | | Tel | lephon | e No. | Telephone No. | | License No. | | | | _ |
| Nicholas Fernicola | | | | 7 | 32-34 | 19-9932 | 732-349-9932 | | 00624 | | | | |
| Start Date (10) | | Sched | luled (| Compl | etion [| Date (11) | Name of OSHA M | onitor | 00027 | | | | _ |
| 01 /14 / | 19 | 0 |)1 | / _1 | 5_/ | 19 | E.M.S.L. Anal | | | | | | |
| Occupancy Status During | Abatement | (Check | c only | one) | | | Street Address | | | | | | _ |
| ☐ Facility Closed/Vacated | During En | tire Per | riod o | f Abate | ement | | 1056 Stelton | | | | | | |
| Abatement Performed | Outside of N | Normal | Facili | ity Hou | ırs - De | escribe | City, State, Zip Co | de | | | | | |
| Time of Abatement: | AM | PN | /I/ | PM | | _AM | Piscataway, N | | DEA | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | · ioutaway, i | vew dersey od | 1004 | | | | _ |
| | | | Π. | | | | ☐ Full Conta | ainment with Ne | gative Pressure | | | | |
| ☐ ≥160 sf or ≥260 lf | | | | enovat emoliti | | | | osure | | | | | |
| | | | | OTTOTAL | 011 | | ⊠ Glovebag □ Non-Exer □ □ Non-Exer | Procedure | n-Friable Procedu | 50 | | | |
| | | | 504 | s Loca | | | | prod () dila rec | m-i nable Flocedu | | -4 | | _ |
| Location o | f | | | Norma ed Sol | | Name of the Control | Description of | | | - | atem | 1 | У |
| Asbestos-Containing M TO BE ABAT | ateriai (ACI ED | IVI) | Ma | aintena | ance/ | Asbe | stos Containing Mat | erial (ACM) | Amount | Removal | Repair | Enc | |
| IN Facility | | , | Cus | | Staff? | (1.6 | e., thermal systems in surfacing, VAT, | or | (Specify SF or LF) | JOVE | = | aps | |
| (13) | | + | | (12) | | _ | other miscellaneo | us) | Of Of Er) | = | | Encapsulate | 1 |
| roudonos | | | Yes | No | N/A | | | | | | | Ф | |
| rawlspace | | | | | | asbesto | os pipe insulation | 1 | 50 If | | П | П | T |
| | | | | | | | | | | | | | + |
| | | | | | П | | | | | | ш | Ш | 1 |
| | | | 20.00 | 12 | - | | | | | | | | |
| ome of Decision 1344 | | | | | | | | | | | | П | T |
| ame of Registered Waste | | | | 1 3 2 3 | | Waste | Cubic Yards of | Name of Regis | tered Landfill | | | | 1 |
| Guardian Contracting | j, inc. | | | 10 | 2022 | | Waste 2 | T.R.R.F. | | | | | |
| ty, State | | | | | | | Disposal Date | City, State | | | | | _ |
| Toms River, New Jers | sey | | | | | 8 | 01/15/19 | | Pennsylvania | | | | |
| ompleted By (Print or Type | e) | Title | | | | | Signature | 7 | -17 | to 1 | 1 | | |
| | | _ | | 1/1 | | | 3.0.0 | | // Da | ie / | 1 | | |
| Nicholas Fernicola | | Pro | oject | iviana | ager | | | 3 | | / | 1 | 9 | |

| K 1320 | PAU | NOT | IFICA [*] (Purst | TION OF | of New Je : ASBEST NJAC 8:60 | OS ABAT | EME (20) | NT | | | EG | | <u> </u> | | |
|--|---|----------------------------|--|-------------------------|------------------------------------|--|--------------------------|----------------------------------|-----------------------|---------------------|---------------------------|---------------|-------------|---|--------------|
| Date of Notification (1) 12/21/2018 | | | | me of Bu ichael I | ilding Own Erck | er/Operat | tor (2) |) | este givenue e | | JAN | 7 | 2019 | | Stanford Co. |
| | ype Notification | | Str | eet Addr | ess | | | | | in the | 0,,,, | | | | |
| T EPA | Initial | | Cit | State | Zip Code | | | | | | AGESTO | 8 001 | VIE. | | |
| DEP X DOL | Amended Amendment # | | C | y, State, hathan | Townsh | nip NJ 0 | 792 | 8 | | | 1.10 | 1916 | | | × 15 - |
| | Emergency (incluing justification) | uding | | me of Co | | | | | | Teleph | one Numb | er | | | |
| DOH DCA | Cancellation | | | ichael | Erck TY INFORM | MATION | | | | | | | | | |
| Name of Facility Where Ab | atement is Taking Pl | ace (3) | | FACILII | TINFORM | MATION | 1 | Type of F | acility (4) | | | | | | |
| Michael Erck's Resid | ential | 88.90 | | | | | _ [| Cub | ool (K-12) | (Other t | han K-12) | | | | |
| Street Address | | | | | | | | × Oth | er (i.e. pri | vate & c | ommercial | building | gs, ho | mes, | |
| | | | | | | | | etc. Square F | | # of FI | oors | Bldg | , Age | | |
| City (5) Chatham Township | | | | | | | | | | | | -1\ | | | _ |
| County (6) | | | Co | ounty Co | de (7) E ONLY) | | | Current I | Jse (Prior | if being | demolishe | a) | | | |
| Morris County Name of Monitoring Firm I | Hired by Building Own | ner (8) | 1 | ASCM N | No. | Na | ame o | of Abaten | nent Cont | ractor (9 |) ellC | | | | |
| | | | | | | | | Address | ty Main | lenanc | e LLO | | | | |
| Street Address | | | | | | 1 | 05 V | /an Rip | er Aver | iue | | | | | |
| City, State, Zip Code | | | | | | | | ate, Zip | | | | | | | |
| City, State, 21p 3343 | | | | | | | | n NJ 0 | /011 | | License No | | | | _ |
| Project Manager for Moni | toring Firm | | T | elephon | e No. | | | one No. 899-90 | 08 | | 01336 | | | | |
| Start Date (10) | Is | cheduled | Com | pletion D | ate (11) | N | ame | of OSHA | Monitor | | | | | | |
| 12/22/2018 | 1 | 2/25/20 | 018 | | | | 14 | Addroop | | | | | | | |
| Occupancy Status During | | | | | | 5 | treet | Address | | | | | | | |
| Facility Closed/Vaca Abatement Perform Other – Describe: | ated During Entire Pe ed Outside of Normal | riod of At I Facility I | oatemo Hours | ent | | C | City, S | itate, Zip | Code | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | 7 | | | | | • | | |
| × ≥3 sf or ≥3 lf | | | enovat emoliti | | | | | Mini- | -Enclosure | е | Negative F | ressur | e | | |
| ≥160 sf or ≥260 lf | | | | | | | 2 | Glov Non- | ebag Pro Exempte | cedure d (*) and | Non-Friab | le Prod | edure | 9 | |
| | | Is | Locati | on | | | | | | | | | Abate Ty | men pe | |
| Location Asbestos-Containing TO BE AB In Fact (13) | g Material (ACM) <u>IATED</u> ility | Used Mai | lormal d Sole ntena odial S (12) | ly by nce/ Staff? | Asbest (i.e. | Descr os Contain thermal sy surfacir other mis | ning I ystem ng, V | Material ns insulat AT, or | (ACM) ion, | (S | mount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | Pipe ir | neul | ation | | 2 | 4 LF | X | | | 1 |
| Basem | nent | | X | - | | -ipe ii | isuic | 20011 | | - | | | | | |
| | | - | | | - | | | | | | | + | | | T |
| | | | | - | | | | | | | | | | | |
| Name of Registered W | aste Hauler | | | NJDEP V | Naste Naste | Cubic Y | | | Contraction Contracts | | ered Landf | 11 | | *************************************** | |
| TBD | | | | Hauler IC FBD |) NO. | YD YD | ic. | | | ss Lan | atıll | | | | |
| City, State | | | | | | Disposa | al Da | te | City, St. | ate sville P | A19067 | | | | |
| Completed by | | Title | | | | Si | ignatı | ure / | 2 | | 1 | Date 12/21 | /201 | 8 | |
| Darko Raloski | | Proj | ect N | lanage | er | | | 14 | ACTUBEES. | | | 12121 | 201 | | |

PAID

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

CIC 4909

| Date of Notification (1) | | -1 | Name of | Building (| Jumer/One | erator (2) | | | - | Parties of the | CONTRACTOR OF THE PERSON OF TH | William No. | |
|---|-------------------------|--------------------|-----------|--------------------|-----------|---------------------|---|----------|-----------------|----------------|--|-------------|-----------|
| 12/28/18 | | | A. | S JAN | Jet | 2) 20 | spoy | | EG | | | 7 1 | |
| Agencies Notified Type Notification | | | Street A | ddress | | | | RAY I | T 7 84 | the or | | | |
| □ EPA Initial | | - | City St | te, Zip Coo | da | | | | JAN | -7 | - 2 0 | 10 | - 111 |
| DEP Amended Amendment # | | | | | | ~ 3 | . NJ 0 | 705 | ~ | / | 20 | 13 | 11 |
| ☐ Emergency (in | - THE PHY N THE PARTY | _ - | | Contact | 2440 | G-6 | . 25 0 | | ohone Numb | nero | etali a -a a | | |
| DOH justification □ DCA □ Cancellation | | | | MS | Coll | 206 | 4 | 1 200 | Priorite 1 (and | | | 7 | |
| | | | FACI | LITY INF | ORMATI | | | - 1 | | 42.00 | et - 1 | v | |
| Name of Facility Where Abatement is Taking Plants TANES | | 00- | LA | | | | Type of Facility (| (4) | | | | | |
| Street Address | | - 6 8 6 | | | | | □ School (K-) □ Subchapter | | han K-12) | | | | |
| | | | | | | | Other (i.e. p | | | buildin | gs, ho | mes, e | etc.) |
| City (5) | | | | | | | Square Feet | # of | Floors | В | ldg. A | ge | |
| WEST ORANGE | • | | - Carlot | | | | 1800 | | Z | | 19 | 35 | |
| County (6) | | | County (| Code (7) USE ONLY) | | | Current Use (Pric | | |) | | | |
| Name of Monitoring Firm Hired by Building Ow | ner (8) | | ASCN | | | Nama of | Abatement Cont | 105N | | | | | |
| Name of Monitoring Pilit Theo by Building Ow | ner (o) | | ASCI | 1140. | 1 | | Removal, 1 | | i.e. | | | | |
| Street Address | | | | | | Street Ac | | | | | | | - |
| | | | | | | 450 | South Rive | er Stree | et | | | | |
| City, State, Zip Code | Y) | | | | | | te, Zip Code | т т | 074 | 201 | | | |
| Project Manager for Monitoring Firm | | | Telephor | o No | | Telephor | ckensack, l | New Je | License No | | | | |
| Project Manager for Monitoring Phili | | | reteption | ie Ivo. | | | -329-7444 | | 0038 | | | | |
| Start Date (10) | Scheduled | Comp | letion Da | ate (11) | | | OSHA Monitor | | | | | | |
| 1/9/19 | | 11 | 10/ | 19 | | | ga Environr | nental | | | | | |
| Occupancy Status During Abatement (Check Onl | | | • | | | Street Ad | | ot | | | | | |
| ☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period | acility Hou | irs | | | F | | Huyler Stre | cei . | | | | | |
| Other - Describe: 8:30 ART | 0 5 | .00 | PH | | _ | | ith Hackens | sack, N | IJ 07606 | | | | 1 |
| Scope of Work (Check All That Apply) | | | | | | | | | | F 107.34 | | | |
| ≥3 sf or ≥3 lf | 200 | enovat | | | | | Full Containme | | egative Pres | sure | | | |
| □ ≥160 sf or ≥260 lf | | emoliti | on | | | | Mini-Enclosure Glovebag Proc | | | | | | |
| | | | | | | | Non-Exempted | | lon-Friable | Proced | ure | | |
| | | Locati | | | | | | | | | Abate Ty | | |
| Location of Asbestos-Containing Material (ACM) | Use | lormall d Solel | y by | Δshes | | cription of | f erial (ACM) | ۸, | nount | | | | |
| TO BE ABATED | | intenar odial S | 317 31 C | | | | tion, surfacing, | 3232 | pecify | Re | R | Enc | E |
| In Facility (13) | Cus | (12) | | | | AT, or iscellaneous | ous) | SF | or LF) | Remova | Repair | Encapsulate | Enclosure |
| , , | Yes | No | N/A | | | | , | | | al | - | ate | Ire |
| BASEMENT | | 5500 | 1 | nlean | 14.6 | | | - | 35LF | _ | | | |
| 0,000, (0,000) | THERMS | ic syst | EN IN | NOTTANCE | - | 7241 | 70 | | | | | | |
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| | \vdash | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | I N | JDEP W | acte | Cubic Y | arde | Name of | Pagietar | Landell | | | | Щ |
| Best Removal, Inc. | | H | auler ID | No. | of Waste | e | 4 | 4500 | | | | | |
| | | | 17109 | | | 2 = 7 | | | trerprise | s, L | LC | | |
| City, State Hackensack, NJ 07601 | | | | | Disposal | Date | City, Stat | | ~ OII | 1460 | 0 | | |
| Hackensack, NJ 07601 Completed by | Title | | | | 1 | gnature | | | g, OH 4 | | 0 | | _ |
| J. Maiorano | | nato | r | | 318 | V (| Paioror | P | Dat | | 12 | 8/1 | 8 |
| | | | - | | | X | 1 | | | • | 1 | 1 | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 12-28-2108 Proceed Inc(Weatherization Unit for Union & Somerset) Agencies Notified Type Notification Street Address ALCESTOS CONTES 1122 E Grand Street × × **EPA** Initial × City, State, Zip Code DEP Amended DOL Amendment # Elizabeth NJ 07201 Emergency (including Name of Contact X DOH justification) Telephone Number DCA Cancellation Joseph Sardina 908-351-7727 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private Dwelling School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Elizabeth NJ 07208 N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union Private Dwelling Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Standard Environmental Amax Contracting LLC Street Address Street Address 2108 Fulton Street, Suite 2A **PO BOX 734** City, State, Zip Code City, State, Zip Code Brooklyn NY 11233 Woodland Park NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kayode Adefisoye 347-241-7673 973-692-6198 01266 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01-14-2019 02-14-2019 AMax Contracting LLC Occupancy Status During Abatement (Check Only One) Street Address PO BOX 734 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Woodland Park NJ 07424 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If × × Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X pipe insulation 100 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Amax Contracting LLC Fairless Hills 0036184 7 CY City, State Disposal Date City, State Woodland Park NJ 07424 02-23-2019 Woodland Park NJ 07424 Completed by Signature

Project Manager

Tome Maslarkov

Date

12-28-2019

CK#4714

PAID



| | 7300 | | | | | | | <u>fi</u> | | | 1 | |
|--|----------------------------|------------|----------------------|----------|------------|-----------------------------------|--|-------------------------|----------------|---------------|-------------|-----------|
| Date of Notification (1) | -26-18 | | | Name | of Build | ing Owner/Opera | 10 S CO | ASSESTOS CO NST RUCT | NTI NO 1 | | | |
| Agencies Notified | Type Notifica | ition | | Street | Addres | S | | | | | | _ |
| D.BA | M Initial | | | | | 300 | 7774 57 | | | | | |
| M Dep | Amended Amendme | | | City, S | State, Zip | | 2.51 | 115 | 20. | | 2 | |
| ⊠ DOH | ☐ Emergeno | y (includ | ling | | | + ISLE | CLIT | | 38C | 24 | 5., | |
| DOA DOA | justification Cancellation | | | Name | of Conta | RAWIC | | Telephone Nu | mber | | | |
| | | - | | | | FORMATION | | | | | | |
| Name of Facility Where | Abatement is Ta | king Pla | ce (3) | FAC | - LITTIN | PORMATION | Type of Facil | ity (4) | | | | |
| | ESIDEA | | 100 (0) | | | | School (K | | | | | |
| Street Address | | | | | | | Subchapt | er 8 (Other than K- | 12) | (A) 120123 | | |
| | | | | | | | homes, e | , private & commer | cial bu | ikding | rs, | |
| City (5) | | | ., | | | | Square Feet | # of Floors | | Bldg. | 170 | |
| | OCCAN | <u>C1</u> | 17 | | | | 1200 | _ (| | 50 | + | |
| County (6) | PE MU | N. | | USE C | | 7) (STATE | | Prior if being demo | lished |) | | |
| | | | | ASCM N | | Name of Abate | ment Contractor | ACHAIT | | = | _ | _ |
| Name of Monitoring Firm (8) | Hired by Buildin | ig Owner | | ascm m | Ю. | Name of Abare | LEM CO | ENC | | | | |
| Street Address | LIP | | <u>—</u> | | | Street Address | | 7100 | | | | |
| Street Address | | | | | | 369 | The second secon | RUCE AU | (- | | | |
| City, State, Zip Code | | | | | | City, State, Zip | Code | | | _ | | |
| | | | | | | | PLE ST | HADE NI | I | 3C | 05 | 2 |
| Project Manager for Mon | itoring Firm | | Telep | phone No | D | Telephone No. | 9 01122 | License No. | 27 | i | | |
| | | | | | | | 9-0472 | - - 01 | 3.7 | 4 | | _ |
| Start Date (10) | Sch | eduled (| | on Date | (11) | Name of OSHA | Monitor 4 | 4 | | | | |
| 1-5-19 | | , , | | | | Street Address | - 4 | 4 | _ | | | = |
| Occupancy Status During | | | | vent | 1 | Sueet Address | | | | | | |
| Facility Closed/Vacate Abatement Performed | Outside of Norm | al Facilit | ty Hours | roan. | 1 | City, State, Zip (| Code | | | | | _ |
| Other - Describe: | 000.00 | | | | _ | | | W. | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | - | | | |
| | | Про | novatio | | | ☐ Full Co ☐ Mini-En | ntainment with Ne closure | egative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | motition | | | ☐ Gloveb | ag Procedure | | | | | |
| A | | | | | | Non-Ex | empted (*) and N | on-Friable Procedu | _ | hata | ment | |
| | | | .ocation ormally | | | | | | ' | Ty | | |
| Location of | | | Solely I | | Asbasia | Description of S Containing Ma | | Amount | - | | | |
| Asbestos-Containing Ma TO BE ABATE | iterial (ACM) | | itenance istodial | H | | hermal systems i | nsulation, | (Specify | R | 70 | Encapsulate | En |
| IN Facility | Ď | | taff? | | | surfacing, VAT, | | SF or LF) | Removal | Repair | apsı | Enclosure |
| (13) | | - | (12) | | į. | other miscellaned | (ax | | val | = | late | ure |
| | | Yes | No | N/A | | | | | | | | |
| SIDING | | 1 | | < | T | RAN SI | F | 1750 SF | X | | | |
| SIDING | | 1-1 | - | | | | | | | | | |
| | | - | - | | | | | | | | | |
| | | - | - | | | | | | | | | |
| lame of Registered Waste | Harler | | I NUD | EP Wast | e T | Cubic Yards | Name of Regi | stered Landfill | | | | |
| | Die | | | 904 | | of Waste | | MO.A. | | | | |
| KLEMCO | JALL | | 11 | 1704 | | Disposal Date- | City, State | | | | | _ |
| ity. State | HUNF | 41 7 | | 805 | 9870000 | | | BINE A | 1.7 | | | |
| ompleted By | HIZU E Title | 11. | | | - | Signature - | 100 | I Date | 21 | 1. | ~ ~ | |
| MICHACL K | COMPIL _ | SI | P. | | S-12 | Mun | WIL | | -26 | -1 | 0_ | _ |
| MILLER IC | - I | | | | | | | | | | | |

CICU 4714 PAID

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

JAN 7 2019

| Date of Notification (1) | -76-18 | | | Nam | e of Buildir | g Owner/Operator | (2) ECH COL | UTRACTIN | س) | | | |
|--------------------------------------|------------------------------|----------------|---------------------|---------|--------------|---------------------------------------|-------------------------------|--|---------|--------------|------------|-----------|
| Agencies Notified | Type Notification | 1 | + | Stree | et Address | ITS RT | | | | | | - |
| DEP DEP | ☑ Initial ☐ Amended | | - | City, | State, Zip (| Code | | | - | | - | = |
| ☑ DOL | Amendment | including | ; L | | | CELMIFIE | O ML | Telephone Numb | | | | _ |
| DCA DOH | justification) Cancellation | | | Name | e of Contac | UCE | | Telephone Numb | | | | |
| | | | | FA | | ORMATION | | | | | | |
| Name of Facility Where | Abatement is Takin | ng Place | (3) | | | | Type of Facility School (K-1 | | | | | |
| Street Address | SUPERIOR | | | | | | Subchapter | 8 (Other than K-12) private & commercia | | ings, | | |
| City (5) | 1440 | , TL | | | | | Square Feet 2000 | # of Floors | 1 | dg. Ag | | |
| County (6) | CHAY C | 117 | - | Cou | nty Code (| 7) (STATE | Current Use (P | rior if being demolis | | 00 | _ | = |
| CAPE | | • | | USE | ONLY) | | ent Contractor (S | LANT | | | | _ |
| Name of Monitoring Firm (8) | Hired by Building | Owner | <i> F</i> | ASCM | No. | | EMCO I | | | | | |
| Street Address | V/M | | | | | Street Address | S SPIEL | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | ode | | | | | |
| | | | | | | MAPL Telephone No. | E SHAD | License No. | 080 | 05 2 | | _ |
| Project Manager for Mon | nitoring Firm | | Telep | hone | No. | 856-77 | | 013 | 71 | | | _ |
| Start Date (10) | Sche | duled Co | ompleti | on Da | ate (11) | Name of OSHA N | Monitor NIA | | | | | |
| 0ccupancy Status Durin | g Abatement (Che | ck only | one) | 1 | | Street Address | 12/3 | | | | | |
| Facility Closed/Vacate | ed During Entire Pe | eriod of A | Abatem | nent | | City, State, Zip C | ode | | | | | = |
| Other - Describe: | Outside of Norma | a r donity | | | | | 27 | | | | | _ |
| Scope of Work (Check a | Il that apply) | | | | | | tainment with Ne | gative Pressure | | | | |
| >3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ☐ Ren ☑ Den | novatio nolition | | | ☐ Mini-End ☐ Gloveba ☐ Non-Exe | a Procedure | on-Friable Procedur | e | | | |
| | | | ocation mally | 1 | | | | | | bater Typ | | |
| Location of | | Used | Solely | | Asbest | Description of os Containing Mat | erial (ACM) | Amount | | | Ē | |
| Asbestos-Containing N TO BE ABAT | ED | Cu | stodial taff? | | (i.e., | thermal systems in surfacing, VAT, | nsulation, or | (Specify SF or LF) | Removal | Repair | Encapsulat | Enclosure |
| IN Facility (13) | | | 12) | | | other miscellaneo | ous) | | oval | alr | ulate | sure |
| | | Yes | No | N/A | - | -2 A.IC. | 17 | 275000 | V | | - | |
| SIDIN | 6 | | _ | X | | RANSIT | <u>-</u> | 2250sc | X | - | - | |
| | | - | - | - | | | | | | | | |
| | | \vdash | \dashv | | | | | | | | | |
| Name of Registered Was | te Hauler | | | uler IC | Waste No. | Cubic Yards of Waste | Name of Reg | istered Landfill | IA | | | |
| (CLTMCO | INC | | -11 | 790 | <u> </u> | Disposal Date | City, State | * ** | - | _ | | |
| City, State MADLE SH | 40E W | J | | | | | 1 WÓC | DBINE | _ | 17 | | _ |
| Completed By | Title | SI | yθ. | | | Signature | 02 | | 26 | 1 | 8 | _ |
| MICHAU 14 | UMM _ | | | | | | | | | | | |

State of New Jersey **NOTIFICATION OF ASBESTOS ABATEMENT** (Pursuant to NJAC 8:69 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2019 JAN Type Notification Agencies Notified Street Address EPA Initial DEP Amended City, State, Zip Code DOL Amendment# Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) esidence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: JAM-7pm Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure 3≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED (i.e. thermal systems insulation, Encapsulate Enclosure Custodial Staff? (Specify Removal In Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No MA and Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste air 1855 City, State Disposat Date City, State Completed by Title Signatube 11ecsure-

ASB-41 (R-06-08)

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

| 1476706496P | AID N | | CATION | ate of New I OF ASBE to NJAC 8 | STOS | ABATE | | To the confidence of | | j į | 3 U | 19 | Carried Street | And the second second |
|---|---------------------|---|------------------------------|--------------------------------------|-----------------------------|--|--------------------------------|---|-------------|----------------------------|------------|----------------|----------------|-----------------------|
| Date of Notification (1) 12/27/2018 | | | | f Building C a Hanley | | Operator | (2) | 100 | and of many | JAN | 7 2 | 019 | the second | المد |
| Agencies Notified Type Notific | cation | | Street A | ddress | | | | 1 | 1.50 | ESTOS | CON | nor: | -1 | |
| X EPA X Initial Amend | ded dment # | | | te, Zip Coo wood, N | | 10 | | | 4 | | Melar | | | 4 % |
| ■ Emerging justific ■ DCA □ Cance | | | | f Contact a Hanley | | | | | Tel | anhona N | umher | | | |
| Name of Facility Where Abatement is | Taking Diago (2) | | FACI | LITY INFO | RMATI | ON | Tumo | of English (| <u></u> | | | | | |
| House | raking Flace (5) | | | | | | | of Facility (School (K-1 | | | | | | |
| Street Address | | | | | | | × | Subchapter Other (i.e. petc.) | 8 (Oth | | | dings, | hom | es, |
| City (5) Maplewood | | | | | | | | re Feet | # of N/A | Floors | 100 | Bldg. A N/A | ge | |
| County (6) Essex | | | County (| Code (7) USE ONLY) | _ | | Curre | ent Use (Pri se | or if bei | ng demol | ished) | | | |
| Name of Monitoring Firm Hired by Bui N/A | lding Owner (8) | | ASCN | l No. | | 1 | | itement Cor ement, Ir | | (9) | | | | |
| Street Address | | | | | | | Addre | ss gren Ave | nue | | | | | |
| City, State, Zip Code | = | | | | | | | ip Code IJ 07512 | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | | hone N 345-8 | | | License 01311 | No. | | | |
| Start Date (10) 01/08/2019 | Schedule 01/09/2 | | npletion l | Date (11) | | 110000000000000000000000000000000000000 | | HA Monitor ement, Ir | ıc. | | | | | |
| Occupancy Status During Abatement | | | | | | | Addre | ss gren Ave | nue | | | | | |
| Facility Closed/Vacated During E Abatement Performed Outside o Other – Describe: occupied | | | | | _ | | | ip Code IJ 07512 | | | | | | |
| Scope of Work (Check All That Apply) |) | | | | | | v 1000 k 200 | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | | | | | Mir Glo | II Containm ni-Enclosur ovebag Pro n-Exempte | e cedure | · · | | | Α. | |
| | ls | Locati | ion | | | | | II EXCITIPIO | <u> </u> | 2 11011 1 11 | diblo 1 10 | Abate | emen | t |
| Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13) | M) Used | ormal d Sole ntena odial s (12) | ly by nce/ | | os Cont thermal surfa | scription taining I system cing, VA miscella | Materia is insuli AT, or | | (5 | mount Specify or LF) | Removal | Repair | e Encapsulate | Lindosdio |
| | Yes | No | N/A | | |) /A T | | | | | | | ite | - |
| Basement | | X | | | | VAT | | | 20 | 00 SF | X | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | H | IJDEP W lauler ID 0996 | 200 | Cubic of Wa TBD | Yards ste | | Name of Waste | 20000 | ered Land gement | | | | |
| City, State Totowa, NJ | | | | | Dispos TBD | sal Date | /, | City, Stat | | A | | | | _ |

Title

Project Manager

Oliver Hegedis

Completed by

Date

12/27/2018

Signature

| CKO88131035 | PAUL | NOTIF | CATIO | tate of New N OF ASBE t to NJAC 8 | STOS AE | BATEMI 12:120) | ENT | | EG | E | | W. | 7(2) 153 153 | |
|---|------------------------------|---------------------------------------|------------------|---|---|---------------------------------|---|--------------------|--|------------------|----------|----------------|--------------------|-----------|
| Date of Notification (1) 12/27/2018 | | | | of Building C n Ladov | Owner/Ope | erator (2 | 2) | | JAN | 7 | , 2 | 2019 | The Post of the | |
| Agencies Notified Type Notif Page 1 Agencies Notified Type Notif Initial Amer | | | | Address | do | | | | The state of the s |)) } } | | | | |
| X DOL Amer | ndment # gency (including | | Monto | clair, NJ 0 | | | - | | , i.i.(| | | | | |
| | cation) ellation | | Susar | n Ladov | DHATION | | | 16 | elephone | e Numi | oer , | | | |
| Name of Facility Where Abatement is House | Taking Place (| (3) | PAC | ILITY INFO | RIVIATION | | Type of Facility | 57.775. 2-00000 | | | | | | |
| Street Address | | | | | | | Subchapte | r 8 (Oth | | | buile | dings, | home | es, |
| City (5) Montclair | | | | | | 1 1000 | Square Feet N/A | # 0 N/ | of Floors A | | 0.000 | Bldg. A N/A | ge | |
| County (6) Essex | | | | Code (7) USE ONLY) | | - F | Current Use (Pr House | | | olishe | d) | | | |
| Name of Monitoring Firm Hired by Bu | ilding Owner (8 |) | ASCI | M No. | | | Abatement Co batement, I | | r (9) | | | | | |
| Street Address | | | | | 1 | | sengren Ave | nue | | | | | | |
| City, State, Zip Code | | | | | Т | Totowa | te, Zip Code a, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | | | elephor 973-34 | ne No. 5-8685 | | Licens 0131 | | | | | |
| Start Date (10) 01/09/2019 | 01/10/ | 2019 | npletion | Date (11) | 0.110000 | | OSHA Monitor batement, Ir | | | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During B | Entire Period of | Abaten | nent | | | treet Ad 1 Ros | ldress engren Ave | nue | | | | | | |
| Abatement Performed Outside of Other – Describe: occupied | | y Hours | 5 | | | | e, Zip Code a, NJ 07512 | | | | | | | |
| Scope of Work (Check All That Apply ≥3 sf or ≥3 if ≥160 sf or ≥260 if | × | Renova Demolit | | | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | | | |
| Location of | | Locati Normal | ly | | Descri | ption of | | | | | | Abate Typ | ment | |
| Asbestos-Containing Material (AC TO BE ABATED In Facility (13) | Ma | ed Sole intena todial s (12) | nce/ | (i.e. th | s Containi nermal sys surfacing other misc | ing Mate stems in g, VAT, | erial (ACM) sulation, or | (5 | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Basement | Yes | No X | N/A | | Pipe Ins | sulatio | n | 1 | 10 LF | | х | | e e | |
| | | | | | AL 33.11 | | one? | 4. | | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | /aste (| Cubic Yar | ds | Name of | Reniste | red I an | dfill | | | | |
| D&S Abatement, Inc. | | Н | auler ID 0996 | No. | of Waste TBD | | Waste | | | | Α | | | |
| City, State Totowa, NJ | | | | | Disposal D TBD | Date /_ | City, Stat Morrisv | | A | | | | | |
| Completed by Oliver Hegedis | Title Proje | ct Ma | nager | | Signa | ature | 7 | | | Date 12/2 | 7/2 | 018 | | |

| L 15/1009 | WALLER | | (1 | Pursuan | t to NJAC | 8:60 ar | id 12:12 | (0) | | | | | | | | |
|--|-------------------------|---------------------|------------------|------------------|-------------------------|---------------------|----------------|------------|--|------------|-------------------|-----------------|--------|-------------|-------------|-----------|
| Date of Notification (1) 12/27/2018 | | | | | of Building ana Imra | | Operato | r (2) | e de la companya de l | | JAN | 7 | 2 | 019 | 1 1 1 1 | |
| Agencies Notified | Type Notification | 1 | | Street / | Address | | | | • | l . | | | | | | - |
| × EPA × DEP | × Initial | | | 0.4 | . 7: 0 | | | | 1 | i.co | EST | | | | | - |
| × DEP × DOL | Amended Amendmen | | | | ate, Zip C nit, NJ 0 | | | | | | est. | | 1174 | . 10. 1 . 1 | | |
| ▼ DOH | Emergency justification | | | | of Contact | | | | | Te | lenhone | Num | her | | | |
| ☐ DCA | Cancellation | n | | 30 | afa Imrai | | | | | 1 | | _ | - | | | |
| Name of Facility Where | Abatement is Takin | ng Place (3 | 3) | FAC | ILITY INF | ORMAT | ION | Tyr | e of Facility | (A) | | | | | | |
| House | | , | 8 | | | | | | School (K- | | | | | | | |
| Street Address | | | | | | | | × | Subchapter Other (i.e. petc.) | 8 (Oth | er than & comn | K-12) nercia | buil | dings | , hom | es, |
| City (5) Summit | | | | | | | | Squ N/A | uare Feet | # o N// | f Floors A | | | Bldg. A | Age | |
| County (6) Union | | | | | Code (7) USE ONLY |) | | | rent Use (Pri | or if be | ing dem | olishe | ed) | | | |
| Name of Monitoring Firm N/A | n Hired by Building | Owner (8) | | ASCI | M No. | | Name D&S | of Al | patement Cor atement, In | tractor | (9) | | | | | |
| Street Address | | | | | | | Street 11 R | | ress ngren Aver | nue | | | | | 7=== | |
| City, State, Zip Code | | | | | | | | | Zip Code NJ 07512 | | | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telepho | ne No. | | Teleph 973- | | No. -8685 | | Licen: | | | | | |
| Start Date (10) 01/10/2019 | | Schedule 01/11/2 | | mpletion | Date (11) | | | | SHA Monitor atement, In | C. | | | | | | |
| Occupancy Status Durin | g Abatement (Che | ck Only On | ne) | | | | Street | | | | | | | | | _ |
| Facility Closed/Vac Abatement Perform | ed Outside of Norr | Period of A | Abater Hours | nent s | | | | | ngren Aver Zip Code | nue | | | | | | |
| X Other – Describe: | | | | | | | Toto | wa, | NJ 07512 | | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | F | 7 | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - December 1 | enova emoli | | | | × | M G | ull Containme lini-Enclosure llovebag Proc on-Exempted | edure | | | | | | |
| | | Is | Locat | ion | | | | 1 14 | On-Exempled | () ain | J 14011-1 | TIADIE | | Abate | | |
| Location | | N | lormal d Sole | lly | | Des | scription | of | | | | | | Ту | ре | |
| Asbestos-Containing TO BE AB | | Mai | intena | nce/ | | tos Cont thermal | | | al (ACM) | | mount | | ת | | En | ш |
| In Facil (13) | ity | Cust | odial 8 (12) | Staff? | | surfac | cing, VA | T, or | | | or LF) | | Remova | Repair | Encapsulate | Enclosure |
| X 37 | | Yes | No | N/A | | outer it | iiscellaii | ieous | , | | | | val | Ħ | ulate | ure |
| Baseme | ent | | X | | | Pipe | Insula | tion | | 10 |)5 LF | | Х | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | IN | JDEP W | asto | Cubic | Varde | | Nome of F | lo winte | | 1611 | | | | |
| D&S Abatement, Inc | | | Н | auler ID 0996 | | of Was | | | Name of F Waste N | | | | ΡΑ | | | |
| City, State | | | 120 | J330 | | | al Date | | City, State | | , | | | | | |
| Totowa, NJ | | | | | | TBD | / | 1 | Morrisvi | | A | | | | | |
| Completed by Oliver Hegedis | | Title | o+ N.4 - | ne== | | S | ignature | 1 | | | T | Date | | | | |
| Onver riegedis | | Projec | UL IVIA | nager | | 1 | 14 | 4, | | | | 12/2 | 7/2 | 018 | | |

DATE

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

Check # 25761

| PAIT | | NOTIF | Pursuan | ON OF ASBES | TOS ABATE 60 and 12:12 | EMENT (0) | E | GE | 701 | W | 170 |
|---|------------------------|--|-------------------------|---------------------|---|--|--------------------------------------|---------------------|---------|-------------|-----------|
| Date of Notification (1) 12/31/2018 | | | Name | of Building Ov | | r (2) ssling | | to the second | - L | (| 1-12 |
| Agencies Notified Type Notification X EPA Initial | | | Street | Address | | 50111g | | JAN | 7 : | 2019 | - |
| DEP Amended Amendment | | | City, S | tate, Zip Code | | ey, NJ 08832 | ASS | ESTOS LICH | CON | TEC: | 1. 7 |
| □ DOH □ DCA □ DCA □ Emergency justification) □ Cancellation | | g | Name | of Contact | Kissling | | Telephone | e Number | -1245 | ; | * |
| Cancellation | | | FΔC | CILITY INFOR | Ü | | 1 | | | | |
| Name of Facility Where Abatement is Takin Residential | g Place | (3) | IAC | JETT INFOR | WATION | Type of Facility (| = 500 | | | | |
| Street Address | | | | | | X Other (i.e. p | 2) 8 (Other than rivate & comn | K-12) nercial bu | ildings | , hom | ies, |
| City (5) Keasbey, NJ 08 | 332 | | | | | Square Feet 1500 | # of Floors | 5 | Bldg. / | Age)+/- | |
| County (6) Middlesex | | | | Code (7) USE ONLY) | | Current Use (Price | or if being dem | nolished) | | | |
| Name of Monitoring Firm Hired by Building MECS | Owner (8 | 3) | ASC | M No. | Name Stev | of Abatement Con ens Environme | tractor (9) | es Inc | | | - |
| Street Address PO Box 341 | | | | | Street | Address 3ox 322 | | | | | |
| City, State, Zip Code Crosswicks, NJ 08515 | | | | × | City, S | State, Zip Code atown, NJ 0850 | 1 | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | | Telepho | one No. 298-4070 | Teleph | none No. 259-9688 | | se No. | | | |
| Start Date (10) 1/2/2019 | | | npletion | Date (11) | | of OSHA Monitor | 0049 | 3 | | | |
| Occupancy Status During Abatement (Chec | | | | | | Address | | | 10000 | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe: 8 am 4 pm | eriod of al Facilit | Abatem y Hours | nent | | City, S | Box 341 state, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | Ches | sterfield, NJ 085 | 515 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | × | Full Containme Mini-Enclosure Glovebag Proce Non-Exempted | edure | | | e | |
| Laver | | S Locati Normall | | | 400 XXXXX | | | | Abate | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma Cus | ed Sole aintenar stodial S (12) | ly by nce/ staff? | (i.e. the | Description Containing M rmal systems surfacing, VA ner miscellan | laterial (ACM) s insulation, T, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Basement | Yes | No X | N/A | Thorn | nal Pipe In | oulation | 07.15 | | | œ | |
| | | | | mem | nai ripe in | Sulation | 97 If | X | | | |
| | | | | | | | | | | | |
| Name of Registered Wests Haute | | | | | | | | | | | |
| Name of Registered Waste Hauler Stevens Environmental Services | | | JDEP Wauler ID 18292 | No. of | ubic Yards Waste 2 cu | Name of R | egistered Lan Landfill | dfill | | | |
| City, State Allentown, NJ | | | | | sposal Date 1/4/2019 | City, State | e, PA | | | | |
| Completed by Mahlon E. Stevens | Title F | Projec | t Mana | | Signature | 0 2 11 | | Date 12/3 | 1/201 | 8 | \neg |

| 31/2018 11:18AM | F,AX | | | | | | | i Co | | 200 | 0-8 / | 0 |
|---|---|------------|-------------------------------|--|--|---------------------------------------|-----------|--|-----------------------|--------|-------------|----|
| ; | | No | TIFICATION | ate of New Jerm 10F ASBESTOS 10 NJAO 8:80 as | ABATE | | | Check # | 7 201 25 76 | D | Pri | |
| Date of Notification (1) | Q18 | | Name o | f Building Owner | | (2) Isling | + | 1. Fr. 1. S. | | | | |
| Agencies Notified | Type Notification | | Street A | ddress | | | +- | - | 1 | | 1 | |
| EPA DEP | Iniliat Amended | | City 58 | ate, Zip Code | | | | | 1 | 1 | | - |
| X DOL | Amendment # | | | 2101 84 0000 | Keasb | By, NJ O | 8: 32 | | | | 71 7 ; | |
| N DOH | Justification) Cancellation | Coding | Name o | Contact Jack Kis | elino | | | Tetephone Nu | mber | | , | |
| | | | FAC | LITY INFORMA | _ | | | 1=- | | | | _ |
| Name of Facility Where A | Residential | Place (3) | | | | Type of | | (1)(5) | | | | _ |
| Street Address | | | | - | | 日 Sub | er i.e. p | 2) 6 (Other than K- sivate & commer | 12) clai bulld | ings, | home | 16 |
| City (5) | asbey, NJ 088 | 32 | | | | Square 15 | E11 : | # of Floors | 81 | dg. A | | |
| County (8) Middle | sex | | | Code (7) USE ONLY) | | Current | Ji (Prid | or if being demoli | shed) | | | _ |
| Name of Monitoring Firm | | wner (8) | ASCI | M Na. | | | | ntractor (9) ental Services, | Inc | | | _ |
| Street Address PO Box 3 | | | | | Stream | Address Box 322 | | THE GET WOOD | 1 1110. | | | - |
| City, State, Zip Code Crosswi | ks, NJ 08515 | | * | | City, | State; Zip (| |)1 | | | | |
| Project Manager for Month Bill Weisgarber | | -! | Telepho (609) | ne No. 298-4070 | Telep | hone No. 259-968 | | License 00493 | No. | | | |
| Start Date (10) 1/2/2019 | | | Completion 3/2019 | Date (11) | Name | of OSHA | Militor | | | | | |
| Occupancy Status During | Abstement (Check | Only One) | | | 100000000000000000000000000000000000000 | Address | | | | | - | - |
| Facility Closed/Vaca Abatement Performe Other = Describe: 5 | & Outside of Norma | riod of Ab | alement ours | | City. | Box 341 State, Zip (sterfield, | | 515 | | | | _ |
| Scope of Work (Check All | That Apply) | | | | 1 | | - 10 00 | | | | | _ |
| 23 af or 23 if 2160 af or 2260 H | | | novetion noimen | | | Mini-E | i dosum | cadure | | | | |
| | | 1 | scation | | | → Non-E | mplac | d (") and Non-Fra | | Abete | | _ |
| Location | | No | scation Solety by | | escriptio | | | | <u> </u> | | pa | T |
| Asbestès-Conteining (<u>TO SE ABA</u> In Feoilli (13) | TED | Custon | enance/ liel Staff? 12) | | promining of system facing, Vi miscalla | is insulation AT. or | r | Amount (Specify SF or LF) | Restava | Repair | Encapsulate | |
| | | | No N/A | | | 7.5 | | | | | ale | |
| Baseme | nt | - | × | Therma | Pipe I | nsulation | ! | 97 lf | x | | | - |
| | | | | | | | | | | | - | 1 |
| Name of Registered West Stevens Environmen | N. O Paris Contract Contrac | | NJDEP V Haulor III 1829 | Ne. OIW | c Yarde /aste 2 cu | | | Registered Land | en - | | | |
| City, State Allentown, NJ | - | i | 1,020 | Diep | 018 Det | | ly Stat | ille, PA | , - | | | |
| Completed by | | Tike | oject Man | | Signayu | / -/1 | - | | Date | 1/20 | 40 | - |

| NOCK | | | 1) | ursu | ant to NJ | AC 8:60 and 5:1 | 16) | | P | 9 . | | |
|--|-------------------------------|---------------------|------------------|----------------|----------------------|--|--|------------------------------|-------------|-----------------|-------------|-----------|
| Date of Notification (1) | | ci di mere | | Nan | ne of Buildin | ng Owner/Operator | (2) | | IAN | - | 7 21 | 110 |
| 9 / _ | 21 / | 18 | | P | rinceton l | University-Office | of Design an | d Construction | 57,11 | | | 113 |
| Agencies Notified | Type Notification | on | 111 | | et Address | | | l - · | A | on an expension | danie s | |
| ⊠ EPA ⊠ DOLWD | | | | 20 | 00 Elm Dr | • | | F 2. 71 | | | | - |
| ☑ DOLWD ☑ DHSS | Amended Amendment | #2 41/ | 140 | City, | State, Zip | Code | | 20 10 10 | | | | |
| ⊠ DCA | Emergency | | | 1 5000 | inceton, | | | | | | | |
| (NJAC 5:23-8) | justification) | | ig | | ne of Contac | | | Tolophono Num | har | | | |
| | ☐ Cancellation | ı | | Ro | obert Orte | ego | | Telephone Num 609-258-184 | | | | |
| | | | | | | NFORMATION | | 003-230-102 | *1 | | 0-25-25 | |
| Name of Facility Where Al | patement is Tak | ing Plac | ce (3) | 100 | .0.2.11111 | II ORMATION | Type of Facility | . (4) | | | | |
| Princeton University | -Jadwin Hall | 4 th Flo | or | | | | Type of Facility School (K-1 | - A. (100 miles) | | | | |
| Street Address | | | | | | | Subchapter | 8 (Other than K-12 | 2) | | | |
| Washington Rd | | | | | | | ☐ Other (i.e.,) | private and comme | rcial b | uildir | igs, | |
| City (5) | | | | | | | homes, etc. | · | | | | |
| Princeton | | | | | | | Square Feet | # of Floors | E | Bldg. | Age | |
| County (6) | | | | Cou | inti Codo / | ZVOTATE HOE ON A | | | | 70 | | |
| MERCER | | | | 000 | inty Code (/ | (STATE USE ONLY) | V. | rior if being demolis | shed) | | | |
| Name of Monitoring Firm F | lired by Building | Owner | (8) | ASCM | 1 Ala | The second | Office/Clas | | | | | |
| TTI Environmental In | | Owner | (0) | | | Name of Abateme | | | | | | |
| Street Address | | | | 000 | 03 | | VIRONMENTA | L, INC. | | | | |
| 1253 North Church R | 24 | | | | | Street Address | | | | | | |
| City, State, Zip Code | | | | | | 1123 BEAVE | | | | | | |
| Moorestown, NJ 080 | 57 | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Monito | | | 1 = 1 | | | BRISTOL, PA | 19007 | | | | | |
| Michael Keehn | ing Filli | | 1 | ephone | | Telephone No. | | License No. | | | | |
| Start Date (10) | Cab | J. 1. 1. | | | 6-8800 | 215-788-6040 | | 00509 | | | | |
| 1 /7 / | | | | | ate (11) | Name of OSHA M | | | -2011 | | | |
| | | | | / | 19 | BRISTOL EN | VIRONMENTA | L, INC. | | | | |
| Occupancy Status During A | batement (Che | ck only | one) | | | Street Address | | | 1270 | | - | |
| Facility Closed/Vacated | During Entire P | eriod of | Abate | ment | | 1123 BEAVER | RSTREET | | | | | |
| Abatement Performed C Time of Abatement: 7:0 | OAM-3:30PM/ | II Facili F | y Hou M- | rs - Des AM | | City, State, Zip Co | de | | 17 - 72 | | | |
| Scope of Work (Check all the | | | | | | BRISTOL, PA | 19007 | | | | | |
| | iat apply) | | | | | N Full On t | | | | | | |
| \supseteq \ge 3 sf or \ge 3 lf \ge \ge 160 sf or \ge 260 lf | | | novati | | | | ainment with Neg osure Procedure | gative Pressure | | | | |
| | | | | | | ☐ Non-Exen | npted (*) and No | n-Friable Procedure | e | | | |
| ★ (1000)A(500) ★ (100)(100) | | | Locat | | | | | | - | atem | ent T | VDC |
| Location of Asbestos-Containing Ma | | | Norma ed Sole | | | Description of | 00 000000000 | | | _ | _ | T |
| TO BE ABATE | ED (ACIVI) | Ma | intena | nce/ | Asbes | tos Containing Mat thermal systems in | erial (ACM) | Amount | (em | Repair | nca | inc |
| IN Facility | | Cus | todial 3 | Staff? | (1.6. | surfacing, VAT, | | (Specify SF or LF) | Removal | air | sde | Enclosure |
| (13) | | Yes | (12) No | NI/A | - | other miscellaneo | | 5. 5. 6. / | - | | Encapsulate | Te |
| Vorkarea #1(Labs 472, | 473 & 4741 | | | N/A | F1 | | | | | | (D | |
| " (Labo 4/ Z, | | | | | | and mastic | | 620 SF | | | | |
| | 403 a 4/6) | | | | | and mastic | | 2,260 SF | \boxtimes | | | |
| Vorkarea #2(Labs 468, | | 5 3 | | | Pipe sac | | | 4 ea | | | | |
| Vorkarea #2(Labs 468, Vorkarea #2(Labs 468, | | | | - | Children - Committee | | | | | 1 | | - |
| Vorkarea #2(Labs 468, Vorkarea #2(Labs 468, Vorkarea #3(Lab 462) | 469 & 476) | | | | | and mastic | | 100 SF | | | | L |
| Vorkarea #2(Labs 468, Vorkarea #2(Labs 468, Vorkarea #3(Lab 462) ame of Registered Waste H | 469 & 476) Hauler | \boxtimes | | JDEP V | Vaste | Cubic Yards of | Name of Regist | | | | | L |
| Vorkarea #2(Labs 468, Vorkarea #2(Labs 468, Vorkarea #3(Lab 462) ame of Registered Waste I SERVICE TRANSPOR | 469 & 476) Hauler | \boxtimes | H | auler ID | Vaste No. | | Name of Regist | tered Landfill | | | | L |
| Vorkarea #2(Labs 468, Vorkarea #2(Labs 468, Vorkarea #3(Lab 462) ame of Registered Waste H SERVICE TRANSPOR | 469 & 476) Hauler | \boxtimes | H | | Vaste O No. | Cubic Yards of | FAIRLESS | tered Landfill | | | | L |
| Vorkarea #2(Labs 468, Vorkarea #2(Labs 468, Vorkarea #3(Lab 462) ame of Registered Waste I SERVICE TRANSPOR ity, State YARDLEY, PA | 469 & 476) Hauler T GROUP INC | \boxtimes | H | auler ID | Vaste O No. | Cubic Yards of Waste | FAIRLESS City, State | tered Landfill LANDFILL | | | | L |
| Vorkarea #2(Labs 468, Vorkarea #2(Labs 468, Vorkarea #3(Lab 462) ame of Registered Waste H | 469 & 476) Hauler T GROUP INC | | H | auler ID | Vaste O No. | Cubic Yards of Waste | FAIRLESS | tered Landfill LANDFILL | | | | |

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

| Date of Notification (1) 9 / 21 | 1 | 18 | | N | ame of Build | ding Owner/Operator | (2) | | 1 | | | |
|---|-----------|----------|-----------------|-------------------|---------------|--|--------------------------------|--|-------------|--------|-------------|-----------|
| ^ | · - | | | | Princeton | University-Office | e of Design and | Construction | n | | | į |
| ⊠ EPA | lotificat | ion | | St | reet Addres | SS | 757 | JAN | 7 | 201 | û — | 1 |
| ☑ DOLWD ☐ Am | 740 U | | | | 200 Elm D | r. | | | | 201 | J | |
| | endmer | t #3-1 | 4/19 | Ci | ty, State, Zi | p Code | | State of the state | | | | |
| ☑ DCA ☐ Em | ergency | (includ | ding | 1 | Princeton | , NJ 08544 | | I_{r} . The I_{r} | S (A) | MIT. | | |
| (NJAC 5:23-8) just | ification |) | 9 | | me of Cont | | | | | 1. 4 | | |
| Car | cellatio | n | | 1 | Robert Or | tego | | Telephone Nu 609-258-1 | | | | |
| Name of Facility Where Abateme | t in Tal | · | | F | ACILITY | INFORMATION | | | 0.7 | | | |
| Princeton University-Jadw | it is rai | king Pla | ace (3) | | | | Type of Facility | (4) | | | | _ |
| Street Address | in Hai | 4" F | oor | | | | School (K-12 | 2) | | | | |
| Washington Rd | | | | | | | Subchapter 8 | Other than K- | 12) | | | |
| | | | | | | | Other (i.e., p homes, etc.) | rivate and comm | ercial | build | ings, | |
| City (5) | | | | | | | Square Feet | | | | | |
| Princeton | | | | | | | Oquale Feet | # of Floors | | Bldg. | Age | |
| County (6) | | | | Co | unty Code | (7)(STATE USE ONLY) | 0 | | | 70 | | |
| MERCER | | | | | | (I)(OTATE USE UNLY) | | or if being demo | lished |) | | |
| Name of Monitoring Firm Hired by | Building | Owne | r (8) | TASC | M No. | IN | Office/Class | rooms | | | | |
| TTI Environmental Inc | | , | . (0) | 1 | 003 | Name of Abatem | ent Contractor (9) | | | | | |
| Street Address | | | | 00 | 003 | BRISTOL EN | VIRONMENTAL | ., INC. | | | | |
| 1253 North Church Rd | | | | | | Street Address | | | | | | - |
| City, State, Zip Code | | | | | | 1123 BEAVE | R STREET | | | | | |
| | | | | | | City, State, Zip Co | ode | | | | | |
| Moorestown, NJ 08057 | | | | | | BRISTOL, PA | | | | | | |
| Project Manager for Monitoring Fire | n | | Te | lephon | e No. | Telephone No. | | Linones No | - | | | |
| Michael Keehn | | | (| 309-38 | 6-8800 | 215-788-6040 | | License No. | | | | |
| Start Date (10) | Sche | eduled | Comp | etion D | ate (11) | Name of OSHA M | | 00509 | | | | |
| _1 / _7 / _19 | | | | | 19 | | | | | | | |
| Occupancy Status During Abateme | nt (Che | ck only | ono) | | | the second secon | /IRONMENTAL | , INC. | | | | |
| □ Facility Closed/Vacated During I | ntire P | ariad a | F A bat | mont | | Street Address | | | | | | |
| ☐ Abatement Performed Outside of | f Norma | I Facil | hi Llai | 5 | coribe | 1123 BEAVER | | | | | | |
| Time of Abatement: 7:00AM-3: | 30PM/ | F | PM- | AN | scribe 1 | City, State, Zip Co | | | | | | |
| Scope of Work (Check all that apply | | | _ | | | BRISTOL, PA | 19007 | | | | | |
| | , | | | | | M Full Court | | W.D. 1953 | | | | |
| ≥3 sf or ≥3 If≥160 sf or ≥260 If | | ⊠ R | enovat | ion | | ☐ Mini-Encl | ainment with Nega | tive Pressure | | | | |
| ZI = 100 31 01 ≥200 II | | | emoliti | on | | ☐ Glovebag | Procedure | | | | | |
| | | Τ, | | | | ☐ Non-Exen | npted (*) and Non- | Friable Procedu | re | | | |
| Location of | | | s Loca Norma | | | | | | 1 | atem | ent T | Type |
| Asbestos-Containing Material (A | CM) | Use | ed Sol | ely by | Acha | Description of | | | | _ | T | - |
| TO BE ABATED | (5) | Ma | intena | ince/ | (i.e. | stos Containing Mate ., thermal systems in | erial (ACM) | Amount | (em | Repair | nc | nc |
| IN Facility (13) | | Cus | (12) | Staff? | | surfacing, VAT, | or | (Specify SF or LF) | Removal | ai- | aps | Enclosure |
| (**) | | Yes | No | N/A | + | other miscellaneo | us) | 0. 0. 1. | = | | Encapsulate | re |
| Vork area #4(Labs 452, 453 & | 456) | ⊠ ⊠ | | IN/A | Floortile | e and mastic | | | | | e | |
| Vork area #5(Labs 440 & 442) | | | | | | and mastic | | 315 SF | | | | |
| Room B16 | | | | H | | | | 465 SF | | | | |
| ooms 452, 460, 476 | | | | | | tings (Wrap & Cu | | 15 | | | | |
| 400, 476 | | | S | JDEP | | tings (Wrap & Cu | 175 | 35 | \boxtimes | | | |
| | | | 1.4 | | | Cubic Yards of | Name of Register | ed Landfill | | | | |
| ame of Registered Waste Hauler | ID INC | i. | l H | auler II |) No | | | | | | | |
| ame of Registered Waste Hauler SERVICE TRANSPORT GROU | JP INC | | Н | auler II 20990 | | Waste | FAIRLESS LA | | | | | |
| ame of Registered Waste Hauler SERVICE TRANSPORT GROU ity, State | JP INC | | Н | |) | | NAME OF TAXABLE PARTY. | | | | | |
| ame of Registered Waste Hauler SERVICE TRANSPORT GROU ity, State YARDLEY, PA | JP INC | | Н | |) | | City, State | ANDFILL | | | | |
| ame of Registered Waste Hauler SERVICE TRANSPORT GROU ity, State YARDLEY, PA completed By (Print or Type) | JP INC | | H | |) | Disposal Date | NAME OF TAXABLE PARTY. | ANDFILL | | | | |
| ame of Registered Waste Hauler SERVICE TRANSPORT GROU ity, State YARDLEY, PA | Title | | | |) | | City, State | ANDFILL | e / | 11. | | |

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

lg 1

| Date of Notification (1) | | | | Me | | | , | Ck # | 34 | 73 | | |
|--|----------------------|---------------|---------------|-------|---------------|---|--------------------|-----------------------|-------------|--------|-------------|---|
| 0 , 0, | / 18 | | | INA | Princeton | ling Owner/Operato | r (2) | 175.7 | 2.5 | 民 | 1 [| 7 |
| Agencies Notified Type Not | | | | | | University-Offic | e of Design an | d Constructio | n | 1.5 | | |
| ⊠ EPA | incation | | | 10000 | eet Address | T: | | 12:5 | | | _ | |
| ☑ DOLWD ☑ Amen | ded | | | | 200 Elm D | | | | JAN | 7 | 20 | 10 |
| □ DHSS Amend | dment #2 | -11/2 | 7/18 | | y, State, Zip | | | | JAN | , | 20 | 19 |
| ☑ DCA ☐ Emerg | gency (inc | luding | 3 | F | | NJ 08544 | | | | | | |
| (NJAC 5:23-8) justific | | | | | me of Conta | | | Telephone No | imher | 5 L = | 1911 | 7 |
| Cance | llation | | | R | Robert Ort | ego | | 609-258-1 | | | | |
| Name of Facility IAII | | | | F | ACILITY I | NFORMATION | | | - | | 2011/02/20 | Marie de la companya |
| Name of Facility Where Abatement i | s Taking | Place | (3) | | | | Type of Facility | (4) | | | | |
| Princeton University-Jadwin Street Address | Hall 4 th | Floo | r | | | | School (K-1 | 2) | | | | |
| | | | | | | | → Subchapter | 8 (Other than K- | 12) | | | |
| Washington Rd | | | | | | | homes, etc. | private and comp | nercial | build | ngs, | |
| City (5) Princeton | | | | | | | Square Feet | # of Floors | | DI- | ^ | |
| | | | | | | | - 1-1-07 001 | # 01 F1001S | | Bldg. | Age | |
| County (6) | | | | Co | unty Code (| 7)(STATE USE ONLY) | Current Use (Pr | ior if boing dame | Cabad | 70 | | |
| MERCER | | | | | | • | Office/Class | srooms | iisnea |) | | |
| Name of Monitoring Firm Hired by Bu | ilding Ow | ner (8 | 3) | ASC | VI No. | Name of Abatem | ent Contractor (9) | 31001115 | | | | |
| TTI Environmental Inc | | | - 1 | 000 | 003 | BRISTOL EN | IVIRONMENTA | LINC | | | | |
| Street Address | | | | | | Street Address | | L, 1140. | | | | |
| 1253 North Church Rd | | | | | | 1123 BEAVE | R STRFFT | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | |
| Moorestown, NJ 08057 | | | | | | BRISTOL, PA | | | | | | |
| Project Manager for Monitoring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | |
| Michael Keehn | | | | | 6-8800 | 215-788-6040 | is . | 00509 | | | | |
| Start Date (10) | Schedule | d Cor | mplet | ion D | ate (11) | Name of OSHA M | | 00309 | | | | |
| / | _ 11 | y . | 30 | _ / | 18 | | VIRONMENTAL | INC | | | | |
| Occupancy Status During Abatement | (Check or | nly one | e) | | | Street Address | THE THE | -, 1140. | | | | |
| ☐ Facility Closed/Vacated During Ent | ire Period | of Ab | | nent | | 1123 BEAVER | CTDEET | | | | | |
| Abatement Performed Outside of N | lormal Fa | cility F | Hours | - Des | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement: 7:00AM-3:30 | PIM/ | _PM- | £ | AM | | BRISTOL, PA | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | 13007 | | | | | |
| ≥3 sf or ≥3 lf | | Reno | · · · · · · | 2 | | | ainment with Nega | ative Pressure | | | | |
| ≥160 sf or ≥260 lf | | Demo | | | | ☐ IVIINI-Enci | osure | | | | | |
| | | | 2000000 | | | ☐ Glovebag ☐ Non-Exen | npted (*) and Non | -Friable Proced | | | | |
| | | | catio | | | | , , , , , , , , | Thable Procedu | | | | |
| Location of Asbestos-Containing Material (ACN | n L | Nor Jsed S | mally | | | Description of | | | | atem | T | 1 |
| TO BE ABATED | | Mainte | enan | ce/ | Asbes | tos Containing Mate thermal systems in | erial (ACM) | Amount | Ren | Repair | Enc | Enc |
| IN Facility (13) | 0 | ustod | ial St 12) | aff? | (| surfacing, VAT. | or | (Specify SF or LF) | Removal | air. | aps | Enclosure |
| (13) | Ye | | No | NI/A | - | other miscellaneo | us) | SI OI LF) | <u>m</u> | | Encapsulate | иге |
| Workarea #1(Labs 472, 473 & 474 | | | | N/A | | | | | | | e | |
| Workarea #2(Labs 468, 469 & 476 | | - | - | | | and mastic | | 620 SF | | | | |
| | | |] | | Floortile | and mastic | | 2,260 SF | | | | П |
| Workarea #2(Labs 468, 469 & 476 | | |] | | Pipe sad | dles | | 4 ea | | | П | П |
| Workarea #3(Lab 462) Name of Registered Waste Hauler | | | | | Floortile | and mastic | | 100 SF | \boxtimes | П | | |
| BRISTOL ENVIRONMENTAL, IN | | | | DEP V | | Cubic Yards of | Name of Registe | red Landfill | | | | |
| City, State | ic. | | | 8706 | | Vaste | FAIRLESS L | | | | | |
| BRISTOL, PA 19007 | | | | | | Disposal Date | City, State | M. | | | | |
| | | | | | | | FAIRLESS H | ILLS, PA | | | | |
| Completed By (Print or Type) Brian Scafiro | Title | | No. | | | Signature | 0 | Day | Φ . | | | |
| 20.44 | Estim | ator | | | | Brean | Scalin | 1:0 1 | 1/2 | 7/ | 18 | |
| 0 517119 | | | | 7 | | 1/ | Loco / | n | 1 | 1' | 8 | |

MAY 11 B 5/8/18 *Do not use this form for asbestos licensure exempted activities.

**NOTE: NOV. 30 PROJECT WILL GO BACK ON HOLD

| 9 / 21 / | | | | - runic of t | Building Owner/Ope | rator (2) | | # _ | | 2000000 | |
|--|---------------------------|---|--|--|---|--|--|--------------------|---------|---------------|-----------|
| Agoneia Maria | 18 | | | Prince | ton University-O | ffice of Doci- | an and a | ja | (F) I | The Later | MALIN |
| N EDA | fication | | | Street Add | tress | mee of Desig | in and Constru | ction | | | 1 |
| N DOLLAR | | | | 200 Ein | | | 44.7% | | | | |
| N Duga | | | | | | | | | | | |
| ☑ DCA ☐ Emerce | ment #2 | 2-11/2 | 27/18 | | , Zip Code | | 4 1/4 | -1 | AN | _7_ | 20 |
| (NJAC 5:23-8) Emerge justifica | ency (in | cluding | g | Princet | on, NJ 08544 | | 4 | | | | |
| ☐ Cancell | ation | | | Name of C | | | Toloni | | | | |
| | adon | | | Robert | Ortego | | Telephon | | | Calab | 111 |
| Name of Facility Whose About | | | | FACILIT | Y INFORMATION | 1 | 609-25 | 58-184 | 1 | 42. | |
| Name of Facility Where Abatement is | Taking | Place | (3) | | THE OTHER PROPERTY. | | | | | | |
| Princeton University-Jadwin F Street Address | dall 4th | Floo | r | | | Type of F | acility (4) | | | | |
| officer Address | | | | | | School | l (K-12) | | | | |
| Washington Rd | | | | | | Subcha | apter 8 (Other than | n K-12) | | | |
| City (5) | | | | | W. | homes | I.C., UIIVATE and or | ommer | cial bu | ilding | S, |
| Princeton | | | 55 | | | Square Fe | ,, | | | | |
| County (6) | | | | | | | et # of Floo | rs | Blo | lg. Ag | е |
| MERCER | | | - 1 | County Coo | de (7)(STATE USE ONL | V C. | | | 7 | 0 | |
| | | | - 1 | | | | e (Prior if being de | emolish | ed) | | |
| Name of Monitoring Firm Hired by Build | ling Ow | ner (8) |) AS | CM No. | Name of Al | Uffice/C | lacernome | | 88 | | |
| TTI Environmental Inc Street Address | | | 1 | 00003 | DDIG- | ement Contracto | or (9) | | | | _ |
| | | | | - 000 | BRISTOLE | NVIRONMEN | NTAL, INC. | | | | |
| 1253 North Church Rd | | | | | Street Address | | | | | | |
| City, State, Zip Code | | | | | 1123 BEAV | ER STREET | | | | | |
| Moorestown, NJ 08057 | | | | | City, State, Zip | Code | | | | | |
| Project Manager for Monitoring Firm | | | | | BRISTOL, F | Δ 19007 | | | | | |
| Michael Keehn | | 7 | Telepho | | Telephone No. | 71 10007 | | | | | |
| | | 1 | 609-3 | 86-8800 | | | License No | 2 | | | |
| Start Date (10) | 1007100 | | | | 215-788 604 | 10 | | - | | | |
| Start Date (10) Sc | hedule | d Com | pletion | Date (11) | 215-788-604 | | 00509 | | | | |
| <u>11</u> / <u>28</u> / 18 | 11 | 1 | pletion | Date (11) | Name of OSHA | Monitor | 00509 | | | | |
| | 11 | _ | pletion 30 | Date (11) | Name of OSHA BRISTOL EN | Monitor | 00509 | | | | |
| | 11 leck on | ly one) | pletion 30 | Date (11) / 18 | Name of OSHA | | 00509 | | | | |
| | 11 leck on Period | ly one) of Aba | pletion 30 tement | Date (11) / 18 | Name of OSHA BRISTOL EN | Monitor NVIRONMEN | 00509 | | | | |
| | 11 leck on Period | ly one) of Aba | pletion 30 tement | Date (11) / 18 | Name of OSHA BRISTOL EN Street Address 1123 BEAVE | Monitor NVIRONMEN [*] R STREET | 00509 | | | | |
| Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM | 11 leck on Period | ly one) of Aba | pletion 30 tement | Date (11) / 18 | Name of OSHA BRISTOL EN Street Address 1123 BEAVE City, State, Zip C | Monitor NVIRONMEN R STREET | 00509 | | | | |
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| | 11 Period nal Fac | ly one) of Aba ility Ho PM Renova | pletion 30 betement burs - D Al | Date (11) / 18 | Name of OSHA BRISTOL EN Street Address 1123 BEAVE City, State, Zip C BRISTOL, PA | Monitor NVIRONMEN R STREET ode A 19007 tainment with Nelosure | TAL, INC. | | | | 15 |
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Pg 1

| 9/ | 21 / | | | | | ilding Owner/Opera | ator (2) | | | | | | |
|--|---|------------------------|--|--|---|--|--|--|----------------------------|-------------|---------|-----------------------|---------------|
| | / | 18 | | | Princeto | n University-Of | fice of D | | out of growing | | | edicar or other | |
| Agencies Notified | Type Notific | cation | | - | 01 | n University-Of | ice of Desig | n and C | onstructi | on | 5 | I P | |
| I EPA | ☑ Initial | odtion | | | Street Addre | ess | | 77.1 | 1/ 154 | , | 1 | | |
| ⋈ DOLWD | | d | | | 200 Elm | Dr. | | | | | | | |
| ⋈ DHSS | Amendm | | -10/24/ | 10 | City, State, Z | ip Code | | | | | 7 | 201 | n |
| ⊠ DCA | ☐ Emerger | ncy (inc | duding | 10 | | n, NJ 08544 | | | JI | 111 | 1 | 201 | 2.4 |
| (140/10 3.23-0) | Justificati | ion) | Jading | h | Name of Con | tact | | - 4 | | | | | |
| | ☐ Cancellat | tion | | | Robert O | | | T | Telephone N | lumb | er | | |
| | | | | | | | | - 1 | 609-258- | 1841 | 814 | 161. | |
| Name of Facility Where Aba | atement is 7 | Calde | D | | FACILITY | INFORMATION | | | | | | | |
| Princeton University- | lodusia II | aking | Place (3) |) | | | Type of Fa | oilib. (4) | | | | | |
| Street Address | Sadwin Ha | all 4 th | Floor | | | | D Sabari | Cility (4) | | | | | |
| | | | | | | | School | (K-12) | ther than K | | | | |
| Washington Rd | | | | | | | Other (i. | .e. privat | tner than K | -12) | | arese. | |
| City (5) | | | | | | | homes, | etc.) | te and comi | merc | ial bui | ldings | 5, |
| Princeton | | | | | | | Square Fee | | of Floors | - | I Du | | |
| County (6) | | | | | | | | 1" | 01110015 | | | g. Ag | е |
| MERCER | | | | 10 | County Code | (7)(STATE USE ONL) | 1 Current He | /D: :: | | | 7 | 0 | |
| | | | | | | | | (Prior if | being demo | olishe | ed) | | |
| Name of Monitoring Firm Hire | ed by Buildi | ng Owi | ner (8) | AS | CM No. | Nome of the | Office/C | lassron | oms | | | | |
| i i Environmental Inc | | | . , | J | 0003 | Name of Abater | ment Contracto | r (9) | | | | | |
| Street Address | | | | U | 0003 | BRISTOL E | NVIRONMEN | TAL IN | IC. | | | | |
| 1253 North Church Rd | E | | | | | Street Address | | , | | | | 0.0 | |
| City, State, Zip Code | | | | | | 1123 BEAV | FR STREET | | | | | | |
| | 9 | | | | | City, State, Zip (| Code | | | | | | |
| Moorestown, NJ 08057 | | | | | | | | | | | | | _ |
| Project Manager for Monitorin | ng Firm | | Tele | enhor | ne No. | BRISTOL, P | A 19007 | | | | | | |
| Michael Keehn | | | | | 86-8800 | Telephone No. | | Lic | cense No. | - | | | _ |
| Start Date (10) | Set | odulas | 10 | 09-30 | 00-8800 | 215-788-604 | 0 | | 00509 | | | | |
| 10 / 8 / 18 | ρ Ισι | reduled. | Comple | tion [| Date (11) | Name of OSHA | Monitor | | 00000 | 300 | | | |
| | | ON | \mathcal{H} | 04 | 0 | BRISTOL EN | | | 231 | | | | |
| Occupancy Status During Abar | itement (Che | eck onl | y one) | | | Charles I have | ALLONAINEM | AL, INC | C. | | | | |
| L acility Closed/Vacated D. | rine Fatt e | | | mont | Ä | Street Address | | | | | | | |
| | | | | | | 1123 BEAVE | DOTOFF | | | | | | |
| Time of Abatement: 7:00 At | | all au | IIIV HOUR | | occib- | | | | | | | | |
| 7.00A | M-3:30PM/ | arr acr | iity Hours | S - DE | escribe A | | | | | | | | |
| 1100/u | 101-0.30P101/ | ai i aci | PM | A/\ | escribe // | City, State, Zip Co | ode | | | | | | |
| Scope of Work (Check all that a | 101-0.30P101/ | arr au | PM | AN | escribe // | | ode | | | | | | |
| Scope of Work (Check all that a | 101-0.30P101/ | | РМ | A\\ | escribe // | City, State, Zip Co BRISTOL, PA | ode 19007 | | | | | | |
| Scope of Work (Check all that a | 101-0.30P101/ | ⊠R | PM | A/\ | escribe A | City, State, Zip Co BRISTOL, PA | ainment with N | egative F | Pressure | | | 270 | |
| Scope of Work (Check all that a | 101-0.30P101/ | ⊠R | РМ | A/\ | escribe A | City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag | ainment with No | | | | | | |
| cope of Work (Check all that a | 101-0.30P101/ | ⊠ R | PM | AN | escribe A | City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag | ainment with No | | | 'e | | | |
| Scope of Work (Check all that a | apply) | ⊠ R | enovation emolition | AM | escribe | City, State, Zip Co BRISTOL, PA Selection Full Cont Mini-Encl Glovebag Non-Exer | ainment with Nosure Procedure npted (*) and N | | | _ | | | |
| Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia | apply) | ⊠ R □ D | enovation emolition s Location Normally | AM | Л | City, State, Zip Co BRISTOL, PA Selection of the Content of the C | ainment with Nosure Procedure mpted (*) and N | | | _ | | nent T | уре |
| Scope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED | apply) | ⊠ R □ D | enovationemolition s Location Normally ed Solely aintenance | AM | Asbest | City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of os Containing Mate | ainment with Nosure Procedure Inpted (*) and N | on-Friab | le Procedur | Al | | 1 | _ |
| Ecope of Work (Check all that a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED IN Facility | apply) | ⊠ R □ D | enovations Location Normally ed Solely eintenance stodial St | AM | Asbest | City, State, Zip Co BRISTOL, PA State Full Cont State Glovebag Non-Exer Description of os Containing Mate thermal systems in | ainment with Nosure Procedure Inpted (*) and Nosure | on-Friab | le Procedur mount pecify | Al | | 1 | _ |
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| Date of Notification (1) 9 / 21 | 98 | | | - | | uilding Owner/Operate | | | (7 0) | F= | renevatur. | (1.15 |
|--|------------------------|-----------------|------------------|------------------|--------------|--|-----------------------|-----------------------|---------------|-----------------|-------------|------------|
| | - | 18 | _ | | Princeto | on University-Office | ce of Dooles - | | (70) | 1,445 27 (3) | 11 | V. |
| Agencies Notified Type | Notificat | tion | | | Street Addr | non- | e of Design a | nd Construct | ion | | | |
| ⊠ EPA ⊠ Ini | | | | | 200 Elm | | | | 7111 | | 7 6 | |
| N AII | nended | | | - | | | and the second second | 1 1 1 | JAN | | / 21 | 019 |
| I Daniel All | nendmer | nt # <u>1-</u> | 10/24 | /18 | City, State, | | | | | | | _ |
| (4) 14 | nergency tification | y (incl | uding | - | | n, NJ 08544 | | k | | | | |
| Ca | ncellatio | יי חו | | - 1' | Name of Co. | | | Telephone | Numb | | | 200 |
| | | | | | Robert C | 4.74 | | 609-258 | | | | |
| Name of Facility Where Abateme | -4: = : | | | | FACILITY | Y INFORMATION | | 500-200 | -1041 | | | |
| Princeton University Is to | nt is Tal | king P | Place (| 3) | | | Type of Facilit | h. (4) | | | | |
| Princeton University-Jady Street Address | vin Hall | 4 th | Floor | | | | School (K- | | | | | |
| Washington Rd | | | | | | | ☐ Subchante | r & (Other the | V 101 | | | |
| City (5) | | | | | | | Li Ottlet (i.e., | Drivate and con | nmerci | al bui | ldina | 0 |
| Princeton | | | | | | | 1 | , | | | .u.i.g. | ٥, |
| | | | | | | | Square Feet | # of Floors | | Bld | g. Ag | e |
| County (6) | | | | 10 | County Code | A /7)/CTATE LIGE CANAL | | | | | | |
| MERCER | | | | | ounty oout | (7)(STATE USE ONLY) | Current Use (P | rior if being den | nolishe | d) | No. | _ |
| Name of Monitoring Firm Hired by | Building | Own | er (8) | | CM No. | | Office/Clas | Srooms | | | | |
| I II Environmental Inc | | | (-) | 1 | 0003 | Name of Abatem | ent Contractor (9 |) | | | | _ |
| Street Address | | | | 0 | 0003 | BRISTOL EN | VIRONMENTA | L, INC. | | | | |
| 1253 North Church Rd | | | | | | Street Address | CONTRACTOR OF THE | | _ | | | _ |
| City, State, Zip Code | | | | | | 1123 BEAVE | RSTREET | | | | | |
| Moorestown, NJ 08057 | | | | | | City, State, Zip Co | ode | | | | | |
| roject Manager for Monitoring Firm | | | | | | BRISTOL, PA | | | | | | |
| Michael Keehn | n | | | elephor | | Telephone No. | | | | | | |
| tart Date (10) | | | | 609-3 | 86-8800 | 215-788-6040 | | License No. | | | | |
| _10_ / _8_ / _18 | Sched | duled | Comp | letion I | Date (11) | Name of OSHA Mo | onitor | 00509 | | | | |
| | | 0 | N_{\perp} | HO | 120 | BRISTOL ENV | | 2012 | | | | |
| ccupancy Status During Abatemer | nt (Check | k only | one) | | | Street Address | MONINENTAL | -, INC. | | | | |
| racility Closed/Vacated During | main- D | | 27.0 | ement | | | | | | | | |
| | | | | | escribe | 1123 BEAVER | | | | | | |
| 1.00/1W-0.5 | OPIVI/_ | F | PM | A | Λ | City, State, Zip Coo | | | | | | _ |
| ope of Work (Check all that apply) | | | | | | BRISTOL, PA | 19007 | | | | | |
| ≥3 sf or ≥3 If | | | | | | M F. II O | | | | | | |
| ≥160 sf or ≥260 lf | | ⊠ Re | enova | ion | | Mini-Enclos | nment with Nega | ative Pressure | | | | |
| | | L De | emoliti | on | | ☐ Gloveban F | Procedura | | | | | |
| | | le | Loca | tion | 1 | ☐ Non-Exem | oted (*) and Non- | -Friable Procedu | ire | | | |
| Location of | | - 1 | Norma | llv | | | | | | naton | 7 | _ |
| Asbestos-Containing Material (AC TO BE ABATED | M) | Use | d Sole | ely by | Ashes | Description of | | | | | nent 1 | ур |
| IN Facility | | Cust | intena todial | nce/ | (i.e. | stos Containing Mater , thermal systems ins | ral (ACM) | Amount | Removal | Repair | En | riicioadie |
| (13) | | | (12) | otali! | | surfacing, VAT, or | | (Specify SF or LF) | 100 | ar. | aps | 00 |
| | | Yes | No | N/A | 1 | other miscellaneous | 5) | 0. 0. 21) | = | | Encapsulate | 100 |
| rkarea #4(Labs 452, 453 & 45 | 56) | \boxtimes | | | FI | | | | | | te | |
| rkarea #5(Labs 440 & 442) | | | | | Floortile | and mastic | | 315 SF | | | | - |
| | | | | | Floortile | and mastic | | | - | П | | L |
| | 1 | | | | | | | 465 SF | | | | |
| | | | | | | | | | | П | П | _ |
| e of Registered Waste Hauler | | | | | | | | | | | | _ |
| RISTOL ENVIRONMENTAL, II | | | N. | DEP V | | Cubic Yards of N | ame of Register | od I 1511 | | Ш | | |
| State | vC. | | | uler ID 18706 | No. | Vaste | | | - 0.0 | | | |
| State | | | | 0700 | | Disposal Date C | FAIRLESS LA | ANDFILL | | | | |
| ISTOL, PA 19007 | | | | | | | ity, State | | | | | |
| | | | | | | | FAIRLESS HII | LLS, PA | | | | |
| pleted By (Print or Type) | Title | | | | | | | | | | | |
| oleted By (Print or Type) an Scafiro | Title Feti | mato | | | | Signature | 1 | / . Date | 0 / | 1 | | |

Club# 3443

| | 1/ | 18 | 3 | | Princeto | uilding Owner/Oper | ator (2) | | | P.70 | The same | t2 / |
|--|------------------|-------------|-----------------|-----------------|--------------|--|-----------------|---|--------|---------|-------------|------------|
| Agencies Notified Ty | pe Notif | ication | | | Street Addr | on University-Of | ice of Desig | n and Construc | tion | Fibr | | 14 |
| Ø EPA 9210 ⊠ | Initial | | | | 200 Elm | | | | | | | _ |
| □ DHSS 9 2 2 7 | Amende | | | | City, State, | | | | JAN | | 7 2 | 01 |
| 1 DCA 4202 | Amendr Emerge | nent#_ | olu-d' | | | n, NJ 08544 | | | | | | |
| (NJAC 5:23-8) | Justificat | tion) | ciuain | 9 | Name of Co | | | F | | - | H-1 | |
| | Cancella | ation | | - 1 | Robert O | | | Telephone | Num | ber | - 113 | |
| | | | | | | | | 609-25 | 8-184 | 1 | | |
| Name of Facility Where Abate | ment is | Taking | Place | (3) | FACILITY | / INFORMATION | | | | _ | | _ |
| Initiation University-Ja | dwin H | lall 4th | Floo | r | | | Type of Fa | acility (4) | | | | _ |
| Street Address | | | - 100 | | | | ☐ School | (K-12) | | | | |
| Washington Rd | | | | | | | Other (| apter 8 (Other than | K-12) | | | |
| City (5) | | | | | | | homes | i.e., private and co , etc.) | mmer | cial bu | ilding | S, |
| Princeton | | | | | | | Square Fe | | | DI | J. A | _ |
| County (6) | 7 | - | _ | | 0 | | | TO THE RESERVE OF THE PARTY OF | | | dg. Ag | je |
| MERCER | | | | | County Code | (7)(STATE USE ONL) | Current Us | e (Prior if being de | molich | 24/ | 70 | |
| Name of Monitoring Firm Hired | by Build | ing Ow | ner (P | | | | Unice/C | lassroome | HOUST | ea) | | |
| ill Environmental Inc | , | mg Ow | 1161 (0) | 36 | SCM No. | Name of Abater | nent Contracto | or (9) | | - 0 | | |
| Street Address | | | | | 00003 | BRISTOL E | NVIRONMEN | NTAL INC | | | | |
| 1253 North Church Rd | | | | | | Street Address | | -, | | | | |
| City, State, Zip Code | | | | | | 1123 BEAVE | R STREET | | | | | |
| Moorestown, NJ 08057 | | | | | | City, State, Zip C | ode | | | | | |
| Project Manager for Monitoring F | irm | | | | | BRISTOL, P. | A 19007 | | | | | |
| Michael Keehn | 1111 | | 1 | | one No. | Telephone No. | | License No. | | | | |
| Start Date (10) | Cal | a = -lt | | 609-3 | 386-8800 | 215-788-604 |) | 00509 | Ŷ. | | | |
| 10 / 8 / 18 | 301 | negule | Com | pletion | Date (11) | Name of OSHA N | Monitor | 00509 | | | | |
| | | | . ′ – | 3 | /19 | BRISTOL EN | VIRONMENT | TAI INC | | | | |
| Ccupancy Status During Abatem Facility Closed/Vacated During Abatement Performed Outside | F-11 . | | | | | Street Address | | , , , , , , , , , , , , , , , , , , , | | | | |
| | | | | | | 1123 BEAVE | STREET | | | | | |
| Time of Abatement: 7:00AM-3 | :30PM/ | iai Fac | lity Ho | urs - D | escribe | City, State, Zip Co | | | | | | |
| cope of Work (Check all that app | | | . 101 | A | IVI | BRISTOL, PA | | | | | | |
| | (y) | | | | | | | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | ⊠ F | enova | tion | £ | Full Conta | ainment with N | egative Pressure | | | | |
| 31 01 <u>~</u> 200 11 | | | emolit | ion | | ☐ Mini-Encl | | Carro i lossule | | | | |
| | | Τ, | - | | | ☐ Non-Exen | npted (*) and N | lon-Friable Proced | | | | |
| Location of | | 1 ' | s Loca Norma | ition ally | | | | Thable Proced | | | | |
| Asbestos-Containing Material (A | CM) | Us | ed Sol | elv by | Achoot | Description of | | | A | | nent ' | Гур |
| TO BE ABATED IN Facility | | Cus | aintena | ance/ Staff? | (i.e., | os Containing Mate thermal systems in | erial (ACM) | Amount | Rer | Repair | 回 | 1 |
| (13) | | | (12) | | | surfacing, VAT o | r | (Specify SF or LF) | Remova | pair | cap | 200 |
| | | Yes | No | N/A | | other miscellaneou | is) | OI OI LF) | 8 | | Encapsulate | FIICIOSUIE |
| rkarea #1(Labs 472, 473 & | 174) | | | - | | | | | | | te | 1 |
| rkarea #2(Labs 468, 469 & 4 | | - | | | | and mastic | | 620 SF | | | _ | - |
| | | | | | Floortile a | and mastic | | | - | | Ц | L |
| rkarea #2(Labs 468, 469 & 4 | 76) | | | | Pipe sadd | | | 2,260 SF | | | | |
| karea #3(Lab 462) | | \boxtimes | П | | | | | 4 ea | | | | Г |
| e of Registered Waste Hauler | | | - N | DEP V | | nd mastic | | 100 SF | | П | | F |
| RISTOL ENVIRONMENTAL, | INC. | | Ha | uler ID | | ubic Yards of | Name of Regis | tered Landfill | 2 | | ш | |
| State | | | | 18706 | | | FAIRLESS | LANDFILL | | | | |
| ISTOL, PA 19007 | | | | | Di | sposal Date C | city, State | | | | | |
| eleted By (Print or Type) | 7 | | | | | | FAIRLESS | HILLS DA | | | | |
| rotou by (Plint or Type) | | | | - | | 1 | | , FA | | | | |
| an Scafiro | Title | timato | | | | Signature | 7.07-20.00 | /o Date | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Chu#3443

| Pale of Normation (4) | | | | | | allo 5 | :16) | | | | * | | |
|--|--|--|---|--------------------|--|--|--|--|---|-----------|--------------|------------|-------------|
| Date of Notification (1) 9 / | 21 / | 10 | | Name o | to NJAC 8:60 | 0=== | | | · · · · · · · · · · · · · · · · · · · | J (3) |) F | 9441194994 | |
| Agencies Notified | | | _ | Princ | eton Universit | V-Offia | (2) | | | - | 1 | - 1 | 1 |
| ⊠ EPA | Type Notifi | cation | | Street A | ceton Universit | y-Onic | e of Des | ign and | Constr | uctio | n | 12 | 112 |
| ☑ DOLWD | ☑ Initial | | | | im Dr. | | | | | | | | |
| ☑ DHSS | ☐ Amende | d | | | | | | 5.5 | | JAI | V | 7 2 | 019 |
| ☑ DCA | Amendm | nent # | | City, Star | te, Zip Code | | | | | | | _ | 010 |
| (NJAC 5:23-8) | ☐ Emerger justificati | ncy (includ | ding | Prince | eton, NJ 08544 | | | | France | 400 | | | |
| | ☐ Cancellat | tion | | Name of | | | | | ř. | 7.30 | 778. | ION) | |
| | | | | Robert | t Ortego | | | | Telepho | ne Nu | mber | | _ |
| Name of Facility Where Ab | otom | | | FACILI | ITY INFORMAT | 7011 | | | 609-2 | 58-18 | B41 | | |
| Princeton University- | atement is T | aking Pla | ce (3) | | THI ONNA! | ION | | | | | | _ | |
| Street Address | Jagwin Ha | all 4th Flo | oor | | | | Type of I | Facility (4 | 4) | - | | | |
| Washington Rd | | | | | | | School | NI /V do | | | | | |
| City (5) | | | | 54 | | | Subch | napter 8 | (Other tha | in K-1 | 2) | | |
| Princeton | | | | | | | Other | (i.e., pril | ate and c | omme | ercial | buildir | 201 |
| | | | | | | | Square Fe | eet | | | | | 90, |
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| MERCER | | | | County Co | de (7)(STATE USE (| DNI YI | Current II | | V. | | | | |
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| - Inclinition and the | - ~ y Dulidin | y Owner | (8) A | SCM No. | Name of Ab | | | | oms | | | | |
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| 1253 North Church Rd | | | | | BRISTOI Street Adds | LENV | IRONME | NTAL, I | NC. | | | | |
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| Moorestown N | | | | | 1123 BE/ | AVER | STREET | | | | | | |
| Moorestown, NJ 08057 | | | | | City, State, Z | ip Code | 9 | | | | | | |
| Project Manager for Monitoring | Firm | | Tolonh | | BRISTOL | , PA 1 | 9007 | | | | | | |
| Michael Keehn | | 1 | relebil | one No. | Telephone No | 0. | | 1. | | | | | |
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| Date of Notification (1) | | | | Nan HAC | ne of B | uilding O | wner/ ERSI | Operator (2) TY MEDICA | L CENTER 1 | JAN | 7 | 2019 | - I |
| 12 / 26 /18 | | | | | et Addr | | | | | en une sa constant | F2-101-11-12-12-12-12-12-12-12-12-12-12-12-12 | non-street | |
| Agencies Notified Type Notifica | ation | | | 30 F | PROSP | ECT AVE | NUE | | 1.80 | ESTO | SOC | DNTE | C4. 7 |
| EPA Initial N | ied No | | on #3 | City | , State, CKENS | Zip Code ACK, NEV | V JEF | RSEY 07601 | | (| | 11111.2 | ±1. ₩. - |
| X DOL Cancel X DOH X On Hol EMER | ld | Y NO | ΓΙΓΙCΑΤΙ | | ne of Co | ontact ARRELL | | | Telephone Numb 551-996-3778 | er | | | |
| | | | | CILITY | NFORM | NOITAN | - | | (4) | | | | \dashv |
| Name of Facility Where Abatement is | Takin | g Plac | e (3) | | | | Туре | of Facility School (K-1 | | | | | |
| | CEN | TED | | | | | | Subchapter | 8 (Other than K- | 12) | | | - 1 |
| HACKENSACK UNIVERSITY MEDICAL | LOLIN | ILIT | | | | | X | | rivate & commcl. | bldgs | , hom | es, et | c.) |
| Street Address 30 PROSPECT AVENUE | | | | | | | | uare Feet 200,000 | # of Floors 5 | -11 | Bldg. 8 | | |
| City (5) Count | | | | | inty Co | | | rent Use (Prid SPITAL | or if being demoli | snea) | | | 1 |
| HACKENSACK BERG Name of Monitoring Firm Hired by Bu | | Own | or (8) | (STA | | ONLY) SCM No. | Nan | ne of Abater | nent Contractor | (9) | | | |
| LANGAN ENGINEERING & ENVIRONI | MENT | AL | Ci (0) | | | 99 | PAF | RENVIRON | MENTAL CORPC | RATIO | DN | | - |
| Street Address | | | | | | | Stre | et Address SPOOK RO | CK BOAD | | | | - 1 |
| 300 KIMBALL DRIVE | | | | | - | | | , State, Zip C | | | | | \neg |
| City, State, Zip Code PARSIPPANY | / NFV | V.IFR | SEY 070 | 54 | | | SUF | FERN, NEV | V YORK 10901 | | | | |
| Project Manager for Monitoring Firm | , | T | elephone | Number | | | Tele | ephone Num | | nse N | umbei | | |
| VIJAY PATEL | | | 73-560-49 | | | | | -369-7500 | 110 | 1 | | | |
| Expected State Date (10) | 5 | Sched. | Comple | | | /19 | | ne of OSHA | Monitor RONMENTAL | | | | |
| 12 / 13 /18 Month Day Year | | Mont | 5/ h | Day | 30 | Year | QU | ALITI LINVII | TOTAL | | | | |
| Occupancy Status During Abatement (X Facility Closed/Vacated During Abatement Performed Outs | ing Er ide of | only on tire Pe | ne) eriod of A | batemen Hours - (| t Describ | e: | 137 | eet Address 6 ROUTE 9 7, State, Zip | Code | | | | |
| SATU Scope of Work (Check all that apply) | JRDAY | 4PM Renov | -12AM | EX. ** **. | 5 (= 1) () | Mini-End Gloveba | lo , ig Pro | ent with Nega | PPINGER FALLS ative Pressure | S, NY 1 | 2590 | | |
| X >160 SF OR 260 LF | | | | | X | Non-Fria | | | | Ι Δ | antom | ent Ty | me |
| Location of | | | ocation | | | ription of A ning Mate | | | Amount | | Datein | | |
| Asbestos-containing Material (ACM) TO BE ABATED | | sol Maint/ | ally used ely by Custodial uff (12) | | (ie. insulat | Thermal s tion, surfactor ther miscel | ystem cing, \ | ns /AT, | (Specify SF or LF) | REMOVAL | REPAIR | ENCAPSUL | ENCLOSUR |
| in Facility (13) | - | | lo N/A | | | | | | | - | - | - | D |
| 3RD FLOOR MAIN BUILDING | | | X | VAT & I | MASTIC | D | | | 2,100 SF | X | - | _ | |
| ST. JOHNS BUILDING BASEMENT | | | X | VAT & | MASTIC | 0 | CC | MPLETE | 4,000 SF | Х | _ | _ | _ |
| ST. JOHNS BUILDING BASEMENT | | | X | GLÜE 8 | k CEILI | NG TILE | CC | MPLETE | 740 SF | X | + | - | - |
| | | | - | - | | | | | | + | + | + | |
| | | | + | - | | | | | | | | | |
| | | | | | | | | | 1 11 200 | | | | _ |
| Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. | | | P Waste r ID No. | | 80 | | GI | RAND CENT | tered Landfill RAL SANITARY | LAND | FILL | | |
| City, State | | | | | al Date 5/30/19 | | Ci | ty, State | OWNSHIP, PA | | 1 | / | |
| NEWARK, NEW JERSEY 07105 Completed by (Print or Type) | Title | CTO | R OF OPE | | Sig | nature | / | 194 | | (te) | 24 | 9/1 | 8 |
| BENJAMIN SANCHEZ | INIUE | -0101 | OI OIL | 1/ 1/1/01 | | | _/_/ | | | 7 | | 1 | 0 |

| of Notification (1) | NOTIFI (Pui | CA I rsuar | nt to in | of New Jersey F ASBESTOS ABATEI JAC 8:60-7 and 12:120 Name of Building Own | ar/Operator (2) | | 41 | | 21.00 | | |
|--|----------------|---------------|----------------|---|---|---------------------|---------------|--------|---|----------|------------|
| of Notification (1) | (1 0 | - Cau | T | Name of Building Own | ner/Operator (2) | 3.4 % | | | | | |
| of Notification (1) | | | 1 | Name of Building Owl HACKENSACK UNIVE | RSITY MEDICAL C | ENTER | | -J/ | N- | 7 | 2019 |
| | | | - 1 | Street Address | | 1 1 | 1 | 01 | 111 | | |
| | | | | 30 PROSPECT AVEN | JE | - I- | | | | FA-77-1- | er se e se |
| ncies Notified Type Notification | | | | Code | | | l'essere | SEE | STOR | CO | THE |
| I Initial Notificati | on | | | HACKENSACK, NEW | JERSEY 07601 | | *** | | LICE | ΗŞú | - Lan |
| IX IAMended Noti | rication | #2 | | | ITe | lephone Nur | nber | | | | |
| X DOL Cancellation | | | | Name of Contact | 55 | 1-996-3778 | | | | | 1 |
| X DON EMERGENCY | NOTIF | FICA | TION | DONALD FARRELL | | | | 11151 | | | - |
| DOA L | | | FACIL | ITY INFORMATION | Type of Facility (4 |) | | | | | |
| ne of Facility Where Abatement is Taking | Place | (3) | | | School (K-12 |) | (Z 40) | | | | |
| | | | | | Subchapter 8 X Other (ie. pri | Other than | K-12) | ıs. h | omes, | etc.) | |
| CKENSACK UNIVERSITY MEDICAL CENT | ER | | | | X Other (ie. pri | # of Floors | Toi. Dia | Blo | dg. Ag | е | |
| | | | 100 | | Square Feet 200,000 | 5 | | | 80 | | _ |
| eet Address | | | | (7) | Current Use (Prior | r if being der | nolishe | d) | 3-1-1-1 | | |
| PROSPECT AVENUE County (6) | | | | County Code (7) (STATE USE ONLY) | LICCOLTAI | | | | | | \dashv |
| ty (5) | | | | ASCM No. | 4 A1 - 1 - 1 - 1 - 1 | ent Contrac | tor (9) | TION | 1 | | |
| | Owne | r (8) | | 99 | PAR ENVIRONM | ENTAL COP | TOTIA | 1101 | | | 7 |
| ANGAN ENGINEERING & LIVING | AL_ | | | | Street Address 313 SPOOK ROO | CK ROAD | | | | | - |
| reet Address | | | | | City State Zin C | ode | 38.95 | | | | |
| 00 KIMBALL DRIVE | | | | | SUFFERN, NEW | YORK 109 | 01 License | Niur | nher | | - |
| ity, State, Zip Code PARSIPPANY, NEV | V JERS | SEY (| 07054 | umber | Telephone Numb | per | Licerise | ; INUI | noo. | | |
| roject Manager for Monitoring Firm | 116 | iehu | 0-498 | dilibo. | 845-369-7500 | | 1101 | | | | \neg |
| LIAY PATEL | Sahad | G01 | nletio | on Date (11) | Name of OSHA QUALITY ENVIS | MONITOI RONMENTA | L | | | | |
| xpected State Date (10) | Scrieu. | 5 / | | 30 /13 | QUALITY ENVI | 1011111 | | | | | - |
| 12 / | Mont | h | | Day Year | Street Address | | | | | | 1 |
| Month Day Status During Abatement (Check | k only o | nę) | of Ab: | atement | 1376 ROUTE 9 | | | | | | |
| Occupancy Status During Abatement (Check X Facility Closed/Vacated During E Abatement Performed Outside of | ntire Pe | al Fac | cility H | ours - Describe: | City, State, Zip | Code | | | 000000000000000000000000000000000000000 | | |
| Abatement Performed Outside of | -FRIDA | Y.4 | PM-12 | AM | l WA | PPINGERF | ALLS, N | VY 12 | 2590 | | |
| X Other - Describe: MONDAY SATURDA | Y 4PM | -12A | M | Full Co | ntainment with Neg | ative Pressu | ire | | | | |
| Scope of Work (Check all that apply) | Renov | ation | 1 | Mini-Er | nclo . | | | | | | 1 |
| Demolition | Hellov | alioi | | Glovel | pag Procedure iable Procedure | | | | | | |
| >3SF OR LF | | | | X Non-Fi | | | | | ateme | ent Ty | pe |
| X >160 SF OR 260 LF Location of | Is L | ocat | ion | Description of Containing Ma | terial (ACM) | Amou | | REMOV | REPAIR | ENCAPS | ENCLOSUR |
| Asbestos-containing | norm | ally | used | (ie Therma | l systems | (Spec | city | 8 | A | AF | 5 |
| Material (ACM) | so | olely I | by todial | insulation, sur | facing, VAT, | SF or | LF) | VAL | P | SUL | US |
| TO BE ABATED | Maini | taff (1 | 12) | or other misc | cellaneous) | | | 1 | | _ | B |
| in Facility (13) | Yes | No | N/A | | | 0 100 05 | | X | | | _ |
| | | | X | VAT & MASTIC | | 2,100 SF | | 1 | 1 | | T |
| 3RD FLOOR MAIN BUILDING | - | - | | VAT & MASTIC | | 4,000 SF | 3 | X | + | +- | - |
| ST. JOHNS BUILDING BASEMENT | | _ | X | | F | 740 SF | | X | 1 | - | 1 |
| ST. JOHNO BOLLL DING BASEMENT | | | X | GLUE & CEILING TIL | E | | | | | | 1 |
| ST. JOHNS BUILDING BASEMENT | 1 | | | | | - | | 1 | | | |
| | + | 1 | | | | | | + | 1 | | T |
| 50.5 | +- | + | + | | | | | + | + | + | + |
| | - | + | +- | - | | | 1011 | | | | + |
| | | 1_ | 1 | Cubic Yards of Wast | e Name of Re | gistered Lan | dtill | I ANI | DFILL | | |
| Name of Registered Waste Hauler | NJE | DEP | Waste D No. | | e Name of Re GRAND CE | NTRAL SAN | LIMBI | LITTIN | 50 183 | | |
| THAT OF CAPTING | Hai | uieri | D 140. | | CHU State | / | -7 | | | | |
| NEWARK CARTING | | - | | Disposal Date | DV AUXIFIE | TOWNSH | IP, PA | | | 11 | 11 |
| NEWARK CARTING 369 RAYMOND BLVD. | | | | | / IT L MAIN I I I I I I I I I I I I I I I I I I | | | | | | |
| 369 RAYMOND BLVD. | | | | 12/13-5/30/19 | · · | | Da | ate, | - | 11 | -/> |
| 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105 | itle | OP (| OF OF | 12/13-5/30/19 Signature | · · | | Da | ate, | - | 2/ | -// |

| | NOTII | FICAT | MOIT | NI IAC: 81 | ESTO | S ABATE nd 12:120 | J-11 | | | | (P) | | N/ | - |
|---|-----------------|-------------------|----------------|-----------------|-----------------|-------------------------|-----------------|---------------------------|----------------------------|---------|--------|-----------------|-------------|----------|
| the of Natification (1) | | 4,044 | | Mama | of Buil | ding Ow | ner/C | perator (2 Y MEDICA | L CENTER | 1 | JAN | | 201 | 9 |
| ate of Notification (1) | | | | Street | Addres | SS | 100000 | | | | UHIN | | 201 | |
| gencies Notified Type Notification | | | | | | CT AVEN | UE | | | 1 | | in a series | | \dashv |
| EPA X Initial Notificat Amended Not | ion ificatio | n | | City, S HACK | tate, Z ENSA | ip Code CK, NEW | JERS | SEY 07601 | | | 1 2 2 | 18 (7 17 12) | MIT HILL | |
| X DOL Cancellation X DOH On Hold EMERGENCY | / NOTI | IEICA | MOLT | Name | of Cor | ntact RRELL | | | Telephone N 551-996-377 | | | | | |
| DCA EMERGENC | NOT | II IOA | FAC | ILITY INF | | | | | | | | | | - |
| lame of Facility Where Abatement is Taking | Place | | 1 AO | | | | Type | of Facility School (K- | (4) | | | | | |
| | | 6807 | | | | | - | Cubabanta | r 8 (Other th | an K-1 | 2) | | | |
| HACKENSACK UNIVERSITY MEDICAL CENT | TER | | | 1 | | | X | Other (ie. | private & con | imcl. b | ldgs., | siag. P | s, etc. | .) |
| Street Address | | | | | | | 1 2 | 000,000 | 5 | | - 13 | 80 | | _ |
| 30 PROSPECT AVENUE County (6) | | | T | Count | y Cod | e (7) | Curr | ent Use (Pr | rior if being de | emolisi | ned) | | | |
| BERGEN | | | | (STATE | USE | ONLY) | Man | PITAL | ement Contra | ctor (| 9) | | - | |
| HACKENSACK | Owne | er (8) | | | ASC | CM No. 99 | PAF | ENVIRON | IMENTAL CC | RPOF | RÁTIO | N | | |
| LANGAN ENGINEERING & ENVIRONMENT | AL_ | | _ | | - | 33 | Stre | et Address | | | | | | |
| Street Address | | | | | | | 313 | SPOOK R | OCK ROAD | | | | | _ |
| 300 KIMBALL DRIVE City, State, Zip Code | | | > 171/AUX 1909 | | | | City | , State, Zip | W YORK 10 | 901 | | | | |
| PARSIPPANY, NEV | / JERS | SEY 0 | 7054 | lumber | | | Tele | ephone Nur | mber | Licen | se Nu | mber | | |
| Project Manager for Monitoring Firm | | ејерпс 73-56(| | | | | 845 | -369-7500 | | 1101 | | | | _ |
| VIJAY PATEL | ched | Com | pleti | on Date | (11) | | Nar | ne of OSH | A Monitor | N.1 | | | | |
| Expected State Date (10) | | 5 / | | 30 | | /19 Year | lau | ALITY ENV | /IRONMENT | ٦. | | | | |
| Day Year | Mont | h | | Day | | Teal | Str | eet Address | S | | | | | |
| Occupancy Status During Abatement (Check | only o | ome) eriod (| of Ab | atement | | | 137 | 76 ROUTE | 9 | | | | | |
| Abatament Performed ()IIISIGE OI | NOTHIC | al I ac | illy . | 100.0 | escribe | 9: | Cit | y, State, Zi | n Code | | - | | | |
| X Other - Describe: Monday -Fr | iday 7 | am -3 | :30pr | n | | | 1 | W | APPINGER I | ALLS | NY 1 | 2590 | | |
| (Cheek all that apply) | | | | | | | | ent with Ne | egative Press | ure | | | | |
| Scope of Work (Check all that apply) Demolition | Renov | ation | | | | Mini-End | olo , an Pri | ocedure | | | | | | |
| >3SF OR LF | | | | | X | Non-Fria | able F | rocedure | | | | | | |
| X >160 SF OR 260 LF | le I | ocatio | n T | | Descr | iption of | Asbes | stos- | | * | | atem | ent Ty | |
| Location of Asbestos-containing | norm | ally us | sed | | Contai | ning Mate | erial (A | ACM) | Amor (Spec | | REMO' | REPAIR | ENCAP | ENCLO |
| Material (ACM) | | lely by | | | (ie. | Thermal : ion, surfa | syster | VAT | SF or | | 15 | AIR | APS | l'c |
| TO BE ABATED | Maint | /Custo aff (12 | | | or ot | ner misce | ellane | ous) | | | VAL | | JUS | NON |
| in Facility (13) | Yes | | N/A | | 278/479 | | | | _ | | + | + | 1 | t |
| | | | X | VAT & N | MASTI | o | | | 2,100 SF | | X | +- | +- | + |
| 3RD FLOOR MAIN BUILDING | | | X | VAT & N | | | | | 4,000 SF | ۰ | X | 1 | 1- | + |
| ST. JOHNS BUILDING BASEMENT | | | | | | NG TILE | | = | 740 SF | | X | 1_ | | + |
| ST. JOHNS BUILDING BASEMENT | | | X | GLUE | CEILI | NG TIEE | | | | | + | + | + | + |
| | | | | | | | | | | | + | +- | + | + |
| | - | | | | | | | | | | | - | + | + |
| | - | - | | 1 | | | | | | | | | | + |
| | NID | EP W | aste | Cubic Y | ards o | of Waste | 1 | Name of Re | egistered Lan | dfill | LANIE | EU I | | L |
| Name of Registered Waste Hauler NEWARK CARTING | | ler ID | | | 8 | 0 | | 11 | NTRAL SAN | | LAINL | / | | _ |
| 369 RAYMOND BLVD. City, State | | 3334 | | Dispos | al Date | 9 | X | PLANIFIEL | D TOWNSHI | P, PA | | / | / | 1 |
| Oily, Glaic | | | | 11/26-5 | 1/30/15 | 7 | /1 | | | TD | ate / | / 1 | 11 | 1 |
| NEWARK, NEW JERSEY 07105 Completed by (Print or Type) | | | | | ISi | gnature | 1 | $\nabla \wedge$ | | 1- | 7/ | 11 | 5/ | |

| Date of Notification (1) | | | | | Name of | Building (| Owner. VERS | Operator | (2) CAL CENTER | | | | 12 12 |
|--|--|---------------------------|----------------------|--------|-------------------------|---|---------------------------|-------------------------------------|---------------------------------|---------------|-----------|----------|-----------|
| 11 / 21 /19 | | | | - | Street Ac | | | | | | iAN | | 707 |
| | ation | | | - | | aress PECT AVE | ENLIE | | | 2 | JAN | 1 | 2019 |
| EPA Initial N DEP Amend X DOL Cancel | ies Notified EPA DEP CDOL CAncellation DOL CANCEllation DOL CANCEllation ON Hold DCA EMERGENCY NOTIFIC OF Facility Where Abatement is Taking Place (3) ENSACK UNIVERSITY MEDICAL CENTER Address OSPECT AVENUE County (6) ENSACK MONITORITY ENSACK OF Monitoring Firm Hired by Building Owner (8) AN ENGINEERING & ENVIRONMENTAL Address MBALL DRIVE Itate, Zip Code PARSIPPANY, NEW JERSEY 0 AN AN ENGRAPH (Check only one) And Anderse (Check only one) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Closed/Vacated During Entire Period of Normal Facility Clo | | n | | City, Stat HACKEN | e, Zip Code SACK, NE | 9 | RSEY 0760 | | in the second | ECT LK | | |
| | Notified Type Notification EPA | | | ION | | FARRELL | | | Telephone Nun 551-996-3778 | nber | | | |
| Name of Facility Miles | Type Notification Amended Notification Cancellation Type Notification Type Notification Cancellation Type Notification FACII Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Type Notification Cancellation FACII Cancellation FACII Cancellation FACII Call Type Notification Cancellation FACII Cancellation FACII Cancellation FACII Cancellation FACII Cancellation Cancellation Cancellation FACII Cancellation | | | ACILI' | TY INFO | RMATION | | | | | | | |
| | Type Notification EPA | | | | | | Туре | School (K Subchapt | -12) er 8 (Other than | K-12) | | | |
| Street Address | S Notified EPA DEP DOL DOL DOH DCA FA FA Gracility Where Abatement is Taking Place (3) NSACK UNIVERSITY MEDICAL CENTER ddress SPECT AVENUE County (6) BERGEN SACK Monitoring Firm Hired by Building Owner (8) NENGINEERING & ENVIRONMENTAL ddress BALL DRIVE te, Zip Code PARSIPPANY, NEW JERSEY 07054 Manager for Monitoring Firm ATEL dd State Date (10) 1 / 26 /18 Day Year Month DOTH DOL DOH DOH Amended Notification Cancellation Cancellation FA FA FA FA Gracility Where Abatement is Taking Place (3) NSACK UNIVERSITY MEDICAL CENTER County (6) BERGEN FA FA Gracility Goven (8) NENGINEERING & ENVIRONMENTAL Ddress BALL DRIVE Telephone N ATEL Day Year Month Doth To John Condition of Normal Facility H Other - Describe: Monday -Friday 7am -3:30pm Month Demolition SSF OR LF SIGN Renovation SSF OR LF SIGN Renovation SSF OR LF SIGN Renovation SIGN Renovation SIGN Renovation SIGN SIGN Renovation SIGN SIGN Renovation SIGN RENGIAL RENEWARD SIGN RENG | | | | | - | | Other (ie. uare Feet | private & commo | cl. bldg | Bld | g. Age | |
| City (5) County | S Notified EPA DEP DOL DOL DOH DOA DEP Amended Notification EMERGENCY NOTIFICATI EMERGENCY EMER | | | (| County C | ode (7) | Curr | | fior if being demo | olished | | 80 | |
| | ies Notified EPA DEP Amended Notification Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation FA of Facility Where Abatement is Taking Place (3) ENSACK UNIVERSITY MEDICAL CENTER Address OSPECT AVENUE County (6) BERGEN Of Monitoring Firm Hired by Building Owner (8) AN ENGINEERING & ENVIRONMENTAL Address MBALL DRIVE Itate, Zip Code PARSIPPANY, NEW JERSEY 07054 It Manager for Monitoring Firm PATEL Telephone N 973-560-498 Sched. Completing 11 / 26 /18 / 5 / Month ancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Holds Abatement Performed Outside of Normal Facility Holds Other - Describe: Monday - Friday 7am - 3:30pm of Work (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Intital Notification Amended Notification Cancellation FA Initial Notification Cancellation FA Initial Notification Cancellation FA Sched. Completion 5 / Month Month Abatement Perior Outside of Normal Facility Holds Sched. Completion 5 / Month Abatement Perior of Abatement (Check only one) Abatement Per | | | | | E ONLY) | | PITAL | | | | | |
| | | | | | ^ | SCM No. 99 | PAR | ENVIRON | ment Contracto MENTAL CORP | | ION | | |
| 300 KIMBALL DRIVE | Type Notification EPA DEP DOL DOL DOH DOH DOH DCA DEP DOL DOH DCA DOH DCA DEP DOL DOH DCA DOH DCA DEP DOL DOH DCA DOH DCA DOH DCA DOH DCA DEP DOH DCA | | | | | | | et Address | OCK ROAD | | | | |
| City, State, Zip Code | DOH DCA X | | | | | | | State, Zip | | | | | _ |
| PARSIPPANY, | Type Notification EPA | | | | | | SUF | FERN, NE | W YORK 10901 | | | | |
| | Type Notification EPA | | | | er | 5.0 | Tele | phone Num | nber Lic | ense N | Numbe | er | |
| VIJAY PATEL | | | | | . (4.45 | | | 369-7500 | 110 | 01 | | | |
| | DOH DCA X | | | tion D | ate (11) 30 | /19 | | e of OSHA | Monitor RONMENTAL | | | | |
| Month Day Year | Type Notification EPA | | | | y | Year | I QUA | LIII ENVI | HONVIENTAL | | | | |
| X Facility Closed/Vacated Durin Abatement Performed Outsid | ig Entire e of Norr | Perio nal F | od of Alacility | Hours | ent - Describ | e: | 1376 | et Address ROUTE 9 State, Zip | Code | 2 NIV | 10500 | | |
| >3SF OR LF | Reno | vatio | n | | X | Full Conta Mini-Enclo Glovebag Non-Friab | o, g Proc | nt with Neg | PPINGER FALLS ative Pressure | 5, NY | 12590 |). | |
| Location of | Is | Locat | tion | | Descr | iption of As | | | | I A | haten | nent T | vne |
| Material (ACM) TO BE ABATED | s Main S | olely t/Cus taff (1 | by stodial (2) | | Contain (ie. insulat | ning Materi Thermal sy on, surfaci er miscella | al (AC stems ng, VA | M) XT, | Amount (Specify SF or LF) | REMOVAL | REPAIR | ENCAPSUL | ENCLOSUR |
| 3RD FLOOR MAIN BUILDING | Yes | No | | VΔT 8 | MASTIC | | | | 2 100 85 | V | + | | B |
| ST. JOHNS BUILDING BASEMENT | | | | | MASTIC | | | | 2,100 SF 4,000 SF » | X | \vdash | | |
| ST. JOHNS BUILDING BASEMENT | | | | | & CEILIN | | ď. | - 20 | 740 SF | X | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | \perp | | | |
| | - | | | | | | | | | - | - | _ | \square |
| Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. | | EP W er ID | | Cubic | Yards of 80 | Waste | Name | e of Registe ND CENTF | ered Landfill RAL SANITARY I | _ANDF | FILL | | |
| City, State NEWARK, NEW JERSEY 07105 | | | | | sal Date 5/30/19 | | City, | State 7 | OWNSHIP, PA | | | 1 | 7 |
| Completed by (Print or Type) Tit | | 0.00 | | ATION | Sign | ature / | 7 | VIJELU IC | Dat | e j | 7/ | 21 | 111 |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

| | NOTIFICA | NOIT | NIAC 8:60-7 and 12:1 | 20-7) | D.X | 0 - | | | + |
|---|--|-------------------|---------------------------------|--|-------------------|---------|----------|----------|----------|
| | (Pursua | ant to | Islama of Building () | wner/Operator (2) | | | | | |
| | | | HACKENSACK UNIV | ERSITY MEDICA | L CENTER | JAN | | / 20 | 19 |
| Date of Notification (1) | | | Street Address | | 1 | | | | |
| 12 | 1 | | 30 PROSPECT AVE | NUE | . France | | 7 14° I | FINIT | + - |
| AGCITOTOC TTO THE | | | City, State, Zip Code | | | | OFM | | 100 |
| | Notification #1 | | HACKENSACK, NE | W JERSEY 07601 | 8.50 \$5.000 | | 40.77 | | + |
| Cancellation | Initial Notification Amended Notification #1 Cancellation On Hold EMERGENCY NOTIFICATION CA Cility Where Abatement is Taking Place (3) CK UNIVERSITY MEDICAL CENTER CSS CCT AVENUE County (6) BERGEN COUNTY (6) BERGEN COUNTY (6) BERGEN COUNTY (7) BERGEN COUNTY (8) COUNTY (9) BERGEN COUNTY (9) COUNTY (9) BERGEN COUNTY (10) COUNTY COUNTY COUNTY (10) COUNTY COUNTY COUNTY (10) COUNTY CO | | | Telephone Number | | | | 7 | |
| On Hold | (Pursuant to NJAC 8:60-7 a Name of Buildication (1) 1 12 718 | | | 551-996-3778 | | | | | |
| DCA EMERGE | Cation (1) / 12 /18 Street Addres 30 PROSPECT Street Addres 30 PROSPECT Addres 30 PROSPECT Addres 30 PROSPECT Addres 30 PROSPECT ADDRESS ACT AMENDER ADDRESS ACT AVENUE County (6) CK UNIVERSITY MEDICAL CENTER SS CT AVENUE County (6) CK BERGEN CK UNIVERSITY MEDICAL CENTER SS CT AVENUE COUNTY (6) BERGEN CK BERGEN CK BERGEN COUNTY (6) CK BERGEN COUNTY CODE (STATE USE COUNT) COUNTY CODE (STATE USE COUNT) COUNTY CODE (STATE USE COUNT) CK DITTO TO THE COUNTY OF THE COUNTY OF THE COUNTY COUNTY CODE (STATE USE COUNT) CK BERGEN COUNTY CODE (STATE USE COUNT) COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY | | | | | | | | |
| | Cation (1) / 12 /18 Street Addres 30 PROSPEC 100 City, State, Z HACKENSAG 100 PROSPEC 10 | ILITY INFORMATION | Type of Facility | (4) | | | | | |
| Name of Facility Where Abatement is Tal | Cation (1) / 12 /18 fied Type Notification A | | School (K- | 12) | | | | | |
| | (Pursuant to NJAC 8:60-7 a Name of Buil HACKENSA Street Addre 30 PROSPE City, State, Z HACKENSA Name of Col DCA Initial Notification Amended Notification #1 Cancellation On Hold EMERGENCY NOTIFICATION EMERGENCY NOTIFICATION CK UNIVERSITY MEDICAL CENTER SS CT AVENUE CCUNTY (6) BERGEN CK DRIVE COUNTY (6) BERGEN CK STATE USE ONGINEERING & ENVIRONMENTAL ESS LL DRIVE Zip Code PARSIPPANY, NEW JERSEY 07054 Telephone Number 973-560-4983 Sched. Completion Date (11) 5 / 30 Month Day Status During Abatement (Check only ope) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describ Other - Describe: MONDAY - FRIDAY 4 PM-12 AM SATURDAY 8AM-4PM Nork (Check all that apply) Demolition SSF OR LF Location of Ashestos-containing Normally used Conta | | Cubabanta | r 8 (Other than K-1 | 2) | | eta \ | | |
| HACKENSACK UNIVERSITY MEDICAL C | fied Type Notification A Initial Notification A Amended Notification City, State, Z HACKENSA HACKENSA Name of Cor DONALD FA FACILITY INFORM CK UNIVERSITY MEDICAL CENTER SS CT AVENUE CK BERGEN CSTATE USE COUNTY (6) BERGEN CK BERGEN CSTATE USE COUNTY Cod (STATE USE COUNTY COUNTY (STATE USE COUNTY COD (STATE USE COUNTY COUNTY (STATE USE COUNTY (STATE US | | X Other (ie. | private & commol. b | oldgs., I | ldg. A | , elc.) | \dashv | |
| | cation (1) / 12 /18 flied Type Notification PA Initial Notification #1 Cancellation On Hold EMERGENCY NOTIFICATION ONALD FA CITY INFORM CK UNIVERSITY MEDICAL CENTER SS CT AVENUE CK COUNTY (6) EREGEN (STATE USE ONITION) CK UNIVERSITY MEDICAL CENTER SS CT AVENUE COUNTY (6) CK BERGEN (STATE USE ONITION) CK UNIVERSITY MEDICAL CENTER SS CT AVENUE COUNTY (6) CK COUNTY COO (STATE USE ONITION) PARSIPPANY, NEW JERSEY 07054 Facility Code PARSIPPANY, NEW JERSEY 07054 Facility Code PARSIPPANY, NEW JERSEY 07054 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe: MONDAY -FRIDAY 4 PM-12 AM SATURDAY 8AM-4PM Work (Check all that apply) Demolition >3SF OR LF Location of Asbestos-containing Initial Notification Street Addres 30 PROSPE City, State, Z HACKENSA County Coo (STATE USE (STATE | | Square Feet | # of Floors 5 | D | 80 | 30 | | |
| Street Address | Cation (1) / 12 /18 Iffied Type Notification PA Initial Notification PA Amended Notification #1 Cancellation On Hold CA EMERGENCY NOTIFICATION FACILITY INFORM CITY INFORM SIL County (6) BERGEN CK UNIVERSITY MEDICAL CENTER SS CT AVENUE County (6) BERGEN CK UNIVERSITY MEDICAL CENTER SS CT AVENUE County (6) BERGEN CK STATE USE Onitoring Firm Hired by Building Owner (8) NGINEERING & ENVIRONMENTAL SS LD DRIVE Zip Code PARSIPPANY, NEW JERSEY 07054 Telephone Number 973-560-4983 State Date (10) / 13 /18 Day Year Telephone Number 973-560-4983 State Date (10) / 33 /18 Day Year Month Day Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describ Other - Describe: MONDAY -FRIDAY 4 PM-12 AM SATURDAY 8AM-4PM Vork (Check all that apply) Demolition >3SF OR LF >160 SF OR 260 LF Location of Abestos-containing Material (ACM) Name of Builderican #1 City, State, Z HACKENSA Ocity, State, Z HACKENSA County Co City, State, Z HACKENSA City, State, Z HACKENSA County Co City, State, Z HACKENSA County Co City, State, Z HACKENSA Name of Co County Co City, State, Z HACKENSA Name of Co Donal County County Co City, State, Z County Co City State County Co City Accustor City Accustor City Accustor | | 200,000 | 7.0 | had) | | | 7 | |
| 10 | Cation (1) / 12 /18 fied Type Notification A Initial Notification A A Mame of Buil HACKENSA Post Pos | County Code (7) | Current Use (Pr | ior if being demolis | neu) | | | | |
| BERGEN | (Pursuant to NJAC 8:60-7 a Name of But HACKENSA) Initial Notification | (STATE USE ONLY) | Mama of Abate | ment Contractor (| 9) | | 24 | | |
| Nonitoring Firm Hired by Bullo | (Pursuant to NJAC 8:60-7 street Address of Bull Hackens Astreet Address of Bull Hackens Astree | ASCM No. | PAR ENVIRON | MENTAL CORPOR | RATION | 1 | | _ | |
| I ANGAN ENGINEERING & ENVIRONME | (Pursuant to NJAC 8:60-7) (Recation (1) I 12 /18 Initial Notification PA KENSA In Initial Notification PACKENSA In Initial Notification PACKENSA In Initial Notification In Initial Notification PACKENSA In Initial Notification In Initial Notification In Initial Notification PACKENSA In Initial Notification In InackensA In Initial Notification In Initial Notification In InackensA In Initial Notification In Initial Notification In InackensA In Initial Notification In InackensA In In Initial Notification In InackensA In I | 99 | Street Address | | | | | | |
| Street Address | ication (1) / 12 /18 iffied Type Notification PA Initial Notification Amended Notification #1 Cancellation On Hold CA EMERGENCY NOTIFICATION ONALD FACILITY INFORM CITY INFORM CACK BERGEN COUNTY (6) BERGEN COUNTY (6) BERGEN COUNTY (7) BERGEN COUNTY (8) BERGEN COUNTY (8) BERGEN COUNTY (9) STATE USE COUNTY (10) STATE USE COUNTY (10) STATE USE COUNTY (10) STATE USE COUNTY (10) S | | 313 SPOOK R | OCK ROAD | | | | \dashv | |
| 300 KIMBALL DRIVE | Facility Where Abatement is Taking Place (3) County (6) BERGEN County (6) BERGEN County (7) County (8) County (8) County (9) County (9) County (1) County (2) County (3) County (4) County (6) County (7) County (7) County (8) County (9) County (1) County (1) County (1) County (1) County (1) County (2) County (1) County (1) County (2) County (1) County (1) County (1) County (2) County (1) County (2) County (1) County (2) County (1) County (1) County (2) County (1) County (1) County (1) County (1) County (2) County (2) (STATE USI County (1) County (2) (STATE USI (STA | | City, State, Zip | Code | | | | | |
| City, State, Zip Code | Cation (1) / 12 /18 Street Addr 30 PROSP CALL Initial Notification 30 PROSP CALL Cancellation Cancel | | SUFFERN, NE | W YORK 10901 | se Nur | nber | | \neg | |
| PARSIT ART, | Teleph | one N | lumber | Telephone Nur | 1101 | | | | |
| | 973-56 | 0-498 | 33 | 845-369-7500 Name of OSH | | - | | | \neg |
| VIJAY PATEL | Sched. Con | npleti | on Date (11) | Name of USHA | IRONMENTAL | | | | - 1 |
| 12 / 13 /18 | | | 1/ | The second contract of the con | | | | | \dashv |
| Doy Year | Month | - | Day | Street Address | 3 | | | | |
| Occupancy Status During Abatement (Cr | eck only ogle) | of Ab | atement | 1376 ROUTE | 9 | | | | |
| X Facility Closed/Vacated Duffing | e of Normal Fac | Jilley 1 | louio Don | O'l Chata 7in | a Code | | | | |
| Other Describe: MONDA | AY -FUIDAN TI | 141 17 | 2 AM | City, State, Zip | APPINGER FALLS | , NY 12 | 2590 | | 1 |
| Other - Describe: MONDA | DAY 8AM-4PM | 1 | | ontainment with Ne | gative Pressure | | | | |
| Scope of Work (Check all that apply) | | | Mini-E | | | | | | |
| Demolition | Henovation | | Glove | bag Procedure | | | | | |
| | | | 10.00 | riable Procedure | 1 | TAb | atem | ent Typ | ne . |
| × >100 01 011 | Is Locati | on | Description o | f Asbestos- | Amount | | B | m l | Щ |
| Location of | normally u | sed | Containing Ma | iterial (ACM) | (Specify | REMOVAL | REPAIR | S | Ó |
| Material (ACM) | solely b | y | (ie. Therma | ll systems | SF or LF) | Š | A I | AP | 0 |
| TO BE ABATED | | | insulation, sur or other mis | racing, var, | 1.70 | P | | ENCAPSUL | ENCLOSUR |
| in Facility (13) | | | Of Other mis | 001101100007 | | - | \vdash | - | |
| | Yes INO | | WAT & MASTIC | | 2,100 SF | X | | | 766 |
| 3RD FLOOR MAIN BUILDING | | | | | 4,000 SF * | X | | | |
| ST. JOHNS BUILDING BASEMENT | | | | L | 740 SF | x | | | |
| ST. JOHNS BUILDING BASEMENT | | X | GLUE & CEILING TIL | L | | | | | |
| | | - | | | | | | | _ |
| - | | - | | | | | | | |
| | | + | - | | | | | | _ |
| | NJDEP W | Jaste | Cubic Yards of Wast | e Name of Re | gistered Landfill | LAND | EII I | | _ |
| Name of Registered Waste Hauler | Hauler ID | | 80 | GRAND CE | NTRAL SANITARY | LAND | 11 | | |
| NEWARK CARTING | | | | City, State | | | | | |
| 369 RAYMOND BLVD. City, State | | | Disposal Date | AINTEF | D TOWNSHIP, PA | 3 | | | |
| NEWARK, NEW JERSEY 07105 | | | 12/13-5/30/19 Signature | / / // | D | ate / c | 2- | 12. | 1 |
| Completed by (Print or Type) | Title DIRECTOR O | F OPI | ERATIONS | 1XA | | 10 | | | |
| BENJAMIN SANCHEZ | DIVECTOR O | . 01 | | NU | | | | | |

(125747 PAID

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

JAN 7 2019

| Date of Notification (1) | | | Na | me of Ruile | ding (| Owner/Operator | (0) | | | | 0 | 1 |
|--------------------------------------|----------------|-----------------|-------------|--------------|-------------------|--------------------------------|-------------------|---|--------------|--------|-------------|-----------|
| / | 18 | = ((| V | VFD Build | ders | Swhel/Operator | (2) | | 877 | E | 70 | 17 |
| Agencies Notified Type Noti | fication | | Str | eet Addres | ss | | | - i i' | |) | 1-1 | / |
| ☐ EPA ☐ Initial ☐ Amend | | | 2 | 19 Highw | vay 3 | 35 | | | | | | 1 |
| | led lment # | | | , State, Zij | 73 75 75 75 75 75 | | | | | | | |
| | ency (inclu | ding | | | | NJ 08738 | | | | | | |
| (NJAC 5:23-8) justifica | ation) | ung | | ne of Cont | | | | Tolonhana N. | | | | |
| ☐ Cancel | lation | | V | /ayne | | | | Telephone Nu 732-245-53 | | | | |
| | | | | | INEC | ORMATION | | 732-245-53 | 195 | | | |
| Name of Facility Where Abatement is | Taking Pl | ace (3) | | AOILITI | HALC | JRIVIATION | T- (= | | | | | |
| Residence | | (0, | , | | | | Type of Facility | 42/11.0000 | | | | |
| Street Address | | | | | | | Other (i.e., | r 8 (Other than K-1 private and comm | 2) ercial | buildi | ngs, | |
| City (5) | | | | | | | homes, etc | 1000 m | | | | |
| Lavallette | | | | | | | 600 sf | # of Floors | 1 | Bldg. | Age | |
| County (6) | | | Co | unty Code | (7)(S7 | TATE USE ONLY) | | | | 65 | | |
| Ocean | | | | • | 1.71- | Z GOZ GNZI) | Residence | Prior if being demol | ished) | | | |
| Name of Monitoring Firm Hired by Bu | ilding Own | er (8) | ASCI | M No. | N: | ame of Ahatem | ent Contractor (9 | | | | | |
| Guardian Contracting, Inc. | | | | | | | ntracting, Inc. | | | | | |
| Street Address | | | | | | treet Address | intracting, inc. | | | | | |
| 1889 Route 9, Unit 61 | | | | | - 1 | 1889 Route 9 | l lmit Cd | | | | | |
| City, State, Zip Code | | | _ | | | ty, State, Zip C | | | | | | |
| Toms River, New Jersey 0875 | 5 | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | Te | elephone | e No | | elephone No. | New Jersey 08 | | | | | |
| Nicholas Fernicola | | - 1 | | 9-9932 | | 732-349-9932 | e. | License No. | | | | |
| Start Date (10) | Scheduled | | | | | me of OSHA N | | 00624 | | | | |
| _01_ / _10_ / _19_ | | | | 19 | | | | | | | | |
| Occupancy Status During Abatement | | | | | | E.M.S.L. Ana | iyucai | | | | | |
| ☐ Facility Closed/Vacated During Ent | ire Period | of Ahat | ement | | | reet Address | | | | | | |
| □ Abatement Performed Outside of N | lormal Fac | lity Ho | urs - Do | scribe | | 1056 Stelton | | | | | | |
| Time of Abatement:AM | PM/ | PN | Λ- <u> </u> | _AM | | y, State, Zip Co | | ** | | | | |
| Scope of Work (Check all that apply) | | | | | | | lew Jersey 08 | | | | | |
| ≥3 sf or ≥3 If | П | Renova | tion | | | Full Cont | ainment with Neg | gative Pressure | | | | |
| ≥160 sf or ≥260 if | ⊠ . | emolit | ion | | | ☐ Mini-Encl | | | | | | |
| | | | | | | Non-Exer | npted (*) and No | n-Friable Procedu | re | | | |
| Location of | | Is Loca Norm | | | | | | | _ | atem | ent T | vne |
| Asbestos-Containing Material (ACM | n) Us | | lely by | Anha | | Description of | • | | | 1 | | 1 |
| TO BE ABATED | N | lainten | ance/ | Asbe (i.e | stos the | Containing Matermal systems in | erial (ACM) | Amount | èm | Repair | nca | ncl |
| IN Facility (13) | Cu | stodial (12 | Staff? | | S | surfacing, VAT, | or | (Specify SF or LF) | Removal | ¥ | sde | Enclosure |
| | Yes | T | | | oth | her miscellaned | ous) | | - | | Encapsulate | Ге |
| exterior | | \boxtimes | | asbesto | os si | ding | | 600 sf | | П | | |
| nterior | | \boxtimes | | asbesto | os flo | oor tile | | 420 sf | | | | |
| | | | | 8-3- | | | | | 1 | | | |
| | | | П | | | | | | 12 | | | |
| Name of Registered Waste Hauler | | | JDEP \ | Vaste | Cub | ic Yards of | None | | | | | |
| Guardian Contracting, Inc. | | | lauler II | No. | Was | | Name of Regist | tered Landfill | | | | 56.75.500 |
| City, State | | | 20223 | | 3 | | T.R.R.F. | | | | | |
| Toms River, New Jersey | | | | | | osal Date | City, State | | | | | |
| Completed By (Print or Type) | T:41- | | | | 01 | 1/10/19 | Tullytown, | Pennsylvania | | 649 | | |
| Nicholas Fernicola | Title | 4 8 4 | | | | Signature | \wedge | Dat | e / | 1 | | - |
| 6B-41 | Projec | ıvıan | ager | | | \rightarrow | · -led | 1. | 2/3 | 1/1 | 8 | |

| _ | | | - | | | |
|-----|-----|----|---|---|---|---|
| | ril | nt | | 0 | m | _ |
| - 1 | 111 | | | u | | |

| CV DE | 75 | PA | NOTI | FICATIO | State of New Jers ON OF ASBESTO | SABATE | MENT | Chec | ck# | 257 | 57 | | |
|---|-----------------------------------|--|---------------------|--------------------|------------------------------------|------------------|---------------------|-------------------------|---------|--------------------|-------------|--------------|-----------|
| | 1100 * | r AN | | Pursuar | nt to NJAC 8:60 a | nd 12:12 | 20) | 1999 | | 9 | | T. | |
| Date of Notification (1) 12/27/ | /2018 | | | Name | of Building Owner | 7/25 | r (2) aves | | | | - L | 100 | |
| Agencies Notified | Type Notification | | | Street | Address | | | | JA | N | 7 | 2019 | 7 |
| EPA DEP | | | | City S | tate, Zip Code | | | 1 | | ••• | | | |
| ▼ DOL | Amended Amendment Emergency | | _ | City, S | iale, Zip Code | Trento | n, NJ 08625 | 7. | | STOS | (DO) | MTE | |
| ⊠ DOH □ DCA | justification) Cancellation | | g | Name | of Contact | | | Telepho | | | | | 9 . |
| | | | | FAC | Donna Da | | | | | _ | | | |
| Name of Facility Where A | Abatement is Takir Residential | g Place | (3) | | | | Type of Facility | (4) | | | | | |
| Street Address | rtoolaontiai | | | | | = | School (K | -12) er 8 (Other tha | on 1/ 1 | 2) | | | |
| 2 2 1 | | | | | | | Other (i.e. | private & con | nmerc | z) ial bui | ldings | , hom | ies, |
| City (5) | Trenton, NJ 08 | 3625 | | | | | Square Feet 1400 | # of Floo | | - | 3ldg. 9(| Age)+/- | |
| County (6) Mercer | | | | | Code (7) USE ONLY) | | Current Use (P | rior if being de | emolisi | hed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8 | 3) | | M No. | Name | of Abatement Co | ontractor (9) | | | | | |
| MECS | 3 | | | 1 | Pullbet Moderno? | | ens Environm | | ces, | Inc. | | | |
| Street Address PO Box 3 | 341 | | | | | | Address Box 322 | | | | | | |
| City, State, Zip Code Crosswi | cks, NJ 08515 | N. | | | | City, S | tate, Zip Code | 01 | | | | | |
| Project Manager for Moni | | | T | Telepho | one No. | | none No. | | nse N | 0. | | | |
| Bill Weisgarber Start Date (10) | | Schodu | lod Car | | 298-4070 Date (11) | | 259-9688 | 004 | | 57-04 Specimens | | | |
| 12/28/2018 | | | 12/31 | /2018 | Date (11) | MEC | of OSHA Monitor | r | | | | | |
| Occupancy Status During | | and the same of th | | | ie. | MANAGE CO. | Address Box 341 | | | | | | |
| Facility Closed/Vaca Abatement Performe Other - Describe: 8 | d Outside of Norm | eriod of al Facilit | Abaten y Hours | nent | | 65 2022.63 | tate, Zip Code | | | | | | _ |
| Scope of Work (Check All | | | | | | Ches | sterfield, NJ 0 | 8515 | | | | | |
| × ≥3 sf or ≥3 lf | ттаг друу) | × | Renova | tion | | | 1 Full Contains | nent with Nega | stive D | | 220 | | |
| ≥160 sf or ≥260 lf | | | Demolit | | | × | Mini-Enclosur | e | auve P | ressu | re | | |
| | | | | | | | Non-Exempte | | -Friabl | e Pro | | | |
| Location | of | | S Locati Normal | ly | De | scription | of | | | | | ement rpe | t |
| Asbestos-Containing N TO BE ABA | | Ma | ed Sole aintenar | nce/ | Asbestos Con (i.e. thermal | taining M | aterial (ACM) | Amoun | | _ | | ū | ш |
| In Facility (13) | y | Cus | todial S (12) | Staff? | surfa | cing, VA | Γ, or | (Specify SF or LF | | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | Galori | mocnan | cous | | | val | = | ulate | ure |
| Baseme | nt | | Х | | Thermal | Pipe In | sulation | 65 lf | | Х | | | |
| Crawl Spa | ace | X | | | Thermal | Pipe In | sulation | 35 If | | Х | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste | Llaulas | | 1 | | | | | | | | | | |
| Stevens Environmenta | | | 0.000 | JDEP W auler ID | No. of Was | ste | | Registered La | andfill | | | | |
| City, State | 998 (| | | 18292 | | 2 cu sal Date | City, Stat | | | | | | |
| Allentown, NJ | | | | | | /31/201 | | | | | | | |
| Completed by Mahlon E. Stevens | | Title | Proiec | t Mana | | ignature | 17 | | Date | | 7/20- | 10 | |
| | | | -,00 | | 5 | 11 | 11/ | | | 12121 | 7/20 | 10 | |

| | | | | | | | | | | SS 7 STEENINGSES | CONTRACTOR COMM | | 29.110.119 | | |
|---|--|---------------|--|--|---|--|--|--|--|--|---|-----------|------------|------------|-----------|
| | 1 | | | | | | | | | | | 7 | 600 | 02/ | 00 |
| | Notification (1) 12/27/2018 Name of B 12/27/2018 Provided Type Notification Street Add Amendment # Emergency (including justification) Amendment # Emergency (including just | | State of Llaw | Land | | | | | | Name of the Land | U-16 # 4 | Column 1 | Pr | | |
| _ | | | NO | TIFICAT (Pursu | ton of abber | TOR ADA' | TEMEN | т | [| C | heck J | 25 N | 757 | 2019 | |
| Date of Notification (12/ | Notification (1) 12/27/2018 Neme of E Initial Amended Amendment # Emergency (including) Institution Facility Where Abstament is Taking Place (3) Residential Amender Frentien, NJ 08625 Trenton, NJ 08625 Mercer Monitoring Firm Hirad by Building Owner (8) ASCM Notification Facility Code Crosswicks, NJ 08515 Ascmoded Crosswicks, NJ 08515 Ascmoded | | e of Building Ow | | | _ | + | | JUL | - 1 | J 12 | AY. | - | |
| Agencies Notified | Notification (1) 12/2 7/2018 Is Notified Type Notification Street Address Street Address Initial Amended Amendment # City, State, Zip Amended Amendment # City, State, Zip Initial In | | | | | Daves | | Ì | | LOE ES | TYON | 17.77 | Tre- | - 1 | |
| □ EPA | Notification (1) 12/27/2018 Indification (1) 12/27/2018 In Nume of Building and Part Address PA | | | 81 Address | | | - | T | | | Lile | | 1 | + | |
| DEP K DOL | NOTIFICATION OF AI (Pursuant to NJs of Notification (1) 12/27/2018 Items Notified Type Notification PA Initial Amended Amendment # Emergency (including institution) Cancellation Cancellation Trenton, NJ 08625 (6) Mercer Theorem Hirad by Building Owner (8) MECOS Iddress PO Box 341 Ite, Zip Code Crosswicks, NJ 08515 Manager for Motiforing Firm Weisgarber (6 (10) Scheduled Completion Date (11) 12/31/2018 Cy Etrius During Abstament (Chack Only One) Itily Closed/Vec ted During Entire Period of Abstament tement Performed Outside of Normal Fecility Hours In Part Of Box (11) Scheduled Completion Date (11) 12/31/2018 Cy Etrius During Abstament (Chack Only One) Itily Closed/Vec ted During Entire Period of Abstament tement Performed Outside of Normal Fecility Hours Renovation Damplition In Lacetion | | State, Zip Code | | | - | + | 1 | _ | I | L | | 1 | | |
| Email: | Notification (1) 12/27/2018 Name of Build Is Notified Type Notification Amended Ame | | | Trent | on, NJ | 0.9 | \$25 | 1/15/ | 1700 | f- (| / | | J | | |
| DCA | ius (Mcetic | n) | | Nam | | | | | 1200 | The state of the s | phone | Alemak | AZ. | 11 | |
| Manual E | 1 | | | - | Donna | | | | | | , | APRILITY | _ | | |
| Mame of Pacify Was | Notification (1) 12/27/2018 Is Notified Type Notification PA Initial Amendment # Emergency (including) Institication) Cancellation) Cancellation Of Facility Where Abstement is Taking Place (3) Residential Address Trenton, NJ 08625 (6) Mencer Menc | | WILL I INFOR | MATION | Type | nd' | ariti | ty (4) | | | _ | | | | |
| Sireat Address | **Condenua | | | | | | Boom | | - 1 | K-12) | | | | | |
| | | | | | | | III | SLI | shan | ter & rothe | r then K | -12) | | | |
| City (5) | Notification (1) 12/27/2018 Neme of Bu Notified Type Notification Type Notification Street Addr. Amanded | | | | | etc. | H. () | . private Z | comma | rciel b | uilding | gs, ho | me | | |
| County (6) | Notification (1) 12/27/2018 Notification (1) 12/27/2018 Name of Bu Name of Bu Name of Bu Name of Col | | | | Squa | re F | | # DT | Floors | | | . Age | | | |
| | | | | Count | y Coda (7) | | 1 | | - | Prior if bein | 2 | inh-A | | 90+/- | |
| Name of Monitoring Fir | Notification (1) 12/27/2018 Is Notified Type Notification Street Add Is Initial Amended | | | | | - 8 | | | -eeu) | Ì | | | | |
| MEC | s | y Contract (c | ٠, | ASC | JIM NO. | Stev | of Aba | teir | ni d | entractor (| 9) | 7 | _ | | |
| Street Address PO Box | 341 | * | | | | Street | Addres | 5 | Onn | nental Se | IVICes | , inc. | | | |
| City, State, Zip Code | 1 | | | | | POI | Box 32 | 2 | | | | | | | - |
| Crossy | icks, NJ 0851 | 5 | | | | City, S | State, Zi | D I | de . | | | | _ | | _ |
| Project Manager for Mo | miloring Firm | | | Teleph | one No | | town, | | 085 | | | | | | |
| | | | | (609) | 298-4070 | 80B | 259-96 | 381 | 33 | | 10493 | No. | | | |
| FOR PARKET LINES | | | | | | | | | 272 | 1.5 | w TDJ | | | | |
| 12/28/2018 | | Schedy | led Cor | mpletion | Date (11) | Name | OFOSH | | anito | , | | | _ | | _ |
| 12/28/2018 | a Abetement (Che | | 12/31 | mpletion /2018 | Date (11) | Name MEC | of OSH | A) | anifo | , | | | | | |
| 12/28/2018 Occupancy Status Durin Facility Classof Vac | Blad Pulson Full | ck Only O | 12/31 ne) | /2018 | Daie (11) | Nama MEC Sireal | OF OSH | A) | anito | , | | | | | |
| 12/28/2018 Occupancy Status Durin | Blad Pulson Full | ck Only O | 12/31 ne) | /2018 | Date (11) | Name MEC Street PO B | OF OSH 8 Address Sox 34 | A F | Se | | | | | | |
| 12/26/2018 Occupancy Status Durin Facility Closed/Vac Abatement Perform Other - Describe: | sted During Entire led Outside of Non 8 am 4 pm | ck Only O | 12/31 ne) | /2018 | Date (11) | Name MEC Street PO B | OF OSH | A F | Se | | | | | | |
| 12/28/2018 Occupancy Status Durin Facility Closed/Vac Abetement Perform Other – Describe: Cope of Work (Check A | sted During Entire led Outside of Non 8 am 4 pm | ck Only O | 12/31 ne) Abaten y Hours | /2018 | Dafe (11) | Name MEC Street PO B | Address Sox 34 tate, Zip | A I | Se U O | 3615 | | Diar | | | _ |
| 12/28/2018 Occupancy Status Durin Facility Closed/Vac Abatement Perform Omer - Describe: Cope of Work (Check A | sted During Entire led Outside of Non 8 am 4 pm | ck Only O | 12/31 ne) Abaten y Hours | /2018 | Date (11) | Name MEC Street PO B | Address Sox 34 tate, Zip tarfield | A I | Se U OI | 3615 | | Presau | tra | | |
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) JAN 12 28 18 Rutgers University Health & Safety Office 2019 Agencies Notified Type Notification Street Address 74 St 1603 A-PESTOS CONTRE □ DOLWD ☐ Amended City, State, Zip Code LICENSIA: **⊠** DOH Amendment # Piscataway, NJ 08854 ☐ Emergency (including) ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Michael F. Smith, HSS 848-445-2550 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rutgers University Newark Campus Hill Hall School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 360 Martin Luther King Boulevard homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark N/A 8+ 60+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Essex Academic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ATC Group Services, LLC 00098 Shade Environmental, LLC Street Address Street Address 3 Terri Lane, Suite 4 623 Cutler Avenue City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Brian Kearney 609-479-8513 856-755-0099 00842 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __01__ / __10__ / __19__ 01 / 14 / 19 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ AM-PM/5:00PM-5:00AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 lf □ Renovation ☐ Mini-Enclosure ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Remova Enclosure 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 surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Roof \boxtimes Cooling Tower Panels 1,000 SF X П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage Fairless Landfill 15939 10 City, State Disposal Date City, State Freehold, NJ 01/14/2019 Morrisville, PA

Completed By (Print or Type)

Christina Lynch

Title

Vice President of Operations

Signature

12/24/18



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| | | | | FA | CILITY I | NFORMATION | | | | | | |
| Name of Facility Where Abatement is Residence | Taking | g Plac | e (3) | | | | Type of Facility | | | | | |
| Street Address | | | | | _ | | School (K-12 | :) 3 (Other than K-12 | 2) | | | |
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| City (5) | | | | | | | homes, etc.) | | | | | |
| Cape May, NJ | | | | | | | Square Feet 1,800 | # of Floors | | ldg. A | | |
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| East Norriton, PA 19401 | | | | | | Mays Landing | | | | | | |
| Project Manager for Monitoring Firm | | | Tele | phone | No. | Telephone No. | 5, | License No. | | | | |
| Raymond J. Giordano | | | 85 | 6-229 | -5369 | 609-561-1901 | | 01158 | | | | |
| Start Date (10) | Sched | uled C | omple | tion Da | te (11) | Name of OSHA M | onitor | 1 01.00 | | | - | |
| _01_ / _05_ / _19_ | 0 | 1_/ | _ 09 | _ / . | 19 | Graham-Tech | Environmenta | I Services, LL | C. | | | |
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| Vernice Graham | Pro | eside | nt | | | VOONA 1 | 1 | Dat | 7.1 | M | , (| 7 |
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 29 ROSA GIARGULO Agencies Notified Type Notification Street Address **EPA I**nitial City, State, Zip Code DEP Amended Amendment # DOL Emergency (including Name of Contact DOH justification) □ DCA MS. GIRGULO Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) (LOSA GRARGOLO School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age City (5) Square Feet 1940 2000 Z County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) 1651000 CE BERCEN Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Best Removal, Inc. Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, New Jersey 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00388 201-329-7444 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Omega Environmental Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours Other – Describe: 8100 AAT TO \$100 PM City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation П ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, surfacing, (Specify Remova Custodial Staff? VAT. or SF or LF) In Facility (12)(13)other miscellaneous) Yes N/A No 20 LF HERMAL SPSTEMSIN SO INTION BASEMENT 45SF BASEMENS 70 THERMAL SURFACING Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. 17109 of Waste Best Removal, Inc. Minerva Entrerprises, LLC City, State Disposal Date

9

Signature

Waynesburg, OH 44688

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

Date

J. Maiorano

Completed by

Hackensack, NJ 07601

Title

Estimator

12/24/2018 11:18AM 2013297440

BEST REMOVAL INC

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| Project Manager for Monit | oring Firm | | 7 | Telephon | e No. | | none No. 01-329-7 | 44 | License No 0038 | 8 | | | 1.7 |
| Start Date (10) | 10 | Scheduled | Comp | ktion Da | ta ()1) | Name | of OSHA M | mator | | _ | | | |
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| J. Maiorano | | 1 | imato | | | | | | | | | | |

page 1

12/24/2018 11:10AM 2013297440

BEST REMOVAL INC

PAGE 06/08

CK 490Z

| 1D A T | TO N | | CATIO | COF ASBESTOS | | | | | | E | <u> (1)</u> | |
|---|-------------|-----------------------------|--|--|------------|----------------------|------------------------|---------------------------------|---------|---------|-------------|-----------|
| | | | | | | | | 001 - 40 | Di | TY | | 1 |
| Date of Notification (1) (12)24)19 | | | Nama of | R. VINCE | | WR | 1 22 | | | | IA M | |
| Agencies Notified Type Notifiestion | - | | Street Ac | Idrest | | | | · 1 'V | | - 1 | JAN. | |
| DEF Initial Amended Argendations | a | _ | City, Sta | le, Zip Code | rs, | N. A | 5 .410 | STREE | * | 3 | m | |
| DOH justification | | _ | Name of | Contact | Rice | - | 17.7.74 | elephone Numb | ,J:// |) | 11 | 7 |
| Name of Facility Where Abecoment is Taking | Mass (2) | | FACU | LITY INFORMAT | YOM | | | | | | | \exists |
| MR. WR | | | | | | Type of Fa | (K-12) | | | | | |
| Street Address | | | | | | □ Subc | pter 8 (Oth | or than K-12) & commercial b | uildin | gs, hos | nes, st | , |
| CATTERSON | .1 | , | | | | Square Fee | | of Floors | 8 | dg. A | 50 | - |
| County (6) | | 1 | County (| Code (7) | | | | ing demolished) | 1 | 7 | 20 | \dashv |
| (ASSAIC | | | | ese only | | 5 | Zesic | SEN CE | | | | |
| Name of Monitoring Firm Hard by Building C | must (g) | | ASCN | 4 No. | | of Absternois | | (9) | | | | |
| Street Address | · · | | ــــــــــــــــــــــــــــــــــــــ | | Street | st Remov | | | _ | | - | \dashv |
| City, State, Zip Code | | | | | | O South | | rest | | | | _ |
| way, own, my com | | | | l | | | | Jersey 076 | 01 | | | |
| Project Manager for Monitoring Firm | | T | Telepher | ne No. | Teleph | ione No. 1-329-74 | | 00388 | | | | 7 |
| Start Date (10) (2/26/19 | Schedule | | letion Di | | Name | of OSHA Ma | titor | ral | | _ | | \dashv |
| Occupancy Status During Abstract (Check C | | -7 - | - 1/1 | | | Address | | | | | | - |
| D Facility Classed/Vecated During Entire Pa | riod of Abs | tement urs | <i>a</i> | | | O Huyler | | ~~~ | | _ | | |
| Dither - Describe: 2:00 64 | -, -> S | Las | r C | | | | | NJ 07606 | | | | |
| Scope of Work (Check All That Apply) | _ | | | ************************************** | | | | | | | -88 | |
| 23 st or 23 st 2 2160 st or 2260 st | | Lenovai Removai | | | 4 | Mini-Bi Glovebi | slosure 3 Procedure | in Negative Press | | ina. | | |
| | 1 | Locar | len | | | | 1 | NAME OF TAXABLE PARTY. | 14400 | Abak | | |
| Location of | | Normal delog be | | Di | escription | of | . | | | Ty | pe | \dashv |
| Asbestos-Containing Meterial (ACM) TO BE ABA IED In Facility (13) | M | tistera todial S (12) | nee! stait? | Ambesios Com (s.e. thermal syst | | lation, surft | | Amount (Specify SF or LF) | Removal | Repair | Encapsola | Enclosian |
| ` ` | Yes | No | N/A | | | | | | | | 9 | • |
| BASEMORLE | | _ | V | THERMAL I | NSOV | WIDN | | 60LF | ۴ | | | \neg |
| | | | | | | | | | | | | |
| Name of Rappared Watte Hauler | | | UDEP W | | Yards | 15 | me of Regis | ternd Landfill | | | | \dashv |
| Best Removal, Inc. | | 1 | 1418 | No. of Wi | 27 | 5 | * | Entrerprise | s, Ll | LC | | |
| City, State Hackensack, NJ 07601 | | - | | Dispo | Sel Date | - (| ry, State | | | | | |
| Complisted by | Title | | | | Signature | | m aynes | burg, OH 4 | 4 | | | - |
| J. Maiorano | Esti | mato | ÞΓ | | | 170. | سردره | | 2/2 | 41 | 18 | |
| ASB-41 (R-06-05) | | | | | | Do not ui | this form fo | r aubestos licensu | 16 670 | mptec | l astivi | lies. |

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| 12: 02 40 | | | | of Building Owner | | - 1 | | | .013 | CEPIS | indi: |
| 12 64 18 | - | | Street | VICTO | 2 | MAE | | . 0 | 3 | | |
| EPA Indial | | | | | | | יו לעט | EUST | 2/21/ | | |
| | The second of the last | | CHQ' 4 | West N | smut t | A STATE OF THE PARTY OF THE PAR | ALAIA T | 11/11/13 | 1141 | (-)) | |
| DOM Ludicolor) | (prince) | | Name of | el Cantari | | soek. | ~ | 070 Malaphona N | 33 | | |
| | | | | PEHEUA Y | Tarry | DR_ | | | _ | | - · · |
| Les 10 ENCE | g Pilitin (| (A) | 48 | ٠. | | Type of Pi | - 1 | the state of the s | | - | - |
| Witte Address | | | | | | H Sole | (%-12) main 8 (C) | ther then K- e & dogween | 12) | | |
| CIV (I) | | | 700 | | | Equato (4) | _ | - Care | | | |
| WEST NEW YOR | <u> </u> | | Calledo | Plants in the second | | 1500 | | of Player | | +ST | pip . |
| HUNGA | | | | Code (7) | | Cumpre Un | PREFE | arig dans | hed) | | - |
| Name of Mankering From Person by Guality | Juner (8 |). | ASC | No. | Name | of Abstract VC Contract | 8 | OL (B) | | | - |
| Street Address | | | | | Bismed | Address | | | | | |
| City, State, Zip Code | | ~ | | | 186 Cay. 8 | Visiting . | 10 | | | | |
| Project Manager for Maribolog Firm | | | Voltak | one No. | Midle | und Park, I | J 0743 | 32 | | | |
| Series (16) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | one No. 282-5841 | | CO156 | 10. | Name and Address of the Owner, where the Owner, which is the Owner, wh | |
| 17.102/10 | Stredu i s | - /8 / | | Disc (11) | | d CSHA Mi ga Enviro: | | | | | - |
| Cogupancy States Daring Abatement (Chec | CONTROL | | The same of | | Street, | Address " | - | SOLATORS E | NO. | | |
| Pacifity Glosed/Vacated During Edito F Abstract Performed Outside of Norm Other - Courtes: | erical of a of Fealth | Abples Heavy | rieret. | ÷ 6 | | tuyler Stri | | | | Samuelas Ma | CONTRACTOR OF THE PARTY. |
| Scope of West (Check All The Aller) | | | | | Hingk | mneack, N | 07806 | | | | |
| 2 at 80 of or high to | 14 | Minis | den | | D | In Cont | | h Magathay I | | 70.00 | |
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| Asbeston Cartelaine Material (ACM) 10.05 ASATED | Uee | d Gele | y by | Anheston Cred | arietten i | HOTEL (ACM) | | Name of | - | Abaneta Type | |
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| (in) | Yea | No | N/A | attern | | (Marie | - | r or ur) | | 1 | |
| 31 ST FLANG | | 149 | 7 | VAT | | | + | | | | |
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| Arms of Respectives Visited House | | TN | DEP W | main Cable | | | | | | | 11 |
| lewark Certing Inc. | | 1 66 | Mer ID I 1508 | No. of Was | te - | | | ind Landle of Sanitary | Land | 6RH | |
| ity, Plate lewark, NJ 07105 | | | | | el Date | · Oav. 8 | ne | | manut 3/2 | 11119 | _ |
| Completed by | Tille | - | 1 | 12/ | ship or | Pen | rayl, P. | A 08702 | | | |
| ACCEPTO | Vice ! | reek | lent | | R | may | 4 | / Dec | 66 | la | |
| 98 At 15 11 | | | | | | 1 100 | 7 - | | - | and in case of | |

| | PALL | | NOTII | FICATIO Pursuar | ON OF ASB | ESTOS 8:60 ar | ABATE nd 12:12 | MEN | Т | 01 | 0 04 / | | 18 | 70 |)) |
|--|------------------------|------------------------|---------------------|--------------------|----------------------------|------------------|-------------------|---------|-----------------------------|---------------------|----------------------|-------------------|---------------------------------------|------------------|-----------|
| Date of Notification (1) 12/28/18 | | | | | of Building onds Cor | | | r (2) | | | | | BI | 3 1 | N/7 |
| Agencies Notified | Type Notification | | | Street | Address | | 19 1110 | | | | | = ' | <u> </u> | ta U | 1.7 |
| × EPA DEP | X Initial Amended | | | | /are Road state, Zip Co | | | | | | | | AN | -7 | 2010 |
| ⊠ DOL | Amendment Emergency | | | | er Saddle | | , NJ 0 | 7458 | | | | U. | 414 | | 2019 |
| ⊠ DOH | justification) | | g | | of Contact | | | | | | ephone | | | manage (e) (e) | Andrews |
| DCA | Cancellation | | | | d Goodfel | | | | | 20 | 1-527 | 8152 | onde LYCE | r calar Media | |
| Name of Facility Where | Abatement is Takin | g Place | (3) | FAC | CILITY INFO | JKIVIAI | ION | Тур | e of Facility | (4) | | | e e e e e e e e e e e e e e e e e e e | 0.00 | . H |
| home | | | | | | | | | School (K- | | | | | | |
| Street Address | | | | | | | | × | Subchapte Other (i.e. | r 8 (Oth private | er than k & comme | (-12) ercial b | uilding | s, hon | nes, |
| City (5) | | | | | | | | Squ | etc.) are Feet | # 0 | f Floors | - | Blda | Age | |
| Maywood | | | | | | | | 2,0 | | 2 | | | 74 | , .go | |
| County (6) Bergen | | | | County (STATE | Code (7) USE ONLY) | | | Curr | ent Use (Pr | ior if bei | ng demo | lished | | | |
| Name of Monitoring Firm | Hired by Building (| Owner (8 |) | ASC | M No. | | | of Ab | atement Co | | | | - | | |
| Street Address | | | | | | | Street | | ironmenta | al Selv | ices, L | LU | | | |
| 01/2 | | | | | | | 1 | | 83, 4 E C | Sate D | rive | | | | |
| City, State, Zip Code | | | | | | | | | Zip Code | 40 | | | | | |
| Project Manager for Moni | toring Firm | | | Telepho | one No. | *** | Teleph | | d NJ 074 | 18 | License | No | | | |
| Start Date (10) | | | | | | | 973- | | | | 703 | : INO. | | | |
| 1/08/19 | | 1/14/1 | | npletion | Date (11) | | Name | of OS | HA Monitor | | | | | | |
| Occupancy Status During | Abatement (Check | | | | | | Street | Addre | SS | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: b | d Outside of Norm | eriod of al Facilit | Abaten y Hours | nent S | | | City, S | tate, Z | ip Code | | | | | | |
| Scope of Work (Check All | | | | | | _ | | | | | | | | | |
| ≥3 sf or ≥3 lf | таструу) | × | Renova | ition | | | × | 1 - | | | | _ | | | |
| × ≥160 sf or ≥260 lf | | | Demolit | | | | | Mir | ll Containm ni-Enclosure | 9 | Negative | Pres | sure | | |
| | | | | | | | | | ovebag Prod n-Exempted | | l Non-Fri | able P | rocedu | ire | |
| | | 1 000 | Locati | | | | | | | | | | | temen | t |
| Location Asbestos-Containing N | | Use | Normal ed Sole | ly by | Asbesto | | scription | | I (ACM) | Λ- | | - | Τ. | уре | |
| TO BE ABA In Facilit | TED | | intenar todial S | | (i.e. th | hermal | systems | insula | ation, | (S | nount pecify | 760 | R | Enca | E |
| (13) | , | | (12) | | 9 | | ing, VAT | | | SF | or LF) | Kemova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | <u> </u> | | ate | Ге |
| baseme | nt | | | × | f | loor ti | le & ma | astic | | 2,52 | 20 SF | × | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste | e Hauler | | I N | JDEP W | /aste | Cubic \ | Yards | | Name of I | Pagiator | ad Landi | :0 | | | |
| Tonys Cleanup & Hau | | | H | auler ID 7787 | No. | of Was | | | Chrin B | | | | | | |
| City, State Bridgewater, NJ | | | | | | Disposa | al Date | | City, State | 9 | | | | | |
| Completed by | | Title | | | | TBD | | | Easton, | PA | | | | | |
| A. Scott Higgins | | Presi | dent | | | Si | gnature | | 1c | | | ate 12/28 | /18 | | |

| | PAJU | 1 | | | N OF ASB | | | | | 1/10 | n 1 | | 18 | 41 | 6 | |
|---|--------------------------------|-----------------------|------------------------------|------------------|-----------------------|------------------|--|-------------------|---|--------------|---------------------------|----------|---------|----------|-------------|--|
| Date of Notification (1) | | | | | of Building | | /Operator | r (2) | | <u> </u> | <u> </u> | e (| | (/ | <u> </u> | |
| 12/28/18 Agencies Notified | T N. 115 11 | | | | ine Rest | ino | | | | | E | | E | 11 | M | 12) 12: |
| | Type Notification | | | Street | Address | | | | | المحالة | | | | 4.5 | | |
| EPA DEP | Initial Amended | | | City St | tate, Zip Co | - d - | | | | | 1 | | | | | Ta.A. |
| X DOL | Amendment | | | | y, NJ 07 | | | | | | | JAN | | 7 2 | 019 | i de la companya de l |
| ⊠ DOH | Emergency | (includin | g | | of Contact | 110 | | | | To | 18-6 | - NI | | | | į. |
| DCA [| justification) Cancellation | | | | ine Resti | ino | | | | 116 | lèphon | e Nun | nner | | · -4- | |
| | | | | U-330/0/20 | ILITY INFO | | TION | _ | | | | 1.10 | - | HUNN. | 1770.3 | - 11 |
| Name of Facility Where Ab | atement is Takin | g Place | (3) | | | | | Туре | of Facility | (4) | | <u> </u> | | 1111 2 1 | | |
| home | | | | | | | | | School (K- | 12) | | | | | | |
| Street Address | | | | | | | | | Subchapte | r 8 (Oth | er thar | 1 K-12 |) | | | |
| 01. (5) | | | | | | | | | Other (i.e. | private | & comi | mercia | il buil | aings | , nom | es, |
| City (5) Nutley | | | | | 3/ | | | | e Feet | # 0 | f Floor | S | E | Bldg. / | Age | |
| | | | | | | | | 2,000 | 0 | 2 | | | 7 | 74 | | |
| County (6) Essex | | | | | Code (7) USE ONLY) | | | Currer | nt Use (Pr e | ior if be | ing der | nolish | ed) | | | |
| Name of Monitoring Firm H | ired by Building | Owner (8 | 3) | ASCI | M No. | | Name | of Abat | ement Co | ntractor | (9) | | | | | |
| | | | | | | | ABS | Envir | onment | al Serv | vices, | LLC | | | | |
| Street Address | | | | | | | | Addres | 74 | 80 00 00 | | | | | | |
| City State 7in Cod- | | | | | | | | | 3, 4 E (| Sate D | rive | | | | | |
| City, State, Zip Code | | | | | | | 11 | tate, Zip | | | | | | | | |
| Project Manager for Monito | ring Eirm | | | Talaska | N | | 3 | | NJ 074 | 18 | | | | | | |
| 1 Toject Manager for Monito | ring Film | | | Telepho | one No. | | | none No 764-22 | | | | ise No | | | | |
| Start Date (10) | | Schedu | led Cor | moletion | Date (11) | | 50000 | | | | 703 | | | | N. C.S. | |
| 12/31/18 | | 1/7/19 | | npiedon | Date (11) | | Name | of USH. | A Monitor | | | | | | | |
| Occupancy Status During A | batement (Chec | k Only O | ne) | | | | Street | Address | | | | | | | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: bas | Outside of Norm | Period of nal Facilit | Abaten y Hours | nent | | | | tate, Zip | | | | | | | | |
| Scope of Work (Check All T | hat Apply) | | | | | | | | | | 115 | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | promote and a second | Renova Demolit | | | | × | Mini- Glov | Containm Enclosur ebag Pro Exempte | e cedure | | | | | e | |
| | | 100 | s Locati | | | | | | | | | | -/ | Abate | ement | |
| Location of | | | Normal ed Sole | | 7.0 | | scription | | | | | - | | Ту | ре | |
| Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13) | | Ma | aintena stodial S (12) | nce/ | Asbest (i.e. f | thermal surfa | taining M l systems cing, VA niscelland | insulati T, or | ACM) ion, | (S | mount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | | te | Ψ |
| basement | t | | | Х | | pipe | insulat | ion | | 15 | 0 LF | | х | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | - | | | |
| Name of Registered Waste | Hauler | | N | JDEP W | /aste | Cubic | Yards | | Name of | Registe | red I ar | ndfill | | | | |
| Freehold Cartage | | | Н | auler ID 5939 | | of Was | | | Wester | 24 E. U. 350 | | | | | | |
| City, State Freehold, NJ | | | | | | 1909 | sal Date | | City, State | | | | | | | |
| Completed by | | Title | | | | | ion-t | | Birdsbo | ro, PA | ١ | | | | | |
| A. Scott Higgins | | | ident | | | 5 | ignature | 11 | 7 | | | 12/2 | 28/1 | 8 | | |

12/26/2018 10:08AM 9736881778

| Pate of Notification (1) | | | | 4 | replact III L | n new Jorsey ASBESTOS AB UJAC 8:80 and 5 | :16) | | 35-77 | 77 | The minutes | | 7.79 |
|---|---|--|--|---|--|--|--|--|---|---------------------------------------|----------------|-------------|------------|
| | | | | | | ding Owner/Operation | | | | 10 0 | HF. | | |
| Agencies Notified | - | | - | | ld Mh | , , , , , , | 1 | | 11. 1 | | 44.6 | 7 | |
| ☐ EPA | Typa Notifica | tion | | 8 | rest Addre | Ac . | | | | | | i | į |
| DOLWD | Amanded | | | 10 | Sloen Str | Park | 1 | (4) | | - | / | T | 1 |
| ₩ DHS\$ | Amendme | | | C | y, Slate. Z | ip Code | | | | 11/ | • | j | |
| DCA (NJAC 5:23-8) | Emergence justification | y (inclu | ding | So | | e Minzozo | | la _i ; | | | | | 1 |
| | Cancellation | | | Tin | Bock | | | | Telephone | Number | F. U. | | - |
| Name of Facility Where A | | | | and the same of | | INFORMATION | | | | | | | |
| Commercial building | ostement is Ta | king Pi | RCE (3) | | | | Type of | ecity (| 41 | | | | |
| Street Address | | | | | | | ITI Sch | o itk-so | (**) | | (4)(42) | , | |
| 10 Sloan Street | | | | | | | - Sub | c opin 8 | (Other than K | £1 21 | | | |
| City (6) | - | | | | | | | # (i.e., pr * i, etc.) | Jabe and cou | marcial | build | ngs, | |
| South Orange, NJ 0707 | ò | | | | | WHEN THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU | Square | and the second of | # of Floors | | | | |
| County (6) | | | | -1- | | | 1 | | | | Bldg. | Age | |
| Bez | | | | Co | unky Code (|) ISTATE LISE ONLY) | Current | Be (Pric | or if being dan | hallshad | 1 | | |
| Hame of Monitoring Firm | Hrad by Buildin | g Owne | r (8) | ASC | | 200 | 1 | | | | | | |
| | | | | 100 | NS PRO. | Name of Abotem | ant Contro | tor (B) | | | - | | - |
| Street Address | - | | | | | Gr Tech LLC Street Address | hâle-westerne | | | | | | |
| N. Ca | | | | | | | | | | | | - | - |
| Xty, State. Zip Code | | | | - | | 576 Veiley Rd | 283 | | | | | | |
| | | | | | . 4. | - | | | | | | | |
| roject Manager for Monito | inna Firm | - | - | - | | INVESTIGATION OF THE PARTY AND | 7 <i>6</i> 72 | | | | | | |
| | • | | 16 | ephone | No. | Wayne, NJ 074 | 10 | - | - | | | | |
| ing Date (40) | | 1 | | | | Telephone No. | 10 | | License No. | | - | | |
| tart Date (10) | Sch | belibs | Compl | etion D | Me (1 t) | Telephone No. 1973-638-1777 | | | License No. 01127 | | | | |
| 12 / 27 / | 18 Sch | 12 | Comple / 2 | etion D | Me (1 t) | Telephone No. 1973-638-1777 Name of OSHA N | lonitor | | | | | | |
| Coupency Status During A | 18 Sch | ok only | Complete (2 ens) | etion D | ate (11) 18 | Telephone No. 1973-638-1777 | lonitor | inc inc | | | | | |
| 12 / 27 / ccupancy Status During A Facility Closed/Vacaled Abatement Partners O | 18 Sch balament (Che Duting Entire F | ok only eriod o | Complete (2 ens) f Abate | etion D | ate (11) 18 | Telephone No. 973-638-1777 Name of OSHA N Environision Co Street Address 20-21 Wasserset | logitor resultants | | 01127 | I I I I I I I I I I I I I I I I I I I | | | |
| 12 / 27 / ccupancy Status During A Facility Closed/Vacaled Abatement Partners O | 18 Sch balament (Che Duting Entire F | ok only eriod o | Complete (2 ens) f Abate | etion D | ate (11) 18 | Telephone No. 1973-638-1777 Name of OSHA N | logitor resultants | | 01127 | | | | |
| 12 / 27 / ccupancy Status During A Facility Glosed/Vacaled Abstrament Performed O Time of Abstrament: | 18 Sch Datement (Che Outing Entire F interide of Norm | ok only eriod o | Complete (2 ens) f Abate | etion D | ate (11) 18 | Telephone No. 973-638-1777 Name of OSHA & Envirovision Co Street Address 20-21 Wagsraw Gity, State, Zip Co Fair Lawn, NJ O | ionitor nsultants Road, Bl | g .# 35 | 01127 E | | | | |
| 12 / 27 / ccupancy Stelus During A Facility Clessed/vecaled Abatement Performed O Time of Abatement: 2000 of Work (Check all th | 18 Sch Datement (Che Outing Entire F interide of Norm | ok only erica o el Facili | Complete (2 ene) of Abate PM | etion D 9 / | ate (11) 18 | Telephone No. 973-638-1777 Name of OSHA & Envirovision Co Street Address 20-21 Wagsraw Gity, State, Zip Co Fair Lawn, NJ O | Road, Blode | g .# 35 | 01127 E | | Slava . | | |
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| Date of Notification (1) 2/24/15 | | and the same of | Name o | Sulleting On | PIRICOPANA OIRIC | 150 (Z) SOL | | | - | | | |
| Agencies Notified Type Notification | | 1 | Street A | ddress | | | | r Arce | STOR | 6 O | ONT | |
| C SPA IN INTELL STATES OF C Amended | | 10000 | City, St | do, Zip Code | | | | 0.0.3 | LiCi | 11. | 100 | |
| Amendment Emergency (| | - | | U. BR | uessa (| Les . | NJC | 8902 | - Andrews | MADISCHI . | | |
| DGA (Listification) | | The state of the state of the | | r Comma UIQUE | / IRU | inf | | Telephone Nun | sbar | | | To be compared to |
| Name of Facility Where Abstement is Taking | Pleas & | · | FAC | LITY INFOR | MATION | 1 % | | 7 | | | | |
| DRKSOL Otrod: Address | , , , , , , , , , , , , , , , , , , , | , | | 1 | Marigan and Committee | | 525.) | |) of build | Lings. | , home | s. |
| N. BRUNSWICH | | | | Trent registres | | 80 | \$500 . | & of Floors | | 62 | | |
| MIDDLESEX | | | RETATE | Code (7) See ONLY) | | Ou | Tent Use (Prio | r if being demailsh | | | *************************************** | |
| Name of Monitoring Firm Hired by Building C | wner (#) | | ASCA | No. | | | betement Con Contracting | | | - | arcent | |
| Street Address | | | <u> </u> | | 85-8 | et Add | | TO LOT | | TAME OF | | TRACTION (1990 |
| City, State, Zip Code | | And the little | 0, | The state of the s | | | Zip Code Park, N.J. | | - marketing | - | CHENOLINI | |
| Toject Manager for Monitoring Firm | | Total Control of the | Telegha | ne No. | Tes | enoriq | No. | License No |). | | CONTRACTOR | - |
| Sen Data (10) . / (| 9chedule | e Con | ndellon | Data (11) | 1 | 1-262 | -5641 SHA Monitor | 00158 | | | | |
| Perry Date (19) Coupertoy Status During Abatement (Check | Schedule | | 5/13 | | - On | nega i | Environmen | tsi Servicas ind | 1 | | | Vigoritation (C.) |
| | eriod of A | bater | ent | | | ist Addi O Huy | ress Ier Street | | | | | umprosadij |
| Facility Closed/Vacated During Britis P Abatement Performed Dutates of Norm Other — Describe: | si Fadity | Hours | | | - A | | Zip Code Book, N.J. O | 7808 | | | | - Approximately |
| Icope of Work (Check All That Apply) | | | | | 110 | and-week | eton, In.o. o | | | | | - Andrews |
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| | | Local | 7.00 | ANTENNA PROPERTY | | | 107-3:29/110160 | @ and Non-Frieb | The state of the s | Abush | ment | |
| Location of Asbestos-Containing Material (ACM) | Use | iome! I Sole | y by | Asbastos | Descripti Centerning | | lel (ACM) | Amount | \vdash | 13 | pe m | |
| TO BE ARATED in Facility (12) | -1 | ntensi odlel 8 (12) | | Ø.e. th | ermel eyels surfacing, l thar miscel | me iner | uladon, | (Specify SF or UF) | Rumons | Reppi | | Endoseo |
| | You | No | N/A | | | المناصدة | | | 里 | | Caller | 100 |
| LIVING ROOM | | - | X | - U | IAT | | | 440 65 | × | | | |
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| iama of Registered Waste Hauter Newwark Carting, Inc. | day and | H | JOEP VA auder ID 1609 | | Subto Yests of Wests | 7.1 | į. | legistered Lenskil Jentral Sanitary | Land | 1 99 | لمسل | |
| Newark, N.J. 07105 | | | - | | Disposed De | 2 | City, Mats | yl, PA 08072 | | | · | |
| Completed by R. McDoneld | Title Pres | idos) | | | Sigra | | South A | · | 124 | 210 | 1,0 | 7 |

e."

^{*} Do not use this form for asbestoe toensure exempted codivides.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Ch# 4475

| | i | (Pursu | ant to NJAC 8:60 a | nd 12:120 |) | - 1 | E (| 0 F | = | 1 87 |
|--|---------------------------|----------------------|-----------------------|-------------------------|-------------------------------|---|----------------|---------|-------------|---------------------------|
| Date of Notification (1) | 10 | Name | of Building Owner/ | Operator (2 | | . 11.715 | <u> </u> | 7 19 | | l W |
| Agencies Notified Type Notification | 118 | MR | MANUE Address | AN | ed MAR | JA TONE | | | | |
| □ EPA | | Street | Address | | j | | 14 | M | | 0047 |
| DEP Amended | | ٥,, | mit, bip code | | , | I | | | | |
| Emergency | (including | 5 | outh F | livei | 3 100 | 0.0888 | 4 | TOS | (0) | NTE |
| DOH justification Cancellation | | Name | of Contact | Time | 110 | Telephone Nu | mber | | 1 1 2 1 1 | 15 s 15 s 15 s news |
| Name of Facility Where Abatement is Taking | | FAC | ILITY INFORMA | TIÓN | ie (vor | 7 | = | | _ | |
| Where Abatement is Taking | Place (3) | | | | Type of Facilit | y (4) | | | | |
| Street Address | | | | | ☐ School (F | (-12) | | | | |
| City (5) | | | | | Other (i.e | er 8 (Other than K-12 c. private & commercia |) al build: | ings, h | omes | i, etc.) |
| South RIVER | N.D. | 6 | 2882 | | Square Feet | # of Floors | | Bldg. | | - |
| County (6) | 1010. | | Code (7) | | 2000 | | | 2 | 0 | |
| Monrooth | | (STATE | USE ONLY) | | Current Use (P | rior if being demolished | | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | ASC | M No. | Name o | f Abatement Co | ntractor (9) |) <u>U</u> | | | |
| Street Address | | | | NO | NATEC | D 16C | | | | |
| | | | | Street A | ddress | 814 | | | | |
| City, State, Zip Code | | | | City, Sta | ite, Zip Code | | | | | |
| Project Manager for Monitoring Firm | | Telephor | an Ma | OIL | 1 Brid | | 08 | 85 | 7 | |
| 27. | | - reteption | ie ivo. | Telephon | 10 No. 1 |) License N | 0. | | | |
| Start Date (10) | Scheduled Comp | letion Da | ate (11) | Name of | OSHA Monitor | 450g 00 | 80 | 6 | ±1 | |
| Occupancy Status During Apatement (Check On | 12/31 | 114 | | NO | VATEC | n inc | | | | |
| Facility Closed/Vacated During Entire Pari | ind of Abotement | I. | | Street Ac | () | OHI | | | | |
| Abatement Performed Outside of Normal F Other – Describe: | acility Hours | | | City, Stat | e, Zip Code | 814 | | | | |
| Scope of Work (Check All That Apply) | | | | 010 | Bride | 0.CIM & | 221 | 57 | | |
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| ☐ ≥160 sf or ≥260 lf | Demoliti | | 2 | | Mini-Enclosur | ent with Negative Pre | ssure | | | |
| | | | | ^ | Glovebag Prod Non-Exempted | edure d (*) and Non-Friable | Procedi | ire | | |
| T | Is Location | 0.02 | | | | | | Abato | ment | |
| Location of Asbestos-Containing Material (ACM) | Normally Used Solely | by | Des Asbestos Conta | cription of | ei-1 (A CN D | | \vdash | Ty | pe | П |
| TO BE ABATED In Facility | Maintenan Custodial St | 200 | (i.e. thermal system | ms insulati | on, surfacing, | Amount (Specify | R | _ | Enc | E |
| (13) | (12) | | | /AT, or niscellaneou | us) | SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| 0000 | Yes No | N/A | , | | | | 2 | - | late | не |
| BASEMENT ONLY | | X | PIVE IN | SULA | TION | 280 YF | V | | - | \vdash |
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| Jame of Registered Waste Hauler | | | | | | | | 7 | 7 | |
| Novatech Inc | | DEP Was uler ID N | o. of Waste | | | Registered Landfill | | | | \neg |
| Tity, State | | 185 | | 3 | | 2.0005 | | | | |
| DID Bridge NO. O | 8857 | | Disposal | Date | City, State | | 0 | Λ | | |
| ompleted by | Title | _ | Sig | nature | 1401.03 | Date | Fi | M; | | |
| HMEIDA | MESID | ENI | | Ball. | Ame | L. 18 | | 6/ | 18 | |
| SB-41 (R-06-08) | | | | V _{a.D.} | | | 1 | 1 | | |
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DATE

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|--|--------------------------|---------------|----------------------------|-------------------|-----------------------|---------|------------------------|---|---|-----------|------------------|-------------|---------|------------|-------------|------------|
| Date of Notification (1) 1/3/19 | | | | | Building (| | | | | 47, \ | | G | E | | VIII | |
| The state of the s | Type Notification | | + | Street A | | | , | | | | Time. | 1,2 | | Le . | | |
| X EPA | × Initial | | | 177 H | epburn F | Road | | | | | i . | | | 7 ^ | 010 | |
| EPA DEP DOL | Amended Amendment | | _ [| | te, Zip Coo | | | | | | • | JAN | 20 | Z | 019 | - Children |
| | Emergency justification) | | - | Name of | Contact | | | | | | phone | | | | u Para | 24 |
| X DOH DCA [| Cancellation | | | Charlie | e Dimpfl | | | | | (97 | 3) 77 | 9-75 | 05. | iON ont | | . iii |
| | | | | FACI | LITY INFO | RMATI | ON | | | 4.00 | | | 24 17 3 | - 1,55 | Letter 1 | |
| Name of Facility Where Ab | | ig Place (3 |) | | | | | Тур | e of Facility (4 | .) | | | | | | |
| Upper Montclair Cou Street Address | ntry Club | | | | | | | Ц | School (K-12 Subchapter | | e than I | V 10\ | | | | |
| 177 Hepburn Road | | | | | | | | × | Other (i.e. pr | | | | build | ngs, | home | s, |
| City (5) | | | | | * | | | Squ | are Feet | # of | Floors | | Ble | dg. A | ge | |
| Clifton | | | | | | | | 5,0 | 000 | 2 | | | 75 | 5 | | |
| County (6) Passaic | | | | County (| Code (7) JSE ONLY) | W | | | rent Use (Prio untry club | r if beir | ng demo | olishe | d) | | | |
| Name of Monitoring Firm F | lired by Building | Owner (8) | | ASCN | l No. | | | of Al | patement Cont vironmental | | | 1.0 | | | - | |
| Street Address | | | THEFT | | | | Street | Marie Ve | | Serv | ices, L | LLC | | - | | - |
| Street Address | | | 75727-003 | | | PO E | Зох | 483, 4 E G | ate Di | rive | | | | | | |
| City, State, Zip Code | | | | | | | 5000 | | Zip Code | 0 | | | | | | |
| Project Manager for Monito | oring Firm | | | Telepho | ne No. | | Teleph | | nd NJ 0741 No. | 0 | Licens | se No. | | | | |
| | | | | | | | 973- | 764 | -2276 | | 703 | | | | | |
| Start Date (10) 1/12/19 | | 2/12/19 | | npletion I | Date (11) | | Name | of O | SHA Monitor | | | | | | | |
| Occupancy Status During | Abatement (Ched | ck Only On | e) | | | | Street | Addr | ess | | | | | | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: | | | | | | | City, S | State, | Zip Code | | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | enova emolit | | | | × | N C | Full Containme Mini-Enclosure Glovebag Proc Non-Exempted | edure | 0.40 | | | | Э | |
| | | ls | Locati | ion | | | | | | | | | | Abate | ment | |
| Location of Asbestos-Containing N TO BE ABA | Material (ACM) | Use | lormal d Sole intena | ly by | | tos Con | scription taining N | ∕later | ial (ACM) | | mount specify | | 71 | Ту | | ш |
| In Facility (13) | | Cust | odial 8 (12) | Staff? | (1.6. | surfa | cing, VA niscellar | T, or | • | | or LF) | | Removal | Repair | Encapsulate | Enclosure |
| (10) | | Yes | No | N/A | | 0.1101 | 1110001101 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | a | 7 | late | ıre |
| foyer to banque | et room | | | х | | pipe | insula | tion | | 2 | 4 LF | | х | | | |
| new kitchen | area | | | х | | pipe | insula | tion | | 9 | 6 LF | | х | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste | e Hauler | | | JDEP W | /aste | Cubic | Yards | | Name of F | Registe | red Lar | ndfill | | | | |
| Freehold Cartage | . iduroi | | | lauler ID 5939 | | of Wa | | | Western | 1000 | | | | | | |
| City, State | | | | | | Dispo | sal Date | | City, State | | 8 | | | | | |
| Freehold, NJ | | | | <u></u> | | TBD | | | Birdsbo | ro, P | 4 | | | | | |
| Completed by A. Scott Higgins | | Title Pres | ident | | | 3 | Signature | е | A. | ~ | | Date 1/0 | 3/19 |) | | |

| PAI | D' | | CATION | OF ASB to NJAC | ESTOS | ABATE | | T (1) | 00 | k 1 | R4 | 4 | 3 | |
|---|--------------------|-------------------|----------------------|-----------------------|---------------------|-------------|-----------|--|----------|------------------|--------|--------|-------------|-----------|
| Date of Notification (1) 1/3/19 | | | | Building Parisi/ | | | | t of Mary | | | C | | N | 7 15 |
| Agencies Notified Type Notification | | | Street A | | | | | | 200 | | | | | |
| EPA Initial | | | | ounty R | | 14 | | | [.] | | A 8.1 | | 117.12 | |
| X EPA X Initial Amended Amendment # | ŧ | | | te, Zip Co e, NJ 0 | | | | | 1.1 | | AN | Ť | 201 | y |
| Emergency (i | | | | Contact | 7470 | | | | : Tel | ephone Nur | nher | | | |
| DOH justification) Cancellation | | | | Parisi | | | | | | 3-694-34 | | | NT. | |
| | | | | LITY INF | ORMATI | ON | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (3 | 3) | | | | | Тур | e of Facility (4) |) | | | | | |
| Immaculate Heart of Mary | | | | | | | | School (K-12 | | | | | | |
| Street Address | | | | | | | | Subchapter 8 Other (i.e. pri | | | | dinge | home | ve. |
| 580 Ratzer Road | | | | | | | × | etc.) | | | | | nero com | , 5, |
| City (5) | | | | | | | | uare Feet | | f Floors | | ldg. A | ge | |
| Wayne | | | 0 | 2 (7) | | | 100 | 200 | 2 | | | 5 | | |
| County (6) Passaic | | | County ((STATE L | Jode (7) JSE ONLY |) | | | rrent Use (Prior urch | if be | ing demolisr | ied) | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) | | ASCN | l No | | Name | | batement Contr | ractor | (9) | | | _ | |
| Traine of Mornoring Firm Fined by Building C | wilei (o) | | AGGIV | 1110. | | | | vironmental | | | | | | |
| Street Address | | | | | | Street | ×101110-1 | Service of the servic | | | | | | |
| | | | | | | POE | Зох | 483, 4 E Ga | te D | rive | | | | |
| City, State, Zip Code | | | | | | City, S | state, | Zip Code | | | | | | |
| | | | | | | Glen | woo | od NJ 07418 | 8 | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | Teleph | | | | License N | 0. | | | |
| 01 12 1 (10) | | | | | | _ Navadania | 101577/19 | -2276 | | 703 | | | | |
| Start Date (10) 1/08/19 | Schedule 2/08/1 | | npletion (| Date (11) | | Name | of O | SHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check | | *** | | n = 3k = 7 | | Street | ۸۵۵ | *************************************** | | | | | | |
| | | | | | | Street | Addi | 1622 | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: Garage, Laundry Roo | al Facility | Hours | 3 | | | City, S | State, | Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | _ | Renova Demolit | | | | × | ١ ١ | Full Containmer Mini-Enclosure Blovebag Proce | | n Negative F | ressu | re | | |
| | | | | | | | | Non-Exempted | | d Non-Friab | le Pro | cedur | е | |
| | Is | Locat | ion | | | | | | | | | Abate | | |
| Location of | | Normal d Sole | | | | scription | | 0.0000000000000000000000000000000000000 | | | - | Т | pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | intena | nce/ | | tos Cont thermal | | | rial (ACM) | | mount Specify | R | | Enc | Ш |
| In Facility | Cus | todial ((12) | Staff? | (1.0. | surfa | cing, VA | T, or | | | F or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | <u> </u> | (12) | | | other r | niscellar | neou | s) | | | oval | air | ulat | sure |
| | Yes | No | N/A | | | | | | | | | | Ф | |
| Kilroy House:garage/laundry/boiler | | | Х | | pip | e fittin | gs | | | 48 | | Х | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | l N | JDEP W | aste | Cubic | Yards | | Name of R | egista | ered Landfill | | | | |
| | | | lauler ID | | of Wa | | | 1.5.110 0/10 | 251011 | sa Earraini | | | | |
| City State | | | | | 5. | 15 | | 011 | | | | | | |
| City, State | | | | | Dispos | sal Date | | City, State | | | | | | |
| Completed by | Title | | | | | Signature | 9 | 1 | | Da | te | -111 | | |
| | | | | | - | D. INITIAL | - | / / | | 00 | | | | |

President

A. Scott Higgins

1/03/19

| THYO | | | | N OF ASB t to NJAC | | | | (i) | 100 | 1 | } | 2 | 44 | PF | _ |
|--|-------------------------|--|----------------------|-------------------------|------------------------------|---|-------------------------------|--|--------------------|---------------------------|---|----------------|-----------|---------------|-----------|
| Date of Notification (1) 1/3/19 | | | | of Building elle LLC | | Operator | (2) | | W. | | 2 | | | | 1 () |
| Agencies Notified Type Notification | - | | | Address | 1-12-25 | | | | | - | =- | -15 L | C/ | 1300 | 1 1 1 |
| X EPA X Initial Amended | | | | ox 853 ate, Zip Co | nd o | | | 1 | 1 135 | - 1/ | A AI | -7 | 202 | _ | 1000 |
| X DOL Amendment | | | | din Lake: | | 07417 | | 1.5 | | J/ | 4 IV | 1 | 201 | 9 | |
| | including | 1 | | of Contact | | | | | Tel | ephon | e Nur | nber., | or was | | 1 |
| DCA Cancellation | | | | no Bruni | | | | 4 | 97 | 3-90 | 3-02 | 68 | NZE: | 1 | |
| Name of Facility Where Abatement is Taking | Place (| 3) | FAC | ILITY INFO | DRMAT | ION | Type | of Facility (| 4) | - : p | - 6 | - ". | 1 277 0- | | × 44 |
| home | , , , , | -, | | | | | | | 5-15-15 5-15-15 | | | | | | |
| Street Address | | | | | | | × | School (K-1 Subchapter Other (i.e. p | 8 (Oth | er than & comr | K-12 mercia | !) al buile | dings, | hom | es, |
| City (5) | | | | | | | | etc.) re Feet | # 0 | f Floors | S | В | ldg. A | ge | |
| New Milford | | | | | | | 2100 |) | 2 | | | | 0 | <i>.</i> | |
| County (6) Bergen | | | | Code (7) USE ONLY) | | | | nt Use (Prid ntry club | or if bei | ng den | nolish | ed) | | | |
| Name of Monitoring Firm Hired by Building (| Owner (8 |) | ASCI | M No. | | | | tement Cor onmenta | | | LLC | | | | |
| Street Address | | | | | | | Addres | - and the second | | , | | | | | |
| | | | | | | POE | 30x 48 | 83, 4 E G | ate D | rive | | | | | |
| City, State, Zip Code | | | | | | | | ip Code | 4.0 | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No | | | wood | NJ 074 | 18 | | M | | | | |
| , and a second s | | | releprio | 116 140. | | | 764-2 | | | Licen 703 | ise No |). | | | |
| Start Date (10) 1/14/19 | Schedul 2/14/1 | | mpletion | Date (11) | | Name | of OSH | A Monitor | | | | | | | |
| Occupancy Status During Abatement (Check | | | | | | Street | Addres | is | | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | eriod of al Facility | Abater y Hour | ment s | | | | | p Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | promote . | Renova Demoli | | | | × | Min Glo | Containme i-Enclosure vebag Proc 1-Exempted | edure | | | | | Э | |
| | 1.1 | Locat | | | | | | | | | | | Abate | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | Normal ed Sole iintena todial ((12) | ely by nce/ | Asbest (i.e. | os Cont thermal surfac | scription aining M systems cing, VA niscellan | laterial s insula T, or | (ACM) tion, | (S | nount pecify or LF) | | Remova | Ty Repair | e Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | _ | | te | O |
| basement | | | X | | pipe | insulat | ion | | 6 | 0 LF | | х | | | |
| basement | | | х | | floo | r mater | rial | | 70 | 0 SF |) — — — — — — — — — — — — — — — — — — — | х | | | |
| kitchen | | | х | | floor ti | ile & m | astic | | 15 | 0 SF | 7 | х | | | |
| exterior-garage/main house | | | x | | siding | g & roo | fing | 3 | 3605S | F/600 | OSF | x | | | |
| Name of Registered Waste Hauler Tonys Cleanup & Hauling | | Н | IJDEP W lauler ID | A000000000 | Cubic of Was | Yards | | Name of F | Register | red Lar | ndfill | | dfill | | |
| City, State Bridgewater, NJ | | | 7787 | | | sal Date | | City, State | | Jai | incar) | Lai | MINI | | |
| Completed by A. Scott Higgins | Title Pres | ident | | | TBD | ignature | A | Easton, | PA | | Dat | e 13/19 | · | | |

| CY DO | rgene 9 | (Ag | | CATION | te of Now OF ASBE to NJAC 8 | STOS | ABATE | | The state of the s | | | | W | | | | |
|--|--|-------------|---|---------------------|---|---|--|-------------------------------------|--|---------------|------------------------------|----------------|-------------------|-------------|-----------|--|--|
| Date of Notification (1) 1/3/19 | | | | Name of All Risl | Building C | wner/ | Operator | (2) | 8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | JAN | 7 | 2019 | 441.00 | | | |
| Agencies Notified | Type Notification | | 5 | Street Ad | idress | | | | | j. | | | | 1 | | | |
| ⊠ EPA | | 801 Ea | st Clem | ents l | Bridge | Road | 1 | 11.00m 15.00 | EXCTO | SIGON | | | | | | | |
| EPA DEP DOL | Initial Amended Amendment | | | | e, Zip Coo mede N | | 78 | | -// | | in the second | MShi | | 21 1 E | | | |
| DOH DCA | Emergency justification) Cancellation | | | Name of Lou Cr | Contact iści | | - | | | | ephone Nu 6-546-0 | | | | | | |
| | | | | FACIL | ITY INFO | RMAT | ION | I Town of Facility (A) | | | | | | | | | |
| Name of Facility Where Ukrainian Catholic | | | | | | | | Type of Facility (4) School (K-12) | | | | | | | | | |
| Street Address 717 Roosevelt Ave | nue | | | | | | | | Subchapter Other (i.e. pretc.) | | | | lings, | home | s, | | |
| City (5) Carteret NJ 07008 | | | | | | | | Squa 100 | are Feet | # of | Floors | | dg. A | ge | | | |
| County (6) | | | | County C | | | | | ent Use (Prio | r if beir | ng demolis | shed) | | | | | |
| Middlesex | | (| | ISE ONLY) | _ | | | | | | | | | | | | |
| Name of Monitoring Firm N/A | | ASCM | No. | | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | | | | | | | |
| Street Address | n/ | | | | | Street Address PO Box 329 | | | | | | | | | | | |
| City, State, Zip Code | | | | • | | 100 | | Zip Code Iin NJ 080 | 91 | | | | | | | | |
| Project Manager for Mor | 7 | Telephor | ne No. | | Teleph 856- | | lo. 9800 | | License 00727 | No. | | | | | | | |
| Start Date (10) | | pletion [| Date (11) | | 1 | of OS | HA Monitor | | | | | | | | | | |
| A STATE OF THE PARTY OF THE PAR | | | | | | Street | | ess | | | | | | | | | |
| Facility Closed/Vac Abatement Perform | cated During Entire ned Outside of Norr | Period of A | batem | ent | | | City, S | ity, State, Zip Code | | | | | | | | | |
| | | | | | | | | - | | | | | | | | | |
| Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | all Inat Apply) | Comments | enova emoliti | 2000 | | | | M | ull Containme ini-Enclosure lovebag Proc on-Exempted | edure | - | | | e | | | |
| | | Is | Locati | on | | | | | | | | | Abatement Type | | | | |
| Asbestos-Containing TO BE AB In Fac | g Material (ACM) BATED illity | Use Mai | lormali d Sole intenar odial S (12) | ly by nce/ | Asbest (i.e. | tos Con therma surf | escription ntaining l al system acing, VA miscella | Materia s insu AT, or | . 1 | (5 | mount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure | | |
| κ. | | Yes | No | N/A | | | | VI VI. | | | | | | ω | | | |
| Church | level | | | x | Floo | 17 | ile | J1 | lustic | | 00 SF | x | | | | | |
| Basem | nent | | | х | Floor | CT. | 12 2 | Ma | 5+i'C | 25 | 00 SF | X | | _ | | | |
| | | - | | - | - | | | | | | 7 | + | | | | | |
| Name of Registered Wa | aste Hauler | | | JDEP W | | 200000000000000000000000000000000000000 | c Yards | | Name of | | ered Land | fill | J | | | | |
| Waste Managemer | nt | | | lauler ID 7273 | NO. | 30 | | | | | | | | | | | |
| City, State Matawan NJ | | | | | | | sposal Date City, State 18/19 Morrisville PA 19067 | | | | | | | | | | |
| City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) | | | | | | | Signatur | 6) | | and Francisco | 1 . | Date 1/3/19 | | | | | |

Print Ford

2019

2019-01-02 14:59

Shade Environmental 1 >> 609 63: 0664

| | | | | | State of | New Jersey | _ | - Q | | | 1 100 | | | P 2 | 14 |
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| UK53 | 09 | PA | TIFIC | ATIC | IN OF A | SBESTOS AB JAC 8:60 and (| AT | EMEN B) | ʻľ | : | 10 | DA | YJ | AN | i |
| Date of Notification (1) | | | | Nan | ne of Bull | ding Owner/Operat | or (| 2) | · - - | - | | 1_ | | - | \perp |
| | 02 / | 19 | | M | lichael F | lipa | | . | 1 | 1 | r'. | 2J. | PEE | THE | 80 |
| Agencies Notified | Type Notifica | tion | | Sitre | at Addres | 3 | | - | * *********** | | _ | / | _ | b | |
| ⊠ EPA ⊠ DOLWD | S Infilal | | | | | | | i | i , | | 1 | | | | |
| ⊠ DOH | Amended Amendme | | | City | State, Zi | o Code | - | - 17/ | WERA | M | 70 | 1-1 | 7 | | |
| DCA | M Emergend | | ner 0.00 | | | NJ 08031 | | \$·· | | TI COME E I E | +- | 1.27 | ¥ 4 | ,3 | |
| (NJAC 5:23-8) | Justificatio |) ন | 100 | | te of Cont | | - | KIND OF THE REAL PROPERTY. | | Telaphone | *11100 | _ | | | |
| | ☐ Cancellet! | lon . | | M | ichael R | lpa | | | | Loughtinis | Ment | ggr | | | |
| | | | | F | ACILITY | INFORMATION | - | | | | | - Contract | - | | |
| Name of Pacility Where A | batement is T | aking Plac | to (3) | | | | | Type of | F ACTION | tal | - | - November | | | ~ |
| Rips Residence | | | AV 5.0 | | | | - | □ Sche | (K-1) | 2) | 1 | | | | |
| Street Address | | | | | | | \neg | Subo | i ipter | 2) 8 (Other than | K-12 | } | | | |
| Phys. (42 | | | | | | | | | . r. e., p | rive ia end en | me | relgi b | ulldin | Ba' | |
| City (5) Belimawy | | | | | | | 寸 | Squate: | et | # of Floor | 9 | TE | Mg. / | da | |
| | | | | | | 21. ACC25 | 1 | 1,600 | | 2 | | | 80 | -Sin | |
| County (6) | | 1 C-07/10 | 3-20-20 | Cat | inty Code | (7)(STATE USE ONL | 77 | Current | 10 (Pr | for if being de | reolis | haril | | _ | |
| Camden | | | | | | | - 1 | Resid | nee | | 1 | ,,,,,, | | | |
| Name of Monitoring Firm I Management & Envi | rared by dulidi | ng Owner | (8) | ASCN | No. | Name of Abate | me | nt Cantre | or (8) | | - | | _ | | |
| Street Address | ro. Consult | ng Servi | C68 | | | Shade Env | | nments | LLO | |] | | | | |
| PO Box 341 | | | | | | Street Address | | | | | 1 | | _ | | |
| City, Stole, Zio Code | - WALLE | | | | | 623 Cutler | | | | | - | | | | |
| Chesterfield, NJ 085 | 15 | | | | | City, State, Zip | | | | | | | | | |
| Project Manager for Monito | | | Total | phone | Bio | Maple Shad | 10, | NJ 080 | 2 | | 1 | | | | |
| Bill Weisgarber | A14.50 . a14. | | 100000 | | 3-4070 | Telephone No. | | | | License N | 9 | | | | |
| Start Date (10) | Se | hedulad C | | | | ESG-765-004 | | | | 00842 | | | | | |
| 01 / 08 / | 19 | 01 / | 11 | 1 | 40 | Name of QSHA | | | | | | | | | |
| Occupancy Status During | | | | | | EMSL Anal | yng | FAI, Inc. | | | | | | | |
| Facility Closed/Vacated | Durka Sala | Device of | one) Abnia | | | Street Address | | | | | T | | | - | |
| ☐ Abstement Performed 6 | Sutside of Non | mai Feella | v Mane | a Des | cribe | City, State, Zip | | | | | | | | | |
| Time of Abatement: | AM | PMI | _PM- | | AM | Cinnamina d | | | - | | T | | | | |
| Scope of Work (Chack all t | hat apply) | | | | | | 7111 | NO 000 | - | | <u> </u> | | - | | |
| 조 > 3 sfor > 3 lf 조 > 160 sfor > 2360 lf | | | novati molitic | | | Mini-Er Gloveb | ngio ac i | sure Procedur | | otive Pressun n-Frisble Proc | | | | | |
| | | | Locat | | T | | | | 10.00 | -Liverson Lift. | quur | - | | | _ |
| Ascestos-Containing M | | | ismal cios b | | | Description | φf | | 1 | | | | stem | _ | about |
| TO BE ABAY | | Ma | ntena | ice/ | ASD | estos Conteining M b., thermal systems | labo e inc | rial (ACh | 1 | Amount | | Removal | Repair | Encapsulate | Endoswe |
| IN Facility (13) | | Cust | todial S (12) | 证据作了 | | surfacing, VA | T. 6 | if . | 1 | (Specify SF or LF) | | Onea | ir | pau | 050 |
| (10) | | Yes | No | N/A | 1 | ether miscellan | 604 | 18) | | | - | - | | TE | 8 |
| Besement | | | X | | Place | 71- | - | | -+ | | _ | _ | | - | |
| - A STATE OF THE S | | | | | Floor | 116 | | | | 199 SF | | | | | |
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| | - | | | | | | | * | | | | | | | 히 |
| | | | | | 1 | | 4-11 | | _ | | - | | | _ | _ |
| isma of Registered Waste | Hauler | | _ | DEPV | Vaste | Cubic Yards of | | Numaci | Paplate | red Land(il) | H | | | | |
| Freehold Cartage | | | He | uler IC | No. | Waste | | Fairle | | | | | | | |
| City, State | | | | 5939 | | Disposal Data | - | City, St. | | 10111 | | | | | |
| Freshold, NJ | | | | | | 01/11/2019 | 1 | Morri | | DA | | e Macenia | 1000 | | |
| Completed By (Print or Type |) T | itig | - | | | | بل. | wiói! | ATTE | ra . | | | | | |
| Christina Lynch | | Vice Pre | sider | it of C |)persito | ne Charles | D | - | | | Date | il Franci | 2.54 | | |
| 55-41 | | | - | - | | | 4 | \leq | _2 | | 1 | 12. | 19 | _ | |
| R 13 | | " Do not a | ree this | fann . | for asbos | los licensurs exem _l | pioc | d activity: | R. | | | | | | _ |

| 7 10 | (| MINISTRA | | (1 | uisua | III to Nor | 10 0 | .00 and 5.1 | 0) | iii lii J | AN | / 2 | 019 | | | | |
|--|-----------------------|----------|---------|-------------|-----------------|--------------|------------|----------------------------------|----------------------------------|-----------------------|--------------------|--------------|------------------|-----------|--|--|--|
| Date of Notification (1) | | | | | | | | ner/Operator (| (2) | | 7 | | | 600 | | | |
| | 03 / | 19 | | | Me | zzy LLC | Cons | struction | | | 25 | 7. | 84 | - 1 | | | |
| Agencies Notified | Type Notific | ation | | | Stree | t Address | | | | i Modet | SHOPE | NUN. | Fich | Ül | | | |
| | | | | | 20000000 | Tulsa Av | enue | 9 | | | Entrangency & | and with the | a kithan kini il | 7,4 | | | |
| □ DOLWD | Amender Amendm | | | | | State, Zip C | | | | | | | | | | | |
| ⊠ DOH | | | | tuchen, N | | 8840 | | | | | | | | | | | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emerger justificati | | luding | 1 | | e of Contac | | 7040 | | Talashassa | | | | | | | |
| (140/10 0.20-0) | Cancella | | | | | n Misdea | - | | | Telephone N | | | | | | | |
| | | | - | | | | | | | 732-689- | 3833 | | | | | | |
| Nome of Facility Misses | 1 | | | 151 | FA | CILITY IN | IFOR | RMATION | | | | | | | | | |
| Name of Facility Where A | Abatement is | akıng | Place | (3) | | | | | Type of Facility | | | | 201-170-1 | | | | |
| Residence | | | | | | | | | School (K-12 | | (40) | | | | | | |
| Street Address | | | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., pr | rivate and com | (-12) mercial b | uildir | as | | | | |
| | | | | 20.50 | | | | | homes, etc.) | | | | 90, | | | | |
| City (5) | | | | | | | | | Square Feet | # of Floors | E | Bldg. / | Age | | | | |
| Toms River | | | | | | | | | 1800 | 1 | | 65 | | | | | |
| County (6) | | | | | Cou | nty Code (7 |)(STA | TE USE ONLY) | Current Use (Pri | or if being den | nolished) | is Ti | | | | | |
| Ocean | | | | | | | | | Residence | | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ding O | wner (| 8) | ASCM | No. | Nan | me of Abateme | ent Contractor (9) | / | | | | - | | | |
| N/A | | | | | | | G | uardian Co | ntracting, Inc. | | | | | | | | |
| Street Address | | | | | | | Stre | eet Address | | | 7-7- | | | | | | |
| | | | | | | | 18 | 889 Route 9 | Route 9, Unit 61 | | | | | | | | |
| City, State, Zip Code | | | | | | | City | City, State, Zip Code | | | | | | | | | |
| | | | | | | | T | Toms River, New Jersey 08755 | | | | | | | | | |
| Project Manager for Moni | | | Tel | ephone | No. | _ | ephone No. | | License No | | | | | | | | |
| | | | | | | | 7: | 32-349-9932 | | 00624 | | | | | | | |
| Start Date (10) | 5 | Schedu | iled Co | omple | etion Da | ite (11) | Nan | ne of OSHA M | lonitor | | | | | | | | |
| 01 /15 / | 19 | 01 | / | 1 | 3 / | 19 | E | .M.S.L. Anal | lvtical | | | | | | | | |
| Occupancy Status During | Abatement (| Check | only o | ne) | | | | et Address | | | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | ment | | 1 | 056 Stelton | | | | | | | | | |
| ☐ Abatement Performed | Outside of No | ormal F | acility | Hou | rs - Des | scribe | - | , State, Zip Co | ada | | | | | | | | |
| Time of Abatement: | AM | PM | / | _PM | | AM | 0.59 | | New Jersey 088 | 054 | | | | | | | |
| Scope of Work (Check all | that apply) | | | - | | | | iscalaway, i | vew Jersey 000 | 004 | | | | | | | |
| | triat apply) | | | | | | | ☐ Full Cont | ainment with Neg | ative Pressure | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ☐ Rei | | | | | ☐ Mini-Encl | losure | | | | | | | | |
| △ ≥ 100 31 01 ≥200 II | | L | △ Der | noliti | on | | | ☐ Glovebag | g Procedure mpted (*) and Nor | n-Friable Proce | adura | | | | | | |
| | | | Is | Loca | tion | T | | Z HON EXC | inpica () and ito | 1-1 Habie Floce | | hoton | nent T | | | | |
| Location | | | | lorma | | | | Description of | f | | | 1 | 1 | | | | |
| Asbestos-Containing N | | 1) | | | ely by ance/ | Asbes | stos (| Containing Mat | terial (ACM) | Amount | den | Repair | l inc | l inc | | | |
| TO BE ABA | | | | | Staff? | (i.e. | | rmal systems i urfacing, VAT, | | (Specify SF or LF) | Remova | a- | aps | Enclosure | | | |
| (13) | * | | | (12) | | | | ner miscellane | | SF OI LF) | <u> </u> | | Encapsulate | le | | | |
| | | | Yes | No | N/A | | | | | | | 1 | Ф | | | | |
| exterior | | | | \boxtimes | | asbesto | s sic | ding | | 1800 sf | × | In | | | | | |
| | | | | | | | | | | | | 1= | += | | | | |
| | | | | (a) V/ | | | | | | | | | | Ш | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Г | П | П | | | | |
| Name of Registered Wast | e Hauler | | | I | JDEP \ | Waste | Cub | ic Yards of | Name of Regist | tered Landfill | | 1- | | | | | |
| Guardian Contractir | | | | 133 | lauler II | D No. | Was | | T.R.R.F. | Landini | | | | | | | |
| City, State | | | | | 20223 | 3 | 3 Disn | osal Date | City, State | | | | | | | | |
| Toms River, New Je | rsev | | | | | | | 16/19 | | Donneylus -: | io | | | | | | |
| Completed By (Print or Ty | | T:41 - | | | | | 17 | | runytown, | Pennsylvani | | | | | | | |
| Nicholas Fernicola | he) | Title | nies+ | N#- | | | | Signature | | 1 | Date | | C. Section | | | | |
| ACD 41 | nicola Project Manage | | | | | | | ~ \mathrew \cdot \ | 1-12 | 1 1/3/19 | | | | | | | |

002570E

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| (6) |) | | (F | ursua | nt to NJ | AC 8 | 8:60 and 5:1 | 6) | | | | | | 10.750 | Í | | | |
|--|----------------------|------------------|-----------------|---|--|-------------|-------------------------------------|-------------------------|--------------|-----------------------|----------|---------|---------|-------------|-----------|--|--|--|
| Date of Notification (1) | 20 20 | | | 1 | Name of Building Owner/Operator (2) | | | | | | | | | 019 | | | | |
| | | 9 | | Pe | ennsauke | n To | ownship Boa | rd of Educa | ation | - | 7 | 5 | 57 | 8 | 8 | | | |
| F7 | Notification | า | | Stree | et Address | | | | 7. | 1.00 | 2010 | 8.5 | CARR | | -1.5 | | | |
| = | itial mended | | | 16 | 1695 Hylton Road | | | | | | | | | | | | | |
| | nended nendment : | # | | | State, Zip | | | | | | | | | W-1 | | | | |
| ☐ DCA 🛛 🖾 Er | mergency (| | - g | | Pennsauken, NJ 08110 | | | | | | | | | | | | | |
| | stification) | | - | 0.0000000000000000000000000000000000000 | e of Contac | | | | | Telephone I | Numbe | er | | - 2 1000 | | | | |
| | ancellation | | | | ck Killion | | | | 856-662-8505 | | | | | | | | | |
| Name of Facility Where Abatem | ont in Taki | oa Diaa | - /2\ | FA | CILITY IN | NFO | RMATION | | | | | | | | | | | |
| Franklin Elementary Sch | | ng Place | e (3) | | | | | Type of Fac | 20 5 0 |) | | | | | 100000 | | | |
| Street Address | 001 | | | | | | | School (| K-12) | Other than I | K 12) | | | | | | | |
| 7201 Irving Avenue | | | | | | | | Other (i. | e., priv | ate and con | nmerci | al bu | uilding | js, | | | | |
| City (5) | | | | | | | | homes, | | | | | | 5(129) | | | | |
| Pennsauken | | | | | | | | Square Fee | t | # of Floors | ŝ | | dg. A | ge | | | | |
| County (6) | | | | Cou | ntv Code (7 | 7)/STA | ATE USE ONLY) | 100,000 | (Drior | r if being der | na aliah | | 70 | | | | | |
| Camden | | | | | , eede (/ | ,,(0,, | TE OOL ONET | School | (1101 | ii being der | molisne | 3a) | | | | | | |
| Name of Monitoring Firm Hired I | by Building | Owner | (8) | ASCM | No. | Na | me of Abateme | | r (9) | | | | | | | | | |
| N/A | | | | | | | Guardian Co | | (2) (5) | | | | | | | | | |
| Street Address | | | | | | _ | eet Address | 3, | | | | | | | | | | |
| | | | | | | 1 | 1889 Route 9 | | | | | | | | | | | |
| City, State, Zip Code | | | | | | Cit | y, State, Zip Co | ode | | | | | | | | | | |
| | | | | | | 1 | Toms River, I | New Jersey | 0875 | 55 | | | | | | | | |
| Project Manager for Monitoring I | -irm | | Tel | ephone | No. | 1 | lephone No. | 180 | | License No | 0. | | | | | | | |
| Ot- + D + - (40) | | | | | | 7 | 32-349-9932 | | | 00624 | | | | | | | | |
| Start Date (10) | | | | | ate (11) | | me of OSHA M | The state of | | | | | | | | | | |
| 01/04/19 | | | | / | /19 | | | | | | | | | | | | | |
| Occupancy Status During Abate | | | | | Street Address | | | | | | | | | | | | | |
| ☐ Facility Closed/Vacated Durin☐ Abatement Performed Outsid | ig Entire Pe | eriod of | Abate | ment | 224 | July 197 | 056 Stelton | | | | | | | | | | | |
| Time of Abatement:A | e or Norma M- P | m Facility M/ | Hou PM | rs - Des - | AM | | y, State, Zip Co | | | | | | | | | | | |
| Scope of Work (Check all that ap | | | | | • | P | Piscataway, N | lew Jersey | 0885 | 4 | | | | | | | | |
| | piy) | | | | | | □ Full Cont | ainment with | Nogot | ivo Decocus | _ | | | | | | | |
| \boxtimes \ge 3 sf or \ge 3 lf \square \ge 160 sf or \ge 260 lf | | ⊠ Re | | | | | | osure | Negai | ive Pressure | B | | | | | | | |
| | | ∐ De | moliti | on | | | ☐ Glovebag | Procedure npted (*) and | Non I | Eriabla Bros | oduro | | | | | | | |
| | | Is | Loca | tion | 1 | | Z NOII-EXCI | npted () and | TNOII-I | Tiable Proc | edure | Λb | 240.00 | -4 T | | | | |
| Location of | | | Noma | | | | Description of | f | | | - | | ateme | | | | | |
| Asbestos-Containing Materia TO BE ABATED | (ACM) | | a Soi intena | ely by ance/ | Asbes | stos | Containing Mat | terial (ACM) | | Amount | | Rem | Repair | Enca | ≣ncl | | | |
| IN Facility | | Cust | | Staff? | (i.e. | | ermal systems in surfacing, VAT, | | | (Specify SF or LF) | | Removal | ar. | apsı | Enclosure | | | |
| (13) | | Vac | (12) | 1 | | | her miscellaned | | | 0. 0. 2. / | ' | - | | Encapsulate | ē | | | |
| ovtorior | | Yes | No | N/A | | | | | | | | | | | | | | |
| exterior | | | | transite | sof | fit panel | | | 60 sf | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | П | П | П | | | | |
| | | | П | | | | | -27.00 | + | | | | 귀 | | | | | |
| Name of Registered Waste Haule | er | | _ N | JDEP \ | | Cub | oic Yards of | Name of Re | egister | ed I andfill | | | | | Ш | | | |
| Guardian Contracting, Inc | | | H | lauler II | 33000000000000000000000000000000000000 | Was | | T.R.R.F. | | od Larianii | | | | | | | | |
| City, State | | 20223 | • | 3 Disp | oosal Date | City, State | | | | | | | | | | | | |
| Toms River, New Jersey | | | | | | | 1/07/19 | | vn. Pe | ennsylvan | iia | | | | | | | |
| Completed By (Print or Type) | Title | 9 | | | | | Signature | | | 1 | Date | | 1 | | | | | |
| Nicholas Fernicola | P | roject | Man | ager | | | | 1 to | 2 | 1 | Jale | 2 | 5/1 | 9 | | | | |

| K24160 | DAT | n | | FICATION | OF ASB | ESTOS | ABATE | | • | 4 | EG | | The second of | Ŋ. | |
|---|--|-----------------------|----------------------|---|------------------------------|--|---|--|--------------------------|----------------------------|-----------------------|--------|-------------------|-----------|----|
| Date of Notification (1) 1/2/2019 | A A A A | | | | f Building SKILL E | JAN | 1 7 | 7 20 | 19 | A de de a constitue | | | | | |
| | e Notification | | | Street A | ddress OOKSII | DE AV | E. | | | neconal triang | matas yst. | P - &- | | | |
| DEP DOL | Initial Amended Amendment # | | | | ate, Zip Co SKILL, | | 326 | LOSESCO | | | | | | | |
| ☑ DOH ☐ DCA ☐ | Emergency (in justification) Cancellation | ncluding | | | f Contact | S | | | | ephone Nu 1-797-58 | | | | | |
| | | | | FACI | LITY INF | ORMAT | ION | | - | | | | | | |
| Name of Facility Where Abate MERRITT MEMORIAL | ement is Taking SCHOOL | Place (| 3) | | | | | Туре | of Facility School (K | | | | | | |
| Street Address 1 DOGWOOD LANE | | | | | | | Subchapte | er 8 (Oth | er than K-1 & commerc | | dings | home | es, | | |
| City (5) CRESSKILL | | | | | | Squa | are Feet | # 0 | Floors | E | Bldg. A | Age | | | |
| County (6) BERGEN | | | Code (7) USE ONLY |) | | Current Use (Prior if being demolished) | | | | | | | | | |
| Name of Monitoring Firm Hire KARL & ASSOCIATES, |) | ASCM | / No. | | | ne of Abatement Contractor (9) VO BROTHERS CONTRACTING, INC. | | | | | | | | | |
| Street Address P.O BOX 645 | | | | | | | Street | t Address /REELAND AVENUE | | | | | | | |
| City, State, Zip Code SHILLINGTON, PA 196 | 07 | | | | = | | City, S | State, Zip Code FOWA, NJ 07512 | | | | | | | |
| Project Manager for Monitoring MIKE KRISHER | | Telephoi 610-85 | ne No. 56-7700 | | Teleph | 200000000000000000000000000000000000000 | lo. | | License No. 00494 | | | | | | |
| Start Date (10) 1/14/2019 | | Schedul 2/1/20 | | mpletion I | Date (11) | | | e of OSHA Monitor ME AS (9) ABOVE | | | | | | | |
| Occupancy Status During Aba | tement (Check | Only Or | ne) | | | | Street | | 102 101 | | - | | | | |
| Facility Closed/Vacated I Abatement Performed Or Other – Describe: 3:30 P | utside of Norma | eriod of all Facility | Abater / Hour | ment s | | | City, S | lip Code | | 5 | | | | | |
| Scope of Work (Check All Tha | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | т грріу) | processor. | Renova Demoli | | | | × | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | e | |
| Location of | | 1000 | Locat | 200000000000000000000000000000000000000 | | Do | scription | of | | | | | Abatement Type | | |
| Asbestos-Containing Mate TO BE ABATED In Facility (13) | Used Solely by Maintenance/ Custodial Staff? (12) | | | | tos Cont thermal surfa | aining M | Material (ACM) s insulation, AT, or | | | mount specify or LF) | Removal | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | | | -10000000 | | | | | | ю | |
| EXTERIOR | | | X | | Т | RANS | OM PA | ANEL | .S | 45 | 0 SF | X | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Ha TWO BROTHERS CON | | | ŀ | NJDEP W Hauler ID 18743 | | of Was | | | | ~ | red Landfil NAGEME | | S.R.C |).W.S | S. |
| City, State TOTOWA, NJ | | | | | | | sal Date | | City, Sta | ite RISVILI | .Е. РА | | | | |
| Completed by VIVECA RAMOS | | Title PRO | JECT | r coof | RDINAT |) Date 1/2/2019 | | | | | | | | | |