D&S Proj. #: 17-108

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

| | E | C | E | | \mathbb{V} | E | n |
|---|---|-----|---|---|--------------|-------------------------------------|---|
| M | į | MAY | - | 2 | 2017 | THE PROPERTY OF THE PERSON NAMED IN | |

| | | | | | | | | MAY - 2 | 201 | 7 | 1 |
|---|-----------------|------------------------------------|---------------|-------------|----------------------------|--|--|------------------------------|------------------------|---------|----|
| Date of Notification (1) | П | Name of | Building Ow | ner/Operato | r (2) | | 1 | | | | 2 |
| 0 4 / 2 7 / 1 7 | | BERE | TTA FRAI | NTELLI | | | AS | BESTOS C | | ROL | 8 |
| Agencies Notified Type Notified Initial | cation | Street Ac | ldress | | | | | LIGHT | HYG. | | |
| DEP Amended | | | | | | | | V | | | |
| Amendment | :#: | City, Stat | e, Zip Code | | | | | | | | |
| DOL Emergen | . 11 | THE RESERVE OF THE PERSON NAMED IN | IACKENS | ACK, NJ (| 07601 | | | | | | |
| DOH (including justification | | Name of | Contact | | | | Telephon | e Number | | | |
| DCA Cancellat | ion | BILL | PUNTASI | ECCA | | | | _ | | | |
| | | | FAC | CILITY INFO | RMATIO | N | | | | | |
| Name of facility where abatement | nt is taking p | lace (3) | | | | T | Type of Facility (| | | | |
| BERETTA FRANTELLI | | | | | | | | I (K - 12) apter 8 (Other | than K | (-12) | |
| Street Address | | | | | | | | Private/Comm | | (12) | |
| | | | | | | | | Homes, etc. # of Floors | T B | ldg. Ag | 70 |
| City (5) | I Cou | inty (6) | | | T Cou | unty Code (7) | Square Feet | # 01 F1001S | l bi | ug. A | ge |
| - 7 (-) | | , | | | | ate use only) | Current Use (Pi | rior if being de | <u>-l ——</u> molish | ed) | |
| SO. HACKENSACK | | ERGEN | | | | | | | | | |
| Name of Monitoring Firm Hired b | y Bldg. Owr | ier (8) | | ASCM No | D. | Name of Abatement | 2005064 - 15000000 - 2 3 - 2 3 | | | | |
| Street Address | | | | | | D & S RESTOR Street Address | ATION, INC. | | | | |
| Street Address | | | | | | Control of the Contro | *** | | | | |
| City, State, Zip Code | | | | | | 20 California A City, State, Zip Code | NAME AND ADDRESS OF THE OWNER, OR OTHER DESIGNATION OF THE OWNER, | | | | |
| | | | | | | Paterson, NJ 07 | | | | | |
| Project Manager for Monitoring Fi | irm | | Phone Num | ber | | Telephone Number | 7505 | License Num | nber | | |
| | | | | | | 973-345-8020 | | 01169 |) | | |
| Start Date (10) | Sche | d. Compl | etion Date (1 | 1) | | Name of OSHA Mon | | | | | |
| 04/27/17 | 05/1 | 7/17 | | | | D & S Restorat Street Address | ion, Inc. | | | | |
| Occupancy Status During Abatem | 255.000.00 | 10.41.71.11 | | | | 20 California A | venue | | | | |
| Facility closed/vacated duri | | | | | | City, State, Zip Code | | | | | |
| Abatement performed outsi Describe: | | facility h | ours- | | | | | | | | |
| Other-Describe: NORMAL | | | | | | Paterson, NJ 07 | 7503 | | | | |
| Scope of Work (check all that ap | | | | | | Summard. | Full Containment w | /negative pres | sure | | , |
| ☐ > <u>3</u> sf or > <u>3</u> If | Renovati | on | | | | Ä | Mini-enclosure Glovebag procedur | °A | | | |
| ≥160 sf or ≥260 lf | Demolitio | | | | | 🗖 | Non-Exempted (*) | | e proc | edure | |
| Location of | | on norma enance/o | lly used sole | | | | | R | R | E n | E |
| asbestos-containing material (acm) to be | staff(12) | | | | ription of a rial (ACM) | sbestos-containing | Amount (Specify S | For m | р | С | n |
| abated in facility (13) | Yes | No | N/A | | (*) | | LF) | v | i | a p | Ĺ |
| PACKAGING ROOM | | X | | TRANS | ITE CEI | LING | 225 SQ FT | e 🗵 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | 1 | | | | | ᄪ | | 닏 |
| Registered Waste Hauler | INUE | ED Havil | - 1D# 1 (| Cubic Yards | of Masta | INIone of Desistance | I Landell | | | | |
| D & S RESTORATION, INC | | EP Haule 506 | | 4 YDS | UI VVASLE | Name of Registered TULLYTOWN, | RESOURCE RE | COVERY | | | |
| City, State | | | Disposal | Date | | City, State | | | | | |
| PATERSON, NJ 07503 | | | 04/28/ | | | TULLYTOWN, PA | | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESII | ENT | | Signature | 9 | | | Date | | | |
| DOGDAN JOEDZIC | * Do == | JEIN I | 6 | - | | 1 - 41 141 - | | 04/26/17 | | | |

| Apr 26 2017 03:39PM NJ | Asbesto | s Contro | 1 609,63 | 33.0664 | page | 1 | |
|--|---|--------------|----------------------------|--|---|---------------------------------|--|
| 04/26/2017 02:0 | 0PM 97 | 3345006 | ð | | -1-1-1-1-1 | ITAN IS | CEIVEI |
| O&S Proj. 8: 17-108 | K) | - | No | tification of A | D&S RESTORA te of NJ sbestos Abatem AC 8:60 and 12;1 | ent 20 | PAGE 82/04 MAY - 2 2017 |
| Date of Notification (1) 10 4 / 2 7 / 1 7 Agencies Notified Type Noti | | | Building (| Owner/Operator (| | | LICENSING |
| DEP Amender DOL Emerger | d (#: | Street Ac | idreas e, Zip Cod | | | WAIVER | APTROVED |
| DOH (Including Justification Cancelle | on) | Maine of C | ACKEN Contact PUNTAS | SACK, NJ 076 SECCA | 501 | • Telap | hous Mumber |
| | | | F/ | CILITY INFORM | ATION | | |
| Name of facility where electerne BERETTA FRANTELLI Street Address | nt is taking | place (3) | | | | Sub DO Oth | ty (4) noof (K - 12) schapter 8 (Other than K-12) er (Private/Commercial ss./Homes, ab: |
| City (5) | .Co | unity (6) | | Control of the last of the las | County Code (7) | Square Feet | |
| SO, HACKENSACK Name of Monitoring Firm Rived b | B Bldg, Dw | BRGEN | | ASCM No. | (State use only) | 4 1 | (Prior if being demolished) |
| Street Address | | | | ASCM No. | D & S RES | | |
| City, State, Zip Code | | | | | 20 Califor City, State, Zip | Code | |
| Project Manager for Monitoring Fire | | | none Num | | Paterson, Telephone Nur 973-345- | nber | License Number 01169 |
| Start Date (10) 04/27/17 | 05/1 | 7/17 | on Date (1 | 1) | Name of OSH/ D & S Res | toration, Inc. | |
| Occupancy Status During Abatema Facility dosed/vecated during Abatement performed autoide Describs: Other-Describs: NORMAL I | entire per of normal | | ment '&- | | 20 Californ City, State, Up | ia Avenue Code | |
| Scope of Work (check all that appl | y) | | | | Paterson, 1 | | NO. OF THE PARTY O |
| 2 af or >2 if | Renovation Demolition Is location | nomalive | sad solely | | | Mini-enclosure Glovebag procedu | w/negative pressure |
| ashastos-containing material (acm) to be shated in facility (13) | Staff(12) Yes | No No | N/A | 1 | of asbesfos-containing | Amount (Specify : | R R E E m n n n n n n n n n n n n n n n n n |
| PACKAGING ROOM | | X | | TRANSITE C | EILING | 225 SQ PT | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ouslayed Waste Hauter & S RESTORATION, INC. | NJDE 135 | LONG BY THE | 4 | bic Yards of Was | | N, RESOURCE RE | COVERY |
| PATERSON, NJ 07503 | | | isposel De 04/28/17 | | City, State | | VOYDRI |
| BOGDAN JOLDZIC | Title PRESIDE | NT | | Signatura | TULLYTON | YN, PA | Date 04/26/17 |
| - | AS DOLLING | inis torm to | r anhantos | Manaua aruanani | netivities hat | | |

| 2920-07 NO CK | | | Sta FICATION Pursuant | | ESTOS | ABATE | | | F C | F | n W | Ē | | | |
|--|---------------------|-----------------|-------------------------------|----------------------|-----------------|--|------------------|----------------------------------|-----------|------------------------------|-------------------|----------|--|-------------|-----------|
| Date of Notification (1) 4-14-2017 Amended 5-1-2017 | i i | | | FBuilding | | | (2) | | <u> </u> | | U U | | The second secon | | |
| Agencies Notified Type Notification | | | Street A | ddress | VE | | | | MA' | Y - 2 | 201 | 7 | A STATE OF THE STA | 11 | |
| EPA Initial DEP Amended Amendment | #1 | | | ite, Zip Co | | 302 | | L | SBEST | OS C | ONTF | OL | -8. | 1 | |
| ■ Emergency justification) | (including | _ | ALLOCATION CONTRACTOR | Contact | 140 000 | | | | 1 | ICENS ephone | SIMIC | | | olon on the | |
| DCA Cancellation | | | FACI | LITY INFO | ORMATI | ON | | | | | | | | | - |
| Name of Facility Where Abatement is Takir INSPIRA MEDICAL CTR | g Place (3 |) | | | | | | of Facility | | | | | | | |
| Street Address 333 IRVING AVE | | | | | | | | Subchapter Other (i.e. petc.) | 8 (Oth | er than I & comm | K-12) ercial b | uild | ings, | home | es, |
| City (5) BRIDGETON | | | | | | | | re Feet ,000 | # o | f Floors | | 50 50 | dg. A)+ | ge | |
| County (6) CUMBERLAND | | | County C | Code (7) JSE ONLY |) | | Curre | ent Use (Pri | or if bei | ng dem | olished |) | | | |
| Name of Monitoring Firm Hired by Building CRITERION LABS | Owner (8) | | ASCN | 1 No. | | | | atement Co | | (9) | | | | | |
| Street Address 400 STREET ROAD | | | | | | Street 1345 | | ss USTRIAL | BLV |) | | | | | |
| City, State, Zip Code BENSALEM PA 19020 | 3 | | | | | | | ip Code MPTON F | PA 189 | 966 | | | | | |
| Project Manager for Monitoring Firm ERIC WYSOCKI | | E3 | Telephor 215 24 | ne No. 4-1300 | | Teleph 215 | | | | Licens | | | | | |
| Start Date (10) 4/27/2017 | Schedule 7/31/20 | d Co | mpletion [| Date (11) | | Name EHS | 17.0 | HA Monitor | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only On | e) | | | | Street | | | CLUT | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: TIME 7AM-7AM | | | | | | City, S | tate, Z | THGATE | | = = | | | | | |
| Scope of Work (Check All That Apply) | | | | | | MICKLETON, NJ 08056 | | | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | grantener . | lenova emoli | | | | Full Containment with Negative Pre Mini-Enclosure Glovebag Procedure | | | | | | | | | |
| | Т. | | | | | × | l No | n-Exempte | d (*) an | d Non-F | riable I | | | e ment | |
| Location of | N | Locat lorma | | | | scription | | | | | - | | Ту | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | intena | nce/ Staff? | | | | s insul T, or | ation, | (5 | mount Specify F or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | | ite | Ф |
| CRISIS AREA | | X | | FLO | OR TIL | E ANI | O MA | STIC | 10, | 300 SF | = x | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT | | ŀ | NJDEP W Hauler ID 10990 | | Cubic of Was | Yards ste | | Name of MINER | | | | | | | |
| City, State 58 PYLES LANE, NEW CASTLE D | | | | | Dispos | sal Date | B. (1) | City, Stat | | RG, O | H 446 | 886 | | | |
| Completed by CHRISTINE DEL VISCIO | | | | | | | | | | | 01- | 7 | | | |

New Jersey Department of Health Consumer, Environmental & Occupational Health Service

PO Box 369, Trenton, NJ 08625-0369 Telephone: 609-826-4950 Fax: 609-826-4975



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

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

| Type of Natification (about | k one) and Date Submitted |
|--|---|
| | None) and bate dubinitied |
| [X] Initial [] Amended [] Cancellation [] Emergency (mus | st include justification) Date of Notification: |
| Building I | nformation |
| Name of Building Owner/Operator:INSPIRA MEDICAL CTR-CRISIS | AREA |
| Street Address: 333 IRVING AVE | City:BRIDGETON State:_NJ _Zip: |
| Thomas Johnson | Telephone No |
| Facility In | formation |
| | |
| Name of Facility Where Work Activity is to Take Place: Inspira Medical | Center |
| Describe Facility Use: | 2000 10 200 200 200 200 200 200 200 200 |
| Street Address: 333 Irving Ave | City: Bridgeton State: NJ Zip: 08302 |
| County Name: Cumberland | County Code (state use only).: |
| Scheduled Start Date: 5 / 1 / 2017 | Scheduled Completion Date: 7 / 31 / 2017 |
| Occupancy Status During Activity (check only one): | |
| [X] Facility Closed/Vacated During Entire Activity | |
| | ours-Describe: |
| [] Other—Describe: | |
| Scope of Work (check all that apply): | |
| [X] Floor Tile Square Footage: 10,300 | Percentage Asbestos: |
| | |
| [X] Mastic Square Footage: 10,300 | Percentage Asbestos: |
| [] Other: Square Footage: | Percentage Asbestos: |
| Contractor | Information |
| Company Name: DELTA/BJDS, INC | Telephone No.: 215 322-2900 |
| Street Address: 1345 INDUSTRIAL BLVD. | City:_SOUTHAMPTONState:_PA _Zip:_18966 |
| New Jersey Asbestos License Number (if applicable): 00783 | |
| | Telephone No.:215 244-1300 |
| Monitoring Firm (if applicable): CRITERION LABS | |
| Sign | ature |
| Completed By (type or print legibly): CHRISTINE DELVISCIO | Title: ADMINISTRATIVE ASST. |
| Signature: Making Dell / Macre | Date: 5/1/2017 |

0/20-00

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

| | | (P | ursuai | nt to NJA | AC 8:60 and 5:1 | 6) | | 11 / | <u> </u> | | 111 | | | |
|---|--------------|-------------------|-----------------------|--|-------------------------------------|--|---------------------------------|----------------------|-------------------|-------------|-------------|--|--|--|
| Date of Notification (1) | 5% | | Transcension Contract | | g Owner/Operator (| 2) | 1 | | | | | | | |
| 4 /14 / | 17 | | INS | SPIRA ME | DICAL CTR | 1 | MAY - | 2 20 | 17 | | | | | |
| Agencies Notified Type Notific | ation | | Stree | t Address | | 121 | 1 | / | | i | | | | |
| ☑ EPA☑ Initial☑ DOLWD☐ Amended | , | | 333 | RVING | AVE | | 1 | 2011 | | | 1 | | | |
| □ DHSS Amendm Amendm □ Amen | | | - 100 m | State, Zip (| | 1 | ASBESTOS LICEN | | | , CL | The same of | | | |
| ☐ DCA ☐ Emergen | cy (includia | ng . | 2550.0 | IDGETON | 7 | (Annata) | | | 1900 at 1 - 1 - 2 | | | | | |
| (NJAC 5:23-8) justificati | 35703 | | Name | of Contac | t | | Telephone Num | ber | | | | | | |
| | | | FA | CILITY IN | IFORMATION | | | | | 9 | | | | |
| Name of Facility Where Abatement is 1 | Taking Plac | e (3) | | | | Type of Facility | | | | | | | | |
| INSPIRA MEDICAL CENTER | 2 2 2 | | | | | School (K-12 |) 3 (Other than K-12 | 2\ | | | | | | |
| Street Address | | | | | | Other (i.e., p | rivate and comme | rcial bu | ilding | s, | | | | |
| 333 IRVING AVE | | | | | | homes, etc.) | | 151 | | | | | | |
| City (5) BRIDGETON | | | | | | Square Feet >50.000 | # of Floors | ors Bldg. Age 50+ | | | | | | |
| County (6) | | | Cour | nty Code (7 |)(STATE USE ONLY) | A CONTRACTOR OF THE PARTY OF TH | Jse (Prior if being demolished) | | | | | | | |
| CUMBERLAND | | | | | , | HEALTH CE | | | | | | | | |
| Name of Monitoring Firm Hired by Build | ding Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | | | |
| CRITERION LABS | | | | | DELTA/BJDS | , INC | | | | | | | | |
| Street Address | | | | | Street Address | | | | | | | | | |
| 3370 PROGRESS DRIVE | | | | | 1345 INDUS | | | | | | _ | | | |
| City, State, Zip Code BENSALEM, PA 19020 | | | | | City, State, Zip Co | | | | | | | | | |
| Project Manager for Monitoring Firm | | Tel | ephone | No. | Telephone No. | OITTA | License No. | | | | - | | | |
| ERIC WYSOCKI | | 1 | 15 244 | | 215 322-2900 | | 00783 | | | | | | | |
| Start Date (10) | cheduled (| Comple | etion Da | te (11) | Name of OSHA M | lonitor | | | | - | \neg | | | |
| _4_ / _27_ / _17_ | 7 | / _3 | 1_ / . | 17 | EHS | | | | | | | | | |
| Occupancy Status During Abatement (0 | Check only | one) | | | Street Address | | | | | | | | | |
| Facility Closed/Vacated During Entir | | | | | 411 SOUTH C | SATE SUITE | | | | | | | | |
| ☐ Abatement Performed Outside of No Time of Abatement: 7AMPM | | | | cribe | City, State, Zip Co | | | | | | | | | |
| | | _ | | | MICKLETON | NJ 08056 | | | | - | _ | | | |
| Scope of Work (Check all that apply) | | | | | | ainment with Neg | ative Pressure | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | enovat emoliti | | | ☐ Mini-Enc ☐ Glovebag | | | | | | | | | |
| Z = 100 01 01 <u>- 1</u> 200 II | | CITIOIII | 011 | With-entire Control | | | n-Friable Procedu | ıre | | | | | | |
| 100 100 100 100 100 100 100 100 100 100 | 1 | s Loca | | | Case Vascella V | | | Ab | ateme | ent Ty | /ре | | | |
| Location of Asbestos-Containing Material (ACM | Us | Norma ed Sol | | Asha | Description o stos Containing Ma | | Amount | Re | Re | En | En | | | |
| TO BE ABATED | M | aintena | | | ., thermal systems | insulation, | (Specify | Removal | Repair | caps | Enclosure | | | |
| IN Facility (13) | Cu | (12) | | | surfacing, VAT, other miscellane | | SF or LF) | <u> 100</u> | | Encapsulate | ure | | | |
| (10) | Yes | No | N/A | | other misochane | 003) | | | | ie | | | | |
| CRISIS AREA | | | | FLOOR | TILE AND MAS | TIC | 10,300 | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 10.000 | JDEP I | 49 P. C. 1970 B. 1990 P. P. 1990 P. 19 | Cubic Yards of | Name of Regis | tered Landfill | | | | | | | |
| SERVICE TRANSPORT | | ŀ | lauler II 20990 | | Waste | MINERVA | LANDFILL | | | | | | | |
| City, State | | | | | Disposal Date | City, State | | | | | | | | |
| 58 PYLES LANE, NEW CASTLE | | 20 | | | | WAYNESB | URG, OH 4468 | 8 | | | | | | |
| Completed By (Print or Type) | Title | | 105 | | Signature | \bigcap \cap | , D | ate | 1 1 | _ | | | | |
| THOMAS JOHNSON | PROJE | CTN | iGR. | | Mon | us John | m | 7-1 | 4 | -2 | 2/ | | | |

ASB-41 MAY 11

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

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

| 6 F | UU | |
|-----|----|--|
| | | |
| | | |

| Date of Notification (1) | | | Name | of Building | g Owner/Operator (| 2) | III MAY | - 2 | 2017 | 7 | 1 60/ |
|---|------------|---------------------|--------------------|--------------|--------------------------------------|----------------------------------|------------------------------------|-------------|----------------|-------------|-----------|
| | 17 | | THI | MIDDL | E SEX COUNTY | IMPROVEMEN | IT AUTHORITY | | 2011 | :\ | Eschangen |
| Agencies Notified Type Notifica | ition | | 12/20/20/20 | Address | | Political Co. | ASBEST(| os col | NTR | OL 8 | 8 |
| ⊠ EPA ⊠ Initial | | | 101 | INTERC | HANGE PLAZA | - American | | ENSI | | | |
| ☑ DOLWD ☐ Amended ☑ DHSS Amendment | | | City, S | State, Zip C | Code | | | | | | |
| ☑ DHSS Amendment ☐ DCA ☐ Emergence | | _ | CR | ANBURY | , NJ 08512 | | | | | | |
| (NJAC 5:23-8) justification | | 19 | Name | of Contac | t | | Telephone Nur | nber | | | |
| ☐ Cancellat | ion | | | | | | | | | | |
| | | (0) | FA | CILITY IN | FORMATION | T of Facility | (4) | | | | |
| Name of Facility Where Abatement is T | | ce (3) | | | | Type of Facility ☐ School (K-1) | (1) A - | | | | |
| ROOSEVELT HOSPITAL CAMP | 08 | | | | | | ²⁾ 8 (Other than K-1 | 2) | | | |
| Street Address 1 ROOSEVELT DRIVE | | | | | | | rivate and comm | | ilding | s, | |
| City (5) | | | | | | Square Feet | # of Floors | Blo | dg. Ag | je | |
| EDISON | | | | | | >10,000 | | | 50+ | | |
| County (6) | | | Cour | ity Code (7 |)(STATE USE ONLY) | Current Use (P | rior if being demol | ished) | | | |
| MIDDLE SEX | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Build | ling Owne | r (8) | ASCM | No. | Name of Abateme | ent Contractor (9 |) | | | | |
| EHS | | | 266 | | DELTA/BJDS | , INC | | | | | |
| Street Address | -1.700 | | | | Street Address | | | | | | |
| 411 SOUTHGATE COURT SUIT | EE | | | | 1345 INDUS | TRIAL BLVD | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | ode | | | | | |
| MICKLETON, NJ 08056 | | | | | SOUTHAMPT | ON PA 18966 | | | | | |
| Project Manager for Monitoring Firm | | Tel | ephone | No. | Telephone No. | | License No. | 10000-0-0 | | | |
| JACK CARNEY | | 8 | 56 224 | -0080 | 215 322-2900 | į. | 00783 | | | | |
| Start Date (10) | Scheduled | a di managini | | | Name of OSHA N | 1onitor | | | | | |
| _ 5_ / _15_ / _17_ | 7 | / _3 | 1_/_ | 17_ | CRITERION I | _ABS | | | | | |
| Occupancy Status During Abatement (0 | Check only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Entire | | | | | 400 STREET | | | | | | |
| ☐ Abatement Performed Outside of No Time of Abatement: <u>7</u> AM- <u>3:30</u> PM/_ | | | | cribe | City, State, Zip Co | | | | | | |
| Scope of Work (Check all that apply) | | | | | | 1 12 | 420 2200-000 000 | | | | |
| ☐ ≥3 sf or ≥3 lf | M | Renova | tion | | ☐ Full Con | tainment with Ne | gative Pressure | | | | |
| ≥3 si oi ≥3 ii ≥160 sf or ≥260 lf | | Demolit | | | ⊠ Gloveba | g Procedure | | | | | |
| | | | | | ☐ Non-Exe | mpted (*) and No | on-Friable Proced | | | | |
| | | Is Loca Norma | | | D | | | | ateme | | |
| Location of Asbestos-Containing Material (ACM | | sed So | ely by | Asbe | Description of stos Containing Ma | | Amount | Ren | Repair | Enc | Enc |
| TO BE ABATED | , N | lainten Istodial | | | ., thermal systems | insulation, | (Specify | Removal | air. | aps | Enclosure |
| IN Facility (13) | | (12 | | | surfacing, VAT other miscellane | | SF or LF) | <u>B</u> | | Encapsulate | lle |
| (10) | Ye | s No | N/A | | | / | | | | æ | |
| ROOF | | | | ROOFII | NG MATERIAL | | 10,000 sf | \boxtimes | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 100 | NJDEP ' | | Cubic Yards of | 100 | stered Landfill | | | | |
| SERVICE TRANSPORT | | | Hauler II 20990 | | Waste | MINERVA | LANDFILL | | | | |
| City, State | | | | | Disposal Date | City, State | | | | | |
| 58 PYLES LANE, NEW CASTLE | DE. 197 | 20 | | | | WAYNESE | BURG, OH 4468 | 38 | | | |
| Completed By (Print or Type) | Title | | | | Signature | - 1 | | Date | 1 | | |
| DAMIAN LAVELLE | PROJ | ECT | /IGR. | | Dam | ia La | relle 1 | 5/ | 110 | 10 | 11 |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 4/28/17 Transcontinental Gas Pipeline Co. Agencies Notified Type Notification Street Address ASBESTOS CONTROL & 751 Cliff Road EPA Initial × City, State, Zip Code DEP × Amended × DOL Amendment #1 Sewaren, NJ 07077 Emergency (including × Name of Contact DOH Telephone Number justification) DCA Cancellation Mike C. Maben **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Transcontinental Gas Pipeline School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 751 Cliff Road etc.) City (5) Square Feet # of Floors Bldg. Age Sewaren 500 1 50 County (6) Current Use (Prior if being demolished) County Code (7) Middlesex (STATE USE ONLY) natural gas pipeline valve bldg. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Pepper Environmental Services, Inc. Street Address Street Address P.O. Box 365 2251 Fraley Street City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Philadelphia, PA 19137 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 609-839-2432 215-533-5155 01166 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/20/17 5/31/17 Health and Safety Services Occupancy Status During Abatement (Check Only One) Street Address P.O. Box 365 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Berlin, NJ 08009 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A roof and walls transite panels 4000 sf Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Eldredge, Inc. Conestoga City, State Disposal Date City, State West Chester, PA Morgantown, PA Completed by \$ignature-Date Jennifer Niven Dir. of Operations 4/28/17

Print Form

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| Date of Notification (1) 5/1/2017 | | | Name of PSEG | f Building | Owner/0 | Operator | r (2) | and of the state of | | MAI | | 201 | ı | | | |
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| EPA Initial Amended Amendment | | _ | | te, Zip Co | | D, NJ 0 | 07080 | No. of the last of | 17 | TO THE RESIDENCE IN CASE OF | operation of the second | | ar Almon | | | |
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| | | | FACII | LITY INFO | ORMATI | ION | | | - | | | | | | | |
| Name of Facility Where Abatement is Taking HACKENSACK SWITCHING YARD | | | | | | | _ | of Facility | | | | | | | | |
| Street Address 202 SOUTH RIVER STREET | | | | | | | X | Subchapter Other (i.e. petc.) | 8 (Oth | | | dings | home | es, | | |
| City (5) HACKENSACK, NJ | | | | | | | | e Feet | # o | f Floors | | Bldg. A | \ge | | | |
| County (6) BERGEN | | | County C | Code (7) JSE ONLY | | | | nt Use (Pri | | | shed) | | | | | |
| Name of Monitoring Firm Hired by Building ON/A | wner (8) | | ASCM N/A | l No. | | The state of the s | | ement Co | | | ICES, | INC. | | | | |
| Street Address N/A | | | | | | | Addres | s OCK RO | AD | | | | | | | |
| City, State, Zip Code N/A | | | | | | 250000000000000000000000000000000000000 | State, Zi HANK | p Code , NY 119 | 980 | 0.00 | | | | | | |
| Project Manager for Monitoring Firm N/A | | 1 | Telephor N/A | ne No. | | | none No 924-8 | | | License 01136 | No. | | | | | |
| | Scheduled 6/12/201 | | npletion [| Date (11) | | 1000 WWW. | | A Monitor ABOVE | | | | | | | | |
| Occupancy Status During Abatement (Check | 100 | | ant. | | | Street N/A | Addres | S | | | | | | | | |
| Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe: Work performed during | I Facility F | Hours | | | | City, State, Zip Code N/A | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 1 0.40 | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | arternatures. | nova moliti | | | | × | Min Glo | Containm i-Enclosure vebag Pro- i-Exempte | e cedure | | | | • | | | |
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| Location of | No | rmall | ly | | Des | scription | of | | | | | Ty | ре | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Main Custo | tenar | nce/ | Asbes (i.e. | tos Cont thermal surfa | aining N systems cing, VA niscellar | Material s insula T, or | (ACM) tion, | (8 | mount Specify or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| ± 35% | Yes | No | N/A | | | | | | | | <u>n</u> | 7 | ate | ге | | |
| SWITCHING YARD | | | X | TRAN | ISITE | (encas | sed co | nduit) | 4 | 0 LF | X | | | | | |
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| Name of Registered Waste Hauler VEOLIA | Hauler ID No | | | | | | | | | red Landf | | Н | | | | |
| City, State FLANDERS, NJ | | 1.30 | | | 40CY Dispos TBD | sal Date | | City, Stat | | .E PA, 1 | 9067 | | | | | |
| Completed by AMANDA VALLONE | Title OPER | ATIO | ONS M | ANAGE | S | igrature | e de | No | Un | | Date 5/1/20 | 17 | | | | |

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| ☐ DHSS | Amendm | 377 | | | | | ate, Zip | | | - 3943.1 | Lang | | 1-1 | OCIA | 0114 | J | - | |
| ☐ DCA | ☐ Emerger | | cludin | g | | | nfield, N | | | | | | | | | | | |
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| | ☐ Cancella | ition | | | | lex | Baylor | · | | | | | | | | | | |
| | | | | | F | ACI | ILITY IN | NFOF | RMATION | | | | | | | | | |
| Name of Facility Where A | batement is | Taking | Place | e (3) | | | | | | T | Type of Facility | | | | | | | |
| Verizon | | | | | | | | | | | School (K-1 | | 112 | | | | | |
| Street Address | | | | | | | | | | | ☐ Subchapter ☑ Other (i.e., | 8 (Oth | er than I and con | K-12) nmerc | ial h | iildin | 75 | |
| 1526 West Front Str | reet | | | | | | | | | | homes, etc. | .) | una 0011 | | nui be | and in | , | |
| City (5) | | | | | | | | | | | Square Feet | # 0 | f Floors | 1 | BI | dg. A | ge | |
| Plainfield, NJ | | | | | | | | | | | 10,000 | 3 | 3 | | | 50 | | |
| County (6) | | | | | Co | ounty | Code (7 | 7)(STA | TE USE ONLY |) | Current Use (P | rior if b | eing der | molish | ned) | | | |
| Union | | | | 0-107 | | | | | | | | | | | | | | |
| Name of Monitoring Firm | | | | (8) | ASC | M No | 0. | Nar | me of Abater | nei | nt Contractor (9 |)) | | | | | | |
| USA Environmental | Managaen | nent l | lnc. | | | | | J | VN Restor | ati | on Inc | | | | | | | |
| Street Address | | | | | - | | | Stre | eet Address | | | | | | | | | |
| 8436 Enterprise Ave | enue | | | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | | City | , State, Zip (| Cod | de | | 142.00 | | | | | |
| Philadelphia, PA 19 | | | | | | | | S | taten Islan | nd | NY 10309 | | | | | | | |
| Project Manager for Monit | toring Firm | | | Te | lephor | ne No | 0. | Tele | ephone No. | | | Lic | ense No | D. | | | | |
| Mark Jenkins | enkins 215-365-5810 718-605-6256 00774 | | | | | | | | | | | | | | | | | |
| Start Date (10) 05 /15 / | | Schedi 1 | | | etion I | | A 12 (2.70) | 1000 | ne of OSHA estor Tech | | onitor | | | | | | | |
| Occupancy Status During | Abatement (| Check | only | one) | | | | Stre | eet Address | _ | | | | | | | | |
| ☐ Facility Closed/Vacated | | | | | | | | 10 | 0 59 Jacks | on | Avenue | | | | | | | |
| Abatement Performed | Outside of No | ormal | Facilit | у Но | urs - D | escri | ibe | City | , State, Zip (| Coc | de | | | | | | | |
| Time of Abatement: | AIVI | PIV | 1/5:00 | PM- | 1:30A | M | | L | IC NY 1110 | 1 | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | ************************************** | To. | 2 1 162 101 | | | | | | | |
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| Location of Asbestos-Containing M | 7.0 | | | Norm | ally lely by | , | | | Description | | | | | | | | | |
| TO BE ABAT | | " | Ma | inten | ance/ | | | | Containing M rmal systems | | | 100 | Amount Specify | | Removal | Repair | Encapsulate | Enclosure |
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| (13) | | 1 | Yes | No | 1 | Δ | | oth | er miscellan | eoi | us) | | | | | | late | е |
| Ground Floor, Office 1 | 11 | | | | | 1000 | Floor Ti | ile | | | | 3 | 75 SF | | | П | П | |
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| Name of Registered Waste | e Hauler | | | 1.13 | NJDEF | | 000000000000000000000000000000000000000 | 100 CONT. 100 CO. 100 | ic Yards of | | Name of Regis | stered L | andfill | | | | | |
| Newark Carting | | | | 1 | Hauler NJ- | | NO. | Was | | | G.R.O.W.S | ., Inc. | | | | | | |
| City, State | | | | | .10-1 | 000 | | | osal Date | 1 | City, State | 2000 | | | | | | |
| Hackettstown, NJ | | | | | | | | | 5/20/17 | | Morrișville | PΑ | | | | | | |
| Completed By (Print or Typ | oe) | Title | | | | - | | | Signature/ | / | -/// | | 7 | Date | | | | |
| Ralph Barnhardt | 2 25 | Pr | roject | t Ma | nager | r | | | hill | 6 | fly | 1 | / | 05 | | - 2 | 10/ | 1 |

| CK# 7967+ Co. | NTROL | Roo | M | | | | | | | | | | Pri | nt Form |
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| CK# 8086 - GAR | AGE NOTI | Si FICATION | tate of New N OF ASBE t to NJAC 8 | STOS ABA | | | 11 | | EN I | | | 47 | TIC | |
| Date of Notification (1) 2017 | | Name o | of Building O | wner/Opera | ator (| 2) | | 扩 | <u> </u> | | U | <u>V</u> | 7 | A CONTRACTOR OF THE CONTRACTOR |
| Agencies Notified Type Notification | | | Address HADLEY | ROAD | | | and the same of | 4 | MAY | / - [| 2 20 |)17 | | |
| EPA Initial Amended Amendment | <u>+</u> | City, Sta | ate, Zip Cod H PLAINI | le | 1107 | าดลก | 1 | AC | BEST | 000 | ONE | TDO! | | |
| Emergency (i justification) | | Name o | of Contact | _ | | | - | | lenhad | | | no | L OI | 11 |
| DCA Cancellation | Di (2) | | HN ILITY INFO | BRA | | | | (4) | | | | | - | |
| Name of Facility Where Abatement is Taking | Place (3) | | | | | | of Facility (School (K-1 | 12) | | | | | | |
| Street Address 13 Eisen How | er t | PARK | WAV | , | | X | Subchapter Other (i.e. patc.) | r 8 (Ot private | her tha & com | n K-12 mercia |) I build | lings, | home | es, |
| City (5) ROSELAND | | | 7 | | | 0.0 | e Feet | | of Floor | rs . | 1 | 83 | | 2 S |
| County (6) | | | Code (7) USE ONLY) | | . | Currer | nt Use (Pri | or if be | | | | 17, | 61 | , |
| Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS | wner (8) | ASCI 0045 | M No. | | | | ement Cor | ntracto | r (9) | | | | | |
| Street Address 64 BROAD STREET | | | | 1 7 7 | | ddres | s EHEAD | AVE. | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 | | | p Code VER, N | J 088 | 82 | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telepho | one No. 90-2217 | Te | lepho | ne No 32-83 |). | | | nse No |). | | | |
| Start Date (10) | Scheduled Co | mpletion | Date (11) | Na | ame o | f OSH | A Monitor YSTEM | | | - | 50 | | | |
| Occupancy Status During Abatement (Check | / | 30 | 1201 | Str | reet A | ddres | | | 7 (17) | 11071 | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Mesessaria | al Facility Hou | rs | only | Cit | ty, Sta | ate, Zij | Code VER, N | | 82 | | | | 1000 | |
| Scope of Work (Check All That Apply) | ✓ | | | | П | F. III | Containm | ont wit | h Noge | stine D | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | X Renov | | | | X | Mini Glov | Containm i-Enclosure vebag Pro i-Exempte | e cedure | | | | | e | |
| | Is Loca | | | _ | | | | | | 1,775.27 | T | Abate | 7. | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used So Mainten Custodial (12 | lely by ance/ Staff? | (i.e. ti | Descrip os Containir hermal syst surfacing, other misce | ng Ma tems , VAT | aterial insula , or | | | Amoun Specif F or LF | y | Remova | Repair | Encapsulate | Enclosure |
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| 11 11 | X | | | WIRE SITE I | | | | | 400 | | × | | | |
| GARAGE AREA | × | | TRAN | SITE | P | | E/S | 8 | 00 | 5/= | X | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP V Hauler ID 1125 | No. | Cubic Yard of Waste | ds | | Name of GROW | vec 5% | | andfill | | | | |
| City, State ELIZABETH, NJ | | 1120 | | Disposal D | Date | | City, Stat | | LE P | 'A | | | | |
| Completed by CAROL RAIMO | Title OFFICE | ΜΔΝΔΟ | GER | Signa | | | A. | | | Dat | e 5/ | // | 9 | - |
| CAROL IMINO | OTTICE | IVIAIVAC |)_[(| 6 | 4 Co | l | rae | m | 20 | | 1 | //0 | 101 | |