| (KOOL4133) | AUI | | CATION | of New OF ASBE to NJAC 8 | STOS | ABATE | | | | = | IA | | | | |
|---|--------------------|---|---|------------------------------------|-----------------------------|--|---------------------------------|--|-------------|-------------------------------|-----------|---------|-------------|-------------|-----------|
| Date of Notification (1) 01/11/2019 | | | | Building C nemours | | | (2) | | | JAN | 15 | 21 | 019 | - | |
| Agencies Notified Type Notification X EPA X Initial DEP Amended | | | Name of the State | ddress Market St te, Zip Coo | | | | | | | SEE | NT | | 54 | |
| DOL Amendment # Emergency (i justification) | | | Name of | | 1989 | 9 | | | | ephone N | | r | | | |
| DCA Cancellation | | | Jim La | (*) | | ••• | | | 85 | 6-540-2 | 2394 | | | | _ |
| Name of Facility Where Abatement is Taking Chemours Chamber Works Facility Street Address | | | FACIL | LITY INFO | KMAII | UN | | of Facility (School (K-1 Subchapter | 2) | er than K | -12) | | | | |
| Canal Road | | | | | | | × | Other (i.e. petc.) e Feet | rivate 8 | & comme | rcial b | | ings, l | | S, |
| City (5) Deepwater | | | | | | | 2700 | | 1 | 1110015 | | 35 | _ | ,0 | |
| County (6) Salem | | | County C | Code (7) ISE ONLY) | | | | nt Use (Pri | | ng demo | lished |) | | | |
| Name of Monitoring Firm Hired by Building C Harvard Environmental Inc. | wner (8) | | ASCM | l No. | | | | ement Cor irg Indus | | | Com | par | ıy | | |
| Street Address 760 Pulaski Highway | | | | | | | Addres Spillr | s man Driv | e | | | | | | |
| City, State, Zip Code Bear, DE 19701 | | | | | | | State, Zi lehem | p Code , PA 180 | 15 | | | | × | | |
| Project Manager for Monitoring Firm JT Morrison | | | Telephor 302-32 | ne No. 26-2333 | | 0.00 (C) (C) | none No 691-1 | | | License 00721 | | | | | |
| Start Date (10) 1/28/2019 | Schedule 02/28/ | | npletion [| Date (11) | | 110000000000000000000000000000000000000 | of OSH denbu | IA Monitor I rg | | | | | | | |
| Occupancy Status During Abatement (Check | Only Or | ne) | | | | (F) (F) (F) (F) (F) | Addres | s nan Driv | ρ. | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: DEMO - 03/4/19-3/21 | al Facility | | | | _ | City, S | State, Zi | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | - | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | 0 | Min Glo | Containm i-Enclosur vebag Pro n-Exempte | e cedure | | | | | . | |
| | | Locati | | | 2220 | 90.000 | | | | | | | Abate Ty | ment be | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma Cus | Normal ed Sole iintena todial (12) | ely by nce/ | Asbest (i.e. | os Coni thermal surfa | scription taining I system cing, VA miscella | Material is insula AT, or | (ACM) ation, | (5 | Amount Specify F or LF) | | Removal | Repair | Encapsulate | Enclosure |
| J5 | Yes | INO | X | | Floor | Tile/N | Mastic. | | 15 | 550 SF | X | | _ | | |
| J5 | | | X | | 10000000000 | Mastic | 2.1010.00000000 | | | 100 SF | X | | | | |
| J5 | 1 | | X | | | Insula | | | | 95 LF | X | | | | |
| J5 | 1 | | X | | | albest | | | 40 |)55 SF | X | | | | |
| Name of Registered Waste Hauler | | 10150 | NJDEP W Hauler ID | | Cubic of Wa | Yards | | | | ered Lan | | | | noi+c | |
| Brandenburg Industrial Service Co City, State | | 11000 | 1838 | | 90 Dispo | sal Date | | City, Sta | te | andfill/C | | | | | i. |
| Bethlehem, PA | | | | | 1/28/ | 19-2/2 | 28/19 | Allowa | y Twn | ship/De | | | r NJ | | |
| Completed by Stephen Carne | Title Envi | ronm | ental M | lanager | - (| Signatur | |) (á |) Lla | banker vite (street | Date 1/11 | | 19 | | |

| CK Octot | 1339 | PA | NOTI | FICATIO | State of Ne ON OF ASE nt to NJAC | BESTOS | ABATEN | MENT)) | | | | 2 [| | V | TOTAL STATE |
|--|----------------------------------|------------------|--|---|--|----------------------------------|--|------------------------|--|--|-----------|------------------|-------------|---|---|
| Date of Notification (1) 01/11/2019 | | | | Name | of Building | Owner/ | Operator | (2) | | | 14 | 11 7 | | 40200 | |
| Agencies Notified | Type Notification | | | | du Pont d | ie ivem | iours an | na Co | mpany | | JA | N I | 5 | 2019 | |
| X EPA | × Initial | | | 100000000000000000000000000000000000000 | Centre R | oad P. | O. Box | 2915 | | : L. | we - I wo | I AND THE STREET | ******* | | |
| DEP × DOL | Amended Amendment Emergency | | | | State, Zip Co ington, D | | 05 | | | - | | .(.). 1(.). | | | V 54. |
| ☑ DOH DCA | justification) | | ig | | of Contact | | | | | Telepho | | | | | |
| □ БОА | Cancellation | | | | n Mumini | | 1011 | | | 856-2 | 76-92 | 24 | | | |
| Name of Facility Where | Abatement is Takin | g Place | (3) | | SILIT INF | ORIVIATI | | Туре | of Facility (4 |) | | | | | |
| DuPont Chambers 1 | vvorks - Nitrato | r Zone | Pipe | Rack | | | | | School (K-12 | 2) | | | | | |
| Canal Road | | | | | | | | | Subchapter 8 Other (i.e. pr | Other th | an K-1 | 2) al bui | ldinas | hor | 200 |
| City (5) | | | | | _ | | | — е | tc.) | | 40 | | | -142-1-1 | ies, |
| Deepwater | | | | | | | - 1 | N/A | e reet | # of Flo | ors | 1.5 | Bldg 50+ | Age | |
| County (6) Salem | | | | County (STATE | Code (7) |) | | | nt Use (Prior | | emolish | ned) | | | |
| Name of Monitoring Firm Harvard Environmen | Hired by Building (ntal Inc. | Owner (8 | 3) | ASC | M No. | | | | ement Conti rg Industr | | ce Co | mpa | anv | | |
| Street Address 760 Pulaski Highwa | у | | | | | | Street A | Address | | | | | , | | |
| City, State, Zip Code Bear, DE 19701 | | | - | | | | City, Sta Bethle | ate, Zip ehem. | Code PA 1801 | 5 | | | | | |
| Project Manager for Moni JT Morrison | toring Firm | | | Telepho | one No. 26-2333 | | Telepho | ne No. | | | ense N | ٥. | | | |
| Start Date (10) 01/28/2019 | | Schedu 02/28/ | | | Date (11) | | Name of | f OSHA | A Monitor | 1001 | 21 | | | | |
| Occupancy Status During | Abatement (Check | | | | | | Brand Street A | | | | | | | | |
| ➤ Facility Closed/Vaca | | | | nent | | 1 | | | an Drive | | | | | | |
| Abatement Performe X Other – Describe: D | d Outside of Norm | al Facilit | v Hours | 5 | | | City, Sta | te, Zip | Code | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | Betnie | enem | PA 18015 |) | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demolit | | | | × | Mini- Glove | Containmen Enclosure ebag Proced Exempted (| dure | | | | e | |
| | | | S Locati Normali | | | | | | | | | | | ement | į |
| Location of Asbestos-Containing Machine Machin | Material (ACM) TED | Use Ma Cus | ed Sole aintenar stodial S (12) | ly by nce/ staff? | | os Conta thermal s surfaci | cription of aining Mat systems in ing, VAT, iscellaned | terial (A nsulation | | Amoun (Specif SF or Lf | y | Removal | Repair | Encapsulate | Enclosure |
| Pipe Rad | ak | Yes | No | N/A | | D: . | | | | | | | | Ф | - 550 |
| Pipe Rad | | | | X | | | Insulatio | on | | 1200 L | | X | | | |
| Pipe Rac | | | | X | | | lastic | | | 3000 S | | X | | | |
| Pipe Rac | | | | X | | | askets | | | 45 EA | | X | | | |
| Name of Registered Waste | | | l N | JDEP W | lasto | Heat Cubic Y | Tracing | | James Co. | 55 LF | - 1 | X | | | |
| Waste Management of | | | Ha | auler ID 273 | No. | of Wast | | 1000 | Name of Re Salem Co | 30 | | nent | t Aut | horit | y |
| City, State Camden, NJ | | | | | | Disposa | al Date -3/04/19 | | City, State Alloway N | | | | | *************************************** | |
| Completed by Stephen Carne | | Title Envir | onme | ntal Ma | anager | | nature | | 1 | | Date 01/ | 11/1 | a | | |
| Section of the sectio | | | | | 33. | -17 | 26 | 16 | Elm | f | 01/ | 1 1/ 1 | J | | |

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

Check # 25764

| PALU | | | | to NJAC 8:60 | | | 57 | F | عا م | | 15 | 177 | 1 (|
|---|----------|--|-------------------------------|-----------------------|--|---------------------------------|--|---------------------------------|-----------|-----------|--------------|-------------|-----------|
| Date of Notification (1) 1/11/2019 | | | Name of | Building Own | | (2) shnick | 777 | | THE N | | | | |
| Agencies Notified Type Notification | | 1 | Street Ac | ddress | | | | | AN | 1 5 | 201 | 9 | |
| EPA Initial Amended Amendment # | | - | City, Stat | te, Zip Code | Princet | on N | 1.09540 | | ca susten | of Bartha | | | |
| Emergency (in | | - - | Name of | Contact | Princei | on, iv. | J 08540 | Telephone | A | | 1 - | | |
| DOH justification) Cancellation | | | rumo or | | Wishnick | | ±: | olopitosto | | | | | |
| Name of Facility Where Abatement is Taking | Diago /2 | , | FACIL | LITY INFORM | MATION | Typo | of Facility (4) | | | | | | |
| Residential | riace (3 |) | | | | | School (K-12) | | | | | | |
| Street Address | | | | | | | Subchapter 8 Other (i.e. privetc.) | (Other than I | | ouildir | ngs, h | omes | 5, |
| City (5) Princeton, NJ 0854 | 10 | | | | | | re Feet 1800 | # of Floors 2 | | Bld | g. Ag 100 | | |
| County (6) Mercer | | | County C (STATE U | Code (7) ISE ONLY) | | Curre | nt Use (Prior | if being demo | olished |) | | | |
| Name of Monitoring Firm Hired by Building O MECS | wner (8) | | ASCM | l No. | | | tement Contr nvironmen | | s, Ind |). | | | |
| Street Address PO Box 341 | | | | | | Addres | | | | | | | |
| City, State, Zip Code Crosswicks, NJ 08515 | | | | | 10 | | ip Code NJ 08501 | 10 | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | | Telephor (609) | ne No. 298-4070 | | hone No 259-9 | | Licens 0049 | | | | | |
| Start Date (10) 1/23/2019 | | ed Com 1/25/2 | | Date (11) | Name MEC | | HA Monitor | | | | | | |
| Occupancy Status During Abatement (Check | Only On | ne) | | | | Addres | | | | | | | |
| Facility Closed/Vacated During Entire Portion Abatement Performed Outside of Normal Other – Describe: 8 am 4 pm | | | | | City, S | State, Z | ip Code eld, NJ 085 | 15 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | 3 | Mir Glo | I Containmen ni-Enclosure ovebag Proce n-Exempted (| dure | | Proce | edure | | |
| Location of | 1 | Locati Normal | ly | | Description | n of | | | | A | bater Typ | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intenar todial S (12) | nce/ | (i.e. the | Containing I ermal system surfacing, VA ther miscella | Material is insula AT, or | | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Then | mal Pipe I | nsulat | ion | 25 lf | | Х | | | |
| 1st Floor | | X | | 1 | Duct Insula | ation | | 20 lf | | Х | | | |
| 2nd Floor | | X | | 1 | Duct Insula | ation | | 4 If | | Х | | | |
| | | | | (Wra | p & Cut D | uctwo | | | | | | | |
| Name of Registered Waste Hauler Stevens Environmental Services | | 0.00 | IJDEP W lauler ID 18292 | No. | cubic Yards f Waste 1 cu | | Name of R Fairless | egistered Lar Landfill | ndfill | | | | |
| City, State Allentown, NJ | 21772 | | | | Disposal Date 1/25/2019 | | City, State Morrisvill | le, PA | | | | | |
| | | | | | | 1/1/11 | 1 | | | | | | |

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

| C (8700) | PAJUD | | Pursuant | to NJAC | 8:60 and | d 12:120 | 0) | | | J=., Y | L. | - 13 | L. | |
|--|---------------------------------|---------------------|--|-----------------------|----------|---|--------|--------------------------------------|---------|--|--------------|---------|-------------|-----------|
| Date of Notification (1) 1/10/19 | | | | f Building (Menon | Owner/C | Operator | (2) | | | JAI | y 1 | 5 2 | 019 | |
| Agencies Notified Type | e Notification | | Street A | ddress | | | | | | 1 | | | 010 | |
| EPA X | Initial | | | | | | | | | Losen Company | r-145 ~ 1810 | A see a | ra Cara- | . ! |
| DEP | Amended | | The state of the s | ite, Zip Co | | -0 | | | | 1.0 2.73 | CAN | | | 34 |
| X DOL | Amendment # Emergency (inclu | uding | | wood, N | J 0/45 | 00 | | | - | | 0.4 | 561 | | |
| DOH DOH | justification) Cancellation | | | f Contact Menon | | | | | lele | ephone Nur | nber | | | |
| □ DCA □ | Cancellation | | | LITY INFO | DMATI | ON | | | | | | | | |
| Name of Facility Where Abate | ment is Taking Pla | ace (3) | TAG | LITTIME | INMATI | ON | Ту | pe of Facility (4 | 1) | | | | | |
| Residential Home | | | | | | | П | School (K-1) | 2) | | | | | |
| Street Address | | | | | | | × | Subchapter Other (i.e. p etc.) | | | | dings, | home | es, |
| City (5) | | | | | | | Sq | uare Feet | # of | Floors | В | lldg. A | ge | |
| Ridgewood | | | | | | | 27 | 700 | 2 | | 6 | 5 +/- | | |
| County (6) | | | | Code (7) USE ONLY) | | | 10,220 | rrent Use (Pric | | ng demolish | ned) | | | |
| Bergen | 1 L D 1111 - O - | (0) | | ***** | | Name | | esidential H | | (0) | | | | |
| Name of Monitoring Firm Hired Project Manager | by Building Own | er (8) | ASCN | I NO. | | | | batement Con es Abateme | | (9) | | | | |
| Street Address | A SEASON OF | | | | | Street | | | ,,,,, | | | | | - |
| | | | | | | | | Midland Ave |). | | | | | |
| City, State, Zip Code | | | | | | 1.0000000000000000000000000000000000000 | | , Zip Code | | | | | | |
| | | 1.0 | 22 | | | 290000000 | | Brook, NJ 0 | 7663 | | | | | |
| Project Manager for Monitoring | g Firm | | Telepho | ne No. | | Teleph | | No. 0-3184 | | License N 01305 | 0. | | | |
| Start Date (10) | Sch | heduled C | ompletion | Date (11) | | | | SHA Monitor | | 01303 | | - | | |
| 1/26/19 | | 29/19 | ompletion | Date (11) | | Ivanic | 01 0 | JOHA WOHILO | | | | | | |
| Occupancy Status During Aba | tement (Check Or | nly One) | | | | Street | Add | Iress | | | | | | |
| Facility Closed/Vacated E | Ouring Entire Perio | od of Abat | ement | | | | | | | | | | | |
| Abatement Performed Ou × Other – Describe: 8 A.M to | | acility Hou | ırs | | | City, S | State | , Zip Code | | | | | | |
| | | | | | | | | | | | | | | |
| Scope of Work (Check All Tha | _ | | 80 | | | T. | ก | | 10 6000 | | 35 | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | <u> </u> | Reno | vation olition | | | Ê | | Full Containme Mini-Enclosure | | Negative F | ressu | re | | |
| | - | | | | | F | 1 | Glovebag Proc | edure | d Now Take | I- D | | | |
| | | red document | | | | | | Non-Exempted | (*) and | non-Friat | le Pro | | e ement | |
| | | Is Loc Norm | | | - | | | | | | | | ре | |
| Location of Asbestos-Containing Mate | rial (ACM) | Used So | lely by | Asbest | | scription taining N | | rial (ACM) | А | mount | | | ш | |
| TO BE ABATED | | Mainter Custodia | | (i.e. | | system: cing, VA | | | | pecify or LF) | Rer | Re | nca | Encl |
| In Facility (13) | | (12 | 2) | | | niscellar | | | 31 | OI LI) | Remova | Repair | Encapsulate | Enclosure |
| 11 2000 00000 | | Yes N | N/A | | | | | | | | = | | ate | .е |
| Basement | | × | | | | VAT | | | 39 | 96 SF | x | | | |
| Data | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | W.5. | | | | ANGEL STATE OF THE | - | | | |
| Name of Registered Waste Ha | uler | | NJDEP W | /aste | Cubic | Yards | | Name of F | Registe | red Landfill | | | | |
| All Stages Abatement | | | Hauler ID | No. | of Wa | | | | | al Sanitar | | ndfill | | |
| | | | 0036592 | | 1 yd | anl Dete | _ | | | a. Januar | , | | | |
| City, State Saddle Brook, NJ | | | | | TBD | sal Date | | City, State Pen Arg | | Α | | | | |
| Completed by | Th | Title | | | | Signature | e | 7/1/ | , | Da | ite | | | |
| Richard Cristofol | | Presider | nt | | | / | | 1 | | - | 10/1 | 9 | | |
| L | | | | | | - 1 | 41 | - Level | | | | | | |

| - | Form |
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| CK1859 PAT | D | | | OF ASE | | | | | | | lla Lt. | | | |
|---|-------------|---------------------|-------------------|------------------------|---|---|------------------------|----------------------|---------------|------------------|------------|-------------|-------------|-----------|
| Date of Notification (1) 1/10/19 | and in the | 1 | | of Building Travag | | /Operator | r (2) | | | JAN | 15 | 20 | 19 | |
| Agencies Notified Type Notification | | | Street A | Address | | | | | | 600 200 | | 60 | | |
| EPA DEP Amended Amendment # | # | _ | | ate, Zip Co Vale, A | | 7/75 | | | | 1.7 | 580 | | | - |
| Emergency (i | ncluding | , | | of Contact | - 0 | 1615 | | | Tal | anhona Ni | ımher | | | - |
| DCA Cancellation | | | | Travag | l' | 117 | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (| 3) | FAC | ILITY INF | ORMAT | TION | Type | of Facility | (4) | | | | | |
| Residential Home | , | 7 | | | | | | chool (K | 3.65 | | | | | |
| Street Address | 1 | | | | | | S | ubchapte | er 8 (Oth | er than K- | 12) | | | |
| | | | | | | | | ither (i.e. tc.) | private a | & commerc | cial bui | ldings | , hom | es, |
| City (5) River Vale | | | | | | | Square 3100 | | # 0 | f Floors | 100 | Bldg. / | | |
| County (6) | | | County | Code (7) | | | | | | ng demolis | | 05 +/ | _ | |
| Bergen | | | | USE ONLY | | | | dential | | ing derrions | si ieu) | | | |
| Name of Monitoring Firm Hired by Building O Project Manager | wner (8 |) | ASCN | √ No. | | | | ement Co Abaten | | (9) | | | | |
| Street Address | | | | | | 177311111111111111111111111111111111111 | Address | | | | | | | |
| City, State, Zip Code | | | | | | | N. IVIIO State, Zip | land A | /e. | | | | | |
| - 1, 1 - | | | | | | 2.000 | 100 1000 10 | ok, NJ | 07663 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | , | | none No. | | | License I | No. | | | |
| Start Date (10) 1/12/19 | Schedul | | pletion | Date (11) | | | | A Monito | r | 0.000 | | | | |
| Occupancy Status During Abatement (Check | 131 205500 | | | | | Street | Address | | | | | | | |
| Facility Closed/Vacated During Entire Po | eriod of | Abatem | ent | | | | | | | | | | | |
| X Other – Describe: 8 A.M to 4 P.M | ii i aciiii | y i louis | | | _ | City, S | tate, Zip | Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | _ | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | - | Renova Demoliti | | | | Ě | Mini- Glov | Enclosur ebag Pro | re ocedure | Negative | | | | |
| | | | | | | | Non- | -Exempte | ed (*) and | d Non-Fria | ble Pro | | e ement | |
| Location of | 1 | Location Normall | у | | De | escription | of | | | | | 20/20/20/20 | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | | ed Solel intenar | | | tos Con | taining M | faterial (| | | mount | | | m m | m |
| In Facility | Cus | todial S (12) | taff? | (i.e. | surfa | I systems icing, VA | T, or | on, | | pecify or LF) | Remova | Repair | icaps | Enclosure |
| (13) | | | 1 | | other i | miscellan | neous) | | 7 | | oval | air | Encapsulate | sure |
| | Yes | No | N/A | | | | | | | | | | Ф | |
| Basement | | Х | | | | VAT | | | 42 | 24 SF | X | - | | |
| | | | | | | | | | | | - | - | | |
| | | | | | | | | 0.00 | | | + | - | | |
| Name of Registered Waste Hauler | L | | JDEP W | | Cubic | Yards | | Name of | Registe | red Landfil | 1 | _ | | |
| All Stages Abatement | | 6.00000 | auler ID 36592 | | of Wa | ste | | | | al Sanita | | ndfill | | |
| City, State Saddle Brook, NJ | | | | | | sal Date | | City, Sta Pen Aı | | Α | | | | |
| Completed by | Title | | | | 100100000000000000000000000000000000000 | Signature | | - / | 1 | | ate | | | _ |
| Richard Cristofol | Pres | ident | | | | Sp | 1/1 | | | 1 | /10/1 | 9 | | |

| (1525 | PAII | 0 | IOTIF | | TION | | EST | rsey OS ABATI 00 and 5:16 | | DEG | E | | 7 10 | 1 |
|--|--|-------|--------------|-----------------|--|-----------------------------------|---------|---------------------------------|---|-------------------|-----------|---------|---------------------------------------|---|
| Date of Notification (1) | 10 / | 19 | _ | | A 1400 A 140 A | | | er/Operator (2 n Renewal, | | JAN | 15 | 2019 | 9 | Same of the Comment |
| Agencies Notified ☑ EPA ☑ DOLWD | Type Notificati ☐ Initial ☐ Amended | | | | 2 B | Address road Streetate, Zip Co | 017/200 | uite 400 | | ASSEST | JS CO | Vi. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| ☑ DOH ☐ DCA | Amendmer Emergency | | ludina | | Blo | omfield, N | ۷J 07 | 7003 | | | | | | |
| (NJAC 5:23-8) | justification | n) | .uug | | Name | of Contact | | | | Telephone Nun | nber | | | |
| | ☐ Cancellation | on | | | Wai | ren Spra | ke | | | 908-670-57 | 11 | | | |
| | | | | | FAC | CILITY IN | FOR | MATION | | | | | | |
| Name of Facility Where | Abatement is Ta | king | Place | (3) | | | | | Type of Facility (| | | | | |
| Commercial | | | | | | | | | ☐ School (K-12) ☐ Subchapter 8 | (Other than K-1 | 2) | | | |
| Street Address 1200 Randolph Ro | ad Building | 4 | | | | | | | Other (i.e., pr | ivate and comme | ercial bu | ildings | 5, | |
| City (5) | au- building | | | | | | | | homes, etc.) Square Feet | # of Floors | Blo | ig. Ag | e | |
| Plainfield | | | | | | | | | Oquaro , oot | 01.1.00.0 | | 3 | | |
| County (6) | - A AVE | | | | Cour | ty Code (7) | (STAT | E USE ONLY) | Current Use (Pri | or if being demol | lished) | | | |
| Union | | | | | | | 46 | * | | | | | | |
| Name of Monitoring Firm | n Hired by Buildi | ng O | wner (8 | 3) | ASCM | No. | Nam | ne of Abateme | nt Contractor (9) | | | | | |
| Bio Terra Solution | s | | | | | | Al | LL PRO MA | NAGEMENT L | LC | | | | |
| Street Address | | | | | | | Stre | et Address | | | | | | |
| P.O. Box 1224 | | | | | 10 | | | Outwater I | | | | | | |
| City, State, Zip Code | | | | | | | 10000 | State, Zip Co | | | | | | |
| Union, NJ | | | | · · | | | | arfield, NJ | 07026 | Transa Na | | | _ | |
| Project Manager for Mor | nitoring Firm | | | | ephone 73-494 | | | phone No. 73-928-4888 | | License No. | | | | |
| Rick Eustaquio Start Date (10) | 19 | chadi | ulad Co | 1 | tion Da | | | ne of OSHA M | | 1100 | | | | |
| | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | | | | 1_ / | | | | NAGEMENT L | LC | | | | |
| Occupancy Status Durin | • | | | 000 | | | | et Address | | | | | | |
| ☑ Facility Closed/Vaca ☑ Abatement Performe | 하게 되었다. 하게 보이지 않는 프랑스 보이지 않는데 | | | | | cribe | 1000 | Outwater I | | | | | | |
| Time of Abatement: | | | | | | | | , State, Zip Co arfield, NJ | | | | | | |
| Scope of Work (Check a | all that apply) | | | | | | | M Full Conf | tainment with Neg | native Pressure | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | ⊠ Re ☐ De | novai moliti | | | | ☐ Mini-Enc ☑ Glovebag | losure | | dure | | | |
| | GENY CONTRACTOR OF THE PARTY OF | | | Loca | | | | 1000 80 40 | | | At | atem | ent T | ype |
| Locatio Asbestos-Containing | | ,] | | d So | ely by | Ashe | stos (| Description of Containing Ma | | Amount | Re | Repair | Ē | En |
| TO BE AB | BATED | ' | | | ance/ Staff? | | ., the | rmal systems | insulation, | (Specify | Removal | pair | Encapsulate | Enclosure |
| IN Fac (13) | | | Odo | (12 | | | | urfacing, VAT ner miscellane | 1 23550S | SF or LF) | <u>a</u> | | ulat | Гe |
| (, | | | Yes | No | N/A | | 2000 | | | | | | Ф | |
| Elevator Lobbies/Floor 6 Basement/Patient Rooms | | | | | × | VAT/Ma | | | | 37,500 SF | _ | 1 | | |
| Wall Cavaties- Floo | | | | | | Pipe In: | sulat | tion- Wrap a | and Cut | 7,500 LF | × | | Ш | |
| Basement- Electrical 8 | & Mechanical R | oom | П | | | Elbow I | | | | 75 Elbows | | - | | |
| Mechanical Room | | | | | | Tank In | | | | 75 SF | × | | П | |
| Name of Registered Wa | aste Hauler | | | - 1 | NJDEP Hauler | | Cut | oic Yards of | | stered Landfill | | | | |
| Newark Carting | | | | | 028 | | Α | s Needed | 100000000000000000000000000000000000000 | hem Landfill | | | | |
| City, State | | | | | | | 1 | posal Date | City, State | | | | | |
| Newark, NJ | | | | | | | | BD | Bethlehem | , PA | Det- | | | |
| Completed By (Print or | Type) | Title | | . B.F. | | | | Signature | 7.1 / | , | Date | | | |
| Allen Monchik | | 1 4 | rolec. | L IVIA | nager | | | Allen | Monchi | e | 1/10/ | 19 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

AN 15 2019

| | _ | | | SHEET | | | | | 117 1 | JAN 15 2019 |
|---|------------|--|-----------------------|--|------------------------------|---------------------------------|-------------|-----------------|-------------------|------------------------|
| | | | | 1200 Randolph Rd, Plainfield, NJ | | Abateme | nt Type | 1 | - | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13) | No Main | s Locatormally Solely Stenan ial Staf | Used by ce/Cust | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | R e m o v a I | R e p a i r | E n c a p s u l | E n c l o s u r e | ETENCONTAINE LOTRON |
| | Yes | No | N/A | | | | | | | |
| 7th Floor- Mechanical Room 1 | | | x | Pipe Insulation | 3,120 LF | х | | | | |
| 7th Floor- Mechanical | | | | | | | | | | |
| Room 1 | | | Х | Duct Insulation | 3,234 SF | х | | | | 55 |
| 7th Floor- Mechanical | | | | | | | | | | |
| Room 1 | | | X | Elbows | 48 | Х | | | | |
| 7th Floor- Mechanical | | | | | | | | | | |
| Room 2 | | | Х | Pipe Insulation | 3,500 LF | Х | | | | |
| 7th Floor- Mechanical | | | | | | | | | | |
| Room 2 | | | Х | Duct Insulation | 5,200 SF | Х | | | | |
| 7th Floor- Mechanical | | | | The second secon | | | | | | |
| Room 2 | | | Х | Elbows | 62 | Х | | | | |
| TBD | | _ | | TBD | TBD | | | | | |
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| Completed by: (Print or type) Allen Monchik | Title: | Project Manager | Signature: Allen Monchik | Date: 1/10/19 |
|--|--------|-----------------|-----------------------------|---------------|
|--|--------|-----------------|-----------------------------|---------------|

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Muhlenberg Urban Renewal I I C

| Date of Notification (1) | | | | | Mama | of Building | Over | ner/Operator (2 | 2/ | | | | | |
|--------------------------|----------------------------|----------|---------|---------------|------------------|-------------|--------|---------------------------------|---------------------------------|-----------------|----------|----------|-------------|-----------|
| | 10 / | 19 | | | | | | an Renewal, | S. Carrier | | JAN | 15 | 201 | 9 |
| Agencies Notified | Type Notifica | tion | | | Street | Address | | | | 1 | W-200 | | | |
| | | | | | 2 B | road Stre | et. S | uite 400 | | Bud | EST | SOC | NT | : : |
| ☑ DOLWD | ☐ Amended | | | ŀ | | tate, Zip C | | | | | 13/2 | 717 | | **** |
| ⊠ DOH | Amendme | | | | | omfield, | | 7003 | | | | NIVO E-A | a - phone | CO HELL . |
| DCA (NJAC 5:23-8) | ☐ Emergeno justificatio | | ding | ŀ | - | of Contact | | 1000 | | Telephone No | ımher | | - | |
| (NSAC 3.23-8) | ☐ Cancellati | | | | | ren Spra | | | | 908-670-5 | | | | |
| | | | | | FAC | ILITY IN | FOR | MATION | | | | | | |
| Name of Facility Where A | Abatement is T | aking Pl | ace (| 3) | | | | | Type of Facility (| (4) | | | | |
| Commercial | | | | | | | | | School (K-12 |) | | | | |
| Street Address | | | | | - | | | | Subchapter 8 | (Other than K | -12) | | | |
| 1200 Randolph Roa | ad-Building | 20 | | | | | | | Other (i.e., pr homes, etc.) | ivate and comi | mercial | ouildin | gs, | |
| City (5) | | | | | | | | | Square Feet | # of Floors | | Bldg. A | ge | |
| Plainfield | | | | | | | | | | | | | | |
| County (6) | | | | | Coun | ty Code (7) | (STA | TE USE ONLY) | Current Use (Pri | or if being dem | olished | | | |
| Union | | | | | | | | | | | | | | |
| Name of Monitoring Firm | | ing Owr | ner (8) | 1 | ASCM | No. | Nan | ne of Abateme | nt Contractor (9) | | | | | |
| Bio Terra Solutions | 3 | | | | | | Α | LL PRO MA | NAGEMENT LI | LC | | | | |
| Street Address | | | | | | | Stre | et Address | | | | | | |
| P.O. Box 1224 | | | | | | | 2 | 7 Outwater I | ane | | | | | |
| City, State, Zip Code | | | | | | | City | , State, Zip Co | ode | | | | | |
| Union, NJ | | | | | | | G | arfield, NJ | 07026 | | | | | |
| Project Manager for Moni | itoring Firm | | | Tele | ohone I | No. | Tele | phone No. | *** | License No. | | | | |
| Rick Eustaquio | 33 | | | 97 | 3-494 | 3762 | 97 | 73-928-4888 | | 1188 | | | | |
| Start Date (10) | | chedule | | | | | Nan | ne of OSHA M | onitor | | | | | |
| / | | 03 | _ / _ | 29 | _ / _ | 19 | Α | LL PRO MA | NAGEMENT LI | _C | | | | |
| Occupancy Status During | Abatement (C | heck or | nly on | e) | | | Stre | et Address | | | | | | |
| □ Facility Closed/Vacate | | | | | | | 2 | 7 Outwater I | _ane | | | | | |
| Abatement Performed | | | | | | | City | , State, Zip Co | de | | | | | |
| Time of Abatement: _ | | PIVI/_ | | PW- | | AIVI | G | arfield, NJ | 07026 | | | | | |
| Scope of Work (Check all | I that apply) | | | | | | | M F. II O 4 | -1 | . 5 | | | | |
| ☐ ≥3 sf or ≥3 lf | | | Reno | ovatio | on | | | ☐ Mini-Enc | ainment with Neg | ative Pressure | | | | - 1 |
| ☐ ≥160 sf or ≥260 lf | | | Dem | | | | | Glovebag | Procedure | | | | | |
| | | | | | | | | ☐ Non-Exe | mpted (*) and No | n-Friable Proce | edure | | | |
| Location | of | | | ocati rmal | | | | Description of | | | 1 | | nent T | ype |
| Asbestos-Containing | | | Used | Sole | ly by | Asbes | stos (| Description o Containing Ma | | Amount | 3 | Repair | E | E |
| TO BE ABA | | | | tenai | nce/ Staff? | (i.e. | | mal systems i | | (Specify | Kelliova | pair | cap | Enclosure |
| IN Facili (13) | ty | | | (12) | Man: | | | urfacing, VAT, er miscellane | | SF or LF) | 2 | - | Encapsulate | ure |
| (10) | | Y | 'es | No | N/A | | Ou | ici misociiano | ous) | | | | 6 | |
| 1st Floor | | |] [| | × | Pipe Ins | ulat | ion | | 100 LF | D | | | |
| 1st Floor | | |] [| | \boxtimes | Elbows | | | | 20 | D | | | |
| TBD | | |] [| | \boxtimes | TBD | | | | | | | | |
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| Name of Registered Was | ste Hauler | | | N | JDEP \ | Vaste | Cub | ic Yards of | Name of Regis | tered Landfill | | | | - |
| Newark Carting | | | | | auler II 0283 | No. | Was | ste s Needed | IESI Bethle | hem Landfil | ı | | | |
| City, State | | | | | | | | osal Date | City, State | | | | | |
| Newark, NJ | | | | | | | Т | BD | Bethlehem | , PA | | | | |
| Completed By (Print or T | ype) | Title | | | | | | Signature | | | Date | | | |
| Allen Monchik | | Pro | ject l | Mana | ager | | | Allen | Monchik | 6 | 1/10 | /19 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 10 19 Muhlenberg Urban Renewal, LLC 01 Agencies Notified Type Notification Street Address **⊠** EPA 2 Broad Street, Suite 400 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Bloomfield, NJ 07003 ☐ DCA ☐ Emergency (including Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Warren Sprake 908-670-5711 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1200 Randolph Road-Building 21 homes, etc.) City (5) # of Floors Square Feet Bldg. Age Plainfield County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 1 _03_ / _29_ / _19 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-_ PM/ PM-Garfield, NJ 07026 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Renovation ≥3 sf or ≥3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 lf Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Encapsulate Removal Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify **Custodial Staff?** IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No 1st Floor \boxtimes **Boiler Insulation** 200 SF \boxtimes 1st Floor \boxtimes 900 LF \boxtimes Pipe Insulation 1st Floor \boxtimes Elbows 20 X TBD П TBD Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Newark Carting** IESI Bethlehem Landfill

ASB-41 JAN 13

City, State

Newark, NJ

Allen Monchik

Completed By (Print or Type)

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

As Needed

Disposal Date

TBD

City, State

Allon Monchik

Bethlehem, PA

Date

1/10/19

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Project Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| (KIDOS PAID | | (P | ursuan | t to NJA | C 8:6 | 0 and 5:16 |) | | | | | |
|---|--------------|-------|-------------------|-------------|-------------|------------------------------|--|--------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1) 01 / 10 / | 19 | | 4110/10-10-0000 | 47 | | er/Operator (2 n Renewal, | 78 (F) | JA | N 15 | 20 | 19 | |
| Agencies Notified Type Notific | | | | Address | | | | | | | | |
| ☐ EPA ☐ Initial | ation | | | oad Stre | et S | uite 400 | į. | | 7178 i | TWE | T. | 2.1 |
| ☑ DOLWD ☐ Amende | i | | | tate, Zip C | | 400 | | P. | Later | | (**) V) ** | w 1.44 |
| □ DOH | | | | omfield, l | | 7003 | | | | | | |
| DCA Emerger (NJAC 5:23-8) iustificati | | 3 | | of Contact | | | | Telephone Nu | mher | | | |
| (NJAC 5:23-8) justificati | | | 1 | ren Spra | | | | 908-670-5 | | | | |
| | | | FAC | ILITY IN | FORI | MATION | | | | | | |
| Name of Facility Where Abatement is | Taking Place | (3) | | | | | Type of Facility | (4) | | | | |
| Commercial | | | | | | | School (K-12 | | | | | |
| Street Address | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., pr | (Other than K- | 12) nercial hi | ildina | s | |
| 1200 Randolph Road- Building | 22 | | | | | | homes, etc.) | | icidiai bi | munig | , | |
| City (5) | | | | | | | Square Feet | # of Floors | В | dg. Ag | je | |
| Plainfield | | | | | | | | | | | | |
| County (6) | | | Coun | ty Code (7) | (STAT | E USE ONLY) | Current Use (Pri | or if being dem | olished) | | | |
| Union | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Buil | ding Owner | (8) | ASCM | No. | Nam | e of Abateme | nt Contractor (9) | 1 | | | | |
| Bio Terra Solutions | | | | | Al | L PRO MA | NAGEMENT L | LC | | | | |
| Street Address | | | | | Stree | et Address | | | | | | |
| P.O. Box 1224 | | | | | 27 | Outwater L | _ane | | | | | |
| City, State, Zip Code | | | | | City, | State, Zip Co | ode | | S. | | | |
| Union, NJ | | | | | G | arfield, NJ | 07026 | | | | | |
| Project Manager for Monitoring Firm | | Tel | ephone | No. | Tele | phone No. | 2 | License No. | | | | |
| Rick Eustaquio | | | 73-494 | 0071200000 | 97 | 3-928-4888 | | 1188 | | | | |
| | Scheduled (| 35 | | 20 (2) | IIISINE SAI | e of OSHA M | | | | | | |
| | 03 | 2 | 9_/_ | 19 | Al | L PRO MA | NAGEMENT L | LC | | | | |
| Occupancy Status During Abatement | | | | | Stre | et Address | | | | | | |
| ☐ Facility Closed/Vacated During Ent | | | | | | Outwater I | | | | | | |
| Abatement Performed Outside of N Time of Abatement:AM | | | | | | State, Zip Co | | | | | | |
| | | '." | | AIVI | G | arfield, NJ | 07026 | | | | | |
| Scope of Work (Check all that apply) | | | | | | ⊠ Full Cont | ainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 if | | enova | | | | ☐ Mini-Enc | losure | | | | | |
| ☐ ≥160 sf or ≥260 lf | □D | emoli | ion | | | ☐ Glovebag | g Procedure mpted (*) and No | n-Friable Proce | dure | | | |
| | 1 | s Loc | ation | | | | () = () | | | patem | ent T | vpe |
| Location of | | Norm | | | | Description o | | | | _ | _ | T |
| Asbestos-Containing Material (ACI TO BE ABATED | | | lely by ance/ | Asbe | stos (| Containing Ma mal systems | terial (ACM) | Amount (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facility | Cu | | I Staff? | (1.0 | SI | urfacing, VAT, | , or | SF or LF) | oval | 1 = | bsul | sure |
| (13) | V | (12 | | 1 | oth | er miscellane | ous) | | | 1 | ate | (0) |
| | Yes | - | | | | | | 050.05 | - I | | | - |
| 1st Floor | | 닏 | | Tank In | | M(E)(R) | | 850 SF 4,048 LF | | - | П | |
| | | | | Pipe In: | | ion | | 4.5 | _ | - | | - |
| 1st Floor | | | | Elbows | | | | 47 | | - | 닏 | |
| 1st Floor | | | | Ceiling | | | T., | 200 SF | | IJЦ | | |
| Name of Registered Waste Hauler | | | NJDEP Hauler I | | Cub | ic Yards of | and the second s | stered Landfill | | | | |
| Newark Carting | | | 0283 | | A | s Needed | | ehem Landfil | II . | | | |
| City, State | | | | | 1010000 | oosal Date | City, State | | | | | |
| Newark, NJ | | | | | T | BD | Bethlehen | n, PA | | | | |
| Completed By (Print or Type) | Title | | | | | Signature | | , | Date | | | |
| Allen Monchik | Projec | ct Ma | nager | | | Allen | Monchi | 6 | 1/10 | 19 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

JAN 1 5 2019

| | | | | 1200 Randolph Road | | Abatemer | t Type | | |
|---|------------------|----------|--------------------------------|---|------------------------------|---------------------------------|--|---------------------------------|-------------------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13) | Nor S Main | al Stafi | Used by e/Cust f (12) | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | R e m o v a I | R e p a i | E n c a p s u | E n c l o s u r e |
| | Yes | No | N/A | | | | | | |
| TBD | _ | _ | | TBD | TBD | | | | |
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| Completed by: (Print or type) Allen Monchik | Title: | Project Manager | Signature: Allan Monchik | Date: 1/10/19 |
|--|--------|-----------------|-----------------------------|---------------|
|--|--------|-----------------|-----------------------------|---------------|

NOT

| IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) | CK# 1162 |
|--|----------|
| State of New Jersey | |

| Date of Notification (1) | | Name of Building Owner/Operator (2) Piotr Torban | | | | | | 10.52 | | 2 | 4 | 7 | 7 | 1 p. 4 | | |
|--|------------------------|--|----------------|---|-------------|------------|---------------------------|--|---|-----------------|------------------|----------------|------------------|------------------------|----------|----------|
| 01/10/2019 | | | | Piotr 7 | Γorban | | | | | | _=: | 3 | 24 / | 1 1. | | |
| Agencies Notified | Type Notification | | | Street A | ddress | | | | | 1.50 | | | | | | |
| ■ EPA | X Initial | | | | | | | | | | .1/ | AN | 15 | 201 | 0 | |
| DEP | Amended | F0.440 | | 100 | ite, Zip Co | | | | 7/ | · | 1 | 4.5 | | - 20 | J | 167 |
| X DOL | Amendment Emergency | | - L | Fort L | ee, NJ | 07024 | | | | | - | f is most over | NAMES OF | Control of the Control | es · | |
| DOH | justification) | i de la companya de l | | | Contact | | | | | Tele | ephone I | Numb | er | MT: | | 4 |
| DCA | Cancellation | 1 | | Piotr | | | | | | | _ | | - | | 5.75 | |
| Name of Facility Where | Abatament is Takin | a Place (2) | | FACI | LITY INFO | DRMAT | ON | T | - 5 E - 1111 - 741 | | | | | | | |
| Private home | Abatement is Takin | ig Flace (3) | | | | | | personal control | of Facility (4) | | | | | | | |
| Street Address | | | - | | | | _ | | School (K-12 Subchapter 8 | | | 40) | | | | |
| The strain of th | | | | | | | | | Other (i.e. pri | | | | ouild | ings, | home | es, |
| City (5) | | | | | | | | - е | etc.) | | | | | | | |
| Fort Lee | | | | | | | | Squar | e Feet | # of | Floors | | BI | dg. A | ge | |
| County (6) | | | - 1 | County | Code (7) | | | Cuma | at Hair (Dalas | 16 11 | | | | | | |
| Bergen | | | | | JSE ONLY | | | Currer | nt Use (Prior | IT Delf | ng aemo | iisned | 1) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | 1 No | | Nama | of Abot | tement Contr | cotor | (0) | | | | | |
| Trains trains and grant | Timod by Danding | Owner (o) | | AGGIV | 1110. | | | | Safety LLC | | (9) | | | | | |
| Street Address | | | | | | _ | | Addres | | | | | | | _ | |
| | | | | | | | | osby / | <u> </u> | | | | | | | |
| City, State, Zip Code | | | | | | | | State, Zi | | | | | 182 | | | |
| | | | | | | | 5000 | | NJ 07502 | | | | | | | |
| Project Manager for Mon | itoring Firm | - | Τ. | Telepho | ne No. | | | hone No | Marine Williams | T | License | No. | | | | |
| 3 to 12 to 10 to 1 | | | | | | | | -400-8 | | | 01332 | | | | | |
| Start Date (10) | | Scheduled | Com | Completion Date (11) | | | | of OSH | IA Monitor | | | | | | | |
| 01/19/2019 | | 01/21/2 | 019 | | | | Sam | ne as (| 9) | | | | | | | |
| Occupancy Status During | g Abatement (Chec | k Only One |) | | | | Street | Addres | s | | | | | | | |
| Facility Closed/Vaca | ated During Entire | Period of Ab | atem | ent | | | | | | | | | | | | |
| Abatement Perform | ed Outside of Norn | nal Facility I | Hours | | | | City, S | State, Zip | p Code | | | | | | | |
| | | | | | | - | | | | | | | | | | |
| Scope of Work (Check A | ll That Apply) | | | | | W | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | - | novat | 000000000000000000000000000000000000000 | | | | Full | Containmer | nt with | Negativ | e Pres | ssur | Э | | 1 |
| ≥160 sf or ≥260 lf | | De | moliti | on | | | × | | i-Enclosure | dura | | | | | | |
| | | | | | | | | 0.0 | vebag Proce n-Exempted | dure (*) and | d Non-Fr | iable l | Proc | edure | | |
| | | ls L | .ocatio | on | | | | | | | | | - 7 | Abate | | |
| Location | of | No | ormall | у | | De | scription | of | | | | | | Ту | е | |
| Asbestos-Containing | | Used | Sole! tenar | | | tos Conf | taining N | /laterial | | | mount | | | | Enc | _ |
| TO BE ABA | | Custo | dial S | 27 73 h may 0 | (i.e. | thermal | system: cing, VA | | tion, | | pecify or LF) | - 1 | Z | F | | En o |
| (13) | ē | | (12) | | | | niscellar | | - 1 | SF | OI LF) | | mova | lepair | apsulate | closure |
| | | Yes | No | N/A | | | | | | | | | <u>a</u> | 7 | late | ē |
| Baseme | ent | | v | | | Dina | imavila | 41 | | | | - | - | | | |
| Dascini | SHC | - | Х | | | Pipe | insula | tion | | 44 | 4 SF | 2 | X | | Х | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1 | | | | \dashv |
| Name of Registered Was | te Hauler | | 20033 | JDEP W | | Cubic | Yards | | Name of Re | egister | red Land | Ifill | | | | \dashv |
| Removal Safety LLC | | | 199,900 | auler ID | | of Was | ste | | GROWS | | | | | | | |
| City, State | | | 100 | 037007 | | 2 Diame | -I D - 1 | | 8.00 - 1.0 | INUI | uı | | | | | |
| Paterson, NJ | | | | | | TBD | sal Date | | City, State | lo D | ٨ | | | | | |
| Completed by | | Title | | | | | | The tries and the tries are th | | | | | | | | |
| Lasko Veskov | | Presid | lent | | | 9 | Signature Date 01/10/2019 | | | | | | | | | |
| | | | | | | | 100 | | and or | | | 01/1 | UIL | 010 | | |

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

PAJU

CNK#3494

| Date of Notification (1 | 1) 1/9/19 | | | | | | Owner / Operato | | | EC | G A | <i>[</i>]. | 7.44 F 675 - 1.55 |
|---------------------------------------|------------------|------------------|-----------|---|----------|------------|--------------------|-----------|-------------------|----------------|-----------|--------------|----------------------|
| Agencies Notified T | ype Notifica | ation | | | | | partment of Co | rrectio | ons | <u> </u> | 11. | 17 | 1777 |
| EPA | ype Nounce | auon | 33 | | Addr | | d PO Box 863 | | | | | | |
| □ DEP | | | | | | & Zip (| | | - 1 | I LAN | 1 1 5 | 2010 | 111 |
| □ DOL | Amer | | | | | NJ 08 | | | 5 L ± | JAN | 4 1 0 | 2019 | 14. |
| □ DOH | | gency | | | | ontact | 020 | | | 1 15 | Геlephon | o Nur | mhor |
| DCA | | ellation | | | | Tasse | I | | | | 732-396 | | |
| | | | | FA | CILIT | Y INF | ORMATION | | | | | Explored and | |
| Name of Facility Whe | ere Abateme | ent is Taking Pl | ace (3 |) | | | Type of Facili | ity (4) | | | | | |
| Edna Mahan Corre | ectional fo | r Woman | | | | | School (I | K-12) | | | | | |
| Street Address | | | | | | | Subchap | ter 8 (C | other than K- | -12) | | | |
| 30 County Route 5 | 513 | | | | | | Other (i.e | e. privat | te & comme | rcial building | js, home | s, etc | .) |
| | | | | | | | Square Feet | 1 | # of Floors | В | ldg. Age | | |
| City (5) | | County (6) | Cou | inty (| Code | (7) | 9000 | | 2 | | | 40+ | |
| Clinton | | Hunterdon | | | | | Current Use (| Prior if | being demo | lished) | | | |
| | | | | | | | Correctiona | | J | , | | | |
| Name of Monitoring F | irm Hired b | v Building Own | er (8) | | ASC | CM No | | | Contractor (| 9) | | | |
| Environmental Co | | , | . (-) | | ,,,,, | J.III 7 10 | Bristol Envi | | | 0) | | | |
| Street Address | | | | | | | Street Addres | | | | | | |
| 120 N. Warren Stre | eet | | | | | | 1123 Beave | r Stree | et | | | | |
| City, State & Zip Code | | | | | | | City, State & 2 | Zip Cod | le | | | | |
| Trenton, NJ 08608 | | | | | | | Bristol, PA | 19007 | | | | | |
| Project Manager for M | Nonitoring F | irm | Teleph | none | Numl | ber | Telephone Nu | umber | | License N | umber | | |
| Steven Mania | | | 609-3 | | | | (215) 788-60 | 040 | | 00509 | | | |
| Scheduled Start Date | (10) | Scheduled Con | | | e (11 |) | Name of OSF | | | | | V-12 | |
| 1/21/19 | | | 1/22/ | | | | Bristol Envi | | ental Inc. | | | | |
| Occupancy Status Du | ring Abater | nent (Check or | ly one |) | | | Street Addres | | | | | | |
| | | During Entire P | | | | | 1123 Beave | | | | | | |
| Describe: | enormea Ot | utside of Norma | al Hou | rs – | am t | o 3pm | City, State & 2 | | le | | | | |
| 17,222.50 | ind During | A b = t = = t | 0 4 5 7 4 | - 4.0 | 0011 | | Bristol, PA | 19007 | | | | | |
| Scope of Work (Chec | | Abatement 8:0 | UAIVI to | 0 4:0 | UPIVI | | | | | | | | |
| Scope of Work (Check | k all that ap | piy) | | | | | | | - ull Containr | ment with N | ogativo [| Drocci | ıro |
| ≥3 sf or ≥3 lf | | | \square | Ren | ovatio | nn | | | Mini-Enclosu | | syative r | 10330 | ne. |
| ≥160 sf ≥260 l | lf | | H | | nolitio | | | | Glove Bag P | | | | |
| | | | | Don | TOILLO | | | | Non-Exempt | | -Friahle | Proce | dura |
| Loca | ation of | | ls l | ocati | on | | Description | | | Amount | | | |
| | s-Containing | 9 | Norm | | | | Asbestos-Cont | | | (Specify | Abat | T | Type |
| | ial (ACM) | | So | lely b | у | | Material (AC | | | SF or LF) | | | m m |
| | ABATED | | Mainte | | | | (i.e., thermal sy | | _ | | Ren | Re | ncl |
| | Facility (13) | | Custo | | staff? | 1 | insulation, surfac | | | | Remova | Repair | Enclsoure |
| | (13) | - | | (12) No | N/A | 1 | or other miscella | aneous) | ' | | <u>a</u> | 7 | re ate |
| Ackerman Bldg Gr | ound Clin | ic | | X | | 1/1/40 | n and Cut Dine | . Inquil | otio u | 40.1.5 | | | - |
| Ackerman blug Gr | ouna onn | IC . | 井ㅏ | \exists | H | VVIA | p and Cut Pipe | msui | ation | 40 LF | | = | 러님 |
| | | | H | H | 井 | | | | | | | = | 러님 |
| | | | H | 片 | H | | | | | | | = | 러님 |
| | | | H + | H | \vdash | - | | | | | | ᆗ╞ | 러님 |
| · · · · · · · · · · · · · · · · · · · | | | H | H | H | | | | | | ᠆냄! | 러누 | 쉬님 |
| Name of Registered V | Vaste Haule | er l | | NII |)FP \ | Maste | Cubic Yards | Namo | of Registere | d Landfill | | | |
| riamo or riogiotorea v | vaoto i laute | ,, | | 100000000000000000000000000000000000000 | uler I | | of Waste | Ivallie | or registere | u Lanuilli | | | |
| Service Transport | Inc. | | | | 990 | | 1 Cu yd | Miner | va Landfil | I | | | |
| City, State | | | | 1 | | | Disposal Date | City, S | | - | | | |
| Yardley, PA | | | | | | | 1/22/19 | | esburg, O | H | | | |
| Completed By (Print o | r Type) | | | Title | е | | Signature | • | J , | | Date | | |
| Gino Pizzigoni | | | | Pro | oject | | /) | 10-0- | 400 | m | 1/9/1 | 9 | |
| ` | | | | Ma | nage | er | Dino Re | Nihil | goni/ | you | | E.S. | |



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

Chk#3495

| Date of Notification (1) | | Nome | of Duitalia | - 0 | | | | | | |
|---|------------------------|--|--------------|---------------------------------|------------|--------------------------------------|--------------|--------|-------------|-------------|
| 1/9/19 | | Wells | Fargo E | g Owner / Opera | itor (2) | | E M | | 17 1 | 1.7 |
| Agencies Notified Type Noti | fication | | Address | Dailk | | | Um 1.7 | 177 | 1 | L A |
| □ EPA □ | | | | oad Street | | | 2 | | | |
| 57 500 | tial | City, S | State & Zip | Code | | | JAN | 1 | 5 20 | 19 |
| | nended | | | PA 19107 | | | · OAN | | 2 20 | 119 |
| | nergency ncellation | | of Contac | t | | | Telep | hone | e Num | ber |
| | ricellation | Steve | Colton | | | | 267-3 | 321- | 7784 | |
| | | FAC | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where Abate | ment is Taking Plac | ce (3) | | Type of Fac | | | | | | |
| Wells Fargo Trenton Brun Street Address | SWICK Ave | | | School | | | | | | |
| 891 Brunswick Avenue | | | | Subcha | apter 8 (| Other than K-12) | | | | |
| oo i Branswick Avenue | | | | Other (| i.e. priva | ate & commercial bu | | | , etc.) |) |
| City (5) | County (6) | County | \! - \(\7\) | Square Fee | | # of Floors | Bldg. A | \ge | | |
| Trenton | Mercer | County C | ode (7) | 4500 | | 2 | | 45 | 5+ | |
| · · · · · · · · · · · · · · · · · · · | Mercer | | | | | f being demolished) | | | | 11.00-11.00 |
| Name of Monitoring Firm Hired | by Building Owner | - (8) | ASCM N | Banking C | | | | | | |
| Environmental Connection | 1 | (0) | ASCIVIN | | atemen | t Contractor (9) | | | | |
| Street Address | | | | Street Addre | | ientai, inc. | | | | |
| 120 North Warren Street | | | | 1123 Beav | | et | | | | |
| City, State & Zip Code | | | | City, State 8 | Zip Co | de | | | | |
| Trenton, NJ 08010 Project Manager for Monitoring | F: - | | | Bristol, PA | 19007 | | | | | |
| Rollie Jones | | elephone I 09-392-42 | | Telephone N | | | se Numbe | r | | |
| Scheduled Start Date (10) | Scheduled Comp | | | (215) 788-6 | | 0050 | 9 | | | |
| 1/21/19 | 1 | /21/19 | = (11) | Name of OS Bristol Env | | | | | | |
| Occupancy Status During Abat | ement (Check only | one) | | Street Addre | | entai inc. | | | | |
| ☐ Facility Closed/Vacated | During Entire Peri | od of Abat | tement | 1123 Beav | | et | | | | |
| Abatement Performed | Outside of Normal | Hours - 7 | am to 3pm | City, State & | | | | | | |
| Describe: 5:00 PM t | o 1:30 AM | | | Bristol, PA | 19007 | | | | | |
| Facility Occupied Durin Scope of Work (Check all that a | g Abatement | | | | | | | | | |
| coope of work (Check all that a | appiy) | | | | | | VZ 17 (NV 20 | 8000 | | |
| ≥3 sf or ≥3 lf | Б | Reno | vation | | | Full Containment wi | th Negativ | e Pre | essure | е |
| ≥160 sf ≥260 lf | Ĺ | | olition | | | Mini-Enclosure Glove Bag Procedur | | | | |
| | _ | | 2.11.011 | | | Non-Exempted and | | lo Dr | oood. | |
| Location of | | Is Locatio | | Descriptio | n of | Amour | | | nent 7 | |
| Asbestos-Containi Material (ACM) | ng N | ormally Us | | Asbestos-Cor | | (Specif | у — | T | 10.11 | T |
| TO BE ABATED | Ma | Solely by aintenance | | Material (A (i.e., thermal s | | SF or L | F) 7 | , _ | E | m |
| in Facility | | stodial St | | insulation, surfa | cina. VA | т | Remova | Repair | ap | ncls |
| (13) | | (12) | | or other miscell | laneous |) | ova | 의 의 | Encapsulate | Enclsoure |
| Boiler Room | Ye | and the second second | V/A | | | | | | te | |
| Boller Room | | | | Pipe Insula | ation | 36 LF | \boxtimes | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | - | | | | | | | |
| | | | | | | | | | Ш | Ш |
| Name of Registered Waste Hau | ler | N.IDF | EP Waste | Cubic Yards | Namo | of Registered Landf | | | | |
| | | | er ID No. | of Waste | Ivallie | or Registered Landi | 111 | | | |
| Bristol Environmental Inc. | | 1870 |)6 | 1/4 CU YD | Fairle | ss Landfill | | | | |
| City, State | | | | Disposal Date | City, S | | | | | |
| Bristol, PA | | | | 1/21/19 | | ss Hills, PA | | | | |
| Completed By (Print or Type) | | Title | | Signature |) . | F018 TC 76/30/3 | Date | | | |
| Gino Pizzigoni | | Proj | | Minn P | Inna. | goni /gx | 1/9/ | 19 | | |
| | | ivian | ager | 1001001 | MI | July 1711 | | | | |

PAID

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

Che# 3497

| Date of Notification (1) | | | Owner / Operato | or (2) | i e e e | 1 7 7 7 | 1 | |
|--|----------------------|-------------------------------|--|-------------------|--|----------------|---------------|-----------|
| Agencies Notified Type Notification | | unty of Mon | mouth | | | | 131 | M. |
| Agencies Notified Type Notification | | eet Address | - 010 | d = 1 000 11 1 | 41 | | | 111 |
| | | | s Complex, 2" | 4 Fir, 300 Ha | The second secon | | | 111 |
| ☐ DEP ☐ Initial ☐ Amende | | , State & Zip (| | 11. | JAN 1 | 5 2019 | 1113 | |
| | | ehold, NJ 07 ne of Contact | 728 | 100 | | | | |
| ☑ DOH | | | | V . | Property of the second | Telephone Nu | | er |
| Cancell | Cas | sey Hornstra | K | | As PENOS | 732-431-776 | U | |
| | F | ACILITY INF | ORMATION | | 1 - 1 - 1 - 1 - 1 | | 9 | 0. |
| Name of Facility Where Abatement | | | Type of Facil | | | | | |
| Monmouth County Special Se | rvices Complex | | School (| K-12) | | | | |
| Street Address | | | | oter 8 (Other th | | | | |
| 300 Halls Mill Road | | | Other (i.e | e. private & cor | mmercial buildin | gs, homes, et | c.) | |
| | | | Square Feet | # of Flo | oors | Bldg. Age | | |
| City (5) | county (6) Count | y Code (7) | 45000 | | 3 | 55+ | | |
| Freehold | onmouth | | Current Use | (Prior if being o | demolished) | - | | |
| | | | | | antana ara ang arawa arawa | | | |
| Name of Monitoring Firm Hired by E | Building Owner (8) | ASCM No | Name of Aba | tement Contra | ctor (9) | | | |
| NV5 | 572 5053 | 00030 | | ironmental, l | | | | |
| Street Address | | | Street Addres | | | | | |
| 850 Bear Tavern Road | | | 1123 Beave | r Street | | | | |
| City, State & Zip Code | | | City, State & | | | | | |
| Trenton, NJ 08628 | | | Bristol, PA | | | | | |
| Project Manager for Monitoring Firm | | ne Number | Telephone No | | License N | lumber | | |
| Ryan Broadwater | 609-323 | | (215) 788-60 | | 00509 | | | |
| | heduled Completion D | | Name of OSF | | | | | |
| 1/21/18 | 1/21/18 | | _ | ironmental lı | nc. | | | |
| Occupancy Status During Abateme | ent (Check only one) | | Street Addres | | | | | |
| Facility Closed/Vacated Du | | | 1123 Beave | | | | | |
| Abatement Performed Outs | | - 7am to 3pm | City, State & | | | | | |
| Describe: 8:00AM - 8:0 | | | Bristol, PA | 19007 | | | | |
| Facility Occupied During Ab Scope of Work (Check all that apply | | | | | | | | |
| Scope of Work (Check all that apply | у) | | | □ Full Cor | ntainment with N | logativa Proce | | |
| ≥3 sf or ≥3 lf | M R | enovation | | Mini-En | | regative Press | sure | |
| ≥160 sf ≥260 lf | | emolition | | | Sag Procedures | | | |
| | | Cilionalori | | | empted and Nor | Friable Proc | odur | _ |
| Location of | Is Loc | ation | Description | | Amount | Abateme | | |
| Asbestos-Containing | Normally | | Asbestos-Con | | (Specify | Abateme | III I y | he |
| Material (ACM) | Solel | | Material (AC | | SF or LF) | | ш | m |
| TO BE ABATED | Maintena | | (i.e., thermal sy | | 50 | Rer Re | ıca | nc |
| in Facility | Custodia | | nsulation, surfac | | | Repair | Encapsulate | Enclsoure |
| (13) | Yes No | | or other miscella | aneous) | | <u>a</u> - | late | <u>a</u> |
| Votor Stores Deem | CANONIA DE | | | = | | | | |
| Voter Storage Room | | | ipe Insulation | Fittings | 8 LF | | | 님 |
| | | | | | | | 4 | 닖 |
| | | | | | | | $=\downarrow$ | = |
| | | <u> </u> | | | | | | |
| | | | | | | | | Ш |
| Name of Desisters 134 | | | 0.11.17 | IN . | | | | |
| Name of Registered Waste Hauler | 1100 | NJDEP Waste | | Name of Reg | istered Landfill | | | |
| Service Transport Inc. | | Hauler ID No. 20990 | of Waste 1 Cu Yd | Minerva Lai | ndfill | | | |
| City, State | | .0330 | | | iiuliii | | | |
| Yardley, PA | | | Disposal Date 1/21/19 | City, State | ~ OU | | | |
| Completed By (Print or Type) | l - | itle | The state of the s | Waynesbur | у, ОП | ID-4 | | |
| Gino Pizzigoni | T. | itle Project | Signature | · . | . 10 | Date | | |
| Cino i izzigolli | 1 | /lanager | Dino F. | myigon | 1/-1 | 1/11/19 | | |

| 200 Miles (1990) | - Ellera | | NOT | IEIO | | | ew Jersey | | 三层市 | P | a | n o | 46 | |
|---------------------------|-------------------|--------|---------|------------------|----------------|--------------|-------------------------------------|---|-------------------------------|------------|---------|----------|-------------|-----------|
| CK 1526 | | M | NOI | | | | BESTOS ABAT C 8:60 and 5:1 | | | 5 | (2) | W | 17 | |
| Date of Notification (1) | | | | | Name | of Buildin | g Owner/Operator (| (2) | | | | | | 111 |
| 01 / | 10 / | 19 | | | 540 | Broad S | Street Owners, L | LC | JAN | 1 | 5 | 2019 |) | |
| Agencies Notified | Type Notific | ation | | | Street | t Address | | | | | | | | 1 |
| ⊠ EPA | ☐ Initial | | | | 186 | 55 Palmei | Avenue, Suite | 203 | 1.0203 | TIST | 7 1 | mer | 8. | - 19 |
| ⊠ DOLWD | Amended | | | | City, S | State, Zip C | Code | | £ | K, in N | Siri | i. | 19 | 2 |
| ☑ DOH ☐ DCA | Amendm Emergen | | cluding | | Lar | chmont, | NY 10538 | | | | | y Magain | | |
| (NJAC 5:23-8) | justificati | | ciuumg | 3 | Name | of Contac | t | | Telephone N | umber | | | _ | |
| | ☐ Cancellat | tion | | | Pat | rick Dob | bins | | 914-833-3 | | | | | |
| | | | | | FA | CILITY IN | FORMATION | | | | | | | |
| Name of Facility Where A | Abatement is 7 | Taking | Place | (3) | | | | Type of Facility | (4) | | | | | _ |
| Commercial | | | | | | | | School (K-12 | 2020 | | | | | |
| Street Address | | | | | | | | Subchapter 8 | | | | | | |
| 540 Broad Street | | | | | | | | Other (i.e., p homes, etc.) | | mercia | l bu | ldings | s, | |
| City (5) | | | | | | | | Square Feet | # of Floors | | Blo | lg. Ag | je | |
| Newark | | | | | | | | | | | | | | |
| County (6) | | | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use (Pri | ior if being dem | olishe | d) | | | |
| Essex | | | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ding O | wner (| (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | |
| Whitman Environm | ental | | | | | | ALL PRO MA | NAGEMENT L | LC | | | | | |
| Street Address | | | | | | | Street Address | | | | | | | |
| 7 Pleasant Hill Road | d | | | | | | 27 Outwater | Lane | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | III ES | | |
| Cranbury, NJ | | | | | | | Garfield, NJ | 07026 | | | | | | |
| Project Manager for Moni | toring Firm | | | Tele | phone | No. | Telephone No. | | License No. | 0 | | | | |
| Kevin Lovely | | | | 1 | 32-390 | | 973-928-4888 | 1 | 1188 | | | | | |
| Start Date (10) | | Schedi | uled C | omple | tion Da | te (11) | Name of OSHA M | lonitor | | -23 450 -2 | | | | |
| _01_ / _11_ / | 19 | _ 0 | 1 / | 18 | 3_/ | 19 | ALL PRO MA | NAGEMENT L | LC | | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | | | 27 Outwater | Lane | | | | | | |
| Abatement Performed | | | | | | | City, State, Zip Co | ode | | | | | | |
| Time of Abatement: | AM | PN | 1/ | _PM- | | AM | Garfield, NJ | 07026 | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 22 28 | | | | | |
| ≥3 sf or >3 If | | | ⊠ Re | novati | on | | ☐ Full Cont Mini-Enc | tainment with Neg | jative Pressure | | | | | |
| ☐ ≥160 sf or ≥260 lf | | | ☐ De | | | | | g Procedure | | | | | | |
| | | | 1- | 1 | • | | ☐ Non-Exe | mpted (*) and No | n-Friable Proce | dure | | | | |
| Location | of | | | Locat | | | Description | | | | Aba | teme | ent T | _ |
| Asbestos-Containing I | |) | | d Sole | | Asbe | Description o stos Containing Ma | | Amount | | Re | Re | E | E |
| TO BE ABA | | | | intena Indial | nce/ Staff? | (i.e | ., thermal systems | | (Specify | | Removal | Repair | caps | Enclosure |
| IN Facilit (13) | .y | | Ousi | (12) | Otali : | | surfacing, VAT, other miscellane | | SF or LF) | | al la | | Encapsulate | ure |
| , , | | | Yes | No | N/A | | outer triboomario | 000) | | | | | te | |
| 1st Floor | | | | | | Pipe Ins | sulation- Wrap a | nd Cut | 35 LF | | | | | |
| | | | | | | | | | | | | П | П | |
| | | | | | | | | | | _ | | | | |
| | | | | П | П | | | | | _ | | 뭐 | - | - |
| Name of Registered Was | te Hauler | | Ц | | JDEP V | Masto | Cubic Yards of | Name of Daris | torod I or Jell | | | Ц | П | |
| Newark Carting | io i iduici | | | 9.70 | lauler II | | Waste | Name of Regis | tereo Lanonii ehem Landfil | | | | | |
| | | | | | 0283 | | As Needed | | mem Lanoill | | | | | - 119-07- |
| City, State | | | | | | | Disposal Date | City, State | D4 | | | | | |
| Newark, NJ | | | | | | | TBD | Bethlehem | , PA | | | | | |
| Completed By (Print or Ty | /pe) | Title | | | | | Signature | | , | Date | | | | |
| Allen Monchik | | Pr | roject | Man | ager | | Allon | Manchik | | 1/1 | 0/1 | a | | |

State of NJ

| | | | | | | s Abatement | | | 1 11 5 | The In- | |
|--|-----------------|--|-----------------------|-----------------|----------|--------------------------------|--------------------|-----------------------------|----------------|---------|--------------|
| D&S Proj. #: 19-04 | | PAII | Pursu | ant to NJAC | 8:60 | and 12:120) | | GE | W. | | 1 |
| Date of Notification (1) | - 11 | | 1740 S T A | er/Operator (2) |) | | | IAN 15 | 2019 | 1 5 7 | |
| Agencies Notified Type Notification | - 4.5 | joann crav | | | | | | | | - | |
| EPA Initial | ation S | treet Addre | SS | | | | | FOTCS CA | with the | | |
| DEP Amended | | it. Ctata 7 | in Code | | | | | | | 27 3765 | |
| DOL Amendment | | City, State, Z | | | | (0 | | | | | |
| DOH Emergency | | RIDGEV ame of Con | | IJ 07450 | | | Lalanhar | ao Number | | | |
| justification | 1) 1 | | | | | | relephor | ne Number | | | |
| DCA Cancellation | on | marilyn | becker | | | | | | | | |
| | | | FACI | LITY INFORM | ATION | 1 | | | | | |
| Name of facility where abatement | t is taking pla | ace (3) | | | | | Type of Facility | | | | |
| joann crawford | | | | | | | | ol (K - 12) | | | |
| Street Address | | | | 20 | | | | napter 8 (Ot (Private/Co | | | |
| | | | | | | | Bldgs. | /Homes, etc | C. | | |
| | | | | | | | Square Feet | # of Floors | 3 | Bldg. A | ge |
| City (5) | Cour | nty (6) | | | 1000000 | inty Code (7) ate use only) | | | <u> </u> | - 5 15 | |
| RIDGEWOOD | berg | gen | | | (518 | ate use only) | Current Use (P | rior it being | demoii | snea) | |
| Name of Monitoring Firm Hired by | | | 1 | ASCM No. | \vdash | Name of Abateme | nt Contractor (9) | | | | |
| | | | | | | D & S RESTO | RATION, INC. | | | | |
| Street Address | | | | | | Street Address | | | | | |
| <u> </u> | | | | | | 20 California | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Coo | de | | | | |
| During the state of the state o | | Tai | | | _ | Paterson, NJ | | 1 | | | |
| Project Manager for Monitoring Fir | m | Ph | one Numb | er | | Telephone Numbe 973-345-802 | | License N | Number 1169 | | |
| 0: 15: (10) | Tot | | D 1 /// | | _ | Name of OSHA M | | | 107 | | |
| Start Date (10) | Sched | I. Completio | on Date (1 |) | | D & S Restor | ation, Inc. | | | | |
| 01/10/19 | 01/25 | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN | | | | Street Address | | | | | |
| Occupancy Status During Abateme | | | | | | 20 California | | | | | |
| Facility closed/vacated durin Abatement performed outsid | | | | | | City, State, Zip Co | de | | | | |
| Describe: NORMAL | | | | | - | Patarson NII | 07502 | | | | |
| Scope of Work (check all that app | | | | | | Paterson, NJ | | , , | | | |
| M. o. r o. r. | | | | | | <u> </u> | Full Containment v | v/negative p | pressure | 3 | |
| | | | | | | | Glovebag procedu | ire | | | |
| ≥160 sf or ≥260 lf | Demolition | | and aniah | | | | Non-Exempted (*) | and Non-fr | | |) |
| Location of asbestos-containing | by mainte | n normally usenance/cust | | 1 | on of - | shootoo contain! | Amount | | е е | R E | E |
| material (acm) to be | staff(12) | | | material (| | sbestos-containing | (Specify S | SF or | m F | | C |
| abated in facility (13) | Yes | No | N/A | | | | LF) | | v į | p | L |
| BASEMENT | | X | | PIPE INSU | LAT | ION | 45 1 ft | | e r | | |
| GARAGE | | X | | PIPE INSU | - | | 70 l ft | | | 言 | |
| 2 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Registered Waste Hauler | | EP Hauler II | 2000 | ubic Yards of V | Naste | Name of Register | | EGGVER | | | |
| D & S RESTORATION, INC | 135 | | Disposal D | yds. | | City, State | N, RESOURCE RI | ECOVER | Υ | | |
| PATERSON, NJ 07503 | | | 01/11/1 | | | TULLYTOW | N. PA | | | | |
| Completed by (Print or Type) | Title | | | Signature | | 1 | | Date | | | |
| BOGDAN JOLDZIC | PRESID | FNT | | | | | | 01/07/ | 10 | | |

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

| D&S Proj. #: 19-06 | TAGE | (Purs | uant to NJA | 2 8:6 | 0 and 12:120) | | | F | 17 | 7 | | |
|--|--|----------------------|-----------------|---|--|------------|----------------------------------|------------------|---------------|----------|--------|----------|
| CK THANG | PAU | | | | , | | | | 0 1. | | | 1 3 2 |
| Date of Notification (1) | | of Building Own | ner/Operator (2 |) | | | JA | N 15 | 2019 |) | | |
| Agencies Notified Type Notifica | tion - | Address | | | | | | 7807 - 404 - 40 | | | | - |
| EPA Initial Amended | | | Ī | | | | | rus de | elT. E | 1., | 5 | 4 |
| Amendment # | t: City, S | tate, Zip Code | | | | | Ment of | tool Proper | | 1 4. | 100 | - |
| DOL Emergency | | nford, nj 070 | 16 | | | | | | | | | |
| DOH (including | Name | of Contact | | | | - | Telephor | ne Numb | er | | | |
| □ DCA justification □ Cancellation | | n hammond | | | | | 1 | l. | | | | |
| | | FAC | ILITY INFORM | ATION | ٧ | | | | | | | |
| Name of facility where abatement | is taking place (3 |) | | | | П | Type of Facility (| (4) I (K - 12 |) | | | |
| seth hammond | | | | | | | | apter 8 (| | han | (-12) | |
| Street Address | | | | | | 7 | | (Private/ | | | | |
| | | | | | | 11 | | Homes, | | | 1-1- A | |
| City (5) | County (6) | | | Cou | inty Code (7) | - | Square Feet | # of Floo | ors | | ldg. A | .ge |
| cranford | union | | | (Sta | te use only) | | Current Use (P | rior if bei | ng der | nolish | ed) | |
| Name of Monitoring Firm Hired by | programme and the second | | ASCM No. | - | Name of Abatem | ent Co | ontractor (9) | | | _ | | |
| | | = | | | D & S REST | | | | | | | |
| Street Address | and the second s | | | | Street Address | | | | | | | |
| | | | | | 20 California | a Ave | - | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | ode | | | | | | |
| Project Manager for Monitoring Firm | | Ta | | _ | Paterson, N. | | 03 | | | | | |
| rioject Manager for Monitoring Firm | п | Phone Numb | er | | Telephone Numb 973-345-80 | | | License | Numl 01169 | | | |
| Start Date (10) | 10-1-10- | | | _ | Name of OSHA | _ | r | | 71109 | | | |
| 58 (950) | Sched. Com | pletion Date (1 | 1) | | D & S Resto | | | | | | | |
| 01/08/19 | 01/18/19 | | | | Street Address | | | | | - | | |
| Occupancy Status During Abateme | | | | | 20 California | Aver | nue | | | | | |
| Facility closed/vacated during Abatement performed outside | entire period of a of normal facility | abatement. hours- | | | City, State, Zip Co | ode | | | | | | |
| Describe: NORMAL F | | | | -11 | D. J. N. | 0750 | 2 | | | | | |
| Scope of Work (check all that appl | | | | - | Paterson, NJ | | | | | | | _ |
| \boxtimes >3 sf or >3 lf | Renovation | | | | | _ | Il Containment w ni-enclosure | /negative | press | ure | | |
| | | | | | | | ni-enciosure ovebag procedur | е | | | | |
| | Demolition | -10 | | | | | on-Exempted (*) | | | <u> </u> | edure | |
| Location of asbestos-containing | Is location norm by maintenance | | | _ | | | A t | | R | R | E n | Е |
| material (acm) to be | staff(12) | | material (A | | sbestos-containing | 3 | Amount (Specify S | For | m | р | С | n |
| abated in facility (13) | Yes N | o N/A | | | | | LF) | | v | i | a p | Ľ |
| BASEMENT | | | PIPE INSUI | LATI | ON | | 70-100 l ft | | e | - | | \vdash |
| | | | | | | | 70 100 110 | | H | 一 | H | # |
| | | | | | | | 1 | | 計 | 금 | H | Ħ |
| | | | | See | | SERIE TAIL | | | Ħ | Ħ | H | 一 |
| | | | | | | | | | Ħ | 一 | F | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hai | | ubic Yards of W | /aste | Name of Registe | | | | .1 | _ | | _ |
| City, State | 13506 | Disposal D | yd | | Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the O | N, RI | ESOURCE RE | COVE | RY | | | - |
| PATERSON, NJ 07503 | | 01/09/19 | | | City, State TULLYTOW | /N D | А | | | | | |
| Completed by (Print or Type) | Title | | Signature | | I TODDITOW | 11, 1 | | Date | | | | |
| BOGDAN JOLDZIC | PRESIDENT | | | | | | | 01/07/ | 2019 | | | |

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

| D&S Proj. #: 19-07 | PA | (Pursu | uant to NJAC | 8:60 and | | | GE | 17 | |
|---|----------------------------|---|------------------------|-------------------------|--|--|--|------------------|--------------------|
| Date of Notification (1) 0 | bry Stree | e of Building Owr vant ghee et Address State, Zip Code | ner/Operator (2) | | | Dent . | JAN 15 | | |
| ☑ DOL ☐ Emergency (including justification ☐ DCA ☐ Cancellatio | Name | e of Contact yant ghee | | | | Telephon | ne Number | | |
| Name of facility where abatement | is taking place | | ILITY INFORMA | ATION | | I= | | | |
| bryant ghee Street Address | is taking place (| | | | | Subch | (4) of (K - 12) apter 8 (Othe (Private/Comr /Homes, etc. | | 12) |
| City (5) | County (6 | 3) | | 01-0- | 1 (7) | Square Feet | # of Floors | Bld | g. Age |
| linden | union | ., | | County Co (State use | | Current Use (Pr | rior if being de | molishe | d) |
| Name of Monitoring Firm Hired by | Bldg. Owner (8 |) | ASCM No. | Name | of Abatement (| Contractor (9) | | | |
| | | | | | S RESTORA | TION, INC. | | | |
| Street Address | | | | 1000000 | Address | | | | |
| City, State, Zip Code | | | | | California Av | e. | | | |
| | | | | | terson, NJ 075 | 503 | | | |
| Project Manager for Monitoring Firm | 1 | Phone Numb | er | Telepi | none Number 73-345-8020 | | License Nur | | |
| Start Date (10) | Sched. Co | mpletion Date (11 |) | - Name | of OSHA Monit | or | - | | |
| 01/21/19 | 02/08/19 | | .50 | | & S Restoration | n, Inc. | | | |
| Occupancy Status During Abatemen | | | | - | California Ave | enue | | | |
| Facility closed/vacated during Abatement performed outside Describe: | of normal facili | abatement. ty hours- | | City, S | tate, Zip Code | | | | |
| Other-Describe: NORMAL H | | *************************************** | | Pa Pa | terson, NJ 075 | 03 | | | |
| Scope of Work (check all that apply ≥3 sf or >3 If ≥160 sf or ≥260 If | Renovation Demolition | | | | | ull Containment was fini-enclosure slovebag procedur (*) (*) | re | | dure |
| Location of asbestos-containing material (acm) to be abated in facility (13) | by maintenand staff(12) | | i | | s-containing | Amount (Specify SI | For o | R e p a | E n c a |
| DAGEMENT | 103 | No N/A | | | | | v e | i | р |
| BASEMENT | | | PIPE INSUL | ATION | | 110 l ft | | 191 | |
| | | | | | | | | | ## |
| | | | | | | | | HH | |
| | | | | | | | | 古市 | 計 |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP H 13506 | 1 | ibic Yards of W yd. | TUI | THE RESERVE THE PARTY OF THE PA | andfill ESOURCE RE | COVERY | | |
| City, State PATERSON, NJ 07503 | | Disposal Da 01/22/19 | | | State LLYTOWN, I | ο Δ | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDENT | | Signature | <u> </u> | LLI IOWN, I | A | Date 01/07/19 | | |
| **** | D= ==+ #L!- | £ £ t | · P. | | | | 01/0//19 | | |

State of NJ

| D&S Proj. #: 19-09 | PA | | | | thousand the later of | os Abatement 60 and 12:120) | | N.E | C E | Garage L | <u> </u> | | |
|---|------------------|-----------------------------|--------------|-----------------------|-----------------------|--------------------------------|----------|-----------------------------|--------------------------|-------------|--|------------------|--------|
| Date of Notification (1) 0 11 / 0 8 / 1 9 Agencies Notified Type Notification | ation | jeanne b | ausmith | ner/Operator (2 |) | | | | JAN 1 | 5 2 | 019 | elitaria di Anga | 1 |
| ☐ EPA ☐ Initial ☐ Amended ☐ Amendment # | | Street Add City, State, | | | | | | 1.32 | HOTOS: LACEN | OOM: | a electric de la constantia de la consta | i | |
| DOL Emergency (including | , — | | EWOOD, | NJ 07040 | | | | Tolopho | ne Numbe | | | | |
| DCA justification Cancellation |) [[| | bausmith | | | | | Telepho | ne Numbe | 21 | | | |
| | | | FAC | ILITY INFORM | ATIO | N | | | | | | | |
| Name of facility where abatement | is taking pl | ace (3) | | | | | Ту | pe of Facility | | | | | |
| jeanne bausmith | | | | | | | | | ol (K - 12 | | | | |
| Street Address | | | | | | | - | | napter 8 ((Private/0 | | | (-12) | |
| | | | | | | | | Bldgs | /Homes, | etc. | | | |
| City (5) | Cou | nty (6) | | | Co | unty Code (7) | - 50 | quare Feet | # of Floo | ors | B | ldg. A | ge |
| MAPLEWOOD | 955 | av | | | (St | ate use only) | С | urrent Use (F | rior if bei | ng der | nolish | ed) | |
| Name of Monitoring Firm Hired by | Bldg. Own | | | ASCM No. | - | Name of Abateme | ent Cont | ractor (Q) | | | | | |
| • | | | | ACOM NO. | | D & S RESTO | | A-A | | | | | |
| Street Address | | | | | ᅱ | Street Address | KATI | JN, INC. | | | | | |
| | | | | | | 20 California | Ave. | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Coo | de | | | | | | - |
| Project Manager for Manifesia Fi | | | | | | Paterson, NJ | | | | | | | |
| Project Manager for Monitoring Firm | 1 | P | none Numb | er | | Telephone Numbe 973-345-802 | | | License (| Num 1169 | | | |
| Start Date (10) | Sched | . Completi | on Date (1 | 1) | _ | Name of OSHA M | | | | | | | _ |
| 01/09/19 | 01/3 | | , | * | | D & S Restora | ation, I | nc. | | | | | |
| Occupancy Status During Abatemen | nt (Check o | nly one) | | | - | 20 California | Avenue | | | | | | |
| Facility closed/vacated during Abatement performed outside Describe: | entire perior | od of abate facility hou | ment. rs- | | | City, State, Zip Coo | | | | | | | — |
| Other-Describe: NORMAL H | OURS | | | | - | Paterson, NJ | 07503 | | | | | | |
| Scope of Work (check all that apply | /) | | | | | Γ | | ontainment v | /negative | press | ure | | = |
| \boxtimes >3 sf or >3 lf | Renovatio | n | | | | Ī | Mini-e | enclosure | | | | | |
| ≥160 sf or ≥260 lf □ | Demolition | Į. | | | | ₽ | | bag procedu Exempted (*) | | friable | proo | adura | |
| Location of | | normally | | 1 | | | 11011-1 | _xcmpteu () | and Non- | R | R | E | Γ_ |
| asbestos-containing material (acm) to be | staff(12) | nance/cus | todiai | Descriptio | n of a | sbestos-containing | | Amount | - | e m | e | n c | E n |
| abated in facility (13) | Yes | No | N/A | material (A | ACM) | | | (Specify S LF) | r or | 0 | a | а | C L |
| BASEMENT | | | | PIPE INSUI | AT | ON | - 1 | 010 | | е | r | р | |
| BASEMENT BOILER ROOM | | | | boiler insula | _ | ION | | 0 1 ft 5 sq ft | | X | 무 | 부 | 씀 |
| | | | | l doner mound | tion | | | 13 Sq 11 | | × | 屵 | H | # |
| | | | | | | | | | | H | 금 | | 一 |
| | | | | | | | | | | H | $\overline{\Box}$ | Ħ | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDE 135 | P Hauler I 06 | 820 | ubic Yards of W yd | aste | Name of Registere TULLYTOWN | | | COVED | v v | | | |
| City, State | | | Disposal D | ate | | City, State | ., | ORCE RE | COVEN | . 1 | | | |
| PATERSON, NJ 07503 | | | 01/10/19 | | | TULLYTOWN | N, PA | | | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDI | ENT | | Signature | | | | | Date 01/08/ | 19 | | | |

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 19-08 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/10 18 1/11 19 Mattie Drakeford Agencies Notified Type Notification Street Address ☐ EPA Initial ALCEUROS CONTRILLA LICHTONIA Amended DEP Amendment #: City, State, Zip Code DOL M Emergency ENGLEWOOD, NJ 07631 DOH DOH (including Name of Contact Telephone Number justification) DCA Mattie Drakeford Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Mattie Drakeford Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) **ENGLEWOOD** bergen Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 01/09/19 01/31/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf □ Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E asbestos-containing e е n Description of asbestos-containing Amount staff(12) material (acm) to be m n p C material (ACM) (Specify SF or abated in facility (13) C 0 a a Yes No N/A L p BASEMENT PIPE INSULATION 50 1 ft (ONLY) Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 01/10/19 TULLYTOWN, PA Completed by (Print or Type) Signature Date **BOGDAN JOLDZIC** PRESIDENT 01/08/19

| OKOO641337 | PA | ТОИ | FICATIO | State of N ON OF AS nt to NJA | BESTOS | BABATE | MENT 0) | | | E | B | LA | | W | First First First |
|---|------------------------|-----------------------------|------------------|-------------------------------------|------------------|--|--|-----------------------|--------------|----------------------------|-----------|---------|-------------------|-------------|-------------------------|
| Date of Notification (1) 01/11/2019 | | | Name | of Buildin Chemou | g Owner/ | Operator | r (2) | | | | BAAL | 1 | E 6 | 1010 | - |
| Agencies Notified Type Notification | on | | | Address | JIS COII | ipany | | | . 4 1 | 1 : - 1 | JAN | 1 |) Z | 019 | |
| EPA Initial | | | 1007 | Market | Street | | | | e Service | - | PETY | 100 mm | i kilografia de j | er sage | |
| DEP Amended Amended | nt# | | | State, Zip (ington, | | 00 | | | 30 9 | | | TM. | | 1 | - 4 |
| ■ DOH Emergence justification | y (includir | ng | | of Contac | | | | | I Ta | elephor | ne Niun | hor | | - | 12.00 |
| DCA Cancellati | | | Jim L | acey | | | | | | 56-54 | | | | | |
| Name of Facility Where Abatement is Tal | ing Place | (3) | FAC | CILITY IN | FORMAT | ION | Tyne | of Facility | , (A) | | | | | | |
| Chemours Chamber Works Facil | ity - Bldg | j J4 | | | | | | School (K | | | | | | | |
| Street Address Canal Road | | | | | | | | Subchapt | er 8 (Oth | ner tha | n K-12 |) | | | |
| City (5) | | | | | | | 200 | Other (i.e. | | | | | 0.000 | | ies, |
| Deepwater | | | | | | | 600 | re Feet | 1 | of Floor | rs | - 23 | 3ldg 35+ | Age | |
| County (6) Salem | | | | Code (7) | | | | nt Use (P | | ing de | molish | | | | |
| Name of Monitoring Firm Hired by Building | Owner (8 | 3) | | M No. | " | Nome | | mical Pi | | /61 | | | | | |
| Harvard Environmental Inc. | , (| -) | 7.00 | WI IVO. | | | | tement Co urg Indu | | | e Co | mpa | ny | | |
| Street Address 760 Pulaski Highway | | | | | | Street | Addres | 6000 | | | | | | | 22/17/2010 |
| City, State, Zip Code Bear, DE 19701 | | | | | | City, St | tate, Z | p Code i, PA 18 | | | | | | | |
| Project Manager for Monitoring Firm JT Morrison | | | Telepho 302-3 | 3 | Telepho 610-6 | one No | D. | | Licer | nse No | | | | | |
| Start Date (10) 1/28/2019 | Schedu 02/07 | | mpletion | Name o | of OSH | IA Monito | | | | | | | | | |
| Occupancy Status During Abatement (Che | | | | _ | | Brand Street A | | | | _ | | | 115000 | | |
| Facility Closed/Vacated During Entire | Period of | Abater | nent | | | | | nan Driv | /e | | | | | | |
| Abatement Performed Outside of Nor Other – Describe: DEMO - 02/11/19-2 | mal Facilit 1/15/19 | y Hour | S | | | City, Sta | | | 115 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Bethlehem PA 18015 | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renovation Demolition | | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | 0 | | | |
| | 11. | Locati | | | | | | | _ (/ = / . | | - Habit | | Abate | ement | t |
| Location of Asbestos-Containing Material (ACM) | Use | Normal ed Sole | ly by | Ashas | Des | scription of aining Ma | of storial | (A CNA) | | | | | Ту | ре | |
| TO BE ABATED In Facility (13) | Cus | intenar todial S (12) | | (i.e. | thermal surfac | systems i | vstems insulation, ig, VAT, or cellaneous) | | | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | 01407 | | te | U |
| J4 | | | X | | S. VIII. | Tile/Ma | stic | | 20 | 00 SF | 2 | 2 | | | |
| 04 | | | X | | | Roof | | | 60 | 0 SF | 2 | 2 | | | |
| | | | | | | - 100 EV | | | | | | | | | |
| Name of Registered Waste Hauler | | 0.000 | JDEP W | | Cubic Y | | | Name of | Registe | red Lar | ndfill | | | | |
| Brandenburg Industrial Service Co | | | 838 | 140. | of Wast | le | | Salem | Cty La | ndfill/ | Chem | our | s Or | site | |
| City, State Bethlehem, PA | | | | | | City, State Alloway Twnship/Deepwater NJ | | | | | | | | | |
| Completed by Stephen Carne | Title Envir | onme | ntal Ma | anager | Sig | gnature | >/ | 1) | | | Date 1/11 | | | | |

State of NJ

| D90 D1 # | | | | | | os Abatement | FIE | GE | 7.7 | 77-7 17-7 | torn |
|--|------------------------|---------------------|--------------|-----------------|---------|--------------------------------|---|-------------------------------|--------|--------------|------------|
| D&S Proj. #: 19-07 | | ATT | (Purs | uant to NJA | C 8:6 | 60 and 12:120) | | | U., | Ē | |
| UK 1424 | 里 2 | LLE | <i>B</i> 7 | | | | | | | ŀ | |
| Date of Notification (1) | | Name of | Building Ow | ner/Operator (2 | 2) | | 14 11 | JAN 15 | 2019 | | 3 |
| Agencies Notified Type Notifica | ation | bryant | | | | | - Albert | | | f | |
| EPA Initial | | Street Ad | dress | | | | , Activ | ESTOS CON LICENSIN | vrs.(- | | - |
| ☐ DEP ☐ Amended | - 11 | | | | | | CANAL ALL PROPERTY | Late Mon | 1.1 | * : - : | Telegra 12 |
| DOL Amendment # | | City, State | e, Zip Code | | | | | asama George | | | |
| ☐ Emergency (including | - 11 | linden Name of C | , nj 07030 | 6 | | | | | | | |
| justification |) | warne or C | ontact | | | | Telepho | ne Number | | | |
| Cancellatio | n | bryant | ghee | | | | | | | | |
| | | | FAC | CILITY INFORM | MATIO | N | | | | | |
| Name of facility where abatement | is taking p | lace (3) | | | | | Type of Facility | (4) | | | |
| bryant ghee | | | | | | | = | ol (K - 12) | | | |
| Street Address | | | | | | | | hapter 8 (Othe | | | |
| | | | | | | | | (Private/Com ./Homes, etc. | mercia | Æ | |
| City (E) | T 0 | | | | | | Square Feet | # of Floors | T | Bldg. A | Age . |
| City (5) | Col | inty (6) | | | | unty Code (7) ate use only) | | | _ _ | | |
| linden | un | ion | | | (5) | ate use only) | Current Use (F | Prior if being d | emolis | hed) | |
| Name of Monitoring Firm Hired by | Bldg. Owr | er (8) | | ASCM No. | - | Name of Abatement | Contractor (9) | | | - | |
| V | | | | | | D & S RESTOR | ATION, INC. | | | | |
| Street Address | | | | | | Street Address | , | | | | |
| | | | | | | 20 California A | ve. | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | |
| Project Manager for Monitoring Firm | 2 | Le | 26 N I | | _ | Paterson, NJ 07 | 503 | | | | |
| 1 Toject Manager for Monitoring Fill | I. | 1 | Phone Numb | per | | Telephone Number 973-345-8020 | | License Nu 0116 | | | |
| Start Date (10) | IScho | d Comple | tion Date (1 | 4) | _ | Name of OSHA Mon | itor | 0110 |) 7 | | |
| | | - | tion Date (1 | 1) | | D & S Restorati | | | | | |
| 01/14/19 Occupancy Status During Abateme | 01/3 | | | | | Street Address | | | | | |
| Facility closed/vacated during | | | tement | | | 20 California Av | renue | | | | |
| Abatement performed outside | of normal | facility ho | urs- | | | City, State, Zip Code | | | | | |
| Describe: NORMAL F | IOURS | | | | - | Paterson, NJ 07 | 503 | | | | |
| Scope of Work (check all that apply | | | | | _ | | Full Containment v | u/negative pro | ecuro | | |
| \boxtimes >3 sf or >3 lf | Renovation | on | | | | | Mini-enclosure | vinegative pre | SSUIE | | |
| ≥160 sf or ≥260 lf | Demolitio | n | | | | | Glovebag procedu | | | | |
| Location of | Is locatio | n normally | used solely | / | | | Non-Exempted (*) | and Non-friat | | cedure E | <u>;</u> |
| asbestos-containing | by mainte staff(12) | enance/cu | stodial | Description | on of a | sbestos-containing | Amount | e m | е | n | E n |
| material (acm) to be abated in facility (13) | Yes | Na | 1 | material (| | 3 | (Specify S | F or 0 | p a | c a | c |
| | 163 | No | N/A | | | | 21/ | v e | l i | р | - |
| BASEMENT | | X | | PIPE INSU | LAT | ION | 1101ft | × | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | 旧 | 14 |
| Registered Waste Hauler | N.IDI | EP Hauler | ID# I C | ubic Yards of V | Vaste | Name of Registered | Landfill | | | | |
| D & S RESTORATION, INC. | 135 | | | yd. | | TULLYTOWN, I | | COVERY | | | |
| City, State | | | Disposal D | | | City, State | | | | | |
| PATERSON, NJ 07503 Completed by (Print or Type) | T:41- | | 01/22/1 | Signature | _ | TULLYTOWN, | PA | ~ | | | |
| BOGDAN JOLDZIC | Title PRESID | ENT | | Signature | | | | Date 01/10/19 | | | |

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

| 00101 | . A. A. | | | | | | | | | | | | | |
|---|---------------|--------|-----------|----------------|----------------------|-------------|--------------|------------------------------------|-------------------------------|---------------------------------------|---------|--------|-------------|-----------|
| Date of Notification (1) | 1221 | | | | | | | wner/Operator (| | , , , , , , , , , , , , , , , , , , , |) F | 0 | E c | |
| | | 19 | | | JC | P&L/Firs | tEn | ergy Compar | ny / Job #181 | 2-5421 Check# | 10929 | | Visit | |
| Agencies Notified | Type Notific | cation | | | Stree | t Address | | | | | | | | |
| | | | | | 10 | Legion F | lac | e- Building A | | | | | | |
| □ DOLWD | ☐ Amende | Ei. | | | | State, Zip | | | | JA | N-1 | 5 2 | 019 | - 13 |
| ☑ DHSS | Amendm | | | | | rristown | | | | | | | | 1 |
| DCA | | | cludin | g | | e of Contac | | | | Telephone Nun | nher | w152*, | r | * * |
| (NJAC 5:23-8) | Cancella | | | | Ke | | | | | -100 All 2 63 | R7 | AUN. | 15 | .44 |
| | Li Gariociia | | 11-12-17- | | in the latest | | | | | | | 2.10 | | 4 A. |
| | | | | | FA | CILITY IN | IFO | RMATION | | | | | | |
| Name of Facility Where A | Abatement is | Takin | g Place | e (3) | | | | | Type of Facility | | | | | |
| JCP&L | | | | | | | | | School (K-1 | 2) 8 (Other than K-1: | 2) | | | |
| Street Address | | | | | | | | | | private and comme | | uildin | gs, | - 1 |
| 50 Route 10 West | | | | | | | | | homes, etc. | | | | | |
| City (5) | | | | | | -3 | | | Square Feet | # of Floors | В | ldg. A | ge | |
| East Hanover, NJ | | | | | | | | | | | | | | |
| County (6) | | | | | Cou | nty Code (7 |)(ST | ATE USE ONLY) | Current Use (P | rior if being demol | ished) | | - 44915 | |
| Morris | | | | | | | | | Substation | | | | | |
| Name of Monitoring Firm | Hired by Buil | ding C | wner | (8) | ASCM | No. | Na | me of Abateme | ent Contractor (9 |) | | | | |
| 1 Source Safety & H | lealth, Inc. | | | | | | 1 | AbateTech, Ir | nc. | | | | | |
| Street Address | | | | | | | Str | eet Address | | | | | | |
| 140 S. Village Ave. S | Suite 130 | | | | | | 1 | 30 Maple Ave | . PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | | Cit | y, State, Zip Co | ode | | | 1900 | | |
| Exton, PA 19341 | | | | | | | | umberton, N | | | | | | |
| Project Manager for Monit | toring Firm | | | Tele | ephone | No. | | lephone No. | And the control of the second | License No. | | | | |
| Brian Hovendon | | | | | 10-524 | | 1 25 | 09-265-2107 | | 00529 | | | | |
| Start Date (10) | 15 | Sched | uled C | | T 7870 | ite (11) | | me of OSHA M | | | | | | \dashv |
| _1_/_3_/ | | | | | 1 | | 100000 | MSL Analyti | | | | | | |
| | | | | | | | _ | eet Address | | | | | | |
| Occupancy Status During | | | | | mont | | 515 | | 0 North | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed | | | | | | cribe | | 200 Route 130 | | | | | | _ |
| Time of Abatement: | | | | | | | | y, State, Zip Co | | | | | | |
| | | | | | | | _ | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | ☐ Full Cont | ainment with Ne | native Pressure | | | | |
| ≥3 sf or ≥3 If | | | ⊠ Re | | | | | ☐ Mini-Encl | osure | gailte i receare | | | | |
| ≥160 sf or ≥260 lf | | | ☐ De | molitic | on | | | Glovebag | | a Friable Dresed | 150 | | | |
| | | | la. | 1 | | T | | ⊠ Non-Exer | ripted () and ive | n-Friable Procedu | | | t T | |
| Location of | | | | Loca: Norma | | | | Description of | f | | | atem | | |
| Asbestos-Containing N | | 1) | Use | d Sole | ely by | Asbes | stos | Containing Mat | | Amount | Removal | Repair | Enc | Enclosure |
| TO BE ABAT | ΓED | , | | intena | ince/ Staff? | | , the | ermal systems i | nsulation, | (Specify | Von | air | aps | losu |
| IN Facility (13) | 1 | | Ousi | (12) | Otali : | | | surfacing, VAT, her miscellaned | | SF or LF) | 1 20 | | Encapsulate | Iге |
| (10) | | | Yes | No | N/A | | 0. | ner missenanse | 340) | | 1 | | е | |
| Exterior Pole | | | 1000 | | | Asbesto | 20 - | ieore | | 16 LF | | П | | |
| LATERIOR FOR | | | | _ | - | Aspesto | JS [| 10010 | | 10 LF | - | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | + | | | | | | | | П | |
| Name of Decision - 1144 - 1 | . Harden | | ш | | | Masta | 0 | nio Varda ef | Name of Danis | stored Landell | | | ш | |
| Name of Registered Waste | e nauier | | | 13577 | IJDEP \ lauler II | | Wa | oic Yards of ste | Name of Regis | | | | | |
| AbateTech, Inc. | | | | | 18750 | | 2 | | G.R.O.W.S | . Landiii | | | | |
| City, State | | | | | | | a il concern | posal Date | City, State | | | | | |
| Lumberton, NJ | | | | | | | 1 | /3/19 | Tullytown, | PA | | | | |
| Completed By (Print or Type | oe) | Title | | | | | | Signature | 7 1 | Di | ate 1 | . 1 | ٠. | |
| Gwen Trumbetti | | 0 | oerati | ons (| Coord | inator | | | UA. | | 1 | 3/1 | 9 | |

| State of New Jersey |
|---|
| CATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 5:16) |
| Name of Building Owner/Operator (2) |

| NOCK. | | | NO | | | | | STOS ABA 8:60 and 5:1 | | EGE | | 17 | A | 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|----------------------------|--|-------------|---------|--------|--------------------|--|---------------|---------------------------------------|---------------------|------------------------|-------------------|-----------|-------------|--|
| Date of Notification (1) | 4 / | 19 |) | | | | 1000 | Wner/Operator | (2) b #1801-5255 | | -2 11 | | | |
| Agencies Notified | Type Notifi | | | | | | | | D # 1001-0200 | JAN_ | 15 | 2019 | | |
| ⊠ EPA | ☐ Initial | Cation | | | | et Address | | a Dand NW/C | ita 4400 | | | | | 2 |
| ☑ DOLWD | | ed | | | | | | e Road, NW S | Suite 1400 | Comment of the comment | er parties | Tiples in | | |
| ☑ DHSS | Amendr | nent # | 1 | | | State, Zip | | | | ALCERTOS | s Cilino Nilai | 970 | | |
| ☐ DCA | ☐ Emerge | | cludir | ig | | | ALSO LA LA SE | gia 30305 | | a direct transmi | | F 41 | 9 = | 4975 |
| (NJAC 5:23-8) | justifica | | | | | e of Contac | | | | Telephone Nu | | | | |
| | ☐ Cancella | ation | | | | hn Devin | | | | 856-262-18 | 300 | | | |
| Name of Facility Where A | hatement is | Taking | n Plac | e (3) | FA | ACILITY II | VFC | RMATION | Type of Facility | · (A) | | | | |
| Zee Farm Building | | The second | y i iac | C (3) | | | | | School (K-1 | | | | | |
| Street Address | 11,0000 | | | | V-1 | | | | | 8 (Other than K-1 | 2) | | | |
| 700 Mullica Hill Roa | d | | | | | | | | | private and comm | ercial b | uildin | gs, | |
| City (5) | ıu | | _ | | | | | | homes, etc. | | Tp | lda A | | |
| Mullica Hill, NJ | | | | | | | | | Square Feet | # of Floors | | ldg. A | ige | |
| County (6) | | | | | Cou | inti Codo / | 71/07 | ATE USE ONLY) | Current Hee (D | rior if being demo | l'abad\ | | _ | |
| Gloucester | | | | | 000 | ility Code (/ |)(31 | ATE USE UNLT) | | nor ir being demo | iisnea) | | | |
| Name of Monitoring Firm | Uirod by Duil | dina O | himar | /0\ | ASCN | I NIa | NI. | | Farm | | | | | |
| M.E.C.S. | mileu by buil | iding O | wner | (0) | ASCIV | I NO. | 1 | | ent Contractor (9) |) | | | | |
| | | | | | | | - | AbateTech, I | nc. | | | | | |
| Street Address | | | | | | | | reet Address | | | | | | |
| PO Box 341 | | | | | | | - | 30 Maple Ave | | | | | | |
| City, State, Zip Code | 4.5 | | | | | | | ty, State, Zip Co | | | | | | |
| Chesterfield, NJ 085 | | | | 1- | | | - | Lumberton, N | IJ 08048 | | | | | |
| Project Manager for Monit | ************************************** | | | | ephone | The same of the sa | 1 | lephone No. | | License No. | | | | |
| William Weisgarber | | 21. | | | 09-298 | | 1 | 609-265-2107 | | 00529 | | | | |
| Start Date (10)/ | | Schedi 1 | | | etion Da 1/ | ate (11) | # | ame of OSHA M E MSL Analyti | | | | | | |
| Occupancy Status During | Abatement (| Check | only o | one) | | | Str | reet Address | | | | | | |
| ☐ Facility Closed/Vacated | | | | | | | 2 | 200 Route 130 | 0 North | | | | | |
| Abatement Performed | | | | | | | Cit | y, State, Zip Co | de | | | | | |
| Time of Abatement: | | PM | I/ | _PM | | _AM | (| Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all t | that apply) | | | | | - | | □ Full Cont | ainment with Neg | nativo Proceuro | | | | |
| ≥3 sf or ≥3 lf | | - | ☐ Re | nova | ion | | | ☐ Mini-Encl | osure | Jalive Flessule | | | | |
| ≥160 sf or ≥260 if | | | ⊠ De | moliti | on | | | ☐ Glovebag | Procedure | n-Friable Procedo | ıro | | | |
| | | | ls | Loca | tion | | | M MOII-LXCI | ripted () and 140 | II-I Hable Froceut | | atem | ent T | vne |
| Location o | Farmer | | | Vorma | | | | Description of | · | | - | _ | | 1 |
| Asbestos-Containing M | 1 500 A | 1) | | | ely by ance/ | | | Containing Mat | | Amount | em | Repair | nce | ncl |
| TO BE ABAT IN Facility | - | | | | Staff? | (i.e. | | ermal systems in surfacing, VAT, | | (Specify SF or LF) | Remova | ₩. | Encapsulate | Enclosure |
| (13) | | - | | (12) | _ | - | | her miscellaned | | , | - | | late | e |
| | | | Yes | No | N/A | | | | | | _ | | | |
| Exterior Bldg. #1 | | | | | | Roof Til | es | | | 1,200 SF | | | | |
| Exterior Bldg. #3B | | | | | \boxtimes | Shingles 6,825 SF | | | | | | | | |
| Exterior Bldg. #3C | | | | | \boxtimes | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste | Hauler | 1 | | 100 | JDEP ! | | | bic Yards of | Name of Regis | tered Landfill | | - | | |
| AbateTech, Inc. | | | | F | lauler II 18750 | 2 SACRESS | Wa 4 | ste .0 | G.R.O.W.S | . Landfill | | | | |
| City, State | | | | | | | Dis | posal Date | City, State | | | | | |
| Lumberton, NJ | | | | | | | 1 | /31/19 | Tullytown, | PA | | | | |
| Completed By (Print or Typ | e) | Title | | | | | | Signature | 2.00 | D | ate | 1 | Fn | |
| Gwendolyn Trumbett | i | Ор | erati | ons | Coord | inator | | (| WVO | | 1 4 | 11 | | |

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

| NID CV. | | N | OTIF | ICAT | ON OF A | SE | ew Jersey BESTOS AB/ .C 8:60 and 5: | ATEMENT | | | | | |
|--|--------------------|---------|-------------------|----------|-----------------|-------|---|---------------------------------------|-----------------------|-------------|----------|-------------|-----------|
| Date of Notification (1) | | | | | | | | | | | P | 7 7 | n 17- |
| | _ / | 19 | - | | | | Owner/Operato th Network / J | r (2) ob #18 <mark>01-525</mark> 5 | Check # | Ų. | | | |
| | Notification | on | | St | reet Addres | s | | | | 11.11 | 1 - | 000 | |
| ☐ EPA ☐ In ☐ In | 201204 | | | | 3280 Peac | hti | ree Road, NW | Suite 1400 | | JAN | 15 | 201 | 9 |
| | nended nendment | #1 | | _ | y, State, Zip | _ | | | | | | | |
| □ DCA □ En | nergency | | dina | 1 | Atlanta, G | eoe | ergia 30305 | | 1 marin | 1297 | SOF | WT | 7 |
| (NJAC 5:23-8) jus | stification) | | 9 | Na | me of Conta | act | 7 | | Telephone | | * 111 | | |
| ☐ Ca | ncellation | | | . | lohn Devi | ne | | | 856-262 | | | | |
| | | | | F | ACILITY | INF | ORMATION | | | | | | |
| Name of Facility Where Abateme | ent is Taki | ng Pla | ace (3) |) | | | | Type of Facility | / (4) | | | | |
| Neale Farm Building #1 | | | | | | | | School (K-1 | 2) | | | | |
| Street Address | | | | | | | | Subchapter Other (i.e.,) | 8 (Other than | K-12) | | | |
| 700 Mullica Hill Road | | | | | | | | homes, etc. |) | mmercia | ii bulla | ings, | |
| City (5) | | | | | | | | Square Feet | # of Floors | s | Bldg. | Age | |
| Mullica Hill, NJ | | | | | | | | | | | | | |
| County (6) Gloucester | | | | Co | unty Code (| (7)(8 | STATE USE ONLY) | Current Use (P | rior if being de | molishe | d) | | |
| | | | | | - | | | | | | | | |
| Name of Monitoring Firm Hired by M.E.C.S. | / Building | Owne | er (8) | ASC | M No. | 1 | Name of Abatem | ent Contractor (9) |) | | | | |
| Street Address | | | | | | | AbateTech, I | nc. | | | | | |
| PO Box 341 | | | | | | 3 | Street Address | | | | | | |
| City, State, Zip Code | | | | | | L | 30 Maple Ave | e. PO Box 25 | | | | | |
| CHesterfield, NJ 08515 | | | | | | 0 | City, State, Zip Co | | | | | | |
| Project Manager for Monitoring Fin | | | | | | | Lumberton, N | NJ 08048 | | | | | |
| William Weisgarber Jr. | m | | | lephone | | T | elephone No. | | License No | 0. | | | |
| Start Date (10) | School | due Cod | | | 8-4070 ate (11) | 1 | 609-265-2107 | | 00529 | 2 12 2 | - | | |
| <u>12</u> / <u>26</u> / 18 | | | | etion D | | N | lame of OSHA M | | | | | | |
| Occupancy Status During Abateme | 1// | | | | | | EMSL Analyti | cal | | | | | |
| ☐ Facility Closed/Vacated During | Entire Po | K only | one) | | | S | treet Address | | | | | | |
| Abatement Performed Outside | of Normal | Facili | tv Hoi | irs - De | scribe | L | 200 Route 13 | | | | | | |
| Time of Abatement:AM- | P | ν/ | PM | l | AM | | ity, State, Zip Co | | | rem Decirio | | | |
| Scope of Work (Check all that appl | v) | 10. | | | 2 | | Cinnaminson | , NJ 08077 | | | | | |
| | 11 | | | | | | ☐ Full Conta | ainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enovat emoliti | | | | | osure | alive riessuie | - | | | |
| | | M D | HOIL | on | | | ☐ Glovebag | Procedure npted (*) and Nor | Friable Brees | ndura | | | |
| | | Is | Loca | tion | | | E3 Holl Excil | ipica () and Noi | I-I Hable Flock | | h et e | | |
| Location of | | | Norma | | | | Description of | | | | batem | T | |
| Asbestos-Containing Material (A TO BE ABATED | (CM) | | ed Sole intena | | Asbes | tos | Containing Mate | erial (ACM) | Amount | Removal | Repair | Enc | Enclosure |
| IN Facility | | Cus | | Staff? | (i.e. | , 111 | ermal systems in surfacing, VAT, | isulation, | (Specify SF or LF) | lova | ai- | apsı | losu |
| (13) | ŀ | V | (12) | | | 0 | ther miscellaneo | us) | 0. 0. 2.) | - | | Encapsulate | re |
| Throughout | | Yes | No | N/A | | | | | | | | (b | |
| Throughout | | | | | White Co | eili | ng Panels | | 300 SF | | | | |
| | | | | | | | | | | | П | П | |
| | | | | | | | | | | | | | 딈 |
| | | | | | | | | | | ᆜᆜ | 1 | | Ш |
| Name of Registered Waste Hauler | | | | JDEP V | Vasto I | C | hia Vanda af I | N (5) | | | | | |
| AbateTech, Inc. | | | | auler ID | 2007 | | bic Yards of ste | Name of Registe | | | | | |
| City, State | | | | 18750 | | | 0 | G.R.O.W.S. | Landfill | | | | |
| Lumberton, NJ | | | | | 1 | | posal Date /31/19 | City, State | | | | | |
| Completed By (Print or Type) | Title | | | | | 1 | | Tullytown, P | 'A | | | | |
| Gwendolyn Trumbetti | | ersti | one C | oordi | nator | | Signature | 0 | | Date | 1 | 0 | |
| ASR-41 | Ор | cialle | UIIS C | ooral | idt0ľ | | | NV | | 114 | 1) | 1 | |

ASB-41 MAY 11 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) | | | | 1 | | | | - Aller | - | | | |
|---|--|-------------|------------------|--------------|--------------|--|---------------------------|-------------------|--------------------|----------|-------------|-----------|
| | 8 / _ | 19 | | | | ng Owner/Operator lob # 1812-5419 | (2) Check #109 |)30 E | G | 5 | Ŋ | |
| Agencies Notified | Type Notificati | on | | Stre | et Address | | | | | | | |
| ⊠ EPA ⊠ DOLWD | ☐ Amended | | | 4 | 000 Hadle | y Road | | J | AN | 15 | 201 | Q |
| ☑ DHSS | Amendmen | t # | | City | , State, Zip | Code | | - 1 | | | 2.01 | |
| DCA | ☐ Emergency | | ing | S | outh Plair | nfield, NJ | | Fasence | d the section in a | 7.9-45.5 | The same | 4 |
| (NJAC 5:23-8) | justification |) | | Nan | ne of Conta | ct | | Telephone Nu | | > (). | VI.S | 11.5 |
| | ☐ Cancellation | 1 | | K | en Carme | lia | | 609-410-00 | 38 | 11 1,-11 | | |
| | | | | F | ACILITY I | NFORMATION | | | | | | |
| Name of Facility Where A | | ing Plac | ce (3) | | | | Type of Facility | ` ' | | | | |
| PSE&G- Central Gas | s Plant | | | | | | School (K-12 Subchapter 8 | | 21 | | | |
| Street Address Blair Road & Markle | y Street | | | | | | Other (i.e., pr | | | ouildin | gs, | |
| City (5) | | | | | | | Square Feet | # of Floors | E | Bldg. A | \ge | |
| Woodbridge, NJ | | | | | | | | | | | | |
| County (6) | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use (Price | or if being demol | ished) | | | |
| Middlesex | | | | | | | Gas Plant | | | | | |
| Name of Monitoring Firm F | Hired by Building | Owner | (8) | ASCN | l No. | Name of Abateme | ent Contractor (9) | 10.000 | | | | |
| Health & Safety | | | | | | AbateTech, II | nc. | | | | | |
| Street Address | | - 9.40-1 | | man Harry Na | | Street Address | | | | | | |
| PO Box 365 | | | | | | 30 Maple Ave | . PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Berlin, NJ 08009 | | | | | | Lumberton, N | IJ 08048 | | | | | |
| Project Manager for Monito | oring Firm | | Tele | ephone | No. | Telephone No. | | License No. | | | | |
| James Proctor Start Date (10) | 10: | | | | | 609-265-2107 | | 00529 | 560-1501 | 100 | | |
| 1 /17 / | The second secon | | | | ate (11) | Name of OSHA M | 2002 | | | | | |
| | | | | _ ′ | 19 | EMSL Analyti | cal | | | | | |
| Occupancy Status During A | | | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed C | During Entire P | eriod of | Abate | ment | cribe | 200 Route 130 | | | | | | |
| Time of Abatement: | AMF | PM/ | PM- | 3 - Des | AM | City, State, Zip Co | | | | | | |
| Scope of Work (Check all the | | | | | | Cinnaminson, | | | | - | | |
| ≥3 sf or ≥3 If | | ⊠ Re | enovati | on | | ☐ Full Conta | ainment with Nega | tive Pressure | | | | |
| ☐ ≥160 sf or ≥260 lf | | | molitic | | | ☐ Glovebag | Procedure | | | | | |
| | | | | • Cherri C | | Non-Exen | npted (*) and Non- | -Friable Procedu | re | | | |
| Location of | | 11000 | Locat Norma | | | 5 | | | At | atem | ent T | уре |
| Asbestos-Containing Ma | | Use | d Sole | ly by | Asbes | Description of stos Containing Mate | | Amount | Re | Re | En | 밀 |
| TO BE ABATE IN Facility | <u>ED</u> | 11 20000 10 | intena todial | | | , thermal systems in | sulation, | (Specify | Removal | Repair | caps | Enclosure |
| (13) | | | (12) | Julii. | | surfacing, VAT, other miscellaneo | | SF or LF) | <u>ai</u> | | Encapsulate | ure |
| | | Yes | No | N/A | 1 | ouror misocharico | 40) | | | | te | |
| Exterior | | | | \boxtimes | Coal Tai | r Wrap | | 15 LF | | | | |
| | | | | | | | | | | | П | |
| | | | | | | | | | | | | |
| | | | | П | | | | | | П | П | |
| Name of Registered Waste I | Hauler | | | JDEP V | Vaste | Cubic Yards of | Name of Registe | red Landfill | 1- | | _ | ш |
| Environmental Transp | ort Group | | Ha | auler ID | No. | Waste | G.R.O.W.S. I | | | | | |
| City, State | | | | NJD0(| 006920 | 10 Disposal Date | City, State | | | | | |
| Flanders, NJ | | | | | | 1/17/19 | Morrisville, F | PA | | | | |
| Completed By (Print or Type |) Title | 9 | | | | Signature | A - | Da | te | | _ | |
| Gwendolyn Trumbetti | 0 | perati | ons C | oordi | nator | I CAL | 11 | | 1-1 | 7-1 | 0 | |

| CK We40 | 790P | AI | | ICATIO | tate of Ne N OF ASE to NJAC | ESTOS | ABATE | | | | | 6 | 5 | V | 574 1774 1775 |
|---|--------------------------------|-------------------|----------------------------|-------------------|-----------------------------------|--------------------|---|---------------------|---|----------|---------------------------|-----------------|--|-------------|---------------------|
| Date of Notification (1) 01/08/2019 | | | | | of Building u Pont d | | | | mpany | | | JAN | 1 5 | 201/ | 3 |
| Agencies Notified Ty | pe Notification | | | | Address | D (| O Day | 2015 | | 7 | i | UAIN | | CUIS | , |
| EPA EPA DEP | | | - | | entre Ro ate, Zip Co | | U. Box | 2915 | | i i | 1.m. | :31 0 8 | ************************************** | Pro / | |
| X DOL | Amended Amendment | | _ | | ngton, D | | 05 | | | | | LČ | V. | | 1 2 |
| Ĭ DOH | Emergency (i justification) | including | | | of Contact | | | | | | phone N | | | | |
| DCA | Cancellation | | | | Mumini | | 1011 | | | 856 | 6-276-9 | 1224 | | | |
| Name of Facility Where Abat | | | 3) | FAC | ILITY INF | ORMAI | ION | Туре | of Facility (| 4) | | | | | |
| DuPont Chambers Wo | rks - Building | 1146 | | | | | | | chool (K-1 | | | | | | |
| Street Address Canal Road | | | | | | | | | ubchapter ther (i.e. p | | | | dings | hom | es, |
| City (5) | | | | | | | | Square | tc.) e Feet | # of | Floors | l E | Bldg. A | lge | |
| Deepwater | | | | | | | | 1800 | | 1 | | | 60+ | | |
| County (6) Salem | | | | | Code (7) USE ONLY |) | | 55757577755 | t Use (Prio | | ng demol | ished) | | | |
| Name of Monitoring Firm Hire Harvard Environmenta | | wner (8) |) | ASC | M No. | | | | ement Con rg Indus | | | Compa | iny | | |
| Street Address 760 Pulaski Highway | | | | | | | | Address Spilln | an Drive | Э | | | | | |
| City, State, Zip Code Bear, DE 19701 | | | | | | | | state, Zip lehem | Code PA 180 | 15 | | | | | |
| Project Manager for Monitorin JT Morrison | ng Firm | | | Telepho 302-32 | ne No. 26-2333 | | 1 | none No 691-18 | | | License 00721 | No. | | | |
| Start Date (10) 01/22/2019 | | Schedul 01/31/ | | mpletion | Date (11) | | The second second | of OSH | A Monitor | | | 21 | | | |
| Occupancy Status During Ab | | | 55% | | | | | Address Spillm | an Drive | | | | | | |
| Facility Closed/Vacated Abatement Performed C Other – Describe: DEM | Outside of Norma | al Facility | / Hours | | | | City, S | tate, Zip | | 1900-1 | | | | | |
| Scope of Work (Check All Th | at Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demolit | | | | × | Mini- Glov | Containme Enclosure ebag Prod Exempted | edure | | | | e | |
| | | Is | Locat | ion | | | | | | | | | Abat | ement | |
| Location of | | 100 | Normal ed Sole | | A-1 | | scription | | A CM) | ۸- | | | 1, | /pe | |
| Asbestos-Containing Mat TO BE ABATEI In Facility | | # (L.J.S.S.137) | intena todial ((12) | | | thermal surface | taining M systems cing, VA niscellan | s insulat T, or | | (S | nount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | | Yes | No | N/A | | outer ii | iliscellari | ieous) | | | | va | = | ulate | ure |
| 1st Floor | | 100 | 110 | X | | Floor | Tile/Ma | astic | | 80 | 0 SF | x | | | |
| 1st Floor | | | | X | Transit | e Wall | Panels | s/Fume | Hood | 38 | 0 SF | X | | | |
| Throughout | : | | | X | | Ligh | t Gask | ets | | 5 | EA | X | | | |
| Throughout | | | | X | | | e Door | | | 3 | EA | X | | | |
| Name of Registered Waste H | | | 10000 | JDEP W | | Cubic | | | Name of f | Register | ed Land | fill | | | |
| Brandenburg Industrial | Service Co | | 1000 | lauler ID 1838 | NO. | of Was | | | Salem (| | Impro | vemen | t Au | horit | У |
| City, State Bethlehem, PA | | | | | | 02/15 | sal Date 5/19 | | City, State Alloway | | | | | | |
| Completed by Stephen Carne | | Title Envir | ronme | ental M | anager | S | Signature | 4 | 1 | | | Date 01/08/1 | 19 | | |



NOTIF (F

| State of New Jersey | | | | |
|-----------------------------------|-----|--------|---------|---|
| FICATION OF ASBESTOS ABATEMENT | | | | |
| Pursuant to NJAC 8:60 and 12:120) | | \cap | V 00618 | 8 |
| | 4.4 | - 1 | 1.0 | |

| Date of Notification (1) | | | Name of Building Owner/Operator (2) 61 Lincoln Highway Corporation | | | | | | | | | | | | | | | |
|--|-------------------------|-----------------|--|--|-----------------------|----------------------------------|--------------------|--|------------------------------|--|-----------------------|--------|--------|---------------|-------------|-----------|--|--|
| 01/08/2019 | | | | | | hway (| Corpor | ratior | ì į | | <u></u> _ | 2 15 | . [| I W | 127 | 1 | | |
| Agencies Notified | Type Notification | 1 | | | Address ncoln Higl | hway | | | N The Control | 100 | | | | | | | | |
| EPA DEP | Initial Amended | | + | | ate, Zip Coo | | | | - 1 | 1 (4) | J/ | IN 1 | 5 | 201 | } | 111 | | |
| X DOL | Amendmen | | _ | | ny, NJ 070 | | | | ľ | 4 | | | | | | 1 200 mg | | |
| DOH. | Emergency justification | | - | | of Contact | | | | | I. | ephone | Nimh | er. | Property of | 17.18.4 | | | |
| DCA | Cancellation | | | Alex | | | | | | | 1-563 | | | | 1 | | | |
| | | | | FAC | ILITY INFO | RMATIO | ON | | | | . 000 | | 100 | ******/-===++ | | | | |
| Name of Facility Where | | | | | | | | Туре | of Facility (4 | 1) | | | | | | | | |
| Tullo Truck Stop (G | Sarage/Wareho | use) | | | | | | П | School (K-12 | 2) | | | | | | | | |
| Street Address 61 Lincoln Highway | , | | | | | | | × | Subchapter Other (i.e. pr | 8 (Oth | er than | K-12) | build | linas | hom | es | | |
| City (5) | | | | | | | | No. | etc.) | | | | | | | | | |
| Kearny | | | | | | | | | are Feet | 1 # 0 | Floors | | 100 | ldg. A | ge | | | |
| County (6) | | | _ | County | Code (7) | | | 2,50 | | | | | | | | | | |
| Hudson | | | | | USE ONLY) | | _ | | | e (Prior if being demolished) Warehouse | | | | | | | | |
| Name of Monitoring Firm | | Owner (8) | | ASC | И No. | | Name | of Aba | atement Cont | nt Contractor (9) | | | | | | | | |
| IRIS Environmental | Laboratories | | | | | | Hazr | nat D | Diagnostic | | | | | | | | | |
| Street Address | | | | | | | Street | | | | 72 111 | | | | | | | |
| 2333 US-22 | | | | | | | | | enwild Ave | | | | | | | | | |
| City, State, Zip Code Union, NJ 07083 | | | | | | | 7.5 | | Zip Code | 7400 | | | | | | | | |
| Project Manager for Mon | itorina Eirm | | | Talaaha | no Na | | | 1070 | dale, NJ 0 | 7403 | | | | | | | | |
| Rick Eustaquio | itoring i iiii | | - 1 | Telepho 973-49 | 94-3762 | | Teleph 973-9 | | | | Licens 0118 | | | | | | | |
| Start Date (10) | | Scheduled | Com | pletion | Date (11) | | | | HA Monitor | | 0.10 | | _ | | | | | |
| 01/21/2019 | | 01/31/20 | | | G (8)-1952 | | Hazn | nat D | iagnostic l | LLC | | | | | | | | |
| Occupancy Status During | Abatement (Che | k Only One |) | | | | Street / | Addre | ss | | 7232 | | | | | | | |
| Facility Closed/Vaca | ited During Entire | Period of Ab | atem | | | | | | | | | | | | | | | |
| Abatement Performe Other – Describe: | ed Outside of Norr | nal Facility F | lours | | | ip Code | | | | | | | | | | | | |
| Scope of Work (Check Al | I Th - 4 A 1 A | | | | | | dale, NJ 0 | 7403 | | | | | | | | | | |
| | i i nat Appiy) | P | | | | | - | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Property . | novat moliti | | | | - | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | | |
| _ | | <u> </u> | | | | | Glovebag Procedure | | | | | | | | | | | |
| | | | | | | | × | No | n-Exempted | (*) and | Non-F | riable | | | | | | |
| | | 2000 | ocation rmall | 200 | | | | | | | | | | Abate Tyl | | | | |
| Location Asbestos-Containing | | Used | Solel | y by | Asbesto | | cription | | (4004) | Α. | 22-20-772- 3 0 | - | | | | | | |
| TO BE ABA | TED | Maint Custoo | | | (i.e. th | nermal s | systems | insula | ation, | | nount pecify | | Z | | Enc | m | | |
| In Facilit | ty | | 12) | laii: | , | surfaci other mi | ng, VAT | | | SF | or LF) | | Remova | Repair | aps | Enclosure | | |
| , () | | Yes | No | N/A | | outer thi | Scellarit | eous) | | | | | val | ₹ | Encapsulate | ure | | |
| Roof | | 100 | 140 | X | | Built-u | ın roof | fina | | 2.2 | 50 SF | - | | - | | | | |
| Roof | | × | | erimite | | | | | 0 SF | | | | _ | | | | | |
| Roof | | | | | | | } | | | X | - | | | | | | | |
| Kooi | | 1 | | X | | Sky lig | nt tlasi | ning | | 48 | 3 SF | X | - | | | | | |
| Name of Registered Wast | e Hauler | | N. | JDEP W | aste | Cubic Y | ards | | Name of R | egister | ed Lan | dfill | | | | | | |
| Bryce Alt. Trucking/N | | LLC | На | Hauler ID No. of Waste 35848/4509 TBD | | | | | Minerva | 100 | | | les | s Lai | ndfill | | | |
| City, State | | | 00 | Disposal Date | | | | | City, State | | | | | | | | | |
| Milesburg, PA / Newa | ark, NJ | | | | 135 | TBD Waynesburg, OH / Morrisville | | | | | e.P | Α | | | | | | |
| Completed by | | Title | | | | | nature | | | . 31 | 7 | Date | | | -/- | | | |
| Tatiana Rotaru | | | Raugunf | | | | | | | | 01/0 | 8/2 | 019 | | | | | |
| | ACTION OF THE PERSON | | | | | | | | - | | | | | | | | | |

B & G proj. #:

City (5)

Gordana Luna

Secretary/Treasurer

State of NJ Notification of Asbestos Abatement

2019-10 (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 9102 Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/10 18 1/11 19 1 Caitlin Pinto & Jared Rogers Agencies Notified Type Notification Street Address ☐ EPA 2019 JAN X Initial ☐ DEP City, State, Zip Code Amendment X DOL Bernarsville, NJ 07924 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Caitlin Pinto **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Caitlin Pinto & Jared Rogers Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Bernardsville Somerset residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Project Manager for Monitoring Firm License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 01/18/2019 01/18/2019 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation ☐ Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely Location of E e by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C a a abated in facility (13) L Yes No N/A V e 8 If X X pipe insulation Basement 130 lf X Basement pipe X Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. 19563 Grand Central Landfill 3/4 Disposal Date City, State Pen Argyl, PA 01/19/2018 Lincoln Park, NJ Signature Date Completed by (Print or Type) Gordana Luna

1/8/2019

| CK.001040788 | PANO | (Purs | TION O | of New Jer F ASBEST NJAC 8:60 | OS ABATE and 12:12 | 0) | Т | 141 | | 3 | u . | 12 | 177 | - }- |
|--|---------------------|--|-----------------------|--|--|------------------------|------------------------------|-------------------------|------------------------------|----------|---------|--------|-------------|-----------|
| Date of Notification (1) 01/08/2019 | | Na E. | me of Bi I. du P | uilding Own ont de Ne | er/Operator emours a | r (2) ind C | Compa | any | ij J/ | AN 1 | 5 | 2019 | | |
| Agencies Notified Type Notification | | | eet Add '4 Cen | ress tre Road | P.O. Box | (291 | 15 | | COMPANY TO SERVICE | 7775 | 500 | deres | | |
| EPA Initial Amended Amendment # | | Cit | y, State, | Zip Code ton, DE 1 | 9805 | | | -75 | | L.C. | | | | |
| DOL Amendment #_ Emergency (in justification) | cluding | Na | me of C | | | | | | Telephone 856-276- | | er | | | |
| DCA Cancellation | | 1 | • | A STATE OF THE PARTY OF THE PAR | IATION | _ | | | | | V. | | | |
| Name of Facility Where Abatement is Taking | Place (3) | | FACILI | TY INFORM | IATION | Ту | pe of F | acility (4) | | | | | | |
| DuPont Chambers Works - Building Street Address | 1221 | | | | | H | Sub | ool (K-12) chapter 8 | (Other than vate & comm | K-12) | nuildin | as h | mes. | |
| Canal Road | | | | <u> </u> | | So | etc.) uare F | | # of Floors | | | g. Age | | |
| City (5) | | | | | | | 500 | | 3 | | 50- | + | | |
| Deepwater County (6) | | | ounty Co | ode (7) SE ONLY) _ | | | | lse (Prior cal Plan | if being dem | olished | 1) | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCM I | No. | Nam Bra | e of A | Abatem | ent Cont | ractor (9) rial Service | e Com | npan | y | | |
| Harvard Environmental Inc. Street Address | | | | | Stree | et Add | dress | n Drive | | | | | | |
| 760 Pulaski Highway City, State, Zip Code | | | | | City, | State | e, Zip C | Code | WO. | | | | | |
| Bear, DE 19701 | | | | | | thleh | | PA 1801 | | se No. | | | | \dashv |
| Project Manager for Monitoring Firm JT Morrison | | 3 | | 6-2333 | 610 | 0-69 | 1-180 | | 0072 | | | | | |
| | Schedule 02/14/2 | | oletion D | ate (11) | | | osha nburg | Monitor J | | | | | | |
| Occupancy Status During Abatement (Check | Only One | e) | | | | | dress | an Drive | • | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: DEMO- 02/18/2019-0 | al Facility | Hours | ent | | City | , Stat | e, Zip (| | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | - | | | | | | | | |
| ≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf | | enovati emolitio | | | | × | Mini-E | Enclosure | edure | | | | | |
| | | | | | | Ц | Non- | Exempted | (*) and Non | -Friable | | | ment | |
| | | Locatio | | | | | 2 | | | | | Ту | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma Cusi | d Solel intenan todial S (12) | y by ice/ taff? | (i.e. th | Descript s Containin nermal syste surfacing, other misce | g Mar ems i VAT, | terial (A nsulation or | ACM) on, | Amoun (Specif SF or Lf | у | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A X | | Pipe Ins | ulati | on | | 170 LI | F | X | | | |
| Throughout | - | | X | | Tank Ins | | | | 900 S | F | Х | | | |
| Throughout | - | | X | | Light G | | | | 90 EA | A | Х | | | |
| Throughout | | | X | | Galbe | | _ | | 450 S | F | х | | | |
| Throughout | | I N | JDEP V | Vaste | Cubic Yard | | | | Registered I | | | | | |
| Name of Registered Waste Hauler Brandenburg Industrial Service Co | | H | lauler ID 1838 | No. | of Waste | | | | County Im | prove | emer | nt Au | thori | ty |
| City, State Bethlehem, PA | 8 | | | | Disposal E 02/18/19 |) | | City, Sta Allowa | | 10- | ate | | | |
| Completed by Stephen Carne | Title Envi | ironme | ental M | lanager | Signa | ature/ | _ | -6 |) Lia | 100000 | 1/08/ | 19 | | |

| | - |
|-------|---------|
| Drint | Form |
| LIHIT | 1 01111 |

| V 1858 | PAI |) NO | | ATION (| te of New of ASBES NJAC 8: | STOS A | | | | | |)) | | | 77-4 7-2 7-2 7-2 7-2 7-2 7-2 7-2 7-2 7-2 7-2 | A pro- constraint |
|---|--|-----------------------------|---|---------------------------|-------------------------------|---------------------|--------------------|--------------------------|---|--------------|------------------------------|---------------|--------------|--|--|-------------------|
| Date of Notification (1) | | | | Name of E | Building Ov Abreu | wner/Op | erator (| (2) | | | J/ | N | 15 | 201 | 9 | |
| | pe Notification | | S | Street Ad | dress | | | | | | | grana see |)S () | 'MIT | | |
| × EPA | Initial Amended Amendment | # | | | e, Zip Code wn, NJ 0 | | | | | WAY TO | | 1.14 | JO . / | Arrest Ar | | |
| D DOH | Emergency (i justification) Cancellation | ncluding | 1. | Name of Miguel | | | | | | Tele | ephone | Num | nber | | | |
| Name of Facility Where Aba | tomont in Takina | Diago (3) | | FACIL | ITY INFOR | RMATIO | N | Type | e of Facility (4 | 4) | | - | | | | - |
| Residential Home Street Address | terrent is Taking | 7 1 lade (0) | | | | | | × | School (K-1 Subchapter Other (i.e. p etc.) | 2) 8 (Oth | er than I | K-12 ercia | al build | | | s, |
| City (5) Fair Lawn | | | | | | | | Squ 202 | are Feet 20 | # of 2 | f Floors | | 1000 | ldg. A 0 +/- | 7.00 | |
| County (6) | | | | County C | ode (7) SE ONLY) | | | | rent Use (Prio | | ng dem | olish | ed) | | | |
| Bergen Name of Monitoring Firm His | red by Building (| Owner (8) | | ASCM | No. | | | of At | oatement Cor | tractor | (9) | | | | | |
| Project Manager Street Address | | | | | | | All S Street | - | es Abateme | ent | | | | | | |
| Street Address | | | | | | | 280 | N. N | lidland Ave | э. | | | | | | |
| City, State, Zip Code | | | | | | | | | Zip Code Brook, NJ (| 7663 | | | | | | |
| Project Manager for Monitor | ring Firm | | 1 | Telephor | ne No. | | Teleph 201- | | No. -3184 | | Licens 0130 | | 0. | | | |
| Start Date (10) 1/9/19 | | Schedule | | npletion [| Date (11) | | Name | of O | SHA Monitor | | | | | | | |
| Occupancy Status During A | | | | | | | Street | Addı | ress | | | | | | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: 8 A. | Outside of Norn | Period of A nal Facility | Hours | nent | | _ | City, S | State, | Zip Code | | | | | | | |
| Scope of Work (Check All T | hat Apply) | | | | | | _ | _ | | | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | | lenova emolit | | | | È | | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | | re | |
| | | Is | Locat | ion | | | | | | | | | | Abat | emen ype | t |
| Location o Asbestos-Containing M TO BE ABAT In Facility (13) | aterial (ACM) ED | Use Ma Cus | Normal d Sole intena todial (12) | ely by ince/ Staff? | Asbest (i.e. | tos Cont thermal | system cing, VA | Mater ns ins AT, o | r | (| Amount Specify F or LF | | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | VAT | | | 7 | '96 SF | | × | + | - | |
| Basemer | nt | | X | | | | VAI | | | , | 00 01 | | | | | |
| | | - | | | | | - | | | | | | | | | |
| Name of Registered Waste | Hauler | | | NJDEP V Hauler ID | | Cubic of Wa | Yards ste | | Name of | | | | | ndfil | | |
| All Stages Abatement | | | 114 133 | 003659 | | 3 yd | | | Grand | | rai Sai | ша | ıy La | manı | | |
| City, State Saddle Brook, NJ | | | | | | TBD | sal Dat | e | City, Sta Pen A | | PA | | | | | |
| Completed by Richard Cristofol | | Title Pres | sident | t | | 8 | Signatu | re Al | I to | 1 | > | 1 - | ate 1/7/1 | 9 | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 1/7/19 Doug Heim Agencies Notified Type Notification Street Address EPA Initial DEP City, State, Zip Code Amended × DOL Amendment # Saddle Brook, NJ 07663 Emergency (including Name of Contact DOH Telephone Number justification) Doug Heim DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Saddle Brook 1800 2 70 +/-County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Residential Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Project Manager All Stages Abatement Street Address Street Address 280 N. Midland Ave. City, State, Zip Code City, State, Zip Code Saddle Brook, NJ 07663 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-600-3184 01305 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/28/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: 8 A.M to 4 P.M City, State, Zip Code Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation. (Specify Enclosure Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Storage Room VAT 107 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste All Stages Abatement Grand Central Sanitary Landfill 0036592 2 yd City, State Disposal Date City, State Saddle Brook, NJ TBD Pen Argyl, PA Completed by Title Signature Date Richard Cristofol President 1/7/19

| CK 1856 PA | | NOTII | FICATIO | State of No N OF ASI It to NJAC | BESTOS | ABATE | MENT | | | EG | E | | 7 [| | | | |
|--|---------------|-----------------------|--------------------|---------------------------------------|-------------|---|--|-----------------------|------------|--------------------|---------|---------------------------------------|-------------|-----------|--|--|--|
| Date of Notification (1) | | | | of Building | | Operato | r (2) | | 1 112 | | | | | | | | |
| 1/7/19 | | | | ri Krasn | ovsky | | | | 1 14 | JAN | 1 5 | 201 | 9 | HL | | | |
| Agencies Notified Type Notificat | ion | | Street | Address | | | | | | | | | | i i | | | |
| EPA Initial Amende | | | City C | hata 7:- 0 | | | | | final d | Caronia Caronia | 75. 60 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | y . 11 - 4 | | | | |
| DEP Amender Amender | | | | tate, Zip C Edge, N | | 61 | | | | . lk | FNS | | | | | | |
| Emerger | cy (includin | g | | of Contact | | 01 | | | T- | | | | 1.245.0 | | | | |
| DOH justificati | | | | ri Krasn | | | | | ı e | lephone N | Numbe | | | | | | |
| | | | | ILITY INF | | ION | | | t | | | | | | | | |
| Name of Facility Where Abatement is Ta | king Place | (3) | | | 011111111 | | Туре | of Facility | (4) | | | | | | | | |
| Residential Home | | | | | | | School (K-12) | | | | | | | | | | |
| Street Address | | | | | | | Subchapter 8 (Other than K-12) | | | | | | | | | | |
| | | | | | | | Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | | |
| City (5) | | | | | | | Squa | re Feet | # 0 | f Floors | | Bldg. | Age | | | | |
| River Edge | | | | | | | 195 | | 2 | | | 70 + | /- | | | | |
| County (6) Bergen | | | | Code (7) USE ONL' | G . | | | ent Use (Pr | | ing demol | ished) | | | | | | |
| Name of Monitoring Firm Hired by Buildi | a Owner (| 2) | | | | | | idential I | | | | | | | | | |
| Project Manager | ig Owner (a | >) | ASCI | M No. | | | | atement Co Abatem | | (9) | | | | | | | |
| Street Address | | | Addre | | IEIIL | | | | | | | | | | | | |
| Constitution to the desire mission in | | | ss dland Av | re | | | | | | | | | | | | | |
| City, State, Zip Code | 1 2 2 2 2 | State, Zip Code | | | | | | | | | | | | | | | |
| | | | ook, NJ | 07663 | | | | | | | | | | | | | |
| Data Market Control of the control o | | | | | | | | 0. | | License | No. | | | | | | |
| | | | | | | 201- | 600-3 | 3184 | | 01305 | | | | | | | |
| Start Date (10) | | | npletion | Date (11) | Name | of OSI | HA Monitor | | | | | | | | | | |
| 1/16/19 | 1/20/1 | | | | 1110-00-011 | | | | | | | | | | | | |
| Occupancy Status During Abatement (CI | neck Only C | ne) | | | | Street | Addres | SS | | | | | | | | | |
| Facility Closed/Vacated During Enti | e Period of | Abaten | nent | | | | . 0 | | | | | | | | | | |
| Abatement Performed Outside of N Other – Describe: 8 A.M to 4 P.M | ormai Facilii | y Hours | 3 | | | City, S | State, Zip Code | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | - 1000000 | | | | | | | | |
| ≥3 sf or ≥3 lf | 디 | _ | | | | ΙV | | | | | | | | | | | |
| ≥ ≥ 160 sf or ≥ 260 lf | | Renova Demolit | | | | Ê | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | | |
| | _ | | | | | Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | |
| | | | - 2000 | | | | J Nor | n-Exempte | d (*) and | d Non-Fria | able Pr | | - | | | | |
| l continue of | 1 | s Locati Normal | | | | | | | | | | | emen /pe | I | | | |
| Location of Asbestos-Containing Material (ACM) | Us | ed Sole | ly by | Ashes | | scription aining M | | (ACM) | ۸ | mount | | T | Ì | | | | |
| TO BE ABATED | 0.035550 | aintenar stodial S | | | thermal | systems | insula | | (S | pecify | Z. | 70 | Enc | E. | | | |
| In Facility (13) | | (12) | | | | cing, VA | | | SF | or LF) | Remova | Repair | apsı | Enclosure | | | |
| 80 em | Yes | No | N/A | | 01.101.11 | incociiai i | codo) | | | | \\ \a | = | Encapsulate | ure | | | |
| Main Basement | 163 | | INA | | | | | | | | | | _ | | | | |
| | | X | | | | VAT | | | 22 | 2 SF | X | | | | | | |
| Utility | | X | | | | VAT | | | 22 | 7 SF | X | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 10000 | JDEP W | | Cubic | Yards | | Name of | Register | red Landf | ill | | | | | | |
| All Stages Abatement | | 0.000000 | auler ID 036592 | | of Was | | | | | I Sanita | | ndfill | | | | | |
| City, State | | 00 | 130392 | + | 2 yd | al Data | | | | Juinta | ., _u | | | | | | |
| Saddle Brook, NJ | | | | | TBD | al Date | | City, State Pen Ar | | | | | | | | | |
| Completed by | Title | - 19,5- | | | | ignature | 11 | TOTAL | 7, 17 | | ate | | | | | | |
| Richard Cristofol | 1 | ident | | | | -griature | / | -// | | 1000 | l /7/19 | É | | | | | |
| | | 7 | 21 | | | | 1 | | | | | | | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 01/09/2019 The Port Authority of New York & New Jersey Agencies Notified Type Notification Street Address JAN 15 2019 70 Brewster Road × **EPA** Initial DEP City, State, Zip Code Amended × DOI Amendment # Newark, NJ 07114 Emergency (including × DOH Name of Contact justification) Telephone Number DCA Michael DaCosta Cancellation 973-961-6390 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Newark Airport School (K-12) Street Address Subchapter 8 (Other than K-12) 350 Scargo Earhart Drive Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Newark N/A N/A 35+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union Underground Fuel Piping Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Matrix New World Engineering Brandenburg Industrial Service Company Street Address Street Address 26 Columbia Turnpike 2217 Spillman Drive City, State, Zip Code City, State, Zip Code Florham Park, NJ 07932 Bethlehem, PA 18015 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-240-1800 610-691-1800 00721 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/23/2019 03/22/2019 Brandenburg Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 2217 Spillman Drive Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Piping is subsurface outdoors Bethlehem PA 18015 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Enclosure Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A Underground Fuel Piping X Black Tar Mastic/Paper 4000 LF NJDEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Brandenburg Industrial Service Co Minerva Landfill 21838 500 City, State Disposal Date City, State Bethlehem, PA 1/28/19-3/28/19 Waynesburg, OH Completed by Signature/ Date Stephen Carne Environmental Manager 01/09/2019

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

| CK 60640 1812 AT | to NJAC | 8:60 and | d 12:120 | 0) | | | 12. | 7. | 11-23 | | 17 | 7 | | | | | | | |
|---|---|--|--|---------------------------|--------------------------------|---|--|----------------------------------|----------|----------------------------|----------------|---------|---------------------------|-------------|-----------|--|--|--|--|
| Date of Notification (1) 01/08/2019 | Total Control of the | | Name of Building Owner/Operator (2) E.I. du Pont de Nemours and Company JAN 1 5 2019 | | | | | | | | | 019 | The state of the state of | | | | | | |
| Agencies Notified Type Notification | | - 1 | Street A 974 Ce | ddress entre Ro | ad P.0 | O. Box | 29 | 15 | | | | | | | | | | | |
| EPA Initial Amended Amendment # | | | | ite, Zip Co ngton, DI | Accessos como los LICPROCES | | | | | | | | | | | | | | |
| □ Emergency (ii justification) □ DCA □ Cancellation | ncluding | | | f Contact Mumink | | Telephone Number 856-276-9224 | | | | | | | | | | | | | |
| | | | FACI | LITY INFO | RMATI | ON | | | 1.70 | | | | | | | | | | |
| Name of Facility Where Abatement is Taking DuPont Chambers Works - Building | | 3) | | | | | Ту | pe of Facility (4 School (K-1 | 2) | E4 500 | Y.C. GavKing I | | | | | | | | |
| Street Address Canal Road | | | | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | | | | | |
| City (5) Deepwater | | | Pennel entro | | | | Square Feet # of Floors Bldg. Age 3500 2 50+ | | | | | | | | | | | | |
| County (6) Salem | | | Code (7) USE ONLY) | | | | ırrent Use (Prio hemical Plar | | ng demo | olishe | d) | | | | | | | | |
| Name of Monitoring Firm Hired by Building O Harvard Environmental Inc. | | ASCN | 1 No. | | | | Abatement Con nburg Indust | | 3 | Con | npar | ny | | | | | | | |
| Street Address 760 Pulaski Highway | | | | Street 2217 | | ress oillman Drive | • | | | | 180 | | | | | | | | |
| City, State, Zip Code Bear, DE 19701 | | | | e, Zip Code em, PA 180 | 15 | | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm JT Morrison | | Telephor | ne No. 26-2333 | | Teleph | hone | | | Licens | | | | | | | | | | |
| Start Date (10) | Succession and | Date (11) | | Name | of C | OSHA Monitor | | | | | | | | | | | | | |
| Occupancy Status During Abatement (Check | 01/31/2 Only Or | | | | | Street | | | | | | | | - | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal | eriod of | Abatem | | | | 2217 | 7 Sp | oillman Drive |) | | | | | | | | | | |
| Other – Describe: <u>DEMO- 01/31/2019-03</u> | 2/15/201 | 9 | | | - | | | em PA 1801 | 15 | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | _ | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demoliti | | | | × | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | | |
| | 1 | Locati | | | | | | Non-Exempled | () and | u NOII-I | IIabie | | | ement | | | | | |
| Location of | | Normall | ly | | De | scription | n of | | | | | | Ту | ре | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | d Solel intenar todial S (12) | nce/ | | tos Cont thermal surfa | taining N | Mate ns ins AT, o | | (S | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure | | | | |
| Throughout Bldg | 100 | 110 | X | | Pir | e Mas | etic | | 16 | 00 SF | | X | | | | | | | |
| Throughout Bldg | | - | X | | | nt Gasl | | 5 | Transco. | 2 EA | - | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 1,111 | | | | | | |
| Name of Registered Waste Hauler | JDEP Wauler ID | | Cubic of Wa | Yards | | Name of F | Registe | red Lan | dfill | | | | | | | | | | |
| Brandenburg Industrial Service Co City, State | | | 1838 | 140. | 10 | sal Date | | Salem (| | y Impro | over | nen | t Aut | horit | У | | | | |
| Bethlehem, PA | 02/15 | | • | Alloway | | | | | | | | | | | | | | | |
| Completed by Title Stephen Carne Environmental Manager | | | | | | | | > Co | - | | Date 01/ | | 9 | | | | | | |

State of NJ Notification of Asbestos Abatement

2019-14 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: Check # 9706 Date of Notification (1) Name of Building Owner/Operator (2) 10 | 1 | / | 1 | / | 1 | 9 | Gia Infantolino & Mario Gatti Type Notification Agencies Notified Street Address I EPA X Initial ☐ DEP City, State, Zip Code X DOL Amendment Florham Park, NJ 07932 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Gia Infantolino & Mario Gatti **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) residence Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Florham Park Morris residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Project Manager for Monitoring Firm Telephone Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 01/24/2019 01/25/2019 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure X Renovation ☐ Glovebag procedure Non-friable procedure >3 sf or >3 lf >160 sf or >260 lf Mini-enclosure Is location normally used solely Location of Ε е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p (Specify SF or C material to be material (ACM) C a a abated in facility (13) LF) Yes No N/A e VAT & mastic X X 180 saft Third Floor Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date Lincoln Park, NJ Pen Argyl, PA 01/25/19 Signature Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 1/11/2019

State of NJ

| D&S Proj. #: 19-03 |] 5 | PAI | | | | os Abatement 30 and 12:120) | A Section of the Section of | DECEIVED | | | | | | | | | |
|--|------------------|-------------------------------------|------------------------|------------------------|---------------------------|---|-----------------------------|------------------------------------|------------|--------------|-------------|-------------|-------------|--|--|--|--|
| Date of Notification (1) O 1 | 41 | elizabeth | n pinkows | ner/Operator (2 sky |) | | 1 | JAN | 1 5 | 2019 | 100 | | | | | | |
| ☐ EPA ☐ Initial ☐ DEP ☐ Amended | | Street Addr | 33372 | | | | di Santa di A | ASSEST | | | | | | | | | |
| DOL Amendment # | _ | | ij 07083 | | | | 182 | Banding | er work | tji eraji | | Terres | | | | | |
| DOH (including justification) | | kevin o | | | | | | Telephor | ne Numb | er | | | | | | | |
| | | | FAC | CILITY INFORM | ATIC | N | | | | | | | | | | | |
| Name of facility where abatement | is taking pl | ace (3) | | | | | П | Type of Facility | | | | | | | | | |
| elizabeth pinkowsky | | | | | | | | = | ol (K - 12 | | than k | (12) | | | | | |
| Street Address | | | | | | Subchapter 8 (Other than K-12) Other (Private/Commercial | | | | | | | | | | | |
| | 11 | | /Homes, # of Floo | | ГВ | ldg. A | ae | | | | | | | | | | |
| City (5) | Cour | nty (6) | | | | unty Code (7) ate use only) | - | Current Use (P | | | | | | | | | |
| union Name of Monitoring Firm Hired by | uni | | | | | 68000 | | g Jonnonshed) | | | | | | | | | |
| Name of Monitoring Firm Hired by | Blag. Owne | er (8) | | ASCM No. | | Name of Abatem | | | | | | | | | | | |
| Street Address | | | 4 | - | D & S REST Street Address | ORA | TION, INC. | | | | | | | | | | |
| | | | | | 20 California | a Ave | ·. | | | | | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | ode | | | - | | | | | | | | |
| Project Manager for Monitoring Firm | Ink | one Numb | | _ | Paterson, N. | | 03 | 1 | | | | | | | | | |
| report manager for monitoring 1 mi | | | ione mumi | Del | | Telephone Numb | | | License (| Num 01169 | | | | | | | |
| Start Date (10) | Sched | . Completio | on Date (1 | 1) | - | Name of OSHA | | | | | | | | | | | |
| 01/04/19 | 01/28 | | | | | D & S Resto | ratior | n, Inc. | | | | | | | | | |
| Occupancy Status During Abatemer | | | | | | 20 California | Aver | nue | | | | | | | | | |
| Facility closed/vacated during Abatement performed outside Describe: | of normal i | acility hour | ment. rs- | | | City, State, Zip Co | ode | | | | | | | | | | |
| Other-Describe: NORMAL H | | | | | -1 | Paterson, NJ | 0750 |)3 | | | | | | | | | |
| Scope of Work (check all that apply >3 sf or >3 If | r) Renovatio | n | | | | | ☐ Mi | Il Containment w | | e press | ure | | | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | | | ovebag procedur on-Exempted (*) | | -friable | proc | edure | | | | | |
| Location of asbestos-containing | by mainte | normally in normally in normally in | | 1 | | | | | | R | R | E n | E | | | | |
| material (acm) to be abated in facility (13) | staff(12) Yes | No | N/A | material (A | | asbestos-containing | 9 | Amount (Specify S LF) | F or | m o v | p a i | c a p | n c L | | | | |
| basement | | X | | PIPE INSUI | LAT | ION | | 80 1 ft | | e | r | | | | | | |
| BASEMENT Bathroom soffit | | X | | PIPE INSUI | | | | 51ft | | | | H | H | | | | |
| | | | | | a manage | | | | | | | | | | | | |
| | | | | | _ | | | | | | | | | | | | |
| Registered Waste Hauler | NJDE | P Hauler II | D# C | ubic Yards of W | aste | Name of Registe | red I a | | | | | | Ш | | | | |
| D & S RESTORATION, INC. | 135 | 06 | 1 | yd | | TULLYTOW | | ESOURCE RE | COVER | RY | | | | | | | |
| City, State PATERSON, NJ 07503 | | | Disposal D 01/05/19 | | | City, State | /NI D | Δ. | | | | | | | | | |
| Completed by (Print or Type) | Title | | 2.,00/1. | Signature | _ | TULLYTOW | IN, P | N, PA | | | | | | | | | |
| BOGDAN JOLDZIC | PRESIDI | ENT | | | | | | | 01/02/ | 2019 | | | | | | | |

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

Check # 9105

| | | | | | | | | | | | | | ₹5. | | | | | |
|-------------------------------------|--------------------|-----------------|------------------------|--------------------------------|------------------|-----------------------|--|----------------------------|---------------------------|----------|--------|--------|-----|--|--|--|--|--|
| Date of Notification | 1 (1) | IIN | ame of Buil | ding Own | er/Operator (2) | | | |) (3 f) | 71 7 | *** | | | | | | | |
| 10 11 1/11 11 | 1/11 19 1 | 11 | Devin Ca | | | | | | | 1.17 | 132 | 1 | | | | | | |
| Agencies Notified | Type Notificati | on S | reet Addres | SS | | | | 11, 11, | January 11 1 1 2 2 2 2 | | | | | | | | | |
| ☐ EPA | X Initial | | | | | | | 11 | N 15 | 2019 |) | | | | | | | |
| ☐ DEP | | Hc | ity, State, Z | ip Code | | | | - UP | (14 1 2 | 701 | 7 | *- | - | | | | | |
| X DOL | Amenda | | Weehaw | | 07086 | | | spinor contract | | | | i. | | | | | | |
| ₩ DOH | | N: | ame of Con | tact | | | | Telephon | ne Number | | | | - | | | | | |
| ☐ DCA | Cancella | tion | Devin C | aro | | | | | Carrier | | | i ev | | | | | | |
| | | | | | ILITY INFORM | ATION | | | | | | | | | | | | |
| | | 4-101 | (2) | FAC | ILIT INFORM | ATION | | Type of Facility | (4) | | | | | | | | | |
| Name of facility wi | nere abatement is | taking pia | ce (3) | | | | | | i (K - 12) | | | | | | | | | |
| Devin Caro | | | | Subchapter 8 (Other than K-12) | | | | | | | | | | | | | | |
| Street Address | | | | (Private/Co | | rcia! | | | | | | | | | | | | |
| | | | | | | | | | /Homes, et # of Floors | | Blo | ig. Ag | ge | | | | | |
| City (5) | | Cour | ty (6) | | | Cour | nty Code (7) | | | | | | | | | | | |
| Weehawken | N.I 07086 | How | dson | | | (Stat | (State use only) Current Use (Prior if being demolished) | | | | | | | | | | | |
| Name of Monitorin | | Company Company | | | 400011 | <u> </u> | Name of Abatement C | residential | | | | | | | | | | |
| Name of Monitonin | ig riim nired by i | siag. Owne | : (0) | | ASCM No. n/a | | | (3.5) | | | | | | | | | | |
| Street Address | , | | | | | B & G Restoration | on, Inc. | | _ | | | - | | | | | | |
| | h to | | T's | | 105 Ryerson Road | | | | | | | | | | | | | |
| City, State, Zip Coo | | | | | | City, State, Zip Code | | | | | | | | | | | | |
| | | | | | Lincoln Park, N | J 07035 | | | | v-11.02= | | | | | | | | |
| Project Manager fo | r Monitoring Firm | | Pho | er | | Telephone Number | , | License | | er | | | | | | | | |
| | | | | | | | (973)696-6869 | | 00: | 378 | | | | | | | | |
| Scheduled Start Da | ate (10) | Sched | . Completio | n Date (1 | 1) | | Name of OSHA Monit B & G Restorati | 50 | | | | | | | | | | |
| 01/25/2019 | | 01/2 | 26/2019 | | | 11 | Street Address | 011, 1110. | | | | | | | | | | |
| Occupancy Status | During Abatemer | it (Check o | nly one) | | | | 105 Ryerson Road | | | | | | | | | | | |
| | d/vacated during | | | | | - 11 | City, State, Zip Code | | | | | | | | | | | |
| Describe: | erformed outside | of normal | racility nour | S- | | _ | Lincoln Dorle N. I | 07025 | | | | | | | | | | |
| Other-Descri | | | | | | - 11 | LITCOITFAIK, NO | , NJ 07035 | | | | | | | | | | |
| Scope of Work (ch | | | | | | | | | | | | | | | | | | |
| ☐ Demolition | X | Renovatio | | | | 200 | ull Containment w/neg | ative pressure | Gloveb | | | | | | | | | |
| ≥3 sf or >3 if | | ≥160 sf or | | | | X N | lini-enclosure | | Non-fri | | | | 1 | | | | | |
| Location of asbestos-cor | ntoinina | | n normally unance/cust | | 200 | | | Amount | | e | R | E n | E | | | | | |
| material to be | - | staff(12) | | 1 | material | | sbestos-containing | (Specify S | SF or | m o | p a | c a | n | | | | | |
| abated in fac | cility (13) | Yes | No | N/A | | | | LF) | | v e | i | p | L | | | | | |
| basement | | | | × | pipe insul | ation | | 130 LF | | X | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | AND ASSESSMENT OF STATE PART I THE PART I TH | | | | | | 旦 | | | | | |
| 8 | | | | | | Mest- | IN / B - : - : | I and Sil | | | | Ц. | | | | | | |
| Registered Waste I B & G Restora | | NJDI | P Hauler II 19563 | | Cubic Yards of | vvaste | | Landfill Itral Landfill | | | | | | | | | | |
| City, State Lincoln Park, | NJ | | | Disposal I 01/2 | Date 26/2019 | | City, State Pen Argyl, | PA | | | | | | | | | | |
| Completed by (Prin | | Title | /T | | Signature | (| Gordana Luna | | Date | 1004 | 0 | | | | | | | |
| Gordana Luna | 1 | Secreta | ry/Treasu | irer | | | Gordana Luna 01/11/2019 | | | | | | | | | | | |

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

| | | | | _ | | | | Chec | k# 9103 | | | | | | | | |
|---|---------------------------------------|-----------|------------------|----------------|----------------------------------|---------|--|--|-----------------------------|-----------|------------|--------|-----|--|--|--|--|
| Date of Notification | 1 (1) | | I I Name | of Building O | wner/Operator | (2) | | 1477 | | = | 17 | | | | | | |
| 10 11 1/11 10 | 1/1191 | | 1.1 | a Santama | | (-) | | | | - 1 | 1.2 | | 711 | | | | |
| Agencies Notified | Type Notifica | ation | | Address | | | | | | | | | 111 | | | | |
| ☐ EPA | X Initial | | Circuit | 1001033 | | | | | JAN 1 | 5 | 201 | 9 | | | | | |
| ☐ DEP | i i i i i i i i i i i i i i i i i i i | | City S | ate, Zip Code | | | | * L | | | | 100 | 1 | | | | |
| X DOL | Amen | dment | Ber | keley Heig | hts, NJ 0790 | 01 | | A. | JENTOS Nacional | 00 | VIII 1. | | | | | | |
| ▼ DOH | ☐ Cance | llation | Name o | of Contact | | | | Telepho | ne Number | Section 2 | - Series & | | | | | | |
| DCA | Cance | nation . | Gin | a Santama | aria | | | | | | | | | | | | |
| e | | | | FA | CILITY INFOR | MATIO | N | | | | | | | | | | |
| Name of facility wh | ere abatement | is takin | g place (3) |) | | | T | Type of Facility | (4) | | | - | | | | | |
| Gina Santama | aria | | | | | | | Scho | School (K - 12) | | | | | | | | |
| Street Address | | | | | | | | Subchapter 8 (Other than K-12) | | | | | | | | | |
| Olicet Address | | | | | | | | Other (Private/Commercial Bldgs./Homes, etc. | | | | | | | | | |
| City (5) | | T | County (6) | | | T Co | unti Code (7) | Square Feet | # of Floor | S | В | ldg. / | Age | | | | |
| | | | 10 EM | | | | unty Code (7) ate use only) | Current Hea (| Prior if hoins | a dor | | od) | | | | | |
| Berkeley Heig | | | Union | | | | " | residential | (Prior if being demolished) | | | | | | | | |
| Name of Monitoring | g Firm Hired by | Bldg. C | wner (8) | | ASCM No. | | Name of Abatement | | | | | | | | | | |
| | | | | | n/a | | B & G Restorat | ion, Inc. | | | | | | | | | |
| Street Address | | | | | | | Street Address | | | | _ | | | | | | |
| | | | | | | | 105 Ryerson F | Road | | | | | | | | | |
| City, State, Zip Code City, State, Zip Code | | | | | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm Phone Number Telephone Number | | | | | | | The same of the sa | NJ 07035 | | | | | | | | | |
| 1 Toject Manager for | | Phone Num | nber | | Telephone Number (973)696-686 | 9 | License 003 | Num 378 | ber | | | | | | | | |
| Scheduled Start Date | e (10) | Sc | hed. Com | pletion Date (| 11) | - | Name of OSHA Moni | | | Ell Ec | | | | | | | |
| 01/21/2019 | | 1 | 1/24/20 | 60000000 | | | B & G Restorat | ion, Inc. | | | | | | | | | |
| Occupancy Status D | uring Abateme | nt (Che | ck only one | e) | | | 105 Ryerson Road | | | | | | | | | | |
| Facility closed | /vacated during | entire i | period of a | batement. | | | City, State, Zip Code | | | | | | | | | | |
| Describe: | rformed outside | e of norr | nal facility | hours- | | | | | | | | | | | | | |
| Other-Describ | e: | | | | | | LincolnPark, N. | J 07035 | | | | | | | | | |
| Scope of Work (che | ck all that appl | y) | | | | | | | | | | | A | | | | |
| ☐ Demolition | X | Renov | ation | | | X | full Containment w/neg | ative pressure | Gloveb | ag pi | oced | ıre | | | | | |
| $\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$ | X | ≥160 st | f or ≥260 If | | | | Mini-enclosure | İ | Non-fria | able | ргосе | dure | | | | | |
| Location of | | | | ally used sole | ly | | | T | | R | R | E | T | | | | |
| asbestos-conta material to be | aining | staff(1 | intenance/ 2) | custodial | | | sbestos-containing | Amount | | e m | e p | n | E | | | | |
| abated in facili | ity (13) | Yes | | N/A | - material | (ACM) | | (Specify S | F or | 0 | a | a | C | | | | |
| | | | 140 | | | | | | | v e | r | р | . | | | | |
| Basement | | | | × | VAT & m | astic | | 1,150 sf | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | - | | Total Control of the | | | | | | | | | | |
| | | | _ | | 1 | | | | | | | | | | | | |
| Registered Waste Ha | uler | IN | JDEP Hau | lor ID# 17 | Cubic Yards of | Masta | INome of D | 150 | | | | \Box | | | | | |
| B & G Restoration | | | 19563 | ICI ID# | 10 | v vasie | Name of Registered Grand Cen | Landfill itral Landfill | | | | | | | | | |
| City, State Lincoln Park, N. | J | | | Disposal 01/ | Date 24/19 | | City, State Pen Argyl, I | | - | | | | | | | | |
| Completed by (Print of | | Title | | | Signature | | | | Date | | | V | | | | | |
| Gordana Luna Secretary/Treasurer Gordan | | | | | | | Gordana Luna | | 1/10/2 | 019 | | | | | | | |

| CR# 1163PA | M | | ICATION | ate of Ne NOF ASB to NJAC | ESTOS | ABATE | | | | 6 | | | 7 | | | | | |
|--|---------------------------|------------------|-----------------------|---------------------------------|-----------|--|--|-----------------|---------------------|-------------------|-------------|----------|--------------|--|-----------|--|--|--|
| Date of Notification (1) 01/11/2019 | | | | f Building | | | | | <u> </u> | | | | | The state of the s | - | | | |
| | | | | roperty | Service | es Inc | | | 1 | JAN | 15 | 20 | 19 | | | | | |
| EPA Initial | | | | ingle St | | | |) } | -5407 | Toron a consider | er, e sants | one fire | |) Said. | | | | |
| DEP Amended Amendment | # | | 359290 | ate, Zip Co | | 0.4 | = | * | 1. | 1500 | SO | | | , î | - (| | | |
| Emergency (| | - | - | wood, N | NJ 0/6 | 31 | | | Tolophone Niverbase | | | | | | | | | |
| DOH justification) DCA Cancellation | | | Ira | Telephone Number (201) 280-6714 | | | | | | | | | | | | | | |
| | | | | LITY INF | ORMATI | ON | | | (2 | .01) 20 | 0-0 | 114 | | | 120000 | | | |
| Name of Facility Where Abatement is Taking | Place (3 | 5) | | | | | Туре | of Facility (4 | +) | | | | | | | | | |
| Private home | | | | | | ill mare recommenda | | School (K-12 | 2) | | | | | | | | | |
| Street Address | | | | | | | | Subchapter | 8 (Oth | er than | K-12 |) ! | J: | h | | | | |
| | | | | | | Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | | | | |
| City (5) Maplewood | | | | | | | Squa | re Feet | # 0 | f Floors | ; | В | ldg. A | ge | | | | |
| County (6) | | | 0 | 0 1 (7) | | | | | | | | | | | | | | |
| Essex | | | | Code (7) USE ONLY |) | | Curre | ent Use (Prio | r if bei | ing den | nolish | ed) | | | | | | |
| ame of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) | | | | | | | | | | | | | | | | | | |
| g t min mod by banding t | /wiici (0) | | AGOIN | 1140. | | | | Safety LL | | (9) | | | | | | | | |
| Street Address | | | | - | | Addres | | | | | the se | | | | | | | |
| | | | | | | osby | | | | | | | | | | | | |
| City, State, Zip Code | | | City, State, Zip Code | | | | | | | | | | | | | | | |
| | | | | | Pate | erson, | NJ 07502 | 2 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | | none N | | | Licen | se No | ١. | | | | | | | |
| 01.45.440 | | | | | | | 400-8 | | 1 | 0133 | 32 | | | | | | | |
| Start Date (10) 01/21/2019 | | | npletion l | Date (11) | | | | HA Monitor | | Section 1 | | | | | | | | |
| Occupancy Status During Abatement (Check | 01/24/ | | | | | | ne as | | | | | | | | | | | |
| | | | | | | Street | Addres | SS | | | | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Normal Hours | eriod of A al Facility | Hours | ent | | | City, State, Zip Code | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | _ | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | and the same of | enova emolit | | | | × | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | |
| | ls | Locati | on | | | | | 1 | | | | | William Rose | ment | | | | |
| Location of | N | lormal | ly | | Des | cription | of | | | | | | Ту | pe | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | | d Sole ntenar | | Asbes | tos Conta | aining M | Naterial | (ACM) | | mount | | _ | | Щ | _ | | | |
| In Facility | Cust | odial S (12) | Staff? | (i.e. | surfac | systems ing, VA | s insula T, or | ation, | | Specify or LF) | | Remova | Repair | Encapsulate | Enclosure | | | |
| (13) | | (12) | _ | | other m | iscellar | neous) | | | | V. | ova | pair | sula | Sur | | | |
| | Yes | No | N/A | | | | | | | | | | | te | Ф | | | |
| Basement | | Х | | | Е | lbows | | | (| 6 LF | | х | | х | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | _ | | | | - | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | aste | Cubic ` | Yarde | | Name of R | enista | red! c | odfill | | | | | | | |
| Removal Safety LLC | W | Н | auler ID 037007 | No. | of Was | | | Fairless | 70 | | iulill | | | | | | | |
| City, State | | | | | Dispos | al Date | | City, State | | | | | | | | | | |
| Paterson, NJ | | | | | TBD | | Valley Comme | Morrisvi | lle, P | Α | | | | | | | | |
| Completed by Lasko Veskov | Title | dont | | | Şi | gnature | 1 | Ga 1/01/01 Date | | | | | | | | | | |