#117

| Date of Notification (1)                   | 1/19/2017                   |                       |                 | Name o            | f Building           | Owner/C  | Operator<br>man       | (2)<br>Dev     | /elopme                              | ent             | n)_E             | C  | E         |       | $\mathbb{V}$ | E         |
|--|-----------------------------|-----------------------|-----------------|-------------------|----------------------|----------|-----------------------|----------------|--------------------------------------|-----------------|------------------|--|-----------|-------|--------------|-----------|
| Agencies Notified                          | Type Notification           |                       |                 | Street A          | ddress               |          |                       |                | Beach                                | - 11            | a                | 1.4.41   | _         |       |              |           |
| EPA<br>DEP                                 | Initial Amended             |                       | -               | City, Sta         | ate, Zip Co          | nde      |                       |                |                                      |                 |                  | JAN  | 2         | 3 2   | 017          | -         |
| DOL  | Amendment :<br>Emergency (  |                       | -               | Nama              | f Contact            | Ha       | arvey                 | Ce             | dars, N                              | - 2             | lephone          | STREET, SQUARE, SQUARE | SC        | ON    | TRO          | 3 10      |
| DOH DCA                                    | justification) Cancellation |                       |                 | Name 0            | Contact              | Gr       | eg                    |                |                                      | 1               | IEDITOTIC I      | ιναιζιόζι  |           |       | ^            |           |
| Name of Facility Where                     | Abatement is Taking         | Place (3)             |                 | FACI              | LITY INFO            | ORMATI   | ION                   | Туре           | e of Facility (                      | 4)              |                  |  | -         |       |              |           |
| Resid                                      | 17                          | ,                     |                 |                   |                      |          |                       |                | School (K-1                          | 2)              |                  |  |           |       |              |           |
| Street Address                             |                             |                       |                 |                   |                      |          |                       | X              | Subchapter<br>Other (i.e. p<br>etc.) |                 |                  |  | ildin     | gs, I | nome         | s,        |
| City (5)                                   | Ladies                      |                       |                 |                   |                      |          |                       | Squa<br>21     | 00 SF                                | # 0             | f Floors         |  | Bldg      | 3     | )<br>0+      |           |
| County (6) Ocean                           | n                           |                       |                 |                   | Code (7)<br>USE ONLY | )        |                       | Curr           | ent Use (Pric                        |                 | ing demo         |  |           |       |              |           |
| Name of Monitoring Firm                    | N/A Hired by Building C     | )wner (8)             |                 | ASCN              | I No.                |          | Name<br>Sa            | of Aba         | atement Con<br>Vay Aba               | tractor<br>aten | nent l           | LLC  |           |       |              |           |
| Street Address                             |                             |                       |                 |                   |                      |          | Street<br>12          |                | artlett A                            | ve              |                  |  |           |       |              |           |
| City, State, Zip Code                      |                             |                       |                 |                   |                      |          | City, S<br>W          | tate, 2<br>est | Zip Code<br>Creek,                   | NJ              | 0809             | 2  |           |       |              |           |
| Project Manager for Mor                    | nitoring Firm               |                       |                 | Telepho           | ne No.               |          | Teleph<br>60          | one N          | 618-595                              | 55              | Licens (         | e No.<br>0131  | 9         |       |              |           |
| Start Date (10) 01/2                       | 8/2017                      | Scheduled 0           | 1 /3(           | npletion<br>0/201 | Date (11)            |          | Name                  | of OS          | HA Monitor                           | N               | /A               |  |           |       |              |           |
| Occupancy Status Durin                     |                             |                       | Street          | Addre             | ess                  |          |                       |                |                                      |                 |                  |  |           |       |              |           |
| Facility Closed/Vac<br>Abatement Perform   | nent                        |                       |                 | City, S           | tate, Z              | Zip Code |                       | 20110172272    |                                      | -               |                  |  |           |       |              |           |
| Other - Describe: _ Scope of Work (Check A | II That Apply)              |                       |                 |                   |                      |          |                       |                |                                      |                 |                  |  |           |       |              |           |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf          | iii matrippiy               | protection.           | enova<br>emolit |                   |                      |          |                       | Mi<br>Gi       | III Containme                        | edure           |                  |  |           |       |              |           |
|  |                             | lal                   | ocati           |                   |                      |          | 12                    | 7 IAC          | on-Exempted                          | ( ) an          | id Non-Fi        | riable P   |           |       | nent         |           |
| Location                                   | n of                        | No                    | ormal           | ly                |                      | De       | scription             | of             |                                      |                 |                  | -  | _         | Тур   | е            |           |
| Asbestos-Containing TO BE AB               |                             | Used<br>Mair<br>Custo | itenai          | nce/              |                      |          | taining M<br>systems  |                |                                      |                 | mount<br>Specify | 1 2  |           |       | Enc          | E         |
| In Facil<br>(13)                           | *                           | Cusic                 | (12)            | otairr            |                      |          | cing, VA<br>niscellan |                | ,                                    | S               | F or LF)         | Kemova   | - volocii | ongin | Encapsulate  | Enclosure |
|  |                             | Yes                   | No              | N/A               |                      |          |                       |                |                                      |                 |                  |  |           |       | ate          | ė         |
| Exte                                       |                             |                       | sidii           | ng                |                      |          | 70                    | 0 SF           | X                                    |                 | 4                |  |           |       |              |           |
|  |                             |                       |                 |                   |                      |          |                       |                | -                                    | +               | +                |  |           |       |              |           |
| Name of Registered Was                     | /aste                       | Cubic                 | Varde           |                   | Name of F            | Panisto  | ared Lan              | dfill          |                                      |                 |                  |  |           |       |              |           |
| Timster Truc                               | No.<br>79                   | of Was                |                 | 3D                |                      |          | Mar                   |                | me                                   | nt              |                  |  |           |       |              |           |
| City, State West C                         | Creek, NJ                   |                       |                 |                   |                      | Dispos   | sal Date              | 3D             | City, State                          | Tı              | ıllyto           | wn, I  | PA        |       |              |           |
| Completed by Amanda Me                     | ears                        | Title                 | ne              | r- Sa             | feway                |          | Signature             | 1/             |                                      | /               |                  | Date   | 1         | 9/    | 17           |           |

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

| 100  | ' Y .                                |                    |   |                                     |                      |                              | STOS ABA   |  |          |                           |                |        |                 |           |
|--|--------------------------------------|--------------------|---|-------------------------------------|----------------------|------------------------------|--|--|----------|---------------------------|----------------|--------|-----------------|-----------|
| Date of Notification (1)                                       |                                      |                    |   | Name                                | of Buildir           | ng Own                       | er / Operator (                                      | 2)   | m        | E Ch                      | eck#1          | 144    | 6=<br>  <u></u> | M         |
| Ja<br>Agencies Notified  | Type Notifica                        |                    |   |                                     | iCare Re<br>Address  | -                            | Medical Cente  | er   |          |                           |                |        |                 |           |
| □EPA<br>□DEP   | 300                                  |                    |   | 1925 F                              | Pacific A            | venue                        |  |  |          | JAN                       | 232            | 017    |                 |           |
| ⊠doh   |                                      | nded<br>ndment #_1 | 1_                                      |                                     | itate & Zi           | 2                            | )1   |  | Ä        | ASBESTO<br>LICI           | S CON<br>ENSIN |        | L &             |           |
| □DCA   | Cano                                 | ellation           |   |                                     | of Conta<br>m Malazi |                              |  |  |          |                           | Telepho        | ne Nu  | mbe             | r         |
|  |                                      |                    |   | FA                                  | CILITY               | INFO                         | RMATION  |  |          |                           |                |        |                 |           |
| Name of Facility When<br>AtlantiCare Regional                  |                                      |                    | Place (3)                               |                                     |                      |                              | Type of Facility School (I                           |  |          |                           |                |        |                 |           |
| Street Address<br>1925 Pacific Avenue                          |                                      |                    |   |                                     |                      |                              |  | oter 8 (Other than   |          | autut kriitidhi           | one tee        |        | ( - N           |           |
|  |                                      |                    |   |                                     |                      |                              | Square Feet  | .e., private & c   |          |                           | Bldg. Age      | 9      |                 |           |
| City (5)<br>Atlantic City, NJ                                  |                                      |                    |   |                                     |                      |                              | Current Use (I<br>Hospital                           | Prior if being der   | nolishe  | d)                        | 11             | 18 Ye  | ars             |           |
| County (6)<br>Atlantic   |                                      | Co                 | ounty Code                              | e (7)                               |                      |                              | Поорна   |  |          |                           |                |        |                 |           |
| Name of Monitoring Fir<br>Hillmann Consulting,                 | rm Hired by B                        |                    |   |                                     | ASCM                 | No.                          | Name of Abat<br>Synatech, Inc                        | ement Contracto  | or (9)   |                           |                |        |                 |           |
| Street Address<br>1600 Route 22 East, S                        | Ste 107                              |                    |   |                                     |                      |                              | Street Addres<br>829 Radio Ro                        |  |          |                           |                |        |                 |           |
| City, State & Zip Code<br>Union, NJ 07083                      |                                      |                    |   |                                     |                      |                              | City, State & Z                                      | Zip Code<br>rbor, NJ 08087   |          |                           |                |        |                 |           |
| Project Manager for Mo<br>Stephen Cherepany                    |                                      |                    | 1 | lephone N<br>8-688-780              |                      |                              | Telephone Nu<br>609-296-6916                         | ımber  |          | License Nu                | mber<br>0081   | 7      |                 |           |
| Scheduled Start Date (<br>January 21, 2                        |                                      | Scheduled          | on Date (<br>ary 20, 20                 |                                     |                      | Name of OSH<br>Synatech, Inc |  |  |          |                           |                |        |                 |           |
| Occupancy Status Dur   | ing Abatemen                         |                    | nly one)                                |                                     |                      |                              | Street Address                                       | S  |          |                           |                |        |                 |           |
| Abatement Pe   | ribe:                                |                    | mal Hours                               | 3                                   |                      |                              | City, State & Z<br>Little Egg Ha                     | Zip Code<br>rbor, NJ 08087   |          |                           |                |        |                 |           |
| Facility Occup Scope of Work (Check                            |                                      |                    |   |                                     |                      |                              |  |  |          |                           |                |        |                 |           |
| ≥3 sf or ≥ 50 lf<br>⊠ ≥160 sf or ≥260                          | lf                                   |                    | =                                       | Renovatio<br>Demolitio              |                      |                              |  | Full Containmen<br>Mini-Enclosure<br>Glovebag Proce<br>Non-Exempted( | dure     | _                         |                | re     |                 |           |
| Asbestos-Contain   | tion of<br>ing Material (A<br>ABATED | ACM)               | Solely b                                | on Norma<br>y Mainten<br>dial Staff | ance or              |                              | Description Asbestos-Co Material (A                  | ntaining   |          | ount (Specif<br>SF or LF) |                | atem   | ent T           | уре       |
|  | acility<br>13)                       |                    |   |                                     |                      | i                            | (i.e., thermal<br>nsulation, surfa<br>or other misce | acing, VAT   |          | ,                         | Remova         | Repair | Encapsulate     | Enclosure |
|  | N/A                                  |                    |   |                                     |                      |                              | /al  | =  | ilate    | ure                       |                |        |                 |           |
| East Building, South   | Х                                    | F                  | Pipe Fittings /                         | Insulation                          | -                    | 35 LF                        | X  |  |          |                           |                |        |                 |           |
|  |                                      |                    |   |                                     |                      |                              |  |  |          |                           |                |        |                 |           |
| Name of Registered Waste Hauler NJDEP Waste Cubi Hauler ID No. |                                      |                    |   |                                     |                      |                              | Waste  | Name of Regist   | tered La | andfill                   |                |        |                 |           |
| Synatech, Inc. City, State                                     |                                      |                    | 27                                      | 429                                 | 2<br>Disposa         | al Date                      |  | Fairless Hills City, State   |          |                           |                |        |                 | -         |
| Little Egg Harbor, NJ  | 08087                                |                    |   |                                     | Februa               | ary 21, 2                    | 2017   | Morrisville, PA  | V        |                           |                |        |                 |           |
| Completed By   |                                      | Title              | 50000 00 00                             |                                     | Signato              | Tre                          | i Alor   | ^  | Date     | January 19,               | 2017           |        |                 |           |
| Diane Aloia  |                                      | Executiv           | e Adminis                               | strator                             | 10                   | Van                          | e auc  |  |          | y 10, 2017                |                |        |                 |           |

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

Check # 11446

|  |                |                              |                      |                       |                   |          |                                 |                           |                  | CHE           | CK# I   | 1440   | )           |           |
|--|----------------|------------------------------|----------------------|-----------------------|-------------------|----------|---------------------------------|---------------------------|------------------|---------------|---------|--------|-------------|-----------|
| Date of Notification (1                      | )<br>anuary 10 | 2017                         |                      |                       |                   |          | r / Operator<br>Medical Cent    |                           |                  |               |         |        |             |           |
| Agencies Notified                            | Type Not       |                              |                      | _                     | Address           | gionai i | neulcal Celli                   | lei                       |                  | EGI           |         | WI     | 7           | PORES     |
| □EPA<br>□DEP                                 |                |                              |                      | 1925 P                | acific Av         | enue/    |                                 |                           |                  |               |         | 017    |             |           |
| <b>⊠</b> DOL                                 | ⊠ Ir           | nitial                       |                      | City, S               | tate & Zip        | Code     |                                 |                           |                  | JAN           | 20 6    | U1/    |             | anom of   |
| ⊠рон   |                | mended<br>mendment #_        |                      | Atlanti               | c City, N         | J 0840   | 1                               |                           | pas positivi Tea |               |         |        | 10          |           |
| DCA  |                | Cancellation                 |                      | Name                  | of Contac         | ct       |                                 |                           | 1                | ASBESTA       |         | e Nu   | mbei        |           |
|  |                |                              |                      | Willian               | n Malazit         | ta       |                                 |                           |                  |               |         |        |             |           |
|  |                |                              |                      | FAC                   | CILITY            | INFOF    | RMATION                         |                           |                  |               |         |        |             |           |
| Name of Facility Whe<br>AtlantiCare Regional |                |                              | Place (3)            |                       |                   |          | Type of Faci                    |                           |                  |               |         |        |             |           |
| Street Address                               |                |                              |                      |                       |                   |          | ш                               | pter 8 (Other th          | nan K-12)        |               |         |        |             |           |
| 1925 Pacific Avenue                          |                |                              |                      |                       |                   |          | Other of                        | (i.e., private &          | commer           | cial buildin  | gs, hor | ne, e  | c.)         |           |
| City (E)                                     |                |                              |                      |                       |                   |          | Square Feet                     |                           | Floors           |               | dg. Age | 1      |             |           |
| City (5)<br>Atlantic City, NJ                |                |                              |                      |                       |                   | 1        | Current Use                     | (Prior if being o         | lemolished       | <u>l</u>      | 11      | 8 Yea  | irs         |           |
| 0  |                | 10                           |                      | (7)                   |                   |          | Hospital                        |                           |                  |               |         |        |             |           |
| County (6)<br>Atlantic                       |                |                              | ounty Code           |                       |                   |          |                                 |                           |                  |               |         |        |             |           |
| Name of Monitoring Fi<br>Hillmann Consulting |                | y Building Ow                | vner (8)             |                       | ASCM              |          | Name of Aba<br>Synatech, Ir     | atement Contra            | ctor (9)         |               |         |        |             |           |
| Street Address                               | , 1110.        |                              |                      |                       |                   |          | Street Addre                    |                           |                  |               |         |        |             |           |
| 1600 Route 22 East,                          |                |                              |                      |                       |                   |          | 829 Radio R                     |                           |                  |               |         |        |             |           |
| City, State & Zip Code<br>Union, NJ 07083    | 9              |                              |                      |                       |                   |          | City, State &<br>Little Egg H   | Zip Code<br>arbor, NJ 080 | 87               |               |         |        |             |           |
| Project Manager for M                        | lonitoring F   | Firm                         |                      | lephone N             |                   |          | Telephone N                     | lumber                    |                  | License Nu    |         |        |             |           |
| Tammy Lomax<br>Scheduled Start Date          | (10)           | Cahadula                     |                      | 8-688-780             |                   |          | 609-296-691                     |                           |                  |               | 0081    | 7      |             |           |
| January 20,                                  |                | Scheduled                    | d Completi<br>Februa | ary 20, 20            |                   |          | Name of OS<br>Synatech, Ir      |                           |                  |               |         |        | 50          |           |
| Occupancy Status Du Facility Close           |                | ment (Check of During Entire |                      | Abatemer              | nt                |          | Street Addre<br>829 Radio R     |                           |                  |               |         |        |             |           |
| Abatement P                                  | erformed (     | Outside of Nor               | mal Hours            |                       |                   | ı        | City, State &                   | Zip Code                  |                  | ·             |         |        |             |           |
| Other – Desc                                 |                | a Abatamant                  |                      |                       |                   |          | Little Egg H                    | arbor, NJ 080             | 87               |               |         |        |             |           |
| Facility Occu<br>Scope of Work (Check        |                |                              |                      |                       |                   |          |                                 |                           |                  | -             | -       |        |             | -         |
| ≥3 sf or ≥ 50 lf                             | k all triat ap | оріу)                        |                      | Renovatio             | on                |          |                                 | Full Containm             |                  | legative Pres | ssure   |        |             |           |
| ≥160 sf or ≥260                              | O If           |                              |                      | Demolitio             |                   |          | $\boxtimes$                     | Glovebag Pro              |                  |               |         |        |             |           |
|  |                |                              |                      |                       |                   |          |                                 | Non-Exempte               | ed(*) and I      | Non-Friable I | Procedu | re     |             |           |
| Asbestos-Contai                              |                | ial (ACM)                    | Solely b             | on Norma<br>y Mainten | ance or           |          | Descrip<br>Asbestos-C           | Containing                |                  | ount (Specify |         | ateme  | ent T       | ype       |
|  | Facility       |                              | Custo                | dial Staff            | ? (12)            |          | Material<br>(i.e., therma       |                           |                  | SF or LF)     |         |        |             |           |
| (  | (13)           |                              |                      |                       |                   |          | nsulation, sur<br>or other miso | rfacing, VAT              |                  |               | R       | 70     | Enca        | En        |
|  |                |                              |                      |                       |                   |          | or other mist                   | cellarieous)              |                  |               | Remova  | Repair | apsı        | Enclosure |
|  |                |                              | Yes                  | No                    | N/A               |          |                                 |                           |                  |               | val     | Ŧ      | Encapsulate | ure       |
| East Building, South                         |                | Х                            | P                    | ipe Fittings          | / Insulation      | +        | 35 LF                           | X                         |                  | -             |         |        |             |           |
|  |                |                              |                      |                       |                   |          |                                 |                           |                  |               |         |        |             |           |
| None of Decision of M                        | Vt- 111        |                              | NIDED!               | 1/                    | Jours 1           | (lf      | 10/1-                           | la                        | -1-111           |               |         |        |             |           |
| Name of Registered V                         | vaste naut     | ier                          | NJDEP \              |                       |                   | ards of  | vvaste                          | Name of Re                | Te)              | andilli       |         |        |             |           |
| Synatech, Inc. City, State                   |                |                              | 27                   | 429                   | 2<br>Disposa      | al Data  |                                 | City, State               | ls               |               |         |        |             |           |
|  |                |                              |                      |                       |                   |          |                                 |                           |                  |               |         |        |             |           |
| Little Egg Harbor, N.<br>Completed By        | 08087          | Title                        |                      |                       | Februa<br>Signatu | ry 21, 2 | 017                             | Morrisville,              | PA<br>Date       | <del></del>   |         |        |             |           |
|  |                |                              |                      |                       |                   | Ulne     | Mo                              |                           |                  |               |         |        |             |           |
| Diane Aloia                                  |                | Executi                      | ve Admini            | strator               | 1                 | vun      | - w                             |                           | Januar           | y 10, 2017    |         |        |             |           |

|   |                                       |                                   |             |  |                                 |                           |  |   |                |        | Prin          | t Fo   |
|---|---------------------------------------|-----------------------------------|-------------|--|---------------------------------|---------------------------|--|---|----------------|--------|---------------|--|
| CK 5926   | NO                                    |                                   | ATION (     | te of New Jersey<br>OF ASBESTOS A<br>O NJAC 8:60 and | ABATE                           |                           | DE                                       | GEI   | $\mathbb{V}$   |        |               | The same of the sa |
| Date of Notification (1)  |                                       | 1711700                           |             | Building Owner/O                                     |                                 |                           |  | JAN 23  | 201            | 1      | التا          | The same of the sa |
| Agencies Notified Type Notification   |                                       | S                                 | treet Ad    | dress  |                                 |                           | L<br>AS                                  | SBESTOS CO                                      | ONTE           | ROL    | <u>1</u><br>& |  |
| ✓ EPA         ☒ Initial           DEP         ☐ Amended           ✓ DOL         _ Amendment |                                       |                                   |             | e, Zip Code<br>Beach Twp NJ                          | 0800                            | 3                         |  | LICENS  | 1140           |        |               |  |
| ☐ Emergency ☐ DOH justification) ☐ DCA ☐ Cancellation                                       |                                       | 100                               | lame of     | Contact  |                                 |                           |  | Telephone Num                                   | nber           |        |               |  |
|   |                                       |                                   | FACIL       | ITY INFORMATI  | ON                              |                           |  |   |                |        |               |  |
| Name of Facility Where Abatement is Takir   | g Place (3)                           |                                   |             |  | 1                               | Type of F                 | acility (4)                              |   |                |        |               |  |
| Patty & Ed Natale Private Home Street Address   |                                       |                                   |             |  | <del></del>                     | Sub                       | ool (K-12)<br>chapter 8<br>er (i.e. priv | (Other than K-12 rate & commercial              | :)<br>al build | dings, | home          | s,   |
| City (5)  |                                       |                                   |             |  |                                 | Square F                  |  | # of Floors                                     | 5.5            | ldg. A | ge            |  |
| Long Beach Twp NJ 08008<br>County (6)   |                                       |                                   | ounty C     | ode (7)  |                                 | Current l                 | Jse (Prior and Ga                        | if being demolish                               |                |        |               |  |
| Ocean  Name of Monitoring Firm Hired by Building  | Owner (8)                             |                                   | ASCM        |  | 1100000011100                   | of Abatem                 | nent Contra                              |   |                |        |               |  |
| N/A   |                                       |                                   |             | Minute Company                                       |                                 | Address                   | •  |   |                |        |               | -  |
| Street Address  |                                       |                                   |             |  | 7 7 7 7                         | Box 329                   |  |   |                |        |               |  |
| City, State, Zip Code   |                                       |                                   |             |  |                                 | State, Zip C<br>st Berlin |  | 1   |                |        |               |  |
| Project Manager for Monitoring Firm   |                                       | T                                 | elephor     | ne No.   |                                 | hone No.<br>-753-980      | 00                                       | License N<br>00727                              | 0.             |        |               |  |
| Start Date (10)<br>1/26/17  | Scheduled<br>2/1/17                   | d Com                             | pletion [   | Date (11)  | Name<br>Sar                     | e of OSHA<br>ne           | Monitor                                  |   |                |        |               |  |
| Occupancy Status During Abatement (Che  | ck Only One                           | e)                                |             |  | Stree                           | t Address                 | 3-253                                    |   |                |        |               |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  | Period of Almal Facility I            | bateme<br>Hours                   | ent         |  | City,                           | State, Zip (              | Code                                     |   |                |        |               |  |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf                    |                                       | enovat<br>emoliti                 | 777.101     |  |                                 | Mini-E                    | Enclosure<br>bag Proce                   | it with Negative F<br>dure<br>(*) and Non-Friat |                |        | e             |  |
|   |                                       | Locatio                           |             | D  | escriptio                       | n of                      |  |   |                |        | ement<br>/pe  |  |
| Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)               | Asbestos Cor<br>(i.e. therma<br>surfa | ntaining<br>Il syster<br>acing, V | Material (A |  | Amount<br>(Specify<br>SF or LF) | Removal                   | Repair                                   | Encapsulate                                     | Enclosure      |        |               |  |
|   | Yes                                   | No                                | N/A         |  |                                 | : -1:                     |  | 600.05  | -              |        | 0             |  |
| exterior siding   |                                       |                                   | Х           |  | erior s                         |                           |  | 600 SF  | x              |        |               |  |
| Through Out   |                                       |                                   | X           | F  | loor T                          | ile                       |  | 1000 SF   | · X            |        |               |  |
|   |                                       |                                   |             |  |                                 |                           |  |   |                |        |               |  |
|   | 1                                     |                                   | 1           |  |                                 |                           |  |   | _              | _      |               | _  |

Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S. United Roll Off 22459 4 Disposal Date City, State City, State Morrisville PA 19067 2/1/17 Elm NJ Date Signature Title Completed by 1/16/17 President Anthony T Perna

| 1  | 1/ | 21 |    | 10 |
|----|----|----|----|----|
| (. | X  | 3  | D. | IU |

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

| E | C   | E  |   | $\mathbb{V}$ | E | M |
|---|-----|----|---|--------------|---|---|
|   | JAN | -2 | 3 | 2017         |   | H |

| Date of Notification (1)                  | 13 /              |                | N        |                |                | Owner/Operator Postal Service |                   |       | U U JAN           | 23                                    | 2017      |        | 中           |           |
|---|-------------------|----------------|----------|----------------|----------------|-------------------------------|-------------------|-------|-------------------|---------------------------------------|-----------|--------|-------------|-----------|
| /   |                   |                |          |                |                |                               | 1 00141 001110    |       |                   | LODEOTO                               | 2.00      | ודרו   | 21.0        | ,         |
| Agencies Notified                         | Type Notificati   | ion            |          | S              |                | ddress                        | 74                |       | e ingre           | ASBESTO                               | ENSIN     |        | ا ال        | ×         |
| ⊠ EPA                                     | ☐ Initial         |                |          |                |                | Main Stre                     |                   |       |                   |                                       | 114011    | -      |             | =         |
| ⊠ DOLWD                                   | Amended Amendmer  | at #           |          | (              |                | ate, Zip Co                   |                   |       |                   |                                       |           |        |             |           |
| □ DOH                                     | Emergency         | and the same   | -<br>na  |                | Fort           | Lee, NJ (                     | 07024             |       |                   |                                       |           |        |             |           |
| ☐ DCA<br>(NJAC 5:23-8)                    | justification     | 53:23          | 9        | 1              | Name o         | f Contact                     |                   |       |                   | Telephone Numb                        | er        |        |             |           |
| (   | ☐ Cancellation    | on             |          |                | Russ           | 5                             |                   |       |                   |                                       |           |        |             |           |
|   |                   |                |          |                | FAC            | ILITY INF                     | ORMATION          |       |                   |                                       |           |        |             |           |
| Name of Facility Where                    | Abatement is Ta   | king Plac      | ce (3)   |                |                |                               |                   |       | Type of Facility  | (4)                                   |           |        |             |           |
| Fort Lee Main Post                        |                   | Ž.             |          |                |                |                               |                   |       | School (K-12      | 2)                                    |           |        |             |           |
| Street Address                            |                   |                |          | -152           | 11172.75       |                               |                   |       | ☐ Subchapter 8    | 3 (Other than K-12) rivate and commer | cial buil | dinas  |             |           |
| 229 Main Street                           |                   |                |          |                |                |                               |                   |       | homes, etc.)      |                                       |           |        |             |           |
| City (5)                                  |                   |                | 777      |                | - 10           |                               |                   |       | Square Feet       | # of Floors                           | Bld       | g. Ag  | 9           |           |
| Fort Lee                                  |                   |                |          |                |                |                               |                   |       | 30,000            | 2                                     | 1         | 00     |             |           |
| County (6)                                |                   |                |          |                | Count          | y Code (7)                    | STATE USE ONLY    | 1     | Current Use (Pr   | ior if being demolis                  | hed)      |        |             |           |
| Bergen                                    |                   |                |          |                |                |                               |                   |       | Post Office       |                                       |           |        |             |           |
| Name of Monitoring Firm                   | h Hired by Buildi | ing Owne       | r (8)    | ĪΑ             | SCM N          | 10.                           | Name of Abater    | mei   | nt Contractor (9) |                                       |           |        |             |           |
| NY Environmental                          |                   | ing onne       | . (-)    |                |                | 5.000                         |                   |       | nmental, LLC      |                                       |           |        |             |           |
| Street Address                            |                   |                |          | _              |                |                               | Street Address    | -     |                   |                                       |           |        |             |           |
| 200                                       |                   |                |          |                |                |                               | 623 Cutler        |       | enue              |                                       |           |        |             |           |
| 88 Harbor Road                            |                   |                |          |                |                |                               | City, State, Zip  | Co    | de                |                                       |           |        |             |           |
| City, State, Zip Code                     | NIV 44050         |                |          |                |                |                               | Maple Shad        |       |                   |                                       |           |        |             |           |
| Port Washington,                          |                   |                | 1.       | -1             | h N            | le .                          | Telephone No.     | ш,    | 110 00002         | License No.                           |           |        |             |           |
| Project Manager for Mor                   | nitoring Firm     |                | 1        | -              | hone N         | overse constant               | 856-755-00        | ۵۵    |                   | 00842                                 |           |        |             |           |
| Kurt Bruno                                |                   |                |          | 300            | 6-944-         |                               | Name of OSHA      |       | onitor            | 00012                                 |           |        |             | -         |
| Start Date (10)<br>01 / 23 /              |                   | cheduled<br>01 |          |                | ion Dat<br>/ _ |                               | EMSL Anal         |       |                   |                                       |           |        |             |           |
| Occupancy Status Durin                    | v one             | )              |          |                | Street Address |                               |                   |       |                   |                                       |           |        |             |           |
| ☐ Facility Closed/Vaca                    |                   |                |          |                | nent           |                               | 200 Route         | 130   | 0 North           |                                       |           |        |             |           |
| ☐ Abatement Performe                      | ed Outside of No  | rmal Fac       | ility H  | lours          | s - Desc       | cribe                         | City, State, Zip  |       |                   |                                       |           |        |             |           |
| Time of Abatement:                        | AM                | PM/            | F        | PM             | /              | AM                            | Cinnamins         |       |                   |                                       |           |        |             |           |
| Scope of Work (Check a                    | all that annly)   |                |          |                |                |                               |                   |       |                   | 10-11                                 |           |        |             |           |
| Scope of Work (Crieck &                   | all triat apply)  | <b>⊠</b> !     | Reno     | vatio          | on             |                               | ☐ Mini-E          | incl  |                   | gative Pressure                       |           |        |             |           |
| ☐ ≥160 sf or ≥260 lf                      |                   |                | Demo     | olitio         | n              |                               | ☐ Glove           | bag   | g Procedure       | on-Friable Procedu                    | re        |        |             |           |
|   |                   |                | la la    | a a a f        | ion            |                               |                   |       | p.too ( / u       |                                       |           | ateme  | ent T       | ype       |
|   |                   |                | Is Lo    | rmal           |                |                               | Descriptio        | n o   | f                 |                                       |           |        |             |           |
| Locatio Asbestos-Containing               |                   |                | Jsed S   | Sole           | ly by          | Asbe                          | stos Containing   | Ma    | terial (ACM)      | Amount                                | em        | Repair | nca         | nclo      |
| TO BE AE                                  |                   |                | Maint    |                | nce/<br>Staff? | (i.e                          | ., thermal systen | ns i  | insulation,       | (Specify<br>SF or LF)                 | Remova    | H.     | psu         | Enclosure |
| IN Fac                                    |                   |                |          | 12)            | olaii:         |                               | surfacing, Va     |       |                   | 31 01 21 7                            | _         |        | Encapsulate | G,        |
| (13)                                      | )<br>:            | Ye             | es       | No             | N/A            | 1                             |                   |       | · ·               |                                       |           |        |             |           |
| Basement Locker R                         | Room              |                |          | <u> </u>       |                | Pipe In:                      | sulation          |       |                   | 35 LF                                 |           |        |             |           |
|   | 1 [               |                |          |                |                |                               |                   |       |                   |                                       |           |        |             |           |
|   | 1   [             | 7              |          |                |                |                               | 2                 |       |                   |                                       |           |        |             |           |
|   |                   |                |          |                |                |                               |                   |       | П                 |                                       |           |        |             |           |
| -   | IN                | JDEP '         | Mosto    | Cubic Yards of | f              | Name of Red                   | istered Landfill  | 1-    |                   |                                       |           |        |             |           |
| Name of Registered Warrage                |                   | lauler II      | D No.    | Waste 1        |                |                               | and County Lan    | dfill |                   |                                       |           |        |             |           |
| City, State                               |                   | 1000           |          | Disposal Date  |                | City, State                   |                   |       |                   |                                       |           |        |             |           |
| Freehold, NJ                              |                   |                |          |                |                |                               | 01/25/2017        |       | Newburg           | , PA                                  |           |        |             |           |
|   | Type              | Title          | Victoria |                |                |                               | Signature         | 9     |                   |                                       | ate       |        |             |           |
| Completed By (Print or<br>Christina Lynch | (ype)             | Pres           | side     | ent of         | Operatio       | 1 ~ -                         | 0                 |       |                   | 13.                                   | 11-       | 7      |             |           |

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

ASB-41 (R-06-08)

AN 2 3 2017 ESTATION & APPROVEDUCENSING 07302 MR. DHANURAJ SHETTY ☐ School (K-12) ☐ Substrapes B (Other than K-12) ☐ Other (i.e. private & commercial buildings, homes, etc.) City (5) # of Floors Bldg App Square Feet 46188 1950 JERSEY CLTY 21 Current Use (Prior of being demolished) County (6) County Code (7) 主とののこと Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) DIRECT ENVIRON HONTAN Best Removal Inc Street Address Street Address 280 HUYLER ST 450 South River Street City, Sints, Zip Code City, State, Ztp Code 07606 HACKEN SVOTK Hackensack, NJ 07601 Project Manager for Manitoring Firm Telephone No. Talephone No. License No. 201-329-7444 A. THINRDS 2014898700 88800 Stag Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 1/16/2017 1/21/ 17 Omega Environmental Occupancy Status During Abstoment (Check Only One) Street Adde 280 Huyler Street Facility Closed/Vacated During Epsire Period of Abstement Abatement Performed Outside of Normal Facility Hours
Other - Describe: City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) 23 st or 23 lf 2160 st or 2260 lf Renovation Full Consinment with Negative Pressure Demolition Mint-Enclosure Clovebag Procedure Non-Exeropted (\*) and Non-Frieble Procedure ō Absterness la Location Normally Used Solely by Type Location of Description of Asbestos Comaleine Material (ACM) (i.e. thermal systems insulation, surfacing, Asbestoe-Containing Meterial (ACM) Amount Mari stenesso TO BE ABATED patrachene (Specify Respons Repair Custodial Staff? VAT, or SF or LF) (12) (13) other miscellaneous) Yes Ne N/A APT 16 F UST AND MASTIC 270 SF Name of Registered Landfill Name of Registered Wasta Hauler NJDEP Waste Cubic Yards Hauler ID No. 3/207 Best Removal Inc 17109 Minverva Enterprises, LLC City, State City, State Disposal Date Hackensack, NJ 07601 1/23/17 Waynesburg, OH 44688 Completed by Signatura 1/13/ J. Maiorano Estimator

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 2 3 2017 General Growth Properties 17 1 13 Street Address Type Notification Agencies Notified ☐ Initial 110 N. Whacker Drive ASBESTOS CONTROL & **⊠** DOLWD LICENSING City, State, Zip Code Amendment #1 □ DOH Chicago, IL 60606 ☐ Emergency (including □ DCA Telephone Number Name of Contact (NJAC 5:23-8) justification) □ Cancellation Kelly Webb FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Woodbridge Center Mall Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) 250 Woodbridge Center Drive Bldg. Age # of Floors Square Feet 2 45 1,633,000 Woodbridge, NJ 07095 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Commercial Middlesex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Shade Environmental, LLC Criterion Laboratories, Inc. Street Address Street Address 623 Cutler Avenue 3370 Progress Drive, Suite J City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Bensalem, PA 19020 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 856-755-0099 00842 215-244-1300 Michael Panepresso Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Criterion Laboratories, Inc. 1 / 31 / 17 1\_ / 19 / 17 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 3370 Progress Drive, Suite J Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/10:00PM-7:00AM Time of Abatement: \_\_\_\_AM-\_\_ Bensalem, PA 19020 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation  $\boxtimes \ge 3$  sf or  $\ge 3$  If ☐ Glovebag Procedure ☐ Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Removal Repair Encapsulate Enclosure Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 800 SF  $\boxtimes$ Yellow Glue a/w White Floor Tile X Tenant Space 2675 X 6 LF Black Tar a/w Fiberglass Fittings  $\boxtimes$ Tenant Space 2675 8 LF  $\boxtimes$ M Tar a/w Fiberglass Pipe Fittings Tenant Space 2600 8 LF  $\boxtimes$ Tar alw Fiberglass Pipe Fittings X П Tenant Space 2610 NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste Cumberland County Landfill Freehold Cartage 02265 10 Disposal Date City, State City, State Newburg, PA 1/31/2017 Freehold, NJ Date Signature Completed By (Print or Type) Vice President of Operations

State of New Jersey

Christina Lynch

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Is Lo<br>by M | Location Normally Used Solely<br>y Maintenance/Custodial Staff? | cation Normally Used Solely laintenance/Custodial Staff? | Description of Asbestos Containing<br>Material (ACM) | Amount (Specify<br>SF or LF) | Removal |
|---|---------------|---|--|--|------------------------------|---------|
|   | Vpc           | NO  | A/A  |  |                              |         |
|   | 200           | 2   |  |  | door C                       | >       |
| T - 10000 1840  |               | ×   |  | Hard Fittings a/w Fiberglass Pipe Insul              | o eacil                      | <       |
| lenant space zo io  |               |   |  | CIL TO INTO OF CO.                                   | 22000                        | >       |
| Tong Octob  |               | ×   |  | Black Mastic a/w 12x12 White Floor Tile              |                              | <       |
| ellalli opace 2040  |               |   |  |  |                              |         |

| (D)    | E   | G   | E |                             | $\mathbb{V}$ |  |     |
|--------|-----|-----|---|-----------------------------|--------------|--|-----|
|        | ,   | JAN | 2 | $\mathcal{O}_{\mathcal{I}}$ | 2017         | A STATE OF S |     |
| L<br>A | SBE | STO |   |                             | NTRO         | )L 8   | t . |

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 01/16/2017 Palisades Park Board of Education Street Address Agencies Notified Type Notification 410 2nd Street ASBESTOS CONTROL & EPA Initial City, State, Zip Code × DEP Amended Amendment # 1 Palisades Park, NJ 07650 X DOL Emergency (including Name of Contact Telenhone Number justification) DOH Ken Cavallo DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Lindbergh Elementary school (sub-8) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 401 Glen Avenue etc.) City (5) Square Feet # of Floors Bldg. Age Palisades Park County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Detail Associates, Inc. Lilich Corporation Street Address Street Address 300 Grand Avenue 606 McBride Ave City, State, Zip Code City, State, Zip Code Englewood, NJ 07631 Woodland Park, NJ 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Tony Valentine 201-569-6708 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02-17-2017 02-19-2017 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: unoccupied Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure /tent 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/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A girls locker room X pipe insulation 40 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation GROWS, Landfill 18724 City, State Disposal Date City, State Woodland Park, NJ Morrisyille, PA Completed by Title Signature Date Adriana Olejarova president 01/16/2017

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) January 18, 2017 MACK-CALI REALTY CORP. Agencies Notified Type Notification Street Address 100 Clearbrook Road, Suite 275 **EPA** Initial ASBESTOS CONTROL & City, State, Zip Code DEP Amended Amendment #1 LICENSING DOL Elmsford, NY 10523-1108 Emergency (including Name of Contact TelephoneNumber DOH iustification) DCA Cancellation Project Manager FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Cooling Tower School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X 1 Lake St. etc.) City (5) Square Feet # of Floors Bldg. Age Upper Saddle River, NJ TBD TBD TBD County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AET, Inc. The MACK Group, LLC. Street Address Street Address 907 Doolittle Drive 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code Bridgewater, NJ 08807 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. Eric Houseknecht (908) 218-1108 (973) 759 - 5000 00781 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/26/16 9/26/17 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 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 Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A underground transite pipe TBD under concrete floor tile/mastic TBD Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting / Freehold Cartage 22253 Cumberland Co./ BFI / GROWS / TRRF TRD City, State Disposal Date City, State Newark / Freehold, NJ 9/26/17 Newburg / Imperial / Morrisville, PA Title Completed by Signature Date Michael Cooper President 1/18/17

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

|                                      |  | N C                       | TIFIC<br>(Pur    | ATION C               | OF ASBES            | STOS AB      | 3ATEM<br>2:120) | IENT                     |                        | E (        |                 | 1 W      | E      | 1048         | 37        |
|--------------------------------------|--|---------------------------|------------------|-----------------------|---------------------|--------------|-----------------|--------------------------|------------------------|------------|-----------------|----------|--------|--------------|-----------|
|                                      |  |                           |                  |                       |                     |              |                 |                          | 1111                   |            | 9 15            | u U      |        | $\mathbb{H}$ |           |
| Date of Notification (1)             |  |                           |                  |                       | Building Ov         |              |                 |                          | $  n\rangle$           |            |                 |          |        |              |           |
|                                      | nber 09, 2016                                |                           |                  |                       | ALI REA             | ALIY CO      | ORP.            |                          | -100                   | 1          | N 23            | 201      | 7-     | 11           | 4         |
| Agencies Notified                    | Type Notification                            |                           | 4                | treet Add             |                     | 24 C         | uito 1          | 275                      |                        | 1          |                 |          |        |              |           |
|                                      | ✓ Initial                                    |                           | 1                |                       | rbrook F            |              | uite 2          | 2/5                      | -                      | ACDEC      | TOPO            | ONITO    | 01.0   |              | 1         |
| DEP                                  | Amended                                      | E.                        |                  |                       | e, Zip Code         |              |                 |                          | 1 '                    |            | TOS CO          |          | UL 8   | Ä,           | Alleman   |
| DOL                                  | Amendment # Emergency (ir                    |                           |                  |                       | , NY 10             | 523-110      | 78              |                          | -                      |            | honeNun         |          |        |              | _1        |
| □ DOH                                | justification)                               |                           | 1 10             | lame of (             |                     |              |                 |                          |                        | Telep      | Honervan        | IDC:     |        |              |           |
| DCA                                  | Cancellation                                 |                           | Pr               |                       | Manager             |              | r               |                          |                        | -          |                 |          |        |              |           |
| A                                    | Abatament is Taking                          | Place (3)                 |                  | FACIL                 | ITY INFO            | RMATION      | N .             | Type of F                | acility (4             | )          |                 |          |        |              |           |
| Name of Facility Where               | Abatement is Taking                          | riace (3)                 |                  |                       |                     |              |                 | _                        |                        |            |                 |          |        |              |           |
| Cooling Tower                        |  |                           |                  |                       |                     |              |                 |                          | ool (K-12<br>chapter l |            | than K-12       | 2)       |        |              |           |
| Street Address                       |  |                           |                  |                       |                     |              |                 | Oth                      | er (i.e. pr            | rivate & d | commercia       | al build | ings,  | nomes        | š,        |
| 1 Lake St.                           |  |                           |                  |                       |                     |              |                 | etc.                     |                        | 4 - 5 -    |                 | DI       | da A   |              | _         |
| City (5)                             |  |                           |                  |                       |                     |              |                 | Square F                 |                        | # of F     |                 | DI       | dg. A  |              |           |
| Upper Saddle River,                  | NJ   |                           |                  |                       |                     |              |                 | TE                       |                        |            | TBD             |          | ı      | BD           |           |
| County (6)                           |  |                           | 1000             | County C              | ode (7)<br>SE ONLY) |              |                 | Current l                | Jse (Prio              |            |                 | nea)     |        |              |           |
| Bergen                               |  |                           | (                | STATE O.              | SE CHILI)           |              |                 |                          |                        | 100        | acant           |          |        |              |           |
| Name of Monitoring Firm              | n Hired by Building C                        | wner (8)                  |                  | ASCM                  | No.                 | 1            | Name            | of Abatem                | nent Conf              | tractor (9 | )               |          |        |              |           |
| AET, Inc.                            |  |                           |                  |                       |                     | Т            | he M            | IACK Gr                  | oup, Ll                | _C.        |                 |          |        |              |           |
| Street Address                       |  |                           |                  | 1                     |                     | 5            | Street          | Address                  |                        |            |                 |          |        |              |           |
| 907 Doolittle Drive                  |  |                           |                  |                       |                     | 1:           | 500 k           | Kings H\                 | WY N,                  | STE 20     | 9               |          |        |              |           |
| City, State, Zip Code                |  |                           |                  |                       |                     | (            | City, S         | state, Zip (             | Code                   |            |                 |          |        |              |           |
| Bridgewater, NJ 088                  | 807  |                           |                  |                       |                     | С            | herry           | Hill, No                 | J 08034                | 1          |                 |          |        |              |           |
| Project Manager for Mor              |  |                           |                  | Telephon              | e No.               |              | Teleph          | none No.                 |                        |            | License N       | lo.      |        |              |           |
| Eric Houseknecht                     |  |                           | (0               | 908) 21               | 8-1108              | (9           | 973)            | 759 - 50                 | 000                    | 0          | 0781            |          |        |              |           |
| Start Date (10)                      |  |                           | pletion D        |                       | 1                   | .,           | of OSHA         |                          |                        |            |                 |          |        |              |           |
| 9/26/1                               | 6  |                           | 9/26/17          |                       | Т                   | he M         | ACK G           | oup. Ll                  | LC.                    |            |                 |          |        |              |           |
| Occupancy Status Durin               | 255  |                           | 0/20/1/          |                       |                     |              | Address         | 1 /                      |                        |            |                 |          |        |              |           |
|                                      |  |                           |                  |                       |                     | 1            | 500 1           | Kings H                  | WY N.                  | STE 20     | )9              |          |        |              |           |
| Facility Closed/Vac                  | cated During Entire F<br>ned Outside of Norm | eriod of A<br>al Facility | batem            | ent                   |                     |              |                 | State, Zip               |                        |            |                 |          |        |              |           |
| Other - Describe:                    |  | ui i uu                   |                  |                       |                     | 100          |                 | y Hill, N                |                        | 4          |                 |          |        |              |           |
| Scope of Work (Check /               | All That Apply)                              |                           |                  |                       |                     |              | 211011          | <i>y</i> , , ,           |                        |            |                 |          |        |              |           |
|                                      | All That Apply)                              |                           |                  | ******                |                     |              | [               | Full C                   | ontainme               | ent with   | Negative        | Pressui  | ·e     |              |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf |  |                           | enova<br>emoliti |                       |                     |              | Ì               | Mini-E                   | Enclosure              | 9          | regulive        | 10000    |        |              |           |
| Z 700 31 01 2200 11                  |  |                           |                  |                       |                     |              |                 | Glove                    | bag Prod               | cedure     | Ion-Friable     | o Droop  | duro   |              |           |
|                                      |  |                           |                  |                       |                     |              |                 | Non-E                    | xempted                | ( ) and is | IOII-FIIADR     | FIOCE    |        | ement        | 1         |
|                                      |  | 100                       | Locati           |                       |                     |              |                 |                          |                        |            |                 |          |        | ре           | ,         |
| Locatio                              | on of  | 1.1                       | lormal<br>d Sole | 1.5                   |                     |              | cription        |                          |                        |            |                 |          |        |              |           |
| Asbestos-Containin                   |  | 117,274,000               | intena           |                       |                     |              |                 | Material (Ans insulation |                        |            | nount<br>pecify | R        | _      | Encapsulate  | g         |
| TO BE A                              | 27.00.20.00.7                                | Cust                      | odial S          | Staff?                | (1.6.               | surfaci      |                 |                          | ,                      |            | or LF)          | em       | Repair | aps          | Enclosure |
| (13                                  |  |                           | (12)             |                       |                     | other mi     | iscella         | neous)                   |                        |            |                 | Remova   | air    | ua           | sure      |
|                                      |  |                           |                  | 21/2                  |                     |              |                 |                          |                        |            |                 | -        |        | Ф            |           |
|                                      |  | Yes                       | No               | N/A                   |                     | ***********  | ••              | •                        |                        | т          | DD.             | V        |        |              |           |
| underg                               | round  |                           |                  | X                     |                     | trans        | site p          | oipe                     |                        | - 1        | BD              | _/\      | +-     |              |           |
|                                      |  |                           |                  |                       |                     |              |                 |                          |                        |            |                 |          |        |              |           |
|                                      |  |                           |                  |                       |                     |              |                 |                          |                        |            |                 |          |        |              |           |
|                                      |  |                           |                  | +                     |                     |              |                 |                          |                        |            |                 |          |        |              |           |
|                                      |  |                           |                  |                       |                     | 10           | V               |                          | Nome of                | Dogistes   | ed Landfi       | П        | 1      |              |           |
| Name of Registered W                 | aste Hauler                                  |                           |                  | NJ DEP W<br>Hauler ID |                     | Cubic Y      |                 |                          | Name of                | Register   | eu Lanun        | 11       |        |              |           |
| Manual Cartina / Fr                  | roohold Cartaga                              |                           | 1                | 222                   |                     | - New Colons | TBD             | C                        | Cumber                 | land C     | o./ BFI /       | GRC      | WS     | /TR          | RF        |
| Newark Carting / Fr                  | eenolu Cartage                               |                           |                  | 444                   |                     | Dispos       |                 |                          | City, Sta              |            |                 |          |        |              |           |
| City, State                          | NUL  |                           |                  |                       |                     |              | /26/1           | 2/1                      | STOREST CONTRACTOR     |            | erial / N       | Morris   | /ille. | PA           |           |
| Newark / Freehold,                   | INJ  | Title                     |                  |                       |                     |              | ignatu          |                          | 11                     | 0          |                 | Date     |        |              | till form |
| Completed by                         |  | 10000000                  | 4004             |                       |                     | -            | 1               | 1                        | //                     |            | 9/              | 9/16     |        |              |           |
| Michael Cooper                       |  | Presid                    | rent             |                       |                     |              | 11.75-21.0      |                          |                        |            | 01              | J. 10    |        | -            |           |

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

|   |              |                  |                   |            | 8:60 and 12                 |        | 70.0<br>  | Ck              | 201       | L 11             | 60       | 68      | ۶<br>ا      |              |
|---|--------------|------------------|-------------------|------------|-----------------------------|--------|-----------|-----------------|-----------|------------------|----------|---------|-------------|--------------|
| Date of Notification (1)<br>1/18/17                   |              |                  | Name of<br>Donna  | 100        | Owner/Oper                  | rator  | (2)       | F               |           | E P              | E        | 1 1//   | E           |              |
|   |              |                  |                   |            |                             |        |           |                 | 11)       | EG               | 5        | I W     | _5          | -11          |
| Agencies Notified Type Notification                   |              |                  | Street Ad         | adress     |                             |        |           |                 | 3         |                  |          |         |             |              |
| × EPA × Initial                                       |              |                  | City Sta          | te, Zip Co | da                          | 20/100 |           |                 |           | JAN              | 2 3      | 201     | 7           | $\mathbb{H}$ |
| DEP Amended  DOL Amendment                            | #            |                  | Totowa            |            | ue                          |        |           | -               | U L       | JAN              | 20       | 201     | 1           |              |
| Emergency   |              |                  |                   | Contact    |                             |        |           |                 | Tele      | ephone Nu        | mher     |         |             |              |
| DOH justification)                                    |              |                  | Phil Pu           |            |                             |        |           | 1               | 100       | phone ma         |          | NTF     | ROL         | &            |
| DCA Cancellation                                      | !            |                  |                   |            | ORMATION                    |        |           |                 |           | LIV              |          |         |             |              |
| Name of Facility Where Abatement is Takir             | ng Place (3  | )                | TACI              | LITT IN    | KWIATION                    | T      | Туре      | of Facility (   | 4)        |                  |          |         |             |              |
| house   |              | 5%               |                   |            |                             |        |           | School (K-1     |           |                  |          |         |             |              |
| Street Address  |              |                  |                   |            |                             |        |           | Subchapter      | 8 (Othe   |                  |          |         |             |              |
|   |              |                  |                   |            |                             |        |           | Other (i.e. p   | rivate 8  | & commerc        | ial buil | dings,  | home        | s,           |
| City (5)  |              |                  |                   |            |                             |        |           | etc.)<br>e Feet | # of      | Floors           | E        | Ildg. A | ae          | -            |
| Totowa  |              |                  |                   |            |                             |        | 2300      |                 | 2         | 1/0              |          | 0       | 9           |              |
| County (6)  |              |                  | County C          | Code (7)   |                             | -      | Curre     | nt Use (Pri     | or if bei | ng demolis       | hed)     |         |             |              |
| Passaic   |              |                  |                   | JSE ONLY)  |                             | -      |           |                 |           |                  |          |         |             |              |
| Name of Monitoring Firm Hired by Building             | Owner (8)    |                  | ASCM              | 1 No.      |                             |        |           | tement Cor      |           |                  | _        |         |             |              |
|   |              |                  |                   |            | Α                           | ABS    | Envir     | onmenta         | I Serv    | ices, LL0        | 2        |         |             |              |
| Street Address  |              |                  |                   |            | 1 2 7 7                     |        | Addres    | 601F-c          |           |                  |          |         |             |              |
|   |              |                  |                   |            | F                           | OE     | 30x 48    | 33, 4 E G       | ate D     | rive             |          |         |             |              |
| City, State, Zip Code                                 |              |                  |                   |            |                             |        |           | p Code          |           |                  |          |         |             |              |
|   |              |                  |                   |            |                             | Glen   | wood      | , NJ 074        | 18        |                  |          |         |             |              |
| Project Manager for Monitoring Firm                   |              |                  | Telephor          | ne No.     | 100                         |        | none No   |                 |           | License N        | 10.      |         |             |              |
|   |              | nessen vien      |                   |            | 9                           | 73-    | 764-2     | 276             |           | 703              |          |         | TALES       |              |
| Start Date (10)                                       |              |                  | npletion [        | Date (11)  | N:                          | ame    | of OSH    | A Monitor       |           |                  |          |         |             |              |
| 1/27/17   |              |                  |                   |            |                             |        |           |                 |           |                  |          |         |             |              |
| Occupancy Status During Abatement (Che                | e)           |                  | 19 19 19 19       | St         | treet                       | Addres | S         |                 |           |                  |          |         |             |              |
| X Facility Closed/Vacated During Entire               | Period of A  | batem            | nent              |            | Arraso                      |        |           |                 |           |                  |          |         |             |              |
| Abatement Performed Outside of Nori Other – Describe: | mal Facility | Hours            |                   |            | Ci                          | ity, S | itate, Zi | p Code          |           |                  |          |         |             |              |
| Scope of Work (Check All That Apply)                  |              |                  |                   |            |                             | _      |           |                 | mente cas |                  |          |         |             |              |
|   | 57           |                  |                   |            |                             | X      |           | AP a CC         |           |                  |          |         |             |              |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf                   | -            | enova<br>emolit  |                   |            |                             |        |           | Containm        |           | Negative         | Pressu   | re      |             |              |
| 2100 31 01 2200 11                                    |              | GITIOIT          | 1011              |            |                             |        | Glo       | vebag Pro       | cedure    |                  |          |         |             |              |
|   |              |                  | X                 |            |                             |        | _ Nor     | n-Exempte       | d (*) an  | d Non-Frial      | ble Pro  |         |             | -            |
|   | 10.00        | Locati           |                   |            |                             |        |           |                 |           |                  |          |         | ement<br>pe |              |
| Location of   |              | lormal<br>d Sole | 1                 | 22 12      | Descri                      |        |           |                 |           |                  |          | Τ ,     |             |              |
| Asbestos-Containing Material (ACM)                    |              | intenai          |                   |            | tos Containi<br>thermal sys |        |           |                 |           | mount<br>Specify | וד       |         | m           | т            |
| TO BE ABATED In Facility                              | Cust         | odial S          | Staff?            | (i.e.      | surfacing                   |        |           | ition,          |           | or LF)           | em       | Repair  | cap         | nclo         |
| (13)  |              | (12)             |                   |            | other misc                  |        |           |                 |           | ů.               | Remova   | pair    | Encapsulate | Enclosure    |
|   | Yes          | No               | N/A               |            |                             |        |           |                 |           |                  | -        |         | ite         | е            |
| crawl space   |              |                  | ×                 |            | duct ins                    | eula   | tion      |                 | 10        | 00 SF            | x        |         |             |              |
| crawi space   | crawl space  |                  |                   |            |                             |        | 11011     |                 | 1,        | , o o i          | -        |         | -           |              |
|   |              |                  |                   |            | 4.50.00                     |        |           |                 |           |                  | -        | -       |             |              |
|   |              |                  |                   |            |                             |        |           |                 |           |                  |          |         |             |              |
|   |              |                  |                   |            |                             |        |           |                 |           |                  |          |         |             |              |
| Name of Registered Waste Hauler                       |              |                  | JDEP W            |            | Cubic Yar                   |        |           | Name of         | Registe   | ered Landfi      | II       |         |             |              |
| Freehold Cartage                                      |              | 1353             | lauler ID<br>5939 | No.        | of Waste                    |        |           | Wester          | n Ber     | ks Landf         | ill      |         |             |              |
| City, State   |              |                  | 0000              |            | Disposal                    | Date   |           | City, Stat      | e         |                  |          | -       |             |              |
| Freehold, NJ  |              |                  |                   |            | TBD                         |        |           | Birdsbo         |           | Д                |          |         |             |              |
| Completed by  | Title        |                  |                   |            | 10003000                    | ature  | 9         | 1               |           |                  | ate      |         |             |              |

President

1/18/17

A. Scott Higgins

| 1  | 12                                    |   |                                     |                            |                                  |                              |   |                          |  |             |                            |               |                 | Pri         | nt Fo     |
|--|---------------------------------------|---|-------------------------------------|----------------------------|----------------------------------|------------------------------|---|--------------------------|--|-------------|----------------------------|---------------|-----------------|-------------|-----------|
| CKPM   | (9)                                   | N                                       |                                     | CATION                     | ate of Nev<br>OF ASBI<br>to NJAC | ESTOS                        | ABATE   |                          | T  |             | G                          |               | $\mathbb{V}$    |             |           |
| Date of Notification (1)<br>1/19/17                      |                                       |   |                                     |                            | Building (                       |                              |   |                          | To an annual state of the state |             | JAN                        | 2 3 7         | 017             |             |           |
| Agencies Notified  | Type Notification                     |   | _                                   | Street A                   | 5 000000000                      | e Priva                      | tie Hor   | ne                       | [ hel  | <u> </u>    |                            |               |                 | - 1         |           |
|  |                                       |   |                                     | Oll GEL AL                 | duress                           |                              |   |                          |  | 101         | PECTOC                     | 001           | TDO             | 10          |           |
| EPA<br>DEP   | Initial Amended                       |   |                                     | City, Sta                  | te, Zip Co                       | de                           |   |                          |  | ASI         | BESTOS<br>LICE             | NSIN          | <u>THU</u><br>G | La          |           |
| DOL  | Amendmen                              |   | _                                   | Manah                      | nawkin I                         | NJ 080                       | 50  |                          | -  |             |                            |               |                 | -           |           |
| DOH  | Emergency justification)              |   |                                     | Name of                    | Contact                          |                              |   |                          |  | Tel         | ephone Nu                  | ımber         |                 |             |           |
| DCA  | Cancellation                          | 1                                       |                                     | Rob                        |                                  |                              |   |                          |  |             |                            |               |                 |             |           |
| Name of Facility Where                                   | Abatement is Takir                    | ng Place (3)                            |                                     | FACIL                      | LITY INFO                        | DRMATI                       | ON  | Tyr                      | e of Facility (  | <b>(4)</b>  |                            |               |                 |             |           |
| Robert Vanzile Priv                                      |                                       | .g 1 1000 (0                            | 5.60                                |                            |                                  |                              |   | ,,,                      | School (K-1  |             |                            |               |                 |             |           |
| Street Address   |                                       |   |                                     |                            |                                  |                              |   | H                        | Subchapter   | 8 (Oth      |                            |               |                 |             |           |
|  |                                       |   |                                     |                            |                                  |                              |   | X                        | Other (i.e. p<br>etc.)   | orivate     | & commer                   | cial buil     | dings,          | home        | es,       |
| City (5)   |                                       |   |                                     |                            |                                  |                              |   | Squ                      | uare Feet  | # 0         | f Floors                   | E             | ldg. A          | ge          |           |
| Manahawkin NJ 08   | 3050                                  |   |                                     |                            |                                  |                              |   | 10                       | +000   | 1           |                            | 3             | 35+             |             |           |
| County (6)   |                                       |   |                                     | County C                   | Code (7)<br>ISE ONLY             |                              |   | 100000                   | rent Use (Pri  | or if be    | ng demolis                 | shed)         |                 |             |           |
| Ocean  |                                       |   |                                     |                            |                                  |                              |   | 17.2.1953                | ouse   |             | (0)                        |               |                 |             |           |
| Name of Monitoring Firm<br>N/A                           | n Hired by Building                   | Owner (8)                               |                                     | ASCM                       | I No.                            |                              |   |                          | batement Cor   | ntractor    | (9)                        |               |                 |             |           |
| Street Address   |                                       |   |                                     |                            |                                  |                              | Street  |                          |  |             |                            |               |                 |             |           |
| Oli Col Madi Coo   |                                       |   |                                     |                            |                                  |                              | POI   | 10000                    |  |             |                            |               |                 |             |           |
| City, State, Zip Code                                    |                                       |   |                                     |                            |                                  |                              | City, S   | State,                   | Zip Code   |             | 2006 SQLID DOC 2 SERVED    |               |                 |             |           |
|  |                                       |   |                                     |                            |                                  |                              | Wes   | st Be                    | erlin NJ 080   | 091         |                            |               |                 |             |           |
| Project Manager for Mor                                  | nitoring Firm                         |   |                                     | Telephor                   | ne No.                           |                              | Teleph<br>856-  |                          | No.<br>I-9800  |             | License                    | No.           |                 |             |           |
| Start Date (10)  |                                       | d Con                                   | npletion [                          | Date (11)                  |                                  |                              | 200   | SHA Monitor              | -110   | 00.21       |                            |               |                 |             |           |
| 1/30/17  |                                       |   | ie .                                |                            |                                  | Sam                          | ne  |                          |  |             |                            |               |                 |             |           |
| Occupancy Status Durin                                   | g Abatement (Che                      | ck Only On                              | e)                                  |                            |                                  |                              | Street  | Addı                     | ress   | a.          |                            |               |                 |             |           |
| Facility Closed/Vac. Abatement Perform Other – Describe: |                                       |   |                                     |                            |                                  | _                            | City, S   | State,                   | Zip Code   | *-          | C                          |               |                 |             |           |
| Scope of Work (Check A                                   | II That Apply)                        | 110000000000000000000000000000000000000 |                                     |                            |                                  |                              |   |                          |  |             |                            |               | 1000            |             | -         |
| ≥3 sf or ≥3 lf<br>×160 sf or ≥260 lf                     |                                       |   | enova<br>emoliti                    |                            |                                  |                              | ×   | 1                        | ull Containm<br>lini-Enclosure<br>Blovebag Pro   | e<br>cedure |                            |               |                 | 2           |           |
|  |                                       | Т.                                      |                                     | 1                          |                                  |                              |   | <u> </u>                 | lon-Exempte  | u (°) an    | d Non-Fria                 | ible Pro      |                 | ement       |           |
| Lagation   | - of                                  | 1 220                                   | Locati                              | 7.0                        |                                  | Do                           | aarintian   | . of                     |  |             |                            |               |                 | ре          |           |
| Location Asbestos-Containing TO BE AB In Facil (13)      | Material (ACM)<br><u>ATED</u><br>lity | Mai                                     | d Sole<br>ntenar<br>odial S<br>(12) | nce/                       |                                  | tos Cont<br>thermal<br>surfa | scription<br>taining N<br>system<br>cing, VA<br>niscellar | viater<br>s ins<br>T, or |  | (5          | mount<br>Specify<br>or LF) | Remova        | Repair          | Encapsulate | Enclosure |
|  |                                       | Yes                                     | No                                  | N/A                        |                                  |                              |   |                          |  |             |                            |               |                 | te          | (b        |
| Exterior S   | Siding                                |   |                                     | х                          |                                  | Exte                         | rior Si   | ding                     |  | 10          | 00 SF                      | х             |                 |             |           |
|  |                                       |   |                                     |                            |                                  |                              |   |                          |  |             |                            |               |                 |             |           |
|  |                                       |   |                                     |                            |                                  |                              |   |                          |  |             |                            |               |                 |             |           |
|  |                                       |   |                                     |                            |                                  |                              | 2007240-0 to W  |                          |  |             |                            |               |                 |             |           |
| Name of Registered Was<br>United Roll Off                | ste Hauler                            |   | Н                                   | JDEP W<br>auler ID<br>2459 |                                  | Cubic<br>of Wa               | Yards<br>ste  |                          | Name of G.R.O.   | 3370        | ered Landf                 | ill           |                 |             |           |
| City, State  |                                       |   |                                     |                            |                                  | 100                          | sal Date  |                          | City, Stat   |             |                            |               | -1.500          | 311111      |           |
| Elm NJ   |                                       |   | 50-10-10-                           |                            |                                  | 2/3/1                        | 7   |                          | Morris   | ville P     | A 19067                    |               |                 |             |           |
| Completed by<br>Anthony T Perna                          |                                       | Title<br>Presi                          | dent                                |                            |                                  | S                            | Signature   |                          | 7  |             |                            | ate<br>1/19/1 | 6               |             |           |

Print Form

Print Form

|   | /                  |                             | 2   | tate of Ne          | our loves   | . 1          | Uel               | uck :   | 59              | 29                        |          |         | Pr          | int F     |
|---|--------------------|-----------------------------|---|---------------------|-------------|--------------|-------------------|---|-----------------|---------------------------|----------|---------|-------------|-----------|
| Emergency *   |                    |                             | ICATIO  | N OF ASI            | BESTOS      | ABATE        |                   | CKS   | 591             | 3                         |          |         |             |           |
| Date of Notification (1)<br>12/28/16  |                    |                             |   | of Building         |             |              |                   |   |                 | E                         | 2 [      | 3 [     | W           | E         |
| Agencies Notified Type Notification   | 1                  |                             | Street A  |                     | пагрог      | Regio        | nai F             | ligh School   | HŲ.             |                           | 9 [5     | 3 []    | U           | 5         |
|   |                    |                             |   | Dr. Der             | nnis Fo     | reman        | Drive             | )   |                 |                           |          |         |             |           |
| DEP DEP Amended   |                    |                             | City, State, Zip Code                             |                     |             |              |                   |   |                 |                           |          |         | 2017        | -         |
| DOL Amendmer  |                    |                             | Mays Landing NJ 08330                             |                     |             |              |                   |   |                 |                           |          |         |             |           |
| DOH justification   | )                  |                             |   | of Contact          | -           |              |                   |   | Tel             | erse N                    | POS      | CON     | TRO         | 21 8      |
| DCA Cancellatio   | n                  |                             |   | as Gro              |             | 1011         |                   | -   |                 |                           |          | ıNı     | G           | /L U      |
| Name of Facility Where Abatement is Taki  | ng Place (3        | 3)                          | FAC   | ILITY INF           | ORMAT       | ION          | Type              | of Facility (4)   | )               |                           |          |         |             |           |
| Oakcrest High School  |                    |                             |   |                     |             |              | ×                 | School (K-12  |                 |                           |          |         |             |           |
| Street Address  |                    |                             |   |                     |             |              |                   | Subchapter 8  | (Oth            |                           |          |         |             |           |
| 1824 Dr. Dennis Foreman Drive   |                    |                             |   |                     |             |              |                   | Other (i.e. pri<br>etc.)  | vate (          | & commerc                 | cial bui | ldings. | hom         | es,       |
| City (5)  |                    |                             |   |                     |             |              |                   | are Feet  |                 | f Floors                  | T        | Bldg. A | \ge         |           |
| Mays Landing NJ 08330   |                    |                             |   |                     |             |              | 100               |   | 1               |                           | 1        | 35+     |             |           |
| County (6)<br>Atlantic  |                    |                             |   | Code (7)<br>USE ONL | v)          |              | Curre             | ent Use (Prior  | if bei          | ng demolis                | shed)    |         |             |           |
| Name of Monitoring Firm Hired by Building   | Owner (8)          |                             | ASCI  | A No                |             | Name         | of Aha            | atement Contr   | actor           | (9)                       |          |         |             |           |
| Coastal Environmental Compliand   |                    |                             | 7.001   |                     |             |              | naco              |   | actor           | (0)                       |          |         |             |           |
| Street Address  |                    |                             |   |                     | Street      | Addre        | ss                |   |                 |                           |          |         |             |           |
| PO Box 167  |                    |                             |   |                     | PO          | Box 3        | 329               |   |                 |                           |          |         |             |           |
| City, State, Zip Code   |                    |                             |   |                     |             |              | - 5               | ip Code   |                 |                           |          |         |             |           |
| Hammonton NJ 08037  |                    |                             |   |                     |             |              |                   | lin NJ 0809   | 91              |                           |          |         |             |           |
| Project Manager for Monitoring Firm<br>Cathy Ledden   |                    |                             | Telephone No. Telephone No. 609-820-9312 856-753- |                     |             |              |                   |   |                 | License I                 | Vo.      |         |             |           |
| Start Date (10)<br>12/29/16   | Schedule<br>12/30/ |                             | mpletion Date (11) Name of OSHA Monitor Same      |                     |             |              |                   | HA Monitor  |                 |                           |          |         |             |           |
| Occupancy Status During Abatement (Che  | ck Only Or         | ne)                         | Street Address                                    |                     |             |              |                   |   |                 |                           |          |         |             |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: after 3:30 |                    |                             |   |                     |             | City, S      | state, Z          | ip Code   |                 |                           |          |         | -           |           |
| Scope of Work (Check All That Apply)  |                    |                             |   |                     |             |              | , .               |   |                 |                           |          |         |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |                    | Renova<br>Demolit           |   |                     |             |              | Fu<br>Mi<br>Gl    | IT What<br>Il Containmen<br>ni-Enclosure<br>ovebag Proce<br>nn-Exempted ( | nt with<br>dure | Negative                  |          |         | е           |           |
|   | 4188               | Locati                      |   |                     |             |              |                   |   |                 |                           |          | Abata   | ement<br>pe | ă.        |
| Location of<br>Asbestos-Containing Material (ACM)   |                    | Normal<br>d Sole            |   | Anha                |             | scription    |                   |   |                 |                           |          | T       | pe          |           |
| TO BE ABATED In Facility (13)   | 1                  | intenar<br>todial S<br>(12) |   |                     |             |              | s insul:<br>T, or |   | (S              | mount<br>pecify<br>or LF) | Removal  | Repair  | Encapsulate | Enclosure |
|   | Yes                | No                          | N/A   |                     |             |              |                   |   |                 |                           |          |         | (D)         |           |
| room 419  |                    | X                           |   | elbov               | v insula    | ation        |                   |   | 6 If            | х                         |          |         |             |           |
|   |                    |                             | WET U   | vlap                | د در        | T            |                   |   |                 |                           |          |         |             |           |
|   |                    |                             |   |                     | Wilder of   |              |                   |   |                 |                           |          |         |             |           |
|   |                    |                             |   |                     |             |              |                   |   |                 |                           |          |         |             |           |
| Name of Registered Waste Hauler   |                    | 17,7723                     | JDEP W<br>auler ID                                |                     | Cubic of Wa | Yards<br>ste |                   | Name of Re  | egiste          | red Landfil               | 1        |         |             |           |
| Pernaco Inc.  | 2                  | 21787 .5                    |   |                     | ACUA        |              |                   | A   |                 |                           |          |         |             |           |

Disposal Date

Signature

12/30/16

Title

President

Completed by

City, State

West Berlin NJ

Anthony T Pema

Egg Harbor TWP NJ 08234

Date

12/28/16

City, State

#### State of New Je

Name of Facility Where Abatement is Taking Place (3) St Paul/Highland Campus - Kean University

Street Address

#### NOTIFICATION OF ASBEST

| A         | N                     |                                       | (Pursuant to NJAC 8:60-7 and 12:120-7)              | JAN 23 Opesh#                |
|-----------|-----------------------|---------------------------------------|---|------------------------------|
| Date of I | Notification (<br>1/1 | <sup>1)</sup><br>9/17                 | Name of Building Owner/Operator (2) Kean University | 1 L VAN 2 3 2017 [L]         |
| •         | s Notified<br>EPA     | Type of Notification  [] Initial      | Street Address<br>1000 Morris Ave.                  | ASBESTOS CONTROL & LICENSING |
| [X]       | DEP                   | Notification [] Emergency [x] Amended | City, State, Zip Code<br>Union, NJ 07083            |                              |
| [X]       | DOH<br>DCA            | Notification #2                       | Name of Contact                                     | Telephone Number             |

|            | ON OF ASBESTOS AE<br>nt to NJAC 8:60-7 and 12: |                               |  | Chesh#                      |
|------------|--|-------------------------------|--|-----------------------------|
| g C<br>rsi | Owner/Operator (2)                             |                               |  | 20 2011                     |
| s A        | ve.  |                               | ASBESTO<br>LIC   | S CONTROL &<br>ENSING       |
| Coc        | de<br>083                                      |                               |  | 10.000                      |
| ct         |  |                               | Telephone Number   |                             |
| FA         | CILITY INFORMATION                             |                               |  |                             |
|            |  | Type of Facilit  [ ] Scho     | ty (4)<br>vol (K-12)<br>schapter 8 (Other than<br>r (i.e. private and com<br>es, etc.) | K-12)<br>mercial buildings, |
|            | County Code (7)                                | Square Feet<br>30000          | # of Floors  | Bldg. Age<br>~80            |
|            | (STATE USE ONLY)                               | Current Use (I<br>Office/dorm | Prior if being demolish  | ed)                         |
| 0.         | Name of Abatem                                 |                               | 9)<br>onmental Servic  | es, Inc.                    |
| -          |  | •                             |  |                             |

| Mt. Paul Road (off Ridge Ro                 | ad)           |                 |                    | nones, stary                     |                     |                  |  |  |  |  |
|---|---------------|-----------------|--------------------|----------------------------------|---------------------|------------------|--|--|--|--|
| City (5)                                    | County (6)    |                 | County Code (7)    | Square Feet<br>30000             | # of Floors         | Bldg. Age<br>~80 |  |  |  |  |
| Jefferson Twps., NJ 07438                   | Morris        |                 | (STATE USE ONLY)   | Current Use (Pri<br>Office/dorm  | or if being demolis | hed)             |  |  |  |  |
| Name of Monitoring Firm Hired by Build      | ling Owner    | ASCM No.        | Name of Abatem     | Name of Abatement Contractor (9) |                     |                  |  |  |  |  |
| TTI Environmental                           |               | 0003            |                    | Jupiter Enviror                  | nmental Servi       | ces, Inc.        |  |  |  |  |
| Street Address                              |               | ·               | Street Address     |                                  |                     |                  |  |  |  |  |
| 9 East Stow Road                            |               |                 | 3                  | 323 Changebr                     | idge Road, S        | uite 100         |  |  |  |  |
| City, State, Zip Code                       |               |                 | City, State, Zip C | City, State, Zip Code            |                     |                  |  |  |  |  |
| Marlton, NJ 08053                           |               |                 |                    | Pine Brook, N                    | IJ 07058            |                  |  |  |  |  |
| Project Manager for Monitoring Firm         | Telepho       | ne Number       | Telephone Numb     | Telephone Number License Number  |                     |                  |  |  |  |  |
| Jim Gerardi                                 | 856-9         | 85-8800         |                    | 973-575-8700                     | )                   | 00852            |  |  |  |  |
| Scheduled Start Date (10) Sch               | ed. Completi  | on Date (11)    | Name of OSHA       |                                  | 20, 50 800 404 506  |                  |  |  |  |  |
| 10/31/16                                    | 4/31/         | 17              |                    | Iris Environme                   | ental Laborato      | ories, LLC       |  |  |  |  |
| Occupancy Status During Abatement (0        |               |                 | Street Address     |                                  |                     |                  |  |  |  |  |
| [X] Facility Closed/Vacated Durin           |               |                 | nt 2               | 2333 Route 22                    | 2 West              |                  |  |  |  |  |
| [] Abatement Performed Outside<br>Describe: | or inormal Fa | acility Hours – | City, State, Zip C | City, State, Zip Code            |                     |                  |  |  |  |  |
| [] Other – Describe: partially vac          | ated          |                 |                    | Union, NJ 07083                  |                     |                  |  |  |  |  |

|     | 5                  |    |            | 1,000,000 | Full Containment with Negative Pressure |
|-----|--------------------|----|------------|-----------|---|
|     | Demolition         | 11 | Renovation | [x]       | Mini – Enclosure                        |
| [x] | ≥3 sf or ≥3 lf     |    |            | [x]       | Glovebag Procedure                      |
| []  | ≥160 sf or ≥260 lf |    |            | []        | Non – Friable Procedure                 |

| Location of Asbestos – Containing Material (ACM) TO BE ABATED  |            | Locat<br>mally<br>Solely<br>tenand<br>al Staf | Used<br>by<br>ce/Cus |        | Asbestos<br>Mate<br>(i.e., the | Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, |             |        | pe<br>R<br>E<br>P<br>A | E<br>N<br>C | E<br>N<br>C<br>L |
|--|------------|---|----------------------|--------|--------------------------------|--|-------------|--------|------------------------|-------------|------------------|
| In Facility<br>(13)  | Yes No N/A |   |                      |        | or other r                     |  | V<br>A<br>L | I<br>R | PSU                    | O<br>S<br>U |                  |
| Throughout   |            | Х   |                      | Pla    | aster ceiling/wall             |  | 12,000 SF   | X      |                        |             |                  |
| Throughout   |            | X   |                      | VA     | AT T                           |  | 10,500 SF   | X      |                        |             |                  |
| Throughout   | x TSI      |   |                      | 600 LF | Х                              |  |             |        |                        |             |                  |
| Name of Registered Waste Hauler Jupiter Environmental Services |            | <br> DEP \<br> auler  [<br> 04782             | No.                  |        | Cubic Yards<br>Of Waste        | Name of Registered Lar<br>Alliance Landfill  | l<br>ndfill |        |                        |             |                  |

| Name of Registered Waste Hauler Jupiter Environmental Services |   | NJDEP Waste<br>Hauler ID No.<br>04782 | Of W | : Yards<br>aste<br>80 | Name of Registered Landfill Alliance Landfill |         |  |  |  |  |
|--|---|---------------------------------------|------|-----------------------|---|---------|--|--|--|--|
| City, State  |   |                                       |      | sal Date              | City, State                                   |         |  |  |  |  |
| Pine Brook, NJ   |   |                                       | 12/1 | 4/16                  | Taylor, PA                                    |         |  |  |  |  |
| Completed By (Print or Type) Title                             |   |                                       |      | Signature             | /   | Date    |  |  |  |  |
| Pane Repic   | G | eneral Manage                         | r    | 1/                    | 12  | 1/19/17 |  |  |  |  |

ASB-411

12/9/16 - Amendment #1: End date is set for 1/31/17.

1/19/17 - Amendment #2: End date is moved to 4/31/17 for now.



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

|    | E C E WINTER                   |
|----|--------------------------------|
|    | JAN 2 3 2017                   |
| A: | SBESTOS CONTROL &<br>LICENSING |

| Date of Notification (1)<br>01/18/17  |                              | Name of Building Owner/Operator (2) RACHEL SCHMEIDLER |   |   |                            |  |                       |                            |                                 |   |         |          |               |           |
|---|------------------------------|---|---|---|----------------------------|--|-----------------------|----------------------------|---------------------------------|---|---------|----------|---------------|-----------|
| Agencies Notified _ Type Notification   |                              | S   | Street Ad   | dress                                       |                            |  |                       |                            |                                 | ASBE  | STOS    | CO       | NTRO          | DL &      |
| EPA   |                              | _ E   |   |   |                            | NJ   |                       |                            | Tele                            | ephone N  |         | <u> </u> | ¥ <b>Q</b>    |           |
|   | Diese (2)                    |   | FACIL   | ITY INFO                                    | RMATI                      | ON   | Type of Facility (4)  |                            |                                 |   |         |          |               |           |
| Name of Facility Where Abatement is Taking Street Address                                     | Place (3)                    |   |   |   |                            |  |                       | School (K-12<br>Subchapter | 2)<br>8 (Othe                   | other than K-12)<br>le & commercial buildings, homes, |         |          |               | es,       |
| City (5)<br>EAST BRUNSWICK  |                              |   |   |   |                            |  | Squa                  | re Feet                    | # 01                            | Floors  | В       | ldg. A   | \ge           |           |
| County (6)<br>MIDDLESEX   | and a residence              |   | County Code (7) Current Use (Prior if b                         |   |                            |  |                       |                            | r if bei                        | ng demoli   | ished)  |          |               |           |
| Name of Monitoring Firm Hired by Building C   | wner (8)                     |   | ASCM  | No.   |                            |  |                       | tement Con<br>D PROFE      |                                 |   |         |          |               |           |
| Street Address  |                              |   |   |   |                            | Street<br>6 WH   |                       | ss<br>DOVE CC              | URT                             |   |         |          |               |           |
| City, State, Zip Code   |                              |   |   | City, State, Zip Code<br>LAKEWOOD, NJ 08701 |                            |  |                       |                            |                                 |   |         |          |               |           |
| Project Manager for Monitoring Firm   | Т                            | Telephone No. Telepho 732-6                           |   |   |                            |  |                       |                            | License<br>1200                 | No.   |         |          |               |           |
|   | Com                          | pletion [   | Date (11)   |   |                            |  | HA Monitor<br>D PROFE | SSIO                       | NALS                            |   |         |          |               |           |
| Occupancy Status During Abatement (Check  | Only One                     | )   |   |   |                            |  | Addre                 |                            | N IDT                           |   |         |          |               |           |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | eriod of Ab<br>al Facility F | atem  | ement 6 WHITE DOVE COUR City, State, Zip Code LAKEWOOD, NJ 0870 |   |                            |  |                       |                            |                                 |   |         |          |               |           |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If                      | Broadwood .                  |   | olition Mini-Enclosure Glovebag Prod                            |   |                            |  |                       |                            |                                 |   | re      |          |               |           |
|   | ls L                         | ocatio  |   |   |                            |  |                       | Abate                      |                                 |   | emen    |          |               |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                  | Used<br>Main<br>Custo        | tenan<br>dial S<br>(12)                               | y by<br>ce/<br>taff?  |   | os Con<br>thermal<br>surfa | Description of ontaining Material (ACM) nal systems insulation, rfacing, VAT, or or miscellaneous) |                       |                            | Amount<br>(Specify<br>SF or LF) |   | Removal | Repair   | e Encapsulate | Enclosure |
| INTERIOR  | Yes                          | No  | N/A   |   | FI                         | oor Ti   | ile                   |                            | 1                               | 80SF  | x       |          |               |           |
| INTERIOR  | 1-1                          | -   |   |   | , ,                        |  |                       |                            |                                 |   | x       |          |               |           |
|   |                              |   |   |   |                            |  |                       |                            |                                 |   |         |          |               |           |
|   |                              |   |   | aste<br>No.                                 | Cubic<br>of Wa             | Yards<br>ste   |                       | Name of<br>IESI            |                                 | ered Land   | Ifill   |          |               |           |
| City, State<br>NEWARK, NJ   |                              |   |   |   | Dispo<br>01/20             | sal Date<br>)/17   | 3                     | City, Stat<br>BETHL        |                                 | M PA  | 76.54   |          |               |           |
| Completed by JOSEPH PERLSTEIN  Title OWNER  |                              |   |   | \$  | Signature Date             |  |                       |                            |                                 |   |         |          |               |           |

#### State of New Jersey

|  |   | NOT       |                   |                           |   | BESTOS ABAT<br>AC 8:60 and 5:1  | The same of the sa |  | 0.00        | 47      |             |           |  |
|--|---|-----------|-------------------|---------------------------|---|---|--|--|-------------|---------|-------------|-----------|--|
| Date of Notification (1)  01 /   | 19 / 1  | 7         |                   |                           |   | ng Owner/Operator (<br>Builders, Inc.   | (2)  | JAN 2  | 3 20<br>• Z | 1/_     | 2 /         |           |  |
| ⊠ EPA<br>⊠ DOLWD<br>⊠ DOH  | Type Notificatio Initial Amended Amendment                                | #         | -                 | Stree<br>40<br>City,      | t Address<br><b>5 Washi</b> n<br>State, Zip | igton Avenue  |  | ASBESTOS (<br>LICEN                          |             | RDL     |             | 7         |  |
| (NJAC 5:23-8)  | <ul><li>☑ Emergency (<br/>justification)</li><li>☑ Cancellation</li></ul> | includin  | g                 | Name                      | of Contact<br>vid Camp                      | ot  |  | nber   | per         |         |             |           |  |
|  |   |           |                   | FACILITY INFORMATION      |   |   |  |  |             |         |             |           |  |
| Name of Facility Where Ab Residence Street Address   | atement is Taki   | ng Place  | e (3)             |                           |   |   |  | 2)<br>3 (Other than K-1)<br>rivate and comme |             | uilding | gs,         |           |  |
| City (5)   |   |           |                   |                           |   |   | Square Feet  | # of Floors                                  | В           | dg. A   | ge          |           |  |
| Spring Lake  |   |           |                   |                           |   |   | 2000 sf  | 2  |             | 65      |             |           |  |
| County (6)  Monmouth   |   |           |                   | Cou                       | nty Code (7                                 | 7)(STATE USE ONLY)  | Current Use (Pri   | or if being demol                            | ished)      |         |             |           |  |
| Name of Monitoring Firm H  |   | Owner     | (8)               | ASCM                      | No.   | Name of Abateme   | ent Contractor (9)   |  |             |         |             |           |  |
| Guardian Contracting   | g, Inc.   |           |                   |                           |   |   | ntracting, Inc.  |  |             |         |             |           |  |
| Street Address   |   |           |                   |                           | Street Address                              |   |  |  |             |         |             |           |  |
| 1889 Rte. 9, Unit 61   | 5-111   |           |                   |                           |   | 1889 Route 9  |  |  |             |         |             |           |  |
| City, State, Zip Code  | 00755   |           |                   |                           |   | City, State, Zip Co   |  |  |             |         |             |           |  |
| Toms River, New Jer  |   |           |                   |                           |   | Y2  | New Jersey 08  | 755  |             |         |             |           |  |
| Project Manager for Monito Nicholas Fernicola  | ring Firm   |           |                   | ephone                    |   | Telephone No.   |  | License No.                                  |             |         |             |           |  |
|  | 0-1-  | -1-1-0    | 1                 | 32-349                    |   | 732-349-9932  |  | 00624  |             |         |             |           |  |
| Start Date (10)  | 17  | duled C   | _ 2               |                           |   | Name of OSHA M<br>E.M.S.L. Anal   |  |  |             |         |             |           |  |
| Occupancy Status During A  |   |           |                   |                           |   | Street Address  |  |  |             |         |             |           |  |
| ☐ Facility Closed/Vacated  |   |           |                   |                           | 1000  | 1056 Stelton  |  |  |             |         |             |           |  |
| Abatement Performed O Time of Abatement:   |   |           |                   |                           |   | City, State, Zip Co   | ode  |  |             |         |             |           |  |
|  |   | 141/      |                   |                           | AIVI  | Piscataway, N   | New Jersey 088   | 354  |             |         |             |           |  |
| Scope of Work (Check all the second | at apply)   |           | enovat<br>emoliti |                           |   | ☐ Mini-Enc<br>☐ Glovebag  | ainment with Neg<br>losure<br>g Procedure<br>mpted (*) and Nor   |  | ıre         |         |             |           |  |
|  |   | 122       | Loca              |                           |   |   |  |  | Ab          | atem    | ent T       | ype       |  |
| Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)  |   | Use<br>Ma | intena            | ely by<br>ance/<br>Staff? |   | Description o<br>stos Containing Ma<br>, thermal systems i<br>surfacing, VAT,<br>other miscellane | terial (ACM)<br>nsulation,<br>or   | Amount<br>(Specify<br>SF or LF)              | Removal     | Repair  | Encapsulate | Enclosure |  |
| living room/dining room  |   |           | 2000              | IN/A                      | -1  |   |  |  | -           | _       | _           | -         |  |
| 2 <sup>nd</sup> floor bathroom   | 1   |           |                   |                           | sheetro                                     |   |  | 900 sf                                       |             |         | Ш           |           |  |
| bedroom  |   |           |                   |                           | wall tile                                   |   |  | 80 sf  |             |         |             |           |  |
| bedroom  |   |           |                   |                           | asbesto                                     | os floor tile   |  | 120 sf                                       |             | Ш       | П           | Ш         |  |
|  |   |           |                   |                           |   |   |  |  |             |         |             |           |  |
| Name of Registered Waste<br>Guardian Contracting   |   |           | 1788              | JDEP \<br>lauler II       | O No.                                       | Cubic Yards of<br>Waste   | Name of Regist<br>T.R.R.F.   | tered Landfill                               |             |         |             |           |  |
| City, State  |   |           |                   | 20223                     | )   | 5<br>Disposal Date  | City, State  |  |             |         |             |           |  |
| Toms River, New Jersey   |   |           |                   |                           |   | 1/26/17   | N  | Pennsylvania                                 |             |         |             |           |  |
| Completed By (Print or Type) Title   |   |           |                   |                           |   | Signature   |  |  | ate/        | -/-     |             |           |  |

Nicholas Fernicola

Project Manager

## CK2512

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

|     | EG    |      |        | E    | M |
|-----|-------|------|--------|------|---|
|     | JAN   | 2 3  | 3 2017 |      |   |
| I A | SBEST | OS C | ONTR   | OL 8 |   |

| Date of Notification  | (1)  |                                       | Nam                                       | o of Duildin                                       | a Own        | er / Operato   | - (2)       |            | 11 IAN         | יחר כי ר  | 7         |            | #         |  |  |
|---|--|---------------------------------------|---|--|--------------|--|-------------|------------|----------------|-----------|-----------|------------|-----------|--|--|
| Date of Notification  | (')<br>1-17-2017   |                                       |   | e or Building<br>ledy Univer                       |              |  | r (Z)       | 14         | LI JAN         | 2 3 201   | 1         |            | /         |  |  |
| Agencies Notified   | Type Notific   |                                       |   | et Address   | Sity 110     | spitai   |             |            | _              |           |           |            | _         |  |  |
| ⊠ EPA   | Type Notini  | Cation                                |   |  | oo Vo        | uso Dead   |             |            | ASRESTO        | S CONT    | CONTROL & |            |           |  |  |
| DEP   | ☐ Initi  |                                       |   | Hurfville-Cro<br>State & Zip                       |              | yes Road   |             |            |                | ENSING    | TOL       | X          |           |  |  |
| □ DOL   |  | ended                                 |   | State & Zip<br>ell, NJ 0808                        |              | July and the second sec |             |            |                |           |           |            |           |  |  |
| □ DOH   | The state of the s | ergency                               |   | e of Contac  |              |  |             |            |                | T         |           |            |           |  |  |
| DCA DCA   | 10 10 10 10 10 10 10 10 10 10 10 10 10 1   | ncellation                            | F. C. | e or Contact<br>ames Barth                         |              |  |             |            |                | Teleph    | one N     | umbe       | er        |  |  |
| Ц БСА   | L Cai  | iceliation                            | IVII. J                                   | arries Darti                                       |              |  |             |            |                |           |           |            |           |  |  |
|   |  |                                       |   | FACILITY IN  | <b>VFORM</b> | MATION   |             |            |                |           |           | - 3.0      |           |  |  |
| Name of Facility Wh   |  |                                       |   |  | T            | Type of Facility (4)   |             |            |                |           |           |            |           |  |  |
| Kennedy University  | Hospital-Ea  | st 1 Renovation                       | area                                      |  | ] [          | School (   | (K-12)      |            |                |           |           |            |           |  |  |
| Street Address  |  |                                       |   |  |              | Subchapter 8 (Other than K-12)   |             |            |                |           |           |            |           |  |  |
| 2201 Chapel Hill Ca   | mpus   |                                       |   |  | 10           |  |             |            | nmercial build | ings, hom | es, et    | c.)        |           |  |  |
| //.   |  |                                       |   |  |              | Square Feet  |             | # of Flo   |                | Bldg. Ag  |           |            |           |  |  |
| City (5)  |  | County (6)                            | County                                    | Code (7)   |              | 250,00   | 0           |            | 2              |           | 52        |            |           |  |  |
| Cherry Hill, NJ   |  | Camden                                |   |  | C            | Current Use  | (Prior if   | being de   | emolished)     |           |           |            |           |  |  |
| **  |  |                                       |   |  |              | lospital   |             |            |                |           |           |            |           |  |  |
| Name of Monitoring  | Firm Hired b   | by Building Owner                     | er (8)                                    | ASCM N   | o. N         | lame of Aba  | tement      | Contrac    | tor (9)        |           |           |            |           |  |  |
| Criterion Laboratorie   | s  |                                       |   |  |              | Resource Ma  |             |            |                |           |           |            |           |  |  |
| Street Address  |  |                                       |   | -  |              | treet Addre  |             |            | 1              |           |           |            |           |  |  |
| 3370 Progress Drive, S  | Suite J  |                                       |   |  |              | 115 Hamilto  |             | Suite 20   | 2              |           |           |            |           |  |  |
| City, State & Zip Coo   |  |                                       |   | ity, State &                                       |              |  |             |            |                |           |           |            |           |  |  |
| Bensalem, PA, 19020   |  |                                       |   | renton, NJ (                                       | 10           |  |             |            |                |           |           |            |           |  |  |
| Project Manager for   | Tolophone  |                                       |   |  |              |  | 11:         | . M le     |                |           |           |            |           |  |  |
| Mr. Mike Panepresso   | 215-244-13   |                                       | 100                                       | Telephone Number License Number 609-914-4279 01185 |              |  |             |            |                |           |           |            |           |  |  |
|   |  | - Carlotte                            |   |  |              |  |             | 011        | 55             |           |           |            |           |  |  |
| Scheduled Start Date (10) Scheduled Completion Date (11) 1-30-2017 02-17-2017 |  |                                       |   |  |              | lame of OSI  |             |            |                |           |           |            |           |  |  |
|   |  | The second second                     |   |  | _            | &S Environr  |             | aborato    | ries Inc       |           |           |            |           |  |  |
| Occupancy Status D  |  |                                       |   | 4  |              | Street Addres  |             |            |                |           |           |            |           |  |  |
|   |  | During Entire Per<br>Outside of Norma |   | tement   | _            | 333 Route 2  |             |            |                |           |           |            |           |  |  |
| Abatement P   | enonnea o  | utside of Norma                       | i Hours                                   |  |              | ity, State &   | ZIP Cod     | ie         |                |           |           |            |           |  |  |
| Describe:   | Project to b   | e conducted 2 <sup>nd</sup>           | shift 4:00m                               | m to 12:30a  | m   U        | Inion, NJ 07   | กลร         |            |                |           |           |            |           |  |  |
| ☐ Facility Occu   | pied During  | Abatement                             | отте тоор                                 | 11 10 12.000                                       | "            | 7111011, 140 07  | 000         |            |                |           |           |            |           |  |  |
| Scope of Work (Che  | ck all that a  | pply)                                 |   |  |              |  |             |            |                |           |           |            | _         |  |  |
|   |  |                                       |   |  |              |  | $\boxtimes$ | Full Con   | tainment with  | Negative  | Press     | sure       |           |  |  |
| ≥3 sf or ≥3 lf  |  |                                       | □ Re                                      | novation   |              |  |             | Mini-End   |                |           |           |            |           |  |  |
| ≥160 sf ≥260  | ) If   |                                       | ☐ De                                      | molition   |              |  |             |            | Bag Procedures |           |           |            |           |  |  |
|   |  |                                       |   |  |              |  |             | Non-Exe    | empted and N   |           |           |            |           |  |  |
|   | ocation of   |                                       | Is Loca                                   |  |              | Descriptio   |             |            | Amount         |           | atem      | ent T      | уре       |  |  |
|   | os-Containii   | ng                                    | Normally                                  |  | As           | sbestos-Cor  |             |            | (Specify       |           |           | _          |           |  |  |
|   | erial (ACM)<br>BE ABATED   |                                       | Solely<br>Maintenar                       |  | /i e         | Material (A  |             |            | SF or LF       | ) 2       | п         | II.        | m<br>S    |  |  |
|   | Facility   |                                       | Custodial                                 |  |              | e., thermal s<br>lation, surfa   |             |            |                | l ä       | ep        | зар        | 은         |  |  |
|   | (13)   |                                       | (12)                                      | Otan:  |              | ther miscel  |             |            |                | Remova    | Repair    | Encapsulat | Enclosure |  |  |
|   | ()   |                                       | Yes No                                    | N/A  | 0, 0         | 70110111110001   | ancous      | ,          |                | <u> </u>  |           | at         | ē         |  |  |
| Hallway between Ro  | om 134 & 11  | 35                                    |   | D25004   | ster Ce      | ilina  |             |            | 10 SF          |           |           |            |           |  |  |
| Room 134  | J., 10 1 G 11  |                                       |   |  | ster Ce      |  |             |            | 144            |           | Ħ         | H          | H         |  |  |
|   |  |                                       |   |  | 0.00         | 9  |             |            | 111            |           | H         | H          | H         |  |  |
|   |  |                                       |   | TH I   |              |  | -           |            |                |           | H         | H          | H         |  |  |
|   |  |                                       | T T                                       | THE  |              |  |             |            |                | ᅥቨ        | Ħ         | H          | H         |  |  |
|   |  | ***                                   | TIT                                       | 177  |              |  |             |            |                |           | H         | H          | H         |  |  |
| Name of Registered  | Waste Haul   | er                                    |   | JDEP Wast  | e Cub        | ic Yards o   | f Name      | of Regi    | stered Landfil |           | 1-1       |            |           |  |  |
|   |  |                                       | 100000                                    | auler ID No.                                       | 1000000      |  |             |            |                | -         |           |            |           |  |  |
| Resource Manageme   | ent Group, L   | LC                                    | 00  | 35218  | TBD          | )  | Grows       | s Landfill |                |           |           |            |           |  |  |
| City, State   |  |                                       | 1   |  | Disp         | osal Date  | City, S     | State      |                |           |           |            |           |  |  |
| Trenton, NJ   |  |                                       |   |  | TBD          |  |             | ville, PA  | 1.1            |           |           |            |           |  |  |
| Completed By (Print or Type) Title  |  |                                       |   |  | Sign         | nature /   |             | 1          |                | Date      |           |            |           |  |  |
| Mr. Brian J. Haney  |  |                                       |   | esident  |              | S/   | / n.        | ()         | HAVI M         | 1/17/     | 2017      |            |           |  |  |
|   |  |                                       |   |  |              | 119  | И           | 4          | -111114        |           |           |            |           |  |  |
|   |  |                                       |   |  |              | 1  |             | 11         | 11411          |           |           |            |           |  |  |

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

|   | E    | C   | E    |   | $\mathbb{V}$ | E    | n |
|---|------|-----|------|---|--------------|------|---|
|   |      | JAN | 2    | 3 | 2017         |      | 1 |
| 1 | ASBI |     | OS ( |   | NTR          | OL 8 | , |

| Date of Notification (1)                                       |                      |         |           | Na                   | me of Build   | ding Owner/Operato                             | or (2)  |                                | JAN 2           | Q          | 2017                  | $\dashv$ L   |
|--|----------------------|---------|-----------|----------------------|---------------|--|---|--------------------------------|-----------------|------------|-----------------------|--------------|
|  | _ /                  | 17      |           | 1                    | Mr. Josep     | oh Pilla                                       | -00.0₹ 0.0€   | Louis Secol                    | 01111 _         | U          | 2017                  | laum         |
| Agencies Notified Type ☐ EPA ☐ Init                            | Notificatio<br>tial  | n       |           | Str                  | eet Addres    | SS   |   | ASB                            | SESTOS<br>LICEN |            |                       | )L &         |
|  | nended               |         |           | Cit                  | y, State, Zi  | p Code   |   | -creases                       | LIVEI           | VOII       | VQ.                   | -            |
| Z D1100  | nendment<br>nergency |         | na        |                      |               | ty, NJ 07302                                   |   |                                |                 |            |                       |              |
|  | stification)         |         | ng        |                      | me of Cont    |  |   | Telepho                        | ne Numb         | er         |                       |              |
|  | ncellation           |         |           | J                    | loe Pilla     |  |   |                                | f               | 5.0<br>    |                       |              |
|  |                      |         |           | F                    | ACILITY       | INFORMATION                                    |   |                                |                 | -          |                       |              |
| Name of Facility Where Abateme                                 | ent is Taki          | ng Plac | ce (3     | )                    |               |  | Type of Facilit   | 5000                           |                 |            | 1900                  |              |
| N/A<br>Street Address  |                      | _       |           |                      |               |  | School (K-<br>Subchapte<br>Other (i.e.,                         | er 8 (Other the<br>private and |                 | al bu      | ildings               | ,            |
| City (5)   |                      |         |           |                      |               |  | homes, etc  |                                |                 | 1          |                       | V 65 75 8 70 |
| City (5)  Jersey City  |                      |         |           |                      |               |  | Square Feet   | # of Flo                       | ors             | 11         | dg. Age               |              |
|  |                      |         |           |                      | 1 0 1         | /7\/OTATE (   O. F. O. W. ) (                  | 2,200   | 2                              |                 |            | 30 + y                | rs.          |
| County (6)   |                      |         |           | 100                  | unty Code     | (7)(STATE USE ONLY)                            | Current Use (F  |                                | demolishe       | ed)        |                       |              |
| Name of Monitoring Firm Hired by                               | Duilding             | Owner   | (0)       | 1000                 | M No.         | None of Abote                                  |   |                                |                 |            |                       |              |
| N/A  | building             | Owner   | (0)       | N/                   |               | The second of the service of the second of the | nent Contractor (   |                                |                 |            |                       |              |
| Street Address   |                      |         |           | 147.                 | Α.            |  | Haz Mat Remo  | oval, inc.                     |                 |            |                       |              |
| offeet Address   |                      |         |           |                      |               | Street Address<br>494 East 41s                 | et Stroot   |                                |                 |            |                       |              |
| City, State, Zip Code  |                      |         |           |                      |               | City, State, Zip C                             |   |                                |                 |            |                       |              |
| Oity, Otato, 21p oode  |                      |         |           |                      |               | Paterson, N.                                   |   |                                |                 |            |                       |              |
| Project Manager for Monitoring Fig                             | rm                   |         | Te        | elephon              | e No          | Telephone No.                                  | 3 07 304  | License                        | No              |            |                       |              |
| , ,  |                      |         | '         | лорион               | 0 110.        | 973-345-002                                    | 2   | 0050                           |                 |            |                       |              |
| Start Date (10)  | Sche                 | duled C | omp       | letion D             | ate (11)      | Name of OSHA                                   |   | 0000                           |                 |            |                       |              |
| 01/16/17   |                      |         |           |                      | 17            | Same as abo                                    |   |                                |                 |            |                       |              |
| Occupancy Status During Abatem                                 | ent (Chec            | k only  | one)      |                      |               | Street Address                                 |   |                                |                 |            |                       |              |
| ☐ Facility Closed/Vacated During                               | 30                   | 53      | 5.0       | ement                |               |  |   |                                |                 |            |                       |              |
| Abatement Performed Outside Time of Abatement:AM               | P                    | M/      | P         | VI                   | scribe<br>_AM | City, State, Zip C                             | ode   |                                |                 | -          |                       |              |
| Scope of Work (Check all that appl                             | Semo<br>(v)          | en)     | A         | LEA                  |               | 1  |   |                                |                 |            |                       |              |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> | <i>31</i>            | ⊠ Re    |           |                      |               | ☐ Mini-End<br>☐ Gloveba                        | tainment with Ne<br>closure<br>g Procedure<br>empted (*) and No |                                |                 |            |                       |              |
|  |                      | Is      | Loca      | ation                |               |  |   |                                |                 | Δhat       | ement                 | Type         |
| Location of  |                      |         | Vorm      |                      |               | Description of                                 | of  |                                | -               | T          |                       |              |
| Asbestos-Containing Material (A                                | ACM)                 |         |           | lely by<br>ance/     |               | estos Containing Ma                            |   | Amou                           | nt              | Removal    | Encaps                | nclo         |
| IN Facility  |                      | Cust    |           | Staff?               | (1.6          | e., thermal systems<br>surfacing, VAT,         |   | (Speci<br>SF or L              | .F)             | ova        | Encapsulate<br>Repair | Enclosure    |
| (13)   |                      | Yes     | (12<br>No |                      |               | other miscellane                               | ous)  |                                |                 |            | ate                   | 0            |
| Basement   |                      |         |           |                      | Pipe In       | sulation                                       |   | 120 L                          | F F             | <b>a</b> [ |                       |              |
|  |                      |         |           |                      |               |  |   | 120 L                          | .   2           | 7          |                       |              |
|  |                      |         |           |                      |               |  |   |                                | L               | _   -      |                       | 121          |
|  |                      |         |           |                      |               |  |   |                                |                 |            |                       |              |
|  |                      | ш       | Ц         |                      |               | 17.  | vi e žis  |                                | L               | 1   [      |                       |              |
| Name of Registered Waste Hauler East Coast Haz Mat Remova      | al Inc               |         | 1000      | NJDEP '<br>Hauler II |               | Cubic Yards of<br>Waste                        | Name of Regis   |                                |                 |            |                       |              |
|  | ,                    |         |           | 419                  |               | 2<br>Discount Date                             | G.R.O.W.S   | ., NOITH VV/                   | WOIPA           |            |                       |              |
| City, State<br>Paterson, NJ                                    |                      |         |           |                      |               | Disposal Date<br>1-18-17                       | City, State   | DΛ                             |                 |            |                       |              |
|  | TIME                 |         | 4         |                      |               |  | Morrisville,  | , PA                           |                 |            |                       |              |
| Completed By (Print or Type)  James Unger                      | Title                | Fetir   | nato      | r/Drai               | ect Mgr.      | Signature                                      | 114   |                                | Date<br>/       | ,          | 2                     | ,            |
| Sames onger  | 31                   | . Loui  | iialC     | 11/210]              | - wigr.       | free   | 2 10/   |                                | 1/-             | 10         | 3-/                   | 2            |

| no ch  |                    | NOTI<br>)                              | FICATIO                      | State of N<br>N OF AS<br>nt to NJA        | BESTOS                         | ABATE  | MENT<br>0)                    |                                     | D) E                                    | u I            | . 11         | W/          |                        |
|--|--------------------|--|------------------------------|---|--------------------------------|--|-------------------------------|-------------------------------------|---|----------------|--------------|-------------|------------------------|
| Date of Notification (1)   |                    |  | Name<br>PSE                  | of Buildin<br>&G                          | g Owner/                       | Operator   | (2)                           |                                     | JA                                      | N 2            | 2 3          | 2017        | at we will be a second |
| Agencies Notified  EPA DEP Amended Amendmen Emergency                              | t #/_<br>(includin | g                                      | 4000<br>City, S<br>SOU       | Address<br>HADLE<br>tate, Zip (<br>TH PLA | Code<br>INFIEL                 |  | 7080                          |                                     |   | LICE           | NSII         |             | OL 8                   |
| DOH justification DCA Cancellation   |                    |  | JOHN                         | of Contact<br>N BRAD                      | LEY                            |  |                               |                                     | Telephone N                             | imhei          | Ž.           |             |                        |
| Name of Facility Where Abatement is Takin  | ng Place           | (3)                                    | FAC                          | ILITY IN                                  | FORMAT                         | ION  | Type of Fa                    |                                     |   |                |              |             |                        |
| Street Address 13 EISENHOWER PARKWAY   |                    |  |                              |   |                                |  | Subc                          | ol (K-12)<br>hapter 8<br>(i.e. priv | (Other than K-1<br>rate & commerc       | 12)<br>cial bu | iilding      | s, hom      | nes,                   |
| City (5)<br>ROSELAND   |                    |  |                              |   |                                |  | Square Fe<br>APPX 85          | 595                                 | # of Floors<br>3                        |                | Bldg.<br>APP | Age<br>X 82 | YR                     |
| County (6)<br>ESSEX  |                    |  |                              | Code (7)<br>USE ONL                       |                                |  | Current Us<br>SWITCH          | e (Prior i<br>H STAT                | f being demolis                         |                |              |             | 6.0                    |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS                    | Owner (8           | 3)                                     | ASC<br>004                   | M No.<br>5                                |                                | Name   | of Abateme                    | nt Contra                           | octor (9)<br>OF AMERIC                  | Α              |              |             |                        |
| Street Address<br>64 BROAD STREET  |                    |  |                              |   |                                |  | Address<br>VHITEHE            | AD AV                               | <br>Е.                                  |                |              |             |                        |
| City, State, Zip Code<br>MATAWAN, NJ 07747   |                    |  | 70 00                        |   |                                |  | tate, Zip Co                  |                                     | 8882                                    |                |              |             |                        |
| Project Manager for Monitoring Firm TOM GEIGER                                     |                    |  | Telepho<br>732-25            | one No.<br>90-2217                        | 7                              | Teleph   | one No.<br>132-8350           |                                     | License N                               | lo.            |              |             |                        |
| Start Date (10)<br>12/7/2016   | Schedu             | led Co                                 | mpletion / 20                | Date (11)                                 |                                |  | of OSHA MO                    |                                     | OF AMERICA                              | Δ              |              |             |                        |
| Occupancy Status During Abatement (Chec<br>Facility Closed/Vacated During Entire I | 7.0                |  |                              | ,   |                                | Street /   | Address<br>VHITEHE            |                                     |   |                | -W-12-3      |             |                        |
| Abatement Performed Outside of Norm  Other – Describe: NECESSARY OPER              | al Facilit         | v Hour                                 | S                            |   |                                | City, St   | ate, Zip Coo<br>TH RIVER      | le                                  |   |                |              |             |                        |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf                               |                    |  |                              |   |                                |  |                               |                                     |   |                |              |             |                        |
| ≥160 sf or ≥260 lf   |                    | Renova<br>Demoli                       |                              |   |                                | ×  | Mini-Encl<br>Glovebag         | osure<br>Procedu                    | with Negative F<br>ure<br>and Non-Friab |                |              | ·e          |                        |
| Location of  |                    | Locati<br>Normal                       | ly                           |   | Doo                            | cription of  |                               |                                     |   |                | Abat         | ement<br>pe |                        |
| Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)                | Ma                 | ed Sole<br>intenar<br>todial S<br>(12) | nce/                         | Asbes<br>(i.e.                            | tos Conta<br>thermal<br>surfac | aining Ma  | aterial (ACM insulation, , or | )                                   | Amount<br>(Specify<br>SF or LF)         | Remova         | Repair       | Encapsulate | Enclosure              |
| WINDOWS  | Yes                | No<br>X                                | N/A                          |   | ACM (                          | CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILI<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILIZ<br>CALILI<br>CALILIZ<br>CALILIZ<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI<br>CALILI | INIC                          |                                     | 050 / (                                 |                |              | ate         | Ġ.                     |
| 3  |                    |  |                              |   | ACIVIC                         | DAULK  | ING                           |                                     | 850 LF                                  | X              |              |             |                        |
|  |                    |  |                              |   |                                |  |                               |                                     |   |                |              |             |                        |
| Name of Registered Waste Hauler WASTE MANAGEMENT                                   |                    | H                                      | JDEP Wa<br>auler ID I<br>125 |   | Cubic Y<br>of Wast<br>APPX     | te   |                               | e of Regi                           | stered Landfill<br>ORTH                 |                |              |             |                        |
| City, State<br>ELIZABETH, NJ   |                    |  |                              |   | Disposa<br>TBD                 | al Date  | City,                         |                                     | LLE, PA                                 |                |              |             |                        |
| Completed by<br>CAROL RAIMO  | Title<br>OFFI      | CE M                                   | ANAGE                        | ER  | Sig                            | gnature  | 2/1                           |                                     | Dat                                     | e //           | 31           | 2011        | 7                      |

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

| Date of Notification (1)  |                     |           |         | NIO     |   |  | ,               |               |          |        | IAN      | 2 3        | 2017                     |
|---|---------------------|-----------|---------|---------|---|--|-----------------|---------------|----------|--------|----------|------------|--------------------------|
| 01 /  | 20 /                | 17        |         |         |   | ng Owner/Operator  |                 |               | land be: | 1      | 112411   |            | CULI                     |
|   |                     |           | •       | 1       | Jivision of                             | Property Manag   | gement & Cor    | nstru         | ction    | 1      |          |            |                          |
| Agencies Notified  EPA  | Type Notifica       | tion      |         | Str     | eet Address                             |  |                 |               |          | ASB    |          |            | ONTR                     |
| ☑ DOLWD   | ☐ Initial ☐ Amended |           |         | 2       | 0 W. State                              | Street, 3rd Fir.   |                 |               |          |        | LIC      | ENS        | ING                      |
| ☑ DOH   | Amendme             | nt #      |         |         | y, State, Zip                           |  |                 |               |          |        |          | - 200 1880 |                          |
| ☐ DCA   | ⊠ Emergend          |           | ding    | T       | renton, N.                              | J 08608  |                 |               |          |        |          |            |                          |
| (NJAC 5:23-8)   | justificatio        | n)        | 9       | -       | me of Conta                             | The state of the s |                 | T             | olopha   | na Ni  |          |            |                          |
|   | ☐ Cancellation      | on        |         | F       | Rick Ferrer                             | a  |                 | 1             | elepho   | ne Nu  | mber     |            |                          |
|   |                     |           |         | F       | ACII ITY II                             | NFORMATION   |                 |               |          |        |          |            |                          |
| Name of Facility Where A  | Abatement is Ta     | king Pla  | ace (3) |         |   | W OKWATION   | Type of Facili  | 4.71          |          |        |          |            |                          |
| Residential House   |                     |           |         |         |   |  | Type of Facili  |               |          |        |          |            |                          |
| Street Address  |                     |           |         |         |   |  | Subchapte       | 12)<br>r 8 (O | ther th  | an K-  | 121      |            |                          |
|   |                     |           |         |         |   |  | W Other (i.e.,  | privat        | te and   | comm   | ercial l | buildin    | ias.                     |
| City (5)  |                     |           |         |         |   |  | nomes, etc      | C.)           |          |        |          |            | 3-1                      |
| Rahway, NJ  |                     |           |         |         |   |  | Square Feet     | #             | of Flo   | ors    | E        | Bldg. A    | \ge                      |
| County (6)  |                     |           |         | Co      | untu Cada /                             | 71/074751/07   |                 |               |          |        |          |            |                          |
| Union   |                     |           |         | 100     | unty Code (                             | 7)(STATE USE ONLY)   | Current Use (F  | Prior if      | being    | demol  | lished)  |            |                          |
| Name of Monitoring Firm   | Hired by Buildir    | a Owne    | r (8)   | LASCI   | M No.                                   | Tu   |                 |               |          |        |          |            |                          |
| Bio Terra Solutions   | ,                   | .g owne   | , (0)   | ASCI    | VI INO.                                 | Name of Abateme  |                 |               |          |        |          |            |                          |
| Street Address  |                     |           |         |         |   | ALL PRO MA   | NAGEMENT        | LLC           |          |        |          |            |                          |
| P.O. Box 1224   |                     |           |         |         |   | Street Address   |                 |               |          |        |          |            |                          |
| City, State, Zip Code   |                     |           |         |         |   | 27 Outwater  |                 |               |          |        |          |            |                          |
| Union, NJ   |                     |           |         |         |   | City, State, Zip Co  |                 |               |          |        |          |            |                          |
| Project Manager for Monit   | orina Firm          |           | To      | lephone | - N-                                    | Garfield, NJ   | 07026           |               |          |        |          |            |                          |
| Rick Eustaquio  | J                   |           |         |         | 4-3762                                  | Telephone No.  |                 | Li            | icense   | No.    |          |            |                          |
| Start Date (10)   | Sch                 | heluher   |         |         | ate (11)                                | 973-928-4888   |                 |               | 1188     |        |          |            |                          |
| 01 /23 /  | 17                  |           |         |         | 17                                      | Name of OSHA M   |                 |               |          |        |          |            |                          |
| Occupancy Status During   |                     | ook ook   | ,       |         |   | ALL PRO MA   | NAGEMENT L      | LC            |          |        |          |            |                          |
| ☐ Facility Closed/Vacated   | During Entire I     | Poriod o  | one)    |         |   | Street Address   |                 |               |          |        |          |            |                          |
| → Abatement Performed (   | Outside of Norm     | al Facili | ty Hou  | ro D-   | soribo                                  | 27 Outwater L  |                 |               |          |        |          |            |                          |
| Time of Abatement:  | AM                  | PM/_      | PM      | -<br>-  | AM                                      | City, State, Zip Co  |                 | -             |          |        |          |            |                          |
| Scope of Work (Check all to   |                     | 100000    |         |         |   | Garfield, NJ (   | 7026            |               |          |        |          |            |                          |
|   | пат арргу)          |           |         |         |   | M Full Comb  |                 |               |          |        |          |            |                          |
| ≥3 sf or ≥3 If     ≥160 sf or ≥260 If   |                     | □ R       | enovat  | ion     |   | ☐ Mini-Enclo   | inment with Neg | gative        | Pressu   | ıre    |          |            |                          |
| <u></u>   |                     | ⊠ D       | emoliti | on      |   | ☐ Glovebag   | Procedure       |               |          |        |          |            |                          |
|   |                     | Is        | s Loca  | tion    |   |  | pted (*) and No | n-Fria        | ble Pro  | ocedur | re       |            |                          |
| Location of   |                     | 5000      | Norma   | lly     |   | Description of   |                 |               |          |        | Aba      | ateme      | nt Type                  |
| Asbestos-Containing Ma TO BE ABATE  | aterial (ACM)       | Ma        | ed Sole | ely by  | Asbest                                  | tos Containing Mate  | erial (ACM)     |               | Amoun    | nf     | Re       | Re         | ш ш                      |
| IN Facility   |                     |           | todial  |         | (i.e.,                                  | thermal systems in<br>surfacing, VAT, of   | sulation        |               | (Specif  | fy     | Remova   | Repair     | ) clo                    |
| (13)  |                     |           | (12)    |         |   | other miscellaneou   | us)             | S             | SF or LI | F)     | \sigma   | 7          | Enclosure<br>Encapsulate |
|   |                     | Yes       | No      | N/A     |   |  |                 |               |          |        |          |            | ate                      |
| xterior Siding  |                     |           |         |         | Cement S                                | Shingles   |                 | 3             | ,500 S   | · E    |          |            |                          |
| itchen  |                     |           |         |         | VAT                                     |  |                 |               |          |        |          |            |                          |
| asement   |                     |           |         |         |   |  |                 | 1             | 160 SF   | -      |          |            |                          |
| d Floor Bathroom  |                     |           |         |         | VAT, Mas                                | stic   |                 | 1,            | 120 S    | F      |          |            |                          |
| ame of Registered Waste I   | Hauler              |           | Ц       |         | VAT                                     | <u></u>  | **              |               | 50 SF    |        |          |            |                          |
| ATC   | iadibi              |           |         | JDEP V  |   | Cubic Yards of   | Name of Regist  | ered L        | andfill  |        | 1        |            |                          |
| ty, State   |                     |           |         | SW-24   | 200000000000000000000000000000000000000 | Vaste<br>As Needed   | Minerva En      | terpr         | ises     |        |          |            |                          |
| Shirley, NY   |                     |           |         |         | D                                       | Disposal Date  | City, State     |               |          |        |          |            |                          |
| mpleted By (Print or Type   | \ 1=                |           |         |         |   | TBD OO O   | Waynesbur       | g, Ol         | 1        |        | 4        |            | £00                      |
| Allen Monchik   |                     |           |         |         |   | Signature /  |                 |               |          | Date   | e /      | -/         |                          |
| A CONTRACT OF THE PROPERTY OF | P                   | roject    | Mana    | ger     |   | 1 100  | 1/1 -           |               |          | /      | 1/2      | 0/1        | 7                        |
| -41<br>13   | 902                 |           |         |         |   |  | V               |               |          |        | 10       | 1,         | L                        |

| CK           | 1874         |
|--------------|--------------|
| Date of Noti | fication (1) |

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

| MENT  | DEC                              | B E [                        | 2017       |            |
|---|----------------------------------|------------------------------|------------|------------|
| ent & Cons  | truction                         | Se Se                        | 2011       | CTE (MADE) |
| 1. 32315<br>)<br>5  | ASBES                            | TOS CO<br>ICENSII            | NTRO<br>VG | L &        |
|   | Telephone Nur                    | nhor                         |            |            |
|   | 141                              | _                            |            |            |
| pe of Facility<br>School (K-12  |                                  |                              |            |            |
| homes, etc.)  | (Other than K-12 ivate and comme | 2)<br>rcial buildi           | ings,      |            |
| homes, etc.)  | Other than K-13                  | 2)<br>ercial buildi<br>Bldg. |            |            |
| homes, etc.)  | (Other than K-12 ivate and comme | Bldg.                        |            |            |
| other (i.e., pr<br>homes, etc.)<br>uare Feet<br>rrent Use (Pric                   | # of Floors  or if being demolis | Bldg.                        |            |            |
| other (i.e., pr<br>homes, etc.)<br>uare Feet<br>rrent Use (Pric<br>contractor (9) | # of Floors  or if being demolis | Bldg.                        |            |            |
| homes, etc.)  | # of Floors  or if being demolis | Bldg.                        |            |            |
| other (i.e., proposed for the contractor (9)  GEMENT LL                           | # of Floors  or if being demolis | Bldg.                        |            |            |

| Date of Notification (1)   | 20                  |                    |         |                  | 1           | lame of Bui    | Iding Owner/Operate                         | or (2)            |  | JAN                                     | 23                       | 20          | 17 |
|--|---------------------|--------------------|---------|------------------|-------------|----------------|---|-------------------|--|---|--------------------------|-------------|----|
|  | /                   | 1                  | 7       | _                |             |                | of Property Mana                            |                   | netruction                             |   | 5- 5-                    |             |    |
| Agencies Notified Typ  | e Notif             | fication           | 1       |                  | S           | treet Addre    |   | -3-mont & CO      | -                                      | ======================================= |                          |             |    |
| F7   | Initial             |                    |         |                  |             |                | ss<br>ite Street, 3rd Flr                   |                   | ASB                                    | ESTO.                                   | <del>3 CO</del><br>ENSII | NT          | 71 |
|  | Amend               |                    |         |                  | C           | ity, State, Z  | in Code                                     | •                 | and the second second separate and the | 1100                                    | 71/1011                  | A(2         |    |
| I — I — '  | Amend               |                    |         |                  |             | Trenton,       |   |                   |  |   |                          |             |    |
| (1) (1) (1)  | Emerge<br>iustifica | ericy (i<br>ation) | nciu    | aing             | N           | ame of Con     |   |                   |  |   |                          |             |    |
|  | Cancell             |                    |         |                  | - 1         | Rick Ferr      |   |                   | Telephone                              | Numbe                                   | r                        |             |    |
|  |                     |                    |         |                  |             | 25,425,565,675 |   |                   |  |   |                          |             |    |
| Name of Facility Where Abate   | ment is             | Takin              | g Pla   | ace (3           | )           | PACILITY       | INFORMATION                                 | 1-                |  |   | -                        |             |    |
| Residential House  |                     |                    |         | (-,              |             |                |   | Type of Facil     |  |   |                          |             | _  |
| Street Address   |                     |                    |         |                  |             |                |   | School (K         | -12)<br>er 8 (Other than               | V 40)                                   |                          |             |    |
|  |                     |                    |         |                  |             |                |   | Other (i.e.       | , private and cor                      | K-12)<br>nmercia                        | l buildi                 | inae        |    |
| City (5)   |                     |                    |         |                  |             |                |   | nomes, er         | (C.)                                   |   | Dungi                    | nys,        | 65 |
| Rahway, NJ   |                     |                    |         |                  |             |                |   | Square Feet       | # of Floors                            | 3                                       | Bldg.                    | Age         |    |
| County (6)   |                     |                    |         |                  | IC          | Ounty Code     | (7)/CTATE USE ON 15                         |                   |  |   |                          |             |    |
| Union  |                     |                    |         |                  |             | ounty code     | (7)(STATE USE ONLY)                         | Current Use (     | Prior if being de                      | molished                                | d)                       |             |    |
| Name of Monitoring Firm Hired  | by Buil             | lding C            | wne     | er (8)           | IASC        | M No.          | Name of Abet                                |                   |  |   |                          |             |    |
| Bio Terra Solutions  |                     |                    |         |                  |             |                | Name of Abaten                              | nent Contractor ( | (9)                                    |   |                          |             |    |
| Street Address   |                     |                    |         |                  |             |                | Street Address                              | ANAGEMENT         | LLC                                    |   |                          |             |    |
| P.O. Box 1224  |                     |                    |         |                  |             |                | 27 Outwater                                 |                   |  |   |                          |             |    |
| City, State, Zip Code  |                     |                    |         |                  |             |                | City, State, Zip C                          |                   |  |   |                          |             |    |
| Union, NJ  |                     |                    |         |                  |             |                | Garfield, NJ                                |                   |  | 988                                     |                          |             |    |
| Project Manager for Monitoring I   | Firm                |                    |         | Te               | lephor      | e No.          | Telephone No.                               | 07026             | 1                                      |   |                          |             |    |
| Rick Eustaquio   |                     |                    |         |                  |             | 94-3762        | 973-928-4888                                | ,                 | License No                             |   |                          |             |    |
| Start Date (10)  | S                   | Schedu             | ıled    | Compl            | etion [     | Date (11)      | Name of OSHA N                              |                   | 1188                                   |   |                          |             |    |
| 01 /23 /17   | -                   | _ 03               | 3       | / 2              | 3 /         | 17             |   | NAGEMENT I        |  |   |                          |             |    |
| Occupancy Status During Abater   | ment (C             | Check              | only    | onol             |             |                | Street Address                              | MAGENIENT         | LLC                                    |   |                          |             |    |
| ►acility Closed/Vacated During   | a Entir             | o Dori             | ad a    | E A L _ 4        | ement       |                | 27 Outwater                                 |                   |  |   |                          |             |    |
| - Abatement Performed Outside  | a of No             | armal E            | Co oil: | 4                |             |                | City, State, Zip Co                         |                   |  |   |                          |             |    |
| Time of Abatement:Al   | VI                  | РМ/                |         | PM               |             | _AM            | Garfield, NJ                                |                   |  |   |                          |             |    |
| cope of Work (Check all that ap  | ply)                |                    |         |                  |             |                | Garriera, 145                               | 07026             |  |   |                          |             |    |
| ≥3 sf or ≥3 lf   |                     | Г                  | ¬ R     | enovat           | ion         |                |   | ainment with Ne   | gative Pressure                        |   |                          |             |    |
| ≥160 sf or ≥260 If   |                     |                    | Z D     | emoliti          | on          |                | ☐ Mini-Encl<br>☐ Glovebag                   | osure             | 3                                      |   |                          |             |    |
|  |                     |                    |         |                  |             |                | Non-Exer                                    | npted (*) and No  | n-Friable Proce                        | duro                                    |                          |             |    |
| Location of  |                     | - 1                |         | Loca:<br>Norma   |             |                |   |                   |  |   |                          |             | _  |
| Asbestos-Containing Material   | (ACM)               |                    | Use     | ed Sole          | elv bv      | Asha           | Description of                              |                   |  |   | pateme                   |             | -  |
| TO BE ABATED IN Facility   |                     |                    | Cus     | intena<br>todial | nce/        | (i.e           | stos Containing Mat<br>, thermal systems in | erial (ACM)       | Amount                                 | Rem                                     | Repair                   | Enc         | 1  |
| (13)   |                     |                    |         | (12)             | otan:       |                | surfacing, VAT.                             | or                | (Specify<br>SF or LF)                  | Remova                                  | air                      | aps         |    |
|  |                     | ١                  | es      | No               | N/A         |                | other miscellaneo                           | us)               | ) E-00 000000000€1                     | -                                       |                          | Encapsulate | 1  |
| l Plaster Walls & Ceilings   |                     |                    |         |                  | ×           | Plaster        |   |                   |  |   |                          | CD          | L  |
| terior   |                     |                    |         |                  |             |                |   |                   | 4,100 SF                               |   |                          |             |    |
| Floor Bedroom  |                     |                    |         |                  |             | Black Ta       | ar Paper                                    |                   | 500 SF                                 |   | П                        | П           | Г  |
|  |                     |                    |         |                  | $\boxtimes$ | VAT            |   |                   | 175 SF                                 | _                                       |                          |             | -  |
| d Floor Bedroom  |                     |                    |         |                  |             | VAT            |   |                   |  |   |                          | Ш           | L  |
| me of Registered Waste Hauler  |                     |                    |         | N.               | JDEP 1      | Naste          | Cubic Yards of                              | Name of D         | 80 SF                                  |   |                          |             |    |
| ATC  |                     |                    |         | Ha               | auler II    | No.            | Waste                                       | Name of Regist    |  |   |                          |             |    |
| /, State   |                     | -                  |         |                  | SW-2        |                | As Needed                                   | Minerva En        | terprises                              |   |                          |             |    |
| Shirley, NY  |                     |                    |         |                  |             |                | Disposal Date TBD                           | City, State       | 383                                    |   | 111                      |             | _  |
| and the second s |                     |                    |         |                  |             |                |   | Waynesbur         | g, OH                                  | 1                                       | 1                        | 1           |    |
| mpleted By (Print or Type)   | T                   | itle               | 15.111  |                  |             |                | 101/11/01                                   | -                 |  | ,                                       |                          |             |    |
| and the second s | T                   |                    | ect l   | Mana             | aor         |                | Signature                                   |                   | D                                      | ate /                                   | 0.0                      | 1.          | _  |

CK1874

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

| 0, 10,  |                     |          |         | 1.                | a.ou        | uiii to 110/  | AC 0:00 and 5:1                       | 0)                 | 111 11:                                 | 112727   |         |             |           |
|---|---------------------|----------|---------|-------------------|-------------|---------------|---------------------------------------|--------------------|---|----------|---------|-------------|-----------|
| Date of Notification (1)                      |                     |          |         |                   | Nan         | ne of Buildir | ng Owner/Operator                     | (2)                |   | IΔN      | 23      | 20          | 117       |
|   | 20 /                | 1        | 7       |                   | D           | ivision of    | Property Manag                        | ement & Cons       | struction                               |          |         |             |           |
| Agencies Notified                             | Type Noti           | fication | 1       |                   |             | et Address    |                                       |                    | ASDE                                    | STO      | 90      | ONI         | FDO       |
| ⊠ EPA   | ☐ Initial           |          |         |                   |             |               | Stroot 2nd Fla                        |                    |   |          |         | SING        |           |
| ☑ DOLWD                                       | ☐ Amend             | led      |         |                   | _           |               | Street, 3rd Flr.                      |                    | -                                       |          |         | -           |           |
| ⊠ DOH   | Amend               |          |         | _                 |             | , State, Zip  |                                       |                    |   |          |         |             |           |
| DCA   | ⊠ Emerg             | ency (i  | ncludir | ng                |             | renton, NJ    |                                       |                    |   |          |         |             |           |
| (NJAC 5:23-8)                                 | justifica<br>Cancel |          |         |                   | 1           | ne of Contac  |                                       |                    | Telephone Nur                           | nber     |         |             |           |
|   | L Cancel            | lation   |         |                   |             | ick Ferrer    |                                       |                    |   |          |         |             |           |
| Name of English Where A                       | hata                | T        |         |                   | F           | ACILITY IN    | NFORMATION                            |                    | <del></del>                             |          | _       |             |           |
| Name of Facility Where A<br>Residential House | .batement is        | s lakin  | ig Plac | e (3)             |             |               |                                       | Type of Facility   |   |          |         |             |           |
| Street Address                                |                     |          |         |                   |             |               | = 1                                   | School (K-1        | 2)                                      |          |         |             |           |
| Street Address                                |                     |          |         |                   |             |               |                                       | Subchapter         | 8 (Other than K-1)<br>private and comme | 2)       | :1:     |             |           |
| 014(5)  |                     |          |         |                   |             |               |                                       | homes, etc.        | )                                       | ercial t | ouliali | igs,        |           |
| City (5)                                      |                     |          |         |                   |             |               |                                       | Square Feet        | # of Floors                             | TF       | Bldg.   | Ane         |           |
| Rahway, NJ                                    |                     |          |         |                   |             |               |                                       |                    |   | -        | nug. i  | ·gc         |           |
| County (6)                                    |                     |          |         |                   | Cou         | unty Code (7  | )(STATE USE ONLY)                     | Current Use (Pr    | rior if being demoli                    | chod)    |         |             |           |
| Union   |                     |          |         |                   |             |               | ,                                     | , ,                | nor in being defined                    | sileu)   |         |             |           |
| Name of Monitoring Firm H                     | Hired by Bu         | ilding ( | Owner   | (8)               | ASCN        | No.           | Name of Abateme                       | ent Contractor (9) | 1                                       |          |         |             |           |
| Bio Terra Solutions                           |                     |          |         |                   |             |               |                                       | NAGEMENT L         |   |          |         |             |           |
| Street Address                                |                     |          |         |                   |             |               | Street Address                        | CEMENT E           |   |          |         |             |           |
| P.O. Box 1224                                 |                     |          |         |                   |             |               | 27 Outwater I                         | 200                |   |          |         |             |           |
| City, State, Zip Code                         |                     |          |         |                   |             |               | City, State, Zip Co                   |                    |   |          |         |             |           |
| Union, NJ                                     |                     |          |         |                   |             |               | Garfield, NJ                          |                    |   |          |         |             |           |
| Project Manager for Monito                    | oring Firm          |          | -       | Tele              | phone       | No            | Telephone No.                         | 07026              | Lex                                     |          |         |             |           |
| Rick Eustaquio                                |                     |          |         |                   |             | 4-3762        | 973-928-4888                          |                    | License No.                             |          |         |             |           |
| Start Date (10)                               | T                   | Sched    | luled C |                   |             | ate (11)      |                                       |                    | 1188                                    |          |         |             |           |
| 01 /23 /                                      | 17                  |          |         |                   |             | 17            | Name of OSHA M                        |                    | 2.700                                   |          |         |             |           |
| Occupancy Status During A                     | 1                   |          |         |                   |             |               | ALL PRO MA                            | NAGEMENT L         | LC                                      |          |         |             |           |
| Facility Closed/Vacated                       | During Ent          | (Check   | conly ( | one)              | 2           |               | Street Address                        |                    |   |          |         |             |           |
| ☐ Abatement Performed C                       | During En           | lormal   | riod of | Abate             | ment        |               | 27 Outwater L                         |                    |   |          |         |             |           |
| Time of Abatement:                            | AM-                 | PN       | //      | y noui<br>PM-     | s - Des     | SCRIDE<br>AM  | City, State, Zip Co                   | de                 |   |          |         |             |           |
|   |                     |          | 0.00    |                   |             |               | Garfield, NJ (                        | 7026               |   |          |         |             |           |
| Scope of Work (Check all the                  | hat apply)          |          |         |                   |             |               |                                       | W See South        |   |          |         |             |           |
| ≥3 sf or ≥3 If                                |                     |          | ☐ Re    | novati            | on          |               |                                       | ainment with Neg   | ative Pressure                          |          |         |             |           |
| ⊠ ≥160 sf or ≥260 lf                          |                     |          | ☑ De    | molitic           | n           |               |                                       | Procedure          |   |          |         |             |           |
|   |                     |          | 1-      |                   |             |               | ☐ Non-Exen                            | npted (*) and No   | n-Friable Procedu                       | re       |         |             |           |
| Location of                                   |                     |          |         | Locat<br>Norma    |             |               |                                       |                    |   | Ab       | atem    | ent T       | vpe       |
| Asbestos-Containing Ma                        | aterial (ACN        | л)       | Use     | d Sole            | ly by       | Ashes         | Description of<br>tos Containing Mate | oriol (ACMA)       | 7 <b>.</b> 7. 45 45 45 45               |          | T       | _           | -         |
| TO BE ABATE                                   | ED                  |          |         | intena<br>odial S |             | (i.e.,        | , thermal systems in                  | isulation.         | Amount<br>(Specify                      | Removal  | Repair  | пса         | Enclosure |
| IN Facility<br>(13)                           |                     |          | Ousi    | (12)              | olan :      |               | surfacing, VAT,                       | or                 | SF or LF)                               | ova      | =       | psu         | INSC      |
| (10)  |                     | İ        | Yes     | No                | N/A         |               | other miscellaneo                     | us)                |   | -        |         | Encapsulate | Te        |
| nterior- Room over Ga                         | rage                |          |         |                   | $\boxtimes$ | Constitution  |                                       |                    |   |          |         |             |           |
|   | rage                |          |         |                   |             |               | por Barrier                           |                    | 250 SF                                  |          |         |             |           |
| Basement & Garage                             |                     |          |         |                   |             | Air Cell I    | Pipe Insulation                       |                    | 225 LF                                  |          |         |             |           |
|   |                     |          |         |                   |             |               |                                       |                    |   | П        | П       | П           | П         |
|   |                     |          |         | П                 |             |               |                                       |                    | on Section 1                            | +=       |         | ]           |           |
| lame of Registered Waste I                    | Hauler              |          |         |                   | JDEP V      | Vaste I       | Cubic Yards of                        | Name of Desire     |   |          | Ш       |             |           |
| ATC   |                     |          |         | Ha                | auler ID    | No.           | Waste                                 | Name of Regist     |   |          |         |             |           |
| city, State                                   |                     |          |         |                   | SW-24       |               | As Needed                             | Minerva En         | terprises                               |          |         |             |           |
| Shirley, NY                                   |                     |          |         |                   |             |               | Disposal Date                         | City, State        |   |          |         |             |           |
| Completed By (Print or Type                   |                     | Tw       |         |                   |             |               | TBD                                   | Waynesbur          | g, OH                                   | j        |         | f.          |           |
| Allen Monchik                                 | )                   | Title    |         |                   |             |               | Signature / /                         |                    | Dat                                     | e/       | 7 _     | 1,          |           |
| WIGH MOUGUIK                                  |                     | Pro      | oject   | Mana              | ger         |               | I CHU                                 | ~ 1                |   | 16       | 6)      | 110         | )         |

Date of Notification (1)

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

|                                    |                    | GE                |       |   |                |
|------------------------------------|--------------------|-------------------|-------|---|----------------|
| Consti                             | ruction            | STOS C            | ONTRO |   | and the second |
|                                    | Telephone Num      | ber               |       |   |                |
| (K-12)<br>pter 8<br>.e., privetc.) |                    | )<br>cial buildir | ngs,  |   |                |
| et                                 | # of Floors        | Bldg. A           | Age   |   |                |
| e (Prior                           | r if being demolis | hed)              |       |   |                |
| or (9)                             |                    |                   |       | - |                |
| IT LL(                             | <i>.</i>           |                   |       |   |                |
|                                    |                    |                   |       | - |                |

| Date of Notification (1)         |                     |                 |                   | 1             | Name of Build  | ding Owner/Operator  | (2)                             | -141                  | JAI          | 1 2    | 3 1         | 201/      |
|----------------------------------|---------------------|-----------------|-------------------|---------------|----------------|--|---------------------------------|-----------------------|--------------|--------|-------------|-----------|
| /                                | _ / _               | 17              |                   |               |                | of Property Manag  |                                 | ruction               |              |        |             |           |
| Agencies Notified Typ            | e Notifica          | tion            |                   | - 5           | Street Addres  |  |                                 | ASB                   | EST          | OS (   | CON         | ITR       |
|                                  | nitial              |                 |                   |               |                | te Street, 3rd Flr.  |                                 |                       | L            | CEN    | SIN         | G         |
|                                  | Amended             |                 |                   |               | ity, State, Zi |  |                                 |                       |              |        |             |           |
|                                  | Amendme<br>Emergenc | nt #            | .11               |               | Trenton, N     |  |                                 |                       |              |        |             |           |
|                                  | ustification        | y (includ<br>1) | aing              | N             | ame of Cont    |  |                                 | T                     |              |        |             |           |
|                                  | Cancellatio         | n               |                   |               | Rick Ferre     |  |                                 | Telephone Nu          | mber         |        |             |           |
|                                  |                     |                 |                   |               |                |  |                                 |                       |              |        |             |           |
| Name of Facility Where Abater    | ment is Ta          | king Pla        | ace (3)           | 0.            | ACILIT         | INFORMATION  | T                               |                       |              |        |             |           |
| Residential House                |                     |                 | 100 N.T.          |               |                |  | Type of Facility (              |                       |              |        |             |           |
| Street Address                   |                     |                 |                   |               |                |  | School (K-12) Subchapter 8      | (Other than K 1       | 2)           |        |             |           |
|                                  |                     |                 |                   |               |                |  | Other (i.e., pri                | vate and comm         | 2)<br>ercial | build  | inas.       |           |
| City (5)                         |                     |                 |                   |               |                |  | nomes, etc.)                    |                       |              |        | 501         |           |
| Rahway, NJ                       |                     |                 |                   |               |                |  | Square Feet                     | # of Floors           |              | Bldg.  | Age         |           |
| County (6)                       |                     |                 |                   | To            | County Code    | ITY/STATE USE ONLY   |                                 |                       |              |        |             |           |
| Union                            |                     |                 |                   | 1             | ounty odde     | (7)(STATE USE ONLY)  | Current Use (Prio               | r if being demol      | ished        | 1)     |             |           |
| Name of Monitoring Firm Hired    | by Buildin          | g Owne          | er (8)            | IAS           | CM No.         | Name of Ab -t-   |                                 |                       |              |        |             |           |
| Bio Terra Solutions              |                     |                 | . (-)             | "             | SIVI IVO.      | Name of Abateme  | ent Contractor (9)              |                       |              |        |             |           |
| Street Address                   |                     |                 | -                 |               |                |  | NAGEMENT LL                     | С                     |              |        |             |           |
| P.O. Box 1224                    |                     |                 |                   |               |                | Street Address   |                                 |                       |              |        |             |           |
| City, State, Zip Code            |                     |                 |                   |               |                | 27 Outwater I  |                                 |                       |              |        |             |           |
| Union, NJ                        |                     |                 |                   |               |                | City, State, Zip Co  |                                 |                       |              |        |             |           |
| Project Manager for Monitoring   | irm                 |                 | Te                | lepho         | ne No.         | Garfield, NJ Telephone No.   | 07026                           |                       |              |        |             |           |
| Rick Eustaquio                   |                     |                 |                   |               | 94-3762        | 973-928-4888   |                                 | License No.           |              |        | 5.5         |           |
| Start Date (10)                  | Sch                 | eduled          | Compl             | etion         | Date (11)      | Name of OSHA Mo  | -14-                            | 1188                  |              |        |             |           |
| 01 /23 /17                       | -   -               | 03              | / 2               | 3 -           | /17            |  | NAGEMENT LLO                    |                       |              | -0-36  |             |           |
| Occupancy Status During Abate    | ment (Che           | ck only         | one)              |               |                | Street Address   | VAGEWIENT LL                    | ,                     |              |        |             |           |
| □ Facility Closed/Vacated During | a Entire F          | eriod o         | f Abote           | ment          |                | 27 Outwater L  |                                 |                       |              |        |             |           |
| Li Abatement Performed Outsid    | e of Norm           | al Facil        | ty Hou            | ro D          |                | City, State, Zip Coo   | 1300 7077                       |                       |              |        |             |           |
| All Abatement.                   | VI                  | PM/             | PM                |               | AM             | 1000   |                                 |                       |              |        |             |           |
| Scope of Work (Check all that ap | ply)                |                 |                   |               |                | Garfield, NJ 0   | 7026                            |                       |              |        |             |           |
| ≥3 sf or ≥3 If                   |                     | Пр              |                   |               |                | ☐ Full Conta   | inment with Negati              | ve Pressure           |              |        |             |           |
| ≥160 sf or ≥260 lf               |                     |                 | enovat<br>emoliti |               |                | LI WIINI-Enclo   | sure                            | vo i ressure          |              |        |             |           |
|                                  |                     | 1.55500000      |                   | 7.74.2<br>    |                | ☐ Glovebag<br>☐ Non-Exem   | Procedure<br>pted (*) and Non-F | riable Brees          | .01          |        |             |           |
| Location of                      |                     |                 | s Loca            |               |                |  | plod ( ) and Non-P              | Tiable Procedur       |              |        |             |           |
| Asbestos-Containing Material     | (ACM)               | Use             | Norma<br>ed Sole  | ily<br>elv bv |                | Description of   |                                 |                       |              | atem   | ent T       | -         |
| TO BE ABATED                     |                     | Ma              | aintena           | nce/          | Asbes          | stos Containing Mate<br>, thermal systems in:  | rial (ACM)                      | Amount                | Ren          | Repair | Enc         | Enc       |
| IN Facility<br>(13)              |                     | Cus             | todial (12)       | Staff?        | , ,,           | surfacing, VAT, o  | r l                             | (Specify<br>SF or LF) | Remova       | air    | aps         | Enclosure |
| MV 1352                          |                     | Yes             | No                | N/A           |                | other miscellaneou   | is)                             | /                     | -            |        | Encapsulate | lre       |
| Entire House                     |                     | П               |                   | ×             |                |  |                                 |                       |              |        | е           |           |
|                                  |                     |                 |                   |               | RACM           |  |                                 |                       |              |        |             |           |
|                                  |                     | Ш               |                   |               |                |  |                                 |                       |              | П      | П           |           |
|                                  |                     |                 |                   |               |                |  |                                 |                       | -            |        | _           |           |
|                                  |                     | П               |                   | П             |                |  |                                 |                       |              | Ш      |             |           |
| lame of Registered Waste Hauler  |                     | ]               | 100               | _             | Waste          | Out 1-14   |                                 |                       |              |        |             |           |
| ATC                              |                     |                 | Ha                | auler         |                | Cubic Yards of<br>Waste  | Name of Registere               |                       | 4            |        |             | A         |
| ity, State                       |                     |                 |                   |               | 24310          | As Needed  | Minerva Enter                   | prises                |              |        |             |           |
| Shirley, NY                      |                     |                 |                   |               |                | A CONTRACTOR OF THE PARTY OF TH | City, State                     |                       |              |        | -           |           |
| ompleted By (Print or Type)      | Tru                 |                 |                   |               |                | TBD  | Waynesburg,                     | ОН                    | 1            |        | 59          |           |
| Allen Monchik                    | Title               |                 |                   |               |                | Signature /  | 1                               | Date                  | 1/2          | -/     | 1           |           |
| B-41                             |                     | roject          | wana              | ger           |                | II WY  |                                 | 81                    | 12           | 2/     | 17          |           |
| N 13                             | * /                 | Do not          | ise thi           | form          | for ashesto    |  | 5 :=-7/4/353                    |                       |              | 1 74 1 |             |           |

| 0110  | 100                                  |                     |   |               | State of New Jers                         |   |  |  |                    |             | Ĺ            |               |           |
|---|--------------------------------------|---------------------|---|---------------|---|---|--|--|--------------------|-------------|--------------|---------------|-----------|
| CKZ   | 188                                  |                     | NOTI                                    | FICATIO       | ON OF ASBESTOS<br>at to NJAC 8:60 ar      | ABATE   | EMENT<br>(0)   | ME   | C                  | E           | 7            | V [           |           |
| Date of Notification (1) 1/18/17                  |                                      |                     |   | Name<br>State | of Building Owner/<br>of New Jersey       | Operato   | r (2)  | M  | I A AI             | 0           | 2 2          | 047           |           |
| Agencies Notified                                 | Type Notification                    | n                   |   |               | Address<br>est State Stree                | et  |  | lood test                                  | JAN                | -           | 5 6          | J   [         | -         |
| DEP<br>DOL  | Amended<br>Amendme                   |                     |   | 12.000.000    | tate, Zip Code                            |   |  | ASE  | BESTO              |             | CON          |               | L &       |
| DOH DCA   | Emergence justification Cancellation | 1)                  | ig                                      | 2000          | of Contact<br>er Fernandez                |   |  | Telepho                                    |                    | -           |              | e-material in |           |
| Name of English Whore                             | Abstance tie Tel                     | Di                  | /01                                     | FAC           | ILITY INFORMAT                            | ION   |  |  |                    |             |              |               |           |
| Name of Facility Where A<br>ABANDONDED FL         | OOD HOUSE                            | ing Place           | (3)                                     |               |   |   | Type of Facilit  |  |                    |             |              |               |           |
| Street Address<br>1257 Ringwood Ave               | 9                                    |                     |   |               |   |   | Other (i.e   | (-12)<br>ter 8 (Other th<br>. private & co | nan K-12<br>mmerci | 2)<br>al bu | ildings      | s, hon        | nes,      |
| City (5)<br>Pompton Lakes, NJ                     |                                      |                     |   |               |   |   | etc.)<br>Square Feet<br>1200                                 | # of Flo                                   | ors                | - 1         | Bldg.<br>50+ | Age           |           |
| County (6)<br>Passaic                             |                                      |                     |   |               | Code (7) USE ONLY)                        |   | Current Use (F<br>Abandoned                                  |  | lemolish           | ned)        |              |               |           |
| Name of Monitoring Firm N/A                       | Hired by Building                    | Owner (8            | 3)                                      | ASC           | M No.                                     | Name<br>Yanr  | of Abatement C<br>nuzzi Environ                              | ontractor (9)<br>mental Ser                | vices              |             |              |               |           |
| Street Address                                    |                                      |                     |   |               |   |   | Address<br>Kinnelon Rd s                                     | suite 102                                  |                    |             |              |               |           |
| City, State, Zip Code                             |                                      |                     |   |               |   |   | tate, Zip Code<br>elon, NJ 074(                              | )5   |                    |             |              |               |           |
| Project Manager for Moni                          | toring Firm                          |                     |   | Telepho       | one No.                                   |   | one No.<br>218-0880  | 1.0  | ense No<br>228     | Э.          |              |               |           |
| Start Date (10)<br>1/30/17                        |                                      | 1/31/1              | 7                                       | mpletion      | Date (11)                                 |   | of OSHA Monito<br>uzzi Environi                              |  | vices              |             |              |               |           |
| Occupancy Status During                           | Abatement (Che                       | ck Only O           | ne)                                     |               |   | Street  | Address  |  |                    |             |              |               |           |
| Facility Closed/Vacat Abatement Performe          | ted During Entire                    | Period of           | Abater                                  | ment          |   | L   | Kinnelon Rd s  | suite 102                                  | 00.1757            |             |              |               |           |
| Other - Describe: at                              | andonded flood h                     | nai Facili<br>louse | y Hour                                  | S             |   |   | tate, Zip Code<br>elon, NJ 0740                              | \E   |                    |             |              |               |           |
| Scope of Work (Check All                          | That Apply)                          |                     |   |               |   | TXIIIII   | 51011, INJ 0740  | ) S  |                    |             |              |               |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf              | 502 488800000                        |                     | Renova<br>Demolit                       |               |   | ×   | Full Containn<br>Mini-Enclosu<br>Glovebag Pro<br>Non-Exempte | ocedure                                    |                    |             |              | ٩             |           |
| Location of                                       |                                      |                     | Locati<br>Normal                        | ‼y            | Des                                       | cription  |  |  |                    |             | Abate        | ement<br>pe   |           |
| Asbestos-Containing M TO BE ABAT In Facility (13) | <u>red</u>                           | Ma                  | ed Sole<br>aintenar<br>todial S<br>(12) | nce/          | Asbestos Conta<br>(i.e. thermal<br>surfac | aining Ma   | aterial (ACM)<br>insulation,<br>, or                         | Amoun<br>(Specif<br>SF or Lf               | ý l                | Removal     | Repair       | Encapsulate   | Enclosure |
| Exterior  |                                      | 100                 | .40                                     | X             | chimp                                     | ey flasl  | hina   | 1 05                                       |                    |             |              | .,,           |           |
| Exterior  |                                      | +                   |   | X             |   | ow cau  |  | 4 sf                                       |                    | X           |              |               |           |
| Exterior  |                                      |                     |   | X             | tar paper l                               | ONE WILLIAM AND | XIND-P   | 68 lf                                      |                    | x           |              |               |           |

NJDEP Waste

Hauler ID No. 17467

Project Mang

Cubic Yards

Disposal Date

Signature

of Waste

2/4/17

10

Yannuzzi Group

City, State

kinnelon NJ

Completed by

John Mucha

Name of Registered Waste Hauler

Date

10/17/16

Name of Registered Landfill

Grows

City, State

Morrisville PA

Date of Notification (1)

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

| JAN 23 2017 |  |  |  | N/ | 2 | 3 | 2017 |  |
|-------------|--|--|--|----|---|---|------|--|
|-------------|--|--|--|----|---|---|------|--|

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

| Date of Notification (1) 1/18/17                    |  |                       |                          |                                       | of Building (<br>of New J            |                         | -   | ΔN   | 2 1                    | 3 2   | 117   | and a proper part of the last |         |                   |             |           |  |  |
|---|--|-----------------------|--------------------------|---------------------------------------|--------------------------------------|-------------------------|---|--|------------------------|---|---|---|---------|-------------------|-------------|-----------|--|--|
| Agencies Notified                                   | Type Notification                                | 1                     |                          |                                       | Address<br>est State                 | Street                  | t   |  |                        |   |   |   |         |                   |             | les e     |  |  |
| DOH   | Initial Amended Amendmer Emergency justification | (including            | _                        | City, Si<br>Trent                     | tate, Zip Co<br>on, NJ<br>of Contact | de                      |   |  |                        | ASBESTOS CONTROL<br>LICENSING  Telephone Number |   |   |         |                   |             |           |  |  |
| ☐ DCA   | Cancellatio                                      | n                     |                          |                                       | er Fernand                           | SIMOS                   | 1011  |  |                        |   |   |   |         |                   |             |           |  |  |
| Name of Facility Where ABANDONDED FL                | Abatement is Taki                                | ng Place (3           | 3)                       | FAC                                   | ILITY INFO                           | (4)                     |   |  |                        |   |   |   |         |                   |             |           |  |  |
| Street Address<br>324 Woodlawn Ave                  |  |                       |                          | School (K-Subchapte Other (i.e. etc.) |                                      |                         |   |  |                        |   | K-12)<br>ter 8 (Other than K-12)<br>b. private & commercial buildings, homes, |   |         |                   |             |           |  |  |
| City (5) Pompton Lakes, NJ                          | ı  |                       |                          |                                       |                                      |                         |   | Squ<br>100   | are Feet               | # 0   |   | Bldg. Age<br>50+  |         |                   |             |           |  |  |
| County (6)<br>Passaic                               |  | Code (7)<br>USE ONLY) |                          |                                       |                                      | ent Use (Prandoned I    |   |  | olished                | 1)  |   |   |         |                   |             |           |  |  |
| Name of Monitoring Firm N/A                         | ASCI   | M No.                 |                          |                                       |                                      | atement Co<br>Environn  | ontractor (9)<br>mental Services                |  |                        |   |   |   |         |                   |             |           |  |  |
| Street Address                                      |  |                       |                          | Street                                | Addre                                |                         |   |  |                        |   |   |   |         |                   |             |           |  |  |
| City, State, Zip Code                               | City, State, Zip Code<br>Kinnelon, NJ 0740       |                       |                          |                                       |                                      |                         |   | 05   |                        |   |   |   |         |                   |             |           |  |  |
| Project Manager for Monitoring Firm                 |  |                       |                          |                                       | one No.                              |                         | Telepho<br>908-2                                | one N  | ١٥.                    |   | License<br>01228  |   |         |                   |             |           |  |  |
| Start Date (10) Scheduled Co<br>2/3/17 2/4/17       |  |                       |                          |                                       | Date (11)                            |                         | Name o  | of OS  | HA Monitor<br>Environm |   |   |   |         |                   |             |           |  |  |
| Occupancy Status During Abatement (Check Only One)  |  |                       |                          |                                       |                                      |                         | Street A  |  |                        | ientai  | Service   |   |         |                   |             |           |  |  |
| Facility Closed/Vaca<br>Abatement Performe          | ed Outside of Norr                               | nal Facility          | bater                    | ment                                  |                                      | -                       |   |  | elon Rd su<br>Zip Code | uite 10   | 2   |   |         |                   |             |           |  |  |
| Scope of Work (Check All                            | bandonded flood h                                | ouse                  |                          |                                       |                                      | -                       |   |  | NJ 0740                | 5   |   |   |         |                   |             |           |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                | тпас дрргу)                                      | Eminimolis .          | enova                    |                                       |                                      |                         | ×   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                        |   |   |   |         |                   |             |           |  |  |
|   |  |                       | _ocat                    |                                       |                                      |                         |   |  |                        |   | ( ) and Non-i nabi  |   |         | Abatement<br>Type |             |           |  |  |
| Location Asbestos-Containing I TO BE ABA In Facilit | Material (ACM)<br>TED                            | Used                  | Sole<br>otena<br>odial S | ly by<br>nce/                         | Asbesto<br>(i.e. th                  | s Conta<br>nermal s     | cription of<br>aining Ma<br>systems<br>ing, VAT | ateria<br>insul  |                        | (S  | mount<br>pecify<br>or LF)   |   | Ren     |                   |             | Encl      |  |  |
| (13)  |  | Yes                   | (12)<br>No               | N/A                                   | (                                    |                         | iscellane                                       |  |                        |   |   | 2   | Removal | Repair            | Encapsulate | Enclosure |  |  |
| chimney or  | roof   |                       |                          | х                                     |                                      | chin                    | nney ta   | ir   |                        | 1   | 0 sf  | x   |         |                   |             |           |  |  |
|   |  |                       |                          |                                       |                                      | III-                    |   |  |                        |   |   | -   | 4       |                   |             |           |  |  |
| Name (Section 1991)                                 |  |                       |                          |                                       |                                      |                         |   |  |                        |   |   |   |         |                   |             |           |  |  |
|   |  |                       |                          |                                       |                                      | Cubic Y<br>of Wast<br>I |   |  | Name of F              | Register  | ed Land   | fill  |         |                   |             |           |  |  |
| City, State .<br>kinnelon NJ                        | n 2016 (f.                                       | 1                     | Disposa<br>2/4/17        | al Date                               | _                                    | City, State<br>Morrisvi |   |  |                        |   |   |   |         |                   |             |           |  |  |
| Completed by<br>John Mucha                          | ng   |                       | Sig                      | 1/4 d                                 | 1                                    | 1                       | Date 10/17                                      | 7/16   | <br>6                  |   |   |   |         |                   |             |           |  |  |

| CV 2988   |                    |                                      | ICATIO          | tate of N<br>N OF AS<br>t to NJA | r                             |   | I C                    |  | $\mathbb{V}$       |                           |              |                   |             |           |  |  |  |
|---|--------------------|--------------------------------------|-----------------|----------------------------------|-------------------------------|---|------------------------|--|--------------------|---------------------------|--------------|-------------------|-------------|-----------|--|--|--|
| Date of Notification (1)<br>1/18/17                                       |                    |                                      |                 | of Buildin                       |                               |   | r (2)                  |  |                    | JAN                       | 2 3          | 201               | 7           |           |  |  |  |
| Agencies Notified Type Notification                                       | 1                  |                                      |                 | Address<br>est Stat              | e Stree                       | et  |                        |  |                    |                           |              | NIT.              | 01          |           |  |  |  |
| EPA Initial Amended Amendmer  | nt#                |                                      |                 | ate, Zip 0                       | Code                          |   |                        | 200  | AS                 | BESTO                     | ENS          | NG<br>NG          | OL.         | <u></u>   |  |  |  |
| DOH justification Cancellatio   | (including)        |                                      | Name o          | of Contac<br>er Ferna            | (Table 1)                     |   |                        | Telephone Number   |                    |                           |              |                   |             |           |  |  |  |
|   |                    |                                      | FAC             | ILITY IN                         | FORMAT                        | ION   |                        | 12/2   |                    |                           |              |                   |             |           |  |  |  |
| Name of Facility Where Abatement is Taki ABANDONDED FLOOD HOUSE           | ng Place (3        | 3)                                   |                 |                                  |                               |   | Тур                    | e of Facility<br>School (K-                              | 2.705              |                           |              |                   |             |           |  |  |  |
| Street Address 19 Walnut Ave  |                    |                                      |                 |                                  |                               | Subchapte<br>Other (i.e.<br>etc.)   | r 8 (Oth               | er than K<br>& comme                                     | (-12)<br>ercial bu | ıilding                   | s, hon       | nes,              |             |           |  |  |  |
| City (5)<br>Pompton Lakes, NJ   |                    |                                      |                 |                                  |                               |   | Squi<br>150            | are Feet   | # 0                | f Floors                  |              | Bldg. Age<br>50+  |             |           |  |  |  |
| County (6)<br>Passaic   |                    |                                      |                 | Code (7)<br>USE ONL              | Y)                            | ent Use (Pr<br>andoned I  |                        |  | lished)            |                           |              | 3                 |             |           |  |  |  |
| Name of Monitoring Firm Hired by Building N/A                             |                    | ASC                                  | M No.           |                                  |                               |   |                        | nt Contractor (9)  |                    |                           |              |                   |             |           |  |  |  |
| Street Address  |                    |                                      |                 | ess<br>elon Rd s                 | Rd suite 102                  |   |                        |  |                    |                           |              |                   |             |           |  |  |  |
| City, State, Zip Code   |                    |                                      |                 | Zip Code<br>NJ 0740              |                               |   |                        |  |                    |                           |              |                   |             |           |  |  |  |
| Project Manager for Monitoring Firm                                       | Telepho            | ne No.                               |                 | Teleph<br>908-2                  | none N                        | lo.   |                        | License<br>01228   |                    |                           |              |                   |             |           |  |  |  |
| Start Date (10)<br>2/2/17   | Schedule<br>2/3/17 | npletion                             | Date (11)       |                                  | Name                          | of OS   | HA Monitor<br>Environm | nental   |                    |                           |              |                   |             |           |  |  |  |
| Occupancy Status During Abatement (Chec                                   | ck Only On         | e)                                   |                 |                                  |                               | Street  |                        |  | - Circui           |                           |              |                   | 00          |           |  |  |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr | nal Facility       | baten<br>Hours                       | ent             |                                  |                               |   |                        | lon Rd su<br>ip Code                                     | uite 10            | 12                        |              |                   |             |           |  |  |  |
| Scope of Work (Check All That Apply)                                      | ouse               |                                      | Kinnelon, NJ 07 |                                  |                               |   |                        |  | 5                  |                           |              |                   |             |           |  |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                                      |                    | enova<br>emoliti                     |                 |                                  |                               | ×   | Mi                     | II Containm<br>ni-Enclosure<br>ovebag Prod<br>n-Exempted | e<br>cedure        |                           |              |                   | <b>*</b> 0  |           |  |  |  |
| Location of   |                    | Location or mall                     |                 |                                  | Des                           |   | ZZ Mon Excin           |  |                    |                           |              | Abatement<br>Type |             |           |  |  |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)         | Mai                | d Solel<br>ntenar<br>odial S<br>(12) | ice/            |                                  | tos Cont<br>thermal<br>surfac | escription of<br>taining Material (ACM)<br>I systems insulation,<br>cing, VAT, or<br>miscellaneous) |                        |  | (S                 | mount<br>pecify<br>or LF) | Remova       | Repair            | Encapsulate | Enclosure |  |  |  |
| hannent   | Yes                | No                                   | N/A             |                                  |                               |   |                        |  |                    |                           |              |                   | ite         | Ф         |  |  |  |
| basement  | -                  |                                      | X               | ba                               | semen                         |   |                        | ulk  |                    | 10 If                     | x            |                   |             |           |  |  |  |
| garage roof   | 1                  |                                      | Х               |                                  |                               | ng flash  | ning                   |  |                    | 4 sf                      | х            |                   |             |           |  |  |  |
| main roof   |                    |                                      | Х               |                                  | fla                           | ashing  | -11 S L                |  | 2                  | 0 sf                      | х            |                   |             |           |  |  |  |
| Name of Registered Waste Hauler<br>Yannuzzi Group                         |                    | Ha                                   | JDEP Water ID I |                                  | Cubic of Was                  | te  |                        | Name of I  | Registe            | red Landf                 | ill          |                   |             |           |  |  |  |
| City, State<br>kinnelon NJ  |                    |                                      |                 |                                  | Dispos<br>2/4/17              | al Date   | p                      | City, State<br>Morrisvi                                  |                    |                           |              |                   |             |           |  |  |  |
| Completed by<br>John Mucha  | Title<br>Projec    | t Mai                                | ng              |                                  | Si                            | gnature   | X (                    | .()  | be                 | /                         | ate<br>0/17/ | 16                |             |           |  |  |  |

| CK 298°  | 6 "                |                                    |                     | to NJAC 8:60                  |   |  | 10)4   |                               | 3              | ₩                 | 듸                    | $\mathbb{N}$     |  |  |  |  |
|--|--------------------|------------------------------------|---------------------|-------------------------------|---|--|--|-------------------------------|----------------|-------------------|----------------------|------------------|--|--|--|--|
| Date of Notification (1)<br>1/18/17  |                    |                                    |                     | f Building Own<br>of New Jers |   | (2)  |  | JAN                           | 2 3 2          | 017               | more than the second | U                |  |  |  |  |
| Agencies Notified Type Notification  |                    |                                    | Street A<br>22 We   | ddress<br>st State Str        | eet                                     |  |  |                               |                |                   |                      |                  |  |  |  |  |
| EPA Initial Amended Amendment  | #                  |                                    | City, Sta           | ite, Zip Code<br>in, NJ       |   |  | AS   | BESTO:<br>LIC                 | S CON<br>ENSIN | G<br>G            | )&_                  |                  |  |  |  |  |
| DOH justification)  DCA Cancellatior   |                    |                                    |                     | Contact<br>Fernandez          | ·                                       |  | Te   | lephone N                     | lumber         |                   |                      |                  |  |  |  |  |
|  |                    |                                    |                     | LITY INFORM                   |   |  | - L  |                               |                |                   | -                    |                  |  |  |  |  |
| Name of Facility Where Abatement is Takir ABANDONDED FLOOD HOUSE   | g Place (3)        | )                                  |                     |                               |   | Type of Fa   |  |                               |                |                   |                      |                  |  |  |  |  |
| Street Address<br>1263 Ringwood Ave  |                    |                                    |                     |                               |   | Subch  | ool (K-12)<br>chapter 8 (Other than K-12)<br>or (i.e. private & commercial buildings, homes, |                               |                |                   |                      |                  |  |  |  |  |
| City (5)<br>Pompton Lakes, NJ  |                    |                                    |                     |                               |   | Square Fee   | are Feet # of Floors   |                               |                |                   |                      | Bldg. Age<br>50+ |  |  |  |  |
| County (6)<br>Passaic  |                    |                                    | County (            | Code (7) USE ONLY)            |   |  | e (Prior if be   |                               | ished)         |                   |                      |                  |  |  |  |  |
| Name of Monitoring Firm Hired by Building $N/A$  | Owner (8)          |                                    | ASCM                | 1 No.                         | / 5000                                  |  | ent Contractor (9)<br>rironmental Services   |                               |                |                   |                      |                  |  |  |  |  |
| Street Address   |                    |                                    |                     | Street<br>135                 | Rd suite 102                            |  |  |                               |                |                   |                      |                  |  |  |  |  |
| City, State, Zip Code  |                    |                                    |                     |                               |   | state, Zip Coo<br>elon, NJ 0   |  |                               | -11            |                   |                      |                  |  |  |  |  |
| Project Manager for Monitoring Firm  |                    | Telephor                           | ne No.              | Teleph                        | none No.<br>218-0880                    | *  | License<br>01228   | No.                           |                |                   |                      |                  |  |  |  |  |
| Start Date (10)<br>1/31/17   | Schedule<br>2/2/17 | d Con                              | pletion [           | Date (11)                     | 700000000000000000000000000000000000000 | of OSHA Mo<br>nuzzi Envir  |  | Service                       | s              |                   |                      |                  |  |  |  |  |
| Occupancy Status During Abatement (Chec  |                    | 35<br>                             |                     |                               |   | Address<br>Kinnelon F  | d suite 1  | 72                            |                |                   |                      |                  |  |  |  |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe: abandonded flood h | nal Facility       | batem<br>Hours                     | ent                 |                               | City, S                                 | tate, Zip Coo<br>elon, NJ 0  | le   |                               |                |                   |                      |                  |  |  |  |  |
| Scope of Work (Check All That Apply)   |                    |                                    |                     |                               | ,   Killii                              | eion, No o   | 7400   |                               |                |                   |                      |                  |  |  |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | processor.         | enova<br>emoliti                   |                     |                               | in the second                           | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |  |                               |                |                   | e                    |                  |  |  |  |  |
| Location of  | 11 (28)            | _ocati                             |                     |                               | Description                             |  |  |                               |                | Abatement<br>Type |                      |                  |  |  |  |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  | Mair               | Solel<br>ntenar<br>odial S<br>(12) | ice/                | (i.e. ther                    | Containing N                            | faterial (ACN<br>s insulation,<br>T, or  | (  | Amount<br>Specify<br>F or LF) | Remova         | Repair            | Encapsulate          | Enclosure        |  |  |  |  |
|  | Yes                | No                                 | N/A                 |                               |   |  |  |                               |                |                   | ite                  | Ф                |  |  |  |  |
| basement   |                    |                                    | Х                   |                               | flue ceme                               | ent  |  | 6 sf                          | X              |                   |                      |                  |  |  |  |  |
| living area  |                    |                                    | Х                   |                               | vat                                     |  |  | 30 sf                         | x              |                   |                      |                  |  |  |  |  |
| exterior   | -                  |                                    | Х                   | chi                           | mney flas                               | shing  |  | 8 sf                          | x              |                   |                      |                  |  |  |  |  |
| Name of Registered Waste Hauler<br>Yannuzzi Group  |                    | H                                  | JDEP Wauler ID 7467 |                               | bic Yards<br>Waste                      |  |  |                               |                |                   |                      |                  |  |  |  |  |
| City, State<br>kinnelon NJ   |                    |                                    |                     | 100000                        | posal Date                              | 15500000   | State<br>rrisville P   | Ą                             |                |                   | 0.500                |                  |  |  |  |  |
| Completed by   | Title              | t Ma                               | na                  |                               | Signature                               | 1./ V  | /1,00  |                               | Date           | 16                |                      |                  |  |  |  |  |

State of New Jersey

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|--------|---|-----|
| 1 11 ) |   | 1/  |
| 1 10   |   | X   |

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

|  | Print | Form |
|--|-------|------|
| Name of Street, or other Designation of the last of th |       |      |

|  |   |                             | V                         |  | to None  |                   |                 |                    |  | IIn      |                            |             |                 |             |           |  |  |  |
|--|---|-----------------------------|---------------------------|--|--|-------------------|-----------------|--------------------|--|----------|----------------------------|-------------|-----------------|-------------|-----------|--|--|--|
| Date of Notification (1) 1/20/16   |   |                             |                           | of Building<br>angfan                                      |  |                   |                 | JAN                | 2  | 3 20     | )17                        |             |                 |             |           |  |  |  |
| Agencies Notified  X EPA   | Type Notification   |                             |                           | Street A   | Address<br>V 57th S  | Street, #         | 906             | ASBESTOS CONTROL & |  |          |                            |             |                 |             |           |  |  |  |
| DEP<br>× DOL   | Amended Amendmen  |                             | _                         |  | ate, Zip C<br>York, N  |                   | 9               |                    |  |          | LI                         | CEN         | SING            | 1.02        |           |  |  |  |
| DOH DCA  | Emergency justification Cancellation                                | ,                           |                           |  | of Contact<br>er Gabo  |                   |                 | Telephone Number   |  |          |                            |             |                 |             |           |  |  |  |
|  |   |                             |                           | FAC  | ILITY INF  | ORMAT             |                 |                    |  |          |                            |             |                 |             |           |  |  |  |
| Name of Facility Where Former Marshall's S   | Abatement is Takir<br>Store   | ng Place (3                 | )                         | Type of Facility (-  |  |                   |                 |                    |  |          |                            |             |                 |             |           |  |  |  |
| Street Address<br>1139 - 1151 Hambu  | urg Turnpike  |                             |                           |  |  |                   |                 | Subchapter         | pter 8 (Other than K-12)<br>.e. private & commercial buildings, homes, |          |                            |             |                 |             |           |  |  |  |
| City (5)<br>Wayne  |   |                             |                           | The second   |  |                   |                 | Squa<br>35,0       | are Feet   | # 0      | f Floors                   |             | Bldg. Age<br>50 |             |           |  |  |  |
| County (6)<br>Passaic  |   |                             |                           | County Code (7) Current Use (F (STATE USE ONLY) unoccupied |  |                   |                 |                    |  |          | ing demolis                | hed)        |                 |             |           |  |  |  |
| Name of Monitoring Firm<br>Acer Associates   | Name of Monitoring Firm Hired by Building Owner (8) Acer Associates |                             |                           |  |  |                   |                 | of Ab              | atement Cor<br>es, LLC   | ntractor | (9)                        |             | TREE S. S.      |             |           |  |  |  |
| Street Address<br>1012 Industrial Driv   |   |                             |                           |  | Street   | Addre             |                 | liahwa             | av. Suite  | 500      |                            |             |                 |             |           |  |  |  |
| City, State, Zip Code<br>West Berlin, NJ 08  |   |                             |                           |  | City, S  | tate, 2           | Zip Code        |                    |  |          |                            |             |                 |             |           |  |  |  |
| Project Manager for Mon<br>Matt DePalma  |   | Telepho<br>856-80           | ne No.<br>09-1202         |  | Teleph   | one N             | lo.             |                    | License N  | No.      |                            |             |                 |             |           |  |  |  |
| Start Date (10)<br>12/16/16  |   | Schedule<br>02/10/1         | d Con                     |  |  |                   | Name<br>EMS     |                    | HA Monitor   |          |                            |             |                 |             | -         |  |  |  |
| Occupancy Status During  |   |                             |                           |  | Street   | Addre             | ss<br>e 130 Nor | th                 |  |          |                            |             |                 |             |           |  |  |  |
| Facility Closed/Vaca Abatement Performe Other – Describe:  | ated During Entire<br>ed Outside of Norr                            | Period of A<br>nal Facility | baten<br>Hours            | nent   |  |                   | City, S         | tate, Z            | ip Code  |          |                            |             |                 |             |           |  |  |  |
| Scope of Work (Check Al  | Il That Apply)  |                             |                           |  |  |                   | Ollina          | aiiiii             | 5011, 110  |          |                            |             |                 |             |           |  |  |  |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>   |   | _                           | enova<br>emolit           |  |  |                   | ×               | Mi<br>Gl           | Il Containme<br>ni-Enclosure<br>ovebag Prod<br>n-Exempted              | edure    |                            |             |                 | · e         |           |  |  |  |
|  |   | ls.                         | Locati                    | 0.0  |  |                   |                 | 140                | II-LXeIIIptet  | JIE FIC  | Abatement                  |             |                 |             |           |  |  |  |
| Location<br>Asbestos-Containing  |   | N                           | Locati<br>ormall<br>Sole  | у  | Ashoo  | Des               | scription       |                    | LACM   |          |                            |             |                 | /pe         |           |  |  |  |
| TO BE ABA<br>In Facili<br>(13)   | TED   | 100                         | ntenar<br>odial S<br>(12) |  |  | thermal<br>surfac |                 | insul<br>T, or     |  | (8       | mount<br>Specify<br>or LF) | Remova      | Repair          | Encapsulate | Enclosure |  |  |  |
|  |   | Yes                         | No                        | N/A  | in the second se |                   |                 |                    |  |          |                            | /al         | =               | ılate       | ure       |  |  |  |
| Retail A   | rea   |                             |                           | X  |  | Cei               | iling Ti        | le                 |  | 28,0     | 000 SF                     | X           |                 |             |           |  |  |  |
| Retail A   |   |                             |                           | X  |  | Floor             | tile ma         | astic              |  | 31,0     | 000 SF                     | Х           |                 |             |           |  |  |  |
| Back Offi  | ces   |                             |                           | X  |  | Floor             | tile ma         | stic               |  | 2        | 3 SF                       | X           |                 |             |           |  |  |  |
| The state of the s |   |                             |                           |  | aste<br>No.  | Cubic '           |                 |                    | Name of I  | Registe  | red Landfil                |             |                 |             |           |  |  |  |
| waste Management of Central NJ   |   |                             |                           |  | 110.   | 150               |                 |                    |  |          | Mercer S                   | cale        |                 |             |           |  |  |  |
| City, State<br>Trenton, NJ   |   |                             |                           |  |  | Dispos<br>TBD     | al Date         |                    | City, State<br>Morrisvi  |          | A                          |             |                 |             |           |  |  |  |
| Completed by<br>Jack Bally   |   | Title<br>Sr. Pr             | oject                     | Manag  | ger  | Si                | gnature         | li                 | Balli  | 1 al     | 1 1                        | ate<br>20/1 | 7               |             |           |  |  |  |
| ASB-41 (R-06-08)   |   |                             |                           |  |  |                   | · Bo no         | t use t            | his form for   | 1        | Was to                     | e exer      | npted           | activit     | ies.      |  |  |  |

CK 2992

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| CK 2992   | N                     |                                     | FICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 12:120) |                          |  |   |  |                               |                               | E C             | E            |             |             | ٦      |  |  |  |
|---|-----------------------|-------------------------------------|--|--------------------------|--|---|--|-------------------------------|-------------------------------|-----------------|--------------|-------------|-------------|--------|--|--|--|
| Date of Notification (1) 1/18/17  |                       |                                     |  | of Building<br>f Paterso |  | Operator  | (2)  |                               | In                            | .141            | 1 2 3        | 20          | 17          |        |  |  |  |
| Agencies Notified Type Notificatio  | n                     |                                     |  | Address<br>Iarket St     | t  |   |  |                               | had been                      |                 |              |             |             |        |  |  |  |
| □ EPA □ Initial □ Amended Amendmei  | nt#                   | Ī                                   | 200  | ate, Zip Co<br>son, NJ   | ode  |   |  |                               | ASBESTOS CONTROL<br>LICENSING |                 |              |             |             |        |  |  |  |
| DOH Emergence   |                       |                                     | V.S. V.S. V.S. V.S. V.S. V.S. V.S. V.S.                          | of Contact               |  |   |  |                               | Tel                           | ephone N        |              |             |             |        |  |  |  |
| DCA Cancellation  | on                    |                                     |  |                          | ODMATI   | ON  | eritorit   |                               | 1                             |                 |              |             |             |        |  |  |  |
| Name of Facility Where Abatement is Tak ABANDONDED HOUSE  | ing Place (3)         | )                                   | FACILITY INFORMATION  Type of Facility  School (K-               |                          |  |   |  |                               |                               |                 |              |             |             |        |  |  |  |
| Street Address<br>141 East Holsman St   |                       |                                     |  |                          |  | ×   | Subchapte<br>Other (i.e.<br>etc.)  | r 8 (Oth                      |                               |                 | ldings       | , home      | es,         |        |  |  |  |
| City (5)<br>Paterson , NJ   |                       |                                     | Sc 18  |                          |  |   |  | re Feet                       | # of Floors Bldg. A 50+       |                 |              |             |             |        |  |  |  |
| County (6)<br>Passaic   |                       |                                     | County Code (7) Current Use (I STATE USE ONLY) Abandoned         |                          |  |   |  |                               | (Prior if being demolished)   |                 |              |             |             |        |  |  |  |
| Name of Monitoring Firm Hired by Building N/A   |                       | ASC                                 | M No.  |                          | The state of the s | of Aba  | tement Co  | ontractor (9) mental Services |                               |                 |              |             |             |        |  |  |  |
| Street Address  |                       | Street Address<br>135 Kinnelon Rd s |  |                          |  |   |  |                               | suite 102                     |                 |              |             |             |        |  |  |  |
| City, State, Zip Code   |                       |                                     |  |                          | ip Code<br>NJ 0740   | 5   |  |                               |                               |                 |              |             |             |        |  |  |  |
| Project Manager for Monitoring Firm   |                       | Telepho                             | ne No.   |                          | Teleph   | none No<br>218-0  | 0.   |                               | License<br>01228              | No.             |              |             |             |        |  |  |  |
| Start Date (10)<br>1/23/17  | Scheduled<br>2/6/17   | d Com                               | npletion   | Date (11)                |  |   |  | HA Monitor<br>Environn        |                               | Service         | S            |             |             |        |  |  |  |
| Occupancy Status During Abatement (Che  |                       | (A)                                 | 2000   |                          |  |   | Addres   | ss<br>Ion Rd si               | uite 10                       | 12              |              |             |             |        |  |  |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: abandonded house | mal Facility I        | batem<br>Hours                      | ent  |                          | _  | City, S   | tate, Zi   | p Code<br>NJ 0740             |                               |                 | *            |             | 8           | $\neg$ |  |  |  |
| Scope of Work (Check All That Apply)  | 15-17                 |                                     | Tallinoidi, No di Te   |                          |  |   |  |                               |                               |                 |              |             |             |        |  |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |                       | enovat<br>emoliti                   |  |                          |  | ×   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                               |                               |                 |              |             |             |        |  |  |  |
|   |                       | ocation                             | Warner   |                          |  |   |  |                               |                               |                 |              |             | ement<br>pe |        |  |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                                | Used<br>Mair<br>Custo | Solel                               | y by<br>nce/   |                          | tos Conta<br>thermal<br>surfac   | Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous) |  |                               | A<br>(S<br>SF                 | Removal         | Repair       | Encapsulate | Enclosure   |        |  |  |  |
|   | Yes                   | No                                  | N/A  |                          |  |   |  |                               |                               |                 |              |             | е           |        |  |  |  |
| ENTIRE STRUCTURE  |                       |                                     | X  | EN                       | NTIRE  | STRU  | CTUF   | RE                            |                               | - 5 (A) (A) (A) | X            |             |             |        |  |  |  |
|   |                       |                                     |  |                          |  |   |  |                               |                               |                 |              |             |             |        |  |  |  |
| Name of Registered Waste Hauler<br>Yannuzzi Group   |                       | Ha                                  | JDEP Wauler ID<br>467  | STREET, STATE OF         | Cubic `of Was  | ite   |  | Grows                         |                               | red Landf       | iii          |             |             |        |  |  |  |
| City, State<br>kinnelon NJ  |                       |                                     |  |                          | 2/6/17   | al Date   |  | City, Stat<br>Morrisv         |                               |                 |              |             |             |        |  |  |  |
| Completed by<br>John Mucha  | Title<br>Project Mang |                                     |  |                          |  |   |  | 1. M.                         | den                           |                 | ate<br>/18/1 | 7           |             |        |  |  |  |

|  | Glovebag Procedure Non-Exampted (*) and Non-Friable Procedure |                             |           |             |  |                                 |                    |        |                   |        |   |  |  |  |
|--|---|-----------------------------|-----------|-------------|--|---------------------------------|--------------------|--------|-------------------|--------|---|--|--|--|
| Location of  |   | Locati<br>Normal<br>ad Sole | y         |             | Description of   |                                 |                    |        | Abstement<br>Type |        |   |  |  |  |
| Asbestos-Containing Majoriel (ADM) TO BE ABATED In Facility (13)       | Maintenance/<br>Custodial Staff7<br>(12)                      |                             |           |             | estos Conteining Meter<br>e. (harmal systems Instante), VAT, o<br>surfacing, VAT, o<br>other macellaneou | Amount<br>(Specify<br>SF or LF) | Removal            | Raypal | Encapsulate       | Empowe |   |  |  |  |
|  | Yas   | No                          | N/A       |             |  |                                 | 1                  | -      | 8                 | 7      |   |  |  |  |
| ENTIRE STRUCTURE   |   |                             | X         |             | ENTIRE STRUCT  | URE                             | ,                  | x      |                   |        |   |  |  |  |
|  |   |                             |           | -           |  |                                 |                    |        |                   |        |   |  |  |  |
|  |   |                             |           |             |  |                                 |                    | +      |                   |        |   |  |  |  |
| Name of Registered Weate Hauter Yannuzz! Group City, State kinnelon NJ |   | H                           | IDEP W    | sate<br>No. | Cubic Yards<br>of Weste<br>10  | Name of<br>Grows                | Registered Lendfil | I      |                   |        |   |  |  |  |
|  |   | 1                           |           |             | Disposal Date<br>2/8/17  | City, Sta<br>Morries            |                    |        |                   |        | - |  |  |  |
| Completed by   | Tille   |                             | A SHARWAY |             | Clark Maria  |                                 |                    |        |                   |        |   |  |  |  |

Project Mang

Signature

Date

6 not use this form for asbestos licensure exempted ectivities,

1/18/17

A88-41 (R-66-08)

John Mucha