| 7 K # 3416 | 140 | | | NJAC 8:60 and | |) | | | | | | | 1 |
|---|-------------|---------------------|---------------------|---|-----------------------|---------|---------------------------------|-----------------------|---------------|---------------|--------------|-------------|-----------|
| Date of Notification (1) 07/11/2017 | | 1000000 | lame of B | Building Owner/O | perator | (2) | 5.3 | - I | | | | | |
| Agencies Notified Type Notification | | | treet Ad | 1576 | | | | J | JL | 21 | 201 | 7 | |
| 100 To Anna Co. | | | | | | | | 1 | | | | | 1 |
| EPA Initial Amended Amendment #_ | | | | e, Zip Code idge, N.J. 088 | 129 | | | A.S.D. | | C. | | | |
| Emergency (Inc | luding | | lame of | | | | 1 | Telenhone | Num | ner, | | | = |
| DOH justification) Cancellation | | N | Mark B | ogart | | | | - | _ | _ '_ | | | |
| | Ness (2) | | FACIL | ITY INFORMATI | ON | Type | e of Facility (4) | | | | | | - |
| Name of Facility Where Abatement is Taking F Residence | 1ace (3) | | | | | П | School (K-12) | | | | | | |
| Street Address | | | | | | | Subchapter 8 Other (i.e. pri | (Other than | K-12) | huildi | nas l | ome | |
| | | | | | | × | etc.) | | | | | | 3, |
| City (5) | | | | | | 3,28 | are Feet 87 | # of Floors | • | 17 | dg. Ag '5 | je | |
| High Bridge County (6) | | | County C | ode (7) | | | ent Use (Prior | | nolishe | ed) | 2000 | | |
| Hunterdon | | | | SE ONLY) | | | | | | 200-100 | | | |
| Name of Monitoring Firm Hired by Building Ow A. Seine Lighthouse Solutions | mer (8) | | ASCM | No. | 1968 1100 | | atement Contr ank Service: | | | | | | |
| Street Address PO Box 354 | | | | | Street | | ess erty Avenue | 1 | | | | | |
| City, State, Zip Code | | | | | | | Zip Code | | | | | | |
| South Orange, NJ 07079 | | | | | The Control of | | NJ 07205 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | | Teleph | | No. 7465 | Licer 013 | ise No |). | | | |
| Sarah Calandra | 'ahadula | | | 9-2666 Date (11) | 102011 10 | | SHA Monitor | 013 | 10 | 77 - 73 18 | | | - |
| | 8/03/2 | | piedori | Date (11) | | | Lighthouse | Solutions | | | | | |
| Occupancy Status During Abatement (Check | Only On | e) | | | Street | | | | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal | riod of A | Abatem | ent | | | Box 3 | Zip Code | | | | | | |
| Other – Describe: | - | | | | Sout | th Or | range, NJ 0 | 7079 | | | | | |
| Scope of Work (Check All That Apply) | | | | | _ | - | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Semantine . | Renovat Demoliti | | | 2 | × N | ull Containme Iini-Enclosure | | tive P | ressur | е | | |
| 1100 31 51 2250 11 | | | | | P | × G | Slovebag Proculon-Exempted | edure (*) and Non- | -Friabl | e Prod | cedure | 9 | |
| | ls | Location | on | | | | | | | | Abate | ment | |
| Location of | 1 | Normall ed Solel | у | | escription | | | | | | Ту | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | intenar | nce/ | Asbestos Cor (i.e. therma | l system | ns insu | ulation, | Amount (Specify | / | Re | Z Z | Encapsulate | Enc |
| In Facility (13) | Cusi | todial S (12) | otanir | | acing, V/ miscella | | | SF or LF |) | Remova | Repair | psul | Enclosure |
| (10) | Yes | No | N/A | 100000000000000000000000000000000000000 | | | | | | <u>a</u> | | ate | ·e |
| Basement | | X | | р | ipe wra | ар | | 300 LF | | X | | | |
| | | | | | | 100 | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | - Marala | | Name of | Registered L | andfill | | | | |
| Name of Registered Waste Hauler | | H | JDEP W lauler ID | | c Yards aste | | 1 2000 | Aanageme | | | II | | |
| Newark Carting | | 04 | 4509 | Di | and Det | | City, State | | | | 0.5% | | |
| City, State East Orange, NJ | | | | | osal Dat | | | rgyle, PA | | | | | |
| Completed by Alison Lamers | Title | | nager | • | Signatu | 70 | MANN | 2 | Da 0.7 | ite 7/11/2 | 2017 | | |

| | | (P | ursuant | to NJAC 8:60 and | 12:120) | | 10 | CK | 41 | 78 | | 1 | |
|--|-----------|----------------------|--------------------|--|---------------------|--------------|-----------------------|-----------------------|---------|--------|--------|-------------|-----------|
| Date of Notification (1) | | T | Name of | Building Owner/Op | erator (2 |) | | | , , | | | | = |
| 7-18-2017 | | | MON | TANA COX | STRU | ICTION | Cop F |) | | | | | |
| Agencies Notified Type Notification | | | | | | | | ال ا | JL : | 2 1 | 20 | 17 | |
| □ EPA ■ Initial | | _ | 319 | GROVE & e Zin Code | TRI | FFT | | | | | | 03.01 | |
| DEP Amended DOL Amendment #_ | | 1 | City, Stat | e, Zip Code FDFLL , Contact | TILL | . 17 | 110 | | | | | | ! |
| ☐ Emergency (inc | luding | - | UYC | FDELL , , | Ú 7 | 010 | 077 | ASL. | | | | | - |
| DOH justification) | | | Name of | BALLER | | | 1 | 1. | | | | | |
| □ DCA □ Cancellation | | | | JTY INFORMAT | | | | 1 | | _ | | - | - |
| Name of Facility Where Abatement is Taking Pla | ce (3) | | PACIL | ATT INFORMAT | ION | Type of F | acility (4) | | | | | | |
| MONTANA CONSTRUCTION | 850 | | | | | (E)(C) | ool (K-12) | | | | | | |
| Street Address | | | | | | ☐ Sub | chapter 8 (| Other than K-12 | | | | | |
| 319 GROVE STREET | | | | | | B Oth | er (i.e. priv | rate & commerci | ial bui | lding | s, ho | nes, e | tc.) |
| City (5) | | | | | | Square Fe | et | # of Floors | | Blo | ig. A | ge | |
| ORADELL | | | | | | 250 | 0 | 3 STOR | ey | 10 | 0 4 | IRS | |
| County (6) | | | County C | | | | | | ned) | | , | | |
| BERGEN | | | (STATE U | SE ONLY) | | RES | SIDER | CE | | | | | |
| Name of Monitoring Firm Hired by Building Own | ner (8) | | ASCM | l No. | | of Abateme | | | | | | | |
| | | | | | | st Remo | oval In | С | | - 4 | | | |
| Street Address | | | | | V 4550 | Address | contri | SECTION US | | | | | |
| | | | | | | 0 South | | Street | | | | | aug |
| City, State, Zip Code | | | | | 13 0050 | tate, Zip Co | | 7601 | | | | | |
| Paris Manager Co. Manitorina Firm | | | Talanhan | a Nia | | ckensacl | K, NJ U | License | Nio | | _ | | _ |
| Project Manager for Monitoring Firm | | | Telephon | e INO. | | 201-329 | 7444 | | 038 | 8 | | | |
| Start Date (10) | Schedulec | l Comp | letion Da | te (11) | | of OSHA M | | | 7030 | | - | - | - |
| 8-4-17 | | 5- | | tc (11) | | nega En | | nental | | | | | |
| Occupancy Status During Abatement (Check Only | 1000 | | 1 1 | | | Address | IVIIOIIII | iciitai | | | | | |
| Facility Closed/Vacated During Entire Perio | | ement | | | 28 | 30 Huyl | er Stree | et | | | | | |
| ☐ Abatement Performed Outside of Normal Fa | cility Ho | urs | | | City, S | tate, Zip Co | ode | | | | | | |
| Other - Describe: | | | | | S | outh Ha | ckensa | ck, NJ 076 | 06 | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | □ R | enovati | on | | Ε | Full Co | ntainment | with Negative F | ressu | ге | | | |
| □ ≥160 sf or ≥260 lf | of D | emoliti | on | | E | | nclosure ag Proced | ITO | | | | | |
| | | | | | | | - | i) and Non-Friat | le Pro | cedu | re | | |
| | Is | Location | מה | | | | | | | E | | ment | |
| Location of | N | Normall | у | De | scription | of | | | L | | Ту | pe | |
| Asbestos-Containing Material (ACM) | 10.570 | d Solely iintenan | 00000 | Asbestos Cont | aining M | iaterial (AC | | Amount | | | | m | _ |
| TO BE ABATED In Facility | | todial S | | (i.e. thermal systematics) | ems insu VAT, or | | icing, | (Specify SF or LF) | | Remova | Repair | ncap | Enclosure |
| (13) | | (12) | | | miscellar | | | ~ · · · · · · · | | ova | air | Encapsulate | SUL |
| | Yes | No | N/A | | | | | | | | | Е | (9 |
| BASEMENT | | | X | THERMAL | / 11 1 | SULATI | -0 | 150 L | = 1 | < | | | |
| JASEMED ! | | | / | 1 ITERMAN | 110 | 20 (14(1 | مره | 100 4 | .1 / | + | - | | |
| | | | - | | | | | | + | - | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | 2000 | | | | | |
| Name of Registered Waste Hauler | | 1000000 | JDEP Wa | 30:001 IDE TO THE TOTAL TO THE T | | N | ame of Re | gistered Landfill | | | | | |
| Best Removal Inc | | H | auler ID 1 1710 | 1 0 | 11. | D | Mi | nverva Ent | ernr | ises | . 1 | LC | |
| City, State | | | 1/10 | Dispos | al Date | C | ity, State | | P. | | , ~ | | _ |
| Hackensack, NJ 07601 | | | | 8 | -5- | 17 | 1000 march 1000 march | esburg, OH | 446 | 886 | | | |
| Completed by | Title | | | | ignature | | | | Date | | | | |
| Robert Veldran | Es | stima | tor | | R.V | eldra | in | | 7- | 18 | - | 201 | 7 |

| 2 | | | NOTII | | ate of Ne | | y ABATEM | ENT | | | | | | |
|---|---|--------------------------|----------------------------|-------------------------------|------------------------|-------------------------------|--|---|----------------------|---------------------------|-----------------|---------|------------------|------------|
| CV#483 | \cap | | | | | | d 12:120) | LIVI | | | | | | |
| Date of Notification (1) 07/17//2017 | | | | Name o New P | f Building rovide: | Owner/C | Operator (2 oard of | 2) Education | | ch | # 48 | 30 | Ti. | Ţ, |
| Agencies Notified © EPA EX DEP | Type Notification Initial Amende | d | | Street A 356 El | ddress kwood | Ave | 1 | | | | | | | |
| ⊠ DOL | Amendment © Emergency | 77 | | | ate, Zip Co rovidei | | J | | | JUL | 21 | 2017 | 1 | |
| © DCA | (including justification) © Cancellation | | | Name o Jim Tr | f Contact ench | | | | | k 1 | | | | |
| | | | | FAC | ILITY INF | ORMAT | | | | | | | | |
| Name of Facility Where A High school | batement is Takin | g Place (| 3) | | | | | Type of Facility School | | | | | | |
| Street Address 35 Pioneer Drive | | | | | | | | SubchapOther (i.e. etc.) | oter 8 (Oth | ner than K- commercia | 12) al build | dings, | home | ∋s. |
| City (5) New Providence | 12 | | | | | | | Square Feet | # of | Floors | В | lldg. A | ge | |
| County (6) Union | | | | | Code (7) USE ONLY | , | s | Current Use (P chool | rior if bein | g demolish | ed) | | | |
| Name of Monitoring Firm N/A | Hired by Building | Owner (8) |) | ASC | И No. | | Name o Lilich | f Abatement Co Corporatio | ontractor (| 9) | | | | |
| Street Address | | | | | | | Street A | oddress cBride Ave | e | | | | | |
| City, State, Zip Code | | | | | | | City, Sta Wood | ate, Zip Code land Park, 1 | NJ 0742 | 24 | | | | |
| Project Manager for Moni | itoring Firm | | | Telepho | ne No. | | Telepho 973-22 | one No. 25-8400 | | License N | 0. | | | |
| Start Date (10) 07-27-2017 | | Schedu 07-28 | led Co -201 | mpletion 7 | Date (11) | | Name o | f OSHA Monito | or al Labo | ratories | 1.1.0 | ٦ | 2534 | |
| Occupancy Status During | | k Only O | ne) | | | | Street A | | | | | | | |
| Abatement Perform | ncated During Entire ned Outside of Nor start 3:30 pm | e Period o rmal Facil | of Aba lity Ho | tement urs | 27 | | City, Sta | ate, Zip Code NJ 07083 | CSI | | | | | |
| Scope of Work (Check Al | That Apply) | | | | | | Omon | , 145 07005 | | | | | - | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 | If | | (X) | Renovati Demolitio | (200 | | (G) (G) (X) | Glovebag | sure Procedure |) | | | ıre | |
| l e | | 1 | s Loca | ation | | | | 200000000000000000000000000000000000000 | | 30.000.000.000.000 | Τ | Abate | mental residence | t |
| Location Asbestos-Containing TO BE ABA In Facili (13) | Material (ACM) | No Ma | rmally Solely ainten | Used by ance/ Staff? | Asbe: (i.e | stos Con . therma surfa | escription of taining Ma I systems acing, VAT miscellane | iterial (ACM) insulation, , or | (S | nount pecify or LF) | Remova | Repair | e Encapsulate | Enclosure |
| 1 | | Yes | No | N/A | | | | 190 | | | <u>n</u> | | late | Jre . |
| classroom | | | Х | | counte | er tops | | | 67 SF | | X | | | |
| classroom | | | | | transit | е | | | 22 SF | | X | | | |
| -(| | | | | | | | | | | | | | |
| Name of Registered Wast Lilich Corporation | te Hauler | | | NJDEP W Hauler ID 8724 | | of Wa | Yards ste | Name o GROV | f Register VS Lan | ed Landfill dfill | | ń | , | |
| City, State Woodland Park, Ne | ew Jersey | | | | | | sal Date | City, Sta Morris | ate sville, P | | | | 4 | 83 53 |
| Completed by Adriana Olejarova | | Title presid | dent | | | 1 | signature A | ~ a6 | 2 | Da 07/ | te 17/2 | 017 | | S. T. + 4. |
| ASB-41 (R-06-08) | <i>3</i> 1 | | | | | | * Do not | use this form fo | or asbesto | s licensure | exem | pted a | activit | ies. |

| Date of Notification (1) 07/18/2017 | | | | Name o Wayn | of Building e Public s | Owner/G schools | Operator | (2) | | ch# | 4831 | | | |
|---|---|------------------|--|-----------------------------|---------------------------|------------------------------|--|---|---------------|---|---------------|---------|---------------|-----------|
| Agencies Notified | Type Notification | | | | Address lis Drive | | į. | | 1 | | JUL | 2 1 | 201 | 7 |
| × DEP × DOL | ☐ Amended Amendmen | | | | ate, Zip Co e, NJ 074 | | | | | A.S. | | 7-3 | | |
| × DOH | □ Emergency justification) □ Cancellation |) | | Name of John N | of Contact Maso | | | | _ ' | | | | | |
| | | | | FAC | ILITY INF | ORMAT | ION | | | | | | | |
| Name of Facility Where Valley High school | Abatement is Takin | ng Place | (3) | 17.0 | | O T CHILLY T | | Type of Facility x School (K- | 1000000 | | 144465-100 | | | |
| Street Address 551 Valley Road | | | | | | | | | er 8 (Oth | er than K-1 commercial | 2) buildir | igs, hi | omes, | |
| Çity (5) Wayne | | | | | | | | Square Feet | # 0 | f Floors | E | Bldg. A | \ge | |
| County (6) Passaic | | | | County (STATE | Code (7) USE ONLY | | | Current Use (P school | rior if be | ing demolis | shed) | | | |
| Name of Monitoring Firm Ahera Consultants,In | n Hired by Building C | Owner (8 |) | ASCI | M No. | | Name Lilich | of Abatement C Corporation | ontractor | (9) | | | | |
| Street Address POB 385 | | | | | | | | Address IcBride Ave | | | | | | |
| City, State, Zip Code Oceanville, NJ 08231 | | | | | | | | tate, Zip Code land Park, NJ | 07424 | | | | | |
| Project Manager for Mo John Smoyer | nitoring Firm | | | Telepho 609-65 | one No. 32-1833 | | | one No. 25-8400 | | License 1 01104 | No. | | | |
| Start Date (10) 07-28-2017 | 82 | Schedu 07-30- | led Co 2017 | mpletion | Date (11) | | | of OSHA Monito | | ries, LLC | | | | - |
| Occupancy Status Durin | ng Abatement (Che | ck Only O | ne) | | | | Street | Address | | 99 53 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 | | | | |
| 449 | cated During Entire | Period of | Abater | ment s | | | 2333 City, S | Route 22 West tate, Zip Code , NJ 07083 | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | | | |
| X ≥3 sf.or≥3 lf □ ≥160 sf or ≥260 lf | 4,577 | | Renov Demol | | | | 0 | Glovebag Pro | ure cedure | | | | | |
| | | | | | | | X | Non-Exempted | (*) and | Non-Friable | e Proce | edure | M&0 | |
| \$ ² | | 333 | Locat | | | | | | | | | Abate | | |
| Asbestos-Containing TO BE AB In Faci (13) | Material (ACM) ATED lity | Us Ma Cus | Norma ed Sole aintena stodial (12) | ely by ince/ Staff? | Asbes (i.e. | tos Cont thermal surfa | scription taining M systems cing, VA niscellan | laterial (ACM) insulation, T, or | (S | mount pecify or LF) | Removal | Repair | e Encapsulate | Enclosure |
| Auditorium atasa ria | lat A a a a | Yes | No | N/A | 0.5 | | | | | | | | (b | |
| Auditorium stage-rig | Apron | - | X | + - | Soft cr | ete an | d mast | ic (O&M) | 15 SF | | X | | | |
| un | | - | - | + | | | | | | | - | | | |
| - | | | | 1 | - | | | | | | | | | |
| Name of Registered Was Lilich Corporation | ste Hauler | | H | JDEP W Hauler ID 8724 | | Cubic of Was | | Name o GROW | | red Landfil Ifill | l I | | | = |
| City, State Woodland Park, New | Jersey | | | | | Dispos | sal Date | City, Sta Morrisv | | | | | | |
| Completed by Adriana Olejarova | | Title Presi | dent | | | S | Ignature D | COD. | | | ate 7/18/2 | 017 | 7 | |
| | | | | | | | | 100 | | | - | | | |

07/17/2817 11:31

NO. 252 #882

| # 4100 | | IOTIF | | ION | DF ASB | ESTOS ABAT C 8:60 and 5:16 | | [.11.] | | 1 | J | UL |
|-------------------------------|--|--|-------------------|----------|----------------|---|---------------------|----------------------|------------|----------|-------|------------|
| Date of Notification (1) | | | T | | • | Owner/Operator (2 | (2) | | | 1 | | |
| _7_/_ | 17 / 17 | | 1 | H. 3 | ook Gur | 1eÅ | | JUL + jj | (ijy | Fil. | | |
| Agencies Notified | Type Notification | | 1 | Street A | ddress. | | | 1 | 7 | | I I | |
| ⊠ EPA | ⊠ Initial | | | | | | | | <u>.</u> . | | ٦_ | |
| ⊠ DOLWD | ☐ Amended | | T | Cily, St | ate. Zip C | ods | | NAMER AL | | | 1) | E 17 |
| Ø DOM | Amendment #_ | hidian | 1 | Mon | tolair, N. | 07043 | | <u> </u> | | | | |
| ☐ DCA (NJAC 5:23-8) | lus (Mostlon) | imont fil | | Vama t | of Contact | | | כוחנות החסתהפובד | 07_ | | | |
| (Haria sime a) | ☐ Concellation | | | H. S | cott Gur | vay | | 1 | | | | * |
| | | | | FAC | ILITY IN | FORMATION | | - | 1175 | | | Management |
| Norma of Facility Where A | batemeni la Takina | Piacs | 2) | | 12.11.00 | | Type of Facility | (4) | - | | | |
| Gurvey Residence | | | 50.5 | | | | ☐ Bohool (K-12 |) | | | | |
| Street Address | | | | | | | D Subshapter I | (Other than K-12) | | | | |
| Ditcat winight | | | | | | | homes, etc.) | rivate and commerc | | ang (| 1 | |
| O'ELIK'S | | | | | | | Square Feet | # of Floors | Bld | g. Ag | 9 | _ |
| Oity (5) | | | | | | | 3,000 | 3 | 1 | ٥ | 9*** | |
| Wontclair | | | - | Court | v Code (V | STATE USE ONLY | | or If being demolfal | nad) | | _ | _ |
| County (6) | | | | | ' and fi | ,,= | Residence | | | | | |
| Easex Name of Manitoring Firm | ULAND BUZZE - A | - mar #1 | 1 | SCM | J _A | Nama of Sharam | eni Cantractor (9) | | | | | - |
| | | menar (i | , , | NOUNE I | Sir. | | enmental, LLC | | | | | |
| MDG Environment | al, LLG | | | | | Sirect Address | CHESTON PARTY PARTY | | | | _ | |
| Street Address | | | | | | | | | | | | |
| 1000 Maplewood D | rive, Suite 207 | | | | | 623 Cutter A | | | - | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | | | |
| Maple Shade, NJ D | | | | | | Maple Shade | אַסטפט נאַ | | | | | |
| Project Manager for Mon | itoring Firm | | | phane I | | Telephone No. | | License No. | | | | |
| Chris Maori | WATER STATE OF THE | and the state of t | 1 | 6-756 | KANTANIAN | 656-756-009 | 9 | 00842 | | | | |
| Start Date (10) | | ulad C | | | | Name of OSHA | Janilar | | | | | |
| 07 / 18 / | 17 _ 0 | 7_ 1 | 21 | _ 1 _ | 17 | EMBL Analy | tical, inc. | | | | | |
| Occupancy Status During | z Abstement (Ghaol | only o | ne) | | | Streat Address | | | | | | |
| R Facility Closed Waget | ed During Entire Pa | nod of | Aboler | nehl | | 200 Route 1: | 30 North | | | | | |
| Abstract Performa | d Outside of Normal | Facility | Hour | s - Des | criba | City State, Zip C | cde | | | | | |
| Time of Abstement. | AMP | VII | PM- | / | NA | Cinnaminao | n, NJ 08077 | | | | | |
| Scope of Wark (Check a | () that apply) | | | | | | | | | | | |
| | , u | - | | | | ⊠ Full Cer ☐ Mini-En | lainment with Ne | gative Pressure | | | | |
| ₩ ≥3 sf or ≥3 11 | | | novsti malitic | | | | sq Propedure | | | | | |
| ☐ ≥160 at or ≥280 K | | | i i i i i i | 111 | | | | on-Friable Procedu | re | | | |
| | | 1z | Locat | on | | | | | Ab | alem | ent T | ypa |
| Location | | | d San | | | Description | | Amount | 20 | Responer | Em | 5 |
| Asbestos-Contsining | | | ntana | | | rstos Containing M s., thermal systems | | (Specify | 13 | 3 | cyc | 0 |
| YO BE AB | | Cus | todial | Slatt? | 1 1 | aurtacing. VA | | SF OF LF) | 2 | 1 | a. | 577 |
| (13) | | | (12) | Torri | 1 | other mises lan | eous) | | - | | 5 | 150 |
| | | Yes | No | N/A | | | | | - | - | | - |
| Top Landing of Stal | rwell | | | X | Calling | Plaster . | | 105 SF | 8 | Ц | | |
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| | | Q | | 14 | | | | - | 무 | | | - |
| | | | | | | | | | | | | |
| Name of Regislated Wa | ate Hautor | | | JOEP | | Cubio Yards of | | istered Landfill | | | | |
| Freshold Cartage | | | 1 | autor I | | Weels | GROWS | Yorth Landfill | | | | |
| City, State | | | | 1593) | | Disposal Dalo | City, State | | | | | - |
| Freshold, NJ | | | | | | 07/21/2017 | Mordavill | e, PA | | | | |
| | , | | | 700 | | | | | tó | | - | - |
| Gampleted By (Print or | | | | | O | Signatur | 0)0 | 1.5 | | 1 4 | 7 | |
| Christins Lynch | | rice P | CHICH | ius ca. | Operation | "" CYNON | | | 11= | 1 | 1 | |

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* Do not use this form for exhaptes (Icanzure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 2017 Date of Notification Ridge Park Apartments, LLC 07-19-2017 Agencies Notified Type Notification Street Address 1122 Clifton Ave **EPA** City, State & Zip Code AS-DEP Initial Clifton, NJ 07013 DOL Amended Name of Contact DOH Emergency Jerry Campbell DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) North Arlington Apartments-Bldg 40 Meter Room Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 20 - B Ridge Park Drive Blda. Age Square Feet # of Floors County Code (7) 7.550 City (5) County (6) Current Use (Prior if being demolished) Bergen North Arlington, NJ Apartment Bldg Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Resource Management Group, LLC 117 Health and Safety Services Street Address Street Address 2115 Hamilton Ave, Suite 202 P.O. Box 365 City, State & Zip Code City, State & Zip Code Trenton, NJ 08619 Berlin, NJ 08009 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 01185 856-452-1311 609-914-4279 Mr. Jim Proctor Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) J&S Environmental Laboratories, Inc. 08-02-2017 8-1-2017 Street Address Occupancy Status During Abatement (Check only one) 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed during Normal Hours: Union, NJ 07083 Describe: 8:30am - 6:00pm Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glove Bag Procedures Demolition ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Is Location Location of (Specify Normally Used Asbestos-Containing Asbestos-Containing SF or LF) Encapsulat Material (ACM) Material (ACM) Solely by Enclosure Remova (i.e., thermal systems Maintenance or TO BE ABATED Custodial Staff? insulation, surfacing, VAT in Facility or other miscellaneous) (12)(13)N/A Yes No 222 LF \boxtimes M Pipe Insulation Meter Room 22 each X Elbows Meter Room NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste Hauler ID No. Grows Landfill 0035218 TBD Resource Management Group, LLC Disposal Date City, State City, State Morrisville, PA TBD/ Trenton, NJ 08619 Date Title Signature Completed By (Print or Type) 07-19-2017 President Mr. Brian Haney

Name of Building Owner / Operator (2) Date of Notification (1) Ridge Park Apartments, LLC 07-19-2017 Street Address Agencies Notified Type Notification **EPA** 1122 Clifton Ave City, State & Zip Code DEP Initial Clifton, NJ 07013 Amended DOL Name of Contact Emergency DOH Jerry Campbell Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) North Arlington Apartments-Bldg 100 Storage Room ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 20 - B Ridge Park Drive # of Floors Bldg. Age Square Feet County Code (7) 2.900 County (6) City (5) Current Use (Prior if being demolished) Bergen North Arlington, NJ Apartment Bldg Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Resource Management Group, LLC 117 Health and Safety Services Street Address Street Address 2115 Hamilton Ave, Suite 202 P.O. Box 365 City, State & Zip Code City, State & Zip Code Trenton, NJ 08619 Berlin, NJ 08009 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 01185 609-914-4279 856-452-1311 Mr. Jim Proctor Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) J&S Environmental Laboratories, Inc. 8-3-2017 08-4-2017 Occupancy Status During Abatement (Check only one) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed during Normal Hours: Describe: 8:30am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf \boxtimes Glove Bag Procedures ≥160 sf ≥260 lf Demolition Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Is Location Location of Asbestos-Containing (Specify Normally Used Asbestos-Containing SF or LF) Solely by Material (ACM) Encapsula Material (ACM) Enclosure Remova Repair (i.e., thermal systems TO BE ABATED Maintenance or insulation, surfacing, VAT in Facility Custodial Staff? or other miscellaneous) (12)(13)N/A Yes No \boxtimes Pipe Insulation 168 LF Storage Room X 10 each Elbows Storage Room Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. Grows Landfill TBD Resource Management Group, LLC 0035218 Disposal Date City, State City, State Morrisville, PA TBD Trenton, NJ 08619 Date Title Signature Completed By (Print or Type) 07-19-2017 President Mr. Brian Haney

| 0 / # 2108 | 5 | Pursua | nt to | N.J.A | .C. | 8:60 and 1 | 12:12 | 0) | | | | | |
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| Date of Notification | (1) | Na | ame of | Building | g Ow | vner / Operator | (2) | | 1 11 | 1111 0 | 4 0 | 017 | |
| | 07-19-2017 | Ri | idge Pa | ark Apar | | nts, LLC | 85000 | | | JUL 2 | 1 6 | UII | |
| Agencies Notified | Type Notification | 1000000 | | ddress | | | | | i | | | | |
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| ☐ DEP ☐ DOL | ☐ Initial ☐ Amended | | | ite & Zip NJ 0701: | | ie . | | | AUL | 1.5 | | 1 | |
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| Name of Eacility W/I | nere Abatement is Taking | Place (3) | FAU | ILIT IN | FUF | Type of Facilit | v (4) | | | | | | - |
| North Arlington Apa | | Tiace (5) | | | | School (K | | | | | | | 1 |
| Street Address | 9 | | | | | ☐ Subchapt | ter 8 (C | ther than K- | -12) | | | | |
| 20 - B Ridge Park | k Drive | | | | | Other (i.e | . privat | e & comme | rcial buildi | ings, hom | nes, e | tc.) | |
| (20) | | | | | | Square Feet | | # of Floors | | Bldg. Ag | | | |
| City (5) | County (6) | Cour | nty Co | de (7) | | 10,400 | | 2 | | | 70 | | |
| North Arlington, NJ | Bergen | | | | | Current Use (F Apartment Bld | dg | - | | 8 | | | |
| | Firm Hired by Building C | wner (8) | | ASCM N | 0. | Name of Abate | | | | | | | |
| Health and Safety S | Services | | | 117 | | Resource Mar | | ent Group, L | .LC | | | | |
| Street Address | | | | | | Street Address 2115 Hamilton | | Suito 202 | | | | | |
| P.O. Box 365 City, State & Zip Co | ode | | | | | City, State & Z | | | | | | | - |
| Berlin, NJ 08009 | de | | | | | Trenton, NJ 08 | | 20 | | | | | |
| Project Manager for | r Monitoring Firm | Teleph | | | | Telephone Nu | | | License | Number | | | |
| Mr. Jim Proctor | | 856-45 | The second second | and the second second second | | 609-914-4279 | _ | | | 0118 | 35 | | |
| Scheduled Start Da 8-7-201 | | completion 08-11-2 | | (11) | | Name of OSH J&S Environm | | | , Inc. | | | | |
| Occupancy Status | During Abatement (Check | only one) |) | | | Street Address | s | | | | | | |
| | sed/Vacated During Entire | | f Abate | ement | | 2333 Route 22 | | | | | | | |
| | Performed during Norma | Hours: | | | | City, State & Z | | ie | | | | | |
| | 8:30am - 6:00pm cupied During Abatement | | | | | Union, NJ 070 | 103 | | | | | | |
| Scope of Work (Ch | | | | | | 1 | | | | | | | |
| | , | | | | | | | Full Contain | | Negative | Pres | sure | |
| ≥3 sf or ≥3 | lf | 10. 35 | Renov | | | | | Mini-Enclose | | | | | |
| ≥160 sf ≥26 | 60 If | | Demo | lition | | | | Glove Bag F | | | - | | |
| | | 1-1- | | | | Description | | Non-Exempt | Amount | | e Pro | The second second | |
| | ocation of tos-Containing | | ocationally Us | 100 | | Description Asbestos-Cont | | | (Specify | AD | ateme | 3111 | ype |
| | terial (ACM) | | lely by | | | Material (AC | | | SF or LF) |) _ | | Ш | m |
| | BE ABATED | Mainte | | | | (i.e., thermal sy | | | | ₹en | Re | пса | ncl |
| į | n Facility | Custo | | aff? | | sulation, surfaci | | | | Remova | Repair | Encapsula | Enclosure |
| | (13) | | (12) No N | N/A | 0 | or other miscella | aneous |) | | <u> 20</u> | ¬ | llat | lle |
| | | Yes | | | | | | | 150 1 5 | | | | |
| Laundry Room | | | - | | | sulation | | | 172 LF | | | | |
| Laundry Room | | 141 | | | ows | | | | 6 each | 1000 | H | H | 믬 |
| Meter Room | | | | _ | _ | sulation | | | 137 LF | | | H | 님 |
| Meter Room | | \perp | | | ows | | | | 6 each | | H | 님 | 님 |
| Storage Room | | 141 | and the same of th | | | sulation | | | 302 LF | | 무 | 님 | 님 |
| Storage Room | J.Mt-IIt- | | 170 | | ows | Contract of the Contract of th | Nome | of Dogister | 8 each | | | Ш | Ш |
| Name of Registere | u vvaste Hauler | | | er ID No | | Cubic Yards of Waste | | of Register | eu Lanuill | 11 | | | |
| Resource Manager | ment Group, LLC | | 0035 | | Т | BD | 100000000000000000000000000000000000000 | s Landfill | | | | | |
| City, State Trenton, NJ 08619 | | | | | | Disposal Date BD | City, S Morris | State sville, PA | | | | | |
| Completed By (Prin | nt or Type) | | Title | | S | Signature) | - | 11 | | Date | | | |
| Mr. Brian Haney | 5.5.7.50 | | | ident | | Kn | _ | MA | 4 | 07-1 | 9-201 | 7 | |

| 0V# 2685 (P) | ırsu | an | t te | o <u>N.</u> | J.A.C | 2. 8:60 and 1 | 2:12 | 20) | | | | | |
|--|--|-----------------------|-------|----------------|--------------------|--------------------------------|----------------------|--|-----------------------|-----------|---|------------|-----------|
| Date of Notification (1) 07-19-2017 | | Nar | ne i | of Bui | ilding C Apartm | Owner / Operator ents, LLC | (2) | | | JUL | 2 1 | 201 | i I |
| Agencies Notified Type Notification EPA | | Stre | eet . | Addre | ess | | | | | | | 7.517 | ier er |
| ☐ DEP ☐ Initial | | | | | Zip Co | ode | | | T AS | H-1 | 1 | 1.0.0 | |
| ☐ Amended | | | | | 7013 | | | | | | | | |
| □ DOH □ Emergency □ Cancellation | | | | of Co ampbe | | | | | | | • | | in 12 |
| ☐ DCA ☐ Cancellation | | Jen | у Са | ampoe | ÷11 | | | | | | | | 1 |
| | | | FΑ | CILIT | Y INFO | DRMATION | | | | | | | |
| Name of Facility Where Abatement is Taking P | ace (| 3) | | | | Type of Facility | | | | | | | |
| North Arlington Apartments-Bldg 205 | | | | | | School (K | | Other than K | 12) | | | | 1 |
| Street Address 20 - B Ridge Park Drive | | | | | | | | Other than K-1 te & commerc | | as home | es e | c) | |
| 20 - B Ridge Falk Drive | | | | | | Square Feet | | # of Floors | | Bldg. Age | | | \neg |
| City (5) County (6) | Co | ount | v C | ode (| 7) | 10,400 | | 2 | | | 70 | | |
| North Arlington, NJ Bergen | | | 1 | | • | Current Use (F | Prior if | being demoli | shed) | | | | |
| | | | | | | Apartment Bld | Marketon and Company | | | | | | |
| Name of Monitoring Firm Hired by Building Own | ner (8 |) | | | M No. | Name of Abate | | | | | | | |
| Health and Safety Services | | | | 117 | | Resource Mar Street Address | | ent Group, Ll | _C | | | | |
| Street Address P.O. Box 365 | | | | | | 2115 Hamilton | | Suite 202 | | | | | |
| City, State & Zip Code | | | | | 22000 | City, State & Z | | the section is a second contract of the secon | | | | | |
| Berlin, NJ 08009 | | | | | | Trenton, NJ 08 | | **** | | | | | |
| Project Manager for Monitoring Firm | | | | Numb | per | Telephone Nu | | | License N | | _ | | |
| Mr. Jim Proctor | 856- | _ | _ | - | | 609-914-4279 | Married Williams | :- | | 0118 | 5 | | |
| Scheduled Start Date (10) Scheduled Cor 8-14-2017 | npleti 08-17 | | | e (11) | | Name of OSH, J&S Environm | | | Inc | | | | |
| Occupancy Status During Abatement (Check o | and the last of th | The Laboratory Street | 17 | | | Street Address | | Laboratories, | 1110. | | | | |
| Facility Closed/Vacated During Entire F | | | Aba | teme | nt | 2333 Route 22 | | t | | | | | |
| Abatement Performed during Normal H | | | | | | City, State & Z | | | | | | | |
| Describe: 8:30am - 6:00pm | | | | | | Union, NJ 070 | 83 | | | | | | |
| Facility Occupied During Abatement | | | | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | \boxtimes | Full Containn | nent with N | Jegative | Pres | sure | |
| ≥3 sf or ≥3 lf | \boxtimes | F | Ren | ovatio | n | | | Mini-Enclosus | | 3 | | | |
| ≥160 sf ≥260 If | | |)em | olitio | n | | | Glove Bag Pr | ocedures | | | | |
| | | | | | | | | Non-Exempte | ed and Nor | | | | |
| Location of | 1900 | Lo | | | | Description | | | Amount | Aba | teme | ent Ty | уре |
| Asbestos-Containing | | | | Ised | | Asbestos-Conta Material (AC | - 0 | | (Specify SF or LF) | | | Ш | _ |
| Material (ACM) TO BE ABATED | | Sole nter | | e or | | (i.e., thermal sy | | | of Ci Li) | Re | Z | nc | nc |
| in Facility | 100000000000000000000000000000000000000 | | | taff? | | nsulation, surfaci | ng, V | AT | | Removal | Repair | sde | Enclosure |
| (13) | | | 2) | | | or other miscella | neous | 3) | | Val | = | Encapsulat | ure |
| | Yes | N | lo | N/A | | | | | | | | _ | |
| Boiler Room | | | | | | nsulation | | | 274 LF | | | | |
| Boiler Room | | | | \boxtimes | Elbov | /S | | | 12 each | | | | |
| Meter Room | | | | \boxtimes | - | nsulation | | | 253 LF | | Ш | Ц | |
| Meter Room | | | | \boxtimes | Elbov | /S | | | 8 each | | Ц | | 닏 |
| | Ц | L | | | | | | | | | | | |
| | Ш | L | | Ш | | | | | 11 1511 | | | | Ш |
| Name of Registered Waste Hauler | | | | | | Cubic Yards of Waste | Name | e of Registere | d Landiiii | | | | 1 |
| Resource Management Group, LLC | | - 4 | | 35218 | | TBD | Grow | s Landfill | | | | | |
| City, State Trenton, NJ 08619 | | | | | | Disposal Date TBD | City, Morri | State sville, PA | | | | | |
| Completed By (Print or Type) | | | Title | е | | Signature | | λ / . | | Date | | | |
| Mr. Brian Haney | | | | sider | ıt | P)///11 | | 1/1/1////////////////////////////////// | | 07-19 | -201 | 7 | |

| CX#268F | 5 | (Pt | ırsu | ant | to N. | J.A.C | 2. 8:60 and | 12:120) | | | | | | - 1 |
|---|---------------------------|-----------------|-------------|---------|------------------|---------|--|------------------------|--------------|-------------|----------|---------|-----------|-----------|
| Date of Notification | | | | | | | Owner / Operator | r (2) | | 1 | 11.13 | 2 ' | 20 | 017 |
| | 07-19-2017 | | | | | | nents, LLC | | | 111 | JUL | | £-1 | 211 |
| Agencies Notified EPA | Type Notific | ation | | | Addre Clifton | | | | | | | | | |
| | | al. | | | | Zip C | ode | | | 1 | 501 - 1 | (Jan.) | 30 - | Tarie |
| ☐ DEP ☐ DOL | | nded | | | n, NJ (| | odo | | | | 11 | ٠, | | - |
| □ DOH | | ergency | | | of Co | | | | | | Talanh- | N.I. | | - |
| ☐ DCA | | cellation | | Jerry (| Campb | ell | | | | | | | | |
| | | | | F | ACILIT | TY INFO | ORMATION | | | | | | | |
| Name of Facility Wh | nere Abatem | ent is Taking P | lace (| | | | Type of Facili | | | | | | | |
| North Arlington Apa | rtments-Bld | g 200 | | | | | School (I | | | | | | | |
| Street Address | | | | | | | | | er than K- | | | | ۱۵۱ | |
| 20 – B Ridge Park | Drive | | | | | | Other (i.e | | | | | | (C.) | _ |
| 0:1. (5) | | (C) | 10. | | 2040 | (7) | Square Feet 10,400 | 10000 | of Floors | 1 | Bldg. Ag | 70 | | |
| City (5) North Arlington, NJ | | County (6) | 100 | unity | Code | (1) | Current Use (| | | ished) | | 10 | | |
| Notth Annigton, No | | Bergen | | | | | Apartment Bl | | ing demon | oriou | | | | |
| Name of Monitoring | Firm Hired | by Building Owr | ner (8) |) | ASC | CM No. | NAME AND ADDRESS OF THE OWNER, OF TAXABLE PARTY. | | ontractor (9 | 3) | | | | |
| Health and Safety S | | -, _ u | (- , | | 117 | | Resource Ma | | | | | | | |
| Street Address | | | | | | | Street Addres | | | | | | | |
| P.O. Box 365 | | | | | | | 2115 Hamilto | | ite 202 | | | | | |
| City, State & Zip Co | de | | | | | | City, State & | | | | | | | |
| Berlin, NJ 08009 Project Manager for | Manitorina | Cirm | Tolo | nhone | Num | hor | Trenton, NJ C | | | License I | Number | | | - |
| Mr. Jim Proctor | Monitoring | гин | | 452-1 | | DEI | 609-914-4279 | | | LICCIISCI | 0118 | 5 | | |
| Scheduled Start Da 8-17-201 | | Scheduled Cor | _ | on Da | te (11 |) | Name of OSH J&S Environn | A Monitor | | Inc | | | | |
| Occupancy Status I | | | - | | | | Street Address | | 70101011001 | | | | | |
| | | During Entire F | | | ateme | ent | 2333 Route 2 | | | | | | | |
| | | luring Normal H | | | | | City, State & | | | | | | | |
| | 8:30am - 6 | | | | | | Union, NJ 07 | 083 | | | | | | |
| | | Abatement | | | | | | | | - | | | | _ |
| Scope of Work (Che | eck all that a | (ppiy) | | | | | | ⊠ Ful | II Containn | nent with I | Negative | Pres | sure | į |
| ≥3 sf or ≥3 l | lf | | \boxtimes | Rei | novatio | on | | | ni-Enclosu | | | | | |
| ☐ ≥160 sf ≥26 | | | | Dei | molitio | n | | Glo | ove Bag Pr | rocedures | | | | |
| _ | | | | | | | | ☐ No | n-Exempte | ed and No | | | | |
| L | ocation of | | | Loca | | | Description | | | Amount | Aba | ateme | ent T | ype |
| | tos-Containi | ng | | mally | | | Asbestos-Con | | | (Specify | | | m | |
| | terial (ACM) BE ABATED | | | Solely | by nce or | | Material (Al (i.e., thermal s | | , | SF or LF) | Re | D | nc | E |
| | n Facility | | | | Staff? | | insulation, surfac | | | | Remova | Repair | ap | clos |
| | (13) | | 000 | (12) | Olum. | | or other miscell | | | | Va | ai- | Encapsula | Enclosure |
| | | | Yes | No | N/A | | | | | | | | = | (0) |
| Storage Room | | | | | | Pipe 1 | Insulation | | | 138 LF | | | | |
| Storage Room | | | I | | | | Fittings | | | 6 Each | | | | |
| 3 - 1,22 | | | Ī | In | П | | | | | | | | | |
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| Name of Registered | d Waste Hau | ıler | | 100000 | | Waste | Cubic Yards | Name of | f Registere | d Landfill | | | | |
| Resource Manager | nent Group, | LLC | | 100000 | auler I 35218 | | of Waste TBD | Grows L | andfill | | | | | |
| City, State Trenton, NJ 08619 | | | | | | | Disposal Date TBD | City, Sta Morrisvil | | | | | | |
| Completed By (Prin | nt or Type) | | | Ti | tle | | Signature | | 1/00 | %. | Date | | | |
| Mr. Brian Haney | it of Type) | | | 1.000 | eside | nt | Dy | M I | MIL | | 07-19 | 9-201 | 7 | |

| (Y # 2/08 | 5 | (17) | ırs | ua | IIIL | fO | IN. | J.A.(| <u></u> 0.60 and 1 | 12.120) | | | 4000 | 1 |
|--|-------------------------|--|---------|------|---------------|-------|---------------|-------|-----------------------------------|--------------------------------|-------------------|-----------------|-----------|----------|
| Date of Notification | (1) 07-19-201 | 17 | | | | | | | Owner / Operator nents, LLC | (2) | J JU | L 2 1 201/ | T | 到 |
| Agencies Notified EPA | Type Noti | and the State of t | | S | tree | t A | ddre | | iems, LLO | - | 1 | -,,- | | |
| ☐ DEP | ⊠ Ini | tial | | | | | | Zip C | ode | 1 | H. 1 | 1 1 1 1 1 1 | | |
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| □ DOH □ DCA | | nergency ancellation | | | lame erry | | | ntact | | | | 1 | | |
| LI DCA | | incenation | | ٦ | 1575 | | <i>(E</i> | | | | | , ï | | - |
| | | | | | | AC | ILIT | YINF | ORMATION | | | | | |
| Name of Facility W North Arlington Apa | | | lace | (3 |) | | | | Type of Facilit School (K | ty (4) (-12) | | | | |
| Street Address | | | | 20 | | | | | ☐ Subchapt | ter 8 (Other tha | | | | |
| 20 - B Ridge Par | k Drive | | | | | | | | | . private & com | | | etc.) | |
| 0:1-75) | | 10 (0) | - 12 | _ | | _ | 1 - / | | Square Feet | # of Floo | ors | Bldg. Age | | |
| City (5) North Arlington, NJ | | County (6) | 1 | ٥١٥٠ | unty | Co | ae (| 1) | 10,400 | Prior if being de | emolished) | 70 | | |
| North Annigton, No | | Bergeri | | | | | | | Apartment Blo | | sinolished) | | | |
| Name of Monitoring | | d by Building Owr | ner (| 8) | | 186 | | M No. | | ement Contrac | | | | |
| Health and Safety Street Address | Services | | | _ | | | 117 | - | Street Addres | nagement Grou | ip, LLC | | | - |
| P.O. Box 365 | | | | | | | | | | n Ave, Suite 20 | 2 | | | |
| City, State & Zip Co | ode | | | | | | | | City, State & Z | | | | | |
| Berlin, NJ 08009 Project Manager fo | r Monitorin | a Firm | Tel | en | hone | a Ni | umh | ner | Trenton, NJ 0 | | License | e Number | | |
| Mr. Jim Proctor | 1 WOTHLOTH | 9 1 11111 | | | 52-1 | | | | 609-914-4279 | | Lioonio | 01185 | | |
| Scheduled Start Da 8-21-20 | | Scheduled Cor | | | n Da 2017 | | (11) |) | Name of OSH | lA Monitor nental Laborato | ries Inc | | | |
| Occupancy Status | | | | | | | - | | Street Addres | | 1103, 1110. | | | |
| ☐ Facility Clo | sed/Vacate | ed During Entire F | eric | d c | of Ab | oate | eme | nt | 2333 Route 2 | | | | | |
| | | I during Normal H | ours | S: | | | | | City, State & Z | | | | | |
| Describe: | | 6:00pm ing Abatement | | | | | | | Union, NJ 070 | J83 | | | | |
| Scope of Work (Ch | | | | | | | | | | | | | | |
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| ≥3 sf or ≥3≥160 sf ≥26 | | | | 1 | | | atic litio | | | ☐ Mini-End | ag Procedure | 20 | | |
| 2100 31 220 | 30 11 | | - | - | DC | 1110 | nuoi | | | | | Non-Friable Pro | ocedu | ire |
| L | ocation of | | 100,000 | | _oca | 40.00 | | | Description | n of | Amount | t Abatem | | |
| | stos-Contai | | No | | nally | | | | Asbestos-Cont | | (Specify | | ш | |
| | terial (ACN BE ABATE | | Ma | | olely tena | | | | Material (AC (i.e., thermal sy | | SF or LF | 7 28 29 | inc | |
| | in Facility | | 500000 | | odial | | | | insulation, surfac | | | Removal | aps | nclosure |
| | (13) | | | | (12) | | 1/4 | | or other miscella | aneous) | | la = | ncapsulat | ure |
| 2. | | | Ye | S | No | | N/A | n. | | | 225 I E | | | |
| Storage Room | | | l⊨ | 4 | 님 | _ | | - | Insulation | | 225 LF | Keep Level | 井 | H |
| Storage Room | | | H | ╢ | 님 | - | | Elboy | ws Insulation | | 18 each 232 LF | | ++ | H |
| Boiler Room Boiler Room | | | H | + | 님 | | | Elboy | | | 18 each | | HH | H |
| Meter Room | | | 十 | ╣ | 뉘 | | | - | Insulation | | 312 LF | | H | Ħ |
| Meter Room | | | ΤĒ | i | Ħ | - | | Elboy | | | 10 each | | | |
| Name of Registere | d Waste H | auler | | - 1 | N | | | | Cubic Yards | Name of Regi | | | | - |
| | | | | | 1000 | | | O No. | of Waste | Crown I and S | ř | | | |
| Resource Manage | ment Group | p, LLC | | |]0(| U35 | 218 |) | TBD | Grows Landfil | l | | | |
| City, State Trenton, NJ 08619 | | | | | | | | | Disposal Date TBD | City, State Morrisville, PA | \ | | | |
| Completed By (Prin | | | _ | _ | T | itle | | | Signature / | 7.1 | + | Date | | |
| Mr. Brian Haney | it of Type) | | | | 26.00 | | ider | nt | A A | y X | 11111 | 07-19-20 | 17 | |
| A STATE OF THE STA | | | | | | | | | | 19 /V | 0/11 | | | |

| 11/# 2/08 | 5 | (10 | II Suc | aiit t | 0 14. | J.M.C | 2. 0.00 and | 12.120) | | | | | |
|---------------------------------------|---------------------------|---------------------------------------|-------------|-------------|----------------------------|---------|---|--|----------------|-----------|------------|-----------|----------|
| Date of Notification | | , | | | | | Owner / Operator | (2) | 1 , 01 | 1 2 1 | 201 | t | |
| Agencies Notified | 07-19-2017 Type Notifi | | | | Addre | | ents, LLC | | | | | | |
| EPA | Type Noun | CallOII | 100 | | Clifton | | | | 41 | | | - | |
| DEP | | al | | | | Zip C | ode | 1 | 1 | D 5 5 | | | |
| ⊠ DOL | | ended | | | | 7013 | | | | | | | |
| ⊠ DOH | | ergency | | | of Co | | | | 2-17 | | | | |
| ☐ DCA | | ncellation | J | erry C | ampb | ell | | | | | | | |
| | | | | | 011.13 | 2/12/5/ | DIATION | | | | | | |
| | | + 5 | /0 | | ACILII | YINFO | DRMATION | /4\ | | | | | |
| Name of Facility Wh | | | |) | | | Type of Facilit School (K | | | | | | |
| North Arlington Apa Street Address | iriments-bio | g 110 Laundry R | (00111 | | | | | ter 8 (Other tha | n K-12) | | | | |
| 20 – B Ridge Park | Drivo | | | | | | | . private & com | | inas hor | nes i | etc.) | |
| 20 - B Nuge Fair | Dilve | | | | | | Square Feet | # of Floo | | Bldg. A | | 0.0.7 | |
| City (5) | | County (6) | Col | inty (| Code | 71 | 2,900 | 2 | 713 | Diag. 7 | 70 | | |
| North Arlington, NJ | | Bergen | 000 | unity C | Jude (| (1) | | Prior if being de | emolished) | | -10 | | |
| North Amington, No | | Dergen | | | | | Apartment Blo | | ciriolisrica) | | | | |
| Name of Monitoring | Firm Hired | by Building Own | er (8) | | IASC | M No. | | ement Contrac | tor (9) | | | | |
| Health and Safety S | | by ballating Own | (0) | | 1117 | | | nagement Grou | | | | | |
| Street Address | | | | | | | Street Addres | | | | | | |
| P.O. Box 365 | | | | | | | 2115 Hamilton | n Ave, Suite 20 | 2 | | | | |
| City, State & Zip Co | ode | | | | | | City, State & 2 | | | | | | |
| Berlin, NJ 08009 | | | , | | | | Trenton, NJ 0 | | т | | | | |
| Project Manager for | r Monitoring | Firm | Telep | | | per | Telephone Nu | | License | Number | | | |
| Mr. Jim Proctor | | | 856-4 | _ | OR SHOW THE REAL PROPERTY. | | 609-914-4279 | | | 011 | 85 | | |
| Scheduled Start Da | | Scheduled Con | | | te (11 |) | Name of OSH | | 200 122 | | | | |
| · 8-28-201 | | | 08-29- | | | | | nental Laborato | mes, mc. | | | | |
| Occupancy Status I | | | | | atomo | nt | Street Addres | | | | | | |
| | | d During Entire P during Normal He | | OI AD | ateme | 111 | 2333 Route 22 City, State & 2 | | | | | | |
| Describe: | | | Juis. | | | | Union, NJ 070 | | | | | | |
| | | g Abatement | | | | | | | | | | | |
| Scope of Work (Ch | | | | | | | | | | | | | |
| | | | | | | | | | tainment with | ı Negativ | e Pre | ssure |) |
| ≥3 sf or ≥3 | lf | | \boxtimes | Ren | ovati | on | | ☐ Mini-End | | | | | |
| ≥160 sf ≥26 | O If | | | Den | nolitio | n | | | ag Procedure | | | | |
| | | | | | | | | | empted and N | | | | |
| | ocation of | | 100000 | Locat | | | Description | | Amount | | patem | ent T | ype |
| | tos-Contain | | | nally l | | | Asbestos-Cont | - 10 To 10 T | (Specify | | | 100 | |
| | terial (ACM) | | | olely I | | | Material (AC | | SF or LF | / 교 | ער | Enc | E |
| | BE ABATED n Facility | <u>)</u> | | | ce or Staff? | | (i.e., thermal sy insulation, surfac | | |) Remova | Repair | ncapsulat | nclosure |
| ' | (13) | | Cusio | (12) | Jian : | | or other miscella | | | l Va | <u>a</u> . | Ins | sur |
| | () | | Yes | No | N/A | | | | | | | at | Ф |
| Loundry Doom | | | П | | | Dine 1 | Insulation | | 172 LF | | П | П | П |
| Laundry Room | | | H | + | | | | | 3 each | | | 十一 | Ħ |
| Laundry Room | | | 片 | Η | | Elboy | VS | | 3 Cacii | - = | H | 1= | += |
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| | | | | | 닏 | | | | | | 井井 | +H | + |
| | | | Ш | | | 10/ | 0 L:- VI- | Mana of Doc | atarad I andfi | | | | |
| Name of Registere | d Waste Ha | uler | | | | | Cubic Yards of Waste | Name of Regi | stered Landii | 11 | | | |
| Danauran Managar | mont Croup | 110 | | 100,000,000 | 35218 | D No. | TBD | Grows Landfil | ı | | | | |
| Resource Manager | nent Group, | LLU | | 00 | JJZ 10 | , | | | | | | - | _ |
| City, State | | | | | | | Disposal Date TBD | City, State Morrisville, PA | 4 | | | | |
| Trenton, NJ 08619 | | | | | | | | INIOITISVIIIE, PA | `/ | - 15 : | | | |
| Completed By (Prin | nt or Type) | | | Tit | | | Signature | 01 | 611. | Date | e 19-20 | 17 | |
| Mr. Brian Haney | | | | Pr | eside | IL | 19 VIII | VN | 11/11 | 07- | 5-20 | 1.7 | |
| E. | | | | | | | 1 //// | 1-11 | 111 F 12 | | | | |

| (1)C# D108 | 75 | 11.0 | IISUG | iii c | 0 14. | 0.A.C | 2. 0.00 and | 12.1 | 20) | | | | | |
|---|---------------------------------|--|----------------|--------------------|------------------|---------------|--------------------------------------|--------|---------------------------|-----------------|------------------|-------------|----------|-----------|
| Date of Notification | (1) 07-19-2017 | | | | | | Owner / Operato nents, LLC | r (2) | | | | | | |
| Agencies Notified EPA | Type Notifica | | S 1 | treet 122 C | Addre lifton | ess Ave | | | | | JUL | 21 | 201 | 1 |
| ☐ DEP ☑ DOL | ☐ Initial ☐ Amer | | | | tate & NJ 0 | Zip C 7013 | ode | | | 1 AE | District Control | | | - |
| □ DOH | ☐ Emer | gency | N | lame | of Co | ntact | | | | | 1- | | | |
| ☐ DCA | ☐ Cano | ellation | J | erry C | ampbe | ell | | | | | | | | |
| | | | | | CILIT | YINF | ORMATION | | | | | | | |
| Name of Facility Wh North Arlington Apa | | | |) | | | Type of Facil School (| | | | | | | |
| Street Address 20 – B Ridge Park | 7 | | | | | | | | Other than late & comm | | ings, hor | nes, e | tc.) | |
| 20 2 1 1 ago 1 a 1 | | | | | | | Square Feet | | # of Floors | | Bldg. A | | | |
| City (5) | | County (6) | Cou | inty C | ode (| 7) | 7,050 | /D : | 2 | - !!- b d\ | | 70 | | |
| North Arlington, NJ | | Bergen | | | | | Current Use Apartment Bl | | it being dem | iolisnea) | | | | |
| Name of Monitoring Health and Safety S | | y Building Own | er (8) | | ASC 117 | M No. | Name of Aba Resource Ma | | | | | | | |
| Street Address | JEI VICES | | | | 1117 | | Street Addres | SS | 200 100 100 100 100 | | | | | |
| P.O. Box 365 City, State & Zip Co | nde | | | | | | 2115 Hamilto City, State & | | | | | | | - |
| Berlin, NJ 08009 | | | | | | | Trenton, NJ (| 08619 | | | | | | |
| Project Manager for | Monitoring F | Firm | Telep 856-4 | | | per | Telephone N 609-914-427 | | | License | Number 011 | | | |
| Mr. Jim Proctor Scheduled Start Da | te (10) | Scheduled Cor | | | | 1 | Name of OSI | | nitor | | 011 | 00 | | |
| 8-29-201 | 7 | | 08-30-2 | 2017 | | | J&S Environ | nental | | es, Inc. | | | | |
| Occupancy Status I | | ment (Check or During Entire P | | | tomo | nt | Street Addres 2333 Route 2 | | et | | | | | |
| | | uring Normal H | | ארא זו | iteme | 111 | City, State & | | | | | | | |
| | 8:30am - 6: | | | | | | Union, NJ 07 | 083 | | | | | | |
| Scope of Work (Che | upied During eck all that ar | | | | | | | 0.000 | | | | 20.20 | | |
| | | | | Г. | | 70±07 | | | Full Contai Mini-Enclo | | Negativ | e Pres | sure | |
| ≥3 sf or ≥3 l≥160 sf ≥26 | | | \boxtimes | | ovatio olitio | | | H | Glove Bag | | S | | | |
| | | | | 20 | 10111101 | | | | Non-Exem | | | le Pro | cedu | re |
| | ocation of | | 16000 | ocati | 750-751 | | Descriptio | | | Amount (Specify | | pateme | ent Ty | уре |
| 1000 | tos-Containin terial (ACM) | ig | 0301 | nally L plely b | | | Asbestos-Cor Material (A | | 9 | SF or LF | \ | 1 | Ш | П |
| <u>TO I</u> | BE ABATED | | Maint | enan | ce or | | (i.e., thermal s | ystem | | | l é | Repair | ncar | nclo |
| II. | n Facility (13) | | Custo | idial 8 (12) | staff? | | nsulation, surfa- or other miscel | | | |) Remova | pair | ncapsula | Enclosure |
| | (10) | | Yes | No | N/A | | | | | | - | | at | Ф |
| Storage Room | | | | | \boxtimes | Pipe l | nsulation | | | 166 LF | X | | | |
| Storage Room | | | | | | Elbov | VS | | | 6 each | X | 14 | | |
| | | | H | H | H | | | | | | | HH | H | H |
| | | | H | \forall | \dashv | - | | | | | | H | H | H |
| | | 10-21-02-03-03-03-03-03-03-03-03-03-03-03-03-03- | | | | | | | | | | | | |
| Name of Registered | d Waste Haul | ler | | | DEP \ | | Cubic Yards of Waste | Nam | ne of Registe | ered Landfi | II | | | |
| Resource Managen | nent Group, L | LC | | 1000000 | 35218 | | TBD | Grov | ws Landfill | | | | | |
| City, State | | | | | | | Disposal Date | | State | | | | | |
| Trenton, NJ 08619 | | | | - | | | TBD D | Morr | risville, PA | | | | | |
| Completed By (Prin Mr. Brian Haney | it or Type) | | | Titl | e esider | nt | Signature | 10 | XI | 1: | Date 07-1 | e 19-201 | 7 | |
| , | | | | | | 208 | 1 | IM | 1 1/6 | 11 | \neg | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification (1) | CVC# 21085 (P) | ursua | nt t | 0 <u>N</u> | J.A.C | 2. 8:60 and | 12:120) | | | | | |
|--|--|---|--------------|---------------|------------------|-------------------|---------------------|---------------|----------|-------|----------|-------------|
| Agendes Notified Type Notification Type | Date of Notification (1) | Na | ame | of Bu | ilding (| Owner / Operator | (2) | | | | | 111 |
| Agencies Notified Type Notification Street Address Paper Paper | The property of the control of the property of | | | | | | | iii J | 11 2 | 20 | 17 | |
| DEP | Agencies Notified Type Notification | | | | | | | - | | | | in the same |
| DOL | ⊠ EPA | _ | | | | 1+* | | | | | | |
| DOL | | | | | | ode | | ASUL | TON E | (111 | -11 | 75 |
| DCA | □ DOL □ Amended | | | | | | | | 2000 | 8.03 | Tibe! Su | 199 |
| Name of Facility Where Abatement is Taking Place (3) | | | | | | | | 27.55-0-2 | | | | Ì |
| Name of Facility (Mhere Abatement is Taking Place (3) School (K-12) School (K-12) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 14 (Other than K-12) Subchapter 14 (Other than K-12) Subchapt | ☐ DCA ☐ Cancellation | Je | rry C | ampb | ell | | | | | | | |
| School (K-12) | | | FA | CILIT | TY INF | | 4000 A A | | | | | |
| Subchapter 8 (Other than K-12) | | | | | | | | | | | | |
| City (5) | | Room | | | | | | V 12\ | | | | |
| Square Feet | [() 하는 사람이 가게 가게 가게 가게 () () () () () () () () () () () () () | | | | | | | | as hom | 00 0 | 101 | |
| City (5) | 20 - B Ridge Park Drive | | | | | | | | | | ic.) | _ |
| North Arlington, NJ | 0:4. (5) | 10 | | N1 | / >\ | | | 5 | siag. Ag | | | |
| Apartment Bidg | | Cour | ity C | ode | (7) | | | - 1:-11 | | 70 | | |
| Name of Monitoring Firm Hired by Building Owner (8) | North Arlington, NJ Bergen | | | | | | | nolisnea) | | | | |
| Health and Safety Šervices | Name of Manitoria - First History D. 111- 0 | 207 (0) | | IACC | -14 14 | | | r (0) | | | | |
| Street Address | | ner (8) | | 1999-00000-00 | | | | | | | | |
| P. O. Box 365 | | | | 1117 | | | | , LLO | | | | - |
| City, State & Zip Code City, State & Zip Code Serin, NJ 08019 | | | | | | | | | | | | |
| Berlin, NJ 08009 | III. SUPPLIED DESIGNATION OF THE CONTROL OF THE CON | | | | | | | | | | V 2-1 | \neg |
| Project Manager for Monitoring Firm Telephone Number 856-452-1311 609-914-4279 01185 | | | | | | | | | | | | |
| Scheduled Start Date (10) 8-31-2017 09-1-2017 | Project Manager for Monitoring Firm | Teleph | one | Num | ber | Telephone Nu | ımber | License N | lumber | C754 | | |
| 8-31-2017 | Mr. Jim Proctor | 856-45 | 2-13 | 311 | | 609-914-4279 |) | | 0118 | 5 | | |
| Occupancy Status During Abatement (Check only one) | | | | e (11 |) | | | es Inc | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed during Normal Hours: Describe: 8:30am – 6:00pm Facility Occupied During Abatement Facility Occupied By Procedure Facility Occupied By Occupied B | | | | | | _ | | 50, 1110. | | | | |
| Abatement Performed during Normal Hours: Describe: 8:30am – 6:00pm Facility Occupied During Abatement Scope of Work (Check all that apply) Secope of Work (Check all that apply) | | | | ateme | ent | | 17. X | | | | | |
| Describe: 8:30am | | | | | | | | | | | | |
| Facility Occupied During Abatement Scope of Work (Check all that apply) Secope of Work and Non-Friable Procedure Non-Exempted and Non-Friable | | 00.0. | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | - | | | | | -0.420 | | Ar 1739 | | | |
| Storage Room Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure | | | | | | | | | legative | Pres | sure | |
| Non-Exempted and Non-Friable Procedure | | Burnard | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) (Specify SF or LF) Normally Used Solely by Maintenance or Custodial Staff? (13) Storage Room | ≥160 sf ≥260 If | | Den | nolitio | n | | | | | | | |
| Asbestos-Containing Material (ACM) Material (ACM) Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Storage Room St | | | | | | | | pted and Nor | | | | |
| Material (ACM) TO BE ABATED in Facility (13) Storage Room Storage Room | | 200000000000000000000000000000000000000 | | | | | - 500 | 1000 | Aba | ateme | ent Ty | уре |
| Maintenance or Custodial Staff? (12) Yes No N/A | | | | | | | | | | | _ | |
| Storage Room St | | | | | | | | SF or LF) | Z | | Ä, | E |
| Storage Room St | | 10000 | | | | | | | l m | (ep | ä | 응 |
| Storage Room St | | Name and Association of the Control | | olan! | 1 ' | | | | l ova | air | ns | ns |
| Storage Room Pipe Insulation 174 LF Storage Room Storage | (13) | | | N/A | + | or ourier miscent | aricous | | 30 | | at | ē |
| Storage Room | Storage Room | | | | Dine I | ngulation | | 174 I F | | | П | П |
| Name of Registered Waste Hauler Resource Management Group, LLC City, State Trenton, NJ 08619 Title NJDEP Waste Trenton, NJ 08619 Title NJDEP Waste Trenton, NJ 08619 Name of Registered Landfill Grows Landfill City, State Morrisville, PA Date | | + | + | | | | | | | H | H | H |
| Resource Management Group, LLC City, State Trenton, NJ 08619 Title Title Title Trenton, NJ 08619 | Storage (tool) | H | | H | LIUUV | V 3 | | J Cach | | H | 금 | 퓜 |
| Resource Management Group, LLC City, State Trenton, NJ 08619 Title Title Title Title Trenton Title Trenton Tren | | H | | H | - | | | | | | ન | 금 |
| Resource Management Group, LLC City, State Trenton, NJ 08619 Title Title Title Trenton, NJ 08619 | | H | <u> </u> | H | - | | | | | H | 님 | + |
| Resource Management Group, LLC City, State Trenton, NJ 08619 Title Title Title Title Trenton Title Trenton Tren | , | + | <u>H</u> | 님 | - | | | | | H | H | H |
| Resource Management Group, LLC City, State Trenton, NJ 08619 Title Title Title Trenton, NJ 08619 | Name of Registered Wasta Haular | | NI | DED ! | Macto | Cubic Yards | Name of Registe | ered Landfill | | | | |
| Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Trenton, NJ 08619 City, State TBD Grows Landfill City, State TBD Grows Landfill City, State Morrisville, PA Date | Name of Registered Waste Hauler | | | | | | Ivallie of ixegisti | ered Landilli | | | | |
| Trenton, NJ 08619 Completed By (Print or Type) Title TBD Morrisville, PA Date | Resource Management Group, LLC | | 100000 | | | | Grows Landfill | | | | | |
| Completed By (Print or Type) Title Signature Date | | | | | | | | | | | | |
| ouriside by (1 miles, 1) poy | AN AN | | | | | | IVIOTTISVIIIE, PA | | | | | |
| Mr. Brian Haney President 07-19-2017 | | | | | | Signature | | | | 004 | 7 | |
| | IVIГ. ВПАП Напеу | | Pre | esider | Ή | 17/ | | | 07-19 | -201 | 1 | |

| NOTIFICATION OF ABBESTOS ABATEMENT (Pursuant to NIAG 5:90 and 12:120) Name of Notification Type Notification Name of Building Owner/Operator (2) THOMAS ANGE CODE Thomas Angerolee Arrended Arrended Arrended Arrended Arrended Arrended Croy-Built plose Thomas Angerolee Arrended Arrendedd | OVED. |
|--|----------------|
| Date of Notification (1) Agencies Notification Type Notification Agencies Notification Type Notification Agencies Notification Type Notification Anteroded Type Notification Anteroded Type Notification Name of Contact Type of Facility Without Abstract in Taking Pince (3) Type of Facility Without Abstract in Taking Pince (3) Type of Facility Notification Type of Facility Notification Type of Facility (4) School (K-12) Substraction is County Code (7) County (6) Square Foot is of Floors in County Code (7) County (7) County (8) Street Address County Code (7) Street Address Name of Abstracting Inc. Name of Abstracting Inc. Name of Abstracting Inc. | OVED. |
| Name of Motification (1) Agenrales Neither: Type Notification Street Address DET THOMAS ANGE CONE Street Address City, July 17 20 City, July 17 20 Street Address City, July 17 20 City County (6) County (6) Name of Motification (7) Name of Motification (7) Name of Contact Thomas Angelian (7) Name of Contact Thomas Angelian (7) City County (6) County (6) Name of Motification (7) County (6) Name of Motification (7) County (6) Name of Motification (7) County (7) County (8) Name of Motification (8) | OVED. |
| Agencies Neetland Type Notification Street Address Dep Ont Initial Artended Attended & City, Gard, Elp Cose Attended & Attended & City, Gard, Elp Cose Attended & Attended & City, Gard, Elp Cose Attended & Attended & City, Gard, Elp Cose DOA | OVED. |
| Street Address EPA Der Der Dol Armended Armende | of the care |
| Country (6) Country (6) Country (7) Country (8) Count | of the care |
| Marrie of Facility Military Absternant in Taking Pince (3) City County (6) County (6) County (6) County (6) County (6) County (7) County (8) C | inga, hor |
| Harrie of Facility Withers Abstraction in Taking Pince (3) City City Code (7) County (8) County (8) | ånga, hon |
| City County (6) C | anga, hon |
| City City City City City City City City | inga, hon |
| County (8) County (8) County (8) County Code (7) STATE LIST ONLY) Current Use (Prior if being demolished) Cast Manifering Firm Hired by Building Owner (8) ASCN No. Name of Absterners Contracting Inc. Street Address | änga, hon |
| County (8) County (8) County (9) County Code (7) Content Upe (Prior if being demoluted) Name of Marrian Hired by Building Owner (8) ASCM No. Name of Attendment Contention (9) AMAC Contracting Inc. | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCIN No. Name of Abertamers Contracting Inc. Name of Abertamers Contracting Inc. | dg. Age |
| Name of Monitoring Firm Hired by Building Owner (8) ASCN No. Name of Aberlament Contraction (9) AMAC Contracting Inc. | +50 |
| Street Address AMAC Contracting Inc. | |
| The state of the s | |
| City, State, Zip Code 185 Visseland Ave | |
| City, State, Zip Code | |
| Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. | * |
| Start Date (10) | |
| Occupating Status During Altasament (Check Only Onle) Name of OSHA Monitor Omega Environmental Services Inc. | , |
| Facility Closed/Vacated During Erdine Period of Alastement 280 Huyler Street Other - Describe: City Steet Address City Street City Steet 26 Cety | |
| | |
| Scope of Work (Check All That Apply) Hackenback, NJ 07606 | |
| 2 a 160 of or 2000 of Demoiston Promotes Promote | |
| Location of Normally Ab | ung stement |
| Asbestos-Combining Material (ACAA) Used Solety by Description of Asbestos Combiner Measure Academy | Тура |
| the first reliant to the first the state of | Ence |
| You No Ava | Encapanies |
| Basement / PIPE INSULATION 1968 | 15" |
| MIPE INSULATION 196F V | +- |
| | + |
| imme of Registered Waste Heuter NUDEP Weste Cubic Yerge Name of Registered Lender | |
| Made to March 1975 | |
| NY, State | |
| ewark, NJ 07105 Dispose Date City State | |
| ewark, NJ 07105 Otopose Date City, State Original Date City, State Origi | |
| ewark, NJ 07105 Otopose Date Cky, State Onopose Date Cky, State On Pen Argyl, PA 08702 | 7 |

| | | | (I | ursuar | it to NJA | C 8:60 and 12:12 | 20) | Check # | 119 | 37 | | - |
|---|---|--------------|--------------------------|-----------------------|-------------------------|-------------------------------------|------------------|---------------------------|------------|--------|------------|-----------|
| Date of Notification (1) | July 18, 2017 April 13, 2017 | | - View | | Building O Corporati | wner / Operator (2) on | Tests and | | | | | 1 |
| Agencies Notified | Type Notification | 1 | | Street A | ddress | | | 111 | | | | 1 |
| □ера □ | VCV// | | | 86 Morri | s Avenue | | | JUL 2 | 1 2 | 2017 | | / |
| ∐DEP | ☐ Initial | | | City Sta | te & Zip Co | nde | | ASLIE TEST | - | | ***** | |
| ⊠DOL | Initial | a al | | | NJ 0790 | | | 1,01 | | 177 | | |
| ⊠doh | Amend Amend | ea ment#1 | | Summin | , 145 0750 | | | Mark April 200 | | | | |
| DCA | Cancel | | | Name of | Contact | | | Talas | L a a e | | | |
| | | | | Kelly Bl | ackwell | | * | | | | | |
| | | | | FAC | ILITY IN | IFORMATION | | | | | | |
| Name of Facility Where Celgene – Building C | Abatement is Ta | aking Plac | ce (3) | 140 | | Type of Facility School (K- | 12) | | | | | |
| Street Address | | | | | | | er 8 (Other than | | | 7 | | |
| 86 Morris Avenue | | | | | | Other (i.e | ., private & co | mmercial buildings, ho | me, | etc.) | | |
| | | | | | | Square Feet | # of Flo | 0.000 | | | | |
| City (5) | | | | | | 33,000 | | 3 | 50 | Years | S | |
| Summit, NJ | | | | | | Current Use (Pr Commercial | ior if being dem | olished) | | | | |
| County (6) Union | | 100000 | ounty Code (SE ONLY_ | (7) | | | | | | | | |
| Name of Monitoring Fir | m Hired by Build | ing Owne | r (8) | | ASCM No | | ment Contractor | (9) | | | | - 1 |
| McCabe Environment | | | | | | Synatech, Inc. | | | - | | | |
| Street Address | 404 | | | | | Street Address 829 Radio Roa | d | | | | | |
| 464 Valley Brook Ave City, State & Zip Code | nue, #3A | | | | | City, State & Zig | | | | | | |
| Lyndhurst, NJ 07071 | | | | | | Little Egg Hart | | | | | | |
| Project Manager for Me | onitoring Firm | | Tele | ephone Nu | ımber | Telephone Num | nber | License Numbe | r 00817 | 7 | | |
| John Chiavello | | | | -438-4839 | | 609-296-6916 | | | 0001 | | _ | - |
| Scheduled Start Date (| 10.00 | Scheduled | Completion | Date (11) | | Name of OSHA Synatech, Inc. | | | | | | |
| April 24, 20 Occupancy Status Dur | | heck onl | | 121, 2011 | | Street Address | | | | | | |
| Facility Close | d/Vacated During | g Entire P | eriod of Aba | tement | | 829 Radio Roa | d | | | | | |
| | erformed Outside | | | | | City, State & Zi | p Code | | | | | |
| Abatement P | | | MA PARAMETER | | | Little Egg Harl | | | | | | |
| | pied During Abat | ement | | | | | | | | | | |
| Scope of Work (Check | 103 100 100 100 100 100 100 100 100 100 | | | | | | | | | | | |
| Scope of Work (Check | ан шасарру) | | | | | | Full Containmer | nt with Negative Pressure | | | | |
| D. 0.5 50.15 | | | | Renovation | 1 | | Mini-Enclosure | it militiogenie i iere | | | | |
| ≥3 sf or ≥ 50 lf | 15 | | _ | Demolition | | | Glovebag Proce | dure | | | | |
| ≥160 sf or ≥260 |) IT | | ш, | Jemondon | | | | (*) and Non-Friable Proce | dure | | | |
| | | | Listand | on Norma | llu I lood | Description | | () and redir madic rese | Ab | ateme | nt T | vpe |
| | cation of ining Material (A | CM) | | on Norma y Mainten | | Asbestos-Co | | Amount (Specify SF | | | | |
| CONTRACTOR OF THE PROPERTY OF | E ABATED | Civi) | | dial Staff? | | Material (A | | or LF) | | | | |
| | Facility | | | | | (i.e., thermal | | | | | Ш | ш |
| 1337.45.5 | (13) | | | | | insulation, surfa or other misce | | | ₹en | Re | ıca | nck |
| | | | | | | or other misse | mario da o j | | Removal | Repair | Encapsulat | Enclosure |
| | | | Yes | No | N/A | | | | al | | at | re e |
| Building C- Ceiling D | eck | | + | | Х | Fireproo | fing | 50 SF | Χ | | | |
| Building C | | | | | Х | Floor Tile an | d Mastic | 33,000 SF | X | | | |
| | | | | | Х | Window (| Caulk | 9,600 SF | X | | | |
| Building C - Stairwe | lle | | | | X | Rubber F | | 200 LF | Х | | | |
| Building C - Starrwe | | | | | X | Wall Joint | | 15 LF | X | | | |
| | | | | | X | Pipe Insu | | 20 LF | X | | | |
| Building C - Above C | | | | | X | Ceramic Tile | | 300 SF | X | | | |
| Building C - Bathroo | | | NUDED | lest- | | ards of Waste | Name of Regis | | | | | |
| Name of Registered V | Vaste Hauler | | NJDEP V Hauler ID | No. | | aius Ui vvaste | | | | | | |
| Freehold Cartage | | | 15 | 939 | 160 | ID-t- | Fairless Hills | | | | | - |
| City, State | | | | | Disposa | Date | City, State | | | | | |
| Freehold, NJ 07728 | | | | | | 22, 2017 | Morrisville, P | - T | | | | |
| Completed By | | Title | | | Signatur | e . 11 | | Date July 18, 2017 | | | | |
| Diana Alaia | | Evenue | ive Adminis | trator | 14/1 | and allow- | | April 13, 2017 | | | | |

Check # 11637

| Date of Notification (1) | | | | | | Owner / Operator (2) | | | | | | | |
|--|---|-------------|--------------------------|----------------------|---------------------|----------------------------------|---|---------------|---|---------|--------|-----------|-----------|
| | April 13, 2017 | | | | Corpora | ition | | praise and | 535 | 7 | 6 6 | . , | |
| Agencies Notified | Type Notificatio | n | | Street A | ddress | | | [5] | E | | | | |
| ПЕРА | | | | OC Mon | is Avenu | • | | | | | | | -11 |
| DEP | | | | 00 191011 | is Aveilu | е | | 1.7 | | | | | |
| | □ 1-201-1 | | | City Ch | 40 0 7in (| Pada | | | JUI | 0 1 | 200 | 17 | |
| ⊠DOL | Initial | | | | ate & Zip (| | | i U | JUL | 4 | 20 | 1.1 | - |
| DOН | Amend | | | Summi | , NJ 079 | 01 | | 1 1 | | | | | |
| DCA | Amend Cance | Iment #_ | | Nama | f Contact | | | + - | | | Alrem | hor - | |
| Прск | Cance | ilation | | | | | | A3 |) L | | | | - 32 |
| | | | | Kelly B | lackwell | | | | - | | | r. | |
| | | | | FA | CILITY I | NFORMATION | | | | | | | |
| Name of Facility Where Celgene - Building C | Abatement is T | aking Place | e (3) | | | Type of Facility School (K | | | | | | | |
| Street Address | | | | | | Subchapt | er 8 (Other than K | (-12) | | | | | |
| 86 Morris Avenue | | | | | | | e., private & con | 300 | ldings. h | ome. | etc.) | | |
| 00 WOITS Aveilue | | | | | | Square Feet | # of Floo | | | . Age | 010.7 | | - |
| O:L : (5) | | | The second of the second | | | 33.000 | | 3 | Diag | | Year | • | |
| City (5) Summit, NJ | | | | | | | rior if being demo | | | - 00 | 1001 | | \neg |
| Summit, NJ | | | | | | Commercial | nor ir being demo | lioriou | | | | | |
| County (6) | | Cor | unty Code | (7) | | | | | | | | | |
| Union | | | E ONLY_ | V-2/ | | | | | | | | | |
| Name of Monitoring Fire | m Hired by Build | ing Owner | (8) | | ASCM N | | ment Contractor (| 9) | | | | | |
| McCabe Environmenta | al Services | | | | | Synatech, Inc. | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| 464 Valley Brook Aver | nue, #3A | | | | | 829 Radio Roa | | | | | | | - |
| City, State & Zip Code | | | | | | City, State & Zi | bor, NJ 08087 | | | | | | |
| Lyndhurst, NJ 07071 Project Manager for Mo | nitorina Firm | | Tel | ephone No | ımher | Telephone Nur | | Licer | se Numb | er | | | |
| John Chiavello | THEOTHY FITTI | | 1 | -438-4839 | | 609-296-6916 | 11001 | 12.00 | | 0081 | 7 | | |
| Scheduled Start Date (*April 24, 20 | 100000 | Scheduled | Completion | Date (11 19, 2017 |) | Name of OSHA Synatech, Inc. | | | | | | | |
| Occupancy Status Duri | | Check only | | | | Street Address | | | | | | | |
| | d/Vacated Durin | | | atement | | 829 Radio Roa | ad | | | | | | |
| Abatement Pe | erformed Outside | e of Norma | l Hours | | | City, State & Zi | ip Code | | | | | | |
| Other – Descr | | | | | | | bor, NJ 08087 | | | | | | - 1 |
| | ilide. Died During Abat | omont | | | | | , | | | | | | |
| | 100000000000000000000000000000000000000 | ement | | | | | | | | _ | | | - |
| Scope of Work (Check | all that apply) | | | | | | E - FOR STOCKER AND CONTRACTOR OF STOCKER STOCKER | | 10 10 <u>10 10 10 10 10 10 10 10 10 10 10 10 10 1</u> | | | | |
| | | | | | | \boxtimes | Full Containment | with Negative | Pressure | 1 | | | |
| ≥3 sf or ≥ 50 lf | | | | Renovation | n | | Mini-Enclosure | | | | | | - 1 |
| ≥160 sf or ≥260 | If | | | Demolition | | | Glovebag Proced | ure | | | | | - 1 |
| 1 Committee Comm | | | | | | | Non-Exempted(*) | and Non-Fri | able Proce | edure | | | |
| Loc | ation of | | Is Locati | on Norma | ly Used | Description | on of | | | Ab | ateme | nt Ty | ре |
| Asbestos-Contai | ning Material (A | CM) | | y Mainten | | Asbestos-Co | | Amount (S | | | | | |
| | ABATED | | Custo | dial Staff? | (12) | Material (| | or L | F) | | _ | | |
| | Facility | | | | - 1 | (i.e., thermal insulation, surfa | | | | | | ш | ш |
| | (13) | | | | | or other misce | | | | er | Re | าวล | nc |
| | | | | - 1 | - 1 | or other misse | ziidi icodo) | | | Removal | Repair | Encapsula | Enclosure |
| | | | Yes | No | N/A | | | | | l a | 7 | lat | Te |
| | /// • // | | 100 | -110 | 10000000 | Firence | fina | 50 : | 2E | V | - | \dashv | - |
| Building C- Ceiling De | eck | | | | Х | Fireproo | | | 30. | X | | - 1 | |
| Building C | | | | | Х | Floor Tile an | | 33,00 | | X | | | |
| Building C | | | | | Х | Window 0 | | 9,600 | | X | | | - 1 |
| Building C - Stairwell | S | | | | Х | Rubber F | Floor | 200 | |] X [| | | |
| Building C - 1st Floor | | | | | Х | Wall Joint | Caulk | 15 | _F | X | | | |
| Building C - Above Co | eiling | | | | Х | Pipe Insu | lation | 5 L | .F | X | | | |
| Building C - Bathroor | ns | | | | Х | Ceramic Tile | e Mortar | 300 | SF | X | | | |
| Name of Registered W | | | NJDEP V | Vaste | Cubic Y | ards of Waste | Name of Registe | ered Landfill | | | | | |
| | | | Hauler ID | | | | MANAGEMENT RESIDEN | | | | | | |
| Freehold Cartage | | | 15 | 939 | 80 | | Fairless Hills | | | | | _ | |
| City, State | | | | | Disposa | al Date | City, State | | | | | | |
| Encapeld MI 07700 | | | | | luk 20 | 2017 | Morrisville, PA | | | | | | |
| Freehold, NJ 07728 | | Title | | | July 20, Signatu | | | Date | | | | | |
| Completed By | | Title | | | - | 7 1 1 | | _ 410 | | | | | |
| Diane Aloia | | Executiv | e Adminis | trator | 1 | vane Alm | a | April 13, 201 | 7 | | | | |

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

| | | | (Pursua) | nt to N.J.A.C. 8 | 6:60-/ and 12:120-/) | - | A | 1-4 F 12 12 17 17 1 |
|--|----------------------------|-----------------|-------------|--|--|---|---------------|--------------------------|
| GAC Project # 060-17 | | | | | Name of Building Owner/Ope | erator (2) | | |
| Date of Notification (1) | 4.77 | | | | RUTGERS, THE STA | TE UNIVE | RSITY OF | NJ |
| July 18, 20 | 17 | | Г | | Street Address | | 1 | 11 |
| Agencies Notified | | Notification | otification | n l | ENVIRONMENTAL HE | EALTH & | SAFETYE | EPT. 2017 14/ |
| E CDA | | ☐ Amende | | 3300 | 27 ROAD 1, BLDG 40 | 86, LIVING | GSTON CA | AMPUS |
| □ EPA | | | | All the second s | City, State, Zip Code | 1 | | |
| □ DCA | | □Emerge | | luding | PISCATAWAY, NJ 08 | 854 | N | Tarring to A |
| ☑ DOL | | justific | | - | Name of Contact | 11. | Lylank | |
| DEP- No Longer REQUIRED | | □ Cancell | ed | | MICHAEL SMITH, EN | v. L. | | |
| ⊠ DOH | | | | | HEALTH & SAFETY | _ | 9 | 1 |
| | | | | FACILITY INFO | | | | |
| | - T-14 | as Diago (2) | | PACIEITIM | Type of Facility (4) | | | |
| Name of Facility Where Abatement SCHOOL OF DENTAL ME | DICI | ME RIDO | 2世 7253 | | School (K-12) | | | |
| SCHOOL OF DENTAL WE | וטוטו | IVE, DECC | 317 1 2.00 | | Subchapter 8 (other than K | (-12) | | |
| Street Address | | | | | Other (i.e. private & comm | nercial buildin | gs, homes, et | 0.) |
| COLLEGE AVENUE CAM | PUS | | | | Sg. Feet: N/A # of | f Floors: 3 | Bldg. Age: | 60+ years |
| | | | County (| 2 ado (7) | | | | |
| 010/107 | nty (6) | | (State U | se Only) | Current Use (prior if being d | lemolished): | ACADEMIC |) |
| NEW BRUNSWICK N | ווטטוו | LESEX | Totale o | 30 0.11/1 | | | | |
| | | | | | Name of Contractor (9) | | | |
| Name of Monitoring Firm Hired by E | Bldg. C | wner (8) | ASCM N | lo. | Name of Contractor (9) | | | |
| ATC | | | 0098 | 1 | GREENWOOD ABATE | MENT CO | NSULTAN | ITS, INC. |
| | | | | | Street Address | | | |
| Street Address | | | | | | | | 10 |
| 3 TERRI LANE | | | | | 268 MAIN STREET | | | 100 |
| 7: 0:4: | | | | | City State, ZipCode | | | |
| City, State, Zip Code BURLINGTON, NJ 080 | 116 | | | | BUTLER, NJ 07405 | | | |
| Project Manager for Monitoring Firm | n | Telephone | Number | | Telephone Number | | License Num | ber |
| BRIAN KEARNY | | 609-386 | | | | | 00840 | |
| BRIAN REARINT | | | | Water to the same of the same | 973-492-0477 | | 00040 | |
| Scheduled Start Date (10) | | Scheduled | | n Date (11) | Name of OSHA Monitor | | | |
| 07/28/17 | | 07/31/17 | | | ENVIROVISION, INC. | | | |
| | | | | | Street Address | | | |
| Occupancy Status During Abater | ment (| Check only of | ne) | 68 | Street Address | | | |
| Facility Closed/Vacated During | g Entir | re Period of A | Abatemen | | 20-21 WARGARAW R | ROAD | | |
| ☐ Abatement Performed Outside | e of No | ormal Facility | Hours - | | City, State, Zip Code | | | |
| Describe | | | | | | | | |
| Schedule: 3PM - 5AM (24 H | OH D | S & WIFFKE | NDS AS | NEEDED) | FAIRLAWN, NJ | | | |
| Schedule: 3PW - 5AW (24 FV | JUN | O OL VVELLA | INDO AC | ,, | PAIRLAVIII, 145 | | | |
| Scope of Work (Check all that app | ly) | | | | | I= " 0 | t with No | active Proceure |
| 000,00 | | | | | | | | gative Pressure |
| $X > 3$ sf or ≥ 3 lf | | | | ▼Renovation | | Mini-Enclo | rocedure / W | Iran & Cut |
| □ > 160 sf or ≥ 260 | lf | | | ■ Demolition | 닏 | Glove bag F | rocedule / W | Non-Friable Procedure |
| _ | | | | | | Amour | | ement Type |
| Location of Asbestos-Containing | ls L | ocation Norma | ally Used | Description of As | bestos Containing Material nal systems insulation, surfacin | 6.0000000000000000000000000000000000000 | L CE | |
| Material (ACM) in Facility (13) | | ely by Maint./0 | Justodiai | VAT, or other mis | scell.) | or LF) | Remi | ove Repair Encap Enclose |
| | YE | | NA | | | | | |
| | 9855 | | | MAT | | 400 5 | F X | |
| Rooms C703, C705, C707, | - | X | - | VAT | | 100 5 | | |
| Room C734 | | X | | VAT | | 1000 | | |
| | | | | | 1 | 40.CV | Name of Re | gistered Landfill |
| Name of Reg. Waste Hauler | | NJDEP W | | r ID# | Cubic Yards of Waste: | 10 CY | G.R.O.W. | S. North Landfill |
| See Hauler Below #1 & 2 | | See Belo | | | | D) 10 | | City, State |
| Hauler #1) Greenwood Abateme | nt Cor | sultants, Inc. | - Butler, | NJ 07405 | | Disposal Da | <u>te</u> | 100 New Ford Mill |
| NJDEP # 12561 | | | | | | 07/04/00 | 47 | Rd. Morrisville, Pa |
| Hauler #2) Newark Carting, Inc. | , News | ark, NJ 04509 | | | | 07/31/20 | 1 / | 19067 |
| NJ DEP # 4509 | | | | | | | | 215-736-1700 |
| | Type) Title Signature Date | | | | | | | |
| Completed by (Print or Type) RAYMOND C. PEDALIN | 0 | SENIOR | PROJE | СТ | Raymond C. Pe | dalina | July 18,2 | 2017 |
| KATIMOND C. PEDALIN | 0 | MANAGE | | F-2. 17.5 | Maymona O. De | cetter/et- | | |
| | | MILLIAMOF | - 4 to | | | | | |

Chek# 3032

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

GAC Project # 060-17 Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ Date of Notification (1) July 18, 2017 Street Address Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. Agencies Notified ☑Initial Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■ Amended Notification # ☐ EPA City, State, Zip Code □Emergency (including DCA PISCATAWAY, NJ 08854 justification) X DOL Name of Contact ☑ DEP- No Longer REQUIRED □Cancelled MICHAEL SMITH, ENV. X DOH **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) FACILITIES OFFICE BLDG, BLDG# 4115 ☐Subchapter 8 (other than K-12) X Other (i.e. private & commercial buildings, homes, etc.) Street Address # of Floors: 1 Bldg. Age: 80+ years Sq. Feet: N/A LIVINGSTON CAMPUS County Code (7) Current Use (prior if being demolished): ACADEMIC County (6) City (5) (State Use Only) MIDDLESEX **PISCATAWAY** Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. ATC Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 07/31/17 07/28/17 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 3PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure ■ Mini-Enclosure **X**Renovation $\times > 3$ sf or > 3 lf ☐ Glove bag Procedure / Wrap & Cut ■ Demolition □ > 160 sf or > 260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Amount Description of Asbestos Containing Material Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Remove Repair Encap Enclose Material (ACM) in Facility (13) or LF) VAT, or other miscell.) Staff? (12) YES NO NA X 680 SF VAT X Room 118 Name of Registered Landfill 10 CY NJDEP Waste Hauler ID # Cubic Yards of Waste: G.R.O.W.S. North Landfill Name of Reg. Waste Hauler See Below See Hauler Below #1 & 2 City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill Rd. Morrisville, Pa NJDEP # 12561 07/31/2017 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 215-736-1700 NJ DEP # 4509 Date Signature July 18,2017 Completed by (Print or Type) Raymond C. Pedalino SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

CK7621

| Data of Natification (1) 7/17/17 | | 100 40 | | | | | | | | |
|--|---|-----------------------|--------------------------|--|-----------------------|------------|-----------------|---------|------|--------|
| Date of Notification (1) 7/17/17 Type Notification | | Name of E | Building Owr Rema LLC | ner / Operator (2) | Townson or the second | 160 | GEI | 7/7 [7 | - F | _ |
| Agencies Notified | | Street Add | | | |) E (| G E I | W [8 | - | N |
| | ency Notification | | | | l less | 31 | | | | 111 |
| The second secon | otification | | & Zip Code | 9 | | 11 | 11 0 1 | 2047 | - | 111 |
| X DOL Amende | ed Notification | | , TX 77253 | | 14 | ال الم | JL 21 | 2017 | L | |
| X DOH Cancell | ation | Name of C | | | | 1 | Telenh | one Nu | mha | r |
| DCA | | Frank Mi | echur | | | ASBES | | 5000 | | • |
| | | FACIL | ITY INFOR | RMATION | | | الالاالالاال | ¥Ϥ | | |
| Name of Facility Where Abatement | is Taking Place | | | | | | - | | | |
| | Pipe Rack | (3) | | Type of Facility (4) School (K-12) | | | | | | |
| Street Address | | | | Subchapter 8 (0 | Other than K | -12) | | | | |
| 415 Riege | Isville Road | | | X Other (i.e., priva | ate & comm | ercial bui | ldings ho | mae atr | | |
| | | | | | # of Floors | oroidi bui | Bidg. Ag | | | |
| City (5) | ounty (6) | County Code | | N/A | 1 | | Diag. A | 85 +/- | | |
| T4/200400 | unterdon | , | 100000 | Current Use (Prior if | being demo | lished) | | 03 T/- | | |
| | | | | Exterior Pipe Rad | | | | | | |
| Name of Monitoring Firm Hired by B | uilding Owner (8 | B) AS | | Name of Abatement | | (9) | | | | |
| Environmental Tactics, Inc | | 00 | | Global Abatemen | | | | | | |
| Street Address 64 Broad Street | | | 60 | Street Address | Mai 1997 | | | | | |
| City, State & Zip Code | | | | 143 Schoolhouse | | | | | | |
| Matawan, NJ 07747 | | | | City, State & Zip Coo | | | | | | |
| Project Manager for Monitoring Firm | Tels | ephone Num | | Monroe Township elephone Number | p, NJ 0883 | | - Mosseless | | | |
| Tom Geiger | | -290-2217 | 0000000 BDM | 32-605-9062 | | License | e Number 007 | | | |
| Scheduled Start Date (10) Sch | eduled Complet | | | lame of OSHA Mon | itor | | 007 | 14 | | |
| 7/27/7 | 7/3 | 1/17 | | Global Abatemen | | , LLC | | | | |
| Occupancy Status During Abatemen | it (Check only or | ne) | S | Street Address | | | | | | |
| Facility Closed/Vacated Duri | ng Entire Period | of Abateme | ent 4 | 43 Schoolhouse | Road | | | | | |
| Abatement Performed Outside | de of Normal Fac | cility Hours - | | ity, State & Zip Coo | | | | | | |
| Describe: Area Isolated X Other - Describe: Exteri | During Abate | ment | IV | fonroe Township | o, NJ 0883 | 1 | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | |
| Demolition X | | | | Full Contr | ninmont with | Monetin | - D | | | |
| Large Project | | | | Mini-Encl | ainment with | negative | e Pressure | į. | | |
| X Quantity is ≥ 3 SF or ≥ 3 LF | ACM | | | X Glovebag | | | | | | |
| Quantity is ≥ 160 SF or ≥ 26 | | | | | Ion-Friable | 9 | | | | |
| Location of | ls | Location | | Description of | | mount | Abate | ement T | vne | |
| Asbestos-Containing | | mally Used | | bestos-Containing | (8 | Specify | (Speci | fy: Rem | ova | 1, |
| Material (ACM) TO BE ABATED | | Solely by ntenance or | | Material (ACM) | Squ | are Feet | | | | ion |
| in Facility | 17.50 | todial Staff? | | e., thermal systems ation, surfacing, VA | T line | or | or E | nclosur | e) | |
| (13) | Oust | (12) | 1 | ther miscellaneous) | | ear Feet) | | | | |
| | | | | | | | | | | |
| Pipe Rack | | N/A | | TSI Pipe | 5 | 0 LF | Re | emoval | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler | NJDE | EP Waste Ha | | Cu. Yds. of Was | | e of Reg | istered La | ndfill | | \neg |
| Global Abatement Services, LL City, State | | S324 | U1 | 3 | TRF | | | | | |
| Monroe Twp, NJ 08831 | | | | Disposal Date | | State | D- | | | |
| Completed By (Print or Type) | Title | | | 7/31/17 | I UII | ytown, l | ra | In . | | _ |
| Dominick Tringali | Pres. | | | Signature | 7 | | | Date | 714. | , |
| , - | 3000 CO | | | Dominick T | ringali | | | 7/1 | 1111 | |
| SB-41 ILIN 05 C4667 | | | | | | | | | | |

CK7622 Date of Notification (1) 7/17/17 Name of Building Owner / Operator (2) Type Notification Church of the Sacred Heart Agencies Notified Street Address **EPA Emergency Notification** 531 Washington Ave DEP Initial Notification City, State & Zip Code X DOL South Amboy, NJ 08879 Amended Notification X DOH Cancellation Name of Contact Telephone Number DCA Father Stanley Gromadski AS LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Church Basement Boiler Room School (K-12) Street Address Subchapter 8 (Other than K-12) 229 Cedar Street X Other (i.e., private & commercial buildings, homes, etc. # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 8.000 85 +/-South Amboy Middlesex Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Tactics, Inc. Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07747 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/27/7 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Area Isolated During Abatement Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition X Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure X Quantity is ≥ 3 SF or ≥ 3 LF ACM Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM X Other: Repair Location of Is Location Description of Amount Abatement Type Asbestos-Containing Asbestos-Containing Normally Used (Specify (Specify: Removal. Material (ACM) Solely by Material (ACM) Square Feet Repair, Encapsulation TO BE ABATED Maintenance or (i.e., thermal systems or Enclosure) or in Facility Custodial Staff? insulation, surfacing, VAT Linear Feet) (13)(12)or other miscellaneous) Boiler Room N/A TSI Pipe 3 LF Repair Boiler Room N/A Boiler Breach 20 SF Repair Name of Registered Waste Hauler NJDEP Waste Hauler ID# Cu. Yds. of Waste Name of Registered Landfill Global Abatement Services, LLC S32401 <1 TRRF City, State Disposal Date City, State Monroe Twp, NJ 08831 Tullytown, Pa 7/31/17 Completed By (Print or Type) Title Signature Date Dominick Tringali Pres. Deminick Tringali 7/17/17 ASB-41 JUN 95 G4667

| CKRIOTT | N | | | ON O | FASB | W Jersey ESTOS ABATEN . 8:60 and 12:12 | | | EG | | | | |
|--|--|---------------|--|--|---|--|----------------------------|--|--------------------|----------------------|--------|-----------|-----------|
| Date of Notification (1) 07-18-2017 | | | | of Bu Unive | | Owner / Operator | r (2) | | JUL | 2 1 20 | 17 | | |
| Agencies Notified EPA DEP DOL DOH DOH DOA Cancell | ed | | Street 2083 City, S Lawre Name | Addre Lawre State & ncevil of Co | ess nceville & Zip C lle, NJ ontact | | | And Advanced in Control of the Contr | ASBESTO LIC | S CONT ENSING | | | er |
| ☐ DCA ☐ Cancell | ation | | | alter E | | ORMATION | | | | | | | |
| Name of Facility Where Abatement Rider University–Maurer Physical Educa | is Taking Pla ation Building-1 | ace (3) |) | | | Type of Facil School (| K-12) | | | | | | |
| Street Address 2083 Lawrenceville Road | | | | | | Subchar Other (i.e. | e. private | | ercial build | ings, hon Bldg. A | | tc.) | |
| The State of the second | ounty (6) | Co | unty (| Code (| (7) | 25,000 | 2 | 2 | | 57 | ge | | |
| Lawrenceville, NJ 08648 | Mercer | | | | | Current Use (Physical Edu | | | olished) | | | | |
| Name of Monitoring Firm Hired by E Pennoni & Associates | Building Owne | er (8) | | ASC 001 | CM No. 02 | Name of Aba Resource Ma | | | 100 | | | | |
| Street Address 515 Grove Street | | | | 1 | | Street Addres | SS | 202 /2 22 | | | | | |
| City, State & Zip Code Haddon Heights, NJ 08035 | - VI | | | | | City, State & Trenton, NJ 0 | | е | | | | | |
| Project Manager for Monitoring Firm Brian Clark | 1 | | hone 547-05 | Numb | er | Telephone No 609-977-6159 | umber | | License | e Number 011 | | | |
| Scheduled Start Date (10) Sc 7/31/2017 | heduled Com 8/31/201 | | n Dat | e (11) | | Name of OSH J&S Environn | | | s Inc | | | | |
| Occupancy Status During Abatemen Facility Closed/Vacated During Abatement Performed durin Describe: 8:00AM – 6:00I Facility Occupied During Ab Scope of Work (Check all that apply ≥3 sf or ≥3 If | ring Entire Pe g Normal Ho PM Monday-Si atement | riod o urs | f Abat | | eekends | Street Addres 2333 Route 2 City, State & Union, NJ 07 | Z2 West Zip Code 083 | | nment with | ı Negative | e Pres | ssure | |
| ≥160 sf ≥260 lf | | | | nolition | | | _ | | Procedure | :S | | | |
| - | | | | | | | 200 | | pted and N | | e Pro | cedu | re |
| Location of Asbestos-Containing | | | Locati nally l | | | Description Asbestos-Con | n of | | Amount (Specify | Al | oaten | | |
| Material (ACM) TO BE ABATED in Facility (13) | | Main Custo | olely tenan odial 3 (12) | ce or Staff? | | Material (Al (i.e., thermal s insulation, surfac or other miscell | ystems cing, VA | | SF or LF | r) Removal | Repair | Encapsula | Enclosure |
| Class rooms:127,126,125,124,122-124,1 & Hallway by rooms 111-118 | 10,0109,108 | Yes | No | N/A | Sheetr | ock & Joint Compo | ound | | 8,960 SF | | | | |
| Class rooms:127, 126, 125, 122-124, 11: 108 & Hallway by rooms 111-118 | 0, 111, 109, | | | \boxtimes | Fissure | e Ceiling Tile | | | 5,850 SF | | | | |
| Class rooms:127, 126, 125, 122-124, 11 108 & Hallway by rooms 111-118 | | | | | Cove b | ase mastic | | | 1,022 SF | | | | |
| Class rooms:127, 126, 125, 122-124, 11 108 & Hallway by rooms 111-118 | 0, 111, 109, | | | | | le/mastic(grey stre | eaks) | | 1,500 SF | | | | |
| Class rooms(#127, 126 & 109) Class room 124 | | | | | The second second | oard Glue Dots le/mastic | V | | 270 SF 200 SF | | | | |
| 0.033 10011 124 | | - | | | 1 1001 (1 | ie/mastic | | | 200 31 | | | | |
| Resource Management Group, LL City, State | С | | 00: | 35218 | | TBD Disposal Date | Grows | Landfill | | | | | |
| Hamilton, NJ 08619 | | | | | | TBD | | ville, PA | | | | | |
| Completed By (Print or Type) Brian I | Haney | | Titl | e: Pre | sident | Signature | Or | # | | Date | 07-1 | 8-201 | 17 |

| ek2413 | S Contraction | | | TION | | EST | rsey OS ABATE 0 and 5:16) | | DEC | E | \mathbb{V} | | |
|---|----------------------------|-------------------|-------------------------------|------------------------|---|--------------|--|------------------------------------|---|----------------------|--------------|-------------|-----------|
| Date of Notification (1) 07 / 14 / | 17 | | ١ | | f Building Construc | | er/Operator (2 | 2) | III Ju | IL 21 | 201 | 7 | |
| Agencies Notified EPA | ent # cy (includir | ng | C | 915 Stity, St. Blac | Address South BI ate, Zip Co kwood, I of Contact e Martin | ode NJ 08 | Horse Pike | | ASBES | TOS CC ICENSI | NTF VG | OL | 8 |
| , | | | | | | | | | _ | 078 | | 10.7 | |
| Name of Facility Where Abatement is T Freeway Golf Course Club Hou | | ce (3) | | FAC | ILITY INI | FORI | VIATION | Type of Facilit | 12) | : voew | | | |
| Street Address 1858 Sicklerville Road | | | | | | | | Subchapte Other (i.e., | r 8 (Other than K private & comme c.) | -12) ercial build | ings, | | |
| City (5) Sicklerville | | | | | | | | Square Feet 1200 | # of Floors | Ý | ig, Ag | je | Ý |
| County (6) Camden Name of Monitoring Firm Hired by Built | ding Owns | r (8) | | Count | | | E USE ONLY) | Club House ent Contractor | | nolished) | | | |
| The Vertex Companies, Inc. Street Address | ullig Owne | (0) | | SOW 1 | 10 . | Di | | | truction Corpo | oration | | | |
| 700 Turner Industrial Way | | | | | | 50 | 0=030000000000000000000000000000000000 | erne Street | | | | | |
| City, State, Zip Code Aston, PA 19014 | 30- | T | alan | hone N | lo. | Pl | niladelphia | | License No | · | | | |
| Project Manager for Monitoring Firm Don Heim | Scheduled | | 610 |)-558- | 8902 | 21 | 15-739-8166 ne of OSHA N | | 00646 | | | | |
| 08 /01 /17 | 08 | /_ | 14 | _ / _ | | S | AME AS A | | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During Ent Abatement Performed Outside of N Time of Abatement: 7AM-5PM/ | ire Period o ormal Faci | of Aba ility H | atem ours | | oribe | | et Address , State, Zip C | ode | | | | | |
| Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf | - | Renov Demo | | | | | ☐ Mini-End | closure ag Procedure | Negative Pressure | | | | |
| | | ls Lo | | | | | | | | | atem | ent T | уре |
| Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13) | C | | Solel enar ial S 12) | y by nce/ staff? | Asbe (i.e., the | rmal | Description Containing M systems insu VAT, or ner miscelland | aterial (ACM) lation, surfacing | Amount (Specify SF or LF | mo | Repair | Encapsulate | Enclosure |
| Exterior | Ye | | √0] | N/A | Transit | e Sic | ding | | 2200 SF | = 🖂 | | | |
| Exterior Roof | | | 3 | | Silver 1 | Tar F | lashing | | 400 SF | | | | |
| | | | | | | | | | * | | | | |
| Name of Registered Waste Hauler Diamond Huntbach or Service | Transpo | | H | JDEP V | O No. | Wa | oic Yards of ste 0 | | egistered Landfill c/Quickway Se | | nc. | | |
| City, State Philadelphia, PA | | | | 19085 | 9/20990 | Dis | 0 posal Date /14/17 | City, State Philade | lphia, PA | | | | |
| Completed By (Print or Type) Wayne Huntbach | Title Proje | ect M | lana | ager | | | Signature WG 2 | ~ | | Date 7 - / | 4- | 17 | |

| ∩∩ ∩ I/ | | | TIC | IO NO | ASBI | w Jersey ESTOS ABATEM . 8:60 and 12:120 | | DE | B E | <u></u> | 7 [| | 7 |
|---|-------------------|--------------|------------|-------------|----------|--|----------|-----------------------|---------------|------------|--------|--|-----------|
| Date of Notification (1) | | Nai | me | of Bu | ilding (| - Owner / Operator | | | JL 21 | วก | 17 | The state of the s | # |
| 07-18-2017 | | - | | Jnive | | | | |) L C 1 | 20 | 1 # | | 1 |
| Agencies Notified Type Notification EPA | | 0.00000 | | Addre | | e Road | | | ===== | | | | |
| ☐ DEP ☐ Initial | | | | | Zip C | | | | TOS CO | | ROL | & | + |
| | | | | | le, NJ | | | 1 | LIOLINGI | DVI | | | |
| □ DOH □ Emergency □ | | C. C. C. | | | ntact | | | | Tele | nho | no NI | ımh | or |
| DCA Cancellation | | Mr. | | alter E | | ODMATION | | | _ | | | | |
| Name of Facility Where Abatement is Taking Pla | 200 /2 |) \ | FA | CILI | I Y INF | ORMATION Type of Facilit | h. (4) | | | - | | | |
| Rider University – Bart Leudeke Dance Center | ice (3 |) | | | | School (F | | | | | | | |
| Street Address | | | | | | | | ther than K-12) | | | | | |
| 2083 Lawrenceville Road | | | | | | | | e & commercial bu | | | | c.) | |
| | - 12 | | | | | Square Feet | 1 | # of Floors | Bldg. | Age | 9 | | |
| City (5) County (6) | Co | ount | ty C | ode (| (7) | 25,000 | | 2 | 57 | | | | |
| Lawrenceville, NJ 08648 Mercer | | | | | | Dance Center | | peing demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owne | er (8) | | | E-0.00 | CM No. | A September of the second of th | | | | | | | |
| Pennoni & Associates Street Address | | | | 001 | 02 | Resource Mar Street Addres | | nt Group, LLC | | | | | |
| 515 Grove Street | | | | | | 2115 Hamilton | | e Suite 202 | | | | | |
| City, State & Zip Code | | | | | | City, State & Z | | | | | | | |
| Haddon Heights, NJ 08035 | | | | | | Trenton, NJ 0 | 8619 | | | | | | |
| Project Manager for Monitoring Firm Brian Clark | Tele 856- | | | Numb 05 | per | Telephone Nu 609-977-6159 | | Licer | nse Numb C | er 1118 | 5 | | |
| Scheduled Start Date (10) Scheduled Com 6/27/2017 Scheduled Com | npletion 7/28/ | | | (11) | | Name of OSH J&S Environm | | or aboratories Inc | | | | | |
| Occupancy Status During Abatement (Check onl Facility Closed/Vacated During Entire Pe | | | bate | emen | ıt | Street Addres 2333 Route 23 | | | | | | | |
| Abatement Performed during Normal Ho | urs | | | | | City, State & Z | | е | | | | | |
| Describe: 9:00AM – 5:00PM Mon-Sun Facility Occupied During Abatement | | | | | | Union, NJ 070 | 083 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | • | _ | | | | | | |
| | | 10 <u>11</u> | | 732 | | | | Full Containment w | ith Negat | ive I | res | sure | |
| ≥3 sf or ≥3 lf | \boxtimes | | | ovatio | | | Research | Mini-Enclosure | | | | | |
| ≥160 sf ≥260 If | | L |)em | olitio | n | | | Blove Bag Procedu | | | - | | |
| Location of | lo | Loc | anti | on | Т | Description | | Non-Exempted and Amou | | | | eaur ent T | |
| Asbestos-Containing | | | | Ised | | Asbestos-Conf | | (Spec | 0.000 | And | iterri | 5111 1 | ype |
| Material (ACM) | 5 | Sole | ly b | У | | Material (AC | | SF or | | Z | _ | Ш | 面 |
| TO BE ABATED | | | | ce or | | (i.e., thermal sy insulation, surfac | | - | | em | Repair | cal | nclo |
| in Facility (13) | Cus | | ai S 2) | taff? | | or other miscella | | | | Remova | air | Encapsula | Enclosure |
| \\ -7 | Yes | | | N/A | | | | | | | | D | Ф |
| Office #1 | | | | \boxtimes | Plaste | | | 480 8 | | | | | |
| Office #2 | | I E | 41 | | Plaste | CO | | 600 8 | | | 부 | 무 | H |
| Bathroom/Hallway Studio | \vdash | ╁╞ | + | \boxtimes | Plaste | | | 400 S | | | Η | H | H |
| Foyer | H | ╁ | ╡┤ | | Plast | | | 150 8 | | | H | H | H |
| Office | Ħ | 市 | i | X | Plast | | | 1,200 | | | ī | Ī | |
| Hallway Outside Conference Room | | TĒ | | \boxtimes | Plast | | | 200 \$ | | | | | |
| Resource Management Group, LLC | | | 003 | 5218 | | TBD | Grows | Landfill | | | | | |
| City, State Hamilton, NJ 08619 | | | | | | Disposal Date TBD | City, S | tate | | | | 11000 | |
| Completed By (Print or Type) Brian Haney | | - | Ti+1 | a. Dro | eident | Signature | 11101113 | / / | In | ato (| 7_19 | 3-201 | 17 |
| Completed by (Fillit of Type) bliati halley | | | I ILIC | 3. Pie | sidem | Signature | 4 | < Holla | | ale (| 77-10 |)-ZU I | |

| | (1 disdailt to 14.5. | A.G. 0.00 and 12.120) | 11 11 21 2017 11 11 |
|--|--|--|--|
| Date of Notification (1) 07-18-2017 | | g Owner / Operator (2) | Ingl. Ing. |
| Agencies Notified Type Notification | Rider University Street Address | | ASBESTOS CONTROL & |
| ⊠ EPA | 2083 Lawrence | | LICENSING |
| □ DEP □ Initial □ DOL □ Amended-End Date | City, State & Zip Lawrenceville, | | The same desire the HB provides on the Same |
| □ □ □ Amended-End Date □ □ Emergency □ □ Cancellation | Name of Contact | 100000000000000000000000000000000000000 | Telephone Number |
| DCA Cancellation | Mr. Walter Eddy | 1 | |
| | FACILITY II | NFORMATION | 1 |
| Name of Facility Where Abatement is Taking Pl | | Type of Facility (4) | |
| Rider University – Bart Leudeke Dance Center Street Address | | School (K-12) | 202 K 12) |
| 2083 Lawrenceville Road | | Subchapter 8 (Other the Subchapter 8 (Other the Subchapter 8) | ommercial buildings, homes, etc.) |
| The Proposition Control of the Contr | | Square Feet # of FI | oors Bldg. Age |
| City (5) County (6) Lawrenceville, NJ 08648 Mercer | County Code (7) | 25,000 2 | 57 |
| Lawrenceville, NJ 00046 Wercer | | Current Use (Prior if being Dance Center | demonstred) |
| Name of Monitoring Firm Hired by Building Own | | | |
| Pennoni & Associates Street Address | 00102 | Resource Management Gre Street Address | oup, LLC |
| 515 Grove Street | | 2115 Hamilton Avenue, Su | ite 202 |
| City, State & Zip Code | | City, State & Zip Code | |
| Haddon Heights, NJ 08035 Project Manager for Monitoring Firm | Telephone Number | Trenton, NJ 08619 Telephone Number | License Number |
| Brian Clark | 856-547-0505 | 609-977-6159 | 01185 |
| | npletion Date (11) 7/28/2017 | Name of OSHA Monitor J&S Environmental Labora | tories Inc |
| Occupancy Status During Abatement (Check or | | Street Address | |
| ☐ Facility Closed/Vacated During Entire P ☑ Abatement Performed during Normal Ho | | 2333 Route 22 West City, State & Zip Code | |
| Describe: 9:00AM – 5:00PM Mon - Su | | Union, NJ 07083 | |
| Facility Occupied During Abatement | | | |
| Scope of Work (Check all that apply) | | | ontainment with Negative Pressure |
| ≥3 sf or ≥3 lf | Renovation | | nclosure |
| ≥160 sf ≥260 lf | Demolition | | Bag Procedures |
| Location of | Is Location | Description of | xempted and Non-Friable Procedure Amount Abatement Type |
| Asbestos-Containing | Normally Used | Asbestos-Containing | (Specify |
| Material (ACM) TO BE ABATED | Solely by Maintenance or | Material (ACM) (i.e., thermal systems | Enclosure Encapsulat Repair Removal |
| in Facility | Custodial Staff? | insulation, surfacing, VAT | Enclosure Encapsula Repair Removal |
| (13) | (12) | or other miscellaneous) | val lir ula |
| Confession Brown | Yes No N/A | - F'H' | |
| Conference Room Maintenance Closet | | e Fittings e Fittings | 75 each |
| Conference Room | | ration Cloth | 20 LF 🔲 🗌 🗎 |
| Conference Room | □ □ ⊠ Sp | ray applied fire proofing | 1,520 |
| | | | |
| | | | |
| Name of Registered Waste Hauler | The state of the s | | gistered Landfill |
| Resource Management Group, LLC | Hauler ID No 0035218 | o. of Waste TBD Grows Land | fill |
| City, State | 0000210 | Disposal Date City, State | |
| Hamilton, NJ 08619 | | TBD Morrisville, F | PA |
| Completed By (Print or Type) Brian Haney | Title: | Signature / | Date 07-18-2017 |
| | President | 8 210 | HO |
| | Į. | 1 1/1/4) X | 11 |
| | | 1/ | |
| | | // | |

Jun 23 2017 04:04PM NJ Asbestos Control 609:633.0664

| Chaos | NO | TIFICATIO | itate of New Jers N OF ASBESTOS t to NJAC 8:60 at | ABATE | EMENT 20) | | | | ₩ ^{Pri} | at F |
|---|-------------------------|--------------------|---|--|--------------------------|--|-----------|--------------|------------------|-----------|
| Date of Notification (1) 07/17/2017 | | | of Building Owner t Engineering | | | | JL 2 | 1 | 2017 | - |
| Agencies Notified Type Notification | on | Street A | Address | | | ASBES | STOS | CON | ITROI | 2 |
| X EPA Initial | | | Varren Street | suit 22 | 2 | | LICE | | | |
| X EPA Initial X DEP Amended X DOL Amendment | ent# | - 100 Common | ate, Zip Code ark,NJ,07103 | | | | | | | |
| × Emergence | y (including | 11/10/19/2004 | of Contact | | | Telephone N | umbar | | | |
| DOH justificatio | | Brian | Grant | | | 1 diepriorie 14 | umber | | | |
| Name of Facility Where Abatement is Tal | ring Place (3) | FAC | ILITY INFORMAT | ION | | | | | | |
| Private House | ding Flace (5) | | | | Type of Fac | V. (1) # (1) # (1) # (1) | | | | |
| Street Address | | | | | | (K-12) apter 8 (Other than K- i.e. private & commer | | ildings | , home | s, |
| City (5) East Orange | | | | | Square Feet N/A | N/A | | Bldg. A | Age | |
| County (6) Essex | | (STATÉ | Code (7) USE ONLY) | | PRIVATE | | shed) | | | |
| Name of Monitoring Firm Hired by Buildin N/A | g Owner (8) | ASC | M No. | | of Abatement V ABATEM | Contractor (9) | | | | |
| Street Address | | | | | Address | LIVI LLO | | | | |
| | | | | 89 F | RANKLIN S | STREET | | | | |
| City, State, Zip Code | | | | City, State, Zip Code PATERSON,NJ,07524 | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | none No. 333-5144 | License 01274 | No. | | | |
| Start Date (10) 07/19/2017 | Scheduled (08/06/20 | | Date (11) | | of OSHA Mor V ABTEMEI | | | | | |
| Occupancy Status During Abatement (Ch | | | | | Address | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No | e Period of Aba | tement | | | RANKLIN State, Zip Code | ACTION TO SECURE | | | | _ |
| Other – Describe: | - Control of the | | | T | ERSON,NJ | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | 4.174.1W.Com | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | - | ovation olition | | × | Mini-Enclo | inment with Negative osure Procedure opted (*) and Non-Fria | | | 70 | |
| | Is Loc | cation | | | 2 HOIT-EXCIT | liptod () dilid ivoli-i ila | IDIC I II | | ement | |
| Location of | Norr | nally olely by | De | scription | of | | - | Ty | /pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mainte Custodi | | surfa | | s insulation, T, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes N | o N/A | | | | | | | te | |
| ROOF | > | (| ROOF | MAMB | RANE | 2000 | Х | | | il escri |
| | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP W | | Yards | Name | e of Registered Landfi | II | | | |
| RY STATE TRANSFER/YIMMY | BYRNE | Hauler ID 19551 | No. of Wa | ste | MIN | ERVA ENTERPR | RISES | ò | | |

Disposal Date

Signature

TBD

VICTOR ESPIRITU

Completed by

1199 RANDALL AVE BRONX NY

Title

PROJECT MANAGER

City, State

900 MINERVA RD WAYNESBURG OH

Date

07/17/2017

City, State

State of New Jersey

Check # 16017

CK3DD82 NOTIFICA

| UL J'80 | t0/ | | Name of Building Owner/Operator (2) | | | | | | | | 7 | $\parallel U$ | | |
|---------------------------|-----------------------|---------------|-------------------------------------|---|---|---------------------------------------|----------------------------------|------------------|-----------|--------------|-------------|---------------|--|--|
| Date of Notification (1) | | | | Name of Building Owner/Operator (2) Structural Solutions | | | | | | | | | | |
| 07/ | 18 / | 17 | | Str | uctural S | olutions | | CK | 52 | -) | 83 | 1 | | |
| Agencies Notified | Type Notifica | ation | | Street | Address | | | ASBEST | | | OL 8 | 2 | | |
| ⊠ EPA | | | | | 6 Route | 9 | ŧ | LIC | CENSI | NG_ | | | | |
| □ DOLWD | ☐ Amended | | | | State, Zip (| | | | | - | - | | | |
| ⊠ DOH | Amendm | | | | | NJ 08755 | | | | | | | | |
| DCA (NJAC 5:23-8) | | cy (including | | | of Contac | | | Telephone Nur | mhor | - | | _ | | |
| (140/10/03/23-0) | ☐ Cancellat | 0.000 | | Joh | | | ı | .0.021.0 | | | | | | |
| | | | - | | | IFORMATION | | | | | | | | |
| Name of Facility Where A | batement is | Taking Place | (3) | | | | Type of Facility (4 | 4) | | | | | | |
| Residence | | | | | | | School (K-12) | | | | | | | |
| Street Address | | | | | | | Subchapter 8 | | | م ما المالات | | | | |
| | | | | | | | Other (i.e., pri homes, etc.) | vate and comm | erciai bi | ullaing | S, | | | |
| City (5) | | | | | *************************************** | | Square Feet | # of Floors | В | dg. A | ge | | | |
| Seaside Heights | | | | | | | 700 sf | 1 | | 65 | 73 | | | |
| County (6) | | | | Cour | ty Code (7 |)(STATE USE ONLY) | Current Use (Price | or if being demo | lished) | | | | | |
| Ocean | | | | | | | Residence | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ding Owner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | | |
| N/A | | | | | | Guardian Co | ntracting, Inc. | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | |
| | | | | | | 1889 Route 9 |), Unit 61 | | | | | | | |
| City, State, Zip Code | | | | 7 | | City, State, Zip Co | ode | | | | | | | |
| | | | | | | Toms River, | New Jersey 087 | 55 | | | | | | |
| Project Manager for Moni | toring Firm | | Tel | ephone | No. | Telephone No. | | License No. | | | | | | |
| | | | | | | 732-349-9932 | 2 | 00624 | | | | | | |
| Start Date (10) | | Scheduled C | omple | etion Da | te (11) | Name of OSHA M | Monitor | | | | | | | |
| 07 /28 / | 17 | 07 / | _3 | 1_/ | 17 | E.M.S.L. Ana | lytical | | | | | | | |
| Occupancy Status During | Abatement (| Check only o | ne) | | | Street Address | | | | | | | | |
| □ Facility Closed/Vacate | | | | | | 1056 Stelton | | | | | | | | |
| Abatement Performed | | | | | | City, State, Zip Co | ode | | | | | | | |
| Time of Abatement: | AIVI | PIVI/ | -PIV | - | AIVI | Piscataway, | New Jersey 088 | 54 | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | ☐ Re | nova | tion | | ☐ Full Con | tainment with Nega closure | ative Pressure | | | | | | |
| ≥160 sf or ≥260 lf | | ⊠ De | moliti | ion | | ☐ Gloveba | g Procedure | 741F0 570 7250 7 | | | | | | |
| | | | | | | | empted (*) and Nor | -Friable Proced | | | | | | |
| Location | | 1000 | Loca | | | December | | | At | atem | ent Ty | ype | | |
| Asbestos-Containing I | | (I) Use | d So | lely by | Asbe | Description of estos Containing Ma | | Amount | Rer | Repair | Encapsulate | Enclosure | | |
| TO BE ABA | TED | Ma | | ance/ Staff? | | e., thermal systems | insulation, | (Specify | Remova | air | aps | losi | | |
| IN Facilit (13) | У | Ousi | (12 | | | surfacing, VAT other miscellane | | SF or LF) | <u>m</u> | | ulat | лге | | |
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| exterior | | | | | asbest | os siding | | 700 sf | | | | | | |
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| Name of Registered Wast | 11 | | | | | Cubic Yards of | Name of Regist | ered Landfill | | - | | | | |
| Guardian Contraction | ng, Inc. | | Hauler ID No. Waste T.R.R.F. | | | | | | | | | | | |
| City, State | | | | 20220 | | Disposal Date | City, State | | | | | | | |
| Toms River, New Je | oms River, New Jersey | | | | | 8/1/17 | Tullytown, | Pennsylvania | a | | ï | | | |
| Completed By (Print or Ty | rpe) | Title | | | | Signature | 1 | 11 | Date | | | | | |
| Nicholas Fernicola | K (4) | Project | Mar | nager | | | | | 7/1 | 81 | 17 | | | |

| Contr | ol 60 | 19.633 | 0664 | | nage 1 | | P | (A) | | U L |
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| Pillag (1) | | | | Times and the state of the stat | Type of Facility | y (4) | | _ | _ | |
| _ | | | | | □ Subshapu | M S (Other than K-12) | | | | |
| | | - Higgstown a. | | | Dever (1e | private & commercia | d buil | dings, | home | l, etg.) |
| I | 07 | 62 | 8 | | 7700 | # of Floors | | - | - | 1.44 |
| The State of the S | | Count | y Code (7) | | Current Use (Pr | for if being demolishe | d) | _ (¢ | 0 | (K) |
| Owner (å) | | | | Nema | RESI | DENCE | | | | |
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| | | | | City, S | State, Zip Code | | _ | | | _ |
| | | Telepha | one No. | | | AND DESCRIPTION OF THE PARTY OF | | | | |
| Cabal | | | | | 201-329-744 | 4 00 | | | | |
| 7 | -/Q | noitelar | Deus (11) | | | | | welling to | | |
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| ried of Ab Facility H | atement | DE | | | | reet | | | _ | |
| PA | | | - | S | outh Hacken | sack, NJ 07606 | 5 | | | |
| | Renovs | tion | | _ | | 000 | | | | |
| | | | | - | Mini-Enclosur | 9 | 53 With | | | 1 |
| T | - | | | | | squire (*) and Non-Frishie | Proce | dure | | |
| | Normal | fy | | Description | | | | | | |
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| | (12) | 154617? | | VAT, or | SALAKSI CINA POLITIKA DA MARKA | SP or LF) | Repro | Requi | ectlos | Englosure |
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| | | uler ID | No. of | Waste | | | | | | |
| | | 1/15 | Dis | possi Date | City, State | inverva Enterp | rise | s, L | LC | _ |
| Title | | - | 17 | | | | -538 | 3 | | - |
| 1 | timai | or | | Signature . | | Date | 1 | | 7 | |
| | Schedu Yes | NOT NOT NOT NOT (including an including | NOTIFICATION OF THE PROPERTY O | NOTIFICATION OF ASSET (Parament to NJAC 8 Norms of Building On 13 Marine of Building On 15 City, State, 2th Code 17 (Including and Taxon Code 17) (Including and Including and Including Assets and Including A | State of New Jersey NOTIFICATION OF ASBESTOS ASAT (Faraunat to NIAC 8:60 and 12:12 Name of Building Owner/Operator 3. W. WA Street Address City, State, 2p Code D. W. O. W. And State of New Jersey Name of Building Owner/Operator B. W. W. A. Street Address Coty, State, 2p Code D. W. O. W. FACILITY INFORMATION FACILITY INFORMATION Street 4: Cry, 3 Telephone No. Teleph Street 4: Cry, 3 Telephone No. Teleph Telephone No. Teleph Street Gry, 5 Telephone No. Teleph Street Coty, 5 Telephone No. Teleph Telephone No. Teleph Street City, 5 Removation Demolition Is Location Normally Vas No. N/A Telephone Coppodial Surf? (i.e. thermal systemating Market Part, or Other miscelland Other miscelland In JOSP Waste Rauler ID No. of Waste Rauler ID No. of Waste Title Title Signacir Title Title Signacir Title | State of New Jersey NOTIFICATION OF ASRESTIOS ABATEMENT (Farsunas to NIAC 8:50 and 12:120) Norte of Auditing Owner/Operator (2) The County Code of Auditing Owner/Operator (2) The County Code of Owner Owner/Operator (2) County Code of Owner Owner/Operator (3) Scheduled Completion Data (11) Telephone No. Contoining Material (ACM) Owner of Owner of Owner owner owner of Owner own | State of New Jersey NOTIFICATION OF ASRESTOS ABATEMENT (Persuants to MAC 8:56 and 12:120) Notice Address Copy, State, 2:19 Code D. M. O. M. A. H. O. M. Plane (1) Pare (Including of English of Mark 12) Separate of New Jersey Name of Copy of Facility (4) Separate of New Jersey Name of Copy of Facility (4) Separate of New Jersey Pare (Including of Mark 12) Separate of New Jersey Pare (Including of Mark 12) Separate of Mark 12) Separate of Portions Z 2 0 0 County Code (7) County Code (7) County Code (7) Separate of New Jersey ASCM No. Name of Abatement Companies (9) Best Removal inc Street Address 450 South River Street City, State, Zip Code Hackensack, NJ 07601 Telephone No. Zol 1-329-7444 October of State of New Jersey Normally N | State of New Jersey NOTIFICATION OF ASSESTION ABATEMENT (Persuants to NACE 566 and 12,120) Notine of Building Owner/Operator (2) B. M. MAHON Notine of Building Owner/Operator (2) B. M. MAHON Notine of Building Owner/Operator (2) B. M. | STATE OF THE STATE | State of New Jarsey NOTIFICATION OF ASBESTIDS ABATEMENT (Ferrusas is NIAC 8:50 and 12:130) Nome of Building Owner/Operator (2) Nome of Building Owner/Operator (2) Nome of Segue of Building Owner/Operator (3) Name of Cognet PACILITY INFORMATION PACILITY INFORMATION PACILITY INFORMATION PACILITY INFORMATION Prisod (3) PACILITY INFORMATION PACI |

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|--|---|--|---|
| FX. | NOTE | State of New Jersey FICATION OF ASBESTOS AI (Parsumet to NJAC 8:69 and 1 | 12:120) JUL 2 1 2017 D |
| | Date of Notification (1) | Name of Building OwnerDpe ACCH DIOCESE Street Address | F OF NEWACK SALES EN ZABSTH |
| - | Agencies Notified Type Notification Type Notification Type Notification Agencies Notified Amended | 700 W | YCKOFF AUE |
| Calculation of the Control of the Co | DEP Amendment # Amendment # Emergency (including justification) | WyckoFF. Name of Contact | NJ - 07481 Telephone Number |
| | DCA Cancellation Name of Facility Where Abstract is Taking Place (3) | FACILITY INFORMATI | ION Type of Facility (4) |
| | ST ELIZABETH SCHOOL | | School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) |
| | 700 WYEKOFF AND CHY(5) WYCKOFF | 08 | Square Feet # of Floors Bidg, Age 28400 2 - 1955 |
| | County (6) BELGEN | County Code (7) STATE USE ONLY) | Current Use (Prior if being demolished) SCHOOL Name of Abatement Contractor (9) |
| The second section of the section of | Name of Monitoring Firm Hired by Building Owner (8) DETAIL A SSO CLATES | ASCM No. 00012 | Best Removal Inc Street Address |
| hannong sammer | Street Additions 300 GRAND ANE | | 450 South River Street City, State, Zip Code |
| | City, State, Zip Code W Y C KOTF Project Manager for Monitoring Firm | Telephone No. | Hackensack, NJ 07601 Telephone No. Liceuse No. |
| | ALTHONIO VALENTINE | 201-569-6708 implestion Date (11) | 201-329-7444 00388 Name of OSHA Monitor |
| _ | 7/19/17 8 Occupancy Status During Abstement (Check Only One) | 4/17 | Omega Environmental Street Address 280 Huyler Street |
| N N | Facility Closed/Vacated During Entire Period of Absterne Absternest Personned Outside of Normal Facility Hours Other - Describe: TAR TO SEE | ecu RED | City, State, Zip Code South Hackensack, NJ 07606 |
| | | varion Minion | Full Consciences with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |
| i. | Location of Used So Asbestus-Containing Material (ACM) Mainte | hely by Asbestos Cont | escription of taining Material (ACM) tems insulation, surfacing, (Specify SF or LF) |

| | | | | O Non-Exempted (*) and Non-Friable P | noced | 252 | | |
|--|-----------|--|--|---|-------------|--------|-------------|-----------|
| | | Locatio | 0.000 | | yaginoo een | Abata | ment pe | , |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Usa Ma | ed Solely sinteness todial S (12) | by ce/ | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| 3.50 | Yes | No | N/A | - | | | _ | - |
| BoiLER ROOM | | | × | THERMAL SUSTEMSINSULATION 325 LF | X | | | |
| BoiLER ROOM | | | X | THEKMIK SURFACIOS, INSULTATION 600SF | عر | | | |
| Boltario | | - | 1 | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hander NEW ARK CARTIN | JG | H | IDEP Wanter ID | No. of Waste 30 C Y S GRAND CENTRAL SA | DITA | 55 | 1-00- | 05 |
| NEWARK. N | J | 1 | _ | Disposal Date City, State 8 417 PEN ARCYL, PA | 1 | 807 | 2 | |
| Completed by | Title | | | Signature | | 1,9 | 11 | 7 |

De not use this form for asbestos licensure exempted activities.

Estimator

Compieted by J. Maiorano THE GEOMENY

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| Date of Notification (1) | 8/17 | | Na | me of Bu | ilding OwneriOper | rator (2) | NEWARK | IS | HOTTO E | | AC | 21 | 4 |
| (/ | 8 / 17 Type Notification | | Str | er Addr | ess | | 1 / | | LICENS | ING | noi ì | _ & | |
| Agencies Notified | | | | | 700 W | YCK | COFF AU | E | | | | | _ |
| EPA DEP | Amended | | Ci | v State | Zin Code | , | | | 33. | | | | |
| E DOL | Amendment # D Emergency (inclu | dine | - | MYC | LKOFF. | NJ. | 01431 | Telex | phone Number | | | _ | _ |
| P DOH | justification) | | 7.33 | me of C | 63 | ~ | | | | | | | |
| D DCA | Cancellation | | 15 | RED | GIANNE TY INFORMATI | ON | | | | | | | |
| Name of Facility Where A | batement is Taking Place | (3) | | 1 Pacific | | | Type of Facility (4) | | | | | | |
| | ZABETH SO | | -1 | 2 | | | School (K-12) Subchapter 8 | Other 1 | from K-12) | | | | |
| Count Address | | | | | ¥. | | Other (i.e. pri | rate & c | commercial bui | ldings | , hom | cs, etc. | .) |
| 700 | WYCKOF | F + | 405 | | • • • | | Square Feet | | Floors | | g Ag | | |
| City (5) | N - | | | | | | 28400 | | 2 | 1 | 95 | 5 | |
| W | f CKO FF | | 10 | | de (7) | | Current Use (Prior | if being | | | edland termina | | |
| County (6) | LGEN | | 6 | TATE US | E ONLY) | | | ملا | | | | | |
| Name of Monitoring Firm | Wind by Parilding Chang | r (8) | - | ASCM | No. | Name | of Abatement Contra | | | | | | |
| Name of Monitoring Para | 4 SSO CLIATE | =5 | 1 | 00 | 2012 | | est Removal In | C | | | | | |
| Street Address | 9 2 / 2 - 1 | | | | | 1. | Address | | | | | | |
| 300 | GRAND | AUE | - | | | | 0 South River | Stre | <u>et</u> | | | | - |
| City, State, Zip Code, | | | | | | | State, Zip Code | 1760 | 1 | | | | |
| W | CKOFF | | | | | | ckensack, NJ (| 7/00 | License No. | | | | |
| Project Manager for Mor | itoring Firm | | | elephone | | letepa | 201-329-7444 | | 0038 | 38 | | | |
| AUTHORY VA | EUTINE | cheduled | | | 9-6708 | 1 | of OSHA Monitor | | | man action | | | |
| Start Date (10) 7/19/ | | | | -/17 | ~() | | mega Environ | ment | al | | | | _ |
| Occupancy Status During | Abatement (Chack Only | | 1 | 1.0 | - " | | Address | . ~ + | (0000 Actions 000 | | | -~ | |
| Manual Manual Control of the Control | ` | 200 | ment | | a | 1 | 80 Huyler Stro State, Zip Code | | | | - | | - |
| Facility Closed/Vac Absternest Perform Other - Describe: | ed Outside of Normal Fac | Hy Hy | 50e | CUP | (ED) | Cny, | South Hackens | ack, | NJ 07606 | | - | | |
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| Scope of Work (Check A | Il That Appty) | ~/ n | | | | 4 | Full Containme | nt with | Negative Press | ure | | | |
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| 210020200 | | | | | | | ☐ Glovebag Proce ☐ Non-Exempted | (*) and | Non-Friable P | | | | _ |
| | | In In | Locatio | | 4. | | | | | | Abate Ty | | |
| Locat | | N | omally | y | | escriptio | | | | | | | |
| Asbestos-Containii | g Material (ACM) | * 100 miles | i Soleh intenan | 0286.51 | Asbestos Con | taining l | Material (ACM) sulation, surfacing, | | Amount Specify | 2 | *** | Encepsulate | 87864 |
| TO BE A | | | odiał S | | ľ | VAT, | x | S | For LF) | Remova | Repair | เกรด์ | and deliberate |
| | 3) | | (12) | | other | miscell | ancous) | | | = | | ate | 1 |
| | | Yes | No | NA | - | | | | 316 | × | | | - |
| BoiLER | ROOM | | | X | THERMAL ST | PST=1 | 45 IUSUKATION | | 325 LF | - | | | - |
| BoiLER | ROOM | | | X | THEKMAL SU | IRFAC | मिन्द्र अप | لىدە | 600SF | گ | | | - |
| Botaic | | | | | | | | | | | | | - |
| | | 1 | | † | | | | | | | | | |
| | | | | | 104 | c Yards | Name of | Registe | red Landfill | | | | |
| Name of Registered Wa | ste Hauler | | | UDEP W | - | | | | | | | 27 - 00 - 20 5 | 6 |
| Name of Registered Wa | the state of the s | | H | lauler ID | - | | S GRAN | O c∈ | NOTRAL SA | VITA | Ry | 170 | 0 |
| NEWAR | ste Hauler K CAACT IN | JG | H | | No. of W | aste 300 osal Dat | S GRAN | 20 | | | | | 7 |
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| NEW ACCity, State N. 6 | the state of the s | | H | lauler ID | No. of W | aste 300 osal Dat | YS GRAN Coy, SE 117 PEN | 20 | | | | | 2 |
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| | | 818.71 | (Pursua | nt to | NJAC 8:60 and 12 | :120) | | JUL 21 | 201 | 7 | 4 | 41 |
|--|--|-------------|------------------------|----------|-------------------|---------------------|--|--|----------|--------------|-------------|-----------|
| Date of Notification (1) | | | Name | of Bui | Iding Owner/Opera | ator (2) | | | | | 14 | |
| 7/6 | 17 | | ARC | AHD. | 10 CESE E | DFL | JEWARY/ | ASBESTOS C | ONIT | 201 | 2 | - |
| Agencies Notified | Type Notification | | Street | | | | LOFF AUE | | | NOL | a | |
| Ø EPA | F Initial | | | | | | | | | | | |
| D EPA | ☐ Amended | | City, S | State, 2 | Zip Code | 2 | NJ. O | 7481 | | | | |
| Z DOL | Amendment # Emergency (included) | ding | Name | M | YCKON | | 143.0 | Telephone Number | | | | |
| DOH DOH | justification) | • | Name | 01 00 | GIANO | 1=7 | 10 | | | | | |
| DCA DCA | ☐ Cancellation | | FA | CILI | TY INFORMATIO | ON . | Control of the Contro | | | | | - |
| Name of Facility Where A | hatement is Taking Place | (3) | | | | 1 | Type of Facility (4) | | | | | |
| Name of Facility Wholes | MINT EU | : ZA | BET- | tt. | SCHOO | <u></u> | School (K-12) | (O) d V 12) | | | | |
| | | | | | #88 | | ☐ Subchapter 8 (| Other than K-12) vate & commercial bu | ildings, | home | s, etc. |) |
| 76 | 00 Wyck | OTT | AU | E | | | | # of Floors | | g. Age | | \dashv |
| City (5) | | | | | 14 | | Square Feet 2 8 400 | # 01 F10013 | | 95 | | |
| W | 4 CKOFF | | | | | | Current Lise (Prior | if being demolished) | | 10 | | \neg |
| County (6) | 1 | | | ty Co | de (7) E ONLY) | | The second secon | H001_ | | | | |
| | ERGEN | (0) | , | | | Name | of Abotament Contra | ctor (9) | | | | |
| Name of Monitoring Firm | Hired by Building Owne | r (8) | A | SCM I | NO. | -2 | EST RE | JACON | 14 | <u> </u> | | |
| DETAIL A | ISSOCIATE: | | | - | 3012 | 0 . | 4 1 3 | | | | | |
| Street Address | GRAND | A.1= | | | | a | SO SOUTH | (LI JER | 21 | | | _ |
| City, State, Zip Code | GRARD | 1400 | | | | | | | | | 01 | |
| City, State, Zip Code | CLE WOOD | 1 . 1 | · It | E | 7631 | Ht | State, Zip Code ACIKEN SA | CIC - NJ | | 160 | - | - |
| Project Manager for Mon | itoring Firm | , , | Tele | phone | No. | | hone No. 21 - 329 -7 | | | | | |
| MOHTHONY | JACENT | NE | 201 | - 50 | 69-6708 | 20 | of OSHA Monitor | 444 | | 0 0 | | |
| Start Date (10) | itoring Firm ACENT | cheduled C | Completio | n Date | e(11) | Name | of OSHA Monitor | = NII. RON | MEN | 4 | 4 C | . |
| 7/19/ | 17 | 8 | 191 | 11 | | | Address | | | | | |
| Occupancy Status During | | | | | | 5400 | 280 HU | Y LER ST | • | | | |
| Facility Closed/Vac | cated During Entire Period ed Outside of Normal Fac | i of Abater | nent s | | | City, | | | | A- | 110 | 2 |
| ☐ Abatement Perform ☐ Other – Describe: | ed Outside of Ivorniar i a | | | | | 58 | State, Zip Code OUTH HAC | KENSAUC. | NJ | . 01 | 100 | 0 |
| Scope of Work (Check A | Il That Apply) | | | | | | | | | | | |
| | | Re | novation | | | 102 | Full Containme | ent with Negative Pres | sure | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | □ De | molition | | | | ☐ Mini-Enclosure ☐ Glovebag Proc | edure | 10 14 | | | |
| | | | | | | | □ Non-Exempted | (*) and Non-Friable | Procedi | ire Abate | ment | |
| | | Is I | Location | | | | | | | Ty | | |
| Locat | ion of | 10000 | ormally | | De | escription | on of | Amount | | | | |
| Asbestos-Containir | ng Material (ACM) | | Solely by ntenance/ | | Asbestos Cont | taining tems in: | Material (ACM) sulation, surfacing, | (Specify | Rei | Re | Enca | Enc |
| TO BE A | CILITY | Custo | odial Staff (12) | f? | | VAT, | OT | SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | 3) | | (12) | | other | miscen | laneous) | | = | | ate | e . |
| | ¥ | Yes | No | N/A | | | | 200 | Eso | | | |
| BOILER | ROOM | | | X | THERMAL S | 451 | EMS INSULAT | 10N 3251 | | | | |
| | | | | P | THERMAL SO | 12FA | ENS INSULATIONS | W 600 St | x | | _ | |
| Bover | (6001) | +-+ | - | | 11014110 | | | | | | | |
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| | | | NIE | EP W | Vacte Cubic | Yards | Name of | Registered Landfill | | | | |
| Name of Registered Wa | | | Hau | ler ID | No. of Wa | aste | | | براره م | Ale | 1 4 | AUA M |
| NEWARK | CARTING | , | 04 | \$50 | | 30 | de City, Sta | O CENTRAL S | 10,000 | | 1 | ,,, |
| City, State | 1 1 0 10 | 1 4 | | | Dispo | osal Da | 4/17 PEN | ARGYL | CA | 18 | 07 | 2 |
| NEW | IARCK , N |) <u>(1</u> | | | | Signat | ure () | D | ate 1 | . , | | |
| Completed by | DRANO | Little | < T1 | u L | TOR | V | descia fr | ue | 7/ | 6/ | 17 | - |
| J. 17A1 | JUAN | | 0 (11 | (PC | | 1 | | | | | , | 41. |
| ASB-41 (R-06-08) | | | | | | V | * Do not use this i | form for asbestos licer | isure ex | empte | acti | villes. |
| ASB-41 (K-00-00) | | | | | | Good | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

2 1 2017 CHECK

Name of Building Owner / Operator SZESTOS CONTINUES Environmental Liability Transfer LICENSING E Date of Notification (1) 7-6-17 17/ Agencies Notified Type Notification Street Address EPA 1650 Des Peres Rd., Suite 306 \boxtimes JIII City, State & Zip Code DEP Initial X DOL Amended St. Louis, MO 63131 IT-1-shana Mumher Name of Contact X DOH Emergency ASBL DCA Cancellation Adam Peetz, ELT LIVERDING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Building #9, Perth Amboy 1160, LLC. Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 1160 State Street Square Feet # of Floors Bldg. Age County Code (7) County (6) NA NA City (5) Current Use (Prior if being demolished) Middlesex NA Perth Amboy None ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Enterprise Network Resolutions Contracting, LLC. Street Address Street Address 874 Piney Hollow Road, PO Box 70 City, State & Zip Code City, State & Zip Code Winslow, New Jersey 08095 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 609-567-0600 01263 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) EMSL Analytical, Inc. 7-17-17 10-15-17 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Cinnaminson, NJ 08077 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 lf Renovation X X Demolition Glove Bag Procedures ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Abatement Type Amount Description of Location of Is Location Normally Used (Specify Asbestos-Containing Asbestos-Containing Solely by SF or LF) Encapsulate Material (ACM) Material (ACM) Remova Maintenance or Repair (i.e., thermal systems TO BE ABATED Custodial Staff? insulation, surfacing, VAT in Facility (12)or other miscellaneous) (13)Yes N/A No Black Tar Material (Galbestos) 2500 s. f. First Floor \boxtimes 3500 s. f. X X Transite Siding Panels First Floor X 300 l. f. Window Caulk First Floor X Exterior Pipe Insulation 150 L.f. X X First Floor 12,000 s. f. X Roof Transite Roofing Panels NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste Salem County Landfill Bull Waste & Recycling, Inc. 21435 60 Disposal Date City, State City, State Berlin, NJ 10-29-17 Alloway, New Jersey Signature Date Completed By (Print or Type) Title 7-6-17 Theodore S. Budzynski President

| 0 | , , | _ |
|-------|-----|---|
| Poise | 10 | 2 |

Do not use this form for asbestos licensure exempted activities.

| D-15N6561) | | | 1 | Duilding (| 2 | \ | (2) | | | | | | | | |
|---|-------------|--|----------------|-----------------------|-----------------------------|--|-------------------------------|--|---------|---------------------------|-------------|---------|---------------------------------------|-------------|-----------|
| Date of Notification (1) 7/18/17 | | Name of Building Owner/Operator (2) NJ Schools Development Authority Street Address | | | | | | | | | | | | W | E |
| Agencies Notified Type Notification | | | | ddress Front St | | | | | | 3 | | | | | |
| EPA Initial DEP X Amended Amendment | | (| | te, Zip Co | de | | | | | | JU | Lä | 2.1 | 2017 | 7 |
| DOH justification) Cancellation | including | 1773 | | Contact sh Kathir | ni | | | | Tel | ephane | | - | | | OL 8 |
| | | | FACI | LITY INFO | RMATI | ON | | | == | | | | 4914 | IG_ | |
| Name of Facility Where Abatement is Taking Abandoned | g Place (3) | () () | | | | | | of Facility (4 School (K-12 |) | | | | | | |
| Street Address 349 Cleveland St | | | | | | | × | Subchapter 8 Other (i.e. protect.) | ivate 8 | & comn | nercia | build | · · · · · · · · · · · · · · · · · · · | | s, |
| City (5) ORANGE | | | | | | | 3000 | W-8-11323-1514 | 2 | f Floors | | 5 | dg. A)+ | ge | |
| County (6) Essex | | | | Code (7) JSE ONLY) | | | | nt Use (Prior ndoned | if bei | ng den | nolishe | ed) | | | |
| Name of Monitoring Firm Hired by Building (| Owner (8) | | ASCN | 1 No. | | | | tement Cont Envriomer | | (9) | | 311 | | | |
| Street Address | | | | | | | Addres Kinnel | s Ion Rd | | | | | | | |
| City, State, Zip Code | | | | | | | tate, Zi elon, I | p Code NJ | | | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | | one No 218-0 | | | Licen 0122 | se No 28 | | | | |
| Start Date (10) 7/17/17 | d Com | pletion (| Date (11) | | 0.000 | 8 | IA Monitor Environme | ental | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only One | 2) | | | | Street | Addres | s | | | | | 7- | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: abandoned | | | ent | | | City, S | | on Rd p Code | 7. 0 | | | X | | | |
| | | | | | | KIIIII | elon r | KU INJ | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovat emoliti | | | | ××××××××××××××××××××××××××××××××××××××× | Min | Containmen i-Enclosure vebag Procen-Exempted | edure | | | | | 2 | |
| | 1501 | | No. | | | | | | / | | | | Abate | | |
| | | ocation or mall | | | D= | | -6 | | | | | | Ту | ре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mair | Solei ntenan odial S (12) | ice/ | | os Cont thermal surfa | scription taining M systems cing, VA niscellar | faterial s insula T, or | | (5 | mount Specify or LF | | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | D: | 11- | 1: | | 0 | 2015 | | | | O . | |
| Basement | | | X | | | Insula | | | 9 | 80 LF | | X | | | |
| Basement | | | Х | ch | | mod | | ng | 40 | 5sf | £ | Х | | | |
| throughout | 1 | | X | | | olaster | | | | ,000 s | ST | х | | | |
| 2nd floor bedroom | | | X | | | VAT | | | | 80sf | | X | | | |
| Name of Registered Waste Hauler | | 111 787.55 | JDEP Wauler ID | | Cubic of Wa | Yards | | Name of R | 20% | | ndfill | | | | |
| Yannuzzi Group | | | 467 | 140. | 81 cy | | | Grows / | | ess | | | | | |
| City, State Kinnelon NJ | | 1000 | | | 8/10/ | 2227 | | City, State Fairless | | NJ | | | | | |
| Completed by John Mucha | t mai | nger | | S | Signature | L | Mul | / | | 7/1 | e 8/17 | , | | | |

| (| 2ht | CUC | | | | OF ASB to NJAC | | | | 1 | a c |) * - | 2 | 1 | 2 | _ |
|---------------------------------|------------------------------------|---|----------------|--|-----------------------|-----------------------|----------------------------|--|-----------------------------|---|-------------|----------------------------|---------------|-------------|---------------|----------------|
| Date of 1 | Notification (1) | | | | | f Building hools D | | | | rity | m | EC | | | V [| |
| | s Notified | Type Notification | | | Street A | ddress Front St | | | | | In | 111 | 1 2 | 1 0/ | 117 | |
| DE DO | P | Initial Amended Amendment | | | City, Sta Trento | ite, Zip Co n, NJ | ode | | | | | JU | | <u>L</u> 21 | 11/ | - Constitution |
| DO DC | | Emergency (justification) Cancellation | including | | | Contact Sh Kathi | mi | | | | Tel | éphône Nu | indoder (| ON | ROI | _ & |
| | | | | | CONTRACTOR CONTRACTOR | LITY INF | aradicar | ION | | | | | | - | wanter | |
| Name of Aband | | Abatement is Takin | g Place (3 | 3) | | | | | _ | of Facility (| | | | | | |
| Street A | ddress eveland St | | | | | | | | × | Subchapter Other (i.e. petc.) | 8 (Oth | | | dings, | home | es, |
| City (5) ORAN | GE | | | | | | | | | are Feet | # of 2 | f Floors | | ildg. A | ge | |
| County (| | | | | County (| Code (7) JSE ONLY |) | | | ent Use (Pri andoned | or if bei | ng demolis | shed) | | | 3,777.42 |
| Name of | Monitoring Firm | Hired by Building (| Owner (8) | | ASCM | 1 No. | | | | atement Cor Envriome | | (9) | = | | | |
| Street A | ddress | | | | | | | Street 135 | | ess elon Rd | | | | | | |
| City, Sta | te, Zip Code | | /// | | | 111 | 1.24.0 | | State, Z elon, | Zip Code NJ | ****** | | | | | |
| Project N | Manager for Mor | nitoring Firm | | | Telephor | ne No. | | Teleph 908- | | | | License I | No. | | | |
| | Start Date (10) Scheduled 8/10/17 | | | | | Date (11) | | | | HA Monitor Environm | nental | | | | | |
| Occupar | cy Status Durin | g Abatement (Chec | k Only Or | ne) | | | | Street | Addre | ss | | | | | | |
| | | ated During Entire F | | | | | | | | elon Rd | L-urosa ki- | | | | | |
| | tement Perform er – Describe: 3 | ed Outside of Normabandoned | al Facility | / Hours | S | | | 970 | | Zip Code Rd NJ | | | | | | |
| Scope of | Work (Check A | II That Apply) | | - X | | | | | | | | | | | | |
| | sf or ≥3 If 0 sf or ≥260 If | | - | Renova Demoli | | | | × | Mi Gl | III Containmoni-Enclosure ovebag Propon-Exempted | e cedure | _ | | | a | |
| | | | Is | Locat | ion | | | | | | | | | Abate | ment | |
| Asbe | TO BE AB | Material (ACM) ATED | Use Ma | Norma ed Sole intena todial ((12) | lly ely by nce/ | | tos Con therma surfa | escription taining M I system icing, VA | Materia s insul T, or | ation, | (5 | mount Specify or LF) | Remova | Repair | e Encapsulate | Enclosure |
| | (13) | | Yes | No | N/A | | otner | miscellar | ieous) | | | | val | = | ulate | ure |
| | lower r | oof | | | х | | | roofing | | | 1 | 60 sf | х | | | |
| | | | | | | | | | | | | | - | | | |
| | | | - | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | | | JDEP W | aste | Cubic | Yards | | Name of | Registe | red Landfi | 11 | | | |
| | zi Group | ic riadici | | H | lauler ID 7467 | | of Wa | ste | | Grows | | | | | | |
| City, Stat Kinnelo | | | | | | | Dispo 8/10/ | sal Date 17 | | City, Stat Fairless | | NJ | | | | |
| Complete John M | | | Title proje | ct ma | anger | | 5 | Signature | (| Visit | / | 1 20 | ate /18/17 | 7 | | |

Do not use this form for asbestos licensure exempted activities.

State of New Jersey

| Chin | 25/104 | NOTIF | | TION | OF ASB | w Jersey ESTOS ABAT C 8:60 and 5:16 | 8.1.1 |) E C E | | | | |
|---|-----------------------------------|-------------------|--|---------------------------|------------------------------------|--|---|---------------------------------|---------|--------|-------------|-----------|
| Date of Notification (1) | 19 / 17 | | | | 100 | Owner/Operator (2 roy Hills Board | 111 | JUL 2 | 1 20 | 17 | | |
| Agencies Notified EPA DOLWD | Type Notification Initial Amended | | | 292 | Address Parsippa ate, Zip Co | | | ASBESTOS (| | | . & | |
| ⊠ DOH | Amendment #_ | | | | | NJ 07054 | · | LIVEIN | 01130 | | | - |
| □ DCA (NJAC 5:23-8) | ☐ Emergency (in justification) | cluding | + | | of Contact | | | Telephone Numb | er | | - | = |
| (NJAC 3.23-6) | ☐ Cancellation | | | Tom | Gavegli | 0 | | | | | | |
| | | HER HE SCH | | FAC | ILITY IN | FORMATION | | - | | | - 25 | |
| Name of Facility Where A | Abatement is Taking | Place | (3) | | | | Type of Facility | (4) | | | | |
| Brooklawn Middle | School | - | | | | | | 8 (Other than K-12) | | | | |
| 250 Beachwood | | | | | | | ☐ Other (i.e., p homes, etc.) | rivate and commerc | ial bui | dings | | |
| City (5) | | | | 105-11VE | | | Square Feet | # of Floors | Bld | g. Ag | е | |
| Parsippany | | | | | | | | 2 | 6 | 0 | | |
| County (6) Morris | | | | Count | y Code (7) | (STATE USE ONLY) | Current Use (Pr | ior if being demolish | ned) | | | |
| Name of Monitoring Firm Whitman | Hired by Building C |)wner (8 | 3) / | 0100 | No. | Name of Abateme | |) | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 7 Pleasant Hill Roa | d | | | | | 15 Somerset | Place | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | - | | | |
| Cranbury, NJ 08512 | 2 | | | | | Clifton, NJ 07 | 7012 | | | | | |
| Project Manager for Mon Kevin Lovely | itoring Firm | | 1000 | ohone N 32) 644 | No. 4-5418 | Telephone No. (973) 470-020 | 00 | License No. | | | | |
| Start Date (10) | | duled Co | | | 000 000 | Name of OSHA N | Ionitor | | | | | |
| Occupancy Status During | g Abatement (Chec | k only o | ne) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: _ | d Outside of Normal | Facility | Hours | s - Desc | | City, State, Zip C | ode | | | | | |
| Scope of Work (Check a | II that apply) | | | | | ☐ Full Con | tainment with Ne | egative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ⊠ Rei □ De | | | | ☐ Mini-End ☐ Gloveba | closure g Procedure | on-Friable Procedur | e | | | |
| | | 10.000 | Locati | | | 10004 2000 tike | | | Ab | atem | ent T | уре |
| Location Asbestos-Containing TO BE AB, IN Facil (13) | Material (ACM) ATED lity | Use Ma Cust | lormal d Sole intena todial S (12) | ly by nce/ Staff? | | Description of stos Containing Ma ., thermal systems surfacing, VAT other miscelland | aterial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | 4400 5 | | | | |
| classroom B7 | | | | | VAT | | | 1100 sf | | | | 닏 |
| | | | Ш | | | | | | Ш | | Ш | 쁘 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered War | | | 11 22 | Waste D No. 2/22051 | Cubic Yards of Waste | | gistered Landfill entral or Tullytov | vn | | | | |
| City, State clifton, NJ or East | 2122031 | Disposal Date | City, State Pen Argy | /I PA or Tulytowi | n, PA | | | | | | | |
| Completed By (Print or | | le | | | | Signature | / | | ate | 1 | 1 | |
| Sharon Hendee | | Presid | ent | | | Olgridia | 5/hnv | 48 | 7/ | 9/ | 17 | 7 |

ASB-41 JAN 13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1 Name of Building Owner/Operator (2) JUL 2 1 2017 07 19 17 Parsippany Troy Hills Board of Eduction Type Notification Street Address Agencies Notified **⊠** EPA **ASBESTOS CONTROL &** 292 Parsippany Road □ DOLWD ☐ Amended LICENSING City, State, Zip Code ⊠ DOH Amendment #_ Parsippany, NJ 07054 □ DCA ☐ Emergency (including Name of Contact justification) Telephone Number (NJAC 5:23-8) ☐ Cancellation Tom Gaveglio **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Lake Parsippany School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 225 Kingston Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Parsippany 1 60 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Morris school Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 0100 Pow/R/Save Inc Street Address Street Address 7 Pleasant Hill Road 15 somerset Place City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 clifton, NJ 07012 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Lovely (732) 644-5418 (973) 470-0200 357 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 02 / 17 08 / 03 / 17 Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure $\square \ge 3$ sf or ≥ 3 If □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A \boxtimes classroom 115 VAT 1300 sf \boxtimes NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Progreen or Pow/R/Save Grand Central or Tullytown 22051/17132 Disposal Date City, State east Brunswick, NJ or Clifton, NJ Pen Argyl PA or Tulytown, PA Completed By (Print or Type) Title Signature Sharon Hendee President ASB-41 JAN 13 * Do not use this form for asbestos licensure exempted activities.

| Ch 1009 | | | CATION | tate of New N OF ASB to NJAC | ESTOS | ABATE | | Т | B | E (| C | E | 7 | V [| |
|--|-------------|---------------------|-------------------|------------------------------------|----------------|------------|---|--------------------------------|------------------------------|-------------------|---------|----------|----------|-------------|-----------|
| Date of Notification (1) | | | | f Building | | Operator | (2) | | | | UL | 2 1 | 20 | 117 | |
| 07/18/2017 | | | | Roma F | Realty | | | 3 | نا لنا | J | UL | ۱ ک | 2 (| 117 | 1 |
| Agencies Notified Type Notification | | 3 | Street A | Address | | | | 1 | | | | | | | |
| EPA X Initial | | - | 01 01 | . 7 . | | | | 1 | / | ASBES | STO | SC | ONT | RO | . & |
| DEP Amended DOL Amendment | # | | - 17 6 7 7 | ate, Zip Co | | | | 1 | | | LIC | ENS | SING | <u> </u> | |
| Emergency (| | | | New Yo | rk | | | | 1 | | | | | | |
| DOH justification) DCA Cancellation | | | Al Ma | f Contact | | | | | Te | ephone | Num | ber | | | |
| Cancellation | | | VAVOLATI DARKET | 5/17/8/8° | DMAT | 1011 | | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (| 3) | FAC | ILITY INFO | JRWAII | ION | Tvp | e of Facility (| (4) | | | | | | |
| Private Home | | 800 | | | | | | School (K-1 | | | | | | | |
| Street Address | | | | | | | H | Subchapter | | er than | K-12 |) | | | |
| | | | | | | | × | Other (i.e. p | orivate | & comm | ercia | l build | dings, | home | es, |
| City (5) | | | | | | | Sau | etc.) lare Feet | T#0 | f Floors | | TB | ldg. A | ne. | |
| West New York | | | | | | | Oqu | | " " | 1110010 | | " | rug. / | igo | |
| County (6) | | | County | Code (7) | | | Cur | rent Use (Pri | or if be | ina dem | olishe | ed) | | | |
| Hudson | | | | USE ONLY | | | | | | ng donn | 0110111 | ,,, | | | |
| Name of Monitoring Firm Hired by Building C | Owner (8) |) | ASC | И No. | | Name | of Ab | patement Cor | ntractor | (9) | | | | | |
| | | | | | | 1 | | Safety LL | | | | | | | |
| Street Address | | | | | | Street | | | | | | | The same | | _ |
| | | | | | | 8 Cr | osby | / Ave | | | | | | | |
| City, State, Zip Code | | | | | | City, S | state, | Zip Code | | | | | | | |
| | | | | | | Pate | ersor | n, NJ 0750 | 2 | | | | | | - 1 |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph | none I | No. | | Licens | e No | | | | |
| | | | | | 973- | 400- | -8711 | | 0133 | 2 | | | | | |
| Start Date (10) | Schedul | ed Con | pletion | Date (11) | | Name | of OS | SHA Monitor | | | | | | | |
| 07/29/2017 | 07/31/ | 2017 | | | | Rem | noval | Safety LL | .C | | | | | | |
| Occupancy Status During Abatement (Check | c Only Or | ne) | | | | Street | Addre | ess | | | JAN | | | 1-0-110- | |
| Facility Closed/Vacated During Entire P | eriod of | Abatem | ent | | | 8 Cr | osby | / Ave | | | | | | | |
| Abatement Performed Outside of Norm Other – Describe: 8:00am-4:30pm | al Facility | / Hours | | | | City, S | tate, | Zip Code | | | | | | | |
| | | | | | _ | Pate | ersor | n, NJ 0750 | 2 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | _ | Renova | 50553010 | | | × | Full Containment with Negative Pressure | | | | | | | | |
| ≥160 sf or ≥260 lf | × [| Demolit | ion | | | - | 1000 | lini-Enclosure lovebag Prod | 516 | | | | | | |
| | | | | | | | | on-Exempted | | d Non-F | riable | e Prod | cedur | е | |
| | Is | Locati | on | | | | | | | | | | | ment | |
| Location of | | Normali | | | De: | scription | of | | | | | | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | | ed Sole iintenar | | | tos Cont | taining M | /ateria | al (ACM) | | mount | | | | ш | _ |
| In Facility | | todial S | | (i.e. | | systems | | ilation, | | Specify or LF) | | Ren | Re | ncap | ncl |
| (13) | | (12) | | | | niscellan | |) | 0, | 0. 1. | | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | <u>=</u> | | ate | œ |
| Second Floor | | | x | | 1//0 | II Plast | tor | | | 1440 0 | _ | | | | - |
| 200011011001 | | | -^- | | vva | III I Iasi | iei | - | | 1440 5 | 7 | х | | X | |
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| Name of Registered Waste Hauler | | JDEP W | | Cubic | | | Name of | Registe | red Lan | dfill | | | | | |
| Removal Safety LLC | | 2003 | auler ID 03700 | P. Station | of Was | ste | | GROW | S No | rth | | | | | |
| City, State | | U | 03/00 | , | 6 Dispos | sal Date | | | 87 5 74 (012/15/2 | softdat | | | | | |
| Paterson, NJ | | | | | | 1/2017 | | City, State Morrisy | | Δ | | | | | |
| Completed by | Title | | | | Same a Mineral | ignature | - 1 | WOTTSV | , me, F | ^ | Date | 2 | | | |
| Lasko Veskov | 1 MARKET | ident | | | 4 | griature | 1/ | · Was | 10 | / | | | 2017 | | |
| C 449 C 442 C 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | X CEL | VI | | v | CC: | O. | 1012 | -01/ | | |

| Date of Notification (1) | | | Name | of Buildin | g Owner/Operator (| 2) | | - | | | |
|--|--------------------|----------------|--|--------------|---|--------------------------------|-----------------------|---------|----------------------|-------------|------------------|
| 7 / 20 / | 17 | | Co | unty of U | nion - Adminstra | ation Building | D E @ | P | 7 7 | // Fr | |
| Agencies Notified Type Notific | ation | | Street | Address | | | M E G | E | 11 / | | 3 11 |
| | | | Elli | zabethto | wn Plaza | | | | | | $\neg \parallel$ |
| □ DOLWD □ Amende | | | City, S | State, Zip (| Code | | | - 1 | 12/12 | 2000 | -111 |
| ☑ DOH Amendm | | | | zabeth, N | | | II L JUL | 2 1 | 20 | 17 | |
| DCA Emerger (NJAC 5:23-8) justificati | ncy (including | J | | of Contac | | | Telephone Numb | er | | | + |
| Cancella | | | 1101110 | 0.00 | | | # releptione rums | | TAIT | ROL | ٦ |
| | | | EA | CILITYIA | IFORMATION | | LIV | L140 | ii. Grii | HOL | α |
| Name of Facility Where Abatement is | Taking Place | (3) | FA | CILITTIN | IFORMATION | Type of Facility | | | - | | |
| Ashbrook Golf Course and Clu | | (3) | | | | School (K-12 | . A B. | | | | |
| Street Address | ab House | | | | | Subchapter 8 | (Other than K-12) | | | | |
| 1210 Raritan Road | | | | | | Other (i.e., p homes, etc.) | rivate and commerc | cial bu | ilding | S, | |
| City (5) | | | | | | Square Feet | # of Floors | DI | da A | 7.0 | |
| Scotch Plains | | | | | | Square Feet | # 01 F10015 | | dg. Ag 50+ | je | |
| County (6) | | | Cour | aty Codo /7 |)(STATE USE ONLY) | Current Hee /Dr | ior if being demolish | | 30+ | | |
| Union | | | Cour | ity Code (/ |)(STATE USE UNLT) | | to be demolishe | 500 | | | |
| | dia = 0 | (0) | A C C N A | Ma | Name of Alexander | | | a | | | |
| Name of Monitoring Firm Hired by Buil | aing Owner (| (8) | ASCM | No. | Name of Abateme | | | | | | |
| T & M Associates | | | | | | nvironmental S | Systems | | | | |
| Street Address | | | | | Street Address | District District Co. | | | | | |
| 40 Monmouth Park Highway, S | suite 2, | | | | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | ehem Pike - S | uite 60 | - | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | | | | | | |
| West Long Branch, NJ 07764 | | T-1 | | NI- | Spring House | e, PA 194// | Tr. St | | | | |
| Project Manager for Monitoring Firm KEVIN BURNS | | 10 | ephone | | Telephone No. | | License No. | | | | |
| | Cabadulad O | 100 | 32.676 | | 215 542 7000 | | 00847 | | | | |
| Start Date (10) | Scheduled C 8 / | | | | Name of OSHA M | ionitor | | | | | |
| Occupancy Status During Abatement (| | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Enti | | | mont | | | ehem Pike - S | uite CO | | | | |
| ☐ Abatement Performed Outside of N | | | | scribe | | | uite 60 | | | | |
| Time of Abatement: 8:00AM-5:00F | | | | | City, State, Zip Co Spring House | | | | | | |
| Scope of Work (Check all that apply) | | - | | | | | | | | | |
| ☐ >3 sf or >3 If | ☐ Re | novat | ion | | ☐ Full Cont | ainment with Neg | gative Pressure | | | | |
| ⊠ ≥160 sf or ≥260 lf | ⊠ De | | | | ☐ Glovebag | Procedure | | | | | |
| | | | | | Non-Exe Non-Exe | mpted (*) and No | n-Friable Procedure | 9 | | | |
| | | Loca | | | | | | Ab | ateme | ent Ty | /ре |
| Location of Asbestos-Containing Material (ACN | 1.1 | | ely by | Asha | Description o stos Containing Ma | | Amount | Re | Re | En | 四 |
| TO BE ABATED | " Ma | inten | ance/ | | ., thermal systems i | | (Specify | Removal | Repair | cap | Enclosure |
| IN Facility | Cust | todial (12) | Staff? | | surfacing, VAT, | | SF or LF) | va | | Encapsulate | sure |
| (13) | Yes | No | N/A | | other miscellane | ous) | | | | ate | |
| Basement Windows | | | \boxtimes | Mindou | v Caulking | | 24LF | | | | |
| Dasement Windows | | | | VVIIIGOV | V Catiking | | 24LF | | | | |
| | | | | | | | | | | Ш | Ш |
| | | | | | | | | | | | |
| | | П | П | | | | 71 | П | П | П | П |
| Name of Registered Waste Hauler | | 1 | NJDEP Waste Cubic Yards of Name of Registered Landfill | | | | | | | | |
| Champion Waste Hauler | | F | Hauler II | O No. | Waste | Grows-Tul | | | | | |
| City, State | | | | | Disposal Date | City, State | | | | | |
| Hainesport, NJ | | | | | 8/30/17 | Morrisville | . PA 19067 | | | | |
| Completed By (Print or Type) | Title | | | | Signatūre | | | 0 | - | | |
| Patricia Visco | Office N | Jana | nor | | | 01. | Dat | 7 | / | / | |
| 1 441014 11300 | Office | naila | ger | | ran | mer Vles | 200 | 1/ | 1/ | 201 | 7 |