| Date of Notification (1) | 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | F LABOR NOTIFICATION OF | CHECK | # | -0 | 125 | 91 |
|---|---|--------------------------------------|-----------------|--|--|---------------------------|------------------|---------------|-------------|
| 06/02/2017 | | | | Name of Building Owner/Oper Walter Ortiz | rator (2) | E | CE | 3 11 1 | V |
| Agencies Notified | Type of Notifi | cation | | Street Address | _ # | Paris I | 9 1 | 5 U | <u> </u> |
| (X) USEPA (X) NJDEP (X) NJDOL | (X) Initial () Amend | Notification ded dment # | 1 | City, State, Zip Code | Accounts on the contract of the contract of the contract on the contract of th | | UN 1 | 1 2 20 | 117 |
| (X)DOH ()DCA | () Emerg | ument # _ gency (inclu cation) | ıding | Hoboken, NJ 07030 | | L ASBE | STOS | COM | RO |
| | () Cance | llation | | Name of Contact Walter Ortiz | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | LICE Tel. Nur | NSING | - |
| | | | FACIL | ITY INFORMATION | | | | | |
| Name of Facility Where Abatesidence | ement is Taking Place | (3) | | Type of Facility (4) | | ************************* | | | |
| Street Address | | | | () School (K-12) () Subchapter 8 (other tha (X) Other (i.e. private & cor | n K-12) | L | i 20 | | |
| | | | | 0 = 40 000 | 1000 (100 HAN | iomes | | | |
| city (5) Hoboken | County (6) Hudson | County Coo (State Use | de (7) Only) | Current Use (if being demoli | of Floors 4 | | Bldg. | Age <u>8</u> | 0_ |
| ame of Monitoring Firm Hire SES, Inc. | d by Bldg. Owner (8) | ASCM No. N/A | | Name of Contractor (9) | | | | | |
| reet Address | | | | Industrial Safety & Env | ironmental So | olutio | ns, Ir | ıc. | |
| 300 Hudson Avenue | | | | Street Address 3300 Hudson Avenue | | | | | |
| ity, State, Zip Code Inion City, NJ | ļ. | | | City State, ZipCode Union City, NJ 07087 | | | | | *** |
| oject Manager for Monitoring avid Camacho | Telephone Nu 201 325-00 | umber 055 | | Telephone Number | | | License | Numbe | er. |
| heduled Start Date (10) | Scheduled Co | omnletion Det | - (44) | (201)325-0055 | | | 0112 | 4 | 112 |
| 5/12/2017 | 07/07/201 | 7 | e (11) | Name of OSHA Monitor ISES, Inc. | | | | | - |
| Cupancy Status During Abat i) Facility Closed/Vacated [i) Abatement Performed Ou i) Other - Describe: | HITIPO Motion Design | | | Street Address 3300 Hudson Avenue | | ~ | - | | |
| y etter Describe. | | | | City, State, Zip Code Union City, NJ 07087 | The color of the c | | | | |
| rce of Work (Check all that | |) Demolition | 1 | (X) Renovation | Manufacture . | | | | |
|) Minor Project (< 25 Si) Small Project (>25 <1) Large Project (>160 S | 60 SE or >10 -200 | LF ACM) | | (X) Full Containment with () Mini-Enclosure with (X) Glove-bag Procedur (X) Non-Exempted (*) a | Negative Pressu | re | proced | dure | |
| Otion of Asi | | 8 | | | Hon-Hable P | roced | ure | | |
| ation of Asbestos-Contain- ing Material (ACM) be Abated in Facility (13) | Is Location Normal Solely by Maintenar | nce or Cus- | (i.e. th | Description of ACM nermal systems insulation, surfac- | Amount (Speci- | | Abatem | nent Type | |
| , (10) | todial Staff? | (12) | ing | , VAT, or other miscellaneous.) | fy SF or LF) | Re mo | Rep | Enca psula | E |
| | | 1 | | | | val | 1 | te | SU |

| ^{1st} floor kitchen | | X | VAT | ~ 90 SFT | X | |
|--|------------------------|-------------|---------------------------|---|---------------|---|
| 1st floor entrance, residue in boiler. | | Х | TSI Pipe | ~ 10 LFT | X | |
| Through out floors | | Х | plaster surfacing | ~ 10,000 SFT | X | |
| Name of Reg. Waste Hauler Atlas Disposal Options, Inc. | NJDEP Waste I 50452 | Hauler ID # | Cubic Yards of Waste ~ 60 | Name of Reg. L. Grand Centra 1963 Pen Arg | al Sanitation | , |
| 311 East Blackwell Street, | Dover, NJ 0780 |)1 | Disp. Date 07/07/2016 | City, State Pen Argyl, PA | A 18072 | |
| Completed by (Print or Type) David Camacho | Title Project Supe | ervisor | Signature 11/p///X/ | Date 06/02/2017 | | |



| Date of Notification (1) | | · ~~ MILIE | MENI U | LABOR NOTIFICATION OF | ASBESTOS ABA | TEME | NT | | |
|--|---|--|---------------------|---|--|-----------------|------------|---------------------|--------------------------------------|
| 06/02/2017 | | | | Name of Building Owner/Open Jian Chen | | K. | /\/\ | g, = 4; | |
| Agencies Notified () USEPA () NJDEP (X) NJDOL (X) NJDOH () NJDCA | () Amen Amend () Emerg | Notification ded diment #gency (inclustration) | | Street Address City, State, Zip Code Jersey City, NJ 07307 Name of Contact | | 3 (6 | E 12 | 2017 | Contraction Contraction |
| | Cance | eliation | | Jian Chen | i i | | I. Numl | | ALT. |
| Name of Facility Where Abatem | nent is Taking Place | (2) | FACILIT | TY INFORMATION | 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 | | ALME! | www. | 1 0 |
| Residence Street Address | 1406 | 191 | | Type of Facility (4) () School (K-12) () Subchapter 8 (other than | 1 K-12) | | | | TO ARE PROPERTY. |
| | | | | (x) Other (i.e. private & com | mercial bldgs., ho | | | | |
| City (5) Jersey City | County (6) Hudson | County Cor (State Use | de (7) Only) | SQ. Feet: 3000 # Current Use (if being demolis | of Floors 2 shed): | В | dg. Ag | je <u>68</u> | 6/ |
| Name of Monitoring Firm Hired to ISES, Inc. | by Bldg. Owner (8) | ASCM No. N/A | | Name of Contractor (9) Industrial Safety & Env | ronmental Sal | ntico | | | |
| Street Address 3300 Hudson Avenue | | | | Street Address 3300 Hudson Avenue | Tollinelital Sol | ution | is, inc | | |
| City, State, Zip Code Union City, NJ | Arrive and | | | City State, ZipCode Union City, NJ 07087 | The second secon | | | | |
| Project Manager for Monitoring F David Camacho | Telephone N (201)325 | | | Telephone Number (201)325-0055 | | Ī | icense | Number | |
| Scheduled Start Date (10) 06/12/2017 | Scheduled C 06/17/201 | ompletion Dat | te (11) | Name of OSHA Monitor ISES, Inc. | And the second second second | | 1124 | | |
| Occupancy Status During Abatem (x) Facility Closed/Vacated Dur () Abatement Performed Outs () Other - Describe: work are | nent (Check only on ring Entire Period of | e) Abatement | | Street Address. City. State. Zip Co | - 3 | 7005 | | | |
| Source of Work (Check all that ap | |) Demolition | 7 | (x) Renovation | non City, NJ 0 | 708/ | | | |
| () Minor Project (<25 SF o () Small Project (>25 <160 (X) Large Project (>160 SF Location of Asbestos- | OSF or >10 <260 or > 260 LF ACM |) | | () Full Containment with (X) Mini-Enclosure with Ne (X) Glove-bag Procedure (() Non-Exempted (*) and | gative Pressure | | ure | | |
| Containing Material (ACM) To be Abated in Facility (13) | Is Location Norn Solely by Mainto Custodial Sta | enance or | (i. | Description of ACM e. thermal systems insulation | Amount (Specify SF or LF) | | | ent Type |) |
| | YES NO | N/A | surrac | ing, VAT, or other miscellaneous.) | 0.0,2.7 | Re mo val | Rep air | Enca psula te | En clo sur e |
| Exterior Walls | xterior Walls x | | | | ~ 1200 Sq Ft. | ~ | | | |
| Name of Reg. Waste Hauler Atlas Disposal Options, Inc. | NJDEP Waste Ha 50452 | auler ID# | | g Material ards of Waste | Name of Reg. Lan Grand Central S 1963 Pen Argyl | anitat | ion | | Annual Annual Control of the Control |
| 311 East Blackwell Street, Dov | ver, NJ 07801 | | Disp. Da 06/17/2 | | City. State Pen Argyl, PA 13 | | | | - |
| Completed by (Print or Type) | - | | | | A CHI M TOVI PA 1 | (1177 | | | i |

| Ch3910 | 0 | | ICATION | N OF ASB | ESTOS | ABATE | | | Dr | EC | E | | \mathbb{V} | |
|---|---|--------------------------------------|----------------------------|--------------------------------|-------------------------------|--|-----------------------------------|--|--------------------------|----------------|-------------|----------------|--------------|-----------|
| Date of Notification (1) 06/09/2017 | 1 | | | of Building Grove- | | | | onal Scho | ol Distr | rictJU | N 1 | 2 2 | 017 | 7, 1 |
| EPA X | Notification nitial Amended Amendment # | | City, Sta | na Aver | ode | 060 | | Di . | L | SBES | TOS (| | | L & |
| ⊠ DOH | Emergency (including ustification) Cancellation | | Name o | Grove, f Contact Ferguso | | | | - | Telepho | one Nu | mber | - | | |
| | | | FACI | LITY INFO | ORMATI | ON | | | | | | | | |
| Name of Facility Where Abatem Penns Grove Regional H Street Address | | 3) | | | | | × s | of Facility (4) | | on K 1 | 2) | | | |
| 334 Harding Hwy | | | | | | | O | ubchapter 8 ther (i.e. priv c.) | /ate & co | mmerci | al build | | | es, |
| City (5) Carneys Point, NJ 08069 | | | | | | | Square 90,00 | | # of Flo 2 | ors | | ldg. A 0 ye | | |
| County (6) Salem County | | | County (| Code (7) USE ONLY | | | | t Use (Prior c High Scl | - | lemolis | ned) | | | |
| Name of Monitoring Firm Hired Horizon Environmental G | | | ASCN 0007 | | | | | ement Contra truction C | | | | | | |
| Street Address P. O. Box 316 | | | | | | | Address Route | 46 Suite 1 | 5 | | | | | |
| City, State, Zip Code Thorofare, NJ 08086 | | | | | | | tate, Zip wa, NJ | Code 07512 | | | | | | |
| Project Manager for Monitoring Steve | Firm | | Telepho (856) 8 | ne No. 348-080 | 0 | | one No. 339-97 | | | cense N 034 | 0. | | | |
| Start Date (10) 06/19/2017 | Schedule 07/03/2 | | npletion I | Date (11) | | CONTRACTOR OF THE | | A Monitor truction C | orp | | | | | |
| Occupancy Status During Abate Facility Closed/Vacated Du | 100% | | nent | | | | Address Route | 46 Suite 1 | 5 | | | | | |
| Abatement Performed Outs Other – Describe: | side of Normal Facility | Hours | 3 | | _ | | tate, Zip wa. NJ | Code 07512 | | | | | | |
| Scope of Work (Check All That A | Apply) | 1121.0 | | | | | 110 | | | | | | | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | Full (Mini- Glov | Containment Enclosure ebag Proced Exempted (* | dure | | | | 8 | |
| Location of | **** | Locati Vormal | 355.0 | | Do | scription | | | | | | Abate | ment pe | |
| Asbestos-Containing Materia TO BE ABATED In Facility (13) | Ma (ACIVI) | d Sole intena todial S (12) | nce/ | Asbest (i.e. | tos Cont thermal surfac | aining M systems cing, VA niscellan | laterial (s insulati T, or | ACM) on, | Amou (Spec SF or I | ify | Removal | Repair | Encapsulate | Enclosure |
| 24 classrooms | Yes | No X | N/A | nino i | naulati | on (wr | on one | l out) | 240 L | г | | | te | w |
| | | | | | 200 | | | , | A-marinto-typic | | Х | | | |
| 4 bathrooms | | Х | | pipe ii | nsulati | on (wra | ap and | cut) | 120 L | .F | X | | | |
| Boiler Room | X | | | | boiler | rope ga | asket | | 20 S | F | X | | | |
| Name of Registered Waste Haul Newark Carting | er | Н | JDEP W auler ID 4509 | | Cubic of Was | | 1 | Name of Re GROWS | gistered | Landfill | | | | |
| City, State Newark NJ | | | | | | al Date /2017 | | City, State Morrisevil | le, PA | | | | | |
| Completed by Villos Savic | Title Proie | ct Ma | nager | | S | ignature | - | (| 70-200 | Da 06 | te /09/2 | 017 | | |

x 41031 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Date of Notification (1) Name of Building Owner/Operator (2) 5/3/17 Paulsboro Refining Company Agencies Notified Notification Type Street Address U JUN 800 Billingsport Rd () EPA (X) Initial Notification () DEP () Amended Certification City, State, Zip Code ASBESTOS CONTROL & (X) DOL () Cancelled Paulsboro, NJ 08066 LICENSING (X) DOH () DCA Name of Contact Tel, Number Ravi Jarecha FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Paulsboro Refining Company () School (K-12) () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 800 Billingsport Rd Sq. Feet N/A # of Floors N/A City (5) County (6) County Code (7) Paulsboro Gloucester (State Use Only) Bldg. Age N/A Current Use (prior if being demolished) Oil Refinery Name of Monitoring Firm Hired by Bidg, Owner (8) ASCM NO. Name of Contractor (9) Mansfield Industrial, Inc. Street Address Street Address 26 Colonial Ave Clty State, ZipCode Woodbury NJ 08096 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 856-224-4392 00857 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 5/17/17 5/26/17 Mansfield Industrial, Inc. Occupancy Status During Abatement (Check only one) Street Address () Facility Closed/Vacated During Entire Period of Abatement 26 Colonial Ave () Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code (X) Other - Describe - Removal of ACM within restricted work area in outside Woodbury NJ 08096 area Source of Work (Check all that apply) () Demolition (X) Renovation () Large Proj. (160 SF or >260 LF ACM) () SM Proj. >25<160 SF or >10 <260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure Location of Asbestos-Is Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Solely by Maint./Custodial Containing Material (ACM) in thermal systems insulation, Staff? (12) Facility (13) surfacing, VAT, or other NO Rem Rep Encap Enclose _YES NA misc.) TSI on T1 Tower at CU7 TSI X Approx 20 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Waste Management, Inc. 17273 2 CY Gloucester County Landfill City, State Disp. Date City, State South Harrison, NJ Various South Harrison, NJ

Signature

Mail to: N

NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Completed by (Print or Type)

ANDREW GREEN

Telephone 609-984-6620

MANAGER - Mansfield Industrial.

Title

inc.

C:\WORD\MYDOCS\ASBESTOS

Date

5/3/17

Site Operations Supervisor

| Ch3965 | | | FICATIO | tate of Ne N OF ASE to NJAC | BESTOS | ABATE | | hemotop of the control of the contro | | E C | E | | V | E | |
|--|---------------------------------------|----------------------------|------------------------------|-----------------------------------|--------------------|--|-------------------|--|-------------|------------------|-----------|------------|----------------|---------------------|-----------|
| Date of Notification (1) 05/31/2017 | · · · · · · · · · · · · · · · · · · · | | | of Building lin Towr | | | | ls | | .11 | N 1 | 2 | 2017 | 7 | IU, |
| Agencies Notified Type Notification | 1 | | Street A | Address Amwell | <u> </u> | | * | | het kesi. | | | | | | Sages |
| EPA Initial Amended | | | | ate, Zip C | | | | - | A | SBES' | TOS (| | | OL 8 | ž. |
| DOL Amendment Emergency | | _ | | rset NJ | | | | | *** | | | | | B-201 (186/6 18/2) | |
| □ DOH justification □ Cancellation | , | | | of Contact s Strimp | | | | | Tel | ephone | Numh | ρr | | | |
| | | | | ILITY INF | 28 | ION | | | 1 | | | | | | |
| Name of Facility Where Abatement is Takir Elizabeth Avenue School | ig Place (| 3) | | | | | | of Facility School (K- | | | | 22:01111 | | | |
| Street Address 363 Elizabeth Avenue | | | | | | | | Subchapte Other (i.e.) etc.) | r 8 (Oth | | | ouilo | dings | home | es, |
| City (5) Somerset NJ 08873 | | | | | | | | re Feet | # o 2 | f Floors | | | ldg. A O ye | | |
| County (6) Somerset | | | | Code (7) USE ONLY |) | | | ent Use (Pri lic High S | | - | olished | 1) | | | |
| Name of Monitoring Firm Hired by Building AHERA Consultants | Owner (8) |) | ASCN 0057 | | | | | tement Con | | (9) | | | | | |
| Street Address PO Box 385 | | | | | | | Addre | ss 46 Suite | e 15 | | | | | | |
| City, State, Zip Code Oceanville, NJ, 08231-0385 | | | | | | | | ip Code J 07512 | | | | | | | |
| Project Manager for Monitoring Firm John Smoyer | | | Telepho 609-6 | ne No. 52-1833 | | Teleph 973-3 | none N 339-9 | | | Licens 0103 | | | | | |
| Start Date (10) 06/19/2017 | Schedul 07/02/ | | | Date (11) | | 100 mm c c c c c c c c c c c c c c c c c | | HA Monitor | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | | | | Street | | | | | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: Occupied | Period of a | Abater / Hour | ment s | | | City, S | tate, Z | 46 Suite | 15 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Toto | wa, N | J 07512 | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | Description . | Renova Demoli | | | | × | Mir | I Containmoni-Enclosure | e cedure | | | | | ۵ | |
| | 4 | Locat | | | | | | | | | 1 | _ | Abate | ement | |
| Location of Asbestos-Containing Material (ACM) | Use | Norma d Sole | ely by | Ashes | Des tos Cont | scription | | (ACM) | ^ | mount | - | | 1 9 | pe | |
| TO BE ABATED In Facility (13) | N 8 7 | intena todial : (12) | Staff? | | thermal surface | | s insula T, or | | (S | pecify or LF) | | Remova | Repair | Encapsulate | Enclosure |
| 170718 | Yes | No | N/A | | J.I.I.O. II. | | code | | | | | / <u>a</u> | = | ılate | ure |
| Main Hallway | | X | | Pip | oe & Fi | tting In | sulati | ion | 58 | 35 LF | x | | | × | |
| Main Hallway | | X | | Sk | ylight T | ransite | e Pan | els | 19 | 2 SF | x | 1 | | x | |
| Principles Office | | Х | | | Trans | ite Par | nels | | 30 |) SF | x | | | x | |
| Nurse's restroom | | X | | | Trans | ite Par | nels | | 30 |) SF | x | 7 | | x | |
| Name of Registered Waste Hauler Newark Carting | | | IJDEP W lauler ID 4509 | | Cubic of Was | | | Name of I | | red Lan | dfill | | | | |
| City, State Newark NJ | | | | | Dispos 07/03/ | al Date /2017 | | City, State Morrise | | PA | | | | | |
| Completed by Milos Savic | Title Proje | ct Ma | anager | | Si | gnature | -/ | 2 | e. | | Date 05/3 | 1/2 | 017 | | |

| NT | | E | C | E | | \mathbb{V} | E | |
|----|---|-----|-----|------|-----|--------------|--|---|
| | | | JUN | 1 6 | 2 7 | 2017 | and the same of th | Ш |
| | A | SBE | STO |)S C | | VTRO | DL 8 | |

| Date of Notification (1): | Name (| of Building | g Owner/Operator (2 | 2): | | | JUN | 1-9 | 201 | 7— |
|--|-----------------|--------------|--------------------------|-----------------------------------|-----------------|-----------------------|---------|---------|----------------|------------------------|
| 6/7/17 Agencies Type Notification | MR. W | ILLIAM I | LOWE . | · · | | In r | JUN | ic | 201 | 1 |
| Notified | Street A | Address: | | | | | | | VAL-PS (11000) | |
| (X) Initial Notification | City St | ate, Zip C | adar | | | ASB | | | ONTF | OL |
| () DEP () Amendment | WEST | TELD, NJ | ode: | | | | LIC | ENS | ING | Laboration Transported |
| (X) DOL Notification | Name o | f Contact: | | | - m | | | | | |
| (X) DOH () Cancellation () DCA | MARG | | | | Telephone | e Nur. | | | | |
| | | | FACILITY IN | FORMATION | | | | | | |
| Name of Facility Where Aba | atement is Ta | king Place | (3): RESIDENTA | L Type of Facilit | v (4): | | | | | |
| | | | | () School (K- | | | | | | |
| Street Address: | | | | () Subchapter | 8 (Other than I | K-12) | | | | |
| | | | | (X) Other (i.e., homes, etc.) | private & com | mercial building | s, | | | |
| City & State (5): WESTFIEI | LD, NJ | | | Square Feet: | 2000 | T # 0.001 | | | | |
| County (6): | | | | Square Feet: | 2000 | # of Floors: | 2 | Bldg | g. Age | : 60+ |
| MORRIS | | County C | ode (7) | Current Use (| Prior if being | demolished): | | | | |
| | | | USE ONLY) | RESIDENTA | L | | | | | |
| Name of Monitoring Fir | m Hired b | y Buildin | ng ASCM No.: | Name of Abat | ement Contro | ector (0): | | | | |
| Owner:(8) ENVIRONMENTAL CONS | | | NTA | S. Communication of the second | | 8/4/2 | | | | |
| Street Address: | OLING GE | KOUP, LL | C | S/M Enterpri | AN 2432 | c. | | | | |
| 71 ARCH STREET | | | | Street Address | *E4 | | | | | |
| City, State, Zip Code: | | | | 339 North 6th | Street | | | | | |
| PATERSON, NJ 07522 | | | | City, State, Zij | Code: | | | | | |
| | | | | Prospect Parl | NJ 07508 | | | | | |
| Project Manager for Monitori FERNANDO VILLA | ng Firm: | | Telephone No.: | Telephone No. | : | License No.: | | | | |
| | | | 973-417-7214 | (973) 595-695 | 1 | 00641 | | | | |
| Start Date (10): 6/16/17 | Scheduled (| Completion | Date (11): | Name of OSH | | 00041 | | | | |
| | 6/18/17 | | | S/M Enterpris | | ersey, Inc. | | | | |
| Occupancy Status During Abaten | nent (Check on | ly one) | | Street Address: | | | | | | |
| (X) Facility Closed/vacated Durin | g Entire Perio | d of Abaten | nent | P.O. Box 8265 | | | | | | |
| () Abatement Performed Outsid () Other – Describe: | e of Normal Fa | icility Hour | S | City, State, Zip | Code: | | | | | |
| Same of W. 1 (O) | | | | Haledon, NJ 07 | 538 | | | | | |
| Scope of Work (Check all that app | oly): | | | | () 7 | | 5 | | | |
| $(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(X) \ge 160 \text{ sf or } \ge 260 \text{ lf}$ | | (X) | Renovation Demolition | | () IVIIIII F | entainment with | h Nega | ative P | ressur | e |
| , , <u> </u> | | ()1 | Demonition | | (X) Glovet | ag Procedure | | | | |
| Location of | Is Loc | | | | () 11011-11 | lable Procedure | T | Abat | emen | t |
| Asbestos-Containing Material | Norm Used So | lally | Asbestos Con | escription of taining Material | (ACM) | | | | ype | |
| (ACM) | Mainter | nance/ | (i.e., therm | al systems insula | tion, | | 1000 | | Im | |
| TO BE ABATED | Custo | | surta | icing, VAT, or | | Amount | Removal | R | nc | Enc |
| IN Facility | Stat | | otner | miscellaneous) | | (Specify | nov | Repair | aps | los |
| (13) | Yes No | N/A | | | | SF or LF) | /al | H. | Encapsulat | Enclosure |
| BASEMENT | X | INA | PIPE INSULA | TION | | 120 LF | V | | - | |
| | | | | | | 120 LF | X | | | |
| | | | | | | | | | - | |
| | | | | | | | - | | | |
| Name of Registered Waste Hau | ıler: | | NJDEP Wast | e Cubic Ya | rde | NT | | . 19 | | |
| SERVICES TRANSPORT GR | OUP, INC. | | Hauler ID No | | | Name of Regis IESI | tered | landfil | l: | |
| City, State: | Die | posal Date | 20990 | City State | | | | | | |
| NEW CASTLE, DE | | 1/17 | ·• | City, State: WAYNESB | URG, PA 19 | 720 | | | | |
| Completed By: | | Tiel- | | | O.C., FA 19 | | | | | |
| MIKE ALTADOUKA | | Title: | IDENT | Signature: | 2 | Date: | | | | |
| | | 1100 | ~~~ | 1 | | 6/7/17 | | | | |

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NIAC 250 7 AND 12:120 7

| | | | | (PURSUAN | T TO NJA | 2 8:60-7 AN | ID 12:120- | 1 (k | UCK | - 4 | 401 | 1 |
|--|--|----------------|--------------|--|--|-------------|--------------|--|-------------|---|---------|--------|
| Date of Notification (| 1) / <u>17</u> | | | | First Energ | | vner / Ope | rator (2) | |) E | CE | |
| Agancias Natified | Type of No | tificatio | , n | | | | | | 1 1 | 31 | | |
| | | | м | | | | | | - 111 | 11 | 4 6 | |
| The second secon | | | ed | | | | | | | L J | JUN 1 2 | 2017 |
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| Date of Notification (1) | | | 1200000 | Name | of Build | ing Owner/Operato | or (2) | AS | BEST | 0.5 | C | 77/ | TRO |
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| Project Manager for Mon | itoring Firm | 1 3 3 | | ne No. | | Telephone No. | -1 | License No. | | | | | |
| DON HEIM | | | | 558- | 8902 | 215-533- | | 01166 | | | | | |
| Start Date (10) | Scheduled (| | etion Da | ate (11) | | Name of OSHA | | ANTEG | | | | | |
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| Name of Monitoring Firm Hired by Building O | wner (d) | [ASL | Milto. | 20 | of Abatement C | | (9) | | | | |
| Street Address | | | | | Insulation Co | o., inc | | | | | |
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| Project Manager for Monitoring Firm | | 7-1-1 | 21 | 2 | s Neck, New | JBISBY | - | | | | |
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| Name of Registered Waste Hauler | | NUDEP V | | olo Yards | Name o | f Registe | red Landfill | | 1 | | |
| Ace Insulation Co., Inc. | | Hauler ID 12086 | No. of V | Vaste < | Chrins | s Landfi | 11 | | | | 17 |
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| Colts Neck, New Jersey | | | ; lust | posal Date | Oity. Size | 12/ | 1 | | | | 1 |
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| EPA Initial Amended Amendment # Emergency (in justification) Cancellation | cluding | | Dity, Stat Name of | Contact | ley are | | Pach, | N | 20 | ASBES | TOS JCEN | | | L & |
| Name of Facility Where Abatement is Taking Street Address City (5) | Place (C | | A. 2 ******** | | | The state of the s | | ol (K-12 hapter (i.e. pr | 2) 3 (Othai rivate & | r than K-12 commerci Floors | el build | ings, dg. A | J 6 | VIII |
| County (6) Munmon th | | | | ISE ONLY |) | | Current Us | Stu | ran | -1 | | | | |
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| Street Address City, State, Zip Code | to a residence of A resi | *::===== | | | | 95 M | Address Ontrose f late, Zip Co Nack, Ni | de | rsev | ed a lor a bandad or tillere | | | | the state of the state of the state of |
| Project Manager for Monitoring Firm | | | elephor | re No. | | | one No. 294 1757 | | | License N 00029 | 7. | | | |
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| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other - Describe: | Facility | Hours | GAI | | | City, S | late, Zip Co | ide | | arian e charac anno brial income | | | | - |
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| Name of Registered Waste Haufer Ace Insulation Co., Inc. | | H | JOEP W auter ID 2086 | | of Wa | 1 | Ø | Higs ! | Landfil | red Landiin Fa | : (1) | 255 | | |
| City, State Colts Neck, New Jersey | from the same | | | v 450000 (100000) N 1 8 800 | 4 | al Date プロ | 77 8 | y, State ISOS | rofile | 1801 | | PA | | |
| Completed by Bree McGuire | Title Secr | etary | Treasu | rer | 1 6 | Ygn alurs | M | 1 | | Da | 016 | 2 L | 7 | - |

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| Date of Notification (1) 06-06-2017 | | | | of Building (x Freight | Owner/Oper , Inc. | rator | (2) | | Bucharana and | II, | JUN | 1 2 | 20 | 17 |
| Agencies Notified Type Notification | n | | | Address lox 25612 | 2 | | | | | ASBE | STO | S C | ONT | ROL |
| X EPA X DEP X DOL Initial Amended Amendme | | | City, S | tate, Zip Co | de | 200-00 | | | | | | | MG | ensembles (Vans |
| ➤ DOL Amendme | | | Richn | nond, VA | 23260 | | | | | | | | | |
| ➤ DOH justification □ DCA □ Cancellation | 1) | 9 | Name | of Contact | | | | | Tel | lephone Nu | mber | | | |
| Name of Facility and the same of Facility and | | | FAC | ILITY INFO | ORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Tak FedEx Freight | ing Place (| (3) | | | | | Тур | e of Facility (4 | | | | | | |
| Street Address 164 W Wheat Rd | | | | | | | × | School (K-12 Subchapter 8 Other (i.e. pr | (Oth | er than K-1 & commerc | 2) ial bu | ildings | s, hom | ies, |
| City (5) Vineland | | | | | | | | etc.) are Feet | | f Floors | 1 | Bldg. | | |
| County (6) Cumberland | | | County (STATE | Code (7) USE ONLY) | | | 0.00000 | ent Use (Prior | 1 0000 | 11.53 | 1 | IN/A | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8 |) | ASCI | M No. | | | of Ab | atement Contra | ractor | (9) | | | | |
| Street Address | | | | | Str | eet | Addre | | | | | | | |
| City, State, Zip Code | | | | | Cit | y, Si | ate, 2 | Zip Code ok, NJ 0705 | 18 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | one No. | Tel | leph | one N | | | License N 01317 | lo. | | | |
| Start Date (10) 06-18-2017 | Schedul 06-19- | | | Date (11) | Na | me d | of OS | HA Monitor | | 0.017 | | | | New West |
| Occupancy Status During Abatement (Che | ck Only O | ne) | | | | | Addre | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period of mal Facility | Abater y Hour | nent s | | City | y, St | ate, Z | Ave #F2 Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | – Pi | ne | Broc | k, NJ 0705 | 8 | | | | | |
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| Name of Registered Waste Hauler | | l N | JDEP W | /aste | Cubic Yards | s | | Name of Re | aister | red Landfill | | | | |
| nited Safety LLC | | Н | auler ID 036820 | No. | of Waste N/A | -501 | | GROWS | - | | | | | |
| City, State Pine Brook, NJ | | | | 11 10 10 | Disposal Da N/A | ate | _ | City, State Tullytown | , PA | | | | | |
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|--|-----------------|-----------------------------------|-----------------------|----------------------|----------------------------------|----------------|---------------------------|-------------------------------------|------------|---------------------------|---------------|--------|--------------|-----------|
| Amended New Morte | dal | NOTI | FICATION | ON OF A | Kow Jers SBESTO: AC 8:60 a | SARATE | EMEN | THE | old | _ | [] | _ | | |
| Date of Notification (1) 10/3/16 | ~~~ | | Name | of Buildi drea Co | ng Owner Onstructi | Operato | r (2) | Abu | ma | 5/ | //// | 7 | | |
| Agencies Notified Type Notification | | | Street | Address Box 13 | | | 1110. | New | 1110 | teri | al (| K | | |
| EPA DEP DOL Initial Amended Amendment | " `B | - | City, S | State, Zip | | * | | | |) <u>.</u> [<u></u> | <u>G</u> E | | \mathbb{W} | E |
| Emergency justification) | # (including | 1 | Name | n NJ 08 of Conta | ct | | | | | elepho | JUN j | 2 | 20 <u>17</u> | 7 |
| DCA Cancellation | | | | Nuger | it IFORMAT | ION | -0: | | - Augusta | | | | | Consult. |
| Name of Facility Where Abatement is Takin Mercer County Courthouse | g Place (| 3) | | | | | Тур | e of Facilit | | ASBES | STOS | CON | TRO | L & |
| Street Address 209 North Broad Street | | | | | | | × | School (H Subchape Other (i.e | ter 8 (Oti | her than | K-12) | - | | nes, |
| City (5) Trenton NJ 08625 | | | | 3 | | | | etc.) are Feet 000 + | # 6 | of Floors | T | Bldg. | Age | |
| County (6) Mercer | | | | Code (7 | | | | ent Use (F | | ing dem | olished) | 001 | | |
| Name of Monitoring Firm Hired by Building CN/A | wner (8) | 1 | ASC | M No. | | Name Pern | | atement C | ontracto | r (9) | | | | |
| Street Address | | | | | | Street PO E | | | | | | | | |
| City, State, Zip Code | | | | | | City, S | tate, 2 | Zip, Code | 1004 | | | • | | |
| City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. | | | | | | | | | | | | | | |
| Start Date (10) | Schedule | ed Gor | mplețion | Date (11 |) | 856-7 Name | | 9800 HA Monito | r | 00727 | 7 | | | |
| 10/14/16 Occupancy Status During Abatement (Check | Only On | e) | 7, | , | | Same | | SS | | | | | | |
| Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal | eriod of A | baten | nent | | | | | | † † † ¢ | | | | | |
| Other - Describe: >11A 11M | 6 3 | 200 | pn | 2 2nd | Sheft | City, St | ate, Z | ip Code | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if | X R | enova emolit | tion . | | | | Fu | II Containn | nent with | Negativ | e Pressi | ıre | | |
| | | | | | | × | Glo | ovebag Pro n-Exempte | ocedure | d Non-Fr | iable Pro | cedu | e | |
| Location of | N | Locati | ly | | Des | cription o | nf | | | | | | ement /pe | t |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Sole ntenar odial S (12) | nce/ | Asbe: (i.e | stos Conta thermal surfac | aining Ma | aterial insula , or | (ACM) ation, | (S | mount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| Window sashes ground floor through | Yes | No | N/A | - | | | | | 000 | | | | fe | Ф |
| 5th floor | | | X | | windo | w glaz | ing | | 250 | Sashes | × | | | |
| New Material | | | | Dall | holes | as Nea | edec | | | | - | | | |
| Plaster Busement 4 Stairs Name of Registered Waste Hauler | | LAI | X | Pla | ster | | | | 8.5 | | X | | | |
| Horizon Disposal Ser. | | Ha | JDEP Wauler ID 416 | | Cubic Y of Wast | | | Name of G.R.O. | | ed Landi | ull | | | |
| City, State Trenton NJ | | | | | Disposa TBD | I Date | | City, State Morrisv | | 19067 | | | | \dashv |
| Completed by Anthony T Perna | Title Presid | ent | | | L | nature | Q I | IVIOITIOV | mo I A | - 0 | ate 0/3/16 | | | |
| | | | | | (| | | | | | 3, 3, 10 | | | |

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

| , | | OF | | (P | ursuant | to NJAC | 8:60 and | 112:120 | 0) | CK | /UT | SE (| | | \mathbb{W} | |
|----------|--|------------------------|-------------------|--------------------|--------------------|-----------------------|-----------------|--|----------|--|----------|-------------------|---------|---------|---------------|---------------|
| 95.000 | e of Notification (1) 6/17 | | | | | f Building / Gonza | | | | | | | | 1. 102 | | 1 |
| Age | encies Notified | Type Notification | | | Street A | ddress | | 0 | | | | ll J | IN 1 | 2 ; | 2017 | |
| X | EPA | ☐ Initial | | | | | | | | | f led | bed. | | | | i |
| | DEP | Amended | | | City, Sta | ite, Zip Co | ode | | | | - | | | | 2 mg C (Phy / | |
| X | DOL | Amendment Emergency | | | Gibbs | town N. | J 08027 | 7 | | | | ASBES | 1100 | | | JL & |
| X | DOH | justification) | including | | Name of | Contact | | | | | Tele | ephone Nu | mber | 2011 | | an Umphristen |
| | DCA | Cancellation | | | Bob | 5 | | | | and the control of th | | _ | | | | |
| Nine | | A1-1 | DI | | FACI | LITY INFO | ORMATI | ON | _ | | | | | | | |
| | ne of Facility Where and obby Gonzales F | | g Place (| 3) | | | | | | of Facility (4 School (K-12 | 5 | | | | | |
| Stre | eet Address | | | | | | | | X | Subchapter 8 Other (i.e. pr | | | | dings, | home | es, |
| City | (5) | | | - | | | | | | etc.) re Feet | # 01 | Floors | I F | Ildg. A | ae | |
| 1000 | bbstown NJ 080 | 27 | | | | | | | 100 | | 2 | | 71 00 | 35+ | .5- | |
| 1 | unty (6) Ducester | | | | County (| Code (7) USE ONLY |) | | Curre | ent Use (Prior | r if bei | ng demolis | hed) | | | |
| | ne of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | 1 No | | Namo | of Aba | itement Cont | ractor | (0) | | | | |
| N/ | | Trilled by building | OWNER (O) | 5 | AGOIN | 1140. | | The Party Court Court | naco I | | ractor | (9) | | | | |
| Stre | eet Address | (| | | | | | A CONTRACTOR OF THE CONTRACTOR | Addre | | | | | | | |
| | 0 | | | | | | | | Box 3 | | | | | | | |
| City | , State, Zip Code | | | | | | | | | ip Code Iin NJ 0809 | 91 | | | | | |
| Pro | ject Manager for Mor | nitoring Firm | | T | Telepho | ne No. | | | none N | The state of the s | 50.01 | License N | No. | | | |
| | | | | | | | | 856- | 753-9 | 9800 | | 00727 | | | | |
| | rt Date (10) 7/17 | | Schedul 6/8/17 | | mpletion I | Date (11) | | Name Sam | | HA Monitor | | | | | | |
| 100 | cupancy Status Durin | g Abatement (Chec | | | | | | | Addre | SS | | | | | | |
| \times | Facility Closed/Vac | | | | nent | | |) | | | ş | | | | | |
| | Abatement Perform Other – Describe: | ned Outside of Norm | nal Facility | y Hour | S | | _ | City, S | State, Z | ip Code | | | | | | |
| Sco | pe of Work (Check A | II That Apply) | | | | | | | | | | | | | | |
| X | ≥3 sf or ≥3 lf | | | Renova | | | | F | Fu | II Containme | nt with | Negative | Pressu | ге | | |
| Ш | ≥160 sf or ≥260 lf | | | Demoli | tion | | | - | | ni-Enclosure ovebag Proce | dura | | | | | |
| | | | | | | | | × | | n-Exempted | | d Non-Fria | ole Pro | cedur | е | |
| | | | Is | Locat | ion | | | | | | | | | | ement | t |
| | Location | n of | | Norma | | | Des | scription | of | | | | - | 1) | ре | |
| | Asbestos-Containing | | | ed Sole aintena | | | tos Cont | | | | | mount | _ | | m | m |
| | TO BE AB. In Facil | | 20010 | todial | Staff? | (I.e. | thermal surface | system: cing, VA | | ation, | | Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | (13) | • | | (12) | | | | niscellar | | | | | ova | pair | sula | sur |
| | | | Yes | No | N/A | | | | | | | | - | | ite | Ф |
| | laundry F | Room | | | х | | floor ti | ile & m | nastic | | 12 | 25 SF | x | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 1 | | | | | |
| Nan | ne of Registered Was | ste Hauler | - | | NJDEP W | | Cubic | | | Name of R | egiste | red Landfi | l l | | | |
| Un | ited Roll Off | | | 100 | Hauler ID 22459 | No. | of Was | ste | | G.R.O.V | V.S. | | | | | |
| City | , State | | | | | | 1777 | sal Date | | City, State | | | | | | |
| | n NJ | | | | | | 6/8/1 | | | Morrisvi | | A 19067 | | | | |
| Con | mpleted by | The same with | Title | | | | S | ignature | 9 | 1 | | | ate | | | |
| Ant | thony T Perna | | Pres | sident | | | | (| 2 | | | 6 | 6/6/17 | | | |

CHECK# 1697

| Date of Notification (1) 06/05/2017 | | | | | Building (ESE OF | | | (2) | | In | E | CE | | \mathbb{V} | |
|---|---|---|---------------------|-------------------------|-----------------------|-----------|-------------------------|-----------------------|---|-------------------|------------------|---------------|----------------------|-----------------|--|
| Agencies Notified | Type Notification | | | Street Ad 631 M | ddress ARKET | STRE | EET | | | | | IIIN 1 | 2 : | 2017 | The second secon |
| PA DEP DOL | Initial Amended Amendment # | | | | te, Zip Co EN NJ (| |) | | | | 1 | IUN_I | | 101/ | 1000 |
| DOH DCA | Emergency (ir justification) Cancellation | ncluding | | | Contact /ILLIAM | S | | | | Tele | nAShelk | Giribes | CON | TRO i | L & |
| | | | | FACII | LITY INFO | RMAT | ION | | | - | e | | _ | | |
| Name of Facility Where ST. MARGARET R | Abatement is Taking EGIONAL SCHO | Place (3) |) | | | | | ☐ s | f Facility (4 chool (K-1) ubchapter | 2) | rthan V | 12) | | | |
| 773 THIRD STREE | ΕT | | | | | | | O et | ther (i.e. p | rivate & | comme | rcial bui | | 5VC 10-000000VC | es, |
| City (5) WOODBURY HEI | GHTS | | | | | | | Square 21,00 | 00 | 2 | Floors | | 31dg. <i>i</i> 54 | \ge | |
| County (6) GLOUCESTER | | | | | ode (7) SE ONLY) | | | Curren | t Use (Prid OOL | or if bein | ig demol | lished) | | | |
| Name of Monitoring Firm HORIZON ENVIRO | N Hired by Building O DNMENTAL GRO | wner (8) DUP, IN | C. | ASCN 0073 | | | Name ASS | of Abate SURED | ement Con ENVIR | tractor (ONME | (9) NTAL | SERV | CES | INC | |
| Street Address PO BOX 316 | BOX 316 State, Zip Code | | | | | | | Address | S RUN | | | | | | |
| City, State, Zip Code THOROFARE, NJ | State, Zip Code OROFARE, NJ 08086 ect Manager for Monitoring Firm | | | | | | | State, Zip LLICA I | Code HILL NJ | 08062 | | | | | |
| Project Manager for Mor DAVE FLANIGAN | OROFARE, NJ 08086 ect Manager for Monitoring Firm AVE FLANIGAN | | | | | <u></u> | | hone No. -304-46 | | | License 01145 | | | | |
| Start Date (10) 06/26/2017 | ect Manager for Monitoring Firm VE FLANIGAN t Date (10) Schedul | | | | | | Name EMS | | A Monitor | | | | | | |
| Occupancy Status Durin | g Abatement (Check | Only On | e) | | | | | Address | | 9272 | | | | | |
| Facility Closed/Vac | ated During Entire Pe | eriod of A | batem | ent | | | 200 | RT. 13 | 0 NORT | Ή | | | | | |
| Abatement Perform Other – Describe: | ned Outside of Norma | al Facility | Hours | | | _ | | State, Zip NAMIN | Code ISON N | J 0807 | 7 | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | _ | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | CONTRACTOR OF THE PARTY OF THE | enovat emoliti | | | | × × × | Mini Glov | Containme -Enclosure rebag Proc | e cedure | | | | Don't | |
| | | | | | | | | Non | -Exempted | (^) and | Non-Fr | iable Pr | | re tement | t |
| lti- | | 1 | Location lormall | | | D. | | | | | | | | уре | |
| Locatio Asbestos-Containing | Material (ACM) | | d Solel | | | os Cor | escription taining N | Material (| | Ar | nount | | | ш | _ |
| TO BE AB | | 5-50 | odial S | 377 | (i.e. | | I system | | ion, | | pecify or LF) | Ren | Repair | ncap | nclo |
| (13) | | | (12) | | | | miscella | | | | J / | Remova | pair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | te | LU . |
| BOILER F | | X | | | BRE | ECHI | NG INS | SULAT | ION | | 8 SF | X | | | |
| ROOM 2 | | | Χ | | | | INSUL | | | | 3 LF | X | | | |
| ROOM 1 PRE | | | Χ | | | 0 50 /200 | INSUL | | | 2100 | 6 LF | X | | | |
| ROOM 6B & 6 | A CLOSET | | Χ | | | PIPE | INSUL | ATION | | | LF | X | | | |
| Name of Registered Wa ASSURED ENVIRO | | VICES | H | JDEP Wauler ID 03489 | No. | of Wa | c Yards aste | | Name of MINER | 500 | | | | | |
| City, State MULLICA HILL NJ | | | | | | | osal Date 07/2017 | | City, State WAYN | | RG, OI | Н | | | |
| Completed by RON SWANSON | | Title GEN | ERAI | MAN | AGER | | Signatu | * Just | ebu | XW06 | M | Date 06/05 | /201 | 7 | |

| X C may 4 | | | St | ate of New | v Jerse | у | | | | Incress IL | - (5) | | пт | \ /7 F |
|---|------------|------------------|--------------------|-----------------------|-----------------|---|-------------|--|----------|------------------|---------|-----------------------|-------------|-----------|
| * Emergency * | | NOTIF (P | ICATION ursuant | OF ASBE to NJAC 8 | STOS 8:60 an | ABATE d 12:120 | MENT 0) | CK | 61 | 19)- | C | <u>L</u> | | <u> </u> |
| Date of Notification (1) 6/5/17 | | | | f Building O | | | | | 21 | | JUN | 1 | 2 21 | 017 |
| Agencies Notified Type Notification | | | Street A | A CHARLES OF COMMENTS | | | | | | Sed lesi | 0011 | 0 00 0 | | 011 |
| EPA Initial Amended | | | | | | | | | | 100 | BEST | 26.0 | 100 | TDOI |
| DEP Amended Amendment | .11 | | | ate, Zip Coo | | | | | | - AOI | | CEN | | |
| | (including | | | on NJ 08 | 620 | | | | 1=. | | | | | |
| □ DOH justification) □ DCA □ Cancellation | | | Patty | f Contact | | | | | Tel | ephone Nu | ımber | | | |
| Cancellation | | | - | LITY INFO | RMAT | ION | | | - | | | | 7. | |
| Name of Facility Where Abatement is Takir | g Place (| 3) | | | | | Type | of Facility (4 | 1) | | | | | |
| Patty Del Giudice Private Home | | | | | | | | School (K-12 | 2) | | | | | |
| Street Address | | | | | | | | Subchapter of Other (i.e. pr | | | | dinas | home | 96 |
| Cit. (5) | | | | | | | 15.31 | etc.) | | | | 1500 | | |
| City (5) Trenton NJ 08620 | | | | | | | Squa 100 | re Feet | 1 # 0 | f Floors | | 31dg. <i>A</i> 35+ | \ge | |
| County (6) | | - 1 | County | Code (7) | | | | nt Use (Prio | | na demolis | | +00 | | |
| mercer | | | | USE ONLY) | | | Ourre | 111 036 (1 110 | i ii bei | ng demons | neu) | | | 1 |
| Name of Monitoring Firm Hired by Building | Owner (8) |) | ASCN | ΛNo. | | Name | of Aba | tement Conf | ractor | (9) | | | | |
| N/A | | | | | | | naco I | | | | | | | |
| Street Address | | | | | | Street | Addre | SS | 7.1 | | - 200 | | 2.4015 | |
| · · | | | | | | | Box 3 | | | | | | | |
| City, State, Zip Code | | | | | | 1900/01/2007 | | ip Code in NJ 080 | 91 | | | | | |
| Project Manager for Monitoring Firm | | T | Telepho | ne No. | | | none N | | | License I | No. | | | |
| = | | | | | | 856- | 753-9 | 0086 | | 00727 | | | | |
| Start Date (10) | | | npletion | Date (11) | | 100000000000000000000000000000000000000 | | HA Monitor | | | | | | |
| 6/6/17 | 6/7/17 | | | | | Sam | 277 | | | | - | | | |
| Occupancy Status During Abatement (Chec | - | | | | | Street | Addres | SS | | ī, | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: | | | | | _ | City, S | tate, Z | ip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 1 | inm | - 1.18010 | | -4- | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | _ | Renova Demoli | | | | Ê | Ful Mir | Containment i-Enclosure ivebag Proce | nt with | | Pressu | re | | |
| | | | | | | | | n-Exempted | | d Non-Fria | ble Pro | cedur | е | |
| | 1100 | Locat | | | | | | | | | | | ement | |
| Location of | | Normal | | | | scription | | | 2 | | | 1) | pe | |
| Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> | Ma | intena | nce/ | | | taining N systems | | | | mount Specify | R | 71 | Enc | 四 |
| In Facility (13) | Cus | todial ((12) | starr? | | surfa | cing, VA | T, or | | | or LF) | Remova | Repair | apsı | Enclosure |
| (10) | Yes | No | N/A | | ouner ii | Iliscellati | ieousj | | | | val | = | Encapsulate | ure |
| Basement | | | x | | Pipe | insula | tion | | 1(| 00 LF | х | | | |
| | | | | | wet w | rap an | d cut | | | | | | | |
| | | | | | | | | | | | | | | |
| | 1 | | 1 | | 10 - 5 - 10 - | | | | | | - | | | |
| Name of Registered Waste Hauler | | IN | JDEP W | laste T | Cubic | Yards | | Name of R | egiste | red Landfil | 1 | | | - |
| Horizon Disposal Ser | | H | lauler ID 2459 | | of Was | | | G.R.O.V | | roa cariani | • | | | |
| City, State | | | | | | sal Date | | City, State | | | | | | |
| Trenton NJ | | | | | 6/7/1 | 7 | | Morrisvi | lle P | 4 19067 | | | | |
| Completed by | Title | | | | S | ignature | . | | | 1 | ate | | | |
| Anthony T Perna | Pres | ident | | | | 11 | - | | | 6 | /5/17 | | | |

Print Form

CK 4125

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

| | | | | - 15 | CT | | | water (2) | | | TE | 15 | 162 | TE | 1 | W | |
|--|-----------------------------|------------------------------|--------------------------|----------------------|-----------|---------------------|-----------|----------------------------|-----------|-----------------------------|-----------------|-------------------|-----------|--------|------------|-------------|------------|
| Date of Notification (1) | | | | N | ame of I | Building Own | estappe | | AN | 1A | |) 5 | | L | ij | Ŭ | <u>L</u> |
| 6/6/ | | | | - | treet Add | | 50 | | | | II Ime | 3 | | | | | |
| Agencies Notified | Type Not | meation | | 3 | ueet Aut | IICO | | | | | many trees | | HIM. | 1 | 2 0 | 017 | |
| □ EPA | Init | | 130 | - | ity State | e, Zip Code | | | | *** | ind in | les 2 | - 1 to 14 | | | VII | |
| DEP DOL | | ended endment# | | | Le Le | FONIA | | NJ. | 0 | 7605 | | - | | | | | |
| 2000 - 1000 1000 | □ Em | ergency (in | cluding | N | lame of 0 | | | | - | | Tele | phone N | umber (| SC | COV | ITRO |)L & |
| DOH DCA | 1 | ification) scellation | | | | DAN V | NAR | NEVL | | | | | | | | 1480 | n.13844757 |
| U ICA | | | | | | ITY INFOR | | ION | | | | | | | | | - |
| Name of Facility Where A | batement is | Taking Pla | ce (3) | | | | | 1 | Type of | Facility (4) | | | | | | | |
| Ma | 2. C | ATANi | A | | | | | E | ☐ Sc | hool (K-12) |) | | 2) | | | | |
| Street Address | | | | | | | | E | Su | bchapter 8 her (i.e. pri | vate & | nan K-1. | al bui | ding | , hom | es, etc | .) |
| | | | | | | | 14.0 | | - | | | | | | | | \dashv |
| City (5) | 10 | | | | | | | S | Square I | | # of | Floors | | 1 | g Ag 94 | - | - 1 |
| LE | OHIA | 4 | | | | | | | _ | 000 | | 2 | 1 - 1 | - | 3 7 | 7 | \dashv |
| County (6) | | | | | County C | ode (7) SE ONLY) | | 0 | Current' | Use (Prior | if being | demons | mea) | | | | |
| _ | ENC | | | (- | SIAILU | SE UNLI) | | | | | | جها ده | | | | | \dashv |
| Name of Monitoring Firm | Hired by B | uilding Ow | ner (8) | | ASCM | No. | | | | nent Contra | | | | | | | |
| | | | | | | | | | | noval In | C | | | | | | \dashv |
| Street Address | | | | | | | - | Street Ad | | | α. | | | | | | |
| | | | | | | | | City, Stat | Sout | h River | Stre | et | | | | | - |
| City, State, Zip Code | | | | | | | | | | ck, NJ (| 7601 | | | | | | - |
| | 45 | | | | | | | | | CRy 143 C | 7700 | License | e No. | | | | \neg |
| Project Manager for Mon | itoring Firm | | | 13 | felephon | e No. | | Telephon | 01-32 | 9-7444 | | | 0038 | 8 | | | |
| | | | | | | . (11) | | Name of | | | | | | | | | |
| Start Date (10) | 1 - | | Scheduled | | 22/1 | | | | | nviron | nent | 1 | | | | | |
| 6/21 Occupancy Status During | Alman | (Charle On | ty One) | 6/0 | -011 | | | Street Ad | - | AVHOIM | 20020 | | | | | | |
| 1 2 22 | | | | | | 7. | | 280 | Huy | ler Stre | et | | | | | - ~~ | |
| Facility Closed/Vac | ated During ed Outside o | Entire Period of Normal F | od of Abat acility Ho | tement urs | | | 4 | City, Stat | te, Zip (| Code | | | | | | | |
| Abatement Performe Other - Describe: | 730 4 | 1 10 | 5:00 | OH | | | l | Sou | uth H | ackensa | ick, l | NJ 076 | 606 | | | | |
| Scope of Work (Check A | II That Anni | lv) | | | | | | | | | | | - | | | | |
| | ıı ınınınpp | 37 | DV 0 | Renovati | 00 | | | | Full (| Containmer | nt with | Negative | Pressu | ure | | | |
| ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf | | | | Demoliti | | 32 | | -25 | Mini | -Enclosure | 2000000 | | | | | | |
| | | | | | | | | | Glov | ebag Proce Exempted | dure (*) and | Non-Fria | able Pr | ocedi | ire | | |
| | | | 1 | | | | | | 1402 | 1 | | | | | Abate | | |
| | | | | S Location | | | 10 | | ~ | | | | - | | Ту | pe | |
| Location Asbestos-Containing | | ACM) | Use | ed Soleh | y by | Ashestr | os Cont | scription or aining Mat | terial (A | (CM) | | mount | | | | E I | P-1 |
| TO BE A | | ACIN) | | aintenan todial S | | (i.e. them | nal syste | ems insula | tion, su | rfacing, | | Specify or LF) | | Remova | Repair | Encapsulate | Enclosure |
| In Fac | | | 1 | (12) | water. | | | VAT, or miscellane | ous) | | 3. | Of Day | | oval | air | sula | sure |
| (13 | ") | | | 1 | T >7/4 | | 10001100 | | . 53 | | 30.5 | | | | | 6 | |
| | | | Yes | No | N/A | | | | | | | 2010 | - | | | | |
| BASEMEN | | 8 | | | | THERMH | 5/5 | STEH IN | SJLA | MOITH | | OLF | _ | × | | - | |
| | | | | | | | • | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | - | - | - | | | | | | | | | | | |
| 25 25 1 100 | 4- TT | | | | JDEP W | acte | Cubic | Yards | | Name of F | Register | ed Landi | <u> </u> | | | | |
| Name of Registered Was | te Haulet | | | - 272 | auler ID | CO10001 | of Wa | ste , | | | | | | | - т | TC | |
| Best Removal 1 | Inc | | | | 171 | 09 | | 20/2 | 07 | | | rva Er | nterp | rise | 8, L | LL | |
| City, State | | | | | | | | sal Date | ,, | City, State | | 0 | ET 4 4 | 600 | 2 | | |
| Hackensack, N | J 07601 | | | | | | | 122/1 | 17 | Wayı | nesbu | rg, O | Date | 1000 | | | |
| Completed by | | | Title | | | | 3 | Signature | 2 | مدنه | Pun | | | | 6/ | 17 | |
| J. Maiorano | | | E | stima | tor | | | V | (1 | عبريو | _ | | | | -/ | | - |

CK 4124

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

| Date of Notification (1) | | Name of | Building Owner | Operator (2 | 2) | Inle | G | 3 | W | |
|---|-----------------|----------------------|--------------------|---|--------------------------------------|--|--------|----------|-------------|-----------|
| 6/6/17 | | MS | . Lenor | A O'C | SOUNDE | | | | | |
| Agencies Notified Type Notification | | Street A | ddress | | | And the second s | ilN ' | 1 2 | 201 | , |
| ☐ EPA | | City Sta | te, Zip Code | | x | HI J | JN_ | 1 6 | 2111 | _ |
| DEP Amended Amendment #_ | | LAL & | | ina | . NJ. | 07075 | | | | |
| DOH Emergency (inc justification) | cluding | Name of | Contact | | | Telephone Num | ber US | CO | MIR | IUL I |
| □ DCA □ Cancellation | | M | 5.0/cou | NON | | _ | | | | |
| Name of Facility Where Abatement is Taking Plan | oe:(2) | FACI | LITY INFORM | ATION | Type of Facility | (4) | | | | |
| MS. LENON | (a) | CON | JOR | | ☐ School (K- | | | | | |
| Street Address | <u> </u> | | *** | | ☐ Subchante | 8 (Other than K-12) | | | | |
| | | | | | Other (i.e. | private & commercial | | | | 44.) |
| City (5) | | | | | Square Feet | # of Floors | B | ldg. A | 40 | |
| W00D - 72:00 | 9-Ĉ | | | | | 2 |) | 15 | 90 | |
| County (6) RENGEN | | | Code (7) USE ONLY) | | Current Use (PT | or if being demolished | ., | | | |
| Name of Monitoring Firm Hired by Building Own | ner (8) | ASCR | A No. | Name | of Abatement Cor | | | | | |
| , and the same of | (-) | | 1707.127 | Be | st Removal | Inc | | | | |
| Street Address | | | 4 | . Street | Address | | | | | |
| | | | | | 0 South Riv | er Street | | | | |
| City, State, Zip Code | | | | | State, Zip Code | T 07601 | | | | |
| | | 1 Talaska | - M- | | ckensack, N. | License No | 2. | | | |
| Project Manager for Monitoring Firm | | Telephor | ie No. | | 201-329-74 | | 388 | | | |
| | Scheduled Co | mpletion D | ate (11) | Name | of OSHA Monitor | | | | | |
| . 4/2017 | | 21/17 | > | | nega Enviro | nmental | | | | |
| Occupancy Status During Abatement (Check Only | y One) | , | - 4 | | Address 80 Huyler St | root | | | ~ ~ | |
| ☐ Facility Closed/Vacated During Entire Perio ☐ Abatement Performed Outside of Normal Fa | | nt | | | State, Zip Code | 1001 | | | | |
| Other - Describe: 8:00 AM 70 | \$:006 | 24 | · | S | outh Hacker | sack, NJ 0760 | 5 | | | |
| Scope of Work (Check All That Apply) | | | | - | | - | | | | |
| ≥3 sf or ≥3 lf | Reno | vation | 92 | Ė | | nent with Negative Pre | ssure | | | |
| □ ≥160 sf or ≥260 lf | □ Demo | dition | | | Mini-Enclosur Glovebag Pro | | | | | |
| | | | | - 27 | Non-Exempte | d (*) and Non-Friable | Proced | | | |
| | Is Loc | ation | 1 | 7 | | | | | ement pe | |
| Location of | Norm Used So | | | Description | | Amount | | Π | Ì | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Mainte | nance/ | (i.e. thermal s | ontaining iv | faterial (ACM) lation, surfacing, | (Specify | Re | R | Ence | Enc |
| In Facility (13) | Custodia (1: | | | VAT, or ner miscellar | | SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| (20) | Yes N | o N/A | 1 | | | | - | | te | ·e |
| | 165 14 | - IVA | | | 10 | 35LF | × | | | |
| BASEMENT | | _ | THERMAL S | of SIGH | NSJ LATION | 2301 | 1 | \vdash | - | - |
| - | | - | | | | - | + | - | | |
| | | | | | | | - | - | - | |
| 7.0 | | | | | | CD -14 - 17 - 460 | ١., | | L | |
| Name of Registered Waste Hauler | | NUDEP W Hauler ID | 700 CO | bic Yards Waste | | f Registered Landfill | 200 | | | |
| Best Removal Inc | | 171 | 09 | | 1 | Minverva Ente | pris | es, L | LC | |
| City, State Hackensack, NJ 07601 | | | | posal Date | City, St | | 1468 | 8 | | |
| Completed by | Title | | | Signature | | ynesburg, OH 4 | rte | | | |
| J. Maiorano | 100000 | nator | | J. S. | Moiar | 2000 | | 6/1 | 7 | .,,,,,,, |
| | Loui | INTO! | | L | 1 | | | | | - |

| | | | | | | | | - | | | | Pri | nt Forn |
|--------------------------------------|---|--|-------------------|------------------|---|----------------|--|---------------|---------------------|---------|---------|--------------|------------------|
| CKIC | 03 | | | ICATION | tate of New Jerse N OF ASBESTOS to NJAC 8:60 ar | ABATE | | | DE | C E | | \mathbb{V} | |
| Date of Notification (1) | | | | Name o | of Building Owner/ | Operato | r (2) | | | JN | 2 | 2017 | |
| 06/02/2017 | | | | Arc of | f Essex | | | 1 102 | | | | |) leaves |
| Agencies Notified | Type Notification | | | Street A | Address | | | | ACDEC | STOS | | NET CM | 01 0 |
| Ø EPA | Initial | | | 24 Cla | arendon Place | | | - | ASBES | LICE | | | UL a |
| DEP | Amended | | | | ate, Zip Code | | | 10000 | | | | - | Pr. Cherry State |
| DOL | Amendment Emergency | | _ | | nfield NJ 0700 | 3 | | | | | | | |
| ☑ DOH | justification) | (III Clading | | | f Contact | | | Te | elephone Nu | mber | | | |
| DCA DCA | Cancellation | | | TOSESCO SULMENIA | Action | | | _ | | | | | |
| Name of Facility Where | Abatament is Takin | a Place / | 2) | FAC | ILITY INFORMAT | ION | Type of Facility | (4) | -1 | | | - | |
| Arc of Essex | Abatement is Takin | g Flace (| 3) | | | | | | | | | | |
| Street Address | | | | | | 0.0000.0000 | School (K | | her than K-1 | 2) | | | |
| 24 Larendon Place | 24 | de | ND | nd. | on | | Other (i.e. | | & commerci | | dings | , home | es, |
| City (5) | | | | 7 | - , , | | etc.) Square Feet | T # / | of Floors | TF | Bldg. A | Ane | |
| Bloomfield | | | | | | | 2200 | 2 | 31 1 10013 | | 938 | - | |
| County (6) | | | - 1 | County | Code (7) | | Current Use (P | 1 | ina demolis | | | | |
| Essex | | | | | USE ONLY) | | Residential | | | , | | | |
| Name of Monitoring Firr | m Hired by Building (| Owner (8 |) | ASCN | И No. | Name | of Abatement Co | ontracto | r (9) | | | | |
| Divine Environmer | | • | | | | | ningpoint Cont | | | tion | | | |
| Street Address | | | | | | Stree | t Address | | | | | | |
| 358 Broadway | | | | | | 51 E | Berkeley Terra | ice | | | | | |
| City, State, Zip Code | | | | | | City, 8 | State, Zip Code | | | | | | |
| Newark NJ 07104 | | | | | | Irvin | igton NJ 0711 | 1 | | | | | |
| Project Manager for Mo | | | | Telepho | | 955560 | hone No. | | License N | lo. | | 77 | |
| Nkeiruka Onwukai | fe | | | | 83-9788 | 1 - 5000000000 | -372-2177 | | 01238 | | | | |
| Start Date (10) 6/14/2017 | | Schedul 6/25/2 | | npletion | Date (11) | | of OSHA Monito Environmenta | | | | | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only O | ne) | | | | Address | | | | | | |
| | cated During Entire F | | | | | 30 V | Vest 25th Stre | et | | | | | |
| Abatement Perform Other – Describe: | ned Outside of Norm floor (immidiate WA) | nal Facilit | y Hours | s shatam | ent | | State, Zip Code | | | | | | |
| | | vaccatet | during | abatem | 51 it. | Nev | York NY 100 | 07 | | | | | |
| Scope of Work (Check / | All That Apply) | 200.000 | | | | - | - | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Description of the last of the | Renova Demolit | | | | Full Containn Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | re | |
| | | 1. | s Locati | ion | E1 | | | 1 | | T | | ement | |
| Locatio | n of | | Normal | ly | Do | scription | n of | | | | Ту | уре | |
| Asbestos-Containing | g Material (ACM) | | ed Sole | | Asbestos Con | taining f | Material (ACM) | 100 | Amount | | | Ш | m |
| TO BE AE | | | todial S | | | I system | s insulation, | () | Specify F or LF) | Removal | Re | Encapsulate | Enclosure |
| (13) | | | (12) | | | miscella | | | . 01 11) | SVOL | Repair | sula | nusc |
| | | Yes | No | N/A | | | | | | | | ate | m |
| | | | 0.000 | VANABO-151 | l | | | | | | | 1 | |

X

NJDEP Waste Hauler ID No.

4506

Title

President

Thermal System Insulation

Cubic Yards

Disposal Date

Signature

of Waste

10

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

Name of Registered Landfill

Tullytown Re-facility

City, State

Tullytown PA

530 LF

X

Date

6/2/017

Emeka Okeke

City, State

Newark NJ Completed by Basement

Name of Registered Waste Hauler

Newark Carting Inc.

| CVIOISU | , | NOTIFICATI | | w Jersey ESTOS ABATE 8:60 and 12:12 | | | | E C | ; E | | ₽r ∭ | int Fo |
|--|------------------------------|---|----------------------------|--|-------------------------------|---|-----------------|---------------------------|---------------|---------|---------------|-----------|
| Date of Notification (1) 6/7/17 | | Name | e of Building | Owner/Operator | r (2) | | | Comp | N 1 | 2 2 | 017 | 1000 |
| Agencies Notified Type Notification Initial | | Stree | t Address State, Zip Co | | | | | ASBES | TOS (| | | L& |
| DEP Amended Amendme Emergence justification Cancellati | ent # by (including n) | Lov | eladies No e of Contact | | | | Tele | phone Nu | umber | | | |
| | | FA | CILITY INFO | ORMATION | | | - | | | | | - |
| Name of Facility Where Abatement is Tal | king Place (3 |) | | | Туре | of Facility (4 | 1) | | | | | |
| Jerry Wedman Private Home Street Address | | | | | | School (K-1: Subchapter | | r than K | 12) | | | |
| | *** | | | | | Other (i.e. p etc.) | rivate & | commer | cial buil | ldings | , hom | es, |
| City (5) Loveladies NJ 08008 | | | * | | 100 | are Feet | | Floors | | Bldg. A | Age | |
| County (6) | | Coun | ty Code (7) | | 100 | ont Use (Pric | 2 | a demoli | | 35+ | | |
| Ocean | | | E USE ONLY | · | R. British W. | use (Pilo | i i beil | ig delitotis | neu) | | | |
| Name of Monitoring Firm Hired by Buildin N/A | g Owner (8) | AS | CM No. | | of Aba | atement Con | tractor (| (9) | | | | |
| Street Address | Part Assets | | | Street | Addre | ess | 191 (191 (191) | | | | | - |
| | | | | | Box 3 | 200,100,000 | | | | | | |
| City, State, Zip Code | | | | 100 | | Zip Code rlin NJ 080 | 91 | | | | | |
| Project Manager for Monitoring Firm | | Telep | hone No. | | none N -753- | lo. 9800 | | License I | No. | | | |
| Start Date (10) 7/20/17 | Schedule | | on Date (11) | | of OS | HA Monitor | | | | | | |
| Occupancy Status During Abatement (Ch | | | | Street | | ess | 1991-1794 | | | | | |
| Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: | | | | City, S | State, Z | Zip Code | 4. | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | - |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | enovation emolition | | 5 | Mi Gl | ull Containme ini-Enclosure ovebag Proc | edure | - | | | | |
| | lo lo | Location | | <u> </u> | NO INC | on-Exempted | (*) and | Non-Fria | ble Pro | | emeni | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Mai | lormally d Solely by intenance/ odial Staff? (12) | | Description tos Containing M thermal systems surfacing, VA other miscellar | //ateria s insul (T, or | ation, | (S | nount pecify or LF) | Remova | Repair | e Encapsulate | Enclosure |
| | Yes | No N/A | 4 | | | | | | <u>a</u> | 1 | ate | Ге |
| Exterior Siding | | x | | Exterior Sig | ding | | 300 | 00 SF | x | | | |
| | | | | | | | | | - | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP | | Cubic Yards | | Name of F | Register | ed Landfi | II | 1 | | \vdash |
| United Containers | | Hauler 22459 | | of Waste 5 | | G.R.O.\ | N.S. | | | | | |
| City, State Elm NJ | | | | Disposal Date 6/16/17 | | City, State | | 10067 | | | | |
| Completed by | Title | | _ | Signature | 9 | WOTTSV | IIE PA | | ate | | | |
| Anthony T Perna | Presi | ident | | 6 | | | | | ale 6/7/17 | | | |

| CK6153 | I | | CATION | ate of Nev OF ASBI to NJAC | ESTOS | ABATE | | Т | | | G | <u>E</u> | | <u> </u> | 5 |
|--|-------------|--------------------|------------------|----------------------------------|---------|---------------------|--------|---|-------------|---------------------|--------|----------|------------|-------------|-----------|
| Date of Notification (1) 6/7/17 | | | | f Building | | | 95 63 | | | | UN | 1 8 | 2 21 |)17 | - Comment |
| Agencies Notified Type Notification |) | | Street A | Rumml | er Priv | ale Ho | me | | - | 1 | | | | | _ |
| EPA Initial | • | | Oli CCI / I | ddicss | | | | | | ASBE | | | ON | | L & |
| DEP Amended Amendmer | + # | | 70000 | ite, Zip Co | | | | | Almerana | | LIU | Eli | Sint | A | |
| Fmergency | (including | _ | | ity NJ 0 | 8008 | | | | Tol | onhono | Munak | or | | | |
| □ DOH justification □ DCA □ Cancellatio | | | Angie | | | | | | iei | ephone | Num | er | | | |
| | | | | LITY INFO | ORMAT | ION | | | | | | | - | No. | |
| Name of Facility Where Abatement is Taki | ng Place (3 | 5) | | | | | Тур | e of Facility (| 4) | | | | | | |
| Angie Rummler Private Home | | | | | | | | School (K-1 | | | | | | | |
| Street Address | | | | | | | | Subchapter Other (i.e. p | | | | build | linge | home | ae . |
| | | | | | | | X | etc.) | | | Ciçidi | | | | ,, |
| City (5) | | | | | | | | are Feet | | f Floors | | | dg. A | ge | |
| Surf City NJ 0800 County (6) | | | County | Codo (7) | | | | 00+ | 2 | | -1:-1 | | 5+ | | |
| Ocean | | | | Code (7) USE ONLY) | | | . 1000 | rent Use (Prid ouse | or it bei | ng aemo | olisne | a) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCN | 1 No | | Name | | patement Cor | ntractor | (9) | | | | | |
| N/A | O (0) | | 710011 | 1110. | | Perr | | | itiadioi | (5) | | | | | |
| Street Address | - | | | | | Street | Addi | ress | | | | | | | |
| | | | | | | POI | Box | 329 | | | | | 5-4784 mag | | |
| City, State, Zip Code | | | | | | | | Zip Code erlin NJ 080 | 091 | | | | | | |
| Project Manager for Monitoring Firm | | 1 | Telephor | ne No. | | Teleph | | | | Licens | e No. | T-11- | | - | |
| | | | | | | | | -9800 | | 0072 | 7 | | | | |
| Start Date (10) | | | pletion l | Date (11) | | 100 CONTRACTOR TO | | SHA Monitor | | | | | | | |
| 7/20/17 | 7/27/1 | | | | | Sam | | | | | | | | | |
| Occupancy Status During Abatement (Che | 150 | | | | | Street | Addı | ess | 4 | 2 | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | | | | | _ | City, S | state, | Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | 25.5 | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoliti | | | | × | l N | full Containme Mini-Enclosure Blovebag Prod Ion-Exempted | e cedure | 70 | | | | e | |
| | Is | Locati | on | | | | | | | | | | Abate | ement | |
| Location of | 1 | Vormall | у | | De | scription | of | | | | - | | Ту | ре | |
| Asbestos-Containing Material (ACM) | | d Sole intenar | | | tos Con | taining N | Nater | ial (ACM) | | mount | | | | m m | Е |
| TO BE ABATED In Facility | Cus | todial S | staff? | (i.e. | | systems cing, VA | | | | Specify F or LF) | | Remova | Repair | Encapsulate | Enclosure |
| (13) | | (12) | | | other r | niscellar | neous | 5) | | 53 | | oval | air | sula | sure |
| | Yes | No | N/A | | | | | | 420 | | | | | le | |
| Exterior Siding | | | х | | Exte | rior Si | ding | | 18 | 00 SF | | x | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | 2 | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 0.10 | JDEP W | | | Yards | | Name of | Registe | ered Lan | dfill | | | | |
| United Containers | | 553 | auler ID 2459 | No. | of Wa | ste | | G.R.O. | W.S. | | | | | | |
| City, State | | | | | | sal Date | | City, Stat | е | | | | | | \neg |
| Elm NJ | | | | | 6/16 | /17 | | Morris | /ille P | A 1906 | 67 | | | | |
| Completed by | Title | | | | 5 | Signature | 9 | | | | Date | | | | |
| Anthony T Perna | Pres | ident | | | 1 | 1 | | | an ar | - 11 | 6/7 | /17 | | | 1 |

Print Form

| DCK | NOT | IFICA (Purs | TION O | of New of ASBES | STOS A | BATEM 12:120) | ENT | | ID | EG | E | | | 7 7 7 |
|--|----------------|-------------------------------------|------------------------------|----------------------------|----------------------------|------------------|----------------------------|---|-----------------------|-------------------------------|-----------|--------|-------------|-----------|
| Date of Notification (1) | | | me of B SE&G | uilding O | wner/Op | erator (| 2) | | Second | <u>l</u> JUN | 1 2 | 20 | 17 | - |
| Agencies Notified Type Notification | | | reet Add | ress ADLEY | ROAD | | | | and a fugarage second | ASBEST | | | | _ & |
| EPA Initial Amended Amendment | # | Ci | ty, State | , Zip Cod PLAINI | e FIELD | , NJ 07 | 7080 | fi | | L) | CEN | DILAC | | |
| Emergency (justification) Cancellation | including | Na C | TACILI | Contact IRL ITY INFO | E | MiA | SAN (****) | ZOLA | Ĺ | nhone Niim | ner | | | |
| Name of Facility Where Abatement is Taking PSE & G - TRENCH . Street Address 800 Morris | EXCAVA | | n . | 25 | | | | of Facility (4) School (K-12 Subchapter 8 Other (i.e. prietc.) |) (Othe | er than K-12) commercia | l buildi | ngs, h | omes | , |
| City (5) GloucestER | 0/20 | 14. | <u>/</u> | | | | 0.0 | are Feet | 2000 | Floors | Blo | lg. Ag | e A | |
| County (6) CAMBEN | <u> </u> | 10 | ourney O | ode (7) SE ONLY) | | _ | | ent Use (Prior | | 1., | ed) | | // | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8) | | ASCM 0045 | No. | | Name | of Ab | atement Cont | ractor OF | (9) AMERICA | | | | |
| Street Address 64 BROAD STREET | | | | | | Street 396 | | ess TEHEAD A | VE. | (2.5) | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | | | Zip Code RIVER, NJ | 0888 | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | elephon 32-29 | e No. 2- 2217 | | | 432- | 8350 | | License No 01111 | o. | | | |
| Start Date (10) 6/7/17 | Scheduled 6 | Comp | oletion D | Date (11) | | UNIC | QUE | SHA Monitor SYSTEMS | OF | AMERICA | ι . | | | |
| Occupancy Status During Abatement (Che | | | nt | | | Street 396 | | ess TEHEAD A | VE. | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: | mal Facility F | Hours | | | | 1 3 1 | | Zip Code RIVER, NJ | 0888 | 32 | | | | |
| Scope of Work (Check All That Apply) | ⊠ Re | novati | | | | | N G | full Containme fini-Enclosure Blovebag Proc Ion-Exempted | edure | | | | e | |
| | | ocatio | | | | | | | | | | | ment pe | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mair | Solely ntenan idial S (12) | y by ce/ | | tos Con therma surfa | | Mater ns insi AT, or | . | (| Amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| 11 700 011 | Yes | No ~ | N/A | TRAL | ·- '- | e f | 0:0 | 6 | | 6 LF | X | | | |
| IN TRENCH | | X | | IRAL | 75,76 | ر ب | - /- | | | <i>U U</i> , | | | | |
| | | | | | | | | | | | - | | | |
| Name of Registered Waste Hauler VEOLIA | | Н | JDEP W auler ID 306313 | No. | of Wa | 4 / | | EQ-WA | YNE | tered Landfi | | | 1 | |
| City, State FLANDERS, NJ | | | | | I | osal Dat |) | City, Stat | | | | | | |
| Completed by | Title | £'\1 | z n | 100 | | Signatu | ire 24. | Olas | | | ate 6/ | 6 | /10 | 7 |

PHILLEOHIII

OK # 8/72

State of New Jersey

| | | NO | TIFICA (Purs | TION (| OF ASBESTOS A NJAC 8:60 and | ABATEN 1 12:120 | ЛENT) | The state of the s | | 5 <u>U</u> | <u>u</u> | | |
|--|--|-------------|----------------------------|-------------------|--------------------------------|---|-----------------------|--|---|----------------|----------|----------------|-----------|
| Date of Notification (1) 5/26/ | 17 | | | me of f | Building Owner/C | perator | (2) | | JUN | 122 | 2017 | 10 miles and 2 | Ц |
| Agencies Notified | Type Notification | | 100000 | reet Ad 000 H | dress ADLEY ROAI | 0 | | 17 | ASBESTOS | CON | ITRO |)L & | |
| EPA DEP | | | Ci | ty, Stat | e, Zip Code H PLAINFIELI | חוות כ | 7080 | | LICE | NSIN | G | | - |
| X DOL | Amendment #_ Emergency (in | | | | Contact | | | | Telephone Nun | nber | | | - |
| ⊠ DOH DCA | justification) Cancellation | | 1 | 3H) | 9RLIE | | RACE | LA | | | | |] |
| Name of Facility Where A | | | | | ITY INFORMAT | | Type of | Facility (4 |) | | | | |
| PSE & G - TRE | | | | | AN STRE | ET | T Sul | nool (K-12 bchapter ner (i.e. pi | ?) 8 (Other than K-12 rivate & commerci | 2) al build | ings, ł | iomes | è, |
| 800 Mo | RRIS . | 57 R | EE | 7 | | | Square | | # of Floors | BI | dg. Ag | e | |
| Gloud | RRIS . | <u>C</u> . | 179 | 1 |) - do (7) | | N/ | 3 | r if being demolish | ned) | NI | A | - |
| County (6) | DEN | | 10 | ounty C | Code (7) ISE ONLY) | | Current | 036 (1110 | N/A | | | | |
| Name of Monitoring Firm ENVIRONMENTAL | Hired by Building Ov | wner (8) | | ASCM 0045 | | | | | tractor (9) S OF AMERICA | 4 | | | |
| Street Address 64 BROAD STREE | Т | | | | | 396 | Address WHITE | | VE. | | | | |
| City, State, Zip Code MATAWAN, NJ 07 | 747 | | | | | | State, Zip JTH RIV | | 08882 | | | | |
| Project Manager for Mor TOM GEIGER | nitoring Firm | | 1 | elephor 32-29 | ne No. 2 2- 2217 | 141 (1412) | hone No. -432-83 | 50 | License N 01111 | lo. | | | |
| Start Date (10) | 1/17 | Schedule | d Comp | oletion (| Date (11) | | of OSHA QUE SY | | S OF AMERIC | Ą | | | |
| Occupancy Status Durin | | | | | | 100000000000000000000000000000000000000 | t Address WHITE | HEAD A | AVE. | | | | |
| Abatement Perform | cated During Entire Poned Outside of Norma のロナムののとS | al Facility | bateme Hours | ent | | 1 | State, Zip JTH RIV | | 08882 | | | | |
| Scope of Work (Check A | All That Apply) | | enovati | ion | | |] Full (| Containm | ent with Negative | Pressui | re | | |
| ≥160 sf or ≥260 lf | | - | emolitic | | | | Mini- Glove | Enclosure ebag Prod | 3 | | | | |
| | | ls | Locatio | n | | | NOII- | Exemple | 1 () and Non-Fila | JIE FIO | Abate | ment | |
| Locatio Asbestos-Containing | | N | lormally d Solely | / | Asbestos Co | escriptio | | ACM) | Amount | | Ту | | |
| TO BE AE | BATED | 10000000 | ntenan odial Si (12) | | (i.e. therm | al system acing, V | ns insulatì AT, or | | (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) |) | Yes | No | N/A | other | miscella | aneous) | | | val | # | ulate | ure |
| IN TRENCH | 4 | | X | | TRANS:T | EF | PiPE | | 16 LF | X | | | |
| | • | | | | | | | | | | | | |
| | | | | | | | | | | - | | | |
| Name of Registered Wa | aste Hauler | | N | JDEP V | | ic Yards | | Name of | Registered Landfi | 11 | | | |
| VEOLIA | | | | auler ID 30631 | 369 APP | | | | AYNE DISPOS | AL | | | |
| City, State FLANDERS, NJ | | | | | Disp | osal Dat |) | City, Sta BELLE | VILLE, MI | | | | |
| Completed by | la: mo | Title | Fi'C | EN | ngp. | Signatu | re Val | Rac | mo | ate 5/ | 26, | 110 | 7 |
| | | _ | | | | - | | | | | | 1 | - |

Print Form

| CK8550 | | NO. | | ION OF | of New Jersey ASBESTOS AE AC 8:60-7 and 12. | | ID, | ECE |] [| 7 [| | [] |
|--|---|---------------------------|--------------------------------|---|---|--|------------------------------------|--------------------|-------------|------|--|-------------------|
| Date of Notification (1) | | | Building | Owner/O | perator (2) | | | JUN 12 | 20' | 7 | and the same of th | IJ |
| 6/05/17 | | | | tzenba | ach School fo | r the Deat | - | | 200.00 | .vin | | THE COLUMN |
| Agencies Notified Type of Notificat | 12.00 | treet A | ^{adress} ullivan ' | May | | | l A | SBESTOS CO | TINC | TOF | 8 | |
| [x] Initial | " | 20 0 | amvan | vvay | | | - | LICENS | | | | |
| [1 Emergency | | | te, Zip Co | | | | | | | | | |
| [] Amended | l N | Vest | Trentor | n, NJ 0 | 8628 | | | | | | | |
| [X] DOH Notification | Na | ame of | Contact | | | | Telephone N | umber | VIII SS | | | |
| [] DCA [] Cancellation | V | Villian | n Conle | ЭУ | | | | 1 | | | | |
| | | | F | ACILITY | INFORMATION | | T. | | | Sec. | | |
| Name of Facility Where Abatement is Tal | king Plac | ce (3) | | 211204000000000000000000000000000000000 | | Type of Fa | cility (4) | | | | | |
| Building 14 & 25, Katzenbach | Scho | ol for | the De | eaf | | [X] S | school (K-12) ubchapter 8 (Oth | er than K-12) | | | | |
| Street Address | | | | | | 1 11 0 | ther (i.e. private a omes, etc.) | and commercial | buildi | ngs, | | |
| 320 Sullivan Way | | | | | | | | 1 | | | | |
| City (5) | County | (6) | | Coun | ty Code (7) | Square Fee | et # of Flo | oors Bld | g. Age D | 9 | | |
| | Merce | | | | TE USE ONLY) | | e (Prior if being d | | | | | |
| Name of Monitoring Firm Hired by Buildir | a Owne | r I A | SCM No. | 1 | Name of Abatem | ent Contracto | or (9) | | | | | |
| Environmental Connection, In | S77.00 | | 0030 | | | | vironmental (| Services. In | С. | | | |
| Street Address | | | | | Street Address | | | | 70.5 | | | _ |
| 120 North Warren St. | | | | | | | gebridge Rd | Suite 100 | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | | | | City, State, Zip C | | L NI 07050 | | | | | |
| Project Manager for Monitoring Firm | Teler | hone ! | Number | | Telephone Numb | | k, NJ 07058 | License N | ımhai | | | - |
| Roland Jones | | | -4200 | | | 973-575-8 | 3700 | License IV | | 085 | 52 | |
| Scheduled Start Date (10) Sched | d. Compl | | Date (11) | | Name of OSHA I | Monitor | ironmental L | aboratories | | | | 77 - 2 |
| Occupancy Status During Abatement (Ch | eck only | one) | | | Street Address | | | | | | | - |
| [] Facility Closed/Vacated During[x] Abatement Performed Outside o | | | | | 2 | 2333 Rout | e 22 W | | | | | |
| Describe: | rivonna | i i doiii | ly Flours - | | City, State, Zip C | | 07000 | | | | | |
| [] Other – Describe: | | | | | | Union, NJ | 07083 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | F. II O | | | | | |
| [] Demolition | | | [X] | Renovati | ion | [] [X] | Full Containmer Mini – Enclosur | | Press | ure | | |
| [X] ≥3 sf or ≥3 lf [] ≥160 sf or ≥260 lf | | | | | | [] [X] | Glove bag Proc Non – Friable P | | | | | |
| [] 2.50 5/6/ 2200 // | Is | Location | on | | | [7] | TTOTI T HADIC I | Toocaure | ΙAh | ater | ment | _ |
| | Norr | mally L | Ised | | | ription of | | | Ту | ре | | |
| Location of Asbestos – Containing | CAMPAGE AND | olely be enance | - America | | | Containing al (ACM) | | Amount (Specify | R | R | E N | E N |
| Materiai (ACM) | 1 | al Staff | | | (i.e., them | mal systems | | SF or LF) | M | P | С | С |
| TO BE ABATED In Facility | | | | | | urfacing, VAT iscellaneous) | • | | V | A | A | L |
| (13) | Yes | No | N/A | | 5, 5,1,5, 11, | ,000,141,100407 | | | Α | R | S | S |
| Bldg. 14 Mechanical Rooms 1 & 2 | X | | | Dino inci | ulation and duct | collars via | uran and out | 33 LF & 4SF | L | | U | U |
| Bldg. 25 1st floor | T | X | | | ulation mastic vi | | | 35 LF | X | | - | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler Jupiter Environmental Service | s Ha | DEP W uler ID 04782 | | 5623335 | ic Yards /aste 3 | | Registered Landfile Landfill | II. | | | | |
| City, State | | | | | osal Date | City, State | | | | | | |
| Pine Brook, NJ | T | | | 6/3 | 30/17 | Taylor, | PA | | | | | |
| Completed By (Print or Type) Danny Martinovic | Title Proje | act M | anager | - | Signature- | | | Date — 6/05/1 | 7 | | | |
| | 1 1010 | JUL IVI | ariagei | | | The second second | | - 10/03/1 | 1 | | | |

ASB-41

| Date of Notification (1) 06/06/2017 | | Name of Building Owner/Operator (2) Wanaque Board of Education check# HTM | | | | | | | | | 1 1 | | | | |
|---|--|---|------------------------------------|---|-----------------------------|-----------------------------|--------------------|-----------------------------------|--|--|---------------------------|--------------|---------|---------------|--------------|
| Agencies Notified EPA | Type Notification Initial | 1 | | | Address Ringwood | l Ave | (1) | | | Proposition and the | n | |) E | | \mathbb{V} |
| ☑ DEP ☑ DOL | ☐ Amended Amendmer | - | | | tate, Zip Co ell, NJ 074 | | | 1 | | Office statement and statement | | . [1] | | ·) · | 2047 |
| ⊠ DOH ⊠ DCA | Emergency (justification) Cancellatio | | | | of Contact / DiBartolo |) | | | | Telepl | none Nu | | N I | 2 2 | 2011 |
| | | | | FAC | CILITY INFO | ORMAT | ION | | b. | | ASI | BES1 | OS | CON | TRO |
| Name of Facility Where A Haskell Elementary sch | batement is Taki nool | ng Place (| 3) | | | | | | Facility (4 | 50 000 | and a Service of Language | L | ICE | <u> 1Silv</u> | Ġ. |
| Street Address 973 Ringwood Ave | | | | , | | | | ☐ Sub | iool (K-12 ochapter 8 ier (i.e. pr | Other t | han K-1: ommerc | 2) al bui | ldings | , hom | ies, |
| City (5) Haskell | | | | | | | | etc.) Square F | eet | # of FI | oors | - | Bldg. / | Age | |
| County (6) Passaic | | | | County (STATE | Code (7) | | | Current I | Use (Prior | if being | demolisi | ned) | | | |
| Name of Monitoring Firm I RJB Environmental, Inc | Hired by Building | Owner (8 |) | ASC | M No. | | Name Lilich | of Abatem Corporat | nent Cont | ractor (9) | ****** | | | - | |
| Street Address 56 East Bridge Street | | | | | | | Street | Address cBride A | | | | | | | |
| City, State, Zip Code Morrisville, PA 19067 | | | | | 7 | | City, St | tate, Zip Cland Parl | ode | ersev | | | | | |
| Project Manager for Monito James Frisbee | oring Firm | | Telepho 267-99 | one No 91-9212 | | Teleph | one No. 25-8400 | | Li | cense N | 0. | | | | |
| Start Date (10) 06-26-2017 | | Schedul 07-07-2 | ed Co | | Date (11) | | Name o | of OSHA I | Monitor | | | | | | |
| Occupancy Status During | Abatement (Che | ck Only O | ne) | | | | | Address | - Labo | ratories | , LLO | | | | |
| ☐ Facility Closed/Vacat☐ Abatement Performed☐ Other – Describe:un | ed During Entire | Period of | Ahate | ment s | | | 2333 F | Route 22 | ode | | | - 101- | | | |
| Scope of Work (Check All | | | | Union, NJ 07083 | | | | | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | тисторгуу | | | ovation Full Containment with Negative Pressure olition Glovebag Procedure | | | | | | | | | | | |
| | | Is | Locat | tion | | | X | TYOTI-L. | xempteu |) and iv | OII-FIIAD | Pro | 12.00 | ement | |
| Location o | | 1 | Norma | lly | | De | scription (| of | | | | | | ре | |
| Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13) | ED | Ma | d Sole intena todial (12) | nce/ Staff? | Asbest (i.e. | os Cont thermal surfa | aining Ma | aterial (AC insulation , or | CM) | Amou (Spec SF or | ify | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | - | | ite | e |
| Rooms 111,113,114 | | | | х | Wall pla | ster | | | 8: | 10 SF | | Х | | | |
| Room 110 | | | | X | Chalk bo | pard (r | nonfrbl) | | 64 | 4 SF | | х | | | |
| i e | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | * | | | | | |
| Name of Registered Waste Lilich Corporation | Hauler | | H | IJDEP W lauler ID 18724 | 207.07 | Cubic of Was | Control Toler | | ame of Re | | Landfill | | | l | |
| City, State Woodland Park, New | / Jersey | | | .0724 | | Dispos | al Date | | R.O.W.S ty, State | Landfill Morrisvi | الم ۵۸ | | | | |
| Completed by | | Title | | | | - 0 | ianatura | | <u> </u> | WIOTISV | | | | | |
| Adriana Ólejarova | | siden | t | | | gnature | 12 | lex | | Dat 06 | e 8/06/2 | 2017 | | | |

CK4759

| Date of Notification (1) 05/24/2017 | | Name of Building Owner/Operator (2) Montclair Board of Education check# 1750 | | | | | | | | | | | |
|--|----------------------|---|-----------------------------|------------------------------------|------------------------------------|----------------------------------|---|--------------------|-------------|-------------|----------------------------|--|--|
| Agencies Notified Type Notification | | | - 10 E. CONT 170 N | Address illey Road | 4 | | ME | CE | | W | | | |
| ☑ EPA ☑ Initial ☐ Amended ☐ Amendment | | | | itate, Zip Code clair, NJ 07042 | | 1 | | IUN 1 | 2 : | 2017 | Constitute to be the depth | | |
| Emergency (ii justification) ☑ DCA ☐ Cancellation | 57/ | | | of Contact / Saponara | | | Telephone | 0.00000 | | | | | |
| Name of Facility Where Abatement is Takin Bradford school | g Place (3 |) | FAC | CILITY INFORMAT | ION | Type of Facility | (4) ASDE | LICE | NIRN | IG | JL OL | | |
| Street Address 87 Mt. Hebron Road | | | | - | | □ Other (i.e | -12) er 8 (Other than k . private & comme | (-12) ercial bu | ildings | s, horr | nes. | | |
| City (5) Montclair | | | | | | etc.) Square Feet | # of Floors | | Bldg. | | | | |
| County (6) Essex | | | | Code (7) | | Current Use (P | rior if being demo | lished) | | | | | |
| Name of Monitoring Firm Hired by Building O Detail Associates, Inc | Owner (8) | | ASC | M No. | Name Lilich | of Abatement C Corporation | ontractor (9) | | | | | | |
| Street Address 300 Grand Ave | | | | | | Address Bride Ave | | | | | | | |
| City, State, Zip Code Englewood, NJ 07631 | | | | | City, St Woodl | ate, Zip Code and Park, Nev | v Jersey | | | | ***** | | |
| Project Manager for Monitoring Firm Anthony Valentine | | | Telepho 201-569 | | Telepho 973-22 | one No. 5-8400 | License 01104 | No. | | | | | |
| Start Date (10) 06-23-2017 | Schedule 06-25-20 | d Cor | mpletion | Date (11) | Name of | of OSHA Monito vironmental La | r aboratories, LL0 | | | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P | W 1970 | 2200 | | | Street A | Address Route 22 West | | | | | | | |
| Abatement Performed Outside of Normal Other – Describe: <u>unoccupied</u> | al Facility | Hours | nent S | | City, St. Unio | ate, Zip Code n, NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | enova emoliti | | | M | Mini-Enclosu Glovebag Pro | ocedure | | | | | | |
| | 1 | _ocati | | | | Non-Exemple | ed (*) and Non-Fri | able Pro | Abat | ement | t | | |
| Location of Asbestos-Containing Material (ACM) | Used | ormal Sole itenar | ly by | Asbestos Cont | scription of | ateriai (ACM) | Amount | - | 13 | pe | T | | |
| TO BE ABATED In Facility (13) | Custo | dial S (12) | Staff? | (i.e. thermal surface | systems cing, VAT niscellane | insulation, , or | (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | | |
| Room #3 | Yes | No | N/A | VAT&Mastic | | | 000.55 | | | fe | | | |
| | | | | VATQIVIASCIC | | | 800 SF | X | _ | | | | |
| | | | | | | | | 1 | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | Ha | JDEP W auler ID 18724 | | | | Registered Landf | ill | | | | | |
| City, State Woodland Park, New Jersey | | | | Dispos | al Date | City, Stat | e Morrisville, PA | | | | MF 80 00 | | |
| Completed by Adriana Olejarova | lent | | 5 | gnature | 2 (10) | 3 | Date 05/24/2017 | | | | | | |

CK2188

| | EC | | Print Fe | |
|----|--------|--------------|----------|-----|
| | JUN | 12 | 2017 | |
| AS | SBESTO | S CC ENSI | | - & |

| | | | | | | | '1 | | | 1 | JU | N | 1 | 201 |
|--|--|----------------|--------------------|----------------------|------------|-----------------|-------------------------------|-------------|-----------------|---------|--------|---------|-------------|-----------|
| Date of Notification (1) 06/05/17 | | | Name | of Buildi | ng Owner | /Operator | (2) | | | | | | | |
| Agencies Notified Type Notif | Section | | | | | nip Boa | rd of Educa | tion | 1 , | ASB | ES | TOS | CO | NTF |
| | ication | | | Address | | | | | - | | L | ICE | NSI | NG |
| EPA X Initial Amer | | | | State, Zip | 0.1 | | | | | | | 1000000 | | |
| 501 | ndment# | | | | , NJ 07 | 202 | | | | | | | | |
| Emer | gency (including | g | - | of Conta | | 002 | | | | | | | 2-12-5 | |
| promise justinia | cation) ellation | | The second second | ael Ang | | | | Te | lephon | e Nun | nber | | | |
| | | - | | | FORMAT | LION | | | | | | | | - |
| Name of Facility Where Abatement is | s Taking Place | (3) | | J.L.I I III | ONWIA | TON | Type of Facilit | v (4) | | | | | | |
| Port Colden Elementary Sch | ool | | | | | | X School (I | T0.2005 | | | | | | |
| Street Address | | | | | | | Subchap | ter 8 (Oth | ner than | K-12 |) | | | |
| 30 Port Colden Rd. | | | | | | | Other (i.e etc.) | . private | & comr | mercia | l bu | ilding | s, ho | mes, |
| City (5) | | STITUS III | | | | | Square Feet | # 0 | of Floors | S | 1 | Bldg. | Age | - |
| Washington | | | | | | | 60,000 | 2 | | - | | 50+ | , igo | |
| County (6) | | | County | Code (7 |) | | Current Use (F | Prior if be | ing den | nolishe | ed) | | | - |
| Warren | | | STATE | USE ONL | .Y) | | Elementary | Schoo | 1 | | | | | |
| Name of Monitoring Firm Hired by Bu | ilding Owner (8 | 3) | ASC | M No. | | Name o | f Abatement C | ontractor | (9) | | | | | |
| RK Occupational&Environme | ntal Analysis | s, Inc | 090 | | | | emy Constru | | | | | | | |
| Street Address 401 St. James Ave. | | | | | | Street A | | | | | | | | |
| City, State, Zip Code | | | | | | 205 R | t. 46 West | Suite 14 | 1 | | | | | |
| Phillipsburg, NJ 08865 | | | | | | | te, Zip Code | | | | - | | | |
| Project Manager for Monitoring Firm | | | | | | | a, NJ 0751 | 2 | | | | | | |
| Jonathan Gilbert | | | Telepho | | | Telepho | | | Licens | se No | | | | -11345 |
| Start Date (10) | 10-1-1 | | | 54-631 | | 973-8 | 32-4244 | | 0115 | 55 | | | | |
| 06/26/17 | 07/05/ | | mpletion | Date (11 |) | | OSHA Monito | r | | | | | | |
| Occupancy Status During Abatement | | | | | | N/A | | | | | | | | |
| Parada and the second | | | | | | Street A N/A | ddress | | | | | | | |
| Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: | ntire Period of Normal Facilit | Abate v Hou | ment rs | | | | 7. 0 . | | | | Mone. | | | |
| Other - Describe: | | , 1100 | | | | N/A | te, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | IN/A | | | | | | | | |
| ≥3 sf or >3 If | Emily 1 | Renov | otion | | | × | | | | | | | | |
| ≥160 sf or ≥260 lf | parentee | Demol | | | | Ê | Full Containn Mini-Enclosu | nent with | Negativ | ve Pre | essu | re | | |
| | | | | | | | Glovebag Pro | ocedure | | | | | | |
| | | | | I | | | Non-Exempte | ed (*) and | Non-F | riable | Pro | cedu | re | |
| Location of | | Loca Vorma | | | | | | | | | | | emer | t |
| Asbestos-Containing Material (ACN | // Use | d Sole | ely by | Ashar | Des | scription of | | | | + | - | - 1 | T | Т |
| TO BE ABATED | IVIa | intena | nce/ Staff? | (i.e | . thermal | systems ir | erial (ACM) sulation. | 11000 | nount pecify | | 70 | | En | m |
| In Facility (13) | Ous | (12) | grand and a second | | surfac | ing, VAT, | or | | or LF) | | Remova | Repair | cap | nclo |
| | Vac | A1- | - N// A | | omer m | iscellaneo | ous) | | | | oval | air | Encapsulate | Enclosure |
| Main E | Yes | No | N/A | | | | | | | | | | 6 | |
| Main Entrance Hall | | X | | | Acoust | ical Plas | ster | 81 | 0 SF | > | 2 | | | |
| Lower Hall | | | Acoust | ical Plas | ster | 920 | 0 SF | Σ | | | | | | |
| Room 202 | X | | | TSI Pip | e Insula | tion | 130 | 0 LF | Х | | | Х | | |
| Room 202 | Χ | | | VAT | & Masti | C | 900 |) SF | Х | | | Х | | |
| Name of Registered Waste Hauler | anni Maria de Caracteria de Ca | | JDEP Wa | | Cubic Y | | Name of | Register | ed Land | dfill | 16011 | | | |
| Academy Construction Inc. | lauler ID I 34422 | vo. | of Wast | te | GROW | S Land | Ifill | | | | | | | |
| City, State | | | Disposa | al Date | City, Stat | е | | | | | | | | |
| otowa, NJ | | | TBD | - 410 | Tullyto | | | | | | | | | |
| Completed by | | | | Signature / W / Date | | | | | | | | | | |
| lohn Geleski | | | 06/05/17 | | | | | 7 | | | | | | |
| | | | 1 | ista | ے معارف | 6200 | | 00/0 | 0/ 1 | ' | | | | |

Date of Notification (1)

| DECEIVE | M |
|--------------------|----|
| check#\N\$9017 | IJ |
| ASBESTOS CONTROL & | |

| Date of Notification (1) 06/02/2017 | Name of Building Owner/Operator (2) Montclair Board of Education check# 1789 | | | | | | | 901 | 7 | | | | | | |
|---|---|-------------|-----------------|-----------------------------|-------------------------------|---|-------------------------------|---|--|---------------------------|-------------|----------|-------------|----------------------|-----------|
| Agencies Notified | Type Notification | 1 | | | Address lley Road | i | | | and the second s | lend head | | | | - цо. | |
| ⊠ EPA ⊠ DEP ⊠DOL | ☐ Initial ☐ Amended Amendmen | | | | ate, Zip Code lair, NJ 070 | | | • | El an | AS | SBES | | S C(ENS | | ROL (|
| ☑ DOH ☑ DCA | Emergency (justification) Cancellatio | 524 | | | of Contact Saponara | | | | Te | lephone | e Num | ber | | | |
| Name of Facility Where A | Abatement is Taki | ng Place (3 |) | FAC | ILITY INFOR | RMATION | Typ | e of Facility | (4) | | | | | | |
| Northeast school Street Address 603 Grove Street | | | | | | | X | School (K- Subchapte Other (i.e. | 12) r 8 (Oth | er than | K-12) | l buil | dinas | hom | AS |
| City (5) Montclair | | | | | | | etc | | | f Floors | | | Bldg. / | | |
| County (6) Essex | | | | | Code (7) USE ONLY) | | | rent Use (Pr | ior if be | ing den | nolishe | ed) | | | |
| Name of Monitoring Firm Detail Associates, Inc | Hired by Building | Owner (8) | | ASC | M No. | Nan Lilio | ne of Ak | patement Co poration | ntractor | (9) | | | | | |
| Street Address 300 Grand Ave | | | | | | | et Addr McBri | ess de Ave | | | | -87- | | | |
| City, State, Zip Code Englewood, NJ 07631 | | | | | | City Wo | , State, odland | Zip Code Park, New | Jerse | у | | | | | |
| Project Manager for Moni Anthony Valentine | toring Firm | | | | 9-6078 | | phone -225-8 | | | Licen 0110 | se No 4 | | | | |
| Start Date (10) 07-05-2017 | | 07-08-2 | 017 | mpletion | Date (11) | Nan Iris | ne of OS Enviro | SHA Monitor nmental La | borato | ries, Ll | _C | | | W TORR Should action | |
| Occupancy Status During Facility Closed/Vaca | ted During Entire | Period of A | hater | ment | | 233 City, | State, | e 22 West Zip Code | | | | | | | |
| Scope of Work (Check All | | | | Union, NJ 07083 | | | | | | | | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | | enova emolit | | | | □ M □ G | ull Containm ini-Enclosure lovebag Pro- on-Exempte | e cedure | | | | | | |
| £ | | 0116 | Locat | | | | | | - () | | , abic | | Abate | | |
| Asbestos-Containing N TO BE ABA In Facility (13) | Vlaterial (ACM) TED | Used Mai | d Sole | ly by | (i.e. the | Description Containing Ermal system Surfacing, \ ther miscell | Materia ms insu /AT, or | lation, | (S | mount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| D.: 1 1 55 0 | | Yes | No | N/A | | | | | | | | <u>a</u> | , | ate | 6 |
| Principal office & mai | n office | | | VAT & Ma | astic | | | 738 S | F | | Х | | | | |
| - | | | | | | | | | | | | | | | |
| Name of Registered Waste Lilich Corporation | e Hauler | | Н | JDEP W auler ID 18724 | | Cubic Yards f Waste | | Name of G.R.O.W. | | | ndfill | | | | |
| City, State Woodland Park, Ne | w Jersey | | | | D | Disposal Dat | e (| City, State | | risville, | PA | - | | | |
| Completed by Adriana Olejarova Title president | | | | | | Signatu | Le / | | X | | Date 06/ | | 2017 | | |

| (h13517 | | 59.55 | CATION | tate of Ne N OF ASB to NJAC | ESTOS A | ABATE | | | The state of the s | 0) | E C | Traver in States | | \mathbb{V} | int Fo |
|--|-----------------------------------|--|--|-----------------------------------|--------------|--------------------|-----------------------------|---|--|--|-------------|------------------|--------|--------------|-----------|
| Date of Notification (1) 6/7/2017 | | | | of Building ARD MC | | | (2) | Name of the second | | | JUN | 1 | 2 | 201 | 7 |
| Agencies Notified EPA DEP Amended Amendment | 4 | | | ate, Zip Co | | 07700 | | | A contract of the second | ASI | BEST LI | | CO | | OL |
| X DOL Amendment Emergency justification) DCA Cancellation | (including | | Name o | ISHTOV of Contact ARD MC | | |) | | Tele | ephone | Numb | er_ | | | |
| Name of Facility Where Abatement is Takin | a Place / | 3/ | FAC | ILITY INFO | ORMATIO | NC | Type | of Facility (4) | \ | | | | | | |
| Street Address | y riace (| | | | - | | R | School (K-12 Subchapter 8 Other (i.e. pri |) 3 (Othe | | | ouild | ings, | home | es, |
| City (5) ENGLISHTOWN | 8 | | 11300 0000000 | | | | Squa 160 | etc.) are Feet 8 | # of | Floors | | BI 49 | dg. A | ge | |
| County (6) MONMOUTH | | | (STATE | Code (7) USE ONLY, |) | _ | RES | ent Use (Prior SIDENTIAL | | · | olished | 1) | | | |
| Name of Monitoring Firm Hired by Building AET | Owner (8 |) | 0021 | ga raverave | | | | atement Contr IRONMEN | | | /ICE | | | | |
| Street Address 28 NORTH PENNELL RD | | | | | | | HEC | GERMAN S | ST | | | | | | |
| City, State, Zip Code MEDIA PA 19063 | | | | | | | Zip Code LPHIA PA | 1913 | 6 | | | | | | |
| Project Manager for Monitoring Firm CARMELO ALTOMONTE | oject Manager for Monitoring Firm | | | | | | none N 333-5 | | | Licens 0132 | se No. 8 | | | | |
| Start Date (10) 6.17.17 | Schedul 6.24.1 | | Completion Date (11) Name of OSHA Mon AET | | | | | HA Monitor | ' | | | | | | |
| Occupancy Status During Abatement (Chec X Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: | Period of | Abaten | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | ************************************* | - | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | Mi GI | III Containmer ni-Enclosure ovebag Proce on-Exempted | dure | | | | | e | |
| Location of | | s Locat Normal | | | Doo | cription | | | | | | - | - | ment | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma Cus | ed Sole aintena todial S (12) | nce/ Staff? | | tos Conta | systems ing, VA | Materia s insul T, or | ation, | (S | nount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT FLOOR TILE | Yes | No | N/A X | | ill W. Salan | VAT | | | 42 | 4SF | У | ES | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler REPUBLIC SERVICES | H | Hauter ID No. of Waste | | | | Name of Re WASTE | | | | -G. | R.O | .W.S | 3 | | |
| City, State NEW BRUNSWICK NJ | | Disposal Date City, State MORRISVILLE PA | | | | | | | | | | | | | |
| Completed by | JECT | MANA | AGER | | gnature | | # Tour | ٥٨ | | Date 6.7 | 17 | | | | |

| Date of Notification (1) | | | Name of Building Owner/Operator (2) | | | | | | | | | | |
|--|----------|--------------------------|-------------------------------------|---|--------------|---|--------------------------------|-------------------------|--|-----------------|------------------|-------------|-----------|
| | 17 | Benjamin H. Realty Corp. | | | | | | | | | | | |
| Agencies Notified Type Notific | ation | | | Street | Address | IN | 7 | E | 1 1/ | 7 15 | | | |
| ☐ Initial | | | | 7 G | lenwood | Ave | enue, Suite 3 | 308 | | . 6 | <u>L</u> | n 7. | 1 4 |
| ☑ DOLWD ☐ Amende | | | | City, S | State, Zip (| Code | | | | | _ | | |
| ☑ DOH Amendm ☐ DCA ☒ Emerger | | al! = = | | Eas | st Orange | e, NJ | J 07017 | | And the second s | JUN | 1 2 | 20 | 17 |
| DCA Emerger (NJAC 5:23-8) Significant DCA | | aing | | | of Contac | | | | Telephone Nu | | 1 - | 20 | il |
| ☐ Cancella | | | | Ber | njamin H | erbs | t | | 1 veriphing its | 111001 | | | |
| | | | | | - | | RMATION | | ASL | ESTU | 5 0 (| THE | ROL |
| Name of Facility Where Abatement is | Taking P | lace (3 | 3) | 173 | OILIII II | 11 01 | WIATION | Type of Facility | (4) | LIG | ENS | ING | |
| Residence | 3 | | , | | | | | School (K-1 | | | | | |
| Street Address | | | - | | | | | ☐ Subchapter | 8 (Other than K- | | | | |
| | | | | | | | | Other (i.e., homes, etc | private and comm | ercial bu | uilding | gs, | |
| City (5) | | | | -11-12-22-2 | | | | Square Feet | # of Floors | RI | dg. A | no. | |
| Plainfield | | | | | | | | 2000 sf | 2 | | ag. 7. 65 | ge | |
| County (6) | | | | Cour | tv Code (7 | 7)(STA | TE USE ONLY) | | rior if being demo | 1 | - | | |
| Union | | | | Joan | .t, 0000 (. | ДОТТ | TE OOL ONET | Residence | | ilisileu) | | | |
| Name of Monitoring Firm Hired by Buil | dina Owr | ner (8) | - [| ASCM | No | Nar | me of Ahatema | ent Contractor (9 | | | | | |
| Guardian Contracting, Inc. | 9 | (0) | 1 | 100111 | | T | | ntracting, Inc. | 27 | | | | |
| Street Address | | | | - | | | eet Address | indacting, inc. | | | | | |
| 1889 Rte. 9, Unit 61 | | | | | | 100000000000000000000000000000000000000 | 889 Route 9 | Unit 61 | | | | | |
| City, State, Zip Code | - | | | | | | , State, Zip Co | | | - | | | |
| Toms River, New Jersey 08758 | 5 | | | | | | | New Jersey 0 | 8755 | | | | |
| Project Manager for Monitoring Firm | | | Telei | ohone | No | - | ephone No. | itew dersey of | License No. | | | | |
| Nicholas Fernicola | | | | | -9932 | 1 | 32-349-9932 | | 00624 | | | | |
| Start Date (10) | Schedule | d Con | | | | | me of OSHA M | | 00024 | | | | |
| 06 /08 /17 | | | | | 17 | 3015 | .M.S.L. Anal | 0 1800 180 | | | | | |
| Occupancy Status During Abatement (| | | | | | | eet Address | .,, | | | _ | | |
| ☐ Facility Closed/Vacated During Enti | | | | nent | | | 056 Stelton | | | | | | |
| ☐ Abatement Performed Outside of N | ormal Fa | cility F | lours | s - Describe City State Zin Code | | | | | | | | | |
| Time of Abatement:AM | PM/_ | | PM- | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | 12-2-1-1 | | | | | | | | | - |
| ≥3 sf or >3 If | IX | Reno | vatio | nn | | | ☐ Full Cont ☐ Mini-Enc | | gative Pressure | | | | |
| ☐ ≥160 sf or ≥260 lf | | Demo | | 10.0 | | | | Procedure | | | | | |
| | | 101 | | | | | ☐ Non-Exe | mpted (*) and N | on-Friable Proced | lure | | | |
| V 85 96 | | Is Lo | ocati rmal | T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | | Ab | atem | ent T | ype |
| Location of Asbestos-Containing Material (ACN | 1) | Used : | Sole | ly by | Asho | etne (| Description o Containing Ma | | Amount | Re | Re | m | m |
| TO BE ABATED | 8 | Maint | | | | | rmal systems i | | (Specify | Removal | Repair | cap | clos |
| IN Facility (13) | 1 | Custoc (| າເລາ ຣ 12) | тап? | | S | urfacing, VAT, | or | SF or LF) | val | | Encapsulate | Enclosure |
| (10) | Y | | No | N/A | | Ott | ner miscellane | ous) | | | | ate | |
| basement | | | 3 | | asbesto | os pi | pe insulatio | n | 160 If | | П | П | П |
| | |] [| | | | | | | | | П | П | |
| | |] [| 7 | | | | | | | | | | |
| | | | _ | | | | | | | | | | |
| Name of Registered Waste Hauler | | _ _ | _ N | | | | | | | | Ш | Ш | |
| Guardian Contracting, Inc. | | | | auler IE | | Was | oic Yards of ste | T.R.R.F. | stered Landfill | | | | |
| | 1377 | | | 20223 | | 3 | | .(4/85/80/2/558/65) | | | | | |
| City, State | | | | | | Disposal Date City, State | | | | | | | |
| Toms River, New Jersey | | | | | | 06 | 6/13/17 | Tullytown | , Pennsylvania | 1 | , | | |
| Completed By (Print or Type) | Title | | | | - | 2.7 | Signature | | | Date | 1 | ã | |
| Nicholas Fernicola Project Manager | | | | | | | | | | | | | |

| Date of Notification (1) | | | Name | of Buildin | g Owner/Operator (| 2) | 1 2 | | | | \neg | | | | |
|--|-------------|---------------------|--------------------------|--------------|---|------------------|---------------------------------------|---------------------------------------|--------------|---|-----------|--|--|--|--|
| | 17 | | Ber | njamin H | . Realty Corp. | | # 320 |)3. | \supset | | ** | | | | |
| Agencies Notified Type Notifica | ition | | Street | Address | | | Process F 6 | 2 12 | П | D.II | | | | | |
| ☐ Initial | | | 7 G | lenwood | Avenue, Suite 3 | 308 | | · · · · · · · · · · · · · · · · · · · | | \mathbb{W} | E | | | | |
| □ DOLWD □ Amended | | | City, S | State, Zip (| Code | | | | * LONGLE AND | | - | | | | |
| DOH Amendme | | | 100 | | e, NJ 07017 | | | | | | | | | | |
| DCA Emergence (NJAC 5:23-8) Emergence justification | | 9 | | of Contac | | | Telephone Numb | N 1 | 2 1 | 2017 | | | | | |
| ☐ Cancellati | | | Ber | njamin H | erbst | | 1 | | | | 1 | | | | |
| | | | | | IFORMATION | | ASBES | TOS | CON | ITRO | 1 8 JC | | | | |
| Name of Facility Where Abatement is T | aking Place | (3) | 3.0.0 | | | Type of Facility | | HOEN | OH | G | | | | | |
| Residence | 0 | | | | | School (K-12 | | | | CONTRACTOR OF THE PARTY OF THE | | | | | |
| Street Address | | | | | | Subchapter 8 | 3 (Other than K-12) rivate and commer |) cial bu | ilding | s, | | | | | |
| City (5) | | | | | | Square Feet | # of Floors | DI | da A | | | | | | |
| Plainfield | | | | | | 2000 sf | 2 | | ig. A | ge | | | | | |
| County (6) | | | Cour | ty Code (7 |)(STATE USE ONLY) | | | | 00 | | | | | | |
| Union | | | Cour | ity Code (7 |)(STATE USE ONLY) | | ior if being demolis | nea) | | | | | | | |
| | 0 | (O) T | 10014 | | T | Residence | | | -//57 | | | | | | |
| Name of Monitoring Firm Hired by Build | ling Owner | (8) | ASCM | No. | Name of Abateme | , , | | | | | | | | | |
| Guardian Contracting, Inc. | | | | | | ntracting, Inc. | | | | | | | | | |
| Street Address | | | | | Street Address | | | | | | | | | | |
| 1889 Rte. 9, Unit 61 | | | | | 1889 Route 9 | , Unit 61 | | | | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | ode | | | | | | | | | |
| Toms River, New Jersey 08755 | | | | | Toms River, | New Jersey 08 | 755 | | | | | | | | |
| Project Manager for Monitoring Firm | | Tele | phone | No. | Telephone No. | | License No. | | | | | | | | |
| Nicholas Fernicola | | 73 | 32-349 | -9932 | 732-349-9932 | | 00624 | | | | | | | | |
| Start Date (10) | cheduled C | omple | tion Da | te (11) | Name of OSHA N | lonitor | | | | | | | | | |
| 06 /08 /17 | 06/ | 12 | 2_/_ | 17_ | E.M.S.L. Ana | lytical | | | | | | | | | |
| Occupancy Status During Abatement (C | Check only | one) | | | Street Address | et Address | | | | | | | | | |
| ☐ Facility Closed/Vacated During Entir | | | | | 1056 Stelton | | | | | | | | | | |
| Abatement Performed Outside of No | | | | | City, State, Zip Co | ode | | | | | | | | | |
| Time of Abatement:AM | PM/ | PM- | | AM | Piscataway, I | New Jersey 08 | 854 | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovati emolitio | | | ☐ Mini-Enc ☐ Gloveba | g Procedure | | | | | | | | | |
| | | | | | ☐ Non-Exe | mpted (*) and No | n-Friable Procedur | е | | | | | | | |
| | 10 255 | Locat Norma | | | | | | Ab | atem | ent Ty | уре | | | | |
| Location of Asbestos-Containing Material (ACM | 1.1 | ed Sole | | Ashe | Description of stos Containing Ma | | Amount | Re | Re | En | E | | | | |
| TO BE ABATED | Ma | intena | | | ., thermal systems | | (Specify | Removal | Repair | Encapsulate | Enclosure | | | | |
| IN Facility | Cus | todial (12) | Staff? | | surfacing, VAT | , or | SF or LF) | Val | " | Sula | sure | | | | |
| (13) | Yes | No | N/A | | other miscellane | ous) | | | | ate | | | | | |
| basement | | \boxtimes | | asbesto | os pipe insulatio | n | 160 If | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | П | П | П | | | | | |
| | | | 1 | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | JDEP \ | Masta | Cubic Yards of | Nome of Desig | stored I andfill | | | | | | | | |
| Guardian Contracting, Inc. | | 1 7 12 (| Hauler ID No. Waste TRRE | | | | | | | | | | | | |
| City, State | | | 20223 | 3 | 3 Disposal Date | City, State | | | | | | | | | |
| Toms River, New Jersey | | | | | 06/13/17 | | | | | | | | | | |
| 13-4 3 3 5 6 1 5 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 | | | | | The second control of | i ullytown, | | | | | | | | | |
| Completed By (Print or Type) | Title | | | | Signature | / | // Da | te | 1 | | | | | | |
| Nicholas Fernicola | Projec | t Man | ager | | | +1 | 1 6 | 17 | //- | 7 | | | | | |
| ASB-41 | | | | | 3 1 | 1 100000 | | 7 | 1 | 1 | | | | | |

JAN 13

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

| | (1 | ursuant | to NJAC 6:60 and | 1 12.120) | | . 1111/ | - | | |
|--|--|----------------------|----------------------------------|--|--------------------------|--------------------------------------|---------|-----------------------|-------------|
| Date of Notification (1) 6-8-17 | | - | Building Owner/O | 1 | 2act | ing | UN | 1 2 | 201 |
| Agencies Notified Type Notification I per Initial DEP Initial Amended Amendment # DOH Initial Emergency (inclusion) DCA Initial Cancellation | uding | Name of | te, Zip Code Bound Contact | inelli | | In Str. | 0 | + 0'\$ | NG |
| Name of Facility Where Abatement is Taking Pla |)well | | STORY OR STATE | Type o | | | | lings, | nome |
| County (6) Union N | 17 | County C | 7083 Code (7) USE ONLY) | 1 | t Use (Prid | # of Floors Z or if being demolisher | ed) | idg. Ag 80 Elli |) |
| Name of Monitoring Firm Hired by Building Own- | er (8) | ASCM | No. | Name of Abate EPC Street Address | TEC | thooleg | ies | | <u>En</u> |
| City, State, Zip Code Project Manager for Moniforing Firm Start Date (10) Sch | 13 | | 758-3365 | Telephone No 609 758 Name of OSH. | Egy -336 | S CC | 0 | 85 | 3 |
| Occupancy Status During Abatement (Check Or Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal FORM Office - Describe: | od of Abater | ment s | 17 | Street Address | Box | hnologies 337 NJ C | | nc 53 | 3 |
| Scope of Work (Check All That Apply) DX ≥3 sf or ≥3 lf ZC ≥160 sf or ≥260 lf | □ Renova Demoli | | | ☐ Mini | -Enclosure rebag Prod | | | | è |
| Location of | ls Local Norma | lly | Des | scription of | | | | Abate Ty | ment |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Sole Maintena Custodial (12) | nce/ Staff? | (i.e. thermal surface | caining Material systems insulat cing, VAT, or niscellaneous) | | Amount (Specify SF or LF) | Removal | Repair | Encapsulate |
| 7 | × | 1. | Cardboa | ed of Be | silek | 20 SF | x | | |
| | X | | Pipe I | | | 200 LF | X | | |
| Basement | X | | Floor | Tiles | | 400 SF | × | | |
| Name of Registered Waste Hauler EPC Technologies City, State | | NJDEP W Hauler ID | No. of Was | Yards ste | Wast | Registered Landfill He Manager | | to | e P |
| New Egypt N | Title Presid | Q.+ | by | 6/30/17 Signature | Morn | risuille F | A te b- | 8-1 | 7 |

| | Date of Notification (1) | 7 | | Name of | Building Owner | perator (2) | | DE | GI | 5 1 | W | F |
|---------|--|-------------|--------------------|-----------|-----------------------------|---------------------------------|---------------------------|---------------------------------------|-----------|--------------|-------------|-----------|
| | Agencies Notified Type Notification | + | _ | Street Ac | idress | | a Kou | LISTREAM | C(5 | | 15 |)cSq |
| | □ EPA 🗶 Initial | | | | P.O te, Zip Code | BOX 8 | PE. | | JUN- | 1.2 | 201 | 7 |
| | DOL - Amendment # | | | ong, ou | \mathbb{C} | olts | Neck | NI | 07 | 72 | 2 | |
| | DOH Emergency (in justification) | icluaing | | Name of | C | | | Felephaner | implat) c | CO | NTR | OL |
| | ☐ DCA ☐ Cancellation | | | | ITY INFORMATI | outi's | | _! | | | | 1 |
| | Name of Facility Where Abatement is Taking | Place (3 | 3) | | | | of Facility (4 | 1) | | | | |
| | Single family | 4 | De | se Il | 125 | | School (K-12 | | • | | | |
| | Street Address | | | | | 780 | | 8 (Other than K-1 rivate & commerc | | lings, | home | s, |
| | City (5) Woodbeidge | T | 0 | 700 | 15 | Squar | e Feet | # of Floors | - 1 | ldg. A 유۵ | | |
| J | County (6) Middle Sex | | | County C | | | | r if being demolis | | | | |
| 22 | Name of Monitoring Firm Hired by Building Ov | wner (8) | | ASCM | No. | Name of Abat | ement Cont | A # | | | No. | |
| 180 | Street Address | Sie! | <u> </u> | | MA | Street Addres | 166 | hoole | 3163 | ١, | In | 1 |
| J | P.O. Box 33 | 37 | | | | P.O. | | 337 | | | | |
| 12 | City, State, Zip Code | NS | 5 | 80 | 533 | City, State, Zi | Equ | DH 143 | 0 | 85 | 13 | 3 |
| - | Project Manager for Monit ril gr-irm | | | relephon | ne No. 7 <i>58-336</i> 5 | Telephone No. | - | License I | 10. | 19 | 4 | |
| 7 | Start Date (10) | | ed Com | pletion [| Date (11) | Name of OSH | A Monitor | 1 | | W_ U | - | |
| See See | June 19 2017 | | | 30 | 7105 | EPC | | nnologies | I | nc | | |
| ζ | Occupancy Status During Abatement (Check | | | | | Street Addres | Box | 337 | | | | |
| 3 | Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma | Facility | Hours | ent | | City, State, Zi | o Code | | | | | |
| | Other – Describe: | | | | | New E | gypt | TU | 085 | 53 | 3 | |
| S | Scope of Work (Check All That Apply) | 2000 | | | | | 0 1 | | D | | | |
| C | ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | Renova Demoliti | | | ☐ Min Æ Glo | i-Enclosure vebag Proc | edure | | | | |
| | | | | | | Nor Nor | -Exempted | (*) and Non-Fria | ble Pro | | e ement | \dashv |
| | | | Locati | | Do | scription of | 1 | | | Ту | | |
| ٠. | Location of Asbestos-Containing Material (ACM) | Use | d Solei | y by | Asbestos Cont | aining Material | | Amount | 1 - | | m l | m |
| | TO BE ABATED In Facility | | todial S | | | systems insula cing, VAT, or | uon, | (Specify SF or LF) | Remova | Repair | caps | Enclosure |
| | (13) | | (12) | | other r | niscellaneous) | | | oval | air | Encapsulate | sure |
| | | Yes | No | ,N/A | - 1: | 0: | , . | 1.00 | + | | | |
| | Exterior Walls | | | X | Sidina | Shing | les" | /800s | FX | - | | |
| | Back half 1st floor | | | | Flooring | J | | 150 SF | X | | | |
| | Back Corner 15+ floor | | | | Floor | Tiles | | 150 SF | K | _ | | |
| | Name of Registered Waste Hauler | <u> </u> | N | JDEP W | Flux Pa | Yards > | Name of F | 2 5F Registered Landf | X | | | |
| | EPC Technologies | | 100000 | auler ID | No. of Wa | | Wast | e Manage | | to | E P | A |
| | City, State | 74 C | | | Dispo | sal Date unc 30, Wr | City, State | 9 | PA | | | |
| | New Egypt / | VJ Title | | | | Signature | - M | | | | | |
| | Steve Schenker | PRE | sid | ent | | Steel | Sch | ha | Ju- | رد ز | 3 20 | 17 |

| CK2131 | | | CATION | ate of New Jerse I OF ASBESTOS to NJAC 8:60 and | ABATE | | | Parties and the same of the sa |) E C | ; E | | \mathbb{V} | | | | | | | | | | |
|--|--|------------------------------------|----------|---|----------------------------------|-------------|----------------------|--|------------------|----------------|----------|----------------|--|--|--|--|--|--|--|--|--|--|
| Date of Notification (1) 6/7/17 | | | | Building Owner/C | Operator | (2) | | | ll Ju | N 1 | 2 2 | 2017 | A Land of the Land | | | | | | | | | |
| Agencies Notified Type Notification | | | Street A | ddress | | . 1 | c 1, | Å | 1 | | | | | | | | | | | | | |
| EPA Initial | | | | | | | | | 1803 | | | | L & | | | | | | | | | |
| DEP Amended | | | City Sta | ite, Zip Code | 0 1 | 1- | 00 | <u>J</u> | UL | ICEN | ISIN | <u>G</u> | (Marie Sandania | | | | | | | | | |
| X DOL Amendment # | | — L | WES | of Clans | RIL |) L | 210 | 52 | | | | | | | | | | | | | | |
| DOH justification) | ioidali ig | | | f Contact |) (| | | Tele | ephone Nun | nber | | | | | | | | | | | | |
| DCA Cancellation | | | Eric P | 1965 M.S | | | | | | | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking | Diago / | 2) | FACI | LITY INFORMATI | ON | Tunn of | Cocility | (4) | | | | _ | | | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (. | ٥) | | | | - | Facility | | | | | | | | | | | | | | | |
| Street Address | | | | | | | hool (K- | | er than K-12 | 2) | | | | | | | | | | | | |
| Street Address | 1 | 11 | 1, | Rea | | Ot | her (i.e. | private 8 | k commercia | .) al build | lings, | home | es, | | | | | | | | | |
| | | , | U | My | | etc | c.) | | | | | | | | | | | | | | | |
| City (5) 1 PCL DODOS | | |) | 0 | E | Square | Feet 7 | # of | Floors | В | ldg. A | ge | | | | | | | | | | |
| MOTOTULISE | | | | | | 14.7 | Y | | <u></u> | | <u> </u> | 1 | | | | | | | | | | |
| County (6) | | | | Code (7) USE ONLY) | | Current | 11- | | ng demolish | ed) | | | | | | | | | | | | |
| ESSEX | | | | No also deservi | - Home | | | | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCN | No. | Name of Abatement Contractor (9) | | | | | | | | | | | | | | | | | |
| | | | | | Brick Industries Inc. | | | | | | | | | | | | | | | | | |
| Street Address | treet Address | | | | | | | | | | | Street Address | | | | | | | | | | |
| | | .O. Box 915 ty, State, Zip Code | | | | | | | | | | | | | | | | | | | | |
| City, State, Zip Code | 58/4 N N N | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | , New | Jersey | 08723 | | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | one No. | | | License N | ٥. | | | | | | | | | | | | |
| 1 | | | | | |)899-74 | | | 01196 | | | | | | | | | | | | | |
| Start Date (10) / 10 1 | Schedul | ed Com | pletion | Date (11) | Name | of OSHA | Monitor | | | | | | | | | | | | | | | |
| 0 0 1 | <u>b</u> | 11) | Щ | | | | | | | | | | | | | | | | | | | |
| Occupancy Status During Abatement (Check | Only O | fe) | • 3 | | Street | eet Address | | | | | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire Pe | | | | | | | | | | | | | | | | | | | | | | |
| Abatement Performed Outside of Norma Other – Describe: | I Facility | y Hours | | | City, St | tate, Zip | Code | | | | | | | | | | | | | | | |
| | | | | | | | | | | | - | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | 1 | | | | -2 | | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | Name and Address of the Owner, when the Owner, which the Owner, | Renovat | | | - | | | | Negative P | ressur | e | | | | | | | | | | | |
| ≥160 sf or ≥260 lf | | Demoliti | on | | | | Enclosure bag Pro | | | | | | | | | | | | | | | |
| | | | | | | | | | l Non-Friab | e Pro | cedur | е | | | | | | | | | | |
| | Is | Location | on | | | | | | | | | ement | | | | | | | | | | |
| Location of | | Normall | | De | scription | of | - | | | - | 1 y | ре | | | | | | | | | | |
| Asbestos-Containing Material (ACM) | | ed Solel intenan | | Asbestos Cont | aining M | laterial (A | | 0.00.00 | mount | _ | | 四 | т | | | | | | | | | |
| TO BE ABATED In Facility | | todial S | | (i.e. thermal | systems cing, VA | | on, | | pecify or LF) | Rem | Re | cap | ncl | | | | | | | | | |
| (13) | | (12) | | | niscellan | | | O. | Of El) | Remova | Repair | Encapsulate | Enclosure | | | | | | | | | |
| ²⁵ | Yes | No | N/A | | | | | | | <u>m</u> | | ate | õ | | | | | | | | | |
| | 10/11 | 1110 | | | 306 | 0 | 1 | | | | | | | | | | | | | | | |
| | Veri, M | 11/2 | • | | SUC | 151 | X | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| | 250 | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N. | JDEP W | aste Cubic | Yards | 1 | Name of | Register | red Landfill | 1 | - | | | | | | | | | | | |
| | | Ha | auler ID | | | \ | GROW | 99555WW | | | | | | | | | | | | | | |
| Brick Industries Inc. | | 21 | 1602 | | | 1 | | | | | | | | | | | | | | | | |
| City, State | | | | Dispos | al Date | | City, Stat | е | | | | | | | | | | | | | | |
| Brick, New Jersey | Title | | | 6 | 17/1 | | PAI | | | | -7000 | | | | | | | | | | | |
| Completed by | ignature | 11 | 1/// | | Da | te/_ | 17 | 11. | 7 | | | | | | | | | | | | | |
| Eric Plackis | | U | per | | | 0 | 1 | 11 | _`_ | | | | | | | | | | | | | |

1111111 01111



| Date of Notification (1) | | | | Name | e of Buildir | ng Owner/Operator | (2) | INE | P | 15 | 11 | W/ F | | | | |
|--|-----------------------|-----------------------|----------------|-------------------|---------------------|---|--|--|--------|---------|-------------|-----------|--|--|--|--|
| 06/05 | | | nald Ern | . 170 m | | U | <u> </u> | U_ | U L | | | | | | | |
| Agencies Notified Type N | tification | | | Stree | t Address | | | - | | | - | | | | | |
| ⊠ EPA ⊠ Initia | | | | | | | | 1 | JUN | 1 | 2 20 | 017 | | | | |
| ☑ DOLWD ☐ Ame | | | | City, | State, Zip | Code | | | | | E. 2715540 | | | | | |
| 1877 | ndment # gency (ir | | _ | Glo | oucester | City NJ 08030 | | ACR | EST | 70.0 | CAL | TDOI | | | | |
| - I - I - I - I - I - I - I - I - I - I | ication) | iciuairi | g | | of Conta | | | ASBESTOS CONTROL | | | | | | | | |
| ☐ Cane | | | | Ro | nald Ern | harth | an automorphism procedure and management and management and an automorphism and | | | | | | | | | |
| | | | | FA | CILITY II | NFORMATION | | 5 = | 77.0 | | | | | | | |
| Name of Facility Where Abatemer | is Takin | g Place | e (3) | | | | Type of Facility (| (4) | | | 115 | | | | | |
| Resident | | | | | | | ☐ School (K-12) | | | | | | | | | |
| Street Address | | | | | | | | er 8 (Other than K-12) , private and commercial buildings, c.) | | | | | | | | |
| City (5) | | | | - | | | Square Feet | # of Floors | ge | | | | | | | |
| Gloucester City NJ 08030 | | | | | | | 1,528Sf | 3 Floors | 100 | 117 | 3- | | | | | |
| County (6) | | | | Cour | nty Code (| 7)(STATE USE ONLY) | 1 22 | | | | | | | | | |
| US; Gloucester CO. | | | | | | | Resident | | | | | | | | | |
| Name of Monitoring Firm Hired by | Building (| Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | | | | |
| | | | | | | Graham-Tech Environmental Service, LLC. | | | | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | | | |
| | | | | | | 958 Jackson | | | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | | | | | | | | | | |
| SO 90 030 | | | | | | Mays Landing, NJ 08330 | | | | | | | | | | |
| Project Manager for Monitoring Fir | Tele | phone | No. | Telephone No. | | License No. | | | | | | | | | | |
| | | | | 609-561-1901 | | 01158 | | | | | | | | | | |
| Start Date (10) | | | te (11) | Name of OSHA N | lonitor | | | | | | | | | | | |
| 06 /15 /17 | 19 | _ / _ | 17 | Graham-Tech | l Services, LL0 | ٥. | | | | | | | | | | |
| Occupancy Status During Abateme | | | Street Address | | | | | | | | | | | | | |
| ☐ Facility Closed/Vacated During Entire Period of Abater | | | | | | 958 Jackson | | | | | | | | | | |
| Abatement Performed Outside of Normal Facility Hour. Time of Abatement: 7AM-11:30PM/PM | | | | | cribe | City, State, Zip Co | | | | | | | | | | |
| | | | | _Aivi | | Mays Landing | g, NJ 08330 | | | | | | | | | |
| Scope of Work (Check all that appl | /) | | | | | M Full Cont | ninmant with Name | -ti D | | | | | | | | |
| □≥3 sf or ≥3 lf ⊠ Renovation | | | | | | ☐ Mini-Enc | ainment with Nega losure | gative Pressure | | | | | | | | |
| □≥160 sf or ≥260 lf | emolitic | n | | ☐ Glovebag | n-Friable Procedure | | | | | | | | | | | |
| | | Is | Locat | ion | T | □ Noll-Exe | inpled () and Non | i-Friable Frocedul | 1 | otono | ont T | | | | | |
| Location of Norma | | | | 0.00 | | Description o | f | | - | 1 | | nt Type | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used Solumination Maintena Custodial (12) | | | | | | stos Containing Ma | | Amount | Remova | Repair | | incl | | | | |
| | | | | | (1.6 | thermal systems i surfacing, VAT, | nsulation, or | (Specify SF or LF) | lova | ≅. | apsu | Enclosure | | | | |
| | | | | | - | other miscellane | ous) | / | = | | Encapsulate | ге | | | | |
| Ye | | | No | N/A | - | | | | | | (0 | | | | | |
| Basement | | | | | Pape | Insulation | | 100SqFt | | | | | | | | |
| | | | | | | | | 8 | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | П | П | П | | | | | |
| Name of Registered Waste Hauler N. | | | | | DEP Waste | | | | | | | | | | | |
| Graham-Tech Environment | l Servic | e, LL | C H | auler IE 00345 | | Waste | 1 | orth Landfill & | Tuliy | towi | 1 | | | | | |
| City, State | | | | 00040 | | Disposal Date | City, State | | | 5-12-12 | | - | | | | |
| 14 Read Drive Sicklerville, I | J 08081 | 1 | | | | / | 1 /1 | ntown Rd. Mor | risvil | le,P/ | 4 | | | | | |
| Completed By (Print or Type) Title | | | | | | Signature | gnature | | | | | | | | | |
| Vernice Graham | Р | reside | ent | | | Veur | mlonum 6-5-17 | | | | | | | | | |

| Ch1373 | 3 | | | ICATION | ate of Ne I OF ASE to NJAC | BESTOS | ABATEN | | | DE | GE | | <u>V</u> 137 | TISS | | |
|--|--------------------------|--------------------|---------------------------------|--|---|--|--|---|--------------------------|--------------------------|---------------|-----------|--------------|------|--|--|
| Date of Notification (1) | | Name o | f Building | Owner/ | Operator | (2) | | | 4 | 0 - | . 5.459 | - 111 | | | | |
| June | | Merced | es-Benz | z of Ca | aldwell | | | | JN 1 | 2 6 | 2017 | | | | | |
| Agencies Notified | | Street A | ddress | | | | | | | | | | | | | |
| ⊠ EPA | | 1230 BI | oomfiel | d Ave | | | | ASBESTOS CONTROL | | | | | | | | |
| DEP | | City, Sta | ite, Zip C | ode | | LICENSING | | | | | | | | | | |
| DOL | Amendment | | | Fairfield | I, NJ 07 | 004 | | | | | | | | | | |
| ☑ DOH | Emergency justification) | | Name of Contact TelephoneNumber | | | | | | | | | | | | | |
| DCA | Cancellation | | | Jim Eag | aleton | | | | | | | | | | | |
| | | | | The second secon | LITY INF | ORMAT | ION | | | 2 | | 55 | 11515 | | | |
| Name of Facility Where | Abatement is Takin | g Place (| 3) | | | | | Type | of Facility (4) | | | | | | | |
| Mercedes-Benz of C | aldwell | | | | | | | | School (K-12) | | | | | | | |
| Street Address | | | | Subcha | | | | | | oter 8 (Other than K-12) | | | | | | |
| 1220 Bloomfield Ave | | | | | | | | | Other (i.e. pri etc.) | vate & comme | rcial bui | ldings | , home | es, | | |
| City (5) | | <u> </u> | | | | | | | re Feet | # of Floors | | Bldg. | Age | | | |
| West Caldwell, NJ 07 | 7006 | | | | | | | | | | | | | | | |
| County (6) | | | | County Code (7) | | | | Current Use (Prior if being demolished) | | | | | | | | |
| Essex | | | | (STATE USE ONLY) | | | | | Auto dealership | | | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8 |) | ASCN | 1 No. | | Name | e of Abatement Contractor (9) | | | | | | | | |
| J & J Environmental | Services | | | | | | The M | MACK Group, LLC. | | | | | | | | |
| Street Address | | | | | | | | | t Address | | | | | | | |
| P.O. Box 67 | | | | | | | 1500 Kings HWY N, STE 209 | | | | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Code | | | | | | | | | |
| Little Falls, NJ 07424 | | | | | | | Cherry Hill, NJ 08034 | | | | | | | | | |
| Project Manager for Monitoring Firm Teleph | | | | | | | | | | | License No. | | | | | |
| | | | | | 3-3343 | | | | | 00781 | | | | | | |
| Start Date (10) | | | | | 73) 759 - 5000 00781 lame of OSHA Monitor | | | | | | | | | | | |
| Start Date (10) Scheduled Completion Date (11) 06/21/2017 07/21/2017 | | | | | | | The MACK Group, LLC. | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | | | | Street Address | | | | | | | | | |
| | | | | | | | (SEE) | | N7.6 | TE 200 | | | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours | | | | | | | 1500 Kings HWY N, STE 209 City, State, Zip Code | | | | | | | | | |
| Other - Describe: | | | | | Cherry Hill, NJ 08034 | | | | | | | | | | | |
| Scope of Work (Check Al | I That Apply) | | | | | | Cherry | 1 11111, | 143 00034 | | | | | | | |
| ≥3 sf or ≥3 lf | 11.27 | \Box | D=== | . ET | | | Г | 7 | | | | | | | | |
| ≥160 sf or ≥260 lf | Demoli | ovation olition | | | | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | | |
| | | | | | | | | | vebag Proce | | | | | | | |
| | | | | | | | | No | 1-Exempted (* | and Non-Friat | ole Proce | | | | | |
| | Is Location Normally | | | | | | | | | Abatement Type | | | | | | |
| Location of Asbestos-Containing Material (ACM) | | | | | | | Description of | | | | | T | 1 | | | |
| TO BE ABA | aintena | nce/ | | | ontaining Material (ACM) mal systems insulation, rfacing, VAT, or | | | Amount (Specify SF or LF) | | | En | Щ | | | | |
| In Facili | todial ((12) | Staff? | | surfa | | | | | | Repair | Encapsulate | Enclosure | | | | |
| (13) | | (12) | | other miscellar | | | eous) | | | Remova | Dair | Sula | Sure | | | |
| | | Yes | No | N/A | | | | | | | = | | ē | (0) | | |
| Window | WS. | 103 | X | 1475 | | \/\/in | dow ca | ulk | | 30 LF | X | , | 1 | | | |
| Inside B | | | \Diamond | | Floor Tile & Assoc | | | | Mastic | 780 SF | | - | - | | | |
| Warehouse area | | | \Diamond | | | | | | | | | - | - | | | |
| vvarenouse | e area | - | \wedge | | | A | CM Roc | ΣT | | 22000 SF | $\overline{}$ | | - | | | |
| Name of Dealer | L-11-1 | | L., | II DEE: | | T 6 · · | | | | | | | | | | |
| Name of Registered Was | te Hauler | | 100 | IJ DEP W lauler ID | | Cubic of Wa | Yards ste | | Name of Re | gistered Landi | ill | | | | | |
| Newark Carting and/or Spartan | | | | 22253 | | | TBD | Cumberland Co./ BFI / GROWS / TRRF | | | | | | | | |
| City, State | | | | Disposal Date | | | | | | | | | | | | |
| Newark, NJ / Donora, PA | | | | 07/21/20 | | | | 7 | | | | | | | | |
| Completed by Title | | | | Signatur | | | | | | | | | | | | |
| Michael Cooper | dent | | | | Jan Sand | | | 500 | /7/17 | | | | | | | |

| Date of Notification (1) 05/25/17 | | | Name o | of Building Owner | er/Operator | (2) of Education | | richina marana | | | |
|---|-------------------|---|------------------------------|--|---|--|--|----------------|----------|-------------|-----------|
| | ed ment # | | Street / 2565 City, St | Address Princeton Pil ate, Zip Code enceville, NJ | ke | to Black to Tool | Para la constitución de la const | JUN | <u> </u> | 2 2(| W [|
| ■ Emerge justifica ■ DCA Cancel | | , | Name o | of Contact ave Nelson | | | Telephone N | 16705-7010 | | | |
| Name of Facility Where Abatement is Lawrence Middle School | Taking Place (| 3) | FAC | ILITY INFORM | ATION | Type of Facility (| (4) | [11 | 01997 | SING | |
| Street Address 2455 Princeton Pike | | | | | | Other (i.e. p | 2) 8 (Other than K- private & commer | | ildings | , hom | es, |
| City (5) Lawrenceville | | | | | - 11 T - 12 T - 13 T - 1 | Square Feet 10,000 + | # of Floors | 1.00 | Bldg. / | Age | |
| County (6) Mercer | | | County (STATE | Code (7) USE ONLY) | | Current Use (Pric School | or if being demoli | shed) | | - | |
| Name of Monitoring Firm Hired by Build Environmental Connection, Inc | ding Owner (8) |) | ASC | √l No. | J.R. | of Abatement Cor Contracting & | | I Con | sultir | ıg, In | c. |
| Street Address 120 North Warren Street | | | | | 17.75 | Address Route 23 | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | | | | | tate, Zip Code ne, NJ 07470 | | | | | |
| Project Manager for Monitoring Firm Mr. Roland Jones | | | Telepho 609-39 | ne No. 92-4200 | 312-013679433 | one No. 328-9200 | License 00408 | No. | | | |
| Start Date (10) 06/21/17 | Schedul 07/31/ | | mpletion | Date (11) | 100000000000000000000000000000000000000 | of OSHA Monitor o Vision Cons | ultants, Inc. | | | | |
| Occupancy Status During Abatement (Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Occupied Build | ntire Period of a | Abaten | nent s | | 20-2° City, S | Address I Wagaraw Ro tate, Zip Code _awn, NJ 0741 | | E | | | |
| Scope of Work (Check All That Apply) | | | | | Tall | _awii, NJ 0741 | 0 | 77-77 | | | |
| ≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf | Property Co. | Renova Demolit | | | × | Mini-Enclosure Glovebag Proc | | | | · A | |
| Location of | | Locati | ly | | Description | | () and 11011 1 110 | | Abate | ement pe | |
| Asbestos-Containing Material (ACN TO BE ABATED In Facility (13) | Ma Cus | ed Sole iintenar todial S (12) | nce/ Staff? | Asbestos Co (i.e. therm sur | ontaining M | aterial (ACM) insulation, T, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Kitchen/ Faculty Room | Yes | No | N/A X | D | rop Ceili | na | 3,920 SF | X | - | СО | |
| | | | | | | .5 | 0,020 01 | ļ | | | |
| | | | | | | | | + | - | | |
| Name of Registered Waste Hauler J.R. Contracting & Environmenta | al Consul., I | nc H | JDEP Wauler ID 7819 | 323.0 | ic Yards /aste | | Registered Landfi Central Landfil | | | | |
| City, State Wayne, New Jersey | | M.R. | | Disp | osal Date | City State Pen Arg | yl, Pennsylva | nia | | | |
| Completed by Jerry Bijelonic | Title Proje | ct Ma | nager | | Signature | | D | ate 5/25/ | 17 | | |

| 0 | 1/ | ì | f jone | 10 | - |
|---|----|---|--------|-------|---|
| 1 | V | L | H |) [|) |
| - | 11 | 5 | W | 1 | 1 |

| г | DEG | | | E | |
|------------|--|--------------|------------|------|---|
| | JUN | 1 2 | 2017 | | W |
| ilding | ASBESTO LIC | S CC ENSI | NTR(NG | DL 8 | |
| | | | | | |
| | Talanhone Numb | er | | | - |
| | I | ,,,, | | | |
| | | 22.0 | Sec. 10 | - | - |
| Facility (| 4) | | | | - |
| |) (Other than K-12) ivate and commer | | ldings, | | |
| Feet | # of Floors | Bld | g. Age | | |
| 00 | 2 | 8 | 0 | | |
| Use (Pri | or if being demolis | hed) | | | |
| actor (9) | | | | | |
| al, LLC | | | | | |
| | | | | | |
|)52 | | | | | |
| | License No. | | | | - |

| | | | | | | | | 111 11: | | | | 111 |
|---------------------------------|--------------------------|-------------|----------------|---------------------------|-------------|-------------------------------------|---------------------------------|-------------------------|-----------|---------|-------------|--|
| Date of Notification (1) 6 / | 7 / | 17 | | | | Owner/Operator (2 Township Schoo | | JU JU | N 12 | 201 | 7 | The state of the s |
| Agencies Notified | Type Notifica ⊠ Initial | | | The state of the state of | Address | nville Road, Hopl | kins Building | ASBEST | | | OL | 8 |
| ⊠ DOLWD | ☐ Amended | | | | | | kins building | <u> </u> | ICENS | NG | | |
| ⊠ DOH | Amendme | | | | tate, Zip C | | | | | | | - |
| ☐ DCA | ☐ Emergend | | g | | | NJ 08016 | | Talanhone Nui | mhor | | | |
| (NJAC 5:23-8) | justificatio | | | 1 | of Contac | | | I Talantinia (Vill | TIDEI | | | |
| | Cancellati | on | | NIC | holas Bio | ce | | | 125 | | | |
| | | | | FAC | CILITY IN | IFORMATION | | | | | | |
| Name of Facility Where A | Abatement is T | aking Place | e (3) | | | | Type of Facility | 3.000 | | | | |
| Burlington Townsh | ip High Sch | ool | | | | | School (K-12 | ?) 3 (Other than K-1 | 12) | | | |
| Street Address | | | | | | | Other (i.e., p | rivate and comm | ercial bu | ildings | š., | |
| 610 Fountain Aven | ue | | | | | | homes, etc.) | | | 5.8 | | |
| City (5) | | | | | | 11 | Square Feet | # of Floors | Blo | lg. Ag | е | |
| Burlington | | | | | | | 80,000 | 2 | 8 | 30 | | |
| County (6) | | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Pr | ior if being demo | lished) | | | |
| Burlington | | | | | | 31 | School | | | | | |
| Name of Monitoring Firm | Hired by Build | ling Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Epic Environmenta | I Services, L | LC | | | | Shade Enviro | onmental, LLC | | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 1930 Brown Road | | | | | | 623 Cutler Av | renue | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Newfield, NJ 08344 | | | | | | Maple Shade | | | | | | |
| Project Manager for Mon | | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| Jim Eberts | itoring r iirri | | - Commonto | 356-205 | | 856-755-0099 | , | 00842 | | | | |
| Start Date (10) | To | Scheduled (| | | | Name of OSHA M | | | | | | |
| | 17-22-1 | | | 0 / | | EMSL Analyt | | | | | | |
| Occupancy Status During | Abatement (0 | Check only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate | | | | ement | | 200 Route 13 | 0 North | | | | | |
| ☐ Abatement Performed | d Outside of No | rmal Facili | ty Hou | ırs - Des | | City, State, Zip Co | ode | | | | | |
| Time of Abatement: _ | AM | PM/ | PN | 1 | AM | Cinnaminson | n, NJ 08077 | | | | | |
| Scope of Work (Check al | Il that apply) | | | | | ☐ Full Cont | tainment with Neg | gative Pressure | | | | |
| ≥3 sf or ≥3 lf | | | enova | | | ☐ Mini-Enc | losure | | | | | |
| ≥160 sf or ≥260 lf | | | emolit | ion | | | g Procedure mpted (*) and No | n-Friable Proced | dure | | | |
| | | | | | 1 | ☐ Non-Exe | Impled () and No | ni-i nable i rocci | | ateme | nt T | /no |
| 1 1 1 | - 5 | | s Loca Norm | | | Description of | s f | | | | T | |
| Location Asbestos-Containing | |) Us | ed So | lely by | Asbe | estos Containing Ma | | Amount | Rem | Repair | nc | ncl |
| TO BE ABA | ATED | M | | ance/ I Staff? | (i.e | e., thermal systems | | (Specify | Removal | = | aps | Enclosure |
| IN Facili | ity | Cu | (12 | | | surfacing, VAT other miscellane | , or | SF or LF) | <u> </u> | | Encapsulate | ē |
| (13) | | Yes | Time | 1 | | other misconario | | | | | Ф | |
| Kitchen | | | \boxtimes | | Elbow | Insulation (Wrap | and Cut) | 60 LF | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | - | | | | | | - | | | |
| | | | | | | | | | | | ш | Щ |
| Name of Registered Was | ste Hauler | | | NJDEP ! Hauler II | | Cubic Yards of Waste | Name of Regis | | | | | |
| Freehold Cartage | | | | 15939 | | 1 | GROWS N | orth Landfill | | | | |
| City, State | | | | | A ANTONIA | Disposal Date | City, State | | | | | |
| Freehold, NJ | | | | | | 06/26/2017 | Morrisville | e, PA | | | | |
| Completed By (Print or T | 'vne) | Title | | | | Signature | | | Date | | | |
| Christina Lynch | 111 | | resid | lent of | Operatio | 10. (, | CP (ax | | (n) | -1- | 1 | |
| ACD 41 | | | | | 1 200 | I III | | | U/ 1 | 11- | 1 | |

| Ch4014 | | | NOT | | ATIO | N OF AS | lew Jersey BESTOS ABAT AC 8:60 and 5:1 | | DE | CE |] 7 | V E | |
|---|----------------|--------|-----------|--------------|-------------------|--------------|---|--------------------|---|-----------|--|-------------|----------------|
| Date of Notification (1) | | | | | Nam | e of Buildir | ng Owner/Operator (| 2) | | UN 1 | 2 20 | 117 | 77.74 |
| 6/ | 7 / | 17 | | | Lir | ndenwold | d Board of Educa | ition | | UNI | - 21 | 11/ | |
| Agencies Notified | Type Notific | ation | | - | Stree | t Address | | | | | | | İ |
| ⊠ EPA | | | | | 80 | 1 Egg Ha | rbor Road | | ASBES | STOS C | | | . & |
| ⊠ DOLWD | Amended Amendm | 700 | | | City, | State, Zip | Code | | I had not been districted to the second | LICEN | >#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | - | V-y-re-shelter |
| □ DCA | ☐ Emergen | | cluding | | Lir | ndenwold | d, NJ 08021 | | | | | | |
| (NJAC 5:23-8) | justificati | | oluulii | 9 | Name | e of Contac | ct | | Telephone N | lumber | | | |
| ACC-97 (1975) A 1975 (A 1975) | ☐ Cancella | tion | | | Ka | thleen H | uder | | | | | | |
| | | | | | FA | CILITY II | NFORMATION | | | | | | |
| Name of Facility Where A | Abatement is 7 | Taking | Place | (3) | | | | Type of Facility | (4) | | | | |
| Lindenwold Middle | School | | | | | | | School (K-12 | | | | | |
| Street Address | | | | | | | | Subchapter | | | مناماني | ~~ | |
| 40 White Horse Ave | enue | | | | | | | Other (i.e., p | | merciai b | ullali | JS, | |
| City (5) | | | | | | | | Square Feet | # of Floors | E | ldg. A | ge | |
| Lindenwold | | | | | | | | 20,000 | 2 | | 80 | | |
| County (6) | | | | | Cou | nty Code (| 7)(STATE USE ONLY) | Current Use (Pr | ior if being dem | nolished) | | | |
| Camden | | | | | | | | School | | | | | |
| Name of Monitoring Firm | Hired by Build | ding C | wner | (8) | ASCM | l No. | Name of Abateme | ent Contractor (9) |) | | | | |
| Horizon Environme | ntal Group, | Inc. | | | | | Shade Enviro | onmental, LLC | | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| 301 9th Street | | | | | | | 623 Cutler Av | /enue | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| West Deptford, NJ | 08086 | | | | | | Maple Shade | , NJ 08052 | | | | | |
| Project Manager for Moni | toring Firm | | | Te | lephone | No. | Telephone No. | | License No | | | | |
| Steve Flanigan | | | | 8 | 356-848 | 3-0800 | 856-755-0099 | C | 00842 | | | | |
| Start Date (10) | 5 | Sched | uled C | omp | letion Da | ate (11) | Name of OSHA N | lonitor | 1, | | | | |
| 06 /23 / | 17 | _0 | 6_ / | _ 2 | 26 / | _17_ | EMSL Analyt | ical, Inc. | | | | | |
| Occupancy Status During | Abatement (| Check | only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate | | | | | ement | | 200 Route 13 | 0 North | | | | | |
| ☐ Abatement Performed | | | | | | | City, State, Zip Co | ode | | | | | |
| Time of Abatement: _ | AM | PN | 1/ | _PN | Λ | _AM | Cinnaminson | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | 111 | | | |
| | | | ☑ n- | | 1820 | | | ainment with Neg | gative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ⊠ Re □ De | moli | | | ☐ Mini-Enc | | | | | | |
| | | | | 000000 | TRESTA | | Non-Exe Non-Exe | mpted (*) and No | n-Friable Proce | edure | | | |
| 1 | | | | | ation | | | | | A | batem | ent Ty | уре |
| Location | - Table | | | Norm | ally lely by | Asha | Description o | | Amount | Re | Re | En | Ē |
| Asbestos-Containing I TO BE ABA | | 1) | Ma | inter | ance/ | | estos Containing Ma e., thermal systems | | (Specify | Remova | Repair | Encapsulate | Enclosure |
| IN Facilit | | | Cus | todia (12 | I Staff? | | surfacing, VAT, | or | SF or LF) | Val | | sula | ure |
| (13) | | | Vac | No | 1 | - | other miscellane | ous) | | | | ite | |
| | | | Yes | INC | | | | | 2.05 | | | | |
| Furnace Room | | _ | | | | Flue Ce | | | 2 SF | | + | | |
| Roof near Chimney | | | | | $\perp \square$ | | r Sealer | | 8 SF | | - | | 님 |
| Front of the Building | (Exterior) | | | | | Windo | w Glazing Putty | | 48 SF | | | Ш | Ш |
| | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | | - 10 | NJDEP Hauler I | | Cubic Yards of Waste | Name of Regis | | | | | |
| Freehold Cartage | | | | | 1593 | | 1 | GROWS N | orth Landfill | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| Freehold, NJ | | | | | | | 06/26/2017 | Morrisville | , PA | | | | |
| Completed By (Print or Ty | /pe) | Title | | | | | Signature | | | Date | | | |
| Christina Lynch | | Vi | ce Pr | esic | lent of | Operatio | ns Dh | Sank | | 101 | 1/ | 7 | 1 |

CK 1252

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

CRH

Print Form

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| | 0 | | | | | | | | | - 1 | - | 177 | (0) 1 | 1 1 | 5) 77 | The |
|---|--|-----------------------|-------------------|----------------------------|----------------------|--|---------------------------|-------------------------------|--|--|-------------------------|---|--------------|-----------------|--------------|----------|
| Date of Notification (1) 6/2/2017 | | | Na | ame of E | Building O | wner/Ope | rator (| 2) | | | (D) | L | 6 | <u> </u> | \mathbb{V} | 4 |
| Agencies Notified | Type Notification | | St | reet Add | dress | | | | | Tri-Classical Property of the Control of the Contro | | P. C. | EIN | 1 2 | 201 | 7 |
| EPA DEP DOL | X Initial Amended Amendment | | | ty, State avallet | e, Zip Code te NJ | е | | | | Control of the last | 1 11 | | | - | | |
| DOH DCA | Emergency (justification) Cancellation | including | - 1 | ame of C Frank S | | | | | | Tele | ephoń | e Num | Del US CE | NSI | NIA NG | 10L 8 |
| | | | | FACIL | ITY INFO | RMATION | 1 | Type | f Facility (4) | | | | | | | - |
| Name of Facility Where Private property | Abatement is Takin | g Place (3) | | | | | | n s | chool (K-12) ubchapter 8 | | er tha | n K-12 |) | | | |
| Street Address | | | | | | | | ⊠ C e | ther (i.e. privite.) | rate 8 | & com | mercia | l buildi | | | |
| City (5) Rahway NJ | | | | | | | | Square 2500 | SF | 2 | Floor | | +5 | lg. Ag i0 | e | |
| County (6) Union | | | | ounty C | ode (7) SE ONLY) | | - | | t Use (Prior | | | molish | ed) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCM N/A | No. | | | | ement Contri ions Servi | | | | | | | |
| Street Address N/A | | | | | | 1 | | Addres 51st | s Street | | | | | | | |
| City, State, Zip Code N/A | | | | | | | | | o Code en NJ 070 |)47 | | | | | | |
| Project Manager for Mo N/A | nitoring Firm | | 1000 | elephon | e No. | | | one No 552-9 | | | Lice 013 | nse N 320 | D. | | | |
| Start Date (10) 6/13/2017 | | Scheduled 6/25/201 | | oletion D | Date (11) | | | | A Monitor nmental La | abor | atori | es | | | | |
| Occupancy Status Duris | ng Abatement (Che | ck Only One) |) | | | | | Addres | | | | | | | | |
| Facility Closed/Vac | cated During Entire med Outside of Norr | Period of Ab | ateme | ent | | | City, S | tate, Zi | e 22 West p Code 07803 | | | | | | -11- | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | E1 (27) | - | novati molitic | | | | × | Mir | Containmer i-Enclosure vebag Proce n-Exempted | dure | | | | 27 . | | |
| | | T | | | | | <u> </u> | 1 190 | I-Exempled | () ai | 140 | I-I Hat | | Abate | | \neg |
| 100000 | | C1000000 | ocatio | 3.00 | | Dono | ription | of | | | | | | Ту | | |
| Locatio Asbestos-Containin <u>TO BE Ai</u> In Fac (13 | g Material (ACM) BATED cility | Used Main Custo | Soleh | y by ce/ | | os Contai thermal sy surfacir other mis | ning N ystem ng, VA | Material s insula T, or | | (| Amou Speci F or L | fy | Removal | Repair | Encapsulate | Endosure |
| | | Yes | No | N/A | | | | | | | | - | - | | | |
| 2nd f | loor | | | х | | Glu | e do | ts | | 1. | 2005 | SF | X | | | - |
| | | ++ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Wo | | | Ha | JDEP W auler ID 1509 | | Cubic Y of Waste | | | Name of R | 0.00 | | | | I | | |
| City, State Po Box 5670 | | | | | | Disposa | l Date | 9 | City, State 2335 Ap | | ouțte | r Rd I | Bethle | ehem | PA | |
| Completed by Marcos Regato | | Title Presid | lent | | | Sig | nator | | 199- | 16 | 10 | | ate /2/20 | 17 | | |
| | | | | | | | • | -10 | 4 | - | 100 | | | | | |

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|---|--|---------------------|----------------------------|----------------------------|------------------------------|---|---|--|-------------------------------|----------------|-----------|-------------|-----------|
| Date of Notification (1) 6/2/2017 | | | - 1 | | Building Owner/ kh Adukia | Operator | (2) | The second secon | n)_E | C | E | | E |
| Agencies Notified | Type Notification | | | Street A | ddress | | | - | 3 | | | | |
| EPA DEP DOL | Initial Amended Amendment | | | | te, Zip Code berg NJ 0709 | 03 | <u> </u> | and the second | | JUN | 12 | | |
| DOH DCA | Emergency (justification) Cancellation | | | | Contact ekh Adukia | | | Te | lephone i | | S C | | ROL 8 |
| | | | | FACII | LITY INFORMAT | ION | | | | | | | |
| Name of Facility Where A Galaxy Towers #2 Street Address 7002 Kennedy Blvd | | g Place (3 |) | | | | Other (i | | | | ldings | , home | 9S, |
| City (5) Guttenberg | . 38.5 Co. 10.66. 5990.27 | | | | <u></u> | | etc.) Square Feet 1200F | 46 | f Floors | 100 | Bldg. / | lije | |
| County (6) Hudson | | | | County (| Code (7) USE ONLY) | | Current Use | (Prior if be | ing demo | lished) | | | |
| Name of Monitoring Firm N/A | Hired by Building (| Owner (8) | | ASCM N/A | l No. | | of Abatement Solutions | | | | | | |
| Street Address N/A | | | | | | | Address 5.51st Stree | t | | | | | |
| City, State, Zip Code N/A | A CONTRACTOR OF THE CONTRACTOR | | -200 | | - 41 | 4 | state, Zip Code n Bergen N | | • | | | | |
| Project Manager for Moni N/A | toring Firm | | | Telephor N/A | ne No. | 10 000000000000000000000000000000000000 | none No. 552-9685 | | License 01320 | | | | |
| Start Date (10) 6/12/2017 | | Schedule 6/20/20 | | npletion (| Date (11) | | of OSHA Mon | | atories | | | | |
| Occupancy Status During | Abatement (Chec | k Only On | e) | | | Street | Address | | | | 5750-527- | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: | | | | | | City, S | Route 22 Natate, Zip Code on NJ 07803 |) | | | | | |
| Scope of Work (Check Al | That Apply) | | | | | Onio | 11140 07000 | | | | | - 1-00 | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | τ τται Αρριγ) | Street Street | enova emoliti | | | × | Full Conta Mini-Endo Glovebag Non-Exem | sure Procedure | | | | re | |
| | | Is | Locati | on | | | | | | | Aba | tement | t |
| Location | | | lormall d Sole | | | escription | | | | - | Τ΄ | T | \Box |
| Asbestos-Containing TO BE ABA In Fadii (13) | TED | Mai | intenar odial S (12) | nce/ | (i.e. therma | | | (| Amount Specify F or LF) | Kemovai | Repair | Encapsulate | Enclosure |
| Apt 12F 12t | h floor | + 1 | | X | floo | r tile/ma | astic | 3 | 00SF | X | + | + | \vdash |
| Apt 12F 12t | | | | x | | corn Ce | | | 200SF | × | | | |
| | | | | | | | | | | _ | + | | |
| | | | T | IDED | | - V 1 | 1 61. | | | JEII . | | | |
| Name of Registered Was Newark Carting Inc | te Hauler | | Н | JDEP W auler ID 4509 | | c Yards aste | 1 | e of Regist S Bethle | | | fill | | |
| City, State Po Box 5670 | | | | | | osal Date | 233 | State 5 Appleb | | d Beth | lehei | n PA | |
| Completed by Marcos Regato | | Title Presi | dent | | | Signature | arcen | The. | No | Date 6/2/20 |)17 | | |

| H242204737 | b4 · | | CATION | ate of New Jers I OF ASBESTO to NJAC 8:60 a | SABATE | | | | ; E | | \mathbb{V} | |
|---|---|---------------------------|-------------------|---|------------------------|---|---|---------------------|--------------|---------|--------------|----------|
| Date of Notification (1) 06/05/2017 | | | | f Building Owner a Jill Fox | /Operato | r (2) | uced | J JU | N 1 | 2 2 | 017 | |
| Agencies Notified Type Notifica | ation | | Street A | ddress | | | 1 | ACDEC | TOO. | 001 | 700 | 1 1 |
| X EPA X Initial | | | 0:1 01- | . 7: 0 ! | | | | ASBES | ICEN | | | <u> </u> |
| X EPA X Initial X DEP Amend X DOL Amend | | _ | | ite, Zip Code wood, NJ 070 | 040 | | | | | | | |
| ■ DOH justifica □ DCA □ Cancell | tion) | | | Contact Jill Fox | | | Te | lephone Nu | mber | | | |
| Name of Facility (African Abelian et la 1 | F-1-1 DI (2 | | FACI | LITY INFORMA | TION | T - 75 W | | | | | | |
| Name of Facility Where Abatement is House | aking Place (3 |) | | | | Type of Facility | | | | | | |
| Street Address | | | | | | School (K-Subchapte Other (i.e. | r 8 (Oth | | | ldings | , hom | es, |
| City (5) Maplewood | | | | | | etc.) Square Feet N/A | # c | of Floors A | 1.65 | Bldg. / | Age | |
| County (6) Essex | *************************************** | T | County (| Code (7) JSE ONLY) | | Current Use (Pri House | ior if be | ing demolis | hed) | | | |
| Name of Monitoring Firm Hired by Built N/A | ding Owner (8) | | ASCM | 1 No. | | of Abatement Co Abatement, Ir | | (9) | 7 | | | |
| Street Address | | | | | Street | Address Rosengren Ave | CHARLEST | | | | | |
| City, State, Zip Code | | | | | City, S | State, Zip Code wa, NJ 07512 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | Telepi | hone No. 345-8685 | | License N | No. | | | |
| Start Date (10) 06/15/2017 | Schedule | | mpletion [| Date (11) | Name | of OSHA Monitor Abatement, Ir | | 01011 | | | | |
| Occupancy Status During Abatement (| L Check Only On | e) | | | Street | Address | | | | | | |
| Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Occupied | | | | | City, S | osengren Ave State, Zip Code | nue | | | | | - |
| Scope of Work (Check All That Apply) | | | | | Toto | wa, NJ 07512 | | ., | | 710000 | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | enova | | | <u>></u> | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | ·a | |
| | Is | Locat | ion | | Lon | 1 Non-Exemple | u () an | u ivon-i na | | Abat | emen | į |
| Location of Asbestos-Containing Material (ACM TO BE ABATED | use | lorma d Sole intena | ely by | Asbestos Co | | n of Material (ACM) s insulation, | | mount | 7 | | /pe | 1 |
| In Facility (13) | Cust | odial ((12) | Staff? | surf | acing, VA miscellar | T, or | | Specify F or LF) | Remova | Repair | Encapsulate | 1100000 |
| | Yes | No | N/A | | | | | | 1 | | te | · |
| Basement | | X | | Pip | e Insula | ation | 1 | 00 LF | X | - | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | IN | JDEP W | aste Cubi | c Yards | Name of | Registe | ered Landfil | 1 | | | |
| D&S Abatement, Inc. | | H | lauler ID 0996 | HOURS | aste | Waste | Mana | gement c | | | | |
| City, State Totowa, NJ | | | | Disp TBD | osal Date) | City, Stat Morrisv | | A | | | | |
| Completed by Oliver Hegedis | Title Proje | ct Ma | anager | | Signature | H/ | *************************************** | | ate 6/05/ | 2017 | 9) | |

Print Form

| MOH 244444 | 545 | | CATION | ate of New Jers NOF ASBESTO to NJAC 8:60 a | S ABATE | | | | E C | E | | Pri | nt Fo |
|--|---|---|----------------------------|--|---|------------------------------|---|--------------------------------|---------------|---------|--------|-------------|-------------------|
| Date of Notification (1) 06/05/2017 | | | | f Building Owne ine Ellis | r/Operator | (2) | | | JUN | 1 | 2 | 2017 | Management (1975) |
| Agencies Notified Type Notification I EPA DEP Amended Amendment | # | | | ate, Zip Code | | | | AS | BEST(| | COI | | DL & |
| | (including | | Name o | f Contact ine Ellis | | | | Telephon | e Numb | er | | | |
| | | | FACI | LITY INFORMA | TION | | | 3 | | | | | |
| Name of Facility Where Abatement is Takin House | g Place (| 3) | | | | | of Facility (4 School (K-12 | | | | | | |
| Street Address | | | | | | × | Subchapter 8 Other (i.e. pr etc.) | Other than | | build | lings, | home | es, |
| City (5) Edison | | | | | | | re Feet | # of Floor N/A | S | - | ldg. A | ge | |
| County (6) Middlesex | | | | Code (7) USE ONLY) | | Curre | ent Use (Prior | if being der | nolished | 1) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASC | / No. | 100000000000000000000000000000000000000 | | etement Cont ement, Inc | 0.00 | | | | | |
| Street Address | | | | | | Addre osen | ss gren Aven | ue | | | | | |
| City, State, Zip Code | | | | | | | ip Code IJ 07512 | | 1 | | | | |
| Project Manager for Monitoring Firm | *************************************** | | Telepho | ne No. | 1.5 | none N 345-8 | | Licer 013 | nse No. 11 | -11000 | | | |
| Start Date (10) 06/16/2017 | Schedul 06/17/ | | npletion | Date (11) | | | HA Monitor ement, Inc | | | | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | | | | Addre | | | 1000 | | | 12-1-1 | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Occupied | Period of an all Facility | Abaten y Hours | nent | | City, S | state, Z | gren Aven ip Code IJ 07512 | ue | | | | | |
| Scope of Work (Check All That Apply) | *************************************** | | | | 1 | | | | | 5 07 | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | × | Mir Glo | II Containmen ni-Enclosure ovebag Proce n-Exempted | edure | | | | a | |
| Location of | | Locati Normal | | | escription | | | | | | | ement | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole aintenar todial S (12) | nce/ | Asbestos Co (i.e. therm sur | ntaining N | Materia s insula T, or | | Amount (Specify SF or LF | | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | 450.05 | | | | ite | е |
| Basement | | X | | Du | ct Insula | illon | | 150 SF | | X | | | |
| | | | | | | | | | | | | | |
| Name of Decision (1981) | | | IDEE | | - \/ . | | | | 150 | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | Н | JDEP W auler ID 0996 | | ic Yards /aste) | | | egistered La Ianageme | | Α | | | |
| City, State Totowa, NJ | | | | Disp TBD | osal Date) | 16 | City, State Morrisvil | | | | | | |
| Completed by Oliver Hegedis | Title Proje | ect Ma | nager | | Signature | #1 | 1_ | | Date -06/0 | | 017 | | |

| Date of Notification (1) 06/06/2017 | - | | | Name o | f Building | Owner/0 | Operator | r (2) LL(| C. | |) | E ((| 0 [| | \mathbb{V} | |
|--|---------------------------------------|--|----------------|--------------------|-----------------------|-----------------------------|---|-----------------------|---|-----------------------|---------------------------|--------------|---------|----------------------|--------------|-------------------------|
| | Type Notification | | | Street A | ddress | | | | FLOOR | All and the second of | | - | N 1 | 2 | 2017 | ALCOHOLOGICA CONTRACTOR |
| EPA DEP DOL | Initial Amended Amendment | | _ | City, Sta | ate, Zip Co ON NJ | de 08837 | *3 | | | to di | AC | | | | | 1 |
| DOH DCA | Emergency justification) Cancellation | | | | f Contact KIEFFEF | 3 | | | | Te | lephon | | | | NTRO IG | JL OI |
| Name of Facility Where Al | patement is Takin | g Place (3) | | FACI | LITY INFO | RMAT | ION | Ty | pe of Facility | (4) | | | | | | |
| RESIDENTIAL Street Address | | | | | | | | | School (K-1 Subchapter Other (i.e. | r 8 (Oth | | | | dings | home | es, |
| City (5) EAST BRUNSWICK | | | | | | | | | etc.) quare Feet 104 | # 0 | f Floor | s | | 81dg. <i>A</i> 13 | \ge | |
| County (6) MIDDLESEX | | | | | Code (7) USE ONLY) | 8 | | Ci | urrent Use (Pri RSIDENTIAL | or if be | ing der | molish | ed) | | | |
| Name of Monitoring Firm F HEALTH & SAFETY | lired by Building (SERVICES | Owner (8) | | ASCN | 1 No. | | | | Abatement Cor RED ENVIR | | | LSE | RVI | CES | INC. | |
| Street Address 318 12TH STREET | | | | | | | Street 570 | | dress EMS RUN | | | | | | | |
| City, State, Zip Code HAMMONTON NJ | 08037 | | | | | | City, S MUL | State _LI(| e, Zip Code CA HILL NJ | 0806 | 2 | | | | | |
| Project Manager for Monitor JIM PROCTOR | oring Firm | | | Telephor 609-70 | ne No. 04-8550 | | Teleph 610- | | e No. 4-4676 | | Licer 011 | nse No 45 |). | | | |
| Start Date (10) 06/16/2017 | | Scheduled 06/17/20 | | pletion [| Date (11) | | Name EMS | A COLUMN | OSHA Monitor | | | | | | | |
| Occupancy Status During A Facility Closed/Vacate Abatement Performed | ed During Entire F | Period of Ab | ateme | ent | | | City, S | RT. | . 130 NORT | | | | | | | |
| Other – Describe: Scope of Work (Check All | That Apply) | | | | | _ | CINI | NA | MINSON N | J 080 | 77 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Account of the last of the las | novati | | | | | | Full Containme Mini-Enclosure Glovebag Prod Non-Exempted | e cedure | | | | | ۵ | |
| 1 | £ | | ocatio | | | | | | | 7 | | | | Abate | ement pe | |
| Location of Asbestos-Containing M TO BE ABAT In Facility (13) | laterial (ACM) ED | Used : Maint Custoo (| Solely enan | y by ce/ | Asbesto (i.e. t | os Cont hermal surfac | scription aining M systems cing, VA niscellan | late s ins T, o | | (S | mount Specify or LF | | Removal | Repair | Encapsulate | Enclosure |
| GARAGE CE | ILING | 165 | NO | X | | GLU | JE DO | TS | | 2 | 5 SF | | X | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste ASSURED ENVIRON | | VICES | Ha | DEP Water ID I | No. | Cubic of Was | | REPU | Name of I | | | | | | | |
| City, State MULLICA HILL NJ | | | 1 | | | | al Date /2017 | | City, State WAYNE | e ESBU | RG, (| ЭH | | | | |
| Completed by RON SWANSON | | Title GENEI | RAL | MANA | AGER | Si | gnature | Ko | well bu | CUI DE | M | Dat 06 | | 2017 | | |

| <u> </u> | E C ded | #19469 | 7 |
|----------|---------|--------|---|
| 出 | 74 | 1 | - |
| | JUN 12 | 2017 | J |

| * | | | (1 | | t to NJAC 8:60 a | | | | 1151 | 4 0 | 0.0 | g +==g | |
|--|--|---------------|---|--------------------------------|---|--|--|--|-------------------|---------|-------------|-----------|--|
| Date of Notification (1) 6 - 01 - 1 | 7 | | | Name | of Building Owner ALON | | HOUP | | ÜΝ | 12 | 20 | 11 | |
| | Initial Amended Amendment # Emergency (inigustification) Cancellation | cluding | | City, St | n Contact | FIEL | 2. هـ ر و | ASBE 0:7621 Telephone N | LIC | ENS. | | RO | |
| <u> </u> | | | | FAC | OLGN ILITY INFORMA | TION | JUP | | | | | | |
| Name of Facility Where Ab RESI Street Address | atement is Taking F | Place (3 | 3) | | The Ordina | | | | | ildings | s, hom | nes, | |
| City (5) | | | | | 71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | etc.) Square Feet # of Floors Bidg. Age | | | | | | | |
| BERGE | N FIELD | | | | | | | | | | 50 | | |
| BERGEN | | | | County (STATE | Code (7) USE ONLY) | ACCUPATION AND ADDRESS OF THE PARTY OF THE P | RE | Prior if being demolis | | | | | |
| Name of Monitoring Firm H | | ASCA | 1 No. | ontractor (9) ng Inc. | | | | tisma veve | | | | | |
| Street Address | | | | | Street Address 185 Vreeland Ave | | | | | | | | |
| City, State, Zip Code | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | tate, Zip Code and Park, N. | J 07432 | | | | | | | | |
| Project Manager for Monitor | Principle of the Princi | Telepho | ne No. | - The Control of Control | one No. 262-5841 | License I | Vo. | | | | | | |
| Start Date (10) 6/12/17 | Sc | hedule | d Cor | | Date (11) | | of OSHA Monito | r ental Services II | nc | | | 50.800 | |
| Occupancy Status During A X Facility Closed/Vacated Abatement Performed Other – Describe: | During Entire Peri Outside of Normal I | od of A | e) haten | nent | | 280 F City, St | Address Juyler Street ate, Zip Code ensack, NJ () | 7606 | | | ********** | | |
| Scope of Work (Check All Ti ≥3 sf or ≥3 if ≥160 sf or ≥260 if | nat Apply) | MARKET . | enova | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of | Appendix and a second a second and a second | N | _ocati ormal | 1000000 A | | | sf. | Acres de la constante de la co | Abatement Type | | | | |
| Asbestos-Containing Ma TO BE ABATE In Facility (13) | D | Mair Custo | Sole ntenar idial S (12) No | rce/ | Asbestos Con (i.e. thermal surfa | taining Ma | iterial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | |
| BASEMENT | | | **** | | 200 | | | 1.50.00 | | | | _ | |
| BUSEMENT | | - | | | | | lation | 150LF | 1 | | | | |
| EXTERIOR | | | | 1 | VAT SIDM | | | 22USF | 1 | | | | |
| | | | | | مرالان | (C) | | 1250 SF | 1 | | | /1 | |
| ame of Registered Waste Hewark Carting, Inc. ty. State | auler | | Ha | IDEP Wa suler ID N 4509 | la of Was | ste / () | Grand | Registered Landfill Central Sanitary | L Lan | dfill | | | |
| ewark, NJ 07105 | I T | îtle | | -0 | 6/ | al Date 12/17 ignature | City, Stat | gyl, PA 08072 | | | | | |
| seph Vocauro | | ice P | resid | lent | 8 | ignature A | Vocatus | Da | te 6/01 | In | | | |

| GAC# 604-2017 | 1/ | ' \/ | | | | 1 | Services. | | p-19 P3 | | | | | | |
|---|----------|-----------------------------|--|---|--|---------------|--|--------------|-----------|--------|----------|--|--|--|--|
| Date of Notification (1) June 6, 2 | 017 | 1- | | | Name of Building Owner BOROUGH OF OAR | | (2) | EC | | W | En | | | | |
| Agencies Notified | | Notification | | | Street Address | | M | | | | | | | | |
| ⊠ EPA | | □Initial I | | | 1 MUNICIPAL PLA | AZA | | 9111) | 12 | 2017 | | | | | |
| X DCA | - 1 | | | tification #2 - | City, State, Zip Code | | Lat Lak | NUC | 1 4 | 2017 | 11- | | | | |
| X DOL | 17 | New Con | Control of the Contro | | OAKLAND, NJ 07 | 436 | | | | | | | | | |
| | _ | ☐ Emerg | gency | (including | Name of Contact | Į | | elephone I | lumber | SITO | VI 9 | | | | |
| DEP- No Longer REQUIRE | ا د | justific | cation) | · | Name of Contact MR. Richard Kunze – | | | | | | | | | | |
| ⊠ DOH | | □ Cance | elled | | Borough Administrator | | | | | | | | | | |
| | | | | FACILITY IN | IFORMATION | | | | | | | | | | |
| Name of Facility Where Abatemer | | | | | Type of Facility (4) | | | | | | | | | | |
| Borough of Oakland - "Lib | rary" | BUILDING | | | School (K-12) | | | | | | | | | | |
| Street Address | | | | | Subchapter 8 (other th | nan K-12) | | | | | | | | | |
| 2 MUNICIPAL PLAZA | | | | | Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | | |
| | | | | | Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~70+ years | | | | | | | | | | |
| | unty (6) | | | y Code (7) | | | | | | | | | | | |
| OAKLAND | BER | GEN | State | Use Only) | Current Use (prior if bei | ng demolisi | ned): | LIBRARY | BASEM | ENT & | | | | | |
| Name of Manitorina Firm Hind h | Did. O | (0) | 1000 | | EQUIPMENT ROOM | | | | | | | | | | |
| Name of Monitoring Firm Hired by McCABE ENVIRONMENT | Blag. U | wner (8) | ASCM | | Name of Contractor (9) | | | | | | | | | | |
| SERVICES, LLC | AL | | 001 | 18 | GREENWOOD ARA | TERRENIT | CON | CHITAN | TC IN | | | | | | |
| Street Address | | | <u> </u> | | GREENWOOD ABA | 4 I EINIEIN I | CON | SULTAN | 15, IN | U. | | | | | |
| 464 VALLEY BROOK AVE | MILE + | H2 A | | | Street Address | | | | | | | | | | |
| TOT TALLET BROOK AVE | .1402.7 | TUR | | | 268 MAIN STREET | | | | | | | | | | |
| City, State, Zip Code | | | | | City State, ZipCode | | | | | | | | | | |
| LYNDHURST, NJ 07071 | | | | | BUTLER, NJ 07405 | 6 | | | | | | | | | |
| Project Manager for Monitoring Fire | m T | Telephone N | lumber | | Telephone Number License Number | | | | | | | | | | |
| JOHN CHIAVELLO | - | 201-438 | | | Telephone Humber | | = | cense raum | Jei | | | | | | |
| | | - 200 | and a | | 973-492-0477 | | 00 | 0840 | | | | | | | |
| Scheduled Start Date (10) | | Scheduled C | Completic | on Date (11) | Name of OSHA Monitor | | | | | | | | | | |
| 05/31/17 | 5 | 06/9/17 | | | ENTARON MOTOR IN | | | | | | | | | | |
| Occupancy Status During Abate | mont /C | hook only o | 1 | | ENVIROVISION, IN | C. | | | | | | | | | |
| ☐ Facility Closed/Vacated Durin | nent (C | Poriod of A | <u>ne)</u> | nt | Street Address | | | | | | | | | | |
| Abatement Performed Outside | | | | nt | 20-21 WARGARAW | ROAD | | | | | | | | | |
| Describe | e or Nor | mai raciiity | nours | | City, State, Zip Code | TOTAL | - | | | | | | | | |
| ☑ Facility Occupied During Enti | re Perio | nd of Abaten | nent - Ar | ea Vacated | | | | | | | | | | | |
| (SUB 8 - OCCUPPIED - M - F | 7am – 4 | pm (24 hrs | & weel | kends as | 10 | | | | | | | | | | |
| needed) | | | | | | | | | | | | | | | |
| Scope of Work (Check all that appl | y) | | | | | | | | | | | | | | |
| | | | | | X | Full Conta | inmen | t with Nega | tive Pre | ssure | | | | | |
| $\square \ge 3$ sf or ≥ 3 If | | | | Renovation | | | Enclosure (Tent) | | | | | | | | |
| ≥ 160 sf or ≥ 260 | lf | | | Demolition | | | bag Procedure | | | | | | | | |
| | | | | | | Non-Exem | n-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing | | ation Normall | y Used | | bestos Containing Material | | ount | | nent Typ | e | | | | | |
| Material (ACM) in Facility (13) | | by Maint. dial Staff? (1 | 2) | VAT, or other mis | al systems insulation, surfaci | | ecify SF | Remove | Renair | Encan | Enclose | | | | |
| | YES | NO NO | NA | VAL, OF OUTER THIS | oon.) | or L | () | - tomove | . ropuil | | | | | | |
| Basement & Boiler Room | | IXI | | TSI - Mudded Jo | oint Fitting | 50 | SF | 123 | T | 7 | \top | | | | |
| Basement & Boiler Room | | X | | TSI - Flue Pack | | 10 | | IXI | 1 | + | 1 | | | | |
| Basement & Boiler Room | | X | | TSI - Aircell Pip | - | 25 | | [2] | +- | + | +-+ | | | | |
| Various Locations | | X | | | eneration Joint Compour | | 0 SF | IXI | + | + | +-+ | | | | |
| Various Locations | | X | | | Flue Pipe Insulation | | SF | IXI | + | + | + | | | | |
| | | | | | | 130 | - OI | LEU . | - | +- | + | | | | |
| | - | | | | | | | - | +- | +- | + | | | | |
| Name of Reg. Waste Hauler | 11 | NJDEP Wast | e Hauler | ID# | Cubia Varda of Mant | 40 CV | Ma | me of Regis | tered I | ndfill | | | | | |
| Newark Carting, Inc. | 1 7 | NJ DEP# | | | Cubic Yards of Waste: | 40 CY | | R.O.W.S. | | | fill | | | | |
| Newark, NJ 04509 | | | | | | | | | | | | | | | |
| | | | | | | Disposal E | ate | | City, Sta | te | | | | | |
| Notes: None | | | | | 3 | 06/9/17 | | | 100 New | | Aill Rd. | | | | |
| | | | | | | | | | Morrisvil | | 9067 | | | | |
| Completed by (Print or Type) | Titl | e | | | Signature | | I Dat | | 215-736 | 5-1700 | | | | | |
| RAYMOND C. PEDALINO | | ENIOR PR | ROJEC | T | | | Dat | | 17 | | | | | | |
| | 1 | ANAGER | | | Raymond C. Per | dalino | Ju | June 6, 2017 | | | | | | | |
| | 1 | | | Water Street Company of the Company | | | | | | | | | | | |

| GAC# 604-2017 | | | | | | | | lannon | P a | D [F | II II | 7 CD 1 | | | | | |
|---|--|--|---------------------|------------------------|--|--------------------|----------------------|---|----------------------------|---------------------------------|---|----------|--|--|--|--|--|
| Date of Notification (1) May 30 | , 2017 | | | | Name of Building Owner BOROUGH OF OAK | | | | | 0 15 | | 仁臣, | | | | | |
| Agencies Notified | | Notification | | tion | Street Address 1 MUNICIPAL PLA | A7A | | | | 4 | 7 00 | | | | | | |
| X EPA | | X Amen | ded No | tification #1 - | City, State, Zip Code | - | | Area less | لىڭ. أ | N 1 | 2 20: | 1 | | | | | |
| X DOL | | New Star | | | OAKLAND, NJ 07 | 436 | | | | | | | | | | | |
| DEP- No Longer REQUIR | RED | | | including | Name of Contact MR. Richard Kunz | | | Tele | phone N | umber | ONT | ROL & | | | | | |
| X DOH | | The second secon | cation) | | Borough Adminis | | 2 | | | | 3 | | | | | | |
| | | ☐ Cance | elled | 510//17/10 | | illatoi | | | | | | | | | | | |
| Name of Facility Where Abaten | nent is Tak | ring Place (3) | | FACILITY IN | FORMATION Type of English (4) | | | | | | | | | | | | |
| Borough of Oakland - "I | ibrary" | BUILDING | | | Type of Facility (4) School (K-12) | | | | | | | | | | | | |
| Street Address | | | | | Subchapter 8 (other th | | | 270 | | | | | | | | | |
| 2 MUNICIPAL PLAZA | | | | y Code (7) | Other (i.e. private & co | ommerc of Floor | ial build 's: 2 E | ings, ho Bldg. <u>/</u> | omes, etc <u>Age:</u> ~ | .) 70+ y∈ | ars | | | | | | |
| | City (5) OAKLAND County (6) BERGEN | | | | | 20 | 12012 | 28 8764 | | | 200000000000000000000000000000000000000 | | | | | | |
| | | | | Use Only) | Current Use (prior if being demolished): LIBRARY BASEMENT & EQUIPMENT ROOM | | | | | | | | | | | | |
| Name of Monitoring Firm Hired | |)wner (8) | ASCM | | Name of Contractor (9) | | | | | | | | | | | | |
| McCABE ENVIRONME SERVICES, LLC | NIAL | | 001 | 18 | GREENWOOD ABATEMENT CONSULTANTS, INC. | | | | | | | | | | | | |
| | Street Address 464 VALLEY BROOK AVENUE #3A | | | | | | Street Address | | | | | | | | | | |
| | | | | | 268 MAIN STREET | | | | | | | | | | | | |
| City, State, Zip Code | | | | | City State, ZipCode | | | | | | | | | | | | |
| LYNDHURST, NJ 07071 | | | | | BUTLER, NJ 07405 | i | | | | | | | | | | | |
| Project Manager for Monitoring JOHN CHIAVELLO | <u>Firm</u> | 201-438- | | | Telephone Number | | | Licer | se Numb | <u>er</u> | | | | | | | |
| | | 574,5417, 134-31, 525,53 | | | 973-492-0477 | | | 008 | 40 | | | | | | | | |
| Scheduled Start Date (10) 05/31/17 | | Scheduled C 06/06/17 | Completic | on Date (11) | Name of OSHA Monitor | | | | | | | | | | | | |
| | | | | | ENVIROVISION, IN | IC. | | | | | | | | | | | |
| Occupancy Status During Aba | | | | | Street Address | | | | | | | | | | | | |
| Facility Closed/Vacated Du | iring Entir | e Period of A | bateme | nt | 20-21 WARGARAW ROAD | | | | | | | | | | | | |
| ☐ Abatement Performed Out: Describe | side of No | rmal Facility | Hours | | City, State, Zip Code | NOA | | | - | | | | | | | | |
| Facility Occupied During E (SUB 8 - OCCUPPIED - M - | intire Peri F 7am – | od of Abaten 4 pm (24 hrs | nent - Ar & weel | ea Vacated kends as | FAIRLAWN, NJ 07410 | | | | | | | | | | | | |
| needed) | | | | | | | | | | | | | | | | | |
| Scope of Work (Check all that a | pply) | | | | | | | | | | | | | | | | |
| □≥ 3 sf or ≥ 3 lf | | | | X Renovation | Full Containment with Negative Pressure Mini-Enclosure (Tent) | | | | | | | | | | | | |
| | SO If | | | Demolition | \$177. | | | | | | | | | | | | |
| 100 31 01 2 20 | 30 11 | | | ■ Demonitori | | | | Procedure pted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing | ls Loc | cation Normall | v Used | Description of Ast | pestos Containing Material | TAOTI-L | Amoun | | | nent Typ | | ne ne | | | | | |
| Material (ACM) in Facility (13) | | by Maint. | 0) | | al systems insulation, surfac | ing, | (Specif | | - | | Encap | Canless | | | | | |
| | YES | odial Staff? (1 NO | NA | VAT, or other mis | | | or LF) | | Remove | Repair | Епсар | Enclose | | | | | |
| Basement & Boiler Room | | X | | TSI - Mudded Jo | | | 50 SF | | X | | | | | | | | |
| Basement & Boiler Room | | X | | TSI – Flue Pack | 3 | | 10 SF | | [X] | | | | | | | | |
| Basement & Boiler Room | | X | - | TSI – Aircell Pip | | | 25 LF | | X | | | | | | | | |
| Various Locations | | X | | | eneration Joint Compour | nd | 1000 S | | X | | | | | | | | |
| Various Locations | + | X | | TSI – Preformed | d Flue Pipe Insulation | _ | 150 S | F | X | - | + | \vdash | | | | | |
| | _ | | | | | - | | | | +- | + | +- | | | | | |
| Name of Reg. Waste Hauler | | NJDEP Wast | e Hauler | ID# | Cubic Yards of Waste: | 40 C | V | Name | of Regis | tered La | andfill | | | | | | |
| Newark Carting, Inc. | | NJ DEP# | | | Cubic Talus of Waste. | | ' | Name of Registered Landfill G.R.O.W.S. North Landfill | | | | | | | | | |
| Newark, NJ 04509 | | | | | | | | | | | | | | | | | |
| POZNOGO VIII. AGASTAN | | | | | | sal Date | 9 | | City, Sta | | | | | | | | |
| Notes: None | | | | | | 06/0 | 6/17 | 500 | - 1 | v Ford Mill Rd. le, Pa 19067 | | | | | | | |
| | | | | | | | | | | Morrisvil 215-736 | | 900/ | | | | | |
| Completed by (Print or Type) | | tle | 2001 10011111 | | Signature | | | Date | | | | | | | | | |
| RAYMOND C. PEDALIN | | ENIOR PR | | T | Raymond C. Pe | dalin | 0 | May | 30, 20 | 17 | | | | | | | |
| | Southern C. La | www | - | 1 | | | | | | | | | | | | | |

| GAC# 604-2017 | | Liver and the second second | | | 1 | | 200 | | 10 12 | | | | | | | | |
|---|---|-----------------------------|---|---|--|-------------|---------------------------------|-------------------------------------|-----------------------|---------|----------|--|--|--|--|--|--|
| Date of Notification (1) | | - | | | Name of Building Owner | | (2) | E 6 1 | | | Inl | | | | | | |
| May 19 | , 2017 | | | | BOROUGH OF OAK | LAND | 1/1 | | | | 711 111 | | | | | | |
| Agencies Notified | | Notification IXInitial | | tion | Street Address 1 MUNICIPAL PLA | ZA II | 1 | 11114 | 1.2.9/ | 0.475 | | | | | | | |
| X EPA | | ☐ Amend | | | City, State, Zip Code | | 1 | JUN | 1 - 4 | Jil | 1 market | | | | | | |
| X DCA | | | | | OAKLAND, NJ 074 | 136 | | | | | | | | | | | |
| ☑ DOL | | □ Emerg | | nciuaing | Name of Contact | r00 | I I | elenhono-l | J | | 1 | | | | | | |
| DEP- No Longer REQUI | DED | justific | | | MR. Richard Kunz | | 1 | | | :0L | & | | | | | | |
| | KED | ☐ Cance | lled | | | | 1 | LICE | MSIMO | Ė | | | | | | | |
| XI DOH | | | | | Borough Administ | rator | | To desire a series of the series of | 1100 | | | | | | | | |
| | | | | FACILITY INF | | | | | | | | | | | | | |
| Name of Facility Where Abate Borough of Oakland – " | | | | | Type of Facility (4) School (K-12) | | | | | | | | | | | | |
| Street Address | | | III TO A STATE OF THE STATE OF | | Subchapter 8 (other that | an K-12) | K-12) | | | | | | | | | | |
| Street Address 2 MUNICIPAL PLAZA | | | | | Other (i.e. private & co | mmercial bu | nercial buildings, homes, etc.) | | | | | | | | | | |
| | Carrati (C | | Count | Codo (7) | Sq. Feet: N/A # of | | | | | ars | | | | | | | |
| City (5) OAKLAND | County (6 | RGEN | | Code (7) Use Only) | Current Use (prior if hein | a demolish | red). I | IRRARY | BASEMI | FNT & | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | Current Use (prior if being demolished): LIBRARY BASEMENT & EQUIPMENT ROOM | | | | | | | | | | | | |
| Name of Monitoring Firm Hired McCABE ENVIRONME | | Owner (8) | ASCM 0011 | | Name of Contractor (9) | | | | | | | | | | | | |
| SERVICES, LLC | NIAL | | 0011 | 0 | GREENWOOD ABA | TEMENT | CON | SULTAN | ITS, IN | C. | | | | | | | |
| Street Address 464 VALLEY BROOK A | | M2 A | | | Street Address | | | | Section cla | | | | | | | | |
| 404 VALLET BROOK A | VENUE | #3A | | 268 MAIN STREET | | | | | | | | | | | | | |
| City, State, Zip Code | | | A | | City State, ZipCode | | | | | | | | | | | | |
| LYNDHURST, NJ 0707 | | | | | BUTLER, NJ 07405 | | | | | | | | | | | | |
| Project Manager for Monitoring | Firm | Telephone N | | | Telephone Number | | Li | | | | | | | | | | |
| JOHN CHIAVELLO | | 732-438 | 4839 | | 973-492-0477 | | 00 | 0840 | | | | | | | | | |
| Scheduled Start Date (10) | | Scheduled C | ompletio | n Date (11) | Name of OSHA Monitor | | | | | | | | | | | | |
| 05/30/17 | | 06/06/17 | | | ENVIROVISION, IN | C. | | | | | | | | | | | |
| Occupancy Status During At | atement (| Check only o | ne) | | Street Address | | | | | | | | | | | | |
| ☐ Facility Closed/Vacated □ | | | | nt | | | | | | | | | | | | | |
| ☐ Abatement Performed Ou | | | | | 20-21 WARGARAW | ROAD | | | | | | | | | | | |
| Describe | | | | | City, State, Zip Code | | | | | | | | | | | | |
| Facility Occupied During (SUB 8 – OCCUPPIED – M needed) | | | | | FAIRLAWN, NJ 07410 | | | | | | | | | | | | |
| Scope of Work (Check all that | annly) | diameter diameter | | | | | | | | | | | | | | | |
| Goope of Work Correct an trial | appiy | | | | ▼ Full Containment with Negative Pressure | | | | | | | | | | | | |
| □> 3 sf or ≥ 3 lf | | | | X Renovation | | Mini-Enclo | | 0.77 | 2.1.0 | .000.0 | | | | | | | |
| ■ > 160 sf or > | 200 14 | | | Demolition | | Glovebag | | | | | | | | | | | |
| 160 ST OT 2 | 200 11 | | | La Demonion | | Non-Exem | | Dropod | uro | | | | | | | | |
| Lagation of Ashastas Containi | | cation Normal | ly I lood | Description of Ach | pestos Containing Material | | ount | | ment Typ | | ui e | | | | | | |
| Location of Asbestos-Containii Material (ACM) in Facility (13) | | ly by Maint. | ly Used | TO A TO A STOCK OF THE ACTION | al systems insulation, surfaci | | ecify SI | F | | | | | | | | | |
| | | todial Staff? (1 | 2) | VAT, or other mise | | orL | | Remov | ve Repair | Encap | Enclose | | | | | | |
| | YES | | NA | | | | | | | | | | | | | | |
| Basement & Boiler Room | | X | | TSI - Mudded Jo | 200 H 1 P P 1 P 1 P 2 P 2 P 2 P 2 P 2 P 2 P 2 | 50 | SF | X | | | | | | | | | |
| Basement & Boiler Room | | E | | TSI - Flue Pack | ing | 10 | SF | IXI | | | | | | | | | |
| Basement & Boiler Room | | X | | TSI - Aircell Pip | e Insulation | 25 | LF | X | | | | | | | | | |
| Various Locations | | X | | Remnant Old Ge | eneration Joint Compour | nd 100 | 0 SF | X | | | | | | | | | |
| Various Locations | | X | | TSI - Preformed | Flue Pipe Insulation | 15 | 0 SF | X | | | | | | | | | |
| | - | | | | | | | | | + | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Reg. Waste Hauler | | NJDEP Was | te Hauler | ID# | Cubic Vordo of Mosto: | 40 CY | I Na | ame of Reg | istered L | andfill | | | | | | | |
| Newark Carting, Inc. | | NJ DEP | | | Cubic Yards of Waste: | 40 01 | | R.O.W.S | | | fill | | | | | | |
| Newark, NJ 04509 | | ING DEE | | | | | | | | | | | | | | | |
| | | | | | | Disposal | Date | | City, Sta | | | | | | | | |
| Notes: None | | | | | | 06/06/1 | | | 100 New Ford Mill Rd. | | | | | | | | |
| 1.000 | | | | | | | | | Morrisville, Pa 19067 | | | | | | | | |
| | | | | | Cinnatura | | - | 1 | 215-736 |)-1/00 | | | | | | | |
| Completed by (Print or Type) | | Title | 00 150 | ·T- | Signature | | | ate lay 19, 2 | 017 | | | | | | | | |
| RAYMOND C. PEDAL | 100000000000000000000000000000000000000 | SENIOR PI | | , I | Raymond C. Pe | dalino | IVI | ay 15, 2 | UII | | | | | | | | |
| | 1.8 | MANAGER | | MANAGER | | | | | | | | | | | | | |

| 86/85/2817 89: | 28AM 973536 | 1779 | | | | | ge | | | E | C | E | | | |
|--|--|--|--|--|----------------------------|--|---|--|---|-----------------|--------|------------------|--------------------|--|--|
| | 2,0000 | 1110 | | | | | | | | | | | 2370 4 | | |
| | Windows of the last of the las | NOTI | FIC | S | tate of N | ew Jersey Bestos abat | den La | · · | - | | 1111 | . 1 | 0 0017 | | |
| Check#2805 | | 110 11 | PL | reuai | nt to NJA | AC 8:60 and 6:11 | r e re | ENT | | n F | JUI | | = 3 017 | | |
| Date of Notification (1) | | | | | | g Owner/Operator (| | | 170E - 11 | ÇÎ Î | 11 | | | | |
| 05 , | 05 , 1 | 7 | | | | 8 mariety Oberator (| 2) | | I A | SBE | ST | 0\$ | CONTRO | | |
| Agencies Notified | Type Notification | - | | "Mun | Co" Address | | | | LICENSIN | | | | | | |
| ⊠ EPA | ☑ Initial | | | | | • • | | | 0.00 | ,·C | 11 | | | | |
| DOLWD DHSS | Amended Amendment | u | | 845 Bloomfield Avenue Cry, State, Zip Code | | | | | | | | | | | |
| DCA | Emergency (i | ndudino | | | n, NJ 079 | | | 1 | WAIVER'AP | DC | (1).4 | | | | |
| (NJAC 6:23-8) | justification) | | | Nama | of Contac | 1 | | | Telephone Rum | 100 | 1/4 |)./ 100000000 | | | |
| | Cancellation | | _ | OR OTHER DESIGNATION. | Mark Jacobovits | | | | | | | | | | |
| Name of Facility letter- | Shalan and I want | | - | FA | CILITY II | NFORMATION | | W. | - Marina | | | | | | |
| Name of Facility Where Warehouse | Lindsteinet/ is 191/1 | g Place | (3) | | | | | os of Facility | | | | | | | |
| Street Address | | | 200 | School (K-1 | 2) 8 (Other than K-1 2) | | | | | | | | | | |
| 845 Bloomfield Avenu | ra ale | | | | | | DQ I | Other (1.5. | private and commer | cial bi | ulldin | gs. | | | |
| City (5) | 16 | | - | ~~~ | - | | | homes, etc. | <u>) </u> | | - | | | | |
| Clifton, NJ 07012 | | | | | | | | uale Feet | # of Floors | B | ldg. A | ₹ © e | | | |
| County (6) | | | | Coun | ty Code (7) | (STATE USE ONLY) | Cui | rent Lise (P | rior If belon demotion | hed | | | | | |
| Passaic | · V | | | L | | | | and age to | THE IT SHITTLE GOVERNOUS | a reu / | | | | | |
| Name of Monitoring Firm | Hites by Building | Owner (| 8) | ASCM | No. | Name of Abpteme | ent C | Contractor (9 |) | | | | | | |
| Street Address | | | \perp | | - | Or Tech LLC | | | - | 485-1007 | 1 | | | | |
| | 10 | | | | | Street Address | | 3 | | | | - | | | |
| Oity, State, Zip Code | | | | | | 576 Valley Rd # | 283 | | | | | | | | |
| | | | | | | Wayne, NJ 0747 | | | | | | | | | |
| Project Manager for Mon | itoring Firm | | Tele | phone | No | Telephone No. | License No. | | | | | | | | |
| Start Date (10) | 1.67 | 4 (-3 3 | | 973-638-1777 | | | | 01127 | | | | | | | |
| 06 / 06 / | | | | etton Date (11) Name of OSHA N | | | | Sonitor | | | | | | | |
| Occupancy Status Durin | | t mela - | 200 | | 47 | Envirovision Co | กรนไ | tants, Inc | | | | | | | |
| X Facility Closed/Vecat | ed Durino Entire Pi | stied of A | Anata | nent | | 1127000 | 70 | .a. m | | | | | | | |
| Dhairmant Darlasan | of Chitaids of Monne | t Comitte | | . 10 | cribe | 20-21 Wageraw City, State, Zip Co | KOU ode | in gold, in | 33.5 | | | - | | | |
| Time of Abelement | . (14) | 1987 | E Did | THE PERSON | AM | Pair Lawn, NJ 0 | | | | | | | | | |
| Time or Abstement: | TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P | | | | | for some word year. | | | nation with negative | breat | LITE | - | | | |
| Scape of Wark Check of | TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P | | | | | Clean up | and | A 14 | embenet anert rieffichlaß | B. 440 | | | | | |
| Scape of Wark Check of | TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P | | novatio | | | Full Cent X Minl-End | and Airer | tent with Na re | getive Pressura | | | | | | |
| Scape of Wark Check of | TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P | | novatio | | | Full Cont Mini-Encl Glovebag | and aire osur | tent with Na re ocadure | getive Pressure Tent with Negative | Press | sure | | | | |
| Scope of Wark [Check of >3 af or >3 if | fillet apply) | Der ks | Locati | an an | | Full Cont Mini-Encl Glovebag | and aire osur | tent with Na re ocadure | getive Pressura | Press | , | ent T | ribit | | |
| Scope of Wark (Check at >3 af or >8 if > 160 af or >260 if Location Asbastos-Containing | I hat apply) of Material (ACM) | Der la H Usec | Locati lormal | on ly ly by | Asso | Clean us Full Cont Mini-End Glovebag Non-Exe | and akar ocur Pro mpte | tent with Na re possure (pd (T) and No | getive Pressure Tent with Negative on-Friable Procedur | Press | alom | ent T | | | |
| Scope of Warf Check of | I Inet apply) I of Material (ACM) | Der le N | Locati | on ly ly by | | Clean to Full Cont Mini-End Glovebag Non-Exel Description o alos Conteining Mai | end end end proprie | tent with Na re occasure rd (") and No | Tent with Negative on-Friable Procedur Amount (Specity | Press | alom | _ | | | |
| Scope of Wark (Check at >3 af or >8 if > 160 af or >260 if Location Asbastos-Containing | I Inet apply) of Material (ACM) | Der le N | Locati lormal d Sole | on ly ly by | | Clean to Full Cont Mini-End Glovebag Non-Exel Description of sloss Conteining Mai | end locur locur mpts mpts ferial resist | tent with Na re occasure rd (") and No | getive Pressure Tent with Negative n-Friable Procedur Amount | Press | , | _ | ура Епсковите | | |
| Scope of Wark Check at >3 af or >3 if > 260 if | I Inet apply) of Material (ACM) | Der Nacc Main Custo | Location Location of Sole of S | on ly ly by nea/ staff? | | Clean us Full Cont Mini-End Glovebar Non-Exer No | end locur locur mpts mpts ferial resist | tent with Na re occasure rd (") and No | Tent with Negative on-Friable Procedur Amount (Specity | Press | alom | Encaparishs | | | |
| Scope of Wark (Check at >3 af or >3 if > 160 af or >260 if Lecation Asbastos-Containing 10 SE AB/ (13) | I Inet apply) of Material (ACM) | Der Lea | Locati lormal d Sole ntena odlai 5 (12) | on ly ly by near staff? | (i.e | Clean us Full Cont Mini-End Glovebar Non-Exer No | end eine Prompte ferial results ous) | tent with Na re occasure rd (") and No | Tent with Negative on-Friable Procedur Amount (Specity | Press | alom | _ | | | |
| Scope of Wark (Check at >3 af or >3 if > 160 af or >260 if Location Asbastos-Containing TO SE AB/ (13) Wasshouse-1st floor | I Inet apply) of Material (ACM) | Der La | Location Location of Sole of S | on ly by near staff? | (i.e | Clean up Full Cont Mini-End Glovebag Non-Exe Description o alos Conteining Mai ., thermal systems i surfacing, VAT, other miscellane | end eine Prompte ferial results ous) | tent with Na e pocadure od (T) and No (ACM) stion. | Tent with Negative non-Friable Procedur Amount (Specify SIF or LF) | Removal X | alom | _ | | | |
| Scope of Wark (Check at >3 af or >3 if > 160 af or >260 if Location Asbastos-Containing TO SE AB/ (13) Wasshouse-1st floor | I Inet apply) of Material (ACM) | Der Der N Usec Mail Custr | Location and Sole of Sole of Sole (12) | on ly by near staff? | (i.e | Clean up Full Cont Mini-End Glovebag Non-Exe Description o alos Conteining Mai ., thermal systems i surfacing, VAT, other miscellane | end eine Prompte ferial results ous) | tent with Na e pocadure od (T) and No (ACM) stion. | getive Pressure Tent with Negative on-Friable Procedur Amount (Specify SIF or LF) | Press | alom | _ | | | |
| Scope of Wark (Check at >3 af or >3 if > 160 af or >260 if Location Asbastos-Containing TO SE AB/ (13) Warehouse-1st floor | I Inet apply) of Material (ACM) | Der la | Locati lormal Sola Sola (12) No | on ly by near staff? | (i.e | Clean up Full Cont Mini-End Glovebag Non-Exe Description o alos Conteining Mai ., thermal systems i surfacing, VAT, other miscellane | end eine Prompte ferial results ous) | tent with Na e pocadure od (T) and No (ACM) stion. | Tent with Negative non-Friable Procedur Amount (Specify SIF or LF) | Press a Removal | alom | _ | | | |
| Scope of Wark (Check at >3 af or >3 if > 160 af or >260 if Location Asbastos-Containing 10 SE AB/ | Il Inet apply) Di Material (ACM) ATED Iny | Der Der Handel H | Location Sole Sole (12) No | on ly by hose/ Staff? | Pipe insi VAT flo | Clean up Full Cont Mini-Encl Glovebag Non-Exe Description o elos Conteining Mai ., thermal systems i surfacing, VAT, other miscellanes slattions-wrap&com or tiles | pandahar Ahar Proping I Proping I Pr | nent with Na e pocadure of (T) and No (ACM) stion. | Tent with Negative Tent with Negative on-Friable Procedur Amount (Specify SIF or LF) 100 LF 4,200 SF | Press | alom | _ | | | |
| Scope of Wark (Check at >3 af or >3 if > 160 af or >260 if Location Asbastos-Containing 10 SE AB/ (13) Warehouse-1st floor Warehouse-1st floor | Il Inet apply) Di Material (ACM) ATED Iny | Der Der Handel H | Location Mo No | on ly by host of the last of t | Pipe insa VAT flo | Clean up Full Cont Mini-Encl Glovebag Non-Exe Description o alos Containing Mar , thermal systems i surfacing, VAY, other miscellanas slattion-wrap&cuti or tiles Cubic Yards of Waste | endender en | e posedure conduction (T) and No. (ACM) atton. | Tent with Negative Tent with Negative on-Friable Procedur Amount (Specify SIF or LF) 100 LJF 4,200 SF | Press a Removal | alom | _ | | | |
| Scope of Wark (Check at >3 af or >3 if > 160 af or >260 if Location Asbastos-Containing 10 SE AB/ (13) Warehouse-1st floor Warehouse-1st floor | Il Inet apply) Di Material (ACM) ATED Iny | Der Der Handel H | Location Mo No | on ly by hose/ Staff? | Pipe insa VAT flo | Clean up Full Cont Mini-Encl Glovebag Non-Exe Description o elos Conteining Mai ., thermal systems i surfacing, VAT, other miscellanes slattions-wrap&com or tiles | Pandalana Pandal | nent with Na e pocadure of (T) and No (ACM) stion. | Tent with Negative Tent with Negative on-Friable Procedur Amount (Specify SIF or LF) 100 LJF 4,200 SF | Press a Removal | alom | _ | | | |
| Scope of Wark (Check at 23 af or >3 if 25 160 af or >260 if 25 160 af or | I Inet apply) of Material (ACM) ATED ity | Der le le N | Location Mo No | on ly by host of the last of t | Pipe insa VAT flo | Clean up Full Cont Mini-Encl Glovebar Non-Exer Description or alos Containing Mar , thermal systems is surfacing, VAY, other miscellanes slattion-wrap&cut or tiles Cubic Yards of Waste TBD | Picerial No No No No No No No No No N | tent with Nate occadure occadu | Tent with Negative Tent with Negative on-Friable Procedur Amount (Specify SIF or LF) 100 LF 4,200 SF | Press a Removal | alom | _ | | | |
| Scope of Wark (Check at >3 af or >3 if > 160 af or >260 if | I Inel apply) I of Material (ACM) ATED Ity Ste Hauter | Der le le N | Location Mo No | on ly by host of the last of t | Pipe insa VAT flo | Clean up Full Cont Mini-Encl Glovebag Non-Exe Description o elos Conteining Mai , thermal systems i surfacing, VAT, other miscellane alattion-wrap&con Or tiles Cubic Yards of Waste TBD Disposal Data TBD Signature | Piconial Control Contr | inent with Ne e condure conduction conduction condu | Tent with Negative Tent with Negative on-Friable Procedur Amount (Specify SIF or LF) 100 LF 4,200 SF | Per A Removal | alom | _ | | | |

| | | | | | STOS ABAT 60 and 12:1 | | VT () | look. | 16 | 5 | 58 | ~ | | |
|---|--------------------|-----------------------------|---|---|--|--|--|---|---|-------------------|-------------|-----------------|--|--|
| Date of Notification (1) 6/5/17 | | | | of Building O Mandery | wner/Operato | or (2) | | | EC | E | | V 1 | | |
| Agencies Notified EPA DEP DOL Amended Amendment Emergency justification) Cancellation Type Notification Initial Amended Amendment Emergency justification) Cancellation | including | | City, St West | Address ate, Zip Cod Orange, Nof Contact I Mandery | NJ 07052 | | | JUN 1 2 2017 Telephone Number OS CONTRI | | | | | | |
| Name of Facility Where Abatement is Takin | g Place (| 3) | FAC | ILITY INFOR | RMATION | Tv | pe of Facility (4 | 100 | | | 11/46 | | | |
| home Street Address City (5) West Orange | | | | | | × | School (K-12 Subchapter 8 |) 3 (Other than vate & comm | (Other than K-12) vate & commercial buildings, h # of Floors Bldg. Ag | | | | | |
| County (6) Essex | | T | | Code (7) USE ONLY) | | Cui | Current Use (Prior if being demolished) Single family home | | | | | managed militar | | |
| Name of Monitoring Firm Hired by Building O Street Address | Owner (8) | | ASC | M No. | ABS Stree | e of Abatement Contractor (9) S Environmental Services, LLC et Address Box 483, 4 E Gate Drive` | | | | | | | | |
| City, State, Zip Code | | | | | Gle | nwoo | , Zip Code od, NJ 0741 | 8 | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | | | hone -764 | No. -2276 | Licen 703 | ise No. | | | | | |
| Start Date (10) 7/1/17 | 7/15/1 | | npletion | Date (11) | Name | e of O | SHA Monitor | | | 1 11 9 | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other Describe: basement | eriod of A | Abatem | Street Address ement rrs City, State, Zip Code | | | | | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) | Use | Locati Iormali d Sole | ly ly by | Asbestos | | escription of staining Material (ACM) | | | | Abatement Type | | | | |
| TO BE ABATED In Facility (13) | Cust | intenar odial S (12) | Staff? | (i.e. the | ermal system surfacing, VA ther miscella | ns insu AT, or | ulation, | Amount (Specify SF or LF) | | Repair | Encapsulate | Enclosure | | |
| basement | Yes | No | N/A X | | pipe insula | ation | | 100 LF | × | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 7-1 (0.132) | JDEP W | | Cubic Yards | | Name of Re | egistered Lar | ndfill | | l | | | |
| Freehold Cartage | | 0.00 | auler ID 5939 | Т | of Waste | | | Berks Lar | erks Landfill | | | | | |
| City, State Freehold, NJ | | | Disposal Date TBD | | | | al Date City, State Birdsboro, PA | | | | | | | |
| Completed by A. Scott Higgins | Completed by Title | | | | | | Date 6/5/ | | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) | | | Name of Building Owner/Operator (2) | | | | | | | | | | | |
|---|--------------|----------------|--|---|--------------------------------------|--------------------------------|-------------------------|---------|------------|--------------|-----------|--|--|--|
| 6 / 8 / | 17 | | Per | nberton | Township School | ols | 11) E | 2 [| 3 | \mathbb{W} | E | | | |
| Agencies Notified Type Notifica | ation | | Street | Address | | | IIK | | | | | | | |
| | | | 1 E | gbert St | | | | IN 1 | 2 | 204 | 7 | | | |
| □ DOLWD □ Amended | | | | State, Zip C | Code | | and Many | 114 1 | | 2017 | | | | |
| □ DOH Amendme | | | and the second | | NJ 08068 | | | | | | | | | |
| DCA Emergency justification | | 3 | | of Contac | | | Telephone Num | TOS | CO | VTR | OL 8 | | | |
| Cancellat | 3.00 | | 11441110 | or oontao | | | T CICPITOTIC TYUNK | LICE | NSIN | IG | *** | | | |
| | | | FA | CILITY IN | IFORMATION | | = (3)(3) | US. | | | | | | |
| Name of Facility Where Abatement is T | aking Place | (3) | | | | Type of Facility (4) | | | | | | | | |
| Howard L Emmons ES | | | | | | School (K-12 | 1.1 | | | | | | | |
| Street Address | | | | | | | 8 (Other than K-12) | | | | | | | |
| 14 Scrapetown Rd | | | | | | Other (i.e., p homes, etc.) | rivate and commer | cial bu | ouildings, | | | | | |
| City (5) | | | | | | Square Feet | # of Floors | BI | dg. A | ne en | | | | |
| Pemberton | | | | | | 10,000 | 1 | 1 | 50+ | gc | | | | |
| County (6) | | | Cour | ty Code /7 |)(STATE USE ONLY) | | for if being demolis | | | - | | | | |
| Burlington | | | Cour | ity Code (/ | MOTATE OSE ONET | School | ioi ii beilig delliolis | neu) | | | | | | |
| | line Owner | (O) T | 10014 | N. | TN | | | | | | | | | |
| Name of Monitoring Firm Hired by Build | ling Owner | (8) | ASCM | No. | Name of Abateme | | | | | | | | | |
| | | | | | | nvironmental S | Systems | | | - | | | | |
| Street Address | | | | | Street Address | | | | | | | | | |
| 3 Terri Lane - Suite 4 | | | | | | lehem Pike - S | uite 60 | | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip C | | | | | | Y | | | |
| Burlington, NJ 08106 | | | | | Spring Hous | e, PA 19477 | | | | | | | | |
| Project Manager for Monitoring Firm | | Tele | phone | No. | Telephone No. | | License No. | | | | | | | |
| | | | | | 215 542 7000 | | 00847 | | | | | | | |
| | cheduled C | | | | Name of OSHA N | lonitor | | | | | | | | |
| _6_ / _19_ / _17_ | / | 31 | _ / _ | 17 | CES | | | | | | | | | |
| Occupancy Status During Abatement (0 | Check only o | one) | | | Street Address | | | | | | | | | |
| ☐ Facility Closed/Vacated During Entire | | | | | 1121 N. Beth | lehem Pike - S | uite 60 | | | | | | | |
| Abatement Performed Outside of No | | | | cribe | City, State, Zip Co | ode | | | | | | | | |
| Time of Abatement: 7:00AM-7:00P | M/PI | VI | Spring House, PA 19477 | | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | *************************************** | | | | | | | | | | | |
| ≥3 sf or ≥3 If | ⊠ Re | novati | ☐ Full Containment with Negative Pressure ion ☐ Mini-Enclosure | | | | | | | | | | | |
| ≥160 sf or ≥260 lf | | molitic | n Slovebag Procedure | | | | | | | | | | | |
| | | | | т | Non-Exe | mpted (*) and No | 1 | | | | | | | |
| TVZ | | Locat Vorma | | | | | | Ab | atem | ent T | ype | | | |
| Location of Asbestos-Containing Material (ACM | | d Sole | | Ashe | Description of stos Containing Ma | | Amount | Re | Re | ᄪ | En | | | |
| TO BE ABATED | ′ Ma | intena | | | ., thermal systems | insulation, | (Specify | Removal | Repair | cap | Enclosure | | | |
| IN Facility | Cus | (12) | Staff? | | surfacing, VAT | | SF or LF) | 'al | | Encapsulate | ure | | | |
| (13) | Yes | No | N/A | 1 | other miscellane | ous) | | | | ite | | | | |
| Corridors | | | | Pine Fit | tting Insulation | | 150 LF | | П | П | П | | | |
| Exterior | | | | | r Transite Soffit | Panels | 3640 SF | | | | | | | |
| Exterior | | | | 1.0000000000000000000000000000000000000 | r Window Caulk | | 2300 LF | 10 | | | | | | |
| Exterior | | | | | r Transite Panel | | 2580 SF | 17 | | | | | | |
| Name of Registered Waste Hauler | | | JDEP \ | | Cubic Yards of | Name of Regis | | | Ш | Ш | | | | |
| Champion Waste Hauler | | 177.75% | lauler I | | Waste | Grows-Tul | | | | | | | | |
| | | | | | 40 CU YD | | 1,0001 | | | | | | | |
| City, State Hainesport, NJ | | | | | Disposal Date 8/1/17 | City, State Morrisville | , PA 19067 | | | | | | | |
| Completed By (Print or Type) | Title | | | | | | | to | | | | | | |
| Patricia Visco | Supporter W | Marri | ~~- | | Signature | 11 | Da | ie / | 1 | | | | | |
| raticia visco | Office I | viana | yer | | Palu | ceri VIA | cer 6 | 1/8 | 1:- | | | | | |