| | The second second | | | | | | | | | | | | | | | |
|-------------------------------------|-----------------------|-------------------------|------------------|---|---|--|------------------|---------------------------|--------------|--------------------|-------------|--|--|--|--|--|
| Inv 13 | 176 | NOT | TIFIC | S NOITA | tate of N | lew Jersey BESTOS ABAT | TEMENT | DEG | E [| 1 | / [E | | | | | |
| Ch370? | $\supset I$ | | (P | ursua | nt to NJ | C 8:60 and 5:1 | 6) | III LII JUL | 3 0 | 20. | 10 | The Party of the P | | | | |
| Date of Notification (1) | | | | Name | of Buildin | g Owner/Operator (| (2) | III LI JUL | 00 | 20 | 13 | 11 10 | | | | |
| / | | 9 | | D-1 | Chris S | mith | | A 0.5 T 5 T 10 | 3 | 70 | 3 | 力 | | | | |
| Agencies Notified | Type Notification | | | Stree | t Address | | | ASBESTOS LIGE | S CO ENSI | NTB VG | 01.8 | 6 | | | | |
| | ☐ Amandad | | | 33 | Paag Lar | ne | | | | | | | | | | |
| ☑ DOH | Amended Amendment # | ŧ | | 1 6 | State, Zip (| | | | | | | | | | | |
| ☐ DCA | ☐ Emergency (in | | g g | Litt | le Silver | , NJ 07739 | | | | | | | | | | |
| (NJAC 5:23-8) | justification) | | | 100000000000000000000000000000000000000 | of Contac | er | | 13112 | | | | | | | | |
| | ☐ Cancellation | | | Ch | ris Smith | 1 | 732-803-5899 | 9 | | | | | | | | |
| None of Facility Miles | | | | FA | CILITY IN | FORMATION | | | | | | | | | | |
| Name of Facility Where Residence | Abatement is Takin | g Place | e (3) | | | | Type of Facility | | | | | | | | | |
| Street Address | | | | | | | Subchapter | 2) 8 (Other than K-12) | | | | | | | | |
| Officer Address | | | | | | パクワグ | Other (i.e., | private and commerc | cial bu | ildin | gs, | | | | | |
| City (5) | | | | | | 0 100 | homes, etc. | # of Floors | d~ ^ | | | | | | | |
| Toms River | | | | | | | 1100 sf | 1 | | dg. A 65 | ige | | | | | |
| County (6) | | | | Cour | nty Code (7 |)(STATE USE ONLY) | | rior if being demolish | - 1 | - | | | | | | |
| Ocean | | | | | | | | | .00/ | | | | | | | |
| Name of Monitoring Firm | n Hired by Building (| Owner | (8) | ASCM | No. | | | | | | | | | | | |
| N/A | | | | | | Guardian Co | ntracting, Inc. |)) [0] | | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | | | |
| City State 7: 0 | | | | | | 1889 Route 9 | | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | | | | | |
| Project Manager for Mor | nitoring Firm | | T-1- | | | Toms River, I | New Jersey 08 | | | | | | | | | |
| 1 Toject Manager for Mor | intolling Fillin | | reie | phone | No. | Telephone No. 732-349-9932 | | License No. | | | | | | | | |
| Start Date (10) | Scher | fuled C | omnle | tion Da | to (11) | Name of OSHA M | | 00624 | | | | | | | | |
| _08 / 06 / | | | | / | | E.M.S.L. Anal | | | | | | | | | | |
| Occupancy Status Durin | | | | | | Street Address | yucai | | | | - | | | | | |
| ☐ Facility Closed/Vacat | | | | ment | | 1056 Stelton | | | | | | | | | | |
| ☐ Abatement Performe | d Outside of Normal | Facilit | y Hour | s - Des | cribe | City, State, Zip Co | de | | - | | - | | | | | |
| Time of Abatement: | PI | M/ | PM- | | AM | Piscataway, N | | 3854 | | | | | | | | |
| Scope of Work (Check a | ill that apply) | | | | | - | | | | | T. | | | | | |
| ≥3 sf or ≥3 lf | | ☐ Re | novati | on | | ☐ Full Conta | ainment with Ne | gative Pressure | | | | | | | | |
| ≥160 sf or ≥260 lf | | □ De | molitio | n | ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | |
| | | le | Locat | ion | | ⊠ Non-Exer | npted (*) and No | on-Friable Procedure | _ | | | | | | | |
| Location | | 1 | Normal | ly | | Description of | f | | - | _ | ent T | 1 | | | | |
| Asbestos-Containing | | | d Sole intena | | | stos Containing Mat | terial (ACM) | Amount | Ren | Repair | Enc | Enc | | | | |
| TO BE ABA | | The first of the second | todial S | | (i.e. | thermal systems is surfacing, VAT, | | (Specify SF or LF) | Removal | air. | apsı | Enclosure | | | | |
| (13) | NOSS | | (12) | Γ | other miscellaneous) | | | | | | Encapsulate | Гe | | | | |
| | | Yes | No | N/A | | | | | | (D | | | | | | |
| exterior | | | \boxtimes | | asbesto | bestos siding 1100 sf | | | | | | | | | | |

ASB-41 JAN 13

City, State

Name of Registered Waste Hauler

Toms River, New Jersey

Completed By (Print or Type)

Nicholas Fernicola

Guardian Contracting, Inc.

Cubic Yards of

Disposal Date

08/07/19

Signature

Waste

3

Title

Project Manager

NJDEP Waste

Hauler ID No.

20223

Name of Registered Landfill

Tullytown, Pennsylvania

T.R.R.F.

City, State

Date

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

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975



111 3 0 2019

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

ASBESTOS CONTROL & Must be submitted 10 days prior to the beginning of work. Please type or print legibly ICENSING

| | I. NOTIFICATION INFORM | IATION | | |
|--|--|--|-------------------------|--------|
| ☐ Initial ☐ Amended ☐ Ca | 26 / 19 ancellation ☐ Emergency (mu ☑ Renovation | st include justificatio | on) | |
| | II. BUILDING INFORMA | TION | | |
| Name of Building Owner/Operator: | The | Gillespie Group | | |
| Street Address: 5 Chris Court, Suit | | | | 08810 |
| Name of Contact: Bob Gillespie | | Telephone No.: | | |
| | | | | |
| | III. FACILITY INFORMA | TION | | |
| Name of Facility Where Work Activity is | to Take Place: Docto | r Albert Bean Ele | ementary School | ol |
| Describe Facility Use: | Sch | | | |
| Street Address: 70 3 rd Avenue | City: Pine Hill | State: | NJ Zip: | 08021 |
| | County Cod | | | |
| Scheduled Start Date: 08 / 1 | 2 / 19 Scheduled | Completion Date: | 08 / 16 | / 19 |
| Occupancy Status During Activity (ch | neck only one): | | | |
| □ Facility Closed/Vacated During Entire | e Activity | | | |
| Activity Performed Outside Normal F | acility Hours—Describe: | | | |
| Other—Describe: | | | | |
| Scope of Work (check all that apply): | | | | |
| ☐ Floor Tile Squ | uare Footage: 2265 | Percentag | e Asbestos: | % |
| ⊠ Mastic Squ | uare Footage: 2265 | Percentag | e Asbestos: | % |
| | IV. CONTRACTOR INFORM | MATION | | |
| Company Name: Guard | dian Contracting, Inc | Telephone N | No.: 732-34 | 9-9932 |
| Street Address: 1889 Route 9, Unit | | | Wang | 08755 |
| New Jersey Asbestos License Number (| | | Zip. | |
| Monitoring Firm (if applicable): | | Telephone N | No : | |
| | | uta sa cultura de la cultura d | MANAGEMENT TO THE VOICE | |
| | V. SIGNATURE | | | |
| Completed By (type or print legibly): Nich | iolas Fernicola Ti | tle: | President | |
| | 0 | · · · · · · · · · · · · · · · · · · · | | |
| Signature: | 1 | Date: | 07/26/19 | |
| | | | | |

Inv 13175 CK37049-

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAG 8:60 and 5:16)

| 07 / | 26 / | 19 |) | (2) | | \sim | A 6 | 12 | lances | | | | | | | | |
|-------------------------------------|-------------------|----------|---------|----------------|-------------------|-------------|---|-------------------|--|----------------|------------|-------------|-----------|--|--|--|--|
| Agencies Notified | Type Notific | | | | | enda Cor | | | ACRECT | | 27 | - | 1 | | | | |
| ⊠ EPA | ☐ Initial | CallOII | | | Stree | et Address | | | ASBESTO | ENSI | INTR NG | OL 8 | it. | | | | |
| ☑ DOLWD | ☐ Amende | ed | | | 0.1 | 0: - | | | The state of the s | burario norses | MUZUENINE | - | Pennsion | | | | |
| ☑ DOH | Amenda | nent # | | | | State, Zip | | | | | | | | | | | |
| □ DCA | ☐ Emerger | | cludin | g | | on, NJ 07 | | | | | | | | | | | |
| (NJAC 5:23-8) | justificat | | | | 1 | e of Contac | E7. | | Telenhone Num | | | | | | | | |
| | ☐ Cancella | ation | | | | enda Cor | | | -1 | | | | 15 | | | | |
| Name of English (Mh | VIn a face of the | - | | | FΑ | CILITY | NFORMATION | | | | | | | | | | |
| Name of Facility Where A | Abatement is | laking | g Place | e (3) | | | | Type of Facility | (4) | | | | | | | | |
| Residence | | | | | | | | School (K-1 | | | | | | | | | |
| Street Address | | | | | | | | Other (i.e. | 8 (Other than K-12 private and comme | 2) rcial h | uildin | as | | | | | |
| | | | | | | | | homes, etc. | .) | TOIAI D | unum | gs, | | | | | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | ldg. A | Age | | | | | |
| Avon | | | | | | | | 2000 sf | 2 | | 65 | | | | | | |
| County (6) | | | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (P | rior if being demoli | shed) | | | | | | | |
| Monmouth | | | | | | | | Residence | | | | | | | | | |
| Name of Monitoring Firm | | lding C | Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9 |) | | | | | | | | |
| Guardian Contracti | ng, Inc. | | | | | | Guardian Co | ntracting, Inc. | | | | | | | | | |
| Street Address | | | | | | | Street Address | | | | | | | | | | |
| 1889 Rte. 9, Unit 61 | | | | | | | 1889 Route 9 | , Unit 61 | | | | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | | | | | | | |
| Toms River, New Je | | 5 | | | | | Toms River, I | New Jersey 08 | 8755 | | | | | | | | |
| Project Manager for Moni | toring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | | | | | |
| Nicholas Fernicola | | | | 7 | 32-349 | 9-9932 | 732-349-9932 | | 00624 | | | | | | | | |
| Start Date (10) | | Sched | uled C | omple | tion Da | ate (11) | Name of OSHA M | lonitor | | _10_U=_ | | | | | | | |
| 08 /07 / | 19 | 0 | 8_ / | _ 09 | 9_ / | 19 | E.M.S.L. Anal | ytical | | | | | | | | | |
| Occupancy Status During | Abatement (| Check | only | one) | | | Street Address | | | | | - | | | | | |
| □ Facility Closed/Vacate | d During Enti | ire Per | riod of | Abate | ment | | 1056 Stelton | | | | | | | | | | |
| ☐ Abatement Performed | Outside of N | ormal | Facilit | y Hou | rs - Des | scribe | City, State, Zip Co | de | | | - 12-71 | | | | | | |
| Time of Abatement: | | PN | Λ/ | PM | | _AM | Piscataway, N | | 8854 | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | 0779249 10024 | | | | | - | | | | | |
| ≥3 sf or ≥3 lf | | | ⊠ Re | novat | on | | ☐ Full Cont ☐ Mini-Encl | ainment with Ne | gative Pressure | | | | | | | | |
| ☐ ≥160 sf or ≥260 lf | | | ☐ De | | | | ☐ Glovebag | | | | | | | | | | |
| | | | | | | | ☐ Non-Exer | mpted (*) and No | on-Friable Procedu | re | | | | | | | |
| F19 | | | | Loca | | | | | | Ab | atem | ent T | уре | | | | |
| Location (Asbestos-Containing N | | /N | | d Sole | | Acho | Description of | | | Z | Z | Ш | m | | | | |
| TO BE ABA | TED | " | | intena | | (i.e | stos Containing Mat ., thermal systems i | nsulation | Amount (Specify | Removal | Repair | nca | nclo | | | | |
| IN Facility | y | | Cus | todial (12) | Staff? | | surfacing, VAT, | or | SF or LF) | oval | =. | Encapsulate | Enclosure | | | | |
| (13) | | | Yes | No. | N/A | 1 | other miscellaned | ous) | | | | late | Ф | | | | |
| basement/crawlspace | | | _ | 7 | | aabaata | | | | - | _ | | _ | | | | |
| | | | | | | | | | 170 If | | | Ш | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | П | | | | | | |
| Name of Registered Wast | | | | 17000 | JDEP 1 | 2000 | Cubic Yards of | Name of Regis | stered Landfill | | _ | _ | | | | | |
| Guardian Contractin | ıg, Inc. | | | H | auler II 20223 | | Waste 3 | T.R.R.F. | | | | | | | | | |
| City, State | | | | | Disposal Date | City, State | | - | | | | | | | | | |
| Toms River, New Jersey | | | | | 08/09/19 | | Pennsylvania | | | | | | | | | | |
| Completed By (Print or Type) Title | | | | | Signature | 1 | A Da | te ! | | 1 | | | | | | | |
| Nicholas Fernicola Project Manager | | | | | | - | / | | 26 | 1,0 | ; | | | | | | |
| SR-41 | | | 5.1 | | | | \sim | | | 1/4 | الله عمد | 11/ | | | | | |

| Ch3437416 | | | CATIO | tate of Ne NOF ASE Lie NJAC | ESTOS | ABATE | | |)) <u>[</u> | G | 5 | | \mathbb{V} | | | | | |
|--|--------------------------|---------------------------------------|----------------------------|-----------------------------------|---|-------------|---|------------------|--|-------------|--------|--------|--------------|-----------|--|--|--|--|
| Date of Notification (1) 07/25/2019 | 215 | | | of Building g-Toh Ya | | perator | (2) | 14 | e de la companya de l | JUL | 3 (| 0 2 | 019 | 1 | | | | |
| Agencies Notified Type Notification X EPA X Initial Amended | | | Street A | Address ate, Zip Co | ode | | | | ASB | ESTO LIC | OS C | SING | ROL | . & | | | | |
| DOL Amendmen Emergency | (including | _ | Warre | en, NJ 07 | | | | 1 = | -11 | | | | | | | | | |
| DOH justification, Cancellation | | | Tsong | g-Toh Ya | | | | Telephone Number | | | | | | | | | | |
| Name of Facility Where Abatement is Takin House | ng Place (| 3) | FAC | ILITY INF | ORMATI | ON | Type of Facility | (4) | | | | | | | | | | |
| Street Address | | a Maria de la | | | | | School (K-1 Subchapter Other (i.e. petc.) | 8 (Ot | | | build | dings | , hom | es, | | | | |
| City (5) Warren | | | | | | | Square Feet N/A | 100000 | of Floors /A | i | 1200 | ldg. A | Age | | | | | |
| County (6) Somerset | | | | Code (7) USE ONLY |) | | Current Use (Pri House | or if b | eing dem | nolishe | d) | | | | | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8 |) | ASCN | И No. | | | of Abatement Cor Abatement, In | | | | | | | | | | | |
| Street Address | | | | | | | Address osengren Avei | 25 | | | | | | | | | | |
| City, State, Zip Code | | | | e lessonnes (IIII-) | | City, S | tate, Zip Code wa, NJ 07512 | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph | one No. 458685 | | Licens 0131 | se No. | 8 | | | | | | | |
| Start Date (10) 08/05/2019 | Schedul 08/06/ | | npletion | Date (11) | | Name | of OSHA Monitor Abatement, In | с. | 10.01 | • | | | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | | Street | Address Osengren Aver | - Telling | | | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied | Period of nal Facilit | Abaten Hours | nent | | iuc | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 10101 | wa, NJ 07512 | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | processing . | Renova Demolii | | | | × | Full Containme Mini-Enclosure Glovebag Prod Non-Exempted | edure | 9 | | | | | | | | | |
| la contractor. | | Locati | | | # ST - ST | | | , () ai | nu Non-r | Trable | | Abate | ement pe | Ž. | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Sole intena todial S (12) | ly by nce/ | | tos Conta thermal s surfac | | aterial (ACM) insulation, Γ, or | (| Amount Specify F or LF) | | Remova | Repair | Encapsulate | Enclosure | | | | |
| A44'- | Yes | No | N/A | | | | | | | | | | ate | ď. | | | | |
| Attic | | Х | | | Verr | micula | te | 1 | 50 SF | | X | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | Н | JDEP W auler ID 6085 | | Cubic Y of Wast | | Name of F | | | ndfill | | | | | | | | |
| City, State Wayne, NJ | | | | Disposa | al Date | City, State | | Δ | | | | | | | | | | |
| Completed by Ned Joksimovic | Title Proje | ct Ma | nager | | | gnature | TA/ | Date 07/25/2019 | | | | | | | | | | |

Print Form

| Ch2172 | 1 | NOTIF (P | CATION | ate of Ne LOF ASB LONJAC | ESTO\$ | ABATE | MENT | | | | <u></u> | | | | | | |
|--|---------------------|------------------------------|----------------------------|--------------------------------|------------------------|--|---------------------|---|------------------|----------------------|-------------|--------|-------------|----------------|-----------|--|--|
| Date of Notification (1) 07/25/2019 TWV 3 1/2 | 1 | | | of Building Ominium | | | | | | JUL | 3 | U Z | 2019 | Courted unique | 2 | | |
| Agencies Notified Type Notification | - | | Street A | Address Linwood | Avenu | ie | | | A | SBEST | OS (| | | L & | | | |
| EPA Initial Amended Amendment s | | _ | | ate, Zip Co ee, NJ C | | | | | - | | Contract to | | | | | | |
| X DOH Emergency (in justification) DCA Cancellation | ncluding | | Name o | f Contact Pirrera | | | | | Telephone Number | | | | | | | | |
| | | | | ILITY INF | | ON | | | | | | _ | | | | | |
| Name of Facility Where Abatement is Taking Private Building | Place (3 | 3) | | | | | | of Facility (4 School (K-12 | 2) | | | | | | | | |
| Street Address 2000 Linwood Avenue | | | | | | | × | Subchapter (Other (i.e. pr etc.) | | | | build | dings, | home | es, | | |
| City (5) Fort Lee | | | | | | | | re Feet | # o N// | f Floors A | | 1/200 | ldg. A | ge | | | |
| County (6) Hudson | | | | Code (7) USE ONLY |) | Current Use (Prior if being demolished) Private Building | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building C N/A | wner (8) | | ASCN | / No. | | | | tement Cont ement, Inc | | (9) | | | | | | | |
| Street Address | | | | | | | | ss gren Aven | ue | | | | | | | | |
| City, State, Zip Code | | | | | | | ip Code IJ 07512 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph 9733 | | | | Licens 0131 | | 3 | | | | | |
| | Schedule 07/31/2 | | npletion | Date (11) | | | | HA Monitor ement, Inc | | | | | | | | | |
| Occupancy Status During Abatement (Check | | | | | | Street | Addre | | | | | A. F | | | | | |
| Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe: Occupied | al Facility | Hours | nent | | ip Code | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | — Totowa, NJ 07512 | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | Mir Glo | Il Containmen ni-Enclosure ovebag Proce n-Exempted | dure | 84 7 2000 | | | | 2 | | | |
| | 110 | Locati | | | | | | , Exampled | 1) (1) | 4 140/11 | nabic | | Abate Ty | ment | | | |
| Location of Asbestos-Containing Material (ACM) | Use | Vormall d Sole intenar | ly by | | tos Cont | | 1aterial | | | mount | | | 1 9 | | | | |
| TO BE ABATED In Facility (13) | Cust | odial S (12) | Staff? | (i.e. | | systems cing, VA niscellan | T, or | ation, | | Specify or LF) | | Remova | Repair | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | | | | | | | | 3 | | ate | -œ | | |
| Boiler Room | Х | | | | Insula | 28.8.156.0610 | | 8 | 0 LF | | Х | | | | | | |
| Boiler Room | X | | E | reachi | ng Ins | ulatio | n | 65 | 50 SF | | Х | | | | | | |
| | | | | | | | | | | | - | | | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | Н | JDEP W auler ID 8085 | | Cubic of Was TBD | | | Name of R | 200 Trobania | | dfill | | | | | | |
| City, State Wayne, NJ | | | | | | al Date | | City, State Pen Argy | /I, P/ | | | | | | | | |
| Completed by Ned Joksimovic | Title Proje | ct Ma | nager | | S | ignature | | Fl | | | Date | | 019 | | | | |

| n 24232 | | NOTIF | S FICATIO Pursuan | tate of New Yer N OF ASBESTO t to NJAC 8:60 | sey S ABATE and 12:12 | MEN | | D, [| | El | V | L | rint-E |
|---|----------------------|--------------------------------------|----------------------------|---|-----------------------------|---|--|-------------|---------------------------|-----------------|------------|-------------|----------------|
| Date of Notification (1) 7/26/2019 | 11 | | Name o | of Building Owne | r/Operato | r (2) SER | | | JUL | 3 0 | 2019 | } | |
| Agencies Notified Type Notificatio | n | | Street | Address POLARIS ST | | | - I | A | SBESTO: | S CO | | 3 JC | |
| DEP X Amended Amendmen | | | City, St | ate, Zip Code ABETH, NJ 0 | | | Loon | | and the organization | emphositive and | 100W/96/TS | CONCESSARIA | achier expense |
| □ Emergency i justification □ DCA □ Cancellation |) | | Name o | of Contact ARD BURKE | | | | 100 | ephone Nu 8-965-20 | | | | |
| | | | FAC | ILITY INFORMA | TION | - | | | | | | | |
| Name of Facility Where Abatement is Tak MAHER TERMINAL BLDG 1510 | ng Place (CHASSI | 3) S DE | | | | Тур | e of Facility School (K- | 927420 | | | | | |
| Street Address SOUTH BAY AVENUE | | | | | | × | Subchapte Other (i.e. | r 8 (Oth | er than K-1 & commerc | 2) ial bui | ldings | , hom | es, |
| City (5) ELIZABETH | | | | | | Squ | etc.) iare Feet | # of | f Floors | E | 3ldg. / | Age | |
| County (6) UNION | | | County (STATE | Code (7) USE ONLY) | | Curi | rent Use (Pr | ior if bei | ng demolis | hed) | 7 | | |
| Name of Monitoring Firm Hired by Building TTI ENVIRONMENTAL | Owner (8) |) | ASCI 0000 | M No. | | | atement Co | | | IG. IN | IC. | | |
| Street Address 1253 NORTH CHURCH STREET | | | | | Street | Addre | | | | .0, 11 | | | |
| City, State, Zip Code MOORESTOWN, NJ 08057 | | | | | City, S | City, State, Zip Code TOTOWA, NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm JAMES ORGERA | | | Telepho | ne No. 40-8800 | Teleph | Elephone No. License No. 073-956-8700 00494 | | | | | | | |
| Start Date (10) 8/8/2019 | Schedule 8/14/20 | | | Date (11) | Name | of OS | SHA Monitor | | 00494 | | | | |
| Occupancy Status During Abatement (Che | | | | | Street | | S (9) ABC | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: EXTERIOR | Period of A | Abatem | nent | | | | Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | lenova lemolit | | | × | Mi GI | ull Containm ini-Enclosur lovebag Pro on-Exempte | e cedure | | | | e | |
| Location of | N | Locati | ly | D | escription | | | | | | Abate | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | d Sole intenar odial S (12) | ice/ | Asbestos Co (i.e. therm: surf | ntaining N | lateria s insul T, or | lation, | (S | mount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| EVTERIOR | Yes | No | N/A | | | | | | | <u> </u> | · | ate | re |
| EXTERIOR | | X | | ROOF P | MEMB ITCH P | | | 2,50 | 00 SF | X | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | IDEE | | | | | | | | | | |
| Name of Registered Waste Hauler TWO BROTHERS CONTRACTING | } | Ha | JDEP W auler ID 3743 | 707 | | | No. of the Control of | | ed Landfill | | .R.C |).W.S | 3. |
| city, State OTOWA, NJ | | | | | osal Date /2019 | | City, State | | E, PA | | | | |
| Completed by //IVECA RAMOS | Title PROJ | IECT | COOR | RDINATOR | Signature | ar of | , 0 | | Da | te /26/2/ | 019 | | |

| 0 | | The second second | |
|----|-----|-------------------|--|
| Pr | int | Form | |
| | | | |

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

| ** | | | | TICATIO | tate of N N OF AS t to NJAC | BESTOS | ABATE | | ID- | EC | E | V | E | ,In | | | |
|---|-----------------------------|--------------------------|--|-------------------|-----------------------------------|-------------------------------|---|--|-----------------|---------------------------|---------------------|--------------|-------------|-----------------------|--|--|--|
| Date of Notification (1) 4/30/2019 | | | | | of Building JMBIA (| | | r (2) SERVICES | | JUL | 3 0 | 2019 |) | | | | |
| Agencies Notified | Type Notification | | | | Address POLAR | IS STE | PEET | | | · · | | 2016 | | | | | |
| EPA DEP | Initial Amended | | | City, St | tate, Zip C | ode | | | A | SBESTO | S CO | NTAC | L& | - | | | |
| ▼ DOL | Amendment # | | _ | | ABETH, | | 201 | | | - AND DESCRIPTION | nematical residence | iu | - | #Eliter to the second | | | |
| DOH DCA | justification) Cancellation | , , | | | of Contact ARD BU | | Т | | | lephone Ni 8-965-2 | | | | | | | |
| Name of Facility Miles A | L | 5. | | FAC | ILITY INF | ORMAT | ION | | | | | | | | | | |
| Name of Facility Where A MAHER TERMINAL | | | | POT - | TRAILE | RS | | Type of Facility (4) School (K-12) | | | | | | | | | |
| Street Address SOUTH BAY AVENU | JE | | | | | | | Subchar | ter 8 (Oth | er than K- & commer | 12) cial buil | ldings, | hom | es, | | | |
| City (5) ELIZABETH | | | | | | | | Square Feet # of Floors Bldg. Age | | | | | | | | | |
| County (6) UNION | | | | | Code (7) USE ONL | n | | Current Use (| Prior if be | ing demolis | shed) | | | | | | |
| Name of Monitoring Firm I TTI ENVIRONMENT | | wner (8 |) | ASCI 0000 | M No. 03 | | | of Abatement (| | | NG, IN | IC. | | | | | |
| Street Address 1253 NORTH CHUR | CH STREET | | | | | | 150000000000000000000000000000000000000 | eet Address VREELAND AVENUE | | | | | | | | | |
| City, State, Zip Code MOORESTOWN, NJ | 08057 | | | | | City, S | | | | | | | | | | | |
| Project Manager for Monitor JAMES ORGERA | oring Firm | | | Telepho 856-84 | ne No. 40-8800 | | 1.0 | elephone No. License No. 973-956-8700 00494 | | | | | | | | | |
| Start Date (10) ON HOLD | 1 | Schedul | led Con | npletion | Date (11) | | Name | of OSHA Monit IE AS (9) AE | 3100 mar 2000 | | | | | | | | |
| Occupancy Status During | Abatement (Check | Only O | ne) | | | | | Address | | | | 2416.00 | | | | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: EX | d Outside of Norma | eriod of I Facility | Abaten y Hours | nent | S. | | City, S | tate, Zip Code | | | | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | | | | | | | | _ | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | _ | Renova Demolit | | | | × | Full Contain Mini-Enclos Glovebag P Non-Exemp | ure rocedure | | | | | | | | |
| | | 951 | Locati | | | | | | | | | Abate Typ | | G Ct | | | |
| Location of Asbestos-Containing M TO BE ABAT In Facility (13) | laterial (ACM) | Use Ma | Normal ed Sole intenar todial S (12) | ly by nce/ | | tos Cont thermal surfac | | aterial (ACM) insulation, T, or | (8 | mount pecify or LF) | Remova | Repair | Encapsulate | Enclosure | | | |
| | | Yes | No | N/A | | | | | | | | | e | | | | |
| EXTERIO | PR | X | | | ROOF N | | | 2,5 | 00 SF | Х | | | | | | | |
| | | | | RO | OF PIT | CH PC | OCKETS | | | - | | | | | | | |
| | | | | | | | | | ļ | | | | - | | | | |
| Name of Registered Waste | Hauler | | N | JDEP W | aste | Cubic ` | Yards | Name o | of Registe | red Landfil | 1 | | | - | | | |
| TWO BROTHERS CO | ONTRACTING | | 578 | auler ID 8743 | No. | of Was | | WAS | TE MAN | AGEME | | .R.O | .W.S | 3. | | | |
| City, State TOTOWA, NJ | | | | <u></u> | al Date | City, St MOR | ^{ate} RISVILL | E, PA | | | 22290.000 | | | | | | |
| Completed by VIVECA RAMOS | JECT | Signature Date 4/30/2019 | | | | | | 19 | | | | | | | | | |

| Drint | Form |
|--------|--------|
| PIIIII | COLLII |

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

| Part of the second of the seco | | | | . u.ouu. | it to NOA | 5 0.00 ai | 14 12.12 | .0) | | 1 | | | | | | - [] | |
|--|--------------------------------------|------------------|---------------------------------------|--|---------------------------------|---|--|---|--|--------------|------------------------|-------|-----------|---------|--|-------------|-----------|
| Date of Notification (1) 4/19/2019 | | | | Name of Building Owner/Operator (2) COLUMBIA CONTAINER SERVICES JUL 3 0 2019 | | | | | | | | | | | and the state of t | IJ | |
| | ype Notification Initial Amended | | | 1100 City, S | Address POLAR tate, Zip 0 | Code | | | | | ASBE | | S CO | | ROL | 8 | |
| ☑ DOH ☐ DCA ☐ | Amendment Emergency justification) | (includin | g | Name | ABETH, of Contac IARD BU | t | | | | | Telepi | | | | | | |
| L DCA | Cancellation | | | 0.0000000000000000000000000000000000000 | See Secretary | 200000000000000000000000000000000000000 | | | | | 908- | 965- | 2035 | | | | |
| Name of Facility Where About MAHER TERMINAL E | | | | | TRAILE | | ION | Тур | e of Facil | | 1 | | | | | | |
| Street Address SOUTH BAY AVENU | E | | | | | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings etc.) | | | | | | | lings, | hom | es, |
| City (5) ELIZABETH | | | | | | | | Square Feet # of Floors Bldg. Age | | | | | | | | | |
| County (6) UNION | | | | | Code (7) USE ONL | n | | Current Use (Prior if being demolished) | | | | | | | | | |
| Name of Monitoring Firm Hi | | Owner (8 | 3) | ASCI | M No. | | | me of Abatement Contractor (9) VO BROTHERS CONTRACTING, INC. | | | | | | | | | |
| Street Address 1253 NORTH CHURO | CH STREET | | | | | | Street | eet Address VREELAND AVENUE | | | | | | | | | |
| City, State, Zip Code MOORESTOWN, NJ | 08057 | | | | | City, S | State, 2 | Zip Code | | | | | | | | | |
| Project Manager for Monitor JAMES ORGERA | | | Telepho | one No. 40-8800 |) | Teleph | OTOWA, NJ 07512 elephone No. D73-956-8700 License No. 00494 | | | | | | | | | | |
| Start Date (10) 5/1/2019 | | Schedu 5/6/20 | | | Date (11) | | Name | of OS | HA Moni S (9) AE | | | 0-10- | - | | | | |
| Occupancy Status During Al | batement (Checl | | | | | | Street | | | JOVL | - | | | | | | |
| Facility Closed/Vacated Abatement Performed Other – Describe: EXT | d During Entire P Outside of Norm | eriod of | Abaten | nent s | | | | | ip Code | | | | | | | | |
| Scope of Work (Check All Ti | nat Apply) | | | | | | | | | | | | | | | _ | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | Renova Demolit | | 115 | | × | Min | II Contair ni-Enclos ovebag P n-Exemp | ure roced | ure | | | | | | |
| | | Is | Locati | ion | | | | | | T | | 01111 | 1 | | bate | | |
| Location of | | | Normal | | | Des | cription | of | | | | | | _ | Тур | е | |
| Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13) | | Ma | ed Sole intena todial s (12) | nce/ | | | | insula T, or | | | Amou (Spec SF or | cify | Nellioval | Domousi | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | | | æ | 200 |
| EXTERIOR | 2 | - | X | | | ROOF N | | | #VISV | | 2,500 | SF | Х | | | | |
| | | | RO | OF PIT | CH P | OCKE | ETS | | | | | 1 | _ | | | | |
| · | | | | - | | | | | | | | | | 1 | | | |
| Name of Registered Waste H | laulas | | LN | IDED W | | | | | | | | | | | | | |
| TWO BROTHERS CON | | | Н | JDEP W auler ID 8743 | 2000 | of Was | | | | | istered IANA(| | | G. | R.O. | W.S | 3. |
| City, State FOTOWA, NJ | | | | | | Disposa 5/6/2 | | | City, SI | | ILLE, | PA | | | | | |
| Completed by VIVECA RAMOS | | Title PRO | JECT | Signature Date 4/19/2019 | | | | | | | 9 | | | | | | |

| Childa | | NO | TIFICAT | State of New Je ION OF ASBEST and to NJAC 8:60 | TAGA PE | EMENT | | EC | E I | V | | |
|--|------------------------------------|-----------------------------|----------------|--|------------|--|---------------|---------------------------|--------------------|-----------|-------------|-----------|
| Date of Notification (4) 07/25/2019 Agencies Notified Type Notification | 519[|) | Nam | ne of Building Owner wrence Townsh | er/Operat | or (2) | iñ. | .][] | 3 0 | 2019 | | |
| EPA Initial | | | Stree 256 | et Address 35 Princeton Pil | | - 001001 | bed but | | | | | |
| Francisco Pariendin | l ent # <u>2</u> cy (includi | na | City, Lav | State, Zip Code vrenceville, NJ | 08648 | l _m | A | SBESTO | ENSIN | VTRO G | L & | |
| DCA justification Cancellate | on) ion | | Name Tho | e of Contact mas Eldridge | | | 7 | Telephone | Numb | er | | |
| Name of Facility Where Abatement is Ta Lawrence Middle School Street Address | king Place | (3) | FA | CILITY INFORMA | TION | Type of Facil | ity (4) | | | | | |
| 2455 Princeton Pike City (5) | | | | | | Other (i.e | iter 8 (O | ther than e & comm | K-12) tercial b | uilding | js. hc | omes. |
| Lawrenceville County (6) | | | | | | Square Feet 104,000 | | of Floors | | | . Age | |
| Mercer Name of Monitoring Firm Hired by Buildin | Owner (| 8) | (STAT | y Code (7) E USE ONLY) | | Current Use (I Middle Sch | 001 | | olished) | | | - |
| Street Address | | | 000 | OM No. 003 | Unite | of Abatement C ed Safety LL | Contracto | or (9) | | | | |
| 1253 North Church St City, State, Zip Code | | | | | 22 T | Address roy Lane | | | | | | |
| Moorestown, NJ 08057 Project Manager for Monitoring Firm | | | Teleph | one No. | Linco | tate, Zip Code oln Park, NJ one No. | 07035 | | | | | |
| Michael R. Keehn Start Date (10) 07/15/2019 | Schedu | led Co | 856-8 | 340-8800 Date (11) | 973-2 | 276-0099 of OSHA Monito | | Licens 01317 | | | | |
| Occupancy Status During Abatement (Che | 08/05/ ck Only O | /2019 ne) | <u> </u> | | Unite | d Safety LLC | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period of mal Facilit | Abater y Hour | nent s | (b) | 22 Tr | oy Lane ate, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | In Park, NJ (| 7035 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolii | | | X | Full Containn Mini-Enclosus Glovebag Pro | re ocedure | | | | | |
| Location of Asbestos-Containing Material (ACM) | 1 | Locati Normal d Sole | lv | Des | cription o | Non-Exempte | d () and | a Non-Fri | able Pro | Abate | | t |
| TO BE ABATED In Facility (13) | Ma | intenar todial S (12) | ice/ | Asbestos Conta (i.e. thermal surface | aining Ma | terial (ACM) nsulation, or | (S | mount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| 1st FL/2nd FL Bathroom | Yes | No | N/A | Pine Inculati | ion Me | 201 | | | | | late | ıre |
| | | | | Pipe Insulat | 1011 4415 | ap & Cut | 57 | 7 LF | X | | | |
| Name of Registered Waste Hauler | | I NI | DED 14 | | | | | | | | | |
| Service Transport Group City, State | | Ha | DEP Water ID I | No. Cubic Y of Wast | ards e | Name of I | | | II . | <u></u> | | |
| Yardley, PA Completed by | | | | Disposa TBD | I Date | City, State | | | | | | - |
| Vanco Petkov | Projec | ct Mar | nager | Sig | nature | | 0 | Da | ate 7/25/2 | 019 | | |

| Date | 63169 of Notification (1) | | | NOTIF | ursuant | to NJAC | ESTOS 8:60 an | ABATE d 12:12 | 0) | Commence of the commence of th | 0,4 | i C | | V | E | |
|------------------|--------------------------------------|---|---|---------------------|-------------------|----------------------|---------------------------------------|------------------|-----------------------|--|---|----------------------|--------------------|--|--|-----------|
| | 3-2019 | nv 1314 | 10 | | | ewark F | | | (2) | And the second s | | JUL 3 | 100 | 010 | And the state of t | |
| Agen | cies Notified | Type Notification | | | Street A | ddress I Road | | - | | les les | | 000 | 0 2 | 013 | | 7 |
| - | EPA DEP | Initial Amended | | - | | ate, Zip C | ode | | | | AS | BESTOS | CONT | FOI | 2 | _ |
| | DOL | Amendment | | | | City, N | |)2 | | | Name of the least | LICE | VSING | Merchanian | The sections | |
| × | DOH | Emergency (i | including | | | f Contact | | | | | Tel | ephone Nu | ımber | | | |
| | DCA | Cancellation | | | | d Eglent | | | | | 73 | 2-991-1 | 173 | | | |
| Name | e of Facility Where | Abatement is Taking | Place (| 3) | FAC | LITY INF | ORMAT | ION | Type | of Facility | (4) | | | | | |
| | idential | | | | | | | | | School (K- | | | | | | |
| Stree | t Address | | | | | | | | | Subchapte | r 8 (Oth | er than K- | | dings | hom | es, |
| City (| 5) sey City, NJ | | | | | | | | | e Feet | # 0 | f Floors | | 3ldg. <i>A</i> '0+ | lge | |
| Coun | | | | | County (STATE | Code (7) USE ONLY | · · · · · · · · · · · · · · · · · · · | | Curre | nt Use (Pr | ior if bei | ng demolis | | | | |
| | | Hired by Building C | wner (8) |) | ASCN | /I No. | | | | ement Co ironmer | | (9) rvices, L | LC | | | |
| Stree | t Address | | | | , | | | 5 7 5 5 5 5 | Addres Virgini | s a Avenu | ie | | -1120.2 | | | |
| City, S | State, Zip Code | | - | | | | | | itate, Zij | Code NJ 07 | 304 | | | | | |
| Projec | ct Manager for Mon | itoring Firm | | | Telepho | ne No. | | Teleph | none No |). | | License I | Vo. | - (x - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | |
| Start | Date (10) | | Schodul | ad Car | nlotion | Date (11) | | 32-58(91)/0513 | 333-88 | 355 A Monitor | | 01174 | | | | |
| | 2019 | | 8-3-20 | | ipietion | Date (11) | | | | | | rvices, L | LC | | | |
| Occup | pancy Status During | Abatement (Check | Only O | ne) | | | | | Addres | _ | | | | 5-11-5. | | |
| × | Facility Closed/Vaca | ated During Entire P ed Outside of Norma | eriod of | Abatem | ent | | | | Virginia tate, Zip | a Avenu | ie | | | | | |
| | Other - Describe: _ | ou outside of Horris | ar r donne | riours | | | _ | 200 | | , NJ 07 | 304 | | | | | |
| Scope | e of Work (Check A | II That Apply) | 77222 | | | | | | | <u> </u> | | | | | | |
| _ | ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoliti | | | | × | Mini Glov | -Enclosur rebag Pro | e cedure | Negative | | | е | |
| | | | 3,955 | Location | | | | | | | | | | Abate | ement | |
| Δο | Location sbestos-Containing | 0.700 (0.000 0.000 0.000 0.000 0.000 0.000 | | Normall ed Solel | | Ashaa | | scription | | (A CNA) | | | | l y | ре | |
| , ,, | TO BE ABA | ATED | 100000000000000000000000000000000000000 | intenar todial S | NT TH | | tos Cont thermal | systems | s insulat | | (5 | mount Specify | Re | R | Encapsulate | Enc |
| | In Facili (13) | ty | | (12) | | | | cing, VA | | | SF | or LF) | Remova | Repair | nsde | Enclosure |
| | | | Yes | No | N/A | | | | | | | | <u>m</u> | | ate | Ге |
| | Roof | | | Χ | | | Roofi | ng mat | terial | | 81 | 10 SF | Х | | | |
| | Baseme | ent | | Х | | | Pipe | insula | tion | | 7 | 5 LF | Х | | | |
| | | | | | | | | | | | | | | | | |
| Name | of Registered Was | te Hauler | | NI. | JDEP W | laste | Cubic | Varda | Т | Nome - | Desi-t | rad Lander | | | | |
| | | Services, LLC | | H | auler ID 34889 | No. | of Was | | | Fairles: | | red Landfil Ifill | 11) | | | |
| City, S Jerse | State y City, NJ | | | | | | Dispos | al Date | | City, Stat | | Α | | | | |
| Comp | leted by | | Title | | | | - 4 | ignature | | | | | ate | | | |
| Liliana | a Serrano | | Office | e man | ager | | 1.1 | rLic | | U.Je | 210 | - 11- | -23-20 | 019 | | |

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

| TIM1/12 | INT | | ПОИ | IFICAT (Pursu | ION OF | ASBE | STOS AE | BATEMENT | | | | | | | | |
|---|--------------------------|--------------------|----------------------|---|----------------|--|-----------------------------|-----------------------------|--|---------------------------------------|---------|-------------|-------------|-----------|--|--|
| Date of Notification (1 | MI | | | | 1 | 101 | | | - | Che | ck # : | 2092 | | | | |
| , | July 26, 201 | | | Bank | of Ameri | ca | n/ Operator | (2) | I |) F C | F | | 7 [| 3 / | | |
| Agencies Notified | Type Notific | ation | | Stree | t Address | | | | | V | - | i U | 1 | 7// | | |
| □EPA □DEP | 57 | | | 2 Cer | ntre Drive | | | | A STATE OF THE PARTY OF THE PAR | L JUL | 3 0 | 201 | 9 | | | |
| DOL | Initia Ama | | | 75.070 | State & Zip | | | | | | | | ène | Pennon | | |
| DOH | Ame | ended endment # | | | oe Towns | | | | | ASBESTO | SCC | NTR | OL 8 | <u>.</u> | | |
| DCA | Can | cellation | | | of Contac | ct | | | and the same of th | | | ne Nu | | C | | |
| | | | | | Ashman | | | | | 60 | 7-624 | -9548 | | | | |
| | 100 | | | FA | CILITY | INFOF | RMATION | | | | | | | | | |
| Name of Facility Wher Bank of America | e Abatement | is Taking | Place (3) | | | | Type of Fac | cility (4) I (K-12) | | | | | | | | |
| Street Address 2 Centre Drive | | | | | | | _ | apter 8 (Other th | | | | 2.000 | | | | |
| 2 Centre Drive | | | | | | - | | (i.e., private & | | | | | tc.) | | | |
| City (5) | | | | | | - | Square Fee 6,00 | | Floors 1 | Bid | lg. Age | 50 | | | | |
| Monroe Township | | | | | | | | (Prior if being o | lemolishe | d) | | ••• | | | | |
| County (6) Middlesex | | | ounty Cod | | | | | | | | | | | | | |
| Name of Monitoring Fir | m Hired by B | | | | ASCM | No. | Name of Ab | atement Contra | ctor (9) | | | | | | | |
| Arcadis US, Inc. Street Address | | i i | 3/8 | | | | Synatech, I | nc. | 010. (0, | | | | | | | |
| 35 Columbia Road | | | | 11 <u>-11-11-11-11-11-11-11-11-11-1</u> | | | Street Addre 329 Radio F | | | | | | | | | |
| City, State & Zip Code Branchburg, NJ 0887 | 6 | | | | | | City, State 8 | Zip Code larbor, NJ 080 | 7 | | | | | | | |
| Project Manager for Mo | | | | lephone I | | | Telephone N | Number | 01 | License Num | | | | | | |
| Scheduled Start Date (| | Scheduled | d Completi | | 11) | | 09-296-691 Name of OS | HA Monitor | | | 0081 | 7 | | | | |
| August 9, 20 Occupancy Status Duri | | | Augu | st 29, 201 | | | Synatech, I | nc. | | | | | | | | |
| Facility Closed | d/Vacated Du | ring Entire | Period of | | nt | | Street Addre 329 Radio F | | | | | | | | | |
| Abatement Pe | | side of Nor | mal Hours | š | | | City, State 8 | | | | | | | | | |
| Other – Descri | | natement | | | | Į. | ittle Egg H | larbor, NJ 0808 | 37 | | | | | | | |
| Scope of Work (Check | | | | | | | | | | | | | | | | |
| _ | , | • | | | | | | Full Containm | ent with N | egative Press | ure | | | | | |
| ≥3 sf or ≥ 50 lf ≥160 sf or ≥260 | ie. | | = | Renovation | | | \boxtimes | Mini-Enclosure | Э | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | IT | | | Demolitio | n | | L | Glovebag Pro | | las Establa Da | | | | | | |
| | ion of | | | on Norma | | | Descrip | Non-Exempte tion of | d(") and r | ion-Friable Pr | _ | re ateme | ent T | vpe | | |
| Asbestos-Containi TO BE A | ing Material (ABATED | ACM) | | y Mainten dial Staff | | | Asbestos-C Material | | | ount (Specify SF or LF) | | | | | | |
| 100000000000000000000000000000000000000 | acility 3) | | | | | in | (i.e., therma | al systems | | . 0. 1. / | П | | m | | | |
| ζ. | 0) | | | | | | r other misc | rfacing, VAT cellaneous) | | | Ren | Re | ncal | Encl | | |
| | | | Yes | No | N/A | | | | | | Removal | Repair | Encapsulate | Enclosure | | |
| Safaty Danasit Viewin | - 1 | | 103 | 140 | 100.000.00 | | | | | | | | te | Ф | | |
| Safety Deposit Viewin | g Area | | | | X | | Cove Bas | e Mastic | | 5 SF | X | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Wa | aste Hauler | | NJDEP V Hauler ID | | Cubic Ya | Yards of Waste Name of Registered Landfill | | | | | | | | | | |
| Synatech, Inc. | 429 | < 1 | | | Fairless Hills | | | | | | | | | | | |
| City, State | | Disposa | al Date City, State | | | | | | | | | | | | | |
| Little Egg Harbor, NJ Completed By | | August | |) | Morrisville, F | | | | | | | | | | | |
| | | Title | | | Signatur | e , , , , | 170 | | Date | | | | | | | |
| Diane Aloia | | Executiv | e Adminis | trator | 1 1 1 | Lac | 12827 | G. | July 26. | 2019 | | | | | | |

| Ch 1565 Inv-1 | 300 | NOTI | FICATIO Pursuant | tate of N N OF AS | eW Jerse BESTOS 8:60 an | ý ABATE d 12:12 | MENT | D. | EC | E | \mathbb{V} | E | 65 | | | | | |
|---|-------------------|---------------------------------|--|----------------------|---|--|---|-------------|-------------------|----------|--------------|-------------|-----------|--|--|--|--|--|
| Date of Notification (1) | | | Name o | of Building | g Owner/ | Operator | (2) | | | | 001 | | | | | | | |
| July 25, 2019 | | | Vertellu | us Spec | cialties, | Inc. | | | JUL | 3 0 | 201 | 9 | 1 | | | | | |
| Agencies Notified Type Notification | | | | Address | | | | | | | | | 1 | | | | | |
| EPA Initial | | | 35 Ave | nue A | | | | | ASBEST | OS CC | NTB | OL & | d | | | | | |
| DEP Amended | | | City, St | ate, Zip C | Code | | | | | CENSI | | | | | | | | |
| Mendmen Amendmen | _ | | Bayonn | ne, NJ | 07002 | | | | | | | | | | | | | |
| DOH Emergency justification | (3) | 3 | The state of the s | of Contac | | | | Te | lephoneN | umber | | 1115015-1 | | | | | | |
| DCA Cancellation | | | Guy Mi | ller | | | | (57 | 0) 369-6 | 937 | | | | | | | | |
| N | | | - | ILITY IN | FORMAT | ION | | | | | | | | | | | | |
| Name of Facility Where Abatement is Takin | ng Place (| (3) | | | | | Type of Facility | (4) | | | | | | | | | | |
| Vertellus Specialties, Inc. | | | | | | | School (K | 12) | | | | | | | | | | |
| Street Address | | | | | | | Subchapte | | | | | | | | | | | |
| 35 Avenue A | | | | | | | Other (i.e. etc.) | private | & commer | cial bui | laings | , hom | ies, | | | | | |
| City (5) | | | | | | | Square Feet- | # 0 | f Floors | | Bldg. | Age | | | | | | |
| Bayonne, NJ | | | | | | | | | | | | | | | | | | |
| County (6) | | | County | Code (7) | | | Current Use (Pr | rior if be | ing demoli | shed) | 10-11-11 | | | | | | | |
| Hudson | | | (STATE) | USE ONL | | | | | Plant | | | | | | | | | |
| Name of Monitoring Firm Hired by Building | Owner (8 |) | ASCN | ΛNo. | | Name | of Abatement Co | ntracto | | | | | | | | | | |
| A.E.S.L. | | | | | | The N | IACK Group, | LLC | | | | | | | | | | |
| Street Address | | | | | | The state of the s | Address | | | | | | | | | | | |
| 2200 Paterson Plank rd # 7 | | | | | | 1500 I | Kings HWY N | STE | 209 | | | | | | | | | |
| City, State, Zip Code | | | | | | | tate, Zip Code | | | | | | | | | | | |
| North Bergen, NJ 07047 | | | | | | 10000 | Hill, NJ 0803 | 34 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | | ione No. | | License | No. | | | | | | | | |
| Carmello Altomonte | | | 201-864 | 4-6583 | | (973) | 759 - 5000 | | 00781 | | | | | | | | | |
| Start Date (10) | Schedul | led Co | mpletion | Date (11) | 1 | | of OSHA Monito | r | | | | | | | | | | |
| 08/12/2019 | | 1 | 0/31/20 | 19 | | The M | ACK Group, I | LC. | | | | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | | | | The state of the s | Address | | - | | | | | | | | | |
| Facility Closed/Vacated During Entire | Period of | Abate | ment | | | Kings HWY N | STE | 209 | | | | | | | | | | |
| Abatement Performed Outside of Norm | nal Facilit | y Hour | S | | | | tate, Zip Code | | | | | | | | | | | |
| Other - Describe: | | | | | | Cherry | Hill, NJ 0803 | 34 | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | The second second | Renova Demoli | | | | | Full Containn Mini-Enclosur Glovebag-Pro Non-Exempter | e cedure | | | | | | | | | | |
| | Is | s Locat | ion | | | | | | | | Abat | emen | t | | | | | |
| Location of | 6.4 | Norma | 0.5 | 250 (6) | De | scription | of | | | - | Ty | ре | | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | 75 | aintena | | | | | aterial (ACM) | 100 | mount | | | m | m | | | | | |
| In Facility | Cus | todial | Staff? | (1.6 | surfa | cing, VA | | 100 | Specify or LF) | Remova | Re | Encapsulate | Enclosure | | | | | |
| (13) | | (12) | | | other n | niscellan | eous) | | | VOL | Repair | sul | nsc | | | | | |
| | Voc | No | N/A | | | | | | | <u>a</u> | ¬ | ate | ดิ | | | | | |
| Exterior | | | | | | | tion | 18 | 357 l/f | X | | | | | | | | |
| Bld 8 2nd floor | | | | | Insula | | | CALL TO SE | | | | | | | | | | |
| | | - | | | | | | 00 s/f | \rightarrow | | | - | | | | | | |
| Bld 8 Ground Floor | | | - | | Tank | Insula | tion | 70 s/f | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 491 112 | J DEP W | 707.000 | Cubic Yards Name of Registered Landfill | | | | | - | | | | | | | | |
| Newark Carting / Spartan | | | auler ID 450 | | or was | of Waste 20.2 Minerva Enterprises, LLC | | | | | | | | | | | | |
| City, State | 430 | 17 | Disnos | 20.2 sal Date | City, Sta | | prises, L | LU | | | | | | | | | | |
| Newark, NJ / Donora, PA | | 1 Marie 200 | | 1 | aynesburg, OH | | | | | | | | | | | | | |
| Completed by | | The second second second second | 31/201 | | burg, | - | nte | | | | | | | | | | | |
| Mike Cooper | Title | lon+ | | | Signature Date | | | | | | | | | | | | | |
| witto Odopei | Presid | relit | | | | | | | 07 | 7/25/19 | | | | | | | | |

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

| Date of Notification | Date of Notification (1) | | | | | Name of Building Owner / Operator (2) | | | | | Check # 2091 | | | | | | |
|--|---|------------------|------------------------|-------------------------|---------------------------|---------------------------------------|---------------------------------|-------------------------------|------------|----------------------------|---|-------------------|-------------|-----------|--|--|--|
| Date of Hedinoation | June 18, 2019 | | J. P | e of Build . Morgan | ing Owi | ner / Operator | r (2) | П | F 6 |) [2 | П | 17.77 | | | | | |
| Agencies Notified | Type Notificat | tion | | | et Addres | | | | 0.000 | MEC | | -U | W/ | 15 | | | |
| ПЕРА | | | | | | | | | | 3 | *************************************** | The second second | - | 7 | | | |
| DEP | | | | 1111 | 1 Polaris | Parkwa | ay | | | | | 0 0 | 010 | | | | |
| DOL | Initial | | | City. | State & Z | Zip Code | 9 | | | <u> </u> | <u> 3</u> | U 2 | U19 | _ | | | |
| ⊠рон | Amen | | | 2000 | umbus, C | | | | | | | | | 1 | | | |
| DCA | | ndment # | | | | | 98// | | - | ASBES" | ros c | ON | FRO | L& | | | |
| | L Cance | eliation | | | e of Cont | | | | _ | T | elepho | ne N | umb | | | | |
| | | | | IWIKE | Humphr | ies – JL | L for JPMor | gan Chase | | 3 | 47-946 | 516 | 52 | | | | |
| | | | | F | ACILITY | INFO | RMATION | | | | | | | | | | |
| Name of Facility Who Chase Bank | ere Abatement is | s Taking | Place (3) | | | | Type of Fac | cility (4) I (K-12) | | | | | | | | | |
| Street Address | | | | | | | | apter 8 (Other th | an K-12 | ν. | | | | | | | |
| 289 Market Street | | | | | | | | (i.e., private & | | | e ho | ma i | otc \ | ř | | | |
| 01. (5) | | | | | | | Square Fee | | | | ig. Ag | | eic.) | | | | |
| City (5) Saddle Brook | | | | | | | | | 1 | 1 60 Years | | | | | | | |
| | | | | | | | Current Use Bank | (Prior if being d | emolishe | ed) | | | | | | | |
| County (6) Bergen | | C | ounty Cod | de (7) | | | | | | | | | | | | | |
| Name of Monitoring F | irm Hired by Bu | ilding Ov | vner (8) | | ASCN | 1 No. | Name of Ab | atement Contrac | ctor (9) | | | | _ | | | | |
| Apex Companies, L Street Address | LC | | | | | | Synatech, In Street Addre | nc. | | | | | | | | | |
| 120D Wilbur Place | | | | | | | 829 Radio F | | | | | | | | | | |
| City, State & Zip Cod Bohemia, NY 11716 | | | | 6 | City, State & | Zip Code | 200 | | | | | | | | | | |
| Project Manager for N | roject Manager for Monitoring Firm | | | | | | Telephone N | larbor, NJ 0808 Jumber | 37 | License Num | her | | | | | | |
| Steve Cotrone Scheduled Start Date | (10) | chadula | d Complet | 31-567-17 | | | 609-296-691 | 6 | | License Ivan | 0081 | 17 | | | | | |
| August 10, | 2019 | | Septen | nber 10, | | | Name of OS Synatech, Ir | | | | | | | | | | |
| Occupancy Status Du Facility Close | iring Abatement ed/ <u>Vacated</u> Durii | (Check on Entire | only one) Period of | Abateme | ent | | Street Addre 829 Radio R | ss | | | | | | | | | |
| | Performed Outsid | | | | | | City, State & | 3,4,4,4 | | | | | | - | | | |
| Other – Desc | | | | | | | | arbor, NJ 0808 | 7 | | | | | | | | |
| Scope of Work (Chec | pied During Aba | tement | | | | | | | | | | | | | | | |
| | it all triat apply) | | | | | | |] = | | | | | | | | | |
| | | | | Renovati | on | | | Full Containme Mini-Enclosure | ent with r | Negative Press | ure | | | | | | |
| ≥160 sf or ≥260 | O If | | | Demolitio | on | | | Glovebag Proc | | | | | | | | | |
| | | | | | | 26 | $\overline{\boxtimes}$ | Non-Exempted | | Non-Friable Pr | ocedu | re | | | | | |
| Loca Asbestos-Contai | ation of ning Material (A) | CRA) | | ion Norma by Mainter | | | Descript | tion of | | | - | atem | ent 7 | Гуре | | | |
| TO BE | ABATED | Civi) | | odial Staff | | | Asbestos-C Material | | | ount (Specify SF or LF) | 1 | | | | | | |
| | Facility (13) | | | | | | (i.e., therma | l systems | | o. o , | | | 1_ | | | | |
| , | (13) | | | | | 1 | nsulation, sur or other misc | facing, VAT | | | R | 70 | inca | Ē | | | |
| | | | | | | | or other misc | charicous) | 1 | | Removal | Repair | apsı | Enclosure | | | |
| | | | Yes | No | N/A | | | | | | val | = | Encapsulate | ure | | | |
| hroughout Bank | | х | | Carpet N | Mastic | + | 3,600 SF | X | - | | - | | | | | | |
| | | | | | | | | | | -,000 01 | / | | | | | | |
| lame of Desisteration | Inala II | | | | | | | | | | | | | | | | |
| lame of Registered W | NJDEP \ Hauler IE | | Cubic Y | ards of | Waste | Name of Regis | stered La | andfill | | | | | | | | | |
| /natech, Inc. 2742 | | | | | 20 | | | Fairless Hills | | | | | | | | | |
| ty, State | | | | | Disposal Date City, State | | | | | | | | | | | | |
| ttle Egg Harbor, NJ 08087 | | | | | Septem | nber 11, | 2019 | Morrisville, P | Α | | | | | | | | |
| ompleted By | 1 | Γitle | | | Signatu | ire | . 21 | | Date | | | | | | | | |
| iane Aloia | E | Exec. Ad | ministrat | or | A. | 100 | allo | A. | July 26 | 2010 | | | | | | | |
| | | | | | | | 1500 S 5000 B | | July 26 | , 2019 | | | | | | | |

| | | | State | Of New | Varsov | Servicion de la constante de l | n | | 1 [| C E | | W | | Prin | // #E |
|---|--|-----------------|-------------------------------|-----------------------|------------------------------|--|-------------------------|---|-----------|----------------------------|----------------|--------|--------------|----------------------|-----------|
| H7482 | NO | (Pu | ATION (| OF ASBES | STOS A :60 and | 12:12 | ŋ | | | | | | | Manager College | |
| Date of Notification (4) 7/26/19 | >1 | | Jenice | Building O McCrary | | | | | and? | JUL (| 3 0 | 201 | 9 | | 1 |
| Agencies Notified Type Notification Yellow Type Notification Yellow Type Notification Yellow Type Notification | | | Street Add | | | | | | ASB | ESTOS | S CON ENSIN | | OL 8 | L. | |
| DEP Amended Amendment Emergency (| | | | e, Zip Cod City NJ | | 1 | | | | | | | | | |
| DOH justification) DCA Cancellation | incidanig | 1 | lame of 0 Jenice | | | | | | Tele | ephone l | Numbe | r | | | |
| lame of Facility Where Abatement is Taking | g Place (3) | | FACIL | ITY INFO | RMATIC | M | Тур | e of Facility (| 4) | | | | | | |
| Jenice McCrary Private Home | | | | | | | H | School (K-1 Subchapter | | er than K | (-12) | | | | |
| ueet Address | | | | | | | 図 | Other (i.e. p etc.) | | | | | | | s, |
| City (5) Atlantic City NJ 08401 | | | | | | | 10 | uare Feet 100 + | 2 | Floors | | 35 | dg. Aq 5+ | ge | |
| County (6) Atlantic | | (| County Co | ode (7) SE ONLY) | | | 10772 | rrent Use (Pric | or if bei | ng demo | olished) | | | | |
| lame of Monitoring Firm Hired by Building 0 N/A | Owner (8) | | ASCM | No. | | | | batement Cor | tractor | (9) | | | | | |
| Street Address | | | | | | Street | | ress 329 | | | | | | | |
| City, State, Zip Code | | | | | | City, S | State, | , Zip Code erlin NJ 080 | 101 | | | | | | |
| Project Manager for Monitoring Firm | | 1 | elephon | e No. | | Telepl | hone | | 70 1 | Licens | | | | | |
| Start Date (10) 8/5/19 | Scheduled 8/12/19 | Com | pletion D | late (11) | | | of O | SHA Monitor | | 0012 | | | | | |
| Occupancy Status During Abatement (Chec | |) | | | | Street | | ress | | | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: | Period of Aba nal Facility H | atem lours | ent | | _ | City, S | State, | , Zip Code | | | | | | 1 - 1 - 1 | |
| Scope of Work (Check All That Apply) | | | | | | <u>La como</u> | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Contraction of the Contraction o | novat moliti | | | | | 4 ! | Full Containm Mini-Enclosure Glovebag Pro | 9 | Negativ | ve Pres | sur | е | | |
| | | | | | | 2 | | Non-Exempte | | d Non-F | riable l | *** | edure | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | No Used Maint Custo | tenar | y y by ice/ | | os Cont thermal surfac | system | Mate ns ins AT, o | | (\$ | mount Specify or LF) | - | Remova | Ty Repair | | Enclosure |
| (13) | - | No | N/A | | other m | nscella | neou | is) | | | | va | Ŧ | ulate | ure |
| exterior siding | | | х | | exter | rior si | ding | | 10 | 00 SF |) | (| | | |
| | + | | | | | | | | | | + | - | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | Н | JDEP Wa auler ID I 2459 | 50 TO 50 TO 1 | Cubic of Was 3 | | | Name of G.R.O | | ered Lar | ndfill | | | | |
| City, State Elm NJ | | | | | | sal Date | е | City, Star | | A 1906 | 67 | | | | |
| Completed by Anthony T Perna | Title Presid | dent | | | S | ignatûi | 0 | 7 | | | Date 7/28 | |) | | |

| Ch4577 Inv 131 | NOTHERATION OF A (Purshamto NJA | Yew Jersey SBESTOS ABATEMEN C8:60 and 12:120) | DECE | 位自 | 15 |
|---|---------------------------------|---|---|----------------|----------------|
| Date of Notification (1) 7 27 19 | Name of Buildin | g Owner/Operator (2) | 11 | olar | H. 113- |
| Agencies Notified Type N. nication | Street Address | ESTATES | JUL 30 | 20194 | 世》(|
| □ EPA Initial | | | ACDECTOR | | |
| DOL Amendment # | City, State, Zip C | ode | ASBESTOS CON LICENSIN | ITROL & G | |
| DOH Emergency (inc justification) | Name of Contact | MLIFIG | 10:0, | | manufactured — |
| DCA Cancellation | D. C | EX Jesus | ld, | | 1 |
| Name of Facility Where Abatement is Taking Place | e (3) | FORMATION Type | of Facility (4) | | |
| Street Address | | | School (K-12) | | |
| City(5) | | × | Subchapter 8 (Other than K-12) Other (i.e. private & commercia | l buildings, h | omes, etc.) |
| Bloom Field N |) (0- | 7/0/02 Squar | e Feet # of Floors | Bldg. | Age |
| County (6) ESSEX | County Code (7) | Curre | nt Use (Prior if being demolishe | 3 2 | 30 |
| Name of Monitoring Firm Hired by Building Owne | (STATE USE ONL) | / | H0056 | | |
| | r (8) ASCM No. | Name of Abate | ement Contractor (9) | | |
| Street Address | | Street Address | HIEUN | | |
| City, State, Zip Code | | City, State, Zip | 00X 814 | | |
| Project Manager for Monitoring Firm | | 1010 | Bridge NO | .08 | 257 |
| 4 1 | Telephone No. | Telephone No. | 22,720 License N | | 001 |
| Start Date (10) | heduled Completion Date (LI) | Name of OSH | \ Monitor | 806 | |
| Occupancy Status During Abatement (Check Only C | One) B A I | NOV P | ilech | | |
| Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facil | of Abatement | 1601 | 30x 814 | | |
| Other - Describe: | lity Hours | City, State, Zip | Code . de on | 06 | 200 |
| Scope of Work (Check All That Apply) | | UID | Bridge NO |). 07 | 3857 |
| ≥3 sfor≥3 If ≥160 sfor≥260 If | Renovation Demolition | Full Mini | Containment with Negative Pres | ssure | |
| | | Glov | ebag Procedure Exempted (*) and Non-Friable | Procedure | |
| Location of | Is Location Normally | | | Abate | ement |
| Asbestos-Containing Material (ACM) TO BE ABATED | Used Solely by Asbes | Description of tos Containing Material (A | CM) Amount | T I Y | pe |
| In Facility (13) | Custodial Staff? (i.e. ther | mal systems insulation, sur VAT, or | rfacing, (Specify SF or LF) | Repair | Enca |
| | Yes No N/A | other miscellaneous) | | Repair | Enclosure |
| | | | | | |
| BASEMENI | X P.O | E INSOLAT | 10N 2 50 WE | | |
| | | 1.000-11 | .010 - 30 GF | ^ | |
| Name of Registered Waste Hauler | l Word W | | | | |
| NOVATECH | NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill | | |
| City, State | 10001 | Disposal Date (| GROWS | -00 | |
| Completed by | 08857 | 1 19 | MORRISVINE | KIF | 1 |
| CARLOS AMEIDA | TRSIDENT | \$ignature Off | Date Date | 7127 | 119 |
| ASB-41 (R-06-08) | | * Do not us | e this form for school is licensus | Tal | TA |

| | | | | | Via U Check | S. A | la. | . / |
|--|--|-----------------------------------|---|---|------------------------|---|---------------|--------------|
| Date of Notification (1) | NO | Turst | State of New Jersey TION OF ASBUSTOS ABAIT nantae NJAO 8:60 and 12:12 | 0) | Check | # 4. | 57 | 9 |
| Agencies Notified Type Notification Type Notification | t#(including | Street City. | State Zip Code | nd D. | S S JUL Telephone N | | ₩ 019 | |
| Name of Facility Where Abatement is Taking | | FAC | CILITY INFORMATION | Type of Facility | ASBEST | CONTRACTOR OF THE PARTY OF THE | ROL | & |
| City (5) S RIVER County (6) | C, () | | | School (K | | al buildings, | homes | , etc.) |
| Name of Monitoring Firm Hired by Building O | wner (8) | (STATE | Code (7) E USE ONLY) M No. Name | Current Use (Pr | ior if being demolish | - and the same of | <u> </u> | |
| Street Address | | | | JOUPIE Address | <u> </u> | | | |
| City, State, Zip Code Project Manager for Monitoring Firm | | 1711 | | tate, Zip Sode | 019 018 N.D | 08 | 85- | |
| Start Date (10) Occupancy Status Puring Abatement (Check Or | Scheduled Go | Telepho | Aate (11) Name o | OSHA Monitor | License N | 3800 | 0 | |
| Facility Closed/Vacated During Entire Peri Abatement Performed Outside of Normal I Other – Describe: | od of Al- | nt / | Street A | ate, Zip Code | 14 | 600 |)/- |) |
| Scope of Work (Check All That Apply) ≥3 sfor ≥3 lf ≥160 sf or ≥260 lf | Renov Demoi | | | Mini-Enclosure Glovebag Proc | | | SI | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Is Loca Norma Used Sol Mainten Custodial | ally ely by ance/ Staff? | Description o Asbestos Containing Mat (i.e. thermal systems insulat | of verial (ACM) | Amount (Specify | Aba T | tement ype | En |
| (13) | Yes No | N/A | other miscellaned | ous) | SF or LF) | Removal | Encapsulate | Enclosure |
| BASEMENT | | X | PIRE INSUL | ATION | 41004 | X | | |
| ame of Registered Waste Hauler NOVATECH ity, State | | VIDEP Wa lauler ID N | of Waste | Jag. | egistered Landfill | | | |
| ANOS AMEDA | Title DESI | 8S7 DEN | Disposal Date Signature | Gity, State | SOILE Date | 7/26 | /19 | |
| B-41 (R-06-08) | | | * 200 | not use this form | for asbestos licensus | | 1 | es. |

Inv 1394

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

CK#2696

| Date of Notification (1) | | | - 1 | | | Owner/Op | | 0.6 | - Annaham | 1 | | M | E | ת ת | 7 E | Total Control | | | |
|---|------------------------|---|-----------------|---|-------------|-------------------|---------------|------------|--|--|------------|---------|-------------------|-----------------|-------|---------------|--|--|--|
| 7/25/19 | T= 11 05 0 | | | | | < Perotti | ! LLC | · | | Ш | 15 | 6 | 15 | | | | | | |
| Agencies Notified | Type Notification | | 11 23 | Street Ac | | - A | | | The same of the sa | 3 | | | | | | | | | |
| EPA | × Initial | | 1 | | uth Unio | | | | | | | tatean | 75. 75. | 0.00 | | Ші | | | |
| DEP DOL | Amended . | ** | | 7,5 | e, Zip Co | de | | | | 14 | Ų | | 30 | 201 | 9 | ILY | | | |
| X DOL | Amendment Emergency | | | Cranfo | | | | | | | | | | | | | | | |
| DOH DCA | justification) | | 1 | Name of | Contact | | | | i i | Tele | phon | e Nun | ber_ | a Coperior | ~ · · | | | | |
| ☐ DCA | Cancellation | | | | | | | | - 1 | | 71405 | FILE | S CC | MOH | OL 8 | ١ | | | |
| | | | | FACIL | ITY INFO | DRMATIO | N | | the same | - State of S | | | and an artists of | TOTAL PROPERTY. | - | - | | | |
| Name of Facility Where | | g Place (3) | | | | | | Type o | of Facility (4 |) | | | | | | | | | |
| Residential Apartr | ment | | | | | | | | chool (K-12 | | | | | | | | | | |
| Street Address | | | | 10 | 7/0 | 1 1 | | | ubchapter 8 | | | | | | | | | | |
| 23 South Union A | ve | | | | | 110 | | E C | ither (i.e. pri tc.) | ivate & | com | mercia | al build | ings, | nome | s, | | | |
| City (5) | | | - | | | 14 | | | e Feet | # of | Floor | s | 1 8 | dg. A | ge . | | | | |
| Cranford | | | | | | | | 3000 |) | 2 | | | | 10700 | | | | | |
| County (6) | | | 1 | County C | ode (7) | | | | nt Use (Prior | 1 | na der | nolish | | | | | | | |
| Union | | | | | SE ONLY) | | | | aurant / 2 | | The second | | | ŀ | | | | | |
| Name of Monitoring Fir | m Hired by Building | Owner (2) | | ASCM | No | —т | Name | | ement Cont | | | ipu. | | | | | | | |
| n/a | in three by beliefing | Owner (a) | | n/a | No. | | | | Contractin | | 1 . 1 | | | | | | | | |
| Street Address | | | | 11/4 | | | | Addres | | ig inc | | | | | | | | | |
| n/a | | | | | | | | | s de Ave | | | | | | | - | | | |
| | | | | | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | 7000 | State, Zip | | | | | | | | | | | |
| n/a | | | | | | | | | IJ 07026 | | | | | | | | | | |
| Project Manager for Mo | onitoring Firm | | | relephor | ie No. | | 2 100 00 70 | hone No | | | | nse N | 0, | | | | | | |
| n/a | | | | n/a | | | | 460.60 | | | 012 | 55 | | | | | | | |
| Start Date (10) | | | Com | Completion Date (11) Name of OSHA Monitor Harmony Contracting Inc | | | | | | | | | | | | | | | |
| 8/3/19 | | 8/31/19 | | | | | | | | ig Inc | ; | | | | | | | | |
| Occupancy Status Duri | ng Abatement (Che | ck Only One |) | | | | | Addres | | | | | | | | | | | |
| Facility Closed/Va | cated During Entire | Period of Ab | atem | | | | | | | | | | | | | | | | |
| Abatement Perfor | med Outside of Norr | nal Facility F | lours | ement | | | | | | | | | | | | | | | |
| | | | | | | | Gar | field, N | J 07026 | | | | | | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | 725 | 200 | | | | | | | | | | | |
| 23 sf or ≥3 lf | | X Re | novat | ion | | | Walter Street | Full | Containme | nt with | Nega | tive P | ressui | e | | | | | |
| × ≥160 sf or ≥260 lf | | De De | moliti | on | | | E III | maj iViIII | i-Enclosure | | | | | | | | | | |
| | | | | | | | Para D | | /ebag Procedure -Exempted (*) and Non-Friable Procedure | | | | | | | | | | |
| | | Τ | | | | | | | Lindingtoo | 1/411 | | 1 1100 | 7 | | | | | | |
| | 21 | 5.0 | ocation or mall | | | | | | | | | | | | | | | | |
| Location Asbestos-Containing | | Usad | Solel | y by | Achee | Desc tos Conta | cription | | (ACM) | Δ | mount | 6 | | | | | | | |
| TO BE A | | A 1/20/20/20/20/20/20/20/20/20/20/20/20/20/ | tenan | | | thermal s | | | | | Specify | | 72 | 71 | Enc | 四 | | | |
| In Fac | | Çusto | uiai 5 (12) | lattr | | surfaci | | | | SF | or LF | -) | Remova | lepa | aps | clos | | | |
| (13 | 5) | | 1 | | | other mi | iscella | neous) | | | | | val | # | ulat | ure | | | |
| | | Yes | No | N/A | | | | | | | | | | | е | | | | |
| 2nd Floor A | Apartment | | | X | V | Vall & C | eiling | Plasta | er | 3.0 | 000 S | F | 1, | | | | | | |
| | | | | | | | | | | -11 | | | + | - | | | | | |
| | | | | | | | | | | | | | 4- | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Name of Registered W | aste Hauler | | I N. | JDEP W | aste | Cubic Y | /ards | | Name of F | Registr | ered L | andfill | | | | - | | | |
| Section 1 that will be a section of the section of | | | 100 | auler ID | | of Wast | | | - manufacture construction | o of Registered Landfill | | | | | | | | | |
| Harmony Contract | ing inc | | 0: | 33085 | | TBD | | | GROW | o Lai | 101111 | | | | | | | | |
| City, State | | Disposa | al Date | 3 | City, State | | | | | | | | | | | | | | |
| Garfield, NJ | | | | | | | | | Morrisvi | rille, PA | | | | | | | | | |
| Completed by | | Title | | | | Şi | gnatur | e | | | | Da | ate | | | | | | |
| E. Cirovic | | 1 | Cin | EUR | | | | 7 | /25/1 | re Coedure Abatement Type Repair Repair | | | | | | | | | |

| State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) 7/29/19 Agencies Notified Type Notification Street Address | The second second |
|--|-------------------|
| Date of Notification (1) 7/29/19 Name of Building Owner/Operator (2) Macerich Name of Building Owner/Operator (2) Macerich | 100 |
| 7/29/19 Macerich .IIII 3 0 2010 | 111 |
| Agencies Notified Type Notification Charles 1 | |
| | l lan |
| FPA DEP Initial Amended ASBESTOS CONTROL & ASBESTOS | Davis |
| DOL Amendment #1 Santa Monica CA 90401 LICENSING | |
| Emergency (including justification) Name of Contact Telephone Number | MACONTON SAMPLE |
| DCA Cancellation Aladdin Ghafari 424-229-3387 | |
| Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) | |
| Former Sears Store | |
| Street Address Subchapter 8 (Other than K-12) | |
| 1750 Deptford Center Road Other (i.e. private & commercial buildings, home etc.) City (5) Square Feet # of Floors Bidg. Age | S, |
| Deptford Township Square Feet # of Floors Bldg. Age 150000 2 30+ | |
| County (6) County Code (7) Current Use (Prior if being demolished) | |
| (STATE USE ONLY) ——— vacant | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Associated Speciality Contracting Inc. | |
| Tabbara Corporation Associated Speciality Contracting Inc Street Address Street Address | |
| 317 Morgan Hill Street 98 LaCrue Ave | |
| City, State, Zip Code City, State, Zip Code | |
| Simi Valley CA 93065 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. | |
| Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mike Tabbarra 805-484-3388 610-364-9622 01103 | |
| Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor | |
| 5/15/19 9/30/19 Synertech | |
| Occupancy Status During Abatement (Check Only One) Street Address 2206 S Broad St | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 2206 S Broad St City, State, Zip Code | |
| Other - Describe: Philadelphia Pa 19145 | |
| Scope of Work (Check All That Apply) | |
| ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Renovation Demolition Pull Containment with Negative Pressure Mini-Enclosure | |
| Glovebag Procedure | |
| Von-Exempted (*) and Non-Friable Procedure Is Location | - |
| Location of Normally Description of Type | |
| Asbestos-Containing Material (ACM) TO BE ABATED Used Solely by Maintenance/ Maintenance/ (i.e. thermal systems insulation, (Specify | ш |
| Maintenance/ Custodial Staff? (13) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) The part of the part o | Enclosure |
| Yes No N/A | ure |
| Main Store Roof x roofing 71,000sf x | |
| east side entrance canopy x transite 500sf x | |
| south side entrance canopy x transite 500sf x | - |
| f Journal X | |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill | - |
| Mercer Group International Hauler ID No. of Waste 400 Tulleytown Resources Recovery Land | lfill |
| City, State Disposal Date City, State | |
| 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637 as needed Tulleytown, PA | |
| Completed by Jack Tomasura Title SR Estimator Signature 7/29/19 | |

IN # 13219

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

CK#1130

| | ILBILL | 1月 | | | | | 70 0.00 and 5.1 | | | | | | | | | | |
|-------------------------------------|---------------------|--------------|--|-------------------|----------------|--------------|--|-------------------|-------------------------|-----------------------|---------|-------------|---|--|--|--|--|
| Date of Notification (1) | | 2020 | | | 1 200 | | ng Owner/Operator | (2) | IN E (| 1 6 | | V | EI | | | | |
| | | 19 | | | Ve | erizon | | | | <i>y</i> 5 | | <u> </u> | 느, | | | | |
| Agencies Notified | Type Notifi | cation | | | Stree | et Address | | | linil | | _ | | - [] | | | | |
| ⊠ EPA | | | | | 1 ' | Verizon V | Vay | | | IL 3 | 0 20 | 119 | enternal conserve merconon | | | | |
| ⊠ DOLWD | Amende | | | | City, | State, Zip | Code | | from (end.) | | | | - I have | | | | |
| ☐ DHSS | Amenda | | -1 | - | 150 | sking Ri | | Change | L | | | | _ | | | | |
| (NJAC 5:23-8) | ☐ Emerge justificat | | ciuain | g | | e of Conta | | | ASBES | TOS C | ONT | ROL | 8 | | | | |
| (1.10, 10 0.20 0) | Cancella | | | | | ian King | | 1 | Telephone No. 301-802-5 | WAS STORY STORY STORY | SING | - | CONTRACTOR OF THE PARTY OF THE | | | | |
| | | -37.00000000 | | | | | | | 301-002-5 | 112 | | | | | | | |
| Name of Facility Where A | Ahatamant is | Takina | Dlace | (2) | FF | CILITY | NFORMATION | I= | | | | | | | | | |
| Verizon | abatement is | raking | Place | (3) | | | | Type of Facility | 7 (0) | | | | | | | | |
| Street Address | | | | | 400000 | | 18 | School (K-12 |) R (Other than K | 12) | | | | | | | |
| 107 5 th Street | | | | | | | | Other (i.e., pr | rivate and comn | nercial b | uildin | gs, | | | | | |
| City (5) | | | | | | | | homes, etc.) | 9 | | | E-1-11 | | | | | |
| Surf City, NJ 08008 | | | | | | | | Square Feet | # of Floors | E | ildg. A | ge | | | | | |
| | 0. | | | | | | | 10,000 | 6 | | 50 | | | | | | |
| County (6) Ocean | | | | | Cou | nty Code (| 7)(STATE USE ONLY) | Current Use (Pri | or if being demo | olished) | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Monitoring Firm | | | | (8) | ASCM | No. | Tame of the definence of the detect (5) | | | | | | | | | | |
| USA Environmental | l Managaer | ment li | nc. | | | | JVN Restoration Inc | | | | | | | | | | |
| Street Address | | | | | | | Street Address | | | | | | | | | | |
| 8436 Enterprise Ave | enue | | | | | | 47 Foster Ro | ad | | | | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | | | | | |
| Philadelphia, PA 19 | | | | | | | Staten Island | NY 10309 | | | | | | | | | |
| Project Manager for Moni | toring Firm | | | Tel | ephone | No. | Telephone No. | | License No. | | | | | | | | |
| Mark Jenkins | | | | | 15-365 | | 718-605-6256 | | 00774 | | | | | | | | |
| Start Date (10) | | | | | | ate (11) | Name of OSHA M | onitor | | | | | | | | | |
| 08 /08 / | 19 | 08 | 3_ / | _3 | 1_/ | 19 | Testor Tech | | | | | | | | | | |
| Occupancy Status During | Abatement (| (Check | only o | ne) | | | Street Address | | | | | | | | | | |
| ☐ Facility Closed/Vacate | d During Enti | ire Perio | od of A | Abate | ment | | 10 59 Jackso | n Avenue | | | | | | | | | |
| Abatement Performed | Outside of N | lormal F | acility | / Hou | rs - Des | scribe | City, State, Zip Co | | | | | | | | | | |
| Time of Abatement: 7: | :00AM-3:30 | PM/ | PN | Λ- <u></u> | AM | | LIC NY 11101 | | | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | - | | | | | | | |
| ≥3 sf or >3 If | | K | Z n. | | | | | ainment with Nega | ative Pressure | | | | | | | | |
| ☐ ≥160 sf or ≥260 lf | | = | Rer Der Der Rer Rer | | | | | | | | | | | | | | |
| | | | | | | | | npted (*) and Non | -Friable Proced | ure | | | | | | | |
| | | | | Loca | | | | | | | atem | ent T | vne | | | | |
| Location of | | | | lorma | illy ely by | | Description of | | | | 1 | | 1 | | | | |
| Asbestos-Containing N TO BE ABA | | n) | | ntena | | Asbe | stos Containing Mat ., thermal systems in | erial (ACM) | Amount (Specify | em | Repair | nce | ncle | | | | |
| IN Facility | y | | Custo | | Staff? | (,,,, | surfacing, VAT, | or | SF or LF) | Remova | ¥ | psu | Enclosure | | | | |
| (13) | | | Yes | (12) No | N/A | - | other miscellaned | ous) | 533 53357404 | - | | Encapsulate | e e | | | | |
| D f | | - | | 180005 V/ 3300 | 1 | | | | | | | | | | | | |
| Roof | | - 1 | | | | Pipe Ins | sulation and Fitti | ngs | 120 LF | | | | | | | | |
| | | 1 | | | | | | | | | П | П | П | | | | |
| | 1 | 7 | | | | | - | | 1 | | | | | | | | |
| | | - 1 | =+ | | - | | | | | | Ш | | Ш | | | | |
| N- /5 | | [| | | | | | | | | | | | | | | |
| Name of Registered Waste | e Hauler | | | 100000 | JDEP V | 177177777777 | Cubic Yards of | Name of Registe | ered Landfill | | | | | | | | |
| Newark Carting Hauler ID No. NJ-566 | | | | | | | Waste 10 | G.R.O.W.S., | Inc. | | | | | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | | | | | |
| Hackettstown, NJ | | | | | | | 08/31/2019/ | / Morrisyille,F | PΑ | | | | | | | | |
| Completed By (Print or Ty | pe) | Title | | | | | Signature // | / // | | ate | | | | | | | |
| Ralph Barnhardt | 9 B | Pro | oject | Mar | ager | | 11/1/11 | 11. | 1/1 | 07. | 00 | 1 ~ | 19 | | | | |
| CD 41 | | | | 1000 (0000) | J-, | | 1/2/1/1/ | All | | 01. | -6 | 1 | 1/ | | | | |

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

| K | |
|------|-----------|
| 1120 | ì |
| | K 1120 |

| | | | | | | | , | It Mayor - | 0 | | - | - | | | | |
|--|-----------------------------|---------------------------|------------------|--------------------|-------------------------|--|---|--|---|---------|-------------|-----------|--|--|--|--|
| Date of Notification (1) 07 / 29 | , | 19 | | | ne of Build | ing Owner/Operator | (2) | 117)_6 | GE | | V | ETI | | | | |
| | | | | | | | | | A. T. O. C. | | | | | | | |
| ⊠ EPA ⊠ II | e Notificatio | n | | 1 | et Address 4 South E | s Broadway | | | IUL 3 | 0 20 | 19 | | | | | |
| | mended mendment | # | | City | State, Zip | Code | | | | _ | | | | | | |
| | mergency | | na | W | hite Plair | ns, NY 10601 | Pro-Carrello | ASBE | STOS C | ONTI | 301 | 2 | | | | |
| (NJAC 5:23-8) ji | ustification) | | .5 | Nam | ne of Conta | oct | L | | NUMBER | ING | | | | | | |
| | ancellation | | | Di | no Nappi | i | | 516-972 | | | | | | | | |
| | | | | FA | ACILITY I | NFORMATION | | | | | | | | | | |
| Name of Facility Where Abaten Bank of America | nent is Taki | ng Plac | e (3) | | | | Type of Facility | 200000000 | | | | | | | | |
| Street Address | | | | | | | School (K-1 | 2) | K 40) | | | | | | | |
| 15 Yawpo Avenue | | | | | | | Other (i.e., phomes, etc. | private and co | mmercial | buildi | ngs, | | | | | |
| City (5) | | | | | | | Square Feet | # of Floor | 9 | Bldg. | Ane | | | | | |
| Oakland, NJ 07436 | | | | | | | 5,000 | 1 | _ | 45 | ige | | | | | |
| County (6) Bergen | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use (P | | emolished | 107073X | | | | | | |
| Name of Monitoring Firm Hired | hu Duildina | 0 | (0) | 1000 | | Name of Abateme | | | | | | | | | | |
| ARCADIS U.S Inc. | by Building | Owner | (8) | ASCN | 1 No. | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | |
| 44 South Broadway | | | | | | Street Address | | | | | | | | | | |
| City, State, Zip Code | | | _ | | | 47 Foster Roa | | | | | | | | | | |
| White Plains, NY 10601 | | | | | | | City, State, Zip Code Staten Island NY 10309 | | | | | | | | | |
| Project Manager for Monitoring | Firm | | Tel | ephone | No | Telephone No. | NY 10309 | T., | | | | | | | | |
| Dino Nappi | | | | 16-972 | | 718-605-6256 | | License N | 0. | | | | | | | |
| Start Date (10) | Sche | duled C | 10 | | ate (11) | Name of OSHA M | onitor | 00774 | | | | | | | | |
| 08 /10 /19_ | | | | | 19 | Testor Tech | ornicor | | | | | | | | | |
| Occupancy Status During Abate | | | | | | Street Address | | | | | | | | | | |
| ☐ Facility Closed/Vacated Durin | ng Entire Pe | eriod of | Abate | ement | | 10- 59 Jackso | n Avenue | | | | | | | | | |
| | e of Norma | I Facilit | v Hou | rs - Des | scribe | City, State, Zip Co | | | | | | | | | | |
| Time of Abatement:A Sunday 9:00 am to 3: 00 | M- <u>2:00</u> PM pm. AN | | PM-S | aturda | ay. | LIC NY 11101 | 40 | | | | | | | | | |
| Scope of Work (Check all that ar | oply) | 0 | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ⊠ Re | | | | | full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | |
| | | | | 588). | | ☐ Glovebag ☐ Non-Exen | Procedure npted (*) and Nor | n-Friable Proc | edure | | | | | | | |
| Location of | | | Loca: Norma | | | | | | A | batem | ent T | уре | | | | |
| Asbestos-Containing Materia | (ACM) | Use | d Sole | ely by | Asbes | Description of stos Containing Mate | erial (ACM) | Amount | | _ | 1 | 1 | | | | |
| TO BE ABATED IN Facility | | | intena todial | ince/ Staff? | (i.e. | ., thermal systems in | sulation, | (Specify | 1 3 | Repair | ncap | Enclosure | | | | |
| (13) | | | (12) | _ | | surfacing, VAT, other miscellaneo | | SF or LF) | <u> </u> | | Encapsulate | sure | | | | |
| 1st Floor Front Vestibule | | Yes | No | N/A | | | | | | | te | | | | | |
| 1st Floor Rear Vestibule | | | | | | le and Mastic | | 140 SF | | | | | | | | |
| 1st Floor Behind Teller Line | | | 11-52-25 | +=- | | le and Mastic | | 60 SF | | | | | | | | |
| . Floor Berlind Teller Lifle | | | | | Coveba | se Mastic | | 60 SF | | | | | | | | |
| Name of Registered Waste Haule | N.F. | | | | | | | | | | | | | | | |
| Newark Carting | 1 | | 1 72330 | JDEP V auler ID | 0.00 | Cubic Yards of Waste | Name of Regist | | | | | | | | | |
| City, State | | <u> </u> | | NJ-56 | 24.03.03.00 U | 15 | Grand Cent | tral Sanitary | Landfil | l | | | | | | |
| Newark, NJ | | Disposal Date City, State | | | | | | | | | | | | | | |
| Completed By (Print or Type) | | 08/31/2018 | Pen Argyl, I | PA | | | | | | | | | | | | |
| Ralph Barnhardt | Title | | 84. | | | Signature | 111 | 7 | Date | 0 | | 2 | | | | |
| SB-41 | P | roject | wana | ager | | 11/1/1/1/ | (form | e de la companya della companya dell | 07 | -27 | | U | | | | |
| | | | | | | | | | | | | | | | | |

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

CK-# 1128

| Tny+13221 | PAII | NO | OTIFI) | CATIC Pursu | ON OF AS ant to NJ | SBESTOS ABA AC 8:60 and 5:1 | TEMENT (6) | CK#11 | 128 | 5 | | |
|---------------------------------------|---------------|-------------|-----------------------|--------------------|-----------------------|---|---------------------|--------------------------------------|--------------|--------|-------------|-----------|
| Date of Notification (1) 07 / | 29 / | 19 | | 5556 | ne of Buildi | ng Owner/Operator | (2) | ID E C | E | | | |
| Agencies Notified | Tuna Matifica | | | | | | | | | | | - |
| ⊠ EPA | Type Notifica | ation | | | et Address | | | JUL | 3 0 | 20 | 10 | |
| ⊠ DOLWD | ☐ Amended | 4 | | _ | Verizon V | | | TA TA AAL | J U | 20 | y | - |
| ☑ DHSS | Amendme | 5 | | | , State, Zip | | | | | | | i i |
| ☐ DCA | ☐ Emergen | cy (includ | ing | | asking Ri | | | ASBESTO | S CC | TINC | OL | <u></u> |
| (NJAC 5:23-8) | justification | | | - and contract | ne of Contac | | | Telephone Num | | | | |
| | ☐ Cancellat | ion | | _ | rian Kings | | | 301-802-511 | 2 | | | |
| Name of Equility Where Ah | | | | F/ | ACILITY II | NFORMATION | | | | | | |
| Name of Facility Where Ab | patement is 1 | aking Pla | ice (3) | | | , varios - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - | Type of Facility | | | | | |
| | | | | | | | School (K-1 | 12) | | | | |
| Street Address | | | | | | | Subchapter | 8 (Other than K-12 private and comme |) reial h | uildin | | |
| 1 Verizon Way | | | | | | | homes, etc | .) | Clair | unum | gs, | |
| City (5) | | | | 1 | 65 | | Square Feet | # of Floors | В | ldg. A | ige | |
| Basking Ridge, NJ | | | | | | | 10,000 | 6 | | 50 | | |
| County (6) | | | | Cou | inty Code (7 | (STATE USE ONLY) | Current Use (P | rior if being demolis | shed) | 258 | | |
| Somerset | | | | 1 | | | | | 2.00000 F. | | | |
| Name of Monitoring Firm H | | | r (8) | ASCN | 1 No. | Name of Abateme | ent Contractor (9 |)) | | | | |
| USA Environmental I | Managaem | ent Inc. | | | | JVN Restorat | tion Inc | A. | | | | |
| Street Address | | | | | | Street Address | | | | | 39072 | |
| 8436 Enterprise Aver | nue | | | | | 47 Foster Roa | ad | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Philadelphia, PA 191 | | | | | | Staten Island | | | | | | |
| Project Manager for Monito | ring Firm | | Te | ephone | No. | Telephone No. | | License No. | - | | | |
| Mark Jenkins | | | | | 5-5810 | 718-605-6256 | | 00774 | | | | |
| Start Date (10) | Sc | cheduled | | | | Name of OSHA M | onitor | 00774 | | | | |
| 08 /08 / | 19 | | | 1 / | | Testor Tech | 0111101 | | | | | |
| Occupancy Status During A | batement (C | heck only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated | | | | ement | | 10 59 Jackson | Ανοπιο | | | | | |
| Abatement Performed O | utside of Nor | mal Facil | itv Hou | ırs - De | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement: | AM | _PM/6:0 | <u>0</u> PM- <u>2</u> | 2:30AM | | LIC NY 11101 | ue | | | | | |
| Scope of Work (Check all th | nat apply) | | | | | LIC NT TITUT | | | | | | |
| 1,22,22 | | | | | | ☐ Full Conta | ainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or >260 lf | | - | enova emolit | | | Mini-Encle Mini-Encle | osure | , | | | | |
| | | | emonu | On | | ☐ Glovebag | Procedure | n-Friable Procedure | | | | |
| | | | s Loca | tion | 1 | L Hell Exell | inpiced () and 140 | 11-1 Hable Flocedule | 1 | | | |
| Location of | | l | Norma | | | Description of | | | | ateme | | |
| Asbestos-Containing Ma TO BE ABATE | | | ed Sol | | Asbes | tos Containing Mate | erial (ACM) | Amount | Remova | Repair | Encapsulate | Enclosure |
| IN Facility | | 100 000000 | stodial | Staff? | (i.e. | , thermal systems in surfacing, VAT, | nsulation, | (Specify SF or LF) | Non | air | aps | losi |
| (13) | | | (12) | | 4 | other miscellaneo | us) | SF OI LF) | <u>n</u> | | ula | ле |
| | | Yes | No | N/A | | | | | | | е | |
| 1st Floor | | \boxtimes | | | Valve Ga | askets | | 100 SF | | П | П | П |
| | | | П | | | | | | | | | |
| | | | +- | | | | | | Ш | Ш | Ш | ш |
| | | | | | | * | | | | | | |
| N | | | | | | | | | | | | |
| Name of Registered Waste I | Hauler | | 1000 | JDEP \ | | Cubic Yards of | Name of Regis | tered Landfill | | | | |
| Newark Carting | | | | lauler II NJ-56 | | Waste 10 | G.R.O.W.S. | , Inc. | | | | |
| City, State | | | | 110-00 | | Disposal Date | City, State | | | | | _ |
| Hackettstown, NJ | | | | | | 08/31/2019 | Morrisville, | PA | | | | |
| Completed By (Print or Type |) Т | Γitle | - | | | Signature // | -//-// | ~ | | | | _ |
| Ralph Barnhardt | | Projec | t Mar | ager | | | 11/ | Date | | 29 | -] | 5 |
| ASB-41 | | | | -501 | | <u>ILIV</u> | I War | 2 |) 1 | 4 | 1 | 1 |

MAY 11

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

| Inv 13 | Shin | | | | | | ew Jersey | | ID E | 8 E N | ŊΠ | E | |
|--------------------------------------|---|---------------|------|--------------|--------------------------|------------------|---|---------------------------|--|------------------|----------------|-------------|--------------------|
| Ch3008 | | FICA Pursu | TI0 | ON t to | OF N. | A\$1 J.A.(| BESTOS AB. 2. 8:60 and 1 | ATEMENT 2:120) | D)_5_ | <u>, E I</u> | | <u> </u> | |
| Date of Notification | (1) 7-26-2019 | | | | | ilding lealth | Owner / Operator | r (2) | | IL 30 | 201 | 3 | |
| Agencies Notified | Type Notification | | Stre | et A | ddre | ess | | | AGREC | STOS CO | NITTO! | NI O | |
| ⊠ EPA □ DEP | ☐ Initial | - | - | | All the last of the last | Road | \ | | AODEC | LICENSII | HI M | JL a | |
| □ DOL | | | | | | Zip C IJ 08 | | | The state of the s | STOREST STOREST | - Pet Sistawro | OMANO HILIN | 0.79.27.470.00-1.0 |
| ☑ DOH | ☐ Emergency | | | | | ntact | 001 | | | Telepho | ne N | umbe | er |
| ☐ DCA | ☐ Cancellation | | Mr. | John | Fer | raina | | | | 856-34 | | | |
| | | | | ACI | LIT | Y INF | ORMATION | | | | | | |
| | nere Abatement is Taking P | lace (| 3) | | | | Type of Facility | | | | | | |
| Jefferson Health – Street Address | - Physical Therapy | | 1777 | | | | School (F | (-12) ter 8 (Other tha | an K-12\ | | | | |
| 18 E. Laurel Road | | | | | | | | | nmercial buildi | nas, hom | es, e | tc.) | |
| | 30.4 | | | | | | Square Feet | # of Flo | | Bldg. Ag | | | |
| City (5) | County (6) | Co | unty | / Co | de (| 7) | 250,000 | | 2 | | 52 | | |
| Stratford, NJ 08084 | Camden | | | | | | Current Use (Hospital | Prior if being d | lemolished) | | | | |
| | Firm Hired by Building Own | ner (8) |) | | ASC | M No. | E | ement Contrac | | | | | |
| Criterion Labora | tories, Inc. | | | | | | | anagement G | Froup, LLC | | | | |
| Street Address 3370 Progress D | riva Suita I | | | | | | Street Addres | s on Ave, Ste 2 | 02 | | | | |
| City, State & Zip Coo | | | | | 7 | | City, State & 2 | | .02 | | | | |
| Bensalem, Pa. 19 | | | (| | | | Trenton, NJ | | | | | | l |
| Project Manager for | 1.00.001111000000 | | - | > | 1 | | elephone Nu | ımber | License | Number | 111100 | | |
| Mr. Mike Panepr | resso | | | 10 |) | | 19-977-615 | 59 | | 0118 | 35 | | |
| Scheduled Start Dat | | | | | _ | 4 | ne of OSH | | | | | | |
| 8-8-2019 | | -80 | | | | 1 | · · · · · · · · · · · · · · · · · · · | mental Labor | atories, Inc. | | | | |
| | During Abatement (Check o ed/Vacated During Entire F | | | | | (| t Addres | s 22 West | | | | | |
| | Performed Outside of Norm | | | | - | 7 | , state & 2 | | | | 100 | | |
| | 8:00am to 5:00pm | | | | | | Union, NJ 07 | 7083 | | | | | |
| | upied During Abatement | | | 7534V | | | | | | | | | |
| Scope of Work (Che | eck all that apply) | | | | | | | | ntainment with | Negative | Pres | sure | |
| ≥3 sf or ≥3 lf | f | \boxtimes | R | enov | vatio | n | | Mini-End | | | | | |
| ≥160 sf ≥260 | O If | | D | emo | litio | 1 | | | ag Procedures | | 3250 | | |
| 10 | ocation of | lo. | 1.00 | ation | | | Description | | empted and No Amount | | | | |
| | os-Containing | Nori | | | | | Asbestos-Cont | | (Specify | Abi | ateme | 211L 1) | ype |
| | erial (ACM) | S | olel | y by | | | Material (AC | CM) | SF or LF) | 7.7 | | Ē | ш |
| | BE ABATED 1 Facility | Mair | | | | i | (i.e., thermal sy insulation, surfac | | | Remova | Repair | caps | Enclosure |
| | (13) | | (12 | 2) | | | or other miscella | | | oval | air | Encapsulate | sure |
| | | Yes | No | | V/A | | | | | | | Ф | |
| Decking | | | | | | | Spray on insu | ılation | 68 SF | | | | |
| | | H | H | + | | | makana mananana a | | | ᆜH | H | H | 님 |
| | | H | 1 | 1 | H | | | | | 러님 | H | H | H |
| | | | | | | | | | | | | | |
| | | | ΙÇ | | | | | _ | | | | | |
| Name of Registered | Waste Hauler | | 100 | | | Vaste No. | Cubic Yards of Waste | Name of Regi | istered Landfill | | | | |
| Robinson Waste D | Disposal Service, Inc. | | 1.8 | 1730 | | | TBD | Grows Land | fill | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | - He-turn | |
| Voorhees, NJ | etholia isani sani sani sani sani sani | | | _4 | | | TBD // | Morrisville, F | PA | | | | |
| Completed By (Print Mr. Brian Haney | t or Type) | | | itle Pres | sider | nt | Signature | | \wedge | Date 07/2 | 6/201 | 9 | |
| | | | | | | | 1/ | 1 11 1 - 4 | | 1 | | | |

| | 2010 | 1 - | X | | | | | | | | | | 100 | Pri | nt F |
|---|-----------------------------|------------------|----------------------|-----------------------|-----------|---|------------------|---------------------------|------------|------------------|-----------------|----------|--------|-------------|-----------|
| Energ Energ | 6110 | (NOTII | | ate of Nev | | | DAKENIY | 0 | . k | # | | | | | |
| h7480 | , | | ursuant | to NUAC 8 | 3:60 | nd 12:12 | 0) | Y | 5 | EC | 18 | P | W | E | B |
| Date of Notification (1) | L | | | f Building | | | 12(2) | | 以 | | 1 14 | U | U | 15 | |
| 7/25/19 Agencies Notified Type Notification | - | | Allrisk Street A | Restora | ition | | | | | 0110 | 2 | n - | 2046 | | Ш |
| | | | | ast Clem | ents | Bridge | Rd. | | 1 4 | JUL | . 3 | U | 2019 | - | |
| EPA | 4 | | | ate, Zip Co | | 070 | | | Δ | SBEST | 000 | 100 | TOC | 1 0 | - |
| X Emergency (i | | | | emede N | J Uč | 078 | | ina ina | | | CEN | SIN | | L CI | |
| ☑ DOH justification) ☐ DCA ☐ Cancellation | | | Vince | · | | | | | 150000 | 9-941- | | | | | |
| Name of Facility Where Abatement is Taking | Place (3 | 3) | FACI | LITY INFO | DRMA | MOITA | Type | of Facility | (4) | | | | | | |
| Inspira Medical Center Woodbury | | -, | | | | | | School (K- | | | | | | | |
| Street Address 509 North Broad Street | | | | | | | 111 | Subchapte Other (i.e. | r 8 (Oth | er than h | <-12) ercial | build | linas | home | 25 |
| City (5) | | | | | | | L'Ar | etc.) are Feet | : | f Floors | OI OIGI | | ldg. A | | ,, |
| Woodbury NJ 08096 | | | | | | | | 00 + | 10 | | | | 5+ | ige | |
| County (6) Gloucester | | | | Code (7) USE ONLY) | | | Curre | ent Use (Pr | ior if bei | ng demo | olished | 1) | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) | | ASCN | | | Name | of Aba | atement Co | ntractor | (9) | | | | | |
| TTI Environmental | , , | | | | | 100 | naco | | | (-) | | | | | |
| Street Address 1253 N Church Street | | | 7.77 | | | | t Addre Box 3 | 53 | | | * | | | - | |
| City, State, Zip Code | | | | | | | | ip Code | | | | | | | |
| Moorestown NJ 08057 | | | | | | | | lin NJ 08 | 091 | | | | | | |
| Project Manager for Monitoring Firm Jim Guilardi | | | Telephon 856-84 | ne No. 40-8800 | | | hone N -753- | | | Licens 0072 | | | | | |
| | Schedul 7/29/1 | | mpletion I | Date (11) | | 1 | | HA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check | | | | | | San | t Addre | SS | | | | 7 1112 | | | |
| Facility Closed/Vacated During Entire P | eriod of | Abate | ment | | | | | | | | | | | | |
| Abatement Performed Outside of Norma Other – Describe: Night Shift and Weekend V | al Facility Vork After 3 | / Hour PM Fri | 'S day | | | City, | State, Z | ip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | Renov | | | | F | | II Containm | | Negativ | e Pre | ssur | e | | |
| ≥160 sf or ≥260 lf | П | Demol | ition | | | | Glo | ni-Enclosur ovebag Pro | cedure | | | _ | | | |
| | le | Loca | tion | | | <u>L</u> | △ No | n-Exempte | d (*) an | d Non-F | riable | | | e ement | |
| Location of | 1 | Norma | | | | Descriptio | | | | | - | | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | intena | ance/ | | | ontaining l nal system | | | 5000 | mount Specify | | R | 771 | Enc | Ē |
| In Facility (13) | Cus | (12) | Staff? | | | facing, V/ | | | | or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | • | | | | | <u>a</u> | 7 | late | re |
| office Area 15T FI | | | х | ı | Floo | r Tile & | Masti | 3 | 14 | 12 SF | | х | | | |
| Staff Locker room | | | Х | I | Floo | r tile & N | Mastic | | 45 | 8 SF | 1 | X | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 2 2 | NJDEP W Hauler ID | | | ic Yards /aste | | Name of | 0.70 | ered Lan | dfill | | | | |
| United Roll Off | | _ 2 | 22459 | | 3 Dier | need Det | | G.R.O | | | | | | | |
| City, State | | | | | | oosal Date 9/1¶ | 3 | City, Sta Morris | | A 1906 | 7 | | | | |
| Completed by | Title | | | | | Signatur | е | | | | Date | | | | |
| Anthony T Perna | Pres | iden | t | | | (| 2 | | | | 7/25 | 5/19 |) | | |

| 149803 | 7 | ľ | NOTI | | MOITA | OF ASE | ew Jersey BESTOS ABAT C8:60 and 5:11 | | DE GO | E d | W | E | |
|---|---|---------|--------------|-----------------|---------------------------|---------------------------------|--|--|---|----------------|-----------|-------------|-----------|
| Date of Notification (1) 07 / | 19 / | 19 | | | | | Owner/Operator (| AND SHOT AND SHOT | rc JUL | 30 | 201 | 9 | H |
| Agencies Notified ⊠ EPA ⊠ DOLWD | Type Notifica ⊠ Initial □ Amended | tion | | | 801 | Address E 9 th St | | | ASBESTO | OS CC CENSI | NTP NG | OL 8 | i. |
| ☑ DHSS ☐ DCA | Amendme | ent # | luding | | | tate, Zip C ster PA | | | | | | | |
| (NJAC 5:23-8) | justificatio | n) | | | | of Contact | | | Telephone Numb (484)535-127 | | | | |
| | | | | | FΔC | II ITY IN | FORMATION | | | | | | |
| Name of Facility Where A | batement is Ta | aking | Place | (3) | TAC | 71211111 | ORMATION | Type of Facility | 2) | | | | |
| Street Address 304 West Route 38 |) | | | | | | | | 3 (Other than K-12) rivate and commerc | | lding | ۶, | |
| City (5) Moorestown | | | | | | | | Square Feet | # of Floors | | g. Ag | е | |
| County (6) Burlington | | | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Pr | ior if being demolish | ned) | | | |
| Name of Monitoring Firm | Hirod by Build | lina O | wnor (| 8/ | ASCM | No | Name of Abateme | | 9 | | | | - |
| | Timed by Build | illig O | WITCH (| | AGGIVI | | Graham-Tecl | | al Service, LLC. | | | | |
| Street Address | | | | | | | Street Address 958 Jackson | Rd | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Mon | itorina Firm | | | Tele | phone | No | Telephone No. | 9, 110 0000 | License No. | | | | _ |
| | | | | | • | | 609-561-1901 | | 01158 | | | | |
| Start Date (10) | | Chedi | | - Diam | etion Da | | Name of OSHA N Graham-Tecl | | al Services, LLC |) . | | | |
| Occupancy Status During | | | | | ment | | Street Address 958 Jackson | Pd | | | | | |
| Abatement Performed Time of Abatement: 7 | Outside of No | ormal | Facility | / Hou | rs - Des | cribe | City, State, Zip C | ode | | | | | |
| Scope of Work (Check al | I that apply) | | | | | | | | | | | | |
| □≥3 sf or ≥3 lf □≥160 sf or ≥260 lf | | | ⊠ Re □ De | novat moliti | | | ☐ Mini-End ☐ Gloveba | g Procedure | gative Pressure on-Friable Procedur | re | | | |
| | | | | Loca | | | | | | Ab | ateme | ent Ty | ре |
| Location Asbestos-Containing TO BE ABA IN Facili (13) | Material (ACM ATED | 1) | Use Ma | intena | ely by ance/ Staff? | | Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland | aterial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| See Attachment (nex | t nago) | | Yes | No | N/A | Saa Att | achedment | ** | | - | П | | П |
| See Attachment (nex | it page) | | | | | Jee At | acheument | A STATE OF THE STA | | | | | |
| | | | | | | | | | | | | | |
| | *************************************** | | | | | | | | | | | | |
| Name of Registered Was Graham-Tech Envi | | ervic | e | 100 | NJDEP Hauler II | D No. | Cubic Yards of Waste 30 | Name of Regi Pioneern | stered Landfill Crossing | | | | |
| City, State | | | -25-27-1 | | 0034 | JUU | Disposal Date | City, State | | | | | |
| Completed By (Print or T | vpe) | Title | | | | | Şignature | | Da | ite | _ | | |
| Vernice Graham | | | reside | ent | | | Volu | 1000 | 1 1 | ite 7 - | 14 | -1 | 7 |



GRAHAM TECH ENVIRONI

958 Jackson Rd Mays Landing, NJ 08330

OFFICE#: (609)561-1901

CELL#: (856) 993-1263

FAX#: (609)561-1902

EMAIL: GRAHAMTECHENVIRONMENTALSERVICE PAROL SPINSING

July 19, 2019

ACM Removal for 304 West Route 38 Moorestown, NJ

- 1. Central East and Central West Section of Floor#2: Removal of 1,920SqFt of Asbestos Black Glue Dots on the Masonry Walls Associated with the lavatories.
- 2. Northeast Section of Floor#2: Removal of 5,400SqFt of Asbestos Mastic.
- 3. Floor #1 and Floor #2: Removal of 1,620SqFt of Asbestos Floor Tile and Associated Mastic.
- 4. First Floor (East of the Elevator): Removal of 224SqFt of Asbestos Floor Tile and Associated Mastic.
- 5. First Floor (Janitor Closet adjacent to the south tower stairs): Removal of 40SqFt of Asbestos Tile and associated Mastic.
- 6. First Floor (Kitchenette adjacent to the elevator mechanical room): Removal of 30SqFt of Floor Tile and associated Mastic.
- 7. First Floor (Entrance to the Ladies rooms at both the central east and central west): Removal of 80SqFt of Asbestos Floor Tile and associated Mastic.
- 8. First Floor (North Tower Entrance Hallway): Removal of 450SqFt of Asbestos Matic.
- 9. First Floor (Closet adjacent to the Conference Room): Removal of 15SqFt of Floor Tile and associated Mastic.
- 10. First Floor (Kitchenette adjacent to the Conference Room): Removal of 30SqFt of Floor Tile associated Mastic.
- 11. First Floor (Along the Interior Walls): Removal of 400SqFt of Asbestos Floor Tile and Associated Mastic.
- 12. First Floor ("26 SEPARATE AREAS"): Removal of 80SqFt of Asbestos Mastic Residual.
- 13. First and Second Floor (South Tower Stair Landings): Removal of 314SqFt of Asbestos 9x9 Brown Floor Tile and associated Mastic.
- 14. Second Floor (North Tower Stair Landings): Removal of 50SqFt of Asbestos 9x9 Brown Floor Tile and associated Mastic.
- 15. Second Floor (Janitor Closet): Removal of 40SqFt of Asbestos Floor Tile and associated Mastic.

| Ch 1909 | 8 | | NOTII | TICATIO | NOF ASB t to NUAG | ESTOS | ABATE | MENT | | m | Æ | C 9 | |)W | ÞE |
|--|-------------------------------|----------------|---|------------------|--------------------------------------|-----------------------------|---|-----------------------------|--|--|---------|------------|----------------------|---------------|-----------|
| Date of Notification (1) 7/26/19 Agencies Notified EPA | V 3/ | 115 |) | Budd | of Building ly Gerrity Address | | Operator | r (2) | | Iñ | | JUL | 3 0 | 201 | 9 |
| DEP DOL | Amended Amendment Emergency (| | | | tate, Zip Co n, NJ 070 | | | | | The state of the s | ASB | ESTO: | S CO | | OL& |
| DOH DCA | justification) Cancellation | inciuaing | 3 | | of Contact y Gerrity | | | | | Telenh | ione N | imhor | ngal v dr Njerbers | Ledanisma | |
| Name of Facility Where | Abatement is Taking | Place (| 3) | FAC | ILITY INFO | RMAT | ION | Type | e of Facility (4) | | | | | | |
| home | | , | -/ | | | | | П | School (K-12) | | | | | | |
| Street Address | | | | | | | | × | Subchapter 8 Other (i.e. privetc.) | (Other t | | | ldings | , hom | es, |
| City (5) Union | | | | | | | | Squa 220 | are Feet 10 | # of Flo | oors | 21 3 | 31dg. <i>1</i> 35 | \ge | |
| County (6) Union | | | | | Code (7) USE ONLY) | | | | ent Use (Prior i | f being | demoli | | | 2000 | |
| Name of Monitoring Firm | Hired by Building C | Owner (8 | | A | M No. | | Name | of Aba | ne atement Contra | ctor (9) | | | | | |
| Street Address | W. U 15-4 - 5-0 100W | | | | | | ABS | Envi | ironmental S | | s, LL | С | | | |
| Street Address | | | | | | | Street PO E | | ess 83, 4 E Gat | e Drive | 9 | | | | |
| City, State, Zip Code | | | | | | | City, S | tate, Z | Zip Code | | | | | | |
| Project Manager for Mon | itoring Firm | | T | Telepho | ne No. | | Teleph | | d, NJ 07418 | | cense | No | | | |
| Start Date (10) | | | | | | | 973- | 764-2 | 2276 | | 03 | | | | |
| 8/5/19 | | 8/18/1 | | npletion | Date (11) | | Name | of OS | HA Monitor | 092-30-1413-1512 | | | | | |
| Occupancy Status During | | | 500 | | | | Street | Addre | SS | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: | ed Outside of Norma | al Facility | Abaten / Hours | nent | | | City, S | tate, Z | ip Code | - | | | | | |
| Scope of Work (Check Al | l That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | Renova Demolit | 1050m 2000 | | | × | Mir | Il Containment ni-Enclosure ovebag Proced n-Exempted (* | ure | * | | | 9 | |
| | | 1000 | Locati | | | | | | | | | | Abate | ment | |
| Location Asbestos-Containing <u>10 BE ABA</u> In Facilit (13) | Material (ACM) | Use Ma | Normal d Sole intena- todial S (12) | ly by nce/ | (i.e. t | os Cont hermal surfac | scription aining M systems cing, VAT niscelland | laterial insula T, or | | Amou (Spec SF or I | ify | Remova | Repair | e Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | ite | Ф |
| basement cra | wlspace | | | X | | pipe | insulat | ion | | 30 L | F | х | | | |
| | | | | | | - | | | | | | | | | |
| 1/ | | | | | | | | | | | | | | | |
| Name of Registered Wast | e Hauler | | 1100000 | JDEP W | 551.555° UI | Cubic | | | Name of Reg | istered | Landfil | | | | |
| Newark Carting | | | 5.5 | auler ID 4509 | | of Was | ste | | Grand Ce | ntral S | anitar | y Lan | dfill | | |
| City, State Newark NJ | - | | | | | Dispos TBD | al Date | | City, State Pen Argyl, | ΡΔ | | | | | |
| Completed by A. Scott Higgins | | Title Presi | dent | | | | ignature | | / cir Aigyi, | FA | | ate | , | | |
| | | | 20111 | | | | | 1 | / | 57 | 1 | /26/19 | 1 | | |

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

FIIII FUIIII

| _ | Inv | -13 | 310 | 0= | State of Ne | w Jer | sev | | pronount contracting | | | 1 | | 200 |
|--|---------------------------------------|-----------------------|-----------------|---|---|--------------|--|--|--|---------|---------------|------------|-----------|----------|
| 1100 | 3 | ľ | (Purs | FICA | TION OF ASI NJAC 8.60 and | 3EST | OS ABA | TEMENT 7:26-2.12) | D.E | C | E | | E | - Brenne |
| Date of Notificatio 7/26/2019 | n (1): | | | | Owner/Operator (2 | 2) | - 103 - 100 | | | **** | | (120020A) | | - |
| | otification | | Newar et Add | | c Schools | | | | 144 | JUL | 3.0 | 201 | 9 | - |
| Notified Initial | | 190 | Muhar | nmad A | Ali Avenue Room 2 | 09 | | | | | | | | |
| □ EPA □ Amen | | | | Zip Co | | | | | ASI | BEST | OS CC | NTR | OL & | _ |
| □ DEP Amenda □ DOL □ Emerg | | | | J 07108 ontact: | 3 | | | Telephone N | | LIC | CENSI | NG | | |
| (includi | ng ication) | 200 | | | gadeyo | | | 973-733-720 | | | | | | |
| | | | | d | FACILITY INF | ORM | ATION | | | | | | | - |
| Name of Facility: I | Benjamin Frank | clin Sch | ool | | | Тур | e of Facility (| 4): | | | | | | _ |
| 42 Park Avenue | | | | | | | chool (K-12) | | | | | | | |
| City/ (5) | County | (6): | | Com | nty Code (7): | | | Other than K-12 ate & commercial | 2) cial buildings, l | omes i | etc.) | | | |
| Newark | Essex | (0). | | 0710 | | Sec. | | | ······ | | cic.) | | | |
| | | | | | | 5 | iare Feet: | | # of Floo | ors: | | | | |
| | | | | | | 1 | g. Age | shoot. | | | | | | |
| Name of Monitorin | g Firm Hired h | y Build | ling O | wner: | ASCM No.: | | rent Use: So | chool ment Contrac | tor (9). | | SEP-281.112.1 | | | _ |
| WHITMAN | <u> </u> | • | Ü | | 00110 | | | | tor (<i>></i>). | | | | | |
| Street Address: | | | | | | | ex Develor et Address: | oment, Inc. | | | | | | _ |
| 17 Pleasant Hill I | Road | | | | | Suc | ct Address. | | | | | | | |
| | | | | | | 35 | 8 Broady | vay | | | | | | |
| City, State, Zip Coo | de: | | | | | City | , State, Zip | Code: | 75 | | | | | _ |
| Cranbury, NJ 085 | | | | | | Nev | wark, NJ 0 | 7104 | | | | | | |
| Project Manager fo | r Monitoring F | irm: | | | Telephone No.: | Tele | ephone No.: | | License No.: | | | | | _ |
| Kevin Lovely | | | | | 732-642-1751 | (973 | 3) 350-0101 | | 01215 | | | | | |
| Start Date (10): 7/29/19 | 7/3 | 0/19 | • | | Date (11): | N 200 (2007) | ne of OSHA ro Analytica | Monitor: al Laboratorio | es | | | | | |
| Occupancy Status Du | | | | | | | et Address: | | | | | | | |
| ☐ Facility Closed/vaca ☐ Abatement Perform Describe: | ated During Entil ed Outside of No | re Period ormal Fa | of Aba | ours | | City | , State, Zip | Street, Suite : Code: v York, 1001 | | | | | | _ |
| ☐ Other Describe: | | | | | | | | | | | | | | |
| Scope of Work (Chec | k all that apply): | | | 5 | | | | ELE-II C | 201000000000000 | N7 | | | | _ |
| $\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 | lf | | | Renov Demol | ation ition | | | ☐ Mini-En | tainment with closure g Procedure npted (*) and I | | | | | |
| T | c | | Locat | | De | corin | tion of | | | T | Aba | temen | nt | _ |
| Location Asbestos-Contain | | | lorma d Sole | | Asbestos Cont | tainin | g Material | (ACM) | | | 1 | ype | | _ |
| (ACM |) | Ma | intena | nce/ | (i.e., therma | al syst | tems insula VAT, or | tion, | Amount | R | 1_ | En | Ē | |
| TO BE ABA | | | ustodi Staff | | | | ellaneous) | | (Specify | Removal | Repair | cap | iclo | |
| IN Facil (13) | ity | | (12) | 9 | 100000000000000000000000000000000000000 | | 30 3 Marie (10 - 10 - 10 - 10) | | SF or LF) | oval | air | Encapsulat | Enclosure | |
| | | Yes | No | N/A | | | | | | | 1 | = | (0 | _ |
| BASEMENT CORR | IDOR | | X | | FLOOR | FILE A | AND MASTI | С | 130 SF | * | | | * | |
| | | | | | | | | | | | | | | _ |
| Name of Registered JIMMY BYRNE TI | | : | | 100000000000000000000000000000000000000 | EP Waste Hauler 19551 | · ID | Cubic Yar of Waste: | 20 | Name of Regi | | | | C. | _ |
| City, State: | | | Disp | osal Da | nte: | | City, State | : Waynesbur | g, OH 44688 | | | | | - |
| Bronx, NY 10474 | | | | | | | | , , , , , | | | | | | |
| Completed By: Chinyelu Oraegbuna | am | | | Title: Vice | President | Signa | iture: | 9~~ | Date: 7/26/201 | 0 | | | | |

| 24 2019 03:32PM NJ Asbestos (| Control | 609 | .633.06 | 54 | Р | age ' | 1 | , | - | | ere beginne | | - |
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| Agencies Notified Type Notification EPA E Initial | 1 | | Street Ad | drees : | | . 4 | A. 11 E | Ų | UL 2 | () | 219 | 1 | |
| Amended Amended Amendment | | _ | City, Stat | le. Zip Code | ir. | NJ | - 07 | 401 | 4 | 7 | V | | |
| DOH Justification) DGA Cancellation | individing | | | Contact Fulz ITYINFORMA | C15 41 | su. | | ALC: NAME OF TAXABLE PARTY. | higen (M2) | M. Carl | 77.1 | ED | |
| Name of Peopley Where Abetement is Telling | P(800 (2 |) | FRUR | ALT INFORMA | III | - | of Facility | 1000 | | | | romani | |
| Olreat Address | | | | | | | School (K-1 Subahapter Other (i.e. (etc.) | é (Other Irivate à s | OTHERDS | 2) 2) | dings, | homi | M, |
| Acifor MACE | | | | | | 10 | Po Feel | | 2 | | Idg. A | /De | |
| BARGA | | | | Pade (7) | _ | Cuite | NU UAD (P) | or It being | damolis | had) | | | |
| Name of Monitoring Firm Pired by Suilding C |)wner (8) | | ABON | No. | | | tement Col Intracting | |) | - Annaharan | | | |
| Gire of Address | | | | | | Addma Vreeld | end Ave. | | *************************************** | | | | - |
| City, State, Zip Code | | | | | City, 8 Midle | itate, Zi | p Code erk, NJ 0 | 7432 | | | | | |
| Project Manager for Monitoring Firm | | | Teluphor | | Telepi 201- | 1000 No 262-5 | 5. 84 1 | | Joanee N 0158 | 0. | | | |
| Start Date (10) | 7.6 | | maledon (| Dete (11) | Name Ome | of OS) ga Er | iA Monitor Vironmo | ntel Ser | vicer in | ıÇ. | | | |
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| ecope of Work (Check All That Apply) 25 of or 23 # 24 24 25 of 22 250 if | | Renova Jernoli | | ì | | Min | Containm | oedure | | | 10,725 11,725 | | |
| Legation of | le | Lacat Normal | ion lly | | eserptor | | I CHAUTING | 9.13.809 | agrici II | FA | Abeu | ement | - |
| Asbestoe-Containing Material (ACM) TO BE ABATED In Facility (19) | I Ms | id Bold intens todist (12) | nos! Staff? | Aebestos Co (l.e. therms surf | ntaining h | deiorial s insula 17, or | (AGM) Hion, | (80 | ount ecity cLF) | Removal | Repair | Encaptudate | Endowse |
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| 10. C. | - | | | | | | | | | \vdash | | | |
| | | | | | | | | lancar and the same of the sam | | | - | _ | |
| Name of Registered Weste Hauler Newark Carting Inc. | | 1 1 | NJOEP W | | c Yarda | | | Registere Contral | | | 20(411) | | |
| | | 1 1 | NJOEP W Hauler ID 4509 | No. Of W | c Yarda | | | Central | S enker | | ndfill | | |

State of New Jersey Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 7/26/2019 Private House Agencies Notified Notification Type Street Address X EPA ☑ Initial Notification City, State, Zip Code DCA ☐ Amended # East Denville, NJ 07834 ASBESTOS CONTROL & ⊠ DOL ☐ Emergency notification (including Name of Contact Telephone Niimher □ DEP justification) Tom Hannan **⊠DOH** ☐ Cancelled **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private House ☐ School (K-12) Street Address ☐ Subchapter 8 (other than K-12) XOther (i.e. private & commercial buildings., homes, etc.) Sq. Feet: #2300 of Floors:2 Bldg. Age: 57 years old City (5) County (6) County Code (7) Current Use (prior if being demolished): East Denville Morris (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) BL Contracting Inc. Street Address Street Address 5 Marguerite Lane City, State, Zip Code City State, Zip Code Towaco NJ 07082 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 973-901-0153 01265 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitoring 8/06/2019 8/26/2019 BL Contracting, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 5 Marguerite Lane ⊠Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Towaco NJ 07082 ⊠Other - Describe: Monday-Sunday 7AM-4;30 PM Source of Work (Check all that apply) \geq 3 sf or \geq 3 lf □ Renovation ☐ Mini-Enclosure X> 160 sf or > 260 if ☐ Demolition □Glove-bag Procedure Non-Friable Procedure Location of Asbestos-Is Location Normally Description of Asbestos Containing Material Amount Abatement Type Containing Material (ACM) in Used Solely by (ACM) (i.e. thermal systems insulation, (Specify SF or Facility (13) Main/Custodial Staff (12) surfacing, VAT, or other misc.) Remove Repair Encap Enclose LF) YES NO NA Basement X Floor Tile 300 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Registered Landfill 0036784 T.R.R.F **BL** Contracting Inc

Signature

Disposal Date

8/24/2019

Nela Verito

City, State Tully town, PA

Date 7/26/2019

Completed by (Print or Type)

Nedo Vasilio

Title

Project Manager

INV 3188 B&G proj. #: 2019-168

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

| | | is . | | | * EME | RGE | (CYF** [U] | | Chec | k #946 | 1 | | | |
|--------------------------------------|----------------|--------------|-----------------------|----------------|------------------|--------|----------------------------|-------------|--------------------|--------------------------|--|-------------|----------------|----------|
| Date of Notification | | | Name | of Building O | wner/Operator (| (2) | | | | F C | E | 11 | // [c | |
| 10 17 1/12 16 | 1/11_19_1 | | 1.1 | ark Public | | | | | 1111- | 5 6 | <u>L</u> | U V | / [] | -11 |
| Agencies Notified EPA | Type Notifi | cation | Street | Address | | | | | 1 | | | | | |
| ☐ DEP | X Initia | al | - | edar Street | | | | | | JUL | 3 0 | 20 | 19 | |
| DOL. | ☐ Amei | ndment | | tate, Zip Cod | | | | | | Salet for today company. | THE SHAPE OF THE S | Mar weekens | of territories | |
| ⋉ DOH | | | 11 | vark, NJ 07 | 7106 | | | | | | JENS | DNTF ING | 10L 8 | <u> </u> |
| ☐ DCA | Cano | ellation | | | | | | | Telepho | ne Num | oer | | 10-2 | 1 |
| | | | Pal | ılinus Egu | | | | | 973-7 | 33-735 | 55 | | | |
| Name of facility wh | oro abatama | A != A = L ! | | | CILITY INFORI | MATIC | ON | | | | | | | |
| Name of facility wh | | | | | | | | | of Facility | (4) ol (K - 1 | 2) | | | |
| University High | h School (N | ION St | ıb 8) | | | | | | = | hapter 8 | 350 | thon | K 121 | |
| Street Address | | | | įd | | | | Ì | Other | (Private | Comn | | | , |
| 55 Clinton Pla | ce | | | | | | | Saua | Bldgs re Feet I | ./Homes, # of Flo | | 1 1 | Pida | Λ σ σ |
| City (5) | | (| County (6) | | | Co | ounty Code (7) | | 10 1 661 | # 01 F10 | 015 | ' | Bldg. / | Age |
| Newark, NJ 0 | | 10.0 | Essex | | | (S | tate use only) | Curre | ent Use (F | Prior if be | ing de | molis | hed) | |
| Name of Monitoring | | | | | ASCM No. | _ | Name of Abatement | | | Sub o | | | | |
| Omega Enviro | onmental S | ervices | , Inc. | | 120 | | B & G Restorati | | 100 100 10 | | | | | |
| Street Address | A 650 | | | | | | Street Address | | | | | _ | | |
| 280 Huyler St | | | | | | | 105 Ryerson R | oad | | | | | | |
| South Hacker | | 7606 | | | | | City, State, Zip Code | 11.070 | 0.5 | | | | | |
| Project Manager for M | | | | Phone Num | her | _ | Lincoln Park, I | 4J 070: | 35 | | | | | |
| Rey Montes d | le Oca | | | 201-489-8 | | - [| (973)696-6869 | 9 | | License 0 | e Num 0378 | 0000000 | | |
| Scheduled Start Date | (10) | Sc | ned. Comp | letion Date (1 | 11) | - | Name of OSHA Monit | | | | | | | |
| 07/29/2019 | | 0 | 8/02201 | 9 | | | B & G Restorati | on, Inc | | | | | | |
| Occupancy Status Du | uring Abateme | nt (Chec | k only one |) | | - | 105 Ryerson Ro | ad | | | | | | - |
| Facility closed/ | vacated during | entire p | eriod of ab | atement. | | | City, State, Zip Code | - | | | | | | |
| Describe: | | e oi norn | nai facility r | iours- | | _ | | | _ | | | | | |
| Scope of Work (chec | - | | | | | - | Lincoln Park, N. | 0703 | <u> </u> | | | | | |
| Demolition | x an that appi | Renova | ntion | | | | | mer- | 3.50 | | | | , | 1.1. |
| >3 sf or >3 If | | | or <u>></u> 260 If | | | _ | ull Containment w/nega | ative pres | ssure [| Glove | | | | |
| Location of | لها | | | lly used solel | ,] | | Mini-enclosure | | | Non-f | riable | proce | dure | |
| asbestos-contai | ining | by mai | ntenance/c | custodial | | n of a | sbestos-containing | Α. | mount | | e R | R | E n | E |
| material to be abated in facility | v (13) | staff(12 | T | | material (A | ACM) | spesios-containing | (5 | Specify S | For | m | p | С | n |
| | | Yes | No | N/A | | | | | F) | | v | i | a p | L |
| BASEMENT | | | | X | VAT & ma | | | 18 | 70 SF | | e X | | | |
| OFFICE | | | | × | VAT & mas | | | | 8 SF | | X | | | |
| LIBRARY | | _ | # | X | VAT & mas | stic | | 25 | 0 SF | | X | | | |
| | | | ╬ | | | - | | - | | | | | | |
| Registered Waste Hau | | NJ | DEP Haule | rID# C | ubic Yards of W | aste | Name of Registered La | andfill | | | | | Ц | Ш |
| B & G Restoratio | n, Inc. | | 19563 | | 22 | | Grand Cent | | dfill | | | | (1) | |
| Lincoln Park, NJ | | | | Disposal D | ate 8/02/2019 | | City, State Pen Argyle, | PA | | | | | - | - |
| Completed by (Print or | Type) | Title | | -1 | Signature | _ | | i primarile | | Date | | - | | |
| Gordana Luna | | Secre | ary/Trea | surer | | 9 | Gordana Luna | | | 07/26 | 3/201 | a | | |

| | | | | | | | | E C | E | | W F | rint F |
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| Date of Notification (1) | | | Name | of Building | Owner/Operat | or (2) | | JUL | J | U Z | 019 | 15 |
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| Agencies Notified Type Notification | 1 | and the same of th | Street | Address | 11 , | 11 66 | T A | SBEST | 08 (| ONT | HOL | & |
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| DEP Amended Amendmen | | A CONTRACTOR | - | | 0.2 10 10 | | | | | | | |
| DOL Amendmen | | g | 130 | OOKLY | M | 11232 | | | | | | |
| DOH justification |) | | | of Contact | | | 1 | ohone Nu | | | | |
| ☐ DCA ☐ Cancellatio | n | | | | eus to | C/ | | 18. | 76 | P | 07 | 107 |
| Name of Facility Where Abatement is Takin | ng Place | (3) | FAC | ILITY INFO | RMATION | Type of Facilit | | | | | | |
| Bur-Street Realty, ((| | | L. / | | | 1_ | 0.0.00.00.00 | | | | | |
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| 4 RIVER STREET | | | | n | I(d) | Other (i.e. | . private & | commerc | ial bu | Ildings | s, hon | ies, |
| City (5) | | | | <u> </u> | | etc.) Square Feet | # of F | loore | - 1 | Bldg. | Δαο | |
| SEA BRIGHT | | | | | | .5200 | | 3 | | 15 | 20 | |
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| monimouth | | | STATE | USE ONLY) | _ | 08000 | ission | 125 | 52 | he | 01 | 1 |
| Name of Monitoring Firm Hired by Building | Owner (8 | 1) | ASC | M No. | Nam | e of Abatement C | Contractor (S |) | | | | |
| NONE | | | Ar of Challen | | Ace | Insulation Co | o., Inc | | | | | |
| Street Address | | | | | | t Address | | | | | | |
| | | | | | 95 1 | Montrose Rd | | | | | | |
| City, State, Zip Code | | | | | 4 | State, Zip Code | | | | | | |
| Project Manager for Bit | | | | | | s Neck, New | Jersey | | | | | |
| Project Manager for Monitoring Firm | | 1 | elepho | ne No. | 1 | hone No. | 1 | icense N | lo. | | | |
| Start Date (10) | Schodul | nd Com | platian | Date (11) | | 294 1757 | | 0029 | | | | |
| 8-7-19 | - | 23-1 | | Date (11) | | of OSHA Monito | | | | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | / | | | Address | | | | | | |
| Facility Closed/Vacated During Entire I | | | ant | | 35 | Address | DE S. | 7, | | | | - |
| Abatement Performed Outside of Norm Other – Describe: 7,47) | nal Facility | y Hours | SHL | | City, S | State. Zip Code | | | | | | |
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| Scope of Work (Check All That Apply) | | | | | | | 1 | | | | | - |
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| | | | | | į. | Non-Exempte | ed (*) and N | on-Friab | le Pro | | | |
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| TO BE ABATED In Facility | | intenand todial St | | (i.e. th | ermal system | s insulation. | (Spe | | R | 77 | Enc | 四 |
| (13) | ĺ | (12) | Bettier | | surfacing, VA | | SF or | LF) | Removal | Repair | apsı | clos |
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| lame of Registered Waste Hauler | 1 1 | NJI | DEP W | aste (| Cubic Yards | Name of | Registered | Landfill | | | | |
| FCI | | | uler ID | No. | of Waste | 1519 | IRIES | 5 1 | 41 | 6 | | |
| ity, State | | | - T | 1 | Disposal Date | City, Star | te | 110 | D | | | Ī |
| ompleted by | Title | | | | 2/23/19 | 1 Mak | KISOT. | 110, | 16 | | | - |
| 2 - De / 22 - 27 | Title | 2002 | 11. 12.0 | 7 | Signature | m. 0 . 2 | 0.1 | Dat | e | 7. | . ~ | |
| Enter Calloss | 1 11 | P23/1 | JERY | D | J. St. C. | P. 8. 6220 | 27 | 17 | 7-07 | 6-7 | 17 | 1 |

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| 7/26/19 | | | () | olleen | (DW ! | | ACDITOR | rocknopens | - Harrison | | |
| Agencies Notified Type Notification | n | | Stree | Address | | | ASBEST | ICEN | | HOL | - K |
| EPA Initial Amended | | | City 5 | State, Zip Code | , | | | ferri fluid sames to the | Colore Cotolic | en men ye | |
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| DCA Cancellation | on | | | (CR) | LATION. | | 4-1 | 1 | | | * 5 |
| ame of Facility Where Abatement is Tak | ing Place | (3) | F 24 | CILIST NAPORE | AHON | Type of Facili | ty (4) | | | - | |
| LOWE ROS. dence | | | | | | School (| K-12) | | | | |
| iou Audioss | | | | | | Subchap Other (i.e | iter 8 (Other than K e. private & comme | -12) rcial b | aldina | s ho | mee |
| ty (5) | <u>/-16/0-1</u> | | | | | etc.) Square Feet | # of Floors | 70.123 (3) | | | *100, |
| Gradley Beach | | | | | | 3100 | 2 | (4) (4) (4) | Bldg. | Age) + | - |
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| me of Monitoring Firm Hired by Building | Owner (| 3) | 1 | OM No. | 1 Mama | (esi | dece | | | | |
| | | , | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | of Abatement Consulation Co | | | | | |
| reet Address | | | | | Street | Address | | | | | |
| y, State, Zip Code | | | | | 1 | Nontrose Rd | | | | | į |
| | | | | | | tate, Zip Code Neck, New | lereov | | | | a transmi |
| eject Manager for Monitoring Firm | | 2 | Telephi | оле Мо. | | one No. | License | No. | | | |
| irt Date (10) | 0.1.1 | | | | | 294 1757 | 00029 | | | | |
| Stiplia | Schedu | Co Co | mpletion | Date (11) | Name | of OSHA Monito | or | | | | |
| cupancy Status During Abatement (Cher | ck Only O | ne) | 1-1 | | Street | Address | | | - | | |
| Facility Closed/Vacated During Entire | Period of | Abate | ment | | die (| | | | | | 44 |
| Abatement Performed Outside of Nom Other – Describe: | mai Facilit | y Hour | s | | City, S | tate, Zip Code | | | | | |
| ope of Work (Check All That Apply) | | <u> </u> | • | | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | - | Renova Demoli | | | | Full Contains | ment with Negative | Pressi | ure | | |
| | <u>.</u> | Joinor: | 11071 | | X | Mini-Enclosu Glovebag Pro | ocedure | | | | To be the second |
| | 1 | Locat | las. | | | Non-Exempte | ed (*) and Non-Fria | ble Pro | | | - |
| Location of | 1 | Vorma | lly | | Description | of. | | | | men pe | 1 |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | ed Sole intena | nce/ | Asbestos Co | ntainino M | aterial (ACM) insulation, | Amount | To be cause | 1 | m | |
| In Facility (13) | Cus | todial ((12) | Staff? | suri | facing. VAT | , or | (Specify SF or LF) | Removal | Repair | ncap | Enck |
| | Yes | No | N/A | otner | miscellane | egus) | A Continue of the Continue of | oval | oair | Encapsulate | Enclosure |
| OGSEMENT | .00 | 140 | N/A | | | | | 1 | | Φ | |
| Desement | | | | Piplis | 5016 | t.05 | 150 LF | N | | | |
| JUNE 17 | | | X | TPOL + | <u> </u> | | 754 | X | 1 1 | | |
| | 1 | | | | | | | | 1 | - | |
| e of Registered Waste Hauler | | | JDEP W | | c Yards | Name of | Registered Landfill | 1 | 1 1 | | |
| UlInsulation (3T | -(| H | auler iD | | aste ₂ | chr | ~5° | | | | And Lines |
| State | | | | The second secon | osal Date | City, Stat | (A) | | | | |
| pleted by | Title | | | 18 | 19/10 | 1 (East | on morrisu | 116 | PA | | 1 |
| lem(G),re | | (etc | KIT | resser | Signalure | ē | Da | te | 1 | 2 | |
| | i mise () | C / - | 7 1 | CO3 (1) | 12 | V | | 10% | 11 | 1 | |
| 41 (R-06-08) | | | | | * Do not u | use this form for | asbestos licensure | exem | pted a | ctiviti | es. |
| | | | | | | | | | 100 | | |

| Ch 1413 | | Ν | IOTIFICA (Pursi | State of New Jer TION OF ASBESTO ant to NIAC 8:50 a | SABATE | MENT 20) | Ch m | . P. S. E | ⊃ n | D /7 | ro- | totarana |
|--|---------------|--------------------|--|---|---------------------------|---|--|----------------|-------------|----------------|--|-------------|
| Date of Notification (1) 7/25/19 | 2 | | | ding Owner/Operator (2) | | 7 | 141 | E CE | - - U | \mathbb{W} | G | 1 |
| Agencies Notified Type Notification | | | | unty Department | of Public | c Works | | | | | | |
| □ EPA ☑ Initial | | 1000 | eet Addres | 7. | | | | 1111 2 | 0 0 | 040 | - | 1 |
| □ DEP □ Amended | | | , State, Zip | County Plaza | | | | JUL 3 | 0 2 | 019 | 1 | |
| ⊠ DOL Amendment # | | 132.7 | and the second | ck, NJ, 07601 | | | of the Control of the | | | | Service of the servic | |
| ☐ Emergency (includir | ng | | ne of Conta | | | | Telephone Nu | ASBESTOS | 0.1.1 | The we have | 2 | - |
| ☑ DOH justification) | | Sc | ott Luna | 3 | | | 201-336- | LIVE | NSING |) Telephone | CONTROL MONEY | topindipoyo |
| □ DCA □ Cancelation | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | | r. | ACILITY INFORMA | | of Facility (4) | | | | | | |
| Bergen County Justice Center Courtho | use | | | | Туре о | | 21 | | | | | |
| Street Address | | | | | - | School (K-12 | | W 401 | | | | |
| 10 Main St. | | | | | X | | 8 (Other tha | | | | | |
| City (5) | | | | | | Other (i.e. p | Tivale & Con | nmercial build | ings, no | mes, | etc.) | |
| Hackensack | | | | | Square | 100000000000000000000000000000000000000 | # of Floors | Bldg. Age | | | | |
| County (6) | | | County | Code (7) | 342,7 | 797 t Use (Prior if bei | 5 | 1957 | | | | |
| Bergen | | | | USE ONLY) | | thouse | ing demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | ASCM No. | | of Abatement Co. | | | | | | |
| Omega Environmental Services, Inc | | | | 00120 | | rn Contracti | | | | | | |
| Street Address | | | | | Street A | | ing corp. | | | | | |
| 280 Huyler Street | | | | | | llow Way | | | | | | |
| City, State, Zip Code | | (S) - (1) - (1) | | | | te, Zip Code | | | | | | |
| South Hackensack, NJ, 07606 | | | | | Wood | land Park, N | IJ 07424 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | | Telepho | ne No. | | License No. | | | | |
| Richard Kuiters | | | 201-4 | 89-8700 | 973-33 | 33-9176 | | 01331 | | | | |
| Start Date (10) | | Schedo | aled Compl | etion Date (11) | Name of | OSHA Monitor | | | | | | |
| 08/09/19 | | 8/31 | | | 1 | vision Consu | iltants Inc | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | | Street Ad | | arearres, irre. | | | | | _ |
| Facility Closed/Vacated During Entire Per | riod of Aba | ateme | nt | | 20-21 | Wagaraw Ro | d., Bldg. 35-I | E | | | | |
| Abatement Performed Outside of Norma | al Facility F | lours | | | | e, Zip Code | | | | | | _ |
| Other - Describe: Scope of Work (Check All That Apply) | | | | | Fair Lav | wn, NJ 0741 | LO | | | | | |
| ≥3 sf or ≥3 If | | _ | N. Salarana and A. Salarana an | | | | | | | | | |
| □ ≥160 If or ≥260 If | | \boxtimes | Renova | | | ull Containme | ent with Neg | ative Pressure | | | | |
| 2100 0 2200 | | | Demoli | tion | | /lini-Enclosure | _ | | | | | |
| | 1 | | | | | lovebag Proc | | | | | | |
| | Is | Locatio | n I | | | on-Exempted | (*) and Non | -Friable Proce | dure | Abat | ement | _ |
| Location of | l N | ormally | , | | Descript | ion of | | | | | уре | . |
| Asbestos-Containing Material (ACM) TO BE ABATED | 1000000 | d Solely ntenan | C-0.00 | | Containing | g Material (ACM |) | Amount | | T | | |
| In Facility | 98.55 | odial Sta | 20200 | (i.e. th | ermal syste surfacing, | ems insulation, | | (Specity | | | m l | |
| (13) | | (12) | | o | ther miscel | | | SF or LF) | Ren | R | caps | Encl |
| ' | Yes | No | N/A | | | | | | Removal | Repair | Encapsulate | Enclosure |
| Room 326 | | X | | | TSI | | | 50 LF | X | | - | |
| Room 327 | | Х | | | TSI | | | 50 LF | X | | | |
| Room 111 | | Х | | | TSI | | | 6 LF | X | | | |
| ame of Registered Waste Hauler | | | | | | | | | | | | |
| Unicorn Contracting Corp. | | 03584 | aste Haulei | | Cubic Yards | | | Name of Regus | | | | |
| ity, State | | 33304 | - | | 3+ CU YI | | | Fairless Hill | s Land | till | | _ |
| Voodland Park, New Jersey | | | | | isposai Da | B | no. | City, State | DA | | | |
| ompleted by | Title | | | | 10000000 | ature | 111 | Morrisville, | | | | - |
| Pimo Golcev | General I | Mana | ger | | | 1// | 1 | | 7/2 | 5/19 | | |
| | | | | | - (2 | 7 | - | | 1 -1 | | | |

| (K# 549 | | | Lecare . | D A | Π | | ME | C [| | Pr | in |
|---|---------------------------------------|-------------------|----------|--|-----------------------|---------------------------------|--|----------------|----------------------|-------------------|--------------|
| Thu 13190 | | NOTIF | ICATIO | tate of New Jerse N OF ASBESTOS Pto NJAC 8:60 an | ABATE | MENT | | 1111 ' | 2.0 | 0041 | 9 |
| Date of Notification (1) | | | | of Building Owner/0 | | • | 1111 | JUL 3 | 3 U | 2019 | 3 |
| 7/26/19 | | T-AAA | 0 | T S 755 | | O'Connel | 17 | NOS-A-PUTTINAN | With the Land Co. | med: | |
| Agencies Notified Type Notification | | | Street A | | TIER | I U WITE | TIPI SOASB | ESTOS LIGE | NS/N | VTAC IG |)L & |
| EPA Initial | | The same of | | | | | water and the section of the section | | and right consequent | Terlig (rejetinge | NITHER THEIR |
| DEP Initial Amended Amendment | | _ [| | ale, Zip Code NVP + 5+4 | =4i0 | ~ New | Verse V | 799 | (0) |) | |
| ☐ Emergency (justification) | | | Name o | of Contact | | 11-000 | Tolonkon N | | Wh | | |
| DCA Cancellation | | - In | na | 4nicen | 1011 | | _ | | | - C. R 4.0 | 3 |
| Name of Facility Where Abatement is Takin | g Place (| 3) | FAC | ILITY INFORMATI | IUN | Type of Facility | (4) | | | | |
| Estate of Elean O Conn | ell P | Bran | n P | hoverty | j | School (K- | 12) | | | | |
| Street Address | | | | 1 / | 1 | Subchapte | r 8 (Other than K private & comme | | dings | , hom | es, |
| Çity (5) | | | | | | Square Feet | # of Floors | 1 1 | Bldg. A | lae | - |
| (onuent Station | | | | | American | 3100 | 2 | are suctioned | 11 | VIPO | 5 |
| County (6) | | | | Code (7) USE ONLY) | | | ior if being demol | ished) | U.V | 700 | |
| Name of Monitoring Firm Hired by Building (| Dwggr (9 | | | M No. | Namo | of Abatement Co | 200 | | | | |
| wante of montoning i the three by Building of | o) ransa | , | AGG | 2; 160. | 1 | Insulation Co. | 1 | | | | |
| Street Address | | | 3 | | 2 | Address | | | | | |
| City State 7/2 Code | | | | | 1 | Iontrose Rd | | | | | |
| City, State, Zip Code | | | | | | tate, Zip Code Neck, New J | ersev | | | | |
| Project Manager for Monitoring Firm | | - Paragraphic | Telepho | ne No. | | опе No. | License | No. | | | |
| | | 1 | | | | 294 1757 | 00029 | | | | |
| Start Date (10) | () | ed Con | pletion | Date (11) | Name | of OSHA Monitor | | | | | |
| Occupancy Status During Abatement (Chec | 01 | 111 | 9 | | Street | Address | | | | | |
| Facility Closed/Vacated During Entire F | - 2 | - 10 | ent | | - Company | | | | | | |
| Abatement Performed Outside of Norm Other – Describe: | | | | | City, S | tate, Zip Code | | | | - | |
| Scope of Work (Check All That Apply) | 7 | | | | İ | | | | | | |
| 23 sf or ≥3 lf | W. | Renova | tion | | 4 | Full Containm | ent with Negative | Dracen | TO | | |
| ≥160 sf or ≥260 lf | | Demolit | | | TA L | Mini-Enclosur Glovebag Pro | e | | | 2 | |
| | le | Locati | OD. | | Tourse | a rear Exemple | at Janu 1901-131 | aute File | 20230 - 935 | ement | |
| Location of | | Normal ed Sole | ly | De | scription | of | | 1 | Ty | pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | intena | nce/ | Asbestos Cont (i.e. thermal | taining M systems | faterial (ACM) s insulation. | Amount (Specify | 75 | - | Enc | 回 |
| In Facility (13) | Cus | todial S (12) | statt? | surfac | cing, VA niscellan | T, or | SF or LF) | Removal | Ropair | Encapsulate | Enclosure |
| (10) | Yes | No | N/A | j galer is | mocendii | ecusj | | val | = | ulate | ure |
| interior | | | | duction | 5 116 | kinn | 8LF | V | | | |
| 1) 70, 45 | | | X | (roci) | 3219 | 7101 | OLT | | | | |
| | T T T T T T T T T T T T T T T T T T T | | 41.00 | | | | | 1 | | | |
| | | | | | | | | 1 | | | |
| Name of Registered Waste Hauler | | - 5 | JDEP W | | | Name of | Registered Land | 5H | | | |
| Anotax mation B.T | 70 | 1 | auler ID | No. of Was | ie į | Fai | -1255 | | | | |
| City, State | | | - 10 (| Dispos | sal Date | City, Sta | | _ ^ | | | |
| Completed Deck Dev Jer. | Sey | | | 819 | 1. | | cisu. NR, | PIA | | | |
| Completed by | Cocr | 010 | /TYDA | Sico S | ignature | a l | | Date | 1. | 0 | |

| Ch599 | 1 10 | | NOT | IFIC (P | ATIC ursu | N OF | ASI | ew Jersey BESTOS ABAT C 8:60 and 5:1 | EMENT 6) | DECI | Ē [| V | | |
|--|-------------|-------------|---------------------|-----------------|------------------------|--|-----------------------|---|---|---------------------|--------------|-------------------------|-------------|-----------|
| Date of Notification (1) | | | | | | Name of Building Owner/Operator (2) Sherwin-Williams | | | | | 3 0 | 201 | 9 | |
| Agencies Notified | | | | | | | | | | Minima The The sale | economic and | | | |
| ☑ EPA ☑ Initial | | | | | | | ospect Avenue | | ASBESTOS CONTROL & | | | | | |
| ☐ DOLWD ☐ Amended | | | | 4 | Titly, State, Zip Code | | | | | | | | | |
| □ DOH Amendment # | | | | | Cleveland, OH 44115 | | | | | | | | | |
| DCA Emergency (including justification) | | | | | ne of Co | 1857 | | | Telephone Numb | er | | - | | |
| (NJAC 5:23-8) justification) Cancellation | | | | 1 | enneth | | | | 216-337-2845 | | | | | |
| | | 21/7/200 | | (and the second | 1 | | | | | 210-331-20-4 | | | | |
| Name of Facility Where A | hatement is | Taking | Place | (3) | | ACILIT | TIN | FORMATION | Type of Equility | (4) | | | | |
| Former Residential | | akiiig | g i lace | (3) | | | | | Type of Facility ☐ School (K-12) | | | | | |
| Street Address | rioperty | | | | | | | | Subchapter 8 (Other than K-12) | | | | | |
| Gueer Address | | | | | | | | | ☑ Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| City (5) | | | | | | | 2 | · ^ · | Square Feet | # of Floors | DI | dg. A | | |
| Gibbsboro | | | | | | De. | H | N H P | 2.800 | 1 | | ug. A | ge | |
| County (6) | | | | | Co | unty Co | de (7) | (STATE USE ONLY) | 7,777 | | | or if being demolished) | | |
| Camden | | | | | 00 | diffy Cot | ue (1) | (GTATE USE ONET) | Residential | | ieu) | | | |
| | | | | | ASC | M No. | | Name of Abateme | | | - | | | |
| TTI Environmental, Inc. | | | | | | 003 | | | onmental, LLC | | | | | |
| Street Address | | | | | 00 | 000 | | Street Address | onmental, LLC | | | | | |
| 1253 North Church Street | | | | | | | | 623 Cutler Av | Wente | | | | | |
| City, State, Zip Code | Olicel | | | | | | | City, State, Zip Co | | | -07 | | | |
| Moorestown, NJ 08 | 157 | | | | | | | | | | | | | |
| | | - | | Tal | anhor | e No. | | Maple Shade, NJ 08052 Telephone No. License No. | | | | | | |
| | | | | | 0.000 | 40-8800 | , | 856-755-0099 | 00842 | | | | | |
| Start Date (10) | | Sched | uled C | | | Date (11) | | Name of OSHA M | | 00042 | | | | |
| 08 /05 / | 19 | 0 | 8_ / | 1 | | 19 | | EMSL Analyt | | | | | | |
| Occupancy Status During | | | | | | | | Street Address | | | | | | |
| Facility Closed/Vacate | | | | | | - D"- | | | 30 North | | | | | |
| Abatement Performed Time of Abatement: | | ormal PN | | y Hou PM | | escribe AM | | City, State, Zip Code | | | | | | |
| | | ' " | " | | 7 | | | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | П г.: II С | -i | | | | | |
| | | | | | | | | | | | | | | |
| | | | 3335 | Loca | | | | | | | Ab | atem | ent T | уре |
| Location Asbestos-Containing N | | 1) | | Norma ed Sol | | | choc | Description o stos Containing Ma | | Amaunt | Removal | R | щ | Щ |
| TO BE ABATED | | | | inten | ance/ | | | , thermal systems | | | | Repair | Encapsulate | Enclosure |
| IN Facilit | y | 1 | Custodial S (12) | | | 2 | | surfacing, VAT, | or | SF or LF) | | _ | lusc | sure |
| (13) | | | Yes | No | N/ | A | | other miscellane | ous) | | | | ate | |
| Exterior | | | | | | | nsite | Siding | | 450 SF | | | | |
| Exterior Garage | | | | | П | Window Glazing | | | 350 LF | | П | П | П | |
| Kitchen | | | | | | Floo | Floor Tile and Mastic | | | 170 SF | | | | |
| Hallway Adjacent to K | itchen | | | \boxtimes | | Mas | tic | | | 110 SF | | П | П | П |
| | | | | JDE | DEP Waste Cubic Yard | | | | | | | | | |
| l leeliolu Gallaue | | | | | ID No. | | Waste | Fairless Landfill | | | | | | |
| City, State | | | | 159 | ა9 | | 10 Disposal Date | City, State | | | | | | |
| Freehold, NJ | | | | | | | | | Morrisville | | | | | |
| Completed By (Print or Type) Title | | | | | | Signature S | | | A A Date | | | | | |
| Margie Muller | / | 100000000 | | strat | ive N | lanagei | r (| J J J | NOUL | | _ | 6 | -16 | 7 |

ASB-41 JAN 13

* Do not use this form for asbestos licensure exempted activities

| ocation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Is Location by Mainter | Normally ance/Cust | Used Solely odial Staff? | Description of Asbestos Containing Material (ACM) | Amount (Specify SF or LF) | Remova |
|--|---------------------------|--------------------|--------------------------|--|------------------------------|--------|
| | Yes No N/A | | N/A | material (/ tolli) | SF OI LF) | |
| Living Room | | X | | Ceramic Tile Wet Bed | 50.05 | |
| Office | | · · | | | 50 SF | X |
| Office | | X | | Floor Tile and Mastic | 135 SF | |

