Name of Building Owner / Operator (2) 2 0 2014 03-18-2014 **CPR Services** Agencies Notified Type Notification Street Address X **EPA** 3C Marlen Drive DEP Initial City, State & Zip Code DOL  $\boxtimes$ Amended (1st)Bldg Owner Robbinsville, NJ 08691  $\boxtimes$ DOH Name of Contact Emergency Telephone Numb DCA Cancellation Gabe Ferrara, VA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bayside Condominiums School (K-12) Street Address Subchapter 8 (Other than K-12) 27-31 Annapolis Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Atlantic City, NJ Current Use (Prior if being demolished) Atlantic Apartment Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) American Environmental Specialist Resource Management Group, LLC Street Address Street Address 118 Westbury Court 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Mariton, NJ 08053 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Murry 856-985-2885 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03-24-2014 04-08-2014 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Hours 4:30pm-1:00am City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Remova Repair TO BE ABATED Maintenance or (i.e., thermal systems Custodial Staff? insulation, surfacing, VAT in Facility or other miscellaneous) (13)(12)Yes No N/A Unit#1 Encapsulate 25 SF Unit#2 X 25 SF Encapsulate X Unit#3 25 SF Encapsulate X Unit#4 25 SF Encapsulate Unit #5 X 25 SF Encapsulate Unit#6 Encapsulate 25 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian J. Haney President 03/18/2014

| No Chock  | (Pursua                          | int to             | N.J.A.                       | د. 8:60 and 1                     | 12:120)                    |  |          |         |        |             |           |
|---|----------------------------------|--------------------|------------------------------|-----------------------------------|----------------------------|--|----------|---------|--------|-------------|-----------|
| Date of Notification (1) 03-18-2014   | 192                              |                    | f Building<br>ervices        | Owner / Operator                  | (2)                        |  | WD 1     | 105     | 014    |             | - 11      |
| Agencies Notified Type Notification   | on S                             | treet A            | ddress                       | •                                 |                            |  | MAP 2    | U Z     | U14    |             |           |
| ☐ DEP ☐ Initial-P   | age 2 of 2<br>d (1st) Bldg Owner |                    | ate & Zip (                  |                                   |                            |  |          | 55      |        | À           |           |
| □ DOH    □ Emerge     □ DCA    □ Cancell                                      | ncy N                            | lame o             | f Contact                    |                                   |                            |  | Te       | lepho   | ne N   | imbe        | er        |
| DCA Cancell   | ation                            |                    |                              |                                   |                            |  |          |         |        |             | 7.        |
|   |                                  |                    | LITY INF                     | ORMATION                          | -/                         |  |          |         |        |             |           |
| Name of Facility Where Abatement<br>Bayside Condominiums                      | is Taking Place (3)              | )<br>              |                              | Type of Facilit                   | (-12)                      |  |          |         |        |             |           |
| Street Address  |                                  |                    |                              | Subchapt Other (i.e.              | er 8 (Other ti             |  | uildinge | hom     | oo o   | to \        |           |
| 27-31 Annapolis Avenue  |                                  |                    |                              | Square Feet                       | # of FI                    |  |          | ig. Age | -      | 10.)        |           |
| City (5)  | ounty (6) Cou                    | unty Co            | ode (7)                      |                                   |                            |  |          |         |        |             |           |
| Atlantic City, NJ   | tlantic                          |                    |                              | Current Use (F<br>Apartment E     |                            | demolished                                       | d)       |         |        |             |           |
| Name of Monitoring Firm Hired by I  | Building Owner (8)               |                    | ASCM No                      |                                   |                            | actor (9)  |          |         |        |             |           |
| American Environmental Spec   |                                  | 1                  | ACCIVI NO                    | Resource M                        |                            |  | LC       |         |        |             |           |
| Street Address  |                                  |                    |                              | Street Address                    | S                          |  |          |         |        |             |           |
| 118 Westbury Court  |                                  |                    |                              | 2115 Hamilt                       |                            | ite 202  |          |         |        |             |           |
| City, State & Zip Code<br>Marlton, NJ 08053                                   |                                  |                    |                              | City, State & Z<br>Trenton, NJ    |                            |  |          |         |        |             |           |
| Project Manager for Monitoring Firm   | n Telep                          | hone N             | lumber                       | Telephone Nu                      |                            | Lice   | ense Nu  | mber    |        |             |           |
| Mr. Murry   | 856-9                            | 985-28             |                              | 609-977-615                       |                            |  |          | 0118    | 5      |             |           |
| Scheduled Start Date (10) Scheduled Start Date (10) Scheduled Start Date (10) | heduled Completion<br>04-08-     |                    | (11)                         | Name of OSH<br>J&S Enviror        |                            | horatories                                       | Inc      |         |        |             |           |
| Occupancy Status During Abateme   |                                  |                    |                              | Street Addres                     |                            | Doratories                                       | , 1110.  | -       |        |             | 01W.56=   |
| Facility Closed/Vacated Du  | ring Entire Period o             | of Abat            | ement                        | 2333 Route                        | 6.5                        |  |          |         |        |             |           |
| Abatement Performed Duri  | ng of Normal Hours               | s 7am-             | 3:30pm                       | City, State & Z                   |                            |  |          |         |        |             |           |
| Describe:   |                                  |                    |                              | Union, NJ 0                       | 7083                       |  |          |         |        |             |           |
| Facility Occupied During Al Scope of Work (Check all that appl                |                                  |                    |                              |                                   |                            |  | -        |         |        | - 11        |           |
| Coope of Work (official all a lat appli                                       | 17                               |                    |                              |                                   | Full C                     | ontainment                                       | with Ne  | gative  | Pres   | sure        | :         |
| ≥3 sf or ≥3 lf  | $\boxtimes$                      |                    | vation                       |                                   |                            | nclosure   |          |         |        |             |           |
| ≥160 sf ≥260 lf   |                                  | Demo               | olition                      |                                   |                            | Bag Proced<br>exempted ar                        |          | Erioble | Dro    | oodu        | ıro       |
| Location of   | lel                              | ocatio             | n T                          | Description                       |                            | Amo  |          |         |        | ent T       |           |
| Asbestos-Containing   | Norm                             | nally U            | sed                          | Asbestos-Cont                     | aining                     | (Spe   | ecify    |         |        |             | 7         |
| Material (ACM)  |                                  | olely by<br>tenanc |                              | Material (AC<br>(i.e., thermal sy |                            | SF or  | r LF)    | 20      | 71     | Encapsulate | ᄪ         |
| TO BE ABATED in Facility  |                                  | odial St           |                              | insulation, surfac                |                            |  |          | Removal | Repair | apsı        | Enclsoure |
| (13)  |                                  | (12)               |                              | or other miscella                 | aneous)                    |  |          | l á     | =      | late        | ure       |
|   | Yes                              |                    | N/A                          |                                   | -1-                        | 25.05  |          | -       |        |             |           |
| Unit # 7  |                                  |                    | H -                          | Encapsula<br>Encapsula            |                            | 25 SF<br>25 SF                                   |          | 井       | H      | X           | ዙ         |
| Unit # 8  |                                  | 쒸                  | H                            | Elicapsul                         | ale                        | 20 01  |          | 卄       | H      | H           | H         |
|   |                                  | H                  | ㅐ                            |                                   |                            | 1  |          | 븀       | H      | H           | 一         |
|   |                                  | H                  | $\exists$                    |                                   |                            | <del>                                     </del> |          | 吊       | H      | П           | H         |
|   |                                  | 퓜                  | H                            |                                   |                            | -  |          | 뮴       | H      | H           | H         |
| Name of Registered Waste Hauler   |                                  | NJD                | EP Waste                     | Cubic Yards                       | Name of Re                 | egistered La                                     | ındfill  |         |        |             | اسا       |
| Resource Management Group   | o, LLC                           |                    | iler ID No.<br>5 <b>5218</b> | of Waste                          | Grows La                   | ndfill   |          |         |        |             |           |
| City, State<br>Trenton, NJ  |                                  |                    |                              | Disposal Date TBD                 | City, State<br>Morrisville | e. PA  |          |         |        |             |           |
| Completed By (Print or Type)  |                                  | Title              | )                            | Signature                         |                            | -,   | -        | Date    |        |             |           |
| Mr. Brian J. Haney  |                                  |                    | sident                       | -19.12.2.0                        |                            |  |          | 03/1    | 8/2    | 014         | ļ         |

Name of Building Owner / Operator (2) 03-18-2014 Union County College Agencies Notified Type Notification Street Address  $\boxtimes$ EPA 1033 Springfield Avenue City, State & Zip Code DEP Initial-Page 1 of 1 X Amended (1st)Start Cranford, NJ DOL Telephone Number Name of Contact DOH Emergency Cancellation DCA Mr. Henry Keys **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Union County College Street Address Subchapter 8 (Other than K-12) 1033 Springfield Avenue Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 295,000 50 Current Use (Prior if being demolished) Cranford, NJ Union College Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The Saban Engineering Group, Inc. Resource Management Group, LLC Street Address Street Address 1001 Avenue of the Americas, 12th Floor 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code New York, NY 10018 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Stephen Pharai 212-913-9640 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03-19-2014 J&S Environmental Laboratories, Inc. 03-26-2014 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West  $\boxtimes$ Abatement Performed During of Normal Hours 4pm-1am City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Description of Is Location Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulat Enclsoure Remova Repair TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 500 SF College building Floor tile and mastic NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste Hauler ID No. Resource Management Group, LLC TBD 0035218 Grows Landfill City, State Disposal Date City, State Trenton, NJ Morrisville, PA TBD \_ Completed By (Print or Type)Brian Haney Signature Title President Date 3-18-2014 Mr. Brian J. Hanev President

(KF 25436

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

| Date of Notification (1)                                  | 18/14                                      |            | T  | Name o           | of Building     | Owner/Operator   | (2)<br>Iozak Constru                            | ction                                  |          |             |             |           |
|---|--|------------|--|------------------|-----------------|--|---|--|----------|-------------|-------------|-----------|
| Agencies Notified   | Type Notification                          |            | 1  | Street           | Address         |  | PO Box 479                                      | F1                                     | 40 2     | ij          | 201         |           |
| EPA<br>DEP<br>DOL   | Initial Amended Amendment #                |            | .  | City, St         | ate, Zip C      |  | Willingboro,                                    |  |          |             |             | _         |
| M DOH □ DCA   | Emergency (in justification)  Cancellation | cluding    |  | Name             | of Contact<br>H |  |   | Telephone Num                          | ner      |             | 190         |           |
|   |  | -          |  | FAC              | ILITY INF       | ORMATION   |   |  |          |             |             | $\neg$    |
| Name of Facility Where                                    | Abatement is Takin<br>Commerc              |            |  |                  |                 |  | Type of Facility  School (K-12)                 | 2)                                     | 2)       |             |             |           |
| Street Address  | 3056 Engli                                 | sh Cr      | eek I  | Rd.              |                 |  |   | 8 (Other than K-1) rivate & commerci ) | al build |             |             |           |
| City (5)  | Egg Harb                                   | or Tw      | љ., N  | IJ               |                 |  | Square Feet 6000                                | # of Floors                            | _        | ig. Ag<br>8 | 355.00      |           |
| County (6)  | tlantic                                    |            |  | Coun             | ty Code (7      | 7) (STATE  |   | rior if being demoli<br>mmercial bui   |          |             |             |           |
| Name of Monitoring Firm (8)                               |  | Owner      |  | ASCM I           | No.             |  | ment Contractor (9<br>vens Environi             |  | es, In   | с.          |             |           |
| Street Address  | PO Box 34                                  | 1          | -1-  |                  |                 | Street Address   | 3) (4)  | 3ox 322                                |          |             |             |           |
| City, State, Zip Code                                     | rosswicks, NJ                              |            | ;  |                  |                 | City, State, Zip (   | Code  | n, NJ 08501                            |          |             |             |           |
| Project Manager for Mo                                    |  |            | Tele   | phone (          | No.<br>3-4070   | Telephone No.  | 59-9688   | License No.                            | 00493    | 3           |             | _         |
| Start Date (10)   |  | duled C    | -  | tion Da          |                 | Name of OSHA   | Monitor   | ECS                                    |          |             |             |           |
| 3/19/14 Occupancy Status Duri                             |  | ck only    | one)   |                  |                 | Street Address   |   | 3ox 341                                |          |             |             | _         |
| Facility Closed/Vaca Abatement Performe Other - Describe: | ed Outside of Norma                        | al Facilit | Abater<br>y Hour                               | ment<br>rs       |                 | City, State, Zip   | Code  | ks, NJ 08515                           |          |             |             |           |
| Scope of Work (Check                                      | all that apply)                            |            |  |                  |                 |  | ontainment with Ne                              |  |          |             |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                      |  |            | enovati<br>emolitio                            |                  |                 | ☐ Mini-Er  | nclosure<br>pag Procedure<br>exempted (*) and N | 3.0                                    | ure      |             |             |           |
|   |  | N          | _ocatio  | ,                |                 |  |   | =                                      |          | bate<br>Typ |             |           |
| Location Asbestos-Containing TO BE ABA IN Facili (13)     | Material (ACM)<br>ATED                     | Mair       | l Solel<br>ntenan<br>ustodia<br>Staff?<br>(12) | ce/              |                 | Description of<br>tos Containing Ma<br>thermal systems<br>surfacing, VAT<br>other miscelland | aterial (ACM)<br>insulation,<br>Γ, or           | Amount<br>(Specify<br>SF or LF)        | Removal  | Repair      | Encapsulate | Enclosure |
|   |  | Yes        | No   | N/A              |                 |  |   | 11017                                  |          |             | fe          |           |
| Basem   | ent  | -          |  | ×                | Th              | ermal Pipe In<br>(Wrap & C   |   | 110 LF                                 | ×        |             |             |           |
|   |  |            |  |                  |                 |  |   |  |          |             |             |           |
| Name of Registered W                                      | aste Hauler                                |            |  | JUDEP V          |                 | Cubic Yards of Waste   | Name of Reg                                     | istered Landfill                       |          |             |             |           |
| Stevens Enviror   | nmental Servic                             | es Inc     | _  _   | tauler II<br>182 | 292             | 2 CU   |   | T.R.R.F. I                             | nc.      |             |             |           |
| City, State   | Allentown,                                 | NJ         |  | Ti di            |                 | Disposal Date 3/21/14  | City, State                                     | Tullytown                              | , PA     |             |             |           |
| Completed By Mahlon E. St                                 | tevens                                     | 57.45      | rojec  | t Mai            | nager           | Signature  |   | Date -                                 | 3/18     | 8/14        |             |           |
| ASB-41<br>MAR 00  | *!   | Do not i   | ıse thi  | s form           | for asbes       | tos licensure exe  | mpted activities.                               |  |          |             |             |           |

|   |             |                   |                  | 5 ""       |                            | . (0)         |                                       |          | dd           |            |          |             | - 1           |
|---|-------------|-------------------|------------------|------------|----------------------------|---------------|---------------------------------------|----------|--------------|------------|----------|-------------|---------------|
| Date of Notification (1)                    |             | { }               | Vame of          | Building ( | Owner/Opera                | tor (2)       | · · · · · · · · · · · · · · · · · · · | 240      |              |            |          |             |               |
| 1.15  |             |                   | Street Ad        | idrass     | 1 2 P                      | 10            |                                       |          | MAH 2 I      | 0 00       | 15.6     |             |               |
| Agencies Notified Type Notification         |             | 1                 | 1 -              | \          | BOVIC                      | 1.1           | NO                                    |          | With I Z I   | 1 . 21     | 114      |             |               |
| EPA Initial Amended                         |             | (                 | City Stat        | ie, Zip Co | de de                      | 1 0           |                                       |          |              | - 00       | -        |             |               |
| DEP Amended Amendment #                     |             | ,                 | 72/              | 10,200     | Y 10.                      | . \ .         |                                       |          |              |            |          | i.          | 9             |
| Emergency (iii                              |             | - h               | Vame of          | Contact    | , NEC                      | عد در         | nery                                  | Te       |              | -          |          | •           | - 1           |
| DOH justification) Cancellation             |             |                   |                  | , he       |                            |               | 0                                     |          |              |            |          |             |               |
| C BOA E OURSERIEUR                          |             |                   |                  |            | ORMATION                   |               |                                       | 1        |              | •          |          |             |               |
| Name of Facility Where Abatement is Taking  | Place (3    | )                 | 171011           |            | 3711117171711              | Тур           | e of Facility (                       | 4)       |              |            |          |             |               |
| Sover Rosid                                 | na          |                   |                  |            |                            |               | School (K-1                           | 2)       |              |            |          |             | 13            |
| Street Address                              |             |                   |                  |            |                            | $\neg \Box$   | Subchapter                            | 8 (Othe  |              |            | Vanada e |             |               |
| 124 BOUCH                                   | Darc        | R                 |                  |            |                            | DK            | Other (i.e. p etc.)                   | rivate 8 | commercia    | i build    | ıngs,    | nome        | es,           |
| City (5)                                    | -K          |                   |                  |            |                            | 4' 2          | are Feet                              | # of     | Floors       | BI         | dg. A    | ge          |               |
| 13.15 NJ                                    |             |                   |                  |            |                            | 1/8           | rw                                    |          | /            | 1          | 00       |             |               |
| County (6)                                  |             |                   | County C         |            | 1                          | Curi          | ent Use (Pric                         |          |              | ed)        |          |             |               |
| 0000  | 197         |                   |                  | ISE ONLY   |                            |               | 1001 d                                |          |              |            |          |             |               |
| Name of Monitoring Firm Hired by Building C | wner (8)    |                   | ASCM             | No.        | - 1                        |               | atement Con                           |          | (9)          |            |          |             |               |
|   |             |                   |                  | 5          |                            |               | lation Co.,                           | inc      |              |            |          |             |               |
| Street Address                              |             |                   |                  |            |                            | eet Addr      |                                       |          |              |            |          |             |               |
|   |             |                   |                  |            | 1                          |               | ose Rd.                               |          |              |            |          |             | -             |
| City, State, Zip Code                       |             |                   |                  |            | 1 .                        |               | Zip Code<br>ck, New Je                | ersev (  | 17722        |            |          |             |               |
| Project Manager for Monitoring Firm         |             |                   | Telephor         | ne No      |                            | ephone I      |                                       | ,13Cy    | License No   |            |          |             |               |
| Project Manager for Monitoring Pillin       |             |                   | elebiloi         | 16 140.    | 40 0000                    | 32 294        |                                       |          | 00029        |            |          |             |               |
| Start Date (10)                             | Schedule    | d Com             | nletion [        | Date (11)  |                            |               | SHA Monitor                           |          |              |            |          |             |               |
| 2/2-114                                     | 3/31        | 114               | 34               | 2010 (11)  | 1                          | 110 01 00     | or in a mornitor                      |          |              |            |          |             |               |
| Occupancy Status During Abatement (Check    | Only On     |                   | 1                |            | Stre                       | eet Addr      | ess                                   |          |              |            |          |             | U.S. F. S. S. |
| Facility Closed/Vacated During Entire P     |             |                   | ent              |            |                            |               |                                       |          |              |            |          |             |               |
| Abatement Performed Outside of Norma        | al Facility | Hours             |                  |            | City                       | y, State,     | Zip Code                              |          |              |            |          |             |               |
| Other – Describe:                           | 79m         | 1-                | tpm_             |            |                            |               |                                       |          |              |            |          |             |               |
| Scope of Work (Check All That Apply)        |             |                   |                  |            |                            |               |                                       |          |              |            | - 72     |             |               |
| ≥3 sf or ≥3 lf                              | ☐ R         | enova             | ion              |            |                            | □ F           | ull Containme                         | ent with | Negative P   | ressur     | е        |             |               |
| 2160 sf or ≥260 lf                          |             | emoliti           | on               |            |                            | HM            | lini-Enclosure                        | r i      |              |            |          |             |               |
|   | , –         |                   |                  |            |                            |               | lovebag Proc<br>on-Exempted           |          | Non-Friabl   | e Prod     | cedure   | 9           |               |
|   | le.         | Locati            | 20               | W          |                            | 70            |                                       | 7        |              |            | Abate    |             | t             |
| Location of                                 | N           | ormal             | y                |            | Descript                   | tion of       | 1                                     |          |              |            | Ту       | pe          | ,             |
| Asbestos-Containing Material (ACM)          |             | d Sole<br>intenar |                  |            | tos Containin              | ig Materi     |                                       |          | mount        |            |          | ш           | -             |
| TO BE ABATED In Facility                    |             | odial S           |                  | (i.e.      | thermal systems surfacing. |               |                                       |          | or LF)       | Rem        | Re       | Cap         | nd            |
| (13)  |             | (12)              |                  |            | other misce                |               |                                       |          | ,            | Removal    | Repair   | Encapsulate | Enclosure     |
|   | Yes         | No                | N/A              | š -        |                            |               | 1                                     |          |              | -          |          | ē           | е             |
| 6.14.                                       |             |                   | 10               |            | 4                          |               |                                       | 12       | 11714        | U          | 7        | -           |               |
| or topic                                    |             |                   | 8                |            | dig ,                      | <u></u>       |                                       | 10       | 4/           | ^          | 1        |             |               |
|   |             |                   |                  |            | 12/                        | Vin           | 11                                    |          |              |            |          |             |               |
|   |             |                   |                  |            |                            |               |                                       |          |              |            |          |             |               |
|   |             |                   |                  |            |                            |               |                                       |          |              |            |          |             |               |
| Name of Registered Waste Hauler             | 0           |                   | JDEP W           |            | Cubic Yard                 | is /          | Name of                               | Registe  | red Landfill | *-13:/*15: |          |             | anerstades,   |
| Ace Insulation Co., Inc.                    |             |                   | auler ID<br>2086 | NO.        | of Waste                   | $\mathcal{A}$ | G.R.O.                                | W.S      |              |            |          |             |               |
| City, State                                 |             |                   |                  |            | Disposal D                 | ate           | City, State                           | е        |              |            |          |             |               |
| Colts Neck, New Jersey                      |             |                   |                  |            | 3/3/                       | liu           | Tullytov                              |          | 4            |            |          |             |               |
| Completed by                                | Title       |                   |                  |            | Signal                     | ше            | 1.1                                   |          | Dat          | e /        | 1        |             |               |
| George Wuest                                | Presi       | dent              |                  |            |                            | Bree          | M                                     | D.:      |              | 3/10       | 7/1      | 4           |               |
|   |             |                   |                  |            |                            |               | 1                                     |          |              | ,,,,       |          |             |               |

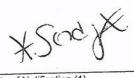
## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| * Sondy X   | 140            | (Purs             | uant to I            | NJAC 8:60 and                           | 12:120)                            | Che                          | l H       | #              | da        | 17             | 0           |             |           |
|---|----------------|-------------------|----------------------|---|------------------------------------|------------------------------|-----------|----------------|-----------|----------------|-------------|-------------|-----------|
| Date of Notification (1)                          |                | Na                | ^                    | uilding Owner/O                         | perator (2)                        | sidno                        | 0         |                | MAR_      | 2 0            | 00          | .,          |           |
| 3   S   19  Agencies Notified   Type Notification |                | Str               | eet Addr             | 2000                                    | S                                  |                              |           |                | 17 2 2    | <del>- 0</del> | 20          | 14-         | 7         |
| D EPA Initial                                     |                | -0"               | 44                   | + E.                                    | Harbor                             | Si ce u                      | <u>٠</u>  |                |           |                |             |             | -         |
| DEP Amended                                       | :#             | Cit               | y, State,            | Zip Code                                | beach,                             | New                          | عد        | 12             | 8         |                | F)          |             |           |
| DOL Emergency justification                       | (including     | Na                | me of C              | ontact                                  | ,                                  |                              | 1         |                | Kimhr     | ``             |             |             | - 1       |
| DCA Cancellation                                  |                |                   | •                    | Y INFORMATI                             | ON                                 |                              | Ι         |                |           |                |             |             |           |
| Name of Facility Where Abatement is Taki          | ng Place (3)   |                   | FACILI               | I HAI ORMAN                             | Туре                               | of Facility (4)              | )         |                |           |                |             |             |           |
| Ciempiecki Rei                                    | si en c        | 2                 |                      |   |                                    | School (K-12<br>Subchapter 8 | Othe      | r than         | K-12)     |                |             |             |           |
| Street Address                                    |                |                   | 10                   |   |                                    | Other (i.e. pri              | vate &    | comm           | nercial b | ouildin        | gs, h       | omes        |           |
| LIA E. Harbors                                    | or cer a       | D                 | UE                   |   | Squar                              | e Feet                       | # of      | Floors         |           |                | Agg         |             |           |
| Ortley Beach                                      |                |                   |                      | <del></del>                             | 10                                 | nt Use (Prior                | r if hein | / dem          | nolished  | 1              |             |             | $\dashv$  |
| County (6)  |                | (S                | ounty Co             | ide (/)<br>SE ONLY)                     | - Cuite                            | 25: CN                       | nie       |                |           | **             |             |             |           |
| Name of Monitoring Firm Hired by Building         | Owner (8)      | 1                 | ASCM I               | No.                                     | Name of Aba                        |                              |           | (9)            |           |                |             |             |           |
|   |                |                   |                      |   | Ace Insula<br>Street Addre         |                              | 1110.     |                |           |                |             |             | -         |
| Street Address                                    |                |                   |                      |   | 95 Montro                          |                              |           |                |           |                |             |             |           |
| City, State, Zip Code                             |                |                   |                      |   | City, State, Z                     |                              | 722       |                |           |                |             |             |           |
|   |                | 1 -               | elephone             | a No                                    | Colts Nec                          |                              | 122       | Licer          | ise No.   |                |             |             |           |
| Project Manager for Monitoring Firm               |                | 1.                | elephone             | 5 110.                                  | 732-294-1                          | 1757                         |           | 000            | 29        |                |             |             |           |
| Start Date (10)                                   | Scheduled      | Com               | pletion D            | ate (11)                                | Name of OS                         | HA Monitor                   |           |                |           |                |             |             |           |
| Occupancy Status During Abatement (Ch             | eck Only One   | <u>a</u> I        | -119                 |   | Street Addre                       | ess                          | 1         |                |           |                |             |             |           |
| ☐ Facility Closed/Vacated During Entir            | e Period of A  | batem             | ent                  |   |                                    | -                            |           |                |           |                |             |             |           |
| Abatement Performed Outside of No                 | ormal Facility | Hours             | 70.                  |   | City, State, 2                     | Zip Code                     |           |                |           |                |             |             |           |
| Scope of Work (Check All That Apply)              |                |                   |                      |   | J                                  |                              |           |                |           |                |             |             |           |
| . ≥3 sf or ≥3 lf                                  |                | enovat            |                      |   |                                    | ull Containme                |           | n Nega         | ative Pr  | essure         | 9           |             |           |
| ≥160 sf or ≥260 lf                                | Do             | emoliti           | on                   |   | ΠG                                 | lovebag Prod<br>on-Exempted  | cedure    | d Nor          | -Eriable  | Proc           | edure       |             |           |
|   |                |                   | 1                    |   | J.N.                               | on-Exemple                   | u ( ) ai  | u ivoi         | T HOUSE   |                | Abate       | ment        |           |
| Location of                                       | l N            | Location          | y                    |   | escription of                      |                              |           |                |           | $\vdash$       | 1 9         | pe          |           |
| Asbestos-Containing Material (ACM) TO BE ABATED   | Mai            | d Sole<br>intenar | nce/                 | Asbestos Co                             | ntaining Materi<br>al systems insu | al (ACM)<br>llation,         | (         | Amour<br>Speci | fy        | Re             | Ŗ           | Encapsulate | Enc       |
| In Facility                                       | Cust           | odial 9<br>(12)   | Staff?               | sur                                     | facing, VAT, or miscellaneous      |                              | S         | F or L         | F)        | Remova         | Repair      | psula       | Enclosure |
| (13)  | Yes            | No                | N/A                  |   |                                    |                              |           |                | ,         | _              |             | te          | Ф         |
| 10 typic  |                |                   | (1)                  | Sidin                                   | <i>Y</i>                           |                              | 12        | w              | 10        | X              |             |             |           |
| 0240012   |                |                   | 0                    | mi                                      | hue vir                            | 141)                         |           |                |           |                |             |             |           |
|   |                |                   |                      | 0                                       |                                    | •                            |           |                |           |                |             |             | -         |
|   |                |                   |                      |   |                                    | Name of                      | f Doole   | tored          | andfill   | 1              |             |             | <u></u>   |
| Name of Registered Waste Hauler                   |                |                   | NJDEP W<br>Hauler ID |   | ic Yards<br>Vaste                  | G.R.O                        |           |                | Lanum     |                |             |             |           |
| Ace Insulation Co., Inc.                          |                | 1                 | 2086                 | Die                                     | posal Date                         | City, Sta                    |           |                |           |                |             |             |           |
| City, State Colts Neck, New Jersey                |                |                   |                      | 1 | 3/27/14                            | Bethle                       |           | PA             |           |                |             |             |           |
| Completed by                                      | Title          |                   | Trees                |   | Signature                          | na A.                        | ,         |                | Da        | 3/1            | 8/1         | U           |           |
| Bree McGuire                                      | Secr           | etary             | Treasu               | TIEL                                    | - Or Car                           | C TO Y                       |           |                |           |                | <i>U</i> 1' |             |           |
| 400 44 (P 06 08)                                  |                |                   |                      |   | * Do not us                        | e this form fo               | or asbe   | stos li        | censure   | e exer         | npted       | activ       | ities.    |

CK# 22 70

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

| Date of Notification (1)                              |                                       | Name of               | Building Owne | r/Operator (                 | (2)       |  | , ,               | -1-     | 7           | P           | 7         |
|---|---------------------------------------|-----------------------|---------------|------------------------------|-----------|--|-------------------|---------|-------------|-------------|-----------|
| 2/18/14   |                                       | Pa,                   | chard         | Di                           | VOX       | -  |                   |         |             |             | - ' 1'    |
| Agencies Notified Type Notification                   |                                       | Street Ad             | ddress        |                              | 70        |  |                   |         |             |             |           |
| EPA VZ Initial  |                                       | 3:                    | 391 5         | 29 Vit                       | 26051     | Rd   | WAD               | 200     | 0.014.A.    |             |           |
| DEP Amended   |                                       | 5000000               | te, Zip Code  | 1                            | - 5       |  |                   | - 27    | -014        | - 1         | + /       |
| DOL Amendment   |                                       | Tor                   | ns Biv        | er (00                       | eco       | , Deach  | 1111 Sect         | (00)    | <u>₩</u>    | 5           |           |
| DOH justification)                                    | iloluding                             |                       | Contact       | 0                            |           |  | Tak               |         |             | •           | T         |
| DCA Cancellation                                      |                                       |                       | mire          |                              |           |  |                   |         |             |             |           |
| C. W. M. Abele of J. Telde                            | Di (2)                                | FACI                  | LITY INFORMA  | ATION                        | Tymo o    | f Facility (4)   |                   |         |             |             |           |
| Name of Facility Where Abatement is Taking            |                                       |                       |               |                              | Type o    | reachity (4)   |                   |         |             |             |           |
| Duyer Residence                                       |                                       |                       |               |                              |           | chool (K-12)   | (Other than K-1   | (2)     |             |             |           |
| Street Audress  | 01                                    |                       |               |                              |           |  | ate & commerc     |         | ings,       | nome        | s,        |
| 3391 Seaville   | 119                                   |                       |               |                              | Square    | C.)  | # of Floors       | I BI    | dg. Ag      | 10          | $\dashv$  |
| City (5)  | Beal                                  | 01115                 | ( )           |                              | a G       | reel   | # 01 F1001S       | 1       | ر م<br>م    | /           |           |
|   | 11200                                 | County                | Code (7)      |                              | Curren    | Lilea (Prior i   | if being demolis  | (hed)   | 0           | 1           |           |
| County (6)  |                                       |                       | USE ONLY)     |                              |           | esider   |                   | mou     |             |             |           |
| Name of Monitoring Firm Hired by Building C           | )wner (8)                             | ASCN                  | A No.         | Name                         |           | ement Contra   |                   |         |             |             |           |
| Name of Monitoring 1 in 1 inco by ballong of          | , , , , , , , , , , , , , , , , , , , | /,                    |               | 100                          |           | ion Co., Ir  | COMPANY OF SAME   |         |             |             | 1         |
| Street Address  |                                       | <u> </u>              |               |                              | Address   |  |                   |         |             |             |           |
| 0,000   |                                       |                       |               | 95 M                         | ontros    | e Road   |                   |         |             |             |           |
| City, State, Zip Code                                 |                                       |                       |               | City, St                     | tate, Zip | Code   |                   |         |             |             |           |
|   |                                       |                       |               | Colts                        | Neck      | , N.J. 0772  | 22                |         |             |             |           |
| Project Manager for Monitoring Firm                   |                                       | Telepho               | ne No.        |                              | one No.   |  | License           | No.     |             |             |           |
|   |                                       |                       |               | 732-2                        | 294-17    | 757  | 00029             |         |             |             |           |
| Start Date (10)                                       | Scheduled (                           | Completion            | Date (11)     | Name                         | of OSHA   | A Monitor  |                   |         | 7011        |             |           |
| 3/21/M  |                                       | 0/14                  |               |                              |           |  |                   |         |             |             |           |
| Occupancy Status During Abatement (Chec               | k Only One)                           |                       |               | Street                       | Address   | 3  |                   |         |             |             |           |
| Facility Closed/Vacated During Entire F               |                                       |                       |               | 011 0                        | 1.1. 7    | 0.1  |                   |         |             |             |           |
| Abatement Performed Outside of Norm Other – Describe: | - 7                                   | ours                  |               | City, S                      | tate, Zip | Code   |                   |         |             |             |           |
| 7   |                                       |                       |               |                              |           |  |                   |         | -           |             | $\dashv$  |
| Scope of Work (Check All That Apply)                  |                                       |                       |               |                              | 1         | Cantalanca   | t mitte blamation | 0       | _           |             |           |
| ≥3 sf or ≥3 if<br>>0 ≥160 sf or ≥260 if               |                                       | ovation<br>nolition   |               |                              |           | Containment<br>-Enclosure  | t with Negative   | Pressui | е           |             |           |
| LA 2100 01 01 2200 11                                 | 70                                    |                       |               |                              | Glov      | ebag Proced  |                   |         |             |             |           |
|   |                                       |                       | r             | - 7                          | Non-      | -Exempted (  | *) and Non-Fria   |         |             | A.          | $\dashv$  |
| Lit.  |                                       | cation<br>mally       |               |                              |           | 1  |                   |         | Abate<br>Ty |             | 1         |
| Location of Asbestos-Containing Material (ACM)        | Dec. (5.00 p.) 200                    | Solely by             | Asbestos C    | Description                  |           | (ACM)  | Amount            |         |             |             |           |
| TO BE ABATED  |                                       | enance/<br>ial Staff? |               | nal systems                  |           |  | (Specify          | R       | ZD          | nc          | 里         |
| In Facility   |                                       | 12)                   |               | ırfacing, VA<br>er miscellar |           | 4  | SF or LF)         | Removal | Repair      | apsı        | Enclosure |
| (13)  | -                                     |                       | Oili          | el Illiscenar                | ieous)    | 1  |                   | Va.     | Ξ'          | Encapsulate | ure       |
|   | Yes N                                 | NO N/A                |               |                              |           |  | A /               | -       |             |             |           |
| 6+401   |                                       | 1 X                   | S. di         | 7                            | 特         |  | 900 17            | X       |             |             |           |
|   |                                       |                       |               | 9 Vi                         | au        |  | . ,-              |         |             |             |           |
|   |                                       |                       | ·             | - / V-                       | 1 .+      | •  |                   |         |             |             |           |
|   | +                                     |                       |               |                              |           |  |                   |         |             |             | $\dashv$  |
| Name of Registered Waste Hauler                       |                                       | NJDEP W               | Vaste Cu      | bic Yards                    |           | Name of Re   | egistered Landf   | iii     |             |             | -         |
|   |                                       | Hauler ID             |               | Waste                        | )         | G.R.O.W  |                   |         |             |             |           |
| Ace Insulation Co., Inc.                              | <u> </u>                              | 12086                 |               | $\sim$                       |           | The state of the s |                   |         |             |             |           |
| City, State   |                                       | 20                    | Dis           | posal Date                   | liul      | City, State<br>Bethlehe  | m DA              |         |             |             |           |
| Colts Neck, New Jersey                                | 1 70                                  |                       |               | Short                        | 117       | Delinene   |                   | )ata?   |             |             |           |
| Completed by  | Title                                 | iry Treasu            | ırer          | Signature                    | 0011      | 1,-  |                   | ate 18  | h           | 1           |           |
| Bree McGuire  | 3601619                               | ny meast              | AI CI         |                              | Y.        | X  |                   | OFF     | 5/10        | 1_          |           |



| _      |     | 4    |    |   |
|--------|-----|------|----|---|
| Mea    | 1/1 | 10   | 0  | - |
| 1 1/00 | MI  | · _/ | -/ |   |

|  |                |              |                      |        |          | 10                        | (0)        |                   |  |                | 7.       | -             | 75 1        | -         |
|--|----------------|--------------|----------------------|--------|----------|---------------------------|------------|-------------------|--|----------------|----------|---------------|-------------|-----------|
| Date of Notification (1)                   |                |              |                      | 0      | 6.       | ner/Operator              | (2)        |                   |  | 1.             | 40       |               | 10 1        |           |
| Agencies Notified Type No                  | tification     | ~            | Street               | Addi   |          |                           | 0.10       |                   | 600  |                |          |               |             |           |
|  | ial            |              |                      | 411    |          | ives 1                    | 706        |                   |  | MAR 2          | 9 2      | 31/           |             | _         |
|  | ended          |              | City,                | State, | Zip Code | A 1                       | _          | 7                 |  |                |          |               |             | 7         |
| DOI AM                                     | endment #_     |              | . (                  | محو    | m        | Cr, N                     | en.        | Jens              | er   | •              |          |               | 100         |           |
| ~ · ·                                      | nergency (inc  | luding       |                      |        | ontact   |                           |            |                   | 1  |                |          |               |             |           |
|  | tification)    |              | m                    | 100    | -K       |                           |            |                   |  |                |          |               |             |           |
| DCA   G                                    | TOORGEOT!      |              |                      |        | TY INFOR | MATION                    |            |                   | -  |                |          |               |             | 7000      |
| Name of Facility Where Abatemen            | nt is Taking P | lace (3)     |                      |        |          | 4                         | Type o     | f Facility (4)    | )  |                |          | 3,000         |             |           |
| 16 Cant Buil                               | diaco          |              |                      |        |          |                           | Пв         | chool (K-12       | )  |                |          |               |             |           |
| Vaccar. De                                 | 0110           | <del>}</del> |                      |        |          |                           | IT S       | ubchanter 8       | Othe   | r than K-12)   |          |               |             |           |
| Street Address                             | 0              | ,            |                      |        |          |                           |            |                   | vate &   | commercial     | buildi   | ngs, i        | nomes       | ,         |
| 710 River                                  | ve             |              |                      |        |          |                           |            | c.)               | 1 # of   | Floors         | DI       | dg. Ag        | 10          | 17,5 m 15 |
| City (5)                                   |                |              |                      |        |          |                           | Square     |                   | # 01   | 7              | 1000000  | 20 7 CO 10 CO | 50475       |           |
| Bemar                                      |                |              |                      |        |          |                           |            | 000               |  | $\mathcal{O}$  |          | 00            | •           |           |
| County (6)                                 |                |              |                      |        | de (7)   |                           |            |                   |  | ng demolishe   | (d)      | ,             | \d.         | -5        |
| the correction                             |                |              | STA                  | 12 03  | E ONLY)  |                           | ya         | Cant              | 10   | ild ic         | 20       | · / \         | il.         | 7         |
| Name of Monitoring Firm Hired by           | Building Ow    | mer (8)      | AS                   | SCM I  | No.      |                           |            | ement Cont        |  | (9)            |          |               |             | V         |
|  |                |              |                      |        |          | Ace                       | Insula     | tion Co.,         | Inc.   |                |          |               |             |           |
|  |                |              |                      |        |          | Stree                     | t Addres   | S                 |  |                |          |               |             |           |
| Street Address                             |                |              |                      |        |          | 1,000,000,000             |            | se Road           |  |                |          |               |             |           |
|  |                |              |                      |        |          |                           | State, Zir |                   | -  |                |          |               | No.         |           |
| City, State, Zip Code                      |                |              |                      |        |          |                           |            | N.J. 07           | 722  |                |          |               |             |           |
|  |                |              |                      |        |          |                           |            |                   |  | License No     |          |               |             |           |
| Project Manager for Monitoring F           | rm             |              | Tele                 | phone  | e No.    |                           | hone No    |                   |  | 00029          |          |               |             |           |
|  |                |              |                      |        |          |                           | -294-1     |                   |  | 00029          |          |               |             | _         |
| Start Date (10)                            | S              | cheduled     | Complet              | ion Da | ate (11) | Name                      | of OSH     | A Monitor         |  |                |          |               |             |           |
| 3/26/14                                    | ١.             | 3124         | 1-1                  |        |          |                           |            |                   |  |                |          |               |             |           |
| Occupancy Status During Abater             | nent (Check    | Only One)    | )                    |        |          | Stree                     | t Addres   | S                 |  |                |          |               |             |           |
| Facility Closed/Vacated Dur                |                |              |                      |        |          |                           |            |                   |  |                |          |               |             |           |
| Abatement Performed Outs                   | de of Norma    | Facility F   | Hours                |        |          | City,                     | State, Zi  | p Code            |  |                |          |               |             |           |
| Other - Describe:                          | 12m-           | 7878         | 2                    |        |          | -                         |            |                   |  |                |          |               |             |           |
| Scope of Work (Check All That A            | nniul          |              |                      |        |          |                           |            |                   |  |                |          |               |             | 7.5       |
| Scope of Work (Check All That A            | PP(Y)          |              |                      |        |          | N                         | d          | Centainmo         | nt with  | Negative P     | rocelir  | -             |             |           |
| ≥3 sf or ≥3 lf                             |                |              | novation<br>molition |        |          | N                         |            | i-Enclosure       |  | i Negative Fi  | Coour    | C             |             |           |
| ≥160 sf or ≥260 lf                         |                | An De        | monuon               |        |          |                           | Glo        | vebag Proc        | edure  |                | 8 858    | 869           |             |           |
| /~   |                | ,            |                      |        |          |                           | Nor        | n-Exempted        | (*) an   | d Non-Friabl   |          |               |             |           |
|  |                | le l         | ocation              |        |          |                           |            |                   |  |                |          |               | ement       |           |
| 3  |                |              | ormally              | 1      |          | Description               | nn of      | 1                 |  |                | _        | 1)            | /pe         |           |
| Location of<br>Asbestos-Containing Materia | I (ACM)        |              | Solely by            |        | Asbesto  | s Containing              |            | (ACM)             | A  | Amount         |          |               | П           | _:        |
| TO BE ABATED                               | 1 (11011)      |              | tenance/             |        |          | hermal system             | ms insula  |                   |  | Specify        | Re       | R             | L CS        | Enc.      |
| In Facility                                |                |              | idial Staff<br>(12)  | 1      |          | surfacing, \other miscell |            |                   | S  | F or LF)       | Remova   | Repair        | Encapsulate | Enclosure |
| (13)                                       |                |              | · · · ·              | _      |          | omer miscen               | aneous     |                   |  |                | <u>a</u> | 1             | late        | лe        |
| m2773                                      |                | Yes          | No N                 | MA     |          |                           |            |                   |  |                |          |               |             |           |
| (20 12 = 5) -CI                            | .1.0           |              | 1                    | 1.     | 0        | -111                      | 0          |                   | >  | 50 M           | X        | 4             |             |           |
| (154023)04                                 | 10             | -            | -+7                  | 71     | 710      | 3, 4,                     | ~          |                   | The state of the s |                | 1        |               |             |           |
| icoRom                                     |                |              |                      |        | (ork     | board                     | W/TO       | 2                 | 10   | DO 17          | X        | -             | -           |           |
|  |                |              |                      |        |          |                           | 750        |                   |  |                |          |               |             |           |
|  |                |              |                      | -      |          |                           |            |                   |  |                |          |               |             |           |
|  |                |              | LAUDI                | TD IA  | noto T   | Cubic Yards               |            | Name of           | Regiet   | ered Landfill  | 1        |               | L           |           |
| Name of Registered Waste Haul              | er             |              | 200 - 100            | EP Wa  | 38334    | of Waste                  |            | The second second |  | orou canomi    |          |               |             |           |
| Ace Insulation Co., Inc.                   |                |              | 1208                 |        |          | /                         | )          | G.R.O.            | W.S.   |                |          |               |             |           |
|  |                |              |                      |        |          | Disposal Da               | itei       | City, Stat        | e  |                |          |               |             |           |
| City, State Colts Neck, New Jersey         |                |              |                      |        |          | 3/2                       | 1114       | Bethlet           |  | PA             |          |               |             |           |
|  |                | Title        |                      |        |          | Signatu                   | · V        |                   |  | Da             | itei     | 7             |             | ,         |
| Completed by                               |                |              | tary Tre             | 22511  | rer      | July                      | 30         | M                 |  | 73             |          | 71            | 14          | 1         |
| Bree McGuire                               |                | Jecre        | cary iie             | Jasu   |          | (                         | يار        | X                 |  |                | 4'       | 1             | 1 /         |           |
|  |                |              |                      |        |          |                           |            | //.               | and the second   | tan l'an       |          |               | anti-       | tica      |
| ASB-41 (R-06-08)                           |                |              |                      |        |          | * Do                      | not use t  | this tome for     | aspes  | stos licensure | exer     | iihieo        | activi      | ues.      |

| Drint | Form  |
|-------|-------|
| Link  | Ollin |

| *Enriger Cyth   | NO            | TIFICA<br>(Purs                                  | O NOITA                      | F ASBEST<br>NJAC 8:60 | OS ABATI<br>and 12:11  | EMENT<br>20)                    | C   | her                       | CKH                        | F6      | 19     | 68          | 7         |
|---|---------------|--|------------------------------|-----------------------|--|---------------------------------|---|---------------------------|----------------------------|---------|--------|-------------|-----------|
| Date of Notification (1)  3 1 4 14  Agencies Notified Type Notification                               |               |  | reet Add                     | -69                   | L Q C  | or (2)<br>(3)                   | ein<br>Ave  |                           | MA                         | R 2     | 0 .    | 2014        | 1         |
| DOH  Initial  Amended  Amendment #_  Emergency (intigent)  justification)                             | cluding       | -  | ame of C                     |                       | Nec  | ر<br>د د                        | 6-76  | t                         |                            |         |        |             |           |
| DCA Cancellation  |               | دل   | しか<br>FACILI                 | TY INFOR              | MATION   |                                 |   |                           |                            |         |        |             | 8         |
| Name of Facility Where Abatement is Taking In Langbein Resid  | ورلا          |  |                              |                       |  |                                 | s of Facility (4<br>School (K-12<br>Subchapter 8<br>Other (i.e. pr<br>etc.) | 2)<br>8 (Other<br>ivate & | commercial                 | buildi  |        |             | 9-        |
| City (5)  | Ų.            | 10   | County Co                    | ode (7)               |  | 110                             | are Feet  O  ent Use (Prio  | 1                         | loors<br>g demolishe       | 6       | ig. Ag |             |           |
| County (6)  |               | (  | STATE US                     | SE ONLY)              |  | T                               | eside   | nu                        |                            |         |        |             |           |
| Name of Monitoring Firm Hired by Building On  | wner (8)      |  | ASCM                         | No.                   | Ac   | e Insu                          | atement Con<br>lation Co.,  |                           | 9)                         |         |        |             |           |
| Street Address  |               |  |                              |                       | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2                            | et Addre<br>Montr               | ess<br>ose Road   |                           |                            |         |        |             |           |
| City, State, Zip Code   |               |  | Market Transfer              |                       |  |                                 | Zip Code<br>ck, N.J. 07   | 722                       |                            |         |        |             |           |
| Project Manager for Monitoring Firm   |               |  | elephon                      |                       | 73   | ephone 1<br>2-294-              | 1757  |                           | License No<br>00029        |         |        |             |           |
| Start Date (10) 3 1 9 1 9 Occupancy Status During Abatement (Check                                    | 312           | 16   | pletion D                    | ate (11)              |  | eet Addr                        | SHA Monitor<br>ess  |                           |                            |         |        |             |           |
| Facility Closed/Vacated During Entire Portion Abatement Performed Outside of Normal Other – Describe: | eriod of A    | batem  | ent                          |                       |  |                                 | Zip Code  |                           |                            |         |        |             |           |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf                              |               | enoval<br>emoliti                                |                              |                       |  | W N                             | full Containme<br>Mini-Enclosure<br>Blovebag Prod<br>Ion-Exempte            | e<br>cedure               |                            | le Prod | cedure |             |           |
|   | 1000          | Locati   | 576.63                       |                       |  |                                 |   |                           |                            |         |        | ment<br>pe  | i II      |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                          | Use<br>Ma     | Normall<br>d Sole<br>intenar<br>todial S<br>(12) | ly by<br>nce/<br>Staff?      |                       | Descrip<br>os Containin<br>hermal sysi<br>surfacing<br>other misco | ng Mater<br>tems ins<br>VAT, or | ulation,  | (5                        | mount<br>Specify<br>or LF) | Removal | Repair | Encapsulate | Enclosure |
|   | Yes           | No   | N/A                          |                       | 24.5   | 2000                            |   | 17.14                     | C 15                       | V       |        |             |           |
| indoor  |               |  | X                            | b,6                   | lurc   | P_                              |   | 14                        | S LP                       |         |        |             |           |
|   |               |  |                              |                       |  |                                 |   |                           |                            |         |        |             |           |
| Name of Registered Waste Hauler Ace Insulation Co., Inc.  | -1            |  | IJDEP W<br>lauler ID<br>2086 |                       | Cubic Yar of Waste   | $\mathcal{Z}$                   | 1.E.S.I.  |                           | ered Landfili              |         |        |             |           |
| City, State<br>Colts Neck, New Jersey   |               |  |                              |                       | Disposal I   | 114                             | City, Sta<br>Bethle   |                           |                            |         |        |             |           |
| Completed by<br>Bree McGuire  | Title<br>Secr | utary  | Treasu                       | ırer                  | Sign   | Bure                            | em.w  | <u>k</u> .                | Da                         | 3/1     | -1/1   | 9.          |           |

### State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 3/16/14 Jacqueline Jordan Type Notification Street Address Agencies Notified 2.0 18 Locust Ave. | Initial EPA Amended DEP City, State, Zip Code DOL Amendment # Berlin, NJ 08009 Emergency (including Talanhone Number DOH DCA justification) Name of Contact Cancellation Lou Schneider FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-12) Street Address Other (i.e., private 8 commercial buildings, 18 Locust Ave. homes, etc.) Square Feet # of Floors Bldg. Age City (s) 1500 30 yrs Berlin, NJ 08009 County Code(7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Residence Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. AEi2, LLC Street Address Street Address 300 Lenola Road City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00689 609-481-2122 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AEi2, LLC 3/22/14 3/19/14 Occupancy Status During Abatement (Check only one) Street Address 300 Lenola Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Maple Shade, NJ 08052 Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Demolition >3 sf or >3 lf Glovebag Procedure X>160 sf or >260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify Custodial TO BE ABATED m o v SF or LF) Staff? surfacing, VAT, or IN Facility (12)other miscellaneous) (13)a 1 Yes No N/A 200 sf Floor Tile X Kitchen Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste TBD AEi2, LLC 21376 City, State City, State TBD TBD Maple Shade, NJ Date Title Completed By 3/17/14 Program Mgr. Wm. Minnick

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

| No Chock  | NOTIFICATION OF ASI<br>(Pursuant to <u>N.J</u>   |  |
|---|--|--|
| Date of Notification (1)  |  | Name of Building Owner/Operator (2)  |
| 3/18/14   |  | Delaware River Port Authority 2014   |
| Agencies Notified   | Notification Type  | Street Address One Port Center   |
| (x) EPA   | ( ) Initial Notification   | 2 Riverside Dr., P.O.Box 1949  |
| (x) DEP   | ( ) Amended Certification  | City, State, Zip Code  |
| (x) DOL   | ( ) Cancelled  | Camden NJ 08101  |
| DCA   |  | Name of Contact Tel. Number  |
|   | FACILITY IN  | FORMATION  |
| Name of Facility Where Abatement is T   |  | Type of Facility (4)   |
| PATCO   |  | ( ) School (K-12)<br>( ) Subchapter 8 (other than K-12)  |
| Street Address  |  | ( ) Other (i.e. private & commercial bldgs., homes, etc.   |
| Block 69 Lots 13 a  | nd 14  | Sq. Feet <b>5684</b> # of Floors <b>1-2</b>  |
| City (5) County (6)   | County Code (7)  | 04.1 cc.(  |
| Collingswood Glouc  | ester (State Use Only)   | Bldg. Age 50 + Current Use (prior if being demolished)   |
| Name of Monitoring Firm Hired by Bldg   | Company Construction of the Construction of th | Name of Contractor (9)   |
|   |  | JPC Group, Inc.  |
| Street Address  |  | Street Address   |
| 79  |  | 228 Blackwood-Barnsboro Rd   |
| City, State, Zip Code   |  | City State, ZipCode  |
| 5.0)   5.000  |  | The state of the s |
| Project Manager for Monitoring Firm   | Telephone Number   | Blackwood, NJ 08012 Telephone Number License Number  |
|   |  | 856-232-0400 0115526   |
| Scheduled Start Date (10)   | Scheduled Completion Date (11)   | 856-232-0400  0115526  <br>Name of OSHA Monitor  |
|   |  |  |
| Occupancy Status During Abatement (   | Check only one)  | Street Address   |
| ( ) Facility Closed/Vacated During Enti   | ire Period of Abatement  |  |
| ( ) Abatement Performed Outside of N  | ormal Facility Hours -   | City, State, Zip Code  |
| Describe  |  |  |
| Other -   |  |  |
| Describe  |  |  |
| Source of Work (Check all that apply)   |  |  |
| (x) Demolition () Renovation  | ONAL / NOM Dunit / 25 - 460 SE or > 10 - 20  | 60 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM)  |
| ( ) Large Proj. (>160 SF or >260 LF At  | CM) ( ) SM Proj. (>25<160 SF or >10 <26<br>essure ( ) Mini-Enclosure _( ) Glo  | ovebag Procedure   |
|   | ation Normally Used Description of by Maint./Custodial thermal system  | And the second s |
| Containing Material (ACM) in Solely Facility (13) Staff?                        | (12) surfacing, VAT  | 「 or other   |
| _ YES   | NO NA miscell.)  | Rem. Rep. Encap Enclose  |
|   |  |  |
|   |  |  |
| Name of Reg. Waste Hauler   | NJDEP Waste Hauler ID #  | Cubic Yards of Waste Name of Reg. Landfill   |
| Hame of Roy. Waste Hause.   |  |  |
| City, State   |  | Disp. Date City, State   |
| Sity, State   |  |  |
| Completed by (Print or Type)  | Title  | Signature Date   |
|   | 0 11   | 03/18/14   |
| George Mangue   | V./11  | //////   |
|   |  | CHAIGEDHAVEGGGAGEGTGG  |
| Mail to: NJDEP-DSHW-BRRTP<br>401 E. State St., PO 414<br>Trenton, NJ 08625-0414 | Telephone 609-984-6620   | C:\WORD\MYDOCS\ASBESTOS<br>9/18/00   |

OK 3980

| ~  | <i>J</i>   | ,                       |   |                            |                           | 10-                     | tor (2)   | CI   | 01             | 00                            | 2             | - 1-1   | 153         | $\dashv$  |
|--|--|-------------------------|---|----------------------------|---------------------------|-------------------------|---|--|----------------|-------------------------------|---------------|---------|-------------|-----------|
| Date of Notification (1)<br>3/18/14          |  |                         | Nam                                     | ne of Bu<br>bert V         | iilding Own<br>/ollrath P | er/Op<br>rivat          | e Home  |  |                |                               |               |         |             |           |
| Agencies Notified                            | Type Notification  |                         | 0.0000000000000000000000000000000000000 | et Addr<br>94 Pau          | ess<br>ul Blvd.           |                         |   |  |                | MAR                           | 2 0           | 2014    |             |           |
| EPA DEP DOL                                  | Initial Amended Amendment #                              |                         |   |                            | Zip Code<br>wkin NJ C     | 805                     | 0   |  |                |                               |               |         |             |           |
| X DOH  | Emergency (in justification)  Cancellation               |                         |   | ne of Co                   | ontact                    |                         |   | ā  | Teler          | hone Numb                     | er _          | edi.    |             | 7         |
| DCA DCA                                      | Cancellation   |                         | 1                                       |                            | Y INFORM                  | ATIC                    | N   |  |                |                               |               |         |             |           |
| Name of Facility Where<br>Robert Vollrath Pr | Abatement is Taking rivate Home                          | Place (3)               |   |                            |                           |                         | Туре  | of Facility (4)<br>School (K-12)<br>Subchapter 8                 | (Othe          | r than K-12)                  |               |         |             |           |
| Street Address<br>1494 Paul Blvd.            |  |                         |   |                            |                           |                         | 1554  | Other (i.e. pri  |                | commercial                    |               | gs, ho  |             |           |
| City (5)<br>Manahawkin NJ 08                 | 3050   |                         |   |                            |                           |                         | 100   |  | 1              |                               | 35            | g. rigi |             |           |
| County (6)<br>Ocean                          |  |                         |   | unty Co                    | de (7)<br>E ONLY)         |                         | Curr<br>— Hot   | ent Use (Prior<br>ne   | if bein        | g demolishe                   | ed)           |         |             |           |
| Name of Monitoring Fire                      | m Hired by Building (                                    | Owner (8)               | ٦,                                      | ASCM N                     | No.                       |                         | Name of Ab<br>Pernaco   | atement Cont<br>Inc.   | ractor         | (9)                           |               | •       |             |           |
| N/A<br>Street Address                        |  |                         |   |                            |                           |                         | Street Addre  | ess  |                |                               |               |         |             |           |
| City, State, Zip Code                        |  |                         |   |                            |                           |                         | City, State,  | Zip Code   |                |                               |               |         |             | $\neg$    |
| Project Manager for Mo                       | altaring Firm  |                         | Te                                      | elephone                   | e No.                     |                         | West Bei  | rlin NJ 0809<br>No.  | 91             | License No                    | ),            |         |             | $\dashv$  |
| Project Manager for Mc                       | Jintoning 7 mm   |                         |   | •                          | š                         |                         | 856-753-  | 9800<br>SHA Monitor  |                | 00727                         |               |         |             | -         |
| Start Date (10)<br>3/19/14                   |  | Scheduled (<br>3/21/14  | Comp                                    | letion D                   | ate (11)                  |                         | same  |  |                |                               |               |         |             |           |
| Occupancy Status Dur                         | ing Abatement (Che                                       | k Only One)             |   |                            |                           |                         | Street Add  | ess  |                |                               |               |         |             |           |
| Abatement Perfor                             | acated During Entire<br>rmed Outside of Non              | nal Facility Ho         | iteme<br>ours                           | nt                         |                           | _                       | City, State,  | Zip Code   |                |                               |               |         |             |           |
| Scope of Work (Check                         |  |                         |   |                            |                           | _                       |   |  |                |                               | 5             |         |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf         |  |                         | novatio<br>nolitio                      |                            |                           |                         | H   | Full Containme<br>Mini-Enclosure<br>Glovebag Prod<br>Non-Exempte | e<br>cedure    |                               |               |         | •           |           |
|  |  | -                       |   |                            | _                         |                         |   | VOIPEXEMPLE  | 4 ( ) 4.       | 10.110.111.00                 |               |         | ment        |           |
|  | ×  |                         | ocatio<br>rmally                        |                            |                           | 2                       |   | 33   |                |                               |               | Ту      | ре          |           |
| Asbestos-Containi TO BE /                    | tion of<br>ing Material (ACM)<br>ABATED<br>acility<br>3) | Used<br>Maint<br>Custoo | Solely<br>tenan-<br>dial St<br>(12)     | / by<br>ce/                | Asbesto<br>(i.e. t        | os Cor<br>herma<br>surf | escription of<br>ntaining Mate<br>al systems ins<br>acing, VAT, o<br>miscellaneou | sulation,<br>or  | (              | Amount<br>Specify<br>F or LF) | Removal       | Repair  | Encapsulate | Enclosure |
|  | 0: "   | Yes                     | No                                      | X                          |                           | Fyt                     | erior Sidin   | n 2  | 1.             | 200 SF                        | x             |         |             |           |
| Exterio                                      | r Siding   | +                       |   | ^_                         |                           |                         | onor oran   | 9  |                |                               |               |         |             |           |
|  |  |                         | ,                                       |                            |                           |                         |   |  |                |                               |               |         |             |           |
|  |  |                         |   |                            | <u> </u>                  | 0.5                     | la Vanda  | Name o   | f Regis        | tered Landfi                  | 11            | L       |             |           |
| Name of Registered V                         |  |                         | H                                       | JDEP V<br>auler ID<br>2459 |                           | 7000000                 | ic Yards<br>/aste   | G.R.O  |                |                               | id .          |         |             |           |
| City, State                                  |  |                         |   |                            |                           |                         | oosal Date<br>1/14  | City, Sta<br>Morris  | ate<br>ville F | PA 19067                      |               |         |             |           |
| Completed by                                 |  | Title<br>Presio         | lent                                    |                            |                           |                         | Signature   |  |                |                               | ate<br>3/18/1 | 4       |             |           |
| Anthony T Perna                              |  | 1 16310                 | -OIIL                                   |                            |                           |                         |   |  | -              |                               |               |         |             |           |

| NOT  | State of New Jers<br>FICATION OF ASBESTOS<br>(Pursuant to NJAC 8:60 a   | ABATEMENT<br>nd 12:120)                   | V.   | ***   | 1 150   |   | 7 [5                     |                                 | 7                 |
|--|---|---|--|---|---|---|--------------------------|---------------------------------|-------------------|
| Mack # 3979  | Name of Building Owne<br>Sharron &Robert  | r/Operator (2)<br>Maddred Priv            | rate Hom   | ne  |   |   |                          | +                               |                   |
| e of Notification (1)  | Addrass   |   |  |   | <u> </u>  | <u> </u>  | 2014                     | 一.                              | 4                 |
| 18/14 encies Notified Type Notification  | 1070 Coles Milli Fi   |   |  |   |   |   |                          | -                               | 1                 |
| I EDA Initial  | City, State, Zip Code<br>Williamstown NJ  | 08094                                     |  |   | alenhone  | Number  | - C                      | -i                              | Ì                 |
| DEP Amendment  | Name of Contact<br>Sharron or Robe  | rt  |  |   |   |   |                          | -                               |                   |
| justification  | FACILITY INFOR  | MATION                                    | Type of Fa   | cility (4)  |   |   |                          | 1                               |                   |
| DCA Taking Place (3  |   | 1.  | Scho   |   | Other that  | n K-12)   | dings, home              | es,                             |                   |
| Name of Facility Where Abatement is Taking Place (3<br>Sharron &Robert Maddred Private Home  |   |   | <b>Othe</b>  | er (i.e. pire   | ale -   |   | 3ldg. Age                |                                 | 1                 |
| Sharron & Hobbert  |   |   | Square F   | eet   | # of Floo   |   | 35                       |                                 | 1                 |
| 1070 Coles Mill Rd.  |   |   | 1000 +   | Uso (Prior  | if being d  | emolished)  |                          |                                 |                   |
| City (5)<br>Williamstown NJ 08094  | County Code (7)   |   | Liame  |   |   |   |                          |                                 | 7                 |
| County (6)   | (STATE USE ONL)   | Nam                                       | e of Abate   | ment Con  | tractor (9)   |   | •                        |                                 | 4                 |
| Gloucestter  Name of Monitoring Firm Hired by Building Owner   | (8) ASCM No.  | Per                                       | rnaco Ind  | J.  |   |   |                          |                                 |                   |
| Name of Monitoring Firm Hilled by  |   | \ PC                                      | et Address<br>Box 32   | 9   |   |   |                          |                                 | $\neg$            |
| N/A<br>Street Address  |   |   | y, State, Zi<br>lest Berli   | n Code  | 091   | 20-20   |                          |                                 | $\dashv$          |
| 1  |   | \ W                                       | est Beril  | 11 140 00   |   | License No.   |                          |                                 |                   |
| City, State, Zip Code  | Telephone No.   | 1 0                                       | 56-753-9   | 3800  |   | 00727   |                          |                                 |                   |
| Project Manager for Monitoring Firm  | 1   | ·   | ame of OS  | SHA Monite  | or  |   |                          |                                 |                   |
| Sc   | cheduled Completion Date  | ,   | same<br>Street Addr  | ress  |   |   |                          |                                 |                   |
| Start Date (10)  | /1/14   |   |  |   |   |   |                          |                                 |                   |
| 3/27/14  | Only One)   |   |  |   |   |   |                          |                                 |                   |
| 3/27/14 Status During Abatement (Check C   | Only One)   |   | City, State  |   |   |   |                          |                                 |                   |
| 3/27/14  Occupancy Status During Abatement (Check Concupancy Status During Abatement (Check Concupancy Status During Entire Performed Outside of Normal Performed Outside of Normal  | Only One)   |   |  | , Zip Code  |   |   | Prossille                |                                 |                   |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Normal Otter - Describe:   | Only One)   |   |  | , Zip Code  | ainment v   | vith Negative   | Pressure                 |                                 |                   |
| 3/27/14  Occupancy Status During Abatement (Check Company Status During Abatement (Check Company Status During Entire Performed Outside of Normal Other – Describe:  Scope of Work (Check All That Apply)  | Only One)<br>criod of Abatement<br>Il Facility Hours  |   | City, State  | , Zip Code  | ainment v   | vith Negative<br>ure                                    | Pressure                 | edure                           | nent              |
| 3/27/14  Occupancy Status During Abatement (Check Company Status During Abatement (Check Company Status During Entire Performed Outside of Norma Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf   | Only One)<br>riod of Abatement<br>I Facility Hours  |   |  | , Zip Code  | ainment v   | vith Negative<br>are<br>and Non-Fr                      | Pressure                 | edure<br>Abaten<br>Typ          | nent<br>e         |
| 3/27/14  Occupancy Status During Abatement (Check Company Status During Abatement (Check Company Status During Entire Performed Outside of Normal Other – Describe:  Scope of Work (Check All That Apply)  | Only One)  priod of Abatement I Facility Hours  Renovation Demolition   |   | City, State  | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe   | ainment w<br>losure<br>g Procedu<br>empted (*)          | and Non-Fr  | iable Proce              | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Status During Abatement (Check of Status During Entire Performed Outside of Normatother - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf   | Ponly One)  Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Lead Solely by   | D   | City, State  | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe   | ainment willosure g Procedu empted (*)                  | and Non-Fr  | iable Proce              | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Norma Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Abatement Performed Outside of Norma Outside of Norma Other - Describe:  | Ponly One)  Priod of Abatement  I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/                                       | Asbestos Co<br>(i.e. therm                | City, State  | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation                              | ainment willosure g Procedu empted (*)                  | and Non-Fr  | iable Proce              | dure                            | ent e Encapsulate |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Norma Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)   | Ponly One)  Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Lead Solely by   | Asbestos Co<br>(i.e. therm                | City, State  | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation                              | ainment w<br>losure<br>g Procedu<br>empted (*)          | Amount<br>(Specify<br>SF or LF)                         | Removal                  | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Norma Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Abatement Performed Outside of Norma Outside of Norma Other - Describe:  | Ponly One)  Priod of Abatement  I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff?                      | Asbestos Co<br>(i.e. therm<br>sur<br>othe | Description ontaining Mal systems fracing, VA er miscellar   | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation<br>T, or<br>neous)           | ainment w<br>losure<br>g Procedu<br>empted (*)          | and Non-Fr  | Removal                  | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Normal Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Ponly One)  Priod of Abatement  I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)                 | Asbestos Co<br>(i.e. therm<br>sur<br>othe | City, State  | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation<br>T, or<br>neous)           | ainment w<br>losure<br>g Procedu<br>empted (*)          | Amount<br>(Specify<br>SF or LF)                         | Removal                  | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Norma Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  | Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenancel Custodial Staff? (12)  Yes No N/A                  | Asbestos Co<br>(i.e. therm<br>sur<br>othe | Description ontaining Mal systems fracing, VA er miscellar   | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation<br>T, or<br>neous)           | ainment w<br>losure<br>g Procedu<br>empted (*)          | Amount<br>(Specify<br>SF or LF)                         | Removal                  | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Normal Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)  | Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenancel Custodial Staff? (12)  Yes No N/A                  | Asbestos Co<br>(i.e. therm<br>sur<br>othe | Description ontaining Mal systems fracing, VA er miscellar   | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation<br>T, or<br>neous)           | ainment w<br>losure<br>g Procedu<br>empted (*)          | Amount (Specify SF or LF)                               | Removal                  | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Normal Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X               | Asbestos Co<br>(i.e. therm<br>sur<br>othe | Description ontaining Mal systems rfacing, VA er miscellar exterior S  | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation<br>T, or<br>neous)           | ainment wolcourse g Procedu (*) CM) Name o              | Amount (Specify SF or LF)  2000 S                       | Removal                  | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Performed Outside of Normal Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Exterior Siding  | Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NJDEF Hauler | Asbestos Co (i.e. therm othe              | Description ontaining Mal systems fracing, VA er miscellar exterior S  | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation<br>T, or<br>neous)           | ainment wolosure g Procedu empted (*) CM) Name of G.R.C | Amount (Specify SF or LF)  2000 S  f Registered ().W.S. | Removal  Landfill        | abaten<br>Typ                   | e<br>T            |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Normal Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Name of Registered Waste Hauler                                     | Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X               | Asbestos Co (i.e. therm sur othe          | Disposal Dis | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>3 insulation<br>T, or<br>neous)           | ainment wolosure g Procedu empted (*) CM) Name of G.R.C | Amount (Specify SF or LF)  2000 S  f Registered ().W.S. | Removal  Landfill        | edure<br>baten<br>Typ<br>Repair | e<br>T            |
| Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Performed Outside of Norma Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Name of Registered Waste Hauler United Containers | Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NJDEF Hauler | Asbestos Co (i.e. therm sur othe          | Disposal E   | Full Cont<br>Mini-End<br>Gloveba<br>Non-Exe<br>of<br>aterial (AC<br>insulation<br>T, or<br>neous)<br>iding    | ainment wolosure g Procedu empted (*) CM) Name of G.R.C | Amount (Specify SF or LF)  2000 S  f Registered         | Removal  Landfill  19067 | edure<br>baten<br>Typ<br>Repair | e Encapsulate     |
| 3/27/14  Occupancy Status During Abatement (Check of Abatement Performed Outside of Normal Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Name of Registered Waste Hauler                                     | Priod of Abatement I Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NJDEF Hauler | Asbestos Co (i.e. therm sur othe          | Disposal Dis | Full Cont<br>Mini-End<br>Gloveban<br>Non-Exe<br>of<br>aterial (AC<br>s insulation<br>T, or<br>neous)<br>iding | Name of G.R.C   | Amount (Specify SF or LF)  2000 S  f Registered ().W.S. | Removal  Landfill  19067 | edure baten Typ Repair          | e Encapsulate     |

KURCHALA

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

| Date of Notification                    | 1 (1)      |          | N  |                  |          | 11515                                   | Owner/Operator                   | (2)                               | 7                      | ·        |             |                          |        |      |        |
|---|------------|----------|--|------------------|----------|---|----------------------------------|-----------------------------------|------------------------|----------|-------------|--------------------------|--------|------|--------|
| 3-17-14                                 |            |          |  | Cyni             | thia     | Gaı                                     | rcia                             |                                   |                        |          | 9           | Transition of the second | 7      | 3    | 5      |
| Agencies Notified                       | Type Notin | fication | on S   | treet            | Addres   | 38                                      |                                  |                                   |                        |          |             |                          |        | 1_   |        |
| [ ]EPA                                  | [X]Initi   | al       |  | 92 1             | Nort     | h Fi                                    | ulton Stre                       | eet                               |                        | *        |             |                          |        |      |        |
| [ ]DEP                                  | Noti       | ficati   | on c   | ity, S           | State,   | Zip                                     | Code                             |                                   |                        | 1/4      | 7 2 (       | 1 2                      | 114    |      |        |
| [X] DOL                                 | []Amend    |          |  | Bloc             | omfie    | eld,                                    | NJ,07003                         |                                   | -                      |          |             |                          |        |      |        |
| [X] DOH                                 | Noti       | ficati   | 30.45  | lame of          | Conta    | act                                     |                                  | Te                                | ) -mhona               | Number   |             | _                        |        |      | -+     |
| [ ]DCA                                  | [ ]EMERG   | ENCY     |  |                  | thia     |   | rcia                             |                                   | Ī                      |          |             | _                        |        | :    | ì      |
| [ ]DGR                                  | [ ]Cance   | llatio   | n  | -                |          |   |                                  | 1                                 |                        |          |             |                          |        |      |        |
|   |            |          |  |                  | FACIL    | ITY I                                   | NFORMATION                       |                                   | etter.                 |          |             |                          | -      |      |        |
| Name of Facility Whe<br>Same as above   |            | ent is   | Taking   | g Plac           | e (3)    |   |                                  | []s                               | Facility<br>chool (K-  | -12)     |             | 2                        |        |      |        |
| Street Addres                           |            |          |  | -                |          |   |                                  | 14 NEW TOURS                      | ubchapte:<br>ther (i.e |          |             |                          |        |      |        |
|   |            |          |  |                  |          |   |                                  | 1,000,000,000                     | cial buil              |          |             |                          |        |      |        |
|   |            |          |  |                  |          |   |                                  | Square 1                          | Feet                   | # of Fl  | oors        | 200                      | lg. 1  | Age  |        |
| City (5                                 |            | Cou      | nty (  | 6) Esse          | x        | 100000000000000000000000000000000000000 | nty Code (7)<br>ATE USE ONLY)    | 145                               | 200                    | 2        |             | 477                      | 0      |      |        |
|   |            |          |  |                  |          | (512                                    | are one own,                     | Current                           | Use (Pr                | ior if l | being       | dem                      | olis   | hed) |        |
| Name of Monitoring H                    | Firm hired | by Bui   | lding  | ASCM             | No.      |   | Name of Abate                    | ment Con                          | tractor                | (9)      |             |                          |        |      |        |
| Owner (8)<br>N/A                        |            |          |  |                  |          |   | AZTECH N                         | (ANAGE                            | MENT,                  | Inc.     |             |                          |        |      |        |
| Street Address                          |            |          |  |                  |          |   | Street Addres                    | s                                 |                        |          |             |                          |        |      |        |
|   |            |          |  |                  |          |   | 86 Chris                         | stophe:                           | r St.                  |          |             |                          |        |      |        |
| City, State, Zip Coo                    | ie         |          |  |                  |          |   | City, State,                     |                                   |                        |          |             |                          |        |      |        |
|   |            |          |  |                  | Montclai | r, NJ                                   | 07042                            | 2                                 |                        |          |             |                          |        |      |        |
| Project Manager for Monitoring Firm     |            |          |  | ephone<br>A      | Numbe    | r                                       | Telephone Num<br>(973)744        |                                   |                        |          | Licer<br>00 |                          |        | er   |        |
| Scheduled Start Date                    | e (10) S   | ched.    | Comple   | etion :          | Date (   | 11)                                     | Name of OSHA                     | Monitor                           |                        |          |             |                          |        |      |        |
| 3-26-14                                 |            | 3-2      | 7-14   |                  |          |   | N/A                              |                                   |                        |          |             |                          |        |      |        |
| Occupancy Status Dur<br>[X]Facility Clo | sed/Vacate |          | check o  |                  |          |   | Street Addres                    | s                                 |                        |          |             |                          |        |      |        |
| of Abatemen<br>[]Abatement Pe           |            | tside    | of Nor   | mal Fa           | acility  | Z .                                     | City, State,                     | Zip Code                          |                        |          |             |                          |        |      | -      |
| Hours - Desc                            |            |          |  |                  |          |   |                                  | -                                 |                        |          |             |                          |        |      |        |
| []other - Desc                          |            |          |  | Descri           | LPt»     |   |                                  |                                   |                        |          |             |                          |        |      |        |
| Scope of Work (Check                    | t all that | appry)   |  |                  |          |   | [ ]Full                          | Containm                          | ent with               | Negati   | ve Pre      | ssu                      | re     |      |        |
| [X]≥3 sf or<br>[ ]≥160 sf o             |            |          | (100 to 100 to 1 | ]Renov<br>]Demol |          |   | [ ]Mini-<br>[X]Glove             | Enclosur<br>bag Proc<br>Friable P | e<br>edure             |          |             |                          |        |      |        |
|   |            |          | T <sub>1</sub> C   | Is               | , [      |   |                                  |                                   |                        |          | 1           | Aba                      | eme    | nt I | Уре    |
| Location<br>Asbestos-Con                |            |          | No   | rmally<br>Used   |          | 3                                       | Description<br>Asbestos-Con      |                                   |                        | Amoun    | t           | R                        | R      | N    | N<br>C |
| Material                                |            |          | S  | olely<br>Main-   | .        |   | Material                         | (i) (ii)                          |                        | (Speci   |             | M                        | E<br>P | A    | OF     |
| TO BE AB<br>In Facil                    |            |          | te   | nance            | /        | in                                      | (i.e., thermai<br>sulation, surf | 네 하기 등 나이면 하기 안에서 있다.             | Annual Marie Control   | LF)      |             | VA                       | A      | S    | S      |
| (13)                                    |            |          |  | ff (12           |          |   | or other misce                   | llaneous                          | )                      |          |             | Ĺ                        | R      | L    | R      |
| Basement                                |            |          | ies  |                  | K        | Pip                                     | e insulat                        | ion                               |                        | 95       | 2           | K                        |        | •    | E,     |
|   |            |          |  |                  |          |   |                                  |                                   |                        |          |             |                          |        |      |        |
|   |            |          |  |                  |          | <b> -</b> •                             |                                  | hv                                | f Paris                | amed T   | 26611       |                          | - 1    |      |        |
| Name of Registered V<br>AZTECH MANAG    |            |          | Hat  | DEP Wa<br>uler I |          |   | oic Yards<br>Waste 1.5           | J. 13                             | f Registe O.W.S.       |          | MOEILL      |                          |        |      |        |
| 2 |            | ±440.    |  | 7040             |          |   |                                  |                                   |                        |          |             |                          |        |      | -      |
| City, State                             | 07042      |          |  |                  |          |   | sposal Date<br>3-28-14           | City,                             | State<br>isvil]        | a P      | a 10        | ne                       | 7      |      |        |
| Montclair, NJ                           | 0/042      |          |  |                  |          | 3                                       | 2-70-T#                          | MOLE                              | 13/11                  | .e, F    |             | -0                       | •      |      |        |
| Completed By (Print                     | or Type)   | Title    |  |                  |          |   | Signature                        |                                   | TI                     |          | 10000       | te                       |        |      |        |
| Constantine V                           | ivian      | Pres     | side   | nt               |          |   | The                              | las las                           | 1/_                    |          | 4-          | -17-                     | 14     |      |        |
|   |            |          |  | 3344             |          |   | (1)                              | Part Top                          | V                      |          |             |                          |        |      |        |



| Date of             | Notification  |                    | 3/14<br>otification | n.   |                        |                                | of Building           |                 | Operator (2)                     |  |  |   | 17.1-                    |
|---------------------|---|--------------------|---------------------|--|------------------------|--------------------------------|-----------------------|-----------------|----------------------------------|--|--|---|--------------------------|
| Agencie<br><b>X</b> | es Notified<br>EPA  | 70.10              |                     |  | Notification           | Street                         | Address<br>ox 3795    |                 | ****                             |  | MAR                                    | 2 n 2014                                |                          |
| X                   | DEP   | х                  | Initial             | Notifi   | cation<br>Notification | City, S                        | tate & Zip            |                 |                                  | é  |  | A.                                      |                          |
| X                   | DOH<br>DCA  |                    | Canc                |  |                        | Name                           | of Contact            | <u> </u>        |                                  | W.1  |  | Telephone                               | Number                   |
|                     |   |                    |                     |  |                        |                                | CILITY IN             |                 | TION                             |  |  |   |                          |
| Nome                | of Facility Wi  | aoro A             | hatama              | nt io  | Taking Dla             | 10000                          |                       |                 | of Facility (4)                  |  |  |   |                          |
| Name C              | or Facility VVI   | iele A             |                     |  | Plant                  | Ce (3)                         |                       |                 | School (K-12)                    |  |  |   |                          |
| Street A            | Address   |                    |                     |  |                        |                                |                       |                 |                                  | (Other than K-                             |  | 2 2                                     | 261                      |
|                     |   |                    | 315 Ri              | egels  | sville Rd              |                                |                       |                 |                                  | vate & comme                               | rcial build                            |   | s, etc.                  |
|                     |   |                    |                     | 10   | . (0)                  | 10                             |                       | Squa            | are Feet                         | # of Floors                                |  | Bldg. Age                               | c0                       |
| City (5)            |   | iia                |                     | 1750000  | nty (6)                | County C                       | code (/)              | 0               | 50,000                           | if hains dama                              | liahad)                                |   | 60                       |
|                     | Milfor  | d                  |                     | Hun  | terdon                 |                                |                       |                 | ent use (Prior<br><b>I Lines</b> | if being demo                              | iisrieu)                               |   |                          |
| Nome                | of Monitorino   | Eirm               | Uirod h             | v Buil   | dina Owne              | or (8)                         | ASCM N                |                 |                                  | nt Contractor (                            | 9)                                     |   |                          |
|                     | of Monitoring   |                    |                     | y Dull   | ung Owne               | 51 (0)                         | ASCINI N              |                 |                                  | ent Services                               |  |   |                          |
|                     | Address   | 40110              | 0, 1110             | -  | ****                   | 200000                         | 1                     |                 | et Address                       |  |  |   |                          |
|                     | ad Street   |                    |                     |  |                        |                                | 1                     | (45)0.01,000.00 | Schoolhous                       | se Road                                    | er e e e e e e e e e e e e e e e e e e | 1/1000000000000000000000000000000000000 |                          |
| City, St            | ate & Zip Co  | ode                | 100077211           |  |                        |                                |                       |                 | State & Zip C                    |  |  |   |                          |
|                     | an, NJ 077  |                    |                     |  |                        |                                |                       |                 |                                  | hip, NJ 0883                               |  |   |                          |
| Project<br>Tom G    | Manager for Monitoring Firm  Geiger  uled Start Date (10) Scheduled ( |                    |                     |  |                        | Telephone<br><b>732-290-</b> 2 |                       |                 | phone Numbe<br>- <b>605-9062</b> | er<br>———————————————————————————————————— | License                                | Number<br>00714                         |                          |
| Schedu              | led Start Da<br>3/27/14   |                    | )                   | Sched  | duled Com              | pletion Dat<br>3/28/14         | e (11)                |                 | e of OSHA M<br>bal Abateme       | onitor<br>e <b>nt Services</b>             | , LLC                                  |   |                          |
| Occupa              | ancy Status<br>Facility Clos  | During<br>sed/Va   | Abater<br>acated I  | ment o   | (Check on<br>Entire Pe | ly one)<br>eriod of Aba        | itement               | 10700000000     | et Address<br>Schoolhous         | se Road                                    |  |   |                          |
|                     | Abatement   |                    |                     | The state of the s |                        |                                |                       | City,           | State & Zip C                    | ode  |  |   |                          |
| х                   | Describe:<br>Other - Des  |                    |                     | ted D  |                        | atement                        |                       | Mor             | roe Towns                        | hip, NJ 0883                               | 1                                      |   |                          |
| 5.5                 | of Work (Ch   |                    |                     |  |                        |                                |                       |                 |                                  |  |  |   |                          |
|                     | Demolition  |                    |                     |  | Renovation             | on                             |                       |                 | Full Co                          | ntainment with                             | Negative                               | Pressure                                |                          |
|                     | Large Proje   | ect                |                     |  |                        |                                |                       |                 |                                  | nclosure                                   |  |   |                          |
| X                   | Quantity is   | ≥ 3 SF             | or≥ 3               | LF A   | CM                     |                                |                       |                 |                                  | ag Procedure                               |  |   |                          |
|                     | Quantity is   | ≥ 160              | SF or               | ≥ 260  | LF ACM                 |                                |                       |                 |                                  | Non-Friabl                                 |  |   |                          |
|                     |   | ocatio             |                     | 01/00/   |                        | Is Locati                      |                       |                 | escription of                    | 200  | mount                                  |   | nent Type<br>r: Removal, |
|                     |   | tos-Co<br>terial ( | ontainin            | g  |                        | Normally I<br>Solely I         |                       |                 | stos-Containir<br>aterial (ACM)  |  | Specify<br>uare Feet                   |   | ncapsulation             |
|                     |   |                    | ACIVI)              |  | l                      | Maintenan                      |                       |                 | hermal syster                    |  | or                                     |   | iclosure)                |
|                     | -   | n Faci             |                     |  |                        | Custodial S                    | The second second     | insulation      | on, surfacing,                   | VAT Lin                                    | ear Feet)                              |   |                          |
|                     |   | (13)               |                     |  |                        | (12)                           |                       | or othe         | er miscellaneo                   | us)  |  |   |                          |
|                     | Ex  | terio              | r equi              | omer   | nt                     | N/A                            |                       | Tarı            | paper on pip                     | oe :                                       | 20 LF                                  | Re                                      | moval                    |
|                     |   | 12                 |                     |  |                        |                                |                       |                 |                                  |  |  |   | - control                |
| 11                  |   |                    |                     |  |                        |                                |                       |                 |                                  |  |  |   |                          |
|                     | of Registere<br>I Abateme   |                    |                     |  |                        | NJDEP Wa                       | iste Hauler<br>S32401 | ID#             | Cu. Yds. of V                    | TR   | RF                                     | istered Lan                             | dfill                    |
| City, St            | tate  |                    |                     |  |                        |                                |                       | 200             | Disposal Dat                     |  | , State                                | - Variable                              |                          |
|                     | oe Twp, NJ  |                    |                     |  |                        |                                |                       |                 | 3/28/                            | 14 Tul                                     | lytown,                                | Pa                                      | T                        |
|                     | eted By (Prir<br><b>minick Tri</b>                                    |                    | ype)                |  | Title<br>Pres.         |                                |                       |                 | Signature<br>Dominick            | Tringali                                   |  |   | Date 3/13/14             |
|                     |   |                    |                     |  |                        |                                |                       |                 |                                  |  |  |   |                          |
| ACD 44              | ILINI OF C  | ACCT               |                     |  |                        |                                |                       |                 |                                  |  |  |   |                          |



|                      |                   |                          |          |             | Nama                          | f Building O   | wner / C    | operator (2)            |                                |                         |             |              |
|----------------------|-------------------|--------------------------|----------|-------------|-------------------------------|--|-------------|-------------------------|--------------------------------|-------------------------|-------------|--------------|
| Date of              | Notice 3/4/1      | 4<br>Notification        |          |             |                               | nderson  | WIII 01 7 0 | , po. a.e. (-)          | + 1                            |                         |             |              |
|                      |                   | Notification             |          |             | Street A                      |  |             |                         |                                | WAR                     | 2 0 2014    |              |
| Agencie:<br><b>X</b> | s Notified<br>EPA | X Emerge                 | encv N   | otification |                               | odlawn Dr  | ive         |                         | 1                              |                         |             |              |
| X                    | DEP               | Initial N                |          |             | City, Sta                     | ate & Zip Co   | de          |                         | Ÿ.                             |                         |             |              |
| x                    | DOL               |                          |          | tification  | Chatha                        | am, NJ 079   | 928         |                         |                                |                         |             | - 4 1        |
| X                    | DOH               | Cance                    |          |             | Name o                        | of Contact   |             |                         | į.                             | 21                      | Folonbono 1 | Wilmher.     |
| ^                    | DCA               |                          | 1        |             | Jack A                        | nderson  |             |                         |                                |                         |             |              |
|                      | 301,              |                          |          |             | FAC                           | ILITY INFO   | ORMA        | TION                    |                                |                         |             |              |
|                      | f Facility Whe    | ro Abataman              | t ic Tal | king Place  | (3)                           |  | Туре        | of Facility (4)         |                                |                         |             |              |
| Name o               | it Facility vvne  | Re                       | siden    | ce          | (0)                           | 666  | 5           | School (K-12)           |                                |                         |             |              |
|                      |                   |                          |          |             |                               |  |             | Subchapter 8            | (Other than K                  | (-12)                   |             | oto          |
|                      |                   | 31 Woo                   | dlawr    | Drive       |                               |  |             |                         | ivate & comm                   | ercial building         | igs, nomes, | etc.         |
|                      |                   |                          |          |             |                               |  | Squa        | re Feet                 | # of Floors                    |                         | Bldg. Age   | ^            |
| City (5)             |                   |                          | County   | (6)         | County C                      | ode (7)  |             | 3,000                   | 2                              |                         | 5           | 0            |
| Ony (o)              | Chatham           | -                        | Morris   |             |                               |  |             |                         | r if being demo                | olished)                |             |              |
|                      | Onaman            | •                        |          |             |                               |  |             | dence                   |                                |                         |             |              |
| Name o               | of Monitoring F   | irm Hired by             | Buildi   | ng Owner    | (8)                           | ASCM No.   | Nam         | e of Abateme            | ent Contractor<br>ent Services | (9)<br>s, LLC           |             |              |
| Street A             | Address           |                          |          |             |                               |  | Stree       | et Address<br>Schoolhou |                                |                         |             |              |
| 011 01               | 1 0 7:- 0         | i.                       |          |             |                               |  |             | State & Zip (           |                                |                         |             |              |
| City, St             | ate & Zip Cod     | ie                       |          |             |                               |  | Mon         | roe Towns               | hip, NJ 088                    | 31                      |             |              |
| Project              | Manager for       | Monitoring Fi            | irm      | T           | elephone                      | Number   |             | phone Numb              | er                             | License I               |             |              |
| Project              | Wallager loi      |                          |          |             | 7.150.00 • Ca-00.00 Pro-10-00 |  |             | 605-9062                |                                |                         | 00714       |              |
| Schedu               | uled Start Date   | e (10)                   | Schedu   | led Comp    |                               | e (11)   | Nam         | e of OSHA N             | Monitor                        |                         |             |              |
|                      | 3/5/14            |                          |          |             | 3/6/14                        | 1  |             |                         | ent Service                    | S, LLC                  |             |              |
| Occupa               | ancy Status D     | uring Abaten             | nent (C  | heck only   | one)                          |  |             | et Address<br>Schoolhou | ico Road                       |                         |             |              |
| X                    | Facility Close    | ed/Vacated D             | During I | Entire Per  | log of Abs                    | itement  |             | State & Zip             |                                |                         |             |              |
|                      | Abatement F       | Performed Ou             | utside o | of Normal   | Facility Ho                   | ours -   | Mor         | aroa Towns              | ship, NJ 088                   | 31                      |             |              |
|                      |                   | Area Isolat              | ed Du    | iring Aba   | atement                       |  | INIOI       | HOE LOWING              | mp, no occ                     | •                       |             |              |
|                      | Other - Desc      |                          |          |             |                               |  |             |                         |                                |                         |             |              |
| Scope                | of Work (Che      | ck all that ap           | ply)     |             | 207                           |  |             | Full C                  | ontainment w                   | ith Negative            | Pressure    |              |
|                      | Demolition        | 9                        | X        | Renovatio   | n.                            |  |             |                         | Enclosure                      |                         |             |              |
|                      | Large Project     |                          |          |             |                               |  |             |                         | bag Procedur                   | e                       |             |              |
| X                    | Quantity is ≥     | 3 SF or ≥ 3              | LF AC    | IVI<br>FACM |                               |  |             | 7070                    | : Non-friabl                   |                         |             |              |
|                      |                   | ≥ 160 SF or 2            | ≥ 260 L  | FACIVI      | Is Locat                      | ion  |             | escription of           |                                | Amount                  | Abaten      | nent Type    |
|                      |                   | ocation of               |          | 4           | Normally                      |  |             | stos-Contair            |                                | (Specify                | (Specify    | : Removal,   |
| 1                    |                   | os-Containin             | ig       |             | Solely                        |  |             | aterial (ACM)           |                                | quare Feet              |             | ncapsulation |
|                      |                   | erial (ACM)<br>BE ABATED |          |             | Maintenar                     |  | (i.e.,      | thermal syste           | ems                            | or                      | or En       | closure)     |
|                      |                   | n Facility               |          |             | Custodial                     |  |             | on, surfacing           | ,                              | inear Feet)             |             |              |
| 1                    | - 11              | (13)                     |          |             | (12)                          | Secretarian secretaria de la constitución de la con | or oth      | er miscellane           | eous)                          |                         |             |              |
| ,                    |                   | 57 (1 385)<br>           |          |             | N1/A                          |  |             | TCI Dina                |                                | 50 LF                   | Rei         | moval        |
|                      |                   | Basemer                  | nt       |             | N/A                           |  |             | TSI Pipe                |                                | 00 11                   |             |              |
| -                    |                   |                          | -        |             |                               |  |             |                         |                                |                         |             |              |
| Name                 | of Registered     | Waste Hau                | ler      |             | NJDEP W                       | aste Hauler  | ID#         | Cu. Yds. of             |                                | lame of Reg             | istered Lan | dfill        |
|                      | eehold Carl       |                          | 101      |             |                               | 18693  |             |                         |                                | RRF                     |             |              |
| City, S              |                   |                          |          |             | Automotive Tolling            |  |             | Disposal D              |                                | ity, State<br>ullytown, | Pa          |              |
| Fr                   | eehold, NJ        |                          |          |             |                               |  |             |                         | 0/14                           | ully to will,           |             | Date         |
| Comp                 | oleted By (Prin   | nt or Type)              |          | Title       |                               |  |             | Signature               | /                              | 1.                      |             | 3/4/14       |
| Do                   | ominick Tri       | ngali                    |          | Project     | Managei                       |  |             | Domi                    | inick Trii                     | ngali                   |             |              |
|                      |                   |                          |          |             |                               |  |             |                         |                                |                         |             |              |

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| ( /hory # 35  | <i>5</i> 1   |                                   |                     | (Pu  | rsuant to                       | NJAC 8                  | :60 and                      | 12:120           | )                       | *  |          |                               | 7          |     |              |         |           |
|---|--------------|-----------------------------------|---------------------|--|---------------------------------|-------------------------|------------------------------|------------------|-------------------------|--|----------|-------------------------------|------------|-----|--------------|---------|-----------|
| Date of Notification (1) 03/19/2014                                     |              |                                   |                     | 100  |                                 | Building C<br>City, Inc |                              | perator          | (2)                     |  |          |                               | '4         | 10  | 7            |         |           |
| Agencies Notified   | Type Noti    |                                   |                     | 10.00  | Street Ad<br>4395 R             | dress<br>oute 13        | 0 Sout                       | h                |                         |  | M        | AB 2                          | 0 20       | 14  |              |         |           |
| DEP<br>DOL  | Ame Ame      | nded<br>ndment                    |                     |  |                                 | e, Zip Coo<br>ton, NJ   |                              | ;                |                         |  |          |                               |            |     |              |         |           |
| DOH DCA   | justif       | rgency (<br>ication)<br>cellation | including           | 700  | Name of Javier I                | Contact<br>Hoz De       | Vila                         |                  |                         | #45 Hide 120 Hide 120  | To!-     | A1                            | ·har       |     | 15           |         |           |
|   |              |                                   |                     |  | FACIL                           | ITY INFO                | RMATIC                       | ON               |                         |  |          |                               |            |     | - 25         |         |           |
| Name of Facility Where A<br>Hyundai Dealership                          |              | is Takin                          | g Place (3)         |  | 18                              |                         |                              |                  | Typ                     | School (K-12)<br>Subchapter 8                                      | )        | ar than K                     | -12)       |     |              |         |           |
| Street Address<br>4395 Route 130  |              |                                   |                     |  |                                 |                         |                              |                  | ×                       | Other (i.e. pri<br>etc.)   | vate 8   | & commer                      | rcial bu   |     |              |         | S,        |
| City (5)<br>Burlington  |              |                                   |                     |  |                                 |                         |                              |                  | 16                      | uare Feet<br>,000  | 1        | Floors                        |            | 50- | g. Ag<br>F   | e<br>   |           |
| County (6)<br>Burlington  |              |                                   |                     |  | County C<br>(STATE U            | ode (7)<br>SE ONLY)     |                              |                  |                         | rrent Use (Prior<br>etail car sale:                                |          | ng demol                      | ished)     |     |              |         |           |
| Name of Monitoring Firm<br>RT Environmental                             | Hired by E   | Building                          | Owner (8)           | ·  | ASCM                            | No.                     |                              | F12/200712000000 |                         | batement Contr<br>ices, LLC  | ractor   | (9)                           |            |     |              |         |           |
| Street Address<br>510 Heron Drive                                       |              |                                   | -                   |  |                                 |                         |                              | Street<br>407    |                         | ress<br>st Lincoln Hi  | ghwa     | ay, Suite                     | e 500      |     |              |         |           |
| City, State, Zip Code<br>Swedesboro, NJ 08                              | 8085         |                                   | U                   |  |                                 |                         |                              |                  |                         | , Zip Code<br>PA 19341   |          |                               |            |     |              |         |           |
| Project Manager for Mon<br>Tony Alessandrini                            | itoring Firm | 1                                 |                     |  | Telephor<br>856-46              |                         |                              | Telepl<br>484-   |                         | No.<br>2-8884  |          | License<br>01161              |            |     |              |         |           |
| Start Date (10)<br>03/31/2014   |              |                                   | Schedule<br>04/04/2 |  | npletion [                      | Date (11)               |                              | Name             |                         | SHA Monitor  |          |                               |            |     |              |         |           |
| Occupancy Status During   | 7.0          |                                   | 20                  |  | nont.                           |                         |                              | Street<br>200    |                         | ress<br>ute 130 N  |          |                               |            |     |              |         |           |
| Facility Closed/Vaca<br>Abatement Perform<br>Other – Describe:          | ed Outside   | of Norr                           | nal Facility        | Hours  |                                 |                         |                              |                  |                         | , Zip Code<br>inson, NJ  |          |                               |            |     |              |         |           |
| Scope of Work (Check A  | II That App  | ly)                               |                     | 17   |                                 |                         |                              |                  |                         | -  |          |                               |            | -   |              | 1000000 |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                                  |              |                                   |                     | enova<br>emolit  |                                 |                         |                              |                  |                         | Full Containme<br>Mini-Enclosure<br>Glovebag Proce<br>Non-Exempted | edure    |                               |            |     |              |         |           |
|   |              |                                   |                     |  |                                 |                         |                              |                  |                         | Non-Exempted   | ( ) an   | ום ואטוו-דו                   | lable P    |     | 101          | ment    |           |
| Locatior<br>Asbestos-Containing<br><u>TO BE AB.</u><br>In Facil<br>(13) | Material (A  | ACM)                              | Use<br>Mai          | Locat<br>lormal<br>d Sole<br>intena<br>odial (<br>(12) | lly<br>ely by<br>nce/<br>Staff? |                         | tos Cont<br>thermal<br>surfa |                  | Mate<br>ns ins<br>AT, o |  | (        | Amount<br>Specify<br>F or LF) | Keiilova   | T   | Ty<br>Repair |         | Enclosure |
|   |              |                                   | Yes                 | No   | N/A                             |                         |                              |                  |                         |  |          | 36                            | =          | -   | 3.           | ate     | 'e        |
| Ext Soffit  | Face         |                                   |                     |  | х                               | Tra                     | ınsite u                     | ınder            | styr                    | ofoam  | 9        | 00 SF                         | x          | 1   |              |         |           |
|   |              |                                   |                     |  |                                 |                         |                              |                  |                         |  |          |                               | _          | -   | _            |         |           |
|   |              |                                   |                     |  | -                               |                         |                              |                  |                         |  |          |                               | -          | +   |              | -       |           |
| Name of Registered Wa   | ste Hauler   |                                   |                     | IN   | NJDEP W                         | laste                   | Cubic                        | Yards            |                         | Name of F  | Regist   | ered Land                     | dfill      |     |              |         |           |
| Waste Management  |              |                                   |                     |  | Hauler ID                       |                         | of Wa                        | ste              | £:                      | GROWS  | 3        |                               |            |     |              |         |           |
| City, State<br>Trenton, NJ  | 1:           | 'n                                |                     |  |                                 |                         | Dispo:                       | sal Date         | е                       | City, State<br>Morrisvi  |          | PA                            |            |     |              |         |           |
| Completed by Jack Bally   |              |                                   | Title<br>Sr. P      | rojec  | t Mana                          | ger                     |                              | Signatu          | re<br>\ /               | Sally  | <u> </u> |                               | Date 3/19/ | 20  | 14           |         |           |
| ASB-41 (R-06-08)  |              |                                   |                     |  |                                 |                         |                              | ). Do r          | not u                   | se this form for   | asbes    | stos licens                   | sure ex    | em  | oted         | activi  | ties.     |

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7 ( Leck 4 1910

| Date of Notification (1              | Notified   Type of Notification   EPA   Initial   Amended   Amended   Amended   Emergency w/ just   Cancellation   Cancellati  |            | -         | Name of E                                | Building Ow             | ner / Opera                 | ator (2)   |              | 2  | 17.              |        |                    |
|--------------------------------------|--|------------|-----------|--|-------------------------|-----------------------------|--|--------------|--|------------------|--------|--------------------|
| <del></del> /                        | Type of Notification EPA   |            |           |  | Street Ad               | dress                       |  |              |  |                  |        |                    |
| Agencies Notified                    | 19   |            |           | 148 Prince                               | eton-Hightsto           | wn Road                     |  | 8            |  |                  |        |                    |
|                                      | V  | Initial    | l         |  |                         | e, Zip Code<br>sor, NJ 0852 | 20   | 11 2         | MA   | R 20             | 2014   |                    |
|                                      |  |            |           | 4  | Name of C               |                             | 20   |              | Telephor   | Name and Address |        |                    |
|                                      |  |            |           |  | Francisco               |                             |  | \$           | LEIDBIO  | ic italiib.      | _      |                    |
|                                      |  | Canc       | ellation  |  |                         |                             |  |              |  |                  |        | 4                  |
|                                      |  |            |           | F  | ACILITY IN              | FORMATIO                    | N  |              | - to   |                  |        |                    |
| Name of Facility Whe                 | re Abatem  | ent is     | Taking    | Place (3)                                |                         | Type of Fa                  | cility (4)   |              | W:   |                  |        | N .                |
| Mc Graw Hill                         |  |            |           |  |                         |                             | School (K-   | -12)         |  |                  |        |                    |
| Street Address                       |  |            |           |  |                         | 1                           | Subchapte  |              | than K-12  | )                |        |                    |
| 148 Princeton-Hightsto               | own Road   |            |           |  |                         | V                           | Other (l.e.,<br>bldgs., hor  | private &    |  |                  |        |                    |
| City (5)                             | County (6)   |            |           | County Code                              | (7)                     | Square Fe                   | The state of the s | # Of Floor   | s  | Building         | Age    |                    |
| East Windsor                         |  |            |           | ,  | . ,                     | 140,                        | 000  |              |  |                  | 223    |                    |
|                                      |  |            |           | <u> </u>                                 |                         | Current Us                  | e (Prior if  | being dem    | olished)   |                  | 40+    | 8                  |
| Name of Monitoring I                 | Firm Hired   | by Blo     | da. Own   | er (8)                                   | ASCM NO                 |                             |  |              |  | -                |        |                    |
|                                      |  | ĺ          |           |  |                         |                             | 18   |              |  |                  |        | ,                  |
| Ambient Group                        |  | _          |           |  |                         | LVI Demoli<br>Street Add    | Contract Con | es Inc.      |  |                  |        |                    |
| Street Address<br>470 7th Ave        |  |            |           |  |                         | Street Add                  | ress   |              |  |                  |        |                    |
| City, State, Zip Code                |  |            | 177.20    |  |                         | 32 Williams                 |  |              |  |                  |        |                    |
| New York, NY 10018                   |  |            |           | 1=                                       |                         | City, State                 | , Zip Code   |              |  |                  |        |                    |
| Project Mngr. For Mo<br>William Loch | nitoring Fi  | rm         |           | Telephone Nu<br>212-944-4615             | mber                    | Fast Hanov                  | er, NJ 070   | 36           |  |                  |        |                    |
| Sheduled Start Date                  | (10)   | Sche       | d. Comp   |  | 1)                      | Telephone                   |  |              | License I  | Number           | -      |                    |
|                                      |  |            |           | /03/                                     | 14_                     |                             |  |              |  | _                |        |                    |
| // /                                 |  |            | /(Charle  | () () () () () () () () () () () () () ( |                         | 973-88                      | 4-8682<br>SHA Monit  |              |  | 0                | 0860   |                    |
|                                      |  |            |           |  |                         |                             | tion Service   |              |  |                  |        |                    |
|                                      |  |            |           |  |                         | Street Add                  | ress   |              |  |                  |        |                    |
|                                      |  | d Out      | side of N | Normal Facility                          |                         | 00 14 511:                  | D - 1  |              |  |                  |        |                    |
|                                      |  | ME 7       | 7:00 am - | 3:30 pm                                  |                         | 32 Williams                 | , Zip Code   |              |  |                  |        |                    |
| Other - De                           | scribe   | IVI-I 7    | .00 ani - | 3.50 pm                                  |                         |                             | er, NJ 070   |              |  |                  |        |                    |
| Scope of Work (Chec                  | k All That   | Apply      | )         |  |                         |                             |  |              |  |                  |        |                    |
| ☐ Demolition                         | า  |            | 7         | Renovation                               | П                       | Full Conta                  | inment wit   | h Negative   | Pressure   |                  |        |                    |
|                                      |  |            |           |  |                         | Mini - Encl                 |  |              |  |                  |        |                    |
| ☐ ≥160 sf or                         | ≥260 If  |            |           |  |                         | Glovebag<br>Non-Exem        |  | d Non Eria   | hie Proce  | dura             |        |                    |
|                                      |  |            | 25        |  | L                       | NOII-EXCIII                 | pteu ( ) am  | u Non-i na   | DIE I TOCC                                       | uure             |        |                    |
| Location of                          |  |            |           |  | Descript                |                             |  |              | Abateme  | nt Type          |        |                    |
| Asbestos Conta                       | County (6) Mercer  Itoring Firm Hired by Bldg p iss  Ip Code 10018 Itoring Firm Hired by Bldg p iss  Ip Code 10018 Itoring Firm Int Date (10) Itoring Firm Int Date (10) Itoring Abatement (cility Closed/Vacated During Abatement (cility Closed/Vacated During Abatement Performed Outside During Abat |            |           | As                                       | sbestos - C<br>Material |                             |  | Amount       | R  | R                | E<br>N | E<br>N             |
| TO BE ABAT                           | FD   |            |           | l a.                                     | wateriai<br>e., therma  |                             |  | (Specify     | M  | E                | C      | C                  |
|                                      |  |            |           |  |                         | facing, VAT                 | ,  | SF or LF)    |  | P                | Α      | L                  |
| (13)                                 |  |            |           | or                                       | other misc              | ellaneous)                  |  |              | V  | A                | P      | 0                  |
|                                      |  |            |           | 1.00                                     |                         |                             |  |              | Ĺ  | I<br>R           | S      | S<br>U             |
| 2                                    |  | 1000000000 |           |  |                         |                             |  |              | _  | l'Ì              | L      | R                  |
|                                      |  |            |           |  |                         |                             |  |              |  |                  |        |                    |
| MER #3                               |  |            |           | Pipe and Fitting                         | g                       |                             |  | 60 LF        | <b>V</b>   |                  | 1      |                    |
|                                      |  |            | HH        |  |                         |                             |  |              | <del>                                     </del> | H                | + +    | <del>-  -  -</del> |
|                                      |  | H          | HH        |  |                         |                             |  |              |  |                  | 1 5    | 1 5                |
| Name of Registered \                 | Waste Haul   | er         |           | NJDEP Waste                              |                         |                             | egistered l  | _andfill     |  |                  | 200    |                    |
| NEWARK CARTING                       |  |            |           | Hauler ID No.                            | Yards<br>of Waste       | I.E.S.I.                    |  |              |  |                  |        |                    |
| City; State                          |  | -          |           | - 4303                                   | Disposal                | City. State                 |  |              |  |                  |        |                    |
| NEWARK, NJ                           |  |            |           |  | Date                    |                             | EM, PA 181   | 05           |  |                  |        | 95                 |
| Completed by (Print                  | or Type)   | -          |           | Title                                    |                         |                             | Signature  | 1            |  |                  | Date   |                    |
|                                      |  |            |           |  |                         |                             | 1  | $\leftarrow$ |  |                  | 0.     | 3/19/14            |
| Steven Stiles .                      |  |            |           | Project Manage                           | C1                      |                             | 1  |              |  |                  | U      | דו וטו וכ          |

ASB-41

| Date of Notification (1)<br>03/17/2014   | 1                       | Na<br>C                           | me of Bu<br>ARDOL      | uilding Ow<br>LITE CC | ner/Operator  | (2)<br>ON                 | e/   |  |             |        | 17,         | 1         |
|--|-------------------------|-----------------------------------|------------------------|-----------------------|---|---------------------------|--|--|-------------|--------|-------------|-----------|
| Agencies Notified Type Notification  | n                       |                                   | reet Addr              | ress<br>REMUS         | AVE   |                           |  | MAR  | 2.0         | 2012   | 1           |           |
| EPA   Initial   Amended   Amendme  |                         | 11 1 15 15 15 15                  |                        | Zip Code<br>K, NJ 0   |   |                           |  | *  | s)          |        |             | ,         |
| ■ Emergence  DOH justification  Cancellati   |                         |                                   | ame of C               | ontact<br>BARS0       | DUM   |                           | \  | Telephone Nu                                 | mber        |        |             |           |
|  |                         |                                   | FACILIT                | TY INFOR              | MATION  |                           |  |  |             |        |             |           |
| Name of Facility Where Abatement is Tall CARDOLITE CORPORATION  Street Address                       | king Place (3)          |                                   |                        |                       |   |                           | of Facility (4)<br>School (K-12)<br>Subchapter 8 | (Other than K-1                              | 2)          | aa h   | omos        |           |
| 500 DOREMUS AVENUE   |                         |                                   |                        |                       |   | ×                         | other (i.e. priv<br>etc.)                        | ate & commerc                                |             |        |             | '         |
| City (5)<br>NEWARK   |                         |                                   |                        |                       |   | Squa                      | are Feet   | # of Floors                                  | Bld         | g. Ag  | e<br>       |           |
| County (6)<br>ESSEX  | 69                      |                                   | ounty Co               | de (7)<br>E ONLY)     |   | Curr                      | ent Use (Prior                                   | f being demolis                              | shed)       |        |             |           |
| Name of Monitoring Firm Hired by Buildin SKY ENVIRONMENTAL   | ng Owner (8)            | 1                                 | ASCM N                 | No.                   |   |                           | atement Contra<br>MPANY INC                      |  |             |        |             |           |
| Street Address<br>140 BOULEVARD  |                         |                                   |                        |                       |   | PIAC                      | ess<br>SET AVE                                   |  |             |        |             | . 15      |
| City, State, Zip Code<br>MOUNTAIN LAKES, NJ 07046  |                         | * ***                             |                        |                       |   |                           | Zip Code<br>NJ 07011                             |  |             |        |             |           |
| Project Manager for Monitoring Firm  |                         | 100 323                           | elephone               |                       | Telep   | ohone 1                   | No.  | License<br>00704                             | No.         |        |             |           |
| Start Date (10)  | Scheduled               | Comp                              |                        |                       | Nam   |                           | SHA Monitor                                      | 100.0  |             |        |             | $\neg$    |
| 03/26/2014 Occupancy Status During Abatement (C  | 04/02/20                |                                   |                        |                       |   | el Addr                   |  |  | *           | _      |             | -         |
| Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: work performed | ire Period of Ab        | ateme                             |                        |                       | 4   |                           | Zip Code   |  |             |        |             |           |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf                             |                         | novati<br>molitic                 |                        |                       |   |                           | Mini-Enclosure<br>Blovebag Proce                 | nt with Negative<br>edure<br>(*) and Non-Fri |             |        | 5           |           |
|  |                         |                                   |                        |                       |   | LJ P                      | Non-Exempted                                     | (*) and Non-Fil                              |             |        | ment        |           |
|  |                         | ocatio                            |                        |                       |   |                           |  |  |             |        | ре          |           |
| Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)                          | ) Used<br>Main<br>Custo | Solel<br>itenan<br>dial S<br>(12) | y by<br>nce/<br>staff? | Asbest<br>(i.e.       | Descripti<br>os Containing<br>thermal syste<br>surfacing, \<br>other miscel | Mater<br>ms ins<br>VAT, o | ulation,   | Amount<br>(Specify<br>SF or LF)              | Removal     | Repair | Encapsulate | Enclosure |
|  | Yes                     | No                                | N/A                    |                       |   |                           |  | 1001 5                                       |             |        | _           | -         |
| CARDOLITE PROPERTY   |                         | X                                 |                        |                       | PIPI  | =                         |  | 400LF  | X           |        | -           | _         |
| -OPEN SPACE  |                         |                                   |                        |                       |   | ******                    |  |  |             |        |             |           |
| Name of Registered Waste Hauler  |                         | l N                               | JDEP W                 | /aste                 | Cubic Yard  | s                         | Name of F  | Registered Land                              | dfill       |        |             |           |
| CIRCLE RUBBISH REMOVAL   |                         | 1775572                           | lauler ID              |                       | of Waste  |                           | TULLY  | TOWN RESC                                    |             | FA     | CILIT       | ΓY        |
| City, State<br>LINDEN, NJ  |                         |                                   |                        |                       | Disposal D  | ate                       | City, State                                      | FOWN, NJ                                     |             |        |             |           |
| Completed by<br>Voytek Roszkowski  | Title<br>PRES           | SIDE                              | NT                     |                       | Signa   | ure                       | Skoc   | sle  | Date 03/17/ | 2014   |             |           |

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

B & G proj. #: 2014-41

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

\*\*\* Sub Chapter 8 \*\*\*

Check # 6436

|  |                          |                       |  |                  |  |                                   | 1                       |                            | 3 5     |        | 71       |        |
|--|--------------------------|-----------------------|--|------------------|--|-----------------------------------|-------------------------|----------------------------|---------|--------|----------|--------|
| Date of Notification (1)                         |                          | ne of Buildin         |  |                  |  |                                   |                         |                            |         |        |          |        |
| 0 13 1/1 17 1/1 14                               | U                        | nion Cour             | nty Voca   | ational Tech     | nical                                    | Schools                           |                         |                            |         |        | -        | _      |
| Agencies Notified   Type Notification            | Stre                     | et Address            |  |                  |  |                                   | MAR                     | 2 0 20                     | 14      |        | '        |        |
| EPA Initial                                      | 1                        | 776 Rarita            | an Road  | 1                |  |                                   | Nazys i                 | 20 20                      | 1       | _      | -        | _      |
| ☐ DEP ☐  |                          | , State, Zip          |  |                  |  |                                   | y                       |                            | 4       | , ii   | 1        |        |
| DOL Amendmen                                     | nt     S                 | Scotch Pla            | ains, NJ   | 07076            |  |                                   |                         |                            | ğ.      |        |          | _      |
| M DOH  | Nan                      | ne of Contac          | Ħ  |                  | 10000                                    | *                                 | Telephone               | Muniper                    |         | 11.73  |          |        |
| ☐ DCA ☐ Cancellatio                              | n                        | Sue Anne              | Marcel   | lo               |  |                                   |                         |                            |         |        | _        | =      |
|  |                          |                       | FACILI   | TY INFORMA       | TION                                     |                                   |                         |                            |         |        |          |        |
|  | lina ploo                | 0 (3)                 |  |                  |  |                                   | Type of Facility (4     | 1)                         |         |        |          |        |
| Name of facility where abatement is to           |                          |                       |  |                  |  |                                   |                         | (K - 12)                   | 929     |        |          |        |
| West Hall's Cosmetology Re-                      | novation                 | Area                  |  |                  |  |                                   |                         | pter 8 (Oth<br>Private/Con |         |        | 2)       |        |
| Street Address                                   |                          | 200 0                 |  |                  |  |                                   |                         | Homes, etc                 |         | ACI    |          |        |
| 1776 Raritan Road                                |                          |                       |  |                  |  |                                   | Square Feet             | # of Floors                |         | Bldg   | . Age    | ,      |
| City (5)   | Count                    | y (6)                 |  |                  |  | ty Code (7)                       |                         |                            |         | E-b    |          |        |
| - E  | Unic                     | nn.                   |  |                  | (Stat                                    | e use only)                       | Current Use (Pr         | nor it being               | aemo    | iisnec |          |        |
| Scotch Plains, NJ 07076                          |                          |                       |  | ASCM No.         | -   1                                    | Name of Abatement C               | school<br>ontractor (9) |                            |         | _      |          |        |
| Name of Monitoring Firm Hired by Blo             | ig. Owner                | (8)                   |  | 0145             |  | B & G Restoration                 |                         |                            |         |        |          |        |
| T&M Associates                                   |                          | /                     |  | 0140             | =  | Street Address                    | on, mo.                 |                            |         |        |          |        |
| Street Address                                   |                          |                       |  |                  |  | 105 Ryerson Ro                    | oad                     |                            | Vince S | - 155  |          |        |
| 11 Tindall Road                                  |                          |                       |  |                  | -  | City, State, Zip Code             |                         |                            |         |        |          |        |
| City, State, Zip Code<br>Middletown, NJ 07748    |                          |                       |  |                  |  | Lincoln Park, N                   | J 07035                 |                            |         | -      |          |        |
| Project Manager for Monitoring Firm              |                          | Pho                   | ne Numbe   | r                |  | Telephone Number<br>(973)696-6869 | )                       | License N                  |         | er     |          |        |
| Kevin Burns                                      |                          | 732                   | -676-40  | 00               |  | Name of OSHA Monit                |                         |                            | -       | -      |          |        |
| Scheduled Start Date (10)                        | Sched                    | Completion            | Date (11   | )                |  | B & G Restorati                   |                         |                            |         |        |          | 10     |
| 03/31/2014                                       | 04/1                     | 4/2014                |  |                  |  | Street Address                    |                         |                            |         |        |          |        |
| Occupancy Status During Abatement                | (Check o                 | nly one)              |  |                  |  | 105 Ryerson Ro                    | oad                     |                            |         |        |          |        |
| T Facility closed/vacated during e               | ntire perio              | d of abatem           | nent.  |                  |  | City, State, Zip Code             |                         |                            | 79      |        |          |        |
| Abatement performed outside of                   | f normal t               | acility hours         | -  |                  | _  | LincolnPark, N.                   | 07035                   |                            |         |        |          |        |
| Other-Describe: Work shift 8                     | :00am -                  | 4:30pm                |  |                  | -  | Ellicolli dik, ike                |                         |                            |         |        | - 1      |        |
| Scope of Work (check all that apply)             |                          |                       |  |                  | <b>.</b>                                 | ull Containment w/neg             | rative pressure         | Gloveb                     | ag pr   | ocedu  | re       |        |
|  | Renovatio                |                       |  |                  |  | dini-enclosure                    | Jauve pressure          | ☐ Non-fri                  |         |        |          |        |
|  | 160 sf or                |                       |  |                  | ، الــــــــــــــــــــــــــــــــــــ | viiii-enclosure                   |                         |                            | R       | R      | E        | -      |
| Location of                                      | ls location<br>by mainte | n normally u          | sed solely<br>odial  | 1                | an af a                                  | sbestos-containing                | Amount                  | **                         | e<br>E  | e<br>p | n        | E<br>n |
|  | staff(12)                |                       |  | material (       |  |                                   | (Specify                | SF or                      | 0       | a      | a        | C      |
| abated in facility (13)                          | Yes                      | No                    | N/A  |                  |  |                                   | 2.7                     |                            | v<br>e  | r      | p .      | _      |
| Room 302, 303, 304                               |                          |                       | ×  | pipe fittings w  | /assoc                                   | ated glass pipe insulation        |                         |                            | X       |        |          | 井      |
| hallway btwn rms 303 & 304                       |                          |                       | ×  |                  | -  | ciated glass pipe insul           |                         |                            | X       | 片      | 井        | H      |
| Entrance lobby & rm 303 Laundry room             |                          |                       | X  |                  |  | d glass pipe insulation           | 6 & 3 loc               |                            | N       | 片      | +        | H      |
| pipe chase spaces servicing                      |                          |                       | X  | pipe fittings w/ | associa                                  | ted glass pipe insulation         | estimated 2             | 5 locations                | X       | H      | 片        | 片      |
| rest oms,laundry rooms, & sink basins            |                          |                       |  | ubic Yards of    | Macte                                    | Name of Registered                | Landfill                |                            |         |        | <u> </u> |        |
| Rec. stered Waste Hauler E & G Restoration, Inc. |                          | EP Hauler II<br>19563 | )#   C   | tubic Yards of   | v vasie                                  | Tullytown                         | Resource & R            | ecovery                    | Cen     | ter    |          |        |
| City, State                                      |                          |                       | Disposal Dis |                  | 14                                       | City, State<br>Tullytown,         | PA                      |                            |         |        |          |        |
| Lincoin Park, NJ Completed by (Print or Type)    | Title                    |                       |  | Signature        |  | 0,0                               |                         | Date                       | 7.10.0  |        |          |        |
| Gordana Luna                                     |                          | ry/Treasu             | irer   |                  |  | Gordana Luna                      |                         | 03/17                      | //20    | 14     |          |        |

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

| B & G proj. #:            | 2014-41                                     |                  | (Purs                       | uant to l              | NJAC 8:6<br>* NON SU    | 0-7 an<br>ub 8 ** | id 12:      | 120-7)                 |                   | Check #         | 6437          |             | 1      |        | 7           |
|---------------------------|---|------------------|-----------------------------|------------------------|-------------------------|-------------------|-------------|------------------------|-------------------|-----------------|---------------|-------------|--------|--------|-------------|
| Date of Notification      |   | Name             | of Building                 | Owner/Op<br>/ Vocation | erator (2)<br>onal Tech | nical S           | Schoo       | ols                    |                   | 0,000           | 67:11 11      | 1 201       | Λ      |        | -           |
|                           | Type Notification                           |                  | Address                     |                        |                         |                   | -           |                        |                   | ħ/              | 14日 2         | J 201       | +      |        |             |
| Agencies Notified EPA     | Initial                                     | 177              | 76 Raritar                  |                        |                         |                   |             |                        |                   |                 |               | -           |        | -      | -           |
| DEP DOL                   | ☐ Amendment                                 | City, S          | state, Zip Co<br>otch Plair | ode<br>ns, NJ 0        | 7076                    |                   |             |                        |                   | Telephone       | Number        |             |        |        |             |
| DOH                       |   | Name             | of Contact                  |                        |                         | 21                |             |                        |                   | i elepiione     |               |             | på.    |        |             |
| DCA                       | Cancellation                                | Su               | ue Anne N                   |                        |                         |                   |             |                        |                   | ľ               |               |             |        |        | -           |
|                           |   |                  |                             | FACILIT                | Y INFORMA               | TION              |             |                        | 1=                | of Engility //  | 4)            |             |        |        | -           |
|                           | here abatement is ta                        | king place (     | (3)                         |                        |                         |                   |             |                        | Type              | of Facility (4  | (K - 12)      |             |        |        |             |
| Name of facility w        | nere abatement to a                         |                  |                             | /NON S                 | I IR 8)****             | *                 |             |                        | آ ا               |                 | apter 8 (Ot   | her than    | K-12   | )      |             |
| West Hall's C             | Cosmetology Rer                             | novation /       | Alea                        | (14014.0               | 05 0,                   |                   |             |                        | li                | Other (         | Private/Co    | mmerci      | al     |        |             |
| Street Address            |   |                  |                             |                        |                         |                   |             |                        |                   |                 | Homes, et     |             | Bldg.  | Age    |             |
| 1776 Raritar              | Road  |                  |                             |                        |                         |                   |             |                        | Squa              | are Feet        | # Of Floors   | ,           | 5      |        |             |
|                           |   | County           | (6)                         |                        |                         | Count             | ty Cod      | le (7)                 | -                 | rent Use (P     | rior if being | demol       | shed)  | _      |             |
| City (5)                  | 70 (100 mm)                                 |                  |                             |                        |                         | (State            | e use o     | only)                  | sch               | ool non s       | sub 8         |             |        |        |             |
|                           | ns, NJ 07076                                | Union            |                             |                        | 201111                  |                   | Name        | of Abatement           |                   |                 |               |             |        |        |             |
| Name of Monitor           | ing Firm Hired by Blo                       | lg. Owner (      | 8)                          |                        | SCM No.                 | - 11              |             | G Restorat             |                   |                 |               |             |        |        |             |
| T&M Assoc                 | iates                                       |                  |                             |                        | )145                    | <u> </u>          |             | Address                | tion, n           | 10.             |               |             |        |        |             |
| Street Address            |   |                  |                             |                        |                         |                   | 10          | 5 Ryerson F            | Road              |                 |               |             |        |        |             |
| 11 Tindall                | Road  |                  |                             |                        |                         | - k               |             | tate, Zip Code         |                   |                 |               |             |        |        |             |
| City, State, Zip C        | ode   |                  |                             |                        |                         |                   | Li          | ncoln Park,            | NJ 07             | 7035            |               |             |        |        |             |
| Middletowr                | n, NJ 07748                                 |                  | IDhan                       | e Number               |                         |                   | Telep       | hone Number            |                   |                 | License       |             | r      |        |             |
| Project Manager           | for Monitoring Firm                         |                  | 130                         | 676-400                |                         | - 11              |             | 973)696-686            |                   |                 | 0             | )378        |        | _      | _           |
| Kevin Burr                | าร  |                  |                             |                        |                         |                   |             | of OSHA Mo             |                   |                 |               |             |        |        |             |
| Scheduled Start           | Date (10)                                   |                  | Completion                  | Date (11)              |                         |                   |             | & G Restora            | ation, i          | nc.             |               |             | -      |        |             |
| 03/31/201                 | 4   | 04/14            | 1/2014                      |                        |                         |                   |             | t Address<br>5 Ryerson | Road              |                 |               |             |        |        |             |
| Occupancy Statu           | us During Abatement                         | (Check on        | ly one)                     |                        |                         |                   | TO 10000000 |                        |                   |                 |               |             |        |        | _           |
|                           | sed/vacated during of the performed outside | entire perior    | of abatem                   | ent.                   |                         |                   |             | State, Zip Cod         |                   |                 |               |             |        |        |             |
| Abatemen Describe:        | t performed oddside                         | 3.00om           | 4:30nm                      |                        |                         | _                 | Li          | ncolnPark, l           | NJ 070            | 035             |               |             | _      | - 13   |             |
| Other-Des                 | scribe: WOLK STILL                          | 5.00am -         | 4.30pm                      |                        |                         |                   |             |                        |                   |                 |               |             |        |        |             |
|                           | (check all that apply                       | ) .<br>          |                             |                        |                         |                   | Full Co     | ontainment w/r         | negative          | pressure        |               | ebag pr     |        |        |             |
| ☐ Demolitio               |   | Renovation       |                             |                        |                         |                   | Mini-e      | nclosure               |                   |                 | ₩ Non-        | -friable    | oroceo | ure    |             |
| >3 sf or >                | 3 If 🗶                                      | ≥160 sf or ≥     |                             | and and all            |                         |                   |             |                        | T                 |                 |               | R           | R      | E      | E           |
| Location                  | of  | Is location      | normally us<br>nance/custo  | sed solely             | Descri                  | ntion of          | asbest      | tos-containing         |                   | Amoun           |               | m           | р      | C      | n           |
| asbestos                  | -containing                                 | staff(12)        |                             |                        | materia                 | al (ACM)          | )           |                        |                   | (Specification) | y Sir Ui      | o<br>v      | i      | a<br>p | L           |
| material t<br>abated in   | facility (13)                               | Yes              | No                          | N/A                    |                         | 20                |             |                        |                   |                 |               | e           | -      | -      | <del></del> |
|                           |   |                  |                             |                        |                         |                   |             |                        |                   |                 |               | ᆛ           | 片      | 片      | 쓔           |
| SEE ATTAC                 | HED SHEET                                   |                  |                             |                        |                         |                   |             |                        |                   |                 |               | ᆛ井          | 片      | 片      | 計           |
|                           |   |                  |                             |                        |                         |                   |             |                        |                   |                 |               | 井           | 片      | 片      | 计           |
|                           |   |                  |                             |                        | 1                       |                   |             |                        |                   |                 |               | ᆛ           | ዙ      | 片      | #           |
|                           |   | -                |                             |                        |                         |                   |             |                        |                   | 4611            |               |             |        | 1      |             |
| Registered Wa             | ste Hauler                                  | INJD             | EP Hauler I                 | D# C                   | ubic Yards              | of Wast           | te Na       | me of Registe          | ired Lar<br>wn Re | source &        | Recove        | ry Cer      | iter   |        |             |
| B & G Rest                | toration, Inc.                              |                  | 19563                       | باد                    | 15<br>20to              |                   | -           | ity State              |                   |                 |               |             |        |        |             |
| City State                |   |                  |                             | Disposal I             | Date<br>31/14-04/1      | 15/14             | ١           | Tullytow               | vn, PA            |                 |               |             |        |        | ν           |
| Lincoln Pa                |   | T=               |                             |                        | Signature               |                   | 0           | ndana Lun              |                   | 330             | Date          | e<br>/17/20 | 14     |        |             |
| Completed by<br>Gordana L | (Print or Type)<br>una                      | Title<br>Secreta | ary/Treasu                  | ırer                   |                         |                   | G           | rdana Zum              |                   |                 |               | 11120       | 17     |        |             |

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| (4ho(1) # 8  | 715              |                 |             | (Pui          | suant           | to NJAC                                 | 8:60 and 5:16  | 5)                  |  |             | 万      |             | 1         |
|--|------------------|-----------------|-------------|---------------|-----------------|---|--|---------------------|--|-------------|--------|-------------|-----------|
| Date of Notification (1)                                 | 110              |                 |             |               | Name o          | f Building                              | Owner/Operator (2  | 2)                  | 1                                      |             |        |             | 11        |
|  | 17 /             | 14              |             |               | Tri S           | tate Con                                | nmerical, Inc.   |                     | MAR 2 A                                | 201/        | 1      |             | . 1       |
| Agencies Notified  | Type Noti        | fication        |             |               | Street A        | ddress                                  |  |                     |  |             |        |             |           |
| ⊠ EPA  | Initia           |                 |             |               | 103 (           | Godwin A                                | Ave., Suite 193  |                     |  |             |        | 9           |           |
| □ DOLWD  | ☐ Amend          |                 |             | ı             | City, St        | ate, Zip Co                             | ode  |                     |  |             | 4      |             | 1         |
| ☑ DHSS   | Amend<br>☐ Emerg | ment # <u>0</u> | ·           | - 1           | Midla           | and Park                                | , NJ 07432   |                     |  |             |        |             | _         |
| ☐ DCA<br>(NJAC 5:23-8)                                   | justific         |                 | auding      | ı             | Name o          | of Contact                              |  |                     | Talanhone Numbe                        | r           |        |             |           |
| (10.10-0.10-0)   | ☐ Cance          | llation         |             |               | Johr            | n Montag                                | jna  |                     | •                                      |             |        |             |           |
|  |                  |                 |             |               | FAC             | ILITY IN                                | FORMATION  |                     |  | -111        | 200000 |             |           |
| Name of Facility Where A                                 | Abatement        | is Taking       | Place       | (3)           |                 |   |  | Type of Facility (4 | 4)                                     |             |        | #           |           |
| 215 Bergen Blvd.   |                  |                 |             |               |                 |   |  | School (K-12)       |  |             |        |             |           |
| Street Address   |                  |                 |             |               |                 | *************************************** |  | ☐ Subchapter 8      | (Other than K-12)<br>wate and commerci | al buil     | dings  |             |           |
| 215 Bergen Blvd.   |                  |                 |             |               |                 |   |  | homes, etc.)        | V - 1                                  |             |        | ň.          |           |
| City (5)   |                  |                 |             | - VALE (1)    |                 |   |  | Square Feet         | # of Floors                            | Bldg        | g. Ag  | е           |           |
| Fairview, NJ 07022                                       |                  |                 |             |               |                 |   |  | 20,000              | 2                                      | 4           | 5+     |             |           |
| County (6)   |                  |                 |             |               | Count           | y Code (7)                              | (STATE USE ONLY)   | Current Use (Price  | or if being demolish                   | ed)         |        |             |           |
| Bergen   |                  |                 |             |               |                 |   |  | Retail              | 4                                      |             |        |             |           |
| Name of Monitoring Firm                                  | Hired by B       | Building C      | wner (8     | 3)            | ASCM N          | No.                                     | Contract of the Contract of th | ent Contractor (9)  |  |             |        |             |           |
| VERTEX   |                  |                 |             |               | NA              |   | Alliance Env   | ironmental Sys      | tems                                   |             |        |             |           |
| Street Address   |                  |                 |             |               |                 |   | Street Address   |                     |  |             |        |             |           |
| 700 Turner Way   |                  |                 |             |               |                 |   | 550 East Uni   | on St.              |  |             |        |             |           |
| City, State, Zip Code                                    |                  |                 |             |               |                 |   | City, State, Zip C   | ode                 |  |             |        |             |           |
| Aston, PA 19014  |                  |                 |             |               |                 |   | West Cheste  | r, PA 19382         |  |             |        |             |           |
| Project Manager for Mor                                  | itoring Firm     | 1               |             | Tele          | phone N         | No.                                     | Telephone No.  |                     | License No.                            |             |        |             |           |
| Don Heim   |                  |                 |             | 61            | 0-558-          | 8902                                    | 610-701-9000   |                     | 00508                                  |             |        |             |           |
| Start Date (10)  |                  | Sched           | duled Co    | omple         | tion Dat        | e (11)                                  | Name of OSHA   | Monitor             |  |             |        |             |           |
| 4 / 1 /  | 14               |                 | 4 /         | _ 22          | _ / _           | 14                                      | AET  |                     |  | - 25        |        |             |           |
| Occupancy Status Durin                                   | g Abateme        | nt (Chec        | k only o    | ne)           |                 |   | Street Address   |                     |  |             |        |             |           |
| ☐ Facility Closed/Vacat                                  | ed During B      | Entire Pe       | riod of     | Abate         | ment            |   | 28 N. Pennel   | Road                |  |             |        |             |           |
| ☐ Abatement Performe                                     | d Outside o      | f Normal        | Facility    | Hou           | s - Des         | cribe                                   | City, State, Zip C   | ode                 |  |             |        |             |           |
| Time of Abatement:                                       | <u>/</u> AM      | _PM/ <u>3:3</u> | <u>U</u> PM |               | AIVI            |   | Media, PA 19   | 9063                |  |             |        |             |           |
| Scope of Work (Check a                                   | Il that apply    | <b>y</b> )      | 0.000       |               |                 |   | M Full Con   | tainment with Neg   | rative Pressure                        |             |        |             |           |
| ☐ ≥3 sf or ≥3 lf   |                  |                 | ⊠ Re        | novat         | ion             |   | Mini-En  |                     | jalive Flessule                        |             |        |             |           |
| \(\sum_{\geq} \geq 160 \text{ sf or \geq} 260 \text{ lf} |                  |                 |             | moliti        |                 |   | ☐ Gloveba  | g Procedure         | 5:11 B                                 |             |        |             |           |
|  |                  |                 |             |               |                 | 1                                       | ⊠ Non-Exe  | empted (*) and No   | n-Friable Procedure                    | -           | ateme  | nt T        |           |
|  |                  |                 | 100         | Loca<br>Norma |                 |   | Description  | of                  |  | -           |        |             | -         |
| Location<br>Asbestos-Containing                          |                  | ACM)            | Use         | d Sol         | ely by          | Asbe                                    | stos Containing M  |                     | Amount                                 | Removal     | Repair | Encapsulate | Enclosure |
| TO BE AB   | ATED             |                 | 4.35,655    | intena        | ance/<br>Staff? | (i.e                                    | ., thermal systems   |                     | (Specify<br>SF or LF)                  | lova        | air    | apsu        | uso       |
| IN Faci<br>(13)  |                  |                 | Jus         | (12)          |                 |   | surfacing, VAT<br>other miscelland   |                     | Or or Ery                              | -           |        | ılate       | G.        |
| (,   |                  |                 | Yes         | No            | N/A             |   |  |                     |  |             |        |             |           |
| 1 <sup>st</sup> Floor                                    |                  |                 |             |               |                 | 2x4 Ce                                  | iling Tile   |                     | 17,280 SF                              |             |        |             |           |
| 1 <sup>st</sup> Floor                                    |                  |                 | $I_{\Box}$  | П             |                 | VAT &                                   | Mastic   |                     | 17,280 SF                              | $\boxtimes$ |        |             |           |
| 1 11001  |                  |                 | 1-          |               |                 |   |  |                     |  | П           | П      | П           | П         |
| 0  |                  |                 |             |               |                 |   |  |                     |  | -           | -      |             |           |
|  |                  |                 |             |               |                 |   |  |                     |  |             | Ш      | Ш           |           |
| Name of Registered Wa                                    | ste Hauler       |                 |             |               | NJDEP !         |   | Cubic Yards of Waste   | Name of Regis       |  |             |        |             |           |
| N.E.T.S.   |                  |                 |             | '             | 18947           |   | 120  | Allied BFI          | Imperial                               |             |        |             |           |
| City, State  |                  |                 |             |               |                 |   | Disposal Date  | City, State         |  |             |        |             |           |
| Hazelton, PA   |                  |                 |             |               |                 |   | TBD  | Imperial, F         | PA                                     |             |        |             |           |
| Completed By (Print or                                   | Type)            | Tit             | le          |               |                 |   | Signature  | 10                  | Da                                     | te /        | ,      | /           | ,         |
| Mark Griffin   | metall and and   |                 | Estima      | tor           |                 |   |  | FIII                |  | 3/          | 17     | 11.         | 4         |
| ASR-41   |                  |                 | 1 -hw       |               |                 |   |  | -///                |  | 1           | /      |             | =0, S(4)  |

ASB-41 MAY 11

| Date of Notification (1)                                       | 17                   | / 14                    |             | -             |  |                                | ng Owner/Operator (                           | 2)<br>/ Job #14  | 03.4737       | Chack           | #50       | 86     |             |           |
|--|----------------------|-------------------------|-------------|---------------|--|--------------------------------|---|--|---------------|-----------------|-----------|--------|-------------|-----------|
|  |                      |                         |             |               |  |                                | Filliceton                                    | 7 300 #14  | -03-4131      | Cileck          | #33       | 00     | 1.7         | 7         |
| Agencies Notified  EPA   | Type No              |                         |             |               | -  | t Address<br><b>ıstees o</b> f | FPrinceton Unive                              | ersity E.A. Macl   | Millan Blo    | lg.             |           |        |             |           |
| ☑ DOLWD ☑ DHSS   | ☐ Amer               | nded<br>ndment #        |             |               | City,  | State, Zip                     | Code  |  |               | MAR             | 2         | 2      | 014         |           |
| ⊠ DHSS   |                      | gency (in               |             | n             | Pri  | nceton,                        | NJ 08544                                      |  |               | 1917-32-1       | -         | JZ     | J14         |           |
| (NJAC 5:23-8)  |                      | cation)                 | oluum       | 9             | Name   | of Conta                       | ct  |  | Telephon      | e Numb          | er        |        |             |           |
|  | ☐ Cano               | ellation                |             |               | Ro   | bert Orte                      | ego, P.E.                                     |  | 8.            |                 |           |        |             |           |
|  |                      |                         |             |               | FA   | CILITY II                      | NFORMATION                                    |  | L             |                 |           |        | -           |           |
| Name of Facility Where   | Abatement            | is Taking               | Place       | (3)           | 02020  |                                |   | Type of Facility (   | (4)           |                 |           |        |             |           |
| Sayre Hall   |                      | 5                       |             |               |  |                                |   | School (K-12   |               |                 |           |        |             |           |
| Street Address   |                      |                         | - COMPANIES | mates         |  |                                |   | Subchapter 8   |               |                 |           |        |             |           |
| 300 Forrestal Road   | , Princet            | on Univ                 | ersity      | For           | restal   | Campus                         |   | Other (i.e., pr<br>homes, etc.)                                |               | ommero          | ial bi    | ıılaın | gs,         |           |
| City (5)   | -                    |                         |             |               |  | · ·                            |   | Square Feet  | # of Floo     | ors             | BI        | dg. A  | ge          |           |
| Princeton  |                      |                         |             |               |  |                                |   | •  |               |                 | i Cathese | •      | •           |           |
| County (6)   |                      |                         |             |               | Cou  | nty Code (                     | 7)(STATE USE ONLY)                            | Current Use (Pri   | or if being o | demolish        | ned)      |        |             |           |
| Mercer   |                      |                         |             |               |  | 5 6                            |   |  |               |                 |           |        |             |           |
| Name of Monitoring Firm  | Hired by I           | Building C              | Owner       | (8)           | ASCM   | No.                            | Name of Abateme                               | ent Contractor (9)   |               |                 |           |        |             |           |
| ATC Associates   |                      |                         |             |               | 000  | 98                             | AbateTech, I                                  |  |               |                 |           |        |             |           |
| Street Address   |                      |                         |             |               |  |                                | Street Address                                |  |               | -               |           |        |             | _         |
| 3 Terri Lane   |                      |                         |             |               |  |                                | 30 Maple Ave                                  | e. PO Box 25   |               |                 |           |        |             |           |
| City, State, Zip Code  |                      |                         |             |               | - COST - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - 144 - |                                | City, State, Zip Co                           |  |               | -               |           |        |             |           |
| Burlington, NJ 080   | 16                   |                         |             |               |  |                                | Lumberton, N                                  |  |               |                 |           |        |             |           |
| Project Manager for Mon  | itoring Firm         | n                       | W-1_4       | Te            | ephone   | No.                            | Telephone No.                                 |  | License       | No.             |           | 61     |             | -         |
| Michael R. Keehn   |                      |                         |             |               | 09-386   |                                | 609-265-2107                                  |  | 00529         | 9               |           |        |             |           |
| Start Date (10)  |                      | Sched                   | luled C     | ompl          | etion Da   | ite (11)                       | Name of OSHA M                                | lonitor  |               |                 |           |        | 320         | -         |
| 3 /31 /  | _14                  |                         | 4 /         | _2            | 6_ /   | 14                             | EMSL Analyti                                  | ical   |               |                 |           |        |             |           |
| Occupancy Status During  | Abateme              | nt (Check               | only        | one)          |  |                                | Street Address                                |  |               |                 |           |        |             | -         |
| ☐ Facility Closed/Vacate                                       |                      |                         |             |               | ement  |                                | 200 Route 13                                  | 0 North  |               |                 |           |        |             |           |
| Abatement Performed  | Outside o            | f Normal                | Facilit     | у Но          | ırs - Des  | scribe                         | City, State, Zip Co                           |  |               |                 |           |        |             | _         |
| Time of Abatement: 7   | :00AM-3:             | 30PM/3:                 | 30PM        | · <u>12:0</u> | 0AM  |                                | Cinnaminson                                   |  | 100           |                 |           |        |             |           |
| Scope of Work (Check all                                       | that apply           | /)                      |             |               | -  |                                |   | 7  |               | -               |           |        |             |           |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> |                      |                         | ⊠ Re        |               |  |                                | ☐ Mini-Enc                                    | ainment with Neg<br>losure<br>g Procedure<br>mpted (*) and Nor |               |                 | e         |        |             |           |
|  | W                    |                         | Is          | Loca          | ation  |                                |   | 1  |               |                 | Ab        | atem   | ent T       | vpe       |
| Location   | 355                  | 01000000                |             | Norm          |  | 220000000                      | Description of                                |  |               |                 | _         | _      | _           | _         |
| Asbestos-Containing I<br>TO BE ABA                             |                      | CM)                     |             |               | lely by<br>ance/   |                                | estos Containing Mat<br>e., thermal systems i |  | Amou<br>(Spec |                 | Removal   | Repair | Encapsulate | Enclosure |
| IN Facilit   |                      | 1                       | Cus         | 7 - 100 2 100 | Staff?   | (1.0                           | surfacing, VAT,                               |  | SF or I       |                 | oval      | =      | nsd         | Sur       |
| (13)   |                      | 8                       |             | (12           | 1  | 1                              | other miscellaned                             | ous)   |               |                 | 1 822     |        | ate         | Φ         |
| 1 <sup>st</sup> Floor  |                      |                         | Yes         | No 🖂          | N/A  | Pipe ar                        | nd fitting insulation                         | on   | 1,150         | LF              |           |        |             |           |
| 2 <sup>nd</sup> Floor  |                      |                         |             |               |  |                                | le and Mastic                                 |  | 1,280         | With the second |           |        |             |           |
| Attic  |                      |                         |             |               |  | Pipe ar                        | nd fitting insulation                         | on   | 1,020         | LF              |           |        |             |           |
| **see attached page 2  | )**                  |                         | П           | П             |  | 1                              |   |  | 7/            |                 |           | П      | П           |           |
| Name of Registered Wast  | Lance and the second |                         |             |               | NJDEP I  | Naste                          | Cubic Yards of                                | Name of Regist   | ered Landf    | ill             |           | Ц      | Ц           |           |
| AbateTech, Inc.  | .o i lauloi          |                         |             | 100           | dauler II  |                                | Waste   | G.R.O.W.S.   |               |                 |           |        |             |           |
|  |                      | 742-450                 |             |               | 18750  | )                              | 150   |  | _ununn        |                 |           |        |             |           |
| City, State  |                      |                         |             |               |  |                                | Disposal Date                                 | City, State  | DA            |                 |           |        |             |           |
| Lumberton, NJ  |                      | 1                       |             |               |  |                                | 4/26/14                                       | Tullytown,   | гA<br>        |                 |           |        |             |           |
| Completed By (Print or Ty<br>Jennifer Piraine                  | rpe)                 | Title<br>O <sub>I</sub> |             | ons           | Coordi   | nator                          | Signature                                     | n Pinan  | ę             | Date            | 3/1.      | 7/1    | 4           |           |
|  |                      |                         |             |               |  |                                |   |  |               |                 | 1         | 1 '    | - *****     | 200       |

### Princeton Sayre Hall - Notification

PAGE 2 OF 2

| Location of<br>Asbestos-Containing      | Solely b | on Normall<br>y Maintena | nce or | Description of<br>Asbestos-Containing                        | Amount<br>(Specify | F    |        | emer<br>pe | nt     |
|---|----------|--------------------------|--------|--|--------------------|------|--------|------------|--------|
| Material (ACM) TO BE ABATED in Facility | Custo    | dial Staff?              | (12)   | Material (ACM) (i.e., thermal systems insulation, surfacing, | SF or<br>LF)       | Remo | Repair | Encapsulat | Enclos |
| (13)                                    | Yes      | No                       | N/A    | VAT or other miscellaneous)                                  | 3                  | oval | air    | sulat      | sure   |
| Attic                                   |          |                          |        | roof rafter insulation                                       | 8,500 SF           | M    | П      | П          | П      |
| Attic                                   |          |                          |        | Cement Asbestos<br>Board                                     | 8 SF               | Ø    |        |            |        |

MAR 2 0 2014