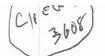
CK 36051

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| | 1000 | 52 YeV 10 | | | | | | | F | I W | 7 E |
| | otification o | f Asbesto | | | and the second section | NJAC 8:60-7 and 12:120-7) | | | | | Lb. |
| Date of Notification 0 1 0 | 5] | 1 5 | | of Building C 'S CORPOR | | Operator SERVICES (FEDERATED) | | JAN | 1 1 | 2 2011 | 5 |
| Agencies Notified Type | e of Notificat | ion | Street | Address | | | | | | | - |
| X USEPA X DEP | Initial Notificati | on | 7 WES | ST SEVENTH | H STR | EET | <u> </u> | | | The section of the section | |
| X DCA/DOL X | Amende Cancella | | | tate, Zip Cod NNATI, OHIC | | 02 | The second of the second | LI(| DENS | ilvi (| - × |
| | | | Name | of Contact | | | Telephone Numbe | r | | | |
| | | | Lou De | eMauro | | | | | | | |
| | | | | ITY INFORM | MATIO | DN . | | - | | | |
| Name of Facility Where Abater | nent is Takin | g Place | | | T | Type of Facility | | | | | 0-1 |
| MACYIC LIVINOCTON MALL | | | | | | () School (K-12) | th 14 d 2) | | | | |
| MACY'S - LIVINGSTON MALL Street Address | | | | | - | () Sub-Chapter 8 (Other to X) Other (I.e. private & C | | | | | |
| ottoot / tudioss | | | | | | buildings, homes, etc.) | ommercial | | | | |
| SOUTH ORANGE AVE & WAL | NUT STREE | | | | SF c | of Bldg. | # Floor | | Age | of Bldg. | |
| City | County | | County C State use | | Curr | 1 MILLION +SF rent Use (prior if being demoli | | 3 | 1 | 50+ | |
| LIVINGSTON Name of Monitoring Firm Hired | MIDDLE | | | TACCM NI- | None | ne of Abatment Contractor | | | | | |
| ivame of worldoring Firm Fired | by building | Owner | | ASCM No. | INair | ne of Abatment Contractor | | | | | |
| Pennoni Associates Inc. | | | | | ACN | I CONSULTING CORP. | | | | | |
| Street Address | | | | | Stre | et Address | | Hanni Vallo | | | |
| 515 Grove Street Ste 1B | | | | | 2150 | STANLEY TERRACE | | | | | |
| City, State, Zip Code | | | | | | State, Zip Code | | | | | |
| | | | | | | | | | | | |
| Haddon Heights, NJ 08035 | - | | | | _ | ON, NJ 07083 | | | | | |
| Project Manager for Monitoring | Firm | | elephone | No. | Tele | phone Number | License Number | | | | |
| TO BE DETERMINED | | то ве | DETERM | IINED | 908- | 687-1008 | 0057 | 5 | | | |
| Scheduled Start Date | Schedule | ed Complet | ion Date | | Nam | ne of OSHA Monitor | | | | | |
| 40 00 | | 25 | 2015 | | | N ANIALVEIOAL | | | | | |
| 1 13 20 Month Day Year | 1000 | 15 Day | 2015 Year | | | SL ANALYTICAL et Address | | | | | |
| Occupancy Status During Abat | The second secon | | | | 10.10 | ot / taarooo | | | | | |
| Facility Closed/Vacated | | | Abatemer | nt | | WEST 38TH STREET | | | | | |
| X Abatement Outside Norr | | lours | | | City, | State, Zip Code | | | | | |
| X Describe: 9:00PM TO 6. Other - Describe: | JUAIVI | | | | NEW | V YORK, NY 10118 | | | | | |
| | | | | | | | | | | | |
| Scope of Work (Checl Only On- | e) | | | Abatement I | | | | | | | |
| Demolition >3sf or >3lf | | | | X | | Containment with Negative Pr -Enclosure | ressure | | | | |
| X > 160sf or > 260lf | | | | | | ebag Procedure | | | | | |
| Renovation | | | | | | Friable Procedure | | | | | |
| | | | | n Normally | | Describtion of | Amount to be | Abate | ment | Туре | |
| Location of ACM Facility | | 1 | | Sustodial State | | ACM to be Removed | Removed | Rem. | IDan | Eno | TEnal |
| 3rd Floor Sales Floor Phas | e 2 | | Yes | NO | N/A | Spray-on Fireproofing | (Specify SF/LF) 14000SF | X | гкер. | Enc. | Encl. |
| 3/4 / 100/ 04/03 / 100/ 11/43 | C 2 | | | | <u> </u> | Pipe insulation | 500LF | X | | | |
| | | | | | 1 | - Formousian | 1 | 1 | | | 1 |
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| | | | | | | | | | | | |
| | | | | | | | | - | | | - |
| Name of Registered Waste Hau | iler | | NIDER | Waste ID No | 0 | Cubic Yds waste | Name of Registered | Landf | 11 | | |
| TRI-STATE TRANSFER ASSO | | | | SW1896 | ٥. | TBD | MINERVA ENTERF | | | | |
| City, State | | | Dispos | | | City, State of Registered Lar | | | | | |
| BRONX, NY | | | TBD | | | WAYNESBURG, OHIO | | | ID-/- | | |
| Completed By (Print or Type) | | | Title | | | Signature | RIM - | | Date | | - |
| TIMOTHY RYAN | | IGENEF | RAL MANAG | ER | 10 Manuel | 1-90 | | | 1/5/1 | כ | |



State of New Jerkey NOTIFICATION OF ASBESTOS ABATEMENT

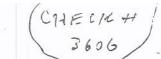
| | (P | ursu | ant to N. | JAC 8:6 | 0 and 12:120) | - 1114 | | | water 2 | | |
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| Date of Notification (1) / 8 //5 | | Х. | ame of Bu | ulding O | where person (| IE DEL | ELD REW | s 2 | 2015 | | |
| gencies Notified Type Notification | | 1 - | veel Add | 5 0 4 | 0, 308 | | | | | +- | <u>.</u> j |
| DEP Amended Amendment # | | C | my. State. | ZIP C 20 | e V/tow | ,W.J. | LIC | ENSI | VO . | | _ |
| DOM Emergency (iii justification) Cancellation | ndwing | H | ame of C | | | | Telephone Nu | mbei | | | |
| | | 1= | rucu m | V 14508 | нопан | | | | | | |
| Y.L. | a Dinea (1) | | FACILIT | 1 170 010 | J. 11011 | Type of Facilit | y (4) | | | | |
| Same of Facility Where Abalement is Yakin | | | | | | Done (l.s., | r 8 (Other than K private & commi | (-12) ercial bi | ulang | ١. | |
| Street Address 3867 15.7 | NVE | | | | | Square Feel | | | Bldg | Age | |
| City (5) | | | | | | 1000 | _ 2_ | | | 0 T | |
| County (6) CARE WAY | | | County Co | ode (?) .Y) | ISTATÉ | Current Use (| Phor if being den | nolishe: | d) | | |
| some of Marvioning Firm Hired by Building | | - AS | SCM No. | - N | lame of Abatem | eni Convador | (9) VC/ | | | | |
| 81 | | | | | | | ICE AVE | , | | | |
| Street Adoress | | | | | E: 0 | | | | • < | | |
| City State Dp Code | | - | NO | | | | De N Diconse N | 0 | | | |
| Project Manager for Monitoring Firm | \.\.\.\.\.\.\.\. | | none No: | | 856-7 | 19-047 | 2 _00 | 9 9 9 | 1_ | | |
| Stan Date (10) | duled Con | noleik | on Date (1 | | JOSE. | PKALEI | | | | _ | |
| Stan Date (10) 1/1/9/15 Company Status During Abatement (Ch | eck only or | ne)- | | | Sueel Address | SPILU | CEAUE, | | | | |
| Decayancy Status During Entire F Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | euco or w | العالف | iei II | - | | | DÉ, N. | 5,0 | 805 | 52 | |
| Other - Describe: | | | | | | | | | | | |
| Scope of Work (Check all that apply) | | ovatio | | | ☐ Min-Er | rdosure | Negative Pressu | | | | |
| 2160 51 01 2260 11 | | ndition | | | Non-E | xempled () aix | Rappization | | A. | oalen I po | |
| - | | calion maly | ۱ ۱ | | | 01 | | | - | | |
| Aspesios Containing Malterial (ACM) TO BE ABATED IN Facility (13) | Used S Maint Cus St | Solely | æ/ | (i.e., | Description os Containing M memai systems suriading, VA other myscellan | atenal (ACM) ; insulation, T, or | Amount (Specifi SF & LF | ř | Removal | Нары | Euchbaggia. |
| (1.3) | Yes | Υ0 | AIA | | TRAN | 51+F | 1.800 | # | x | | t. |
| SIDING | | | _ | | 1 10/010 | /// | | | | 1 | |
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| | | | _ | | | | _ | | | | |
| Marie Hallet | | 11 | UDEP W | ≅eke . | Cubic Yards | Hame of | Registered Land | 31 , U | , 8 | , | |
| Name of Registered Waste Hauler KLEM-CO INC. | | | 1790 | 70. Y | Disposal Date | City, Sta | le _ | - L | 1,5 | -, | |
| CITY STORE SHADE, N | J,00 | 80: | 52 | | Signatur | - Wo | OD3/NE | Date | 1 - | 1,0 | |
| | Tino | | ER | | 313010 | osiph 18 | slum | | 1/8 | /1 3 | |
| ASSHI | | | | o/ asoes | los licensure e: | cempled acum | 1105 | | | | |

(C11 Ecit #)

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

| | (10) | | JAC 8:60 ind 12:120 | | | |
|---|--------------------|----------------------|---|--------------------------------------|---|---------------------------|
| Date of Noufication (1) | | Name of B | ulding Owner Operator | HINES | JAN 1 2 2015 | |
| Agencies Notified Type Notifical | 2000 | Steel Add | 1055 FREMA | ONT 1 | , Ε . | |
| Amended Amended | eni# | Cry, State. | Do Code WOOD GINE | = N.I. | 88270 | |
| □ DOH □ Smergen □ DOH □ Justificati □ DCA □ Cancellati | ion) [| Name of Cy | | 7.77 | Telephone Number | н |
| | | | | | | |
| | 0/31 | FACILIT | Y INFORMATION | Type of Facility | (4) | |
| Same of Faching Where Abatement is T | axing Place (3) | | | □ School (K-1 | 2) ' | |
| Siree: Address 2:7 9 267 | | e · | | Diner (l.e., p | 8 (Other than K-12) snyate & commercia | 1 palaudi |
| | | | | Square Fool | FOI FLOORS | Bldg Ac |
| in (5) Musico | NINI. | | | 1000 | 1 | 1-40 + |
| COUNTY 161. CAME MAY | | County Co USE CAL | TANK TO THE PARTY OF THE PARTY | VA | nor it bang demotis. CDNT | |
| ware of Marioning Firm Hired by Build | ling Owner | ASCH NO. | Name of Abatem | eni Convegor (S | 3)) C / | 5 % |
| Stree. Address | | | Sueel Address | 5. 5 PRU | CE AVE. | |
| City State Zp Code | | | 7.00 | 24. | DE, NJC | 18:5 - |
| | 1. Yeld | an anarae | Talephone No. | | License No | |
| Practi Manager la Maniana Firm | | | | 79-042 | 2 _0044 | |
| Stan Date (10) | Scheduled Comple | elon Dale (1 15 | Josei | PKALEN | 9 M | |
| 1 / 1-9/15 Occupancy Status Dynng Abatement | (Check only one) | | Syee! Acdress | SPILUC | € 1 U.E | |
| Facility Closed/Vacated During Entitle Abatement Performed Outside of No. Other - Describe: | re Penod of ASSIS | emeni irs | | | E, N.J. | 08052 |
| Scope of Work (Check all that apply) | Renova V Cemala | lian an | □ Mu·En | ntanment with Nadosvie | eçabve Pressure | of e |
| 2160 st or 3260 II | Is Local | | 11,010 | | | ADB: HTTO'S |
| Location of Aspessors Containing Material (ACM) TO BE ABATED IN FACIN (13) | Used Sole | h ph h | Description of State | atena' (ACM) Insulation. [, or | Amount (Specify SF & LF) | Rapadan Rapa Remova |
| | YES HO | | 111165 | - > | Z000 \$ | X |
| SIDIMG | | X - | +MNSIT | <u>u</u> | | |
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| | | + | | | J1 460 | 1 |
| Name of Registered Waste Hauler | | MOED WES | 01 44 3 3 10 | Hame of R | egistered Landfill | 1, 1 |
| Kiémco INCI | | 17925 | Deposit Date | City, State | DBINE, | |
| MAPLE SHADE, A | 1,5,080 | 52 | Signature | 1100 | Date | 1/8/18 |
| Compeleo By KEMM | Time OWA | ER | > 0 | | | |

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| NOTIFICATION OF ASSESTISS ABATEMENT (Pursuant to NAC 546 and 12120) Date of Notification (1) JAN 1 2 2015 Date of Notification (1) JAN 1 2 2015 Date of Notification (2) JAN 2 2015 Date | | 3600 | | | | | New Jersey | | No E I V | // [5 | 7 | | | | |
|--|--|---|-----------------|-----------------------------|--------|-------------------------------------|--|-----------------------|--|--------|--------|-----------|-----------|--|--|
| Agencies Notified Type Notification Street Address Licensists Licensists | 9 | | | | | | | | JAN 12 20 | 15 | | 川 | | | |
| State Amanger for Monitoring Firm Telephone No. Street Address S | Date of Notification | 7 /15 | | | Nar | _ | - 50/1 | | ENT BE | 1215 | 165 | | | | |
| DCA | E PA E DEP IZ DOL | X Initial Amended Amendment Emergency | #_ (includi | ing | City | <u>G 0 /</u> , State, Zip Е (| Code Code Ca large | | ed INC R | i. | | | _ | | |
| Name of Facility Where Abstement is Taking Place (3) RESIDENCE Street Address 4 4 14 V RESTIN ROLD City (5) SEA TSUE CITY County (6) County (6) County (6) County (7) County Code (7) (STATE Current Use (Prior if being demokshed) VACANT Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Sequence Feet Froject Manager for Monitoring Firm Telephone No. Street Address Street Address Sequence Firm Telephone No. Street Address Street Address Sequence Firm Telephone No. Street Address Street A | | | W | | Nan | | | | Telephone Nur | nber | | | | | |
| Street Address City (5) Street Address County (6) County (7) County (8) County (8) County (8) County (9) County (9) County (1) County (2) County (1) County (2) County (1) County (2) County (2) County (2) County (3) County (2) County (2) County (3) County (2) County (2) County (2) County (2) County (3) County (2) | | | | | | CILITY IN | FORMATION | | | | | | | | |
| County (6) S R TSUE C I/TY County (6) COUNTY (7) COUNT | Street Address | SIDEN.CC | 7 | | 14 | | | School (K- | 12) er 8 (Other than K- private & commer | | kdings | i, | | | |
| County (6) COMP MAY County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) No. Name of Monitoring Firm Hired by Building Owner (8) No. Name of Abatement Contractor (9) Location of Monitoring Firm Telephone No. Street Address Telephone No. Street Address Street Address Telephone No. Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Street Address Full Containment with Negative Pressure Scope of Work (Check all that apply) Street Address Full Containment with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Abatement Type Abatement Street Address Full Containment with Negative Pressure Scope of Work (Check all that apply) Street Address Full Containment with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Maintenance/ Custodal Staff? (12) Street Address Street Address Full Containment with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Telephone No. Street Address Full Containment with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type Telephone No. Street Address Full Containment with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Non-Exemp | City (5) S = /2 | TSLE CIPY | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street | | | 71 | | | | (7) (STATE | Current Use (| 2 | ished) | | | | | |
| Street Address Street Address 3 6 9 5 5 PROCE ACC- | 701 | 14 | Owner | , | ASCN | No. | 1 | nent Contractor | (9) | | | | | | |
| City, State, Zip Code | Street Address | | | 1 | | | Street Address | | | | ==== | | | | |
| Project Manager for Monitoring Firm | City, State, Zip Code | 10 | | | | | City, State, Zip C | ode | | | 05 | 2 | = | | |
| Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 / 1 / 1 / 1 / 1 Street Address Street Address | Project Manager for M | onitoring Firm | | Tel | ephone | No. | Telephone No. | | License No. | | | | - | | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Staff? (12) Yes No N/A Yes No N/A Non-Exempted (*) Address Street Address City, State, Zip Code City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type To Be ABATED Staff? (12) Staff? (12) Other miscellaneous Staff | | Sche | 1 | | 1 | ate (11) | e (11) Name of OSHA Monitor | | | | | | | | |
| Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code | | ing Abatement (Che | | | | | Street Address | | | | | | | | |
| ≥3 sf or ≥3 lf | | | | | | | City, State, Zip Co | ode | | | | | _ | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Normally Used Solety by Maintenance/ Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Amount (Specify Surfacing, VAT, or. other miscellaneous) Type Type Type Type Type Amount (Specify SF or LF) Type | ≥3 sf or ≥3 lf | all that apply) | | | | | ☐ Mini-Enc ☐ Gloveba | losure g Procedure | | иe | | 3 | - | | |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) The part of the miscellaneous) Amount (Specify SF or LF) The part of the miscellaneous) | | | N | omally | , | | | | | P | | | | | |
| SIDIMIC YES NO NIA | Asbestos-Containing TO BE ABA IN Facilit | Material (ACM) | Mair Cu S | ntenan ustodia Staff? | œ/ | | tos Containing Mate thermal systems in surfacing, VAT, | sulation, or | (Specify | Remova | Repair | Encapsula | Enclosure | | |
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| | 51DIN | 6 | | | | 7 | RANSTE | | 7000 B | X | | + | | | |

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SCHOOLS OF ASSETS ASATEMENT

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State of New Jersey

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

| Date of Notification (1) | | 11000000 | | T | Name o | of Building | Owner/Operator (2 | 2) | | 7.4276 | 1 | 111 | | |
|--|----------------|----------|-----------------------------------|-------------------|--------------------|----------------------|--|---------------------------------|----------------------|-------------|--------|-------------|---|--|
| 1/ | 7 / | 15 | 15 Voorhees E.A. LLC JAM 1 2 2015 | | | | | | | | | | | |
| Agencies Notified | Type Notifica | ation | C Principle | | Street / | Address | | | | | | | | |
| ⊠ EPA | | | | | 33 F | ranklin / | Ave. | | oncurre of | | اب | | | |
| □ DOLWD | ☐ Amended | | | 1 | City, St | ate, Zip C | ode | | LICENSING | 1000 | - 100 | | | |
| □ DHSS | Amendme | | | | Voo | rhees N | J. 08043 | | | | | | 1 | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emergen | | uaing | + | Name | of Contact | t | | Telephone Number | er | | | 111111111111111111111111111111111111111 | |
| (1437-0 3.23-0) | ☐ Cancellat | | | | Ran | dy Whitt | : | | | | | | | |
| | 1 | | | | | _250 | FORMATION | | | | | 7 | | |
| Name of Facility Where A | Abatement is 7 | Taking I | Place | (3) | 170 | TETT THE | ONIMATION | Type of Facility (| 4) | | | | | |
| Voorhees Medical | | | | (-) | | | | School (K-12) | | | | | | |
| Street Address | | | | | | | | Subchapter 8 | (Other than K-12) | 200200000 | | | | |
| 134-136 Route 73 | | | | | | | | Other (i.e., pr homes, etc.) | ivate and commerc | ial bui | ilding | s, | | |
| | | | | | × | | | Square Feet | # of Floors | TRIC | ig. Ag | 10 | | |
| City (5) | | | | | | | | 28,000 | 2 | | 19. AS | jc | | |
| Voorhees | | | | | | 0 -1 - 7 | NOTATE LICE ONLY | | or if being demolish | | , , | | - | |
| County (6) | | | | | Coun | ty Code (/ | (STATE USE ONLY) | | or it being demoils | ieu) | | | | |
| Camden | | | | | | | T., | Residence | | | | | | |
| Name of Monitoring Firm | | | wner (| 8) | ASCM I | | Name of Abateme | ent Contractor (9) | | | | | | |
| West Chester Envir | ronmental li | nc. | | | 0127 | 8 | Luzon, Inc. | | | | | | | |
| Street Address | | | | | | | Street Address | - | | | | | | |
| 307 N. Walnut St. | | | | | | - II salara a salara | 8451 Executi | | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip C | | | | | | | |
| West Chester Pa. 1 | 9380 | | | | | | Philadelphia | , Pa. 19153 | | | | 2 | | |
| Project Manager for Mon | itoring Firm | | | Tele | phone l | Vo. | Telephone No. | | License No. | | | | | |
| Matt Abraham | | | | 61 | 0-431- | 7545 | 267-284-1050 |) | 01109 | | | | | |
| Start Date (10) | - ; | Schedu | ıled C | omple | tion Dat | e (11) | Name of OSHA N | Monitor | | | | Mari | | |
| 1/26/ | 15 | 2 | / | 28 | _ / _ | 15_ | Joseph Marc | nski | | | | | | |
| Occupancy Status During | a Abatement (| Check | only c | ne) | | 1 | Street Address | | | | | V | | |
| ☐ Facility Closed/Vacate | | | | | ment | | 8451 Executi | ve Avenue | | | | | | |
| ☐ Abatement Performed | 0.77 | | | | | cribe | City, State, Zip C | ode | | - | | | | |
| Time of Abatement: 8 | 3:00AM-8:00 | PM/ | PI | M | AM | | Philadelphia | | | | | | | |
| Scope of Work (Check a | Il that apply) | | | | | | | | | | | | | |
| | | | | | | | | tainment with Neg | ative Pressure | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | | novati | | | ☐ Mini-End | osure a Procedure | | | | | | |
| △ ≥ 100 SI OI ≥200 II | | | M D0 | irrontic | ,,, | | | | n-Friable Procedur | е | | | | |
| | | | Is | Locat | ion | | | | | Ab | atem | ent T | уре | |
| Location | | | | Vorma | | 00 00 | Description | | | D | Z | Ш | Ш | |
| Asbestos-Containing | | M) | | ed Sole intena | | | estos Containing Ma e., thermal systems | | Amount (Specify | Remova | Repair | Encapsulate | Enclosure | |
| TO BE ABA | | | | todial | Staff? | (1.5 | surfacing, VAT | | SF or LF) | val | - | nsc | Sur | |
| (13) | , | | | (12) | 1 | - | other miscellane | | | | | ate | (D | |
| | | | Yes | No | N/A | | | | | | | | _ | |
| Building A | | | | | | Floor | Tile | | 670 SF | | | | | |
| Building B | a | | | | \boxtimes | Floor | Гile | | 2,898 SF | \boxtimes | | | | |
| Building C | | | | | \boxtimes | Floor | Γile | 54 | 12,247 SF | | | | | |
| Building C | | | | | \boxtimes | Exterio | or Transite | | 536 SF | \boxtimes | | | | |
| Name of Registered Was | ste Hauler | | | | IJDEP ! | | Cubic Yards of | Name of Regis | stered Landfill | | | | | |
| Luzon, Inc. | | | | F | lauler II 32587 | | Waste 20 CYS. | Minerva La | andfill | | | | | |
| City, State | | _ | | | 02001 | | Disposal Date | City, State | | | | | | |
| Philadelphia, PA | | | | | | | 3/1/15 | Waynesbu | ırg, Oh | | | | | |
| Completed By (Print or T | [vne) | Title | À | | | | Signature / | | Da | te / | 1 | | - | |
| Piyush Patel | ype) | 5.500 | | m BA | nagor | â | Oignature / | Stal | 1 | 1/2 | 110 | - | | |
| 100 11 | | | | | | | | | | | | | | |
| ASB-41 MAY 11 | | * [| Do noi | t use t | his form | for asbes | stos licensure exem | pted activities. | | | | | | |



| The ge | | (Pur | suant to | NJAC 8:6 | 0 and | 12:120 |) | CAT | TE | D 16 | | 14 | Ę | 7 | 111 |
|---|---------------------------|---|--------------------------|---|-----------------|---|-------------------------------|--|-------------|--|---------------|-------------|------------|-------------|-----------|
| Date of Notification (1) 1/8/15 | 100000 | | | Building Ow er Private | | | (2) | | | . 1 A b.1 1 | 9 | 71 | ro leg | - | |
| Agencies Notified Type Notification | - | 100 | treet Ad | | | | | 14 | 1 | Name Day | | | * 1 | 1744 | 7 |
| EPA Initial Amended Amendment #. | | C | ity, State | e, Zip Code each Twr | | 08008 | | | ASI | ESTOS | ιί () NSIN | | Ö1. | 支 | |
| x Emergency (in | | | lame of | | 3 1 40 | | | | Tele | phone Nu | | - | | | _ |
| DOH justification) DCA Cancellation | | 1 | AL. | | | | | | | 500 | | | | | |
| | Di (2) | | FACIL | ITY INFOR | MATI | ON | Type | of Facility (4 |) | | | | | | - |
| Name of Facility Where Abatement is Taking Al Geiger Private Home | Place (3) | 177 177 178 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 - 188 | | | | | | chool (K-12 | 2) | - th on 1/ 1 | 4.0\ | | | | |
| Street Address 25 Amherst | | | | | | | X e | ubchapter 8 other (i.e. pr tc.) | ivate & | commerc | cial bui | | | | 3, |
| City (5) Long Beach Twp NJ 08008 | | | | | | | Squar 1000 | e Feet + | # of | Floors | - 1 | Bldg 35- | g. Ag + | е | |
| County (6) Ocean | | | County C | ode (7) SE ONLY) | | | 500 | nt Use (Prio | | ng demolis | shed) | | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCM | No. | | 100000000000000000000000000000000000000 | | ement Cont | | (9) | | | | | |
| N/A Street Address | | | | | | Street | Addres | s | | | | | 0.000 | | |
| City, State, Zip Code | | | | | | | Box 32 State, Zi | | | | | | | | |
| City, State, Zip Code | | N. | | | # | Wes | t Berli | n NJ 0809 | 91 | Linenes | No | | - 8-7- | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | 100000000000000000000000000000000000000 | hone No -753-9 | | | License 00727 | NO. | | | | |
| Start Date (10) 1/9/15 | Schedule | | pletion (| Date (11) | | Name | | A Monitor | | | | | | | |
| Occupancy Status During Abatement (Check | Only On | e) | | | | Stree | t Addres | SS | | | | 125.01 | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | eriod of A al Facility | batem Hours | ient | G | _ | City, | State, Z | ip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | tenova emolit | | | | | Mir | l Containme ni-Enclosure ovebag Prod | e cedure | ************************************** | | | | | |
| | | | - | | | | × No | n-Exempted | d (*) an | d Non-Fri | iable P | | | ment | |
| | 100 | Locati | | | D | escriptio | n of | | | | | _ | | ре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | d Sole intena todial S (12) | ely by nce/ Staff? | Asbest (i.e. | os Co therma | | Materia ns insul AT, or | | (| Amount Specify F or LF) | IVGHIOVA | Domousi | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | harler o | idina | | 7 | 00 SF | x | + | | | |
| Exterior siding garage is a demo | | | - | | | terior s terior s | | | | 00 SF | x | - | | | |
| house is not being demoed but | | | | EX | lenor s | dirig | | | 00 01 | - 1 | + | | | | |
| we are removing siding | | | | | | | | | | | + | + | | | |
| Name of Registered Waste Hauler | | | NJDEP V | Vaste | Cub | ic Yards | -10E-1E | Name of | Regist | ered Land | dfill | | | | |
| United Containers | | | Hauler ID 2459 | No. | of W | /aste | | G.R.O. | | | | | | | |
| City, State Elm NJ | | | | 0.5000000000000000000000000000000000000 | osal Da 2/15 | te | City, Star Morris | | A 1906 | 7 | | | | | |
| Completed by Anthony T Perna | ident | | | | Signatu | rre | | -7 | | Date 1/8/15 | | | | | |

CK 6642

| Date of Notice 1/5/15 | | Name of Buildin | na Owner / (| Operator (2) | 100 | | | |
|---|-----------------|-------------------------|---------------------|----------------------------------|--|--------------------------------|------------------------|----------|
| Type Notification | | Kerry Caspe | | | 111 | HAL. | 1 2 2015 | |
| gencies Notified | | Street Address | | | EVE 1995 | 1 | | |
| X EPA Emergenc | y Notification | 20 Helen Str | | | | 1 | | |
| X DEP X Initial Notif | fication | City, State & Zi | | | 1 | ASBEST | DS CONTROL | & |
| X DOL Amended | Notification | Fanwood, N. | | | 1 | LI(| DENSING | |
| X DOH Cancellation | on | Name of Conta | | | | | Telephone N | mber |
| DCA | | Kerry Caspe | rsen | | | | _ | |
| | | FACILITY | INFORMA | TION | | | | |
| Name of Facility Where Abatement is | | (3) | | of Facility (4) School (K-12) | 19 | | | |
| Resid | ence | | | Subchapter 8 | (Other than k | (-12) | | |
| 20 Helen | Street | | l x (| Other (i.e., pri | vate & comm | ercial build | ings, homes, e | etc. |
| 20 110101 | Olicot | | | re Feet | # of Floors | | Bldg. Age | |
| Cou | inty (6) | County Code (7) | | 2,200 | 2 | 2 | 80+ | |
| City (5) Cou | | Journey Godo (1) | Curre | ent Use (Prior | if being dem | olished) | | |
| Fanwood Oili | OII | | | idence | | material and All | | |
| Name of Monitoring Firm Hired by Bu | ilding Owner (| (8) ASCM | | e of Abateme | nt Contractor | (9) | | |
| Environmental Tactics, Inc | nulling Owner (| (J) | Glob | oal Abateme | ent Services | s, LLC | | |
| Street Address | | | | et Address | | • | | |
| 64 Broad Street | | | | Schoolhous | se Road | | | |
| City, State & Zip Code | | | | State & Zip C | | | | |
| Matawan, NJ 07747 | , | | | roe Townsl | | | | |
| Project Manager for Monitoring Firm | Te | lephone Number | Tele | phone Numbe | er | License | Number | |
| Fom Geiger | | 2-290-2217 | 732- | -605-9062 | | | 00714 | |
| Scheduled Start Date (10) Sche | eduled Comple | etion Date (11) | | e of OSHA M | | | | |
| 1/16/15 | | 18/14 | Glo | bal Abateme | ent Service | s, LLC | | |
| Occupancy Status During Abatement | (Check only | one) | | et Address | | | | |
| Facility Closed/Vacated During | ng Entire Perio | od of Abatement | | Schoolhous | | | <u> </u> | |
| Abatement Performed Outsid | e of Normal F | acility Hours - | | State & Zip C | | 200 | | |
| X Describe: Area Isolated Other - Describe: | During Abat | tement | Mor | roe Towns | hip, NJ 088 | 31 | | |
| Scope of Work (Check all that apply) | | 27 | 9 | | | | | |
| | Renovation | | | | ontainment wi | th Negative | e Pressure | |
| Large Project | | | | | nclosure . | | | |
| X Quantity is ≥ 3 SF or ≥ 3 LF | ACM | | | | bag Procedu | | | |
| Quantity is ≥ 160 SF or ≥ 26 | 0 LF ACM | | | | Non-friable | | T | |
| Location of | 1 505455 | Is Location | | escription of | | Amount | Abateme (Specify: F | |
| Asbestos-Containing | N | ormally Used | | stos-Containii aterial (ACM) | | (Specify quare Feet | | |
| Material (ACM) | N.A. | Solely by aintenance or | | thermal syster | | or | or Enclo | |
| TO BE ABATED in Facility | 1.0000 | ustodial Staff? | | on, surfacing, | | inear Feet) | | |
| (13) | | (12) | | er miscellaned | The state of the s | 1 | | |
| (10) | | <i>x-7</i> | nerve in control of | | | | | |
| Basement | | N/A | | TSI | | 15 LF | Remo | oval |
| | | | | | | | | <u> </u> |
| Name of Registered Waste Hauler | N. | JDEP Waste Hau | ıler ID# | Cu. Yds. of | | | l gistered Landfi | II |
| Freehold Cartage | | 18693 | | 2 | | RRF | | |
| City, State Freehold, NJ | | | | Disposal Da 1/18 | 2007 | ity, State ullytown, | Pa | |
| Freehold, No | | | | 0: 1 | | | I | ate |
| Completed By (Print or Type) | Title | | | Signature | | | | 1/5/15 |

mo 17-118803324

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

| JAN | +6 | 0 | 0000 |
|-------|----|---|------|
| THAN | Ť | 1 | 2015 |
| 01111 | 1 | - | 451 |

Print Form

| | | | | | | to NJAC 8 | | | | | | JAN I | 2 21 | 115 | | 2 | |
|---|-----------------------------|--------------------|-------------------|-------------------------------------|----------------------------------|-----------------------|-----------------------------|--------------------------------|--------------------------|----------------------|---------------------------|---------------------------------|---------------|--------|-------------|-----------|--|
| Date of Notification (1) 12/29/2015 | | | | | | Building C | | | (2) | | AS | BESTOS (| | iúl. | لـــا & | | |
| Agencies Notified | Type Noti | fication | | | Street A | ddress DLLWOC | DD RO | DAD | | | THE PARTY OF THE PARTY OF | | eli (G | | | | |
| EPA DEP DOL | Initia Ame | | # | - | City, Sta | te, Zip Coo | de | | | | | | | | | | |
| DOH DCA | Eme | | including | | Name of JEFFR | Contact | | | | | Te | lephone Nun | nber | | | | |
| | | | | | FACI | LITY INFO | RMATI | ON | | | | | | | | | |
| Name of Facility Where A PRIVATE | Abatement | is Takin | g Place (3 |) | | 3 | 11 | | Тур | e of Facil Schoel | (K-12) | | | | | | |
| Street Address 5 KNOLLWOOD R | D. | | | | | | | | × | Other (i. etc.) | e. private | ner than K-12 & commercia | al build | 8 | | s, | |
| City (5) LIVINGSTON | | | | | | | | | Squ 2,4 | are Feet 00 | # 0 | of Floors 2 | | dg. A | ge | | |
| County (6) ESSEX | | | | | County ((STATE L | Code (7) USE ONLY) | - | _ | Cur N/A | | (Prior if be | ing demolish | ied) | | | | |
| Name of Monitoring Firm N/A | Hired by B | uilding (| Owner (8) | · | ASCN | No. | 26 | | | | Contracto ITY CO | r (9) NSTRUCT | ION | | | | |
| Street Address | | | | | | | | Street 22 V | | ess ORDEN | I PL. | = | | | | | |
| City, State, Zip Code | | | | | | | | | | Zip Code ISACK | NJ. 07 | 601 | * | | | | |
| Project Manager for Mor | nitoring Firm | 1 | | | Telepho | ne No. | | Teleph 201- | | No. 4270 | | License N 01135 | 0. | | | | |
| Start Date (10) 01/07/2015 | | | Schedule 01/08 | | npletion I | Date (11) | | | | SHA Mon VIRONI | | SERVIC | ES L | AB. | | | |
| Occupancy Status Durin | g Abatemer | nt (Chec | k Only Or | ne) | | | | Street | | | WEST | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During ned Outside | Entire I of Nom | Period of A | Abater Hour | nent s | | | | itate, | Zip Code | WEST | /EST. | | | | | |
| Scope of Work (Check A | All That App | iv) | | | | | | Olvic | - | 140. | | 4 | | | | - | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | , | | Renova Demoli | olition Mini-Enclose Glovebag Pr | | | | | sure Procedure | | | | | | | |
| *** | | | Т. | | • 13-1 | | - | × | 1 1 | ion-Exem | pted () a | nd Non-Friab | | | ement | \neg | |
| Location | | | 1 | Locat Vorma | | | Do | scription | of | | | | | Ту | ре | | |
| Asbestos-Containing TO BE AB In Faci (13) | Material (A ATED lity | ACM) | Ma | ed Sole intena todial (12) | nce/ Staff? | | tos Con thermal surfa | | Mater s insi T, or | 6 | | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | |
| | | | Yes | No | N/A | | -, - | F1 . O . | 201 | | | 00.00 | 7. | | | | |
| BASEM | ENT | | | X | | Vat | Floor | or Tile 9x9 & Mastic 100. SQ X | | | | | X | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Wa | ste Hauler | | | | NJDEP W | l Vaste | Cubic | Yards | | Name | of Regis | tered Landfill | | | | | |
| TRI - STATE - ASS | | | | H | Hauler ID 19551 | | of Wa | ste) | | MIN | ERVA E | NTERPRI | | INC. | | | |
| City, State 1199 RANDAL AVE | . BRONX | NY. | | Disposal Date TBD | | | | | | City, WA | | JRG OHIC |) | | | | |
| Completed by CARLOS ESQUIVE | L | | Title MAN | IAGE | R | | 15 | Signature | The | prin | enflung | Da 12 | ite 2/29/2 | 2015 | | | |
| - V | | | | | | | | / | | / | 11 | 6/20 | Date 1717 | 9/20 | 15 | | |

| | NO | | | NJAC 8: | | | | - | NE (| BE | | W/ | | |
|--|--|--|---------------------|----------------------|------------------------|--|--------------------------|---|--------------------------|---------------|---------------|-----------|-------------|-----------|
| Date of Notification (1) 01/06/15 | | 1 2 2 2 2 2 2 2 2 | me of B hattas | uilding O | wner/Op | erator (| (2) | | | / k) 1 | 0 1 | MIE | | |
| Agencies Notified Type Notification | | - | reet Add 5 Knoll | Iress wood d | Irive | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1.2 | AN I | 72 2 | UU | | 2 |
| EPA Initial Amended Amendment | | | | , Zip Cod s , New | | / 0765 | 52 | | ASBE | STO: | NSIN |) () 3 | 三克 | |
| □ DOH □ DCA □ Emergency justification) □ Cancellation | | Na | ame of C | Contact | | | | L. | Telepho | | | | | |
| | | | FACILI | TY INFO | RMATIO | N | | | | | | | | |
| Name of Facility Where Abatement is Takin Ghattas Issa | ng Place (3) | | | X | | | Тур | e of Facility (4 School (K-12 | !) | | | | | |
| Street Address 55 Knollwood Drive | | | | | | | × | Subchapter 8 Other (i.e. pr etc.) | | | | ings, | home | s, |
| City (5) Paramus | | | | | | | Squ | are Feet | # of Floo | ors | BI | dg. A | ge | |
| County (6) Bergen County | | | ounty Co | ode (7) SE ONLY) | | | Cun | rent Use (Prio | r if being de | emolish | ied) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM | No. | | | | ement Cont | ractor (9) | | | #13275S | | 7 |
| Street Address | | | | | | Street 1009 | | ess th Street Su | ıite A4 | | | | | |
| City, State, Zip Code | | | | | | - Committee of the comm | | Zip Code ergen, NJ 0 | 7047 | | | | | |
| Project Manager for Monitoring Firm | | Те | elephone | e No. | | Teleph 201- | | No. -6305 | 1 1 2 2 3 | ense N 223 | 0. | | | |
| Start Date (10) 01/10/15 | Scheduled 01/24/15 | | letion D | ate (11) | | | | SHA Monitor | LTING LI | LC | | | | |
| Occupancy Status During Abatement (Che | ck Only One |) | | | | Street | Addr | ess | | | | | | _ |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor | Period of Ab | atemei Jours | nt | | 7 | | | OUTE EAST Zip Code | SUITE | 107 | | | | |
| Other – Describe: | | | | | _ | UNIC | I NC | NJ 07083 | | | | | | |
| Scope of Work (Check All That Apply) | SN -NV | | | | | | - | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i | enovatio emolitio | | | | × | N G | ull Containme /lini-Enclosure Blovebag Proc lon-Exempted | edure | | | | | |
| | 1-1 | | T | | | | 1 1 | ion-Exempled | () and ivo | ni-i iiau | | | ement | |
| Location of | No | ocation ormally | | | Des | cription | of | | | | | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Main Custo | Solely intenance idial Sta (12) | e/ | Asbest (i.e. | tos Conta thermal s | aining M system: ing, VA | fater s insi T, or | | Amou (Spec SF or I | ify | Removal | Repair | Encapsulate | Enclosure |
| Kitchen | 165 | 140 | IN/A | | | VAT | | | 120 8 | SF | x | | | |
| Windows | | | | | g | lazing | | | 72 L | F | х | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJI | DEP Wa | aste | Cubic \ | Yards | | Name of | Registered | Landfil | | | | |
| SAN TON SERVICES | | 500000 | uler ID i 430 | No. | of Was | te | | | WLANCH | IES C | OMM | ISIC | N | |
| City, State KENILWORTH, NJ | | | | | Dispos | al Date | | City, State | | | | | | |
| Completed by Bryan Parra | Title Projec | lle roject Manager | | | | | 2 | | | 100 | ate 1/06/1 | 5 | A | |

CK 2412

| Date of Notification (1) 01-06-2015 (OPE | N FILING FOR | 2015) | Name of Building Owner/Operator (2) ALCATEL-LUCENT TECHNOLOGIES JAN 1 2 2015 | | | | | | | | | | | | | | |
|---|---|---------------------------------|---|----------|------------------------|---------------------------|--|-------------------------------|--|-----------|----------------------------|------------|----------|-------------|-----------|--|--|
| Agencies Notified | Type Notification | | | treet Ac | idress DUNTAI | N AVE | ENUE | | | | | 0000 | | | | | |
| EPA DEP DOL | Initial Amended Amendment | ± | 1. | - 100 | te, Zip Cod AY HILL | | 7974 | | | | AS | EEEe LI | CE. | uin | | | |
| DOH DCA | Emergency (i justification) Cancellation | ncluding | 100000 | | Contact AVETTA | 4 | | | | Tel | ephone N | umber | | | | | |
| | | | | FACIL | ITY INFO | RMATI | ON | | | | | | | | | | |
| Name of Facility Where ALCATEL-LUCENT | | | | | | | | ☐ s | of Facility (4 school (K-1 | 2) | | V | | | | | |
| Street Address 600 MOUNTAIN A | VENUE | | | | | | | T | ubchapter other (i.e. p tc.) | | | | dings | home | es, | | |
| City (5) MURRAY HILL, NJ | | | | | | | | Square | e Feet | # 01 | Floors | E | Bldg. A | \ge | | | |
| County (6) UNION | | | | | ode (7) ISE ONLY) | | | Currer | nt Use (Prid | or if bei | ng demoli | shed) | | | | | |
| Name of Monitoring Firm HILLMAN ENVIRO | | wner (8) | | ASCM | No | | | of Abat | ement Con | tractor | (9) | | | | | | |
| Street Address 1600 ROUTE 22 E | AST | | | 7.5 | N. | | | Addres | s US AVEI | NUE | | | | | | | |
| City, State, Zip Code UNION, NJ 07803 | | | | | | | | tate, Zip | Code DGE, N. | J 0709 | 95 | | | | | | |
| Project Manager for Mor | nitoring Firm | | 17.0333 | elephor | ne No. 8-7800 | | Teleph | none No 726-31 | | | License 0065 | No. | | | | | |
| Start Date (10) OPEN | | Scheduled OPEN | | | | 10 | Name | of OSH | A Monitor | NMEN | MENTAL | | | | | | |
| Occupancy Status Durin | a Abatement (Check | | | | | | The same | Addres | | RONMENTAL | | | | | | | |
| | S 1 12 | 8 8 | | | | | 100000000000000000000000000000000000000 | | TE 22 E | AST | | | | | | | |
| Abatement Perform Other – Describe: | ated During Entire F ned Outside of Norm | al Facility H | ours | nı. | | _ | | | Zip Code NJ 07803 | | | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | nolitio | | | | | Min | Containme i-Enclosure vebag Prod i-Exempted | edure | | | | Α. | | | |
| | | 1-1- | | | | | | 1401 | ZAGIIIptot | 1 / / 411 | 3 14011 1 116 | abic i ic | | ement | | | |
| Location | - of | 10000 | cation mally | | | Ω- | | o.f | | | | | T | /pe | | | |
| Asbestos-Containing TO BE AB In Faci (13) | Material (ACM) ATED lity | Used S Mainto Custod (| enanc | e/ | | os Con therma surfa | scription taining N I systems cing, VA miscellar | Material s insula T, or | | (5 | mount Specify or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| | | Yes | No | N/A | | | | 55-5-292 | | | | 8 | <u> </u> | ate | re | | |
| | - | _ | | 20 | | | | | | | - | - | | | | | |
| | | | \dashv | | | | | | | | | - | - | | | | |
| | | | | | | | | | | | | - | - | | | | |
| Name of Registered Wa | ste Hauler | | 111111111111111111111111111111111111111 | DEP W | DOM 1980 11 | | Yards | | Name of | Registe | ered Land | fili | _ | | | | |
| NEWARK CARTING | 450 | uler ID 09 | No. | of Wa | iste | | G.R.O.\ | N.S., | INC. | | | | | | | | |
| City, State NEWARK, NJ | | | | | | • | sal Date | | City, State MORRI | SVILI | | | | | | | |
| Completed by | | Title | | | | 15 | Signature | 3 | -11- | | 00 | Date | | | | | |
| DAVID T. TOLCHIN | | DEN. | f | | | ک | av | 2. | 10k | chi ! | 01-06- | 2015 |) | | | | |

Check# 11409

State of New Jersey - Notification of Asbestos Abatement-(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

| GAC Project # 060-15 | | | | | | 111.00 | | The state of the s | 11.5 | | | |
|---|------------------|------------------------------------|---|-----------------------|---|------------------------------------|-----------------------------|--|------------|--|--|--|
| Date of Notification (1) | | | | | Name of Building Owner/Or | perator (2) | EDOITY O | ENI | 11 11 | | | |
| January 5, 2 | | | | | RUTGERS, THE STA | ATE UNIV | EKSILLO | F NJ | | | | |
| Agencies Notified EPA DCA | X | ification T Initial N Amende | lotificati | | Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 40 | | | DEPT. | | | | |
| ☑ DOL ☑ DEP- No Longer REQUIRED | | Emerge | ency (in | confidence editoring: | City, State, Zip Code PISCATAWAY, NJ 08 | 3854 | | NGRIG | 4 | | | |
| ⊠ DOH | | Cancel | | | MICHAEL SMITH, EN HEALTH & SAFETY | 1V. | Telephone N | Number | | | | |
| | | | | FACILITY INFO | | | | | | | | |
| Name of Facility Where Abatement is | Taking F | Place (3) | | | Type of Facility (4) School (K-12) | | | | | | | |
| NJ HALL, BLDG# 3014 | | | | | Subchapter 8 (other than | n K-12) | | | | | | |
| Street Address COLLEGE AVENUE CAMP | US | | | | ☑ Other (i.e. private & com | mercial buildi | ngs, homes, e Bldg. Age: | etc.) 80+ years | | | | |
| City (5) NEW BRUNSWICK MI | y (6) DDLE | SEX | | Code (7) se Only) | Current Use (prior if being | ior if being demolished): ACADEMIC | | | | | | |
| Name of Monitoring Firm Hired by Blo | ig. Owne | er (8) | ASCM N 0098 | No. | Name of Contractor (9) | | | | | | | |
| Cardno ATC | | | 0096 | | GREENWOOD ABATE Street Address | EMENT CO | DNSULTA | NTS, INC. | | | | |
| Street Address 3 TERRI LANE | | | | 100 | | | | | | | | |
| | | | | | 268 MAIN STREET City State, ZipCode | | | | | | | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | | | | BUTLER, NJ 07405 | | | | | | | |
| Project Manager for Monitoring Firm | | lephone N 09-386- | CONTRACTOR OF THE PARTY OF THE | | Telephone Number | | License Nun | nber | | | | |
| BRIAN KEARNY | 0 | 09-300- | -0000 | | 973-492-0477 | | 00840 | | | | | |
| Scheduled Start Date (10) | | | Completion | n Date (11) | Name of OSHA Monitor | | | | | | | |
| 01/16/15 | 0. | 1/19/15 | | | ENVIROVISION, INC. | | | | | | | |
| Occupancy Status During Abateme | ent (Che | ck only o | ne) | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacated During B☐ Abatement Performed Outside of | Entire Pe | eriod of A | batement Hours - | | 20-21 WARGARAW R | ROAD | | | | | | |
| Describe | | | | | City, State, Zip Code | | | | | | | |
| ⊠Other - Describe: Shift Hour | | | | | | | | | | | | |
| | (24 1 | nours a | s need | ea) | FAIRLAWN, NJ | | - | | | | | |
| Scope of Work (Check all that apply) | | | | | | Full Contain | ment with Ne | egative Pressu | ге | | | |
| ≥ 3 sf or ≥ 3 lf | | | | ■ Renovation | | Mini-Enclos | | | 7 | | | |
| ≥ 160 sf or ≥ 260 | lf | | | Demolition | | Glovebag F | | n-Friable Proc | odura | | | |
| I I Containing | la Lagati | on Norma | lly I lead | Description of Ast | pestos Containing Material | Amour | nt Abat | tement Type | saure | | | |
| Material (ACM) in Facility (13) | Solely by | y Maint./C | ustodial | (ACM) (i.e. therm | nal systems insulation, surfacir | ng, (Specifor or LF) | fy SF | ove Repair Enca | ap Enclose | | | |
| | Staff? (1 YES | 2) NO | NA | VAT, or other mis | cell.) | OI LF) | 20.00 | | | | | |
| Room 303B | | X | | VAT | | 120S | F X | | | | | |
| | | | | | | | | | | | | |
| Name of Reg. Waste Hauler | ste Hauler | I | Cubic Yards of Waste: 5 CY Name of Registered Landfill | | | | | | | | | |
| See Hauler Below #1 & 2 | V | | <u>Odbio Farge of Francis</u> | | G.R.O.W. | S. North Lar | ıdfill | | | | | |
| Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 28969 Hauler #2) S TG – 58 Pyles Lane, New Castle, De 19720 NJ DEP # 20990 | | | | | = | Disposal Da 01/19/15 | <u>ate</u> | City, State 100 New Fo Rd. Morrisv 19067 215-736-170 | ille, Pa | | | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | 100 | NIOR P | | т | Signature Raymand C. Pea | dalino | Date Janu | 215-736-1700 le January 5, 2015 | | | | |

NOCK

| | (ruisi | ACCITE OF | - | | - 11 | | | | | |
|---|---|--|---|--|---|---|----------------------------------|-------------------------|-------------------|--|
| | | Name of | f Building Ow | ner / Operator (2) | | UA | N 12 | ZUIb | | 1 |
| te of Notification (1) | | Townshi | in of Parsippa | any-Troy Hills | | | | | | - |
| 1-08-2015 | | Street A | ddress | | +- | L | | | | |
| encies Notified Type Notification | | 1001 Par | sippany Blvd | Company to the street | | A.S. in . | KE- | | | |
| ☑ EPA ☐ Initial | | City, Sta | ate & Zip Cod | е | L | | M. I. | - | | |
| | (Air Mon Firm) | Parsippa | any, NJ 0705 | 4 | | | Telepho | one N | lumb | er |
| 3 000 | | Name o | of Contact | | | | 1 Clopin | | | |
| ☑ DOH ☐ Emergend ☐ DCA ☐ Cancellati | | Mr. Joe | Jannorone | | | | | | | |
| J DCA Gantonia | Articles of | EA(| CILITY INFOR | NOITAMS | | | | | | |
| | T. Line Dloor | | SILIT III OI | Type of Facility (4 | 1) | | | | | |
| ame of Facility Where Abatement is | s Taking Place | ; (3) | | School (K-12 | 2) | | | | | |
| aftsman Farms-Garage | | | | Subchapter | 8 (Other than | K-12) | lings ho | mes | etc.) | |
| reet Address | | | | ☐ Subchapter of Other (i.e. pr | rivate & comr | nercial build | Bldg. A | ne. | 0.0.7 | |
| 52 New Jersey 10 | | | | Square Feet | # of Floor | 2 | Diag. 7 | 106 | vrs | |
| (E) | unty (6) | County C | ode (7) | 6,000 | is beginned a | | | - | | |
| (y (J) | orris | | | Current Use (Price | or it being de | monstica) | | | | |
| orris Plailis, No | | | | Garage Name of Abatem | Contract | or (9) | | | | |
| ame of Monitoring Firm Hired by B | uilding Owner | (8) | ASCM No. | Resource Manag | rement Grou | n. LLC | | | | |
| ealth and Safety Services | 100 100 10 0 0 | 8(±) | 117 | Street Address | gement orda | P1 | | | | |
| treet Address | | | | 2115 Hamilton A | ve Suite 20 | 2 | 0.20 | | | |
| .O. Box 365 | | | | City, State & Zip | Code | | | | | |
| ity, State & Zip Code | | | | Trenton, NJ 086 | 19 | | | | | |
| erlin N.I 08009 | 17 | elephone | Number | Telephone Num | ber | Licens | se Numbe | er | | |
| roject Manager for Monitoring Firm | 1 1 | 56-452-13 | 311 | 609-977-6159 | | | UI | 185 | | |
| Ar. Jim Proctor | heduled Comp | | | Name of OSHA | Monitor | | | | | |
| | | ACTION DO | () | 100 Emironmo | ntal Laborato | ries, Inc. | | | _ | |
| Cilculica Otalita | ricualou oom | 2/3/2015 | | J&S Environme | IIIdi Laborato | | | | | |
| 1/20/2015 | 2 | 2/3/2015 | | Street Address | | | | | | |
| 1/20/2015 | ant (Check only | 2/3/2015 v one) | | Street Address 2333 Route 22 | West | | | | | |
| 1/20/2015 Decupancy Status During Abateme | ent (Check only ring Entire Pe | 2/3/2015 v one) | | Street Address 2333 Route 22 City, State & Zi | West | | | | | |
| 1/20/2015 Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed During Describe: 9:00am to 5:00 | ent (Check only ring Entire Per ng 1st Shift Opm | 2/3/2015 v one) | | Street Address 2333 Route 22 | West | | | | | |
| 1/20/2015 Decupancy Status During Abateme Facility Closed/Vacated During Abatement Performed During Describe: 9:00am to 5:00 | ent (Check only ring Entire Per ng 1st Shift Dpm batement | 2/3/2015 v one) | | Street Address 2333 Route 22 City, State & Zi | West p Code | | | 30 S = | | Malia de la constanta de la co |
| 1/20/2015 Decupancy Status During Abateme Facility Closed/Vacated During Abatement Performed During Describe: 9:00am to 5:00 | ent (Check only ring Entire Per ng 1st Shift Dpm batement | 2/3/2015 v one) | | Street Address 2333 Route 22 City, State & Zi | West p Code i3 | ntainment w | rith Nega | tive F | Press | ure |
| 1/20/2015 Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed During Describe: 9:00am to 5:00 Facility Occupied During Abacepe of Work (Check all that apple | ent (Check only ring Entire Per ng 1st Shift Dpm batement | y one) riod of Ab | atement | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 | West p Code 3 Full Co | ntainment w | | tive F | Press | ure |
| 1/20/2015 Occupancy Status During Abateme ☐ Facility Closed/Vacated During ☐ Abatement Performed During ☐ Describe: 9:00am to 5:00 ☐ Facility Occupied During Abscope of Work (Check all that appl | ent (Check only ring Entire Per ng 1st Shift Dpm batement | y one) riod of Ab | atement | Street Address 2333 Route 22 City, State & Zij Union, NJ 0708 | West p Code 33 Full Cor Mini-En | ntainment w closure | ıres | | | |
| 1/20/2015 Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed During Describe: 9:00am to 5:00 Facility Occupied During Ab Scope of Work (Check all that appl | ent (Check only ring Entire Per ng 1st Shift Dpm batement | y one) riod of Ab | atement | Street Address 2333 Route 22 City, State & Zij Union, NJ 0708 | West p Code 3 Full Cot Mini-En Glove E Non-Ex | ntainment w closure Bag Procedu empted and | ures 1 Non-Fri | able | Proc | edure |
| 1/20/2015 Occupancy Status During Abateme ☐ Facility Closed/Vacated During ☐ Abatement Performed During ☐ Describe: 9:00am to 5:00 ☐ Facility Occupied During Abscope of Work (Check all that apple) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf | ent (Check only ring Entire Per ng 1st Shift Dpm batement | y one) riod of Ab | enovation emolition | Street Address 2333 Route 22 City, State & Zij Union, NJ 0708 | West p Code 33 Full Cot Mini-En Glove E Non-Ex | ntainment w closure Bag Procedu empted and | ures d Non-Fri unt | able | Proc | |
| 1/20/2015 Occupancy Status During Abateme ☐ Facility Closed/Vacated During ☐ Abatement Performed During ☐ Describe: 9:00am to 5:00 ☐ Facility Occupied During Ab Scope of Work (Check all that appl ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf Location of | ent (Check only ring Entire Per ng 1st Shift Opm batement | y one) riod of Ab Re De | enovation emolition | Street Address 2333 Route 22 City, State & Zij Union, NJ 0708 | West p Code 3 Full Cot Mini-En Glove E Non-Ex of aining | ntainment w closure Bag Procedu empted and Amou (Spec | ures I Non-Fri unt cify | able Abat | Proc | edure nt Typ |
| 1/20/2015 Occupancy Status During Abateme ☐ Facility Closed/Vacated During ☐ Abatement Performed During ☐ Describe: 9:00am to 5:00 ☐ Facility Occupied During Ab Scope of Work (Check all that appl ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf Location of ☐ Asbestos-Containing | ent (Check only ring Entire Per ng 1st Shift Opm batement | y one) riod of Ab Re De Is Loca Normally Solely | enovation emolition ation Used | Street Address 2333 Route 22 City, State & Zij Union, NJ 0708 | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) | ntainment w closure Bag Procedu empted and | ures I Non-Fri unt cify | Abat | Proc | edure nt Typ |
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| 1/20/2015 Occupancy Status During Abateme ☐ Facility Closed/Vacated During ☐ Abatement Performed During ☐ Describe: 9:00am to 5:00 ☐ Facility Occupied During Abscope of Work (Check all that appl ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf Location of ☐ Asbestos-Containing ☐ Material (ACM) ☐ TO BE ABATED | ent (Check only ring Entire Per ng 1st Shift Opm batement | y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial | enovation emolition ation Used by ence or I Staff? | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT | ntainment w closure Bag Procedu empted and Amou (Spec | ures I Non-Fri unt cify | able Abat | Proc | edure nt Typ |
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| 1/20/2015 Occupancy Status During Abateme ☐ Facility Closed/Vacated During ☐ Abatement Performed During ☐ Describe: 9:00am to 5:00 ☐ Facility Occupied During Abscope of Work (Check all that appl ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf Location of ☐ Asbestos-Containing ☐ Material (ACM) ☐ BE ABATED ☐ in Facility | ent (Check only ring Entire Per ng 1st Shift Opm batement | y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial (12 Yes No | enovation emolition Used / by ance or I Staff? | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) | ntainment w closure Bag Procedu empted and Amou (Spec SF or | ures y Non-Fri unt cify LF) | Abat Removal | Proc | edure nt Typ |
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| 1/20/2015 Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed During Describe: 9:00am to 5:00 Facility Occupied During Abscope of Work (Check all that appl ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Garage | ent (Check only ring Entire Per ng 1st Shift Opm batement ly) | Z/3/2015 y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial (12 Yes No | enovation emolition ation Used by ance or I Staff? | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) | ntainment w closure Bag Procedu empted and (Spec SF or | ures d Non-Fri unt cify LF) | Abat Removal | Proc | edure nt Typ |
| 1/20/2015 Occupancy Status During Abateme ☐ Facility Closed/Vacated During ☐ Abatement Performed During ☐ Describe: 9:00am to 5:00 ☐ Facility Occupied During Abscope of Work (Check all that appl ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf ≥260 lf Location of ☐ Asbestos-Containing ☐ Material (ACM) ☐ BE ABATED ☐ in Facility ☐ (13) | ent (Check only ring Entire Per ng 1st Shift Opm batement ly) | Z/3/2015 y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial Yes No | enovation emolition (Used / by ance or I Staff? | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella Pipe Insulat Pipe Insulat Cubic Yards of Waste | West p Code 3 Full Con Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) Name of Re | ntainment work closure ag Procedu empted and (Special SF or 100 | ures d Non-Fri unt cify LF) | Abat Removal | Proc | edure nt Typ |
| 1/20/2015 Occupancy Status During Abateme | ent (Check only ring Entire Per ng 1st Shift Opm batement ly) | Z/3/2015 y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial (12 Yes No | enovation emolition ation Used by ance or I Staff? | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella Pipe Insulat | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) | ntainment work closure ag Procedu empted and (Special SF or 100 | ures d Non-Fri unt cify LF) | Abat Removal | Proc | edure nt Typ |
| 1/20/2015 Occupancy Status During Abateme | ent (Check only ring Entire Per ng 1st Shift Opm batement ly) | Z/3/2015 y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial (12 Yes No | enovation emolition ation / Used / by ance or I Staff? | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella Pipe Insulat Pipe Insulat Cubic Yards of Waste TBD | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) ion Name of Re Grows Land City, State | ntainment working and procedure and sempted and (Special Section 100) and segistered Ladifill | ures d Non-Fri unt cify LF) | Abat Removal | Proc | edure nt Typ |
| 1/20/2015 Occupancy Status During Abateme | ent (Check only ring Entire Per ng 1st Shift Opm batement ly) | Z/3/2015 y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial (12 Yes No | enovation emolition ation / Used / by ance or I Staff? | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella Pipe Insulat Pipe Insulat Cubic Yards of Waste | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) Name of Re Grows Lance | ntainment working and procedure and sempted and (Special Section 100) and segistered Ladifill | ures I Non-Fri unt cify LF) | able Abat Removal | Proceeme Repair | edure nt Typ |
| 1/20/2015 Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed During Describe: 9:00am to 5:00 Facility Occupied During Abscope of Work (Check all that appl ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Garage Name of Registered Waste Haule Resource Management Group, Li City, State Trenton, NJ | ent (Check only ring Entire Per ng 1st Shift Opm batement ly) | Z/3/2015 y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial (12 Yes No | atement anovation ation Used by ance or I Staff? D D D D D D D D D D D D D D D D D D | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella Pipe Insulat Pipe Insulat Cubic Yards of Waste TBD Disposal Date TBD | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) ion Name of Re Grows Land City, State | ntainment working and procedure and sempted and (Special Section 100) and segistered Ladifill | ures I Non-Fri unt cify LF) | able Abata Removal Date | Proceeding Repair | edure nt Typ Encapsulat |
| 1/20/2015 Occupancy Status During Abateme Facility Closed/Vacated During Abatement Performed During Describe: 9:00am to 5:00 Facility Occupied During Abscope of Work (Check all that appl ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Garage Name of Registered Waste Haule Resource Management Group, Li City, State Trenton, NJ Completed By (Print or Type) | ent (Check only ring Entire Per ng 1st Shift Opm batement ly) | Z/3/2015 y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial (12 Yes No | atement anovation ation Used by ance or I Staff? D D D D D D D D D D D D D D D D D D | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella Pipe Insulat Pipe Insulat Cubic Yards of Waste TBD Disposal Date | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) ion Name of Re Grows Land City, State | ntainment working and procedure and sempted and (Special Section 100) and segistered Ladifill | ures I Non-Fri unt cify LF) | able Abat Removal | Proceeding Repair | edure nt Typ Encapsulat |
| 1/20/2015 Occupancy Status During Abateme | ent (Check only ring Entire Per ng 1st Shift Opm batement ly) | Z/3/2015 y one) riod of Ab Re De Is Loca Normally Solely Maintena Custodial (12 Yes No | atement anovation ation Used by ance or I Staff? D D D D D D D D D D D D D D D D D D | Street Address 2333 Route 22 City, State & Zi Union, NJ 0708 Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella Pipe Insulat Pipe Insulat Cubic Yards of Waste TBD Disposal Date TBD | West p Code 3 Full Cor Mini-En Glove E Non-Ex of aining M) stems ng, VAT ineous) ion Name of Re Grows Land City, State | ntainment working and procedure and sempted and (Special Section 100) and segistered Ladifill | ures I Non-Fri unt cify LF) | able Abata Removal Date | Proceeding Repair | edure nt Typ Encapsulat |

State of New Jersey

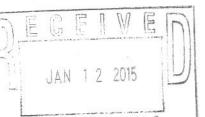
| | | | N | | CATION | OF ASBE | STOS | ABATE | | Ch | 00 | | ĵ | つう | 3 | 9 | |
|--|--|----------------------------------|---------------------|--|---|---|----------------------------|--|--|--------------------------------------|---|------------------------------|-------|------------|--------|--------------|-----------|
| Date of Notification (1) 1/6/15 | | | | | Name of I | Building O | wner/O | perator and F | (2) Home I | Elevation | s L.L. | C. | 410 |) 2 | ZUI | 5 | |
| Agencies Notified | Type Notific | cation | | | Street Ad 3430 S | dress unset A | venue | Suite | #5 | - | Ļ | ASBES | TO | S O. | ASTE | <u>اتا 8</u> | š |
| EPA DEP DOL | | dment # | | | | e, Zip Cod N.J. 07 | | | | _ | ala Provincia de la composición de la c | | | | | | |
| DOH DCA | justific | gency (ir cation) ellation | ncluding | | Name of Steve F | | | | | | Tele | phone N | lumt | er | | | |
| | | | | | FACIL | ITY INFO | RMATI | ON | | | | | | | | | |
| Name of Facility Where A | sbatement is | Taking | Place (3 |) | | | | | | of Facility (4 School (K-12 | 2) | - Al 1/ | 101 | | | | |
| Street Address 3240 Oceanic Drive | | | | | | | | | × | Subchapter Other (i.e. pr tc.) | rivate 8 | comme | rcial | build | | | 5, |
| City (5) Toms River | | | | | | | | | Squar 2100 | e Feet | 2 60 | | | | | | |
| County (6) Ocean | | | | | (STATÉ USE ONLY) | | | | | | (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm | Hired by Bu | uilding C | wner (8) | | ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC | | | | | | | | | | | | |
| Street Address | | | | | | Street Address PO Box 483, 4 E Gate Drive | | | | | | | | | | | |
| City, State, Zip Code | | | | | City, St | | | | | ate, Zip Code vood, NJ 07418 | | | | | | | |
| Project Manager for Mon | roject Manager for Monitoring Firm | | | | | ne No. | | \$2000 E. C. | hone No 583-8 | | | License 703 | e No | | | | |
| Start Date (10) 1/19/15 | | | Schedule 2/19/15 | | ompletion Date (11) Name of OSHA Monitor | | | | | | | | | | | | |
| Occupancy Status During | g Abatemen | t (Check | Only Or | ne) | Street Address | | | | | | | | | | | | |
| × Facility Closed/Vaca Abatement Perform Other – Describe: | ed Outside | | | | | | | | | | | | | | | | |
| Scope of Work (Check A | II That Apply | y) | | | | | | | | | | 2 | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | - | Renova Demoli | | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | е | | | |
| | | | Is | Locat | tion | | | | | | | | | 8 | | ement pe | |
| Asbestos-Containing TO BE AB, In Facil | Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | | | | | tos Con therma surfa | Description of Containing Material (ACN ermal systems insulation, surfacing, VAT, or ther miscellaneous) | | | (5 | mount Specify F or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | | | Yes | No | N/A | | | | | | | | | | | Ф | |
| exterior | | | | | X | | tran | nsite si | ding | | 10 | 00 SF | | x | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | | | | | | Yards | | Name of | Registe | ered Lan | dfill | | | | |
| Freehold Cartage | | | | Hauler ID No. of Wi 15959 10 | | | | | TBD | 3 | | | | | | | |
| City, State Freehold, NJ | | | | Disposal Date City, State TBD Signature Date | | | | | | | | | | | | | |
| Completed by Title | | | | ident | /Owner | | | Signatu | ell | 1 | | - | | re 7/15 | | | |

NOCK

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 6

Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES TOS COLTROL &

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

| Date of Notification: | 3/_ |
|--|-----------|
| Name of Building Owner/Operator: Stire Address: 30 ABST LOAD City: MONDOSTUP. State: III. FACILITY INFORMATION | . <u></u> |
| Renovation Ren | 3/ |
| Name of Building Owner/Operator: _iSt_PALCF_RESTORATION SPECIALISTS Street Address: _30_ APPL ROAD | 53/ |
| Name of Building Owner/Operator: _ip_Streat CF_ | 37 |
| Name of Contact: GEORGE HALDENGAD City: MONDOS TOP. State: NT Zip: C 88 Name of Contact: GEORGE HALDENGAD Telephone No.: III. FACILITY INFORMATION | 37_ |
| Street Address: 30 IABC LOAD City: MONDOS TOP. State: INT Zip: C 88 Name of Contact: GEORGE HALDEMAN Telephone No.: III. FACILITY INFORMATION Name of Facility Where Work Activity is to Take Place: HOUSE Describe Facility Use: HOUSE State: JU Zip: County Name: LOCO PROSPECT ST City: HOUST State: JU Zip: County Name: LOCO County Code (State Use Only): Scheduled Start Date: 1 9 1 15 Scheduled Completion Date: 1 1 2 3 1 1 Occupancy Status During Activity (check only one): Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: | 53/_ |
| Name of Contact: GEORGE HALDENAD Telephone No.: III. FACILITY INFORMATION | |
| Name of Facility Where Work Activity is to Take Place: HOUSE Describe Facility Use: HOUSE Street Address: 1000 PLOSPECT ST City: HOUSTOE State: DT Zip: County Name: (1000 County Code (State Use Only): Scheduled Start Date: 1 1 9 1 15 Scheduled Completion Date: 1 1 9 1 1 0 Occupancy Status During Activity (check only one): Activity Performed Outside Normal Facility Hours—Describe: | |
| Name of Facility Where Work Activity is to Take Place: HOUSE Describe Facility Use: HOUSE Street Address: 1000 PLOSPECT ST City: HOUSTOE State: DT Zip: County Name: (LD(0)) County Code (State Use Only): Scheduled Start Date: 1 1 9 1 15 Scheduled Completion Date: 1 1 2 2 1 1 Occupancy Status During Activity (check only one): Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: | |
| Describe Facility Use: HEUSE Street Address: 1000 PROSPECT ST City: HEUSTOE State: DT Zip: County Name: CLUCOD County Code (State Use Only): Scheduled Start Date: 1 / 9 / 15 Scheduled Completion Date: / 1 2 2 / 1 Occupancy Status During Activity (check only one): Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: | |
| Street Address: 1007 PLOSPECT ST City: H(UST)E State: DJ Zip: County Name: (L)(O) County Code (State Use Only): Scheduled Start Date: 1 / 9 / 15 Scheduled Completion Date: / 1 2 2 / 1 Occupancy Status During Activity (check only one): Activity Performed Outside Normal Facility Hours—Describe: | |
| County Name: Club(O)O County Code (State Use Only): Scheduled Start Date: 1 / 9 / 1 / 5 Scheduled Completion Date: / 1 2 2 / 1 Occupancy Status During Activity (check only one): Activity Performed Outside Normal Facility Hours—Describe: | |
| County Name: Club(O)O County Code (State Use Only): Scheduled Start Date: 1 / 9 / 1 / 5 Scheduled Completion Date: / 1 2 2 / 1 Occupancy Status During Activity (check only one): Activity Performed Outside Normal Facility Hours—Describe: | |
| Occupancy Status During Activity (check only one): Activity Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: | |
| Occupancy Status During Activity (check only one): Activity Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: | 5 |
| Activity Performed Outside Normal Facility Hours—Describe: | |
| | |
| | |
| Other—Describe: | |
| Scope of Work (check all that apply): | |
| | % |
| ☐ Mastic Square Footage: Percentage Asbestos: | % |
| | % |
| | % |
| | % |
| | % |
| IV. CONTRACTOR INFORMATION | |
| | >0h |
| Company Name: ABS ETWINDY METTAL SERVICES, (C Telephone No.: 973-764-5 | 11110 |
| Street Address: 4 F GATE DR. City: GIFNWOOD State: DJ Zip: 01 | 1410 |
| New Jersey Asbestos License Number (if applicable): | |
| Monitoring Firm (if applicable): Telephone No.: | |
| V. SIGNATURE | |
| Completed By (type or print legibly): A SCUTT HIGGIUS Title: PRESIDENT | |
| Signature: | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| | | | | CATION | ate of New OF ASBE to NJAC 8 | STOS | ABATE | | la | | 36 | 3 | 3 | 7 [5 | |
|--|---|----------------------------------|----------------------------------|--|------------------------------------|---|-----------|-----------------------|----------------------|---------------------------------|----------|-----------|--------|-------------|-----------|
| Date of Notification (1) 1/6/15 | | | | Name of Paul E | Building (vans | Owner/C | perator | (2) | | J | AN 1 | 2 | 20 | 5 | - Andrews |
| Agencies Notified T | ype Notific | ation | | Street A | ddress | | | | | | | | | | |
| X EPA X | Initial | | | | | | | | | L | | | | | <u>l</u> |
| DEP DOL | | ment # | | City, Sta | te, Zip Co | de | | | | ASDE | LICEN | | | | α |
| ▼ DOH □ DCA □ | justifica Cancel | | 1 | Name of Paul E | Contact | | | | | Telephone | Number | | | | |
| | - | | | FACI | LITY INFO | RMATI | ON | | | | | | | | |
| Name of Facility Where Aba | itement is | Taking Place (| 3) | 0 | 55 | | | Type of F | acility (4 |) | | | | | |
| Street Address | | | | | | | | | ool (K-12 | 2) 8 (Other than I | < 12\ | | | | |
| 116 Pleasant Grove | | | Other (i.e. private & coretc.) | | | | | | | | | | | | es, |
| City (5) Long Valley | | | Square Feet # of Floor 2100 2 | | | | | | | # of Floors 2 | | Bld 60 | 70 B | ge | |
| County (6) Morris | | | | County (| Code (7) USE ONLY) | · | | Current U | lse (Prio | r if being dem | olished) | | | | |
| Name of Monitoring Firm Hi | Monitoring Firm Hired by Building Owner (8 | | | | | | | of Abatem Environr | | | .LC | | | | |
| Street Address | ress | | | | | ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive | | | | | | | | | |
| City, State, Zip Code | State, Zip Code | | | | | City, State, Zip Code | | | | | | | | | |
| | | | | | | Glenwood, NJ 07418 | | | | | | | | | |
| Project Manager for Monitor | ring Firm | | | Telephone No. Telephone No. License No. 973-583-8500 703 | | | | | | | | | | | |
| Start Date (10) 1/15/15 | | 2/15/1 | | Completion Date (11) Name of OSHA Monitor | | | | | | | | | | | |
| Occupancy Status During A | batement | (Check Only C | ne) |) Street Address | | | | | | | | | | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: | d During E Outside of | ntire Period of Normal Facili | Abaten ty Hours | nent | | _ | City, S | tate, Zip C | ode | | | | | | |
| Scope of Work (Check All T | hat Apply) | <u> </u> | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | Renova Demolif | | | | × | Mini-Er Gloveb | nclosure ag Proce | | | | | | |
| | | | s Locat | ion | | | | | | | | | - | ment | |
| Location of | ę | | Normal | lly | | De | scription | of | | | | _ | Ту | oe | |
| | estos-Containing Material (ACM) TO BE ABATED In Facility Used Sol Mainten Custodial | | | | | thermal surfa | | | | Amount (Specify SF or LF) | Kemova | | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | ******* | | 00015 | | | | te | |
| basement & first | | | - | X | | 3.5 | insula | | | 200 LF | X | | | | |
| basement & first floor | | | | Х | x duct insulation 140 SF x | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | | NJDEP Waste Cubic Yards Name of Register | | | | | Registered Lar | ndfill | | | | | |
| Freehold Cartage Hau | | | | Hauler ID No. of Waste TBD | | | | | | | | | | | |
| City, State Freehold, NJ | | | | | | Dispo TBD | sal Date | C | ity, State | | | | | | |
| Completed by Title | | | | | | 1 5 | Signature | 0. | _ | | Date | -117 | | | |

President/Owner

1/6/15

A. Scott Higgins

| | Print Forn |
|-------------|------------|
| TAEGEI | VEM |
| Check 13540 | |
| JAN 12 2 | 205 U |

| Date of Notification (1) 1/7/15 | | | | | | Building C nn Wied | Owner/Ope | erator (| | Mech | JA | | 2 2 | 105 | | | |
|---|--------------------------------|--------------------------------|---|-------------------|----------------------------|-----------------------|---------------------------------------|--|--------------------|--|---------------------------------|---------------|-----------------|----------------|-------------|-----------|--|
| Agencies Notified | Type Notific | cation | | 5 | Street A | ddress | | | | | ASEES | TOR C | Q : | THE | L & | - Comment | |
| DEP × DOL | Ameni Ameni | dment # | | _ (| City, Sta | te, Zip Coo | de | | | F | | iUEN: | SINE | <u> </u> | | | |
| DOH DCA | justific | jency (ir ation) Ilation | iciuaing | 1 | Name of Maryai | Contact nn | - | | | | Telephone I | Viimhe | ĺ | | | | |
| Name of Facility Where | Abatement is | Taking | Place (3) |) | FACI | LITY INFO | RMATION | 1 | Type of F | acility (4) | | | | | | | |
| home Street Address | | | 722 124 | | | | | | Sub | ool (K-12) schapter 8 (C | | | ildie | | | | |
| 129 Parker Road | | | | | -700 744 | | | | etc. |) | te & comme | ercial D | | ldings, homes, | | | |
| City (5) Long Valley | | | | | | | | | Square F 2200 | 2 | 2 | | Bldg. Age 56 | | | | |
| County (6) Hackettstown | | | | | | Code (7) JSE ONLY) | | _ | Current (| Jse (Prior if | being demo | olished) | | | | | |
| Name of Monitoring Firm | Hired by Bu | ilding O | wner (8) | | ASCM | 1 No. | | | | nent Contrac mental Se | | LC | | | | | |
| Street Address | | | | | | | | | Address ox 483, | 4 E Gate | Drive | | | | | | |
| City, State, Zip Code | it. | | | | | | | | ate, Zip C | | | | | | | | |
| Project Manager for Mor | ct Manager for Monitoring Firm | | | | | | | | | | | | License No. | | | | |
| Start Date (10) 1/22/15 | | | Schedule 2/19/15 | | pletion l | Date (11) | N | Vame (| of OSHA | Monitor | | | | | | | |
| Occupancy Status Durin | g Abatement | (Check | Only On | e) | | | S | Street | Address | | | | | | | 1 | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ned Outside o | | | | | | | City, S | ate, Zip C | Code | | | <u></u> | | 15 | | |
| Scope of Work (Check A | II That Apply |) | . 12/21/10/20 | Company | | | | V 100 | | | | 31 - 2 | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | *************************************** | enovat emoliti | | | | × | Mini-E Glovel | ontainment v inclosure bag Procedu xempted (*) | ire | | | | | | |
| | | | 100 | Location Normall | | | | | 2006 | , and the contract of the cont | | | 100 | off - Junior | ment | | |
| Asbestos-Containing <u>TO BE AB</u> In Faci | 100 | | | | ly by nce/ | | tos Contair thermal sy surfacin | Description of Containing Material (ACM) rmal systems insulation, urfacing, VAT, or ner miscellaneous) | | | Amount (Specify SF or LF) | | | Repair | Encapsulate | Enclosure | |
| | | | Yes | No | N/A | | | | | | 05.15 | | 1 | | œ. | | |
| basem | ent | <u> </u> | | | X | | pipe in | nsula | tion | | 85 LF | X | + | - | | | |
| | | | | | | | | | | | 44 | | | | | | |
| * | | | | | | | | | | | | | | | | | |
| Name of Registered Wa Freehold Cartage | ste Hauler | | | Н | JDEP W auler ID 5959 | | Oubic Ya of Waste 10 | | 1 | lame of Reg TBD | istered Lan | atill | | | | | |
| City, State Freehold, NJ | | | | | | Disposal TBD | Date | C | City, State | | | | | | | | |
| Completed by A. Scott Higgins | | | Title Presi | dent/ | Owner | | Sig | nature | 1 | | _ | Date 1/7/1 | 5 | | 3 | | |

mo Lanvadiant

| n | p |
|-------|------|
| Print | Form |
| | 22. |

| Date of Notification (1) 01/07/15 | | | Building C w West | wner/Operato | or (2) | | JAN 12 | 2015 | No. | الل | | |
|---|---|----------------------------|--|---|----------------------|---------------------------------------|--|------------------|--------|-------------|-----------|--|
| Agencies Notified Type Notifie EPA Initial | cation | | Dean Stre | \$1.000 PM | | A | SBLSTOS SA | | L & | | - | |
| | dment # | | ite, Zip Coo wood, NJ | | | L. | LIGENS | 110 | | | ٦ | |
| DOH justific | gency (including cation) ellation | Name of | f Contact | | | | Telephone Nu | mber | | | | |
| Name of Facility Where Abatement is | Taking Place (3) | FACI | LITY INFO | RMATION | Туре | of Facility (4) | | | | | | |
| Andrew West Street Address | | | | | | School (K-12) | (Other than K-1 | 2) | | | | |
| 95 N Dean Street | | | | | × | Other (i.e. privetc.) | vate & commerc | ial build | | | s, | |
| City (5) Englewood | | | | | | re Feet | # of Floors | | ldg. A | ge | | |
| County (6) Bergen | | | Code (7) USE ONLY) | | Curre | ent Use (Prior | rior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Bu | uilding Owner (8) | ASCN | Л No. | 1 3000000 | | Abatement Contractor (9) patement | | | | | | |
| Street Address | | | | | et Addre | ss Street Sui | te A4 | | | | | |
| City, State, Zip Code | | | | 20000000 | | State, Zip Code h Bergen, NJ 07047 | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | License I | No. | | | | | | | |
| Start Date (10) 01/13/15 | Scheduled 0 01/14/15 | Completion | 201-293-6305 01223 pletion Date (11) Name of OSHA Monitor HILMAMM CONSULTING LLC | | | | | | | | | |
| Occupancy Status During Abatement | t (Check Only One) | | | Stree | et Addre | SS | | | - | | | |
| Facility Closed/Vacated During Abatement Performed Outside of Other – Describe: | Entire Period of Aba of Normal Facility Ho | tement ours | 1600 ROUTE EAST SUITE 107 | | | | | | | | | |
| Scope of Work (Check All That Apply | /) | | | | | 0.000 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ovation polition | | | × Min | ni-Enclosure ovebag Proce | nt with Negative dure (*) and Non-Fria | | | | | |
| | le l o | cation | | 4- | LI NO | in-Exempled |) and Non-Fria | DIE FIO | Abate | ment | | |
| Location of | Non | nally solely by | | Description | | | | - | Ту | ре | | |
| Asbestos-Containing Material (A0 TO BE ABATED In Facility (13) | Mainte Custodi | enance/ al Staff? 2) | | os Containing thermal syste surfacing, \ other miscell | ms insula VAT, or | ation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | |
| | Yes N | lo N/A | | | | | | | | fe | | |
| Basement | | | Ther | mal Syster | m insul | ation | 90 LF | X | | | | |
| | | | | | | - | | | | | | |
| | | _ | | | | | | - | | | | |
| Name of Registered Waste Hauler | | NJDEP V | Vaste | Cubic Yards | 3 | Name of R | egistered Landf | 11 | | | | |
| SAN TON SERVICES | | Hauler ID 22430 | No. | of Waste | | MEDOV | DOWLANCHES COMMISION | | | | | |
| City, State KENILWORTH, NJ | | | | Disposal Da | | City, State KEARN | | | | | | |
| Completed by Bryan Parra | Title Project Manager Signature | | | | | | | Date 01/07/15 | | | | |

CK 1536

| | | | | | | 76 | 1.1 | | | | | _ |
|-------------------------------------|---------------------------|-----------------|----------------------|--------------------------|--|------------------------|---------------------------------|----------------|--|---------|-------------|-----------|
| Date of Notification (1) 01/07/15 | | | | | Owner/Operator utions, Inc. | (2) | | J | AN 1 | 2 2 | 015 | |
| Agencies Notified | Type Notification | | Street | Address | | | 38 | | | | | |
| ⊠ EPA | | | 6 Du | imont Plac | ce | | | Emergence in a | E | | | _ |
| DEP | Amended | | H | State, Zip Co | | | | ASSA | LICEN | | | 3 |
| DOL | Amendmen | | Mor | ristown, N | J 07960 | | 1 | The Hardware | Description of the last of the | 12000 | 7 | |
| □ DOH | Emergency justification | | 2,399,330 | of Contact | | | | Telephone N | umber | | | |
| DCA | Cancellation | 1 | | Bersch | | | | | | 25 | | |
| | | DI (0) | FA | CILITY INFO | DRMATION | Type | of Facility (4) | | | | - | - |
| Name of Facility When | e Abatement is Takil | ng Place (3) | | | | | | | | | | |
| Street Address | | | | | | | School (K-12) Subchapter 8 (| Other than K- | -12) | | | |
| 57 Mt. Bethel Roa | ad | | | | | | Other (i.e. priva | ate & comme | cial build | ings, | nome | S, |
| | au | | | | | | etc.) re Feet | # of Floors | BI | dg. Ag | ge | _ |
| City (5) Warren | | | | | | 3,00 | | 2 | 1000 | 0+- | | |
| | | | Count | ty Code (7) | | | ent Use (Prior if | f being demol | ished) | 1100/10 | | |
| County (6) Warren | | | | E USE ONLY | | | nmercial Pro | | | | | |
| Name of Monitoring Fi | rm Hired by Building | Owner (8) | AS | CM No. | Name | | tement Contra | | | | | |
| N/A | o o j banang | - (~) | | proposition SOUTO field | 100000000000000000000000000000000000000 | | Contractor | | | | | |
| Street Address | | | | | Stree | t Addre | SS | | | | | |
| | | | | | 27 | Edsall | Drive | | | | | |
| City, State, Zip Code | | | | | City, | State, Z | ip Code | | | | | |
| | | | | | Sus | ssex, N | NJ 07461 | | | | | |
| Project Manager for M | Ionitoring Firm | | Telep | hone No. | | ohone N | | License | | | | |
| | | | | | | 3-864-2 | | 01137 | 7 | | | |
| Start Date (10) | | | Completi | on Date (11) | | | HA Monitor | | | | | |
| 01/17/15 | | 1/24/15 | | | | eriSci | | | | | _ | |
| Occupancy Status Du | ring Abatement (Che | eck Only One) | | | | et Addre | ss 30th Street | | | | | |
| ▼ Facility Closed/V | acated During Entire | Period of Aba | atement | | | (6)(() () () () () () | | | | | | |
| Abatement Perfo | rmed Outside of No | rmal Facility H | iours | | 1,000,000 | | ip Code k, NY 10016 | 3 | | | | |
| | | | | | INE | W TOIT | X, INT 10010 | , | | | - | _ |
| Scope of Work (Check | K All That Apply) | | | | | П - | | title Nlamatic | a Dranai | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 l | ıf. | | novation molition | | | | III Containment ni-Enclosure | t with Negativ | e Pressu | i e | | |
| 2 100 31 01 2200 1 | | | | | | | ovebag Proced | | iabla Das | | | |
| | | | | | | △ No | on-Exempted (|) and Non-Fi | lable Pro | | ement | |
| | | 100 | ocation | | | | | | | | ре | |
| | tion of | | rmally Solely by | Acho | Description stos Containing | | MOA) | Amount | | | m | |
| | ing Material (ACM) ABATED | Main | tenance/ | (i.e | thermal syste | | | (Specify | 70 | D | Encapsulate | Enclosure |
| | acility | 10135233550 | dial Staff? (12) | * | surfacing, \ other miscell | | | SF or LF) | Remova | Repair | nsdi | losu |
| (| 13) | - | | _ | Other miscen | aricous | | | <u>a</u> | - | late | ire |
| | | | No N | /A | | | | | | | | |
| Kitchen - | - 1st Floor | | X | | floor ti | les | | 225 S.F. | х | | | |
| Bedroom | - 1st floor | | x | | floor ti | les | | 225 S.F. | x | | | |
| A | ttic | | Х | | transite p | anels | | 36 S.F. | x | | | |
| Garage beh | ind residence | | x | | window g | lazing | | 6 windows | s x | | | |
| Name of Registered \ | | | NJDE | P Waste | Cubic Yards | | Name of Re | egistered Lan | dfill | , | | |
| Atlantic Carting | | | | r ID No. | of Waste | | G.R.O.W | V.S. | | | | |
| | | | 1907 | 13 | 30 Disposal Da | te | City, State | | | | | |
| City, State | | | | | on compl | | Morrisvil | le. PA | | | | |
| Wayne, NJ | | | | | The state of the s | Carrier other | // | , | Date | - | | |
| Marko Stankovic | Completed by Title | | | esident Signature Course | | | | 110 | 01/07 | /15 | | |
| IVIAI NO STATIKOVIC | | 1 16310 | 20111 | | VIUI. | ~ | 11 over | - | 30.99 | 9973. | | |



Emergency

| Date of Notification (1) 1/8/15 | - | | 100000 | ame of B J Tran | Building Own | er/Operator | (2) | | 10.7 | it II | | | | |
|---|--|---------------|--|--|---|--|---------------------------------|--|---------------------------|----------|---------|--------------|----------------|-----------|
| | Type Notification | | 332.5 | reet Add | iress nn Plaza E | East | 1 | | JAN | 1 2 | 2015 | | Ľ | 1 |
| EPA DEP DOL | Initial Amended Amendment | | | | , Zip Code , NJ 0710 | 5 , | 1 | | ASBESTO | 18 CC | 37R(| 11. & | T. Carrier Co. | |
| Ĭ DOH | Emergency (i justification) Cancellation | ncluding | 1 033 | ame of C | Contact | | | the state of settings | Telephor | ne Num | ber | | | J |
| | | | | FACILI | TY INFORM | ATION | | | | | | | | |
| Name of Facility Where Ab NJ Transit Wood Rid | | Place (3) | | | | | | of Facility (4) School (K-12) Subchapter 8 | 2) | n K.12) | | | | |
| Street Address 58 Passaic Street | | | | | | | | other (i.e. pr etc.) | ivate & con | nmercia | build | | | s, |
| City (5) Wood Ridge NJ 0705 | 57 | | | | | | 1000 | | # of Floo | | 35 | dg. Aq 5+ | je | |
| County (6) Bergen | | | | ounty Co | ode (7) SE ONLY) | | Currer | nt Use (Prio | r if being de | emolishe | ed) | | | |
| Name of Monitoring Firm F TTI Environmental | lired by Building (| Owner (8) | ASCM No. Name of Abatement Contractor (9) Pernaco Inc. | | | | | | | 16 | | | | |
| Street Address 1253 North Church S | reet Address 253 North Church Street | | | | | 1 | Addres | | | | | | | |
| City, State, Zip Code Moorestown NJ 0805 | 57 | | | | | | State, Zi st Berli | p Code n NJ 0809 | 91 | | | | | |
| Project Manager for Monito | ilies - | 0.500 | elephone | e No. 0-8800 | 100000000000000000000000000000000000000 | hone No 753-9 | | 1000000 | ense No 727 | | | | | |
| Start Date (10) 1/9/15 | | Scheduled | Comp | oletion D | ate (11) | Name | | A Monitor | | | | | | |
| Occupancy Status During | Abatement (Chec | k Only One) | | | | Street | Addres | is | | | | | | - |
| Facility Closed/Vacate Abatement Performer Other – Describe: nic | ed During Entire F | Period of Aba | ours | | | City, S | State, Zi | p Code | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | 2000 | | | | W. | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | (10) | novatio | | | | Mir Glo | l Containme ni-Enclosure ovebag Proc n-Exempted | edure | | | | 9 | |
| | | lala | cation | | | | | LXGIIIptoo | () 4,14 1.15 | | | Abate | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Use Mai Cust | | | | by be | (i.e. the | Descriptio Containing rmal system surfacing, Vaner miscella | Material ns insula AT, or | | Amou (Speci SF or L | ify | Removal | Ty Repair | e Encapsulate | Enclosure |
| 2nd Floor ha | allway | X | 1 | | F | loor Tile | Only | | 2200 | SF | x | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | 1 | | | | | |
| Name of Registered Wast | a Hauler | | NI | IDEP Wa | aste I C | ubic Yards | | Name of I | Registered | Landfill | | | | |
| United Containers | e Haulei | | На | uler ID I 459 | | f Waste | | G.R.O.\ | 20 | | | | | |
| City, State Elm NJ | | | | Disposal Date City, S 1/12/15 Morri | | | | | | | | | | *** |
| Completed by Anthony T Perna | Title Preside | | | | | | | | | | | | | |

VT IAN 1 2 201E

| Date of Notification (1) | 16/14 | | | Name o | of Building | Owner/Operator | (2) Cetrulo | (10) | 40 H LV | | | | |
|--|--|---------------|--------------------|--|-------------|--|--|---------------|-----------|--------|--------------|-------------|-----------|
| Agencies Notified | Type Notificat | ion | + | Street | Address | | . Actor | V T. C. F. F. | | | | | |
| ⊠ EPA | ☐ Initial | | | | | | 12 Canfield A | Vector | uiti -' | - 2 | | <u> </u> | _ |
| □ DEP | Amended Amendme | | | City, St | ate, Zip C | | rristown, NJ | 07960 | | | | | |
| ⊠ DOH | justificatio | n) | H | Name o | of Contact | | | Telephone | e Numbe | ٢ | | | \neg |
| □ DCA | ☐ Cancellation | on | - | | Mı | . Joe Cetrulo | | | | | | | |
| | | | | FAC | ILITY INF | ORMATION | | | | | | | |
| Name of Facility Where | | | | | | | Type of Facility | | | | | | |
| | R | esidentia | 1 | | | | School (K-12 | 8 (Other tha | an K-12) | | | | |
| Street Address | 12 C | anfield A | Ave. | | | | | | | | | | |
| City (5) | | 8 | | Square Feet # of Floors | | | | | | | g. Ag 100 | | |
| | Moi | rristown, | NJ | Cour | h. Cada / | 7\ /STATE | 8000 | rior if being | demolish | - | 100 | 1/- | - |
| County (6) | Morris | | | County Code (7) (STATE USE ONLY) Current Use (Prior if being of USE ONLY) | | | | | | | | | _ |
| | ame of Monitoring Firm Hired by Building Owner | | | | | | ment Contractor (9 | | | . T., | ~ | | |
| | Environmental Tactics | | | | | | vens Environi | nental S | ervices | s, in | ٥. | | = |
| Street Address | treet Address 64 Broad Street | | | | | Street Address | | 3ox 322 | 25 | | | | |
| City State 7in Code | 64 Broad Street | | | | | City, State, Zip (| | 7011 222 | | | | | - |
| City, State, 2ip Code | | | | | Allentow | n, NJ 08 | 501 | | | | _ | | |
| Project Manager for Mo | nitoring Firm | | | phone I | | Telephone No. | | License | | 100 | | 5-5 | |
| Tom | Geiger | | | |)-2217 | | 59-9688 | | 00 |)493 | _ | | |
| Start Date (10) | S | | | oletion Date (11) Name of OSHA Monitor MECS | | | | | | | | | |
| 9/26/14 Occupancy Status Duri | na Abstement (| | /30/ | | | Street Address | | | | | | | - |
| ☐ Facility Closed/Vaca | | | | | | | | 30x 341 | | | | | |
| Abatement Performs | ed Outside of No | ormal Facilit | y Hou | rs | | City, State, Zip | | | | | | | |
| Other - Describe: | 8am to 4pn | n | | | | | Crosswic | ks, NJ 08 | 3515 | | | | |
| Scope of Work (Check >3 sf or >3 lf >160 sf or >260 lf | all that apply) | | enovat emolitic | | | Mini-Er Gloveb | ontainment with Ne nclosure pag Procedure xempted (*) and N | | | e | | | |
| | | ls l | ocatio | on | | | | | | 1 | bater | | |
| Location | of | | omaliy i Solel | | | Description of | of | | | _ | Тур | e T | |
| Asbestos-Containing | Material (ACM) | Mai | ntenar ustodi: | nce/ | | tos Containing Ma , thermal systems | | Amou (Spec | | 71 | | E | ш |
| TO BE ABA | | | Staff? | | (1.6. | surfacing, VA7 | T, or | SF or L | | Remova | Repai | Encapsulate | Enclosure |
| (13) | | | (12) | | | other miscellane | eous) | | | val | Ħ. | ulate | ure |
| | | Yes | No | N/A | | | | | | | | | |
| 1st and 2n | d floors | × | × | | | nermal PipeIr | | 150 | sf | X | | | |
| | | | Re | moval on as | need basis | | | | | | | | |
| | | | | | | | | | | | | | |
| 2nd Fl | | | | VAT | | 740 | |)X | | | | | |
| Name of Registered Waste Hauler | | | | NJDEP Hauler II | | Cubic Yards of Waste | Name of Reg | | 7-3-4-5-1 | 1 (*11 | | | |
| Stevens Environmental Services, Inc. | | | | 18 | 292 | 4 CU | City, State | GROW | 5 Lan | dTIII | | | |
| City, State | Allentow | vn, NJ | | | | Disposal Date 4/30/15 | _/ City, State | Morri | sville, | PA | | | |
| Allentown, NJ Completed By Title | | | | | | Signature | 1() | / | Date | 12/3 | 1 /1 | 1 | |
| | | | | ct Ma | nager | | | | | 12/3 | 1/14 | <u> </u> | |

CK#24639

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

| Date of Notification (1) | | | | Na | me of Buildi | ng Owner/Operato | r (2) | | | | - 1 | | | |
|---|-----------------|------------|----------------------|---------------------------|--|--|----------------------|-----------------------|----------------|--------------|-------------|-----------|--|--|
| 9 | /16/14 | - | | Cetrulo I AM 1 2 2015 I U | | | | | | | | | | |
| Agencies Notified EPA | Type Notif | ication | | Str | Street Address 12 Canfield Ave. City, State, Zip Code Morristown, NJ 07960 LICENSMO Name of Contact Joe Cetrulo FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet # of Floors Bidg. Age 8000 3 100+/- County Code (7) (STATE Current Use (Prior if being demolished) ASCM No. Name of Abatement Contractor (9) Stevens Environmental Services, Inc. Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501 Idephone No. (32) 290-2217 (609) 259-9688 00493 Idephone (11) Name of OSHA Monitor MECS Street Address Street Address Name of OSHA Monitor MECS | | | | | | | | | |
| DEP | | ment # | | Cit | y, State, Zip | Code | misterm NII | ASBESTUS | UU VSINK | . H.O. | Á | | | |
| DOH DCA | Emerge justific | ation) | iding | Na | me of Conta | ct | IIIStOWII, 4NJ | | | | Div uE ++ | 2.200 | | |
| | 00.1001 | | | 1- | | | | | | | 100 | | | |
| Name of Facility Where | Ahatement is | s Taking P | lare (3) | | ACILITY IN | FORMATION | Type of Encility | (//) | | | | | | |
| reality of Facility villere | Abatement | Reside | | <i>I</i> | | | | | | | | | | |
| Street Address | 12 | Canfie | ld Av | e. | | | Other (i.e., p | private & commerc | 2) cial bui | ldings | š, | | | |
| City (5) | N | lorristo | wn N | IT | | | Square Feet | # of Floors | E | | 200 | | | |
| County (6) | Morris | .0111010 | ,,,,,, | C | | 7) (STATE | | | - ished) | | 017 | | | |
| Name of Monitoring Fire | | ilding Owi | ner | ASC | M No. | Name of Abater | nent Contractor (9 | 9) | | | | | | |
| | nmental T | actics | | - | | | vens Environ | mental Servic | es, I | nc. | | | | |
| Street Address | 64 Broa | d Street | | | | Street Address | PO I | 30x 322 | | | | | | |
| City, State, Zip Code | /Iatawan, I | VI 077 | 747 | | | City, State, Zip C | | m NI 08501 | | 6 | | | | |
| Project Manager for Mo | | | | elephor | ne No. | | | | | | | | | |
| | Geiger | | | | | (609) 25 | (609) 259-9688 00493 | | | | | | | |
| Start Date (10) 9/26/14 | | Schedule | | pletion 1/14 | Date (11) | Name of OSHA | | IECS | | 41 | | | | |
| Occupancy Status Duri | _ | | | | | Street Address | | . 200 | | | | | | |
| ☐ Facility Closed/Vaca ☐ Abatement Performe | | | | | t | 30x 341 | | | | | | | | |
| Other - Describe: | 8am to 4 | :pm | icinty i i | Juis | | ks, NJ 08515 | | | 8 | | | | | |
| Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | all that apply) | |] Renov] Demol | | | ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| | | | Is Loca Norma | | | | | | 1 | Abate Typ | | | | |
| Location Asbestos-Containing | | | sed So Aainten | | Ashes | Description of tos Containing Mat | regial (ACM) | Amount | - | | | | | |
| TO BE ABA IN Facilit (13) | TED | | Custo Staf (12 | dial f? | | thermal systems i surfacing, VAT, other miscellaneo | nsulation, or | (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| | | Ye | es N | o N// | 4 | | | | | | ılate | ଜି | | |
| 1st and 2nd | floors | | × | | | ermal Pipe Ins | | 150 lf | × | | | | | |
| | | | | | Rem | oval on as nee | | | | | | | | |
| | | | | | | Wrap & C | ut | | | | | | | |
| Name of Registered Wa | ste Hauler | | | NJDEF | Waste | Cubic Yards | Name of Regis | stered Landfill | | | | | | |
| | | | | | ID No. 3292 | of Waste 3 CU | The gir | T.R.R.F., I | nc . | | | | | |
| City, State Allentown, NJ | | | | | 0000 | Disposal Date 12/31/14 / | City, State | | | | | == | | |
| Completed By Title | | | | | | Signature/ | 17/ | Tullytown, Date | | | | - | | |
| Mahlon E. Ste | evens | | Proje | ct Ma | inager | | | | 9/16 | 5/14 | | | | |

MAR 00

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1-5-15 Street Address Type Notification Agency Notified leified @ D EPA City, State, Zip Code ASBESTOS CONTROL & ☐ Amended O DEP FANECK Amendment# A DOL Telephone Number Emergency (including Name of Contact justification) B DOH ☐ Cancellation D DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) LOEB School (K-12) ☐ Subchapter 8 (Other than K-12) P Other (i.e. private & commercial buildings, Street Address homes, etc.) # of Floors Bldg. Age Square Feet 4 72.2 75 YRS City (5) 800 EAWECK Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) KES IDENCE ONLY SERGEN Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code 07601 Hackensack, N.J. License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00388 201-329-7444 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental -20-15 1-19-15 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours 8AM S. Hackensack , N.J. 07606 TO Other - Describe: Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Renovation Mini-Enclosure @23 sf or 23 ff ☐ Demolition — ■ Glovebag Procedure 12 160 sf or ≥ 260 F ☐ Non-Exempted (*) and Non-Friable Procedure Abatement is Location Type Nomaliv Description of . Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapaulate Containing Material (ACM) Maintenance/ (Specify Removal Rephir TO BE ABATED (i.e., thermal systems insulation, Custodial SF or LF) IN Facility surfacing, VAT, or Staff? other ariscellancous) (13) (12)No NA LF 105 THERMAL INSULATION BASEMENT Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauter NJDEP Waste Haufer

Best Removal Inc Minerva Enterprises ,LLC 17109 City, State Disposal Date City, State -20-15 Waynesburg, Oh, 44688 Hackensack , N.J. 07601 Completed by Title P. Vellran R. VELDRAN Estimator ASB-41

Do not use this form for asbestos licensure exempted activities.

(K 2202

| | | | | | | | | | | | 1.20 | | | |
|----------------------|-----------------------|-----------------------|------------------------|-------------|---------------|-----------------|---------------------------------|-------------------|---|-------------|---|-------|---------|--------|
| Date of Notification | | | | | | | Owner / Operator | (2) | | | | | | |
| | 1-08-2015 | | | | | Cenevil, | Jr. | 201 | 15 JAN 12 | PM (| 3. " | | | |
| Agencies Notified | Type Notifica | ition | 5 | Stree | t Add | ress | | | - Aug 15 | | 3. 6 | 1 | | |
| | 1 | | 1 | 65 0 | Grand | Avenue | 9 | | | | | | | |
| ☐ DEP | | | (| City, S | State | & Zip C | ode | AU | & LICEN | PHAT | 00 | 1 | | |
| □ DOL | ☐ Amen | ded | E | Engle | ewoo | d, NJ C | 7631 | | & LICEL | Ellio | 110 | L. | | |
| | | gency | | | | ontact | | | W LILL! | Teler | hon | e Ni | ımbe | er |
| □ DOH □ DCA | | ellation | | | | (enevil, | Jr. | | | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | | - 8 | - 55 | | | | - i. | _ | | | |
| Name of Engility M | bara Abatama | ent in Taking Di | 000 /2 | | ACILI | IY INF | ORMATION Type of Facilit | o. (4) | | | | | | |
| Name of Facility W | nere Abateme | in is raking Pi | ace (s |) | | | | | | | | | | |
| Ot 1 A -1-1 | | _ | | | | | School (K | | - K 40) | | | | | |
| Street Address | | | | | | | | er 8 (Other than | | | | 17 53 | | |
| 34 Williams Street | 2012 | | | | | | | . private & com | | | | | (C.) | - / 20 |
| | | | | | | | Square Feet | # of Floo | | Bldg. | | | | |
| City (5) | | County (6) | Co | unty | Code | (7) | 2,000 | | asement | | | 96 | | |
| Bergenfield, NJ | | Bergen | | | | | Current Use (I | Prior if being de | emolished) | | | | | |
| 330 63 | | | | | | | Residential | **** | 68 | | | | | |
| Name of Monitoring | Firm Hired b | y Building Owr | er (8) | | AS | CM No. | Name of Abat | ement Contract | tor (9) | | | | | |
| Health and Safety S | Services | | | | 111 | 7 | Resource Mar | nagement Grou | p, LLC | | | | | |
| Street Address | | | | | | | Street Addres | S | *************************************** | | | | | |
| P.O. Box 365 | | | | | | | 2115 Hamilton | n Ave, Suite 20 | 2 | | | | | |
| City, State & Zip Co | nde | | | | | | City, State & Z | | | | | | | |
| Berlin, NJ 08009 | | | | | | | Trenton, NJ 0 | | | | | | | |
| Project Manager fo | r Monitorina F | irm | Telep | hone | e Num | ber | Telephone Number License Number | | | | | | | |
| Mr. Jim Proctor | 3 | | 856-4 | | | | 609-977-6159 01185 | | | | | | | |
| Scheduled Start Da | ate (10) | Scheduled Cor | npletic | n Da | te (1 | 1) | Name of OSHA Monitor | | | | | | | |
| 1/22/201 | | 2/5/2 | | | , | | nental Laborato | ries, Inc. | | | | | | |
| Occupancy Status | During Abater | nent (Check or | nly one | ∋) | | | Street Address | | | | | | | |
| | sed/Vacated [| During Entire P | eriod (| of Ab | atem | ent | 2333 Route 2 | 2 West | | | | | | |
| | Performed Di | uring 1st Shift | | | | | City, State & 2 | Zip Code | | | | | | |
| | 10:00am to 6 | | | | | | Union, NJ 070 | | | | | | | |
| | cupied During | | | | | | | | | | | | | |
| Scope of Work (Ch | | | | | | | - | | | | | | | |
| A 10 00 Mean | | | | | | | | | tainment with | Negat | tive | Pres | sure | |
| □ ≥3 sf or ≥3 | If | | | Re | novat | ion | | ☐ Mini-Enc | | - T | | | | |
| ≥160 sf ≥26 | 50 If | | $\overline{\boxtimes}$ | De | moliti | าก | | ☐ Glove Ba | ag Procedure | es. | | | | |
| | | | | | | | | | mpted and N | | ahle | Pro | edu | re |
| 1 | ocation of | | le l | Loca | tion | T | Description | | Amount | | - | | ent T | |
| | tos-Containin | a | 1000000 | | Used | | Asbestos-Cont | | (Specify | | nua | CITIC | anc i | ype |
| | terial (ACM) | 9 | | olely | | | Material (AC | | SF or LF | | | | ш | |
| | | | | | | . | | | SF OF LF | 1 | 20 | ਸ | Enca | Encl |
| | BE ABATED in Facility | | | | nce of | | (i.e., thermal sy | | | | Removal | Rep | ag | cls |
| 3 | | | Cusi | | | | insulation, surfac | | | - | 70 | pair | JSC | soure |
| | (13) | | Voc | (12) | | - | or other miscella | arieous) | | | <u>a</u> | | apsulat | - G |
| | | | Yes | No | N/A | , | | | | | | _ | | _ |
| Bedroom #1 | | | | \boxtimes | | | Textured ceilin | | 154 SF | | \boxtimes | Ц | Ц | |
| Bedroom #2 | | | | | | | Textured ceiling | | 100 SF | | | Ш | | Ш |
| Kitchen | | | | \boxtimes | | | Plaster Base | | 2,925 SF | | | | | |
| Room #1 | | | \boxtimes | | 10 | Pipe Wra | | 4 LF | | \boxtimes | | | | |
| Exterior | | | \boxtimes | | | Exterior Sid | ing | 378 SF | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registere | d Waste Haul | er | | N. | JDEP | Waste | | Name of Regis | stered Landfi | ill | | | | |
| | | | | H | auler | ID No. | of Waste | | | | | | | |
| Resource Manager | | 00 | 3521 | 8 | TBD | Grows Landfill | | | | | | | | |
| City, State | | | | | Disposal Date | City, State | | | | - | | | | |
| Trenton, NJ | | | | | TBD / | Morrisville, PA | in the second | | | | | | | |
| | | | 41 - | | | 1 | 1 | 10 | | | | | | |
| Completed By (Prin | | Title Si President | | | nt | Signature | ture Date 01/08/2015 | | | | | | | |
| Mr. Brian J. Haney | | | | PI | eside | a IL | | $H_{N} = IJ$ | 11111 | 01 | 100/ | 201 | , | |
| | | | | | | | | V/1 // | 147 | | | | | |

Print Form

| 11- | 1 - | . 1 | | |
|-----|-----|-----|-------|----|
| CH | 12 | # | 11 | 21 |
| , | | 1 | , 1 1 | 1 |

| ate of Notification (1) | | | Na No | me of Bu ovus fin | ilding Own e chemic | er/Op cals | perator (| 2) | e tan | 12 1 | M 9: 36 | | | 12 | | |
|--|---|----------------------|--|----------------------------------|------------------------|---|--|---|------------------------|-----------------------------------|----------------------------|-------------|-------------|-------------|-----------|--|
| gencies Notified | Type Notification | 4 | Str 50 | reet Addre | ess vood Roa | ad S | uite#2 | 05 | (0 -) | | | 03 | | | | |
| EPA DEP DOL | Initial Amended Amendmen | t# | Cit | ty, State, outh Pla | Zip Code ainfield N | 17 0. | 7080 | | 39 | 17.1 | | | | | | |
| DOH | Emergency justification Cancellatio | (including | | ame of Co | | | | | | Tele | ohone Numb | er | | | | |
| DCA | Cancellatio | 11 | | | Y INFORM | IATI | ON | | | | | | | | - | |
| Name of Facility Where Former Novus fine Street Address 426 Orchard stree | Chemicals | | ⊋† | | | | | Sch Sut | er (i.e. pri | (Othe | r than K-12) commercial | buildin | gs, ho | omes, | | |
| City (5) | - | Dioad Street | | | | | | Square 60000 | | # of 2 | Floors | Bldg +50 | g. Age) | 2 | | |
| Carlstadt New Jer | sey | | С | ounty Co | de (7) | | | Current | Use (Prior | if beir | ng demolishe | ed) | | | | |
| Bergen County | Line d by Buildin | a Owner (8) | (5 | ASCM N | EONLY) _ | | Name | of Abater | icals Pla ment Cont | ractor | (9) | | | | | |
| Name of Monitoring Fin/a | m Hirea by Bullain | g Owner (6) | | n/a | | | | go Envi | ironmen | t LLC | | | | | _ | |
| Street Address n/a | | | | | | | 339 | Lafayet | te Street | t | | | | | _ | |
| City, State, Zip Code | | | | | | | City, S New | State, Zip vark NJ | Code 07015 | 7015 | | | | | | |
| n/a Project Manager for M | lonitoring Firm | | 1 | Telephone | e No. | | 100000000000000000000000000000000000000 | hone No. -491-08 | 77 | | License No 01240 |). | | | | |
| n/a Start Date (10) | | 1000000 | d Completion Date (11) | | | | | e of OSHA | | Corn | | | | | | |
| 1/7/2015 | i Aletament (Cl | 2/15/20 |)15 J | | | | | J&S Environmental Corp Street Address | | | | | | | | |
| Occupancy Status Du X Facility Closed/\(\) | acated During Enti | re Period of A | batem | ent | | | 28-00-07-00-00 | 2333 Route 22 West City, State, Zip Code | | | | | | | | |
| Abatement Perfo | rmed Outside of N | ormal Facility | Hours | | | _ | Union NJ 07083 | | | | | | | | | |
| Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260 | | | enova emolit | | | Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pr | | | | | | | | | | |
| | | 1 | 1 4 | ion | | | | Nor | -Exemple | u ()a | na Non-i na | 1 | Abate Ty | ement | | |
| Asbestos-Contain TO BE In F | ation of ning Material (ACM ABATED acility (13) |) Use | Locati Normal d Sole intena todial ((12) | lly ely by ince/ Staff? | Asbesti (i.e. 1 | os Co therm | nal syste facing. \ | Material ms insula | (ACM) tion, |) Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | 200 | attach | ements | | | | x | | | - | |
| see atta | chements | | | X | | 566 | allaci | emonto | | | | | | | | |
| | | | | | | | | | | - | | + | - | - | | |
| Name of Registered | | | | NJDEP V Hauler ID | | of \ | bic Yard Waste | | (Accessed | | stered Landf ehem land | | | | | |
| Newark Carting City, State | Inc | | 04509 180 ya | | | | Disposal Date City, State 2335 Applebutter Rd Bethleher | | | n PA | 4 | | | | | |
| Po Box 5670 Ne | wark NJ 07105 | Title | | | | | Signa | iture/ | 2335 | Appie | 1 | Date | | | | |
| Completed by Carlos Gomes | | President 12/31/2014 | | | | | 4 | | | | | | | | | |

Dinago Environment LLC. Asbestos and Lead Abatement –Inspections Air sampling for Asbestos

339-Lafayette Street, Newark, NJ 07105 Tel (973) 491-0877 Fax (973)522-1036

RE: Former Novus Fine Chemicals 426 Orchard Street and 411-413 Broad street Carlstadt NJ

Asbestos material to be removed from the above location

| Buildings | ACM Material | <u>Quantities</u> |
|---|---|----------------------------------|
| Building #1 Roof Roof Exterior Exterior | roofing material roof flashing doors caulking window caulking | 1400SF 400SF 100LF 30LF |
| Building #2 Roof | roofing material | 3000SF |
| Building #3 Roof | roofing material | 960SF |
| Building #4 Roof Roof | roofing material roof flashing | 1200SF 280SF |
| Building #5 Roof | roofing material | 1700SF |
| Building #6 First floor Roof | pipe insulation roof material | 2LF 850SF |
| Building #7-8-9 Interior bldg#9 Interior bldg.#8 Interior bldg.#7 | floor asbestos debris tank insulation acm debris window glazing 4 windows | 950SF 200SF 100LF |
| Exterior of building Building#7 Building#7 | roof material roof parapet walls | 1700SF 900SF |

| Building#7 Building#8 Building#9 | tar flashing roof material roof material | 50LF 1750SF 1970SF |
|--|--|--|
| Building # 11-12-13-14-15 a Building#11 Building#15 Building#15 | black tar parapet walls roof material under metal cap tar material under metal cap parapet walls | 400SF 120SF 200SF 400SF |
| Building#17-18 Building#17/18 Roof | roof transite roofing material/flashing | 1000SF 2750SF |
| Building#20 boiler house Roof | tar on brick | 300SF |
| Roof | roof material | 3000SF |
| Roof | pitch pockets | 10SF |
| Roof | flashing north | 350SF 350SF |
| Roof Interior | flashing south pipe insulation | 50LF |
| Exterior | canopy transite roof | 500SF |
| Exterior | canopy transite root | 50001 |
| Building #22/24 | | |
| Exterior | window glazing (5) | 100LF |
| | 0 111 | 400CE |
| Roof | roof wall between north and south | 400SF |
| Exterior | window glazing (5) | 100LF |
| Exterior Exterior | window glazing (5) door caulking (2 doors) | 100LF 50LF |
| Exterior Exterior Roof 22/24 | window glazing (5) door caulking (2 doors) flashing | 100LF 50LF 400SF |
| Exterior Exterior | window glazing (5) door caulking (2 doors) | 100LF 50LF |
| Exterior Exterior Roof 22/24 Roof 22/24 | window glazing (5) door caulking (2 doors) flashing | 100LF 50LF 400SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 | window glazing (5) door caulking (2 doors) flashing shingles and roof fields | 100LF 50LF 400SF 1200SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) | 100LF 50LF 400SF 1200SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing | 100LF 50LF 400SF 1200SF 100LF 300SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) | 100LF 50LF 400SF 1200SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar | 100LF 50LF 400SF 1200SF 100LF 300SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof Roof | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar nd development building roofing material | 100LF 50LF 400SF 1200SF 100LF 300SF 300SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof Roof Building#23 old research a Roof Roof | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar nd development building roofing material roof flashing | 100LF 50LF 400SF 1200SF 100LF 300SF 300SF 2000SF 600SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof Roof Building#23 old research a Roof Roof roof | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar nd development building roofing material roof flashing roof tar | 100LF 50LF 400SF 1200SF 100LF 300SF 300SF 2000SF 600SF 400SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof Roof Building#23 old research a Roof Roof | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar nd development building roofing material roof flashing | 100LF 50LF 400SF 1200SF 100LF 300SF 300SF 2000SF 600SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof Roof Building#23 old research a Roof Roof Roof Main roof | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar nd development building roofing material roof flashing roof tar | 100LF 50LF 400SF 1200SF 100LF 300SF 300SF 2000SF 600SF 400SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof Roof Building#23 old research a Roof Roof Roof Main roof Building#25&33 | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar nd development building roofing material roof flashing roof tar roof core | 100LF 50LF 400SF 1200SF 100LF 300SF 300SF 2000SF 600SF 400SF 600SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof Roof Building#23 old research a Roof Roof Roof Main roof Building#25&33 Interior bldg#33 | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar nd development building roofing material roof flashing roof tar roof core white stucco wall material | 100LF 50LF 400SF 1200SF 100LF 300SF 300SF 2000SF 600SF 400SF 400SF |
| Exterior Exterior Roof 22/24 Roof 22/24 Building #22 Exterior Roof Roof Building#23 old research a Roof Roof Roof Main roof Building#25&33 | window glazing (5) door caulking (2 doors) flashing shingles and roof fields window glazing (5windows) roof flashing shingles roof felt, tar nd development building roofing material roof flashing roof tar roof core | 100LF 50LF 400SF 1200SF 100LF 300SF 300SF 2000SF 600SF 400SF 600SF |

Building#26

Roof Roof flashing roof tar on parapet walls roof flashing

680SF 340SF

Buildings #26/28/29/39/31

Roof

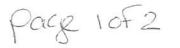
roof material

9000SF

Any question please feel free to contact us thank you

Carlos Gomes

President





| Date of Notification (1) | | | | | Name | of Building | Owner/Operator (2 | 2) | | | 7 T.S. | | - | | | | | |
|---|------------------|---------|--------------|---|--|---|---|--|--------------------|-------------|--------|-------------|-----------|--|--|--|--|--|
| 01/ | 07 / | 15 | | | moreous annesses | en anno anno anno anno | nstruction Com | | | | | | | | | | | |
| Agencies Notified ⊠ EPA | Type Notific | cation | | | | Address V Park A | venue | | 2015 JAN | 12 F | M Q | | | | | | | |
| ☑ DEP | ☐ Amende | | | | City, S | tate, Zip C | Code | | | | 1 2 | 200 | | | | | | |
| □ DCA (NJAC 5:16) □ DHSS | Amendr Emerge | | cluding | | Vine | eland, N. | J 08360 | | Section 1 | | 100 P | | | | | | | |
| ☐ DCA | justifica | tion) | Jiaamig | | Name | of Contact | t | | Telephone Nu | ımber | | 8 | | | | | | |
| (NJAC 5:23-8) | ☐ Cancella | ation | | | Tim | France | | | | | | | | | | | | |
| | | | | | FAC | CILITY IN | FORMATION | | | | | | | | | | | |
| Name of Facility Where A | Abatement is | Taking | Place | (3) | 11000000 | | | Type of Facility (| 4) | 70.00 | | | | | | | | |
| Victory Refrigeration | on | | | | | | | ☐ School (K-12 | | | | | | | | | | |
| Street Address | | | | | | | | ☐ Subchapter 8☑ Other (i.e., pr | | | dinas | | | | | | | |
| 110 Woodcrest Roa | ad | | | | | | | homes, etc.) | ivate & comme | roiai bui | unige | , | | | | | | |
| City (5) | | | | | | | | Square Feet | # of Floors | E | ldg. A | \ge | | | | | | |
| Cherry Hill | | | | | | | | 233,000 | 1 | | 50+ | | | | | | | |
| County (6) | | | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being dem | olished) | | | | | | | | |
| Camden | | | | | | | | Warehouse | | | | | | | | | | |
| Name of Monitoring Firm | | |)wner (| 8) | ASCM | | Name of Abateme | | | | | | | | | | | |
| West Chester Envi | ronmental | LLC | | | 0268 | | | ntbach Constru | action Corpo | ration | | | | | | | | |
| Street Address | | | | | | | Street Address | ٠ | | | | | | | | | | |
| 307 N Walnut Stree | t | | | | 500 East Luzerne Street City, State, Zip Code | | | | | | | | | | | | | |
| City, State, Zip Code | 40200 | | | | | | | | | | | | | | | | | |
| West Chester, PA Project Manager for Mon | | | | Tolo | ephone I | Philadelphia, PA 19124 No. Telephone No. License No. | | | | | | | | | | | | |
| Matt Abraham | illoring Film | | | | 10.431. | | Telephone No. 215-739-8166 | | 00646 | | | | | | | | | |
| Start Date (10) | 1 | Sched | uled C | | tion Dat | | Name of OSHA N | | 00040 | | - | | | | | | | |
| 01/22/ | 15 | | | | 1/ | | SAME AS AB | | | | | | | | | | | |
| Occupancy Status During | N | | | | | | Street Address | | | | | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | | 0000 | | | | | | | | | | | | |
| Abatement Performed Time of Abatement: 7 | | | | | | cribe | City, State, Zip Co | ode | | | | | | | | | | |
| Scope of Work (Check al | Il that apply) | | | | | | ☐ Full Cont | tainment with Neg | rative Pressure | | | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | □ Re 図 De | | | | ☐ Mini-End ☐ Gloveba | | | dure | | | | | | | | |
| | | | Is | Loca | tion | T | ⊠ No⊓-Lxe | Impled () and No | II-I Hable I Tocc | | hater | nent T | vne | | | | | |
| Location | | | | Norma | ally ely by | 100000000 | Description of | | | | T | T | T | | | | | |
| Asbestos-Containing TO BE ABA | | M) | 100 | intena | | | stos Containing Ma rmal systems insula | | Amount (Specify | Remova | Repair | Encapsulate | Enclosure | | | | | |
| IN Facili | | | Cus | todial (12) | Staff? | (1.0., 110 | VAT, or | | SF or LF) | lova | air | psu | uso | | | | | |
| (13) | | | Yes | No. | N/A | - | other miscellane | ous) | | | | late | ē | | | | | |
| Manufacturing Section | on | | | \boxtimes | | 2" Pipe | Insulation | | 450 lf | × | | | | | | | | |
| Manufacturing Section | on | | | \boxtimes | | 4" Pipe | Insulation | | 265 If | \boxtimes | | | | | | | | |
| Entire 2 nd Flr & Restr | ooms | | | \boxtimes | | Grey Fl | oor Tile & Black | Mastic | 5,000 sf | \boxtimes | | | | | | | | |
| Various Throughout | Building | | | \boxtimes | | Red Fir | e Door | | 4 ea | | | | | | | | | |
| Name of Registered Was | ste Hauler | | | 0.117 | NJDEP N | | Cubic Yards of | Name of Regis | tered Landfill | 11 | | | , | | | | | |
| Diamond Huntbach | or Service | Tran | sport | | 19689 | 0/20990 | Waste 100 | Minerva | | | | | | | | | | |
| City, State Philadelphia, PA 19 | 9124 / New | Castle | e. DE | Disposal Date City, State Waynesburg, OH 44688 | | | | | | | | | | | | | | |
| Completed By (Print or T | | Title | | | Signature Date , | | | | | | | | | | | | | |
| Wayne Huntbach | ,,,, | 7233300 | ; roject | Man | ager | | 1, 1 | 1 | | 1/ | 17/15 | | | | | | | |
| | | | . 0,000 | ···· | 2901 | ager Way No | | | | | | 11 | | | | | | |



CK# 23038

| Date of Notification (1) | | | Name | of Buildin | g Owner/Operator (| 2) | 17.5 | î | | | | |
|---|--|-------------------|--|---------------------------|--------------------------------|---------------------------------|-----------------------|-----------|--------|-------------|-----------|--|
| 01/07/ | 01 / 07 / 15 Vineland Construction Company | | | | | | | | | | | |
| Agencies Notified Type Notific | ation | | Street | Address | | 2015 34 | 112 BM C |). ee | | | | |
| | | | 71 | W Park A | venue | -2 | , 15 PH 3 |). 10 | | | | |
| ☑ DEP ☐ Amended | | | City, S | State, Zip (| Code | 1 6 | 1745 300 | | | | | |
| ☑ DCA (NJAC 5:16)☑ DHSS☑ Emergen | | - 0 | Vin | eland, N | J 08360 | | | 1. | | | | |
| ☐ DCA justificati | on) | 9 | Name | of Contac | t | | Telephone Nu | ımber | 0.000 | 120-11-11-1 | | |
| (NJAC 5:23-8) | tion | | Tim | France | | | | | | | | |
| | | | FA | CILITY IN | FORMATION | | | | | | | |
| Name of Facility Where Abatement is | Taking Plac | e (3) | | | | Type of Facility (| (4) | | | | | |
| Victory Refrigeration | | | | | | School (K-12 |) | | | | | |
| Street Address | | | | | | Subchapter 8 | | | al: | | | |
| 110 Woodcrest Road | | | | | | Other (i.e., pr homes, etc.) | ivate & comme | iciai bui | umgs | • | | |
| City (5) | | | | | | Square Feet | # of Floors | Е | ldg. A | ge | | |
| Cherry Hill | | | | | | 233,000 | 1 | | 50+ | | | |
| County (6) | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demo | olished) | | | | |
| Camden | | | | | | Warehouse | | | | | | |
| Name of Monitoring Firm Hired by Build | - | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | |
| West Chester Environmental L | LC. | | 0268 | 3 | Diamond Hur | ntbach Constru | action Corpor | ration | | | | |
| Street Address | | | | | Street Address | | 19 | | | | | |
| 307 N Walnut Street | | | | | 500 East Luz | erne Street | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | ode | | | | | | |
| West Chester, PA 19380 | | | | | Philadelphia, PA 19124 | | | | | | | |
| Project Manager for Monitoring Firm | | Tel | ephone | No. | Telephone No. License No. | | | | | | | |
| Matt Abraham | | 1 100 | 10.431 | | 215-739-8166 00646 | | | | | | | |
| | Scheduled (| | | 250 37 | Name of OSHA Monitor | | | | | | | |
| | | | 1_/ | 15 | SAME AS AB | OVE | | | | | | |
| Occupancy Status During Abatement (| | | | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacated During Enti | | | | 7 | | | | | | | | |
| Abatement Performed Outside of Notice of Abatement: <u>7</u> AM- <u>4</u> PM/ | | | | cribe | City, State, Zip Co | ode | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | W =21 | | | | | |
| ≥3 sf or ≥3 lf | □R | enovat | ion | | ☐ Full Cont | tainment with Neg losure | ative Pressure | | | | | |
| ≥160 sf or ≥260 lf | ⊠D | emoliti | on | | ☐ Glovebag | g Procedure | V201 WV 102 | 18 | | | | |
| | | s Loca | tion | | | mpted (*) and Nor | n-Friable Proce | | | | • | |
| Location of | | Norma | ally | | Description o | ıf | | A | patem | ent T | T | |
| Asbestos-Containing Material (ACN | () | ed Sol aintena | ely by | | stos Containing Ma | terial (ACM) | Amount | Rei | Repair | E | E | |
| TO BE ABATED IN Facility | | stodial | Staff? | (i.e., the | rmal systems insula VAT, or | ation, surfacing, | (Specify SF or LF) | Removal | Dair | aps | Enclosure | |
| (13) | Yes | (12) No | N/A | - | other miscellane | ous) | 152 053 53 <i>0</i> | <u>n</u> | | Encapsulate | лге | |
| Exterior | l les | No | IN/A | 366 Wii | ndows Caulk | | 366 ea | | + | | | |
| Rooftop | | | 1 | | Roof Flashing | | 3500 lf | | + | H | | |
| Roofing - Area C | $\dashv \exists$ | | | 1 | | | | | | | | |
| 7,100 | $\dashv \exists$ | | | Layered Roofing 25,900 sf | | | | | | | | |
| Name of Registered Waste Hauler | | | NJDEP Waste Cubic Yards of Name of Registered Landfill | | | | | | | | | |
| Diamond Huntbach or Service | Transpor | | Hauler II | O No. | o. Waste Minerya | | | | | | | |
| City, State | 1000 | | 19689 | 9/20990 | 100 Disposal Date | City, State | | | | | | |
| Philadelphia, PA 19124 / New 0 | Castle, DE | | | | Dioposai Date | 100 | rg, OH 44688 | 4688 | | | | |
| Completed By (Print or Type) | Title | | | | Signature | | | Date , | - | | | |
| Wayne Huntbach | Projec | t Man | ager | | 11/2 | 1 - | | | 7/1 | 5 | | |
| Wayne Huntbach Project Manager Wm 1/7/15 | | | | | | | | | | 17 | | |

CK 1893

| Date of Notification (1) January 8, 2015 | Name of Building Owner/Operator (2) DaVanne Realty Co. 19-25 Columbia St. Corp //pe Notification Street Address | | | | | | | | | | | | | | |
|--|---|---------------------------|---------------------|---|---------------------------|---------------------|---|-------------------------------------|---------------------|---------------------------------|---------------|--------|-------------|-----------|--|
| | ype No | tification | | | | | Suite 510 | | -5246 4 | | | | | | |
| EPA DEP DOL | 1100000 | ial ended endment # | • | | | Zip Code ange, N | | | p Z | | 1 | * : | | | |
| X DOH | Em | ergency (ind | cluding | N | lame of C | ontact | | | | Telephone Num | hor | | | | |
| DCA E | Ca | ncellation | | - | | delbaun | | | | | | | | | |
| | | () T -12F | 21 (2) | | FACILI | TY INFOR | MATION | Type of | Facility (4 |) | | - | | | |
| Name of Facility Where About Warehouse Building | atemer | it is Taking F | Place (3) | | | | | ☐ Sc | hool (K-12 | | .) | | | | |
| Street Address 140 Spring Street | | | | | | | | × Ot etc | her (i.e. pr c.) | ivate & commercia | al build | | | s, | |
| City (5) New Providence | | | | | | | | Square 40,000 | 0 | # of Floors | 4 | dg. A | ge | | |
| County (6) Union | | | | | County Co | | | Current | Use (Prio | r if being demolish | ned) | | | | |
| Name of Monitoring Firm H | lired by | Building Ov | vner (8) | | ASCM I | No. | | | ment Conf | ractor (9) rporation | | | | | |
| Sky Environmental S Street Address | ervice | es Inc. | | | | | Stree | t Address | | | | | | - | |
| 140 Boulevard | | | | | | | | Watchu State, Zip | ung Aver | nue | | | | | |
| City, State, Zip Code Mountain Lakes, NJ | 07046 | 5 | | | | | We | st Orang | ge, NJ 0 | | | | | | |
| Project Manager for Monitor Leonid Shereshevsky | | irm | | | Telephon 973-588 | | | ohone No. -669-29 | | License N 01231 | 10. | | | | |
| Start Date (10) January 9, 2015 | | | Scheduled | | pletion D | ate (11) | | e of OSHA | | ries Global, In | c. | | | | |
| Occupancy Status During | Abater | | | | | | Stree | Street Address | | | | | | | |
| Facility Closed/Vacat | | | | | nent | | | 2512 W. Cary Street | | | | | | | |
| Abatement Performe Other – Describe: | d Outsi | de of Norma | al Facility | Hours | 5 | | 100000000000000000000000000000000000000 | State, Zip hmond, | Code VA 232 | 20 | | | | | |
| Scope of Work (Check All | That A | pply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ., | | enova emolit | | | | × Mini | i-Enclosure | | | | re | | |
| | | | T | 000 | | | | | | | | | temen | it | |
| | | | /1 | Locat orma | 0.00 | | | | | | | Т | уре | | |
| Location Asbestos-Containing I TO BE ABA In Facilit (13) | Materia <u>(TED</u> | I (ACM) | Used Mai Cust | d Sole ntena odial (12) | ely by ince/ Staff? | Asbesto (i.e. t | Description Containing thermal system surfacing, other miscel | g Material ems insula VAT, or | (ACM) tion, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | |
| 101 | | | Yes | No | N/A | Pin | e Insulation | n & Fitti | ina | 982LF/167ea | X | | - | | |
| | Warehouse Warehouse | | | | | rip | VAT/Ma | | | 1132SF/560S | | | | | |
| | Boiler Room | | | | | В | oiler/Tank | | on | 160SF | X | | | | |
| | Warehouse | | | | | Р | ipe Insulat | ion Deb | | 6CY | Х | | | | |
| Name of Registered Was | | ler | | | NJDEP W | aste | 10 11 11 180 | | | | | | 30 | | |
| Be Construction Corporation | | | | | Hauler ID 035767 | | of Waste | | | | | | | | |
| City, State West Orange, NJ | | | | Disposal Date City, State Tullytown, PA | | | | | | | | | | | |
| Completed by Barbara Reed | Title Presid | | | | t | | Signa | ture | ia A | | Date 01/08 | /201 | 5 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

OTTETCATION OF ASDESTOS ADA

(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) January 8, 201 | 5 | Name of Building | Owner/Oper David | | -11 1 -1 - | • | | | | |
|---|--|--------------------------------------|--|---|---|---------------------------------|-------------|-------------------|-------------------|--|
| Agencies Notified Type of Notification [x] EPA [] Initiation [x] DEP [x] DOL Ame | | Street Address City, State, Zip Cod | 580 Pa | zīlīs JĀ atten Avenue, Unit | | 53 | | | | |
| [] DCA justif | gency (mending ication) ellation | Name of Contact David | | | elephone Number | | | | | |
| | FAC | ILITY INFORMA | TION | | | | | _ | | |
| Name of Facility Where Abatement is Takin Residence Street Address | | | | Type of Facility (4) [] [] | School (k-12) Subchapter 8 (off Other (i.e., prival | | | | | |
| 502 Brielle Rd. | | | | [,,] | buildings, homes | | | | | |
| City | County (6) | County Code (7) (STATE USE ONL | Y) | Square feet 1124 sf | # of Floors | Bldg | g. Age | 57 | | |
| Manasquan | Monmouth | | | Current Use (Prior in Resider | |) | | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | ASCM No. | Name of | Abatement Contractor | | Inc | | | | |
| N/A Street Address | | | Street A | | all Colliacting, | env. | | | | |
| | | | | 1889 R | oute 9, Unit 61 | | | | | |
| City, State, Zip Code | | | City, Sta | te, Zip Code Toms F | River, New Jers | ey 08 | 755-1 | 271 | | |
| Project Manager for Monitoring Firm | Telephone Number | er | 5-2000000000000000000000000000000000000 | ne Number 9-9932 | License N 00624 | | | | | |
| Scheduled Start Date (10) 01/09/2015 | Scheduled Comple 01/12/2015 | etion Date (11) | | OSHA Monitor | L. Analytical | | | | | |
| | tonly one) and During Entire Period of A Outside of Normal Facility | | City, Sta | 1056 S te, Zip Code | telton Road way, New Jerse | y 088 | 354 | | | |
| Scope of Work (Check all that apply)] $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $[x] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ | [] Renov [x] Demo | | I | [] Mini-Enclos | | | | re | | |
| | | | | | T | Aho | tamant | Tuna | _ | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A | As it (i.e ins | Description bestos-Conversation (Autorial (Aut | ntaining ACM) systems rfacing, or | Amount (Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E | |
| Exterior | X | Asbestos sidii | ng | | 1400 sf | X | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. City, State | NJDEP Waste Haul 20223 | ler ID No. Cubic Y | ards of Was | T.R.R.F. | ered Landfill | | | | | |
| Toms River, New Jersey Completed by (Print or Type) | | 13/2015 Signature | | own Pennsylvania | a | Date | : | | | |
| Nicholas Fernicola | Project Manager | No | hol | ten | | 1/8 | /15 | | | |

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



& Emergency &

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

CK 4582

| Date of Notification (1) 1/8/15 | | | ar ar | | | uilding Ow Camden | ner/Opera | ator (2) | | C. D. C. | * 4 | 1 | | | | |
|---|---------------------|--|-------------------------|--|--|--|---|---|---|--|-------------|------------------------------|---------|--------|-------------|-----------|
| Agencies Notified | | tification | | | reet Addi 01 Marl | | | | | 2015 . | JAN | 12 PM | 9: 3 | 3 | | |
| EPA DEP DOL | An | nended nendment# | | Ci | ity, State, Samden | Zip Code NJ 081 | 01 | | | 2 | | | | i | | |
| M DOH | jus | nergency (in tification) incellation | ncluding | 1000 | ame of C Rueben | | | | | | Telep | hone Numb | oer | | | |
| | | | | | FACILI | TY INFOR | MATION | | | | | | | | | - |
| Name of Facility Where City Of Camden De | Abatemei epartme | nt is Taking nt of Pub | Place (3) blic Works | Fac | ility | | | | Sch | acility (4) nool (K-12) ochapter 8 | (Other | than K-12) | | | | |
| Street Address 101 Newton Street | | | | | | | | E | Oth etc | er (i.e. pri | vate & | commercia | buildir | gs, h | | _ |
| City (5) Camden NJ 08101 | | | | | | | | 5 | Square 1 50,000 | + | 3 | Floors | 70 | | | |
| County (6) Camden | | | | | County Co | ode (7) SE ONLY) | | - | Current | Use (Prior | if bein | g demolishe | ed) | 53 | | |
| Name of Monitoring Fire | m Hired by | y Building (| Owner (8) | | ASCM 00003 | | | | Abater co Inc | nent Cont | ractor (| 9) | | | | |
| TTI Environmental Street Address | | | | | 00000 | | St | treet A | ddress | | | | | | | |
| 1253 North Church City, State, Zip Code | n Street | | | | | | C | ity, Sta | ite, Zip | Code | 21 | | | | | |
| Moorestown NJ 08 | | irm | | 17 | Telephon | e No. | 1 | | ne No. | NJ 0809 | 21 | License N | | | | |
| James Guilardi | | | | | | 856-840-8800 856 d Completion Date (11) Nam | | | | | | 00727 | | | | _ |
| 1/15/15 | tait bate (10) | | | | | vate (11) | 5 | Same | | | | | | | | |
| Occupancy Status Dur | ing Abate | ment (Ched | k Only One |) | | | 5 | Street Address | | | | | | | | |
| Facility Closed/Va Abatement Perfor Other – Describe: | mad Oute | ide of Norr | nal Facility h | HOLIES | olifs Olly, State, Zip odds | | | | | | | | | | | |
| Scope of Work (Check | All That | Apply) | | | | | | - | Full Containment with Negative Pressure | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | f | | | enova emolit | | | | × | Mini- | Enclosure | e cedure | d Non-Frial | | | е | |
| | | | | | | | | L | 14011 | Exemple | - () | | | Abate | emen | t |
| Asbestos-Containi TO BE A | ABATED acility | al (ACM) | Used Mair | Locationmal Sole of So | lly ely by nce/ Staff? | Asbest (i.e. | os Contai thermal sy surfacir | Description of os Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous) | | | (| mount Specify F or LF) | Remova | Repair | Encapsulate | Enclosure |
| (1 | 3) | | Yes | No | N/A | | -0.100 | | | | | | | | te | |
| Garage Area x | | | | | | | Pipe I | nsula | tion | | 1 | 00 LF | x | | | + |
| | | | | | | | | | | | | | + | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered \ | Naste Ha | uler | | | NJDEP V | Vaste | Cubic Yards Name of Registered Landfill | | | | | | | | | |
| Pernaco Inc. | | | | | Hauler ID No. 21787 G.R.O.W.S. | | | | | | | | | | | |
| City, State West Berlin NJ | | | | | Disposal Date City, State Morrisville PA 19067 | | | | | | | | | | | |
| Completed by Title | | | | | resident Signature Date 1/8/15 | | | | | | | | | | | |

CK 1514

| Date of Notification (1) | | | | f Building (| | |) | | | | | | | |
|-------------------------------|--------------------------|------------------------|-----------------|---------------------|-------------|---|----------------|---|-------------------|-----------|----------|-------------|-----------|--|
| 12/23/14 | | | Home | less Sol | utions, I | Inc. | | 5015 | 福村 10 | | | | | |
| Agencies Notified | Type Notification | | Street A | ddress | | | | | MH 12 | FH | 9: | FL | | |
| ⊠ EPA | ☐ Initial | | 6 Dun | nont Plac | ce | | | 8 9 4 | | 2.90 | 1000 | w 7 | | |
| DEP | Amended | | City, Sta | ate, Zip Co | de | | | 7.7 | 4 113 | 1.01 | 150 | 14 | | |
| DOL | Amendment | | Morris | stown, N | J 07960 |) | | Ċ: | LICE | 111 | 17 | -/ 1_ | | |
| ☑ DOH | Emergency justification) | | Name o | f Contact | | | | Tele | ephone Nu | mber | 4 | | | |
| DCA DCA | Cancellation | | Ray E | Bersch | | | | | | | | | | |
| | | | FACI | LITY INFO | RMATIO | | | | | | | | Đ. | |
| Name of Facility Where | Abatement is Takir | g Place (3) | | | | Т | ype of F | acility (4) | | | | | | |
| Unknown | | | | | | | Scho | ool (K-12) | | | | | | |
| Street Address | | | | | | | | chapter 8 (Other (i.e. private 8 | | | dinac | hama | | |
| 88 Martin Luther K | (ing Avenue | | | | | | Othe etc.) | Control of | x commerc | iai Dulli | uli iya, | HOTTIE | 25, | |
| City (5) | | | | | | S | Square F | eet # o | f Floors | В | ldg. A | ge | | |
| Morristown | | | | | | | 3,000 | | 2 | 5 | 50+- | | | |
| County (6) | | | | Code (7) | | | Current U | lse (Prior if bei | ng demolis | hed) | | | | |
| Morris | | | (STATE | USE ONLY) | Y===== | _ | Comm | ercial Prope | erty | | | | | |
| Name of Monitoring Fire | n Hired by Building | Owner (8) | ASC | и No. | | Name of | Abatem | patement Contractor (9) | | | | | | |
| N/A | | 55 (5) | | | | Stanm | nark Co | Contractors, LLC | | | | | | |
| Street Address | | | | | | Street A | ddress | | | | | | | |
| | 3 | | | | | 27 Ed | sall Dri | ve | | | | | | |
| City, State, Zip Code | | | | | | City, Sta | ite, Zip C | ode | | -H-1-12 | | | | |
| | | | | | | Susse | ex, NJ 0 | 7461 | | | | | | |
| Project Manager for Mo | nitoring Firm | | Telepho | ne No. | | Telepho | ne No. | 2007-201 | License I | Vo. | | | | |
| | 3 | | | | | 973-8 | 64-202 | 2 | 01137 | | | | | |
| Start Date (10) | | Scheduled C | Completion | Date (11) | | Name of | OSHA N | Monitor | | | | | | |
| 12/26/14 | | 1/03/15 | | , | | Ameri | Sci | | | | | | | |
| Occupancy Status Durin | ng Abatement (Che | ck Only One) | | | | Street A | treet Address | | | | | | | |
| | cated During Entire | S 15 | 117 F | | | | | h Street | | | | | | |
| Abatement Perform | ned Outside of Non | nal Facility Ho | urs | | - | City, Sta | te, Zip C | ode | | | | | | |
| Other - Describe: | | | | | _ | New \ | York, N | Y 10016 | | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | □ Reno | ovation | | | Full Containment with Negative Pressure | | | | | | | | |
| ≥160 sf or ≥260 lf | | | olition | | | П | Mini-E | nclosure | 5.0 | | | | | |
| | | * | | | | Н | | pag Procedure xempted (*) an | | blo Dro | sodu. | | | |
| | | | | | | | NON-E. | xempled () an | IG NOTI-FITA | Die Pic | 72 | ement | t | |
| 0 | | | cation nally | | | | | | | | | /ре | | |
| Locatio | | | olely by | Aches | | cription o | | CNA) | mount | | | | | |
| Asbestos-Containin TO BE A | | Mainte | nance/ | (i.e. | tos Conta | systems i | insulation | n, (| Amount Specify | Z. | 71 | Enc | m | |
| In Fac | ility | 40,000,000,000,000,000 | al Staff? 2) | | | ing, VAT | | S | F or LF) | Remova | Repair | aps | Enclosure | |
| (13 |) | . (, | | - | other m | iscellane | ous) | | | val | air. | Encapsulate | ure | |
| | | N | lo N/A | | | | | | | | | е | | |
| 2nd F | loor |) | | | wall, ce | ilina pla | aster | 3.8 | 87 S.F. | х | | | | |
| | | | | | 51 | | | 200 | | | | | | |
| | | | - | | | | | | - | A | | - | | |
| | | | | | | | <u> </u> | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Wa | aste Hauler | | NJDEP V | | Cubic Yards | | | | | | | | | |
| Atlantic Carting | Hauler ID No. of W | | | of Waste G.R.O.W.S. | | | | | | | | | | |
| | 190713 20 | | | | 20 | | | | | | | | | |
| City, State | | | | | City, State | | | | | | | | | |
| Wayne, NJ | on completion | | | | | | | | | | | | | |
| Completed by | | Title | | | | | Signature Date | | | | | | | |
| Marko Stankovic | | Preside | HIL | | / | 12/23/14 | | | | | | | | |

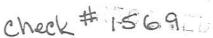


RECTIVED

| Date of Notification (1) | | | | | Name of Building Owner/Operator (2) | | | | | | | | | | | | | |
|--|-----------------|---------------------------------|---------------------|-----------------|--|------------|---------------------------|--|--|------------|--------|-------------------|----|--------|--------|-------------|-----------|--|
| 01/07/15 | | | | | Homeless Solutions, Inc. Street Address | | | | | | | | | | | | | |
| Agencies Notified Type Notification | | | 1 5 | Street Ad | | | | | | | | | | | | | | |
| EPA DED | | | | | | ont Plac | | | ASHESTOS COL | | | | | | | | | |
| DEP | | nended nendment# | | | 5500 | e, Zip Coo | | 0 | ASHESTOS CONTROL & LICENSING | | | | | | | | | |
| DOL | | nergency (i | | | | own, No | 0790 | 0 | | | | ephone N | 47 | | | | | |
| DOH DOA | _ jus | tification) | | | Name of | | | | | | reie | eprioria | | | | | | |
| ☐ DCA | | Ray Bersch FACILITY INFORMATION | | | | | | | | | | | | | | | | |
| Name of Facility Where | | FACIL | IIY INFO | RMAII | UN | Type | of Facility (4 | 1) | | | | | | | | | | |
| Unknown | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | - | School (K-12) Subchapter 8 (Other than K-12) | | | | | | | | | | |
| 53 Mt. Bethel Road | | | | | | | | Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | | |
| City (5) | | | | | | | | | | e Feet | # of | Floors | | Blo | dg. Ag | ge | | |
| Warren | | | | | | | | 3,00 | 000 2 50+- | | | | | | | | | |
| County (6) | | | | 1 | County C | ode (7) | | | Current Use (Prior if being demolished) | | | | | | | | | |
| Warren | | | | | (STATE U | SE ONLY) | | _ | Com | nmercial F | rope | rty | | | | | | |
| Name of Monitoring Firm | n Hired by | Building C | wner (8) | | ASCM | No. | | Name | Name of Abatement Contractor (9) | | | | | | | | | |
| N/A | | | | | | | | Star | nmark | Contract | ors, L | LC | | | | | | |
| Street Address | | | | | Street Address | | | | | | | | | | | | | |
| | | | | | | | 27 E | Edsall Drive | | | | | | | | | | |
| City, State, Zip Code | | | | | | | City, S | City, State, Zip Code | | | | | | | | | | |
| | | | | | | | Sus | ussex, NJ 07461 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | Telephon | e No. | | Telephone No. License No. | | | | | | | | | | | |
| | | | | | | | 973-864-2022 01137 | | | | | | | | | | | |
| Start Date (10) Scheduled | | | d Con | npletion [| Date (11) | | | Name of OSHA Monitor | | | | | | | | | | |
| 01/17/15 1/24/15 | | | 5 | | | | Ame | eriSci | | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | e) | | | | | et Address 7. Fact 30th Stroot | | | | | | | | | |
| Facility Closed/Vacated During Entire Period of Aba | | | baten | nent | | | | Z East 30th Street State, Zip Code | | | | | | | | | | |
| Abatement Performed Outside of Normal Facility H Other – Describe: | | | Hours | | | | | | | | | | | | | | | |
| | | | | - | | | Nev | v York | , NY 100 | 16 | | | | | | _ | | |
| Scope of Work (Check A | All That Ap | pply) | | | | | | г | 7 | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | | | tion | | | - | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | |
| Dell | | | | | 1011 | | | | Glo | vebag Prod | cedure | | | | | | | |
| | | | | | | | | 2 | Non-Exempted (*) and Non-Friable Procedure Abatement | | | | | | | | | |
| | | | 1000 | Locati | 25 | | | | | | | | | , | | ement pe | ă. | |
| Locatio | Norm Used So | | | | | | escription | ion of g Material (ACM) | | | | | | | | | | |
| | | | | ntena | nce/ | | | | | | | Amount Specify | | D I | _ | Enc | Ш | |
| In Faci | ility | | Cust | odial 9 (12) | Staff? | (,,,,, | surfa | acing, VA | AT, or | SF or L | | F or LF) | 1 | Remove | Repair | Encapsulate | Enclosure | |
| (13) | | | | 1/ | | | other | miscella | ineous) | | | | 1 | 8 | = | ulat | ure | |
| | | | No | N/A | | | | | | | | | | | O | | | |
| Basem | nent | | | х | floc | | | | oor tiles | | | 250 S.F. | | | | | | |
| | | | | | | | | | | | | | | | | -7.7 | | |
| | | , | - | | | | | | | | | | | + | | - | | |
| | | | - | | - | | | | | | | - | | - | | | | |
| <u> </u> | | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | JDEP W lauler ID | | Cubic of Wa | ete | | | f Registered Landfill | | | | | | | | | |
| Atlantic Carting | | 130 | 90713 | . 40. | JI VV | 10 | IGROWS | | | | | | | | | | | |
| City, State | | | | | | | Dispo | sal Date | ate City, State | | | | | | | | | |
| Wayne, NJ | | | | | on completion Morrisville, PA , | | | | | | | | | | | | | |
| Completed by | | | Title | | Signatu | | | | | ature Date | | | | | | | | |
| Marko Stankovic | | President | | | | | | Marko Staurce 01/07/15 | | | | | | | | | | |

check 5442

| Date of Notification (1) Name of Building Owner/Operator (2) | | | | | | | | | | | | | | |
|--|--|-------------------|---|---|---|--------------------------------|--------------------------|-------------|---------|--------------|-----------|--|--|--|
| 1-8-2015 | | | N | . 5 | PAHR | | | | | | | | | |
| Agency Notified Type | Notification | | Street 2 | Addiess | ILBER | T POR | 10 | | | | | | | |
| DEPA DEP | ial ended | | City, State, Zip Code | | | | | | | | | | | |
| B DOL An | nendment# | | Ho | Ho | KUS, N | 7 7 6 | 7423 | | | | | | | |
| | ergency (including dification) | I | Name | of Contac | | | - Talashana librari | var | | | | | | |
| | ncellation | | No | | PAHR | | | - | | _ | | | | |
| | | - X | FACI | LITY INF | ORMATION | Type of Facility | (6) | | - | - | - | | | |
| Name of Facility Where Abatem | ent is Taking Place | e (3) | | ٠ | - | | | | | | | | | |
| No SPAH | 10 | | | School (K-12) Subchapter 8 (Other than K-12) | | | | | | | | | | |
| Street Address . 22 GILBER | T POA | 0 | | | | inomes, etc. | rivate & commercial) | buildin | | | | | | |
| City (5) | | | | | Square Feet # of Floors Bidg. 2 600 - 2 | | | | | | gyrs | | | |
| Ho Ho KUS | | | | | 00 | 2/ | K | | | | | | | |
| County (6) | | | Count | 1 |) (STATE USE | | rior if being demolis | · | | | | | | |
| SERGEN Name of Monitoring Firm Hired | by Dreibling Overs | LASC | M No. | THE STREET | | | | | | | | | | |
| (8) | by Building Owner | 7.50 | est No. | | | moval In | | | - | | | | | |
| Street Address | | | | | Street Address | | | 5 3 | | | | | | |
| | | | 5.4 | * | | th River | St | | | | | | | |
| City, State, Zip Code | | | | City, State, Zip C | | 07601 | | | | | | | | |
| | Tolomb | one No. | | Hackens | ack, N.J | License No. | | | | | | | | |
| Project Manager for Monitoring | one No. | | 201-329- | -7444 - | 00388 | | | | | | | | | |
| Start Date (10) | late (11) | | Name of OSHA | | | | | | | | | | | |
| 1-19-2015 | -20 | 15 | 0 1 3 | | | | | | | | | | | |
| Occupancy Status During Abate | ment (Check only | one) | | | Street Address | 1 C+ | | | | | | | | |
| ☐ Facility Closed/Vacated Durin | g Entire Period of | Abatemer | nt | | City, State, Zip C | ıyler St | | | | | | | | |
| D Abatement Performed Outside Other - Describe: 2 An | 1 - 5 PM | | | | | | ,N.J. 07 | 606 | | | | | | |
| Scope of Work (Check all that a | | | | | D.S.e. | , Tinus de como circles a ? | Negative Pressure | | | | | | | |
| 23 sf or ≥ 3 ff | | - | | ovation ' | a Mini- | Enclosure | 3.75 | | | | | | | |
| □ ≥ 160 sf or ≥ 260 lf | □ Den | notition | —⊞ Giova □ Non- | ebag Procedure Exempted (**) an | d Non-Friable Proce | dure | | | | | | | | |
| | | Is Loca | tion | | | | | | Ab | atem Type | | | | |
| Location of | | Norma Used Sol | | :: | Description of | | | \neg | T | 1 | | | | |
| Asbestos-Containing Mater TO BE ABATED | ance/ | Asbe | stos Containing Ma , thermal systems | eterial (ACM) | Amount (Specify | Ì | 2 | Rephir | S | | | | | |
| IN Facility | | Custo | | lere. | surfacing, VAT | , 01 | SF or LF) | | Removal | apa apa | Enclosure | | | |
| (13) | . (12) | | | | other miscellane | eous) | 9-81 | Ī | 2 | TA CO | 160 | | | |
| | | Yes No | N/A | | | | | | | 1 | \perp | | | |
| BASEMENT BOILER RI | | | X | THE | emal INS | ULATION | 145 | LF | X | _ | \sqcup | | | |
| | / SPACE | | | | | | | | + | + | 1 | | | |
| | - | - | +- | - | | | | *** | + | + | H | | | |
| Name of Registered Waste Hau | er · | NIDED | Waste H | lauter | Cubic Yards of | Name of Regi | stered Landill | | | | 1 | | | |
| Best Removal | | Waste 13/4 YD | | a Enterpri | ses | , | LLC | | | | | | | |
| City, State | | | 7109 | | Disposal Date | City, State | | | | | | | | |
| Hackensack , | The second secon | 01 . | | * | 1-20-2015 | Waynes | burg, Oh, | | 88 | | | | | |
| Completed by | Title | | | | Signature | | 107 | Date -8- | 7. | 116 | - 1 | | | |
| R.VELDRAN ASS-41 | Estin | | | hactes Es | ensure exempted | Lan activities | | -0- | 20 | 110 | 1 | | | |
| PURPLE | SAC ESCAL CO | www will the | *** *** *** | area file | water or constitutions | All matter in particularies | | | | | | | | |



| Date of Notification (1) 01/08/2015 | | | | | Name of Building Owner/Operator (2) WOODBURY MEADOWS ASSOCIATION @RELATIONANA DEMENT | | | | | | | | | | | | | |
|--|----------|---|------------------|--|--|-------------------------|-----------------------|--|---|---|---------------------------------|---------------------|-------------|--------|----------------|------------|--|--|
| Agencies Notified | | Notification | | | Street Address 423 WEST 55TH STREET, 9TH FLOOR ASSESTING CONTENTS | | | | | | | | | | | <i>(1)</i> | | |
| EPA DEP DOL | | Initial Amended Amendment # | | | | ite, Zip Co YORK, N | | ORK 1 | a LILLANGIED | | | | | | | | | |
| DOH DCA | | Emergency (ir justification) Cancellation | cluding | 100 | | f Contact BUTTAR | 0 | | Telephone Number | | | | | | | | | |
| | | | | | FACI | LITY INFO | RMATI | ON | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) LAKESIDE APARTMENTS | | | | | | | | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | |
| Street Address 231 NORTH EVERGREEN AVE. | | | | | | | | | | | | | | | | | | |
| City (5) WOODBURY | | | | | | Square Feet # of Floors | | | | | | | | | ldg. Age 0+ | | | |
| County (6) GLOUCESTER | | | | | County Code (7) (STATE USE ONLY) | | | | | Current Use (Prior if being demolished) APARTMENT UNITS-FIRE-VACANT | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL | | | | | ASCN | 1 No. | | Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC. | | | | | | | | | | |
| Street Address 1634 SOUTH DELAWARE STREET | | | | | | | | Street | reet Address 70 CLEMS RUN | | | | | | | | | |
| City, State, Zip Code PAULSBORO NJ 08066 | | | | | | | | City, S | City, State, Zip Code MULLICA HILL NJ 08062 | | | | | | | | | |
| Project Manager for Monitoring Firm ED KEEGAN | | | | | Telepho | ne No. 23-5711 | | Teleph 610- | | ne No. 04-4676 | License No. 01145 | | | | | | | |
| Start Date (10) Scheduled Co 01/13/2015 01/16/2015 | | | | | pletion | Date (11) | | Name of OSHA Monitor EMSL | | | | | | | | | | |
| Occupancy Status Durin | g Abat | ement (Check | Only On | ne) | | | | Street | ł Ac | ddress | | | | | | | | |
| | | | | | ent | | | 200 | RT. 130 NORTH | | | | | | | | | |
| Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe: | | | | | | | | | | State, Zip Code NAMINSON NJ 08077 | | | | | | | | |
| Scope of Work (Check A | II That | Apply) | | | | | | | | | | | | | | | | |
| X ≥3 sf or ≥3 lf X Reno ≥160 sf or ≥260 lf Demo | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Non-Exemple | ed (*) an | Abatement | | | | | | |
| Leastion | | 0.00 | Locati Vormal | | | Description | | | | | | | Туре | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | | Use Ma | ed Sole intenar todial S (12) | Staff? Asbestos Coloridad (i.e. thermal surf | | | aining N | Material (ACM) is insulation, AT, or | | Amount (Specify SF or LF) | | Remova | Repair | Encapsulate | Enclosure | | |
| | | | Yes | No | N/A | | | | | | | | _ | | te | (D | | |
| (KITCHEN) BLD. 18 | 3 UNI | T A-B-C-D | | | X | FLOOR T | | | | ILE 144SF P/UNI | | | X | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Name of Desistered We | ata I la | des | | | UDEDIA | 14- | 0.11 | V1- | | | <u> </u> | 11 1611 | | | | | | |
| ASSLIBED ENVIRONMENTAL SERVICES | | | | | IJDEP W lauler ID 034895 | No. | Cubic of Was 15 | | Name of Registered Landfill MINERVA LANDFILL | | | | | | | | | |
| City, State MULLICA HILL NJ | | | | | | | | sal Date 1/2018 | | City, Sta | | RG, OHIC |) | | | | | |
| Completed by Title RON SWANSON GENERAL | | | | | | AGER | | Signature | e | el - | Lau | DW 01 | te /08/2 | 2015 | | | | |
| ASB-41 (R-06-08) | 5 | | | | | 5 | | * Do no | ot i | use this form f | or asbes | l' tos licensure | exen | npted | activi | ties. | | |

(K1322

Frank Marino

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Maplewood Township 115 JAN 12 PM 9: 18 Name of Building Owner/Operator (2) Date of Notification (1) Jan. 7, 2015 Street Address 574 Valley St. Agencies Notified Notification Type (x) Initial Notification (x) EPA ASSESTOS CONTROL (x) DOL Amended Certification Maplewood Township, NJ 07040 City, State, Zip Code (x) DOH () Cancelled () DCA () Emergency Name of Contact Robert Mittermaier Tel. Number FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) () School (K-12) House () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 57 Maplewood Ave Sq. Feet_2,000 # of Floors 2 Bldg.Age 50_ Current Use (prior if being demolished)_ House (X) Non-Sub Ch 8 Project City (5) County (6) County Code (7) (State Use Only) Maplewood Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Academy Construction, Inc. Matrix New World Owner (8) Street Address: 205 Rt 46W, Suite 14 Street Address 26 Columbia Turnpike City State, Zip Code: Totowa, NJ 07512 City, State, Zip Code Florham Park, NJ 07932 License Number Telephone Number: Project Manager for Monitoring Firm Telephone Number 973-240-1800 01155 973-832-4244 Eric Gratson Name of OSHA Monitor: none Scheduled Completion Date Feb. 29, 2015 Scheduled Start Date Jan 26, 2015 Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure () Glovebag Procedure (X) Controlled Demolition with Asbestos in Place Amount (Specify SF or LF) Abatement Type Description of ACM (i.e. Is Location Normally Used Location of Asbestos-Solely by Maint./Custodial thermal systems Containing Material (ACM) in insulation, surfacing Staff? (12) Facility (13) VAT, or other miscell.) Encap Enclose Rem. Rep. YES NO NA Pipe fittings Insulation 15 lf Whole house 4,000 sf Plaster Whole house 300 sf VAT Whole house Roofing Material 2,000 sf Name of Reg. Landfill Cubic Yards of Name of Reg. Waste Hauler NJDEP Waste Hauler ID #: 213057 Minerva Enterprises, LLC Waste 120 ATC, Inc. City, State: Disp. Date: Feb 2, 2015 City, State: Shirely, NY Waynesburg, OH Date: Jan. 7, 2015 Signature Title: VP Operations Completed by (Print or Type)