NO CK

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

RECEIVED

| Date of Notification (1)                                       |                              |                 |          |        | Name o      | of Building | Owner/Operator (2                       | 2)                             | 1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | K-4 2.1 |        |             |           |
|--|------------------------------|-----------------|----------|--------|-------------|-------------|---|--------------------------------|---|---------|--------|-------------|-----------|
| 1 /  | 5 /                          | 15              |          |        |             |             | Joseph Lesnia                           |                                | ob # 1501-194                           | 16 Chk. | NA     |             |           |
| Agencies Notified  | Type Notific                 | ration          |          | -      | Street      | Address     |   | 201G                           | ean to Pr                               | HO: 01  | -      |             | -         |
| ⊠ EPA  | ☐ Initial                    | Jation          |          |        |             | Irving A    | venue                                   | Acon                           |   |         |        |             |           |
| ☑ DOLWD  |                              | ed              |          | H      |             | ate, Zip Co |   | <u>#3003</u>                   | LICENSII                                | HIRO    |        |             |           |
| □ DHSS   | Amendn                       | nent # <u>1</u> |          |        |             |             | NJ 08109                                | Co                             | LIVENSII                                | 16      |        |             |           |
| ☐ DCA  | ☐ Emerge                     |                 | cluding  | -      | 22 22020    | of Contact  | 45 00 105                               |                                | Telephone Nur                           |         |        |             |           |
| (NJAC 5:23-8)  | justificat                   |                 |          |        |             |             | acanh                                   |                                | releptione ivui                         | ilbei   |        |             | 1         |
|  | Cancella                     | ation           |          |        |             | reen & Jo   |   |                                |   |         |        |             |           |
|  |                              |                 |          |        | FAC         | ILITY INF   | ORMATION                                |                                |   |         |        |             |           |
| Name of Facility Where A                                       | batement is                  | Taking          | Place    | (3)    |             |             |   | Type of Facility (             |   |         |        |             |           |
| Residential Propert  | У                            |                 |          |        |             |             |   | ☐ School (K-12) ☐ Subchapter 8 |   | 2)      |        |             |           |
| Street Address   |                              |                 |          |        |             |             |   | Other (i.e., pri               |   |         | Iding  | S.          |           |
| 6357 Irving Avenue   |                              |                 |          |        |             |             |   | homes, etc.)                   |   |         | 171    |             |           |
| City (5)   |                              |                 |          |        |             |             | -                                       | Square Feet                    | # of Floors                             | Blo     | ig. Ag | е           |           |
| Pennsauken   |                              |                 |          |        |             |             |   | 1933                           | 2                                       | 1       | 33 y   | rs          | -         |
| County (6)   |                              |                 |          |        | Coun        | ty Code (7) | (STATE USE ONLY)                        | Current Use (Prid              | or if being demo                        | lished) |        |             |           |
| Camden   |                              |                 |          |        |             |             | 8                                       | Residential                    |   |         |        |             |           |
| Name of Monitoring Firm  | Hired by Bu                  | ilding C        | wner (   | 8)     | ASCM I      | No.         | Name of Abateme                         | ent Contractor (9)             |   |         |        |             |           |
| Tiger Environmenta   |                              |                 |          |        |             |             | Asbestos and                            | d Mold Services                | s, Corp.                                |         |        |             |           |
| Street Address   |                              |                 |          |        |             |             | Street Address                          |                                |   | -       |        |             |           |
| 16 West Elizabeth A  | venue                        |                 |          |        |             |             | 3859 Sylon B                            | oulevard                       |   |         |        |             |           |
| City, State, Zip Code  |                              |                 |          |        |             |             | City, State, Zip Co                     |                                |   |         |        |             |           |
| Linden NJ 07036  |                              |                 |          |        |             |             | Hainesport, N                           |                                |   |         |        |             |           |
| Project Manager for Moni                                       | toring Firm                  |                 |          | Tele   | phone I     | VIO.        | Telephone No.                           |                                | License No.                             |         |        |             |           |
| Kelly Walton   | toring r iiiii               |                 |          |        | 8-862       |             | 609-702-0400                            |                                | 00862                                   |         |        |             |           |
| Start Date (10)  |                              | Sahaa           | ulad C   |        | tion Dat    |             | Name of OSHA M                          |                                | 00002                                   |         |        |             |           |
| 1 / 19 /   | 15                           |                 |          |        | 1011 Dai    | 1332        | EMSL Analyt                             |                                |   |         |        |             |           |
| Occupancy Status During  |                              | (Check          | c only c | ne)    |             |             | Street Address                          |                                |   |         |        |             |           |
| ☐ Facility Closed/Vacate                                       |                              |                 |          |        |             |             | 200 U.S. Rou                            | te 130 North                   |   |         |        |             |           |
| ☐ Abatement Performed  | 2                            |                 |          |        |             | cribe       | City, State, Zip Co                     |                                |   |         |        | - 10        |           |
| Time of Abatement: _   |                              |                 |          |        |             |             | Cinnaminsor                             |                                |   |         |        |             |           |
| Scope of Work (Check al  | I that apply)                |                 |          |        |             |             | Olimaninison                            | 1, 140 00077                   |   |         |        |             |           |
|  |                              |                 |          |        |             |             |   | tainment with Neg              | ative Pressure                          |         |        |             |           |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> |                              |                 | □ De     | novati |             |             | ☐ Mini-End                              | closure<br>g Procedure         |   |         |        |             |           |
| 23 - 100 31 01 - 200 11  |                              |                 |          | monte  | ,,,         |             | ☐ Non-Exe                               | mpted (*) and No               | n-Friable Proced                        | dure    |        |             |           |
|  |                              |                 | ls       | Locat  | ion         |             |   |                                |   | Ab      | atem   | ent T       | уре       |
| Location   |                              |                 |          | Norma  |             | 000 0       | Description of                          |                                |   | 72      | D      | ш           | Ш         |
| Asbestos-Containing  |                              | (M              | 259.23   | d Sole |             |             | stos Containing Ma<br>, thermal systems |                                | Amount<br>(Specify                      | Removal | Repair | ıca         | nclo      |
| TO BE ABA  |                              |                 | 1        | todial |             | (1.6        | surfacing, VAT                          |                                | SF or LF)                               | oval    | =      | Encapsulate | Enclosure |
| (13)   | -                            |                 |          | (12)   | 0.000       | -           | other miscellane                        |                                |   |         |        | ate         | CD        |
|  |                              |                 | Yes      | No     | N/A         |             |   |                                |   |         |        |             |           |
| DR, FR, Foyer, 1 <sup>st</sup> FI                              | Hall & stai                  | rwell           |          |        | $\boxtimes$ | Wall Pla    | aster                                   |                                | 1,690 SF                                |         |        |             |           |
|  |                              |                 |          |        |             |             |   |                                |   |         |        |             |           |
|  |                              |                 |          |        |             |             |   |                                |   |         |        |             |           |
|  |                              |                 | П        | П      | П           |             |   |                                |   |         |        |             |           |
| Name of Registered Was   | ste Hauler                   |                 |          | N      | JDEP I      |             | Cubic Yards of                          | Name of Regis                  | stered Landfill                         |         |        |             |           |
| Freehold Cartage, I  | 3411511011010101010101010101 |                 |          | 1 (23) | lauler II   | O No.       | Waste<br>10                             | GROWS La                       |   |         |        |             |           |
| City, State  |                              |                 |          |        | UZZ03       |             | Disposal Date                           | City, State                    |   |         |        |             |           |
| Freehold, NJ   |                              |                 |          |        |             |             | 1/30/15                                 | Morrisville                    | , PA 19067                              |         |        |             |           |
| Completed By (Print or T                                       | ype)                         | Title           | 9        |        |             |             | Signature                               | n.                             |   | Date    |        |             |           |
| Kimberly A. Trumb  |                              | C               | office   | Coor   | dinato      | r           | EXI (                                   | /_                             |   | 1-4     | -11    | )           |           |

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

NO CK

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

RECEIVED

| Date of Notification (1)  / 8                                       | 1                            | 15            |                |                     | Name o                    |                     | Owner/Operator (2<br>/ Job #150   | 2)<br>1-4861 Check                   | 26842/AN 15 (                           | PH N     | <b>):</b> 5 | 9           |           |
|---|------------------------------|---------------|----------------|---------------------|---------------------------|---------------------|---|--------------------------------------|---|----------|-------------|-------------|-----------|
| ⊠ EPA ☐ Ini   | Notificat<br>itial<br>nended | ion           | _              |                     | 4000                      | Address<br>Hadley I |   | 4                                    | ASSESTOS C                              | AN THE   | [RO         | 1           |           |
|   | nendme                       | nt # <u>1</u> |                |                     | 20,000                    | ate, Zip Co         | eld, NJ 07080   |                                      | - 100011                                | 11116    | 1           |             |           |
| □ DCA ( □ Er  | nergenc                      |               | tuding         |                     |                           | of Contact          | eid, NJ 07000   |                                      | Telephone Numbe                         | r        |             | -           |           |
| (   | stificatio<br>ancellatio     |               |                |                     |                           | nael Lucia          | ani   |                                      | l ciopiiciie i i                        | č:       |             |             |           |
|   | ancenan                      | J11           |                |                     |                           |                     |   |                                      |   |          |             |             |           |
|   | /: <del>-</del>              |               | Di             | (0)                 | FAC                       | ILIIY INF           | FORMATION   | Type of Facility                     | (4)                                     |          | 1 1 1 1 1   |             | $\dashv$  |
| Name of Facility Where Abatem                                       | ient is 1                    | aking         | Place          | (3)                 |                           |                     |   | School (K-12                         |   |          |             |             |           |
| PSE&G Control House   |                              |               |                |                     |                           |                     |   | Subchapter 8                         | (Other than K-12)                       | المالم   | lalin er    |             |           |
| Street Address<br>Front Street                                      |                              |               |                |                     |                           |                     |   | Momes, etc.)                         | rivate and commerci                     | ai bui   | iaing:      | ٥,          |           |
| City (5)  |                              |               |                | _                   |                           |                     |   | Square Feet                          | # of Floors                             | Bld      | g. Ag       | е           |           |
| Scotch Plains   |                              |               |                |                     |                           |                     |   |                                      |   |          |             |             |           |
| County (6)  |                              |               | -              |                     | Count                     | y Code (7)          | (STATE USE ONLY)  | Current Use (Pr                      | ior if being demolish                   | ed)      |             | - 330       |           |
| Union   |                              |               |                |                     |                           | 5 97                |   | Control Hou                          | ise                                     |          |             |             |           |
| Name of Monitoring Firm Hired                                       | by Build                     | ing O         | wner (8        | 3)                  | ASCM N                    | No.                 | Name of Abateme   | ent Contractor (9)                   |   |          |             |             |           |
| Health & Safety Services  |                              | •             |                |                     |                           |                     | AbateTech, I  | nc.                                  |   |          |             |             |           |
| Street Address  |                              |               |                |                     |                           |                     | Street Address  |                                      | 97                                      |          |             |             |           |
| PO Box 365  |                              |               |                |                     |                           |                     | 30 Maple Ave  | e. PO Box 25                         |   |          |             |             |           |
| City, State, Zip Code   |                              |               |                |                     |                           |                     | City, State, Zip C  | ode                                  |   |          |             |             |           |
| Berlin, NJ 08009  |                              |               |                |                     |                           |                     | Lumberton, I  | NJ 08048                             |   |          |             |             |           |
| Project Manager for Monitoring                                      | Firm                         |               |                | Tele                | phone l                   | No.                 | Telephone No.   |                                      | License No.                             |          |             |             |           |
| Jim Proctor   |                              |               |                | 1                   | 09-704-                   | 2000 CON (C)        | 609-265-2107  | 2                                    | 00529                                   |          |             |             |           |
| Start Date (10)  1 / 20 / 14  |                              |               |                |                     | tion Dat                  |                     | Name of OSHA N<br>EMSL Analyt   |                                      |   |          |             |             |           |
| Occupancy Status During Abate                                       | ement (0                     | Check         | only o         | ne)                 |                           |                     | Street Address  |                                      |   | m-10015- | - 8.        |             | 51125000  |
| ☐ Facility Closed/Vacated Dur                                       | ing Entir                    | e Per         | iod of A       | Abate               | ment                      |                     | 200 Route 13  | 0 North                              |   |          |             |             |           |
| Abatement Performed Outsi   | ide of No<br>AM              | rmal<br>PN    | Facility<br>// | Hou_PM              | rs - Des                  | cribe<br>AM         | City, State, Zip C<br>Cinnaminsor   |                                      |   |          |             |             |           |
| Scope of Work (Check all that a                                     | apply)                       |               |                |                     |                           |                     |   |                                      |   |          |             |             |           |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>      | (                            | ,             | ☐ Re<br>図 De   |                     |                           |                     | ☐ Mini-End<br>☐ Gloveba   | a Procedure                          | gative Pressure<br>on-Friable Procedure | e        |             |             |           |
|   | _                            | _             | İs             | Loca                | tion                      |                     |   |                                      |   |          | atem        | ent T       | уре       |
| Location of Asbestos-Containing Mater TO BE ABATED IN Facility (13) | ial (ACM                     | )             | Use<br>Ma      | intentodial<br>(12) | ely by<br>ance/<br>Staff? |                     | Description<br>stos Containing Ma<br>., thermal systems<br>surfacing, VAT<br>other miscelland | aterial (ACM)<br>insulation,<br>, or | Amount<br>(Specify<br>SF or LF)         | Removal  | Repair      | Encapsulate | Enclosure |
| Exterior of Control House   |                              |               | Yes            | No                  | N/A                       | Stucco              |   |                                      | 1,000 SF                                |          |             |             |           |
| Floor of Control House  |                              |               |                |                     |                           | Floor P             |   |                                      | 60 SF                                   |          |             |             |           |
| Control House Roof  |                              |               | П              | П                   |                           |                     | g Materials   | -                                    | 300 SF                                  |          |             |             |           |
| Control House Door  |                              |               |                |                     |                           | Fire Do             |   |                                      | 1 total                                 |          |             |             |           |
| Name of Registered Waste Ha   | uler                         |               |                |                     | NJDEP I                   |                     | Cubic Yards of  | Name of Reg                          | istered Landfill                        |          |             |             |           |
| Waste Management  | 0101                         |               |                | 110                 | Hauler II                 |                     | Waste<br>12   |                                      | S. Landfill                             |          |             |             |           |
| City, State   |                              | - 195         |                |                     |                           |                     | Disposal Date   | City, State                          | DA                                      |          |             |             |           |
| Camden, NJ  |                              |               |                |                     |                           |                     | 2/4/15  | Tullytown                            |   | (Car)    |             |             |           |
| Completed By (Print or Type) Gwendolyn Trumbetti                    |                              | Title         |                | ions                | Coord                     | inator              | Signature (   | Sout                                 | Da                                      | 1        | 8/1         | 5           |           |
|   |                              | 1             |                | -                   |                           | -                   |   | 11                                   |   | 1        |             |             |           |

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

RECEIVED

| Date of Notification (1)                                    | times - se |         |                    |   |              | g Owner/Operator (   |                                    |                       |           |        |             |           |
|---|------------|---------|--------------------|---|--------------|--|------------------------------------|-----------------------|-----------|--------|-------------|-----------|
| 1//   | 15         |         |                    | Sta                                     | te of NJ     | DPMC/ Job #141   | 2-4853 Check                       | #6958N 15 1           | HIO:      | 59     |             |           |
| Agencies Notified Type Notif                                | ication    |         |                    |   | Address      |  |                                    |                       |           |        |             |           |
|   |            |         |                    | 33 \                                    | West Sta     | te Street PO Box   | c 034                              | SBESTOS C             | SHI       | RUI    | -           |           |
| ☐ DOLWD ☐ Amend   |            |         |                    | City, S                                 | State, Zip ( | Code   | 64                                 | & LICEH               | SING      |        | -           |           |
| □ DHSS  | _          |         |                    |   |              | 08625-0034   |                                    | ٠٠٠ است دادا سال عال  |           |        |             |           |
| DCA Emerge [United Section 2018]                            |            | cluding | g                  |   | of Contac    |  |                                    | Telephone Num         | her       |        |             |           |
| (NJAC 5:23-8) justifica<br>☐ Cancel                         | 52         |         |                    | 5.5000000000000000000000000000000000000 | n DeAng      |  |                                    | 1000                  |           |        |             |           |
| L Cancer  | lation     |         |                    |   |              | NFORMATION   |                                    |                       |           |        |             |           |
| Name of Facility Where Abatement is                         | s Takino   | Place   | (3)                | FA                                      |              | NFORWATION   | Type of Facility                   | (4)                   |           | -      |             |           |
| Eatontown MVC   |            |         | 1-2                |   |              |  | School (K-12                       |                       |           |        |             |           |
| Street Address  | 2270       |         |                    |   |              |  | ☐ Subchapter 8                     | (Other than K-12      |           |        |             |           |
| 109 Route #36   |            |         |                    |   |              |  |                                    | rivate and comme      | ercial bu | ilding | s,          |           |
| - Was Disconnections  |            |         |                    |   |              |  | Note the result of the property of |                       | DI        | da A   | 7.0         |           |
| City (5)  |            |         |                    |   |              |  | Square Feet                        | # of Floors           | DI        | dg. Ag | je.         |           |
| Eatontown   |            |         |                    |   |              |  |                                    |                       |           |        |             |           |
| County (6)  |            |         |                    | Cour                                    | ity Code (7  | 7)(STATE USE ONLY)   | Current Use (Pri                   | or if being demol     | ished)    |        |             |           |
| Monmouth  |            |         |                    |   |              |  |                                    |                       |           |        |             |           |
| Name of Monitoring Firm Hired by Bu                         | uilding (  | Owner   | (8)                | ASCM                                    | No.          | Name of Abateme  | ent Contractor (9)                 |                       |           |        |             |           |
| Environmental Conenction, I                                 | nc.        |         |                    |   |              | AbateTech, I   | nc.                                |                       |           |        |             |           |
| Street Address  |            |         |                    |   |              | Street Address   |                                    |                       |           |        |             |           |
| 120 North Warren Street                                     |            |         |                    |   |              | 30 Maple Ave   | e. PO Box 25                       |                       |           |        |             |           |
| City, State, Zip Code                                       |            |         |                    |   |              | City, State, Zip Co  | Marie I have the westernoon        |                       |           |        |             |           |
| Trenton, NJ 08608   |            |         |                    |   |              | Lumberton, 1   |                                    |                       |           |        |             |           |
| Project Manager for Monitoring Firm                         |            |         | Tol                | ephone                                  | No           | Telephone No.  |                                    | License No.           |           |        | -           |           |
| Rolly Jones   |            |         |                    | 09-392                                  |              | 609-265-2107   | rz.                                | 00529                 |           |        |             |           |
| Start Date (10)   | Schoo      | lulod C |                    | etion Da                                |              | Name of OSHA N   |                                    | 00023                 |           |        |             |           |
| 1///  |            |         |                    | 3_/                                     |              | EMSL Analyt  |                                    |                       |           |        |             |           |
| Occupancy Status During Abatemen                            | t (Chec    | c only  | one)               |   |              | Street Address   |                                    |                       |           |        |             |           |
| ☐ Facility Closed/Vacated During En                         | ntire Pe   | riod of | Abate              | ment                                    |              | 200 Route 13   | 0 North                            |                       |           |        |             |           |
| Abatement Performed Outside of                              |            |         |                    |   | cribe        | City, State, Zip Co  | ode                                |                       |           |        |             |           |
| Time of Abatement:AM  | PI         | VI/     | PM                 |   | AM           | Cinnaminsor  |                                    |                       |           |        |             |           |
| Scope of Work (Check all that apply)                        |            |         |                    | A 1775-                                 |              |  | - 124                              |                       |           |        |             |           |
| _   |            |         |                    |   |              |  | tainment with Neg                  | ative Pressure        |           |        |             |           |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul> |            |         | enovat<br>emoliti  |   |              | Mini-Enc     Clayaba     Clayaba | losure<br>a Procedure              |                       |           |        |             |           |
| _ 2160 St 01 2260 II  |            |         | HIOILI             | UII                                     |              |  | mpted (*) and No                   | n-Friable Procedu     | ure       |        |             |           |
|   |            | Is      | Loca               | tion                                    | 1            | 3 3 7 6 6 3 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7  |                                    |                       | -         | ateme  | ent T       | vpe       |
| Location of   |            |         | Norma              | ally                                    |              | Description of   | of                                 |                       | -         | -      |             | 1         |
| Asbestos-Containing Material (AC                            | CM)        | 100     | ed Sol             |   |              | estos Containing Ma  | iterial (ACM)                      | Amount                | Removal   | Repair | nca         | Enclosure |
| TO BE ABATED  |            | 10,250  | aintena<br>stodial | Staff?                                  | (i.e         | e., thermal systems<br>surfacing, VAT  |                                    | (Specify<br>SF or LF) | SVOI      | air.   | sde         | nso       |
| IN Facility<br>(13)   |            |         | (12)               |   |              | other miscellane   |                                    | SF OI LF)             | 100       |        | Encapsulate | Ге        |
| (.5)  |            | Yes     | No                 | N/A                                     |              |  | /                                  | 20                    |           |        | Ф           |           |
| Exterior  |            |         |                    |   | Expans       | sion Caulk   |                                    | 120 LF                |           |        |             |           |
| SlopSink Closet   |            |         |                    |   | Pipe Fi      |  |                                    | 4 LF                  |           |        |             |           |
|   |            |         | -                  | 1 2 29                                  |              |  |                                    |                       |           |        |             |           |
|   |            |         |                    |   |              |  |                                    |                       | $\perp$   | Ш      | Ш           |           |
|   |            |         |                    |   |              |  |                                    |                       |           |        |             |           |
| Name of Registered Waste Hauler                             |            |         | 1000               | JDEP 1                                  |              | Cubic Yards of   | Name of Regis                      | tered Landfill        |           |        |             |           |
| AbateTech, Inc.   |            |         | F                  | Hauler II                               |              | Waste  | G.R.O.W.S                          | . Landfill            |           |        |             |           |
| City, State   |            |         |                    | 18750                                   | )            | 12<br>Disposal Date  | City, State                        |                       |           | -      |             |           |
| Lumberton, NJ   |            |         |                    |   |              | 1/23/15  | Tullytown,                         | ΡΔ                    |           |        |             |           |
|   |            |         |                    |   |              |  | Tanytown,                          |                       |           |        |             |           |
| Completed By (Print or Type)                                | Title      |         |                    |   |              | Signatùre  | 1                                  | D                     | ate _     | 11     |             |           |
| Gwendolyn Trumbetti   | 0          | perat   | ions               | Coord                                   | inator       | CM/  | NI                                 |                       | 1/10      | 411    | 5           |           |
| ASB-41  | 850        | 200     | 2 5%               |   | 2 80         | 11 /   | 0. 1. 20000320200000               |                       | i         |        |             |           |
| MAY 11  | *          | Do no   | t use t            | his form                                | for asbes    | tos licensure exem <sub>l</sub>  | oted activities.                   |                       |           |        |             |           |

B & G proj. #: 2015-08

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

|  |   | 6    | 04  | c#7   | beck    | ~ CL  |
|--|---|------|-----|-------|---------|-------|
|  | 7 | jan. | 419 | J . 8 | - / had | North |
|  |   | έ    | V   | - A   | r The   | Nemp  |

|                                   | 4                                       |                               |                            |              | *** NON I                | -riable                          | 9 ^^^                                | GACCIN   | 7040                       |        |  |                |
|-----------------------------------|---|-------------------------------|----------------------------|--------------|--------------------------|----------------------------------|--------------------------------------|--|----------------------------|--------|--|----------------|
| Date of Notification              | (1)                                     | I I Na                        | me of Build                | ding Own     | er/Operator (2)          |                                  |                                      | the shorter of the state of  | -1VED                      |        |  |                |
| 0 11 1/11 12                      | 1/11/5                                  | 11                            | tlantic H                  |              |                          |                                  |                                      | 2015 JAN 15  | Dura                       |        |  |                |
| Agencies Notified                 | Type Notification                       |                               | eet Addres                 |              |                          |                                  |                                      | *  | - FIT 10: 03               | 1      |  |                |
| ☐ EPA                             | X Initial                               |                               | 100 Mad                    | ison Ave     | enue                     |                                  |                                      | ASSESTOS<br>& LILLA  | ("SWITMA,                  |        |  |                |
| ☐ DEP                             |   |                               | , State, Z                 |              |                          |                                  |                                      | a LILEA  | BING"                      |        |  |                |
| X DOL                             | Amendm                                  |                               | Morristo                   |              | 07960                    |                                  |                                      |  |                            |        |  |                |
| X DOH                             | ☐ Cancella                              |                               | ne of Cont                 | tact         |                          |                                  |                                      | Telephone  | e Number                   |        |  |                |
| ☐ DCA                             | Cancella                                |                               | Peter Pa                   | almer        |                          |                                  |                                      |  | *                          |        | :  |                |
|                                   |   |                               |                            | FAC          | ILITY INFORM             | IATION                           |                                      |  |                            |        |  |                |
| Name of facility wh               | nere abatement is                       | taking plac                   | e (3)                      |              |                          |                                  |                                      | Type of Facility (4  |                            |        |  |                |
| Morristown M                      | edical Center                           | Franklin                      | Buildina                   |              |                          |                                  |                                      |  | (K - 12)<br>apter 8 (Other | han K  | 12)  |                |
| Street Address                    |   |                               |                            |              |                          |                                  | -                                    | The state of the s | Private/Comm               |        | 12)  |                |
| 100 Madison                       | Avenue                                  |                               |                            |              |                          |                                  |                                      |  | Homes, etc.<br># of Floors | T RI   | dg. Ag   | 70             |
| 014 (5)                           |   | Count                         | v (6)                      |              |                          | Cou                              | nty Code (7)                         | Square Feet  | # 01 F10015                |        | ag. Aş   | 30             |
| City (5)                          |   |                               |                            |              |                          | 10000000                         | te use only)                         | Current Use (Pr  | ior if being der           | nolish | ed)  |                |
| Morristown                        |   | Mor                           | :::: <del>::::</del> :::   |              |                          |                                  |                                      | Hospital   |                            |        |  |                |
| Name of Monitorin                 |   | Bldg. Owner                   | (8)                        |              | ASCM No.                 |                                  | Name of Abatement                    |  |                            |        |  |                |
| T&M Associa                       | ates                                    |                               |                            |              | 0145                     | _                                | B & G Restorat Street Address        | ion, Inc.  |                            |        |  |                |
| Street Address<br>11 Tindall R    | ood                                     |                               |                            |              |                          |                                  | 105 Ryerson F                        | load   |                            |        |  |                |
| City, State, Zip Coo              |   |                               |                            |              |                          | _                                | City, State, Zip Code                |  |                            |        | A CONTRACTOR OF THE PARTY OF TH |                |
| Middletown,                       |   |                               |                            |              |                          |                                  | Lincoln Park,                        | NJ 07035   |                            |        | -  |                |
| Project Manager fo                | or Monitoring Firm                      |                               | 1000000                    | one Numb     |                          |                                  | Telephone Number<br>(973)696-686     | g  | License Num                |        |  |                |
| Kevin Burns                       | 5                                       |                               |                            | 2-676-4      |                          |                                  | Name of OSHA Mon                     |  |                            |        |  |                |
| Scheduled Start Da                | ate (10)                                | Sched.                        | Completio                  | n Date (1    | 1)                       |                                  | B & G Restorat                       |  |                            |        |  |                |
| 01/23/2015                        |   |                               | 5/2015                     |              |                          |                                  | Street Address                       |  |                            |        |  |                |
| Occupancy Status                  |   |                               |                            |              |                          |                                  | 105 Ryerson R                        | oad  |                            |        |  |                |
| Facility close                    | ed/vacated during<br>erformed outside   | entire perior<br>of normal fa | d of abate<br>acility hour | ment.<br>'s- |                          |                                  | City, State, Zip Code                |  |                            |        |  |                |
| Describe:                         | ibe: work shift                         |                               |                            |              |                          | -                                | LincolnPark, N                       | J 07035  |                            |        |  |                |
| Scope of Work (cl                 |   |                               |                            |              |                          |                                  |                                      |  |                            |        |  |                |
| ☐ Demolition                      | X                                       | Renovation                    | 1                          |              |                          | □ F                              | ull Containment w/ne                 | gative pressure [  | Glovebag                   | roced  | ure  |                |
| >3 sf or >3 lf                    | f 🔀                                     | ≥160 sf or ≥                  | 260 If                     |              |                          |                                  | Mini-enclosure                       | [  | X Non-friable              | proce  | dure   |                |
| Location of                       |   | Is location                   |                            |              | У                        |                                  |                                      |  | R                          | R      | E  | E              |
| asbestos-co                       | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | by mainter<br>staff(12)       | nance/cust                 | todial       |                          |                                  | sbestos-containing                   | Amount (Specify S  | SE or                      | p      | С  | n              |
| material to b<br>abated in fac    |   | Yes                           | No                         | N/A          | - material               | (ACIVI)                          |                                      | LF)  | v                          | i      | a<br>p   | L              |
| 7-10                              | 1.1=11=                                 |                               |                            | X            | I floor tile             | maeti                            | c, carpeting                         | 800 sf   | e<br>X                     | r      | Ш  | $\dagger \Box$ |
| 1st fl East wing                  | панжау                                  |                               |                            |              | Tioor tile,              | masu                             | o, carpeting                         | 000 31   |                            | To     |  | T              |
|                                   |   |                               |                            |              |                          |                                  |                                      |  |                            |        |  |                |
|                                   |   |                               |                            |              |                          |                                  | SELLINSK SCHOOLSESSON OF THE CHARGES |  |                            |        |  |                |
| -                                 |   |                               |                            |              |                          |                                  |                                      |  |                            |        |  |                |
| Registered Waste<br>B & G Restora |   |                               | P Hauler I<br>9563         | D# (         | Cubic Yards of<br>10 yds |                                  | Name of Registered                   | Landfill<br>Resource & Re  | ecoverv Ce                 | nter   |  |                |
| City, State                       | auon, 1110.                             |                               |                            | Disposal     | Date                     |                                  | City, State                          |  |                            | -      | PEN MARIENTA   | CVPL TRILLI    |
| Lincoln Park,                     | NJ                                      |                               |                            | 0            | 1/26/2015                |                                  | Tullytown,                           | PA   | Tools                      |        | 3  |                |
| Completed by (Prin                |   | Title<br>Secretar             | v/Treasi                   | urer         | Signature                | Gordana Luna   Date   01/12/2015 |                                      |  |                            |        |  |                |

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

### RECEIVED

| Date of Notification (1)  |                             |               |            | Name               | of Building          | Owner/Operator (2   | 2)                         | de                      |         |           |               |           |
|---|-----------------------------|---------------|------------|--------------------|----------------------|---|----------------------------|-------------------------|---------|-----------|---------------|-----------|
| 1 /1;   | 3/                          | 15            |            | Mr.                | Robert G             | Besregan  | 21                         | 1505 # 11505-195        | 即即      | 5#3       | 893           |           |
| Agencies Notified Ty  | pe Notifica                 | ition         |            | Street             | Address              |   | A                          | Thra                    |         |           |               |           |
|   | Initial                     |               |            | 922                | Route 5              | 18  | AS.                        | BESTOS CO<br>& LICENS!! | HTR     | 71        |               |           |
| Total Control of the | Amended                     |               |            | City, S            | tate, Zip C          | ode   |                            | & LICENS!!              | 46      | - 1.      | -             | -         |
| ☑ DHSS  | Amendme                     |               |            |                    | Iman, NJ             |   |                            |                         | . 4     |           |               |           |
|   |                             | cy (including | 3          | - 100,000          | of Contact           |   |                            | Telephone Numb          |         |           |               | -         |
| (NJAC 5:23-8)   | justification<br>Cancellati |               |            |                    | or Comaci<br>pert G. |   |                            | Telephone will          |         |           |               |           |
|   |                             |               |            | FAC                | CILITY IN            | FORMATION   |                            | <u> </u>                |         |           |               |           |
| Name of Facility Where Abat   | tement is T                 | aking Place   | (3)        |                    |                      |   | Type of Facility           | (4)                     |         |           |               |           |
| Residential Property  | ionnoni io i                | uning i laoi  | (0)        |                    |                      |   | School (K-12               |                         |         |           |               |           |
| Street Address  |                             |               |            |                    |                      |   |                            | (Other than K-12)       |         |           |               |           |
| 19 20 2010 1000 1000 1000 1000  |                             |               |            |                    |                      | 11  | Other (i.e., p             | rivate and commerc      | ial bu  | ilding    | S,            |           |
| 922 Route 518   |                             |               |            |                    |                      |   | homes, etc.)               |                         | 17-17   |           |               |           |
| City (5)  |                             |               |            |                    |                      |   | Square Feet                | # of Floors             |         | lg. Ag    | je            |           |
| Skillman  |                             |               |            |                    |                      |   | 2000                       | 1                       | (       | 30        |               |           |
| County (6)  |                             |               |            | Coun               | ity Code (7          | )(STATE USE ONLY)   | Current Use (Pr            | ior if being demolish   | ned)    |           |               |           |
| Somerset  |                             |               |            |                    |                      |   | Residential                |                         |         |           |               |           |
| Name of Monitoring Firm Hir   | ed by Build                 | ling Owner    | (8)        | ASCM               | No.                  | Name of Abateme   | ent Contractor (9)         | K                       |         |           |               |           |
| Horizon Environmenta  |                             |               |            |                    |                      | I provide a series and a series and a series and  | d Mold Service             |                         |         |           |               |           |
| Street Address  |                             |               |            |                    |                      | Street Address  |                            | ю, согр.                |         |           |               |           |
| PO Box 336  |                             |               |            |                    |                      | The supplementary of the state | alaca.ual                  |                         |         |           |               |           |
|   |                             |               |            |                    |                      | 3859 Sylon B  |                            |                         |         |           |               |           |
| City, State, Zip Code   |                             |               |            |                    |                      | City, State, Zip Co   |                            |                         |         |           |               |           |
| Thorofare, NJ 08086   |                             |               |            |                    |                      | Hainesport, N   | 4J 08036                   |                         |         |           |               |           |
| Project Manager for Monitori  | ng Firm                     |               | Tele       | phone              | No.                  | Telephone No.   |                            | License No.             |         |           |               |           |
| Steve Flanigan  |                             |               | 8          | 56-848             | -0800                | 609-702-0400  |                            | 00862                   |         |           |               |           |
| Start Date (10)   | 8                           | Scheduled (   | omple      | tion Da            | te (11)              | Name of OSHA N  | lonitor                    |                         |         |           |               |           |
| 2 / 2 /   | 15                          | 2             | 5          | / _                | 15_                  | EMSL Analyt   | ical, Inc.                 |                         |         |           |               |           |
| Occupancy Status During Ab  | patement (                  | Check only    | one)       |                    |                      | Street Address  |                            |                         |         |           |               |           |
| ☑ Facility Closed/Vacated D   |                             |               |            | ment               |                      | 200 U.S. Rou  | te 130 North               |                         |         |           |               |           |
| ☐ Abatement Performed Ou  |                             |               |            |                    | cribe                | City, State, Zip Co   |                            |                         |         | Maria San |               |           |
| Time of Abatement:  |                             |               |            |                    |                      | Cinnaminsor   |                            |                         |         |           |               |           |
| Scope of Work (Check all that   | at apply)                   |               |            |                    |                      |   |                            | <b>.</b>                | 011     |           |               |           |
| ☐ >3 sf or >3 lf  |                             | ⊠R            | enovat     | ion                |                      | ⊠ Full-Sen  | tainment-with Ne<br>losure | gative Pressure         | 10.103  | life      |               |           |
| ≥160 sf or ≥260 lf  |                             | manage .      | emolitic   |                    |                      | ☐ Gloveba   | a Procedure                |                         |         |           |               |           |
|   |                             |               |            |                    |                      | ☐ Non-Exe   | mpted (*) and No           | on-Friable Procedure    | е       |           |               |           |
|   |                             | 1             | Loca       |                    |                      |   |                            |                         | Ab      | atem      | ent T         | ype       |
| Location of   |                             | n He          | Norma      |                    |                      | Description of  |                            |                         | R       | R         | Ш             | Ш         |
| Asbestos-Containing Mat   |                             | 11            | aintena    |                    |                      | stos Containing Ma<br>., thermal systems  |                            | Amount<br>(Specify      | amo     | Repair    | ıca           | nclo      |
| IN Facility   | _                           | Cus           | todial     |                    | (1.6                 | surfacing, VAT  |                            | SF or LF)               | Removal | =         | Encapsulate   | Enclosure |
| (13)  |                             | Yes           | (12)<br>No | N/A                | -                    | other miscellane  | ous)                       |                         |         |           | late          | 0         |
| Basement  |                             |               |            | N/A                | Floor T              | ile   |                            | 970 SF                  |         |           |               |           |
| Basement  | -                           |               | H          |                    | Mastic               |   |                            | 1050 SF                 |         |           | $\overline{}$ | H         |
| Dasomone  |                             |               |            | -                  | IVIASCIC             |   |                            | 1030 31                 |         |           |               | H         |
|   |                             |               |            | 뉴                  |                      |   |                            |                         | 닏       |           |               |           |
| N   |                             |               |            |                    |                      |   | 7                          |                         |         |           | Ш             | Ш         |
| Name of Registered Waste H  |                             |               | 1000       | JDEP \             |                      | Cubic Yards of  | Name of Regis              |                         |         |           |               |           |
| Freehold Cartage, Inc.  | 6                           |               |            | lauler II<br>02265 |                      | Waste<br>5  | GROWS L                    | andfill                 |         |           |               |           |
| City, State   |                             | 7             |            |                    |                      | Disposal Date   | City, State                |                         | -       |           |               |           |
| Freehold, NJ  |                             |               |            |                    |                      | 2/5/15  |                            | e, PA 19067             |         |           |               |           |
| Completed By (Print or Type   | )                           | Title         |            |                    |                      | Signature   |                            | Dat                     | te      |           |               |           |
| Kimberly A. Trumbetti   |                             | Office        | Coor       | dinato             | r                    | (1X)  |                            |                         |         | 3-        | 15            |           |
| ,   |                             | -11100        |            |                    | *                    | MALV  |                            |                         | 1       | 7         | ~             |           |

ASB-41 MAY 11

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

STATE OF NEW JERSEY

|  |            |                        | NOTIFICAT                    |                   | BESTOS A                                |   | / / / /  | hock       | H               | 23    | 25   |
|--|------------|------------------------|------------------------------|-------------------|---|---|--|------------|-----------------|-------|--|
| Date of Notification (1)   |            |                        | (FORSOAI)                    |                   | THE RESIDENCE OF THE PERSONS ASSESSED.  | wner / Oper                             | CONTRACTOR DESCRIPTION OF THE PARTY OF THE P | - PN       | ALCOHOLD STREET | 0,01  | The second secon |
| 12 / 11 /  | 14         |                        |                              |                   |   | E, ING (                                | SELAI  |            |                 |       |  |
| / /  |            |                        |                              | Street Ad         |   | 14 4                                    |  |            |                 |       |  |
|  | -          | tification             |                              |                   | SLAND AV                                | ENUE                                    | ह हो।  | 10 FC      |                 |       |  |
| EPA DEB  |            | Initial                |                              | NUTLEY,           | e, Zip Code                             | 9015 JA                                 | N 15 P   | 1 10.00    |                 |       |  |
| DEP DOH  | -          | Amended<br>Amendment # | 4 2                          | Name of (         |   | Cara                                    | STOS F   | Tolombo    | de Numb         | )OF   |  |
| DON DOL  |            |                        |                              | TOM AIEL          |   | 4                                       | TASE   | HEI GHILOI | ile Marris      | 761   |  |
|  |            | Cancellation           | Jackinoation                 |                   |   | ADOF                                    | TICE   | prii-      |                 |       |  |
| The state of the s |            |                        | F                            | ACILITY IN        | FORMATIO                                | ON OC                                   |  |            |                 |       |  |
| Name of Facility Where   | Abatem     | ent is Taking          | Place (3)                    |                   | Type of F                               | acility (4)                             |  |            |                 |       |  |
| HOFFMAN LAROCHE  |            |                        |                              |                   |   | School (K                               | 12\  |            |                 |       |  |
| Street Address   |            |                        |                              |                   | 1 7                                     | Marie and the state of the state of the | er 8 (Other  | than K-12  | 2)              |       |  |
| 340 KINGSLAND AVEN   | UE         |                        |                              |                   |   |   | , private &  |            |                 |       |  |
| City (5)   | ounty (6)  |                        | County Code                  | (7)               | Square Fe                               | NAME AND ADDRESS OF TAXABLE PARTY.      | # Of Floor   | S          | Buildin         | g Age |  |
|  | SSEX       |                        |                              | V-7               |   | N/A                                     | N/   | Ά          |                 |       |  |
|  |            | 1,30                   |                              |                   |   | lse (Prior if                           | being dem  | olished)   |                 |       |  |
|  |            |                        |                              |                   | N/A                                     | 6.                                      |  |            |                 |       |  |
| Name of Monitoring Fir   | rm Hired   | by Bldg. Own           | er (8)                       | ASCM NO           | Name of A                               | Abatement                               | Contractor   | (9)        |                 |       |  |
| EMILCOTT ASSOCIATE   | ES, INC.   |                        |                              | N/A               | NORTHST                                 | TAR CONTR                               | RACTING G  | ROUP, IN   | IC.             |       |  |
| Street Address   |            |                        |                              |                   | Street Ad                               | dress                                   |  |            |                 |       |  |
| 190 PARK AVE   |            |                        |                              |                   |   |   |  |            |                 |       |  |
| City, State, Zip Code  |            |                        |                              |                   |   | MS PARKV                                |  |            |                 |       |  |
| MORRISTOWN, NJ 079   |            |                        | T=                           |                   | City, State                             | e, Zip Code                             |  |            |                 |       |  |
| Project Mngr. For Moni<br>DAVID TOMSEY   | itoring Fi | rm                     | Telephone Nu<br>973-538-1110 | mber              | EAST HAI                                | NOVER, NJ                               | 07936  |            |                 |       |  |
|  |            | Sched. Comp            | letetion Date (1             | 1)                |   | e Number                                |  | License    | Number          |       |  |
| 12_ / 22 /.  | 14         | _03/                   | / 31 /                       | 15                |   |   |  |            |                 | 20000 |  |
| Occupancy Status Dur   | ina Abata  | mont (Chook            | Only 1)                      |                   | 300000000000000000000000000000000000000 | 72-3660<br>OSHA Moni                    | for  |            |                 | 00860 |  |
|  |            | ed During Ent          |                              |                   |   | TAR CONTE                               |  | ROUP IN    | IC.             |       |  |
| Abatement  | oca, vacat | od Daring Lin          |                              |                   | Street Ad                               |   | 0.10.111.0   |            |                 |       |  |
|  | Performe   | d Outside of N         | Normal Facility              |                   |   |   |  |            |                 |       |  |
| Hours - Desc   |            |                        |                              |                   | 32 WILLIA                               | MS PARKV                                | VAY  |            |                 |       |  |
| Other - Desc   |            |                        |                              |                   |   | e, Zip Code                             |  |            |                 |       |  |
| Scope of Work (Check   |            | 7:00AM-3:00P           | M                            |                   | EAST HAI                                | NOVER, NJ                               | 07936  |            |                 | -     |  |
| Scope of Work (Glieck  | All Illat  | ~bbiy/                 |                              |                   |   |   |  |            |                 |       |  |
| Demolition   |            |                        | Renovation                   |                   |   | ainment wit                             | h Negative   | Pressure   | Э               |       |  |
| ≥3sf or ≥3lf   | 000 15     |                        |                              |                   | Mini - End                              |   |  |            |                 |       |  |
| ≥160 sf or ≥2  | 260 It     |                        |                              |                   |   | Procedure                               |  | hie Proce  | dure            |       |  |
|  |            |                        |                              | 0                 | NOTI-EXCIT                              | iipieu ( ) aii                          | u Non-i na   | Die i roce | dare            |       |  |
| Location of  |            | ls                     |                              | Descript          | ion of                                  |   |  | Abateme    | nt Type         |       |  |
| Asbestos Contain   | ing        | Location               | As                           |                   | ontaining                               |   |  | R          |                 | E     | E  |
| Material (ACM)   |            | Normally               | 1000                         | Material          |   |   | Amount   | E          | R               | N     | N  |
| TO BE ABATED   | □          | Used                   |                              | e., therma        |   | _                                       | (Specify   | M          | E               | C     | C  |
| in Facility  |            | Solely                 |                              |                   | facing, VA                              |   | SF or LF)  | (2000)     | P               | A     | L  |
| (13)   |            | by Main-               | or                           | other misc        | ellaneous)                              | 1                                       |  | V<br>A     | A               | P     | o<br>s   |
|  |            | tenance/<br>Custodial  |                              |                   |   |   |  | L          | R               | U     | U  |
|  |            | Staff (12)             |                              |                   |   |   |  | -          | 1.,             | L     | R  |
|  |            | YES NO N/A             | †                            |                   |   |   |  |            | 1               |       |  |
|  |            |                        |                              |                   |   |   |  |            |                 |       |  |
| EXTERIOR FORMER B  | -30        |                        | ACM SOIL                     |                   |   |   | 2,400 C.Y.   | V          |                 |       |  |
| EXTERIOR FORMER B  |            |                        | EXPANSION J                  | OINT              |   |   | 2,400 LF   | [7]        |                 |       |  |
| BLDG 115, 1ST FLOOR  |            |                        | VAT/MASTIC                   | 12                | 1                                       |   | 20 SF  |            |                 |       |  |
| Name of Registered Wa  |            |                        | NJDEP Waste                  |                   |   | Registered                              |  |            |                 |       |  |
| NORTHSTAR CONTRA   | CTING G    | KOUP, INC.             | Hauler ID No.<br>NJ-750      | Yards<br>of Waste | VVASIEN                                 | MANAGEME                                | IN I   |            |                 |       |  |
| City, State  |            |                        | 1                            | Disposal          | City. State                             | e                                       |  |            |                 |       |  |
| EAST HANOVER, NJ   |            |                        |                              | Date              | TULLYTO                                 |   |  |            |                 |       |  |
|  |            |                        |                              |                   |   |   |  |            |                 |       |  |
| Completed by (Print or   | Type)      |                        | Title                        |                   |   | Signature                               | f (  | -          |                 | Date  |  |
| STEVEN STILES  |            |                        | PROJECT MA                   | NAGER             |   | 1 1                                     | 0 M -  | 16)        |                 |       | 04/44/45   |

01/14/15

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

|              |     | - CTM-MANAGE |      |  |
|--------------|-----|--------------|------|--|
| JAN 1 5 2015 | JAN | 15           | 2015 |  |

Print Form

| Date of Notification (1) 1/9/15   | × ×                                     | Name of PSEG                             | Building Owne  | er/Operator                                   | (2)                                   | JAN  | 15             | 201         | 5             | The state of the s |
|---|---|--|--|---|---------------------------------------|--|----------------|-------------|---------------|--|
| Agencies Notified Type Notificati   | on                                      | 77 1827,7420                             | agle Rock R  | oad   |                                       | HAR  |                | <u> </u>    |               |  |
| DEP Amended Amended Amended   |   | Rosela                                   | te, Zip Code<br>and NJ 0706  | 88  |                                       | LIC  | ENSI           | VG          | OL 8          | 2  |
| DOH justification Cancellai   | on)                                     | Dawn I                                   |  |   | 1                                     | Telephone Num                                    | iber           | _           |               |  |
| Name of Facility Where Abatement is Ta  | king Place (3)                          | FACIL                                    | LITY INFORM  | ATION   | Type of Facility (4)                  |  |                |             |               |  |
| Cook Substation   | uung riace (e)                          |  |  |   | School (K-12                          |  |                |             |               |  |
| Street Address<br>98 Cook Rd  | 7.                                      | 21                                       |  |   | Subchapter 8 Other (i.e. prietc.)     | (Other than K-12<br>vate & commercia             | )<br>il buildi | ngs,        | home          | s,   |
| City (5)<br>Nutley NJ 07110   | ii .                                    |  |  |   | Square Feet<br>n/a                    | # of Floors<br>n/a                               | n/a            | dg. Ai<br>a | ge            |  |
| County (6)<br>Essex   |   | County C                                 | Code (7)<br>JSE ONLY)  |   | Current Use (Prior n/a                | if being demolish                                | ed)            |             |               |  |
| Name of Monitoring Firm Hired by Buildi n/a   | ng Owner (8)                            | ASCM<br>n/a                              | l No.  |   | of Abatement Contr<br>Environmental   |  |                |             | 16            |  |
| Street Address<br>n/a   |   | 22                                       |  |   | Address<br>d Dock Rd                  |  |                | 18          |               |  |
| City, State, Zip Code<br>n/a  |   |  |  |   | ate, Zip Code<br>ank NY 11980         |  |                |             |               |  |
| Project Manager for Monitoring Firm n/a   | (1                                      | Telephor<br>n/a                          | ne No.   | 1 State 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | one No.<br>124-8111                   | License No<br>01136                              | ).             |             |               |  |
| Start Date (10)<br>1/8/15   | Scheduled C                             | completion [                             | Date (11)  | ((1.20)))                                     | of OSHA Monitor<br>ael J DiMaria/ V   | VRS  |                |             |               |  |
| Occupancy Status During Abatement (C  | heck Only One)                          |  |  | 270,000,000                                   | Address                               |  |                |             |               |  |
| Facility Closed/Vacated During Ent<br>Abatement Performed Outside of N<br>Other – Describe: | ire Period of Abat<br>ormal Facility Ho | ement<br>urs                             |  | City, St                                      | as above<br>ate, Zip Code             |  |                | (2)<br>(2)  |               |  |
| Scope of Work (Check All That Apply)  |   |  |  | same  | as above                              | V)   |                |             |               |  |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   |   | ovation                                  |  | ×   | Mini-Enclosure<br>Glovebag Proce      | nt with Negative P<br>edure<br>(*) and Non-Friab |                |             | 2             |  |
|   | Is Loc                                  | - E                                      |  | B 2.28  | Non-Exempled                          | ( ) and North Hab                                | T              |             | ment          |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility                     | Norm                                    | nally<br>olely by<br>nance/<br>al Staff? | (i.e. then   | mal systems<br>urfacing, VA                   | aterial (ACM)<br>insulation,<br>I, or | Amount<br>(Specify<br>SF or LF)                  | Removal        | Repair      | e Encapsulate | Enclosure  |
| (13)  | Yes N                                   |  | oth  | er miscellan                                  | eous)                                 |  | val            | =           | ılate         | ure  |
| Exterior Excavation   |   | X  | Asbes  | tos Trans                                     | ite Pipe                              | 16 LF  | x              |             |               |  |
|   |   |  |  |   |                                       |  |                |             |               |  |
| 7 8   |   |  |  |   |                                       |  |                |             |               |  |
| Name of Registered Waste Hauler   |   | NJDEP W<br>Hauler ID                     | September 1 Programme 1 Progra | bic Yards<br>Waste                            |                                       | egistered Landfill                               |                |             |               |  |
| Veolia ES Technical Solutions Co  | orp.                                    | 20071                                    | 1  |   |                                       | Disposal Inc.                                    |                |             |               |  |
| City, State<br>1 Eden Lane, Flanders NJ 07863   |   |  | Dis<br>TB  |   | City, State<br>Belleville             | , MI 48111                                       |                |             |               |  |
| Completed by<br>Michael J DiMaria   | Title<br>Proj Mgi                       | r/Site Sup                               | pervisor /   | Signature Much                                | 20 18J                                | Maria 1/8  | te<br>9/15     |             |               |  |

CK F24717

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

| Date of Notification (1)                 | 12/14                        |            | Name of Building Owner/Operator (2)  Ugorji |           |  |                                      |                                   |                    |         |                     |        |             |           |
|--|------------------------------|------------|---|-----------|--|--------------------------------------|-----------------------------------|--------------------|---------|---------------------|--------|-------------|-----------|
| Agencies Notified                        | Type Notification            |            | 1   | Street    | Address  |                                      | 854 Ohio A                        | ASE STOR           | 1.6     |                     |        |             | _         |
| EPA<br>DEP                               | Initial Amended              |            | -   | City, S   | tate, Zip C  | ode                                  | 834 Unio A                        | ve.                |         |                     |        |             | -2-7      |
| DOL DOL                                  | Amendment #                  | cluding    |   |           |  |                                      | renton, NJ 0                      | 8638               |         |                     |        |             |           |
| DOH DCA                                  | justification)  Cancellation |            |   | Name      | of Contac  | t<br>Ms. Ugorji                      |                                   | Telephone          | Numbe   | er                  |        | -           |           |
|  |                              |            | 1.  | FAC       |  | ORMATION                             |                                   |                    |         | <del>Personal</del> | _      | -           |           |
| Name of Facility Where                   |                              |            |   |           |  |                                      | Type of Facility                  |                    |         |                     |        |             |           |
| Street Address                           | Kesi                         | dentia     | ll  |           |  |                                      | School (K-1                       | 8 (Other than      | n K-12) |                     |        |             |           |
| Officer Address                          | 854 O                        | hio A      | ve.   |           |  |                                      | Other (i.e., homes, etc           |                    | mercial | build               | ings,  |             |           |
| City (5)                                 | T                            |            |   |           |  |                                      | Square Feet                       | # of Floor         | rs      | Blo                 | dg. A  |             |           |
| County (6)                               | Tren                         | ton, N     | J   | Cour      | tv Code (  | 7) (STATE                            | 1200 - Current Use (F             | Prior if being d   | emolish | led)                | 80     | T/-         |           |
| N  | Mercer                       |            |   | USE       | ÓNLY)  |                                      |                                   |                    |         |                     |        |             |           |
| Name of Monitoring Firm<br>(8)           |                              | Owner      |   | ASCM      | No.  |                                      | nent Contractor (<br>vens Environ |                    | ruice   | e In                | C      |             |           |
| Street Address                           | MECS                         |            |   |           |  | Street Address                       | vens environ                      | memai se           | I VICE: | 5, 111              | С.     |             | _         |
|  | PO Box 34                    | 1          |   |           |  |                                      | PO                                | Box 322            |         |                     |        |             |           |
| City, State, Zip Code                    | rosswicks, NJ                | 0851       | 5   |           |  | City, State, Zip 0                   |                                   | vn, NJ 085         | 501     |                     |        |             |           |
| Project Manager for Mo                   |                              | 0051.      |   | phone     | No.  | Telephone No.                        | 11110110                          | License            |         |                     |        |             | _         |
| Bill We                                  | eisgarger                    |            | -   |           | 8-4070   |                                      | 59-9688                           |                    | 00      | )493                |        |             |           |
| Start Date (10)<br>1/13/15               | Sched                        | duled C    | omple<br>/14/                               |           | te (11)  | Name of OSHA                         |                                   | 1ECS               |         |                     |        |             |           |
| Occupancy Status Duri                    | ng Abatement (Che            |            |   | 13        |  | Street Address                       |                                   | ASC. (200 LOCK)    |         |                     |        |             | -         |
| ☐ Facility Closed/Vaca                   |                              |            |   |           |  |                                      |                                   | Box 341            |         |                     |        |             |           |
| ☐ Abatement Performe ☑ Other - Describe: |                              | II Facilit | у нои                                       | rs        |  | City, State, Zip (                   |                                   | ks, NJ 085         | 515     |                     |        |             |           |
| Scope of Work (Check                     | all that apply)              |            |   |           |  | □ Full Co                            | ntainment with N                  | egative Press      | ure     |                     |        |             |           |
| ≥3 sf or ≥3 lf<br>= ≥160 sf or ≥260 lf   |                              |            | novat<br>molitic                            |           | ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure |                                      |                                   |                    |         |                     |        |             |           |
|  |                              | ls l       | ocatio                                      | on        |  | 1 14011-2                            | templed ( ) and is                | Torra Habie Fi     | ocedure |                     | bate   |             |           |
| Location                                 | of                           |            | omally<br>Solel                             |           |  | Description of                       | of                                |                    |         |                     | Тур    | e           |           |
| Asbestos-Containing<br>TO BE ABA         |                              |            | ntenan<br>ustodia                           |           |  | tos Containing Ma<br>thermal systems |                                   | Amount<br>(Specify |         | Z                   | F      | Enc         | T.        |
| IN Facilit                               |                              |            | Staff?<br>(12)                              |           | 1600001  | surfacing, VAT other miscellane      | , or<br>ous)                      | SF or LF           | -)      | Remova              | Repair | Encapsulate | Enclosure |
| (10)                                     |                              | Yes        | No  | N/A       |  |                                      | our vacas (                       |                    |         | al                  | 7      | late        | лге       |
| Basem                                    | ent                          |            | ×   |           | Th   | ermal Pipe In                        | sulation                          | 11 lf              |         | ×                   |        |             |           |
|  | .,                           |            |   |           |  |                                      |                                   |                    |         |                     |        |             |           |
|  |                              |            |   |           |  |                                      |                                   |                    |         |                     |        |             |           |
| Name of Registered Wa                    | este Hauler                  |            | IN  | JUDEP V   | Vaste  | Cubic Yards                          | Name of Rec                       | jistered Landf     | Fill    |                     |        |             |           |
| Stevens Environ                          |                              | s, Inc     | F   | Hauler ID |  | of Waste<br>1 CU                     | /_                                | GROWS              |         | ifill               |        |             |           |
| City, State                              | Allentown, 1                 | NII.       |   |           |  | Disposal Date                        | City,/State                       | Morrisy            | rilla 1 | D Λ                 |        |             |           |
| Completed By                             | Allentown, I                 |            |   |           |  |                                      | 1                                 |                    | ate     |                     |        |             | =         |
| Mahlon E. St                             | evens                        | Pı         | ojec  | t Mar     | nager  |                                      |                                   |                    |         | 1/12                | 2/15   |             | _         |

@0003/0005

|  | TIE  | 1 7/7   | To           |             |                |                                      |                       |                        | (            | K                      | F 2  | of-                                 |
|--|--|---|--------------|-------------|----------------|--------------------------------------|-----------------------|------------------------|--------------|------------------------|--|-------------------------------------|
|  | 3_   | <u>U</u>  | NOT          | FICAT       | ION OF AS      | New Jersey<br>BBESTOS ABATE          | EMENT                 |                        | DOL.         |                        |  |                                     |
|  | 1 18 87  |   | )            | Puro        | ant to NJ      | AC 8:50 and 5:1                      | 9)                    |                        | ) = : : '    |                        | 0.41   |                                     |
| Date of Notification (1  | 1/12/14  |   | 1776         | Ne          | חום כל פוות    | ung Owner/Operate                    | or (2)                | +                      | 11/11        | 1                      | 12   |                                     |
| Agencies Notified  | Type Notrice   | - Alleria   |              |             |                |                                      | Ugorji                |                        | . 640        | VII.                   | PU   | / _                                 |
|  |  |   |              | 5(1         | eal Addres     | 1                                    | 0.54.0**              | 141                    | AUIED        | E D                    | 1313   | 011                                 |
| E EPA<br>DEP<br>E OOL  | Initial  |   |              | CIS         | , State, Zip   | Cada                                 | 854 Ohio A            | ye. W                  | AIVER        | AF                     | HI   | JV                                  |
|  | Amendma<br>Emergen   |   | ion          | 0           | r, 0.02, 24    |                                      | Frenton, NJ (         | 20620                  |              |                        | 1  |                                     |
| DOH<br>DOA   | Latificati Cancellati  |   |              | Nan         | ne of Cont     | a                                    | LIEUROIL, IV.         |                        | e Number     |                        |  |                                     |
| -  | Jan Ownoon (   | W11   |              | _           |                | Ms. Ugorii                           |                       | 1 Grieber Of           | Municol      |                        | 3.   |                                     |
| and of English laters  |  | - Commence of the Commence of |              | P           | ACILITY IN     | FORMATION                            |                       |                        | -            |                        | -7   | an.                                 |
| lame of Facility Where   | Abatement is T   | akng Ph<br>Lesiden  | too (S)      | -           | es il          |                                      | Type of Pacifi        | y (4)                  |              | -                      | -  | _                                   |
| Treet Address  | 10   | CHICKE  | [LIS]        |             |                |                                      | School (K-            | 12)                    |              |                        | .9   |                                     |
|  | 854  | Ohio  | Ave          |             |                |                                      | # INC. Other ().e     | of a (Other the        | en K-12)     | w the in               | -  |                                     |
| try (6)  |  | Same .  | - Control of |             | -              |                                      | Square Fest           |                        |              |                        |  |                                     |
| 7  | T  | enton.  | KN           |             |                |                                      | 1200                  | # of Flor              |              |                        | Age  |                                     |
| ounty (B)  | Anu  |   | OLUMBAN .    | Co          | unty Code      | (7) (STATE                           | Current Use (         |                        |              | H\                     | 0+/-   | -                                   |
| arns of Monitoring Fire  | Marcer   | Day Files   |              |             |                |                                      | laces and             |                        |              | /                      |  |                                     |
| ) and or mostilizated Litt   | MECS   | ng Own  | H.           | ASC         | VI No.         | Name of Abatem                       | nent Contractor (     | 3)                     |              |                        |  | Real Property                       |
| reel Address   |  |   |              | _           |                | Street Address                       | ens Environ           | mental Sc              | srvices,     | Inc.                   |  | 200000                              |
|  | PO Box   | 341   |              |             |                | Grissi Modiess                       | PO                    | 3ox 322                |              |                        |  |                                     |
| y, State, Zip Code   |  |   |              | -           |                | City, State, Zip C                   | Code .                | JUX 344                |              |                        | -  |                                     |
| ojeci Manager for Mo   | osswicks, N  | J 085   | -            | -           |                |                                      |                       | n, NJ 085              | 101          |                        |  |                                     |
|  | iscareer   |   |              | ephone      |                | Telephone No.                        |                       | License                |              |                        | 100  |                                     |
| er Date (10)   | The state of the s | haduled   |              |             | 98-4070        | (609) 25                             |                       |                        | 004          | 93                     |  | _                                   |
| 1/13/15  |  |   | 1/14/        | /15         | ₹(a (11)       | Name of OSMA                         |                       | ECS                    |              |                        |  |                                     |
| pupancy Status Durin   | g Abalement (C   | heck on   | A DUE)       | - Publisher |                | Stree Address                        | 141                   | BUS                    |              |                        | Cition .   |                                     |
| Facility Closed/Vacet  | ed During Entire   | Period o  | f Abala      | ment        |                |                                      | POE                   | lox 341                |              |                        |  |                                     |
| Abstement Performer<br>Other - Describe:   | Rem to Ann   | mel Facil   | ity Hou      | ile.        |                | City, State, Zip Co                  | ode                   |                        |              |                        |  | _                                   |
| ops of Work (Check s   |  | ~   |              |             |                |                                      | Crosswick             | s, NJ 085              | 15           |                        |  |                                     |
| ≥3 s/ or ≥3 f  | a mar apply  | Prost   |              |             |                | Full Conf                            | tainment with Ne      | native Pressu          | ITP          |                        |  | an engle                            |
| ≥160 st er ≥280 if   |  |   | emovat       |             |                | L Ministenc                          | tosure<br>g Procedura | g=10-0 / 10000         | 21.5         |                        |  |                                     |
|  |  |   |              |             |                | Non-Exe                              | mpted (*) and No      | n-Frieble Pro          | cadula       |                        |  |                                     |
| 1 A CONTINUE OF THE PARTY OF TH |  | l N   | Localk       | 1-          |                |                                      |                       |                        |              | Abate                  |  |                                     |
| Location of<br>bastos-Containing N   | r<br>Leterial (ACLA)   | Mai   | d Spiel      | y by        | Anhart         | Description of<br>cs Containing Male | rial /A man           | ¥. E                   | -            | Ty                     | 78   |                                     |
| ID BE ABAT   | 20   | 0   | Staff?       |             | (i.e.,         | hermal systems in                    | sulation.             | Amount<br>(Specify     | 77           |                        | En   | m                                   |
| (13)   |  |   | (12)         |             |                | surfacing, VAT, other miscellaneou   | 30                    | SF or LF               | Resiniva     | Repair                 | B  | NCIO                                |
| Yes No   |  |   |              | N/A         |                |                                      | /                     |                        | PEAC         | 1 4.                   | Encapaviale  | Enclosure                           |
|  |  |   |              | - North     | 75             | 151 -                                |                       |                        |              |                        | 60   |                                     |
| Basemont   |  |   | -            | 100         | rmal Pipe Inst | elation .                            | 11 lf                 | ×                      |              |                        |  |                                     |
|  |  | +-  |              |             |                |                                      |                       |                        | SHIP.        |                        |  |                                     |
|  | STATION OF THE PARTY OF THE PAR |   | -            | -           |                |                                      |                       |                        |              |                        |  |                                     |
| e of Registered West   | a Hauler   |   |              | JOEPV       |                | Cubic Yards                          | Name of Repos         | Minne   here           |              |                        |  |                                     |
| evens Environm   | ental Service  | es, Inc.  | H            | 182         |                | of Waste                             | 1                     | JROWS 1                | المساها      |                        |  |                                     |
| Sizia  |  |   |              | - 02        |                | Disposel Date                        | City, State           | SWUMS                  | Landnii      |                        | 1000   | _                                   |
|  | Allentown,   |   |              |             |                | 1/13/15                              | 1                     | Morrisvi)              | le PA        |                        |  |                                     |
| plated By<br>Mahlon E. Stev  | TE   |   | alan         | 14          |                | Signatural                           | 1                     | Date                   | 3            | nacoranda<br>accoranda | Constant of the last of the la | THE R. P. LEWIS CO., LANSING, MICH. |
| DAMIDU E. SICY   | UALIS DES  | 27  | oject        | wan         | RECT           |                                      | 1                     | ALTERNATION CONTRACTOR | 1/12         | 1/15                   |  | _                                   |
| )  | */   | d ant w   | nes Males    | form to     |                |                                      | /                     |                        | and the same |                        |  | _                                   |

11/27/2031 09:27 FAX

Ø10003/0004

State of New Jersey DOL - 10 DAY NOTIFICATION OF ACCES BATEMEN (Pursuant to ... JAN .. L. Jand 5:16)-Date of Notification (1) Name of Building Owner/Operator (2) 1 1 09 / 15 Congretion Ahavas Israel &L 8CK# 3484 Agencies Notified Type Notification Street Address X EPA ☐ Initial 181 Van Houten Avenue DOLWD APPROVED Amended Olty, State, Zip Code DHSS Amendment #\_ Passaic, New Jersey 07055 Ø DCA ⊠ Emergency (including) (NUAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Howard Penner FACILITY INFORMATION Name of Facility Where Abelement is Taking Place (3) Type of Facility (4) Congretion Ahavas Israel School (K-12) Street Address Subchapter 8 (Other than K-12) 181 Van Houten Avenue Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Passaic, New Jersey 07055 Blog Abe 10,000 County (6) 55+ County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passaic Synagog Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Datail Associates Inc. Lilich Corporation Street Address Street Address 300 Grandview Avenue #104 606 McBride Avenue City, State, Zip Code City, State, Zip Cade Englewood, New Jersey 07631 Woodland Park, New Jarsey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Stephen J 201-569-6708 873-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 17 / 15 01 / 27 / 15 J&S Environmental Labs Inc. Occupancy Status During Absternant (Chack only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe Time of Abstement: 7AM-7PM/occupiedPM-City, State, Zip Code Union, New Jersey 07083 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ≥3 sf or ≥3 if
 ≥160 sf or ≥250 if Renovation ☐ Mini-Enclosure Demolition Glovebag Procedure
Non-Exampted (\*) an Non-Exampted (\*) and Non-Frieble Procedure Is Location Normally Abstement: Type Location of Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal Repair Enclosure TO BE ABATED Maintenance/ Amount Dipoletic (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or SF or LF) (13) (12)other miscellaneous) Yes No N/A Boller Room X Boller TSI (full cont) 450 SF  $\propto$ Boller Room X Pipe Insulation (glove bag) 10 LF X Name of Registered Weste Hauler NUDEP Waste Cybic Yards of Name of Registered Landfill Lilich Corporation Hauler ID No. Waste Q.R.O.W.S Landfill 18724 City, State Disposal Date City, State Woodland Park, New Jersey 07424 01/22/15 Morrisville, Pennsylvania Completed By (Print or Type) Title Signatura Momo Glavatovic Vice President ASB-41

NAY 11 Do not use this form for asbestos licensure exempted addivities.

| 01/09/2015 01:2                             | 3PM 97363              | 381778       |  |                                     |  | Charles and the last   | GEI  | VER                |   | PAG        | E                  | <b>0</b> 3. |
|---|------------------------|--------------|--|-------------------------------------|--|--|--|--------------------|---|------------|--------------------|-------------|
| Check#2086                                  |                        | NOTIF        | ICATIO   | State of I<br>ON OF As<br>ent to NJ | BESTO  | SABA   | TEMENT   | 2015 DOUB          | nergana   | Varie      |                    | GR          |
| Date of Notification (1)                    |                        |              |  |                                     | - 24 book  | 1  |  | - VID FLE          | +   | hen        | ICELL              | UII         |
| DI ,  | 09 /                   | 15           |  | ne of Buildh                        |  | ) perator  | (2)  |                    | Τ.  |            |                    | 7           |
| Agenties Notified                           | Type Notification      | -            | Sha  | wn Marag                            | hi   | ASBE   | STOS CON   |                    | 1/  |            |                    | 1           |
| □ EFA                                       | Initial Strategy       | QI.          |  | et Address                          | -  |  | LICENSING  | -5/1/2             | 1   | -          |                    | +           |
| ⊠ DOLWO                                     | Amended                |              | 112  | 4 Kensing                           | ton Aven   | ne   |  | _ NYVIA            |   |            |                    |             |
| S CHSS                                      | Amendman               |              | 1  | State, Zip                          |  |  |  | WAIVER A           | DODO  | urr        |                    |             |
| (NJAC 5:23-8)                               | ≅ Emergency            | tincluding   | Plai   | nfield, NJ                          | 07050  |  |  | EANIACU W          | PERO  | YEL        | ,                  | 1           |
| (14640 0:53-0)                              | Justification          |              | 1  | ne of Conta                         |  |  |  | Telephone          | Number  | -          |                    | =           |
| - vau                                       | - Tangirang            | -            |  | wn Maragi                           |  |  |  | ı                  |   |            |                    |             |
| Value of Facility Where A                   | buthanness to that     |              | F  | ACILITY I                           | NFORMA   | TION   |  |                    | _   |            | - 12               | -           |
| rivate house                                | personent is tak       | ang Place (  | 3)   |                                     |  | and the same of th | Type of Faci   |                    |   |            | 7)                 | _           |
| Trace nouse                                 |                        |              |  |                                     | -  |  | School (H  | (-12)              |   |            | 4                  |             |
|   |                        |              | 20   |                                     |  |  | Other (i.e   | er & (Other then k | (-12)   | eri)allera | .1                 |             |
| 124 Kensington Avent                        | )E                     |              |  |                                     |  |  | homes, e   | ic.)               | MINEL CHALL   | Anitalis E | 1                  |             |
|   |                        |              |  |                                     |  | TEMPORE  | Square Fast  | # of Floors        | E   | log. A     | gel                | _           |
| sinfield, NJ 07060                          |                        |              |  |                                     |  |  |  |                    |   |            | 100                |             |
| nion  |                        |              | Co   | unty Code (7)                       | (STATE U   | SE ONLY)   | Current Use  | (Prior If being de | molishes)   |            | 1                  | menc        |
| tion<br>time of Monitoring Firm I           | Hemel his the Contract | - C          |  |                                     |  |  |  |                    |   |            | :                  |             |
| an and other stell a strip is               | area by condin         | B Oalbei (B) | ASCI   | 4 No.                               | Name o   | Abetem   | ent Contractor   | (8)                |   | -          | 19                 | HOPA.       |
| tract Address                               |                        |              |  |                                     | Gr Tech  |  |  |                    |   |            | 1                  |             |
| THE PROPERTY OF                             |                        |              |  |                                     | Street A   | ddress   |  |                    |   | -          | T.                 | -           |
| ty. State, Zip Cops                         | -                      |              |  |                                     |  | ley Rd #   |  |                    |   |            |                    |             |
| if diale, zip oppo                          |                        |              |  |                                     | City, St   | ite, Zip C   | O CER  | -                  |   |            | ·                  |             |
| oject Mariager for Monke                    | Shinds It and          |              |  |                                     | Wayns,   | NJ 0747  | 70   | 14 4 T T S         |   |            |                    |             |
| -1  | 2011/16 1 (STA)        |              | Yelaphoni  | e No.                               | Telepho  | ne No.   |  | License No         | , ·   | -          | -                  | mater 6     |
| erf Dats (10)                               |                        |              |  |                                     | 973-638  |  | ř.   | 01127              |   |            |                    |             |
| 01 / 10 /                                   | 15                     | eduled Con   |  |                                     | Mame o   | OSHA N   | Conitor  | 27 (0)             | - Committee   | -          |                    | -           |
|   | -                      | 01 /         | 11 (   | 12                                  | Envirov  | ision Co   | nsultants, Inc   |                    |   |            |                    |             |
| Coupancy Status During                      | Abatement (Cha         | sek cuty and | )  |                                     | Street A   | ddrees   | AND DESCRIPTION OF THE PARTY OF |                    |   | -          | -                  | -           |
| Facility Closed/Vacated                     | Duning Entire F        | eriod of Ab  | atement  |                                     | 20-21 W  | agarew   | Road, Bidg .   | #35 E              |   |            |                    |             |
| Abatement Performed C<br>Time of Abatement: | AM-                    | PM PM        | PM_<br>PM_   | AM                                  | City, Sta  | te, Zip Co   | ರದಕ  |                    |   |            |                    | -           |
| cops of Work (Check all II                  |                        |              | Manager Comments   |                                     | Fair Law   | m, NJ 01   | 7410   |                    |   |            |                    |             |
|   | M SDDIA)               |              |  |                                     | H  | Clount La  | and decomar  | nination with negi | tive pres   | ura        | NAME OF STREET     | er Y        |
| >3 at or >3 if<br>> 160 at or >260 if       |                        | ₹ Reno       | vation   |                                     |  | Mini-Enci  | osure  | legative Pressura  |   |            |                    |             |
| T 100 dt OI TROU II                         |                        | ☐ Demo       | lition   |                                     | 8  | Glovebag   | Procedure  | Tent with Negs     | nive Press  | urn        |                    |             |
|   |                        | I Is Le      | pation   |                                     |  | MOIL-EYEI  | ulhtad (.) #ud   | Non-Friable Proci  |   | !          | THE                | THE         |
| Legation of                                 |                        | Mor          | mally  | İ                                   | Des  | diption of   | ,  |                    | Ab  | atemo      | M Ty               | pe          |
| Accestes-Containing Ma                      |                        |              | Calely by  | Asba                                | stos Conte   | inino Mat  | erial (ACM)  | Amount             | RWITINES  | Repair     | 9                  | BUNSDEALA   |
| th Fadlity                                  | alst.                  | Custoo       | al Steff?  | (i.e                                | ., thermal   | systems i:<br>ing, VAT.  |  | (Specify           | Mod   | Dag.       | appa               | 403         |
| (13)  |                        | (            | [2]  | _                                   |  | scellaned  |  | SIF or LF)         | 82  | 1          | Encepsulate        | 9           |
|   |                        | Yes h        | NA NA  |                                     |  |  | ,,,,   |                    |   |            | 6                  |             |
| tinent                                      |                        |              |  | Pipe insu                           | slation  |  | -  | 145 LF             | X   | m          | F7                 | -           |
|   |                        |              | Name of Street, or other Designation of the last of th | 1 1 mm 141 gr                       | COLPANI.   |  |  | 142 67             | -15   | 121        | 1-41               | -           |
| - 4   |                        | -            |  |                                     |  |  |  |                    |   | U          | إنا                | _           |
|   |                        |              |  |                                     |  |  |  |                    |   | O          |                    |             |
|   |                        |              |  |                                     |  |  |  |                    | TIT   |            | (-7)               | -           |
| ne of Registeron Waste                      | Madier                 |              | MOEP WIS   | e Heuter IO No.                     | Cuelo Yard   | is at Moses  | Name of Rev  | jistered Landfill  |   | البا       | THE REAL PROPERTY. |             |
| Tech LLC                                    |                        |              | 00337  | 25                                  |  |  |  |                    |   |            |                    |             |
| . Stale                                     | him many               |              | 00337  | 93                                  | Disposel   |  | T.R.R.F. Inc   |                    | CONTRACTOR OF THE PARTY OF THE | Intra      | 100 W              |             |
| yne, NJ 07470                               |                        |              |  |                                     | 8  |  | City, State  |                    |   |            |                    |             |
|   |                        |              |  |                                     | TBD  |  | Tellytown,   | PA                 |   |            |                    |             |
| Title (4) U/4 IV                            | 1 1 100                | II.          |  | - Alliand                           | Charles of the last of the las | -  | Carried Commence   |                    |   |            |                    | _           |
| mpleted By (Print or Type                   |                        | 555          |  |                                     | Sign   | sture /  | 10.  | p 1.               | Date  |            |                    |             |
| mpleted by (Print or Type<br>evic           |                        | vner         |  |                                     | Sign   | F4   | the wa   | hard.              | Date<br>01/09/20  | 115        |                    |             |

|   | RECEIV                                 | ED (       | 31/13                                   | 2/20:                 | 15 10:1                               | 2AM 9              | 736381                   | 778               |                       |          |        |           |                        |
|---|--|------------|---|-----------------------|---------------------------------------|--------------------|--------------------------|-------------------|-----------------------|----------|--------|-----------|------------------------|
|   |  |            |   |                       |                                       |                    | (* T                     | .lan              | 12 2015 10:13am       |          | Pf     | 101/0     | 11                     |
| الماريد دويد الماريد                      | יייייייייייייייייייייייייייייייייייייי | F          | ra r                                    | - n                   | DA F                                  | 3 1-               | 7                        | oun               | 12 2010 10 10 10 all  |          |        | 10 11 A   | VI.                    |
|   | IR                                     | 写          | P                                       | Pe                    | De TO DE ST                           |                    | av.                      |                   |                       |          |        |           |                        |
| Check#2087                                |  | MOI        | JEIC/                                   | 130                   | OFAS                                  | BESTO              | SABAT                    | TEMENT            | Emer                  | gency    | notii  | icatio    |                        |
| Date of Notincation (1)                   |  | 1          | LAN                                     | Mame                  | of Rulldin                            | 111/1              | 11                       |                   |                       | 3, 41.7  |        | 101211    | 787                    |
| 01 /                                      | 12                                     | 5          | JAN                                     | 1                     | of Bulldin                            | 111                | Je zor i                 |                   | APPROVED              |          |        |           |                        |
| Agencies Notified                         | Type Notification                      | leor:      | 1700                                    | Graha                 | am Prope<br>t Address                 | nty                | -                        | The Tich          | . of Health & Seni    | or Serv  | ices   |           |                        |
| □ EPA                                     | ⊠ Inital                               |            |   | 93/00                 | Hinterste                             | 9                  |                          | 1-1-62            | (Elgnature)           |          | 4      | 4         |                        |
| ⊠ DOTMD                                   | Armended                               |            | LIC                                     | 44-51                 | nmeristre<br>State, Zip               | Code               | -                        | 113757            | In lie                | 10:0     | 72A    | M         |                        |
| DHSS                                      | Amendment                              |            | -                                       |                       |                                       |                    |                          | Later             | Time:                 |          |        | -1-2      |                        |
| (NJAC 5:23-8)                             | Emergency (                            | inaludin   | g                                       | Name                  | rk, NJ 07                             | 414                |                          |                   | Talasha" - H          |          |        |           |                        |
|   | Cancellation                           | (35)       |   |                       | es Holme                              |                    |                          |                   | Telephone Nun         | iber     |        |           |                        |
|   |  |            |   |                       | CILITY I                              |                    | TION                     |                   |                       | _        | -      |           |                        |
| Name of Facility Where ,                  | Abatement is Taki                      | ng Place   | e (3)                                   | - , -                 | 4,2(1), 11                            | SI OICIMA          | TION                     | Type of Facility  | J (A)                 |          | -      | ***       |                        |
| Private house                             |  |            | 72 62                                   |                       |                                       |                    |                          | School (K-        |                       |          |        |           |                        |
| Street Address                            | VYSKON, A                              |            | *************************************** | -                     |                                       |                    |                          | Subchapter        | 8 (Other than K-1 :   | 2)       |        |           |                        |
| 44 Emmet Street                           |  |            |   |                       |                                       |                    |                          | Other (i.e.,      | private and comme     | rolal bu | ılldin | ļs,       |                        |
| City (5)                                  |  |            |   | -                     | , , , , , , , , , , , , , , , , , , , |                    |                          | Square Feet       | # of Floors           | l m      | dg, A  | rio.      |                        |
| Newark, NJ 07114                          |  |            |   |                       |                                       |                    |                          |                   |                       |          | ag, n  | Ge        |                        |
| County (8)                                |  |            |   | Соцг                  | rty Code (7)                          | (STATE U           | SE ONLY)                 | Current Use (F    | rior it being demot   | shed)    | _      | -         |                        |
| Essex                                     |  |            |   |                       |                                       |                    | 300                      |                   | and the second second | -1,1     |        |           |                        |
| Name of Monitoring Firm                   | Hired by Suliding                      | DAuel      | (8)                                     | ASCM                  | No.                                   | Name o             | Abatente                 | ent Contractor (  | 3)                    |          |        |           | -                      |
| Street Address                            |  |            |   |                       |                                       | Gr Teal            | b LLC                    |                   |                       |          |        |           |                        |
| 00 001 11001 055                          | 20                                     |            |   |                       |                                       | Street A           | Address                  |                   | 1                     |          | -      |           |                        |
| City, State, Zip Code                     |  |            | _                                       |                       |                                       | 576 Va             | lley Rd#                 | 283               |                       |          |        |           |                        |
|   |  |            |   |                       |                                       | Date of the last   | ate, Zlp Co              |                   |                       |          |        | S 85 5. 5 |                        |
| Project Manager for Mon                   | itoring Firm                           |            | Tele                                    | phone                 | No                                    | Wayne,<br>Telepho  | NJ 0747                  | 0                 |                       |          |        |           |                        |
|   |  |            | 1                                       | Priorite              | 110.                                  | 100000             |                          | (2)               | License No.           |          |        |           |                        |
| Start Date (10)                           | Sche                                   | duied (    | Comple                                  | ion Da                | ite (11)                              | 973-63             | S-1777<br>FOSHAM         | innihor -         | 01127                 |          | _      |           |                        |
| 01 / 12 /                                 | 15                                     | 01         |   | /                     |                                       |                    |                          | NO CAROLINA       | 14 15                 |          |        |           |                        |
| Decupancy Status During                   | Abatement (Cher                        | ck only    | Onel                                    |                       |                                       | Street A           | rision Co                | nsultants, Inc    |                       |          |        |           |                        |
| Facility Olosed Nacate                    | ed During Entire P                     | ector of   | éhata                                   | nent                  |                                       | Lanca and a second |                          | No. 2 No. 2 No. 2 |                       |          |        |           | 100.00                 |
| Abatement Performed<br>Time of Abatement: | Outside of Norma                       | al Facilit | ty Haur                                 | s - Des               | scribe                                | City, Sh           | vagaraw<br>ate, Zip Co   | Road, Bldg #      | 35 E                  |          |        |           | et sythe               |
|   |  | -M/        | PM_                                     |                       | AM                                    | 11                 | wn, NJ 0'                |                   |                       |          |        |           |                        |
| Scope of Work (Check all                  | that apply)                            | 7.50       | -                                       | and the second second | - PASSING AND LONG CO.                |                    | Clean up                 | али decontam      | nation with negativ   | e press  | sure.  |           | mit is the last record |
| >3 sf or >3 lf<br>> 150 sf or >250 lf     |  | DO R       | ariovet!                                | on                    |                                       |                    | Full Cont<br>Mini-End    | ainment with No   | agative Pressure      |          |        |           |                        |
| ( ≥ 160 sf or ≥260 lf                     |  |            | этона                                   |                       |                                       |                    | Glavebag                 | Procedure [       | Tent with Negative    | Press    | ure    |           | 89                     |
| 7.00                                      | ****                                   | 1          | s Locat                                 |                       | 1                                     |                    | Non-Exe                  | mpted (*) and N   | on-Friable Procedu    | rte      |        |           |                        |
| Location                                  |  |            | Norma                                   | ly                    |                                       | De                 | scription o              | ,                 |                       | Ab       | atem   | ant Ty    | /ÞB                    |
| Asbestos-Conteining  <br>TO BE ABA        |  |            | ed Spic                                 |                       | Asbe                                  | stos Cant          | aining Mai               | terial (ACM)      | Amount                | Re       | Re     | En        | E                      |
| IN Facili                                 |  | Сия        | andial :                                | Staff?                | (1,€                                  | therma             | systems (                | hsulation.        | (Specify              | Remova   | Repair | Encepsula | Enclosure              |
| (13)                                      |  |            | (12)                                    |                       |                                       | othern             | cing, VAT,<br>niscellane | ous)              | SIF or LF)            | 2        |        | sula      | aru                    |
|   | T                                      | Yes        | No                                      | N/A                   |                                       |                    | Har d'                   |                   | 967                   |          |        | ie i      |                        |
| Başement                                  | - Company                              |            |   | $\boxtimes$           | Round d                               | uct insu           | ation-wr                 | ар&сц             | 70 LF                 | X        |        | П         | i ner                  |
| Basement                                  |  |            |   | $\boxtimes$           | Boiler in                             | -                  |                          | - Ve              | 60 SF                 |          |        |           |                        |
|   |  |            |   |                       |                                       | A K or America     |                          |                   |                       | 1 - 21   | 1      | here u    |                        |
|   |  | m          |   |                       |                                       |                    | -                        | ~                 |                       |          | 1      | i land    | إ                      |
| Name of Registered Was                    | te Hauler                              | 1-         | NJF                                     | 1                     | e Hatrier ID No.                      | Cubic V            | rdn of IAI - 1           | al Nacon de       |                       |          |        |           |                        |
| Gr Tech LLC                               |  |            |   |                       |                                       |                    |                          | e Name of Reg     |                       |          |        | M. 18.    |                        |
| City, State                               |  |            | 1 4                                     | 03378                 | 50                                    | TBI                |                          | T.R.R.F. Inc      |                       |          |        | *         |                        |
| Wayne, NJ 07470                           |  |            |   |                       |                                       | 7500000            |                          | City, State       |                       |          |        |           |                        |
| Completed by (Print or T)                 | /pe) Ta                                | a          |   |                       |                                       | TBI                |                          | Tullytown, E      | A ·                   |          |        |           |                        |
| V.Jevtic                                  |  | N          |   |                       |                                       | \$15               | nature /                 | 1.1 . 1           | 1.                    | ate      |        |           |                        |
| Y JEVIIC                                  | Ov                                     | mer        |   |                       |                                       |                    | A.                       | for year          | ta of 101             | /12/20   | 114    |           |                        |
| WAY 17                                    |  | מא מכל ש   | 1 1100 16                               | rly fren              | u fur uchas                           | ins Dame           | 1/                       |                   |                       |          |        |           |                        |

| Ox Ylei'l   | 1                   |  | State of New Jersey<br>TIFICATION OF ASBESTOS ABATEMENT<br>(Pursuant to NJAC 8:60 and 12:120) |                      |          |                                  |                   |                 |          |                  | (P)                    | E        | П           | · ·         | ·<br>F    |  |  |  |
|---|---------------------|--|---|----------------------|----------|----------------------------------|-------------------|-----------------|----------|------------------|------------------------|----------|-------------|-------------|-----------|--|--|--|
| Date of Notification (1)<br>01/08/2015  |                     |  |   | Bullding (           |          |                                  |                   |                 |          | 是                | ll n                   | 127      |             | W           |           |  |  |  |
| Agencies Notified Type Notification   |                     |  | Street Ac   |                      | alu ol L | Luucat                           | 1011              |                 | 110      | 4+               | 1.6.1                  | 1 2      | -           | NI-E        |           |  |  |  |
| - 7,75  |                     |  | 51 West Cliff Street  |                      |          |                                  |                   |                 |          |                  | JAI                    | 1        | 5 2         | 2015        |           |  |  |  |
| EPA Initial Amended  DOL Amendment  | #                   |  | City, State, Zip Code<br>Somerville, NJ 08876   |                      |          |                                  |                   |                 |          |                  | ASBÉSTOS CONTROL 8     |          |             |             |           |  |  |  |
| X DOH justification)  DCA Cancellation  | (including          |  | Name of Contact   |                      |          |                                  |                   |                 |          |                  | Telephone Number NS/NG |          |             |             |           |  |  |  |
| DCA Cancellation  |                     |  | Sal Ga  |                      | DESATI   | 011                              |                   |                 |          |                  |                        |          |             |             |           |  |  |  |
| Name of Facility Where Abatement is Takin   | g Place (3          | )  | FACILITY INFORMATION  Type of Facility (4)  |                      |          |                                  |                   |                 |          |                  |                        |          |             |             |           |  |  |  |
| Somerville Middle School  |                     |  |   |                      |          |                                  | × s               | ichool (K-12    | 2)       |                  |                        |          |             |             |           |  |  |  |
| Street Address 51 West Cliff Street   |                     |  | School (K-12 Subchapter & Other (i.e. pr  |                      |          |                                  |                   |                 |          |                  |                        |          | dings,      | home        | es,       |  |  |  |
| City (5)<br>Somerville  |                     | etc.) Square Feet                          |   |                      |          |                                  |                   |                 | # 0      | f Floors         | 3                      | В        | ldg. A      | ge          |           |  |  |  |
| County (6) Somerset   |                     | T  | County (  | Code (7)<br>JSE ONLY | )        | -                                | Currer            | nt Use (Prio    | r if bei | ng den           | nolish                 | ed)      |             |             |           |  |  |  |
| Name of Monitoring Firm Hired by Building   | Owner (8)           | 1  | ASCN  |                      |          | Name                             |                   | ement Cont      | ractor   | /Q\              |                        |          |             |             |           |  |  |  |
| Detail Associates, Inc.   |                     |  | 0001  |                      |          | VMC                              | Comp              | pany, Inc.      |          | (0)              |                        |          |             |             |           |  |  |  |
| Street Address<br>300 Grand Avenue  |                     | Street Address<br>208 Piaget A             |   |                      |          |                                  |                   |                 | enue     |                  |                        |          |             |             |           |  |  |  |
| City, State, Zip Code<br>Englewood, NJ 07631  |                     |  |   |                      |          | City, S                          | State, Zi         |                 |          |                  |                        |          |             |             |           |  |  |  |
| Project Manager for Monitoring Firm<br>Nadine Bello   |                     | 7  | Telepho   | ne No.<br>39-6708    |          |                                  | none No<br>253-88 |                 |          | Licer<br>0070    | ise No                 | ),       |             |             |           |  |  |  |
| Start Date (10)<br>01/16/2015   | Schedule<br>01/19/2 | ed Cor                                     | Completion Date (11) Name of  |                      |          |                                  |                   | A Monitor       |          | 001              | -                      |          |             |             |           |  |  |  |
| Occupancy Status During Abatement (Chec   |                     |  | 5 VMC Company, Inc  |                      |          |                                  |                   |                 | C        |                  |                        |          |             |             |           |  |  |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of           | Ahaten                                     | oatement Hours City, State, Zip Code  |                      |          |                                  |                   |                 |          |                  |                        |          |             | -           |           |  |  |  |
| Scope of Work (Check All That Apply)  |                     |  |   |                      |          |                                  |                   |                 |          |                  |                        |          |             |             |           |  |  |  |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf  |                     | Demolition X Mini-Enclosure Glovebag Proce |   |                      |          |                                  |                   |                 | edure    |                  |                        | Pressure |             |             |           |  |  |  |
| Location of   |                     | Locati                                     |   |                      | Des      |                                  |                   |                 |          |                  |                        |          | Abate<br>Ty | ment<br>pe  | %         |  |  |  |
| Asbestos-Containing Material (ACM)  |                     | d Sole<br>intena                           |   | Asbes                | tos Cont | scription<br>aining M            |                   | (ACM)           | Α        | mount            |                        |          |             | m           |           |  |  |  |
| TO BE ABATED In Facility (13)   |                     | todial (12)                                |   | (i.e.                |          | systems<br>cing, VA<br>niscellar | T, or             | tion,           |          | Specify<br>or LF |                        | Remova   | Repair      | Encapsulate | Enclosure |  |  |  |
| Main Fland Lau  | Yes                 | No   | N/A   |                      |          |                                  |                   |                 |          |                  |                        | _        |             | te          | CD        |  |  |  |
| Main Floor Hallway  Various Locations   | X                   |  | Ceiling Material  |                      |          |                                  |                   | 200 SF          |          |                  | Х                      |          |             |             |           |  |  |  |
| Main Floor Hallway  |                     | X  |   | Pipe fittings        |          |                                  |                   |                 |          | 2 LF             |                        | Х        |             |             |           |  |  |  |
| wan rioo nallway  |                     | X  | -   |                      | VA       | T/mas                            | tic .             |                 | 50       | 00 SF            |                        | X        |             |             |           |  |  |  |
| Name of Registered Waste Hauler   |                     | 1  | JDEP W  | /aste                | Cubic    | Yards                            | -                 | Name of R       | Registe  | ered La          | ndfill                 |          |             |             |           |  |  |  |
| Freehold Cartage, Inc.  | H                   | lauler ID<br>5939                          |   | of Was               |          |                                  | IESI Lar          | na Silvanor.    |          |                  |                        |          |             |             |           |  |  |  |
| City, State<br>Freehold, NJ   |                     |  | Disposal Date City, State   |                      |          |                                  |                   | ite<br>heem, PA |          |                  |                        |          |             |             |           |  |  |  |
| Completed by Vovtek Roszkowski  | dent                | Signatule                                  |   |                      |          |                                  |                   | ) Date          |          |                  |                        |          |             | _           |           |  |  |  |

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

| Date of Notification (1) 1/9/2015                   | Name of Building Owner/Operator (2)  JSM at Hickory LLC |                    |                    |  |  |                   |                                      |            |  |         |                     |                   |           |             |           |  |
|---|---|--------------------|--------------------|--|--|-------------------|--------------------------------------|------------|--|---------|---------------------|-------------------|-----------|-------------|-----------|--|
|   | lotification  |                    |                    | Street Ad  | •  |                   |                                      |            | 2015   | 2H I    | 5 BM (              | 1                 | 20        |             |           |  |
| □ EPA 🖫 Ir  | itial   |                    | 1                  |  | Stelton R  |                   |                                      |            |  |         |                     |                   |           |             |           |  |
|   | mended<br>mendment #                                    |                    | 3                  |  | te, Zip Co                                       |                   | ASSESTES CONTROL                     |            |  |         |                     |                   |           |             |           |  |
|   | mergency (ir  |                    | 1                  |  | cataway NJ 08854  e of Contact  Telephone Number |                   |                                      |            |  |         |                     |                   |           |             |           |  |
|   | stification)<br>ancellation                             |                    | 1.0                | Todd   | Contact  |                   |                                      |            |  | 1010    | oriono rias         |                   |           |             |           |  |
|   |   |                    |                    | FACI   | LITY INFO  |                   |                                      |            |  |         |                     |                   |           |             |           |  |
| Name of Facility Where Abatem                       | ent is Taking   | Place (3           | )                  | Type of Facility (4)                             |  |                   |                                      |            |  |         |                     |                   |           |             |           |  |
| Private Property Street Address                     |   |                    |                    | School (K-12) Subchapter 8 (Other than K         |  |                   |                                      |            |  |         | than K-12           | 1                 |           |             |           |  |
| 2242 Lakewood Rd                                    |   |                    |                    |  |  |                   |                                      | X (        | Other (i.e. priv                             |         |                     |                   | lings,    | home        | es,       |  |
| City (5)  |   |                    |                    |  |  |                   |                                      |            | etc.)<br>re Feet                             | # of    | Floors              | В                 | Bldg. Age |             |           |  |
| Toms River NJ                                       |   |                    |                    |  |  |                   | 3                                    | 1800       | )  | 2       |                     | 11.750            | 50        |             |           |  |
| County (6)  |   |                    |                    |  | Code (7)   |                   |                                      | Curre      | nt Use (Prior                                | if bein | g demolish          | ed)               |           |             |           |  |
| Ocean County  |   |                    |                    |  | JSE ONLY)  |                   |                                      |            |  |         |                     |                   |           |             |           |  |
| Name of Monitoring Firm Hired b                     |   | ASCN<br>N/A        | l No.              |  |  |                   | tement Contra<br>vironment           |            | 9)   |         |                     |                   |           |             |           |  |
| Street Address                                      |   |                    |                    | INA  |  | 1                 | Street A                             | 9          |  | LLO     |                     |                   |           |             |           |  |
| N/A   |   |                    |                    |  |  |                   |                                      |            | ette St                                      |         |                     |                   |           |             |           |  |
| City, State, Zip Code                               |   |                    |                    |  |  |                   | City, Sta                            | ate, Z     | ip Code                                      |         |                     |                   |           |             |           |  |
| N/A   |   |                    |                    |  |  |                   | Newa                                 | rk N.      | J 07015                                      |         | )                   |                   |           |             |           |  |
| Project Manager for Monitoring Firm N/A             |   |                    |                    | Γelephor<br>N/A                                  | ne No.   |                   | Telepho<br>973-4                     |            |  |         | License No<br>01240 | ),                |           |             |           |  |
| Start Date (10)                                     |   | Schedule           | ed Com             | A CALLED SET SET SET SET SET SET SET SET SET SET |  |                   |                                      |            | A Monitor                                    |         | (9)                 |                   |           |             |           |  |
| 1/23/2015   |   | 1/26/20            |                    | - Land   |  |                   |                                      |            | onmental C                                   | Corp    |                     |                   |           |             |           |  |
| Occupancy Status During Abate                       | ment (Check   | Only On            | ie)                | Street   |  |                   |                                      |            | ss<br>e 22 West                              |         |                     |                   |           |             |           |  |
| Facility Closed/Vacated Du Abatement Performed Outs |   |                    |                    | tement   |  |                   |                                      |            |  |         |                     |                   |           |             |           |  |
| Other - Describe: 8 hours                           |   | 21 7 00.1119       |                    |  | 07083  |                   |                                      |            |  |         |                     |                   |           |             |           |  |
| Scope of Work (Check All That A                     | pply)   |                    |                    | [a.  |  |                   |                                      |            |  |         |                     |                   |           |             |           |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                |   |                    | lenovat<br>emoliti |  |  |                   | 30                                   | Mir<br>Glo | l Containmen<br>ni-Enclosure<br>ovebag Proce | dure    |                     |                   |           |             |           |  |
|   |   |                    |                    |  |  |                   | <u> </u>                             | Non-Friab  | Non-Friable Procedure                        |         |                     |                   |           |             |           |  |
|   |   | 1.00               | Location Normall   |  |  |                   |                                      |            |  |         |                     | Abatement<br>Type |           |             | l .       |  |
| Location of<br>Asbestos-Containing Materia          | I (ACM)   | Use                | d Solel            | y by   | Asbest   | 100007770         | cription of<br>aining Material (ACM) |            |  | An      | nount               |                   |           | Ш           |           |  |
| TO BE ABATED In Facility                            |   | 110                | intenar<br>odial S | 100  | (i.e.  | thermal s         | systems<br>ing, VAT                  |            | ation,                                       | 3       | oecify<br>or LF)    | Ren               | Re        | nca         | Encl      |  |
| (13)  |   |                    | (12)               |  |  | other mi          |                                      |            |  | 01      | OI LI )             | Remova            | Repair    | Encapsulate | Enclosure |  |
|   |   | Yes                | No                 | N/A  |  |                   |                                      |            |  |         |                     |                   |           | ate         | œ.        |  |
| Exterior  |   |                    |                    | X  |  | windo             | ow Cau                               | ulk        |  | 79      | 8LF                 | X                 |           |             |           |  |
| Basement  |   |                    |                    | X  |  | pipe ii           | nsulati                              | on         |  | 28      | OLF                 | х                 |           |             |           |  |
| Basement  | Basement  |                    |                    |  |  | asbest            | tos del                              | bris       |  | 20      | 0SF                 | х                 |           |             |           |  |
|   |   |                    | ( 8)               |  |  | 3 11              |                                      |            |  |         |                     |                   |           |             |           |  |
| Name of Registered Waste Haul                       |   | JDEP W<br>auler ID |                    | Cubic Y  |  |                   | Name of Re                           | egister    | ed Landfill                                  | hov     |                     |                   |           |             |           |  |
| Nowark Carting Inc                                  |   |                    |                    | 1509   | IVO.   | OI Wast           |                                      |            | ISES Bet                                     | hleha   | am landfi           | 11                |           |             |           |  |
| City, State Po Box 5670 Newark NJ 07105             |   |                    |                    |  |  | Disposa           | al Date                              |            | City, State<br>2335-Apr                      | olebu   | tter rd Be          | thle              | nem       | PA          |           |  |
| Completed by Title                                  |   |                    |                    |  | 100-00-00-00-00-00-00-00-00-00-00-00-00-         | Signature/   Date |                                      |            |  |         |                     |                   |           |             |           |  |
| Carlos Gomez  |   | Presi              | dent               |  |  | 1/9/2015          |                                      |            |  |         |                     |                   |           |             |           |  |

PULCK 1123

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

|                                    |   |  |  |                     |                  |        |   |                                      |                        | Jest I        | A Sea           |           |                      |             | -         |  |  |
|------------------------------------|---|--|--|---------------------|------------------|--------|---|--------------------------------------|------------------------|---------------|-----------------|-----------|----------------------|-------------|-----------|--|--|
| Date of Notification (1)           |   |  |  |                     | uilding Ov       |        | perator (   | 2)                                   |                        | S The Manager | CEIL            | ILD       |                      |             |           |  |  |
| 1/8/2015                           |   |  |  |                     | roperty          |        |   |                                      | 20                     |               |                 |           | AP                   |             |           |  |  |
|                                    | ype Notification                                    |  | 1500   | reet Add<br>7 S fan | ress<br>view Ave | Э      |   |                                      | £.U                    | iu JAN        | 15 P            | 1 8:6     | 13                   |             |           |  |  |
| □ EPA □                            |   |  | City, State, Zip Code Paramus NJ  ASSESTES CONTI |                     |                  |        |   |                                      |                        |               |                 |           | -                    |             |           |  |  |
| DEP L                              | Amended Amendment                                   |  |  | aramus              |                  | n=5°   |   |                                      |                        | 811           | OELCO           | MIRC      | L                    | 15          |           |  |  |
| П рон                              | Emergency justification)                            |  | Name of Contact Telephone Number                 |                     |                  |        |   |                                      |                        |               |                 |           |                      |             |           |  |  |
| D DCA                              | Cancellation  |  |  |                     |                  |        |   |                                      |                        |               |                 |           |                      | _           |           |  |  |
|                                    |   |  |  | FACILI              | TY INFOR         | ITAMS  | ON  | T                                    | Facility (4            | 4)            |                 |           |                      | 2           |           |  |  |
| Name of Facility Where Ab          | atement is Takir                                    | ng Place (3)                                     |  |                     |                  |        |   | _                                    |                        |               |                 |           |                      |             |           |  |  |
| Private Property                   |   |  |  |                     |                  |        |   | T Su                                 | hool (K-1:<br>bchapter | 8 (Other      | than K-12       | 2)        |                      |             |           |  |  |
| Street Address                     |   |  |  |                     |                  |        |   | ot Ot                                | her (i.e. p            | rivate &      | commerci        | al buildi | ngs, h               | nome        | S,        |  |  |
| 37 S Farview Ave                   |   |  |  |                     |                  |        |   | Square                               | /                      | # of          | Floors          | Blo       | ig. Ag               | ie.         |           |  |  |
| City (5)                           |   |  |  |                     |                  |        |   | 1500                                 |                        | 2             |                 | +5        |                      | 8."         |           |  |  |
| Paramus NJ                         |   |  | To   | ounty Co            | nde (7)          |        |   |                                      | Use (Pric              | or if bein    | g demolish      | ned)      |                      |             |           |  |  |
| County (6)<br>Bergen County        |   |  |  |                     | SE ONLY)         |        |   |                                      |                        |               | 5               |           |                      |             |           |  |  |
|                                    | Name of Monitoring Firm Hired by Building Owner (8) |  |  |                     |                  |        | Name  | of Abate                             | ment Cor               | ntractor (    | 9)              |           |                      |             |           |  |  |
| Name of Monitoring Firm F          | CWITCH (U)  |  | ASCM N/A   |                     |                  |        |   | ironmer                              |                        |               |                 |           |                      |             |           |  |  |
| Street Address                     |   |  |  |                     |                  |        | Street  | Address                              |                        |               |                 |           |                      |             |           |  |  |
| N/A                                |   |  |  |                     |                  |        | 339   | Lafayet                              | te St                  |               |                 |           |                      |             |           |  |  |
| City, State, Zip Code              |   |  |  |                     |                  |        |   | state, Zip                           |                        |               |                 |           |                      |             |           |  |  |
| N/A                                |   |  |  |                     |                  |        | New   | ark NJ                               | 07015                  |               |                 |           |                      |             |           |  |  |
| Project Manager for Monito         | oring Firm  |  | Te   | elephone            | e No.            |        | Telephone No.   |                                      |                        | License No.   |                 |           |                      |             |           |  |  |
| N/A                                |   |  | N/A  |                     |                  |        | 20 E St.  | 491-08                               |                        |               | 01240           |           |                      |             |           |  |  |
| Start Date (10)                    |   | Scheduled  |  | oletion D           | ate (11)         | 77     | CONTRACTOR OF THE PROPERTY OF |                                      | A Monitor              |               |                 |           |                      |             |           |  |  |
| 1/18/2015                          |   | 1/20/201   |  |                     |                  |        |   |                                      | nmenta                 | I Corp        |                 |           |                      |             |           |  |  |
| Occupancy Status During            | Abatement (Che                                      | eck Only One)                                    | (10)   |                     |                  |        |   | Address                              |                        | ot.           |                 |           |                      |             |           |  |  |
| Facility Closed/Vacat              | ed During Entire                                    | Period of Aba                                    | ateme  | ent                 |                  |        |   |                                      | 22 We                  | SL            | ver de la       |           | -                    |             |           |  |  |
| Abatement Performed                | d Outside of No                                     | mal Facility H                                   | lours City,                                      |                     |                  |        |   | State, Zip                           |                        |               |                 |           |                      |             |           |  |  |
| Other – Describe: 8 l              |   |  | Uni  |                     |                  |        |   | n NJ 0                               | 1003                   |               |                 |           |                      |             |           |  |  |
| Scope of Work (Check All           | That Apply)   |  |  |                     |                  |        |   | ٦ -                                  |                        |               | Nacati          | Deca      |                      |             |           |  |  |
| 23 sf or ≥3 lf                     |   |  | novation   |                     |                  |        |   |                                      | Containm<br>-Enclosur  |               | Negative        | rressul   | e                    |             |           |  |  |
| ≥160 sf or ≥260 lf                 |   | Der Der  | molition   |                     |                  |        |   | Glov                                 | ehan Pro               | cedure        |                 | ble C     |                      |             |           |  |  |
|                                    |   |  |  |                     |                  |        |   | Non-Exempted (*) and Non-Friable Pro |                        |               |                 |           | ocedure<br>Abatement |             |           |  |  |
|                                    |   |  | ocation  |                     |                  |        |   |                                      |                        |               | Abateme<br>Type |           |                      |             |           |  |  |
| Location                           |   | No<br>Used                                       | rmally<br>Solely                                 |                     | ap io a          |        | escriptio   |                                      |                        |               | mount           |           |                      | rr.         |           |  |  |
| Asbestos-Containing N<br>TO BE ABA |   | Maint  | tenan  | ce/                 |                  |        | ontaining Material (ACM)<br>nal systems insulation,   |                                      |                        |               | Specify         | Re        | Z                    | Encapsulate | Enc       |  |  |
| In Facility                        |   | Custod   | dial St<br>(12)                                  | taff?               | N                | surf   | acing, V  | AT, or                               |                        | SF            | or LF)          | Remova    | Repair               | nsdı        | Enclosure |  |  |
| (13)                               |   |  | ,/   |                     |                  | other  | miscella  | neous)                               |                        |               |                 | a         | =                    | ilate       | ıre       |  |  |
|                                    |   | Yes  | No   | N/A                 |                  |        |   |                                      |                        |               |                 | -         |                      |             | -         |  |  |
| Exterio                            | r   |  |  | X                   |                  | shin   | igles tra   | ansite                               |                        | 12            | 00SF            | x         |                      |             |           |  |  |
|                                    |   |  |  |                     |                  |        |   |                                      |                        |               |                 |           |                      |             |           |  |  |
|                                    |   |  |  |                     |                  |        |   |                                      |                        |               |                 |           |                      |             |           |  |  |
|                                    |   |  |  |                     |                  |        |   |                                      |                        |               |                 | +-        |                      |             | -         |  |  |
|                                    |   |  |  |                     |                  |        | - V 1   |                                      | Nome                   | f Poglati     | ered Landf      | - I       |                      |             |           |  |  |
| Name of Registered Waste Hauler    |   |  |  | JDEP W<br>auler ID  |                  | -33333 | ic Yards<br>/aste   |                                      |                        |               |                 |           |                      |             |           |  |  |
| Newark Carting Inc                 | 1   | 1509   |  |                     |                  |        | ISES  | Bethlel                              | nam land               | וווזנ         |                 |           |                      |             |           |  |  |
| City, State                        |   |  |  | Disp                | osal Dat         | e      | City, Sta   | ate                                  | 70/27                  |               |                 |           |                      |             |           |  |  |
| Po Box 5670 Newark                 |   |  |  |                     |                  | 2      | 2335 /  | Appleb                               | utter rd l             |               | hem             | PA        |                      |             |           |  |  |
| Completed by                       |   |  |  |                     | Signatu          | le /   |   |                                      |                        | Date          |                 |           |                      |             |           |  |  |
| Carlos Gomez                       | ent   |  |  |                     | 1                | Le     |   |                                      | _                      | 1/8/20        | 15              |           |                      |             |           |  |  |
|                                    |   |  |  |                     | + 1              | -      |   |                                      | 25.0152 4501           | /             |                 |           |                      | .2          | ·-        |  |  |
| ASB-41 (R-06-08)                   |   | * Do not use this form for asbestos licensure ex |  |                     |                  |        |   |                                      | ure exe                | mpted         | activ           | vities.   |                      |             |           |  |  |

(K 3503

# State of New Jersey NOTIFICATION OF ASSESTOS ASATEMENT

| 5500   | ACCEPTED ON PARTY OF THE PARTY | Date of Notification (1  | }   |  | o NJAC 8:60 and  | 2:120)   |  | MECE!  | liter.   |
|--|---|--|---|--|--|--|--|--|--|
|  | od announced  | Agendes Mosted   | Type Notice on  | Street A   | of Secretary Owner/Op<br>M<br>Indianess  | elven K  | 4-2018   | 5 週 15   | PH 8: 0  |
| _  | Throng A  | TOOL<br>DOM<br>DOM   | Amended Amendments Classication (including Classication) Classication           | City, Sa   | 223<br>DNEX  | 7 GARRI  | Pro  | PEL TES C  | illu Ten   |
|  | A A A A A A A A A A A A A A A A A A A   | me of Feeling Where A  | heiment is Teling Face (5   | 1 5  | Tave An  | thony  | Telsman  | Winning.   | -  |
| _  | G G   | 6703   | Mammerth  |  |  | Type of Feeling  School (4-12  School (4-12  Ottor (4-1, pri https://doi.org/10-10-10-10-10-10-10-10-10-10-10-10-10-1  | )  | F-12)  | And the second filterance of the Andrews   |
|  | Coun<br>Name<br>(8)   | by (6) VEW<br>Constanting Flora Hard   | T297  | 1  | i  | 2500   | For Floors Z The modern  | Bidg. Ags  | A The second sec |
| The management of the same   | Street  | Address  |   | ASQU NO.   | DECET Advisor  | ant Contractor (9)   | 66   |  |  |
| TOTAL STATESTERS IN SHIPS  |   | Geneger for Wordtming  |   | hane No.   | Telephone No.  | nco NJ   | 08011  |  | and a state of the |
| TANGE AFTER AND ADDRESS OF THE PERSON NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN   | Ossuperior<br>Percon  | 2/ -/C<br>Ny Siatra During Abara   | Sohenifed Completo  / - 3 c -  ment (Greet mi) one)  g Entre Pental of Afrelman |  | BS6 62 ¥ Neme of OSHS Rich Street Actives  |  | one No.<br>Olo70   |  | I my days as a surper market and   |
| The state of the s | Scope of W  | Dessile:<br>fold (Check ell that en  | - The second House  | 3 ~  | City, Siete, Im Code   |  |  |  | The same and the s |
| The section of the se | 123 st or<br>22100 st o   | ii 5590 fi<br>53 fi  | Panyan<br>Zomin<br>Storin   |  | in the second second second  | ام دین الامونی و اما<br>الامونی الامونی و الامونی<br>الامونی الامونی و الامونی و الامونی و الامونی و الامونی و الامونی و الامونی و الامونی و الامونی و الامونی و ا |  |  | Action and Line Coll.  |
| The state of the s | Asbestos-O  | Location of<br>Anishing Metalet (AC<br><u>0 Se ASA (Per</u><br>IN Ferrit<br>(19) | Namely<br>Used Solely by<br>Neithernool<br>Charled<br>Star?<br>(12)             | (Le, ther  | Desciptor of<br>Original Metatel (Ad<br>Original Metatel<br>Techg, Mat, or<br>Original Material  |  | The second of th | Encardo Palo Palo Palo Palo Palo Palo Palo Pal   | Was a service of the  |
|  | DUF   | side   | WALLEY AND AND AND ON AND AND AND AND AND AND AND AND AND AN                    | (4cm)  | Siding   | dinamentalisi (carego di dago  | I TOTALLA  | Hadle,   |  |
| 1  | Han -   | and Waste Hauter  Just LLC   |   | Carrier Of Wes   | Yerds   Nemeo  | Reject Late  | APPLICATION OF THE PROPERTY OF | APPEAR ATTREAM COMME   |  |
| AV.  | 500 Dell<br>学队(   | anco NJ  | 145620  | Disposition of the contract of | S W  | mof i  | 2  | The statement of the st |  |
| 300  | JIMI  |  | So not use this form for ea   |  | natura de la cumina  Date San San San San San San San San San San   | -  | Personal Designation   |  |



| Date of Notification (1)   |  |                   |                             | Nomo oi   | f Duilding  | Oumorl   | Docator  | (2)  | U 11                                       |                                 |                           |         |         |             |           |  |
|--|--|-------------------|-----------------------------|---|-------------|--|--|--|--|---------------------------------|---------------------------|---------|---------|-------------|-----------|--|
| 1/11/15  |  |                   |                             | Name of Building Owner/Operator (2) Joe Karcz Private Owner  Street Address |             |  |  |  |  |                                 |                           |         |         |             |           |  |
| Agencies Notified  | Type Notification                        |                   |                             | 76 Florence lane  |             |  |  |  |  |                                 |                           |         |         |             |           |  |
| EPA DEP  DOL   | Initial Amended Amendment                | #                 |                             |   | ite, Zip Co |  | 50   |  | 2  | Olf J                           | iii 15                    | PH      | 8: 0    | 2           |           |  |
| ⊠ DOH  | × Emergency justification)               | (including        |                             | Name of   | f Contact   | <b>40 000</b>                                  | £;   | 4 Jinelephone:Number 701                   |  |                                 |                           |         |         |             |           |  |
| ☐ DCA  | Cancellation                             | 1                 |                             | Chris   |             |  |  | 1- FIRETROTING                             |  |                                 |                           |         |         |             |           |  |
| Name of Facility Where   | Abatement is Takir                       | g Place (3        | 3)                          | FACI  | LITY INFO   | ORMAT  | ION  | Type                                       | of Facility (4                             |                                 |                           | 01:40   |         |             |           |  |
| Joe Karcz Private C  |  | ,                 | *                           |   |             |  |  |  | School (K-12                               | 50                              |                           |         |         |             |           |  |
| Street Address 76 Florence lane                                  |  |                   |                             |   |             |  |  |  | Subchapter<br>Other (i.e. pr               | 8 (Othe                         |                           |         | dings   | , hom       | es,       |  |
| City (5)   |  |                   |                             |   |             |  |  |  | etc.)<br>re Feet                           | # of                            | Floors                    | IF      | Bldg. A |             |           |  |
| Manahawkin NJ 08   | 050                                      |                   |                             |   |             | 27   | 1000   | )+   | 1  |                                 | 3                         | 15+     | igo     |             |           |  |
| County (6)<br>Ocean  |  |                   |                             | Code (7)<br>USE ONLY  |             |  | Curre  | nt Use (Prio<br>Se                         | r if bein                                  | g demolis                       | shed)                     |         |         |             |           |  |
| Name of Monitoring Firm  | Hired by Building                        |                   | ASCN                        | No.   |             |  | of Aba   | tement Con                                 | tractor (                                  | 9)                              |                           |         |         |             |           |  |
| Street Address   |  |                   |                             |   |             |  |  | Addres                                     |  |                                 |                           |         |         |             |           |  |
| City, State, Zip Code  |  |                   |                             |   |             |  | 100000000000000000000000000000000000000  | Sity, State, Zip Code West Berlin NJ 08091 |  |                                 |                           |         |         |             |           |  |
| Project Manager for Mon  | itoring Firm                             |                   | - 1                         | Telepho   | ne No.      |  |  | none N                                     |  | 2-11-11-1                       | License                   | No.     |         |             |           |  |
|  |  |                   |                             |   |             |  | 10 000000000000000000000000000000000000  | 753-9                                      |  | 100                             | 00727                     |         |         |             |           |  |
| Start Date (10)<br>1/12/15                                       |  | Schedul<br>1/13/1 |                             | ompletion Date (11)   |             |  |  | of OSI<br>e                                | HA Monitor                                 |                                 |                           | W=0_0_0 |         |             |           |  |
| Occupancy Status During  | g Abatement (Che                         | k Only O          | ne)                         | Stre  |             |  |  |  | SS   |                                 |                           |         |         |             |           |  |
| × Facility Closed/Vaca<br>Abatement Perform<br>Other – Describe: | ated During Entire<br>ed Outside of Norr | Period of a       | Abatem<br>/ Hours           | ent   |             |  | City, S  | State, Z                                   | ip Code                                    |                                 |                           |         |         |             |           |  |
| Scope of Work (Check A   | Il That Apply)                           |                   |                             |   |             |  |  | -  |  |                                 |                           |         |         |             |           |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                             |  | -                 | Renova<br>Demoliti          | nolition  |             |  |  | Mir  | I Containme<br>ni-Enclosure<br>ovebag Proc | edure                           |                           |         |         | · P         |           |  |
|  |  | 15                | Locati                      | on  |             | Non-Exempled ( ) and                           |  |  |  | nd Non-Friable Procedure Abatel |                           |         |         |             |           |  |
| Location   |  | 1                 | Normall<br>ed Solei         | у   |             |  | escription of  |  |  |                                 |                           |         | T)      | /pe         |           |  |
| Asbestos-Containing TO BE AB/ In Facil (13)                      | ATED                                     | Ma                | intenar<br>todial S<br>(12) | ice/  |             | thermal<br>surfa                               | ontaining Material (ACM)<br>nal systems insulation,<br>facing, VAT, or<br>r miscellaneous) |  |  | (Sp                             | nount<br>pecify<br>or LF) | Removal | Repair  | Encapsulate | Enclosure |  |
|  |  | Yes               | No                          | N/A   |             |  |  |  |  |                                 |                           |         |         | (D          |           |  |
| Exterior S   | Siding                                   |                   |                             | Х   |             | Exte   | erior Si   | ding                                       |  | 130                             | 300 SF                    |         |         |             |           |  |
|  |  |                   |                             |   |             |  |  |  |  |                                 |                           |         |         |             |           |  |
|  |  |                   |                             |   |             |  |  |  |  |                                 |                           |         |         |             |           |  |
| Name of Registered Was United Containers                         | te Hauler                                |                   | Н                           | Hauler ID No. of V  |             |  | Yards<br>ste   |  | Name of F                                  |                                 | ed Landfi                 | II      |         |             |           |  |
| City, State<br>Elm NJ  |  |                   |                             | 22459   3   Disposal Date   1/13/15   |             |  |  |  | City, State<br>Morrisvi                    |                                 | 19067                     |         |         |             |           |  |
| Completed by<br>Anthony T Perna                                  |  | ident             |                             |   |             | /13/15   Morrisville PA 19067   Date   1/11/15 |  |  |  |                                 | <br>5                     |         |         |             |           |  |

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

|  |  |                                       |                         |                         |                                  | ,  | Dro Ch   | eck # 94                  | 136    |             |           |  |  |
|--|--|---------------------------------------|-------------------------|-------------------------|----------------------------------|--|--|---------------------------|--------|-------------|-----------|--|--|
| Date of Notification (1)                     | anuary 12, 2014                              | -//                                   |                         | f Building<br>f America | Owner / Operator (2              | 2)   | ATOE!  | YED                       |        |             |           |  |  |
| Agencies Notified                            | Type Notification                            |                                       | Street A                | ddress                  | Dld York Road                    | 2  | 015 MN 15  | PH 8: (                   | ]      |             |           |  |  |
| DEP  | ☑ Initial                                    |                                       |                         | ate & Zip C             |                                  | A  | SBESTAS C<br>& LIGENS  | Øl-Tri                    | 15     |             |           |  |  |
| ⊠dol<br>⊠doh                                 | Initial Amended Amendment                    | 4                                     |                         | burg, NJ                |                                  |  | a LIVENS   | TNG                       | 1      |             |           |  |  |
| DCA  | Cancellation                                 | <del>-</del>                          | Name o                  | f Contact               |                                  |  | Telephone Number   |                           |        |             |           |  |  |
|  |  |                                       | FAC                     | ILITY IN                | IFORMATION                       |  |  |                           |        |             |           |  |  |
| Name of Facility When                        | e Abatement is Taking                        | g Place (3)                           |                         |                         | Type of Facilit                  |  |  |                           |        |             |           |  |  |
| Bank of America                              |  |                                       |                         |                         | School (F                        | round do .   | K 12)  |                           |        |             |           |  |  |
| Street Address<br>1090 Rte. 202 & Old        | York Road                                    |                                       |                         |                         | Other (i.                        |  | mmercial buildi  |                           | ie, et | c.)         |           |  |  |
| City (5)                                     |  |                                       |                         |                         | Square Feet 3,000                | # of Floo  | ors<br>Basement  | Bldg. Age                 | 56     |             |           |  |  |
| Branchburg                                   |  |                                       |                         |                         |                                  | Prior if being dem   | 2.150000 (ME 02020 DISHMAN 17)   |                           |        |             |           |  |  |
| County (6)<br>Middlesex                      |  | County Code<br>USE ONLY_              | (7)                     | -                       |                                  |  |  | 77                        |        |             |           |  |  |
| Name of Monitoring Fi<br>Environmental Testi |  | Owner (8)                             |                         | ASCM N                  | Name of Abat<br>Synatech, Inc    | ement Contracto  | r (9)  |                           |        |             |           |  |  |
| Street Address                               | ig Constituits, ELC                          |                                       |                         |                         | Street Address                   |  |  |                           |        |             |           |  |  |
| 413 North Black Hors                         |  |                                       |                         |                         | 829 Radio Ro                     |  |  |                           |        |             |           |  |  |
| City, State & Zip Code<br>Runnemede, NJ 080  | 78   |                                       |                         |                         |                                  | rbor, NJ 08087   | 1  |                           |        |             |           |  |  |
| Project Manager for M<br>Howard Zenobi       | onitoring Firm                               |                                       | ephone No<br>-482-131   |                         | Telephone Nu<br>609-296-6916     |  | License N  | umber<br>00817            | 7      |             |           |  |  |
| Scheduled Start Date<br>January 23,          |  | led Completio<br>Februa               | n Date (1<br>ry 23, 201 |                         | Name of OSH<br>Synatech, Inc     |  |  |                           |        |             |           |  |  |
| Occupancy Status Du Facility Close           | ring Abatement (Chec<br>d/Vacated During Ent |                                       | batement                | t                       | Street Addres<br>829 Radio Ro    |  | 2  |                           |        |             |           |  |  |
| Abatement P                                  | erformed Outside of N                        | ormal Hours                           |                         |                         | City, State & 2                  |  |  |                           |        |             |           |  |  |
| Other – Desc                                 | ribe:<br>pied During Abatemen                | t                                     |                         |                         | Little Egg Ha                    | rbor, NJ 08087   |  |                           |        |             |           |  |  |
| Scope of Work (Check                         | 9  |                                       |                         |                         |                                  |  |  |                           |        |             |           |  |  |
| ≥3 sf or ≥ 50 lf                             |  | □ F                                   | Renovatio               | n                       |                                  | Full Containmen<br>Mini-Enclosure  | t with Negative Pr   | essure                    |        |             |           |  |  |
| ≥160 sf or ≥260                              | ) If   |                                       | Demolition              | 1                       |                                  | Glovebag Proces  |  | 129 D                     |        |             |           |  |  |
| Loc  | ation of                                     | Is Location                           | n Normal                | ly Head                 | Description                      |  | *) and Non-Friable   | and the same property and | ateme  | ent T       | Type      |  |  |
| Asbestos-Contai                              | ning Material (ACM) ABATED                   | Solely by                             | Maintena<br>dial Staff? | ance or                 | Asbestos-Co<br>Material (        | ontaining  | Amount (Speci<br>SF or LF)   |                           | 20111  | JIIL 1      | ype       |  |  |
| 0.500.17                                     | Facility<br>(13)                             |                                       |                         |                         | (i.e., thermal insulation, surfa |  |  |                           |        | Ē           | m         |  |  |
|  | (13)   |                                       |                         |                         | or other misce                   |  |  | Rem                       | Repair | ıcap        | nclo      |  |  |
|  |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | N-                      | N/A                     |                                  |  |  | Removal                   | oair   | Encapsulate | Enclosure |  |  |
|  |  | Yes                                   | No                      |                         |                                  |  |  |                           |        | te          |           |  |  |
| Behind Teller Area                           |  |                                       |                         | X                       | Floor 7                          | Tile   | 900 SF   | - x                       |        |             |           |  |  |
|  |  |                                       |                         |                         |                                  | 7  |  |                           |        |             |           |  |  |
| Name of Registered V                         | Vaste Hauler                                 | NJDEP W<br>Hauler ID                  | No.                     |                         | rds of Waste                     | Name of Regist   |  |                           |        |             |           |  |  |
| Synatech, Inc.<br>City, State                | 27   | 274                                   | 129                     | 5<br>Disposal           | Date                             | Grows Landfill<br>City, State  | A CONTRACTOR OF THE CONTRACTOR |                           |        |             |           |  |  |
|  |  |                                       |                         |                         |                                  | DOWN THE NAME OF THE PARTY OF T |  |                           |        |             |           |  |  |
| Little Egg Harbor, N. Completed By           | J 08087                                      |                                       |                         | February<br>Signature   | 24, 2015                         | Morrisville, PA  | Date   | ii-ll-                    | 1000   |             |           |  |  |
| d throat                                     |  |                                       |                         | Signature               | · Allen                          | ,  |  |                           |        |             |           |  |  |
| Diane Aloia                                  | Execu  | itive Adminis                         | trator                  | 11/1/100                | me alla                          |  | January 12, 2014   |                           |        |             | 9         |  |  |