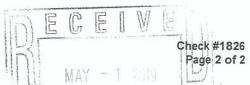
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| 1/ MIN | 7 | | | (Pursua | | | | | TEMENT :120) | | | | | | | | | | | |
|--|-------------------------------|------------------|------------|---|--------------------|-----------|---------------------|---|-------------------------------|--|---------------------|------------------|--------------------|----------|-------------|-----------|--|--|--|--|
| UK MU | 8 71 | ALL | | ** | | | | | CI | neck# | 1826 | & 19 | 968 | F | g. 1 | of 2 | | | | |
| Date of Notification (1) | April 26, 20 bruary 27, 20 | | | | of Buildin | | r / Opera | ator (| 2) | 177 | | C [| 8 1 | W | [] | 1 | | | | |
| Agencies Notified | Type Notifica | | | _ | Address | | | | | 112 | | <u> </u> | U | | 144 | | | | | |
| □EPA □DEP | | | | 35 Wo | odbridg | e Avenu | е | | | A CONTRACTOR OF THE PARTY OF TH | M | AY · | - 1 | 2019 | | | | | | |
| DOL | Initial | | | City, S | tate & Zi | p Code | | | | | | | | | | | | | | |
| ⊠рон | Amer | nded ndment # | - | Highla | and Park | , NJ 089 | 904 | | | | ASES | LICE LICE | OU. | AHÚ S | ći | 5 | | | | |
| □DCA | Canc | ellation | | 200000000000000000000000000000000000000 | of Conta Ishman | ct | | | | | A THANKSON | | elephor 17-624- | | mber | r | | | | |
| | | | | FA | CILITY | INFOR | RMATI | ON | | | | | | | | | | | | |
| Name of Facility When Bank of America | e Abatement i | s Taking P | Place (3) | | | | Type of | Facilit | | | | | | | | | | | | |
| Street Address | | | | | | | Su | bchap | ter 8 (Other than | K-12) | | | | | | | | | | |
| 35 Woodbridge Aven | ue | | | | | | Ot Square | | .e., private & c | | cial bu | | s, hor | | c.) | | | | | |
| City (5) | | | | | | | • | 7,000 | | 1 | | | 33 | 70 | | | | | | |
| Highland Park | | | | | | | Current Bank | Use (I | Prior if being der | nolished | 1) | | | | | | | | | |
| County (6) Middlesex | | | ounty Code | | | | | | | | | | | | | | | | | |
| Name of Monitoring Fir | rm Hired by Bu | | | | ASCM | | | | ement Contracto | or (9) | | | | | | | | | | |
| Arcadis US, Inc. Street Address | | | | | | | Synated Street A | | | | | | | | | | | | | |
| 35 Columbia Road City, State & Zip Code | | | | | | | 829 Rac | | | | | | | | | | | | | |
| Branchburg, NJ 0887 | 76 | | | | | | | ty, State & Zip Code ttle Egg Harbor, NJ 08087 | | | | | | | | | | | | |
| Project Manager for Mo | onitoring Firm | | | lephone N 8-526-100 | | | Telepho 609-296 | ne Nu | mber | | Licens | e Num | nber 0081 | 7 | | | | | | |
| Scheduled Start Date (March 9, 20 | | Scheduled | | on Date (| | | Name of Synated | | A Monitor | | | | | | | | | | | |
| Occupancy Status Dur | ing Abatemen | | nly one) | | | | Street A 829 Rac | ddres | S | | | | | | | | | | | |
| Abatement Pe | | | | | ıı | L | | | Zip Code | | | | | | | | | | | |
| Other – Descr | ribe: | | | | | - 1 | | | rbor, NJ 08087 | | | | | | | | | | | |
| Facility Occup | | | | | | | | | E | | | | | | | | | | | |
| Scope of Work (Check | all that apply) | | | | | | | | Full Containmer | t with N | eastive | Droce | curo | | | | | | | |
| ≥3 sf or ≥ 50 lf | | | | Renovation | on | | | | Mini-Enclosure | IL WILLI IN | egative | FIES | Suic | | | | | | | |
| ≥160 sf or ≥260 | If | | | Demolitio | n | | | | Glovebag Proce | | | | | | | | | | | |
| | | | T | | | | | | Non-Exempted | *) and N | lon-Fri | able P | | | | | | | | |
| Asbestos-Contain TO BE | ABATED | ACM) | Solely b | on Norma y Mainten dial Staff | ance or | | Asbest | scription tos-Co erial (/ | ntaining | | ount (Sp SF or L | | Ab | ateme | ent T | ype | | | | |
| | acility 13) | | | | | ir | | | systems acing, VAT | | | | | | ш | ш | | | | |
| , | .0, | | | | | | | | ellaneous) | 1 | | | Rem | Repair | псар | nclo | | | | |
| | | | Yes | No | N/A | | | | | | | | Removal | pair | Encapsulate | Enclosure | | | | |
| SEE ATTACHED | LIST - Pg. 2 | of 2 | | | | | | | | +- | | | + | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Name of Registered W | asta Hauler | | NJDEP V | Nasta | TCubic \ | Yards of | Masta | | Name of Regis | torod La | ndfill | | | | | | | | | |
| | asio i ladici | | Hauler ID | No. | | i aius Ul | · vasit | | TO STATE OF THE CONTROL | GIGU LA | munit | | | | | | | | | |
| Synatech, Inc. City, State | | | 27 | 429 | 80 Dispos | al Date | | | Fairless Hills City, State | | | | | | | | | | | |
| Little Egg Harbor, NJ | 00007 | | | | July 1, | | | | Morrisville, PA | | | | | | | | | | | |
| Completed By | 30001 | Title | | | Signatu | | | | | Date | | | | | | | | | | |
| Diane Aloia | | Executiv | e Admini | strator | 200 | ine i | alora | <u>.</u> | | Februa | | il 26, 2 2019 | 019 | | | | | | | |

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

| | | | | | | | | Chec | ck# 1826 | 5 1 | Pg/1 | of | 2 , |
|---|-----------------------------|--|---------------------------|------------|---------|-----------------------------------|---------------------------------|--|----------------------------|---------|--------|-------------|--------------------|
| Date of Notification (1) February | 27 2019 | | Name o | of Buildin | g Own | er / Operator (| 2) | | 5 9 1 | 55 U | 7.7 | 155 | Part of the second |
| | lotification | | _ | Address | Ja | | | | | | | | 1111 |
| □EPA □DEP | | | 35 Woo | odbridge | Aven | ue | | The second secon | MAY | - 1 | 2019 | | |
| ⊠DOL ⊠ | Initial | | City, St | ate & Zip | Code | | | | AGELL | | 1.190 | i | - |
| ⊠ _{DOH} □ | Amended | | Highla | nd Park, | NJ 08 | 904 | | | | ENSIN | | See No. | |
| DCA D | Amendment # Cancellation | | Name | of Contac | ~t | | | | IT. | elephor | e Nu | nher | |
| | Caricellation | | No article and | shman | ,, | | | | 1000 | 07-624- | | iibci | |
| | | | FAC | CILITY | INFO | RMATION | | - | | | | | |
| Name of Facility Where Abate | ement is Taking P | lace (3) | | | | Type of Facili | | | | | | | |
| Bank of America | | | | | | School (| | - 14 40) | | | | | |
| Street Address | | | | | | | oter 8 (Other than | | حمناما امنم | a han | aa at | ~ \ | |
| 35 Woodbridge Avenue | | | | | | Other (i | .e., private & c | | | dg. Age | | (C.) | _ |
| City (5) | | | | | | 7,000 | | 1 | l l | ug. Age | 70 | | |
| Highland Park | | | | | | | Prior if being der | molished | d) | | | | |
| County (6) | Ico | unty Code | . /7\ | | | Bank | | | | | | | |
| Middlesex | | E ONLY | | | | | | | | | | | |
| Name of Monitoring Firm Hire | d by Building Owr | ner (8) | | ASCM | No. | | tement Contracto | or (9) | | | | | |
| Arcadis US, Inc. Street Address | | | | | | Synatech, In Street Addres | | | | | | | |
| 35 Columbia Road | | | | | | 829 Radio Ro | | | | | | | |
| City, State & Zip Code | | | | | | City, State & | | | | | | PREE | |
| Branchburg, NJ 08876 Project Manager for Monitoring | a Firm | Te | lephone N | lumber | | Telephone No | rbor, NJ 08087 umber | | License Nur | nber | | | _ |
| | | 90 | 8-526-100 | 0 | | 609-296-6916 | | | | 0081 | 7 | | |
| Scheduled Start Date (10) March 9, 2019 | Scheduled | | on Date (1 29, 2019 | 10.00 | | Name of OSH Synatech, In- | | | | | | | |
| Occupancy Status During Aba | atement (Check or | | 25, 2015 | | | Street Addres | | | | | - | | _ |
| Facility Closed/Vacat | | | Abatemen | t | | 829 Radio Ro | oad | - N- | | | | | |
| Abatement Performe | d Outside of Norn | nal Hours | i . | | | City, State & | • | | | | | | |
| Other – Describe: | | | | | | Little Egg Ha | rbor, NJ 08087 | | | | | | |
| Facility Occupied Du | | | | | | | | | | | | _ | |
| Scope of Work (Check all that | apply) | | | | | | Full Cantainman | nedeln N | Innative Dree | | | | |
| ≥3 sf or ≥ 50 lf | | | Renovatio | n | | × | Full Containment Mini-Enclosure | nt with i | vegative Pres | sure | | | |
| ≥160 sf or ≥260 lf | | | Demolition | | | Ħ | Glovebag Proce | edure | | | | | |
| | | | | | | | Non-Exempted | | Non-Friable F | rocedu | ire | | |
| Location of | | | on Norma | | | Descript | | Τ. | | | atem | ent T | уре |
| Asbestos-Containing Ma TO BE ABATE | | | y Maintena dial Staff? | | | Asbestos-Co Material (| | | ount (Specify SF or LF) | | | | |
| IN Facility | | | | (/ | | (i.e., thermal | systems | | | | | ш | |
| (13) | | | | | 1 | insulation, surf or other misc | | | | Re | R | Encapsulate | Enclosure |
| | | | | | | | | | | Remova | Repair | psu | losu |
| | | Yes | No | N/A | | | | | | a a | _ | ate | IГе |
| SEE ATTACHED LIST | - Pa 2 of 2 | | | | | | | +- | | + | _ | \vdash | _ |
| | . 5 0 | | | | | | | + | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Ha | auler | NJDEP \ | | Cubic \ | ards o | f Waste | Name of Regis | stered La | andfill | | | | |
| Synatech, Inc. | | A STATE OF THE PARTY OF THE PAR | 429 | 80 | | | Fairless Hills | | | | | | |
| City, State | | | | Dispos | al Date | | City, State | | | | | | |
| Little Egg Harbor, NJ 08087 | · | | | April 3 | 0, 2019 |) · | Morrisville, P. | A | | | | | |
| Completed By | Title | | | Signatu | | 11.00 | | Date | | | | | |
| Diane Aloia | Executiv | e Admini | strator | Du | Ence | alora | | Februa | ary 27, 2019 | | | | |

Bank of America, 35 Woodbridge Avenue, Highland Park, NJ



| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility | Solely b | ion Norm by Mainte odial Staf | ally Used nance or f? (12) | Description of Asbestos-Containing Material (ACM) | Amount (Specify SF or LF) | Ab | ateme | ent T | уре |
|---|----------|-------------------------------------|----------------------------------|---|--|--------------------|----------|-------------|-----------|
| (13) | Yes | No | N/A | (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Carrier to a second distribution of the second d | Removal | Repair | Encapsulate | Enclosure |
| Vault | | | Х | Floor Tile | 27 SF | Х | \neg | | |
| Vault | | | Х | Black Mastic | 186 SF | X | | | |
| Storage/Server Room | | | X | Gypsum Wallboard | 212 SF | X | | | |
| Storage/Server Room | | | Х | Cove Base Mastic | 120 LF | X | \neg | | |
| Break Room/Kitchen | | | Х | Gypsum Wallboard | 360 SF | X | \neg | \neg | |
| Break Room/Kitchen | | | Х | Cove Base Mastic | 90 LF | X | \neg | \dashv | |
| Corridor | | | Х | Gypsum Wallboard | 620 SF | X | \neg | \dashv | |
| Corridor | | | X | Cove Base Mastic | 155 LF | X | \neg | \dashv | |
| Corridor | | | Х | Floor Tile and Mastic | 500 SF | X | \dashv | \neg | |
| Utility Closet | | | Х | Gypsum Wallboard | 88 SF | X | \neg | \neg | |
| Men's Room | | | Х | Gypsum Wallboard | 340 SF | $\hat{\mathbf{x}}$ | | \dashv | |
| Women's Room | | | Х | Gypsum Wallboard | 340 SF | $\hat{\mathbf{x}}$ | | \dashv | |
| Women's Room | | | Х | Floor Tile and Black Mastic | 88 SF | X | - | \dashv | |
| File Retention Room/Water Meter Room | | | Х | Gypsum Wallboard | 104 SF | X | \neg | \dashv | |
| File Retention Room/Water Meter Room | | | Х | Floor Tile and Mastic | 40 SF | $\hat{\mathbf{x}}$ | \neg | \dashv | |

State of NJ Notification of Asbestos Abatement D&S Proj. #: (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10 |4 |/|2 |2 |/|1 |9 | Joslyn D. White Agencies Notified Type Notification Street Address **EPA** Initial nulla LICENSING Amended DEP City, State, Zip Code Amendment #: DOL M Emergency Newark, NJ 07106 DOH. (including Name of Contact justification) Telephone Number DCA Cancellation J. White **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1.000 02 80 (State use only) Current Use (Prior if being demolished) Newark, NJ 07106 Essex Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) N/A D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 04/23/19 04/26/19 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If X Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of F by maintenance/custodial asbestos-containing E е e Description of asbestos-containing n material (acm) to be staff(12) Amount m n p material (ACM) (Specify SF or C abated in facility (13) 0 C a Yes No LF) N/A V L p Basement Boiler Pipes PIPE INSULATION 12 ft X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1/2 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Title Signature_ Date BOGDAN JOLDZIC PRESIDENT 04/22/19 ASB-41 Do not use this form for asbestos licensure exempted activities.

| D&S Proj. #: 19-8 | | Notification (Purs | fication of Assuant to NJA | e of NJ sbestos Abatement C 8:60 and 12:120) | | G E I W | <u> </u> | A Commission of the Commission |
|---|--------------------------|---------------------------------------|----------------------------|--|--|--|-----------------|--|
| 10 4 / 2 6 / 1 9 Agencies Notified Type Notified | | Mari Contini | /ner/Operator (2 | 2) | ASS | USENSINA | 01.8 | |
| ☐ EPA ☐ Initial ☐ DEP ☐ Amended | | eet Address | | | The state of the s | The CHOING | naviging to the | |
| DOL Amendment Emergence (including | y | y, State, Zip Code Hawthorne, NJ 0 | 7506 | | | | | |
| justification DCA | n) | me of Contact Mari Contini | | | Telepho | ne Number | | |
| | | FAC | CILITY INFORM | IATION | | | | _ |
| Name of facility where abatemen | t is taking place | e (3) | | | Type of Facility | (4) | | |
| Residential | | | | | | ol (K - 12) | | |
| Street Address | | | | | Other | napter 8 (Other that (Private/Commerce) | | |
| City (5) | | | | | Square Feet | /Homes, etc. # of Floors | Bldg. Age | е |
| City (5) | County | (6) | | County Code (7) (State use only) | | | 80 | |
| Hawthorne, NJ 07506 | Passa | ic | | (State use only) | Current Use (P Residential | rior if being demo | lished) | |
| Name of Monitoring Firm Hired by | Bldg. Owner (| 8) | ASCM No. | Name of Abatemen | | | | _ |
| N/A Street Address | | | | D & S RESTOR | ATION, INC. | | | |
| Street Address | | | | Street Address | | | | _ |
| City, State, Zip Code | | | | 20 California A | STATE OF THE PARTY | | | |
| | | | | City, State, Zip Code | | | | |
| Project Manager for Monitoring Firm | n | Phone Numb | er | Paterson, NJ 07 Telephone Number | /503 | License Number | r | |
| | | | | 973-345-8020 | | 01169 | | |
| Start Date (10) | Sched. C | ompletion Date (11 |) | Name of OSHA Mon | | | | |
| 05/06/19 | 05/20/19 | 9 | | D & S Restorati | ion, Inc. | | | _ |
| Occupancy Status During Abatemee Facility closed/vacated during Abatement performed outside | entire period | of abatement | | 20 California Av | | | | _ |
| Describe: NORMAL F | IOURS | | | Paterson, NJ 07 | 503 | | | |
| Scope of Work (check all that apply | () | | | | | lacasti. | | _ |
| ≥3 sf or >3 lf ≥160 sf or ≥260 lf | Renovation Demolition | | | | Full Containment w/ Mini-enclosure Glovebag procedure Non-Exempted (*) a | e | | |
| Location of asbestos-containing | by maintenan | rmally used solely nce/custodial | | | | RF | REF | E |
| material (acm) to be abated in facility (13) | Yes Yes | No N/A | Description material (A | of asbestos-containing CM) | Amount (Specify SF LF) | m ° | c n | n C |
| Basement | | | PIPE INSUL | ATION | 140 ft | e r | 1 | _ |
| | | | | | 7.0 % | | ╅┼┼┼ | 누 |
| | | | | | | | | 十 |
| | | | | | | | | j |
| Registered Waste Hauler | NJDEP H | lauler ID# Cu | bic Yards of Wa | noto III. | | | | J |
| D & S RESTORATION, INC. | 13506 | 2 | | Name of Registered TULLYTOWN, I | | OVEDV | | _ |
| City, State | | Disposal Da | | City, State | LIGOURCE REC | OVERI | | _ |
| PATERSON, NJ 07503 Completed by (Print or Type) | Tial - | | 0: | TULLYTOWN, | PA | | | |
| DOODANIATION | Title PRESIDENT | | Signature P | Dorl Tho | | Date | | - |
| | | form for asbestos | licensure exem | noted activities | Section and conference of | 04/26/19 | | _ |

| CK96204 PA | | NOTII (I | FICATIO | ON OF ASBESTO to NJAC 8:60 a | SABATE | EMENT 20) | Г |][[| G | | \mathbb{V} | E | |
|--|------------------------|---------------------|------------------|-------------------------------------|---|-------------------|---|-----------------------|--|--------------------|------------------|-------------|-----------|
| Date of Notification (1) 04/24/2019 | | | | of Building Owner Prudential Ins | | | pany of | America | aM AY | - 1 | 2019 | | U, |
| Agencies Notified Type Notification | | | Street | Address Washington St | | | 1 | | | | -010 | | harmen of |
| EPA Initial Amended | | | | tate, Zip Code | | | * | AS: | LIC. | ENSIN | , 110 | C. | |
| X DOL Amendment Emergency | | | | ark, NJ 07102 | | | | | en e | ENGIN | ال المحادث | Nach 1997 | |
| DOH justification) Cancellation | | | | of Contact arrett | | | | | lephone 3-802- | | | | |
| Name of Facility May and All All And All And All And All And And All And | | | FAC | CILITY INFORMA | TION | | | | | | | | |
| Name of Facility Where Abatement is Takin Wash Building | g Place | (3) | | | | Туре | e of Facility | | | | | | |
| Street Address 213 Washington Street 15th - 18th | Floor | | | | | × | School (K Subchapte Other (i.e. etc.) | er 8 (Oth | er than h & comme | (-12) ercial bu | ilding: | s, hon | nes, |
| City (5) Newark | | | | | | The second second | are Feet ,000 | # of | f Floors | | Bldg. 50+ | Age | |
| County (6) Essex | | | County (STATE | Code (7) USE ONLY) | | | ent Use (P nmercial | | ng demo | lished) | | | |
| Name of Monitoring Firm Hired by Building of Tiger Environmental Inc | Owner (8 | 3) | ASC | M No. | Name PAL | of Aba Envi | etement Co ronmenta | ontractor al Safet | (9) ty Corp | . D/B// | A PA | L En | viro |
| Street Address 256A Jefferson Court | | | | = | Street | Addre | | | | | | | ital |
| City, State, Zip Code Lakewood, NJ 08701 | | | | | | | ip Code nd City, N | NY 111 | 01 | | | | |
| Project Manager for Monitoring Firm Kelly Walton | | | Telepho 732-9 | one No. 48-9458 | Teleph 718-3 | none N | 0. | | License | | | | |
| Start Date (10) 05/06/2019 | Schedu 08/06/ | | npletion | Date (11) | 100000000000000000000000000000000000000 | | HA Monitor | | | -272 307 | | | |
| Occupancy Status During Abatement (Check | | | | | Street | Addres | ss | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | eriod of al Facilit | Abatem v Hours | nent | | | | n 98th St ip Code | reet | | | | | |
| Other – Describe: | | - | | | | | Park, N | Y 1169 | 94 | | | | |
| Scope of Work (Check All That Apply) | E-real | | | | - | 1 | | | | | -27/20 | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoliti | | | × | Mir Glo | l Containm ni-Enclosur vebag Pro n-Exempte | e cedure | | | | -A | |
| | | Locati | | | r | | | ,,,,,,, | | | Abat | emen | |
| Location of Asbestos-Containing Material (ACM) | Use | Normall ed Solel | y by | De Asbestos Con | scription | | (ACM) | Δπ | nount | - | 13 | /pe | |
| TO BE ABATED In Facility (13) | 100000 | todial S (12) | | (i.e. thermal surfa | | insula T, or | | (Sp | pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | 31172 | | | | _ | | ate | œ. |
| 15th Floor | | X | | | Γile & M | | | 18,0 | 00 SF | X | | | |
| 16th Floor | | X | | | Γile & M | | | 22,0 | 00 SF | X | | | |
| 17th Floor | | X | | | Γile & M | | | | 00 SF | X | | | |
| 18th Floor Name of Registered Waste Hauler | | X | JDEP W | | Tile & M | lastic | | | 00 SF | X | | | |
| ATC | | Ha | auler ID | | ste | 4 | Name of Minerva | | | ill | | | |
| City, State Shirley, NY 11967 | | | | Dispos 05/09 | al Date / /2019/ | h | City, State Waynes | | OH 44 | 688 | | | |
| Completed by Ann A. Ali | Title Comp | pliance | e Admi | in | ignature | 7 | | | | ate 14/25/2 | 2019 | | |

| 0K/DI | 75 PA | | | | N OF ASI | | | | ĺ | | FC | r | пп | 7 17 | 1 . |
|--|---------------------------------------|-------------------|---------------------------|----------------------------|-----------------------|--------------------|----------------|-----------------------|------------------------|------------------|---------------------------|-----------------|-------------|-------------|-----------|
| Date of Notification (1) APRIL 29, 2019 | | | | Name (| of Building | Owner/ JS, LL(| Operato | r (2) | | 图 | EC | <u>E</u> | <u> </u> | | |
| Agencies Notified | Type Notification | 1 | | | Address _OVER | COUR | Т | | and the second | | MAY | - 1 | 201 | 9 | |
| X DEP X DOL | Initial Amended Amendmen | | | City, St BER | tate, Zip C | ode HEIGH | HTS, N | J 07922 |) | Ĺ | 4SDL07 | | 7 | (1) A. | 1 |
| DOH DCA | Emergency justification) Cancellation |) | | | of Contact IES CUE | | | | | Tel | ephone N 13-486- | umber | NG | | - |
| Name of Facility (Affact) | N | | | FAC | ILITY INF | ORMAT | ION | | | | | | | | |
| Name of Facility Where A FORMER RESIDE | ENCE | ng Place (3 | 5) | | | | | | Facility (| | | | | | |
| Street Address 484 PLAINFIELD | AVENUE | | | | | | | Su × Ot etc | her (i.e. p | 8 (Oth rivate | er than K- & commer | 12) cial bui | ldings | , hom | ies, |
| City (5) BERKELEY HEIGH | HTS | | | | | | | Square 1500 | Feet | # 0 | Floors | | 3ldg 199 | Age 0 | |
| County (6) UNION | | | | | Code (7) USE ONL | 0 | | Current RESI | Use (Pric | or if bei | ng demoli | shed) | | | |
| Name of Monitoring Firm N/A | Hired by Building | Owner (8) | | ASCI | M No. | | Name Finis | of Abater shing To | ment Con uch Asb | tractor estos | (9) Abateme | nt Cor | p., In | C. | |
| Street Address | | | | | | | Street | Address Thomps | | | | | 102 | | |
| City, State, Zip Code | | | | | | | City, S | state, Zip | Code | | 7764 | | | | |
| Project Manager for Moni N/A | toring Firm | | T | Telepho | ne No. | | Teleph | one No. -222-83 | | ,,,,,, | License 00040 | | | | |
| Start Date (10) MAY 20, 2019 | | Schedule MAY 2 | ed Con | npletion | Date (11) | | - | of OSHA | \$20.00 m | | | | | | |
| Occupancy Status During | Abatement (Chec | | | | | | | Address | | | | | | | |
| Facility Closed/Vaca Abatement Performe | ted Durina Entire I | Period of A | baten | nent | | | | tate, Zip (| Podo. | | | | | | |
| X Other – Describe: _ | | | | | E. | - | Oity, O | iate, Zip (| Joue | | | | | | |
| Scope of Work (Check All | That Apply) | 200 | | | -12-17/22- | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | R × D | enova emolit | | | | × | Mini-E Glove | inclosure bag Proce | edure | Negative Non-Fria | | | 200 | |
| | | Is | Locati | on | | | | 1 NOII-E | xempled | () and | Non-Fila | DIE Pro | Abate | | |
| Location | | | ormal Sole | | | | scription | | | | | | Ту | ре | |
| Asbestos-Containing M TO BE ABA In Facilit (13) | TED | Maii | ntenar odial S (12) | nce/ | | thermal surface | | | | (S | nount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | _ | | ate | ro i |
| EXTERIO | | | | X | Asbe | estos C | ontaini | ing Sidi | ng | 190 | 00 SF | Х | | | |
| BASEME | NT | | | X | | | TSI | | | 6 | OLF | Х | | | |
| Name of Desisters J.W I | | | | | | | | | | | | | | | |
| Name of Registered Waste Finishing Touch Asbestos | Abatement Corp., | Inc. | H | JDEP W auler ID 2058 | | Oubic of Was | | | | | ed Landfil ANDFIL | | | | |
| City, State WEST LONG BRAN | CH, NJ | | | | | Dispos 5/27 | al Date /19 | | ity, State MORRI | | E, PA | | | | |
| Completed by JOSEPH P. MILLER | | Title PRE | SIDE | NT | | Si | grature | | /4 | | | ate 4/29/1 | 9 | | |
| | | | | | | 1 1 | 1 100 | 14 | | | | | | | |

| | -0 | |
|--|----|--|

| 0 | K8114 | | PAI | D | | ICATIO | | BESTO | sey S ABATE and 12:12 | | IT | | E | G | E | | 7 [5 | |
|----------------------|---|-----------------|---------------------------------|--------------------------|--------------------|----------------------------|----------------------|------------|-----------------------------|--------|--|------------|-------------------|----------------|---------------|-------------|-------------|------------|
| | ate of Notification (1) 4/29/19 | | | | | | | | r/Operator Friedma | | - Committee of the Comm | | M | AY | - 1 | 201 | 9 | |
| Ag | encies Notified | Тур | e Notification | | | Street A | Address | | | | and the second | i | | | | | | Epothogeli |
| | EPA | × | Initial | | - | City Of | ata Zin C | odo | | | | - | ASSE. | | | فليان | 0. 8 | _l |
| × | DEP DOL | Ц | Amended Amendment | - | | City, St | ate, Zip C | oae | | | | 1-1- | | LC | ENSI | NG | Newspiels. | i |
| × | DOH | × | Emergency justification) | | g | Name o | of Contact | | | | | Tel | lephone | e Nun | nber | | | |
| | DCA | | Cancellation | | | Robei | rt & Shu | lamis | Friedma | an | | , - | | 1.4 | | | | |
| Na | me of Facility Where | Abate | ment is Takin | g Place | (3) | FAC | ILITY INF | ORMA | TION | Tv | pe of Facility | (4) | 42 | | | | | |
| | | | | • | VO.Z. | | | | | | School (K- | 3.03 | | | | | | |
| Str | eet Address | | | | | | | | | × | Subchapte Other (i.e. etc.) | r 8 (Oth | er than & comn | K-12 nercia |) al buile | dings | home | es, |
| 10000000 | y (5) ickson | | | | | | | | | Sq | uare Feet | # 0 | f Floors | 3 | В | ildg. A | ge | |
| | unty (6) cean | | | | | | Code (7) USE ONLY |) <u> </u> | | Cu | rrent Use (Pr | ior if bei | ing den | nolish | ed) | | | |
| Nai | me of Monitoring Firm | Hired | by Building | Owner (8 | 3) | ASCI | M No. | | | | batement Co AD PROFE | | | | | | | |
| Stre | eet Address | | | | | | | | Street | Add | ress | | | | | | | |
| City | , State, Zip Code | | | | | | | | City, S | state, | Zip Code | | | | | | | |
| Pro | ject Manager for Mon | itorino | Firm | | | Telepho | no No | | | | OOD, NJ 0 | 8701 | | | | | | |
| | | | | | | 75 | | | | 668 | -9078 | | Licen 1200 | |). | | | |
| 05 | rt Date (10) 5/01/19 | | | 05/03/ | 19 | npletion | Date (11) | | | | SHA Monitor AD PROFE | | NALS | | | | | |
| Occ | cupancy Status During | | | 85 | 87 | | | | Street | | ress E DOVE Co | OUDT | 0. | | | | | |
| Н | Facility Closed/Vaca Abatement Perform | ated D ed Ou | uring Entire F tside of Norm | Period of nal Facilit | Abaten y Hours | nent | | | | | Zip Code | OURI | | | | | | |
| × | Other – Describe: _ | | | | | | | _ | | | OD, NJ 0 | 8701 | | | | | | |
| Distance of the last | pe of Work (Check Al | II That | Apply) | | | | | | | | | | | | | | | |
| Ľ | ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | - | Renova Demolit | 2020 | | | × | N | ull Containm Ini-Enclosure Blovebag Pro | е | Negati | ive Pi | essur | re | | |
| | | | | | | | | | | | lon-Exempte | d (*) and | d Non-F | riabl | e Pro | cedur | 9 | |
| | | | | 1.000 | s Locati Normal | 777.74 | | | | | | | | | | Abate Ty | | |
| | Location Asbestos-Containing | Mater | ial (ACM) | Use | ed Sole | ly by | Asbes | | escription ntaining M | | ial (ACM) | A | mount | | | | | |
| | TO BE ABA In Facili | ATED ity | | | stodial S | | (i.e. | therm | al systems facing, VA | s insu | ulation, | | pecify or LF) | | Remova | Re | Encapsulate | Enclosure |
| | (13) | | | | (12) | | | other | miscellan | eous | 3) | 0. | 0. 2. , | | noval | Repair | sula | osure |
| | | | | Yes | No | N/A | | | | | | | | | | | te | (D |
| | INTERIO | OR —— | | | | | | FL | OOR TI | LE | | 13 | 30SF | | х | | | |
| | | | | | | | | | | | | | | | | | | |
| Nac | on of Dominton d M. | 4-11- | | | | | | | | | | | | | | | | |
| | ne of Registered Was NARK CARTING | | iler | | Н | JDEP W auler ID 1509 | | 18507056 | c Yards aste | | Name of IESI | Registe | red Lar | ndfill | | | | |
| | , State VARK, NJ | | | | | | | Disp | osal Date | | City, State | | I PA | | | | | |
| Con | npleted by | 2000 | | Title | WASSESSES | | | | Signature | | | | | Date | 9 | | | |
| JOS | SEPH PERLSTEI | N | | OWN | NER | | | | 1997 | | | | | 04/ | 29/1 | 9 | | |

PAID

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

| 1 / | |
|--------|------|
| Clif | |
| (// # | 1072 |
| Chi | 1010 |

| Date of Notification (1) 4/24/2019 | | | | Building Owner | | | - minute and a second s | DE | | | \mathbb{W} | 垣 |
|--|---------------------|--------------------------------------|---------------------|----------------------------|---|--|--|---------------------------------|---------------------------|--------|--------------|-----------|
| Agencies Notified Type Notification | | 1 3 | Street Ad 105 Va | Idress an Riper Ave | | V - V - V - V - V - V - V - V - V - V - | An infrastructural and the state of | | AY | - 1 | 2010 | |
| EPA X Initial Amended Amendment | | | | te, Zip Code NJ 07011 | | | Printed Short | | | | | |
| Emergency (i DOH DCA Emergency (i justification) Cancellation | ncluding | | Name of MKD | Contact | | •) | 7 | elephone Nur 201-899-90 | nber 08 ^{ICE} | NSI | VG | Je de |
| | | | FACIL | ITY INFORMA | TION | | | | | | | |
| Name of Facility Where Abatement is Taking MKD Property LLC | Place (3) | | | | | Type of Facil | | | | | | |
| Street Address | | | | | | Subcha | pter 8 (O | ther than K-12 e & commerci | 2) al build | lings, | home | s, |
| 1-13 32nd Street | | | | | | etc.) Square Feet | | of Floors | | ldg. A | | - |
| City (5) Fair Lawn NJ | | | | | | | 1 | | + | 50 | | |
| County (6) Bergen County | | | County C | Code (7) USE ONLY) | | Current Use | (Prior if b | eing demolisi | ned) | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) | | ASCM | l No. | 100000000000000000000000000000000000000 | of Abatement | | 5450(* 5 *) | | | | |
| N/A | | | N/A | | | Address | Service | s LLC | | | | _ |
| Street Address N/A | | | | (5) | | 51st Stree | t | | | | | |
| City, State, Zip Code | | | | | | state, Zip Code | | 7 | | | | |
| N/A Project Manager for Monitoring Firm | | - 15 | Telephor | ne No. | | none No. | 3 07 027 | License N | 0. | | | - |
| N/A | | | | | | 552-9685 | | 01384 | | | | |
| Start Date (10) 5/4/2019 | Schedule 5/8/201 | | pletion I | Date (11) | 3/07/07/07 | of OSHA Mon | | oratories | | | | |
| Occupancy Status During Abatement (Check | c Only One | ∋) | | | 100000000000000000000000000000000000000 | Address | Most | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00 AM to 4:00 PM | | | | | City, S | Route 22 \ | 9 | | - | | | \dashv |
| Scope of Work (Check All That Apply) | | | | | Onio | n NJ 07803 | - | | - | | | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovat emoliti | | | | Mini-Enclo | sure Procedu | | | | 2 | |
| | 1 | | | | 67 | Non-Exem | ipted (*) | and Non-Friat | ne Pro | | ment | |
| Location of | N | Location | У | 1 | Description | n of | | | | Ту | pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | d Solel ntenan odial S (12) | ice/ | Asbestos Co (i.e. therm | ontaining N | Material (ACM) s insulation, T, or | | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Attic | | | X | \ | /ermicul | ite | | 430 SF | x | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | laste Cut | ic Yards | Name | e of Regi | stered Landfil | | | | |
| Newark Carting Inc | | H | auler ID | 100000 | Vaste | 10 1000000 | | ehem Rd L | | II | | |
| City, State Po Box 5670 | | | | Dis | oosal Date | | State 5 Apple | bytter Rd | Sethle | ehem | PA | |
| Completed by Galo Zumba | Title Princi | pal | | | Signatur | | Durk | Do- 67 | /24/2 | 019 | | |

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (DIDELIANT TO MIAC 2:50 7 AND 12:120 7

| (PURSUAN | IT TO NJA | C 8:60-7 | AND 12:120-7 | 7 | rec | 1 | - 6-4 | | | 0 | 1 | 7 | | | |
|--|--|--|--|--------------|--------------------------------------|----------|----------------------|-------|-------|-----------|----------|----|--|--|--|
| | Name of I | Building | Owner / Ope | rator (2) | | | | | | | | | | | |
| | | | nal | | CONTRACTOR OF THE PARTY. | F-7 | | | | | | | | | |
| The state of the s | | | | | m | 12 | [] | F | 11 11 | // IF | 2 | 1 | | | |
| | Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which | | DOMESTIC OF THE PERSON NAMED IN COLUMN 1 | 1 | r | | | | n C | J L | -, | 1 | | | |
| The second of th | | | | 11 | 2 | | | | | | 111 | | | | |
| | | | ey, 07410 | | | | | | | | 111 | 11 | | | |
| | | | | į <u>į</u> | | | | nber | 20 | 19 | | 1 | | | |
| | PETER VI | ILLANO | | E . | 201 | 794-4 | 000 | | | | | | | | |
| | CIL ITY IN | FORMAT | 1401 | 1 | | - | | | | | 1 | | | | |
| | ACILITY IN | FURIMAT | ION | | 1 | 485 | 2016 | 13-00 | J I | 101.8 | ž. | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of | Engility (4) | | | | 110 | ENS | ING. | What is . | 995 Th 8 | | | | |
| Mondelez International | | Type of | racility (4) | | | | | | | | | | | | |
| | | | School (K | -12) | | | | | | | | | | | |
| Street Address | | 1 7 | | | than | K-12 | ١ | | | | | | | | |
| 2211 Route 208 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | 7) | Square F | | | rs | | Build | ing A | ige | | | | | | |
| Fairlawn Bergen | | | | | - | | | 259 | | | | | | | |
| | | | Use (Prior if | being dem | olishe | ed) | | | 40 | + | | | | | |
| N | | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | ASCM NO | 1 | | | | | | | | | | | | | |
| AFT | | Non | TAR 00: | | | | _ | | | | | | | | |
| | | | | CACTING G | ROUF | , INC |). | | | | | | | | |
| | | Street Ad | idress | | | | | | | | | | | | |
| | | 22 IA/:III:- | ma Dada | | | | | | | | | | | | |
| | | | | | | | | | | | | _ | | | |
| | nhor | City, Sta | te, Zip Code | | | | | | | | | | | | |
| Street Address Subchapter 8 (Other than K-12) | | | | | | | | | | | | | | | |
| | 1) | Name of Street or other Designation of the Owner, where the Owner, which is the Owner, | | 30 | Licon | 00 N | ma la a | | | | | _ | | | |
| 00 // 0= // // | 550 000 00 | releption | ie Number | | Licen | se N | umbe | er | | | | | | | |
| | | 973-8 | 384-8682 | 4-8682 00860 | | | | | | | | | | | |
| Occupancy Status During Abatement (Check Only 1) | | | | for | | | | 0000 | - | | - | _ | | | |
| ☐ Facility Closed/Vacated During Entire Period of | | | | | ROUP | INC |) . | | | | | | | | |
| Abatement | | Address of the Party of the Par | THE RESERVE OF THE PARTY OF THE | | 1,000 | | | | _ | | | _ | | | |
| ☐ Abatement Performed Outside of Normal Facility | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Other - Describe: 7:00AM - 3;30PM | | City, Stat | e, Zip Code | | | | | | | | | | | | |
| | | East Han | over, NJ 0793 | 36 | | | | - | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | |
| Demolition - Reposition | | FII 0 1 | | | _ | | | | | | | | | | |
| | | | | n Negative | Press | ure | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | d Non-Frial | hle Pr | nced | ure | | | | | | | | |
| | | | prod () d | | 510 1 11 | Joca | uic | | | | | | | | |
| | Description | on of | 1 | | Abate | men | t Type | 9 | | | | _ | | | |
| The state of the s | estos - Co | ontaining | | | R | \neg | | | : | E | | | | | |
| | | | 1 | Amount | E | - 1 | R | N | l | N | | | | | |
| | | | _ | | | | | | | | | | | | |
| | | | | SF or LF) | | - 1 | 7.0 | | | 0.000 | | | | | |
| | ther misce | llaneous |) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | L | | K | I.U | ł | | | | | | |
| | | | | | | + | | - - | | 17 | - | - | | | |
| | ETS | | | 80 SF | | + | | + | | + | П | - | | | |
| 2ND FLOOR OVEN#7 | | | | | Name and Address of the Owner, where | - | ⊢ | + | + | - | H | - | | | |
| 2ND FLOOR OVEN#7 | | | | | | \dashv | + | + | H | + | H | - | | | |
| 2ND FLOOR BAKE SHOP | | | | | The second of | + | + | + | H | _ | H | - | | | |
| Name of Registered Waste Hauler NJDEP Wasteld | | Name of I | | | | | | | | | | - | | | |
| NEWARK CARTING Hauler ID No. Y | ards (| | | | | | | | | | | | | | |
| 011 01 1 | NAME AND ADDRESS OF THE OWNER, WHEN | | | | | | Age to the year year | | | | | | | | |
| NEWARK ALL | | | | | - | | | | | | - | | | | |
| | Date | Morrisville | , PA 19067 | | | | | | | | | | | | |
| | | | 17 | | | | | | | ŝ | | | | | |
| Title | | | Signature | | 11 | | | D | ate | | | ٦ | | | |
| | | | 1/ // | | | | | | | | | | | | |
| Steve Stiles | | | X f. | 2/2 4- | 11 | 1 | | | _ | 41001 | 40 | | | | |

| Location of Asbestos Containing TO BE ABATED in Facility (13) | by Main- tenance/ Custodial Staff (12) | (I.e., thermal systems (S | F | R E D P A | E N C A P S U L | E N C L O S U R |
|--|---|---------------------------|---|-----------------------|-----------------|-----------------|
| | YES NO N/A | | - | | | - |
| MEZZANINE | PIPE & FIT | TING 4 LI | F | | | |
| DC WAREHOUSE | │ | TING 6 LI | F | | | |
| 1ST FLOOR BAKERY | ☐ ☐ PIPE & FIT | TING 5 S | | | | T T |
| BOILER ROOM | │ | | | | l n | i ii |
| DC CHARGING AREA | ☐ ☐ PIPE & FIT | TING 15 I | | | H | |
| BOILER ROOM | □ □ PIPE & FIT | | | | H | |
| DC WAREHOUSE | PIPE & FIT | | | | H | - |
| DC WAREHOUSE | PIPE & FIT | | | | | |
| BAKERY WAREHOUSE | ☐ ☐ PIPE & FIT | | | | | |
| BAKERY MEZZANINE | ☐ ☐ PIPE INSU | | | | H | H |
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| | | | | | H | |



Apr. 25, 2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:60 and 12:120) Name of Building Owner/Operator (2) 4/24/19 Bergen County Department of Public Works Agencies Notified Type Notification Strant Address EPA B Initial 1 Bergen County Plaza DEP City, State, Zip Code Amended X DOL Amendment # Hackensack, NJ, 07601 Emergency (Including Name of Contact Telophone Number M DOH Justification) Scott Luna 201-335-6804 DCA Cancelation FACILITY INFORMATION Name of Facility Where Abstement is Taking Piece (3) Type of Facility (6) Bergen County Justice Center Courthouse School (K-12) Stipet Address Subchapter 8 (Other than K-12) 10 Main St. Other ().a. private & Commercial buildings, homes, etc.) City (5) Souare Feet a of Flours BIGS. ARG Hackensack 342,797 1957 County (B) County Code (7) Current Use (Prior if being demalished) (STATE USE ONLY) Bergen Courthouse Name of Monitoring Firm Hired by Bullang Owner (8) ASCM No. Name of Absternant Confractor (9) Omega Environmental Services, Inc 00120 Unicorn Contracting Corp. Street Address Streat Address 280 Huyler Street 32 Willow Way City, State, Zip Code City, State, Zip Code South Hackensack, NJ, 07806 Woodland Park, NJ D7424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alex Palets 201-481-6209 973-333-9176 01331 STAR Dete (10) Schoduled Completion Data (11) Name of OSHA Monitor 04/29/19 5/13/19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Dody One) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Rd., Bldg, 35-E X Abatement Performed Outside of Normal Facility Hours City, State, 2tp Code Other - Describe: 07:00AM - 03:30PM Fair Lawn, NJ 07410 Scope of Work (Chock All That Apply) 23 af or 23 If K Renovation Full Containment with Negative Pressure 2160 If or 2260 If Demplition K Mini-Enclosure Glovebeg Procedure Non-Exempted (*) and Non-Friable Procedure is Lacation Abetement Location of Normally Description of Type Asbestos-Conlaming Meterial (ACM) Used Spiely by Asbestos Conspining Material Jacia Amount Midniunance/ TO BE ASATED fle. thermal systems insulation, (Spacity Custodial Staff? in Facility surfacing VAT, or SF OF LFI [13] (12) other miscellansous! YES No N/A Roam 219 X TSI (Wrap & Cut) 30 LF X Room 320 X TSI (Wrap & Cut) 30 LF X Room 321 X TSI (Wrap & Cut) 30 LF Name of Registered Waste Hauser MIDEP Wasta Hayler ID No. Cubic Yards of Waste Name of Regystered Landill Unicorn Contracting Corp. 0035844 2+ CU YD Fairless Hills Landfill CITY SYNTA Disposal Data CIY, Male Woodland Park, New Jersey TRD Morrisville, PA Completed by Signatura Date Dimo Golcev General Manager 4/24/19

PAID

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

| Date of Notification (1) | | | | T N | | | 14 12.12 | (| the | all | 1 | S | 30 | X |) |
|---|-----------------------|--------------|------------------|---------------------|--------------------------|------------------|-----------------------|-------------------------------|----------------------|------------|---|----------|-------------|-------------|------------------|
| 4/26/19 | | | | Name | of Building ta Constr | Owner/ | Operato | r (2) | | \ P | 6 | ī | П | nn | Tr- |
| Agencies Notified | Type Notificatio | n | | | t Address | uction | Group | | -111 |) E | G | E | | M | |
| X EPA | × Initial | | | | Broadway | , | | | | 31 | | | | | |
| DEP I | Amended | | | City, S | State, Zip C | ode | | | 111 | | MAY | - | 1 | 2019 | 1 |
| X DOL | Amendmer Emergency | nt # | | Free | hold NJ | 07728 | | | 14 | Li | IVI P\ I | | 1 | 2015 | 1 |
| DOH DCA | justification |) | 9 | | of Contact | | | | | elephon | | | | | - |
| L DOX | Cancellatio | n | | 1 2.0000 | rew Picco | | | | 7 | 32-62 | 1-714 | 3 | 00: | o ni | JL & |
| Name of Facility Where Ab | atement is Taki | ng Place | (3) | FA | CILITY INF | ORMAT | ION | Type of Facili | | , di comme | perior de la constitución de la | - | | e-damen | and they is a to |
| house | | | . , | | | | | process. | | | | | | | |
| Street Address | | | | | | | | School (| K-12) oter 8 (Oti | her than | n K-121 | | | | |
| | | | | | | | | X Other (i.e | e. private | & com | mercia | bui | lding: | s, hor | nes, |
| City (5) | | | | | | | | etc.) Square Feet | # (| of Floor | 9 | Т | Bldg. | Δαο | |
| Asbury Park | | | | | | | | 1900 | 2 | 31 1 1001 | 3 | 100 | 76 | Age | |
| County (6) Monmouth | | | | County | Code (7) | | | Current Use (| Prior if be | ing der | nolishe | d) | | | |
| TOWNS OF SECTION AND AND AND AND AND AND AND AND AND AN | 11 - 12 11 11 | | | | | | | house | | | | | | | |
| Name of Monitoring Firm Hi | rea by Building | Owner (8 |) | ASC | M No. | | | of Abatement C | | | | | | | |
| Street Address | | | | | | | | Environmen | tal Ser | vices, | LLC | | | | |
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| City, State, Zip Code | | | | | | | | Sox 483, 4 E | Gate D | rive | | | | | |
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| Project Manager for Monitor | ing Firm | | | Telepho | one No. | | | one No. | 7410 | Linna | as Na | | | | |
| | | | | · | | | | 64-2276 | | 703 | se No. | | | | |
| Start Date (10) 5/6/19 | | | | mpletion | Date (11) | | Name o | of OSHA Monito | or | 100 | | | | | |
| | | 5/13/1 | | | | | | | | | | | | | |
| Occupancy Status During At | | | 1000000 | | | | Street A | Address | | | | | | | |
| Facility Closed/Vacated Abatement Performed (| During Entire I | Period of | Abater | ment | | | | | | | | | | | |
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| ≥3 sf or ≥3 lf | | X | Renova | tion | | | | | | | | | | | |
| × ≥160 sf or ≥260 lf | | | emoli | | | | | Full Containr Mini-Enclosu | ment with | Negati | ve Pre | ssur | e. | | |
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| ABS Environmental Sen | vices, LLC | | 130000 | auler ID 1 14248 | 100 | of Waste TBD | 9 | | Central | | | and | Hill | | |
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| Completed by | | Title | N 100 | | | Sig | nature | 7 | 37.171 | | Date | | | | |
| . Scott Higgins | | Presid | dent | | | | | 1/2_ | ~ | | 4/26/ | 19 | | | |

approved. Tom Voorkeen, NJPOL State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 26 Buckeye Partners, LP - Northeast District Agencies Notified Type Notification Street Address □ EPA 750 Cliff Road □ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Port Reading, NJ 07064 ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation John Philbin 732-692-5212 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Buckeye Partners, LP School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 123 Derousse Ave. (River Road Terminal) homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pennsauken -County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Exterior Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex Engineering BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 700 Turner Way 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Aston, PA 19014 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Turotsy 610-558-8902 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 26 / 19 04 / 26 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ PM-BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation Mini-Enclosure ☐ >160 sf or >260 lf ☐ Demolition ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount ncapsulate nciosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Derousse Exterior Grounds \boxtimes Pipe Insulation 25 LF П П П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. FAIRLESS HILLS LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA 04/26/19 MORRISVILLE, PA Completed By (Print or Type) Title Signature Date 4/26/19 Gino Pizzigoni Estimator * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 4-26-2019 Ocean County College Agencies Notified

EPA Type Notification Street Address 1 College Drive DEP Initial City, State & Zip Code \boxtimes DOL Amended Toms River, NJ 08754 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Bruno 732-255-0400 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ocean County College-Nursing Building #4 School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 1 College Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 19,000 52 Toms River NJ Ocean Current Use (Prior if being demolished) Security Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Brinkerhoff Environmental Services Resource Management Group, LLC Street Address Street Address 1085 Atlantic Avenue 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Manasquan, NJ 08736 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Gary Fleming 732-223-2225 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-13-2018 J&S Environmental Laboratories, Inc. 5-17-2019 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed during regular operating Hours: City, State & Zip Code Describe: 7:30am - 4:30pm 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 ≥160 sf ≥260 lf 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) Material (ACM) Solely by SF or LF) Encapsulat Enclosure Remova TO BE ABATED Maintenance or Repair (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Outside door X Door caulk 76 LF П Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD : Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 4-26-2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 42:120)

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| Name of E. W. 180 | | | | | F | ACIL | ITY IN | IFORMATION | | | | | | | |
| Name of Facility Wh Ocean County Colle | nere Abatei | ment is Taking I | Place | (3) |) | | | Type of Fac | cility (4) | | | | | | |
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| 1 College Drive | | | | | | | | ☐ Subchi | aptero ((i e priva | Other than | 1 K-12) mercial h | auildir | age bon | anc oto | . \ |
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| Toms River NJ | | Ocean | 1 | <i>-</i> | ity | oodc | (1) | Current Use | e (Prior i | f heina de | molished | 4) | | 52 | |
| N. C. | | | | | - | | | Security Bu | ilding | . being ac | monsnec | 4) | | | |
| Name of Monitoring Brinkerhoff Environn | Firm Hired | by Building Ow | mer (| 8) | | AS | CM N | | atement | Contracto | or (9) | | | | |
| Street Address | iental Serv | rices | | | | | | Resource N | | ent Group | o, LLC | | | | |
| 1085 Atlantic Avenue | | | | | | | | Street Addr 2115 Hamil | | Suite 202 | | | | | |
| City, State & Zip Coo | de | | | | | 1111 | | City, State & | & Zip Co | de | | | | | |
| Manasquan, NJ 087 | | | - | | | | | Trenton, NJ | 08619 | | | | | | |
| Project Manager for Gary Fleming | ivionitoring | Firm | Tele | eph | one 23-22 | Num | nber | Telephone I | | | Lice | nse N | Number | 547-0 | |
| Scheduled Start Date | e (10) | Scheduled Co | | | | | 1) | 09-914-42 Name of OS | | 14 | | | 0118 | 5 | |
| 5-13-2018 | } | | 5-17 | -20 | 119 | 1) 31 | 1) | J&S Enviror | | | ies Inc | | | | |
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| Scope of Work (Chee | ck all that a | apply) | | . 20 | | | | • | 38.788 | | | | | | |
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| Name of Registered \ | ne of Registered Waste Hauler | | | | | | | Cubic Yards | Name | of Registe | ered I an | dfill | | | ╙씍 |
| Resource Manageme | nt Group 1 | I.C. | | | Нац | | O No. | of Waste | | - 11 13 - 13 - 13 - 13 - 13 - 13 - | or ou Lui | 4 1111 | | | |
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| Mr. Brian Haney | | | | - 1 | | , siden | ıt . | 777 | \mathcal{U} | / \ / 1) | /11 | | Date | 010 | |
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| Project Manager for Monito | dan Flori | | Telepi | hane N | D. | Telephone | | 70 | Licensa No. | | | | _ |
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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| Name of Facility Where Abatement is Taking I | Place (3) | - | | | | Type of Facility | (4) | | | | |
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| City, State, Zip Code | | | | | City, State, Zip C | th River | SL | | - | | - |
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| Project Manager for Monitoring Firm | Te | elephon | e No. | | Telephone No. | | License No. | | | | |
| i i | | | | | 201-329 | -7444 - | 00388 | | - | | |
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| Name of Registered Waste Hauler | I N. | JDEP V | Vaste i- | lauler | Cubic Yards of | Name of Reg | istered Landfill | | | | |
| Best Removal Inc | | No. | | | Waste / | | | | | | |
| | | 17 | 109 | | 2420 | IUUPIUCIN- | AND COUNT | y LA | ND | FIL | L |
| City, State Hackensack N I (| 7601 | | | | Disposal Date S/Q/19 | City, State | GH. PA. | 794 | 0 | | |
| Hackensack , N.J. (| 1001 | | | | Signature / | NEWBUR | on, IH. | Date | <u> </u> | | |
| | tima | tor | | | | s's roma | 2 | Date 4 | 26 | 115 | 7 |
| ACD 41 | | CUI | | hoots : | 1 | - Station | 7 | | , - | | - |

| Check#3330 | FAID | NOTI | | TION | | BESTO | s ABAT and 5:16 | See for each and a second to a | DEC | | \mathbb{V} | E | |
|--|-------------------------------------|---|------------------|-------------|---------------|-----------|-----------------------------------|--------------------------------|---|-----------|--------------|-------------|---------------|
| Date of Notification (1) | | | | Name | of Building | Owner/0 | Operator (2 |) | MAN | 1 | 2010 | | \prod |
| 04/ | 26 / 19 | | | Mark 1 | De Brito | | | | U Uj MAY | - [| 2019 | | los es |
| Agencies Notified | Type Notification | | | | Address | | | | <u> </u> | | | | |
| ☐ EPA | | | | | | | | 3 | ASSESTOR | 100 | I.R | L& | |
| ⊠ DOLWD | Amended | | F | City, S | tate, Zip C | ode | | | LICE | MSIN | IG. | ewileton t | i., |
| ⊠ DHSS | Amendment #_ | Judina | | Watch | ung, NJ 0 | 7069 | | | | | | | |
| DCA (NJAC 5:23-8) | Emergency (including justification) | auding | ŀ | | of Contact | | | | Telephone Number | er | | | |
| | Cancellation | | | Mark I | De Brito | | | | | | | | |
| | | 77 | | | CILITY IN | FORMA | TION | | , , | - | 075-11 | | 77. |
| Name of Facility Where A | Abatement is Taking | Piace | (3) | | 77277 114 | . 01(1117 | 1 | Type of Facility | (4) | _ | | | |
| Private house | | () () () () () () () () () () | 1-1 | | | | | School (K-12 | | | | | |
| Street Address | | | | | | | - | Subchapter 8 | 3 (Other than K-1 2) | | 10420 | | |
| | | | | | | | | Other (i.e., p homes, etc.) | rivate and commerc | ial bui | ldings | , | |
| City (5) | | | | | | | | Square Feet | # of Floors | TBIC | ig. Ag | e | $\overline{}$ |
| Watchung, NJ 07069 | | | | 9.5 | | | | | | | 0 0 | | |
| County (6) | | | | Count | y Code (7) (| STATE U | SE ONLY) | Current Use (Pr | ior if being demolish | ed) | | | |
| Somerset | | | | Journe | , 0000 (1) (| 017112 0 | 02 0/12// | 041101111 000 (7) | ior ir borng domonon | , , | | | |
| Name of Monitoring Firm | Hired by Building C | wner (| 8) [, | ASCM I | No | Name o | of Abateme | nt Contractor (9) | | | | | |
| | | | 1 | | 100000 | Gr Tecl | | nt contractor (c) | | | | | |
| Street Address | | | | | | Street A | | | | - | | | |
| | | | | | | | lley Rd #2 | 283 | | | | | |
| City, State, Zip Code | | | | | | | ate, Zip Co | | | | | | |
| ************************************** | | | | | | | NJ 0747 | | | | | | |
| Project Manager for Mon | itoring Firm | | Tele | phone i | No. | Telepho | | <u> </u> | License No. | | - | - | |
| | , | | | | | 973-63 | | | 01127 | | | | |
| Start Date (10) | Sched | uled C | omplei | ion Da | | | of OSHA M | onitor | 01127 | | | | |
| 05/06/ | <u>19</u> <u>0</u> | 5 / | 07 | _ / _ | | Enviro | vision Co | nsultants,Inc | | | | | |
| Occupancy Status During | | | | | | | Address | | | | | | |
| | | | | | crihe | | | Road, Bldg .# | 35E | | | | |
| Time of Abatement: | AM- PI | vi/ | PM_ | 3 - DC3 | | 1 | ate, Zip Co | | | | | | |
| | | | - | | | Fair La | wn, NJ 07 | | notion with pogotive | proce | uro | | |
| Scope of Work (Check al | i that apply) | | | | | H | : - T. (1994) A. (1994) A. (1994) | ainment with Ne | nation with negative gative Pressure | piess | uie | | |
| >3 sf or >3 lf > 160 sf or >260 lf | | ⊠ Re | novati | on | | | Mini-Encl | osure | | Draga | | | |
| | | ∐ De | molitic | n | | M | Glovebag Non-Exer | g Procedure L | Tent with Negative | Press | ure | | |
| | | Is | Locat | on | T | | THOM EXO | inplod () dila itt | | - | ateme | nt Ty | vne |
| Location | of | 1 | Vorma | lly | | De | scription o | f | | | | | |
| Asbestos-Containing | | | d Sole intena | | | | | terial (ACM) | Amount | Remova | Repair | Encapsulate | Enclosure |
| TO BE ABA | | 100,000 | todial | | (ı.e | | il systems i icing, VAT, | | (Specify SIF or LF) | 10/3 | air | psu | nsc |
| (13) | | | (12) | | 1 | | miscellane | | | 1 20 | | late | e |
| | | Yes | No | N/A | | | | | | | | | |
| Basement | | | | \boxtimes | Pipe insu | ulation | | | 25 LF | | | | |
| | | | П | | | | | | | П | П | П | П |
| | | | | | | | | | | | | <u> </u> | |
| | | Ш | | | | | | | | | Ш | Ц | Ш |
| | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | NJI | EP Waste | Hauler ID No. | Cubic Ya | ards of Wast | Name of Regi | stered Landfill | -07 (r-1) | | | |
| Gr Tech LLC | | | (| 03378 | 35 | ТВ | D | T.R.R.F. Inc | | | | | |
| City, State | | | | | | Dispos | | City, State | | | | | |
| Wayne, NJ 07470 | | | | | | ТВ | D | Tullytown, P | A | | | | |
| Completed By (Print or T | ype) Title | 9 | | | | | gnature | | Dat | e | | | |
| 1 | | | | | | | How | ic Wenad | ; | 26/19 |) | | |
| N.Jevtic ASB-41 | Ow | iici | | | | 1_ | -// | 7,7,7,00 | | 20/13 | 10000 | | |

| Date of Notification (1) 04 / | 25 / | 19 | | | 300000 | e of Buildir nick-fil-A, | g Owner/Operator Inc. | (2) | U L MAY | ' - 1 | 201 | 9 | |
|---|----------------------|-----------|---------|---------------|---|-----------------------------|-------------------------------------|--------------------------------|-------------------|---------------|---------|-------------|-----------|
| Agencies Notified | Type Notific | ation | | | 1 | et Address | | and the second | | | | | - |
| ₩ EPA | | | | | | | gton Road | 3 | ASSEST | 03 CC | Ma.Ta | OLE | ئے۔ پر |
| ⊠ DOLWD | ☐ Amende | | | | | State, Zip | | | Li | CENSI | NG | Manageria . | 45. |
| □ DHSS | Amendm | | | | | lanta, GA | | | | | | | |
| DCA (NJAC 5:23-8) | ☐ Emerger justificat | | uding | 3 | | e of Contac | | | Telephone Nur | mher | | | |
| (************************************** | ☐ Cancella | | | | 100000000000000000000000000000000000000 | | ck as agent | | 717-652-36 | | | | |
| | | | | | - | | FORMATION | | 717-002-00 | 102 | | - | |
| Name of Facility Where A | Abatement is | Taking I | Place | (3) | | OILITT II | W CINIA HOW | Type of Facility | (4) | | | _ | |
| Former Horizon Dir | | | | (-) | | | | School (K-12 | 3,370 | | | | |
| Street Address | | | | | | | | Subchapter 8 | (Other than K-1 | | | | |
| 726 Route 17 | | | | | | | | Other (i.e., p homes, etc.) | rivate and comm | ercial b | uildin | gs, | |
| City (5) | | | | | | - | | Square Feet | # of Floors | Тр | Ildg. A | 70 | |
| Ramsey | | | | | | | | 4,500 | 1 | | 68 + | 350 | |
| County (6) | | | | | Cou | nty Code (|)(STATE USE ONLY) | | ior if being demo | | 00 T | yrs. | |
| Bergen | | | | | 000 | nty oode (| MOTATE OSE ONET) | Former Dine | | iisnea) | | | |
| Name of Monitoring Firm | Hired by Buil | dina Ov | mer / | (8) | ASCM | No | Name of Abatama | | | | | | |
| Maser Cunsulting F | | unig Ov | viici (| (0) | N/A | | Name of Abateme | | | | | | |
| Street Address | | | | | INIA | <u> </u> | MAK-B Pro, I Street Address | ric. | | | | | |
| 410 Eagleview Boul | levard Suit | e 104 | | | | | 104 Market S | troot | | | | | |
| City, State, Zip Code | ovara, care | .0 104 | | | | | | | | | | | |
| Exton, PA 19341 | | | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Moni | toring Firm | | | Tol | ephone | No | Garfield, NJ (| J7U26 | | | | | |
| Bharat Patel | tornig i iiiii | | | | : S | 1-9140 | Telephone No. 973-931-3293 | | License No. | | | | |
| Start Date (10) | 10 | Schedul | 0d C | | | | Name of OSHA M | | 01365 | | | | |
| _ 05 / 06 / | | | | |) / | 12. | Same as abo | | | | | | |
| Occupancy Status During | | | | | | | | ve | | | | | |
| ☐ Facility Closed/Vacate | | | | | mont | | Street Address | | | | | | |
| ☐ Abatement Performed | Outside of No | ormal Fa | acility | Hour | s - Des | cribe Time | 0.7 0.1 7.0 | | | | | | |
| of Abatement: | AMPN | /I/ | _PM- | - | _AM | 0.100 1.1110 | City, State, Zip Co | ode | | | | | |
| Scope of Work (Check all | that apply) | | 0 | | - | | | | | | | | |
| ≥3 sf or ≥3 If | | | Re | novat | ion | | ☐ Full Cont | ainment with Neg | ative Pressure | | | | |
| ≥160 sf or ≥260 lf | | _ | | moliti | | | ☐ Glovebag | Procedure | | | | | |
| | | | | | | | ⊠ Non-Exe | mpted (*) and No | n-Friable Proced | ure | | | |
| Location | . f | | | Loca Jorma | | | | | | Ab | patem | ent T | уре |
| Asbestos-Containing N | | 1) | | | ely by | Ashe | Description o stos Containing Ma | | Amount | Re | Re | En | E |
| TO BE ABA | TED | | | intena | nce/ Staff? | (i.e | ., thermal systems i | insulation, | (Specify | Remova | Repair | cap | Enclosure |
| IN Facilit (13) | У | | Cusi | (12) | Stall? | | surfacing, VAT, other miscellane | | SF or LF) | \a | | Encapsulate | ure |
| (10) | | | Yes | No | N/A | | other miscellane | bus) | | | | te | |
| Roof | | | | | \boxtimes | Roof se | alant/tar/membr | ane | 6,000 SF | | | П | П |
| | | Ī | 7 | П | П | | | | | | T | | |
| | | F | 7 | П | | | | | | | 1 | | |
| | | | = | | | | | | | | | | H |
| Name of Registered Wast | e Hauler | | | | JDEP I | Maste | Cubic Yards of | Name of Regis | torod Landfill | ᆜᆜ | | ш | ш |
| Newark Carting, Inc | | | | 11 (17) | lauler II | D No. | Waste | G.R.O.W.S. | | | | | |
| City, State | | | | | 11222 | 2 | 40 Disposal Data | | , | | | | |
| Newark, NJ | | | | | | | Disposal Date May 2019 | City, State Morrisville, | PA | | | | |
| Completed By (Print or Ty | rpe) | Title | _ | | | | Signature | | | ate | | | |
| Kiril Nestorov | enal (W | | ject | Man | ager | | J. / | h. to | 9.7 | iale 4 - J |) (- | . / | cj |
| | | XA 1,0020 | | | - | | 1/1/1/ | W. W | - 4 | 1 1 | () | -/ | / |

| Check#3331 | ı | TON | TFIC | ATIO | State of I | BE | STOS | ABAT | EMENT | DEG | EI | W | E | |
|--|------------|---------|------------------|-------------|--|--------|----------------------|----------------------|--|---------------------------------------|----------------------|-------------|-------------|-----------|
| Dete of National (4) | | | (P | | int to NJ | | | | ll r | XI T | reference | | + | 111 |
| Date of Notification (1) 04 / 26 | 10 | | | Nam | e of Buildir | ng Ow | vner/Ope | erator (2 | 2) | III MAY | 1 / | 010 | | H |
| | | _ | | Ryar | n Moriarty | 7 | | | Į lai | LI WAI | -12 | (019 | | man d |
| Agencies Notified Type Notifi | cation | | | | et Address | | | | | | | | + | _ |
| | a d | | | | | | | | | ASDEGI | ga duli: | . HUL | ě. | |
| ☑ DHSS Amenda | | | | City, | State, Zip | Code | | - | | · · · · · · · · · · · · · · · · · · · | CENSING | - | 122 | |
| ☐ DCA ☐ Emerge | | uding | - 9 | | mit, NJ 07 | | | | | | | | | |
| (NJAC 5:23-8) justifica | ition) | 8 | | Nam | e of Conta | ct | | | | Telephone | Number | | 7.010000 | |
| Cancell | ation | | | Ryan | Moriarty | r: | | | | | | | | |
| No. | | | | F# | CILITY I | NFO | RMATI | ON | | | | | | |
| Name of Facility Where Abatement is | Taking F | Place | (3) | | | | | | Type of Facility | (4) | | | | |
| Private house | | | | | Chertallia de la companya de la comp | | | | School (K- | (2) | 12 1707 | | | |
| Street Address | | | | | | | | | Subchapter Subchapter Other (i.e., | 8 (Other than | K-1 2) mmercial l | nullding | 15 | |
| City (5) | | | | | | | | | homes, etc | .) | . minoroiai | Jananig | , J. | |
| WALL STORY OF THE | | | | | | | | | Square Feet | # of Floor | s | Bldg. A | ge | -125 |
| Summit, NJ 07901 County (6) | | | | 10 | | | | | | | | | | |
| Union | | | | Cou | nty Code (7) | (STA | TE USE (| ONLY) | Current Use (F | rior if being de | molished) | | | |
| Name of Monitoring Firm Hired by Bui | ldina Ow | ner l | (8) | ACCM | I NI- | 1 | | | | | 2111-1-1-1-1-1 | | | |
| 3 5, 25, | namy ow | nei (| (6) | ASCM | NO. | | | | nt Contractor (9 | 9) | | | | |
| Street Address | | | | | | _ | Tech L. | | | | | | | |
| 19 | | | | | | | eet Addr | 200-200 | 200 | | | | | |
| City, State, Zip Code | | | | | | | Valley y, State, | | | | | | | |
| | | | | | | | yne, NJ | | | | | | | |
| Project Manager for Monitoring Firm | | | Tele | phone | No. | | ephone | | <u> </u> | License N | 0 | | | |
| | | | | | | 1 | -638-1 | | | 01127 | 0. | | | |
| Start Date (10) | Schedule | ed C | omple | tion Da | ate (11) | | me of O | | onitor | 01127 | | | | |
| | _ 05 | _ / | _10 |)/ | _19_ | Env | irovici | on Con | sultants,Inc | | | | | |
| Occupancy Status During Abatement | (Check o | nly c | ne) | | | | eet Addr | | isuitants, mc | | | | | |
| Facility Closed/Vacated During Ent | tire Perio | d of | Abate | ment | | 20-2 | 21 Wao | araw I | Road, Bldg .# | 35E | | | | |
| Abatement Performed Outside of N Time of Abatement:AM | Iormal Fa | acility | Hour | s - Des | scribe | City | , State, | Zip Co | de | 33E | | | | |
| | | | . 141 | | _AM | Fair | Lawn, | NJ 07 | 410 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | CI | ean up | and decontami | nation with neg | gative pres | ssure | | |
| >3 sf or >3 if > 160 sf or >260 if | × | Re | novati | on | | | Fu Min | II Conta ni-Enclo | ainment with Ne | gative Pressur | e | | | |
| ≥ 160 sf or ≥260 lf | |] De | molitic | n | | | Gid | ovebag | Procedure | Tent with Neg | ative Pres | ssure | | |
| | | le | Locat | ion | 7 | | No. | in-Exem | npted (*) and N | on-Friable Prod | cedure | 1 | | |
| Location of | | 1 | Vorma | lly | | | Descrir | otion of | | | A | bateme | ent Ty | - |
| Asbestos-Containing Material (ACM TO BE ABATED | A) | | d Sole intena | | | | Containi | ng Mate | erial (ACM) | Amount | Re | Repair | Enc | Enclosure |
| IN Facility | | | odial | | (i.e | , the | rmal sys urfacing | tems in | sulation, | (Specify | | pair | Encapsulate | losu |
| (13) | - | | (12) | | 1 | | ner misci | | | SIF or LF |) <u>a</u> | | ulat | Jre. |
| | Y | 'es | No | N/A | | | | G | | | | | æ | |
| Garage | | | | \boxtimes | Duct ins | ulatio | on | | | 40 LF | | ПП | П | П |
| Basement | | | × | VAT flo | or til | PC | | | 950 SF | | | | | |
| | T | 7 | П | | 1111 110 | OI til | | | | 930 SI | | | ᆜ | |
| | | - | | - | | | | | | | | | Ш | Ш |
| Name of Registered Waste Hauler | L | | LI NUE | | 11 1 12 11 | | | | | | | | | |
| | | | NJL | EP Waste | Hauler ID No. | Cubi | c Yards o | f Waste | Name of Regis | stered Landfill | | | | |
| Gr Tech LLC City, State | | | 0 | 03378 | 35 | | ГBD | | T.R.R.F. Inc | | | 000-000-000 | | |
| Control Contro | | | | | | Disp | osal Da | te | City, State | | | | | |
| Wayne, NJ 07470 | TT:0 | | | | | 1 | ГBD | | Tullytown, P. | Α | | | | |
| Completed By (Print or Type) | Title | | | | | | Signatu | 11 | 4 | | Date | | | |
| N.Jevtic | Owner | | | | | | | Me | who wend | d | 04/26/1 | 9 | | |
| F-F-0-M-1 | | | | | | | | 11 | | | | | | |

| pr 2000 10:55PM NJ Asbestos | Control (| 509.633.0 | 0664 | | page 1 | The same | EC | E | 0 00 | [5 |
|---|-------------------|--|--|---|--|--|-------------------------------|----------------|---------------|----------------------|
| .04.2019 06:17 AM | . Mac | Contra | acting | | 2012620 | 321 | | nome | U W | 1:= |
| OKIAUD PA | III) NO | TIFICATIO (Pureus) | State of Nev DN OF ASBI nt to NJAC | w Jersey ESTOS ABAT 8:60 and 12:1 | PEMENT (20) | The second secon | DOE: | 10 | 2018 DAY | 24 |
| Date of Notification (1) 04/23/2019 | | | | Owner/Operatity Associa | | | LIC | ENS | | Lq |
| Agencies Notified Type Notification | , | Street | Address | | | | APT. | 7. | 779 | 1 |
| EPA Initial DEP Amended Amendmen | vi es | City. S | Stele, Zip Co | | | IN | AIVER | 1 | 2016 | |
| M DOH Emergency Justification DCA Cancefistic |) | | of Contact | 11100100 | ., | Te | 19000 NU | ופטוו | 1.1.1. | - [] |
| | | | OILITY INFO | PRMATION | | | 1 1-00d-E | 70 | | |
| Name of Facility Where Abstament is Tak Boulevard Gardens | ng Plece (3) | | | | Type of Fac | 10.000 | | | | |
| Street Address 1135 Kennedy Boulevard | | | | | Subchi Other | (K-12) pter \$ (Q: .e. private | her than K-1 2 commerci | 2) Iai buil | dings, h | mee |
| City (5) Sayonna | | | | | Square Feet 12000 | 3 | of Floors | 6 | idg. Age 2 | i |
| County (6) Hudson | | Count | Y Code (7) E USE ONLY | | Current Use Apartmen | | ing demolis | red) | | |
| Name of Monitoring Firm Hired by Building | (B) serwC | ASC | CM No. | | ne of Abatement | Contracto | r (9) | | | |
| Street Address | | | | Stre | et Address 5 Vreeland A | | | | | |
| City, State, Zip Code | | | | City | , State, Zip Cod Sland Park, N | D | | | | to de la constantina |
| Project Manager for Monitoring Firm | | Teleph | nons No. | Tele | phone No. | U V/ 482 | License N | o. | | |
| Start Date (10) 4/24/19 | Scheduled 5/24/19 | Cempletio | n Date (11) | Nen | 1-262-5841 na of OSHA Mor naga Environ | | 00158 | | | |
| Occupancy Status During Absternent (Che | ak Only One | | | Stre | et Address | | Services In | IC. | | - |
| Facility Closed/Vecated During Entire Absternant Parformed Outside of Not | Pariod of Ab | atement loufs | | | Huyler Stre | 37.55 | | | | - |
| Other - Describe: | | 1000000 | | | ckensack, N. | | | | | |
| Scope of Work (Check All That Apply) 23 of or 23 ii 2180 of or 2260 if | | novation molition | | | Mini-Encid | sure Procedure | h Negativa i nd Non-Frish | | | |
| Location of | | ocation rnally | | | _ | | | T | Abatem | |
| Asbestes-Containing Material (ACM) TO BE ABATED In Facility (13) | Main Gustor | solely by lenance/ itel Staff? (12) | (1.8. | Description to a Containing thermal syste surfacing, to other miscell | Material (ACM) me insulation. VAT, or | 1 1 | Amount Specify F or LF) | Removal | Repair | Firemental |
| Sasement | Yes | No N/A | - | Pipe | | + | 100 LF | x | 1 | + |
| | | | | | | | 1 101 | | | + |
| | | | | | | | | ļ | | |
| Name of Registered Westo Heuler Newark Certing, Inc. | | NJDEP Hauter i 04508 | | Cubic Yards of Wests 1 | | | ered Landill al Sanitar | | dili | |
| City, State Newark, NJ 07105 | | 1 | | Disposal Da 04/24/19 d | | Siste Apovi. P | A 08072 | | | |
| Completed by R. McDonald | Title Preside | ent | | Signati | | 20 | 1 00 | 1/23/ | 19 | |

21

| JK1518 PAI | D | NOTII | S FICATIOI Pursuant | tate of N N OF ASI t to NJAC | BESTOS | ABATE | MENT | | E | CE | <u> </u> | 7 E | | Solaristan dan mana |
|---|---------------|------------------|---------------------------|------------------------------------|-----------------|--|-------------------|---|-------------------------------|------------------------------|----------------|----------------|-------------|---------------------|
| Date of Notification (1) 04/25/2019 | F | | | of Building ge of Sa | | | r (2) | | A | AAY - | 1 201 | 9 | $\ J \ $ | |
| Agencies Notified Type Notification | <u>A</u> | | Street A | Address | | | 20,000 | | | | | _ | lanema | - |
| X EPA X Initial | | | 2 Cor | vent R | d | | | : 4 | AGRE | ESTOS (| Same Same | 233 0 | \$ | Ţ |
| X DEP Amended | | | | ate, Zip C | | | | 17-2 | E-10212/22 | LICEN | | ui c | | Ť |
| X DOL Amendmen X Emergency | | | Morris | stown, I | NJ 0796 | 30 | | | No. of Street, or Street, To. | College Continues in College | Contracting to | Phone/Delse | k + | |
| DOH justification | ā - | | | of Contact | | | | | 11 | lephone N | | | 23 | |
| DCA Cancellation | 1 | | Steve | lacovo | | | | | 97 | 73-290- | 4000 | | | |
| Name of Facility Where Abatement is Takir | a Place (| 3/ | FAC | ILITY INF | ORMAT | ION | Ι | | | | | | | |
| Mahoney Library | ig Flace (| 3) | | | | | Туре | of Facility (4 | 4) | | | | | |
| Street Address | | | | 1 | | | | School (K-1, | | orthon K | (10) | | | |
| 2 Convent Rd | | | | | | | | Subchapter Other (i.e. p | | | | ilding | s, hom | nes. |
| City (5) | | | | | :: | | | etc.) | | | | | 2 | |
| Morristown | | | | 4 | | | N/A | re Feet | # o | f Floors A | | Bldg. N/A | Age | |
| County (6) | | | | Code (7) | v0 | | | ent Use (Pric | or if be | ing demo | lished) | | | |
| Morris | | | | | r) | | | ege | | | | | | |
| Name of Monitoring Firm Hired by Building Iris Environmental Laboratories | Owner (8) | 1 | ASC | ЛNo. | | | | tement Con fety LLC | tractor | (9) | | | | |
| Street Address | | | | | | | Addre | | | = | | | | |
| 2333 Route 22 West | | | | | | 22 T | roy L | ane | | | | | | |
| City, State, Zip Code Union, NJ 07083 | | | | | | | | ip Code ark, NJ 07 | 035 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | | | Teleph | none N | 0. | | License | No. | -77- | | nuine 1 |
| Rick Eustaquio | | | | 36-914 | 1 | 973- | 276-0 | 0099 | | 01317 | , | | | |
| Start Date (10) 04/27/2019 | | | mpletion | Date (11) | | The state of the s | | HA Monitor | | | | | | |
| | 04/28/ | | | | | | | fety LLC | | | | | | |
| Occupancy Status During Abatement (Chec | 100 | 1000 | | | | Street | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norn | Period of A | Abater | ment | | | 1100 - 1000 | roy La | | | | | | | |
| Other – Describe: | rai i aciiity | riour | 3 | | | | | ip Code ark, NJ 07 | 035 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | LITIC | UIII F | ark, IND 07 | 035 | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | Renova Demoli | | 24 | | × | Mir Glo | I Containme i-Enclosure vebag Proce n-Exempted | edure | | | | re | |
| | ls | Locat | tion | | | 4 | | | de face | | | 975 University | emen | t |
| Location of | 10000 | Vorma | | | Des | scription | of | | | | | Т | уре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | | d Sole intena | | | stos Cont | aining M | aterial | | | mount | | | ш | _ |
| In Facility | Cust | | Staff? | (I.e | thermal surface | systems cing, VA | s insula T. or | ition, | | Specify or LF) | Remova | Re | Encapsulate | Enclosure |
| (13) | | (12) | | | other m | niscellan | eous) | | 0, | 0, 2, , | SVOL | Repair | lusc | nso |
| | Yes | No | N/A | | | | | | | | = | | ate | Ġ. |
| Chiller Room Lower Level | Χ | | | Е | Ibows | ; | | 24 | Total | X | | | | |
| Chiller Room Lower Level | | X | | | Pipe | Insula | tion | | 4 | 0 LF | X | | | |
| | | | | | | | | | | | | | | |
| Name of Registered West III | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1,4004 | JDEP W lauler ID | | Cubic of Was | | | Name of R | | | fill | | | |
| United Safety LLC | | 1 2535 | 036820 | | TBD | | | Fairless | Lanc | lfill | | | | |
| City, State | | | | | | al Date | | City, State | | | | | | |
| Lincoln Park, NJ | | | | | TBD | | | Morrisvil | le, P | A | | | | |
| Completed by Vanco Petkov | Title | ct M | anager | | Si | gnature | | OL | 1 | 100 | Date | 2046 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 2019 Buckeye Partners, LP - Northeast District 4 26 19 Agencies Notified Type Notification Street Address ASSESTOS CONTROL& ☐ EPA 750 Cliff Road LICENSING **⊠** DOLWD M Amended City, State, Zip Code Amendment #1-4-26-19 **⊠** DHSS Port Reading, NJ 07064 ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation John Philbin 732-692-5212 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Buckeye Partners, LP School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 123 Derousse Ave. (River Road Terminal) homes, etc.) Square Feet City (5) # of Floors Bldg. Age Pennsauken County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Exterior Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Vertex Engineering Street Address Street Address 1123 BEAVER STREET 700 Turner Way City, State, Zip Code City, State, Zip Code Aston, PA 19014 BRISTOL, PA 19007 Telephone No. Telephone No. License No. Project Manager for Monitoring Firm Dave Turotsy 610-558-8902 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 29 / 19 04 / 26 / 19 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address 1123 BEAVER STREET ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/____PM-__ BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Encapsulate Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A X 25 LF X Derousse Exterior Grounds Pipe Insulation Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste Fairless Landfill Bristol Environmental Inc 18706 1 City, State City, State Disposal Date 04/26/19 Morrrisville, PA Bristol, PA Completed By (Print or Type) Date 4/26/19 Title Signature Estimator Gino Pizzigoni

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

ASB-41

MAY 11 GI 19094

approved. Tom Voorkees, NI por

State of New Jersey

| | | NC | | | | SBESTOS ABA JAC 8:60 and 5:1 | | C/Z 7 | # 3 | 5 | 63 | 5 |
|--|----------------------|-----------|------------------|--------------------|----------------|--|----------------------------------|-----------------------|-------------|------------------|-----------------|------------|
| Date of Notification (1) | | | | | | | 90 | ID E | (P) | P | П | 0.7 |
| 4 /26 | _ / _ | 19 | | | | ing Owner/Operator Partners, LP - Nor | | | 6 | 15 | <u>ll</u> | \ <u>\</u> |
| The second secon | oe Notificatio | n | | Stre | et Address | 3 | | | | | | _ |
| F7 | Initial | | | 75 | 50 Cliff R | oad | | | MAY | - 1 | 20 |)19 |
| | Amended Amendment | # | | City | State, Zip | Code | | 1 1 | | | | |
| | Emergency (| | na | Po | ort Readi | ng, NJ 07064 | | ASE | | 0.10 | | |
| (NJAC 5:23-8) | justification) | | 9 | Nam | ne of Conta | ıct | | Telephone Nur | mber | -ivs | NG. | الراف |
| | Cancellation | | | Jo | hn Philb | in | | 732-692-52 | | ti Aleksiya peng | PRINCIPLE PARTY | MARIN CO. |
| | | | | F | ACILITY | NFORMATION | | | | | | |
| Name of Facility Where Abate | ment is Taki | ng Plac | ce (3) | | | | Type of Facility (| 4) | | - | | |
| Buckeye Partners, LP | | | | | | | School (K-12) |) | | | | |
| Street Address | | | | | | | Subchapter 8 | (Other than K-1 | 2) | | | |
| 123 Derousse Ave. (Riv | er Road Te | ermina | al) | | | | Other (i.e., pri homes, etc.) | ivate and comme | ercial I | ouildi | ngs, | |
| City (5) | | | | | | | Square Feet | # of Floors | I | Bldg. | Age | |
| Pennsauken | | | | | | | - | - | | - | .50 | |
| County (6) | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use (Pric | or if being demol | ished) | _ | | |
| Camden | | | | | | | Exterior | | | | | |
| Name of Monitoring Firm Hired | by Building | Owner | (8) | ASCN | No. | Name of Abateme | ent Contractor (9) | 89 | | | | 127 |
| Vertex Engineering | | | | | | BRISTOL EN | VIRONMENTAL | , INC. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 700 Turner Way | | | | | | 1123 BEAVE | R STREET | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Aston, PA 19014 | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monitoring | Firm | | 1 | ephone | | Telephone No. | | License No. | | - | | |
| Dave Turotsy | | | 1 | | 3-8902 | 215-788-6040 | | 00509 | | | | |
| Start Date (10) | | | | | ate (11) | Name of OSHA M | | | | | | |
| 04 /26 /19 | | | | <u>3</u> / . | 19 | BRISTOL EN | VIRONMENTAL, | INC. | | | | |
| Occupancy Status During Abate | ement (Chec | k only | one) | | | Street Address | | | | | | |
| Facility Closed/Vacated Dur | ing Entire Pe | riod of | Abate | ment | | 1123 BEAVER | STREET | | | | | |
| Abatement Performed Outsi Time of Abatement: 7:00AM | de of Norma | I Facilit | y Hou | rs - Des | | City, State, Zip Co | de | | | | | |
| | | | IVI | AM | | BRISTOL, PA | 19007 | | | | | |
| Scope of Work (Check all that a | ipply) | | | | | | | | | 1277 | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | novati | | | | | | re | | | |
| 54 WESSELF BOX 200 | | | Locat | | | | T | | | atem | ent T | ivno |
| Location of Asbestos-Containing Materia | AL (A CRA) | 1000000 | Norma ed Sole | | | Description of | | | | _ | 1 | 1 |
| TO BE ABATED | ai (ACIVI) | Ma | intena | nce/ | Asbes (i.e. | stos Containing Mate , thermal systems in | erial (ACM) | Amount | Removal | Repair | Encapsulate | Enclosure |
| IN Facility | | Cus | todial ((12) | Staff? | , | surfacing, VAT, | or | (Specify SF or LF) | ova | air. | psc | nso |
| (13) | | Yes | No. | N/A | | other miscellaneo | us) | | 1- | | late | ē |
| Derousse Exterior Ground | e | | I NO | N/A | Dina Ina | | | | | | | |
| The second secon | | | | - | Pipe Ins | sulation | | 25 LF | \boxtimes | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| lama of Desistered Mestallant | | | | | | | | | | | | |
| lame of Registered Waste Haul SERVICE TRANSPORT G | | . | 100000 | JDEP V auler ID | | Cubic Yards of Waste | Name of Register | | | | | |
| City, State | | | | 20990 | | 1 Disposal Data | | ILLS LANDFIL | -L | | | |
| YARDLEY, PA | | | | | | Disposal Date 04/26/19 | City, State MORRISVILL | F DA | | | | |
| Completed By (Print or Type) | Title | | | | | Signature | | E, FA | 0 | | | |

ASB-41 MAY 11 GI 1909 4

Gino Pizzigoni

Estimator

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

| (K32 | SLETPA | |) (Pi | CATION ursuant t | OF ASBE to NJAC 8 | STOS :60 and | ABATE! d 12:120 |)) | · Charles de april | n][| EC | E | | V | E | |
|---|--|-----------|------------------|----------------------|-----------------------|-----------------|---|----------|---|--|------------------|----------|---------|---------------|--|-----------|
| Date of Notification (1) 4/ 26 /2019 | Check #3367 | | | | Building O | | | (2) | of Personal Association | M | 00112 88.000 | | | | Contraction in | |
| Agencies Notified | Type Notification | | | Street Ad | | | | | | | MAY | - 1 | 7. | 319 | - | |
| □ EPA | ☐ Initial | | | | erson Av | | | | | oly sells | | | | | and the same of th | |
| DEP DOL | Amended Amendment # | | | | te, Zip Cod | | | | | A | SIAL C | | Ä, | no: | . ći | |
| | Emergency (in | cluding | - - | Name of | n, NJ 07 | 000 | | | | Tele | phone N | umber | NG | - destruction | 2000 | - |
| DOH DCA | justification) Cancellation | | | | awn Line | han | | | | 1000000 | 3-945-9 | | | | | |
| | | | | FACIL | LITY INFO | RMAT | ION | | | | | | | | | |
| Name of Facility Where Residence | Abatement is Taking I | Place (3) |) | | | | | | of Facility (| | | | | | | |
| Street Address | | | | | | | | | School (K-1 Subchapter | | er than K- | -12) | | | | |
| Otreet Address | | | | | | | | X | Other (i.e. petc.) | rivate 8 | commer | rcial bu | ildir | igs, h | omes | 5, |
| City (5) | - | 11000-1-1 | | | | | | Squa | are Feet | # of | Floors | | Bld | g. Ag | е | |
| Palisade Park, NJ | 07650 | | | | | | | | 00 SF | 1 | | | 50 | + | | |
| County (6) BERGEN | | | | County C (STATE L | Code (7) ISE ONLY) | | | | ent Use (Pri sidence | or if bei | ng demoli | ished) | | | | |
| Name of Monitoring Firm | n Hired by Building Ov | vner (8) | | ASCM | l No. | | 100000000000000000000000000000000000000 | | etement Cor ces Corpo | | NO. | | | | | |
| Street Address | | | | | | | Street | | | | | | | | | |
| * | | | | | | | | | Street | | | | | | | _ |
| City, State, Zip Code | | | | | | | 100000000000000000000000000000000000000 | | Zip Code rg, NJ 070 | 193 | | | | | | |
| Project Manager for Mo | nitorina Firm | | | Telephor | ne No. | | Teleph | | | 000 | License | No. | | | | - |
| , | J. | | | 2.8 | | | | 295- | | | 01074 | | | | | |
| Start Date (10) | 1879 | | ed Cor | npletion (| Date (11) | | | | HA Monitor | | | | | | | |
| 4/ 30 /19 | | 5/4/19 | 10) | | | | Street | | above | | | | | | | _ |
| Occupancy Status Durin | | | | nont | | | Street | Addre | 333 | | | | | | | |
| | cated During Entire Pe ned Outside of Norma starting at 8 AM | | | | | _ | City, S | State, 2 | Zip Code | | | | | | | |
| Scope of Work (Check / | All That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoli | | | | 2 | M G | ull Containm ini-Enclosur lovebag Pro on-Exempte | e cedure | - | | | |) | |
| | | Is | Locat | ion | | | | | | | | | Α | bate | ment | |
| Location | | | Norma ed Sole | | | | escription | | 1/4014 | | | | 1 | ı yı | | |
| Asbestos-Containing TO BE AB | | Ma | intena | | | therma | l system | is insu | al (ACM) lation, | (5 | mount Specify | 1 2 | 0 | Z | Encapsulate | Enc |
| In Fac | | Cus | (12) | | | | acing, VA miscella | |) | SI | or LF) | | Removal | Repair | psul | Enclosure |
| 1.0 | , | Yes | No | N/A | | | | | *** | | | 2 | 2 | | ate | ē |
| Basen | nent | 1.00 | X | 1.20.1 | | Pipe | e Insula | ation | | 7 | '0 LF | x | | | 2 | |
| Kitch | en | х | | Flo | oor Ti | le-doul | ble la | yer | 1- | 40 SF | х | | | | | |
| Basen | nent | х | | Fi | ttings | of Fibe | er Gla | ass | | 25 | х | | | | | |
| Exter | rior | | | х | | Trans | site Sh | ingle | S | 1,0 | 000 SF | х | | | | |
| Name of Registered Wa | aste Hauler | | 1 1 2 | NJDEP W Hauler ID | | Cubic of Wa | c Yards | | \$1.00000 et 15-75-007 70 c-25-00. | A. D. C. | ered Land | | - 0 | | | |
| Tri-State Transfer | Assoc | 711-14- | | 19551 | 140. | TBD |) | | 500000000000000000000000000000000000000 | | erprises | Inc | | | | |
| City, State Bronx, NY | | | | | | TBD | osal Date) | е | City, Sta Wayne | | , OH | | | | | |
| Completed by | | Title | | | | | Signatur | re | (01) | -/ | | Date | | | | |
| Gina Betances | | Offic | е Ма | nager | | | | (| Duce | es | | 4/26 | /20 | 19 | | |

| X33U5PA | ID | | ICATIO | tate of New Jerse N OF ASBESTOS t to NJAC 8:60 an | ABATE | | R | EGI | E 1 | V | Pr E | int Fo | | |
|--|-----------------------|--|--|---|---|------------------------|----------------------|---------------------------------|-------------------|--------|-------------|-----------|--|--|
| Date of Notification (1) 4/25/2019 Check #3365 | | | Name of Building Owner/Operator (2) MAY - 1 2019 | | | | | | | | | | | |
| Agencies Notified Type Notification | | St Anastasia Church Street Address | | | | | | | | | | | | |
| | | | 1095 Teacneck Road ASSESTED CONTROL & | | | | | | | | | | | |
| EPA Initial DEP Amended | | + | | ate, Zip Code | u | | 11000 | LICE | NSIN | IG. | | | | |
| DOL — Amendment | | Teaneck, NJ | | | | | | | | | | | | |
| DOH Emergency justification) | 9 | Name o | of Contact | T | Telephone Number | | | | | | | | | |
| DCA Cancellation | | Ken Columbo 201-362-6358 | | | | | | | | | | | | |
| Name of Facility Where Abatement is Takir | n Place | (3) | FAC | ILITY INFORMAT | ION | Type of Feei | Ety (4) | | | | | | | |
| Community High School | ig i idoo i | (0) | | | | Type of Faci | | | | | | | | |
| Street Address 1095 Teaneck Rd | | | | | School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | | |
| City (5) Teaneck | | | | | | Square Feet | | # of Floors Bldg. Age 60+ | | | | | | |
| County (6) BERGEN | Code (7) USE ONLY) | Current Use (Prior if being demolished) School | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building | √l No. | Name of Abatement Contractor (9) EA Services Corporation | | | | | | | | | | | | |
| Street Address | | Street Address 426-69th Street | | | | | | | | | | | | |
| City, State, Zip Code | | 3 | | City, State, Zip Code Guttenberg, NJ 07093 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | | one No. 295-1700 | | License No. 01074 | | | | | | | |
| Start Date (10) 4/27/19 | led Con | npletion | Date (11) | | Name of OSHA Monitor Same as above | | | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | | | Street | Address | | | | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: starting at 8 AM | Period of nal Facilit | Abatem y Hours | nent | | City, S | tate, Zip Code | | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | _ | Renova Demolit | | | | Mini-Enclo Glovebag | sure Procedure | th Negative F | | | e | | | |
| Location of | s Locati Normal | ation | | | of | | | | Abatement Type | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used So Mainter Custodia (12) | | | | Asbestos Cont (i.e. thermal surfa | escription of taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous) | | | Amount (Specify SF or LF) | | Repair | Encapsulate | Enclosure | | |
| Gymposium | Yes | No | N/A | 0-111 | l- | | | 0.05 | | | 10/82 | | | |
| Gymnasium | | X | | Celli | ng pla | sier | | 6 SF | | X | | | | |
| | | 1 | 1 | | | | 1 | | 1 | 1 | | | | |

Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Tri-State Transfer Assoc Minerva Enterprises Inc 19551 TBD City, State Disposal Date City, State Bronx, NY TBD Waynesburg, OH Completed by Signature Date Gina Betances Office Manager 4/25/2019

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 04-25-2019 Rider University Agencies Notified Type Notification Street Address X EPA 2083 Lawrenceville Road DEP Initial City, State & Zip Code LICENSING DOL Amended Lawrenceville, NJ 08648 \boxtimes DOH Emergency Name of Contact Telephone Number X DCA Cancellation Mr. Walter Eddy 609-896-5000 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rider University - Science Building School (K-12) Street Address Subchapter 8 (Other than K-12)
Other (i.e. private & commercial 2083 Lawrenceville Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 25,000 Lawrenceville, NJ Mercer Current Use (Prior if being demolished) Campus Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni & Associates Resource Management Group, LLC Street Address Street Address 515 Grove Street, Suite 1B 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Haddonfield, NJ 08035 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Brian Clark 856-547-0505 609-977-6159 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5-13-2019 6-6-2019 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 During 1st Shift City, State & Zip Code Describe: 8:00am to 4:30pm Week Days 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 П Glove Bag Procedures/Cut & Wrap X 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) Encapsula Enclosure TO BE ABATED Maintenance or Removal (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rooms 201 & 203 X Floor tile & Mastic 1500 SF Rooms 218 & 216 X Pipe Elbows 15 Each Rooms 218 & 216 Pipe Insulation 300 LF Rooms 218 & 216 X Door Caulk 100 LF Rooms 201-205, 220, 219, 218A, 218, 216 X Residual Mastic 2,500 SF Rooms 201-205, 220, 219, 218A, 218, 216 Joint Compound 3,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 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 04-25-2019

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

| | | | | 3 | c co <u>r</u> | V.O.F | 1.0.0 | .ov am | u 12.1 | 20) | KI | Allen and | ranadaren en ese | | rem attempreside | | | | | |
|--|---------------------------|---------------|-------------|------------|--|-----------------|-----------------------|---|----------------------------|---------------|--------------------------|-----------|------------------|-----------|------------------|--|--|--|--|--|
| Date of Notification (1) 04-25-2019 | | | | | Name of Building Owner / Operator (2) Rider University MAY - 1 2 | | | | | | | | 1 20 | 110 | -111 | | | | | |
| Agencies Notified Type Notification | | | | | Rider University MAY | | | | | | | | 1.1 | 1 20 | 13 | hou | | | | |
| | EPA 2083 Lawrenceville | | | | | | ille Ro | ad | | * | L | Springs | | | | The state of the s | | | | |
| DEP DOL DOH DOA | | | | City | State | & Zip | Code | de ASSES, CORON. | | | | | | | اللغير (| | | | | |
| ⊠ DOL | Amer Amer | | | Lawi | encevi | lle, NJ | 08648 | LICENSING | | | | | | | Bello service | 200 | | | | |
| ⊠ DOH | Emergency Name of Contact | | | | | | t | Telephor | | | | | | | Numi | nor | | | | |
| ☐ DCA ☐ Cancellation | | | | | | Mr. Walter Eddy | | | | | | | 609-896-5000 | | | | | | | |
| Nome of E. W. 140 | | | | | FACIL | ITY IN | FORM | ATION | | | | | | | | | | | | |
| INAME OF Facility Where Abatement is Taking Place (3) | | | | | | | | pe of Fac | cility (4) | | | | | - | | | | | | |
| Rider University – Science Building Street Address | | | | | | | | School | (K-12) | | | | | | | | | | | |
| 2083 Lawrenceville Road | | | | | | | | Subcha | apter 8 (| Other than | K-12) | | | | | | | | | |
| 2000 Edwichocome Mode | | | | | | | | Other (| i.e. priva | te & com | mercial | buildir | igs, ho | mes, | etc.) | | | | | |
| City (5) | | County (6) | IC | nunty | Code | (7) | | uare Fee | | | | | | | | Trible All | | | | |
| Lawrenceville, NJ | | Mercer | | ourity | Coue | (1) | C | 25,000 3 57 | | | | | | | | | | | | |
| | | | | | | | Ca | Current Use (Prior if being demolished) Campus Building | | | | | | | | | | | | |
| Name of Monitoring | Firm Hired b | y Building Ow | mer (8 |) | AS | CM No | o. Na | me of Ab | - | | - | | | | | | | | | |
| Pennoni & Associate | es | | 50.70.70 | | | | Re | Name of Abatement Contractor (9) Resource Management Group, LLC | | | | | | | | | | | | |
| Street Address 515 Grove Street, St | | | | | | | St | eet Addre | ess | | | | | | | | | | | |
| City, State & Zip Coo | uite 18 | , | | | | | 21 | 15 Hamilt | ton Ave, | Suite 202 | | | | | | | | | | |
| | | | | | | | Cit | y, State 8 | Zip Co | de | | | | HILL WINE | | | | | | |
| Haddonfield, NJ 080 | | | 1 | | | | | enton, NJ | | | | | | | | | | | | |
| Project Manager for Mr. Brian Clark | ivionitoring F | ırm | | | e Num | iber | Te | lephone f | Number | 172 | Lic | ense N | lumbe | • | | | | | | |
| Scheduled Start Date (10) Scheduled Completion Date | | | | | | | | 609-977-6159 01185 | | | | | | | | | | | | |
| 5-13-2019 | (10) | 6-6-201 | mpieti | on Da | ate (11 | 1) | Na | Name of OSHA Monitor J&S Environmental Laboratories, Inc. | | | | | | | | | | | | |
| | | nent (Check o | nly or | (0) | | - | Jos | eet Addre | imental l | _aboratori | es, Inc. | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement | | | | | | | eet Addre 33 Route | | | | | | | | | | | | | |
| Abatement Performed During 1st Shift | | | | | | 5111 | | y, State & | | | | | | | | | | | | |
| Describe: 8:00am to 4:30pm Week Days | | | | | | | Un | ion, NJ 07 | 7083 | 10 | | | | | | | | | | |
| Facility Occu | pied During | Abatement | | | | | | | | | | | | | | | | | | |
| Scope of Work (Che | ck all that ap | ply) | | | | | | | _ | C 10000000 AV | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | \boxtimes | Bo | novati | | | | | | | | | | | , | | | | |
| ≥160 sf ≥260 lf □ | | | | | molitic | | | | | Mini-Enclo | ag Procedures/Cut & Wrap | | | | | | | | | |
| | | | | De | monuc | 111 | | | H ; | Glove Bag | | | | | | | | | | |
| Loc | Is | Loca | tion | T | Г | Description | n of | von-Exem | empted and Non-Friable Pro | | | | | | | | | | | |
| Asbesto | s-Containing |) | | | Amount | | | | | | | | Abatement Type | | | | | | | |
| | | | | | ely by Material (ACM) SE or LE) | | | | | | | | | | m | | | | | |
| TO BE ABATED Maint in Facility Custo | | | | | | | (i.e., | thermal s | systems | | | / | Remova | R | nc | 1 | | | | |
| | (13) | | Cust | | Staff? | | insulat | sulation, surfacing, VAT | | | | | | Repair | aps | los | | | | |
| | () | | Yes | (12) No | N/A | 1 | or otn | er miscel | laneous) |) | | | l sa | = | Encapsulat | Enclosure | | | | |
| Rooms 201-205, 220 | . 219. 218A | 218 216 | П | × | 10// | - | | Mall On | .11. | | | | | | - | | | | | |
| Rooms 218 & 216 | , = . 0, = . 0, 1, | 210, 210 | H | X | H | - | Lahor | Wall Caulk aboratory Table Tops | | | 100 | | | | | | | | | |
| Rooms 218 & 216 | | | | X | H | | Laboratory Hoods | | | 5 Ea | | X | Щ | | | | | | | |
| | | | | | İΠ | | Las | oratory i | 10005 | | 3 Ea | acn | | H | | H | | | | |
| | | | | | | | | | | | | | ᅥH | H | H | H | | | | |
| lama de la companya d | | | | | | | | | | | | | ᆂ | 1 | H | 뉘 | | | | |
| lame of Registered \ | Vaste Haule | Γ | | NJ | DEP \ | Naste | Cubic | Yards | Name | of Registe | red La | ndfill | | | ш | | | | | |
| Resource Management Group, LLC | | | | | uler II | | of Wa | ste | | 0.75 | | | | | | 1 | | | | |
| | | | | 100 | 35218 | | TBD | | Grows | Landfill | | | | | | | | | | |
| City, State Trenton, NJ | | | | | | | | sal Date | City, S | | | | | | | | | | | |
| No. 11 15 (5) | | | | | | | TBD | Morrisville, PA | | | | | | | | | | | | |
| Ir. Brian J. Haney | л туре) | | | Tit | | | Signat | | | 11. | | | Date | | | | | | | |
| President J. Haney | | | | | siden | ι | 1 | $M_{\rm H}/R_{\odot}$ | .) | 1/1 | | | 04-25 | -2019 | 9 | - 1 | | | | |

AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.5 Tri - State

City, State

Montclair, NJ 07042 Disposal Date
5-7-19 Bronx, NY, 10474

Completed By (Print or Type) Title Signature

4/25/2019

President

42 Watchung Avenue

Constantine Vivian

| | | | | | | | | | | Pr | int Fo | | | |
|---|------------------|--|---|---|------------------------------|-------------------------------|-----------------------|---------------|-------------|--------------|---------------|--|--|--|
| 0K16795 P | AU | NOTIF (P | ICATIO | tate of New Jers N OF ASBESTOS t to NJAC 8:60 a | ABATE | MENT 0) | DEC | E | | \mathbb{V} | | | | |
| Date of Notification (1) | | Name of Building Owner/Operator (2) | | | | | | | | | | | | |
| 4-24-19 | | KAYWOOD OGNERAL CONTRACTION | | | | | | | | | | | | |
| Agencies Notified Type Notification | | Street / | Address | | | Lamente. | | | | 1 | | | | |
| EPA Initial | | | | | | ASDIL | gramma and a | PR 14 1 1 100 | INDa. | . Ĝ. | | | | |
| DEP Amended Amendmer | + # | | City, State, Zip Code LAMBERT VILLE NJ 02530 | | | | | | | | | | | |
| Emergency | (including | | 40 | of Contact | VII | 115 1 | 1 08 | | 50 | | | | | |
| DOH justification DCA Cancellatio | | | | U G-ROV | 12-45 | | Telephone Nu | mber | 17 | 11 | | | | |
| Cancellatio | | | | ILITY INFORMAT | | | 267-81 | |) Z | 6/ | | | | |
| Name of Facility Where Abatement is Taki | ng Place (| 3) | 170 | ILIT IN ORMA | 11014 | Type of Facility | (4) | | | | | | | |
| RESIDENTIAL | | | | | | School (K- | 257 | | | | | | | |
| Street Address | | | Subchapter 8 (Other than K-12) | | | | | | | | | | | |
| | | | Other (i.e. private & commercial build etc.) | | | | | | | | lings, homes, | | | |
| City (5) | | | | | | Square Feet | | | | | | | | |
| LAMBERT VILLE | | | | | | 1200 2 12 | | | | | | | | |
| County (6) | | | County (STATE | Code (7) USE ONLY) | | Current Use (Pr | ior if being demolish | ned) | | | | | | |
| Name of Monitoring Firm Hired by Building | 0 | - 1 | | | | | | | | | | | | |
| | | | ASC | VI NO. | Section Control | of Abatement Co | | | | | | | | |
| Street Address | 4/00 | 2) | 1 | | | MAR C Address | ONSTRUC, | 110 | 701 | | | | | |
| POBOX11645 | | | | | | | , ~~ | | | | | | | |
| City, State, Zip Code | | | | | City S | Btate, Zip Code | 130/ | | | | | | | |
| 11/1/A PA 19116 | | | | | 01 | tolo Pa | 19/16 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. Telephone No. License No. | | | | | | | | | | | | |
| BRIAN | 2 | 267-784-4693 267784-4699 61276 | | | | | | | | | | | | |
| Start Date (10) | | Impletion Date (11) Name of OSHA Monitor | | | | | | | | | | | | |
| 9-26-67 | 4-2 | 6-1 | 7 | | | | | | | | | | | |
| Occupancy Status During Abatement (Che | | | | | Street | Address | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr | Period of | Abatem | ent | | | | | | | | | | | |
| Other – Describe: | nai raciiily | Hours | | | City, S | state, Zip Code | | | | | | | | |
| Scope of Work (Check All That Apply) | | / | | | | | | | | | | | | |
| 23 sf or ≥3 lf | | Renova | | | | Full Containm | nent with Negative P | ressu | re | | | | | |
| ≥160 sf or ≥260 lf | | Demoliti | ion | | 17 | Mini-Enclosur Glovebag Pro | re | | | | l | | | |
| | | | | | | | d (*) and Non-Friab | le Pro | cedure | е | | | | |
| | Is | Locati | on | | | | | Abatement | | | | | | |
| Location of | | Normall ed Sole | illy | | | | | - | Ту | Гуре | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | intenar | | | | Material (ACM) s insulation, | Amount | _ | | m | m | | | | |
| In Facility | todial S (12) | Staff? | surfa | acing, VA | T, or | (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure | | | | |
| (13) | (12) | т | other | miscellan | neous) | | oval | air | sula | sure | | | | |
| | Yes | No | N/A | | | | | | | б | | | | |
| | | | | | | | | | | | | | | |
| BASEMENT | | | V | PIPE U | URA | 0 | 4510 | ./ | | | | | | |
| | | | | 11120 | - 45 F | | 1 9 | 0 | | | \neg | | | |
| | - | | - | | | | | - | | - | | | | |
| Name of Registered Waste Hauler | | T _N | JDEP W | aste Cubic | Yards | Name of | Registered Landfill | <u> </u> | | | | | | |
| 00: 0 - 0 | | 1 10000 | auler ID | | | | | 1 | ū | | | | | |
| City/State CONSTRUCT | 700 | 0 | 2367 | 757 1 | | | THU BEX | PKS | 2 | | | | | |
| City State | | | | | sal Date | City, Stat | | , | 24 | | | | | |
| Completed by | Title | | | 4- | 27-1 | Dill | DSBORD | 11 | 1 | | | | | |
| Completed by Title Signature FRAME DE LA TITLE Signature | | | | | | < | Date | | | | | | | |
| C/11/11/1 - 0/9 | 16. | 11 | 10 | > | 4 | | 9 | 5 | XX | 77 | 2 | | | |