No one cil

| Date of Notification (1) 12-14-12 | | | | | | ing Owne | r/Operator (2) any | 2017 | | | | | | |
|--|--|---------------------|-----|--|--|---|--|--|---------------------------------|-----------|----------|-------|-----------|-------|
| Agencies Notified | gencies Notified EPA | | | | ddress | S | | ? ? | M 19 M | 1 2: 8 | ie. | | | |
| □ DEP □ DOL | DEP DOL Amended Amendment | | | | | Code J 08023 | | | $\mathcal{K}_{EW(i)}$ | | | | | |
| ☑ DOH ☐ DCA | Ju | ustification) | | Name of | | | | | Telepho | ne Num | her | | | |
| | | | | | | | TION | - | | | | | | _ |
| | | - ti- T-li Di | (2) | FACI | LITY | INFORMA | ATION | Type of Facil | tu (A) | | | _ | | |
| Chamber Works Plant | bateme | ent is Taking Place | (3) | | | | | | | | | | | |
| Street Address Rt 130 South | | | | | | | | ☐ School (K☐ Subchapte ☐ Other (i.e. homes, et | er 8 (other the private & co | | | ildir | ngs, | |
| City (5) Deepwater | | | | | | | | Square Feet | # of Floo | ors | Blo | lg. / | Age | |
| County (6) | | | | | | ounty Cod | de (7) (STATE | Current Use | prior if being | demoli | shed |) | | = 100 |
| Salem | | | | | | | | | initial | | | | | |
| | ame of Monitoring Firm Hired by Bldg. Owner (arvard Environmental reet Address 31 Pulaski Hwy ty, State, Zip Code | | | ASCM N | 10. | | of Contractor (9) ty Environmer | ntal | | | | | | |
| Street Address | treet Address 61 Pulaski Hwy ity, State, Zip Code | | | *** | | 0.0000000000000000000000000000000000000 | Address lew Churchma | ane Rd | | | | | | |
| | 61 Pulaski Hwy ity, State, Zip Code ear, De | | | - | | 2 2 2 2 3 4 4 4 | ate, Zip Code | ans ra. | | | | | | |
| Bear, De | ear, De roject Manager for Monitoring Firm | | | | | New | Castle, DE 19 | 720 | License | Numbo | - | | 92.0m.U | _ |
| Wesly Morrison | Project Manager for Monitoring Firm Vesly Morrison | | | ne No. [,] 26-233 | 3 | (302) | 322-8946 | | 00578 | Numbe | | 2000 | | |
| Scheduled Start Date (10 1-2-13 | Project Manager for Monitoring Firm Vesly Morrison Scheduled Start Date (10) Scheduled Cor | | | Date (1 | 1) | | of OSHA Monitor ty Environmer | | 12-003A) | | | | | |
| 1 | | | | 461 New Churchmans Road | | | | | | | (0 | (| | |
| ☐ Abatement Performed | Outsid | e of Normal Facilit | | | | | tate, Zip Code Castle, DE 19 | 720 | | | | | | |
| Scope of Work (Check al | that ap | oply) | | | | | ☐ Full Conta | ainment with Ne | gative Press | ure | | | | |
| ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf | | | | <u>[</u> | | novation molition | ☐ Mini-Enclos☑ Glovebag | osure | | |) | | | |
| | | | 16 | s Locatio | nn. | T | | | | | Al | ate | me ne | nt |
| | | 3 | | Normall | у | A = h = . | Description stos Containing M | | Amou | nt | | 'n | | |
| | | | Ma | ed Solel aintenan | ice/ | (i.e | thermal systems | s insulation, | (Spec | ify | Z. | | Enc | Щ |
| TO BE A | BATED | <u>)</u> | · ' | Custodia Staff? | al | (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | | | | Repair | apsu | Enclosure | |
| IN Facil | ity (13) | | | (12) | | | | | | | <u>m</u> | 7 | late | Гe |
| | | Yes | No | N/A | | | | | | | | | | |
| Thermal Systems Thermal Systems | | | X | - | | nal coverings thro | | 22000LF 2000SF | | X | X | Х | | |
| Floor Tile /Mastic | | | х | | Floor tile and mastic throughout area 1800SF | | | Х | | | | | | |
| Name of Reg. Waste Hauler S&J Transport. | | | ID | NJDEP Waste Hauler ID No. 03217 Cubic Yards of Waste Some Some Some Some Some Some Some Som | | | | | | | | | | |
| City, State Woodstown, NJ | | | | | | | Disposal Date TBD | | | | | | | |
| Completed by Evelyn Walsh | Titl | le fice Manager | | | | | Signature | 19 4 | | Date 6-17 | -12 | | | |
| | _ 0 | noc manager | | | | | <u> </u> | | | - | | _ | | _ |

CK 2544

| Date of Notification (1) | | | | Name | of Buildin | ng Owner/Operator | (2) | | | | | | | | |
|----------------------------|------------------------------|----------|---------|-------------------|-------------|---|--------------------|------------------------------------|--------------|---------|-------------|-----------|--|--|--|
| | 18 / 13 | 3 | | So | vereign l | Bank, N.A. | ζ. | 13 JUN 19 | | | | | | | |
| Agencies Notified | Type Notification | 11230-1 | 3// | Stree | t Address | | - | - 19 | 114 | | | | | | |
| ⊠ EPA | | | | 113 | 30 Berks | hire Boulevard | *10,77 | 75 | m 2: | 50 | | | | | |
| □ DOLWD | ☐ Amended | | | City, S | State, Zip | Code | | G / F | | | | | | | |
| ☑ DHSS | Amendment # | | | | omissing | | | 三人位于海南 | 11/1 | 29 | | | | | |
| | Emergency (in justification) | ncluaing | | | of Contac | | | Tolombone Mun | Ω | * | | | | | |
| (10) 10 0.20 0) | ☐ Cancellation | | | 10000 | san Peck | · | | Telephone Num | ibei | | | | | | |
| | | | | FA | CILITY IN | FORMATION | | | | _ | - | - | | | |
| Name of Facility Where A | batement is Takin | g Place | (3) | | | | Type of Facility | (4) | 45 15-10-10 | | | | | | |
| Sovereign Bank | | | | | | | School (K-12 |) | | | | | | | |
| Street Address | | | | | | | Subchapter 8 | Other than K-12 ivate and comme | 2) | مناطنه | _ | | | | |
| 17 Beaverson Boule | evard | | | | | | homes, etc.) | ivate and comme | rciai bu | illuing | S, | | | | |
| City (5) | | | | V | | | Square Feet | # of Floors | Blo | dg. Ag | ie . | | | | |
| Brick N.J | | | | | | المراب والمراب والمراجو | 5,008 | 2 | | 35 | 10 | | | | |
| County (6) | | | | Cour | nty Code (7 |)(STATE USE ONLY) | | or if being demolis | shed) | | | | | | |
| Ocean | | | | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8 | 3) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | - | | | |
| Hillmann Consultin | g | | | 6225 | 52 | JVN Restorat | tion Inc | | | | | | | | |
| Street Address | | | | | | Street Address | | | | - | 166 | | | | |
| 1600 Route 22 East | | | | | | 47 Foster Ro | ad | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | | | | |
| Union NJ 07083 | | | | | | Staten Island | NY 10309 | | | | | | | | |
| Project Manager for Moni | toring Firm | | Tele | phone | No. | Telephone No. | | License No. | | | | | | | |
| Brian Nemetz | | | 73 | 2-616 | -4092 | 718-605-6256 | | 00774 | | | | | | | |
| Start Date (10) | | duled Co | mple | tion Da | te (11) | Name of OSHA M | lonitor | | | | | | | | |
| _06_ / _29_ / | | 07_/ | 7 | _ / | 13 | Testor Tech | | | | | | | | | |
| Occupancy Status During | Abatement (Chec | k only o | ne) | | | Street Address | 2 2 3 - 2 - 3 - 3 | | | | | | | | |
| ☑ Facility Closed/Vacate | | | | | | 10 59 Jackso | n Avenue | | | | | | | | |
| Abatement Performed | | | | | | City, State, Zip Co | ode | | | | | | | | |
| Time of Abatement: | AMP | VI/ | _PM- | AM LIC NY 11101 | | | | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | ☐ Full Cont | ainment with Neg | ative Pressure | | | | | | | |
| ≥3 sf or ≥3 lf | | Ren | | 2000 | | ☐ Mini-Enc | losure | ative i lessure | | | | | | | |
| ≥160 sf or ≥260 lf | | ☐ Den | nolitio | n | | ☐ Glovebag | | . Eriabla Braadu | | | | | | | |
| | | le l | ocat | on | Ι | ⊠ Non-Exe | mpted (*) and Nor | 1-Friable Procedu | | | . + | | | | |
| Location | of | 1000000 | ormal | | | Description o | f | | - | ateme | | | | | |
| Asbestos-Containing N | | | Sole | | | stos Containing Ma | terial (ACM) | Amount | R | Repair | Enc | 틍 | | | |
| TO BE ABAT | | Custo | | | (i.e | ., thermal systems i surfacing, VAT, | | (Specify SF or LF) | Remova | ai. | aps | Enclosure | | | |
| (13) | y . | | (12) | | | other miscellane | | SF OF LF) | <u> </u> | | Encapsulate | Ге | | | |
| Tallan Marila Challan | | Yes | No | N/A | | • | | | + | | | | | | |
| Teller Work Station | | - | | | VÁT/Ma | estic | | 300SF | | ᆜ | | Ш | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste | e Hauler | | 0.000 | JDEP V | | Cubic Yards of | Name of Regist | ered Landfill | | | - 11 | | | | |
| Global Waste Indust | ries, Inc. | | | auler ID NJ-22 | | Waste 5 | G.R.O.W.S. | , Inc. | | | | | | | |
| City, State | | - | | . 10-22 | | Disposal Date | City, State | | | | | | | | |
| Hackettstown, NJ | | | | | | 7/7/13 | Morrisville, | PA | ¥ | | | | | | |
| Completed By (Print or Typ | oe) Title | | | | | Signature | 1 | Da | te | + | 27/2 | | | | |
| John Tardy | | enior P | roie | ct Mar | nager | 1-to+ | MICHI | | OK | 2/1 | 2 | | | | |
| | | | | | | | CHICA | | WIL | 110 | J | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23144

(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) | | | | | Name of Build | ling Owne | er/Operator (2) | 12 | 2 | | 2011 | | | |
|--|------------------|----------|-------------------|------------|-----------------|------------------|-----------------|--|----------|--------|-------------|-----------|--|--|
| 5/14/2013 Agencies Notified Type Notification | | | | | JOE FILOO | N/AGEN | T FOR HOME | OWNER | 45 | | | | | |
| gencies Notified Type Notification EPA Initial | | | | | Street Addres | s | | 81/200 | | 3 | 1/1 | | | |
| EPA | Initial | | | | 20 MITZI L | ANE | | 4 | 10 | | C. | | | |
| □ DEP | Amende | d Amer | dment | # | City, State, Zi | p Code | | | 11. | | | | | |
| □ DOL | ☐ Emerger | ncy (inc | luding | | BEACH HA | VEN WE | ST, NJ | | O. | 6 | | | | |
| □ DOH | justificati | . 7697 | 373 | - 1 | Name of Cont | | | | Telep | hone | Numb | er | | |
| DCA | ☐ Cancella | | | | DAVID J. D' | ANDRE | A | | | | | | | |
| | 1 | | | F | ACILITY INF | ORMAT | ION | | | | | | | |
| Name of Facility Where Al | batement is Tal | king Pla | ace (3) | | | | | Type of Facility (4) | | | | | | |
| PRIVATE RESIDENCE | | ā | 10000 | | | | | School (K-12) | | | | | | |
| Street Address | - | | | | | | | Subchapter 8 (Othe | r than | K-12 |) | | | |
| 20 MITZI LANE | | | | | | | | Other (i.e., private & | com | merci | al build | dings) | | |
| City (5) | | | | | - | | | Square Feet | # of F | loors | Bldg. | Age | | |
| BEACH HAVEN WEST | NI | | | | | | | | | | | | | |
| County | ,110 | | | | County Code | (7) (STA | TE USE ONLY) | Current Use (Prior if bei | ng der | nolish | ned) | | | |
| OCEAN | | | | | | SAIR N | | | | | | | | |
| Name of Monitoring Firm I | Hired by Buildin | ng Own | er (8) | - | ASCM No. | Name of | Abatement Contr | ractor (9) | | | | | | |
| Traine or monitoring r inn . | | .5 | \-/ | | | CREAM | 1 RIDGE ENVII | RONMENTAL INC. | | | | | | |
| Street Address | | | | | | Street Ac | | | | | | | | |
| Olieet Address | | | | | | | CK FOREST RO | OAD | | | | | | |
| 2 | | | | | | | te, Zip Code | V.12 | | | | | | |
| ± | | | | | | | TON, NJ 08691 | | | | | | | |
| Desired Manager for Monit | none No | | | Telephor | | | Licen | se No |). | | | | | |
| Project Manager for Monit | oning Film | Leichi | IOHE IN | U . | | 609-890 | | | 0067 | | | | | |
| 21 1 2 1 (42) | | Cahad | ulad C | ompleti | on Date (11) | | OSHA Monitor | | 0007 | | | | | |
| Start Date (10) | | | | ompieu | on Date (11) | Same to | OSI IA MONITOI | | | | | | | |
| 6/15/2013 | A1 4 1 (OI | 6/15/2 | Market Company | | | N/A Street Ad | ddress | | | _ | | | | |
| Occupancy Status During | | | | | nt | Street A | uuiess | | | | | | | |
| Facility Closed/Vaca | | | | Dateme | int | City Sta | te, Zip Code | | | | | | | |
| Abatement performed or | itside of workin | g nour | • | | | Oity, Ota | ie, zip oode | | | | | | | |
| C - CIRL -I (Obselvell | Abot cooks) | | | | | | | Full Containment w | ith Ne | aative | Pres | sure | | |
| Scope of Work (Check all | that apply) | | | | Renovat | tion | | ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure | | | | | | |
| ≥ 3 sf or ≥ 3 lf | | | | | Demoliti | | | Glovebag Procedur | e | | | | | |
| ⊠ ≥ 160 sf or ≥ 260 lf | | | | | Dellioliti | IOII | | ☐ Non-Exempted (*) | | -Friab | le Pro | cedure | | |
| | | 1 | 1 4 | | | | | | | | Туре | | | |
| | | 2000 | Locati mally l | | Description | of Asbes | stos Containing | | | | | | | |
| Location of Asbestos- | | | Solely b | | | | hermal systems | Amount (Specify SF or | R | 70 | nce | Enclosure | | |
| Material (ACM) TO BE | | | | /Custo | insulation, | surfacing | , VAT, or other | LF) | Removal | Repair | psi | ios | | |
| Facility (13) |) | | Staff? | | г | miscellane | eous) | | <u>a</u> | = | Encapsulate | ure | | |
| | | Yes | 100000 | N/A | | CYD WYG | | 1000 C F | X | - | Φ | | | |
| EXTERIOR | | _ | Х | | TRANSITE | SIDING | | 1000 S.F. | A | - | - | | | |
| | | _ | | | | | | | - | - | - | - | | |
| | | - | | | ļ | | | | - | - | | _ | | |
| | | | | L | NJDEP Waste | | Cubic Yards of | Name of Registered La | ndfill | | | | | |
| Name of Registered Was | te Hauler | | | | Hauler ID No. | | Waste | Intallie of Negistered La | | | | | | |
| TIMSTER TRUCKING | | | | 21079 | | 5 YD. | GROWS | | | | | | | |
| | , | | | | 210/9 | | Disposal Date | City, State | - | | | | | |
| City, State | | | | | | | | | | | | | | |
| WEST CREEK, NJ | | | | Cincot | 6/17/2013 | MORRISVILLE, PA | Date | | | | | | | |
| Completed By Title | | | | | Olgrady, Frida | | | | | | | | | |
| DAVID D'ANDREA PRESIDENT | | | | T | | 1/4 | aved f. | O alla | 0/14/ | | | West | | |
| ASB-41 | | | | | | | V | | U | | | | | |

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

D&S Proj. #: 2013

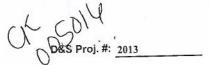
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) | - 11 | me of Buil odger mc | | er/Operator (2) | | | 2813 JUM | 10 | | | | |
|---|-----------------|---|-----------|------------------|-----------------|----------------------------------|-------------------------------------|-------------------------|-------------|--------|--------|-----|
| Agencies Notified Type Notifica | 11. | et Addres | | | | | | 19 AA | 10 | | | |
| ☐ EPA ☐ Initial | | 10-70-70-70-70-70-70-70-70-70-70-70-70-70 | | | | | 31. th | | r. , | 30 | | |
| ☐ DEP ☐ Amended | | | | w avenue | | | 8.772 | | | | | |
| Amendment # | City | , State, Zi | p Code | | | | | -4.0/4 | | ľ. | | |
| DOL Emergency | | ackettsto | wn. ni | | | | | | • | 9650 | | |
| DOH (including | Nan | ne of Cont | | | | | Tolophor | ne Numbe | - | | | |
| justification) |) | | | | | | Telephoi | ie inumbe | 1 | | | |
| DCA Cancellation | n <u>1</u> | odger m | cbride | | | | | | | | | |
| ¥ 200 - 100 | | | FAC | ILITY INFORM | ATIO | N | Townson. | | _ | | | |
| Name of facility where abatement i | is taking place | (3) | | | | | Type of Facility | (4) | | | | - |
| rodger mcbride | | | | | | | School | ol (K - 12) | | | | |
| Street Address | | | | | | | | apter 8 (0 | | | (-12) | |
| 209 east velleyview avenue | | | | | | į. | Bldgs. | (Private/C /Homes, e | etc. | | | |
| | T . | (4) | | | | | Square Feet | # of Floo | rs | В | ldg. A | .ge |
| City (5) | County | (6) | | | | unty Code (7) | | | | | | |
| • | | | | | (Sta | ate use only) | Current Use (P | rior if beir | ng den | nolish | ed) | |
| hackettstown | warre | | | | - 40 | | | | | | | |
| Name of Monitoring Firm Hired by | Bldg. Owner (| 8) | | ASCM No. | | Name of Abatement | Contractor (9) | | | | | |
| | | | - 1 | | | D & S RESTOR | ATION INC | | | | | |
| Street Address | | | | | - | Street Address | arriori, nic. | | | | | |
| | | | | | | NO SERVICE AND CONTROL OF COURSE | *** | | | | | |
| City, State, Zip Code | | | | | _ | 20 California A | | | | | | |
| ony, orate, zip code | | | | | - 1 | City, State, Zip Code | | | | | | |
| | | | | | | Paterson, NJ 07 | 7503 | | | | | |
| Project Manager for Monitoring Firm | 1 | Pho | ne Numb | er | | Telephone Number | S1 | License | Numb | oer | | |
| | | 1 | | | | 973-345-8020 | | 0 | 1169 | X | | |
| Start Date (10) | Sched. C | ompletion | Date (11 |) | _ | Name of OSHA Mon | | 2772.13 | | | | |
| 06/06/10 | 1 | | 85 | š. | | D & S Restorat | ion, Inc. | | | | | |
| 06/26/13 | 07/10/1 | | | | | Street Address | | | | | | _ |
| Occupancy Status During Abatemer | | socialismic. | | | | 20 California A | venue | | | | | |
| Facility closed/vacated during | entire period | of abatem | ent. | | | City, State, Zip Code | | | | | | |
| Abatement performed outside Describe: | of normal fac | ility hours- | 2 | | | | | | | | | |
| Other-Describe: NORMAL H | IOURS | | | | - | Paterson, NJ 07 | 7503 | | | | | |
| Scope of Work (check all that apply | | | | | - | | | | | | | |
| N. o. r o. r | | | | | | | Full Containment w | //negative | press | ure | | |
| 🖂 | Renovation | | | | | | Mini-enclosure Glovebag procedur | | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | 씜 | Non-Exempted (*) | | friable | proc | nduro | |
| Location of | Is location n | ormally us | ed solely | | | | Non Exempted () | and Non- | R | R | E | |
| asbestos-containing | by maintena | nce/custo | dial | Description | n of a | sbestos-containing | Amount | | е | е | n | E |
| material (acm) to be | staff(12) | | | material (A | | sbestos-comaining | (Specify S | F or | m o | р | С | n |
| abated in facility (13) | Yes | No | N/A | | i.e. | | LF) | | v | i | a p | Ľ |
| D | | | | BIBE BIOLI | | | | | е | | Р | |
| asement | | X | | PIPE INSUI | LAII | ON | 41 l ft | | \boxtimes | Ц | | |
| | | | | | | | | | | | | |
| | | | | | 4 5 9 2 1 9 2 1 | | | | | | | |
| | | | | | | | | | П | П | П | П |
| | | | | | | | | | | 一 | Ħ | |
| Registered Waste Hauler | NJDEP | Hauler ID | # Ci | ubic Yards of W | aste | Name of Registered | Landfill | | | ш_ | Ш | |
| D & S RESTORATION, INC. | 13506 | | | yd | | TULLYTOWN, | | COVER | Y | | | |
| City, State | | Di | sposal Da | | | City, State | | | - | | | |
| PATERSON, NJ 07503 | | 100 | 06/26/13 | | | TULLYTOWN, | PA | | | | | |
| Completed by (Print or Type) | Title | | | Signature | | 10221101111, | | Date | | | | |
| | PRESIDEN | Т | | | | | | 06/14/ | 2012 | | | |
| | | | r asbesto | s licensure exer | mpted | d activities. | | 1 -00/14/ | 2013 | | | |

D&S Proj. #: 2013

| State of NJ | |
|--------------------------|-----------|
| Notification of Asbestos | Abatement |
| (Pursuant to NJAC 8:60 | |

| | | I I Name | of Buildir | og Owner | Operator (2) | | | 2812 | | | | | |
|-------------------------------|-------------------------|--|-----------------------|-----------|--------------------------------|-------------|--------------------------------|--|----------------------|---------|---|--------|-------------|
| Date of Notification | (1) 1711 13 1 | | | ig Owner | Operator (2) | | | 2013 JUN 19 AM | | | | | |
| Agencies Notified | Type Notification | | n shann Address | _ | | | | | € रेट | | _ | | |
| EPA | ☐ Initial | 1 | | | | | | | | | | | |
| ☐ DEP | Amended | | cook av State, Zip | | | | | <u> </u> | 7 | | | | |
| DOL | Amendment #: | | | | NJ 07076 | | | • | G | | | | |
| ☑ DOH | Emergency (including | | of Contac | | , 143 07070 | | | Telephone N | Number | | | | |
| | justification) | | | | | | | 1 | | į. | | | |
| ☐ DCA | Cancellation | <u>ma</u> | ria acke | rman | | | | | | _ = | | - | |
| | | 20 | 192 | FACIL | ITY INFORMA | NOITA | / | T= | | | | | |
| Name of facility w | here abatement is t | aking place (| 3) | | | | | Type of Facility (4) School (| K - 12) | | | | |
| : | | | | | | | | Subchap | | er tha | n K-1 | 2) | |
| jason shann Street Address | | | - | | | | | Other (Pr | rivate/Con | nmerc | | | |
| | | | | | | | | Bldgs./Ho | of Floors | · | Bldd | . Age | |
| 386 cook aven | nue | F0 - 17 | C) | | | Count | Codo (7) | Square reet # | 01110013 | | 5-12-12-14-14-14-14-14-14-14-14-14-14-14-14-14- | | |
| City (5) | | County (| 6) | | | | y Code (7) use only) | Current Use (Prio | r if being | demo | ished |) | |
| SCOTCH PL | AINS | UNIO | N | | | , | | | | | | | |
| | ng Firm Hired by BI | | | | ASCM No. | <u> </u> | lame of Abatemen | t Contractor (9) | (X - 12) | | | | |
| 110110 | | ************************************** | | | | | D & S RESTOR | RATION, INC. | | | | | |
| Street Address | | | | | | 5 | treet Address | II To the second | | | | | |
| Olloot, Idailese | | | | | | | 20 California A | | | | | | |
| City, State, Zip Co | ode | | | | | C | ity, State, Zip Code | | | | | | |
| | | | | | | | Paterson, NJ C | | License N | lumbe | ar. | | |
| Project Manager f | or Monitoring Firm | | Pho | ne Numb | er | 1 | elephone Number 973-345-802 | ia I | | 169 | 11 | | |
| | | | | | | - | Name of OSHA Mo | | | | | | |
| Start Date (10) | | Sched. C | ompletion | Date (11 |) | | D & S Restora | | | | | | |
| 06/18/13 | | 07/10/1 | 3 | | | | Street Address | н. | | | -32 | | |
| | s During Abatement | (Check only | one) | | The section of Physics Physics | | 20 California A | Venue | | | | | |
| ☐ Facility clos | sed/vacated during e | entire period | of abatem | nent. | | | City, State, Zip Cod | e | | | | | |
| | performed outside | | ility hours | - | | _ | | 7502 | | | | | |
| Other-Desc | cribe: NORMAL H | OURS | | | | - | Paterson, NJ (| | | | | | |
| Scope of Work (| check all that apply | | Tel II | | | | L | Full Containment w/ | negative | pressi | ле | | |
| \boxtimes >3 sf or >3 | If 🖂 | Renovation | | | | | <u> </u> | Glovebag procedure | Э | | | | |
| ≥160 sf or | ≥260 If | Demolition | | | | | | Non-Exempted (*) | and Non-f | | | | |
| Location of | f | Is location r | ormally u | sed solel | | | | Amount | | R e | R e | E n | E |
| asbestos-c | containing | by maintena staff(12) | ance/cust | odiai | Descript material | tion of as | bestos-containing | (Specify S | F or | m o | p a | С | n |
| material (a abated in f | | Yes | No | N/A | material | (ACIVI) | | LF) | | v | i | a p | L |
| | * * * * | 100 | | 1.0.5 | T DIDE DIG | III A TI | ON | 12 1 ft | | e | \vdash | П | \vdash |
| Basement | | | X | | PIPE INS | ULAII | OIN | 12 111 | | H | Ħ | Ħ | 盲 |
| | | | | | - | | | _ | | Ħ | | 百 | |
| | | | | | | | | | | ī | | | |
| | | | | - | | | | | | | | | |
| 5 | o Hauler | INJE | Hauler I |] L | Cubic Yards of | Waste | Name of Register | red Landfill | 201000-121136 101134 | <u></u> | | | |
| Registered Wast | DRATION, INC. | 1350 | | | 1 yd | | TULLYTOW | N, RESOURCE RE | COVER | Y | - | | |
| City, State | , | l== | 7/2 | Disposal | | | City, State | D. D. | | | | | |
| PATERSON | , NJ 07503 | | 30 | 06/19/ | | | TULLYTOW | N, PA | Date | | | _ | |
| Completed by (F | | Title | n ITT | | Signature | | | | 06/13/ | 13 | | | |
| BOGDAN JO | OLDZIC | PRESIDE | NT | for achae | tos licensure e | exempted | activities. | | 1 | | - | - | |
| ASB-41 | | * Do not use | this form | ior aspes | tos ilcerisure t | - Actinples | a when the second | | | | | | |



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

| | I Name of | Quilding Owne | er/Operator (2) | | | 28 | 12 | | | | | _ |
|--|----------------------------|----------------|-----------------|-----------------------|----------------------|-------------|--|---------------------------|--------------|--------|--------|--------|
| Date of Notification (1) | | | | | | 48 | 13 JUN 15 |) ps. | | | | |
| Agencies Notified Type Notification | | AK GOPLA | NI | | | V 15 | | -77 2: | 30 | | | |
| Agencies Notified Type Notification EPA Initial | | | | | | | şi. | | * G | | | |
| DEP Amended | 173 CANDON STATE | LIDGE AV | ENUE | | | | $\frac{\mathcal{C}_{i,j}}{\mathcal{C}_{i,j'}}$ | 73777 | 77 | | | |
| Amendment #: | | e, Zip Code | 17050 050010202 | | | | * 1 1 | 440 | | | | |
| | | ALDWELL, | NJ 07006 | | | | Telephone | Number | | - | _ | - |
| DOH (including justification) | Name of | Contact | | | | | | | | | | |
| ☐ DCA ☐ Cancellation | DEE | PAK GOPL | ANI | | | | | | | | | _ |
| | | FAC | ILITY INFORMA | ATION | | | | | | | | |
| 8 | | | | | T | Туре | of Facility (4 |) | | | | |
| Name of facility where abatement is | taking place (3) | | | | | | | (K - 12) | | | | |
| DEEPAK GOPLANI | | | | | | | | pter 8 (Oth | | | 2) | |
| Street Address | | | | | | . | Other (F | Private/Cor Homes, etc | nmerc :. | al | | |
| a good ince Avenue | | | | | | Squ | | # of Floors | | Bldg | g. Age | |
| 2 COOLIDGE AVENUE | County (6) | | | County | Code (7) | | | | | | | |
| City (5) | 300, (0) | | | | use only) | Cu | rrent Use (Pr | or if being | demo | ished |) | |
| W. CALDWELL | essex | | | | | | (0) | | | | | |
| Name of Monitoring Firm Hired by B | Ildg. Owner (8) | | ASCM No. | 11 | lame of Abatemer | | | | | | | |
| | | | | | D & S RESTO | RATIC | N, INC. | | | | | |
| Street Address | | | | S | treet Address | | | | | | | |
| | | | | _ | 20 California z | | | | | | | |
| City, State, Zip Code | | | | | | | | | | | | |
| | | T | | | Paterson, NJ (| | | License I | Numbe | er | | |
| Project Manager for Monitoring Firm | | Phone Num | nber | - 11. | 973-345-802 | | | | 169 | | | |
| | | | | | Name of OSHA Mo | | | | | | | |
| Start Date (10) | Sched. Com | pletion Date (| 11) | | D & S Restora | ation, I | nc. | | | | | |
| 06/24/13 | 07/10/13 | | | 3 | Street Address | | | | | | | |
| Occupancy Status During Abatemer | | | | | 20 California | | | | | _ | | |
| Facility closed/vacated during | entire period of a | abatement. | | | City, State, Zip Coo | de | | | | | | |
| Abatement performed outside Describe: | | nours- | | -11 | Determon NI | 07503 | | | | | | |
| Describe:NORMAL F | IOURS | | | - 1 | Paterson, NJ | | ==== | -/tive | proces | uro. | | |
| Scope of Work (check all that appl | y) | | | | L r | | Containment v enclosure | wnegauve | pressi | ii e | | |
| \boxtimes >3 sf or >3 lf | Renovation | | | | Ĕ | Glov | ebag procedu | ire | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | Non- | -Exempted (*) | and Non- | friable R | | | |
| Location of | Is location nor | mally used sol | | | | | Amount | | е | R | E n | E n |
| asbestos-containing | by maintenand staff(12) | e/cusiodiai | | tion of as I (ACM) | bestos-containing | 1 | (Specify | SF or | m o | p a | c a | C |
| material (acm) to be abated in facility (13) | Yes | No N/A | . 1 | ii (ACIVI) | | | LF) | | V | i | р | L |
| | 100 | | PIPE INS | TIL ATI | ON | | 130 l ft | | e | \Box | | |
| Basement | | | PIPE INS | OLATI | OIV | | | | Ħ | | | |
| | | _ | | | | | | | | | | |
| | | _ | | | | | | | | | | |
| | | | | | | | | | | | | |
| Baristand Wests Hauler | INJDEP H | auler ID# | Cubic Yards o | f Waste | Name of Registe | ered Lar | ndfill | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC | | | 2 YDS | | TULLYTOW | N, RE | SOURCE R | ECOVE | ΚY | | | |
| City, State | | Dispos | | | City, State | ארד דארא | | | | | | |
| PATERSON, NJ 07503 | | 06/2 | | | TULLYTOV | VIN, PA | | Date | | | | |
| Completed by (Print or Type) | Title | r | Signature | | | | | 06/13 | / 201 | 3 | | |
| BOGDAN JOLDZIC | * Do not use thi | s form for ash | estos licensure | exempted | d activities. | | | 1 | | | | |
| ASB-41 | DO HOL USE UII | J . J | | 100 | | | | | | | | |

| e a* | | | | . 67 | 1 | | | 013 U4:Z/pm | YUU | 1/00 | ١. | 1 | | | |
|--|-----------------------------------|--|------------------------|--|--|------------------------|---------------------------|----------------------------------|--|-------------|----------|---|------------------|--|--|
| D&S Proj. #: 2013 | | | Notrica (Pursual | cion of ASD nt to NJAC | 8:60 a | Abateme | 20) | APPR | OVED | | 7 | | | | |
| | weddow | | | | ··· | ļ | N | APPR Light of Health | & Senior S | Servic | e\$ | | | | |
| Date of Notification (1) | I Na | me of Build | Ing Owner | Operator (2) | | | 1 | leiou | alure) | | -11 | | - | | |
| 0 6 /1 12 /11 13 | | atricia N. | - 10 | 2817 | li i . | 9 AM | 7 | 6/12/42 | Time:_ | a: | | | | | |
| Agencies Notified Type Notificatio | | eet Address | NAME OF TAXABLE PARTY. | · · · · · · · · · · · · · · · · · · · | State of | 9 /// | 2. ^ | | | | | | | | |
| DEP Amonded | | O SCHOO | | ET | | .,, , | . 50 | · | | | | - | | | |
| Amendment#: | | y, State, Zi | | | OLI PARTICIPATION OF THE PARTI | | | | | | | | | | |
| Emergency | | | | 7 07882 | | Vinte. | 14. | Telephone | Mumbar | | | | - | | |
| Justification) | | ne of Cont | | | | | | - diabitotte | HAMMON | | | - 20 | | | |
| DCA Cancellation | بلل | Patricia N | . Thiede | | | | | | | - 101 | - | | | | |
| | | 5 | FACIL | ITY INFORM | ATION | | | | | | | | | | |
| Name of facility where abatement is | taking piac | e (3) | | | | , | T | ype of Facility (4 | (K - 12) | | | | | | |
| Patricia N. Thiede | | | | | | | | = | pter 8 (Oth | er th | an K- | 12) | | | |
| Street Address | | · · | | A THE STATE OF THE | | | | DO Other (| Private/Con Homes, etc | nmer | | | | | |
| 30 SCHOOL STREET | | | | | | | | | # of Floors | | Ble | g. Age | 3 | | |
| City (5) | Count | у (Б) | | | | ity Code (7 | | | | | | | | | |
| | | | | | (Stat | e use only) | | Current Use (Pr | ior If baing | demo | olishe | d) | | | |
| WASHINGTON Boro Name of Monitoring Firm Hired by B | Mar Ido Owner | Mary 1 | T | ASCM No. | <u> </u> | Name of A | batement Co | ntractor (9) | | - no an | | | - | | |
| territo of imministring () () () () () () | · · · · · · · · · · · · · · · · · | (4) | . | ricom rici | - 11 | | RESTORAT | 22 6033 70 | | | | | | | |
| Street Address | Street Add | | | | | | | PPL Y | | | | | | | |
| | | \$ | | | | | fornia Ave. | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, | | • | | | 3 | | | | |
| Project Manager for Monitoring Firm | - | Phy | one Numbe | ar | | Telephone | on, NJ 0750 Number | 15 1 | Licanae | Vumb | 6r | | | | |
| Lolon amunifor or languagerill i mit | | 1.18 | | | | | 45-8020 | | | 169 | 0,000.00 | | | | |
| Start Date (10) | Sched | Completio | n Date (11 |) | | | SHA Monitor | | Aller - | | | | N/Market Control | | |
| 06/14/13 | 06/28 | ensiste du e ntresen | | • | | D & S | Restoration | , Inc. | | - et | | | - | | |
| Occupancy Status During Abatemen | The second leading to the second | Control of the contro | : | | | processing the country | fornia Aver | we | | | | | | | |
| Facility closed/vacated during | | | | | | City, State | | | | | _ | *************************************** | | | |
| Abatement performed outside Describe: | | acility noun | 8- | | _ | | | | | | | | | | |
| Other-Describe: NORMAL H | | | | | | Paters | on, NJ 0750 | | | | | | | | |
| Scope of Work (check all that apply >3 sf or >3 if | 7. | | | | | | 1 | il Containment y ni-enclosure | v/negative | press | ure | | | | |
| 22 ≥2 25 or >2 16 22 260 H | Renovation Demolition | | | | | | ⊠ GI | ovebag procedu | | | | - | | | |
| Location of | | normally u | sed solely | , | | | L No | on-Exempted (*) | and Non-f | riable R | Proc | edure | | | |
| ashestos-containing | | nance/cust | | Descript | lon of a | sbestos-co | ntaining | Amount | | e m | 9 | n | E | | |
| material (acm) to be abated in facility (13) | Yes | No | N/A | material | (ACM) | | | (Specify S | si- or . | o V | a | а | C L | | |
| 7 | | <u> </u> | ,,,,, | DIND THE | TY A MY | ONT. | - Lotte Comme | 12016 | | a | · | P | - Printer | | |
| Basement | | | | PIPE INSU | JLAII | UN | 1 | 1201ft | | X | 노 | # | 牌 | | |
| | | | | - | | March 1974 | 1 | | | 冒 | H | 片 | 旹 | | |
| | | | | | | | | | Harris Sana Mark | | | | | | |
| | | | | , i | | | | 1 | o odeomiške in takte | | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDI 135 | P Hauler I | | ubic Yards of yds | waste | | Registered L. YTOWN, R | andfili BSOURCE R | ECOVER | Y | | | | | |
| City, State | | | Disposal D | ate | | City, St | to | | | | | *** | - | | |
| PATERSON, NJ 07503 | | | 06/14/1 | | | TULL | YTOWN, F | A | in the state of th | | أبضبط | بمحند | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESID | ENT : | | Signature | | | | | 06/12/ | 12 | | 340 | 2010077 | | |
| | | - | for asbest | os licensura e | xempto | d activities | - | | Sel Edi | | | | | | |
| | | | | 20101 | | TION N | FO DA | CF 1 | | | Ī | | | | |

Completed by (Print or Type) BOGDAN JOLDZIC

ASB-41

Title

PRESIDENT

| D&S Proj. #: 2013 | | | ostos Abatement | 13 , | 19 80. | | | |
|--|---|--|---|----------------------|--|----------------------|---------|-------------------------|
| Date of Notification (1) O O O O O O O O O O O O O O O O O O O | Patricia N. Thiede Street Address 30 SCHOOL STR | | ξ, | | 19 44 2 50 | | | |
| DOL Emergency (including justification) DCA Cancellation | WASHINGTON, Name of Contact Patricia N. Thiede | | ATION | | Telephone Nur | mber | 400 | |
| Name of facility where abatement is Patricia N. Thiede Street Address 30 SCHOOL STREET | | | | - | ype of Facility (4) School (K - Subchapter Other (Priva Bldgs/Home | 8 (Other thate/Comme | rcial | 2) _{J. Age} |
| City (5) WASHINGTON Boro Name of Monitoring Firm Hired by B | County (6) Warren dg. Owner (8) | ASCM No. | County Code (7) (State use only) Name of Abateme D & S RESTO | ent Cor | | being dem | olished |) |
| Street Address City, State, Zip Code Project Manager for Monitoring Firm | Phone Numb | ber | Street Address 20 California City, State, Zip Co Paterson, NJ Telephone Numb 973-345-80 | ode 1 0750. er | | ense Numb 01169 | per | |
| Start Date (10) 06/14/13 Occupancy Status During Abatement Facility closed/vacated during a Abatement performed outside of Describe: Other-Describe: NORMAL Ho | entire period of abatement. of normal facility hours- | Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 | | | | | | |
| Scope of Work (check all that apply >3 sf or >3 lf | | The state of the s | ion of asbestos-containing | Mir MGlo No | I Containment w/neg ni-enclosure ovebag procedure on-Exempted (*) and Amount (Specify SF or | Non-friable | | dure E E n n |

| Scope of Work (check all that | appiy | /) | | | | | | Containment writegative | , press | uic | | |
|--|-------|---|-----------|------------------------|---|---------------------------|----------------|--|-------------|--------|-------|-------------|
| \boxtimes >3 sf or >3 lf | × | Renovatio | n | | | | | ni-enclosure | | | | |
| ≥160 sf or ≥260 lf | | Demolition | 1 | | | | | ovebag procedure n-Exempted (*) and Non | -friable | proc | edure | |
| Location of asbestos-containing material (acm) to be | | ls location by mainte staff(12) | | used solely stodial | | sbestos-containing | | Amount (Specify SF or | R e m | Repa | Enc | E n c |
| abated in facility (13) | | Yes | No | N/A | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | LF) | v e | i r | p | L |
| Basement | | | X | 7 | PIPE INSULATI | ON | | 120 l ft | X | | | |
| Duscincin | _ | | | | | | | | | | | |
| | _ | | | | | | | | | | | |
| | _ | | | | | | | | | | | |
| | _ | | | # | | | | | | | | |
| Registered Waste Hauler D & S RESTORATION, II | NC. | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | EP Hauler | | cubic Yards of Waste 2 yds | Name of Register TULLYTOW | ed La N, RI | indfill ESOURCE RECOVE | RY | | | |
| City, State PATERSON, NJ 07503 | | | 4 | Disposal D 06/14/1 | | City, State TULLYTOW | N, P | A | | | | |
| | | | | | | | | | | | | |

Signature

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

Date

06/12/13

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

| Date of Notification (1) | 17/12 | | Name of Building Owner/Operator (2) Janet Lightfoot Street Address | | | | | | | | | | |
|--|------------------------------|-------------------|--|---------|--------------|--|--|---------------------------------------|---------|--------|-------------|-----------|--|
| | 17/13 | | _ | Ctros | t Address | | Janet Lighti | 001 | 0 // | 10. | 0 | _ | |
| Agencies Notified EPA | Type Notification | | | Stree | Address | | 29 Emerson | | | | y A | 14. | |
| DEP | Amended | | + | City, | State, Zip C | | | 14 | 11. | | , F | | |
| ⊠ DOL | Amendment # | | - | | | N. B | runswick, N. | J 08902 | ~1C | 16.20 | 14/ | 1 2 | |
| DOH DCA | justification) Cancellation | | Ī | Name | of Contac | The second secon | | Telephone Numb | ner | | 127, | | |
| | Gariocilation | | | | | net Lightfoot | | | | -12 | _ | _ | |
| | | | | FA | CILITY INF | ORMATION | L = 75 39 | (0) | | | | | |
| Name of Facility Where | | g Place dentia | | | | | Type of Facility | | 3 | | | | |
| Street Address | Kesi | uciiiia | 11 | | | | School (K-1 | 8 (Other than K-12 | 2) | | | | |
| Oli Col / Idai Coo | 26 Cor | no Di | ive | | | | Other (i.e., phomes, etc. | orivate & commercia | al buil | dings | , | | |
| City (5) | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | | |
| | Somerset | , NJ (|)887 | | | | 1500 | 2 | _ | | 55 | | |
| County (6) | merset | | | | nty Code (7 | 7) (STATE | Current Use (P | rior if being demolis Residential | | | | ř | |
| Name of Monitoring Firm | Hired by Building | Owner | _ | ASCM | No. | Name of Abatem | nent Contractor (9 | 9) | | | | | |
| (8) | MECS | | _ | | | Stev | ens Environ | mental Service | es, Ir | ıc. | | | |
| Street Address | PO D 24 | | | | | Street Address | DO I | 222 | | | | | |
| | PO Box 34 | <u> </u> | | | | City, State, Zip C | | 30x 322 | | | | _ | |
| City, State, Zip Code | osswicks, NJ | 08515 | ; | | | City, State, Zip C | | n, NJ 08501 | | | | | |
| Project Manager for Mor | | | | phone | No. | Telephone No. | | License No. | | | | | |
| | eisgarber Jr. | | | | 8-4070 | (609) 25 | 59-9688 | 0 | 049 | 3 | | | |
| Start Date (10) | Sched | duled C | omple | tion Da | ate (11) | Name of OSHA | | | | | | | |
| 6/26/13 | | | 7/3/1 | 3 | | | M | ECS | | | | | |
| Occupancy Status Durin | - | _ | | | | Street Address | PO F | Roy 3/11 | | | | | |
| ☐ Facility Closed/Vacat | | | | | | | | | | | | | |
| Other - Describe: | | _ | , , , , , | | | City, State, Zip C | | ks, NJ 08515 | | | | | |
| Scope of Work (Check a | all that apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Re De | novati molitio | | | Mini-End Gloveba | ag Procedure | gative Pressure on-Friable Procedu | e e | | | | |
| | | 100000 | ocatio | | | | | | τ | | ment | é é | |
| Location | of | Used | mally Solel | | | Description of | | | | Ту | e - | | |
| Asbestos-Containing N | Material (ACM) | Main | tenan | ce/ | | os Containing Mat | terial (ACM) | Amount (Specify | Z, | Z. | g | 四 | |
| TO BE ABAT | | S | taff? | | (i.e., | thermal systems i surfacing, VAT, | or | SF or LF) | Remova | Repair | cap | Enclosure | |
| (13) | | | (12) | | | other miscellaned | ous) | | 12 | | Encapsulate | ure | |
| The second secon | | Yes | No | N/A | | | Section 1. Company of the section Williams | | | | Ö | | |
| Basement | | | | | | Thermal Pip | ing | 100 lf | × | | | | |
| Baseme | | | | × | | VAT | | 900 sf | × | | | | |
| | | | | | | en Degeneration | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | - 50 | | JDEP I | | Cubic Yards of Waste | Name of Regi | stered Landfill | | | | | |
| Stevens Environmental | | | | | 292 | 3 CU | | T.R.R.F., In | ıc. | | | | |
| City, State | | | | | | Disposal Date | City/State/ | m 11 | | | | | |
| | llentown, NJ 0 | | | | 6/21/13 | $\square / /$ | Tullytown, l | PA_ | _ | | | | |
| Completed By Mahlon E. Ste | Title | | niect | Mar | nager | Sign | // | Date | 6/17 | 7/13 | | | |
| ASB-41 | 770113 | 110 | OJOUL | 11141 | iugoi | | | | | | | _ | |

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

A 22/1/18

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

2813 JUN 10

| Date of Notification (1) | | | | | | ng Owner/Operator | | 3 5 5 A | 1 2. | | and the Photo | |
|--|--|------------|------------------|----------|-----------|-------------------------------------|-----------------|-------------------------------|--|----------|---------------|-----------|
| 6-14 | - 13 | | | 00 | UR 1 | LACY OF | SORU | louis. | | U | | |
| Agency Notified | Type Notification | | | Street | Address | / | | - 4.//v. bir | | | | |
| A CONTRACTOR OF THE CONTRACTOR | | | | 3 | 800 | E. STA | Te s | T. EXT. | eNS. | છ. | N | • |
| □ EPA □ DEP | ☐ Amended | | t | City S | tate 7in | Code | | | | | W. 78 1000 | |
| DOL | Amendment # | | | H | In | : 1 Tow . | 11.5 | 18619. | | | | |
| A | ☐ Emergency (inclu | ding | + | Name | of Conta | ict / | 74-4- | Telephone Numb | er | | | |
| □ DOH | justification) | | 1 | 1) | 1.7. | DIAId. | 1 10 11 | 086/9. Telephone Numb | | | | 1 |
| □ DCA | ☐ Cancellation | | | | | | 1807. | | | | | |
| | | | | FACI | LITY IN | FORMATION | T = 100 | | | | | |
| Name of Facility Where | Abatement is Taking P | lace (3) | | ^ | | | Type of Facilit | y (4) | | | | |
| OUR LAD | 1 of 500 | Anc. | 10 | Ru | cto | er V | ☐ School (K-1 | | | | | |
| Street Address | 7 01 001 | 7000 | | | -,0 | 1 | Subchapter | 8 (Other than K-12) | t | | | |
| 2000 E | STATE ST | 7 | T | IT | | 1.0% | homes etc | orivate & commercial RecTo R | bullarigs, | 60 | | |
| 3800 E. | SIA18 31 | - | 6 | 211 | NO | ON | Square Feet | | Bldg. Ag | e | | |
| City (5) | <u> </u> | | | 00 | 111 | 2 | - Square : | | | | | |
| MAMIL | TON, 11- | J. | (| 28 | 619 | / | |) | | | | |
| County (6) | | | | County | Code (| 7) (STATE USE | Λ | Prior if being demolish | - | | 81210 | |
| mon | NOA. | | | ONLY) | l. | | PRies | 15. Done | 11/0 | N | 1 | |
| M PR C Name of Monitoring Fire | m Hired by Building Ow | ner / | ASCM | No. | | Name of Abatem | nent Contractor | (9) | | / | | |
| (8) Me | | | | | | Cream | n Ridge Er | nvironmental | Inc. | | | |
| Street Address | 13. | | | | | Street Address | | | | | | |
| P.O. BOX | 2111 | | | | | 15 B1 | ack Fores | st Road | | | | |
| | 941 | | | | | City, State, Zip C | | | | | | |
| City, State, Zip Code | 1 | _ | | | | | Lton, NJ | 08691 | | | | |
| Chesteri | Tele/N. | Ve | | as Ma | | Telephone No. | LCOIT/ NO | License No. | | | | |
| Project Manager for Mo | onitoring Firm | le | epnoi | ne No. | iin | (609)890- | 7110 | 0676 | | | | |
| Bill Weis | ect Manager for Monitoring Firm LL Weiscarben. 1 Date (10) Scheduled C | | | | 40 | Name of OSHA | | 1 0070 | | | - | - |
| Start Date (10) 6-17-14 Occupancy Status Duri | Scheduled | Completi | on Da | te (11) | | | | | | | | |
| 6-17-14 | 6-0 | 20- | 14 | <u> </u> | | me | <u> </u> | | | | | |
| Occupancy Status Duri | ng Abatement (Check o | nly one) | | | | Street Address | . 7, | . 1 | | | | |
| Facility Closed/Vacat | ted During Entire Period | of Abate | ement | | | P.O. B City, State, Zip C | WX 34 | -/ | | | | |
| Abatement Performe | d Outside of Normal Fa | cility Hou | irs | | | City, State, Zip C | ode ,_, | 1 1 | 17 | | | |
| ☐ Other – Describe: | | | | | | Ches/ | en To | eld., ju | .4 2 | | | |
| Scope of Work (Check | all that apply) | | 0% 2000 | | | | | n Negative Pressure | | | | |
| □≥3sfor≥3lf | | | | | ovation | ☐ Mini-l | Enclosure | | | | | |
| 160 sf or ≥ 260 lf | | | 8 | ☐ Dem | nolition | Glove | ebag Procedure | d New Triable Proces | duro | | | |
| 400 | | | | | | ☐ Non-I | Exempted (*) an | d Non-Friable Proce | T A | bate | eme | nt |
| ď | | ls l | Locati | on | | | | | | Ту | ре | , |
| | : 6 | | ormal | | | Description of | | | | | | |
| Asbestos-Containi | ion of ng Material (ACM) | | l Sole ntenai | | Asbe | stos Containing Ma | aterial (ACM) | Amount | 70 | _ | Encapsulate | ᄪ |
| TO BE A | ABATED | | ustodi | | (i.e | , thermal systems surfacing, VAT | insulation, | (Specify SF or LF) | Removal | Repair | aps | Enclosure |
| IN Fa | acility 3) | 1 3 | Staff? (12) | | | other miscellane | eous) | 500 ARRIVAD \$1 | va | ₽. | ula | Sure |
| 7, | 3) | | (12) | | | | 2 | | | | io. | |
| | | Yes | No | N/A | | | | | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | - | - | - |
| Baseme | art. | X | | | Pip | e. Frusuly | ATION. | 200 L.F | . 1 | | | |
| 04341114 | M1 | | | | 14 | e Flusula Lik Cell | | | | | | |
| | | - | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | -t-11t | NIE | ED W | /aste H | auler | Cubic Yards of | Name of Regis | stered Landfill | | | | |
| Name of Registered Wa | aste Hauler | IDI | 957 F - 1 100 | vasie (1 | aulei | Waste | | | | | | |
| Pal. | 1 LUNOT. | | | | | 5 | GRO | WS. | | 20100 | | |
| MODINSON | 1 WASTE | | | - | | Disposal Date | City, State | | 02. | | | |
| City, State | e's, IV- | 7 | | | | 6-21-13 | | | | | | |
| The second secon | ez 14- | V ' | | | | Signature | 2 1/ | | ate | _ | | |
| Completed by | I IIIe | an t | | | | () A | 11) 1 h | milla. | 6-14 | 1- | 13 |) |
| David J. D'A | ndrea preside | tues this | form | for act | estos lin | ensure exempted a | activities. | Je se de la company | · · · · · | | | |
| 100 11 | בי ב | n use till | 9 10111 | IVI dal | | | / | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1305-4641 Check #5360

| Date of Notification (1) | 2 | Name | e of Buildin | ng Ow | vner / Operator sity | (2)2013 | // (A) | 12.00 | | | | |
|--|--------------------|------------------------|--|---------|---------------------------------------|--|-----------|-------------------|---------|------------|-------------|-----------|
| Agencies Notified Type No | | Stree | t Address | niver | Sity | - 0 | UN 19 | AM 2. 50 | | | | |
| EPA | uncation | 400 5 | South Or | range | e Ave. | 4 | | . c. of. | | | | |
| 1 | nitial | | State & Zip | | | VI. 1 | 73.9 5 | 1,13, 1,1 | | | | |
| | mended # | | h Orange | | | 1. L | -lutinis | | | | | |
| A STATE OF THE STA | mergency | | e of Contac | | | | | Te | elepho | ne N | umb | er |
| □ DCA □ C | ancellation | Leor | n Vanden | neleu | ubroeke | | | | | | | 1 |
| | | FA | CILITY II | NFO | RMATION | | *** | | | | | |
| Name of Facility Where Abat | | ace (3) | | | Type of Facilit | | 3 | | | | | |
| Seton Hall University- M | cQuaid Hall | | | | School (F | | | | | | | |
| Street Address | | | | | | ter 8 (Othe | | | | | | |
| 400 South Orange Ave. | | | | | | | | cial buildings | | | tc.) | |
| | | | | | Square Feet | - COCSESSION | f Floors | Bio | dg. Ag | | | |
| City (5) | County (6) | County | Code (7) | | 10,000 | | 2 | | | 90 | | |
| South Orange | Essex | | | | Current Use (| Prior if bei | ng demol | ished) | | | | |
| | | | 12 | | University | | | | | | | |
| Name of Monitoring Firm Hiro Omega Environmental | ed by Building Own | er (8) | ASCM I | No. | Name of Abat AbateTech, | | - 7 | 9) 0529 | | | | |
| Street Address | | | | | Street Addres | | | | | | | |
| 280 Huyler Street | | | | | PO Box 25 | | | | | | | |
| City, State & Zip Code | | | | | City, State & 2 | | • | | | | | |
| South Hackensack, NJ 0 | | | | | Lumberton, | | 8 | 11 to No. | | | | |
| Project Manager for Monitori Geiser Fajardo | • | Telephone 201-489- | | | Telephone Nu 609-265-210 | | | License Nu | 0052 | 9 | | |
| Scheduled Start Date (10) | Scheduled Com | | and the same of th | | Name of OSH | The state of the s | | | | | | |
| 6/21/13 | | 6/30/13 | , , | | EMSL Analy | | | | | | | |
| Occupancy Status During Ab Facility Closed/Vaca | | | atement | | Street Addres 108 Haddon | | | | | 0 | | |
| | 10.50 | | atement | | City, State & 2 | | | | | | | |
| Abatement Performe Describe: Weekend | | | Rth | | Westmont, | | 2 | | | | | |
| Facility Occupied Du | | 0. 0 20 | | | westinoit, | 142 00 100 | , | | | | | |
| Scope of Work (Check all that | | | | | 1 | | | | | | | |
| Coope of Work (Officer all the | at apply) | | | | | | Containr | ment with Ne | gative | Pres | sure | • |
| ≥3 sf or ≥3 lf | | ⊠ Re | novation | | | | i-Enclosu | ire | | | | |
| ≥160 sf ≥260 lf | | ☐ De | molition | | | Glo | ve Bag P | rocedures | | | | |
| | | | | | | Nor | n-Exempt | ed and Non- | Friable | Pro | cedu | ıre |
| Location of | • | Is Loca | tion | | Description | of | | Amount | Aba | teme | ent T | ype |
| Asbestos-Conta | | Normally | | | Asbestos-Conf | | | (Specify | | | _ | T |
| Material (AC | | Solely | - | | Material (AC | | 100 | SF or LF) | Z | 771 | Enc | ᄪ |
| TO BE ABAT in Facility | <u>=D</u> | Maintenai Custodial | | | (i.e., thermal sy sulation, surfac | | | | Remova | Repair | aps | Co |
| (13) | | (12) | | | r other miscella | | | | val | <u>a</u> . | Encapsulate | Enclosure |
| (, | Ī | Yes No | N/A | | | | | | | | 6 | " |
| 1 st Floor Kitchen/Ofices | | | in | Plas | ster around | radiators | | 50 SF | | П | П | |
| 1 11001 Kitonomonoco | | HH | THE | | | | | | T | Ħ | Ī | T |
| | | HH | | | | | | | П | T | T | |
| | | HIH | 161 | | | | | | | Ħ | 口 | ITT |
| | | HH | THE | | | | | | 一 | Ħ | Ħ | T |
| | | HH | 十十十 | | | | | | T | Ħ | Ħ | T |
| Name of Registered Waste I | Hauler | N. | JDEP Was | ste C | ubic Yards | Name of | Registere | ed Landfill | | | | |
| - | | H | auler ID No | lo. o | f Waste 6 | TRRF L | andfill | | | | | |
| AbateTech, Inc. | | | 18750 | - | | City, Stat | | | | | | |
| City, State Lumberton, NJ | | | | ال | isposal Date 6/30/13 | Tullytov | | | | | | |
| Completed By (Print or Type) | | Ti | tle | 9 | ignature | · Linytot | , | | Date | _ | | |
| Gwen Trumbetti | | | ffice | | | 1 | | | 6/14 | /13 | | |
| CHOII HUIIIDGU | | 1000 | oord. | | $\mathcal{A}^{\mathcal{U}}$ | N | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1306-4653 CHECK #5361

| Date of Notification | | | | | | | Owner / Operato | or (2) | 2 | 913 JUN 15 | | 1.87 | | |
|----------------------------------|---|---|-----------------|----------------|---------------|------------------------|---|--------------|-----------------------------|-----------------|---------|--------|------------------|----------------------|
| Agencies Notified | | eation | | | | ege of dress | New Jersey | | | | 0 60 | - | | |
| | Type Nounc | auon | | | | 7718 | | | al y | | m | 2:4 | 10 | |
| ☐ DEP | | ıl | - | - | _ | & Zip | Code | | | & LILLA | 7° | _ | • | |
| □ DOL | | | | Ewir | ng, N | JJ 086 | 28 | | | " LLLI | | 17 % | | |
| □ DOH | | | | | | Contact | | | | للـر | elepho | ne N | lumb | er |
| ☐ DCA | Can | cellation | 1 | Ama | nda | Rados | sti | | | | | | | |
| | Amended # Emergency Cancellation Facility Where Abatement is Tak lege of New Jersey- Roscoe dress Innington Road County (Mercer Monitoring Firm Hired by Building vironmental dress It State Street Be & Zip Code In NJ 08618 In Sanager for Monitoring Firm In Schedule In Schedul | | | FA | CILI | TY INI | ORMATION | - CONTRACTOR | | | | | | |
| | | | | | | | Type of Facil | | | | | | | |
| | Solutified PA EP | | | rary | | | School (| 9 | | | | | | |
| | Solutified Type Notification PA EP | | | | | | | | Other than K ate & comme | | a hom | 200 | oto) | |
| 2000 Fellilligion | Noau | | | | | | Square Feet | | # of Floors | | ldg. Ag | | :(0.) | |
| City (5) | | County (6) | Co | unty | Code | (7) | | | # 011 10013 | | iug. Ag | C | | |
| Ewing | | | | | | (., | Current Use | (Prior i | l f beina dema | lished) | | | | |
| 5 | | | | | | | Building | V 1072 | | / | | | | |
| | ies Notified Type Notification EPA DEP | | | | AS | SCM No | | temen | Contractor | (9) | | | | |
| USA Environmen | ies Notified Type Notification EPA DEP | | | | | | AbateTech | | | | | | | |
| Street Address | ies Notified EPA DEP | | | | | | Street Addres | | | | | | | |
| | | | | | - | | 30 Maple A City, State & | | de | | | | | 72-1 |
| Trenton, NJ 0861 | | | | | | | Lumberton | | | | | | | |
| | | irm | Telep | hone | Nur | nber | Telephone N | | | License N | umber | | | |
| Bill Weisgarber | | | 609- | | 1,000,000,000 | | 609-265-21 | 07 | | | 0052 | 29 | | |
| | te (10) | Scheduled Cor | mpletic 6/18 | | ite (1 | 1) | Name of OSI EMSL Anal | | nitor | | | | | |
| | | | | | * | | Street Addres | - | | | | | | Selbasia. |
| | | Account the second second second second | | | atem | ent | 107 Haddoi | | | | | | | 24X 2 |
| | | | | urs | | | City, State & | | | | | | | |
| | | | ay | | | | Westmont, | NJ 08 | 108 | | | | | |
| | | | - | | | | | | Critic | als | | | | |
| | | , | | | | | | \boxtimes | Full Contain | ment with No | egative | Pres | ssure | e |
| <u> </u> | | | \boxtimes | | novat | | | - | Mini-Enclosu | | | | | |
| ≥160 st ≥260 |) If | | \Box | Der | noliti | on | | | Glove Bag P | | | _ | | |
| 10 | cation of | | lo l | ocot | ion | _ | Description | | Non-Exempt | | | - | District Control | |
| | | q | Norm | Locat nally | | | Description Asbestos-Con | | | Amount (Specify | Aba | atem | ent i | ype |
| | | | So | olely | by | | Material (A | CM) | | SF or LF) | 711 | | Ē | т |
| | | | Maint | | | 97. | (i.e., thermal s | | | | em | Repair | cap | Enclosure |
| | | | Cusic | (12) | Stair | | insulation, surfactor or other miscella | | | | Remova | air. | Encapsula | Sur |
| | Access 20 | | Yes | No | N/A | \ \ \ | | | ′ | | - | | ē | (D |
| 1 st Floor, Reference | Room, So | uth Stairwell | | \boxtimes | | F | laster Debris | Clean | Up | 20 SF | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | Ш | Ц | | | | | | | | Ц | Ц | Ш |
| | | | H | 井 | H | | | | | | 出 | Η | ዙ | ዙ |
| Name of Registered | Waste Haul | er l | | IN I | DEP | Waste | Cubic Yards | Name | of Registere | ad Landfill | | Ш | | Ш |
| Traine of regionales | Tradic Haar | 0. | | | | ID No. | of Waste | Ivame | or registere | ou Landiiii | | | | |
| AbateTech, Inc. | | | | 18 | 750 | | 5 | T.R.F | R.F. Landfil | l | | | | |
| City, State | | | | | | | Disposal Date | City, S | | | | | | |
| Lumberton, NJ | | | | 1= | | | 6/18/13 | Tully | town, PA | | 1- | | | |
| | | | | Titl | 30TO 1 | Coord. | Signature | 5 | n. f | | Date | 140 | | |
| Gwen Trumpe | LU | | -22 | Job | ηb. (| Joora. | | XV | | | 6/13 | 113 | | |
| | | | | | | | | | | | | | | |

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

| Date of Notification (1) | | | Name | e of Buildin | g Owner/Operator (| 2) | 25.70% | | | | |
|--|----------------------------------|----------------|------------------|--------------|--------------------------------------|---------------------------------|---|--------------|---------|-------------|-----------|
| 6 /7 / _ | 13 | | Se | ton Hall F | Prep | | b#1305-4644 C | heck | #530 |)4 | |
| Agencies Notified Type Notifica | ation | | Stree | t Address | | 13 JUN 19 | 棚 2:50 | | _ | | |
| ☑ EPA ☐ Initial | | | 120 |) Northfie | | | | | | | |
| ☑ DOLWD ☑ Amended | | | City, | State, Zip (| Code | Min AV. | | | | | - 35 |
| ☑ DHSS Amendme | (1941) (1981) (197 5) | | We | st Orang | e, NJ 07017 | a Licent | HIR " | | | | |
| DCA Emergency justification | | ıg | | of Contac | | | Telephone Numb | per | | | |
| ☐ Cancellat | | | Mil | ke Gallo | | | 1 | | | | |
| | | | FA | CILITY IN | FORMATION | To 6 100 or 100 or | | | | | |
| Name of Facility Where Abatement is T | aking Plac | e (3) | | | | Type of Facility | (4) | | | | |
| Seton Hall Prep | | | | | | School (K-1 | | | | | |
| Street Address | | | | | | ☐ Subchapter | 8 (Other than K-12) private and commer | i cial bu | iildind | 15 | |
| 120 Northfield Ave. | | | | | | homes, etc. | | olal be | | ,0, | |
| City (5) | | | | | | Square Feet | # of Floors | BI | dg. A | ge | |
| West Orange | | | | | | | | | | | |
| County (6) | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (P | rior if being demolis | hed) | | | |
| Essex | | | | | | Prep School | ol | | | | |
| Name of Monitoring Firm Hired by Build | ding Owne | (8) | ASCM | No. | Name of Abateme | ent Contractor (9 |) | | | | |
| Omega Environmental | | | | | AbateTech, I | nc. | | | | | |
| Street Address | | | | | Street Address | | | | | | |
| 280 Huylar Street | | | | | 30 Maple Ave | e. PO Box 25 | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | ode | | | | | |
| South Hackensack, NJ 07606 | | | | | Lumberton, i | NJ 08048 | | | | | |
| Project Manager for Monitoring Firm | | Te | lephone | No. | Telephone No. | | License No. | | | | |
| Geiser Fajardo | | : | 201-489 | 9-8700 | 609-265-2107 | • | 00529 | | | | |
| The control of the co | Scheduled | | | | Name of OSHA M | | | | | .8 | |
| _6_ / _10_ / _13_ | 7 | / | 5/ | 13 | EMSL Analyt | ical | | | | | |
| Occupancy Status During Abatement (0 | Check only | one) | | | Street Address | | W | | | | |
| ☐ Facility Closed/Vacated During Entire | | | | | 108 Haddon | Ave. | | | | | |
| Abatement Performed Outside of No Time of Abatement:AM | | | | | City, State, Zip Co Westmont, N | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | |
| □ ≥3 sf or ≥3 lf | | enova | | | Mini-Enc | | gative Pressure | | | | |
| ⊠ ≥160 sf or ≥260 lf | ПГ | emoli | ion | 2.33400 be | ⊠ Non-Exe | g Procedure mpted (*) and No | on-Friable Procedur | е | | | |
| | | ls Loc | | | | | | Ab | atem | ent Ty | уре |
| Location of Asbestos-Containing Material (ACM | Us | Norm sed So | ally lely by | Acho | Description o estos Containing Ma | | Amount | Re | Re | 四四 | ᄪ |
| TO BE ABATED | ' N | lainter | ance/ | | e., thermal systems | | (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facility | Cu | stodia (12 | Staff? | | surfacing, VAT other miscellane | | SF or LF) | l a | | sula | ure |
| (13) | Yes | 1 | - | | other miscellane | ous) | | | | ę | |
| Rm140,232,233,318,319,321,322,3 | 325 🔲 | | | Double | Layer Floor tile | & Mastic | 7,528 SF | | | | |
| Rm 228,229,231 | | | | Single | Layer Floor tile 8 | & Mastic | 2,550 SF | × | | | |
| Elevator Area | | | | Pipe In | sulation | | 10 LF | | | | |
| Crawlspace | | | | Pipe In | sulation | | 10 LF | | | | |
| Name of Registered Waste Hauler | | | NJDEP | | Cubic Yards of | Name of Regi | stered Landfill | | | | |
| AbateTech, Inc. | | | Hauler I 1875 | | Waste 12 | TRRF Lan | dfill | | | | |
| City, State | West - | | 10/3 | <u> </u> | Disposal Date | City, State | 11 | | | | |
| Lumberton, NJ | | | | | 7/5/13 | Tullytown | , PA | | | | |
| Completed By (Print or Type) | Title | | | | Signature | | Dat | te, | | 1. ~ | 1 |
| Gwendolyn Trumbetti | | tions | Coord | inator | | rut | | 6/ | 7/ | 13 |) |

ASB-41 MAY 11

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



| (-40) | | ١ | | ICATION | ate of Ne I OF ASB to NJAC | ESTOS | ABATE | | | | | | | | |
|---|--|--------------|-------------------------------------|-------------------------------|----------------------------------|-------------------------------|----------------|-------------------------------------|-----------------------------|-------------|----------------------------|---------|---------|-------------|-----------|
| Date of Notification (1) 06/10/2013 | | | | | f Building EL SAN | | Operator | (2) | 2913 | JUN | 19 AN | 1000 | | | |
| | Notification nitial | | | Street A | ddress 49th ST | REET. | | | 8 27 | 0 - 3 1/2 | | 2.5 | O | | - 29 |
| X DEP X DOL | Amended Amendment#_ | al coding or | _ | | ite, Zip Co | | 07086 | | | LIC | SMSTILL | [113] | • | | |
| IX DOH ☐ j | Emergency (incustification) Cancellation | ciuding | | MIGUI | f Contact EL SAN | | | | | Tel | eohone Ni | ımbes | | | |
| Name of Facility Where Abatem PRIVATE | ent is Taking F | Place (3 | 3) | FACI | LITY INF | ORMATI | ION | Type of | . 33 | | | | | | |
| Street Address 15-49TH STREET | JAN 1997 | | | | | | | Sul | ner (i.e. p | 8 (Oth | er than K- | | dings | hom | es, |
| City (5) WEEHAWKEN N.J. 0708 | 6 | | | | | | | Square 3,200 | Feet | #0 | f Floors | E | Bldg. 7 | Age 4 | |
| County (6) | | | | | Code (7) USE ONLY | , | | Current N/A | Use (Pri | or if bei | ng demolis | shed) | | | |
| Name of Monitoring Firm Hired | by Building Ow | mer (8) | ų. | ASCN | No. | | | of Abater RON Q | | | (9) NSTRUC | TION | LLC | D. | |
| Street Address | | | | | | | 22 V | Address AN ORI | Service Committee Committee | L. | | | | | |
| City, State, Zip Code | | | | | | | | State, Zip (KENSA | | J. 076 | 01 | | | | 2-0001000 |
| Project Manager for Monitoring | | • | | Telephor | | | 201- | none No. 708 - 4 | 227/07/2015/07 | | License I 01135 | No. | | | |
| Start Date (10) 06/19/2013 | 0 | 6/20/2 | 2013 | npletion [| Date (11) | | 1 2 2 2 2 2 | of OSHA AIR TE | | | ES LAB | | | | |
| Occupancy Status During Abate Facility Closed/Vacated Du | ring Entire Per | riod of A | Abater | nent | | | TO UT DO SERVE | Address - OAKE | BRIDG | E DR | . SUITE | . В | | | |
| Abatement Performed Outs Other – Describe: | side of Normal | Facility | Hour | 3 | | _ | | tate, Zip (VHATHA | | . 231 | 39 | | | | |
| Scope of Work (Check All That A ≥3 sf or ≥3 if ≥160 sf or ≥260 if | Apply) | | enova emoli | | | | × | Mini-E Glove | nclosure bag Pro | e cedure | Negative | | | e | |
| Location of | | 1 | Locat Iorma | lly | | Des | scription | of | | | | | | ement pe | t |
| Asbestos-Containing Materia TO BE ABATED In Facility (13) | al (ACM) | Ma Cust | d Sole intena odial ((12) | nce/ Staff? | | tos Cont thermal surfac | aining N | faterial (A s insulatio T, or | | (8 | mount specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Bedroom & Living Room(2 | 2nd Floor.) | Yes | No | N/A | | WALL | PLAS | TER | - | 10 | 00 SF. | x | | | |
| Exterior Siding | | | х | | | S | hingles | 3 | | 65 | 8 SF. | х | | | |
| Name of Registered Waste Haul SHARON QUALITY CONS | | N LLC | , F | JDEP W lauler ID 033967 | No. | | | N | | VA EN | red Landfil | | | | |
| 22 VAN ORDEN PL. HAC | KENSACK | Title | | . ^ | | T | BD | V | | | 7.0 | ate | | 9 | |
| XIOMARI Volue | 3.C. | Pre | and | lant | | \bot | Xilon | mond | Jan. | 57.5 | , 0 | 6/10/2 | 2013 | | |

OK 13/19

| | | 140 | (Pu | rsuant t | o NJAC 8 | :60 and | 12:120 |) | Clock | 9 | 12/7 | 17 | - | | | |
|---|--|--------------------|--------------------------------------|-----------------------------|---|-----------------------------|---|---------------------------------|--|-----------|------------------------------|------------|-----------|--------|-------------|-----------|
| Date of Notification (1) 6/11/13 | | | 1 | lame of James | Building C Hart |)wner/O | perator. | (2) JUN | 19 AM | 2: 3 | in | | | | | |
| Agencies Notified | Type Notification | | 5 | Street Ad | dress th Place | | A-5. | | li to a salak | | | | | | | |
| DEP DOL | Initial Amended Amendment # | | | | e, Zip Coo Tabor N | | | ė Li | CEANIL | 7 | <u>.</u> | | - | | | |
| × DOH DCA | Emergency (in justification) Cancellation | cluding | | Name of James | | | | | 1 | Tele | phone N | lumb | er | | | |
| | | | | FACIL | ITY INFO | RMATI | ON | | | | | | - | | | |
| Name of Facility Where house | Abatement is Taking | Place (3) | | | | | | | of Facility (4) School (K-12) | | | | | | | |
| Street Address 63 North Place | | | | 4 | | | | × | Subchapter 8 Other (i.e. priv etc.) | | | | | ings, | home | s, |
| City (5) Mount Tabor | | | | | | | | Square 2500 | e Feet | # of 2 | Floors | | 50 50 | dg. A | ge | |
| County (6) Morris | | | | County C STATE U | code (7) ISE ONLY) | | | | nt Use (Prior | | | lishe | d) | | | |
| Name of Monitoring Firm | Hired by Building Ov | vner (8) | | ASCM | No. | | | | ement Contro | | | LC | | | | |
| Street Address | | | | | | | | Addres Box 48 | s 33, 4 E Gat | te Di | rive | | | | | |
| City, State, Zip Code | · · · · · · · · · · · · · · · · · · · | | | | | | | | p Code , NJ 0741 | 8 | | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telephor | ne No. | | (C100) (C10) (C10) | none No 583-8 | | | License 703 | e No | | | | |
| Start Date (10) 6/20/13 | 1.53 | Schedule 7/1/13 | d Com | pletion [| Date (11) | 9 | Name | of OSH | A Monitor | | | | | | | |
| Occupancy Status Durin | ig Abatement (Check | Only One | e) | | | | Street | Addres | ss | | | | | | | |
| | cated During Entire Pened Outside of Norma | | | | 10. | | City, S | State, Zi | p Code | | | | | 200-25 | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | | - 200 | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | enovat emoliti | | | | > | Min Glo | I Containmer ni-Enclosure ovebag Proce n-Exempted | dure | | | | | Э | |
| | | le. | Locati | on | | | | | | | | | | | ment | |
| Locatio | n of | 9550 | ormall | G15330 C1 | | Do | scription | n of | 1 | | | 9 | | Ту | ре | |
| Asbestos-Containing TO BE AB In Fac (13) | g Material (ACM) BATED ility | Mai | d Solel ntenar odial S (12) | nce/ | | tos Con thermal surfa | taining I I system cing, VA miscella | Material is insula AT, or | | (5 | mount Specify F or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | 34 | Yes | No | N/A | | | | | | | | | | | | |
| basem | nent | | | х | | pipe | insula | ation | | 1 | 00 LF | | x | | | |
| | | | | - | | | | | | _ | | 50000 - A | | | | |
| | The second second | | | | | | | | | | | 12351 0 | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Wa Tri State Transfer | ste Hauler | | Н | JDEP W lauler ID 2325 | | of Wa | : Yards iste | | Name of R Minerva | | | | | | | |
| City, State | | | | | | | sal Date | 9 | City, State | | | | | | | |
| Bronx NY | | | | | | TBD | | | Waynesl | burg | OH | | | | | |
| Completed by Andrew Scott Higgi | ns | Title Presi | dent | | *************************************** | 3 | Signatur | e No | | | | Dat 6/1 | e 1/13 | 3 | | |

CK,137

| Date of Notification (1) 6-10-2013 | | - 11 | - | Name o | f Building P Geogl | Owner/C | Operator (| (2) | | | 2819 . | 1112. | | | 9.5 | 20 |
|--|--------------------------|---------------------------------------|---------------|-------------------|-----------------------|----------|------------------|-----------|------------------------------|---------|-------------------|---|---------|---|-------------|-----------|
| Agencies Notified | Type Notification | | | | | negan. | | | 7 | | · | 411 | 19 | · · | | |
| EPA | Initial | | | Street A | adress erman F | 기. | | | | *12 | 2813 5. | | | 4 _P | ژ. ج | D |
| DEP X DOL | Amended Amendment | | | | ate, Zip Co | | 7 | | | | T) | 47 | T | 177 | 47.0 | |
| Ĭ DOH | Emergency justification) | | | | f Contact | | | | | Te | lephone | Num | hor | | <u> </u> | |
| DCA | Cancellation | | - 4 | Juhn (| Geoghe | gan. | | | 1 | | 2 | | | | | |
| | · | | | FACI | LITY INF | ORMATI | ON | | | • | 277 | | - | | | |
| Name of Facility Where Residential. | Abatement is Takir | ng Place (3) |) | | | | | Туре | of Facility (4 | 1) | De SWI POSSE | | | | | |
| Street Address | | | | | | | | | School (K-12 | | | | | | | |
| 37 Sherman Pl. | | | | | | | | | Subchapter of Other (i.e. pr | | | | | dinas | hom | es |
| City (5) | | | | | | | | | etc.) | | | | | 200 | | |
| Jersey City NJ. 073 | 307 | | | ,,, | | | - 1 | 2509 | re Feet | 2 | of Floors | 3 | | ildg. / | \ge | |
| County (6) | | | | Countri | Gode (7) | | | | | | 1= - 4- | | | | | |
| Hudson. | | | - Ì | | USE ONLY | n | | Curre | ent Use (Prio | I II DE | ang deri | nolisne | ea) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCN | / No. | | Name o | of Aba | tement Cont | tracto | r (9) | 11 | _ | | | |
| | | | | | | | 595555 | | vironment | | | S. | | | | |
| Street Address | | | | | | | Street A | | 237 | | | | | | | |
| City Chata Zin Code | | | | | | | | | ia Ave. | | | | | | 2 | |
| City, State, Zip Code | | | | | | | | | ip Code y NJ. 0730 | 04 | | | | | | |
| Project Manager for Mo | nitoring Firm | | | Telepho | ne No. | | Telepho 201-3 | | | | Licen 0117 | | ١. | | | |
| Start Date (10) | | Schedule | | | Date (11) | | Name o | f OSI | HA Monitor | | | - | | | este e | |
| 6-11-2013 | | 6-11-20 | , 200 | 1.4 | | | | | above. | | 4 | | | | | |
| Occupancy Status Durin | | | | | | | Street A | Addres | SS | | | | | | | |
| Abatement Perform | | Period of A nal Facility | bater Hour | nent s | | - | City, Sta | ate, Z | ip Code | | | | | | | |
| Other – Describe: | | | - | | | | | | | | | | | | | |
| Scope of Work (Check A | All That Apply) | low) | | | | | lamed. | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enova | | | | H | | Il Containme ni-Enclosure | nt wit | h Negat | ive Pr | essu | re | | |
| | | | SIIIOII | uon | | | × | Glo | vebag Proce | | | | | | | |
| | | _ | | | | | | No | n-Exempted | (*) ar | nd Non-F | Friable | | 1 5 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | | 100000 | Locat | | 70 | | | | | | | | | | ement pe | |
| Location Asbestos-Containing | | - Used | Sole 1 | ly by | Achor | Des | scription o | | (ACM) | | | | | | guille d | |
| TO BE AB | ATED | | ntena | C17673910000 | | thermal | | | | | Amount Specify | | χ, | | Eng | g |
| In Faci (13) | • | Cusic | (12) | Staff? | | surfac | cing, VAT | , or | | | F or LF) | | Removal | Repair | aps | Enclosure |
| (10) | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | T | | oulei II | iiscenane | ous | | | | | va | = | Encapsulate | ure |
| 5 | | Yes | No | N/A | | | | | | | | | | | | |
| Basem | ent. | - | X | - | | Pipe | Insulati | on. | | 2 | 200LF | | x | | | |
| | | | | | | | | | | | | | | | | |
| | | | | - | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | | JDEP W | aeto | Cubic ` | Varde | | Namo of B | ogiet | orod I or | odell | | | | |
| Tri-state Transfer As | | | H | lauler ID A456 | | of Was | | | Name of R Minerva | | | | | | | |
| City, State Bronx New York. | | 10 | | | - | | al Date | est Te | City, State Wynesbi | | Ohio | - | | | | |
| Completed by | | Title | | | | | ignature | | 117/10300 | a. 9 . | J1110. | Date | , | | | |
| Tiffany Nunez | | Office | Mai | nager. | | | J | | | | | 100000000000000000000000000000000000000 | 0-20 | 13 | | |

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

| GAC Project # 393-13 | | | | | | | | | 9, | | | | |
|--|--|-------------|-------------------------|-----------------------|--|--|-----------------|-----------|---------------------|------------|------------|--------|---------|
| Date of Notification (1) June 1 | 11, 2012 | 2 | | | | Name of Building Owner/0 MADISON BOARD | Operato OF E | DUC | ATIÓI | V . | | | |
| Agencies Notified | | Not | tification Initial N | | ion | Street Address 359 WOODLAND R | OAD | | | 19 | 4 | | |
| ☐ EPA | | 5.00000000 | Amende | | | City, State, Zip Code | | | 1/2 | | · 2. a | | |
| □DCA | | 17/20/03/03 | | | | MADISON, NJ 0794 | n | , | 70% | | ``.5 | 0 | |
| ĭ DOL | | 1 " | | | ncluding | | <u> </u> | | Tolopi | hone Nur | abor | at . | |
| | | | justific | ation) | | Name of Contact | | | relepi | none win | nner | | |
| ☑ DEP- No Longer REQUI | IRED | | Cancel | led | | MR. JOE TRAUSE | | | , " | | | | |
| ⊠ DOH | | | | | | BUILDINGS & GRO | UNDS | 3 | | | | | |
| | | | -2 | | FACILITY INF | ORMATION | | | | | | | |
| Name of Facility Where Abate | ment is T | aking F | Place (3) | Dis | | Type of Facility (4) | | | | | | | |
| MADISON JUNIOR SCH | | uning i | 1000 107 | | | School (K-12) | L/ 40\ | | | | | | |
| Street Address | | | | | | Subchapter 8 (other than | | | | 00-00-00 | | | |
| 160 MAIN STREET | | | | | | Other (i.e. private & com Sq. Feet: ~60,000 | | | | | ~80 | + yea | rs |
| City (5) | County (| (6) | | County | Code (7) | | | | | | | - | |
| MADISON | | ÖRRI | IS | | Jse Only) | Current Use (prior if being | g demol | lished): | SCH | IOOL | | | |
| Name of Monitoring Firm Hire | | . Owne | er (8) | ASCM | | Name of Contractor (9) | | | | | 28995 | A | |
| RK OCCUPATIONAL ENVIRONMENTAL AN | | S, INC | c. | 0090 | | GREENWOOD ABAT | EME | NT CC | DNSU | LTANT | S, INC | • | |
| Street Address 401 ST. JAMES AVEN | IIE | | | | | Street Address | | | | | | | |
| | | | | | | 268 MAIN STREET | | | | | | | |
| City, State, Zip Code PHILLIPSBURG, NJ 08 | 8865 | | | | | City State, ZipCode BUTLER, NJ 07405 | | | | | | | |
| Project Manager for Monitorin | | - | lephone N | | | Telephone Number | | | Licens | e Numbe | <u>.</u> | | |
| JON GILBERT | | | 08-454- | | | 973-492-0477 | | | 0084 | 0 | | | |
| Scheduled Start Date (10) 06/21/13 | | | heduled C 122/13 | completio | n Date (11) | Name of OSHA Monitor | | | | | | | |
| | | 25,500,000 | | | | Street Address |) | | | | | | |
| Occupancy Status During A X Facility Closed/Vacated | During E | ntire P | eriod of | <u>ne)</u> Abateme | nt (NOT SUB 8) | | | | | | | | |
| ☐ Abatement Performed O | | | | | | 20-21 WARGARAW City, State, Zip Code | ROAL |) | | | | | |
| Describe | Fatin D | | £ | | | Oit); Otatoj zip osas | | | | | | | |
| ☐ Facility Occupied During Hours FRI 3PM — SA | | | | | | FAIRLAWN, NJ | | | | | | | |
| Source of Work (Check all that | at apply) | | - | | | | | | 20- | 20000000 A | v 2000 | | |
| | | | | | | | Full C | containr | ment w | ith Negat | ive Pre | ssure | |
| $\square \ge 3$ sf or ≥ 3 lf | F | | | | ▼ Renovation | | Mini-E | Enclosu | ure | | | | |
| ⊠ ≥ 160 sf or ≥ | | | | | Demolition | | Glove | bag Pr | ocedur | e | | | |
| | | | | | | IXI | Non-F | xemnte | ed (*) a | nd Non-F | riable F | roced | ure |
| Location of Asbestos-Contain | ing Is | Locatio | on Normal | ly I lead | Description of Asi | pestos Containing Material | | Amount | | Abateme | | | |
| Material (ACM) in Facility (13 | | | Maint./Cu | | (ACM) (i.e. therm | nal systems insulation, surfaci | | (Specify | Corporation and the | | | | 200 100 |
| Waterial (AOW) in Fability (10 | • (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | aff? (12 | | 20100101 | VAT, or other mis | | | or LF) | | Remove | Repair I | ncap | Enclose |
| | | ES ` | NO | NA | Net transport to each transport of the | weer of the | | | - | | | | |
| Faculty Room | | | X | | VAT | | | 407 S | F | X | | | |
| Faculty Room | | | | | | | | | | | | | |
| | DED W | 40 | I | | 40.0 | V 1 | Namo | of Regist | ared I a | ndfill | | | |
| | ame of Reg. Waste Hauler NJDEP Waste Hauler ID # | | | | 10# | Cubic Yards of Waste: | 10 C | Υ | | O.W.S. I | | | 111 |
| Newark Carting, Inc. NJ DEP # 4509 | | | | | | | | | G.R. | J. 88.J. I | WILLIAM I | _aiiul | |
| Newark, NJ 04509 | | | | | | | | | | | | | |
| | | | | | | | Dispo | sal Dat | te | | ity, Stat | | |
| Notes: None | otes: None | | | | | 2 | 06/2 | 2/13 | | 0.00 | 00 New | | |
| 1.0tes. 1.one | None | | | | | | | | | | orrisville | | 9067 |
| | Tale | | | | | | | | D : | 2 | 15-736- | 1700 | |
| Completed by (Print or Type) | | | | | _ | Signature | | | Date | 44 | 40 | | |
| RAYMOND C. PEDAI | LINO | SEN | NIOR P | ROJEC | T | Raymond C. Per | dalin | , | June | e 11, 20 | 12 | | |
| | | MAI | NAGEF | 3 | | , Sugarouna C. 12 | | | | | | | |

State of New Jersey - Notification of Asbestos Abatement

| 14 | 5 | State of N | ew Je | rsey - Notifi | ication of Asbestos | Abaten | ent | | | | |
|---|-------------------------|------------------------------|------------------------------|-----------------------|--|--------------------|----------|------------------------------------|----------------------|----------|------------------|
| ct 10374 | | | (Purs | suant to N.J.A.C | C. 8:60-7 and 12:120-7) | | *** | 4. | | | |
| Date of Notification (1) | 1042 | | | | Name of Building Owner Roseland Presby | r/Operator | 2/1 | , | | · · | - |
| June 13, 2 | 2013 | T 22 | | | Roseland Presby | terian Cl | nurch | 10 | | | |
| Agencies Notified | | Notification IX Initi | | ification | Street Address 40 Freeman Street | ** 9x | | | M 2. | ^ ^ | |
| X EPA DCA | | Amende | | | City, State, Zip Code | 160 | 140% | 500 | * | C | |
| x DOL X DEP | | justific | | including | Roseland, NJ 070 | 708 | Tole | nhono | Alexander 1 | - | |
| x DOH | | ☐ Cance | | | Reverend Laurin McAr | thur | 1 | | | | |
| | | | | FACILITY IN | FORMATION | | | | | | |
| Name of Facility Where Abate Roseland Presbyteria | ment is Tal | king Place (3) | | | Type of Facility (4) School (K-12) | | 1324 | 3000 | | | |
| Street Address | | | | | Subchapter 8 (other tha | an K-12) | | | | | |
| 40 Freeman Street | | | | | Other (i.e. private a Sq. Feet: Unknown | | | | | Veare | |
| City (5) | County (6 |) | | y Code (7) | | | | 1011011 | ge. oc | years | |
| Roseland | Essex | | (State | Use Only) | Current Use (prior if bein | ig demolish | ed): Chu | ırch | | | |
| Name of Monitoring Firm Hired | | | ASCM 000 | | Name of Contractor (9) | | | | | | |
| EnviroVision Consu | litants | inc. | 000 | 79 | GREENWOOD ABA | TEMENT | CONS | ULTA | NTS, IN | IC. | |
| Street Address 20-21 Wagaraw Road | Blda # | 340 | | | Street Address | | | | | | |
| | , Diug m | <u> </u> | | | 268 MAIN STREET | | | | | | - v _V |
| City, State, Zip Code Fairlawn, NJ 07410 | | | | | City State, ZipCode Butler, NJ 07405 | | | | | | |
| Project Manager for Monitoring Fred Larson | Firm | Telephone N 973-636- | | | Telephone Number | | Lice | nse Nu | nber | | - 10 0000 |
| | | | HARLO CON PARTICIONAL | | 973-492-0477 | - NO. 110 | 008 | 40 | | | |
| Scheduled Start Date (10) July 15, 2013 | | Scheduled C August 2 | | | Name of OSHA Monitor | | | | | | |
| Occupancy Status During Ab | atement (| Check only or | 20) | | EMSL inc. Street Address | | | | | | 200 |
| Facility Closed/Vaca | ted Durin | g Entire Peri | od of A | | | | | | | | |
| Abatement Performed Describe | Outside o | f Normal Faci | lity Hou | rs - | 1056 Stelton Road City, State, Zip Code | 10000 | | | | | |
| Other – Describe: No | n-Occup | oied | | | Piscataway, NJ 08 | 854 | | | | | |
| Source of Work (Check all that | apply) | | | | | | | | | | |
| ≥ 3 sf or ≥ 3 lf | | | | Renovation | | X Full Co | | t with N | legative | Pressur | е |
| □≥ 160 sf or ≥ 26 | 60 | | | Demolition | | Mini-En Gloveba | | ure | | | |
| Location of Asbestos-Containir | a Isto | cation Normall | v I Ised | Description of Asl | bestos Containing Material | Non-Exe | | | on-Friab ement Ty | | dure |
| Material (ACM) in Facility (13) | Solel | y by Maint./Cu ? (12) | | | nal systems insulation, surfac | 64 THOMAS (19 | ecify SF | | ve Repai | | Enclose |
| Crawlspace | 1.20 | X | | TSI | | 375 | 5' | X | | 1 | Т |
| | | | | | | | | | | | |
| Name of Reg. Waste Hauler See Hauler Below # 1 & 2 | | NJDEP Wast See Below | ID# | Cubic Yards of Waste: | | Mea | | <u>aistered L</u> Landfill S | | | |
| Hauler #1) Greenwood A | hateme | nt Consulta | c - Rutler N I C | 7405 | Disposal | | erva E | nt. Ohio | | | |
| NJ DEP # 125 | 61 NY D | EP# | | | | August | | 3 | Route 2 | , Box 68 | |
| Hauler #2) Newark Cartin Hauler #3) Tri State-Bron | g, Inc. – ľ k NY DEI | Newark, NJ (P # NY 10474 | NJ DEP # 19551 DEP #19591 | | | | | 304-842 | ort, WV 2-2784 | 1 | |
| , Jiwa | | | "170/1 | | | | | | nerva R | | |
| Completed by (Print or Type) | 100 | <u>itle</u> | | Signature | | Date | | vvaynes | burg, Ol | 7 | |
| Marin Graure | 10000 | ENIOR PR | OJEC | т | Marin Graure | | Ju | ne 13 | , 2013 | | |
| GAC # 2012 204 | | AOLI | | | | | _ | | | | |

ted or

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

| Date of Notification (1) | /7/13 | | | Name | e of Buildin | g Owner/Operator Mount Hol | (2) ly Township | Public School | s | | | |
|--|-------------------------------|------------|---------------------|--------------------|--------------|---|--------------------|---------------------------------------|----------|--------|-------------|-----------|
| Agencies Notified | Type Notificati | ion | - | Stree | t Address | 1110411111101 | 19 10 11 1101119 | 1 40110 501105 | 50 | | | _ |
| EPA DEP | ☐ Initial | | | | | | 331 Levis Dr | rive | 4.0 | | | |
| DOL DEP | Amended Amendmer Emergency | | _ | City, | State, Zip (| | ınt Holly , N. | J 08060 | 1 | | | |
| M DOH ☐ DCA | justificatio Cancellatio | n) | | Name | of Contac | | | Telephone Numi | oer | | | |
| | Caricellatio | " | | | | Jack Soltesz | | | | _ | | _ |
| | | _ | | FA | CILITY INF | FORMATION | | | | | | |
| Name of Facility Where | Abatement is Ta John Brain | | | choo | 1 | | Type of Facility | | | | | |
| Street Address | JOHN DIAM | iciu Eic | шь | CHOO | 1 | | | 8 (Other than K-12 | | | | |
| 01100171001000 | 100 W | Vollner | Driv | e | | | Other (i.e., p | orivate & commerci | al buil | dings | , | |
| City (5) | 44.50 | | | very rive | | | Square Feet | # of Floors | В | ldg. A | ge | |
| 100.000 | Mo | ount Ho | lly | | | | | . | . _ | | | _ |
| County (6) | rlington | | | | nty Code (| 7) (STATE | Current Use (P | rior if being demolis School | shed) | | | |
| Name of Monitoring Firm | - | ng Owner | T | ASCM | No. | | nent Contractor (9 | M | | | | |
| | MECS | | | | | - | ens Environi | mental Service | es, Ii | ıc. | | |
| Street Address | D O D ' | 2.41 | | | | Street Address | DO T | 222 | | | | |
| City, State, Zip Code | P.O Box 3 | 341 | | | | City, State, Zip C | | 30x 322 | | | _ | _ |
| | osswicks, N | J 0851: | 5 | | | City, State, Zip C | | n, NJ 08501 | | | | |
| Project Manager for Mor | | | to provide | phone | No. | Telephone No. | | License No. | | | | |
| William Wei | isengarber Ji | <u>r</u> | (60 | 9) 29 | 8-4070 | (609) 25 | 59-9688 | 0 | 049 | 3 | | _ |
| Start Date (10) | Sc | heduled C | | | ite (11) | Name of OSHA | | | | | | |
| 7/1/13 | | | 7/2/1 | .3 | | Ctract Address | DB Env | ironmental | _ | | | |
| Occupancy Status Durin Facility Closed/Vacate | | | | ment | | Street Address | 4 Berk | ley Place | | | | |
| ☐ Abatement Performed | | | | | | City, State, Zip C | | | _ | _ | 777 | |
| Other - Describe: | | | | | | | | l, NJ 07728 | | | | 105 |
| Scope of Work (Check a | Ill that apply) | | | | | П= =0 | | | | | | _ |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Re De | enovati emolitio | | | ☐ Mini-End ☐ Gloveba | g Procedure | gative Pressure on-Friable Procedu | re | | | |
| | | | ocatio | | | | | | A | | ment | |
| Location of | of | Used | ormally Solely | y by | | Description of | | | _ | Тур | е | |
| Asbestos-Containing N TO BE ABAT | | 11007.5000 | ntenan ustodia | | | os Containing Mat thermal systems in | | Amount (Specify | Re | Re | 四 | Ē |
| IN Facility | | | Staff? | | (1.0., | surfacing, VAT, | or | SF or LF) | Removal | Repair | caps | Enclosure |
| (13) | | | (12) | | | other miscellaneo | ous) | | <u>a</u> | | Encapsulate | лe |
| | | Yes | No | N/A | | | | | | | CD | |
| Multipurpose | e Room | _ | | × | | Thermal Fitti | ings | 16 | × | | | |
| | | _ _ | | | W | rap and Cut N | Method | | | | | |
| | | | | | | | | | | | | |
| | | _ | | | | | | | | | | |
| Name of Registered Was | | | Н | JDEP \ auler ID | | Cubic Yards of Waste | Name of Regis | | | | | |
| Stevens Environn | nental Servi | ces Inc. | | 182 | 292 | 1 CU | | T.R.R.F., Ir | IC. | | | _ |
| City, State | Allentown, | NII | | | | Disposal Date | City/State | Tullytown, l | D A | | | |
| Completed By | | itle | _ | | 1 | Signature | 14/ | Date | A | | | - |
| Mahlon E. Ste | | | oject | Man | ager | | | | 6/7 | /13 | | |
| ASB-41 | | | | | -/ | 177 | | / / | | - | | |

ASB-41 MAR 00

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

6/14/13

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

| Date of Notification (1) | | 1 | Vame o | f Building | Owner/Operator | (2) Alice Harpe | r | VIA, | 10 | | |
|--|-------------------------|---|--------------------------|---------------------|---|---|---------------------------------|-------------------|--------------|-------------|-----------|
| Agencies Notified Type Notification | n | + | Street A | Address | | | Ç. | | | 411 | 3, |
| ☐ Initial ☐ Amended ☐ Amendment | # | - | City, Sta | ate, Zip Co | ode Pen | 6 Search Avenington, NJ 0 | | 4 | 77. | | |
| M DOH justification □ DCA □ Cancellation |) | H | Name o | of Contact A | | | Telephone Nun | nber | <u> </u> | | |
| | | = | FACI | LITY INFO | ORMATION | | | | | | \exists |
| Name of Facility Where Abatement is Take Re | ing Place (sidentia | (3) [| | | | Type of Facility School (K-12 Subchapter 8 Other (i.e., pr | !) 3 (Other than K- | 12) cial build | ings, | | |
| City (5) | arch Av | 7.77 | | | | homes, etc.) Square Feet | # of Floors | Blo | ig. Ag | | \exists |
| Penning | ton, NJ | 0853 | 34 | | | 1800 Current Use (Pr | ior if being demo | | 60 | | - |
| County (6) Mercer | | _ | | ty Code (7 ONLY) | ') (STATE | | Residenti | al | | _ | _ |
| Name of Monitoring Firm Hired by Buildin (8) MECS | g Owner | 7 | ASCM N | No. | Name of Abaten Stev | nent Contractor (9 vens Environr |) nental Servi | ces, In | c | | _ |
| Street Address PO Box 3 | 141 | -1- | | | Street Address | | Box 322 | | | | |
| City, State, Zip Code | | | | _ | City, State, Zip C | Code | n, NJ 08501 | | | | |
| Crosswicks, N | J 08515 | | phone N | No. | Telephone No. | Allelitow | License No. | | | _ | = |
| Project Manager for Monitoring Firm William Weisgarber Jr. | | | | 3-4070 | | 59-9688 | | 00493 | 3 | | _ |
| Start Date (10) So | heduled Co | | | te (11) | Name of OSHA | | ECS | 22 | | | |
| 6/19/13 Occupancy Status During Abatement (C | | /21/2 one) | 13 | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Nor | Period of mal Facility | Abate | ment rs | | City, State, Zip (| Code | 30x 341 ks, NJ 08515 | 5 | | | = |
| Other - Describe: 8am - 4:30 t | om | | | | | | | | | | 7 |
| Scope of Work (Check all that apply) 23 sf or 23 if 2160 sf or 2260 if | | novati molitic | | | Mini-Er | ontainment with Ne nclosure pag Procedure kempted (*) and No | | | | | |
| | | ocatio | | | | | | | Abate Typ | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Used Mair Cu | Solel Solel ntenan ustodia Staff? (12) | y by ice/ al | Asbes (i.e. | Description of stos Containing Ma , thermal systems surfacing, VAT other miscelland | aterial (ACM) insulation, Γ, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| 2 12 | Yes | NO | × | | Thermal Pi | ning | 100 lf | × | T | | |
| Crawl Space Crawl Space | = | _ | X | T | hermal Pipin | | 40 lf | _ × | | | |
| Clawl Space | = | | <u> </u> | | | | | _ | | | |
| | = | | | | | | istered Landfill | | | | |
| Name of Registered Waste Hauler Stevens Environment | al | | NJDEP Hauler II 18 | | Cubic Yards of Waste 2 CU | | T.R.R.F. | , Inc. | | _ | |
| City, State Allentown, N | | | | | Disposal Date 6/21/13 | City, State | Tullytow | | | | |
| Completed By Mahlon E. Stevens | Title | | t Ma | nager | Signature | | Date | | 7/13 | | _ |

ASB-41

* Do not use this form for asbestos licensure exempted activities. MAR 00

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| and the second second and the | | (?) | | | G Own /Operator | | . 2 | /g, | M; | 2. 5 | |
|--|--|--|----------------------|--|--|--|--|-----------------------|--|---|--------|
| Date of Notification (1) | | | | H | Jour 11 7 | Townshi | poence | j | | 1,7 | U |
| Agencies Notified | Type Notificati | (ii) | Stree | et Address | 203 10 | cust i | guence | 14:14 | 2/ | 14 | |
| DEL. | Amended | | Sec. Waters | - | aggreen right or a reserve to all the second re- | graphic and the control of the contr | Programme and the state of the | | ::(:)/1 | | |
| POOL | Amondmos Titimorgenos | | | | Code Code | N | and the second s | er proper sometime of | | W.L. | |
| DON DON | justificatio | n) | Nam | a. on comme | Onu G | anti- per identità i n' , se acces 19 difference | Telophoco Nun | ber | | _ | |
| AND A SURFACE STORY CONTROL OF STREET AND ASSESSED. | 1 | enantheman en cen | .l | ************************************** | FORMATION | NOT THE RESIDENCE OF THE PROPERTY OF THE PARTY OF T | and and index days depleted the second | | | Marie de la companya | |
| Name of Facility When | e Abatement is Ta | lking Place (3) | | and the employment | Charles Anna Marie A. A. T. C. Commission Commission | Type of Facili | | *L004 \$0010 | | | |
| of a the receiver of a fail, against a finger-water-free- | il Tower | Marie Bright a principal and a stranger of the | 18 | osa kalina Praga - National Pipe gan i yang seriad (1994) Pende | in Tanana i Terraryana Santa Minerija, gi Aranja ebushin | School (K- Subchapte Other (i.e., homes, et | er 8 (Other than K-1 private & commerc | 2) dal buil | dings | ٠ | |
| City Ps) | s well | ************************************** | | d in the gallery and a recommend to the state of the stat | effer vaste geven sager (* 1841 - 1985 - 1992) nor does se jake enn 'n steensk bekende se te tref et de | Square Fnet | # of Floors | B | idg / | vge: | |
| County (6) | mouth | er i an oppgeles i S gran bla skill Canady agendes (1. ad bla byer) (1. a. | | inty Code (| 7) (STATE | Current Use (| Prior if being domo | lished) | # # | | |
| Name of Monitoring Fir | | ig Öwner | ASCN | 1 No. | Name of Abaten | nent Contractor | (9) | | | | |
| (8) | | radionary the averaging on t | | and the control of the control of the control of | ACE : | INSULA | TION CO | Z | NO | <u>_</u> | |
| Street Address | | manus and a serior of ray. And a serior of | å i majagan gib i ma | | Street Address | ********** | SECURIOS EN AL | | 4, | | |
| City, State, Zip Code | the second, in a part of the second s | THE PROPERTY OF THE PROPERTY O | ALTERNATION ALL ALL | e, gad op i i deside e i i i i i i i i i i i i i i i i i | Chu State Zin C | indo | 5 vn22 | <u>.</u> | the Preside | 1.m2-4 + | |
| Project Manager for Mo | onitoring Firm | Fe | lephone | No. | Telephone No. 731- 2914 | | License No. | _ 1 | ************************************** | gatavir a | ****** |
| Start Date (10) | I Sc | hedded Comp | letion D | ate (11) | Name of OSHA | | man de la companya de | | CONTRACTOR | inches and | |
| 6-26-13 | | 6-28 | | | ACE E | MISTATIO | N CO IN | d.be | 100.000.00 | er over | neces |
| Occupancy Status Dur | ing Abetement (C | heck only one |) | MATERIA PARTICIPANTA | Street Address | | | | ton sin en | N-WH.6 117 | |
| Facility Closed/Vaca | eled During Entire | Period of Aba | lement | | 95 MO | WTRUST 1 | ra . | | | | |
| Abatement Performe Other - Describe: | ed Outside of Non | | | E | City, State, Zip C | odo | | 771-0 |) | | 308300 |
| Scope of Work (Check | | | Z | en aktioner i Grand bower in Statemen | COUTS | well | NS OT | 1141 | | | |
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| Location Asbestos-Containing | | Used Solo Maintena | | Achae | Description of tos Con aining Mat | | Amount | 700.00.0 | ("" | | [|
| TO BE ABA IN Facility (13) | TEO | Custed Staff | raf | | thermal systems to surfacing, VAT, other miscellance | isulation, or | (Specify SF or LF) | Removal | Repai | ensdeone. | -10000 |
| | | Yes No | NIV | | | | | 0), | | 60 | (1 |
| · out o | OORS . | 10 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - | V | | PIDINE | AND THE STATE OF T | 10004 | - | | ini | |
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| Name of Registered Wa | ste Hauter | | LIDEP V | Vacto | Cubic Yards | I Name of Pen | istered Landfill | L., | l | | |
| Ace Insu | LATION | 4-1 | 140ler 10 208 | ,No. | of Waste | | 2w | | | mer 3 | |
| City, State | IL AIT | · ~~ | 2 4 | | Disposal Date | City, State | | 0 | A | | |
| completed Dy | IR N.3 | . 011 | F : | | 6-28-13 | La VIL | y Town | | 1/30 | | |
| Bank Gia | LIL 1 1111 | . / | m 6 | M | Signature | Coult | [1000] | 7-1 | 3 | | |
|)-31 | | ¥1.= | AL ILE | 13th | - ANG | | | | | | |