| Date of Notification (1) July 14, 2015 | | | | | Building C | | perator | (2) | | CI | neck # 2 | 2220 | | | |
|--|---|-----------|--------------------|---------------------|-------------------------|-----------------|------------------------|-----------------|--|-------------|-------------------|-----------|------------|--------------|-----------|
| Agencies Notified | Type Notification | | | Street Ad | | uon | 2 F 1 | 5 0 | 1 17 1 | + C: | 12.6 | -220 | | | |
| <u> </u> | x Initial | | 1100 | | arket Str | eet | | | | | | | | | |
| EPA DEP DOL | Amended Amendment | | | | te, Zip Coo en, NJ 0 | | | | LICERT | | i. | | | | |
| DOH DCA | Emergency (justification) Cancellation | including | | Name of | Contact | | | | | | ephone N | umber | | | |
| | | | | FACI | LITY INFO | RMATI | ON | | | | | | | | |
| Name of Facility Where | | Place (3 | 3) | | | | | Тур | e of Facility (| 4) | | | | | |
| The Hadley House Street Address | | | | | | | | | School (K-1 Subchapter | | or than K | 12\ | | | |
| 5300 North Park D | rive | | | | | | | × | Other (i.e. p | | | | lding | , hom | es, |
| City (5) | | | | | | | | Squ | etc.) are Feet | # 01 | Floors | | Bldg. | Age | |
| Pennsauken | | | | | | | | 5,0 | | 2 | | | 100 | | |
| County (6) Camden | | | | County (| Code (7) USE ONLY) | | | | rent Use (Prio staurant | or if bei | ng demoli | ished) | | | |
| Name of Monitoring Firr | n Hired by Building (| Owner (8) | | ASCN | 1 No. | | Name | of Ab | atement Con | tractor | (9) | | | | |
| TTI Environmental | , Inc. | | | | | | Shad | de Er | nvironmen | tal, LL | _C | | | | |
| Street Address 1253 N. Church St | reet | | | | | | Street 623 | | ess er Avenue | | | | | | |
| City, State, Zip Code Moorestown, NJ 08 | 3057 | | | | | | | | Zip Code nade, NJ 0 | 8052 | | 111-72 | | | |
| Project Manager for Mo | | | | Telepho | | | Teleph | none I | No. | | License | Sammaren. | | | _ |
| Jim Guilardi | | Cabadul | - 1/2 | | 10-8800 | | 1000000000 | No. of Contract | 0099 SHA Monitor | | 00842 | | | | |
| Start Date (10) July 25, 2015 | 2 | Augus | | | Date (11) | | | | nalytical, In | C. | | | | | |
| Occupancy Status Durir | ng Abatement (Chec | k Only Or | ne) | 200 Route 130 North | | | | | | | | | | | |
| | cated During Entire Fined Outside of Norm | | | atement | | | | | | | | | | | |
| Other - Describe: | | | | • | | _ | 100000 | | nson, NJ 0 | 8077 | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | Renova Demolit | | | | 2 | M G | ull Containme lini-Enclosure Blovebag Prod | e cedure | π. | | | | |
| | | _ | | | Γ | | L | _ N | lon-Exempted | d (*) an | d Non-Fri | able Pr | 51.51.0000 | Service | |
| 20 0000 | | | Locati Normal | | | | | | | | | | | temen ype | |
| Locatio Asbestos-Containing | | Use | ed Sole | ly by | Asbest | | scriptior taining N | | al (ACM) | А | mount | | | _ m | |
| TO BE AE | | | intena todial S | | (i.e. | | system cing, VA | | | | Specify or LF) | Remova | Re | Encapsulate | Enclosure |
| (13) | | | (12) | | | | niscellar | | | | 0. 2. / | loval | Repair | sula | osure |
| | | Yes | No | N/A | | | | | | | | | | te | |
| Electrical | Electrical Room | | | | | F | Plaster | | | 2 | 0 SF | X | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Wa | ste Hauler | | 1 1 1 1 1 1 1 1 | IJDEP W | | Cubic of Wa | Yards | | Name of | 1000 | | | | | |
| Freehold Cartage | | | | | .10. | 2 | | | Cumbe | rland | County | Landi | ill | | |
| City, State Freehold, NJ | | | | 10 | | Dispo: 8/1/2 | sal Date 015 | | City, State Newbur | | | | | | |
| Completed by | | Title | | | | 9 | Signature | 9 | 00 | λ | | Date | | | |
| Christina Lynch | | Oper | ation | s Mana | ager | 1 (| NA | DV | Ves | / | | 7/14/2 | U15 | | |

CK 2022

| Date of Notification (1) | , | Name | of Building | Owner/C | perator (2 | 2) | 05 | | | 7. | 7 | |
|---|----------------|----------------------|-------------|--------------|--------------------------|-------------------------------|--------------|--------------------|---------|-------------|-------------|-----------|
| Agencies Notified Type Notification | | Street | Address | (1 | 1036 | 21110 | 2815 | JUL] | T EF | 7. | 10 | |
| ☐ EPA ☐ Initial | | | 16 1 | 11 dec | dale | 2. Hue | <i>A</i> | | | ' ' | 40 | |
| DEP Amended Amendment | ± | | ate, Zip Co | | Λ) | 1 579 | 0 8 | 1162 | (() | 1.1 | Ξİ | |
| Emergency (i justification) | | | of Contact | u (| 10 | - 011 | Tele | phone Nu | mher | 10 | | |
| DCA Justification | | Eric F | Plackis | | | | 1. | | | | | |
| Name of Facility Where Abatement is Taking | Place (3) | FAC | ILITY INFO | DRMATI | | Type of Facility | (4) | 77.02 | | | | |
| Name of Facility Where Abatement is Taking | riace (3) | | | | | School (K- | | | | | | |
| Street Address | ١ | | | | | Subchapte | er 8 (Othe | | | ar | | |
| 76 hidelde | alett | ve | | | | Other (i.e. etc.) | · . | | | | (), | es, |
| City (5) Climmit | | | | | 3 | Square Feet | # of | Floors | B | ildg. A | | |
| County (6) | | County | Code (7) | | | Current Use (Pr | rior if beir | na demolis | hed) | 61 | 1 | |
| 100,00 | | | USE ONLY) | - | - | Momi | 2 | | | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) | ASC | M No. | | | f Abatement Co | | (9) | | | | |
| Street Address | | | | | Street A | Industries In | C. | | | | | |
| Sileet Address | | | | | | Box 915 | | | | | | |
| City, State, Zip Code | | | | | City, Sta | ite, Zip Code | | | 200 111 | | | |
| | | | | | | New Jersey | 08723 | | | | | |
| Project Manager for Monitoring Firm | | Telepho | one No. | | Telepho (732)8 | ne No. 399-7499 | | License N 01196 | lo. | | | |
| Start Date (10) | Scheduled (| Completion | Date (11) | | Name of | OSHA Monitor | r | | | | | |
| Occupancy Status During Abatement (Check | Only One) | - , (| 3 | | Street A | ddress | | | | -6320 | 2115 | |
| Facility Closed/Vacated During Entire P | eriod of Aba | itement | | | 0'' 0' | | | | | | | |
| Abatement Performed Outside of Normal Other – Describe: | al Facility Ho | ours | | | City, Sta | te, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | Ren | ovation | | | П | Full Containm | | Negative F | ressu | re | | |
| ≥160 sf or ≥260 lf | Dem | nolition | | | Н | Mini-Enclosus Glovebag Pro | 107100 | | | | | |
| | T | | T | 1000 | | Non-Exempte | | Non-Friat | le Pro | 7.75 | | |
| | | cation mally | | | | | | | | Abate Ty | ement pe | |
| Location of Asbestos-Containing Material (ACM) | Used S | Solely by enance/ | Asbest | | scription o aining Ma | f terial (ACM) | An | nount | | | т | |
| TO BE ABATED In Facility | Custodi | al Staff? | (i.e. | | systems i | nsulation, or | | pecify or LF) | Remova | Re | ncap | Enclo |
| (13) | (1 | (2) | | | niscellane | | | | ioval | Repair | Encapsulate | Enclosure |
| | Yes N | lo N/A | | | | 211/4 | | | | | ie | |
| | | | ASDE | stos | 100 | Horning | 200 | SF | 8 | | | |
| | | | Ver | Mil | Mil | e " | | | | | | |
| | | | | | | (4) | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP V Hauler ID | | Cubic of Was | | | | ed Landfill | | | | |
| Brick Industries Inc. | | 21602 | | | 4 | GROV | | | | | 11 | |
| City, State Brick, New Jersey | | | | Dispos | al Date | City, Sta | te | | | | | |
| Completed by | Title | | | S | ignature (| 3.100 | | Da | ite | 112 | 1 - | - |
| Eric Plackis | Preside | nt | | | (| | | | 7 | 115 | 111 | |

State of New Jersey

| NO (K | NO | | | N OF ASBES nt to NJAC 8:60 | | BATEMENT 20) | | | | | |
|---|--|--------------|--------------------|-----------------------------------|--|---|--|---------------------------------|----------------------------|---|-------------------|
| Date of Notification (1) July 13, 2015 | 5 | | | Name of Building | | erator (2) elena Parish | | | .9 C | tect | -) |
| f 1 - | ation al Notific ended No | | | Street Address | | Grove Avenue | 72 | | 9915 | | |
| [X] DOL Am [X] DOH [] Eme | endment a ergency (i fication) | # | | City, State, Zip Co | | n, NJ 08820 | 347 | | | | |
| [] | cellation | | EA.C | Charl | ene Cote | | Telephone Numbe | ;- · · | JJ J. " | | |
| Name of Facility Where Abatement is Taking St. Helena Schoo | |) | FAC | CILITY INFORM | AATION | Type of Facility (4 | School (k-12) | 7. | 7: 4:3 | 3 | #/ |
| | Paddress 930 Grove Avenue County (6) Edison Middlesex of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc. | | | | | [x] | Subchapter 8 (c Other (i.e., priv homes, etc.) | | | 611 | ldings, |
| City | | | | County Code (7) (STATE USE ONL | Y) | | # of Floors 1 if being demolished | | lg. Age | 50 | |
| Environmental Ta | | | | ASCM No. 0045 | | | | , Inc. | | | |
| 64 Broad Street City, State, Zip Code | | | Street A | | Route 9, Unit 6 | l | | | | | |
| Project Manager for Monitoring Firm | Edison Middlesex e of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc. t Address 64 Broad Street State, Zip Code Matawan, NJ 07747 ct Manager for Monitoring Firm Tom Geiger Tom Geiger duled Start Date (10) 7/14/15 7/24/ pancy Status During Abatement (Check only one) | | | | 755-] | 271 | | | | | |
| | Environmental Tactics, Inc. Address 64 Broad Street Inter, Zip Code Matawan, NJ 07747 Manager for Monitoring Firm Tom Geiger 732-290 Ided Start Date (10) 7/14/15 Incy Status During Abatement (Check only one) | | | on Date (11) | Name of | | 00624 S.L. Analytical | | | | |
| [X] Facility Closed/Vacate [] Abatement Performed | d During | Entire Perio | | | Street Ac | 1056 | Stelton Road | | | | |
| Other – Describe Scope of Work (Check all that apply) | | | | | | | away, New Jers | 5 | 354 | | |
| [x] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf | | [x] | Renovat Demolit | | [x] [] [] | Mini-Enclosure Glovebag Proces | nt with Negative Predure (*) and Non-Friable | | ure | | |
| | | Is Location | n | | Descriptio | n of | | Aba | tement | Туре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | restos-Containing Material (ACM) TO BE ABATED in facility (13) YES NO N | | | Asb M (i.e. insu | nestos-Con Material (A , thermal s lation, sur VAT, o er miscella | taining (CM) systems rfacing, r | Amount (Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Boiler room Boiler room | X | | | Surfacing (boi | | tion | 200 sf | Х | | | |
| John Toolii | X | | · · | Surfacing (bree | eching) | | 200 sf | X | | | |

| YES | Staff (12) NO | N/A | | insul | thermal syst ation, surface VAT, or miscellanee | ing, | or LF) | O V A L | I R | P S U L | O S U R E |
|--|-----------------------|--|--|--|--|--|---|---|---|---|--|
| X | | | Surfa | cing (boile | er insulation | n | 200 sf | X | | - | - |
| X | | | | | | | | | | | - |
| X | | | TSI (pipe insulation | | | | 700000000000000000000000000000000000000 | | - | | - |
| Х | | | | | | | SONTONOS SISTO | | - | - | - |
| N. | | | D No. Cubic Yards of Waste Name of Registe | | | | | Λ | | | |
| | | Disposal Date City, State | | | | | | | | - | |
| Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Title Project Man | | | Signature | | | / Juliayivallia | 1 | | | 5 | |
| | X X X X Title Project | YES NO X X X X NJDEP Wast 2 Title Project Manage | YES NO N/A X X X X NJDEP Waste Hauler II 20223 Disposa 7/27/1 Title Project Manager | YES NO N/A X Surfa X Surfa X TSI (X TSI (X TSI (Disposal Date 7/27/15 Title Signat Project Manager | X Surfacing (boiled X Surfacing (bree X TSI (pipe insular X TSI (pipe insular X TSI (pipe joints X TSI (pipe | YES NO N/A X Surfacing (boiler insulation X Surfacing (breeching) X TSI (pipe insulation X TSI (pipe joints) NJDEP Waste Hauler ID No. Cubic Yards of Waste 20223 4 Disposal Date 7/27/15 City, State Tullytown Title Project Manager | YES NO N/A X Surfacing (boiler insulation X Surfacing (breeching) X TSI (pipe insulation X TSI (pipe joints) NJDEP Waste Hauler ID No. Cubic Yards of Waste T.R.R.F. Disposal Date 7/27/15 City, State Title Project Manager Other miscellaneous) Number displayed by TSI (pipe insulation TSI (pipe joints) Cubic Yards of Waste Name of Register T.R.R.F. Disposal Date 7/27/15 Tullytown, Pennsylvania | YES NO N/A Surfacing (boiler insulation 200 sf | YES NO N/A Surfacing (boiler insulation 200 sf X X Surfacing (breeching) 200 sf X X Surfacing (breeching) 200 sf X X TSI (pipe insulation 100 lf X X TSI (pipe joints) 30 lf X NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. Disposal Date 7/27/15 Tullytown, Pennsylvania Title Project Manager Signature Date 7/13 | YES NO N/A Other miscellaneous) A L X Surfacing (boiler insulation 200 sf X X Surfacing (breeching) 200 sf X X TSI (pipe insulation 100 lf X X TSI (pipe joints) 30 lf X NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. Disposal Date 7/27/15 Tullytown, Pennsylvania Title Signature Date Project Manager Signature Date | YES NO N/A other miscellaneous) A L L L X Surfacing (boiler insulation 200 sf X X Surfacing (breeching) 200 sf X X TSI (pipe insulation 100 lf X X TSI (pipe joints) 30 lf X NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. Disposal Date 7/27/15 City, State Tullytown, Pennsylvania Title Project Manager Date 7/13/2015 |

NO CK

Project #

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| Check # | # 297 | 9 |
|---------|-------|---|
|---------|-------|---|

| | | 4 | (Pursu | ant to NJ | AC 8:60 a | and 12:12 | 20) | TChe | CK # 2 | 979 |) | | | |
|---|-------------------------------------|-----------------------|--------------|------------|-----------|---------------------|----------------------|-------------------------|---------------------------|-------------|---------|---|-----------|--|
| Date of Notification (1) | Name of Building Owner/Operator (2) | | | | | | | | | | | | | |
| 07/09/2015 | | | | dlesex | | порегаю | 2115 | JUL 17 | | | | | | |
| Agencies Notified Type Notif | ication | 00000 | | et Address | | | | | 1111 | . 0 | 1_ | | | |
| EPA Initial | | | 300 | Kenned | dy Drive | } | Å g | | | | | | | |
| DEP Amer | ided | | | State, Zip | | | | LICEN | - 17.16 | 10 | ы | | | |
| Emer | dment # gency (including | | Midd | dlesex, i | NJ 076 | 06 | | | 11 0 | | | | | |
| DOH justific | cation) | | | e of Conta | | | | Telep | hone Nu | mbe | r | | | |
| Cand | ellation | | | Mulvey | | | | 1 2. | 74.1. | 200 | | | | |
| Name of Facility Where Abatement is | Taking Place (| 3) | -/ | ACILITY II | NFORMA | TION | Tons of Early | | | | | | | |
| Middlesex HighSchool | , | 6 | | | | * | Type of Facil | 1-501370 50 | | | | | | |
| Street Address | | | | | | | School | (K-12) pter 8 (Other | 6la 10 d | . . | | | | |
| 300 Kennedy Drive | | | | | | | Other (i. | e. private & c | inan K-1. ommerci | 2) al bu | ıildind | is. ho | mes | |
| City (5) | | | | | | | etc.) Square Feet | | | | | | | |
| Middlesex, NJ | | | | | | | Oquare reet | # of FI | oors | | Bidg | Age | | |
| County (6) | 1 | | Coun | ty Code (7 | ") | | Current Use | Prior if being | damaliak | /204/ | | | | |
| Middlesex | | | (STAT | E USE ON | LY) | i | | , nor il bellig | demonsi | ieu) | | | | |
| Name of Monitoring Firm Hired by Bu | ilding Owner (8) | | AS | CM No. | | Name | of Abatement | Contractor (9) | | | | - | _ | |
| Brigs Associates | | | | | | | Restoration | | | | | | | |
| Street Address 3 Crosswicks Street | | | | | | | Address | | | - | | | | |
| City, State, Zip Code | | | | | | 72 Br | ookside Rd | 4 | | | | | | |
| Bordentown, NJ | | | 12.5 | | | City, S | tate, Zip Code | | | | | | | |
| Project Manager for Monitoring Firm | | | | | | Rand | olph NJ 07 | 7869 | | | | | | |
| Michael Hoodak | | | | none No. | | Teleph | one No. | | cense No |), | | 111111111111111111111111111111111111111 | | |
| Start Date (10) | Cabadula | 4.00 | (609) | 298-552 | 20 | | 33-2550 | 01 | 133 | | | | | |
| 07/09/2015 | Schedule 07/11/2 | | npletio | n Date (11 |) | | of OSHA Monit | | | | | | | |
| Occupancy Status During Abatement (| Check Only One | 012 | | | | | nvironment | al | | | | | | |
| Facility Closed/Vacated During En | | | | | | 2333 F | Address | | | | | | | |
| | Normal Facility | baten Hours | nent | | | | | 1 | | | | | | |
| Other - Describe: | | - | | | | | ate, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | OTHOIT, | NJ 07083 | | | | | | | |
| ≥3 sf or ≥3 lf | Pe Re | enova | tion | | | П | Eull Contoi- | | MARK - \$ 0000 Min - 2000 | | | | | |
| ≥160 sf or ≥260 lf | De | emolit | ion | | | | Mini-Enclosu | ment with Neg are | gative Pr | essu | ire | | | |
| | | | | | | | Glovebag Pr | ocedure | 26.00 | | | | | |
| | ls I | ocati | nn n | | | | Non-Exempl | ed (*) and No | n-Friable | Pro | | | | |
| Location of | No | ormall | V | | Doc | - utust | | 4 | | | Abate | emen pe | t | |
| Asbestos-Containing Material (ACM TO BE ABATED | Used Main | Solei tenan | y by | Asbes | stos Cont | cription of | terial (ACM) | Amou | | /0 | | - | | |
| In Facility | Custo | dial S | taff? | (i.e | . thermal | systems ing, VAT | insulation | (Speci | fy | R | 71 | Enc | I. | |
| (13) | | (12) | | | other m | iiscellane | , or ous) | SF or L | F) | Remova | Repair | Encapsulate | Enclosure | |
| | Yes | No | N/A | 1 | | | 39 | | | /al | = | ulate | ure | |
| ipe Chase, Room 220 | | 30 | | Flhou | insulati | | | | | | | | | |
| cience Storage Room | | | | | | | | 7LF | | × | | | | |
| and the com | | 30 | | Lab tal | ole- No | n friabl | е | 24 SF | | x | | | į. | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | | | | A10 | | | | + | | - | | |
| | | | DEP Wuler ID | | Cubic Y | | Name of | Registered L | andfill | | | | | |
| ick Restoration LLC | | 782 | 140. | of Wast | е | G.R.O. | | | | | | | | |
| City, State Randolph, NJ 07869 | | | | | Disposa | I Date | | | | Vo | | | | |
| | | | | | TBD | | 1 3, | | | | | | | |
| Completed by | Title | Signafure / Signafure | | | | | _ | | | | | | | |
| vira Mrda President | | | | | E | WIK | 7 1/011 | e, | Date 07/09 | 1/20 | 15 | | | |
| | L'iesident | | | | | | t Ellia Verce 07 | | | | | | | |

Date severales

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

Rene

| Date of Notification (1) | | | | Name | of Building | Owner/Operator (2 | 2) 9 | fis | | | | | | |
|--------------------------------|---------------------------|------------|-----------------|------------------------|-------------|--|-----------------------------|-----------------------|----------|--------|-------------|-----------|--|--|
| 06/30 | _ / | 15 | | Jos | eph and | Ahuva Seidenfe | ld (1 | 915 JUL 17 A | H 8 | : 111 | | | | |
| Agencies Notified Type | e Notificatio | on | | Street | Address | | A | N 6. | | | | | | |
| | nitial | | - 1 | 96/1 | 00 Ridge | e Ave | | ni irgs La | F111 | 201 | | | | |
| | mended | . mal | Ì | City, S | tate, Zip C | ode | | 9 11-Engl | 10 | ·UL | | \neg | | |
| | mendment | 100 | | Pas | saic, N.J | . 07055 | | | 1 1 | | | Ì | | |
| | mergency ustification) | | | Name | of Contact | t | | Telephone Number | er | - | | | | |
| | Cancellation | | | Jos | eph and | Ahuva Seidenfe | ld | | | | | | | |
| | | | | FAC | ILITY IN | FORMATION | | | | | | | | |
| Name of Facility Where Abater | ment is Tak | king Place | (3) | | | | Type of Facility (| 4) | | | | _ | | |
| Resident | | | | | | | School (K-12 |) | | | | - 1 | | |
| Street Address | | | | | | | | (Other than K-12) | :=1 = | :1-1: | | | | |
| 96/100 Ridge Ave. | | | | | | | homes, etc.) | ivate and commerc | iai bu | liaing | S, | | | |
| City (5) | | | | | | | Square Feet | # of Floors | Blo | ig. Ag | ge | | | |
| Passaic, N.J. 07055 | | | | | | | 6,300Sf | 3 Floors | 1 | 95 yr | s. | | | |
| County (6) | | | | Coun | ty Code (7 | 7)(STATE USE ONLY) Current Use (Prior if being demolished) | | | | | | | | |
| US; Passica CO. | | | | | | | Resident | | | | | | | |
| Name of Monitoring Firm Hired | by Buildin | g Owner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | | |
| Ally Services, CO | | | | 021- | 0016 | Graham-Tech | n Environment | al Service, LLC. | | | | | | |
| Street Address | | | | | | Street Address | | | | | - | | | |
| 57 East Durham St. | | | | | | 14 Read Driv | е | | | | | | | |
| City, State, Zip Code | | | | City, State, Zip Code | | | | | | | | | | |
| Philadelphia, PA 19119 | | | | Sicklerville, NJ 08081 | | | | | | | | | | |
| Project Manager for Monitoring | Firm | | Tele | phone l | No. | Telephone No. | | License No. | | | | | | |
| Andy Miller | 8 | | 21 | 5-498 | -7538 | 856-318-1341 | | 01158 | | | | | | |
| Start Date (10) | | heduled C | omple | tion Da | te (11) | Name of OSHA M | lonitor | | | | | | | |
| 07 / 10 / 15 | <u> </u> | 08 / | 01 | _ / _ | 15 | Graham-Tech | n Environment | al Services, LLC | | | | | | |
| Occupancy Status During Abat | tement (Ch | eck only o | ne) | | 11 | Street Address | | | | | | \neg | | |
| ☐ Facility Closed/Vacated Du | - | | | | | 14 Read Drive | е | | | | | | | |
| Abatement Performed Outs | | | | | cribe | City, State, Zip Co | ode | | | | | | | |
| Time of Abatement: 7AM-1 | 1.30PIVI/_ | PIVI- | | Alvi | | Sicklerville, N | NJ 08081 | | | | | | | |
| Scope of Work (Check all that | apply) | | | | | П г | | | | | | | | |
| ☐ ≥3 sf or >3 lf | | ⊠ Re | novati | on | | ☐ Full Cont | tainment with Neg losure | ative Pressure | | | | | | |
| ☐ ≥160 sf or ≥260 lf | | ☐ De | | | | ☐ Glovebag | g Procedure | 42.7 | | | | İ | | |
| | | 1 1- | 1 | | | | mpted (*) and No | n-Friable Procedure | 1 | | 2000 | | | |
| Location of | | 488 | Locat Iorma | | | Description of | .f | | Ab | ateme | | уре | | |
| Asbestos-Containing Mater | rial (ACM) | | d Sole | | Asbe | stos Containing Ma | | Amount | Rer | Repair | Enc | Enc | | |
| TO BE ABATED IN Facility | | v | intena odial | | (i.e | ., thermal systems surfacing, VAT | | (Specify SF or LF) | Removal | air | aps | Enclosure | | |
| (13) | | | (12) | 1 | | other miscellane | | SF OI LF) | <u>B</u> | | Encapsulate | ıre | | |
| | | Yes | No | N/A | | | | | | | Ф | | | |
| Basement | | | \boxtimes | | Floor T | ile | | 900SF | | | | | | |
| Basement | | | | | Mastic | | | 900SF | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | П | | | | | |
| Name of Registered Waste Ha | uler | | N | JDEP \ | Vaste | Cubic Yards of | Name of Regis | tered Landfill | | | | | | |
| Graham-Tech Environm | | vice, LL | C H | auler II | | Waste | | orth Landfill & | Tully | towr | 1 | | | |
| City, State | | | | 00346 | 000 | Disposal Date | City, State | | - TO | | | | | |
| 14 Read Drive Sicklervil | le, NJ 080 | 081 | | | | | | entown Rd. Morr | isvil | le,P/ | A | | | |
| Completed By (Print or Type) | | Title | - | | | Signature | 1 0 1 | Dat | | | | | | |
| Vernice Graham | Ι, | Preside | nt | | | Valia | 0 X | 111 | F. 1 | . / | 2 | ,- | | |
| . omio oranam | | 1 100100 | | | | 110111 | L (1) | | Ul | 41 |) | 14 | | |



| Date of Notification (1) 07/10/15 | | | | | Building (| | | | | | / | 1 | | | | |
|--|-----------------------------|--------------------|----------------|----------------------|-------------------|------------------|---|------------------|-----------------------------|-----------------|---------------------|-----------|--------|--------------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street A | ddress | | | | | 2615 | HH , | 7 . | | | | |
| □ EPA | × Initial | | | | ounty Ro | | South | | | | UL I | 1 6 | | 7: 3 | 9 | |
| DEP | Amended | | | | te, Zip Co | | | | 2.1 | 4 | | | | | ., | |
| DOL | Amendment Emergency | | _ | | ere, NJ | J/823 | | | | Tal | ephone N | livebo | | 60 | 1 | |
| DOH DCA | justification) Cancellation | | | | Contact opher Pe | essolar | no | | | Tel | | | 1. | | | |
| □ bcA | Cancellation | | | | LITY INFO | | | | | | | | | | - | |
| Name of Facility Where | | g Place (3 |) | | | | | Туре | of Facility (| 4) | | | | | 7 | |
| Warren County Co. | urt House | | | | | | | | School (K-1 | | | | | | | |
| Street Address | | | | | | | | | Subchapter Other (i.e. p | | | | uild | inas. | home | es, |
| 413 Second St. | | | | | | | | <u>€</u> | etc.) | | | | | | | |
| City (5) Belvidere | | | | | | | | Squar 9600 | e Feet | 2 | f Floors | | | dg. A 00+ | ge | |
| County (6) | | | | County (| ode (7) | | | | nt Use (Prid | 100 | na demo | lished | | 001 | | |
| Warren | | | | | JSE ONLY) | | | Ourie | 111 036 (1 111 | JI II DE | ing demo | iio ica, | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | l No. | | Name | of Abat | tement Cor | tractor | (9) | | | | | |
| RK Occupational & | | | | 0090 |) | | Lesc | o Ser | vices Inc | | | | | | | |
| Street Address | | | | | | | 100000000000000000000000000000000000000 | Addres | | | | | | | | |
| 401 St. James Ave | | | 10 | | | | | Maple | | | | | | | | |
| City, State, Zip Code | 005 | | | | | | | | p Code | | | | | | | |
| Phillipsburg, NJ 08 | | | | T-1 | NI | | | 7.5 | , NJ 0705 | 0 / | License | - NIo | | | | |
| Project Manager for Mor Patrick McGuinnes | | | | Telephor | ne No. 54-4818 | | 744673333 | none No 406-7 | | | 01107 | | | | | |
| Start Date (10) | | Schedule | ed Con | npletion [| Date (11) | | Name | of OSH | IA Monitor | | | | | | | |
| 07/22/15 | | 07/27/ | 15 | | | | Lesl | aw Na | lodka | | | a a | | | | |
| Occupancy Status During | g Abatement (Chec | k Only On | ne) | | | | | Addres | 72. | | | | | | | |
| Facility Closed/Vac | | | | | | | | | | | | | | | | |
| Abatement Perform Other – Describe: | | nai Facility | Hours | 3 | | | | | p Code 1, NJ 070 | 57 | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | vvaii | ingtor | 1, 145 070 | 51 | | | _ | | | |
| × ≥3 sf or ≥3 lf | ai macrippiy) | X D | Renova | tion | | | |) Full | Containme | ent with | Negativ | a Prac | eur | | | |
| ≥160 sf or ≥260 lf | | - | emolit | | | | > | Min | i-Enclosure | 9 | Tivegativ | C 1 1C3 | Sui | - | | |
| | | | | | | | | | vebag Prod n-Exempted | | d Non-Fr | iable F | Proc | edur | е | |
| | | le | Locati | ion | | | | | | 1 / | | T | | Abate | ement | |
| Location | n of | 1 | Normal | ly | | De | scription | n of | | | | - | _ | Ту | ре | |
| Asbestos-Containing | Material (ACM) | | d Sole intenar | | | tos Cont | aining N | Material | | 950 | mount | | _ | | En | m |
| TO BE AB. In Facil | | | todial S | | (i.e. | thermal surfa | system cing, VA | | tion, | | Specify F or LF) | 1 | Remova | Repair | cap | nclo |
| (13) | | | (12) | , | | other r | niscellar | neous) | | | | 1 5 | EV | air | Encapsulate | Enclosure |
| | 0 | Yes | No | N/A | | | | | | | | | | | ю | 377.2 |
| boiler room | | | | * | | boile | er caul | king | | | 20sf. | * | | | | |
| boiler ro | boiler room | | | | | boile | er gasl | kets | | | 2sf. | * | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | • | | | | | | | |
| Name of Registered Was | | | (3)50 | IJDEP W lauler ID | | Cubic of Wa | | | Name of | | ered Land | dfill | | | | |
| Newark Carting Inc. | | | | 5409 | | 1 | | | G.R.O. | W.S | | | | | | |
| City, State | | | | | | | sal Date | | City, State | | | | | | | |
| Newark, NJ | | | | | | 07/28 | | | Morrisv | Morrisville, PA | | | | | | |
| Completed by | | Title President | | | | | Signature | | al_ | | | Date 07/1 | 0/4 | 5 | | |
| Leslaw Nalodka | | ries | uent | | | | 4 | 100 | - | | | UIII | UI I | J | | |

CK#2701

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

RECEIVED

| Date of Notification (1) 7/13/15 | | | ame of Building | Owner/Operato | or (2) 2015 J | UL 17 | AH 7: | | | | |
|---|----------------------|--|---|-------------------------|--|----------------|----------------------------|----------|-------------------|-------------|-----------|
| Agencies Notified Type Notification X | | Str 7: | reet Address 33 Mountair ty, State, Zip C | Blvd | 4.2 | 103 10EA | | 101 | | | |
| X DOL Amendment Emergency justification) □ DCA Cancellation | including | Na | pringfield, N ame of Contact illy | J 07081 | | Те | lephone Ni- | | | | |
| Name of Facility Where Abatement is Takin Shoprite Street Address | | | FACILITY INF | ORMATION | Type of Facility School (K | (-12) | ner than K- | | | | |
| 1153 Valley Rd City (5) Stirling | | | - | | | . private | & commerce | cial bui | Idings 3Idg. / | 50 H | es, |
| County (6) Morris | | | ounty Code (7) TATE USE ONLY |) | Current Use (F | rior if be | ing demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM No. | Ace | e of Abatement Co e Insulation Co | | r (9) | | | | |
| Street Address | | | | 95 | et Address Montrose Roa | ad | | | | | |
| City, State, Zip Code Project Manager for Monitoring Firm | | 1 - | Ib N- | Col | State, Zip Code ts Neck, N.J. (| 7722 | | | | | |
| Start Date (10) | Schodulad | | lephone No. etion Date (11) | 732 | phone No. 2-294-1757 e of OSHA Monito | _ | License 00029 | No. | | | |
| 7/23/15 Occupancy Status During Abatement (Chec | 8/3/15 | | elion Date (11) | | et Address | л | 11 | | | | |
| Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 7am-7pm | eriod of Ab | atemen | t | | State, Zip Code | | | | 7 | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | novation nolition | | | Full Contain Mini-Enclose Glovebag Pr Non-Exempt | ire ocedure | | | | e e | |
| Location of | [1] Projection | cation | | Descriptio | n of | | | | | emen /pe | t |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Maint Custod (| Solely because the solely becaus | Aspes | | Material (ACM) ns insulation, AT, or | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| indoor | | х | floortile w/r | nastic | 3 | 000sf | x | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler Ace Insulation Co., Inc. | | NJDEP Waste Cubic Yards Hauler ID No. of Waste 12086 5 | | | Name of Chrine | | ered Landfi | 11 | | | |
| City, State Colts Neck, New Jersey | 4 | | | Disposal Date 8/3/15 | | ate n,, PA | | | | | |
| Completed by Bree McGuire | Title Secreta | ary Tre | easurer | Signatur | | | Date 7/13/15 | | | | |

CK#27992

| Date of Notification (1) | | | Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORPORATION | | | | | | | | | |
|--|---|------------------------|---|--|--------------------------------|-------------------------------|------------------------|-------------------|----------|-----------|--------------|-----------|
| 7 / 13 15 | | | Janes St. | et Add | | | 5 VCC56 905 9000 | | | | | |
| Agencies Notified Type Notifica | tion | | | | | LL ROAD, K-15- | 1 1480 | 2015 JU | ILI | 7 | 6M | 7. 1 . |
| | otificatior ed Notific ation | | 100 | | , Zip Code PRTH, NEW | JERSEY 07033 | 1 1480 | lad <u>i</u> t. | 10 | ŭ į | 146 | . 41 |
| X DOH On Hole | | OTIFICAT | | ne of C | Contact GLER | | Telephone | Number (| I C.F | 14. | HYG | (1.05 |
| | | | FAC | ILITY I | INFORMAT | ION | - | | | | | |
| Name of Facility Where Abatement is T | aking Pla | ice (3) | | | | Type of Facility | y (4) | | | | | |
| MERCK SHARP & DOHME CORPORAT | ION | | | | | School (K Subchapt | -12) er 8 (Other th | nan K-12) | | | | |
| | | | | | | X Other (ie. | private & cor | mmcl. bldg | s., ho | - | | |
| Street Address 2000 GALLOPING HILL ROAD/ BUILDIN | G 6 LOW | ER LEVEL | | | | Square Feet 115,000 | # of Floo | ors | | BIG | dg. Ag 44 | e |
| City (5) County KENILWORTH UNION | (6) | | | | ode (7) E ONLY) | Current Use (P | rior if being d | lemolished |) | | | |
| Name of Monitoring Firm Hired by Build | | | (| _ | SCM No. | Name of Abate | | 나 없이 하다 하다면 하다니다. | ION | | | 1000= |
| Street Address | ATIONS, | INC. | | 1 | 17 | PAR ENVIRON Street Address | MENTAL CC | DRPORAT | ION | | | |
| 655 WEST SHORE TRAIL | | | | | | 313 SPOOK RO | OCK ROAD | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip | | | | | | |
| SPARTA, N | EW JERS | | Monther | | | SUFFERN, NE | | | | | | |
| Project Manager for Monitoring Firm WILLIAM KERBEL | | Telephone 201-489-8 | | | | Telephone Nun 845-369-7500 | nber | License N 1101 | umbe | Г | | |
| Expected State Date (10) | Sche | | tion Date | (11) | | Name of OSHA | Monitor | 1101 | | | | |
| 7 / 15 /15 Month Day Year | | 11 / nth | 30/ Day | | 15 Year | AMERISCI LAE | ORATORIE | S INC. | | | | |
| Occupancy Status During Abatement (Ch X Facility Closed/Vacated During Abatement Performed Outside | Entire P | eriod of Ab | | cribe. | | License Numbe 11480 | r | | | | | e |
| | | AY 7AM-3 | | onbo. | | State / phone n | umber | | | | | |
| | | | | _ |]_ " O | | | lersey/ 973 | -279-5 | 5649 | | |
| Scope of Work (Check all that apply) | Reno | vation | | Full Containment with Negative Pressure Mini-Enclot, | | | | | | | | |
| >3SF OR LF | | * | | X Glovebag Procedure | | | | | | | | |
| X >160 SF OR 260 LF | | | _ | х | | e Procedure | _ | | | | 25 - 10 - 10 | |
| Location of Asbestos-containing | 1 (4.000) | Location nally used | | | ription of Asl ning Materia | | Amour | nt 🗇 | _ | Abate | | Type 1 |
| Material (ACM) | 100000000000000000000000000000000000000 | olely by | | | Thermal sys | | (Specif | fy E | REPAIR | NO. | NCI | |
| TO BE ABATED | 100000000000000000000000000000000000000 | t/Custodial | i | | ion, surfacir | | SF or L | REMOVAL | Ħ | ENCAPSULE | SO | |
| in Facility (13) | Yes | taff (12) No N/A | | or our | ner miscella | neous) | | | | JLE | ENCLOSURE | |
| | | | | | | | | | | | | |
| KEN 006 | х | | PIPE FITT | rings | | | 4 LF | X | - | - | _ | |
| KEN 006 | x | | PIPE MAS | STIC | | | 10 SF | X | _ | - | _ | |
| KEN 006 | х | | VAT & MA | ASTIC | | | 535 SF | X | \vdash | - | | |
| | | | | | | | - | _ | +- | - | | |
| | - | | | | | | - | | - | \vdash | | |
| | | | | | | | - | - | \vdash | \vdash | | |
| | _ | | | | | | <u> </u> | | | | | |
| | | | | | | | 1 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | P Waste | Cubic Yar | | Vaste | Name of Regist | | | | | | 5111050 |
| FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 | 2.3338.0 | er ID No. 15939 | | 80 | | LYCOMING CC 447 ALEXANDE | | | ANAG | EMEN | II SE | HVICES |
| City, State | | . 5000 | Disposal [| Date | | City, State | | JUIL 10 | | | Salary. | |
| FREEHOLD, NEW JERSEY | | | 7/14/15-1 | | | MONTGOMER' | Y, PA 17752 | _ | | | | |
| | tle IRECTOF | R OF OPER | RATIONS | Signa | ature | | | Date | | | 31 | .8 |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification (1) July 13, 2015 | 5 | | Name of Building | | rator (2) t Wood Johnson U | Iniversity Hose | vital | | 7 | >- |
|--|---|-------------------------|---|---|---|--|---------------------------------|----------------------------|---|-------------------|
| Agencies Notified [X] EPA | ation al Notification ended Notification endment # ergency (including | | Street Address City, State, Zip Co | 110 R | ehill Avenue | 7075 JUL 17 | AH | 7: 4 | |) = |
| [] Can | cellation | | | Lussell | | ciepnone ivamoer | | | | |
| Name of Facility Where Abstement is Taking | Place (3) | FAG | CILITY INFORM | IATION | Type of Facility (4) | | | | | |
| The state of the s | | / Hospita | al | | [] | School (k-12) | | | | |
| Street Address 110 Rehill Avenu | ie | | | | [] | Subchapter 8 (of Other (i.e., priva homes, etc.) | | | ial build | iings, |
| City | County (6) | | County Code (7) (STATE USE ONL | Y) | Square feet 200,000 sf | # of Floors | Bldg | g. Age | 50 | |
| Somerville | Somerset | | | - 8 | Current Use (Prior in | being demolished |) | | 10 | |
| | Owner (8) | | ASCM No. | Name of | Hospita Abatement Contractor | (9) | | | | |
| EM & CA Street Address | - | | | Street Ad | | an Contracting, | Inc. | | F | |
| P O Box 872 City, State, Zip Code | | | | City Sta | 1889 R te, Zip Code | oute 9, Unit 61 | | | | |
| Somerville, NJ 08 | | | | | Toms I | River, New Jers | | 755-1 | 271 | |
| Joel Russell | cies Notified EPA | | | | e Number 9-9932 | 00624 | Number | | | |
| Scheduled Start Date (10) 7/24/15 | | | ion Date (11) | Name of | OSHA Monitor | I Analytical | | | | |
| Occupancy Status During Abatement (Check | only one) | | E.M.S.L. Analytical Street Address attement 1056 Stelton Road | | | | | | | |
| Abatement Performed Other – Describe | Outside of Normal | Facility Ho | ours | City, Star | te, Zip Code | 250000 | | estiles con- | | |
| | | | | | | way, New Jerse | | 54 | | |
| Scope of Work (Check all that apply) | | | | [] | Full Containment Mini-Enclosure | with Negative Pres | ssure | | | |
| | [x] | Renova | | [x] | Glovebag Procedu | | | | | |
| [] 2100 St of 2200 II | L J | Demol | T | l J | Non-Exempted (* |) and Non-Friable | | | | |
| | Is Locat | ion | * | Descrintio | n of | | | ement | Гуре | Г |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility | Normally Solely Maintenance/ Staff (12) | used by Custodial | Ast N (i.e ins | pestos-Cor Material (A ., thermal sulation, sul VAT, of er miscella | ntaining CM) systems rfacing, r | Amount (Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Wound care center | | X | Pipe fittings | | | 30 sf | X | | - | |
| | | | | | | | | | | |
| | | | | | | | | | | - |
| | NJDEP W | ste Hauler 20223 | ID No. Cubic Ya | rds of Wast | e Name of Registe | red Landfill | 1 | 1 | | |
| City, State Toms River, New Jersey | | Dispo: 7/28/ | sal Date | City, Sta | | 2 | 2 | | | |
| Completed by (Print or Type) | | | Signature | hel | - 1 | | Date 7/13 | 3/2015 | 5 | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| 7/13/2015 | | Name of Buildin | | | | | | | |
|---|---|------------------------------------|---|-----------------------------------|--|-----------|---------|---------|----------|
| | | | V W | V Construction I | | 0 | 17 | 23 | 30 |
| [X] EPA | tial Notification nended Notification nendment # | Street Address City, State, Zip C | Code | arpon Drive | BIS JUL 17 | £!; | 7:4 | 4 | |
| 1 | nergency (including tification) | | | y Beach, NJ 0875 | 51 & 1 75 12 | 7,44 | | S | |
| 1 | ncellation | Name of Contact Joe | | | Telephone Numbe | r | | | |
| Name of Facility Where Abatement is Takin | FA | CILITY INFOR | MATION | | | | | | |
| Residence | ig Place (3) | | | Type of Facility (4 | School (k-12) | | | | |
| Street Address 202 Eisenhower | Avenue | | | [x] | Subchapter 8 (c Other (i.e., priv homes, etc.) | | | | ildings, |
| City Ortloy People | County (6) | County Code (7) (STATE USE ON | LY) | Square feet 1200 sf | # of Floors | | dg. Age | e 60 | |
| Ortley Beach | Ocean | | - | Current Use (Prior Resid | if being demolished | i) | | - | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | ASCM No. | Name of | Abatement Contracto | | Inc | | | |
| Street Address | | | Street Ad | ldress | | | | | |
| City, State, Zip Code | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | | | | | |
| Project Manager for Monitoring Firm | Telephone Number | r | Telephon 732-349 | e Number | License 1 | | | 1271 | |
| Scheduled Start Date (10) 7/13/15 | Scheduled Completed 7/15/15 | tion Date (11) | | OSHA Monitor | 00624 | | | | |
| Abatement Performed | only one) d During Entire Period of Ab Outside of Normal Facility H | atement | Street Add | dress | L. Analytical Stelton Road | | | | |
| Other - Describe | | | City, State | | away, New Jerse | ey 08 | 854 | | |
| Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [X] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $ | [] Renova | | [] [] [x] | Mini-Enclosure Glovebag Proced | t with Negative Pres lure *) and Non-Friable l | | ure | | 0 |
| | To I neating | | | 2000 | | Aba | tement | Туре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | Asl (i.e inst | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF) O I P V R S A U L | | | | | | |
| Exterior | X | Asbestos sidin | g | | 700 sf | X | | Е | E |
| | | | | × | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. City, State | NJDEP Waste Hauler 20223 | 3 | rds of Waste | Name of Registe T.R.R.F. | red Landfill | | | | |
| Toms River, New Jersey Completed by (Print or Type) | Dispos 7/16/2 | 15 | City, State Tullytov | vn, Pennsylvania | | 1 | | | |
| Nicholas Fernicola | Project Manager | Signature | cho | (te) | 1 | Date 7/13 | 3/2015 | i | |
| | *Do not use this form | for asbestos licens | sure exempt | ed activities. | | | | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification (1) | | Name o | f Building | Owner/Oper | E11 | 7 | 1 | 77 | 0 | | | | |
|---|---|-----------------------|------------------------------|------------------------|---|---------------------|--------------------------|--------------------------------|--|----------|--------|------|----------|
| Aganaias Natified | ••• | | | | | Steve | Farrell 5 | pr d | 10 | 7) | 7 | | |
| Agencies Notified [X] EPA [DEP | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | l Notific | cation otification | | Street A | | | eldon Road | #16 JUL 17 | Har ; | . 44 | | |
| [x] DOL | Ame [x] Emer | ndment rgency (| | | | ate, Zip Co | | van, NJ 07747 | \$ 1/5 | . i, ^ ' | 151 | | |
| [X] DOH | r 2 | fication) ellation | | | Name o | f Contact Steve | Farrell | | Telephone Number | | | | |
| | | | | FAC | II CILITY I | INFORM | IATION | | | | | | |
| Name of Facility Where At | | Place (3 | 3) | 10 | | | | Type of Facility (4) | | | | | |
| | sidence | | | | | | | [] | School (k-12) | | | | |
| Street Address | 8 Richmond A | Vanua | | | | | | [x] | Subchapter 8 (of Other (i.e., prive | | , | | dings |
| City | 76 Kicilliolid A | | | | | | · · | | homes, etc.) | | | | umgs, |
| | | Coun | ty (6) | | County C (STATE | Code (7) USE ONL | Y) | Square feet 1000 sf | # of Floors | Bld | g. Age | 60 | |
| Ortley Beach | 1 | Oce | an | | | | | Current Use (Prior Reside | |) | | | |
| Name of Monitoring Firm 1 | | Owner (| 8) | | ASCM N | lo. | Name of | Abatement Contracto | | | | | |
| N/A Street Address | 1 | | | | | | C++ 4 3 | | ian Contracting | Inc. | | | |
| | | | | | | | Street Ad | | Route 9, Unit 61 | | | | |
| City, State, Zip Code | | | | | | | | e, Zip Code | | | | | |
| Project Manager for Monito | Т | Telephone | Number | | | Telephon | e Number | River, New Jers | | | 271 | | |
| Scheduled Start Date (10) | | | Schadulad | Completi | on Data (1 | 15 | 732-349 | | 00624 | | | | |
| 7/13/15 | | | 7/14/1 | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | | |
| Occupancy Status During A | | | | 1 641 | V 82 | | Street Ad | dress | Market Call To | | | | |
| [] Abat | lity Closed/Vacated tement Performed | 1 During Outside | Entire Perio of Normal Fa | d of Aba acility Ho | Ours | | | | | | | | |
| | er – Describe | | | | | | City, Stat | e, Zip Code | Mary Tone | nec |) = 1 | | |
| Scope of Work (Check all the | hat ample) | | | | - | | F 7 | | way, New Jerse | -TO | 534 | | |
| scope of work (check and | пат арргу) | | | | | | l J | Full Containmen Mini-Enclosure | t with Negative Pres | ssure | | | |
| | for≥3 lf | | [] | Renova | tion | | [] | Glovebag Proced | ure | | | | |
| [X] ≥160 | sf or ≥260 lf | | [x] | Demoli | tion | | [x] | Non-Exempted (| *) and Non-Friable | Procedi | ure | | |
| | | | | | | | | | | Aba | tement | Туре | |
| Location o | .f | | Is Location | | | | Description | | | R | R | E | E |
| Asbestos-Containing M | | Г | Normally us Solely by | | | | estos-Con laterial (A | | Amount (Specify SF | E | E | N | N |
| TO BE ABAT | | Main | tenance/Cu | | | (i.e. | , thermal s | ystems | or LF) | M | P A | CA | C L |
| in facility (13) | | | Staff (12) | | | insu | lation, sur | | | O V | I | P | 0 |
| (10) | | | (12) | | | othe | VAT, or er miscella | | | A | R | S | SU |
| YES NO N/A | | | | | | 27,750 | | | | L | | L | R |
| Exterior | | | X | | Asbes | tos sidin | g | | 850sf | X | - | Е | Е |
| | | | | | | | 0 | | 03031 | | | | \vdash |
| | | | | | | | | | | | | | \vdash |
| Name of P | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler ID 20223 | | | | | ID No. | Cubic Yar | rds of Waste | Name of Registe T.R.R.F. | red Landfill | | | | • |
| City, State | | | | Dispos | al Date | | City, Stat | re a | | | | | |
| Toms River, New Jersey 7/15/15 Completed by (Print or Type) Title | | | | | | те | Tullyto | wn, Pennsylvania | 1 | T . | | | |
| Completed by (Print or Type) Nicholas Fernicola Title Project Manager | | | | | Signature Date 7/13/2015 | | | | | | | | |

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification (1) | Name of Building Owner/Operator (2) Craig Wellerson | | | | | | | | | | |
|---|---|-----------------------|--------------------------|--|--|---|--|---------------------------------|----------------------------|-------------------|---|
| July 13, 2015 | | | | | Craig | | | | 7 | 72 | 8 |
| [] DEP [] Amer | l Notific nded No | otification | | Street Address City, State, Zip Co. | 00-20-00-00-00-00-00-00-00-00-00-00-00-0 | aglewood Avenue | 11 17 AM 7 | 7:44 | | | |
| [X] Emer | | including | | on,, oute, 2.p oo | | a Harbor, NJ 0873 | 4 | MUZ. | | | |
| I A I DON | ication) ellation | | | Name of Contact Craig | Wellerso | | elephone Number | | | | |
| į juon | <u> </u> | | FAC | CILITY INFORM | | | | | | | |
| Name of Facility Where Abatement is Taking Residence | Place (| 3) | THE | ALTT IN ORK | ATION | Type of Facility (4) | School (k-12) | | | | |
| Street Address 810 South Bayview | w Ave | nue | | | | [x] | Subchapter 8 (oth Other (i.e., privat homes, etc.) | | | al build | lings, |
| City | Cour | ity (6) | | County Code (7) (STATE USE ONL) | Y) | Square feet 2000 sf | # of Floors | Bldg | , Age | 50 | |
| Seaside Park | Oce | an | | | | Current Use (Prior if Residen | being demolished) | | | | |
| Name of Monitoring Firm Hired by Building (N/A | Owner (| (8) | | ASCM No. | Name of | Abatement Contractor (| 9) | T | | | |
| Street Address | | | | | Street A | ddress | n Contracting, | inc. | | | |
| City, State, Zip Code | | | | | City, Sta | te, Zip Code | oute 9, Unit 61 | | | | |
| Project Manager for Monitoring Firm | | Telephone 1 | Number | | | ne Number | License N | | 755-1 | 271 | |
| Scheduled Start Date (10) | | | | 732-349-9932 00624 Petion Date (11) Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| 7/13/15 Occupancy Status During Abatement (Check of | only one | 7/14/1 | 3 | | Street A | | . Analytical | | | | |
| [X] Facility Closed/Vacated [] Abatement Performed 0 | | - Military and Prints | | OUITS | | | | | | | |
| Other – Describe | | 011101111111111 | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | [] Full Containment with Negative Pressure | | | | | | | |
| [] >3 sf or ≥3 lf | | [] | Renova | tion | [] | Mini-Enclosure Glovebag Procedur | re | | | | |
| [X] ≥160 sf or ≥260 lf | | [x] | Demoli | tion | [x] | | | rocedu | re | | |
| | | 2000 MILES | | | 10 00 | | | Abat | ement | Гуре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Containing Material (ACM) TO BE ABATED in facility Solely by Maintenance/Custodia Staff | | | | Description Descri | ntaining ACM) systems rfacing, or | Amount (Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior | | X | | Asbestos sidin | g | | 1300 sf | Х | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler | NJDEP Waste | ID No. Cubic Ya | rds of Was | te Name of Register | ed Landfill | | | | | | |
| Guardian Contracting, Inc. 20223 | | | | | | T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | al Date | City, St. | ate own, Pennsylvania | | | | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | r | Signature | clas | 1-21 | f | Date 7/13 | 3/2015 | 5 | | | |

CKH2697 + CMP GOOD FISHER OF NEW JETSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

Attended

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

| Date of Notification (1) | ×. | | Name of Building Owner/Operator (2) Tom and Amanda Boulton 2015 JUL 17 AH 7: 45 | | | | | | | | | | | | | | |
|--|------------------------------|-------------------|---|---|------------|--|--|----------|-------------------------|----------|---------------------------|----------|--------|-------------|-----------|--|--|
| 7/10/15 | T Notification | | | Street Ac | | iua Di | Julion | | | | | | | | | | |
| Agencies Notified EPA | Type Notification Initial | | | | iterbury | Rd | | | .É | | 11.14 | | |)[_ | | | |
| × EPA × DEP × DOL | Amended | | 1.100 | | e, Zip Coo | | | | | 6 | LILER | SIR | la | | | | |
| × DOL | Amendment Emergency (| | | | runswic | k, NJ (| 08816 | | | | | | | | | | |
| □ DOH | justification) | morading | 1977 | | Contact | | | | | I Tel | enhane Mun | rher | | | | | |
| ☐ DCA | Cancellation | | | Tom | | | | | | 1 | 55, 550 | • | | | | | |
| Name of Facility Where | Abatement is Takin | Place (3) | | FACIL | ITY INFO | RMATI | ON | Type | of Facility (4 |) | | | | | _ | | |
| Boulton Residence | Abatement is Takin | g i lace (o) | | | | | | | School (K-12 | 200 | | | | | | | |
| Street Address | | | | | | | | | Subchapter 8 | | er than K-12 |) | | | | | |
| 75 Canterbury Rd | | | | | | | | 100 | Other (i.e. pr etc.) | ivate i | & commercia | al build | lings, | home | es, | | |
| City (5) | ¥6 | | _ | | | | | | re Feet | # 0 | f Floors | В | ldg. A | ge | | | |
| East Brunswick | | | | | | | | 1500 |) | 2 | | 5 | 5+ | | | | |
| County (6) | | | | County C | | | | | nt Use (Prio | r if bei | ng demolish | ed) | | | | | |
| Middlesex | | | (| STATE | ISE ONLY) | | | | dence | | | | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | No. | | | | tement Con | | (9) | | | | | | |
| | | | | | | | | | ation Co., | inc. | | | | | | | |
| Street Address | | | | | | | | Addres | ss se Road | | | | | | | | |
| City, State, Zip Code | | | - | | | | | | ip Code | | | | | | - | | |
| Oity, State, 2ip code | | | | | | | | 10.5 | k, N.J. 07 | 722 | | | | | | | |
| Project Manager for Mon | nitoring Firm | | | Telephor | ne No. | | | hone N | | Ž. | License N | ٥. | | | | | |
| | | | | | | | 1000000 | 294-1 | (0.427.6) | | 00029 | | | | | | |
| Start Date (10) 7/11/15 | | Scheduled 7/14/15 | Com | Completion Date (11) Name of OSHA Monitor | | | | | | N. | | | | | | | |
| Occupancy Status Durin | g Abatement (Chec | k Only One) | | Street Address | | | | | | | | | | | | | |
| Facility Closed/Vac | | | | ement | | | | | | | | | | | | | |
| Abatement Perform X Other – Describe: | | nal Facility H | ours | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Scope of Work (Check A | ш тпасмрргу) | | 100 | | | | Г | ٦ | | _4:41 | nt with Negative Pressure | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | | noval noliti | | | | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | | |
| [A] = 700 Si Gi = 200 ii | | | | | | | 3 | | vebag Proc | | 1 No Files | - D | | _ | | | |
| | | 1 | | | | | | NO INO | n-Exempted | (*) an | d Non-Friad | le Pro | | ement | | | |
| | | | ocation rmall | 1000 | | _ | | - | | | | | | ре | | | |
| Location Asbestos-Containing | | Used | Sole | y by | Asbest | | scription taining f | | (ACM) | F | mount | | | т | | | |
| TO BE AB | ATED | Maint | | 575.751 | | therma | system | s insula | | (| Specify | Re | Z. | nca | Enc | | |
| In Facil (13) | | | 12) | · can · | | | cing, VA niscella | | | S | F or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| (.5) | | Yes | No | N/A | | | | | | | | a | | ate | Ге | | |
| indoc | or | | | х | | floort | ile w/m | nastic | | ; | 300sf | x | | | | | |
| outdoo | ors | | | х | | site | clear | nup | | | 50sf | | | | | | |
| r | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | 12552 | JDEP W auler ID | | Cubic Yards Name of Registered Landfill of Waste | | | | | | | | | | | |
| Ace Insulation Co., | Inc. | | 1920 | 2086 | INO. | 2 | | | Chrins | | | | | | | | |
| City, State | | | | | | | sal Date | 9 | City, State | | | | | | | | |
| Colts Neck, New Jersey | | | | | | 7/14/15 Easton,, PA | | | | | | | | | | | |
| Completed by | | Title | an, | Treasu | rer | 1 | Sigpatur | LA. | Λ | | | | | | | | |
| Bree McGuire Secreta | | | | Treasurer 7/9/15 | | | | | | | | | | | | | |

RECEIVED

| Date of Notification (1) 7/13/15 | | | | Name o | of Building | Owner/ | Operator | (2) | 5 Jili | 17 AF | 7. | . 0 | | |
|---|-----------------------------|-------------|------------------|---|-------------|---------|------------------------------------|-------------------------------|-------------|------------------|----------------|----------------|-------------|-----------|
| Agencies Notified | Type Notification | | - | | Address | | | 0.000 | | 1 1 1-11 | <i>i i</i> • 1 | 45 | | |
| × EPA | × Initial | | 3 | 14 Ag | justa St | | | AS | dio | 0.11. | . Q | 01 | | |
| × DEP | Amended | | Ì | | ate, Zip C | | | | & LI | CEHSII | VG | 11. | | |
| × DOL | Amendment Emergency | | - | 100000000000000000000000000000000000000 | ille, Nev | | У | | | | | | 150 | |
| DOH DCA | justification) Cancellation | | | Name of Billy | of Contact | | | | l Te | lephone No | | | | |
| <u> Всх</u> | Caricellation | | | - | ILITY INF | ORMAT | ION | | | | 2 | | - | |
| Name of Facility Where | Abatement is Taking | g Place (3 | () | 1710 | | Ortilla | ion | Type of Facilit | y (4) | | | | | |
| Patel Residence | | | | | | | | School (H | | | | | | |
| Street Address 14 Agusta Street | | | | | | | | | | ner than K- | | ldinas | hom | 201 |
| City (5) | | | | | | | | etc.) | | | | 157000 | | |
| Denville | | | | | | | | Square Feet 2000 | 2 | of Floors | | 31dg. / 30+ | Age | |
| County (6) | | | T | County | Code (7) | | | Current Use (F | | ing demolis | | | | _ |
| Morris | | | | (STATE | USE ONL | n | | residence | | | <i>3</i> | | | |
| Name of Monitoring Firm | Hired by Building (| Owner (8) | | ASC | M No. | | 1 | of Abatement C | | r (9) | | 17 | | |
| Street Address | | | | | | | _ | Insulation Co | o., Inc. | | | | 14 | |
| Street Address | | | | | | | | Address Iontrose Roa | ad | | | | | |
| City, State, Zip Code | | | | | | | | tate, Zip Code | | | | | | |
| | | | | | | | | Neck, N.J. | 07722 | | | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | ne No. | | 10 25 | one No. | | License I | No. | | | |
| Charl Data (40) | r | | | | _ | | | 294-1757 | | 00029 | | | Less | - F-7-1 |
| Start Date (10) 7/22/15 | | 7/24/15 | | npletion | Date (11) | | Name | of OSHA Monite | or | | | | | |
| Occupancy Status During | g Abatement (Check | | | | | | Street | Address | | | | | - 69 | |
| Facility Closed/Vaca | ated During Entire P | eriod of A | baten | nent | | | | | | | | | | |
| Abatement Performe Other – Describe: 7 | ed Outside of Norm | al Facility | Hours | 5 | | | City, St | tate, Zip Code | | | | | | |
| Scope of Work (Check Al | Il That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | R | enova | ition | | | | Full Contain | ment with | Negative | Pressu | re | | |
| × ≥160 sf or ≥260 lf | | × D | emolit | ion | | | - | Mini-Enclosi Glovebag Pi | л ге | | | | | |
| | | | | | | | × | Non-Exemp | | d Non-Frial | ble Pro | cedur | е | |
| | | 27.55 | Locati | | | | | | | | | | ement | t |
| Location Asbestos-Containing | | | lormal d Sole | | ^ | | scription | | 1 | | - | 1) | ре | - |
| TO BE ABA | TED | | ntenar | | (i.e. | thermal | systems | laterial (ACM) insulation, | | mount Specify | _Z p | л | Enc | m |
| In Facili (13) | ty | Oust | (12) | man: | | | cing, VAT | | SF | or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | a | = | late | лге |
| roof | | | | X | | fl | ashing | | - | 500lf | x | | | |
| | | | | 1 | | | dorning | <u> </u> | - | 20011 | 1^ | | | |
| | | | | | | | - | | - | | | | | |
| | | | | | | | | | - | | - | | | |
| Name of Registered Wast | te Hauler | | I N | JDEP W | laste | Cubic | Varde | Name | of Pogieto | ered Landfil | | | | |
| Ace Insulation Co., Ir | | | Н | auler ID | | of Was | | Chrins | • | reu Lanuiii | | | | |
| City, State | | | 12 | 2086 | | 2 | -1 D-1- | 5356363 | | | | | | |
| Colts Neck, New Jers | sey | | | | | 7/24/ | al Date | City, St | | | | | | |
| Completed by Title | | | | | | | 7/24/15 Easton,, PA Signature Date | | | | - | | | |
| Bree McGuire Secretary T | | | | | irer | - | Dh | 4 | | 1 | /13/1 | 5 | | |
| | | | | | | | U" | | | | | | | |
| ASB-41 (R-06-08) | | | | | | | * Do not | t use this form for | or asbest | os licensur | e exem | pted | activit | ies. |

| | | | _ |
|---------|----|--|-----|
| Project | | | 1 |
| 10,000 | TT | | - 1 |

| Ch | ook | 44 | 2005 |
|----|-----|----|------|
| CI | eck | # | 3005 |

| Date of Notification (1) 07/10/2015 | | 10 | | Name o | of Building eton Pub | Owne | er/Operator | (2) (5) | JUL 1 | 7 88 | 7: 5 | 6 | | | | | |
|---|--|-------------------------------------|--------------------|------------------------------------|-------------------------|--------------|---------------------------------------|---|-------------------|--|-----------|--------|--------|---------|-------------|-----------|--|
| Agencies Notified | Tona Natification | | - | | | ilic 5 | cnools | | | | | | | | | _ | |
| Agencies Notified | Type Notification | | | | Address | | | 4.5 | | | 2 78 | 1.7 | | | | | |
| ☐ EPA | Initial | | Ŀ | | lley Rd | | | 8 964 | 5.16 | ¥., 5-5. | 1165 | | | | | | |
| DEP | Amended | | | | ate, Zip Co | | | | J. 4 14 | | | | | | | | |
| DOL | Amendment Emergency (| | - | | ton, NJ | 0854 | 40 | | | | | | | | | | |
| DOH | justification) | iricidaling | | Name o | of Contact | | | | | 1 | lanhane | Num | ber | | | | |
| DCA | Cancellation | | - 1 | Gary V | Veisma | า | | | | 1(60 | 19 1000 |)=4∠ | J | | | | |
| | | | | FAC | ILITY INF | ORMA | NOITA | | | | | | | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3 | 3) | | | | 48 | Туре | of Facility | (4) | | | | | | | |
| High School | | | | | | | | | School (K- | 12) | | | | | | | |
| Street Address | | | | | | 52 WF ~ | | | Subchapte | er 8 (Oth | | | | | | | |
| 151 Moore St | | | | | | | | | Other (i.e. | private | & comn | nercia | l buil | dings | hom | es, | |
| City (5) | | | | | | | | Saus | etc.) are Feet | 1#0 | of Floors | | TE | Bldg. A | ne | | |
| Princeton, N | J | | | | | | | Oque | iic i cct | " " | 1110013 | | - | nug. 7 | nge . | | |
| County (6) | | | | Countr | Code (7) | - | | Curr | ant Llan /Dr | dan if ha | in a dam | -li-l- | 1\ | | | | |
| | | | | | USE ONLY |) | | Curre | ent Use (Pr | ior ii be | ing dem | IOIISN | ea) | | | | |
| Mercer County | 11: 11 5 71: (| | | ** | | \$ \$k | | | | | | | | | | | |
| Name of Monitoring Firm | Hirea by Building (| Jwner (8) | 100 | ASCI | M No. | | | | atement Co | | (9) | | | | | | |
| AHERA | | | | | | | | - 10 LO S - 10 M. C | oration L | .LC | | | | | | | |
| Street Address | | | | | | | Street | Addre | SS | | | | | | | | |
| P.O BOX 385 | | | | | | | 72 Br | Brookside Rd | | | | | | | | | |
| City, State, Zip Code | | is. | | | | | City, S | State, Z | ip Code | | | | | | | | |
| Oceanville, NJ 0823 | 31 | | | | 35 | | Rand | olph | NJ 078 | 369 | | | | | | | |
| Project Manager for Mon | ct Manager for Monitoring Firm | | | | | | | hone N | | | Licens | se No | | | | _ | |
| John Smoyer | | | 10 | 609)6 | 52-1833 | 3 | 973-9 | 33-2 | 550 | | 0113 | 3 | | | | | |
| Start Date (10) | | Schedule | | | Date (11) | | | | HA Monitor | | 10110 | | | | | | |
| 07/11/2015 | | 07/13/2 | | | , | | | | onmenta | | | | | | | | |
| Occupancy Status During | | | | | | | Street | | | 41 | | | | - | _ | | |
| | 5 /9/ S | - 1 | | | | | 2333 | | 33 | | | | | | | | |
| Facility Closed/Vaca Abatement Perform | ated During Entire F ad Outside of Norm | eriod of A | Abaten | nent | | 1017 1017 | | | | | | | | | | | |
| Other - Describe: | ca Odiside of North | at i acility | Tiours | • | | | 10000 | | ip Code | | | | | | | | |
| Scope of Work (Check Al | I That Apply | | | | | | Unior | ı, NJ | 07083 | | | | | | | | |
| geomy | і тпас Арріу) | THE R. P. LEWIS CO., LANSING, MICH. | | | | | | - | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | Renova | | | | - | Full Containment with Negative Pressure | | | | | | | | | |
| 2160 sf or ≥260 lf | | | emolit | ion | | | F | Mini-Enclosure Glovebag Procedure | | | | | | | | | |
| | | | | | | | | | n-Exempte | | d Non-F | riable | Pro | cedur | e | - 1 | |
| | | · 1c | Locati | on | | | | | | | | | | Abate | | | |
| Lasation | | 10.00 | Vormal | | | | | 5-592- | | | | | | | ре | | |
| Location Asbestos-Containing | | | d Sole | | Ashas | | Description ontaining N | | (ACM) | ١ , | mount | | | | | | |
| TO BE ABA | TED | | intenar odial S | | | | al systems | | | 1200 | Specify | | æ | _ | Encapsulate | 四 | |
| In Facility (13) | ty | Ousi | (12) | otan : | | | facing, VA | | | SF | or LF) | 12. | Remova | Repair | aps | Enclosure | |
| (13) | | - | • | _ | | otner | r miscellar | neous) | | | | - 1 | val | air. | ula | sure | |
| | | Yes | No | N/A | | | | | | | | | | | te | | |
| Room 268 | | | × | | mastic | on th | ne board | de | | 20 SF | - | | × | | | | |
| 35 | | | 35.130 | | madad | OII ti | io board | | | 20 01 | | | _ | _ | - | | |
| | | 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | \neg | |
| Name of Registered Waste Hauler | | | | JDEP W | l laste | Cubi | oic Yards Name of Registered Landfill | | | | | | | | | | |
| Nick Restoration LLC | | | | auler ID | | 200 | aste | | steel attended to | 140.7000000 | | | | | | | |
| | | | | 3782 | | TBD |) | | G.R.O. | W.S | | | | | | | |
| City, State | | | | Disposal Date | | | | | City, Stat | te | | | | | | \neg | |
| Randolph, NJ 07869 | | | | TBD | | | Tullytown, PA | | | | | | | | | | |
| Completed by Title | | | | Signature Signature CLV (1a Def de | | | | | | | | | | | | | |
| Elvira Mrda Preside | | | | | | | 91 | 116 | a leta | de | | | | 015 | | | |
| Elvira Mrda Preside | | | | ent 400 (Ta LL 1 AL; 07/09/2015 | | | | | | | | | | | | | |

| NT | | 11/00 | N |
|----|-------|-------|----|
| | Cleck | 1408 | 51 |

| Date of Notification (1) | | | | Nama | of Building | 0 | 10 | (0) | | we | 1 L | | (| \cup \circ | |
|---|-----------------------------------|--------------------------|---------------------|---|--|--|------------------------|--|---------------------------|------------|------------------|-----------|--------|----------------|-----------|
| 7/14/15 | | | | Mrs. Bra | | | | | | | | | | | |
| Agencies Notified | Type Notification | 1 | | | Address Merselis | Avani | | | 17 0 | | 2 | | | | |
| EPA DEP | X Initial Amended | | | | tate, Zip Ci | | ie . | - | | | | 150.450- | | | |
| X DOL | Amendmer Emergency | | _ | | n, NJ 07 | | | 1 | KEN I | | | | | | |
| DOH DCA | justification Cancellatio |) | | | of Contact es Bran | | | | | Tel | ephone I | Numbe | 7.700 | | |
| _ | | ALC. | | | ILITY INF | | TION | | | | | | | | |
| Name of Facility Where house | Abatement is Taki | ng Place (| 3) | | | | | Туре | of Facility (| 4) | | | | - | |
| Street Address | | | | | | | | | School (K-1 Subchapter | | er than k | (-12) | | | |
| 196 Merselis Avenu | ie | | | | | | | × | Other (i.e. petc.) | private 8 | comme | ercial bu | ilding | s, hon | nes, |
| City (5) Clifton | | | | 100 | | | | 527 | re Feet | 1000000000 | Floors | | 100000 | Age | |
| County (6) | | | | County | Code (7) | | | 230 | ont Use (Pri | 2 | aa dama | lichod) | 53 | | |
| Passaic | | (V) | | | USE ONLY | · | | Ouri | on Ose (i ii | or ii bei | ig demo | iisrieu) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8 |) | ASCI | M No. | | Name | of Aba | itement Cor ronmenta | tractor | (9) | C | - 2. | | |
| Street Address | | | | | | The state of the s | Street | | | i Oci vi | CCS LL | .0 | _ | | |
| City, State, Zip Code | | | | | | | | | 83, 4 E G | ate Dr | rive | | | | |
| Oity, State, Zip Code | | | | | | | 100000 | and the second second | ip Code ,NJ 0741 | 18 | | | | | |
| Project Manager for Mon | oject Manager for Monitoring Firm | | | | | | Teleph | | | | License | No. | | | |
| Start Date (10) | | Schedul | ed Cor | mnletion | Date (11) | | 973- | | 276 HA Monitor | | 703 | | | | |
| 8/2/15 | | 8/31/1 | 5 | | | | | | A IVIONITOR | 2 | | | | | |
| Occupancy Status During | | | 55.45 | Street | | | | | SS | | | | | | |
| Facility Closed/Vaca Abatement Perform | ed Outside of Norr | Period of a mal Facility | Abaten Hours | nent s | | | City S | tate 7 | ip Code | | | | | | |
| Other - Describe: | | | | | | | ,, | | ,p 0000 | | | | | | |
| Scope of Work (Check Al | l That Apply) | | | 04 | | | | Full Containment with Name to | | | | | | | |
| ≥3 \$1 01 23 11 ≥160 sf or ≥260 lf | | processor. | Renova Demolit | 000000000000000000000000000000000000000 | | | | Full Containment with Negative Pressure Mini-Enclosure King Procedure | | | | | | | |
| | | | | | Mary 100 - 1 | | × | 4 010 | vebag Prod n-Exempted | | Non-Fri | able Pr | oced | ıre | |
| | | 10 500 | Locati | | | | | | | | | | Aba | temen | t |
| Location Asbestos-Containing | | Use | Normal d Sole | ly by | Asbest | | scription taining M | | (ACM) | Δη | nount | | | уре | |
| TO BE ABA | TED | The second of the second | intenai todial S | | | therma | I systems | insula | | (S | oecify or LF) | Rer | Re | Enca | Enc |
| (13) | | | (12) | | | | miscellan | | | 01 | oi Lr) | Removal | Repair | Encapsulate | Enclosure |
| h | | Yes | No | N/A | | | | | | | | | | te | (D |
| baseme | | X | | pipe | insulat | ion | | 40 |) LF | х | _ | | | | |
| | | | | | | | | | | _ | - | _ | | | |
| | | | - | | | | | | | - | | - | - | - | |
| Name of Registered Wast | e Hauler | | 10000 | JDEP W | 77777777 | Cubic Yards | | ards Name o | | | ed Land | fill | | _ | |
| 15939 | | | | | auler ID No. of Waste | | | - 1 | Western | | | | | | |
| City, State Freehold, NJ | | | | | | Disposal Date City, | | | City, State | | | | | | |
| Completed by Title | | | | | TBD Signatur | | | Birdsboro, PA 19508 Signature Date | | | | | | | |
| A. Scott Higgins President | | | | | | | | | | 7/14/15 | | | | | |

| rsey OS ABATEMENT and 12:120) | Cleat | 14080 |
|-------------------------------------|-------|-------|
| 10 1 101 | | |

| [5 | | | | | | - 58 | | 1 Ru | KA | / | 16 | 0 | 00 | | | | | | |
|---|---------------------------|-------------------------------------|--------------------------------|-------------------------|-------------------------------|--|--|--|-------------|----------------------------|----------|-----------|---|-------------|-----------|--|--|--|--|
| Date of Notification (1) 7/14/15 | | | | f Building Assunc | | | | | • (| | • | | | | | | | | |
| Agencies Notified Type Notification X EPA X Initial | | | Street A | | * | - 14 | | | 72 | | | | | | | | | | |
| DEP Amended Amendment # | | | | ate, Zip Co ia, NJ 0 | | | i i Kili | | 1 | | | | | | | | | | |
| Emergency (i justification) DCA Emergency (i justification) Cancellation | ncluding | | Name o Frank | f Contact | | | | | 4. 2544 | enhone | | 0.000 | | | | | | | |
| | | | FACI | ILITY INFO | DRMA" | TION | | | 1 | | | 1000 | | | | | | | |
| Name of Facility Where Abatement is Taking house Street Address | Place (3 |) | | | | | | of Facility (School (K-1 Subchapter | 2) | er than l | <-12\ | | | | | | | | |
| 4 Washington Avenue | | | | | | | × | Other (i.e. p etc.) | | | | | dings, | home | es, | | | | |
| City (5) Iselin | | | | | | | Squa 2600 | re Feet) | # of 2 | Floors | | 933 | | \ge | | | | | |
| County (6) Middlesex | 10 | | | Code (7) USE ONLY, | _ | | Curre | ent Use (Prid | or if bei | ng demo | olishe | ed) | | | | | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCN | ЛNo. | | | | tement Cor onmenta | | | _C | | | | | | | | |
| Street Address | | | | | | 100000000000000000000000000000000000000 | Addres Box 48 | ss 33, 4 E G | ate Di | rive | | | | | | | | | |
| City, State, Zip Code | | | | | | | | ip Code ,NJ 0741 | 18 | | - | | | | | | | | |
| Project Manager for Monitoring Firm | | | | | | Teleph | none N 764-2 | 0. | | Licens | e No | <u>.</u> | | | | | | | |
| | Schedule 8/17/15 | | npletion | Date (11) | ate (11) Name of OSHA Monitor | | | | | | | | | 9.4 | | | | | |
| Occupancy Status During Abatement (Check | Only On | e) | 3-20 | Street Address | | | | | | | | _ | | | | | | | |
| Facility Closed/Vacated During Entire Polyage Abatement Performed Outside of Normal Other – Describe: | eriod of A al Facility | batem Hours | cment rs City, State, Zip Code | | | | | | | | | | | | | | | | |
| | | | | | 1915 9 | | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | 7 | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | enova emolit | | | | × | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | | |
| | Is | Locati | on | | | | - 1101 | LXOIIIptoc | () () () | 2 11011 1 | iubic | | 555 A 11 | | | | | | |
| Location of | N | ormal | ly | | D | escription | of | | | | | | Ту | ре | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai Custo | d Sole ntenar odial S (12) | nce/ | | therma surf | ntaining N al system: acing, VA miscellar | s insula T, or | | (S | mount specify or LF) | | Removal | Repair | Encapsulate | Enclosure | | | | |
| | Yes No | | | | | | | | | | | | | · U | | | | | |
| exterior | exterior | | | | | erior sic | ding | | 80 | 00 SF | - | X | | | | | | | |
| | | | | | | | | | | | 8 | | | | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | /aste | Cubi | c Yards | ards Name of Registered Landfill | | | | | | | | | | | | |
| Freehold Cartage | | Н | auler ID 5939 | | of W | | | Westerr | | | | | | | | | | | |
| City, State Freehold, NJ | | | | | Dispo | osal Date | | City, State Birdsbo | | 1950 |)8 | | | | | | | | |
| Completed by A. Scott Higgins | | | | | | Signature | d | ~ | | | Date 7/1 | e 4/15 | Bidg. Age 60 ssure Procedure Abatement Type Removal Removal | | | | | | |

State of New Jersey

| | | N | | CATION | OF ASBE to NJAC 8 | ESTOS | ABATE | | | Ro | Lel | (| 40 | 178 | 3 |
|--|---------------------------------------|--------------------------|-------------------|--|------------------------|-------------------|--|------------|--|-----------|-----------------------------|-------------|-----------|---------|----------|
| Date of Notification (1) 7/13/15 | | | | Name of Ron Sl | Building (| Owner/C | perato | r (2) | 2 | E15 1 | 111 17 | | | | |
| | Type Notification | | 1.0 | Street A | ddress shingtor | n Aven | ue | | | - | | 17. | 7 5 | 2 | |
| X EPA DEP X DOL | Initial Amended Amendment | | | City, Sta | te, Zip Co Caldwell | de | | | <u> </u> | e e | i in in | i i i | p q | 8 | |
| DOH □ DCA □ | Emergency justification) Cancellation | turnation in the same of | | Name of Ron SI | Contact hipley | | | | | Tel | ephone Nur | nber | | | 1 |
| Name of Facility Where Ab | atement is Takin | g Place (3) | | FACI | LITY INFO | DRMATI | ON | Тур | e of Facility (| 4) | | | | | 11.57.59 |
| house | | | | | | | | | School (K-1 | | | | | | |
| Street Address 45 Washington Aven | ue | | | | | | | × | Subchapter Other (i.e. p etc.) | | | | dings | home | es, |
| City (5) West Caldwell | | | | | | | | Squ 260 | are Feet | # 0 | f Floors | | Bldg. A | \ge | |
| County (6) Essex | | | | | Code (7) JSE ONLY) | | | Curi | ent Use (Prid | or if bei | ng demolish | ned) | | | |
| Name of Monitoring Firm H | lired by Building | Owner (8) | | ASCN | 1 No. | | | | atement Con | | | | | | |
| Street Address | | | | | | | Stree | t Addr | | | | | | | |
| City, State, Zip Code | | | | | | | City, | State, | Zip Code | | | | | | |
| Project Manager for Monito | oring Firm | | T | Telephor | ne No. | | Telep | hone I | | 0 | License N | 0. | | | |
| Start Date (10) | | Schedule | 1 Com | | | | | -764- | 2276 SHA Monitor | | 703 | | | | |
| 7/28/15 | | 8/17/15 | | 20000000000000000000000000000000000000 | | | | | | | | | | | |
| Occupancy Status During / | | | | Street Address | | | | | ess | | | | | | |
| Abatement Performed Other – Describe: | | | | | | _ | City, | State, | Zip Code | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | 3370 | enovat emoliti | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu | | | | | ure | | | |
| | | ls l | ocatio | on | | | | | | 1/2/ | - 11011 1 1100 | | Abate | ement | |
| Location o Asbestos-Containing M | | | ormall Solel | | Ashasi | | scriptio | | ai (ACM) | Δ | mount | | 13 | rpe | |
| TO BE ABAT In Facility (13) | ntenan dial S (12) | taff? | | thermal | systen | ns insu AT, or | lation, | | Specify For LF) | Removal | Repair | Encapsulate | Enclosure | | |
| h | No | N/A | | | to and | _41 | | 4.6 | 2015 | - | | (D | | | |
| basemer | 11. | 1 | | X | | pipe | insul | ation | | 10 | 00 LF | x | | | |
| | | 1 | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Freehold Cartage | Hauler | | Ha | JDEP W auler ID 5939 | | Cubic of Was | | | Annual Control of the | | ered Landfill ks Landfil | | | | |
| City, State Freehold, NJ | 15 | | | Dispos TBD | al Dat | е | City, State |) | A 19508 | | | | | | |

A. Scott Higgins

Completed by

Title

President

Signature

Date

7/13/15

| Date of Notification (1) |) | | | Name | of Buildi | na Own | er / Operat | tor (2) | H = () = 1 | 1 4 6 m | Check #996 | 02 | | | |
|--|------------------------------|-------------------------|--------------------------|-------------------------|-------------------|------------|------------------------|---------------|-----------------------|-----------|----------------------------|--------|--------|-------------|-----------|
| 6 | July 14, 2015 | 5 | | | of Ameri | | | | | | | | | | |
| Agencies Notified | Type Notifica | ation | | Street | Address | | | 2015 | JUL 17 | AH 7: | 55 | | 19 | G | |
| □EPA □DEP | | | | 1521 \$ | Springfie | eld Aver | nue | A 51 | SESTOOL & LICEN | 171 | 2131 | | | | |
| ⊠DOL | ☑ Initia | 1 | | City, S | State & Zi | p Code | | | & LICFA | SIMO | X111, | | | | |
| ⊠рон | ☐ Ame | | | Maple | wood, N | J 07040 | 0 | | | - FIE C | | | | | |
| DCA | Ame | ndment # cellation | <u> </u> | Name | -5 O4- | -4 | | | | | I= : | | | | |
| Шоол | Cano | ellation | | Dino I | of Conta Nappi | Ct | | | | | Tel | ephor | ne Nu | mbe | г |
| | | | | FA | CILITY | INFO | RMATIO | N | | | - I | | | | |
| Name of Facility When Bank of America | e Abatement | is Taking | Place (3) | | | | Type of F | acility | | | | | | | |
| Street Address | | | | | | | | | er 8 (Other tha | n K-12) | | | | | |
| 1521 Springfield Ave | nue | | | | | | | | | | rcial buildings | s hor | ne e | tc.) | |
| | | | | | | | Square Fe | | # of F | | | g. Age | | | |
| City (5) | | | | | | | 3 | 3168 | | 2 | | | 55 | | |
| Maplewood | | | | | | | Current U Bank | Jse (P | rior if being de | molishe | d) | | | | |
| County (6) Essex | | | County Cod | | | | | | | | | | | | |
| Name of Monitoring Fin | | | wner (8) | | ASCM | No. | Name of A | | ment Contract | or (9) | | | | | |
| Street Address | ig concurtan | 10, 110 | | | - | | Street Add | | | | | | | | |
| 413 North Black Hors | e Pike | | | | | | 829 Radio | | | | | | | | |
| City, State & Zip Code Runnemede, NJ 0807 | 0 | | | | | | City, State | | | _ | | | | | |
| Project Manager for Mo Howard Zenobi | | | 100000 | elephone N | | | Telephone | e Num | oor, NJ 08087 nber | / | License Numb | | 200 | | |
| Scheduled Start Date (| 10) | Schedule | ed Completi | 6-482-13 | | | 609-296-6 Name of 0 | | Manitan | | | 0081 | 7 | _ | |
| July 25, 201 | 15 | | Augu | ust 2, 201 | | | Synatech | | VIVIONITOR | | | | | | |
| Occupancy Status Dur Facility Closed | ing Abatemer d∕Vacated Du | nt (Check ring Entir | only one) e Period of | Abatemer | nt | | Street Add | dress | d | | | | | | |
| Abatement Pe | | | | | | | City, State | | | | | | | | - |
| Other – Descr | | | | | | | | | oor, NJ 08087 | 7 | | | | | |
| Facility Occup Scope of Work (Check | | | | | | | | | | | | | | | |
| | | | | | | | | ПЕ | ull Containme | nt with N | legative Press | ure | | | |
| $\ge 3 \text{ sf or } \ge 1f$ | | | \boxtimes | Renovation | on . | | | | lini-Enclosure | | | | | | |
| ≥160 sf or ≥260 | If | | | Demolitio | n | | | | Slovebag Proce | | | | | | |
| | | | | | | | | \boxtimes N | Ion-Exempted | (*) and ! | Non-Friable Pro | ocedu | re | | |
| | tion of | | | on Norma | | | | cription | n of | | | _ | atem | ent T | уре |
| Asbestos-Contain TO BE | ing Material (/ ABATED | ACIVI) | | y Mainten dial Staff | | | Asbestos Materi | | • | | ount (Specify SF or LF) | | | | |
| IN F | acility | | | | (/ | | (i.e., then | | | | or or Er) | | | | |
| (1 | 3) | | - 45 | | | i | nsulation, s | | | | | R | _ | Enc | Щ |
| | | | | | | | or other m | nscena | aneous) | | | Remova | Repair | aps | ıclo |
| | | | Yes | No | N/A | | | | | | | oval | air | Encapsulate | Enclosure |
| Stairwell Landing | | | | | Х | | White Floor | r Tile | & Mastic | | 12SF | Х | | XIVSC. | Т |
| Basement Hallway Or | utside Lavato | | | Х | E | Brown Floo | or Tile | & Mastic | | 115SF | x | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered W | aste Hauler | NJDEP V Hauler ID | | Cubic \ | ards of | Waste | 1 | Name of Regis | tered La | ndfill | | | | | |
| Synatech, Inc. | | | 429 | 6 | | | 0 | Grows Landfi | II | | | | | | |
| City, State | | | Average and the second | | Dispos | al Date | | C | City, State | | | | | | |
| Little Egg Harbor, NJ | 08087 | | | | August | t 14, 20° | 15 | B | Morrisville, PA | V | | | | | |
| Completed By | | Title | | | Signatu | | | 110 | nornsville, PA | Date | | | | | _ |
| Ruthetta Roots | | Admini | strative As | cictont | V // | | tta G | 1 | nt- | July 14, | 2015 | | | | |
| | | Admini | sugure AS | Jilbicic | 1/1/ | 1181 | 100 1 | JUE | 7/0 | | | | | | |

ck 285

| Date of Notification (1) 7/13/2015 | | | | of Building Owne | | | | | - 4 | | | |
|---|---|---|---|-------------------------|---|-------------------------------|-------------------|-------------------------|----------|--------------|-------------|-----------|
| Agencies Notified Type Notification | | | | ter Construct | ion serv | rices 28 | 15 1111 | 17 A | | | × | |
| | ļ. | | VII. (180) | Address lefferson Rd | | | | i I Ai | 7: | 55 | | |
| DEP Amended | | | | ate, Zip Code | | 4F 1 | 7-VI | 00. | 2771 | 51 | | |
| DOL Amendmen | | 1 | The second second | panny NJ 070 |)54 | | & 1_1 | CENSI | *G | UŁ | | |
| DOH justification |) | | | of Contact Lovas | | | Te | elephone N | umber | 8 | | |
| Caricellation | 1 | | | ILITY INFORMA | TION | | | | | | | |
| Name of Facility Where Abatement is Takin | ng Place (| 3) | 1 40 | ILIT INFORMA | HON | Type of Facili | ty (4) | | | | | |
| private Property | * | | | | | School (| K-12) | | | | | |
| Street Address 27 Main Street | | | | | | Subchap Other (i.e. | ter 8 (Ott | ner than K- & commer | ·12) | ildina | s hon | 200 |
| City (5) | | | | | | etc.) | | | | | | 163, |
| Millburn NJ | | | | | | Square Feet 1300 | 2 | of Floors | - 1 | Bldg. +50 | Age | |
| County (6) | | | | Code (7) | | Current Use (| | ing demoli | 1 | | - | - |
| Clerk | | | 188 | USE ONLY) | | | | Ť | | | | |
| Name of Monitoring Firm Hired by Building n/a | Owner (8) |) | ASCI n/a | M No. | | of Abatement (| | | | | | |
| Street Address | | 8-9-1-0-3-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | 11/a | | | ago Environm | ient LL | | | | | |
| n/a | | | | | 100 | Lafayette Str | eet | | | | | |
| City, State, Zip Code | | | | | | State, Zip Code | | | | | | |
| n/a | | | | | 1 | ark NJ 0710 | 5 | | | | | |
| Project Manager for Monitoring Firm n/a | | | Telepho n/a | ne No. | | none No. 491-0877 | | License | No. | | | |
| Start Date (10) | Schedul | ed Co | | Date (11) | | of OSHA Monit | or | 01240 | | | | |
| 7/14/2015 | 7/16/2 | 015 | | | A | Environmen | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | | Address | Out to the second | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm | Period of A | Abater | ment | | 100000000000000000000000000000000000000 | Route 22 W | /est | | | | | |
| Other – Describe: | iai raciiity | rioui | 5 | | 1 | tate, Zip Code in NJ 07083 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | Orno | 11 143 07 003 | | | | | - | |
| ≥3 sf or ≥3 lf | × F | Renova | ation | | | Full Contain | ment with | Negative | Pressi | ıre | | |
| ≥160 sf or ≥260 lf | |)emoli | tion | | × | Mini-Enclose Glovebag Pr | ıre | . reoguaro | 1 10000 | 110 | | |
| | | | | | | Non-Exemp | | d Non-Fria | ble Pro | ocedu | re | |
| | 100 | Locat | 0.41.00.0 | | | | | | | | emen | t |
| Location of Asbestos-Containing Material (ACM) | Use | lormal d Sole | ly by | Ashestos Co | escription | of laterial (ACM) | | | | T ': | /pe | |
| TO BE ABATED In Facility | 1.0000000000000000000000000000000000000 | intena odial s | 0.0000000000000000000000000000000000000 | (i.e. therma | al systems | insulation, | (5 | mount Specify | Re | Z Z | Enc | 回 |
| (13) | | (12) | 20000 | | acing, VA miscellan | | SF | or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | <u>a</u> | - | late | ire |
| Basement (open space) | | Х | | pipe | e insulat | tion | | 3LF | x | | | |
| | | | | | | | | | 1 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | + | - | | |
| Name of Registered Waste Hauler | | 200 | JDEP W | | Yards | Name o | f Registe | red Landfil | 1 | | | |
| Newark Carting Inc | | 6.50 | auler ID I 4509 | No. of Wa | aste | | | am Land | | | | |
| City, State | | - 0 | .500 | Dispo | sal Date | City, Sta | | | #7NC0439 | | | |
| PO Box 5670 | | | | | | | | utter Rd | Bethle | ehan | i | |
| Completed by Carlos Gomes | Title Presid | dont | 0.000 | | Signature | // | 1 | | ate | 2012-15-1 | | |
| Sanos Comes | Presid | uent | | | / | KIN. | / | 7. | /13/20 | 015 | | |

CK 24355

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

MEDITION

| | | | 7. | | | 40 0.00 and 5 | | 2815 | 1111 17 | P++ . | | | | |
|---------------------------------------|------------------------------|----------|------------------|----------------|--------------|----------------------------------|----------------------|-------------|-----------------------|---------------|----------|-----------------|-------------|-----------|
| Date of Notification (1) | | | | | | g Owner/Operato | | 1010 | JUL 17 | HH & |): (| 15 | | |
| 7 / 13 | /15 | 5 | | Ne | w Jersey | Institute of Te | chnolog | у . | 1 17 4 | | | | | |
| Agencies Notified Type N ⊠ EPA ⊠ Init | Notification ial | | | | t Address | Luther King E | Soulevar | d - Fensi | er Hall | THY. | K | 16 | | |
| ☑ DOLWD ☐ Am | ended | | | | State, Zip (| | oulo vui | u 1 01101 | ioi riuii | , , , | | | | |
| | endment # | | | 2000 | wark, NJ | | | | | | | | | |
| | ergency (ir | ncluding | 9 | | of Contac | | | | Tolonhone | li uma la min | | | | |
| | tification) ncellation | | | | hard Tic | | | | Telephone N | number | | | | |
| L Car | iceliation | | | | | | | | | | | | | |
| | | 1500 | | FA | CILITY IN | FORMATION | | | | | | | | |
| Name of Facility Where Abateme | ent is Takin | g Place | (3) | | | | 35.0 | of Facility | \$10.E | | | | | |
| NJIT | | | | | | | | hool (K-12 | i) 3 (Other than k | (12) | | | | |
| Street Address | | | | | | | | | rivate and com | | l bu | ilding | ıs, | |
| 345-261 Martin Luther Kin | g Boulev | ard | | | and an in- | | | mes, etc.) | | | | | | |
| City (5) | | | | | | | Squar | e Feet | # of Floors | | Blo | dg. A | ge | |
| Newark, NJ 07102 | | | | | | | 500 | 000 | 2 | | - | +/- 7 | 0 | |
| County (6) | | | | Cour | nty Code (7 |)(STATE USE ONL) |) Curre | nt Use (Pri | or if being den | nolishe | d) | | | |
| Essex | | | | | | | Vac | ant | | | | | | |
| Name of Monitoring Firm Hired b | y Building (| Owner | (8) | ASCM | No. | Name of Abate | ment Con | tractor (9) | | | | | | |
| Omega Environmental Se | rvices | | | | | USA Enviro | nmenta | I Manage | ement, Inc. | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | |
| 280 Huyler St | | | | | | 8436 Enter | prise Av | enue | | | | | | |
| City, State, Zip Code | 7.550 | | | | | City, State, Zip | Code | | | | | | | |
| South Hackensack, NJ 07 | 606 | | | | | Philadelphi | a, PA 19 | 153 | | | | | | |
| Project Manager for Monitoring F | irm | | Tel | ephone | No. | Telephone No. | | | License No |). | | | | |
| Geiser Fajardo | | | 2 | 01-489 | -8700 | 215-365-58 | 10 | | 1156 | | | | | |
| Start Date (10) | Sched | duled C | omple | etion Da | te (11) | Name of OSHA | Monitor | | | | _ | - | | - H-0 |
| 8 /03 /15 | (| 08_ / | 3 | 1_/ | 15 | USA Enviro | nmenta | I Manage | ement, Inc | | | | | |
| Occupancy Status During Abaten | nent (Chec | k only o | one) | | | Street Address | | | - M | | | 770-27 | | |
| ☐ Facility Closed/Vacated During | The State of the Contraction | 0.000 | | ment | | 8436 Enter | nrise Av | enue | | | | | | |
| Abatement Performed Outside | | | | | cribe | City, State, Zip | | CHUC | | | _ | _ | | |
| Time of Abatement: 7:30 AM- | 3:30PM/_ | F | M- <u>5:</u> | 30AM | | Philadelphi | | 153 | | | | | | |
| Scope of Work (Check all that ap | nlv) | | | | | 1 madeipin | u, 1 A 10 | 7100 | | | _ | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ,, | ⊠ Re | | | | | nclosure ag Proce | dure | ative Pressure | | 8 | | | |
| | | l e | 1 | lian | | △ NOII-E | xempted |) and No | n-Friable Proc | | | o de compresion | -7-07-2 | |
| Location of | | | Loca | | | Description | of | | | - | | | ent T | T . |
| Asbestos-Containing Material | (ACM) | | | ely by | Asbe | stos Containing N | | CM) | Amount | | Removal | Repair | Encapsulate | inclosure |
| TO BE ABATED IN Facility | | 1000000 | intena lodial | nce/ Staff? | (i.e | ., thermal system | | on, | (Specify | | Non | air | aps | losi |
| (13) | | | (12) | | 20 | surfacing, VA other miscellar | | | SF or LF) | | <u>n</u> | | ulat | lге |
| 19628 | | Yes | No | N/A | | | , | | | | | | e | |
| Gym | | | | | Exterir | Coating on B | lock Wa | II | 3600 SF | 1 | | | П | |
| | | = | | - | | | | | | | | = | _ | _ |
| | | | | | | | | | | l | | Ш | Ш | Ш |
| | | | | | | | | | | [| | | | |
| | | П | П | П | | | | | | ſ | 5 | П | П | |
| Name of Registered Waste Haule | r | | | JDEP \ | Naste. | Cubic Yards of | Nam | e of Regist | ered Landfill | | | | | |
| USA Environmental/Ser | | ranpo | 1 | lauler II | | Waste | | nerva La | | | | | | |
| Croun | 1 | . a.i.pc | | 32610 | | 40 | | | uiiii | | | | | |
| City, State | le DE | | | | | Disposal Date | | State . | 011 | | | | | |
| Philadelphia, PA/New Cast | | | | | | 8/31/15 | Wa | ynesbur | g, OH | | | | | |
| Completed By (Print or Type) | Title | | 7200 | | | Signature | 110 | , | | Date | | 614 | | |
| Dilip Kumar | P | rogran | n Ma | nager | | Kle | MAK | lus | _ | 7-/ | 3. | -15 | | |

| | | | | | | | | | | 13 - 1 | | 172 | | |
|---|-----------------|---|-------------------|--------------|--|---------------------|----------|---------------------------------|---------------------------------|--------------------------|----------|--------|-------------|-----------|
| Date of Notification (1) | 14 / | 15 | _ | | The state of the s | | | er/Operator (2 Hills Board | of Education | 2015 JUL 17 | T E | | ; 7 | |
| Agencies Notified ⊠ EPA ` | Type Notificat | tion | | | 1000 | Address Parsippa | any F | Road | | | | | | |
| ☑ DOH | Amended Amendme | | | | City, S | State, Zip C | ode | | | & LICE | J 12 | 10 | | |
| ☑ DON | ☐ Emergenc | | | | | sippany, | | 7054 | | W 1.101 | | 10 | | |
| (NJAC 5:23-8) | justificatio | n) | J | | 1,000.0 | of Contact | | | | Telephone Num | | | | |
| | ☐ Cancellation | оп | | | | n Gavegl | | | | 49/ 209 6 | | | | |
| | | | | | FAG | CILITY IN | FOR | MATION | <u> </u> | | | | | |
| Name of Facility Where A | | aking | Place | (3) | | | | | Type of Facility | D 10 | | | | |
| Rockaway Meadow | School | | | | | | | | School (K-12 Subchapter 8 | :) 3 (Other than K-12 | 2) | | | |
| Street Address 160 Edwards Road | | | | | | | | | | rivate and comme | | ilding | JS, | |
| City (5) | | | | | | | | | Square Feet | # of Floors | Bio | dg. A | ge | |
| Parsippany | | | | | | | | | | 1 | | | | |
| County (6) | | | | | Cour | nty Code (7 |)(STAT | E USE ONLY) | Current Use (Pr | ior if being demoli | shed) | | | |
| Morris | | | III Secondores | | | | | | school | | | | | |
| Name of Monitoring Firm | Hired by Build | ing O | wner (| 8) | ASCM | | (0.998) | | ent Contractor (9) | | | | | |
| Whitman | | | | | 0110 |) | 13 4 | ow/R/Save I | nc | | ++) | | | |
| Street Address | | | | | | | 0.000 | et Address | | 4 | | | | |
| 7 Pleasant Hill Road | d | | | | | | | 7 West Stree | 58 | | | | | |
| City, State, Zip Code Cranbury, NJ 08512 | , | | | | | | | , State, Zip Co | | | | | | |
| Project Manager for Moni | | 7 | | Tal | ephone | No | | loomfield, N | NJ 07003 | License No | | | | |
| Kevin Lovely | toring Firm | | | ACTUAGE | | 4-5418 | (0.000) | :priorie No. 173) 680-008 | 88 | License No. | | | | |
| Start Date (10) | S | chedu | ıled Co | | etion Da | | | ne of OSHA M | | 557 | | - | | - |
| 07/06/ | 15 | 07 | 7 / | _1 | 7_/. | - Th | | | 22-22/2 | | | | | |
| Occupancy Status During Status During | | | 95 | 0.5 | omont | | Stre | et Address | | | | | | |
| ☐ Abatement Performed | Outside of No | rmal F | acility | Hou | ırs - Des | | City | , State, Zip Co | ode | | | . 71 | | |
| Time of Abatement: Scope of Work (Check all | | | <i>u</i> | PIV | - | AIVI | | | | | | | | |
| □ >3 sf or >3 lf | triat apply) | | □ Re | | | | | ☐ Mini-Enc | | gative Pressure | | | | |
| ⊠ ≥160 sf or ≥260 lf | | | ⊠ De | | | | | ☐ Non-Exe | g Procedure mpted (*) and No | on-Friable Procedu | ıre | | | |
| Location | -4 | | | Loca Norm | | | | D | | | Ab | atem | ent T | - |
| Asbestos-Containing | |) | Use | d So | lely by | Asbe | stos (| Description of Containing Ma | | Amount | Rer | Repair | Enc | Enclosure |
| TO BE ABA | | | | | ance/ I Staff? | (i.e | | rmal systems urfacing, VAT | | (Specify SF or LF) | Removal | air | aps | losu |
| (13) | ıy | | | (12 | 10000000 | - | | er miscellane | | SF GILF) | <u>n</u> | | Encapsulate | Ire |
| | | | Yes | No | N/A | - | | · | 29 | | | | | |
| | | - | | | | | | | | | | 屵 | 1 | |
| boiler room | | | | | | boiler | gaske | ets & insula | tion | 200 sf | | | | |
| | | | | Ш | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Was | | | | - 1 | NJDEP Hauler I | | Cub | oic Yards of | | stered Landfill | | | | |
| Progreen Managem | nent | | | | 2205 | | 15.50.65 | | | ntral or Tullyto | wn | | | |
| City, State East Brunswick, Nu | J | | | | | | Disp | posal Date | City, State Pen Argyl | PA or Tullytov | vn. PA | | | |
| Completed By (Print or T | | Title | il in the second | | - | | | Signature | ~11 | | Date | 70 | , | |
| Sharon Hendee | | 100000000000000000000000000000000000000 | ec/Tre | eas | | | | 4 | Much | W | 7/ | 14 | 20 | _ |
| ASR 41 | | _ | | | | | | - | * | | - | 16 | | |

PAGE 1 of 2 NO CK

| A ==== | 19 / | | _ | | Name of New Jers | sey Cr | ng Owner/Opera /\$ Pharmacy, LL | or (2) | | | | | | |
|--|--------------------------|--|--|--|--|--|--|--|--|-------------------------------|-----------------|--------|-------------|---------------|
| I EPA | ype Notific | ation | | | Street Ad | dress | | <u> </u> | 1. | Job #1 | 506- | 1990 | Chk | . #: A |
| ☑ DOLWD ☑ | Amende | d | 4 | 1 | | | | - 1NG | | | | | | |
| | Amendm | ent#_ | 1 | | City, State | | | | | | | | | |
| (NJAC 5:23-8) | Emergen | cy (inc | luding | | Woonso | cket. F | 02895 | | | | | | | |
| | justificati Cancellat | on) | | | Name of (| | | | | | | 2 | 2 | |
| | Caricella | iion | | | Al Stein. | Prefer | red Developer | | Tele | phone | Numh | er a | - | |
| Name of Easility Vall | | | | | | | FORMATION | | | | | | 12 | |
| Name of Facility Where Abat CVS Property/Campus | ement is T | aking I | Place (| 3) | | 11111 | PORMATION | | | | · * | | | |
| Street Address | | | | | | | | Type of Fa | cility (4) | | - | | _ | 1 |
| 111 & 110 Beach | | | | | | | | School | (K-12) | | C | 1 | | |
| 111 & 119 Beachwood, 300 A City (5) | tlantic City | Blvd, | 110 & | 118 Se | eaman Ave | e. | 11 | Other (i | pter 8 (Othe .e., private a etc.) | r than k | (-12) | | | |
| Beachwood | | | | | | | 1 | | | iiiu com | imerc | al bu | ilding | s, |
| | | | | | | | | Square Fee 2400, 1500, | et # of | Floors | _ | Pla | lei A - | - |
| County (6) | | | _ | | County Ca | al - mi | | | and the same | 2 | | | ig. Ag | |
| Ocean | | | | - 1 | County Co | ode (7)(| STATE USE ONLY) | Current Use | (Prior if bei | | oliah | - 2 | 45, 5 | 5, 6 |
| Name of Monitoring Firm Hired | d by Buildin | na Owe | ner /0\ | 7 | 014 | | | vacant | | ng dem | OUSING | ea) | | |
| L' LIIIIVINMIN | 17/1 | -9 OWI | (0) | AS | CM No. | | Name of Abatem | ent Contracto | r (9) | | | | | |
| | | | | | | | Asbestos an | d Mold Sen | vices C- | _ | | | | |
| 591 E. Maiden | Strail | | | | | 1 | Street Address | | ices, Corp | 0. | | | | |
| City, State, Zip Code | viilli | | | | | | 3859 Sylon E | Coulovand | | | | | | |
| Washington, PA 1 | 15211 | | | | | | ity, State, Zip C | ode | | | | | | |
| Project Manager for Monitoring | 10001 | | | | | | Hainesport, I | J. L. OGOGO | | | | | | |
| TOMY ALISCAN AND | Firm | | Te | lepho | ne No. | 7 | elephone No. | 42 08036 | | | | | | |
| tant Date (10) | 11 | | 17 | 14-1 | 206-034 | -2 | 609-702-0400 | | Licen | se No. | | | | |
| | Sch | eduled | Comp | letion | Date (11) | | | | 008 | 362 | | | | |
| 6 / 29 / 15 | | 7 | 1 0 | 4 | /15 | [1] | ame of OSHA M | | | | | | - | |
| ccupancy Status During Abate | mont /Oh- | | | | | | EMSL Analyti | cal, Inc. | | | | | | |
| | | | | | | S | reet Address | | | | | | | |
| | | | | | | | | | | | | _ | _ | |
| Abatement Performed Outsid | ie of Norm | al Facil | lity Hou | ement | loonsib - | | 200 U.S. Rout | e 130 North | | | | | | |
| Time of Abatement:A | MF | al Facil | lity Hou | ement Irs - D I- | escribe AM | | 200 U.S. Rout | e 130 North | | | | | | |
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| Time of Abatement:A cope of Work (Check all that ap | MF | al Facil | PN | ion | escribe _AM | С | 200 U.S. Rout ty, State, Zip Co. Cinnaminson, | de NJ 08077 | | | | | | |
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| G / 29 / 15 Occupancy Status During Abaten Facility Closed/Vacated During Abatement Performed Outside Time of Abatement:AN Scope of Work (Check all that app ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) 00 Atlantic City Blvd. 10 Seaman Avenue me of Registered Waste Hauler reehold Cartage, Inc. 7. State reehold, NJ ppleted By (Print or Type) imberly A. Trumbetti | ment (Ch g Entire e e of Norm | Us MicCus | Renov Demoli | ation ation aliy blely by ance/ N/A | Asbesti Clear Tile Sheatrock Pipe Insula Floor Tile 8 Transite Sid Vaste No. With the control of the control o | G09-702-1 Name of OSI | A Monalytica Soute Code Code Code Con, N. Containn J 08077 Dent with Note of the control of the contr | Ar (S SF 1 2.1 61 333; 455 | Pressure le Proced mount pecify or LF) 438 SF 800 SF 2 LF 2 SF 5 SF | Removal 🛛 🖂 | Repair | | 7 |
| G / 29 / 15 Occupancy Status During Abaten Facility Closed/Vacated During Abatement Performed Outside Time of Abatement:AN Scope of Work (Check all that app ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) 00 Atlantic City Blvd. 10 Seaman Avenue me of Registered Waste Hauler reehold Cartage, Inc. 7. State reehold, NJ Inpleted By (Print or Type) Imberly A. Trumbetti | ment (Ch g Entire e e of Norm M- Dly) ACM) Title Offi | Us Mi Cus Yes | Renov Demoli No. Haility No. H | ation ation aliy blely by ance/ N/A DEP V auler ID D2265 | Asbesti Clear Tile Sheetrook Pipe Insula Floor Tile Sheetrook Pipe Insula | G09-702-1 Name of OSI EMSL An Street Address 200 U.S. F City. State, Zij Cinnamins Full C Mini-E Glove Non-E Description Ost Containing N thermal system surfacing, VA other miscellan Mastic Indianamic Mastic Indianamic India | Additional state of the sound o | J 08077 Dent with Nee cedure d (*) and Notion, (ACM) tion, e of Regist COWS Laterrisville, | Ar (S SF 1 2.1 61 333; 455 | Pressure le Proced mount pecify or LF) 438 SF 800 SF 2 LF 2 SF 5 SF | Removal 🛛 🖂 | Repair | Encapsulate | 7 |

CK 24710

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

| Date of Notification (1) | | | | | Nam | e of Buildin | g Owner/Operator | (2) | | 1 fr - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | |
|---|-----------------------|----------|---------|---------------|---|--------------|------------------------------------|----------------------------|-----------------|--|----------|-------------|--------------------|
| | 16 / | 15 | | | 200000 | | onmounth Utilit | **** | | | | | |
| Agencies Notified | Type Notific | ation | | | Stree | et Address | | | | | | - | 1. |
| ⊠ EPA | | | | | 5 | 0 Greenw | ood Avenue | | | | | | 11:1 |
| ⊠ DOLWD | ☐ Amended | 200 200 | | | City, | State, Zip | Code | | | | | | |
| ☑ DHSS ☐ DCA | Amendm | | | e e | 07 | 746 | | | | | | | |
| (NJAC 5:23-8) | ☐ Emergen justificati | | ciuaing | 3 | Nam | e of Contac | at . | | Telephone N | lumber | | | |
| (************************************** | ☐ Cancella | | | | -50000000 | vid Bees | | | 10=-; | | | | |
| | | | | | | - | · | | , 175 | -4320 | | | |
| Name of Engility Where A | h-4 1- 7 | T-1-1 | DI | (0) | | CILITY | NFORMATION | | | | | | |
| Name of Facility Where A | oatement is | i akıng | Place | (3) | | | | Type of Facility (| | | | | |
| Pump Station | | | | | | | | School (K-12) Subchapter 8 | | 12) | | | |
| Street Address | | | | | | | | Other (i.e., pr | ivate and com | rercial b | ouilding | ıs | |
| 50 Greenwood Aver | nue | | | | | | | homes, etc.) | | | | , , | |
| City (5) | | | | | | | | Square Feet | # of Floors | E | 3ldg. A | ge | |
| Morlboro | | | | | | | | 400 | 1 | | 45 | | |
| County (6) | | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use (Prid | or if being dem | nolished) | | | |
| Monmouth | | | | | | | | 1 | | | | | |
| Name of Monitoring Firm | Hired by Build | ding C | wner | (8) | ASCN | I No. | Name of Abatem | nent Contractor (9) | | | | | _ |
| TTI Environmental | • | • | | | 340000000000000000000000000000000000000 | | JVN Restora | | | | | | |
| Street Address | | | | | | | Street Address | adon inc | | | | | |
| 50 Greenwood Road | d | | | | | | 47 Foster Ro | 204 | | | | | |
| City, State, Zip Code | u | 530 mm 2 | | | | | | | | | | | |
| Marlboro, NJ 07746 | | | | | | | City, State, Zip C | | | | | | |
| 12 | | | | 1- | | | Staten Islan | d NY 10309 | | | | | |
| Project Manager for Moni | toring Firm | | | | lephone | | Telephone No. | | License No. | | | | |
| David Beesley | | 1 | | | | 45-4520 | 718-605-625 | | 00774 | | | | |
| Start Date (10) | | | | | | ate (11) | Name of OSHA | Monitor | | | | | |
| 07 /27 / | 15 | 0 | 7_ / | _2 | 25_ / | 16 | Testor Tech | | | | | | |
| Occupancy Status During | Abatement (| Check | only | one) | | | Street Address | | | 30 | | | |
| □ Facility Closed/Vacate | d During Enti | re Per | iod of | Abat | ement | | 10 59 Jackso | on Avenue | | | | | |
| ☐ Abatement Performed | Outside of No | ormal | Facilit | у Но | ırs - De | scribe | City, State, Zip C | | | | | LETTE C | |
| Time of Abatement: | AM- <u>5</u> PN | // | PM | - <u>5</u> AN | 1 | | LIC NY 1110 | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | 2.0 10 1110 | | | | | | |
| | that apply) | | | | | | □ Full Cor | ntainment with Nega | ative Pressure | | | | |
| ☐ ≥3 sf or ≥3 lf | | | ⊠ Re | | | | ☐ Mini-En | closure | | | | | |
| ⊠ ≥160 sf or ≥260 lf | | | ☐ De | molit | ion | | ☐ Gloveba | ag Procedure | - Friehle Dese | | | | |
| | | | le | Loca | ation | - | □ NO⊓-EX | empted (*) and Nor | 1-Friable Proce | | | | all and the second |
| Location | of | | | Norm | | | Description | of | | A | batem | ent T | ype |
| Asbestos-Containing N | | 1) | | | lely by | Asbe | stos Containing M | | Amount | Re | Re | E | Ē |
| TO BE ABA | | | | | ance/ Staff? | | e., thermal systems | insulation, | (Specify | Remova | Repair | cap | Enclosure |
| IN Facilit (13) | у | | Ouo | (12 | | | surfacing, VAT other miscelland | | SF or LF) | l a | | Encapsulate | ure |
| (.0) | | | Yes | No | N/A | | other miscellane | eous) | | | | ite | |
| Ground Floor | | | П | | | Floor T | ïle | | 20005 | | 1 | | |
| 0.04114 1 1001 | | | ш | | | 11001 1 | ne . | | 300SF | | ЦШ | Ш | Ш |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Wast | e Hauler | | | | NJDEP | Waste | Cubic Yards of | Name of Regist | ered Landfill | | | | |
| Newark Carting | | | | | Hauler NJ-5 | | Waste 5 | IESI | | | | | |
| City, State | | | | | 140-0 | 00 | Disposal Date | City, State | * | | | | |
| Newark, NJ | | | | | | | 07/31/2015 | Bethlehem, | PA | | | | |
| Completed By (Print or Ty | ne) | Title | | | | | Signature | | | Doto | | | - |
| Ignatius Marraccino | F, 100-20 F 2 | 1000000 | | Mar | nager | | Signature | 7 - 5 - 72 | | Date | 11/4-11/ | | |
| .griddiad marracellio | | | oject | ivial | lager | | Vers 1 | in Mana | eelui | 7 - | 16 | -15 | 5 |

ASB-41 MAY 11

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

CK 58896

2380-03

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

RECEIVED

| Date of Notification (1) 7/16/2015 | | | | | Building (| | | | BLIC SC | 7815 HOOL | UL 17 | AH1 | l: | 6 | |
|--|--|----------------------|---|----------------------|----------------------|-------------------------------|------------------|--------------------------------|---|-------------------|------------------------------|---------------|--------------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street Ac 215 RI | idress VERTO | N ROA | ND. | | ß | عا د ا | 112 | | (RO | L | |
| EPA DEP DOL | Initial Amended Amendment | | | | te, Zip Co MINSO | | 08077 | | | CVE. | LIGET | (| 2 | | |
| ▼ DOH □ DCA | Emergency (i justification) Cancellation | ncluding | 1 | Name of | Contact | | | | | Tele | ephone Ni | , , U | | | |
| _ | | | | FACIL | ITY INFO | RMATIC | ON | | | | | | | | |
| Name of Facility Where CINNAMINSON MI Street Address | | | | | | | | × | of Facility (School (K-1 Subchapter | 12) | er than K-1 | 2) | | | |
| 312 NORTH FORK | LANDING ROA | D | | | | | | | Other (i.e. petc.) | orivate 8 | & commerc | ial build | | | es, |
| City (5) CINNAMINSON | | | | | | | 16 | >50, | | 2 | Floors | 5 | ldg. A 0+ | ge | |
| County (6) BURLINGTON | | | | County C (STATE U | ode (7) ISE ONLY) | - | | | nt Use (Pri DLE SCI | | ng demolis | hed) | | | |
| Name of Monitoring Firm ENVIRONMENTAL | | Owner (8) | | ASCM | No. | | | | tement Cor IDS INC | ntractor | (9) | | | | |
| Street Address 5434 KING AVENU | JE SUITE 101 | | | | | | | Addres INDU | ss JSTRIAL | BLVE |) | | | | |
| City, State, Zip Code PENNSAUKEN, N. | J 08109 | | | | | | | | ip Code ИРТОN, | PA 18 | 966 | | | | |
| Project Manager for Mor | nitoring Firm | | | Telephor 888 30 | ne No. 6-4545 | | | none N 322-2 | | | License N 00783 | No. | | | |
| Start Date (10) 7/27/2015 | | Scheduled 9/30/20 | | npletion [| Date (11) | | | | HA Monitor ON LABS | | | | | | |
| Occupancy Status Durin | ng Abatement (Check cated During Entire F | - 13 | | ent | | | | Addres PRO | ss GRESS | DRIVI | E | - | | | |
| | ned Outside of Norm | | | | | _ | | | ip Code M, PA 1 | 9020 | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | - | enova emoliti | | | | | Mir Glo | Il Containm ni-Enclosur ovebag Pro n-Exempte | e cedure | | | | е | |
| | | Is | Locati | on | | | | | | - (/ | | | Abate | | t |
| Locatio Asbestos-Containing TO BE AB In Fact (13) | g Material (ACM) BATED ility | Used Mair | ormali d Sole ntenar odial S (12) | ly by nce/ | | tos Cont thermal surfac | | Material s insula AT, or | | (5 | mount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | е | |
| EXTER | RIOR | | X | | | TRAN | ISITE | PIPE | | 4 | 0 SF | X | | | |
| | | - | , | | | | | | | | | - | | | |
| | | | 1 | | | | | | | | | + | | | |
| Name of Registered Wa | ste Hauler | | N | JDEP W | /aste | | Yards | | Name of | Registe | ered Landfi | II I | | | |
| SERVICE TRANSP | ORT GROUP | 100000 | lauler ID 0990 | No. | of Was | | | | | ANDFILL | | | | | |
| City, State 58 PYLES LANE N | EW CASTLE, DE | 1 | 95 | | | sal Date | | City, Sta WAYN | | RG, OH | | 3 | | | |
| Completed by BRYAN CULLEN/C | DV | PRO. | JECT | MGR | | 1 | Signatur Zrvy | e | Men | CA | | ate /16/20 | 015 | | |
| ASB-41 (R-06-08) | | + | | | | 7 | * Do n | ot use | this form fo | r asbes | tos licensu | re exer | npted | activ | ities. |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| | | NOT | | | | BESTOS ABAT C 8:60 and 5:1 | 6) | - [- 1 + | | | | |
|---|--|------------|---------------------|---|--|---|---|---|-------------|--------|-------------|-----------|
| Date of Notification (1) | | | | Name | of Building | Owner/Operator (| | | | | | _ |
| 7/ | 14 / | 15 | | | Karen Ly | mah | | Job #1507-1992 ຊື່ ປ ີ : ເຄ | CI | nk: # | 401 | 0 |
| Agencies Notified | Type Notification | on | | Street | Address | | 7 | MI 11 · 1 · 1 | | | | |
| ⊠ EPA | | | | 273 | Crystal 1 | Terrace , | 4 | T | | | | |
| ⊠ DOLWD | Amended | 4.41 | Ì | City, S | tate, Zip C | ode | & LICE | Jan March | | | | |
| ☑ DHSS | Amendmen Emergency | | , × | Had | donfield | , NJ 08033 | CE LIVE | sulfau | | | | |
| ☐ DCA (NJAC 5:23-8) | justification | | | Name | of Contact | | | Telephone Numb | er | | | |
| (1.0.10 0.00 0) | Cancellation | | | Kar | en Lynch | 1 | | | | | | |
| | | | | FAC | ILITY IN | FORMATION | | | | | | |
| Name of Facility Where A | Abatement is Tal | king Place | (3) | | 71 2 11 1 114 | i Oranizariora | Type of Facility | (4) | - | | - | |
| Residential Proper | | | (0) | | | | ☐ School (K-12 | | | | | |
| Street Address | -, | | | | | | Subchapter | 8 (Other than K-12) | | | | |
| 210 Oak Avenue | | | | | | | Momes, etc. | rivate and commerc | ial bu | ilding | 5, | |
| City (5) | | | | | | | Square Feet | # of Floors | Blo | lg. Ag | e | |
| Barrington | | | | | | | 2514 | 1 | | 50 | | |
| County (6) | | | | Coun | tv Code (7 |)(STATE USE ONLY) | Current Use (Pr | rior if being demolish | ned) | | | |
| Camden | | | | | 7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Vacant | | • | | | |
| Name of Monitoring Firm | Hired by Buildin | na Owner | (8) | ASCM | No. | Name of Abatem | |) | | - | | |
| Horizon Environme | to the control of the series o | 9 | (-/ | | 1275 | | d Mold Service | | | | | |
| Street Address | | | | | | Street Address | | ,, p | - | | | |
| PO Box 216 | | | | | | 3859 Sylon E | Boulevard | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | | | |
| Thorofare, NJ 0808 | 16 | | | | | Hainesport, | | | | | | |
| Project Manager for Mon | | | Tele | phone | No | Telephone No. | | License No. | - 12 | | | |
| Dave Flanigan | intorning i iiiii | | 0.0000000 | 6-848 | | 609-702-0400 | n | 00862 | | | | |
| Start Date (10) | Sc | heduled C | | 100000000000000000000000000000000000000 | International Control | Name of OSHA | | | | | | |
| | 1.00 | 7 / | 55 W. C. | | THE STATE OF THE S | EMSL Analy | | 6 | | | | |
| Occupancy Status During | g Abatement (Ch | neck only | one) | | | Street Address | 200000000000000000000000000000000000000 | | | | | |
| ☐ Facility Closed/Vacate | 기계 전하다 그리지 않아 없는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 | | | | | 200 U.S. Rou | ite 130 North | | | | | |
| Abatement Performed Time of Abatement: _ | | | | | | City, State, Zip C | | | | | | |
| | | | | | | Cinnaminso | n, NJ 08077 | | | | | |
| Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ii that appiy) | | enovati emolitic | | | ☐ Mini-En ☑ WX AV | 9 CUT | gative Pressure | e | | | |
| | | 15 | s Locat | tion | | | omptod () dira i i | | | ateme | ent T | Vne |
| Location | ı of | | Norma | lly | | Description | of | | | _ | 0.00 | |
| Asbestos-Containing | | | ed Sole | | | stos Containing M | | Amount | Removal | Repair | Encapsulate | Enclosure |
| TO BE ABA | | 1 | stodial | | (I.e | thermal systems surfacing, VA | | (Specify SF or LF) | ova | ₩. | ıpsu | Insc |
| (13) | | | (12) | | | other miscellan | | | - | | late | .e |
| | | Yes | No | N/A | | | | | | | | |
| Attic | | | | | Ductwo | ork with Asbest | os Paper | 200 LF | \boxtimes | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | 100 | NJDEP' | | Cubic Yards of | Name of Reg | istered Landfill | | | | |
| Freehold Cartage, | Inc. | | ŀ | 1auler II | | Waste 5 | GROWS I | andfill | | | | |
| City, State | | | | - mm U | | Disposal Date | City, State | | | | | |
| Freehold, NJ | | | | | | 7/30/15 | Morrisvill | e, PA 19067 | | | | |
| Completed By (Print or 1 | Гуре) | Title | | | | Signature | 1 | Da | ite | | | |
| Kimberly A. Trumb | | Office | Coor | dinato | r | 4 | (V- | | 7- | 14-1 | 5 | |

ASB-41 MAY 11

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

(K 122)

| Date of Notification (1) 7/10/15 | | | | f Building d & Lila | | | | | | | | | | | |
|---|--|---|--------------------|------------------------|--------------|----------------|--------------------------|---|-------------|-------------------|---------------|------|--------------|-------------|-----------|
| Agencies Notified Type | Notification | | Street A | ddress | | | | | | - | Hii | Ţ. | 9 | | |
| | nitial | | | ey Lane | | | | | - | | | | | | |
| DOL | Amended Amendment #1 | _ | | ate, Zip Co nam, NJ | | 5 | | | 3 : | | 11. | | 60 | | |
| ☐ DOH ☐ j | Emergency (includir ustification) Cancellation | ig | | f Contact Del Gui | dice | | | | | J-JJU-1 | | | | | |
| | | | FACI | LITY INF | ORMATI | ON | | | | | | | | | 10/02 |
| Name of Facility Where Abatem Private Property | ent is Taking Place | (3) | | | | | Туре о | of Facility (4 | 4) | | | | | | |
| Street Address | | | | | | | | chool (K-1) ubchapter | | er than K | -12) | | | | |
| 88-90 Elm Street | | | | | | | X O | ther (i.e. p | rivate 8 | & comme | rcial b | uild | ings, | hom | es, |
| City (5) Morristown | | | 8 | | | | Square 3,000 | | # of | Floors 2 | | | dg. A 50+ | \ge | |
| County (6) Morris | | | | Code (7) USE ONLY |) | | | t Use (Pric | | | | | | | |
| Name of Monitoring Firm Hired | by Building Owner (| 8) | ASCN | I No. | | Name | | ement Con | | Service Committee | - Coluit | _ | | | |
| Charact Address | | | | | | | | nvironm | ental | Service | es, In | C. | | | |
| Street Address | treet Address | | | | | | t Address Kinneld | s on Rd., S | Suite 1 | 102 | | | | | |
| City, State, Zip Code | | | | | | | State, Zip | Code IJ 0740 | 5 | | | | | | |
| Project Manager for Monitoring | Firm | | Telepho | ne No. | | | hone No. | | | License | | | | | |
| Start Date (10) | | | npletion | Date (11) | | Name | of OSHA | A Monitor | | | | | | | |
| JOB PUT ON HOLD Occupancy Status During Abate | Unkn | T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 | | | | | Address | nvironm | ental | Service | s, In | C. | | | |
| Facility Closed/Vacated Du | | 000000 | nent | | | | | on Rd., S | Suite 1 | 102 | | | | | |
| Abatement Performed Outs Other – Describe: | side of Normal Facil | ity Hours | 3 | | | | State, Zip | Code IJ 0740 | 5 | | | | | | |
| Scope of Work (Check All That / | Apply) | | | | | | | | | | | _ | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | × | Renova Demolit | | | | × | Mini- Glov | Containme Enclosure ebag Proc Exempted | edure | | | | | 0 | |
| | | ls Locati | ion | | | | 1 14011 | Lxempled | () and | 11011-111 | able I | | | ement | 1 |
| Location of | 1.0 | Normal sed Sole | ly | | | scription | | | | | - | _ | Ту | ре | |
| Asbestos-Containing Materia TO BE ABATED | II (ACIVI) | laintena | nce/ | | | | Material (s insulati | | | mount specify | | | _ | Enc | щ |
| In Facility (13) | | stodial S (12) | otan? | | surfac | cing, VA | T, or | | SF | or LF) | Zellova | | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | 0010111 | no o o na n | iodao, | | | | ā | - | 7 | ilate | лге |
| Entire Structure | | | х | | Uı | nknow | 'n | | Unl | known | Х | | | | |
| | | | | | Burnt C | Out Str | ucture | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Haul | er | 1000 | JDEP W auler ID | | Cubic of Was | | 100 | Name of F | | red Land | fill | | | | |
| Yannuzzi Group, Inc. | | 10.000 | 7467 | 0.000 | 200 | | | G.R.O.V | 1010 (1010) | | | | | | |
| City, State Kinnelon, NJ | | | | | Dispos | al Date own | | City, State Morrisvi | | A | | | | | |
| Completed by Anna Bastos | Title Adn | ninistra | tive As | sistant | S | ignature | e . | Bar | tos | , [| Date 7/10/ | 15 | | | |

CK 1227

| Date of Notification (1) | | | | | f Building (| | perator | (2) | | 22 | P2 | | | | |
|--------------------------------------|---|---|--------------------|-------------------|------------------------|-------------|------------------------|------------------|--|------------|-------------------|----------------|--------------|-------------|-----------|
| 7/10/15 | <u> </u> | | | | Del Guio | lice | | | 1 | 15 J | 17 | | | 3 | |
| Agencies Notified EPA | Type Notification | | - 1 | Street A 84-86 | ddress Elm St. | | | | 3. 142 | | F2 | | | | |
| DEP DOL | × Amended Amendment | 7/1 | | | ite, Zip Co town, N | | 30 | | | ć. | . ICE | | | | |
| DOH DCA | Emergency justification) Cancellation | | | | f Contact Del Guio | lice | | | | Tel | ephone Ni | umber | | | |
| | | 72 | | | LITY INFO | | ON | | | -1 | | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3) | | 17101 | | 7,410,0 (11 | - | Туре | of Facility (4 | 1) | | | | | |
| Private Property | | | | | | | | | School (K-1 | 2) | | | | | |
| Street Address 84-86 Elm Street | N, | | | | | | | | Subchapter Other (i.e. p | 8 (Oth | | | ding | s, hon | nes, |
| City (5) Morristown | | | | | | | | | re Feet | # 0 | f Floors | | 3ldg. 50- | | |
| County (6) Morris | | | | | Code (7) USE ONLY) | | | Сипте | nt Use (Prid | or if bei | ng demolis | shed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | I No. | | Name | of Aba | tement Con | tractor | (9) | | - | | |
| | | | | | | Yanr | nuzzi B | Environm | | | s, Inc. | | | | |
| Street Address | | | | | | | Addres Kinnel | ss Ion Rd., S | Suite | 102 | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code NJ 0740 | 5 | | | | | |
| Project Manager for Mor | itoring Firm | | | Telepho | ne No. | | F | none No 218-0 | | | License 01228 | No. | | | |
| Start Date (10) JOB PUT ON HOL | D _i | Schedule Unknov | | npletion | Date (11) | | | | HA Monitor Environm | ental | Services | s, Inc. | | | |
| Occupancy Status Durin | g Abatement (Ched | k Only On | e) | | | | Street | Addres | SS | | | | | | |
| Facility Closed/Vac | ated During Entire | Period of A | batem | nent | | | 135 | Kinnel | lon Rd., S | Suite | 102 | | | | |
| Abatement Perform Other – Describe: | | | | | | _ | | | ip Code NJ 0740 | 5 | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enova emolit | | | *** | 2 | Min Glo | l Containme ni-Enclosure ovebag Prod n-Exempted | edure | | | | ire | |
| | | lo lo | l a sati | | | | | | | 1/4. | 4 1 10 11 1 110 | | 1960000 | teme | nt |
| Location | of. | | Locati ormal | | | Dec | oorintion | o f | | | | | | ype | |
| Asbestos-Containing | | | d Sole | | Asbest | tos Cont | scription taining N | | (ACM) | Α | mount | | | п | |
| TO BE AB | | 100000000000000000000000000000000000000 | odial S | | (i.e. | thermal | system cing, VA | | ation, | | Specify or LF) | Rer | Re | Encapsulate | Enclosure |
| (13) | | | (12) | | | | niscellar | | | 31 | OI LF) | Remova | Repair | lusq | nso |
| | | Yes | No | N/A | | | | (5.7) | | | | <u>a</u> | | ate | re |
| Entire Sru | icture | | | х | | U | nknow | 'n | | Un | known | x | | | |
| | | | | | E | Burnt C | Out Str | ucture | Э | | | | | | |
| | | | | | | | | | | | | _ | 1 | | |
| | 22.1 | | | | | | | | | | | | | | |
| Name of Registered Was | | 1000000 | JDEP W auler ID | | Cubic of Was | | | 1500 500 10 KI | | ered Landf | ill | | | | |
| Yannuzzi Group, Inc | | 11/2/21/2 | 7467 | | 20 | 0 | | G.R.O.\ | | | 20 | | | | |
| City, State Kinnelon, NJ | | | | | | Dispos | sal Date nown | | City, State Morrisvi | | A | | ** | | |
| Completed by Anna Bastos | | Title Admir | nistra | tive As | ssistant | S | Signature | e M A | Bas | to | 1) 7 | Date 7/10/1 | 5 | | |
| | | | | | | | -10 | 100 | 1000 | | | | | | |