CK#24577

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

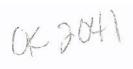
| Date of Notification (1)                                 | 27/15  |           |                     | Name    | of Building         | Owner/Operator                       | (2)<br>Tuleja  | di.              | 2)         | 35        |        |             |           |
|--|--|-----------|---------------------|---------|---------------------|--------------------------------------|--|------------------|------------|-----------|--------|-------------|-----------|
| Agencies Notified  | Type Notification  |           | -                   | Street  | Address             |                                      | 91 Nichol A  | VA.              |            |           |        | -           |           |
| EPA  DEP   | Initial Amended  |           | -                   | City S  | tate, Zip C         |                                      | 91 NICHOLA   | vc.              |            |           |        |             |           |
| DOL DOL  | Amendment #  |           | -                   | City, S | tate, Zip C         |                                      | Brunswick, N   | IJ 08901         |            |           |        |             |           |
| ☑ DOH<br>☐ DCA   | justification)  Cancellation   | iolaaliig | '                   | Name    | of Contac           | Greg Tuleja                          | 1. c.  | Telephone        | e Numbe    | г         |        |             |           |
|  |  |           |                     | EAC     |                     | ORMATION                             |  |                  |            |           |        | _           |           |
| Name of Facility Where                                   | Abatement is Takin   | o Place   | (3)                 | FAC     | ALL CHAP            | OKWATION                             | Type of Facility   | (4)              |            | -         |        |             |           |
|  |  | denti     |                     |         |                     |                                      | School (K-1  | 2)               | n 10 10\   |           |        |             |           |
| Street Address   | 91 Nic   | hol A     | ve.                 |         |                     |                                      | Other (i.e., phomes, etc.)                                       |                  | nmercial   | build     | lings, |             |           |
| City (5)   |  |           |                     |         |                     |                                      | Square Feet  | # of Floo        | ors        | Blo       | dg. A  | -           |           |
|  | New Brunsy   | vick,     | NJ 0                |         |                     |                                      | 2500   | 2                | dama aliah | -         | 80     | +/-         | _         |
| County (6)   | iddlesex   |           |                     | USE     | ONLY)               | 7) (STATE                            | Current Use (P   | flor if being (  | demons     | ieu)      |        |             | _         |
| Name of Monitoring Firm                                  |  | Owner     | $\exists$           | ASCM    | No.                 |                                      | nent Contractor (9   |                  |            | т.,       | _      |             |           |
| (8)  | MECS   |           |                     |         |                     | Street Address                       | ens Environ  | mental Se        | ervices    | s, In     | c.     | _           | _         |
| Street Address   | PO Box 34  | 1         |                     |         |                     | Olicel Address                       | PO I   | Box 322          |            |           |        |             |           |
| City, State, Zip Code                                    | rosswicks, NJ  | 0051      | 5                   |         |                     | City, State, Zip C                   |  | n, NJ 08:        | 501        |           |        |             |           |
| Project Manager for Mo                                   |  | 0651.     |                     | phone   | No.                 | Telephone No.                        | Tillelite  | License          |            |           |        |             |           |
|  | eisgarber  |           |                     |         | 8-4070              |                                      | 59-9688  | -                | 00         | 1493      |        |             |           |
| Start Date (10)  | The second secon | duled C   | omple               | tion Da | te (11)             | Name of OSHA                         |  | -L               |            |           |        |             |           |
| 8/10/15  |  |           | 3/18/               | 15      | windstandighteepigt |                                      | IV.  | IECS             |            |           | -      |             |           |
| Occupancy Status Duri Facility Closed/Vaca               | HI 구성하다는 보다는 어느 등을 하는 100kg 없다.  |           |                     | ment    |                     | Street Address                       | PO I   | 341 Box          |            |           |        |             |           |
| Abatement Performe                                       |  |           |                     |         |                     | City, State, Zip C                   |  |                  |            |           |        |             |           |
| Other - Describe:  |  |           |                     |         |                     |                                      | Cross  | wicks, NJ        | Ţ          |           |        |             |           |
| Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf | all that apply)  |           | enovati<br>emolitic |         |                     | ☐ Mini-En                            | ntainment with Ne<br>closure<br>ag Procedure<br>empted (*) and N |                  |            | ì         |        |             |           |
|  |  | Is        | Locatio             | on      | 10 × 2000           |                                      | omprod ( ) dira m  |                  |            |           |        | ment        |           |
| Location   | of   |           | lomally<br>i Solel  |         |                     | Description o                        |  | ANS A            |            |           | Тур    | e           |           |
| Asbestos-Containing<br>TO BE ABA                         | Material (ACM)   |           | ntenan<br>ustodia   |         |                     | tos Containing Ma<br>thermal systems |  | Amour<br>(Specif |            | R         |        | Enc         | m         |
| IN Facilit   |  |           | Staff?<br>(12)      |         |                     | surfacing, VAT<br>other miscellane   | , or   | SF or LI         | F)         | Removal   | Repai  | Encapsulate | Enclosure |
| (13)   |  | Yes       | No                  | N/A     |                     |                                      | ,  |                  |            | <u>'a</u> | -      | late        | ле        |
| Basem  | ent  |           | ×                   |         | Th                  | ermal Pipe In                        | sulation   | 55 lf            | f          | ×         |        |             |           |
| Crawl st   | pace   | ×         |                     |         | Th                  | ermal Pipe In                        | sulation   | 85 11            | f          | ×         |        |             |           |
|  |  |           |                     |         |                     |                                      |  |                  |            |           |        |             |           |
|  |  |           |                     | LIDED   | N4-                 | Cubic Yards                          | Name of Reg  | ietored Land     | ifili      |           |        |             |           |
| Name of Registered War                                   |  | e Inc     | 1                   | JDEP \  | No.                 | of Waste                             | Name of Reg  | GROW             |            | Ifill     |        |             |           |
| City, State  | Inchiai Service  | , 1110    | <u>-   -</u>        | 184     | 292                 | Disposal Date                        | City, State  | /                |            |           |        |             |           |
| 35074.3.5000000000                                       | Allentown,   | NJ        |                     |         |                     | 8/18/15                              | 40//   | Morris           | -          | A         |        |             |           |
| Completed By Mahlon E. St                                | evens  | Te        | roiec               | t Mar   | ager                | Signature                            | 1//  |                  | Date       | 7/27      | /15    |             |           |
|  |  |           |                     |         |                     |                                      | 112  |                  |            | -         |        | -           |           |

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted activities.

## CK 2040

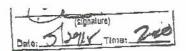
## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1)         | _                           |                 | Name               | of Building Ow     | ner/Operato                  | r (2)                        |             |                  |               |           |             | *************************************** |
|----------------------------------|-----------------------------|-----------------|--------------------|--------------------|------------------------------|------------------------------|-------------|------------------|---------------|-----------|-------------|---|
| 112411                           | 5                           |                 |                    | Megan              | , See                        | dn.                          |             | JUL 2            | 9 20          | 15        |             |   |
| Agencies Notified                | Type Notification           |                 | Street             | Address            | 1. 6                         | , ) (                        | ) (         |                  |               | Novinty   |             |   |
| EPA DEB                          | Initial                     |                 | 1                  | 11M QC             | 100 E                        | out 1                        | Jd.         |                  |               |           |             |   |
| DEP<br>X DOL                     | Amended<br>Amendment        | #               | City, S            | tate, Zip Code     |                              | 1 000                        | 57          |                  |               |           |             |   |
|                                  | Emergency (                 |                 | Nama               | of Contact         | 1110                         | 7 081                        | W 2         |                  |               |           |             |   |
| DOH DCA                          | justification) Cancellation |                 |                    | Plackis            |                              |                              | l le        | lephone N        | Number        |           |             |   |
|                                  | E Carlochadon               |                 |                    | CILITY INFORM      | MATION                       |                              | 1.          |                  |               |           |             |   |
| Name of Facility Where           | Abatement is Taking         | g Place (3)     |                    | PILLIT IN OIL      | MATION .                     | Type of Facil                | ity (4)     |                  |               |           |             |   |
| A. MOON OF                       | THIC FO                     | (1211)          |                    |                    |                              | School (                     | K-12)       |                  |               |           |             |   |
| Street Address                   | 0001 0                      | \               |                    |                    |                              |                              | oter 8 (Oth |                  |               | lalia a a | h           |   |
| (MO)) : ((DW)                    | PAIG K                      | 1.              |                    |                    |                              | etc.)                        | e. private  | & comme          | rciai bu      | liaings   | , nom       | ies,                                    |
| City (5)                         | Ima                         |                 |                    |                    |                              | Square Feet                  | # 0         | f Floors         |               | Bldg.     |             |   |
| County (6)                       | ((0()                       |                 | T Ot               | 0-1-(7)            |                              |                              |             |                  |               | 60        | )           |   |
| County (0) (211/                 | inator                      |                 | (STATE             | Code (7) USE ONLY) |                              | Current Use (                | Prior if be | ing demo         | lished)       |           |             |   |
| Name of Monitoring Firm          | Hired by Building (         | Owner (8)       |                    | M No.              | Name                         | of Abatement                 | Contractor  | - /0\            |               |           |             |   |
|                                  |                             | J               | 1,00               | W NO.              |                              | k Industries                 |             | (9)              |               |           |             |   |
| Street Address                   |                             |                 |                    |                    |                              | Address                      |             |                  |               | -         |             |   |
|                                  |                             |                 |                    |                    | P.0                          | . Box 915                    |             |                  |               |           |             |   |
| City, State, Zip Code            |                             |                 |                    |                    |                              | State, Zip Code              |             |                  |               |           |             |   |
|                                  |                             |                 |                    |                    |                              | k, New Jerse                 | y 08723     | 3                |               |           |             |   |
| Project Manager for Mon          | itoring Firm                |                 | Telepho            | one No.            | 10 00000000                  | hone No.                     |             | License          | 301 0 T Z Z Z |           |             |   |
| Start Date (10)                  |                             | 01.11.1         |                    |                    |                              | 2)899-7499                   |             | 01196            | 6             |           |             |   |
| \$ 13 \\S                        |                             | Scheduled (     | completion         | Date (11)          | Name                         | of OSHA Monit                | tor         |                  |               |           |             |   |
| Occupancy Status During          | Abatement (Check            | (Only One)      | 11110              | )                  | Stroot                       | Address                      |             |                  |               |           |             |   |
| Facility Closed/Vaca             |                             |                 | omont              |                    | Olleet                       | Address                      |             |                  |               |           |             |   |
| Abatement Perform                | ed Outside of Norm          | al Facility Ho  | urs                |                    | City, S                      | State, Zip Code              |             |                  |               |           |             |   |
| Other – Describe: _              |                             |                 |                    |                    |                              | •                            |             |                  |               |           |             |   |
| Scope of Work (Check Al          | I That Apply)               | ./              |                    |                    |                              | /                            |             |                  |               |           |             |   |
| ≥3 sf or ≥3 lf                   |                             |                 | vation             |                    | 2                            | Full Contain                 |             | Negative         | Pressu        | ıre       |             |   |
| ≥160 sf or ≥260 lf               |                             | Dem             | olition            |                    | Ė                            | Mini-Enclos Glovebag P       |             |                  |               |           |             |   |
|                                  |                             |                 |                    | ,                  |                              | Non-Exemp                    |             | d Non-Fri        | able Pro      | cedur     | e           |   |
|                                  |                             | Is Loc          |                    |                    |                              |                              |             |                  |               |           | ement       | t                                       |
| Location                         |                             | Nom<br>Used S   |                    |                    | Description                  |                              |             |                  | -             | 1         | pe          | $\Box$                                  |
| Asbestos-Containing<br>TO BE ABA |                             | Mainte          | nance/             |                    |                              | laterial (ACM) s insulation, | 3000        | mount<br>Specify | Z             | _         | Enc         | ш                                       |
| In Facili<br>(13)                | ty                          | Custodia<br>(1: |                    | S                  | ırfacing, VA<br>er miscellar | T, or                        |             | or LF)           | Remova        | Repair    | Encapsulate | Enclosure                               |
| (.0)                             |                             | Yes N           | - NVA              | - 011              | ei iiiisceiiai               | leous)                       |             |                  | \sigma        | =         | ulate       | ure                                     |
|                                  |                             | Yes N           | o N/A              | Oct of             | 21.00                        | 211                          | -           |                  | -             | -         |             |   |
|                                  |                             |                 |                    | HADCHO             | player                       | smad 18                      | 100         |                  | X             | <u> </u>  |             |   |
|                                  |                             |                 |                    | Albell             | 11 410                       | X7:16                        | 1598        | St               | V             |           |             |   |
|                                  |                             |                 |                    |                    |                              |                              |             |                  |               |           |             |   |
|                                  |                             |                 |                    |                    |                              |                              |             |                  |               |           |             |   |
| Name of Registered Wast          | e Hauler                    |                 | NJDEP V            |                    | bic Yards                    | Name                         | of Registe  | red Landf        | fill          |           |             | -                                       |
| Brick Industries Inc.            |                             |                 | Hauler ID<br>21602 | No. of             | Waste (                      | GRO                          | WS Inc.     |                  |               |           |             |   |
| City, State                      |                             |                 | 21002              | Dis                | posal Date                   | City, S                      | tate        |                  |               |           |             |   |
| Brick, New Jersey                |                             |                 |                    |                    | 31211                        | PA                           |             |                  |               |           |             |   |
| Completed by                     |                             | Title           |                    |                    | Signature                    | COD                          | -           | ] [              | Date /        | 7 14 1    | 1           | $\neg$                                  |
| Eric Plackis                     |                             | Presider        | nt                 |                    |                              | CUAR                         |             |                  | 7/            | 51        | 17          |   |



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

| Date of Notification (1)  |                                   | Name               | of Building Owner     | /Operato   | r(2) o                        |                            | Mi 2             |         | 15               |             |           |
|---|-----------------------------------|--------------------|-----------------------|------------|-------------------------------|----------------------------|------------------|---------|------------------|-------------|-----------|
| 11040   | š<br>V                            |                    | Steph                 | IDNIE      | Boya                          | 1                          | 40L L            |         | 15               |             |           |
| Agencies Notified Type Notification   | 1                                 | Street             | Address<br>37 Left    | Lov        | white DA                      |                            |                  |         |                  |             |           |
| DEP Initial Amended   |                                   | City, S            | state. Zip Code       |            | 0 11                          | . •                        |                  |         |                  |             |           |
| DOL Amendmen  |                                   | -                  | la letown,            | MZ         | 08158                         |                            |                  |         |                  |             |           |
| DOH justification Cancellatio   | )                                 |                    | of Contact<br>Plackis |            |                               | Tel                        | enhone N         | umber   |                  |             |           |
|   |                                   |                    | CILITY INFORMA        | TION       |                               |                            |                  |         |                  |             |           |
| Name of Facility Where Abatement is Taki  | ng Place (3)                      |                    |                       |            | Type of Facilit               | y (4)                      |                  |         |                  |             |           |
| Street Address  |                                   |                    |                       |            | School (F                     | (-12)                      |                  | 2200    |                  |             |           |
| 37 Letts Landin   | of Rd.                            |                    |                       |            | Other (i.e                    | ter 8 (Othe<br>. private 8 |                  |         | ldings           | , hom       | nes,      |
| City (5)  |                                   |                    |                       |            | etc.)<br>Square Feet          | # of                       | Floors           |         | Bldg.            | Age         |           |
| County (6)  |                                   | Count              | Code (7)              |            | 1256                          |                            | 1                |         | 5                |             |           |
| OCLON   |                                   | (STATE             | USE ONLY)             | <u> </u>   | Current Use (F                | rior if beir               | ng demoli        | shed)   |                  |             |           |
| Name of Monitoring Firm Hired by Building   | Owner (8)                         | ASC                | M No.                 |            | of Abatement C                | ontractor                  | (9)              |         | <del>9(11)</del> |             |           |
| Street Address  |                                   |                    |                       |            | k Industries Ir<br>Address    | nc.                        |                  |         |                  |             |           |
|   |                                   |                    |                       | 1 224      | Box 915                       |                            |                  |         |                  |             |           |
| City, State, Zip Code   |                                   |                    |                       |            | State, Zip Code               | 200 0000000 L-38 C         |                  |         |                  |             |           |
| Project Manager for Monitoring Firm   |                                   | Tolonh             | one No.               |            | k, New Jersey                 | 08723                      |                  |         |                  |             |           |
|   |                                   | relepin            | one No.               |            | none No.<br>)899-7499         |                            | License I        | No.     |                  |             |           |
| Start Date (10)   | Scheduled C                       | ompletion          | Date (11)             |            | of OSHA Monito                | or                         |                  |         |                  |             |           |
| Occupancy Status During Abatement (Chec   | k Only One)                       | - 1, 0             |                       | Street     | Address                       |                            |                  |         |                  |             | -         |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: | Period of Abat<br>nal Facility Ho | ement<br>urs       |                       | City, S    | tate, Zip Code                |                            |                  |         |                  |             |           |
|   |                                   |                    |                       |            |                               |                            |                  |         |                  |             |           |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  | 1                                 |                    |                       | P          | 4                             |                            |                  |         |                  |             |           |
| ≥3 \$1 01 ≥3 11<br>≥160 sf or ≥260 lf   | Reno Demo                         | vation<br>olition  |                       |            | Full Containr<br>Mini-Enclosu | ment with                  | Negative         | Pressu  | re               |             |           |
|   |                                   |                    |                       |            | Glovebag Pri<br>Non-Exempti   |                            | Non-Frial        | ble Pro | cedur            | 6           |           |
|   | Is Loc                            |                    |                       |            |                               | 1                          |                  | 1       | Abate            | ement       |           |
| Location of<br>Asbestos-Containing Material (ACM)   | Norm<br>Used So                   | lely by            |                       | escription | of<br>laterial (ACM)          | An                         | nount            |         | 1,               | ре          |           |
| TO BE ABATED In Facility  | Mainter<br>Custodia               | I Staff?           | (i.e. therma          |            | insulation,                   | (Sp                        | pecify<br>or LF) | Ren     | Re               | Encapsulate | Enclosure |
| (13)  | (12                               | ·)                 | other                 | miscellan  | eous)                         |                            | o, L, ,          | Removal | Repair           | sula        | osure     |
|   | Yes No                            | /                  |                       |            | ,                             |                            |                  |         |                  | te          | W         |
|   |                                   | X                  | floor file            | -tm        | rAlir                         | 360                        | DF               | X       |                  |             |           |
|   |                                   |                    |                       |            |                               |                            |                  |         |                  |             |           |
|   |                                   |                    |                       |            |                               |                            |                  |         |                  |             |           |
| Name of Registered Waste Hauler   |                                   | NJDEP W            | lasta Cubio           | Yards      | Name                          | Decistan                   | 41 - 160         |         |                  |             |           |
| Brick Industries Inc.   | 1                                 | Hauler ID<br>21602 |                       |            |                               | Registere<br>VS Inc.       | ed Landfill      |         |                  |             |           |
| City, State<br>Brick, New Jersey  |                                   |                    | Dispo                 | sal Date   | City, Sta                     | te                         |                  |         |                  |             | $\neg$    |
| Completed by  | Title                             |                    | 1 7                   | Signature  | PA                            |                            | l Da             | ite     |                  |             | _         |
| Eric Plackis  | Presiden                          | t                  |                       | 3          | CIW                           | ,                          | 100              | 7/      | 271              | 15          |           |



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

| 1192    | FEDERAL SECTION  | Sept-William  | O'THINKS       | ×19900 |
|---------|--|---------------|----------------|--------|
| 8 03509 | SECTION SECTION  | <b>BEIDGE</b> | MANAGE SHE     | 被接     |
| 1 13057 | 96.76 also   | SEE SHOW      | adara Pan P    | REFILE |
| 100     | OTHER DESIGNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL | HTPH BEETS    | ASSESSMENT AND |        |

|  |              |                    | (Pursual              | nt to NJA      | BESTOS ABAT<br>IC 8:60 and 12:1  | 20)        |  | AL               | ZUP         | 10             | ) -               | 173        | F        |
|--|--------------|--------------------|-----------------------|----------------|----------------------------------|------------|--|------------------|-------------|----------------|-------------------|------------|----------|
| Date of Notification (1)                         |              |                    | Name                  | of Buildin     | y Owner/Operat                   | pr (2)     | 117  |                  | 4           | 10             | -/                | 0          |          |
| 5-29-2015  |              |                    | Courtland St Loft LLC |                |                                  |            |  |                  |             |                |                   |            |          |
| Agencies Notified Typa Notificatio               | π            |                    | 1                     | Address        |                                  |            | 11   | -                | illi        | 7              | V.                | 0/115      | _        |
| EPA DEP Initial                                  |              |                    |                       |                | r Suite 3                        |            | 12   | 4                | 667         | = ∠            | ŏ,                | 2015       |          |
| DOL Amended                                      | ~b 44        |                    |                       | tate, Zip      |                                  |            |  | -                |             |                | _                 |            | _        |
| Emerage  | r Andredon   | 9                  | _                     | rean N.        |                                  |            | i  | <u></u>          | ēlinas      | 200            |                   |            | 2-42     |
| DOH Justin                                       | D.           |                    | Name                  | of Canbac      | A                                | 344        |  | Te               | lephone N   |                |                   | -          |          |
| - Controller                                     |              |                    | -                     | -11            |                                  |            | lean                                       | 41               |             | -              | Lane.             |            |          |
| Name of Facility Winers Abstract is Tak          | nd Place I   | (8)                | FAC                   | M ALTH         | FORMATION                        | 7 ~        |  |                  |             |                |                   |            | -        |
| Former Demolition Site                           |              |                    |                       |                | 36                               | Balder     | of Fazility (                              |                  |             |                |                   |            | 22-2     |
| Street Address                                   |              |                    |                       |                |                                  | -8         | School (K-1.<br>Subchapter                 | 2)<br>2 (O+L     |             | 401            |                   |            |          |
| 47-57 Camden Street                              |              |                    |                       | 1              |                                  |            | Other (i.e. p                              | d (Offi          | e commen    | 12)<br>olel bu | ilidino           | s. har     | mes.     |
| City (5)   |              |                    | ~                     |                |                                  | _          | etz)                                       |                  | 13.1        |                | _                 |            | -100,    |
| Patereon   |              | i                  |                       |                |                                  | Oque       | ne Leaf                                    | # 0              | Floora      |                | Blog.             |            |          |
| Control (e)                                      |              |                    | County                | Code (7)       |                                  | Citra      | ent Use (Prio                              | e if ha          | no domeli   |                | 50+               | -          |          |
| Passaic.   |              |                    | BTATE                 | URE ONL        | v)                               |            | andoned                                    | H II DO          | uff ceutoli | angu)          |                   |            |          |
| Name of Monitoring Firm Hired by Building        | Owner (8)    | 1                  | ASC                   | M No.          | Name                             | of Aba     | dement Con                                 | molne            | (D)         |                |                   |            |          |
| IVa<br>Street Address                            |              | n/a                | Aanageme              | nagement Corp  |                                  |            |  |                  |             |                |                   |            |          |
| л/а  |              |                    | Street                | Street Address |                                  |            |  |                  |             |                |                   |            |          |
| City, State, Zio Code                            |              |                    | 22 Troy Lane          |                |                                  |            |  |                  |             |                |                   |            |          |
| n/a  |              |                    |                       |                |                                  |            | p Code                                     |                  |             |                | -                 |            |          |
| Project Manager for Monitoring Firm              |              |                    |                       |                | Linc                             | oin Pa     | ark NJ 070                                 | 135              |             | 1. 12          |                   |            |          |
| u/a  |              | 22                 | Telepho<br>n/a        | ne No.         |                                  | N shor     |  |                  | Цовпар /    | Vo.            | -                 |            |          |
| Start Date (10)                                  |              |                    |                       |                | 810/                             |            |  | 87067950 . 01193 |             |                |                   |            |          |
| 6-1-2015   | 6-10-2       | nie                | npiesion              | Date (11)      | St. Contraction                  |            | (A Manitor                                 | 1.775            |             |                |                   |            | _        |
| Occupancy Status During Abatement (Chec          | K Ordy On    | ia)                | _                     | ٠.             |                                  |            | anageme                                    | nt Co            | up          |                | 09                |            |          |
| Facility Closed Vacated Prizing Butter           |              |                    |                       |                |                                  | roy La     |  |                  |             |                |                   |            |          |
| Abetement Performed Outside of Norm              | nal Feedlity | Hours              | nent<br>S             |                |                                  |            | Code                                       |                  |             |                |                   |            |          |
| Other - Describe:                                |              |                    |                       |                |                                  |            | uk NJ 070                                  |                  | 9           |                |                   |            | 87       |
| Scope of Work (Chack All That Apply)             |              |                    |                       |                | 1 2010                           | - HI 1 - E | 01/10/10/10                                | 200              |             |                |                   | _          |          |
| 2 ≥160 sf of ≥250 if                             |              | lenova<br>Idomolit |                       |                |                                  | O d        | Containment<br>I-Enclosure<br>Veben Preces | dure             |             |                |                   |            | 9        |
| * ·  | la           | Locati             | on                    |                |                                  | a 140      | -Exampled                                  | 2 900            | NON-FREE    | IIE PTO        |                   |            | _        |
| Location of                                      | l N          | اهرسوا             | ny .                  |                |                                  | tion of    |  |                  |             |                | Abetement<br>Type |            |          |
| Asbestos-Containing Material (ACM)  TO BE ABATED |              | d Sole<br>ntenar   |                       | Asbea          | tos Contsinino N                 | laterial   | (MDA)                                      | An               | nount       |                |                   | -          |          |
| In Pacifity                                      |              | odial S            | Staff?                | (1.6,          | thermal systems<br>aurisoing, VA | inau(s)    | Jon.                                       | (5)              | pacify      | Re             | F                 | Ency       | 5        |
| (13)   |              | (12)               |                       |                | other miscellan                  | cons)      |  | O.F              | of LF)      | moval          | abda              | appropriet | Endosun  |
|  | Yes          | No                 | NA                    |                | · 1                              |            | . 1  |                  |             | . =            | -                 | lale       | 2        |
| Post Demo Construction Debris                    |              |                    | X                     | SEP            | ERATING AS                       | REST       | ns   |                  |             | -              | $\vdash$          |            | -        |
|  | 14           |                    |                       |                | DEBRIS FR                        | -          | -  |                  |             | -              | -                 | _          | $\vdash$ |
|  |              |                    | -                     | 000            | -                                |            |  |                  |             |                |                   |            | _        |
|  | 1 1 1        |                    |                       | CON            | STRUCTION                        | DEB        | HIS  |                  |             |                |                   |            |          |
| Name of Registered Waste Hauter                  |              | LN                 | (DED 14)              |                | 100                              |            |  |                  | 7 5 89      |                |                   | 1          |          |
| Rovic  |              |                    | IDEP Wa<br>suler ID I |                | Cubic Yards<br>of Waste          |            | Name of Re                                 |                  |             |                |                   |            |          |
| City, State                                      |              |                    |                       | -              | TBD Disposed Date                |            |  | m 47 10          |             |                |                   |            |          |
| Riverdale, NJ                                    | ħ            |                    |                       |                | TBD .                            |            | City, State                                | 0 DA             | 10002       |                |                   |            |          |
| Completed by                                     | Title        |                    |                       |                |                                  |            | - Werdsyll                                 | a LY             | IANP        |                |                   |            |          |
| E. Cirovic                                       | 1000         |                    |                       |                | Signatura                        | / \        |  | _                | Dar         | 100            |                   |            |          |