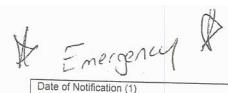
MO#22742779678

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | | | | | Name | of Buildin | g Owner/Operator (| 2) | *************************************** | | | | |
|--|----------------|-----------|---------|------------------|----------------|----------------------|--|-------------------|---|------------|----------|-----------|-----------|
| | 09 | 15 | | | | | ************************************** | <i>∞</i> /° | | | | | |
| Agencies Notified | Type Notif | ication | | | Commercial Co. | Richard t Address | | -11 | 1/ 5 | - | | | |
| □ EPA | Initial | | | | | enside R | | | | | | | |
| ⊠ DOLWD | Amend | | | | | State, Zip | | | | | | | |
| □ DHSS □ I | | ment #_ | | | | 3000000 | | | Paris 1 | | | | |
| DCA (NJAC 5:23-8) | ☐ Emerge | | cluding | 3 | | of Contact | NJ 07079 | | Telephone | Mumbo | | | |
| (110/10/3.20-0/ | Cancel | | | | | Richard | | | 1 diabilione | Numme | | | |
| | | | | | | | LIFO E MARTION | | | | | | |
| Name of Facility Where Ai | hatament is | . Toking | Dinor | /21 | FA | CILITY | NFORMATION | TT | 7.4 | | | | |
| SSA COLECT III | טמנסוווצווג !: | S (aking | Flace | (3) | | | | Type of Facility | | | | | |
| Private house Street Address | | | | | | | | School (K-1) | 2) 8 (Other than | K-1 21 | | | |
| A 17 800 N | | | | | | | | Other (i.e., | private and co | ommerci | ial bu | iildings. | |
| 14 Glenside Road | | | | | | | | homes, etc. |) | | | | |
| City (5) | 20 | | +1 | | | | | Square Feet | # of Floor | rs | BI | dg. Age | 9 |
| South Orange, NJ 0707 | 9 | | | | | | | | | | | | |
| County (6) | | | | | Cour | ity Code (7) | (STATE USE ONLY) | Current Use (P | rior if being d | emolish | ed) | | |
| Essex Name of Monitoring Firm I | Ulead by O | maria - A | | 763 | | | T | | | | | | |
| Name of Worldoning Firm (| mirea by St | illaing C | wner | (6) | ASCM | No. | Name of Abateme | ent Contractor (9 |) | | | | |
| | | | | | | | Gr Tech LLC | | | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| 0: 0: - | | | | | | | 576 Valley Rd# | | | | | | |
| City. State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| 6 | | | | | | | Wayne, NJ 0747 | 70 | | | | | |
| Project Manager for Monit | oring Firm | | | Tele | phone | No. | Telephone No | | License 1 | Vo. | | | |
| | | | 1 | | | | 973-638-1777 | | 01127 | | | | |
| Start Date (10) | 1.5 | 1 | | | | ete (11) | Name of OSHA N | lonitor | | | | | |
| | | | | |)/ | 15 | Envirovision Co | nsultants,Inc | | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | | |
| Facility Closed/Vacated | d During Er | ntire Per | riod of | Abate | ment | | 20-21 Wagaraw | Road, Bldg .# | 35 E | | | | |
| Abatement Performed Time of Abatement: | Outside of AM- | Normal | Facilit | y Hour | s - Des | scribe | City, State, Zip Co | ode | 00.2 | | | | - |
| | | | /l/ | - 1 181 | | _AM | Fair Lawn, NJ 0 | 7410 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | Clean up | and decontamin | nation with ne | gative p | oress | ure | |
| | | | M pa | enovati | 00 | | Full Cont Mini-Enc | tainment with Ne | gative Pressu | ire | | | |
| ☐ ≥ 160 sf or ≥260 lf | - | | De | molitic | חכ | | | g Procedure | Tent with Ne | gative F | ress | ure | |
| | | | | | | | ☐ Non-Exe | mpted (*) and No | on-Friable Pro | ocedure | | 4 | |
| | | | | Locat | | | | | | | Abi | stemen | t Type |
| Location of Asbestos-Containing M | | TAY. | 025707 | Norma ed Sole | | A = i= = | Description o | | - | | | | |
| TO BE ABAT | | | Ma | intena | ncei | | estos Containing Ma e., thermal systems i | | Amour (Specif | 9.0 | em | Repair | nolo |
| IN Facility | Y | | Cus | todial (12) | Staff? | | surfacing, VAT, | or or | SIF or L | | Removal | Repair | Enclosure |
| (13) | | | | T | | - | other miscellane | ous) | | | - | 2 | 0 0 |
| _ | | | Yes | No | N/A | - | | | | | | | |
| Basement | | | Ш | Ш | X | Pipe ins | ulation | | 195 LF | | \times | | |
| | | | | | | | | | | | П | ПІГ | |
| | | | П | | П | 1 | | | | | | | |
| | | | | | | | | | | | Ш | ᆜ닏 | |
| Name of Daylor 197 | - 11 | | | | | | | | | | | | |
| TURITIE DI MODICIONANI INICALI | e Hauler | | | NJC | JEP Wast | e Hauler ID No | Cubic Yards of Wast | Name of Regis | stered Landfil | i | | | |
| Name of Registered Waste | | | | (| 03378 | 35 | TBD | T.R.R.F. Inc | | | | | |
| Gr Tech LLC | | | | | | | Disposal Date | City, State | | | | | |
| Gr Tech LLC City State | | : L E | | | | | Disposal Date | Oity, Otale | | | | | 1 |
| Gr Tech LLC City State | | | | | | | | | Δ | | | | |
| Gr Tech LLC | pe) | Titie | | | | | TBD Signature / | Tullytown, P. | A | Date | | | |
| Gr Tech LLC City State Wayne, NJ 07470 | pe) | Title | | | 8 1 | | TBD | | 1 | Date 03/09 | | | |





| Date of Notification (1) 3/9/14 | | | | Name | of Buildin | ng Own | er/Operato | or (2) | | 4 | 10 | <i>l</i> | | | |
|--|--|---|----------------------------|---|--------------------|---------------------------|---|--------------------------|--|-----------|---------------------------|-------------------|----------|-------------|-------------|
| Agencies Notified X EPA DEP | Type Notification | n | | Street 613 | Address North D | udley | | | 1/ | 15 | | | | | |
| ➤ DOL ➤ DOH □ DCA | Amendme Emergence justification Cancellation | y (includin | g | Vent | nor NJ of Conta | 08406 | | | Position 1 | T- | Janhana | k1 t | er | | |
| | | | | | CILITY IN | FORM | ATION | | | | | | | | |
| Name of Facility Where Marylea Neri Priva | Abatement is Tak te Home | ing Place | (3) | | 9 | | Ø | Тур | e of Facility | | | | ==== | | |
| Street Address 613 North Dudley A | Av | *: | | if | | | | × | School (K- Subchapte Other (i.e. | er 8 (Oth | ner than I & comme | (-12) ercial b | uilding | js, ho | mes, |
| City (5) Ventnor NJ 08406 | | | | | | | | | etc.) uare Feet 00+ | # c | of Floors | | | . Age | |
| County (6) Atlantic | | | | County (STATE | Code (7) |) .Y) | | Cur | rent Use (Pr | 20.00 | | olished) | 35+ | | _ |
| Name of Monitoring Firm N/A | n Hired by Building | Owner (8 |) | ASC | M No. | | Name Pern | | patement Co | ntractor | (9) | | | | |
| Street Address | | | | | | | Street PO E | | | | | | | | alest v = s |
| City, State, Zip Code | | | | | | | City, S | tate, | Zip Code Iin NJ 080 | 091 | | | 2 | | |
| Project Manager for Mon | itoring Firm | | | Teleph | one No. | | Teleph 856-7 | one I | No. | | License | | | | |
| Start Date (10) 3/10/15 | | ed Co | mpletion | Date (11 |) | | of OS | SHA Monitor | | 00727 | | | | | |
| Cocupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe: | ated During Entire | Period of | Δhater | ment s | | | Street City, St | | ess Zip Code | 7 | | | -10-1 | | |
| Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | I That Apply) | promote and | Renova Pemoli | NOTE TO THE PARTY OF THE PARTY | | | | Gl | ill Containme ni-Enclosure ovebag Prod n-Exempted | edure | | - | | re | |
| Location | of | 1 | Locati lormal d Sole | ly | | D | escription | | | | | | Abat | emen | t |
| Asbestos-Containing I TO BE ABA In Facilit (13) | TED | Mai | ntena odial S (12) | nce/ | Asbes (i.e | stos Co therm: surf | ntaining Ma al systems acing, VAT miscellane | ateria insula , or | I (ACM) ation, | (S | nount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Evtorior C | Yes 1 | | | | | | | | | | | <u>a</u> | - | late | ire |
| | Exterior Siding Throughout house | | | | | | erior Sidi | | | 170 | 00 SF | x | | | |
| Throughout | nouse | | | X | | dr | ywall joir | nt | | 250 | 00 SF | x | | | |
| ame of Registered Waste | 0.110.100 | | | | | | | | | | | | | | |
| ansformation | a rauler | NJDEP Waste Hauler ID No. 18952 Cubic Yards of Waste TBD | | | | | Name of R Atlantic | | | | horit | / | | | |
| gg Harbor NJ | | | | Disposal Date TBD | | | | | City, State Egg Har | | wnship | NJ 0 | 8234 | | |
| ompleted by thony T Perna | | Title Presid | ent | Signature | | | | | | Di | ate /9/15 | | <u> </u> | | |

| Date of Notification (1) 3/9/15 Agencies Notified Type Notification X | ng | Shep Street 8 Col City, S | of Building ard Pre Address lumba S | g Owner/ parator | Operato y High | r (2) Schoo | | CL | | | (4) |) | |
|--|---|------------------------------------|--|---|-------------------|---------------------------|---|-----------------|------------------------|-----------|-----------|-------------|-----------|
| X | ng | Street 8 Col City, S | Address | | | | | | | | | | |
| DEP Amended Amendment # | ng | City, S | lumba S | | | | | 1 | N.T. + | | - | | |
| Name of Facility Where Abatement is Taking Place Shepard Preparatory High School | ng | | | | | | | 1.1 | | | | | |
| Name of Facility Where Abatement is Taking Place Shepard Preparatory High School | ng | I IVIOTTI | tate, Zip C stown, N | | 30 | | | | 4 | | | | |
| Name of Facility Where Abatement is Taking Place Shepard Preparatory High School | | | of Contact | Arter Contractor | | | | Tele | phone N | ımhar | | | |
| Shepard Preparatory High School | | Frank | (Cocuz | za | | | | 1-1010 | phone iv | umber | | | - |
| Shepard Preparatory High School | (3) | FAC | CILITY INF | FORMAT | ION | T | | | | | | | |
| | . (0) | | | | | | of Facility (4 | | | | | | |
| Street Address | | | | | | I s | chool (K-12 ubchapter 8 | (Othe | r than K- | 12) | | | |
| 8 Columba Street | | | | | | | ther (i.e. pr | ivate & | commer | cial bu | ilding | s, hor | nes, |
| City (5) Morristown | | | | | | Square | | # of | Floors | | Bldg. | Age | |
| County (6) Morris | | County (STATE | Code (7) USE ONL | y) | | Curren | t Use (Prior | if bein | g demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building Owner (| 8) | ASC | M No. | | Name | of Abate | ement Cont | ractor (| 9) | | | | |
| Street Address | | | | | ABS | Enviro | nmental | Servi | ces, LL | 0 | | | |
| Street Address | | | | | | Address | 3, 4 E Ga | to Dri | | | | | |
| City, State, Zip Code | | | | | | tate, Zip | | te Dii | ve | | | | |
| | | | | | | | NJ 0741 | 8 | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | | one No. | | 201 | License 1 | No. | | - // | |
| Start Date (10) Schedu | iled Cor | mplotion | Date (11) | | | 764-22 | | | 703 | | | | |
| 3/14/15 4/14/ | | ripietion | Date (11) | | Name | OT USHA | Monitor | * | | | | | |
| Occupancy Status During Abatement (Check Only C | One) | | | | Street | Address | | Bear Territoria | | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facili Other – Describe: | f Abaten ity Hours | nent s | | | City, S | tate, Zip | Code | - 55-41 | | | 2-111-57 | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | Renova Demolit | | | | | Full C Mini-l Glove | Containmen Enclosure bag Proced Exempted (| dure | | | | | |
| 1 | s Locati | on | | | | | -xempted (|) and i | VOIT-I HAL | T | SESSO 102 | emen | t |
| Location of Asbestos-Containing Material (ACM) | Normali ed Solei | | 11210020000000 | | cription | | | | | | Ty | /pe | _ |
| TO BE ABATED M | aintenar stodial S (12) | nce/ | | tos Conta thermal : surfac other m | | insulation, or | | (Spe | ount ecify r LF) | Remova | Repair | Encapsulate | Enclosure |
| Yes | No | N/A | | | | | | | | <u>a</u> | - | late | Iге |
| business office | | Х | | Pipe | insulat | ion | | 12 | LF | х | | | |
| | | | | | | | | | | | | | |
| Name of Posistand W. J. J. | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | 1 | JDEP W auler ID I | 0.0000000000000000000000000000000000000 | Cubic Y of Wast | | 73 94 | lame of Re | gistere | d Landfill | | | | |
| | | 939 | | TBD | | 1 | BD | | | | | | |
| City, State Freehold, NJ | | | | Disposa TBD | al Date | С | ity, State | | | | | | 4 |
| Completed by A. Scott Higgins Pres | ident | | | Sig | gnature | 1 | | | Dat | e 9/15 | | | |

MOCK

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

Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4976

APPROVED

APPROVED

APPROVED

ASenior Services

(signatule)

Date: 3/9/15 Time: 12:54

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print leably.

| The second secon | beginning of work. Please type or print legibly. |
|--|--|
| Manager of the second s | HON INFORMATION. |
| Date of Notification: 3 / 9 / 2015 | The second manager of the second of the seco |
| ☑ Initial ☐ Amended ☐ Cancellation ☒ E | mergency (must include justification) |
| Type of Work: Demollton Renovation | o) (|
| | CONTROL OF THE PROPERTY OF THE |
| | COLOR NOT ON COMPANY OF THE PROPERTY OF THE PR |
| Name of Building Owner/Operator: | Anthony Sampson |
| Street Address: 822 Lexington Avenue City: T | urnersville State: NJ Zip: D8012 |
| Name of Contact: Anthony Sampson | Telephone |
| | PALADRUATION CONTRACTOR CONTRACTO |
| 21 22 1121 | A Dianate 1997年 1 |
| Nume of Facility Where Work Activity is to Take Place: | |
| Describe Facility Use: | |
| Street Address: 822 Lexington Avenue City: To County Name: Gloucester | Irnersville State: NJ Zip: 08012 |
| | County Code (State Use Only): |
| | Scheduled Completion Data: 3 / 14 / 2015 |
| Occupancy Status During Activity (check only one): Facility Closed/Vacated During Entire Activity | \$ |
| | * |
| ☐ Activity Performed Outside Normal Facility Hours—Describ ☑ Other—Describe: Work to be completed in vacant a | 9; |
| Scope of Work (check all that apply): | reas of the building. |
| D 51 71 | 375 SF Percentage Ashirt |
| ☐ Mastic Square Footage: | reformage Aspestos; /o |
| Trancita Comme | 1 c. courceda Manastos: |
| ☐ Roofing Source Footage | Percentage Asbestos: % |
| Slding Square Fortage: | Percentage Asbestos: % |
| Other: Square Footage: | Percentage Asbestos: % |
| 가는 보고 있는데 있는데 보고 살아보고 있다면 하는데 보고 있는데 보고 있는데 보고 있다면 하는데 보고 있다. 그렇게 되었다면 하는데 보고 있는데 보고 있다면 보고 | Darcantona delegates |
| | Percentage Asbestos: % |
| | OR INFORMATIOUS STATES OF THE |
| Company Name: Shade Environmental, LL | C Telephone No.: 856-755-0099 |
| Company Name: Shade Environmental, LL Street Address: 623 Cutler Avenue City: Ma | OR INFORMATIONS IN THE STATE OF |
| Company Name: Shade Environmental, LL Street Address: 623 Cutler Avenue City: Ma New Jersey Asbestos License Number (If applicable): | C Telephone No.: 856-755-0099 ple Shade State; NJ Zlp: 08052 00842 |
| Company Name: Shade Environmental, LL Street Address: 623 Cutler Avenue City: Ma | C Telephone No.: 856-755-0099 ple Shade State; NJ Zlp: 08052 00842 |
| Company Name: Shade Environmental, LL Street Address: 623 Cutler Avenue City; Ma New Jersey Asbestos License Number (If applicable): Monitoring Firm (If applicable): MDG Environmetal | C Telephone No.: 856-755-0099 ple Shade State: NJ Zip: 08052 00842 , LLC Telephone No.: 856-755-9300 |
| Company Name: Shade Environmental, LL Street Address: 623 Cutler Avenue City: Ma New Jersey Asbestos License Number (If applicable): Monitoring Firm (If applicable): MDG Environmetal Completed By | C Telephone No.: 856-755-0099 ple Shade State: NJ Zip: 08052 00842 |
| Company Name: Shade Environmental, LL Street Address: 623 Cutler Avenue City; Ma New Jersey Asbestos License Number (If applicable); Monitoring Firm (If applicable); MDG Environmetal | C Telephone No.: 856-755-0099 ple Shade State: NJ Zip: 08052 00842 , LLC Telephone No.: 856-755-9300 |
| Company Name: Shade Environmental, LL Street Address: 623 Cutler Avenue City: Ma New Jersey Asbestos License Number (If applicable): Monitoring Firm (If applicable): MDG Environmetal Completed By | C Telephone No.: 856-755-0099 ple Shade State: NJ Zip: 08052 00842 , LLC Telephone No.: 856-755-9300 |

NOCK

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

| | I. NOTIFICA | TION INFORMA | TION | | |
|--|--|--|--------------------------|-----------------|--------------------------------------|
| Date of Notification: ☐ Initial ☐ Amend Type of Work: ☐ Den | 3 / 9 / 2015 led ☐ Cancellation ☐ E | | include justification) | | |
| | II. BUII DII | NG INFORMATIO | N | | |
| Name of Building Owner/ | | | | | |
| | | Margate Ci | ty School Distric | t | |
| Name of Contact: Kurl | | | State: | | 08400 |
| | III. FACILIT | TY INFORMATIO | N | | 7.5 (manufacture and |
| Name of Facility Where W. | | | | | |
| Describe Facility Use: | ork Activity is to Take Place: | Euge | ne A. Tighe Mido | lle School | |
| Street Address: 7804 A | mherst Avenue | School | | | |
| County Name: Atlantic | | County Code (C | State: | NJ Zip: | 08402 |
| | 4 / 7 / 2015 | County Code (S | itate Use Only): | | |
| Occupancy Status During | g Activity (check only one): | Scheduled Cor | mpletion Date: 4 | / 11 | / 2015 |
| ☐ Facility Closed/Vacated | During Entire Activity | | | | |
| Activity Performed Outs | ide Normal Equility Haves | | 12 7 | | |
| Other—Describe: | ide Normal Facility Hours—Describe | e: | | + | |
| Scope of Work (check all | | | | | |
| ☐ Floor Tile | | COF OF | | | |
| Mastic | 220 | ,685 SF | Percentage As | | |
| Transite | Cause F | ,685 SF | Percentage As | bestos: | % |
| Roofing | Square Footage: | | Percentage As | bestos: | % |
|] Siding | Causes F. | | Percentage As | bestos: | % |
| Other: | Square Footage: | | Percentage As | bestos: | % |
| | Square Footage: | | Percentage Asi | bestos: | % |
| | IV. CONTRACT | OR INFORMATIO | ON | | |
| ompany Name: | Shade Environmental, LLC | The second of th | SALAMA BUTTO DATA BUTTON | A 1/409 T Park | |
| reet Address: 623 Cutl | A | ole Shade | Telephone No.: | | -0099 |
| | se Number (if applicable): | 00842 | State: N | J Zip: _ | 08052 |
| onitoring Firm (if applicable | e): USA Environmental | U0042 | | | |
| A TABLE OF THE PROPERTY OF THE | | i, inc. | Telephone No.: _ | 609-656- | 8101 |
| | V. SIGI | NATURE | | Jak at Assault | Military No. 20 Appendix of the Con- |
| empleted By | the state of the s | www.commonser.com | | | |
| pe or print legibly): | Christina Lynch | Title: | Operatio | ns Manager | |

| Date of Notification (1) March 9, 2015 | | | Na | me of Bu | ilding Owne | er/Operato | | | | -52-22-11-12 | | | 120 | | | | | |
|--|---------------------------|-------------------------------|---|-----------------------|-------------------------|--|--|--|-------------------------|-------------------|---------|-------------------------|-----------|--|--|--|--|--|
| Agencies Notified Type Noti | fication | | Str | deline S eet Addre | ess | | Check # | [‡] 1918 | | | | | | | | | | |
| | nded | | City | , State, 2 | dale Ave | | | | - to # | | | , | | | | | | |
| □ Eme | ndment # rgency (inclu | iding | _ Ha | nddonfie me of Cor | eld, NJ 08 | 3033 | | 9. 5 | 9 | | | | | | | | | |
| | ication) ellation | | Ad | eline S | ntact antora | | | T | elephone | Niimh | Ωr | | (+ | | | | | |
| Name of Facility Where Abatement i Santora Residence | s Taking Pla | ce (3) | F | ACILITY | INFORMA | TION | Type of Facili | 4743 | | | | | Too. | | | | | |
| Street Address | | | | | | | School (| 13000000000000000000000000000000000000 | | | | | | | | | | |
| 617 Avondale Avenue | | | | | | | Subchap | ter 8 (Ot | her than K & comme | (-12) ercial l | ouildin | nae h | 0mo | | | | | |
| City (5) Haddonfield | | | | | | | etc.) Square Feet | | of Floors | , ola i | | g. Age | | | | | | |
| County (6) Camden | | | Cou | nty Code | (7) | | 1,400 | 2 | | | 70 | g. Age | 7 | | | | | |
| Name of Monitoring Firm Hired by Bu | ildina Ownor | - (0) | (STA | TE USE O | NLY) | | Current Use (F Residence | | | lished |) | | | | | | | |
| Ens Environmental, Inc. | nang Owner | (0) | AS | SCM No. | | Name of Shade | of Abatement C e Environme | ontracto | r (9) | | | | | | | | | |
| Street Address 411 Southgate Court, Suite E | | | | | | Street A | Address | | | _ | | | | | | | | |
| City, State, Zip Code Mickleton, NJ 08056 | | | | | | | utler Avenuate, Zip Code | е | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Tale | hans M | | Maple | Shade, NJ | 08052 | | | | | | | | | | |
| Jack Carney Start Date (10) | | | 856- | hone No. 224-00 | 80 | Telepho 856-75 | | | License | No. | | | | | | | | |
| March 18, 2015 | Sched | duled C | d Completion Date (11) Name of OSHA Monitor | | | | | | | | | | | | | | | |
| Occupancy Status During Abatement | Check Only | One) | | | | Street A | Analytical,*I | nc. | | | | | | | | | | |
| Facility Closed/Vacated During E. Abatement Performed Outside of | ntire Period o | of Abate | ement | | | | oute 130 No | rth | | | | | | | | | | |
| | | , 1100 | | | | | te, Zip Code minson, NJ (| 18077 | | , design of | S | | | | | | | |
| Scope of Work (Check All That Apply) × ≥3 sf or ≥3 If | × | 2 | 99 | | | | | | | - | | | _ | | | | | |
| × ≥160 sf or ≥260 lf | | Renov Demoi | | | | × | Full Containm Mini-Enclosur Glovebag Pro | e cedure | | | | | | | | | | |
| 1 | | Is Loca | | | | Emily 1 | Non-Exempte | d (*) and | Non-Friat | ole Pri | | re temen | nt | | | | | |
| Location of Asbestos-Containing Material (ACM TO BE ABATED |) Us | Norma sed Sole laintena | ely by | Asbe | Des | cription of | erial (ACM) | | | | | уре | — | | | | | |
| In Facility (13) | Cu | stodial (12) | Staff? | (i. | e. thermal s surfaci | systems in ing, VAT, d iscellaneou | sulation, | (Sp | ount ecify or LF) | Removal | Repair | Encapsulate | Enclosure | | | | | |
| Attic | Yes | No | N/A | | | | | | | /al | = | ılate | ure | | | | | |
| 71110 | | XXX | | | Vermiculi | te Insula | ation . | 860 | SF | Х | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| amo of Doniel | | | | | | | | | | | | | | | | | | |
| me of Registered Waste Hauler eehold Cartage | | H | JDEP V auler ID | Vaste No. | Cubic Ya | | Name of R | | | | | | | | | | | |
| y, State | | | 2265 | | 10 | | Cumberl | and Co | ounty La | ndfill | | | | | | | | |
| ehold, NJ | | | | | Disposal | | City, State | | | | | City, State Newburg, PA | | | | | | |
| mpleted by | Title | 2000 | | | 0,21,20 | 10 | Newburd | 1, PA | | | | | | | | | | |

CK1844

| City, State Brick, New Jersey Completed by Eric Plackis | | Title Presid | | | | al Date | City, Stat | | Date | | | | |
|--|--|-------------------|--|-------------------------------|--|--|--|-------------------------------------|---------------------------|-----------------|------|--------------------|-----------|
| Name of Registered Waste Hauler Brick Industries Inc. | | | Ha | IDEP Wa | | Yards te | Name of GROW | Registere | d Landfill | | | | |
| | | | | X | DIGIUS | | | 160 | OSF | X | | | |
| | | Yes | No | N/A | C. J | | | | | E | , | ate | re |
| Location of Asbestos-Containing Material (TO BE ABATED In Facility (13) | (ACM) | Use Ma Cust | Locati lormal d Sole intenar odial S (12) | ly ly by nce/ Staff? | Asbestos Con (i.e. thermal surfa | scription of taining Ma systems i cing, VAT, niscellance | terial (ACM) nsulation, or | Am (Sp | nount pecify or LF) | Removal | Abat | e emen Encapsulate | Enclosure |
| Scope of Work (Check All That Ap ≥3 sf or ≥3 if ≥160 sf or ≥260 if | oply) | | Renova | ation tion | | | Full Containr Mini-Enclosu Glovebag Pr | re ocedure | | | | | |
| Occupancy Status During Abatem Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe: | ng Entire F de of Norm | Pariod of | A boto | | | | Address ate, Zip Code | | | | | | |
| Start Date (10) | | Schedu | led Co | mpletion | Date (11) | (732) | 899-7499 of OSHA Monito | or | 01196 | NO. | | | |
| Project Manager for Monitoring F | irm | | | Teleph | one No. | Brick | tate, Zip Code , New Jerse one No. | y 08723 | } License | h1- | | | |
| Street Address City, State, Zip Code | | | | | | Street P.O. | Address Box 915 | | | | | | |
| Name of Monitoring Firm Hired E | y Building | Owner (| 3) | ASC | CM No. | Name Brick | of Abatement of Industries | Contractor | r (9) | | | | |
| County (6) OLLA | ett 1 | 2 | | Count (STAT | y Code (7) E USE ONLY) | | Square Feet | Prior if be | of Floors ing demol | ished) | | 1. Age 65 | - |
| Street Address City (5) | etor | 7 / | fr | 12 | | | School Subcha Other (i. etc.) | (K-12) pter 8 (Otl e. private | her than K & comme | -12) rcial b | | | |
| Name of Facility Where Abatem | nent is Tak | ing Place | (3) | FA | CILITY INFORM | ATION | Type of Facil | ib. (4) | | | | 1 | |
| □ рон | Amendme Emergenc justification Cancellation | y (includi 1) | ng | | of Contact Plackis | 2010 | NJ | T | 802 elephone | Numbe | er | | - |
| L DEP | Initial Amended | | | 88 | | ew D | or. Sou | th # | + 3 - | | | | |
| Date of Notification (1) Agencies Notified Type | Notification | n | | U | e of Building Own | er/Operato | or (2) Ction | Buil | tes | | | 7 . | |

("X 1550

| Agencies Notified Type Notification Street Address 1 Henderson Street Amended Amendment # 1 Emergency (including justification) Name of Contact | | .parry, LLO | 7 11 | 487 | 100 | | | | | | |
|--|--|--|---------------------------------|--------------------|---------|-------------|-----------|--|--|--|--|
| Amendment #_1 Hoboken, NJ 07030 | 1 Henderson Street City, State, Zip Code | | | | | | | | | | |
| iustification) Name of Contact | 100 mg 10 | | | | | | | | | | |
| DCA Cancellation Patrick Kretz | | | Telephone I | Vumbe | г | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Field House | | of Facility (4) | | | | | | | | | |
| Street Address 207 Van Vorst Street | x C | ichool (K-12) subchapter 8 (other (i.e. private.) | Other than Kate & comme | (-12) ercial bu | uilding | s, ho | mes, | | | | |
| City (5) Jersey City | Square 3,900 | e Feet | # of Floors | | Bldg. | Age | | | | | |
| County (6) Hudson County Code (7) (STATE USE ONLY) | | it Use (Prior it | f being demo | lished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | Name of Abate Sky Contra | ement Contra | ctor (9) | | | | | | | | |
| Street Address | Street Address 1385 Valley | 3 | ite K | | | | | | | | |
| City, State, Zip Code | City, State, Zip Wayne, Ne | Code | | | | | | | | | |
| Project Manager for Monitoring Firm Telephone No. | Telephone No. (973) 928-5 | | License 00874 | No. | | | | | | | |
| Start Date (10) Scheduled Completion Date (11) 03/16/2015 03/30/2015 | Name of OSHA Sky Contract | Monitor | | | | t. | | | | | |
| Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours | Street Address 1385 Valley City, State, Zip | Road, Sui | te K | | | | | | | | |
| Other – Describe: Scope of Work (Check All That Apply) | Wayne, New | | 7470 | | | | | | | | |
| ≥3 sf or ≥3 lf Renovation Demolition | Mini-l Glove | Containment v Enclosure ebag Procedu Exempted (*) | re | | | ro. | | | | | |
| Is Location Location of Normally | cription of | | | | Abat | emen | it | | | | |
| TO BE ABATED In Facility (12) Asbestos Contai Maintenance/ Custodial Staff? (i.e. thermal s surfacii | aining Material (A systems insulation ing, VAT, or iscellaneous) | ACM) on, | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure | | | | |
| Roof Y Roofing | | | | <u>a</u> | - | late | lre | | | | |
| Poof | Membrane | 2 | 2,800 SF | x | | | | | | | |
| Roof X Roof | Flashing | | 620 SF | x | | | | | | | |
| Name of Registered W. d. L. | | | | - | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group, Inc. NJDEP Waste Hauler ID No. of Waste 20990 40 | Α . | lame of Regi Minerva En | | | | | | | | | |
| City, State New Castle, Delaware TBD | 5 (0.00) | City, State Vaynesbur | a Ohio | | | | | | | | |
| | Signature Date 02/02/2015 | | | | | | | | | | |



| Date of Notification (1) | | | | Name o | of Building | Owner/C | perator | (2) | 2.17 | 1 5 | | | 14 | 7 |
|--|-----------------------------|------------|--------------------|----------|---------------------|-------------------|------------|--------------------------------|-----------------------|------------------------|---------------|----------|-------------|-----------|
| 03-06-15 | | | | Jose | ph Bow | е | | | | | | | | |
| Agencies Notified | Type Notification | | | | Address Parkviev | v Drivo | | | 47 - | 100 | | 18 | | |
| EPA DEB | Initial | | | | ate, Zip C | | | | | 17 des 19 18 10 112 | <u> </u> | | | |
| DEP DOL | Amended Amendmen | t# | | | | s, NJ 07 | 7076 | | | | | | | |
| 1 | Emergency | | 9 | | of Contact | | | | I Te | lephone N | umher | | | |
| DOH DCA | justification) Cancellation | | | | oh Bow | | | | 1 '0 | cpriorie iv | uniber | | | |
| | | | | | | ORMATI | ON | | - | | | | | _ |
| Name of Facility Where | | ng Place | (3) | | | | | Type of Facility | (4) | | | | | |
| Private Residence | | | | | | | | School (K | | | | | | |
| Street Address | | | | | | | | Subchapte Other (i.e. | | | | Idinac | hon | 200 |
| 384 Parkview Driv | е | | | | | | | etc.) | private | & comme | Ciai Dui | iuii igs | , 11011 | ies, |
| City (5) Scotch Plains | | | | | | | | Square Feet | # 0 | f Floors | | Bldg. | Age | |
| County (6) Union | | | | | Code (7) USE ONL | y) | | Current Use (P | rior if be | ing demoli | shed) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8 | 3) | ASCI | M No. | | Name | of Abatement Co | ontractor | (9) | | | | |
| N/A | | | * | | • | | | Contracting | | (-) | | | | |
| Street Address | | | | | | | Street | Address 7th Street | | | | | | |
| City, State, Zip Code | | | | | | - | | tate, Zip Code | | | | | | |
| | | | | | | | 10.70 | n City NJ 070 | 087 | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telepho | one No. | | | one No. | | License | No. | | | - |
|) | | | | | | | 201 2 | 216-9603 | | 01206 | | | | |
| Start Date (10) | | | | mpletion | Date (11) |) | | of @SHA Monito | VA paragon | | | | | |
| 03-16-15 | | 03-18 | Also. | | | | | Contracting | LLC | | | | | |
| Occupancy Status Durin | | | | | | | | Address | | | | | | |
| Facility Closed/Vac Abatement Perform | | | | | | - | 1 | 7th Street | | | | | | |
| Other – Describe: | | nai raciii | y Hour | s | | | | ate, Zip Code n City NJ 070 | 197 | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | Offici | TORY NO OTC | 101 | TV. | | | | |
| ≥3 sf or ≥3 If | ., ., | | Renova | ation | | | | Full Containm | nent with | Negative | Pressi | ire | | |
| ≥160 sf or ≥260 lf | | | Demoli | tion | | | | Mini-Enclosur | re | | , , , , , , , | | | |
| | | | | | | | × | Glovebag Pro Non-Exempte | ocedure ed (*) and | d Non-Fria | ble Pro | cedu | e | |
| | | Is | Locat | ion | | | | | | at | T | 0.000 | emen | t |
| Location | n of | | Normal | ly | | Des | cription o | oí | | | _ | Ty | pe | _ |
| Asbestos-Containing TO BE AB | | Ma | ed Sole aintena | nce/ | | | | aterial (ACM) insulation, | 01879 | mount | _ | | 回 | l m |
| In Facil | | Cus | todial 3 (12) | Staff? | (1.0 | | ing, VAT | | | pecify or LF) | Remova | Repair | cap | nclo |
| (13) | | | (,-/ | | | other m | iscellane | eous) | | | oval | air | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | te | |
| Firts Flo | oor | | х | | | 1 | VAT | | 40 | 0 SF | х | | | |
| Exterio | or | | х | | | S | iding | | 130 | 00 SF | x | | | |
| | | | | | | - | | | | | | | | |
| Name of Registered Was | te Hauler | | l N | JDEP W | aste | Cubic Y | 'arde | Name of | Register | ed Landfil | | | | |
| Delfa Contracting LL | | | Н | auler ID | | of Wast | | | | | | F | | |
| | | | 3 | 5240 | | 5 | | | | source F | recov | ery F | acili | ιy |
| City, State Union City NJ 07087 | 7 | | | | | Disposa 03-19- | | City, Stat | | | | | | |
| Completed by | | Title | | | | Sig | nature | Li | | | ate | | | |
| Jaime Delgado | | Proj. | Mana | ger | | | | 18 | | 0 | 3-06- | 15 | | |
| ASB-41 (R-06-08) | | | | | - | * | Do not | use this form for | asbesto | s licensur | e exem | pted a | activit | ies. |

NO CK

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



Print Form

| Date of Notification (1) | | | | 12270 | Name | of Building | Owner. | Operator | (2) | | | | _ | | |
|--|--|-----------------------------|--------------|------------------|-----------------------|-------------|-------------------------|-----------------------------------|----------------------|---------------------|------------------|-----------|------|--------|-----------|
| 03/07/15 | | | | | Esta | te Found | LLC. | | 14 | | | | | 3 | |
| Agencies Notified | Туре | Notificatio | n | | | Address | 2. | | | | | | | 4 | i |
| × EPA | | nitial | | | | Lexingto | | Suite 4 | 005 | Asses | | | | | |
| DEP DOL | | Amended Amendmer | 442 | | | tate, Zip C | | | | | | . 340 | | 10 | |
| | | Emergency | | q | | York, N' | | 8 | | | | | | | |
| DOH DCA | _ j | ustification Cancellatio | 1) | | | of Contact | | | | Te | elephone | Numb | er | | |
| □ box | <u> </u> | Jancellaud | ın | | 10 ASSESSED | t Mazzu | | | | | | | | | |
| Name of Facility Where | Abatem | ent is Taki | ng Place | (3) | FAC | CILITY INF | ORMAT | ION | Type of Facility | , (A) | | | | | |
| Vacant Building | | | | | | | | | | 250584 | | | | | |
| Street Address | | | | | | | | | School (K | | ner than | K-12) | | | |
| 123 44th. St. | | | | | | | | | X Other (i.e | . private | & comn | nercial l | uild | ngs, h | nomes, |
| City (5) | | | | | | | | | etc.) Square Feet | # 0 | of Floors | | RI | dg. Ag | 10 |
| Union City | | | | | | | | | 8000 | 2 | | | 95 | | |
| County (6) | | | | | | Code (7) | | | Current Use (P | rior if be | ing dem | nolished |) | | |
| Hudson | | | | | (STATE | USE ONLY |) | | Retail Store | | * 20000 | | | | |
| Name of Monitoring Firm | n Hired b | y Building | Owner (8 | 3) | ASC | M No. | | | of Abatement Co | | (9) | | _ | | |
| | | | | | | | - | Lesc | o Services In | C. | | | | | |
| Street Address | | | | | | | | | Address | | | | | | |
| City, State, Zip Code | | | | | | | | | Maple Ave. | | | | | | |
| only, orace, zip code | | | | | | | | | ate, Zip Code | 0.57 | | | | | |
| Project Manager for Mon | nitorina F | irm | | | Telepho | no No | | | ngton, NJ 07 | 057 | | | | | |
| , | morning i | | | | releptic | me No. | | | one No. 106-7341 | | Licens | | | | |
| Start Date (10) | | | Schedu | ed Co | mpletion | Date (11) | | | of OSHA Monito | | 0110 | 1 | | | |
| 02/11/15 | | | 03/17/ | | W. | () | | 1. Viol-17 (2407.42m 3 | w Nalodka | t t | | | | | |
| Occupancy Status During | g Abaten | nent (Ched | ck Only O | ne) | | | | | Address | | _ | | | | |
| X Facility Closed/Vaca | ated Dur | ing Entire | Period of | Abater | nent | | | 156 N | Maple Ave. | | | | | | |
| Abatement Perform Other – Describe: | ed Outsi | de of Norn | nal Facilit | y Hour | s | | | | ate, Zip Code | | | | | | |
| | | | | | | | - | Walli | ngton, NJ 07 | 057 | | | | | |
| Scope of Work (Check Al | II That A | oply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | Printering . | Renova | | | | | Full Containm | ent with | Negativ | e Pres | sure | | |
| 2 100 SI 01 2200 II | | | × | Demoli | tion | | | Mini-Enclosure Glovebag Procedure | | | | | | | |
| | | | | | | | | × | Non-Exempte | cedure d (*) and | Non-F | riable P | roce | dure | |
| | | | Is | Locat | ion | | | | | | | | | atem | ent |
| Location | | | | Normal d Sole | | | Des | scription of | of | | | _ | _ | Туре | |
| Asbestos-Containing TO BE ABA | | (ACM) | Ma | intena | nce/ | Asbest | os Conta | aining Ma | iterial (ACM) | | nount | | | | n . |
| In Facilit | | | Cus | odial 3 (12) | Staff? | (1.6. | surfac | ing, VAT | , or | | pecify or LF) | Ken | | Ra G | ind |
| (13) | | | | (/ | _ | | other m | iscellane | ous) | | | Kemova | 1 | Ranair | Enclosure |
| | | | Yes | No | N/A | | | | | | | - | | ā | e e |
| roof | | * | | roofin | g mate | rial | 10.0 | 000sf. | * | 1 | | | | | |
| 1st. floo | or | | | | | | | insulati | | - | 20lf. | * | - | + | - |
| boiler roo | om | | | | * | tra | | eiling p | | | | | + | | |
| | popt CW | | | | | па | insite (| Jenniy p | aileis | 80 | Osf. | * | + | - | |
| Name of Registered Wast | e Hauler | | | KI | IDED W | note T | Out-1-1 | / | | | | | | | |
| Newark Carting Inc. | o i idulol | | | | JDEP Wa auler ID I | | Cubic Y of Wast | | Name of | | ed Land | Ifill | | -5/ | |
| | | 05409 | | | | | | 100 G.R.O.W.S | | | | | | | |
| City, State | | | | | | | Disposa | | City, State | 9 | | - | | | - |
| Newark, NJ | | | | | | | 03/18/15 Morrisville,PA | | | | | | | | |
| Completed by _eslaw Nalodka | | Title | | | | | | gnature | 1/1 | | | Date | | | |
| _osiaw ivalouka | | | Presi | ent | | | 6- NM 03/07/15 | | | | | | | | |

| Date of Notification (1) | ~ | | | Na | me of Build | ding Owner/Operator | (2) | | | | | |
|---|--|-------------|--------------|------------------|-------------|--|-------------------------|------------------|---|-----------|-------------|-----------|
| | 9 1 | 15 | | 1 | | 7 | (2) | | - 1 | - (| f | |
| Agencies Notified | Type Notification | on | | Str | n C ru | RICH Pe | Trach | emics | 1 5 | = 2 | 16 | |
| N EPA | Initial | | | | | | 4.6 | | | | | |
| ■ DOLWD | ☐ Amended | | | - (| 40 0 | 「AST スス. p Code | WA STI | esT /2 | 20.3 | OX | 2 |) |
| ☑ DOH | Amendmen | | | | | | | | | | | ^ |
| DCA | ☐ Emergency | (includ | ing | 10 | 440 | act / n | T 67 | 002 -1 | 0031 | 2 | | |
| (NJAC 5:23-8) | justification | | | Nar | ne of Cont | act | | Telephor | ne Numbo | _ | | |
| | ☐ Cancellation | 1 | | 5 | 4150 | Tore J | meate | ł | IIII | | | |
| | | | | | | INFORMATION | 14070 | | | | | |
| Name of Facility Where | Abatement is Tak | ing Pla | ce (3) | 1 | | | T= | | | | | |
| Kenrich Street Address | POTOO | rU | | | . (| | Type of Facil | | | | | |
| Street Address | 10110 | LIT | th | 1, 0 | 415 | INC | School (K | -12) | | | | |
| 14n F | 00- | ^ | • | | | · · | Other (i.e. | er 8 (Other tha | an K-12) | سائديط اد | 17 | |
| 140 E | 7>1 2 | 2 N | 0 | ST | 122 | 7 | homes, et | tc.) | JOHN HE CIC | ii bullo | ings, | |
| American Contract Co. | | | | | | | Square Feet | # of Flo | ors | Bldg | Age | |
| County (6) | NNE | | | | | | +500 | 1 2 | | | | |
| - carry (o) | | | | Co | unty Code | (7)(STATE USE ONLY) | Current Use (| Prior if being | demolisha | d) ' | 25 | |
| HUVS | 202 | | | | | | 1 | | | | | |
| Name of Monitoring Firm | Hired by Building | Owne | r (8) | ASC | ΛNo. | Name of Abateme | ent Contractor | ica) t | IRW | 7 | . 0 | 122 |
| CriTeriua | LABORA | Ter | , . | | | | | | | | | |
| | | | | | | Street Address | uncume | -IAI CO | WIYA. | Ter | 5 | iNC. |
| 3370 Pr | 091156 1 | >1. | , . | < 1 | _ — | | | | | | | 1.7 |
| 3370 Pr City, State, Zip Code | J. 677 6 | 1.1 | 12 | الماد | 103 | City, State, Zip Co | ick Ko | AD | 7 | | | |
| Bensalen | Pa | | D / | 7 0 | | City, State, Zip Co | ode | | - 45 | | 1 - 500 | |
| Bewsalen Project Manager for Monit | toring Firm | / | 7 4 | elephone | NI- | MohaTa Telephone No. | N PA | 195 | 40 | | | |
| Mike Paule | 00000 | | 12 | Sieblione | : NO. | Telephone No. | | License | No. | | | |
| Mike Pane Start Date (10) | Scho | dulad | ٦. | 13 - 19 | 14.1540 | 610-856-7 | 700 | 01 | 102 | | -J | |
| <u>3</u> 1 <u>23</u> 1 | 15 | LI | omp | letion Da | ate (11) | Name of OSHA M | onitor | | | | | |
| Occupancy Status During | | | | 0 / | 15 | CEI | LABS | | | | | |
| Occupancy Status During | Abatement (Chec | ck only | one) | | | Street Address | -,,,, | | | | | |
| Facility Closed/Vacated | During Entire Pe | eriod of | Abat | ement | | 107 1100 | = 1:- | | | | | |
| Abatement Performed Time of Abatement: | Outside of Norma | I Facili | ty Ho | urs - Des | scribe | City, State, Zip Co | de 20,7 | ion c | ourT | | | |
| | | IVII | <u>u</u> PIN | 1-160 | _AM | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | CAry | 102 | 275 | 11 | | | |
| ≥3 sf or ≥3 If | | - | | | | Full Conta | inment with Ne | native Press | 150 | | | |
| ≥160 sf or ≥260 lf | | Re □ De | enova | tion | | □ IVIINI-Encid | osure | gauve Flessu | ii e | | | |
| | | | HIOIIL | 1011 | | Glovebag | Procedure | 122 | | | | |
| | | Is | Loca | ation | | □ Non-Exem | npted (*) and No | on-Friable Pro | cedure | | | |
| Location o | f | 1 | Norma | ally | | Door-i-di | | | A | baten | nent T | уре |
| Asbestos-Containing M TO BE ABAT | aterial (ACM) | Use | d Sol | lely by ance/ | Asbe | Description of stos Containing Mate | erial (ACM) | A | ٠. ا | ı Z | ш | Ш |
| IN Facility | | Cus | todial | Staff? | (i.e | ., thermal systems in | sulation | Amoun (Specif | 1 - | Repair | ıca | nclo |
| (13) | | | (12) | | | surfacing, VAT, other miscellaneous | or | SF or LF | (F) Sa | . = | Encapsulate | Enclosure |
| | | Yes | No | N/A | 1 | other miscellarieon | us) | | | | ate | 0 |
| ESTER Buil | w: NC | | П | × | 7. | 14 - 1 | | | _ | | | |
| | The state of the s | |] | | | K INSULATI | | 500 5 | K | | | |
| | ding | | Ш | X | TAN | K IKSULATI | 02 | 1000 5 | FX | ПП | | |
| OUTSIDE Nex | | | | ¥ | | K INSULAT | | 400 51 | | - | | |
| ESTER Build | 11~5 | | | | | | | | | | | 블 |
| lame of Registered Waste | | | IN | JDEP V | Vaste | Cubic Yards of | Name of Regis | ***** FII | | | | |
| Service Transp | 2007/ | • | . | lauler ID | No. | Waste | | | | | | |
| ity, State | DIS Groy | P, ZA | ۲. | 2099 | 0 | 120 | Mi, Nerv City, State | A JAN | DF. 21 | | | |
| yein cartin | 0 | _ | | | | | City, State | | | | | |
| Ompleted By (Print or Type | - VI | : | | | | 5-1-15 | WAYNES | Buse | OH | + | | |
| 200 | 300 Indinana | | | | | Signature | 1 1 | J | Date . | | | - |
| PNTHONY YSAN | TAIRIS, C | ppe | FA | Tio | N | CI. H | 110 | 1 | 100000000000000000000000000000000000000 | | _ | |
| N 13 | | 1.7 | | | | Cyclic | 7/1-00 | 10 | 3-9 | - 1 | 2 | |
| 00.009.608 | * L | o not u | ise th | is form f | or asbesto | s licensure exempted | activities. | | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT Initial Notificat (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 6237

Initial Notification

| | /53 | | 1 (3) | W | 132-2 | - 000000/ | Onomotos | - /21 | | 1 - | - | | |
|--|--|---------------|--|---|--------|----------------------------|------------------------|---|------------------------------------|---------|----------|-------------|-----|
| Date of Notificati | on (1) 14 / 11 | 5 1 | | ne of Bui | 100000 | | | | | 200 | - | | |
| Agencies Notified | | | | Isborough | | vnship B | oard of E | Education | | | - | 4: | _ |
| | TAbe Morrit | 6961011 | 11301 | eer naar | 422 | | | 24 | SA Plan | | | | |
| [X] EPA | [X]Initia | 1 | 11 | 9 South E | | | | | | | | 17. | _ |
| [X] DEP | Notifi | cation | Cit | y. State | , Zi | p Code | | Page 1 | SHAP! | | | | |
| X1DOT | []Amende Notifi | d cation | 1 | llsborougl | 200 | | | | 3 1 450 | . As | - | | |
| [X] DOH | []Cancel | lation | Nar | ne of Cor | itact | | | Tele | phone Numbe | r | | | |
| □ DCA | 1 10000 | | Mr. | . Aiman Mal | nmoud | d, Bus. Adn | nin./Board | Secretary | | | _ | | |
| | | | | | | NFORMAT | | | | | | | |
| Name of Facility | Where Abateme | nt is Ta | aking | Place (| 3) | | | Type of Facili | | | | | |
| Woods Road Eleme | entary School | | | | | | | X]School []Subcha | inter 8 (Oth | er t | han I | K-12 |) |
| Street Address | | | | | | | | []Other | i.e., prlv) | ate | e cor | mmer c.) | _ |
| 401 South Woods F | Road | | | | | | | Square Feet | # of Floors | BI | åg. | Age | |
| City (5) | .000 | County | y (6) | | Cou | unty Cod | e (7) | 32,000 Current Use () | 1 | 70.0 | 50 | | as. |
| Hillsborough, NJ 08 | 0011 | Somo | root | | (SI | TATE USE | UNLI | | fior it per | .ng u | CIIIO | | -/ |
| Name of Monitorin | g Firm Hired | Some by Build | | ASCM No | | Name o | f Abatem | School ment Contractor | (9) | | | | |
| Owner (8) | 80 27252 | v | | | 7.2 | C | D. | ildoro Ino | | | | | |
| McCabe Environme | ental Services. | LLC | | 00118 | | | Address | ilders, Inc. | | _ | | | |
| 464 Valley Brook A | venue | | | | | 180 Sa | argeant A | Avenue | | | | | |
| City, State, Zip | Code | | | | | | | Zip Code | | | | | |
| Lyndhurst, NJ 0707 | '1 | | | | | Clifton | , NJ 070 | 13-1935 | | | | | _ |
| Project Manager 1 | or Monitoring | g Firm | Telep | none Num | ber | | ione Num | per | Lice | | umpe | L | |
| Raiph Coppola Scheduled Start D | ate (10) S | | | 38-4839 on Date | (11) | | 14-0377 of OSHA 1 | Monitor | 0080 | 7 | _ | | |
| 0 3 / 2 7 / Month / Day / Occupancy Status | 1 5 Year During Abate | Month / | heck only one) Four Strong | | | | | | | | | | |
| CJFacility Clo of Abatement []Abatement Fe Hours - Desc []Other - Desc | sed/Vacated orformed Outs | During E | ntire | Period | | City. | argeant A | Zip Code | | | | | |
| Scope of Work (Ch | eck all that | apply) | | • | | Tomon | | | | | | | |
| []Demoli []>3 sf | | | X. |]Renovati | .on | | []Mini []Glov | Containment w -Enclosure ebag Procedure Friable Proced | | e Pro | essui | e | |
| | | 17.7 | Τ | Is cation | | | | | | Aba | temer | E E | уре |
| Asbestos Mater TO Bi in Fa | ation of a-Containing al (ACM) ABATED acility 13) | | No. | mally Used olely Main- nance/ stodial aff(12) No N/A | i | Asbest Mate (i.e., i | | aining | Amount (Specify SF or LF) | REMOVAL | REPAHR | NCAPSUL | N C |
| Boiler Room No. 1 | | | X | | Pipe | Joint Ins | sulation | | 80 LF | X | | | |
| Boiler Room No. 1 | | | X | | | | nsulation | 1 | 4 SF | X | | | T |
| Boiler Room No. 1 | | | X | | | t Compo | | 1 | 1,200 SF | X | | | 1 |
| | 1 | | | | | | | 1 | | | 1 | | |
| Name of Register | ed Waste Haul | er | NJDEP Waste Cubic Yards Hauler ID No. of Waste | | | | | Name of Regis | stered Landf | ill | 1 | | _ |
| Four Strong Build | ers, Inc. | | 1 | 2609 | | No | Nat- | G.R.O.W.S. N | orth, Inc. | | | | _ |
| City. State | No. | W | .5 | Disposal Date | | | | City, State | | | | | |
| Clifton, NJ | | | | | | | 54 <u>7000</u> 5672 | Tullytown, PA | <u> </u> | | <u> </u> | | |
| Completed By (Pr | int or Type) | Title | | | | S | ignature | ZA | | D | ate | | |
| Bilyana Kulakovsk | a . | Office A | Admir | nistrator | | ĺć | PA | Tim | | 3 | /4/15 | ; | |
| ASB-41 JUN 95 | | | | | | | | | | | | 1000 | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 6238

Initial Notification

| Date of Notification (1) 0 4 7 1 5 | | | | | | E 5 | 1 37 | - 0.15 | /0 | | (3) | jm- | | | | | |
|--|--|--------------------------------|--------------------------|---------------------------------|---|------------------------------------|-------|----------------------------------|---|---------------------------|--------------------------------------|--------------------------|---------|-------------|------|----------------------------|----------------|
| Agencies Notified Type Notification DOLPA MIDDL (| | 95 N . | 1 . 5 . | Na | me o | I BUI | Lain | g Own | er/operato | OI. | . 5 | | e E. i | 1 | | | |
| Description | | | | | | | | nip Bo | pard of Edu | uc | ation | _ * . * | | _ | | | |
| Description County Count | Agencies Notified | Type Not | ification | St | reet | Addi | ess | | | | 45-8 | | : r | 4 100 | | | |
| Xijbor | [X] EPA | [V] [pi | tial | 190 |) Par | k Ave | enue | | | | 2A15 H | 199 L | 1 | 4 : | 5 | | |
| Name of Facility Where Abatement is Taking Place (3) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital building, homes, etc.) Subchapter 8 (Other (i.e., private 6 commer cital buildin | [X] DEP | | | Ci | ty. | State | e, Zi | p Cod | e | | . | | | n | | | |
| Kingson Katherine P. Atwood Telephone Number Mane of Facility Where Abatement is Taking Place (3) Type of Facility (4) Katherine P. Atwood Telephone Number Mane of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kingson Katherine P. Atwood Telephone Number Mane of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kingson | X]DOL | | | H | amilt | on, N | J 086 | 390 | | | AST | 5.0 | - PM - | U | | | |
| Katherine P. Atwood Facility Where Abatement is Taking Place (3) Facility Where Abatement is Taking Place (3) Facility Where Abatement is Taking Place (3) Facility (4) Foundation Facility Where Abatement is Taking Place (3) Facility (4) Facility (5) Facili | [X] DOH | 0-10 01-11 | | Na | me o | f Cos | tact | | | | Tele | phone Num | ber | | | | |
| FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Hamilton High School West Screet Address 2720 South Clinton Avenue CITY (5) COUNTY (6) COUNTY (6) COUNTY Cade (7) (SYATE USE ONLY) COUNTY (5) COUNTY (6) COUNTY Cade (7) COUNTY (7) COUNTY (6) COUNTY Cade (7) COUNTY Cade (7) | ⋉]DCA | []Can | cellation | l K | ather | ine P | Atv | hoo | | | | | | . ~ | | | |
| Hamilton High School West Street Address Street Add | | | | 11. | | | | | MOTTA | - | | | - | | | | _ |
| Hamilton High School West Street Address 2720 South Clinton Avenue City: 51 County (5) County Code (7) (STATE USE ONLY) Hamilton, NJ 08610 Name of Monitoring Firm Hired by Suilding ASCN No. Owner (8) Westchester Environmental LLC West Chester PA 19380 Street Address 307 North Walnut Street City: State. 219 Code West Chester PA 19380 Froject Manager for Monitoring Firm Hired by Suilding ASCN No. Street Address 307 North Walnut Street City: State. 219 Code West Chester PA 19380 Froject Manager for Monitoring Firm Hired by Sched. Completion Date (11) 10 14 10 15 11 15 10 14 10 15 11 15 10 14 10 15 | Name of Facility W | here Abat | ement is T | aking | | | | | | 13 | Type of Facili | ty (4) | | | _ | | _ |
| Screet Address 2720 South Clinton Avenue 2720 | | | | | | | | | l | | X] School | (K-12) | | | | | |
| Square Feet Sof Floors Sidg. Age Square Feet Sof Floors Sof Floors Sof Sof Floors Sof Floors Sof Sof Floors Sof Floors Sof Floors Sof Floors Sof Floors Sof Sof Floors Sof | | ol West | | | | | | | | | []Other | (i.e., pr | ivate | & C | etc. | ner | - |
| Hamilton, NJ 08610 Hamilton, NJ 08610 Mercer Name of Monitoring Firm Hired by Building ASCH No. Owner (Nontrotning Firm Telephone Number City, State, Zip Code Westchester Favironmental, LLC Street Address 307 North Walnut Street City, State, Zip Code West Chester, PA 19380 Froject Manager for Monitoring Firm Telephone Number City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 180 Sargeant Avenue City, State, Zip Code Clifton, NJ 07013-1935 Telephone Number 180 Sargeant Avenue Clifton, NJ 07013 Street Address Alta Carbot Manager to Manager | 2720 South Clinton | Avenue | | | | | | | į | 100 | Square Feet | # of Floo | rs E | ldg | . Aç | ge | |
| Hamilton, NJ 08610 Name of Montboring Firm Hired by Building ASCH No. Westchester Environmental, LLC 000127 Street Address 307 North Walnut Street 217 State. 217 Code West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number West Chester PA 19380 Froject Manager for Montboring Firm Telephone Number Wiscontinuous Parker Froject Manager for Montboring Firm Telephone Number Wiscontinuous Parker Parker Froject Manager for Montboring Firm Telephone Numb | | TVCITAC | Count | y (6) | 1 | | Cot | inty (| ode (7) | , | 32,000 | 1 | | | | | 2 |
| Name of Monitoring Firm Hired by Building ASCM No. Onner (8) Westchester Environmental LLC Street Address 307 North Walnut Street City. State. Zip Code West Chester, PA 19380 Fooject Manager for Monitoring Firm Teleghone Number Matt Abraham 610-431-7545 Scheduled Start Date (10) Sched. Completion Date (11) Monith Day / Year Monith Monith Monith Day / Year Monith Day / Year Monith Monith Monith Day / Year Monith Monith Monith Mo | Llamilton N.I.00610 | | | 2 | | | (S) | TATE (| JSE ONLY) | 1 | | YELOU IL D | erng | demo | 1112 | Sile: | 41 |
| Street Address Street Address Street Address | Name of Monitoring | Firm Hir | | | ASC | M No | | Name | of Abate | eme | ochool ent Contractor | (9) | | | _ | | |
| Street Address 307 North Walnut Street City. State. Zip Code West Chester, PA 19380 Project Manager for Monitoring Firm Telephone Number Matt Abraham 610-431-7545 Scheduled Start Date (10) 9 4 / 9 2 / 1 5 Monitoring Abacement (Check only one) Ciperatity Closed/Vacated During Entire Period of Abatement Ferromed Outside of Normal Facility Roors - Describer One of Abatement Period (I) Solely Took (I) Solely Material (ACM) Solely Mate | | | | - - | | | | | | | | | | | | | |
| City, State, Tip Code | | nmental, L | LC | | 000 | 127 | | Fou | r Strong Bu | ul | Iders, Inc. | | | | | | _ |
| City, State, Tip Code | 307 North Walnut St | reet | | | | | | 180 | Sargeant | Α | venue | | | | | | |
| Matt Abraham | | | | | | | | City | y. State, | Z | ip Code | | | | | | |
| Scheduled Start Date (10) 0 4 / 0 2 / 1 5 | West Chester, PA 1: | 9380 F Monitor | ring Firm | Tele | phone | e Num | ber | | | | | Lic | ense | Num | ber | | |
| O 4 / O 2 / 1 5 Month / Day / Year Month / Day / Month / Day / Year Month / Day / | | te (10) | | | | | (11) | 1 | | | onitor | 000 | 307 | | | _ | |
| Material (ACM) Solely Material (ACM) To Bas ABATED In Facility (13) Custodian Staff(12) Yes No N/A (13) Staff (12) Yes No N/A (13) Staff (12) Yes No N/A (15) Stafe (12) Sta | 0 4 / 0 2 // | 1 5 Year | 0 4 / Month / | 0 6 | 1/12 | 1 5 Year | .1 | Fou | r Strong B | lui | Iders, Inc. | | | | | | |
| Scope of Work (Check all that apply) | X) Facility Clos of Abatement [] Abatement Per Hours - Descr | ed/Vacate formed Or ibe: | ed During E | ntir | e Per | riod | | 180 Cit | Sargeant | A ^z | venue ip Code | | | | | _ | |
| [] Demolition [] 3 sf or >3 lf [] Mini-Enclosure [] Glovebag Procedure [] Mon-Friable Proce | Scope of Work (Che | ck all t | hat apply) | | | | | Cilli | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABARTED In Facility (13) Guidance Offices & Reception Area Nome of Registered Waste Hauler Nome of Registered Landfill Rauler ID No. Office Administrator Nome of Registered Landfill Signature Date Signature Date Signature Date Signature Date Signature Date | []Demolit []>3 sf o | ion or >3 lf | | × |]Reno | ovati | .on | | []Mini []Glov | i- ve | Enclosure bag Procedure | | ive P | ress | ure | | |
| Location of Asbestos-Containing Material (ACM) Material (ACM) TO BE ABATED In Facility (13) Guidance Offices & Reception Area Normally Used Asbestos-Containing Material (ACM) Normally Used Asbestos-Containing Material (ACM) Material (ACM) Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Pour Strong Builders, Inc. City. State Cliffon, NJ Completed By (Print or Type) Bilyana Kulakovska Normally Used Asbestos-Containing Amount E R C C N N N N N N N N N N N N N N N N N | | | | T., | | 20 | | | | | | | Ab | atem | | | |
| Name of Registered Waste Hauler NJDEP Waste Rauler ID No. 12609 City. State Clifton, NJ Completed By (Print or Type) Bilyana Kulakovska Office Administrator ASB-41 NJDEP Waste Cubic Yards of Waste Cubic Yards Of Waste Cubic Yards Of Waste Cubic Yards Of Waste Cubic Yards Of Waste Cubic Yards Of Waste Cubic Yards Of Waste City. State City. State Tullytown, PA Signature Date 3/4/15 | Asbestos- Materia TO BE in Fac | Containing (ACM) ABATED | ng | No S by te Cu St | rmal. Used olel Mai: nanc stod aff(| y n- e/ ial 12) N/A | i | Asb M (i.e. nsula or | estos-Cont aterial (7 , thermal tion, surf other misc | ta AC s fa ce | ining M) ystems cing, VAT. llaneous) | (Specify SF or LF) | Y M | R E P | | N C A P S U | N C I. O S U R |
| Four Strong Builders, Inc. City. State Cliffon, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator ASB-41 Hauler ID No. of Waste G.R.O.W.S. North, Inc. Disposal Date City. State Signature Signature 3/4/15 | Guidance Offices & | Receptio | n Area | | X | | Carpe | et/Floo | or Tile & Mas | sti | c Cove Base | 887 SF | \perp | | 1 | | i. |
| Four Strong Builders, Inc. City. State Cliffon, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator ASB-41 | | | | | | | | | | 1000 | | | | | | | |
| Four Strong Builders, Inc. City. State Cliffon, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator ASB-41 | | | | | | | | | | 38 | | | | | | | |
| Four Strong Builders, Inc. City. State Cliffon, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator ASB-41 | | - | | 1 | | | | | | | | | | | | | |
| City. State Cliffon, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator ASB-41 Disposal Date City. State Tullytown, PA Signature 3/4/15 | Name of Registered | Waste H | auler | | | | | | | T | Name of Regis | tered Lan | afill | | | | |
| Clifton, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator ASB-41 Tullytown, PA Signature 3/4/15 | Four Strong Builder | rs, Inc. | <u> </u> | 1 | 2609 |) | | | | | | orth, Inc. | | | | | |
| Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator 3/4/15 | City. State | | | | | | | Disp | osal Date | T | City. State | | | | | | |
| Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator 3/4/15 | Clifton NJ | S* | | | | | | | | - | Tullytown, PA | | | | | | |
| ASB-41 | | nt or Typ | e) Title | | | | | | Signature | e | -13 | | | Date | | _ | |
| ASB-41 | Rilyana Kulakovska | | Office / | dmir | nietra | tor | | | P | / | 2 | | | 3/1/ | 15 | | |
| | ASB-41 | 1 | Onice | MITTI | ijoti d | | | | 1 20 | _ | | | | 3/4/ | 10 | | |

CK 23480

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

| Date of Notification (1) EME | RGENCY | NOTIFICATI | ON | | Name of Building Owner/Opera | ator (2) | | | | | |
|----------------------------------|---------------|-------------------------------|-------------|---|--|------------|-----------|------------|---------------|----------|----|
| 03/10/15 | | | | | Mt Arlington BOE | · · · · | 1. | 7 25 | 67 . | | |
| Agencies Notified | | Notification | Type | | Street Address 446 Howard Boulevard | | | - | | <u> </u> | |
| ⊠ EPA | | ☑ Initial No | tification | | City, State, Zip Code | | | | | | |
| D DCA | | □ Amended | i # | | Mt. Arlington, NJ 07856 | | T-1 | ana Numb | 05 | | _ |
| ⊠ DOL | | □ Emergen | cy notifica | ition (including | Name of Contact | | leleph | one Numb | el | | |
| ⊠ DEP | | justification) | | | Robin C. Tedesco | | | | | | |
| ⊠DOH | | ☐ Cancelle | d | | | | | | | | |
| | | | | FACILITY INF | ORMATION | | | | | | |
| Name of Facility Where Abate | ament is T | aking Place | (3) | TAGILITTIN | Type of Facility (4) | | | | | | |
| Edith M Decker School | SITIOTIC TO T | Gitting : Table | | | | | | | | | |
| Editif W Decker School | | | | | ☐ Subchapter 8 (other than | K-12) | | man ata) | | | |
| Street Address | | | | | Other (i.e. private & commerc | | JS., 1101 | 100, 010.) | 50's | | |
| 446 Howard Boulevard | | | | | Sq. Feet: NA # of Floors | S: 1 DI | dg. Ag | е. 19 | 003 | | |
| 0:4-75 | ounty (6) | | County | Code (7) | Current Use (prior if being der | nolished): | | | | | |
| | Mo: | rrie | | Jse Only) | Current ded (prior is a sing | | | | | | |
| Mount Arlington | IVIO | 1113 | Totato c | 200 011111 | | | | | | | |
| Name of Monitoring Firm Hire | ad by Dido | Owner (8) | ASCM | No | Name of Contractor (9) | | | | | | |
| Name of Monitoring Firm Hiro | ed by blug | . Owner (o) | /toolvi | 140. | - | | 72722 | | | | |
| III G | | | | | Panoramic Window & Door | Systems I | nc. | | 12.12.12.12.1 | | |
| Street Address | | | | | Street Address | | | | | | |
| | | | | | 714 Sergeantsville Road | | | | | | |
| | | | | | City State, ZipCode | | | | it: | | |
| City, State, Zip Code | | | | | Only Otalo, Especial | | | | | | |
| | | | | | Stockton, NJ | | | | | | |
| Project Manager for Monitor | ing Firm | Telephone | Number | | Telephone Number | | Licens | se Numbe | <u>r</u> | | |
| Project Manager for Monitor | ng riiii | Telephone | TVUITIDO | | 732-926-0900 | | | | | | |
| | | | | | | | 01237 | | | _ | |
| Scheduled Start Date (10) | | Scheduled | Completi | on Date (11) | Name of OSHA Monitor | | | | | | |
| Ochedaled Glark Bate (1.5) | t | - | | | IAQGURU LLC | | | | | | |
| 03/13/15 | | | 03/15/ | 15 | | | | | | | |
| Occupancy Status During A | batement i | Check only | one) | | Street Address 87 Main Street | | | | | | |
| ☑ Facility ClosedNacated [| Durina Ent | ire Period of | Abatemer | nt | 87 Main Street | | | | | | |
| ☐ Abatement Performed Ou | itside of N | ormal Facility | / Hours - | | City, State, Zip Code | | | | | | |
| Describe | | | | | City, State, Zip Code | | | | | | |
| | | | | | Lincoln Park, NJ 07035 | | | | | | |
| □Other - Describe: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Source of Work (Check all t | hat apply) | | | | | | | | | | |
| 2.5 | 8 | | | x Renovation | □ Mini-En | closure | | | | | |
| \geq 3 sf or \geq 3 lf | | | | □ Demolition | □Gloveb | ag Proced | lure | 0 0 00 | | | |
| $X \ge 160 \text{ sf or } \ge 2$ | 10011 | | | | ⊠ Non | -Friable P | rocedu | re (windov | v glazin | g) | |
| | | | II | Dogarintian of | Asbestos Containing Material | Amour | nt | Abateme | ent Typ | <u>e</u> | |
| Location of Asbestos- | | ocation Norr | nally | (ACM) (i.e. the | ermal systems insulation, | (Speci | | | | | |
| Containing Material (ACM) | in Use | ed Solely by int./Custodia | Ctoff? | surfacing VAT | , or other misc.) | or LF) | | Remove | | ir Enca | ap |
| Facility (13) | 1 (5.00) | | oldii! | Surfacing, VAT | 1 | | | Enclose | | | |
| | (12 YE | | NA | × | | | | | | | |
| Over Exterior windows | 1 0 | -5 140 | 18 | Transite Pane | ls | 700 S | F | X | | | |
| Over Exterior willdows | | | 2752 | (0.000000000000000000000000000000000000 | | | | | | | |
| Exterior windows | | - | X | Window Glazi | ng | 960 L | F | X | | | |
| Exterior willdows | | | | | | | | | | | |
| | | | | | | | | | | | |
| | . 43 | | | I ID # | Cubic Yards of Waste | | Nam | e of Regis | tered L | andfill | |
| Name of Reg. Waste Haule | er | NJDEP W | Vaste Hau | ier ID# | Cupic Tarus Or Waste | | T.R.I | | | | |
| | | | | | | | | 1.000 | | | |
| Waste Management of PA | A DA 44 | 0461 | | | | Disposal D | ate | | ity, Sta | | |
| 100 Ford Mills Road Tullyto | JWII, PA 1 | J+U I | | | | | | T | ullytow | n PA | |
| | | | | | 1 | | | | | | |
| | | | | | Signature / il | | Date | | | | |
| Completed by (Print or Type | e) | Title | | | Signature | | | 03/09/15 | | | |
| MARK Jovic | | Consulta | ant | ر ا | I INVXIII | | | | | | |
| | | | | | 1 /1 | | | | | | |

CK 20301

| Date of Notification (1) | | | | | | Building (| | | 5 x x x x x x x x x x x x x x x x x x x | | L | 100 100 | | 5 | | | |
|--|---------------|-------------------------------|---------------------------------|-----------------------------------|---|------------------|--------------|---|---|----------------------------|-----------|-----------------|---------|--------|--------|-------------|-----------|
| 03/09/2015 | | | | | Section Control | OOD BO | DARD (| OF EDI | UCA ⁻ | TION | 371 21 | £ 1, | | 1 | | | |
| Agencies Notified | Тур | e Notification | | | Street A | ddress LHAVEI | NI A V/E | NUIE | | | | | | | | | |
| EPA DEP DOL | × | Initial Amended | | - | 0.00.001-0.000 | te, Zip Co | | NUE | | (4) | | | | | - | - | |
| X DOL | Ш | Amendment | | | | 00D, N | | 1 | | | | | | | | | |
| | | Emergency (justification) | (including | | | Contact | | | | | Tele | phone | Numb | er. | 7.7 | 35 | _ |
| DOH DCA | | Cancellation | | | POLIS | STINA & | ASSO | CIATE | S | | | • | | | | 415 | |
| | | | | | FACI | LITY INFO | DRMATI | ON | | | | | | | | pair. | |
| Name of Facility Where POPLAR AVENUE | | | g Place (3 |) | | | | | Туре | of Facility (| 4) | | . 8 | - 1 | | - | |
| Street Address | . 30 | HOOL | | | | | | | | School (K-1 Subchapter | | or then | V 12) | | | 2 | |
| WEST POPLAR A | VEN | UF AND O | AK AVE | NUE | | | | | × | Other (i.e. p | rivate 8 | comm | nercial | build | lings, | | es, |
| City (5) | | | | | | | | | | etc.) re Feet | # of | Floors | | T B | ldg. A | = | |
| LINWOOD | | | | | | | | | 20,0 | | 1 | 1 10010 | | 0 | 0+ | | |
| County (6) | | | | | County (| | | | Curre | nt Use (Pri | or if bei | ng dem | olishe | d) (| 5 | 1 | |
| ATLANTIC | | | | | (STATE I | JSE ONLY) | | _ | VAC | CANT | | | | 4 | ~~~ | | |
| Name of Monitoring Firm | | | Owner (8) | | ASCN | No. | | | | tement Cor | | | | | | | |
| HEALTH & SAFET Street Address | 15 | ERVICES | | | | | | | | ERPRIS | ES IN | <u> </u> | | | | | |
| 318 12TH STREE | Т | | | | | | | Street / | | ss I STREET | г | | | | | | |
| City, State, Zip Code | | | | | | | | | 1000 | ip Code | - | | | | | | |
| HAMMONTON, N. | 080 | 37 | | | | | | 100000000000000000000000000000000000000 | | ITON, NJ | 0803 | 7 | | | | | |
| Project Manager for Mor | | g Firm | | | Telepho | ne No. | | Teleph | one N | 0. | | Licens | se No. | | | | |
| JAMES PROCTOR | 3 | | X | (609)704-8850 (609)567-1250 01172 | | | | | | | | | | | | | |
| Start Date (10) | | | | | Completion Date (11) Name of OSHA Monitor | | | | | | | | | | | | |
| 03/20/2015 Occupancy Status Durin | a Aba | stoment (Chee | 4/10/2 | | | | | Street | | & SAFET | YSE | RVICE | :5 | | | | |
| | - | 8 | | 6 | | | | | | STREET | г | | | | | | |
| Facility Closed/Vac Abatement Perform | ated ned O | utside of Norn | nal Facility | Abaten Hours | nent | | | | | ip Code | | | | | | | |
| Other - Describe: | - | | | | | | _ | | | TON, N | 0803 | 7 | | | | | |
| Scope of Work (Check A | All Tha | at Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | parties and a second | Renova | | | | × | r-ui | Containme | | Negati | ive Pre | essur | e | | |
| ≥160 sf or ≥260 lf | | | × | emolit | ion | | | | Mir | ni-Enclosure vebag Prod | edure | | | | | | |
| | | | | | | | | × | | n-Exempted | | d Non-F | riable | Pro | cedur | е | |
| | | | 100 | Locati | 17.50 | | | | | | | | | | | ement pe | t |
| Locatio | | riel (ACM) | | Normal d Sole | | | | scription | | (1.011) | | | - | | . y | PC | |
| Asbestos-Containing TO BE AB | | | Ma | intena todial S | nce/ | | | aining M systems | | | | mount pecify | | Re | 71 | Enc | 四 |
| In Faci (13) | | | Cus | (12) | otan? | | | cing, VA | | | SF | or LF) | | Remova | Repair | Encapsulate | Enclosure |
| (10) | | | Yes | No | | | | | | val | Ŧ | ılate | ure | | | | |
| DOILED I | 200 | | res | INO | - | | 011 50 | DDE 4 | 01111 | 10 | | 015 | | | | | |
| BOILER F | | | | | X | Bi | | BREA | | lG | | 6 LF | | Х | | | |
| BOILER F | | | _ | | X | | | E DOC | | | | SF | | X | | | |
| EXTER | _ | | _ | | X | | TR | ANSIT | E | | 20 | 00 SF | | X | | | |
| EXTER | | | | | X | | | NDOW | S | | | EACH | | X | | | |
| Name of Registered Wa | | | | | IJDEP W lauler ID | | Cubic of Was | Yards ste | | Name of | Registe | red Lar | ndfill | | | | |
| SITE ENTERPRISE | :S IN | IC | | | 03522 | | 100C | | | ACUA | | | | | | | |
| City, State | | | LNIZEC | | | | | sal Date | | City, Stat | | | | | 2=770 | - | |
| 815 12TH STREET, HAMMONTON,NJ 08037 | | | | | | 0/2015 | | EHT, N | IJ | | | | | | | | |
| Completed by THOMAS ROCK | | | Title Signature Date 03/09/2015 | | | | | | | | | | | | | | |
| THOMAS HOOK | | | 1 IVI | | | | | 110 | - V | w | | | 03/ | 0312 | _010 | | |

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

| 03/09/2015 | | | | Name | of Buildi WOOD | ng Owner BOARD | Operator OF ED | (2) UCATION | | 0 5 | | | |
|---|-------------------------|-------------------|--|---------------------------------|---------------------|----------------------------|--|--|---|------------------------|--------|-------------|-----------|
| Agencies Notified EPA | Type Notificati | on | | Street | Address | | | 5 (1 T) 2 (1 1 1 1 | 0.12 % | | | | |
| DEP | Amended Amendme | | | City, S | State, Zip WOOD, | Code NJ 082 | 221 | 1 8 10 | | 10 | | | |
| DOH DCA | justification Cancellat | n) | g | Name POL | of Conta ISTINA | ct & ASS | OCIATE | S | Telenho | ine Niimh | er | | |
| Name of Facility Where | Ahatement is Ta | vina Place | (2) | FA | CILITY IN | FORMA | TION | | | | | | - |
| POPLAR AVENUE | E SCHOOL | King Place | (3) | | | | | Type of Facility | y (4) | | | | |
| Street Address WEST POPLAR A | VENUE AND | OAK AVE | ENUE | | | | | Other (i.e. | (-12) er 8 (Other tha . private & con | an K-12) nmercial b | uildin | as, ho | omes |
| City (5) LINWOOD | | | | | | | | etc.) Square Feet 20,000 | # of Floo | | Bldg | . Age | |
| County (6) ATLANTIC | | | | County (STATE | Code (7) |) _Y) | | Current Use (P VACANT | | molished | 30- | | |
| Name of Monitoring Firm | n Hired by Buildin | g Owner (8 | 3) | ASC | M No. | -25%0 | | f Abatement Co | mh===f== (0) | | | | |
| HEALTH & SAFET | YSERVICES | | | 20000000 | ¥5 | | SITE | ENTERPRIS | SES INC | | | | |
| Street Address 318 12TH STREE | Т | | | | | | Street A 815 1 | ^{ddress} 2TH STREE | T | | | | |
| City, State, Zip Code HAMMONTON, No | | | | | | | City, Sta | te, Zip Code MONTON, N | J 08037 | | | | |
| Project Manager for Mor JAMES PROCTOR | nitoring Firm R | | | Telepho (609) | one No. 704-885 | 50 | Telepho | | | nse No. | | | |
| Start Date (10) 03/20/2015 | | Schedul 4/10/2 | Juled Completion Date (11) Name of OSHA Monitor HEALTH & SAFFTY SERVICES | | | | | | | | | | |
| Occupancy Status Durin | g Abatement (Che | ck Only O | ne) | | | | Street Ad | | I I SLAVIC | | | | |
| Facility Closed/Vaci | ed Outside of Nor | Period of a | Abater / Hour | ment s | | | 318 12 | 2TH STREE | Т | | | | |
| Other - Describe: | | | | | | | HAMN | MONTON, N | J 08037 | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | - | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoli | | | | \ \ \ | Full Containm Mini-Enclosure Glovebag Prod Non-Exempted | e cedure | | | | |
| | | | Locat | | | | | Z. Z | a () and Non- | Tiable PI | | re temer | nt |
| Location Asbestos-Containing | | | lormal d Sole | | | Des | cription of | 2 | | | Т | уре | |
| TO BE ABA In Facilii (13) | ATED | Ma | intena odial 3 (12) | nce/ | Asbes (i.e. | thermal: surfac | aining Mate systems in ing, VAT, o iscellaneo | or | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | a | = | ılate | ure |
| ROOF | | | | X | | ROOF | ING FEI | _T | 20,000 S | FX | | | - |
| THROUGH | TUOF | | | X | | TILE AN | ND MAS | TIC | 9891 SF | | - | | - |
| THROUGH | TUOF | | | Х | | CEIL | ING TILE | | 9891 SF | 155.55 | - | | |
| EXTERIE | | | | Х | Т | RANSI | TE SOFF | TITE | 1000 SF | | | | |
| Name of Registered Wast SITE ENTERPRISES | | | H | JDEP Wa auler ID 1 035220 | No. | Cubic Y of Wast 100C | е | Name of F | Registered Lar | | | | |
| City, State 315 12TH STREET, I | HAMMONTON | ,NJ 080 | 37 | | | Disposa 04/10/ | | City, State | | | | | |
| Completed by FHOMAS ROCK | | Title PM | | | | | nature | / | | Date | 204.5 | | _ |
| | | | | | | 17 | the ! | - | | 03/09/ | 2015 | | |

CHECK# 16374

| Date of Notification (| | | | Na | me d | of B | Building | Owner / Opera | ator (2) | | £. | | | _ | _ |
|-----------------------------------|----------------|----------------|-------------|------------------|--------------|-------|-------------------|---------------------------------------|----------------|------------|--------------------------|------------|--------|-----------|-----------|
| M | | Cit | y of | f V | entnor | 1-1 | (=) | | | | | | | | |
| Agencies Notified EPA | Type Notifica | ation | | 1000 | | | iress | | | | | | | | |
| □ DEP | ☐ Initial | | | | | | ntic A | | | | | | | | |
| ⊠ DOL | ☐ IIIIIIai | | | | | | & Zip C | | | | | | | | |
| ⊠ DOH | | gency | | | | | NJ 084 Contact | 06 | (6 | | | | | | |
| DCA | | ellation | | 90.000000 | ne c IFin | | | | -7 | | | Teleph | one | Num | iber |
| | | | - | | | | | ORMATION | | | | | | | |
| Name of Facility Whe | ere Abateme | nt is Taking I | Place | (3) | AU | ILI | I I IIN | Type of Fac | sility (4) | | | | | | |
| Ventnor City Mun | icipal Build | ding | | (0) | | | | School | | | | | | | |
| Street Address | | | | | | | | | apter 8 (Other | than K 1 | 2) | | | | |
| 6201 Atlantic Aver | nue | | | | | | | Other (| i.e. private & | commerc | <i>z)</i> ial buildir | age hou | maa | oto \ | |
| | | | | | | | | Square Fee | t # of | Floors | | Bldg. A | | elc., | |
| City (5) | | County (6) | C | ount | у Со | ode | (7) | 15,00 | | 2 | | 1770 m | | | |
| Ventnor | | Atlantic | | | | | , , | | (Prior if bein | a demolis | hed) | 90 yea | rs | | |
| | | | | | | | ÷ | Municipal | | g demons | neu) | | | | |
| Name of Monitoring F | irm Hired by | Building Ow | ner (8 | 3) | | AS | CM No. | Name of Ah | atement Cont | ractor (0) | | | | | |
| NA | | | | | | | , | Enterprise | Network R | esolutio | ne Con | traction | I | 1.0 | |
| Street Address | | | | | | | | Street Addre | ess | COOTULIO | 113 0011 | пасш | ıy, L | LC. | |
| 04 04 0 7 | | | | | | | | | Hollow Roa | d. P. O. | Box 70 | | | | |
| City, State & Zip Code | Э | | | | | 10000 | | City, State & | Zip Code | | | | | | |
| Project Manager for N | Annitaria - Fi | GAMIK . | T | | | | | Winslow, | New Jersey | 08095 | | | | | |
| Project Manager for N | ionitoring Fir | m | Tele | phor | ie N | um | ber | Telephone I | | L | icense N | Number | 3 | | |
| Scheduled Start Date | (10) | obodulad Ca | | | | | , | 609-567-06 | | | | 012 | 63 | | |
| 3-13-15 | (10) | cheduled Co | | 3-15 | | (11 |) | Name of OS | | | • | | | | |
| Occupancy Status Du | ring Abatem | ent (Check o | nly or | 3-13 | | | | Street Addre | | | | | | | |
| Facility Closed | d/Vacated Di | uring Entire F | eriod | of A | bate | me | ent | 107 Haddo | | | | | | | |
| Abatement Pe | rformed Out | side of Norm | al Ho | ours - | - 7aı | m to | o 3pm | City, State & | | | | | | | |
| Describe: | | | | | 1070 | | о ор | Westmont | | | | | | | |
| Facility Occup | ied During A | batement | | | | | | , , , , , , , , , , , , , , , , , , , | 140 00 100 | | | | | | |
| Scope of Work (Check | call that app | ly) | | | 1 | | | | 20 | | - | | | | |
| ☐ >3 of or >2 if | 4 | | _ | | | | | | Full C | ontainme | nt with N | egative | Pre | ssure | 3 |
| ≥3 sf or ≥3 lf ≥160 sf ≥260 li | £ | | \boxtimes | | nov | | | | Mini-E | nclosure | | Ü | | | |
| △ 2100 SI 2200 II | 1 | | Ш | De | moli | itior | n | | Glove | Bag Prod | edures | | | | |
| Loca | ation of | | | 1 | | | | 167 | Non-E | xempted | and Non | -Friable | Pro | cedu | ire |
| | -Containing | | | Loca mally | | н | 111 | `Descriptio | n of | Ar | nount | Aba | atem | ent T | ype |
| | al (ACM) | | 5 | Solely | by | | | Asbestos-Cor Material (A | | | pecify | | | _ | |
| | ABATED | | Maii | ntenar todial | nce o | or | v: | (i.e., thermal s | |) SF | or LF) | Re | R | nc | Encisoure |
| | acility 13) | | Cus | (12) | | | in | sulation, surface | cing, VAT | | | Remova | Repair | Encapsula | CISC |
| (| 13) | | Yes | No | N/ | Α | 0 | r other miscell | aneous) | | | <u>a</u> | = | ulat | ure |
| Office space | | | П | M | \dagger | 7 | Floor | ile & mastic | | 0.700 | | F 3 | | 0 | |
| | | | X | H | + | + | 1 1001 1 | ine or mastic | | 6,700 s | sq.ft. | | 닏 | Ц | |
| | | | | H | + | + | | | | | | | | | |
| | | | H | H | + | + | | | | | | | Щ | Ц | 닏 |
| | | | H | H | 1 | ╁ | | | | - | | 닉님 | 님 | Ц | |
| | | | H | H | 1 | †† | | | | - | | | 님 | 님 | 닏 |
| ame of Registered W | aste Hauler | | | ĪN. | IDEF | 2 N | Vaste C | ubic Yards | Name of Re | nistered ! | andfill | | | | Ш |
| | | | | | | | 0.00 | Waste | Ivallie of Ive | gistered L | anuilli | | | | |
| ull Waste & Recyc | ling, Inc. | | | 21 | 435 | ; | | 30 CY | ACUA | | | | | | |
| ty, State | | | | | | | D | isposal Date | City, State | | | | | - | |
| Berlin, New Jersey | | | | | | | | 15-15 | Egg Harbo | r Twn | Vew Io- | 201 | | | |
| completed By (Print or Type) | | | | Tit | le | | | gnature | -33 | | .017 061 | Date | | | |
| neodore S. Budzyr | ıski | | | Pr | esic | den | nt _ | | |) | | 3-10-1 | 15 | | |
| | | | | | | | | | | | | 10- | | | |

| Date of Notification (1) 3/11/15 | | | de la composição de la co | Name | of Buildin | ng Owner | Operator | (2) | | - | | | | |
|---|---------------------------------------|-----------------------------|--|---|-------------------------|------------|------------|--------------------------------|-------------------------|-------------------------|----------------|----------|-------------|-----------|
| Agencies Notified | Type Notification | n | | | Address | | | | | | | | | |
| ĭ EPA | ☐ Initial | | | (C) | | ry Lane | | 4 | | | | 2.5 | | |
| DEP X DOL | Amended Amendme | nt # | | City, S | State, Zip | Code | | | | | | | | |
| | × Emergenc | y (including | 9 | | 2000 | n, NJ 08 | 3844 | | | | | | | |
| DOH DCA | justification Cancellation | n) on | | | of Conta Vilkins | ct | | | ΙTe | elephone N | lumbe | r | | 0.200 |
| Name of English What | | | | FA | CILITY IN | IFORMAT | ION | | | | | | | |
| Name of Facility Where A Commercial Building | Abatement is Tak G | ing Place (| (3) | | | | | Type of Facilit | y (4) | | | | | |
| Street Address | 5 | | | | | | | School (F | (-12) | | | | | |
| 109 Quimby Street | | | | | | | | Subchap | ter 8 (Oth . private | ner than K- & commer | 12) cial bu | uilding | s. ho | mes |
| City (5) Westfield, NJ | | | | | | | | etc.) Square Feet | | of Floors | | Bldg. | | |
| County (6) | | | | 0 | 0 : := | | | 6,000 +/- | 1 | | | 50+ | 30 | |
| Union | | 3+ | | (STATE | Code (7) |) _n | | Current Use (F Retail Space | rior if be | ing demoli | shed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) |) | ASC | M No. | | Name | of Abatement C | | (9) | | | | |
| Accredited Environn Street Address | iental Techno | logies | | | | | ecose | ervices, LLC | | , , | | | | |
| 28 N. Pennell Road | | | | | | | | Address Vest Lincoln | ∐igh.w | 01. C. ita | 500 | | | |
| City, State, Zip Code | | | | | | | | ate, Zip Code | riigiiwa | ay, Suite | 500 | | | |
| Media, PA Project Manager for Monit | | | | | | | | , PA 19341 | | | | | | |
| Eric Houseknecht | oring Firm | | | | one No. 91-011 | 1 | Telepho | one No. 55-7563 | | License I | No. | | | 7.6.1 |
| Start Date (10) | | Schedule | ed Co | | Date (11 | | 9 | of OSHA Monito | r | 01161 | | | | |
| 3/16/15 | | 4/3/15 | | | | • | EMSL | | | | | | | |
| Occupancy Status During | | | | | | | Street A | | | | | | | |
| Facility Closed/Vacat Abatement Performer Other – Describe: | ed During Entire d Outside of Norr | Period of A nal Facility | Abater Hour | ment s | | | | oute 130 So ate, Zip Code | uth | | | | | |
| | | | | | | | | minson, NJ | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | 100.564 | 4500000 | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | enova | | | | × | Full Containn Mini-Enclosur | nent with | Negative I | Pressi | ıre | | |
| | | _ | | | | | H | Glovebag Pro | cedure | | | | | |
| | | Is | Locat | ion | | | | Non-Exempte | ed (*) and | Non-Friat | ole Pro | | re emen | |
| Location o | | N | lormal | lly | | Des | cription o | f | | 1 2 | | | emen /pe | I |
| Asbestos-Containing M <u>TO BE ABAT</u> | ED | Mai | d Sole ntena | nce/ | Asbes | stos Conta | aining Ma | terial (ACM) | 2000 | nount | | | П | |
| In Facility (13) | | Custo | odial 9 (12) | Staff? | (1.0 | surfac | ing, VAT, | or | 100000 | pecify or LF) | Removal | Repair | ncap | Enclo |
| | | Yes | No | N/A | **** | other m | iscellane | ous) | | | oval | air | Encapsulate | Enclosure |
| 1st Floor Pa | rtial | | X | 10/1 | Acor | istical si | urfacino | material | 1.00 | 20.05 | | | Ф | |
| | | | | | 71000 | otical st | ur racing | inaterial | 1,20 | 00 SF | X | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste | Hauler | | N. | JDEP W | aste | Cubic Y | ards | Name of | Register | ed Landfill | | | | |
| ecoservices, LLC | | | | auler ID I NE-15- | No. -1076 2 ; | of Wast | е | GROW | | ou canami | | | | |
| City, State Exton, PA | | | | | T. T. | Disposa | I Date | City, State | e | | | | | |
| Completed by | | T market | | | | TBD | 1 | Morrisv | | | | | | |
| ack Bally | | Sr. Pro | oject | Manao | ier | Sig | nature | Broll | | Dat | | 8 | | |
| | | | • | 9 | | -// | MM | xuin | | 3/1 | 1/15 | <u> </u> | | |
| ASB-41 (R-06-08) | | | | | | V * | Do not u | se this form for | asbestos | s licensure | exem | pted a | ctiviti | ies. |

NO CK

| Date of Notification (1) 3/6/15 | | | Name of Building Owner/Operator (2) Township of Pequannock | | | | | | | | |
|--|-------------------------------------|----------------------|--|------------------------------|---|---|---|--------------------|---------|-------------|-----------|
| Agencies Notified | Type Notification | 1 | Street | Address Newark-Por | • 11100-11100-1110-1110-1110-1110-1110-1 | 2015-14 | la la | ¥., | | | |
| DEP X DOL | Amended Amendmen | | | tate, Zip Code annock, NJ | | 45 | | | | | |
| DOH DCA | Emergency justification Cancellatio |) | Name of Holly | of Contact | | | Telephone | Numbe | г | | |
| Name of Facility Where 21 Lyman Ave. (Flo | Abatement is Taki | ng Place (3) | FAC | ILITY INFOR | MATION | Type of Facility | (4) | | | | |
| Street Address 21 Lyman Ave. | | | - Angel - Jacobson | | | X Other (i.e. | 12) r 8 (Other than I private & comme | <-12) ercial bu | uilding | s, hor | nes, |
| City (5) Pequannock | | | | | | Square Feet 1,500 | # of Floors | | Bldg. | Age)+ | |
| County (6) Morris | | | | Code (7) USE ONLY) | | Current Use (Pri Abandoned F | or if being demo Residence | olished) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | ASCI | M No. | Name Yanr | of Abatement Con nuzzi Environm | ntractor (9) nental Service | es, Ind |). | | |
| Street Address | | | | | | Address Kinnelon Rd. | | | | | |
| City, State, Zip Code | 1, | | | | | tate, Zip Code elon, NJ 07405 | 5 | | | | |
| Project Manager for Mon | itoring Firm | | | 12-2480 | 908- | one No. 218-0880 | License 01228 | | | | |
| Start Date (10) 3/16/15 | | Scheduled 3/19/15 | Completion | Date (11) | | of OSHA Monitor Juzzi Environm | ental Service | es, Inc | | | |
| Occupancy Status During X Facility Closed/Vaca Abatement Performe Other – Describe: | ited During Entire | Period of Aba | tement ours | | 153 H | Address Kinnelon Rd. tate, Zip Code | | | | | |
| Scope of Work (Check Al | I That Apply) | | | | Kinne | elon, NJ 07405 | 5 | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | processing. | ovation polition | | × | Mini-Enclosure Glovebag Prod | | | | re | |
| Location | of | | cation nally | | Dannintin | | · () site its it it | | Abat | emen | t |
| Asbestos-Containing TO BE ABA In Facilit (13) | Material (ACM) TED | Mainte | · | (i.e. the | Description Containing M rmal systems urfacing, VA ner miscelland | aterial (ACM) insulation, Γ, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| 12 Windo | ows | 165 14 | X | V | Vindow Ca | ulk | 168 LF | X | - | Φ | |
| Entrywa | ау | | X | | VAT | | 25 SF | X | | | |
| Name of Registered Wast Yannuzzi Group, Inc. | e Hauler | | NJDEP W Hauler ID 17467 | | ubic Yards Waste 2 CY | Name of F | Registered Landf | Fill | | | |
| City, State Kinnelon, NJ | | | 100000 | | sposal Date 9/23/14 | City, State Morrisvil | | | | | |
| Completed by Anna Bastos | | Title Administ | rative As | sistant | Signature | Barta | | Date 3/6/15 | | | |

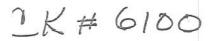
| Date of Notification (1) | | | | | | g Owner/0 | | (2) | | | | | | |
|---|--------------------------|--|--------------------|---------------|-----------------------|--|-----------------------|--|---|---------------------|------------|--------|-------------|-----------|
| 3/6/15 | sang- | | 00 | Towr | ship of | Pequar | nnock | 5.00 | | | | | | |
| Agencies Notified T | ype Notification | 1 | | | Address Vewark- | -Pompto | n Tpk | 27/1- | hair to | . 171 ⁻⁷ | - 57 | , | | |
| DEP DOL | Initial Amended Amendmen | t # | | City, St | tate, Zip (annock | Code | | ÷. | | | - | | | |
| П рон | Emergency justification | (includin | g | 100 | of Contac | | | | Tele | ephone N | ımhar | | | |
| DCA C |] Cancellation | | | Holly | | | | | 1 100 | spriorie M | umber | | | |
| | | | | FAC | ILITY IN | FORMATI | ION | | _ | | | | | |
| Name of Facility Where Aba | atement is Takir | ng Place | (3) | | | | | Type of Facilit | y (4) | | | | | |
| 30 Hampton Ave. Flo | ou Damage | a Home | ; | | | | | School (H | (-12) | | | | | |
| 30 Hampton Ave. | | | | | | | | Subchap Other (i.e | ter 8 (Other). private 8 | er than K- | 12) | Idina | | |
| City (5) | | | | | | | | etc.) | | | | | | nes, |
| Pequannock, NJ | | | | | | | | Square Feet | 100000000000000000000000000000000000000 | Floors | | Bldg. | Age | |
| County (6) | | - | | County | Code (7) | | | 1500 sf | | story | 1.00 | 40+ | | |
| Morris | | | | | USE ONL | | | Current Use (F Abandoneo | | | | | | |
| Name of Monitoring Firm Hi | red by Building | Owner (8 | 3) | ASC | M No. | | | of Abatement C | ontractor | (9) | | | | |
| N/A Street Address | | | | | | | | uzzi Enviror | nmental | Service | S | | | |
| Street Address | | | | | | | | Address (innelon Rd. | 6 | | | | | |
| City, State, Zip Code | | | | | | | | ate, Zip Code | | | | | | |
| | | | | | | | Kninr | elon, NJ | 07405 | | | | | |
| Project Manager for Monitor | ing Firm | | | Telepho | ne No. | | Telepho | one No. 218-0880 | | License 1 | Vo. | | | |
| Start Date (10) | | Schedu | led Cor | moletion | Date (11) | | | of OSHA Monito | | | | | | |
| March, 16, 2015 | | March | | | Dato (11) | | | uzzi Environ | 52) () | nc | | | | |
| Occupancy Status During At | patement (Chec | k Only O | ne) | | | | Street A | | | | | | | |
| Facility Closed/Vacated | During Entire | Period of | Abater | nent | | | 135 K | innelon Rd | | | | | | |
| Abatement Performed (Other – Describe: | Outside of Norn | nal Facilit | y Hour | S | | Ī | | ate, Zip Code | | | | | | |
| Scope of Work (Check All Th | nat Apply) | | | | | | Kinne | lon, NJ | | | | | | |
| ≥3 sf or ≥3 lf | іаг Арріу) | П. | | | | | | | | | | | | |
| ≥160 sf or ≥260 lf | | Distriction. | Renova Demoli | | | | | Full Contains Mini-Enclosu Glovebag Pr | ire | Negative I | Pressu | re | | |
| | - | | | | | | X | Non-Exempt | | Non-Frial | ole Pro | | | |
| T8 | | | Locati Normal | | | | | | | | - | Abat | emen /pe | t |
| Location of Asbestos-Containing Mat | terial (ACM) | Use | ed Sole | ly by | Asbes | Des | cription o | of eterial (ACM) | Λ | nount | | 1 | PC | Т |
| TO BE ABATE In Facility | | | intena todial S | | | . thermal s | systems | insulation, | (Sp | ecify | D. | 77 | Enc | E |
| (13) | | | (12) | 727-771-7-350 | V | | ing, VAT iscellane | | SF | or LF) | Remova | Repair | apsı | Enclosure |
| 10 | | Yes | No | N/A | | | | / | | | Val | = | Encapsulate | ure |
| Basement | | | | x | Tra | nsite pa | nels ar | d debris | 80 | 0 sf | X | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste H | lauler | | N | JDEP W | aste | Cubic Y | 'ards | Name of | f Registere | ed Landfill | | | | |
| Yannuzzi Group Inc. | | | H | auler ID | | of Wast | te | GROV | 150.00 | | | | | |
| City, State Kinnelon, NJ | | | - 1/- | , . | | Disposa 3/19/1 | | City, Sta | | | | | | |
| Completed by | | Title | | | | The state of the s | gnature | IVIOTTIS | ville, PA | | 4- | | | |
| John Mucha | | The state of the s | ct Mg | ır | | Sig | mature | & Me | cha | Da 3/ | te 6/15 | | | |
| ASB-41 (R-06-08) | | | | | | | Do not | use this form fo | r asbestos | s licensure | exem | pted : | activit | ies. |

CK #6099

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

NOTEN NOT. F. CATION"

| Date of Natification (4) | | | | | | 100 |) [0 | 1 0 | CH | 11 | 01 |
|---|--------------------------|------------------|---------------------|--|--------------------------------|-------------------------|------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) | | Name PSE | | wner/Operato | or (2) | * | | | | | |
| Agencies Notified Type Notificati | on | | Address HADLEY | ROAD | 57 | | | · · · ' c. | | - | |
| □ EPA □ Initial □ Amended □ DEP □ Amended □ Amendm | | City, S | State, Zip Coo | le | - | | + | | | | |
| Emergen | cy (including | _ | of Contact | FIELD, NJ | 07080 | | 1 | | | | |
| DCA justification Cancellate | | JOH | N KILLIAN | | | l lei | ephone i | Numbe | r | | |
| Name of Facility Where Abatement is Ta | king Place (3) | | CILITY INFO | RMATION | Type of Facility | (4) | | | | | |
| PSE&G - M - 1339 (Street Address | LOCAT | iON | 12) | | School (K | -12) | | | | | |
| US ROUTE 46 | - m'1 | _ D | SET / | 7/1 | Subchapte Other (i.e. | er 8 (Othe private 8 | r than K | -12) rcial bu | ilding | s, hor | nes. |
| City (5) | | | | 1.62 | Square Feet | | Floors | | Bldg. | | |
| County (6) | HE | Count | 475 Code (7) | | N/A | N/A | | | N/A | - | |
| BERGEN | | (STATE | USE ONLY) | | Current Use (P N/A | | | lished) | | | |
| Name of Monitoring Firm Hired by Buildir ENVIRONMENTAL TACTICS | ig Owner (8) | 004 | M No. 5 | Name UNI | of Abatement Co | ontractor (| 9) | CΔ | | | |
| Street Address 64 BROAD STREET | | | | Street | Address | | 1 | | | - | |
| City, State, Zip Code | | | | | WHITEHEAD State, Zip Code | AVE. | | | | | |
| MATAWAN, NJ 07747 | | | | | TH RIVER, N | J 08882 | 2 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | one No. 292-2217 | | none No. 432-8350 | | License 01111 | | | | |
| Start Date (10) | Scheduled C 12/31/201 | | Date (11) | | of OSHA Monitor | | 1 | | | | |
| Occupancy Status During Abatement (Ch | | | | | QUE SYSTEM | IS OF A | MERIC | CA | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No | e Period of Abate | ement | | | WHITEHEAD | AVE. | | | | | |
| X Other - Describe: outdoors | That I donly I loc | 113 | | | tate, Zip Code TH RIVER, N | J 08882 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf | | | | , | 1 | | | | | | |
| ≥3 \$1 of ≥3 ff ≥160 sf or ≥260 lf | Renov | | | | Full Containm Mini-Enclosur | е | legative | Pressu | ıre | | |
| | | | 1 | × | Glovebag Pro Non-Exempte | cedure d (*) and | Non-Fria | ible Pro | cedur | е | |
| Location of | Is Loca Norma | | | 0 1 | | | | | Abate | ement pe | t |
| Asbestos-Containing Material (ACM) TO BE ABATED | Used So Mainten | ance/ | Asbestos | Description Containing M | aterial (ACM) | | ount | | | | |
| In Facility (13) | Custodial (12) | | | ermal-systems surfacing, VAT ther miscelland | T, or | | cify | Removal | Repair | Encapsulate | Enclosure |
| | Yes No | N/A | | mer miscellant | eous) | | | oval | air | sulate | sure |
| OUTSIDE | X | | ACM | PIPE SON | 1ASTIC | 200 | LF | X | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP W | aste C | ubic Yards | Name of I | Registere | 1 onder | | | | |
| WASTE MANAGEMENT | | lauler ID 125 | No. of | Waste PPX. 15 | GROWS | | | L | | | |
| City, State ELIZABETH, NJ | | | D | isposal Date | City, State | | | | | | |
| Completed by | Title | | 11 | BD Signature | MORRIS | SVILLE, | | to = | | | |
| CAROL RAIMO | OFFICE N | IGR. | | | pal X | 21 | , Da | ite 3 | 12 | /,- | |

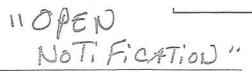


| NOTEN | |
|--------|---------|
| NOT.F. | CATION" |

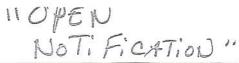
| Date of Notification (1) | | Name o | of Building Owner | er/Operator | | | | , 6 | // / | 116 | 100 |
|---|--------------------------|------------------------------|------------------------------|---|--|--------------|---------------------|----------------|---------|-------------|-----------|
| Agencies Notified Type Notification | | | Address HADLEY RC | AD | | - | F. | | | | |
| DEP Amended Amendment | | | ate, Zip Code TH PLAINFIE | LD, NJ (| 7080 | | | | | | |
| □ DOH | including | | of Contact I KILLIAN | 112 | | Teler | ohone Nu | mber | | | |
| Name of Facility Where Abatement is Taking | | | ILITY INFORMA | ATION | Type of Facility | (4) | | | _ | | |
| PSE&G - M-1339 - Street Address US Route 4 | | | | 1.55 | School (K-Subchapte Other (i.e. etc.) | r 8 (Other | than K-1 commerc | 2) ial buil | ldings | , hom | ies, |
| City (5) HASBROUCK | | Ei al | 475 | | Square Feet N/A | N/A | | | Bldg. / | | |
| County (6) BERGEN | | County | Code (7) USE ONLY) | | Current Use (Pr N/A | ior if being | g demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS | Owner (8) | 0045 | | | of Abatement Co QUE SYSTEM | | | Α | | | |
| Street Address 64 BROAD STREET | | • | | 1 | Address WHITEHEAD | AVE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | State, Zip Code ITH RIVER, N. | J 08882 | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telepho 732-29 | ne No. 92-2217 | # U U U U U U U U U U U U U U U U U U U | none No. 432-8350 | | License N | lo. | | | |
| Start Date (10) 3/23/15 | Scheduled 0 12/31/201 | | Date (11) | | of OSHA Monitor | | M ^E RIC | Α | | | |
| Occupancy Status During Abatement (Check | | | | | Address WHITEHEAD . | AVF | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: outdoors | al Facility Ho | urs | | City, S | tate, Zip Code TH RIVER, N | | | | | | |
| Scope of Work (Check All That Apply) | X Ren | ovation | 1 | |] = "0 | | | | | | |
| ≥160 sf or ≥260 lf | = 1.0110 | olition | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | • | |
| | Is Loc | cation | | | | a () and | VOII-I NAU | 10110 | Abate | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility | Used S Mainte | | Asbestos Co (i.e. them | nal systems | laterial (ACM) s insulation, | (Sp | ount | Re | | | Enc |
| (13) | Yes N | | | rfacing, VA er miscellar | | 5F 0 | or LF) | Removal | Repair | Encapsulate | Enclosure |
| OUTSIDE | X | 370707.03 | ACM P | PIPE SOI | MASTIC | 200 | LF | Х | | | |
| | | | | | | | | | | | |
| | | | | | | | 1 | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP W Hauler ID 1125 | No. of W | vic Yards Vaste PX. 15 | | Registere | | | | | |
| City, State ELIZABETH, NJ | | 1120 | | osal Date | City, Stat | e ISVILLE | РА | | | | |
| Completed by CAROL RAIMO | Title OFFICE | MGR. | | Signature | | gen | | te 3 | /1 | // | |

| 1 | OPE | N | |
|---|------|----------|----|
| | NoT. | FICATION | 11 |

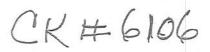
| Date of Notification (1) | | Name o | f Building | Owner/C | Operator (2 | 2) | | | B. 33. 3 | | | | | |
|--|----------------------|------------------------------|--|---------------|---|--|------------------------------|---------|------------------|-------------|-----------|--|--|--|
| Agencies Notified Type Notification | n | Street A | Address HADLEY | / ROAE | | | | | | | | | | |
| EPA | nt # | | ate, Zip Co | | D. NJ 07 | 080 | | | | | | | | |
| □ Emergenc □ justificatio □ DCA □ Cancellati | | Name o | f Contact | | | | Telephone M | ımher | | | | | | |
| | | FAC | ILITY INFO | ORMATI | ON | | | | | | | | | |
| Name of Facility Where Abatement is Tall PSE&G - M - 1339 | LoCAT | ON | # 10 |) | l land | Type of Facility (4) School (K-12) | | | | | | | | |
| Street Address | F. 40 | | —————————————————————————————————————— | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial building etc.) | | | | | | | | |
| City (5) | | | | | | Square Feet N/A | # of Floors N/A | | Bldg. Age N/A | | | | | |
| County (6) BERGEN | | | Code (7) USE ONLY | , | Current Use (Prior if being demolished) N/A | | | | | | | | | |
| Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS | g Owner (8) | ASCI 0045 | ASCM No. Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERIC | | | | | | | | | | | |
| Street Address 64 BROAD STREET | | | | | AVE. | | | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | City, Sta | ite, Zip Code H RIVER, NJ | | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telepho | one No. 92-2217 | | Telephone No. License No. 732-432-8350 01111 | | | | | | | | | |
| Start Date (10) | Scheduled (12/31/201 | Completion | | | Name of | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA | | | | | | | | |
| 3/23/15 Occupancy Status During Abatement (Ch | | J. | | _ | Street A | | 3 OF AIVIERIC | ,A | | | | | | |
| Facility Closed/Vacated During Entir | | 306 WHITEHEAD AVE | | | | | | | | | | | | |
| Abatement Performed Outside of No. Other – Describe: outdoors | | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | 1.40.000 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ovation olition | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure | | | | | | | | | |
| | | | Ī | | | Non-Exempted | (*) and Non-Fria | ble Pro | | re emen | | | | |
| Location of | Norr | | | Des | scription o | f | | | | /pe | | | | |
| Asbestos-Containing Material (ACM) | | olely by nance/ | | tos Cont | aining Ma | terial (ACM) | Amount | _ | | E | | | | |
| TO BE ABATED In Facility | Custodi (1 | al Staff? | (i.e. | surfac | cing, VAT, | | (Specify SF or LF) | Remova | Repair | псар | nclo | | | |
| (13) | | o N/A | | other m | niscellane | ous) | | oval | air | Encapsulate | Enclosure | | | |
| OUTSIDE | les N | | AC | CM PIP | E SOM | ASTIC | 200 LF | X | - | | | | | |
| | | | | | | | 200 Ei | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP W Hauler ID 1125 | | of Was | ste | | Registered Landfi S NORTH | II | | | | | | |
| City, State ELIZABETH, NJ | - | | | Dispos TBD | al Date | City, State | SVILLE, PA | | | | | | | |
| Completed by CAROL RAIMO | Title OFFICE | MGR. | | Si | ignatura | 0 % | | ate / | , , | 1,- | | | | |
| | | | | | -16/6 | are 11 42 | 110 | 111 | / | 1 3 | ? | | | |



| Date of Notification (1) | | Name of Building Owner/Operator (2) PSEG | | | | | | | | | | | | | |
|--|-------------------------|--|-----------------|----------------------|--|--|---|---|----------|--------|-------------|-----------|--|--|--|
| Agencies Notified Type Notification | n | 1000 | Street Ad | | | | | īr. | | | | | | | |
| EPA Initial Amended | | | | ADLEY te, Zip Co | | | | :ZY , | | | | | | | |
| DOL Amendme | | | | | | o, NJ 070 | 30 | | | 83 | | | | | |
| □ Emergence □ justificatio | y (including | 1 | | Contact | | | | Telenhone Nur | nhar | | | | | | |
| DCA Cancellati | | | | KILLIAN | | | | | | | _ | | | | |
| Name of Facility Where Abatement is Tal | king Place (3) | | FACII | LITY INFO | DRMATI | | pe of Facility (4 |) | z - 5- | | | | | | |
| PSE&G - M-1339 | LOCA | Tie | N | 8) | | | School (K-12 |)) | | | | | | | |
| Street Address | 111 | , | | | | × | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, | | | | | | | |
| 126 Routé | 46 | > | | | | | etc.) | | | | | | | | |
| 20Di | | | | | | 1 | uare Feet # of Floors Bldg. Age N/A N/A | | | | | | | | |
| County (6) BERGEN | | | | Code (7) JSE ONLY | | | urrent Use (Prior N/A | r if being demolish | ned) | | | | | | |
| Name of Monitoring Firm Hired by Buildir ENVIRONMENTAL TACTICS | g Owner (8) | | ASCN 0045 | | | | Abatement Cont E SYSTEMS | ractor (9) OF AMERICA | Α | | | | | | |
| Street Address | | | | | - | Street Add | | \/ <u></u> | | | | | | | |
| 64 BROAD STREET City, State, Zip Code | , | | | - | | | ITEHEAD A | V E. | | | | | | | |
| MATAWAN, NJ 07747 | | | | ., | | L-3 | OUTH RIVER, NJ 08882 | | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | 1.0 | Telephor | ne No. 32-2217 | | | Telephone No. License No. 01111 | | | | | | | | |
| Start Date (10) 3/23/15 | 12/31/20 | | pletion I | Date (11) | | | OSHA Monitor E SYSTEMS | OF AMERICA | A | | | * | | | |
| Occupancy Status During Abatement (Ch | eck Only One | e) | | | | Street Add | dress HITEHEAD A | \/E | | | | | | | |
| Facility Closed/Vacated During Entil Abatement Performed Outside of No | | | | | | City, State | VL. | | | | | | | | |
| X Other – Describe: outdoors | | | | | - | | I RIVER, NJ | 08882 | | | | | | | |
| Scope of Work (Check All That Apply) | _ | | | | | Full Containment with Name to December | | | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | Processing. | enovat emoliti | | 50 | | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | |
| | | | | | | | Glovebag Proce | edure (*) and Non-Friab | le Pro | redu | · A | | | | |
| | le l | ocatio | nn | | | | IVOIT Excripted | () and rom r nac | | | ement | t | | | |
| Location of | No | ormall Solel | у | | | escription of | | | - | Ty | /pe | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Mair | ntenar | ice/ | | | taining Mate I systems in: | | Amount (Specify | Z. | - | Enc | Щ | | | |
| In Facility (13) | | odial S (12) | staff? | | surfa | cing, VAT, omiscellaneou | or | SF or LF) | Remova | Repair | Encapsulate | Enclosure | | | |
| (13) | Yes | No | N/A | | Other i | moonanco | 23) | | /al | = | ilate | ure | | | |
| OUTSIDE | 100 | X | 1 | A | CM PI | PE SOMA | STIC | 200 LF | X | - | | | | | |
| 56.652 | | A NOME II E COMMOTIC | | | | | | | +- | | | | | | |
| | | | | | | | | | + | - | | | | | |
| | | | | | | 9 | | | 1 | | | | | | |
| Name of Registered Waste Hauler | | 200.0 | JDEP W | | 10-10-00-00-00-00-00-00-00-00-00-00-00-0 | Yards | Name of F | Registered Landfill | 1 | | | | | | |
| WASTE MANAGEMENT | | 0.00 | auler ID 125 | No. | of Wa | iste X. 15 | GROWS | NORTH | | | | | | | |
| City, State ELIZABETH, NJ | | | | | Dispo TBD | sal Date | City, State | SVILLE, PA | | , | | | | | |
| Completed by CAROL RAIMO | ICE MGR. Signature Date | | | | | | 11 | //5 | <u> </u> | | | | | | |



| Date of Notification (1) | | Name of Building Owner/Operator (2) PSEG | | | | | | | | | | | | |
|---|---------------------|---|--|---------------------------------------|--|--|---------------------------|-----------|---------------------|-------------|-----------|--|--|--|
| Agencies Notified Type Notification | | Street Ac 4000 H | idress ADLEY | ROAD | | | 11 | | | | | | | |
| □ EPA □ Initial □ DEP □ Amended □ DOL □ Amendment # | | | e, Zip Coo H PLAIN | | NJ 07080 |) | | | | | | | | |
| Emergency (in justification) DCA Emergency (in justification) Cancellation | cluding | Name of JOHN | Contact KILLIAN | Į | - | | Telephone N | lumber | | | | | | |
| | | FACIL | ITY INFO | RMATIO | N | | | | | | | | | |
| Name of Facility Where Abatement is Taking PSE&G - M - 1339 (Street Address | Place (3) | IT:OA |) 7 | 7) | | | 2) 8 (Other than K | | | | | | | |
| 60 ROUTE | 46 | | | | × | etc.) | | | I buildings, homes, | | | | | |
| City (5) LODI | | | | | () () () () () () | Square Feet # of Floors Bldg N/A N/A N/. | | | | | | | | |
| County (6) BERGEN | | County C | ode (7) ISE ONLY) | | — Curi | 500 | r if being demo | lished) | | | | | | |
| Name of Monitoring Firm Hired by Building On ENVIRONMENTAL TACTICS | wner (8) | ASCM 0045 | | | | atement Con | tractor (9) S OF AMERI | CA | | | | | | |
| Street Address 64 BROAD STREET | | | | | Street Addr 396 WHI | ess TEHEAD A | VE. | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | City, State, | Zip Code RIVER, NJ | 08882 | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telephor | ne No. 12-2217 | | Telephone No. License No. 732-432-8350 01111 | | | | | | | | | |
| Start Date (10) | Scheduled Co | ompletion [| and the same and t | 1 | Name of OS | ame of OSHA Monitor JNIQUE SYSTEMS OF AMERICA | | | | | | | | |
| 3/23//5 Occupancy Status During Abatement (Check | | | | | Street Addr | Section 1997 | 7 01 7 111121 11 | | | | | | | |
| Facility Closed/Vacated During Entire Pe | eriod of Abate | ement | | | VE. | | | | | | | | | |
| Abatement Performed Outside of Norma Other – Describe: outdoors | I Facility Hou | Hours City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | 3000 | | | · · · · · · · · · · · · · · · · · · · | SOCIOLES CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | X Renov | | **** | | Full-Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| | | | | | | on-Exempted | (*) and Non-Fr | Table Pro | | re emen | + | | | |
| | Is Loca Norm | | | _ | | | | | | /pe | | | | |
| Location of Asbestos-Containing Material (ACM) | Used So | lely by | Asbes | | cription of ining Materi | al (ACM) | Amount | | | | | | | |
| TO BE ABATED | Mainten Custodia | | (i.e. | thermal s | ystems insu | lation, | (Specify | Re | 72 | nca | Enc | | | |
| In Facility (13) | (12 | | | | ng, VAT, or scellaneous | | SF or LF) | Remova | Repair | Encapsulate | Enclosure | | | |
| | Yes No | N/A | | | | | | <u> a</u> | " | ate | re | | | |
| OUTSIDE | X | | AC | CM PIPE | SOMAS | TIC | 200 LF | Х | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP W Hauler ID | | Cubic Y | | | | | | | | | | |
| WASTE MANAGEMENT | | 1125 | 140. | APPX. | X. 15 GROWS NORTH | | | | | | | | | |
| City, State ELIZABETH, NJ | | | | Disposa TBD | and an action automotive fund | City, State | SVILLE, PA | | _ | | | | | |
| CAROL RAIMO | Title OFFICE | ICE MGR. Signature Date Date | | | | | | | 11 | 15 | 2 | | | |



| 1 | OFE | \sim | |
|---|-----|---------|-----|
| | | FICATIO | N'I |

| Date of Notification (1) | Name of Building Owner/Operator (2) PSEG | | | | | | | | | | | | | |
|--|--|-----------------------------------|-----------------------|-------------------------------------|----------|--|-----------------------|------------|---------|--------|-------------|-----------|--|--|
| Agencies Notified Type Notification | | Street Ad | | | | | | | | - | | | | |
| EPA X Initial | - | | IADLEY te, Zip Cod | | , | | 2 | | | | | | | |
| DEP Amended Amendment # | | | H PLAIN | | , NJ 07 | 7080 | | | | | | | | |
| DOH Emergency (inclining property) Emergency (inclining property | luding | Name of JOHN | Contact KILLIAN | | | | Teleph | one Num | ber | | | | | |
| | | FACIL | LITY INFO | RMATIC | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Pl. PSE&G = M = 1220 (1) | | . 1 - | 4/- |) | | Type of Facility (4) | | | | | | | | |
| Street Address | CATIO | N | . 6 | / | | School (K-12) Subchapter 8 (Other than K-12) | | | | | | | | |
| 30 Route 46 | > | | | | | Other (i.e. private & commercial buildings etc.) | | | | | , hom | es, | | |
| City (5) | | | | | | Square Feet N/A | # of Flo | | | | Age | | | |
| County (6) | T | County C | | | - | Current Use (Prid | | demolishe | | INIA | | | | |
| BERGEN | | | JSE ONLY) | | _ | N/A | | | 25 | | | | | |
| Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS | ner (8) | 0045 | | | | of Abatement Cor UE SYSTEMS | | | | | | | | |
| Street Address 64 BROAD STREET | | | | | | Address VHITEHEAD A | AVE. | | | | | 1 1-2 | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | ate, Zip Code TH RIVER, NJ | 08882 | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telephor | | | Teleph | ephone No. License No. | | | | | | | | |
| | heduled Cor | | 2-2217 | | | 32-8350 of OSHA Monitor | 0 | 1111 | | | | | | |
| 3/23/15 12 | 2/31/2015 | inpletion t | Sale (11) | UNIQUE SYSTEMS OF AMERICA | | | | | | | | | | |
| Occupancy Status During Abatement (Check O | | Street Address 396 WHITEHEAD AVE. | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F | od of Abaten Facility Hours | nent s | | City, State, Zip Code | | | | | | | | | | |
| Other - Describe: outdoors | | | | - | SOUT | TH RIVER, NJ | 08882 | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if | অ চ | | | Full Containment with Negative Pres | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | X Renova Demoli | | | | | Mini-Enclosure | | gative Pr | essui | e | | | | |
| | | | | | × | Glovebag Prod Non-Exempted | | on-Friable | Pro | cedur | е | | | |
| | Is Locat | 20.00 | | | | | | | | | ement | t | | |
| Location of Asbestos-Containing Material (ACM) | Normal Used Sole | ly by | Δehoeto | | cription | of aterial (ACM) | Amoi | unt . | | | | | | |
| TO BE ABATED In Facility | Maintena Custodial | | | hermal s | | insulation, | (Spec | cify | Rer | Re | Encapsulate | Enc | | |
| (13) | (12) | | | other mi | | | SF 01 | LF) | Removal | Repair | psula | Enclosure | | |
| | Yes No | N/A | | | | | | | | | te | е | | |
| OUTSIDE | X | | ACI | M PIPE | E SON | ASTIC | 200 [| LF | X | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Degistered Wests Houles | | LIDED W | t- T | Oubin V | fa and a | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | Н | IJDEP Walauler ID I | No. | Cubic Y of Wast | e | | Registered S NORTH | | | | | | | |
| City, State | 11 | 125 | | APPX. Disposa | | City, State | | . 4. | | | | | | |
| ELIZABETH, NJ | | | 1 | TBD | יי חמופ | | SVILLE, | PA | | | | | | |
| | Title Signature Date 3/1/15 | | | | | | | | - | | | | | |

| NOYEN | |
|-----------|-------|
| NOT: FICE | FTION |

| Date of Notification (1) | | Name of Building Owner/Operator (2) | | | | | | | | | | | |
|---|--------------------|-------------------------------------|---|---|--|--|---|-----------------|---------------------------|-------------------|----------------------------|-------------|-----------|
| Agencies Notified Type Notificat | | | SEG | | | | | | | | | 2167 | |
| | on | | reet Addr 000 HAI | ess DLEY RO | DAD | | | | | | | | |
| DEP Amended | | | | Zip Code | | | | | 4 | | | | |
| DOL Amendm Emergen | cy (including | | | PLAINFI | ELD, NJ | 0708 | 30 | | | | | | |
| DOH justification Cancellar | on) | 100000 | ame of Co OHN KI | | | | | Tel | ephone Ni | ımher | | | |
| Name of Facility Where Abatement is Ta | king Place (3) | | FACILIT | Y INFORM | NOITA | LTve | oe of Facility | (4) | | | | | |
| PSE&G - M-1339 Street Address | (Loc. | AT; | ON | 5) | | | School (K- Subchapte Other (i.e. | 12) r 8 (Oth | er than K- | 12) cial bu | e) al buildings, homes, | | |
| City (5) | | | | | | | etc.) Square Feet # of Floors N/A N/A | | | | Bldg. Age | | |
| County (6) BERGEN | | Co | ounty Cod | e (7) | | Cu | rrent Use (Pr | | | shed) | N/A | | |
| Name of Monitoring Firm Hired by Buildin | ng Owner (8) | 1 | ASCM No | - Commence of the commence of | Nam | ne of A | I/A batement Co | ntractor | (9) | | | | |
| ENVIRONMENTAL TACTICS Street Address | | | 0045 | | | | SYSTEM | SOF | AMERIC | Α | | | |
| 64 BROAD STREET | | | | | 1/2/19/19/19 | et Add 3 WH | ress ITEHEAD | AVE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | y, State, Zip Code OUTH RIVER, NJ 08882 | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | lephone N 32-292-2 | | Tele | Telephone No. License No. 732-432-8350 01111 | | | | | | | |
| Start Date (10) | Scheduled 12/31/20 | Comple | | | Nam | e of O | SHA Monitor | | | or and the second | | | |
| 3/23/15 Occupancy Status During Abatement (Ch | | | | | | et Addr | SYSTEM | S'OF A | AMERIC | Α | | | |
| Facility Closed/Vacated During Entire | e Period of Aba | atemen | t | | | | TEHEAD / | AVE. | | | | | |
| Abatement Performed Outside of No Other – Describe: outdoors | ormal Facility H | ours | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | 300 IT NIVER, NJ 00002 | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Personal | ovation nolition | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| | ls Lo | cation | | | | | OH-Exemple | ı () allu | NOII-FIIAL | JIE Pro | Abate | | : |
| Location of | Nor Used S | mally Solely b | v | | Descriptio | | | | | | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mainte Custod | enance | 1 1 | su | ontaining nal systen rfacing, V er miscella | ns insu AT, or | lation, | (S | nount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| OUTOIDE | | | N/A | | | | | | Ī | | | ite | Ф |
| OUTSIDE |) | × | | ACM F | PIPE SO | MAS | TIC | 20 | 0 LF | Х | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1 2000 | P Waste er ID No. | | ic Yards Vaste | | Name of F | Register | ed Landfill | | | | |
| WASTE MANAGEMENT | | 1125 | | | PX. 15 GROWS NORTH | | | | | | | | |
| City, State ELIZABETH, NJ | | | | Disp TBI | osal Date |) | City, State | | ΡΔ | | | | |
| Completed by CAROL RAIMO | MGF | ₹. | | Signatur | 7p- | 04 | | | te3/ | // | / | | |

| 10 | PEN | <u> </u> |
|----|--------|----------|
| N | OT: Fi | CATION |

| D-1(N-05-00) | | | | | | | | | - | · . | | | | | | |
|---|----------------------------------|----------------|--|---------------------------------|----------------------|------------------------------|--|--|-----------------------|---------------|---------------------------|---------|------------------|-------------|-----------|--|
| Date of Notification (1) | | | Name of Building Owner/Operator (2) PSEG | | | | | | | | | | | | | |
| Agencies Notified Type Notif | | | | Street A 4000 h | ddress HADLEY | ′ ROAI | D | 27 | | | | | | | | |
| DEP Amer | | <u> </u> | 1 | | ate, Zip Co | | D, NJ (| 07080 | | | | | | | | |
| | gency (in cation) ellation | cluding | - 1 | | f Contact KILLIAI | N | | | | Tele | phone Nur | nber | | | | |
| | | | | FACI | LITY INFO | DRMAT | ION | | | | | | | 32 | | |
| Name of Facility Where Abatement is PSE&G - M-133 Street Address 240 Rou- | s Taking 9 (| 100 | | rian | v 4 | | | S | | 2) 8 (Othe | er than K-12 commercia | | dings | home | es, | |
| City (5) Lobi | 88 | | | ~ | | | | N/A N/A N/ | | | | | Bidg. Age N/A | | | |
| County (6) BERGEN | | | | | Code (7) USE ONLY | | | Current Use (Prior if being demolished) N/A | | | | | | | | |
| Name of Monitoring Firm Hired by BE ENVIRONMENTAL TACTICS | | wner (8) | | ASCN 0045 | | | | | ement Con YSTEMS | | (9) AMERICA | Α. | | | | |
| Street Address 64 BROAD STREET | | | | | | | | Address WHITE | HEAD A | AVE. | 1 | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | | | State, Zip | Code VER, NJ | 0888 | 2 | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | 1 | | | Telepho 732-29 | ne No. 92-2217 | | Telephone No. License No. 732-432-8350 01111 | | | | | | | | | |
| Start Date (10) | | Schedule | | npletion | Date (11) | | | | A Monitor YSTEMS | S OF A | MERICA | · | | | | |
| Occupancy Status During Abatemen | t (Check | Only On | e) | | | | | Address | | | | | | - | | |
| Facility Closed/Vacated During Abatement Performed Outside | | | | | | | | | | | | | | | | |
| Other – Describe: outdoors Scope of Work (Check All That Apply | | | | SOUTH RIVER, NJ 08882 | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | () | = | enova emolit | 70.000 | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | e | | | |
| | | ls | Locati | on | | | | | | | | | | ment | | |
| Location of | | | lormal | | | De | scription | n of | | | | | Ту | pe | | |
| Asbestos-Containing Material (ACTO BE ABATED In Facility (13) | CM) | Mai | d Sole intenar odial S (12) | nce/ | | tos Cont thermal surfa | aining N | Material (s insulat T, or | | (S | nount pecify or LF) | Removal | Repair | Encapsulate | Enclosure | |
| OUTSIDE | | 100 | X | 14// | Δ | M DIE | E SOI | MASTI | _ | 20 | 0 LF | v | | | | |
| COTOIDE | | | | | 7.0 | ZIVI F IF | L 301 | IVIAS I I | | 20 | ULF | X | | | | |
| | | | Aces | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | N. | JDEP W | aste | Cubic | Yards | | Name of F | Register | ed Landfill | | | | | |
| WASTE MANAGEMENT | | | 0.590 | Hauler ID No. of Waste APPX. 15 | | | | | GROWS | 4976 mm | | | | | | |
| City, State ELIZABETH, NJ | | | | | | Dispos TBD | al Date | | City, State MORRIS | | E, PA | | | | | |
| Completed by CAROL RAIMO | CE M | Signature Date | | | | | | 3 | 17 | // | | | | | | |

| 11 | 0 | re | N | 1 | - |
|----|----|-------|----|--------|----|
| R | 10 | T_i | F; | CATION | 13 |

| Date of Notification (1) | | | Name of Building Owner/Operator (2) PSEG | | | | | | | | | | | | |
|--|--|-----------|--|------------------|--|---|--|--|-------------------|---------------------------|---------|--------|-------------|-----------|--|
| | Notification | | | | Address HADLEY | ROAD | | £ 7 / 1 | | 13 | | | | | |
| DEP A | mended mendment | | | | tate, Zip Code TH PLAINF | | J 070 | 80 | | | | | | | |
| DOH ju | mergency stification) ancellation | | 9 | | of Contact NKILLIAN | | | | Tel | ephone N | ımber | | | | |
| Name of Facility Where Abatemer PSE&G — M – 13 Street Address | 39(| 400 | :A7 | ion | |) | | pe of Facility School (K- Subchapte | 12) er 8 (Othe | er than K- | 12) | | | | |
| City (5) | 2 47 | 1 E 1 | UTR | ANCE |) MP | 65.9 | Sq | etc.) uare Feet | # of | Floors | ciai bu | Bldg. | Age | nes, | |
| County (6) BERGEN | | | | | Code (7) USE ONLY) | | N/A N/A N/A Current Use (Prior if being demolished) N/A | | | | | | | | |
| Name of Monitoring Firm Hired b ENVIRONMENTAL TACT | y Building (| Owner (8 |) | ASC 004 | M No. | Na | ntractor | (9) AMERIC | Δ | | | | | | |
| Street Address 64 BROAD STREET | | | | | | Stre | eet Add | | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | City | y, State | , State, Zip Code DUTH RIVER, NJ 08882 | | | | | | | |
| Project Manager for Monitoring F TOM GEIGER | irm | | | Telepho 732-2 | one No. 92-2217 | Tele | lephone No. License No. 01111 | | | | | | | | |
| Start Date (10) 3/23/15 | | 12/31/ | 2015 | mpletion | Date (11) | | | SHA Monitor SYSTEM | | AMERIC | Α | 6 | | | |
| Occupancy Status During Abaten Facility Closed/Vacated Durin Abatement Performed Outsi Other – Describe: outdoors | na Entire F | Period of | Abater | nent s | Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | | | | |
| Scope of Work (Check All That All ≥3 sf or ≥3 if ≥160 sf or ≥260 if | oply) | _ | Renova Demolif | | | 1 | F | full Containm fini-Enclosure Blovebag Prod Ion-Exempted | ent with | Negative I | | | | | |
| Location of | | 1 | Locati | ly | | Descripti | | | | | | Abate | | | |
| Asbestos-Containing Material TO BE ABATED In Facility (13) | (ACM) | Ma | ed Sole intenar todial S (12) | nce/ | (i.e. the | Containing ermal syste surfacing, \ there miscell | Materi ms insu VAT, or | ulation, | (Sp | nount pecify or LF) | Removal | Repair | Encapsulate | Enclosure | |
| OUTSIDE | | 100 | X | IWA | ACM | PIPE SO | OMAS | TIC | 200 |) LF | X | | Ф | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | N. | JDEP W | aste I C | ubic Yards | | Name of F | Renister | ad I andell | | | | | |
| WASTE MANAGEMENT | NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste GROWS NORTH | | | | | | | | | | | | | | |
| City, State ELIZABETH, NJ | 27. | 5 | | | | isposal Dat BD | te | City, State | | . PA | | | | | |
| Completed by CAROL RAIMO | GR. | | Signatu | Te JA | al V | ne ne | | 9 | 12 | /,. | | | | | |

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

NOTIFICATION"

| Date of Notification (1) | Name of Building Owner/Operator (2) PSEG | | | | | | | | | | | ==== | | | | |
|--|--|---------------|---------------------|--|-----------------------------------|----------|---|-----------------------|----------------------------|-----------|-----------------|------------------|----------------|-------------|-----------|--|
| Agencies Notified Type No | tification | | | Street Ad | ddress | ROAL |) | | | | | | | | | |
| | ended | | (| City, Sta | te, Zip Co | de | | 7090 | | ****** | | | | | | |
| Em | endment #_ ergency (in ification) | | 1 | Name of | Contact | |), NJ U | 17000 | | Telep | ohone Num | ber | | | | |
| | ncellation | | | 024 (2012) | KILLIAN | 2 | ON | | | · -r | | _ | | | _ | |
| Name of Facility Where Abatemen | t is Taking | Place (3 | 1 | | | 2 | ON | Туре | of Facility (4) |) | | | | | | |
| Street Address | | | | ON | | <u> </u> | | | chool (K-12 ubchapter 8 | (Other | | | | | | |
| US ROUTE | 46 | - M | Le | = Po | st | 66. | 03 | × c | other (i.e. pri | | | | | | es, | |
| City (5) LOD! | | | | | | | | Square N/A | | # of I | Floors | Bldg. Age N/A | | | | |
| County (6) BERGEN | | | | | Code (7) ISE ONLY) | | | Currer N/A | nt Use (Prior | if being | g demolishe | ed) | 61 | | | |
| Name of Monitoring Firm Hired by ENVIRONMENTAL TACTION | | wner (8) | | ASCM No. Name of Abatement Contractor (9) 0045 UNIQUE SYSTEMS OF AMERICA | | | | | | | | | | | | |
| Street Address 64 BROAD STREET | | | | | Street Address 396 WHITEHEAD AVE. | | | | | | | | | in | | |
| City, State, Zip Code MATAWAN, NJ 07747 | 1 | | | | | | | State, Zip | Code VER, NJ | 08882 |) | | | | | |
| Project Manager for Monitoring Fire TOM GEIGER | m | | | Telephoi | ne No. 02-2217 | | Teleph | none No 432-83 | | | License No | | | | | |
| Start Date (10) | | Schedule | ed Com | | Date (11) ₄ | | Name | of OSH | A Monitor | OE A | | 7. | | | | |
| 3/23/15 Occupancy Status During Abateme | | | | UNIQUE SYSTEMS OF AMERICA Street Address | | | | | | | | | | | | |
| Facility Closed/Vacated Durin Abatement Performed Outsid | | | | | | | | | | | | | | | | |
| Other – Describe: outdoors | e or worma | r r acincy | 110013 | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | | | | | | |
| Scope of Work (Check All That Ap | ply) | ы . | | | | | Г | 7 | | | | eti sussiniei | = | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renovat Demoliti | | | | | | | | | | Pressure | | | |
| | | | | | | | > | | -Exempted | | Non-Friabl | | cedur Abate | - | | |
| Location of | | 1 | Location Normall | у | | De | scription | n of | | | | | Ту | | | |
| Asbestos-Containing Material (TO BE ABATED | (ACM) | Ma | d Solel intenar | ice/ | | tos Cont | taining N | Naterial s insulat | | | nount pecify | Z | | Enc | ш | |
| In Facility (13) | | Cus | todial S (12) | staff? | (| surfa | cing, VA | T, or | | | or LF) | Removal | Repair | Encapsulate | Enclosure | |
| (, | | Yes | No | N/A | | | | , | | | | a | - | late | ıre | |
| OUTSIDE | | | Χ | | AC | CM PIF | PE SO | MAST | IC | 20 | 0 LF | Х | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | 100 | JDEP W | | | Yards | 7 | Name of R | egister | ed Landfill | | | | | |
| WASTE MANAGEMENT | | | U. U.S. 1250 | auler ID 125 | No. | of Was | | | GROWS | OWS NORTH | | | | | | |
| City, State ELIZABETH, NJ | | | | | | Dispos | sal Date | | City, State MORRIS | | Ξ, ΡΑ | | | | | |
| Completed by CAROL RAIMO | | Title OFFI | CE M | GR. | | S | Signature Date Signature Date Signature | | | | | | //: | 5 | | |

| 11 | 0 | rc | N | t |
|----|----|----|----|--------|
| P | 10 | Ti | F; | CATION |

| Date of Notification (1) | | | | Name of Building Owner/Operator (2) PSEG | | | | | | | | | | |
|---|----------------------------------|--------|-------------------------------------|--|--|---|--|------------------------|---------|--------|-------------|-----------|--|--|
| Agencies Notified Type Notification | | | | Street Address | | | | | | | | | | |
| EPA DEP Amended Amendment # Emergency (including | | | | 4000 HADLEY ROAD City, State, Zip Code | | | | | | | | | | |
| | | | | SOUTH PLAINFIELD, NJ 07080 | | | | | | | | | | |
| DOH justification | Name of Contact JOHN KILLIAN | | | | | | | | | | | | | |
| | -11-20/ | | | ILITY IN | | ION | 1 | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSE&G - M - 1339 (LoCA | | | | - 1 | 1 | | Type of Facility (4) | | | | | | | |
| Street Address | 1.00 | | | | School (K-12) Subchapter 8 (Other than K-12) | | | | | | | | | |
| 8 45. RT. 46 - | ; fast 66.13 | | | | Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | |
| LON: | | | | | | | Square Feet N/A | # of Floors N/A | | Bldg. | | | | |
| County (6) BERGEN | County Code (7) (STATE USE ONLY) | | | | Current Use (Pr | t Use (Prior if being demolished) | | | | | | | | |
| Name of Monitoring Firm Hired by Building | ASCM No. Name | | | | e of Abatement Contractor (9) | | | | | | | | | |
| ENVIRONMENTAL TACTICS Street Address | 0045 UNI | | | | QUE SYSTEMS OF AMERICA | | | | | | | | | |
| 64 BROAD STREET | | | | | t Address WHITEHEAD AVE. | | | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | State, Zip Code ITH RIVER, NJ 08882 | | | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | Telephone No. | | | Telepho | Telephone No. License No. | | | | | | | | | |
| | | | | | | | /32-432-8350 01111 Name of OSHA Monitor | | | | | | | |
| 3/23/15 Occupancy Status During Abatement (Chec | | | | | IQUE SYSTEMS OF AMERICA | | | | | | | | | |
| Facility Closed/Vacated During Entire | | | | | | | Address WHITEHEAD AVE. | | | | | | | |
| Abatement Performed Outside of Normal Facility Hours Other – Describe: outdoors | | | | S | | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 5001 | H RIVER, N | J 08882 | | | | | | |
| ≥3 sf or ≥3 lf Renova | | | | | | | Full Containment with Negative Pressure | | | | | | | |
| ≥160 sf or ≥260 lf Demol | | | tion | | | | Mini-Enclosure Glovebag Procedure | | | | | | | |
| 4 | İs | ocati | ion | | | I.A. | Non-Exempte | d (*) and Non-Frial | ble Pro | 330 | re emen | + | | |
| Location of Norm | | | | ally | | | f | | Туре | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Mair | itenai | Staff? Asbestos Cor (i.e. therma | | | ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous) | | Amount (Specify | D. | _ | Enc | Щ | | |
| In Facility (13) | | (12) | | | | | | SF or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | | | | | a | - | late | Ire | | |
| OUTSIDE | | | | A | CM PIP | E SOMA | ASTIC | STIC 200 LF X | | | | | | |
| | | | | | | 71 27 3 | | | | | | | | |
| | | | | | | | | | - | | | | | |
| Name of Registered Waste Hauler | | | JDEP W | aste | Cubic \ | Yards Name o | | of Registered Landfill | | | | | | |
| WASTE MANAGEMENT | | 0.000 | auler ID 25 | No. | of Waste APPX, 15 | | GROWS NORTH | | | | | | | |
| City, State ELIZABETH, NJ | | Dis | | | Dispos | X 200 | | City, State | | | | | | |
| Completed by | Title | | | | TBD | gnature | MORRISVILLE, PA | | | | | | | |
| CAROL RAIMO | OFFIC | EM | GR. | | | / // | ral La | reno la | 3 | 17) | /1 | 5 | | |