CIL SEOSIVER

| Date of Notification (1)                       |  |            |                    |            | g Owner/Operator   |                                | 1775                      | / + +  | 0.5     |              |           |
|--|--|------------|--------------------|------------|--------------------|--------------------------------|---------------------------|--|---------|--------------|-----------|
| 5/6/   | 15   | 84         | MS                 | . N.       | DNCY DA            | LYIDOFF                        | · MA                      |  | 20      | 15           |           |
| Agency Notified                                | Type Notification                            |            | Street A           | ddress     | 1                  | *                              |                           |  |         |              |           |
| □ EPA  | Initial                                      |            | 36                 | 6 5        | SHEA DR            | iue                            | ACH                       |  |         |              | !         |
| □ DEP  | ☐ Amended                                    |            |                    | ate, Zip ( |                    |                                | L                         | CĒNSI  | 4:      | - 4-2 ha     | 9         |
| A DOL  | Amendment#                                   |            | N∈                 | M L        | 1. LFORD           | · NJ &                         | 7646                      |  | -       | -            |           |
| Z DOH  | ☐ Emergency (included itustification)        | ng         | Name o             | f Contac   | #                  |                                | Telephone Num             | ber  |         |              |           |
| □ DCA  | ☐ Cancellation                               |            | 45.                | DAS        | VIDOFF             |                                |                           | in the second se | 21 20   |              |           |
|  |  |            |                    |            | ORMATION           |                                |                           |  |         |              |           |
| Name of Facility Where                         | hatement is Taking Pl                        | ace (3)    |                    |            |                    | Type of Facility               | (4)                       |  |         |              |           |
|  |  |            |                    |            |                    |                                |                           |  |         |              |           |
| Street Address                                 | AVIDOFF                                      |            |                    | -          |                    | ☐ School (K-12                 | !)<br>3 (Other than K-12) |  |         |              |           |
|  | - 1 - 19.                                    |            |                    |            | . 4                | -E Other (i.e. pr              | ivate & commercia         | l buildin  | gs,     |              |           |
|  | EA Drive                                     |            |                    | * :        |                    | homes, etc.)                   |                           | T Did-   | A       |              |           |
| City (5) .                                     |  |            |                    |            | ***                | Square Feet                    |                           | Bldg.  |         |              | 4.0       |
| NEW H  | LILFORD                                      |            |                    |            |                    | .2000.                         |                           |  | 0       | 75           | MR        |
| County (6)                                     | 200  |            |                    | Code (7    | ) (STATE USE       |                                | rior if being demoli      | shed)  |         |              |           |
| BERG   | ミス   |            | ONLY               | *:         | -                  | RE.                            | SIDENCE                   | •  | 100     |              |           |
| Name of Monitoring Firm                        | Hired by Building Own                        | er ASC     | CM No.             |            | Name of Abater     | nent Contractor (9             | 9)                        |  |         |              |           |
| (8)  |  |            |                    |            | Best Re            | emoval In                      | ıc                        |  |         |              |           |
| Street Address                                 |  |            |                    |            | Street Address     | ,                              |                           |  |         | - 97         |           |
|  |  |            | 38                 |            | 450 Sout           | th River                       | St                        |  |         |              |           |
| City, State, Zip Code                          |  |            |                    |            | City, State, Zip ( | Code                           | ****                      |  |         |              |           |
|  |  |            |                    |            | Hackensa           | ack , N.                       | 07601                     |  |         |              |           |
| Project Manager for Mon                        | itoring Firm                                 | Telep      | hone No.           | · · · ·    | Telephone No.      | ICK , N.C                      | License No.               |  |         |              |           |
| · · · · · · · · · · · · · · · · · · ·          |  |            |                    |            | 201-329-           | -7444 -                        | 003                       | 88   |         |              |           |
| Start Date (10)                                | Scheduled C                                  | completion | Date (11)          |            | Name of OSHA       | Monitor                        |                           |  |         |              |           |
| 5/21/15  |  | 5/22/      |                    |            | Omega Er           | nvironmer                      | tal Inc                   |  |         |              |           |
| Occupancy Status Durin                         |  |            | . 4                |            | Street Address     | IVIIOIIIIEI                    | ital inc                  |  |         |              |           |
| 79   |  |            |                    |            | 280 Huy1           | er St                          |                           |  |         |              |           |
| ☐ Facility Closed/Vacate ☐ Abatement Performed | d During Entire Period Outside of Normal Far | of Abateme | ent                |            | City, State, Zip ( |                                |                           |  |         |              |           |
| 2 Other - Describe: 7                          | AM TO SPI                                    | 4          | -                  |            | Hackensa           | ack , N.J                      | . 07601                   |  |         |              |           |
| Scope of Work (Check a                         |  |            |                    |            |                    |                                |                           |  |         |              |           |
| D>24>2¥  |  |            | DRend              | vation     |                    | Containment with<br>-Enclosure | Negative Pressure         | 9  |         |              |           |
| ☐ ≥ 3 sf or ≥ 3 lf<br>☐ ≥ 160 sf or ≥ 260 lf   |  |            | ☐ Dem              |            |                    | ebag Procedure                 |                           | (2)  |         |              |           |
| , , , , , , , , , , , , , , , , , , ,          |  |            |                    |            | □ Non-             | Exempted (*) and               | Non-Friable Proc          | edure  |         |              |           |
| •  |  | Is Loc     | ation              |            | 6980               |                                |                           |  |         | atem<br>Type |           |
| Locatio  |  | 1000000    | nally              | ÷          | Description        | of.                            |                           |  | T       | T            | T         |
| Asbestos-Containin                             |  |            | olely by<br>nance/ | Asbe       | stos Containing M  |                                | Amount                    |  |         | m            | m         |
| TO BE AL                                       | BATED  |            | odial              | (ī.e       | , thermal systems  |                                | (Specify<br>SF or LF)     |  | Removal | Encapsulate  | Enclosure |
| IN Fac   | 7  |            | eff?               |            | other miscellan    |                                | SF OF LET                 |  | 370     | ling.        | Insc      |
| (10  | ,  | . (1       | 2)                 |            |                    |                                | · .                       | 1  | -       | 10           | 0         |
| 7 · ·  |  | Yes N      | lo N/A             |            |                    |                                |                           |  |         | _            | _         |
| BASE MEN-                                      | T  |            | ×                  |            | VAT                |                                | 2509                      | 35   | X       |              | 1         |
|  |  |            |                    |            |                    |                                |                           |  |         |              |           |
|  |  |            |                    |            |                    |                                | 10                        |  |         | 1            | 1         |
|  |  | -          | -                  |            |                    |                                |                           |  |         | 1            | 1         |
| Name of Registered Was                         | to Hauler                                    | NIDE       | P Waste H          | auter      | Cubic Yards of     | Name of Regis                  | stered Landfill           |  | - 1     |              |           |
| 10 mg  |  | ID No.     |                    | - Gr61     | Waste              | 1                              |                           |  |         |              |           |
| Best Remo                                      | val Inc                                      | 171        | 09                 |            | 2.72€              | Minerva                        | Enterpr                   | ises   | .LI     | J.C          |           |
| City, State                                    |  | 11/1       | 0,                 |            | Disposal Date      | City, State                    |                           |  |         |              |           |
|  | ck ,N.J. 07                                  | 601        |                    |            | 5/22/15            | .                              | urg ,0h                   | 446  | 88      |              |           |
| Completed by                                   | Title  | UUI        |                    |            | Signature          |                                |                           | Date ,   | 00      |              |           |
| 50.00 NOVE 107                                 |  | 0+0=       |                    |            | 1 NA               | سعمونه                         | 9                         | 5  | 6       | 15           |           |
| J.Maioran                                      | D I ESLII                                    | aLUI       |                    |            | censure exempted   |                                |                           |  |         | _            | _         |

CK 3603

| Date of Notification (1)               |                                    |   |                 |            | Owner/Operator                   |                               | MAY                       | 201          | )      | -           | 1      |
|--|------------------------------------|---|-----------------|------------|----------------------------------|-------------------------------|---------------------------|--------------|--------|-------------|--------|
| 516115                                 |                                    |   | MI              | 2s. t      | CATHY                            | DEY                           | O                         |              |        |             |        |
| Agency Notified                        | Type Notification                  |   |                 | Address    | 1                                |                               |                           |              |        | ٤           |        |
| D FD4                                  | P Initial                          |   |                 |            | WEST D                           | 12                            | ASSEST.                   | V 105        |        |             |        |
| □ EPA<br>□ DEP                         | ☐ Amended                          |   | City, St        | ate, Zip ( | Code                             | 10                            | LIC 20                    | 3 - 11 - 1   |        |             |        |
| JZ DOL                                 | Amendment#                         | _                                       | SH              | fort       | Code .                           | . MJ.                         | 01018                     |              |        |             |        |
| A DOH                                  | Emergency (incluing justification) | ding                                    |                 | of Contac  |                                  |                               | Telephone Nur             | mber         |        |             |        |
| □ DCA                                  | ☐ Cancellation                     |   | 1               | IRS.       | DEYO                             |                               |                           | _            |        |             | 110000 |
|  |                                    |   | FACIL           | LITY INF   | ORMATION                         |                               |                           |              |        |             |        |
| Name of Facility Where                 | Abatement is Taking P              | face (3)                                |                 |            |                                  | Type of Facility              | (4)                       |              |        |             |        |
|  |                                    |   |                 |            | 18                               |                               |                           |              |        |             |        |
|  | , DEYO                             |   |                 |            |                                  | ☐ School (K-1:                | 8 (Other than K-1)        | 2) .         |        |             |        |
| Street Address                         | -150-                              | 0                                       |                 |            |                                  | Da Other (i.e. p              | rivate & commerci         | ial building | js,    |             |        |
|  | ONEST D                            |   |                 | -          |                                  | homes, etc.                   | # of Floors               | Bldg. /      | Age    |             | _      |
| City (5)                               | Ra Hill                            |   |                 |            | •                                |                               |                           |              | 54     |             | 1      |
| SHO                                    | ia Hill                            | S                                       |                 |            |                                  | 2500.                         |                           |              | 3.7    |             | 144    |
| County (6)                             | 74                                 |   |                 |            | (STATE USE                       |                               | rior if being demo        | lished)      |        |             |        |
| ESS                                    | EX                                 |   | ONLY            | •          |                                  |                               | Jen CE                    | - + -        |        | 1           |        |
| Name of Monitoring Firm                |                                    | ner ASC                                 | M No.           |            | Name of Abater                   | nent Contractor (             | 9)                        |              |        | 1           |        |
| (8)                                    |                                    |   |                 |            | Best Re                          | emoval I                      | nc fol                    |              | Tr.    | 1           |        |
| Street Address                         |                                    |   |                 |            | Street Address                   |                               | 1 51                      | *            | 57     |             |        |
|  |                                    |   | 53              |            | 450 Sout                         | th River                      | St                        | A            |        | -           |        |
| City, State, Zip Code                  |                                    |   |                 |            | City, State, Zip (               | Code                          | 1四个1                      |              | -1547  | - 1         |        |
| Oxy, Otate, 22p Over                   |                                    |   |                 |            | Hackana                          | ack N                         | T 07601                   |              |        | =           |        |
| Project Manager for Mo                 | olimina Firm                       | Telep                                   | hone No.        | · ·        | Telephone No.                    | ICK , IV.                     | J. 07601<br>  License No. | 20           | 1      | =           |        |
| Project Manager for Mo                 |                                    | 1.000                                   |                 |            | 201-329-                         |                               | 003                       | 388          | 1      | =           |        |
| Start Date (10)                        | Schodulad                          | Completion                              | Date (11)       |            | Name of OSHA                     | Monitor                       |                           | 77           | : 5 5  | 71          |        |
| 5 29 1                                 |                                    | 5/301                                   |                 |            | Omega Er                         | nvironme                      | ntal Înc                  |              | -1     | _           |        |
| Occupancy Status Durin                 |                                    |   | - 3             |            | Street Address                   | IVII OIIMC.                   | i di inc                  | 1            |        | 11          |        |
|  |                                    |   |                 |            | 280 Huy                          | ler St                        |                           |              |        | _           |        |
| ☐ Facility Closed/Vacat                | ed During Entire Perior            | d of Abateme                            | ent             |            | City, State, Zip                 |                               |                           |              |        |             |        |
| Abatement Performe                     | du To Te                           | M HOUIS                                 | ā               |            | 1,500                            | ack , N.                      | J. 07601                  |              |        |             |        |
| Scope of Work (Check                   |                                    |   |                 |            |                                  |                               | ,                         |              |        |             |        |
|  | in their depty)                    |   | - Para          | ovation    |                                  | Containment with<br>Enclosure | Negative Pressu           | ire          |        | 50          |        |
| ₽23sfor≥3lf                            |                                    |   | □ Den           |            | ₽ Glov                           | rebag Procedure               |                           | •            |        |             |        |
| □ ≥ 160 sf or ≥ 260 lf                 |                                    |   |                 |            | ☐ Non                            | -Exempted (*) an              | d Non-Friable Pro         | cedure       | ** **  |             | -      |
|  |                                    | le Lo                                   | cation          |            |                                  |                               |                           | 1            | Abat   | eme<br>ype  | nt     |
|  |                                    | 1 | nally           | 1 :        |                                  |                               |                           | Ì            | Τ΄     | T           | Г      |
| . Locat                                |                                    |   | olely by        | Acto       | Description<br>stos Containing M | of<br>laterial (ACM)          | Amount                    |              | _      | m           | -      |
| Asbestos-Containi TO BE A              | ng Material (ACM)                  |   | nance/<br>odial | (i.e       | . thermal system                 | s insulation,                 | (Specify                  | ,            | Remova | Encapsulate | nc     |
| IN Fa                                  |                                    | 1 2                                     | ##?             | '          | surfacing, VA                    | T, or                         | SF or LF                  | 1            | Repair | nec         | nso    |
| (1                                     | 3)                                 | . (1                                    | 2)              |            | other miscellan                  | ieous)                        |                           |              | B .    | ate         | 10     |
| · ·                                    |                                    | Yes N                                   | lo N/A          | 1          |                                  |                               |                           |              |        |             |        |
| 0101 =                                 |                                    | 165                                     |                 |            | LAIAL INSU                       | LATION                        | 351                       | -F           | X      |             |        |
| CARAGE                                 |                                    |   |                 | THEN       | MAC 11030                        | 44(10)                        | 00                        | -            |        | T           | T      |
| 1.44                                   |                                    |   |                 | 1          |                                  |                               |                           |              |        | 1           | 1      |
|  |                                    |   |                 |            |                                  |                               |                           | `*           | +      | +           | +      |
| i                                      | • •                                |   |                 |            | *                                |                               |                           |              |        | 1           |        |
| Name of Registered W                   | aste Hauler                        | 1                                       | P Waste         | Hauler     | Cubic Yards of                   | Name of Reg                   | istered Landfill          |              |        |             |        |
| Best Remo                              |                                    | ID No                                   |                 |            | Waste                            | 1                             | D .                       |              | тт     | C           |        |
| best kemo                              | NAT THE                            | 171                                     | .09             |            | 1426                             |                               | a Enterp                  | cises        | ىلىل.  | U           | _      |
| City, State                            |                                    |   |                 |            | Disposal Date                    | City, State                   | a                         | 2 200-       |        |             |        |
|  |                                    |   |                 |            | 5/30/1                           | Wavnes                        | burg ,0h                  | 446          | 88     |             |        |
| Hackenes                               | ack N.I. O                         | 7601                                    |                 |            |                                  | 1   Wayiies                   | DULE , OH                 | 1 - 1 -      |        | 7 - 11 - 1  |        |
|  | ack ,N.J. 0                        | 7601                                    |                 |            | Signature /                      | )   Waynes                    | Durg , on                 | Date .       |        | , v         | _      |
| Hackensa<br>Completed by<br>J. Maioran | Title                              | 7601<br>mator                           |                 |            | Signature /                      | Disnon                        | 3                         | Date .       | 6)     | 13          | 5      |

EGETVEF CK S604

| Date of Notification (1)                       |  |                 | Name                          | of Buildin | g Owner/Operator                   | (2)                           | W.F                      |                          | 1 2    | (UI)       |             |           |
|--|--|-----------------|-------------------------------|------------|------------------------------------|-------------------------------|--------------------------|--------------------------|--------|------------|-------------|-----------|
| 5/6  | 15   |                 | M                             | S.T        | EKG SI                             | KKA PIT                       | S                        |                          |        |            |             | 1         |
| Agency Notified                                | Type Notification  |                 | Street                        | Addrage    |                                    |                               |                          | -1                       |        |            | 300         | -         |
| □ EPA  | ☐ fnitial  |                 | 20                            | o Mi       | STY MO                             | WIATU                         | RS ASSILO                | The state of             |        |            | - i w 1     | ž         |
| DEP  | ☐ Amended  |                 | City, S                       | tate. Zip  | Code / .                           |                               | Market of a contrast of  | There I will have a pure |        |            | anti-chem s |           |
| ₽ DOL  | Amendment#   |                 | 15                            | AND        | oclt.                              | NJ. O                         |                          |                          |        |            |             |           |
| <b>№</b> рон                                   | <ul> <li>Emergency (including items is included in items is included in items is included in items in items is included in items is included in items in items is included in</li></ul> | ng              | Name                          | of Contac  | zi .                               |                               | I Telephone Nun          | nber                     |        |            |             |           |
| □ DCA  | ☐ Cancellation   |                 | MS                            | 5. S       | KRA PITS                           | Z                             | , ,                      |                          | _      |            |             |           |
|  |  |                 | FACI                          | LITY INF   | ORMATION                           |                               |                          |                          |        |            |             |           |
| Name of Facility Where                         | Abatement is Taking Pla  | če (3)          |                               | •          |                                    | Type of Facility              | v (4)                    |                          |        |            |             |           |
| Me   | . SKRAPIT  | ~               |                               |            |                                    | ☐ School (K-1                 | 21                       |                          |        |            |             |           |
| Street Address                                 | 8  |                 |                               |            |                                    |                               | 2)<br>8 (Other than K-12 | 2)                       |        |            |             |           |
| 20 Mis   | TY MOUNTAI   | w R             | ^                             |            |                                    |                               | rivate & commercia       | al buildir               | ıgs,   |            |             |           |
| City (5) .                                     | 17 115010  | - 10            | <del></del>                   |            |                                    | homes, etc.                   |                          | Bldg.                    | Age    | -          |             | _         |
| - PANDO  | · 04   |                 |                               |            |                                    | 2500                          |                          |                          |        | a          | es          |           |
| 0 : 4 .00                                      |  |                 | Count                         | Code (7    | ) (STATE USE                       |                               | rior if being demol      | Same Marie               | '      | -          |             |           |
| County (6)                                     | 11.0   |                 | ONLY)                         |            | , (01.21.2002                      |                               | DEN CE                   |                          |        |            |             |           |
| Name of Monitoring Firm                        |  | - LASC          | M No.                         |            | Name of Abatem                     |                               |                          |                          |        |            | _           |           |
| (8)  | rited by building Own  | 1 700           | 101 110.                      |            |                                    |                               | 45                       |                          |        |            |             |           |
| Street Address                                 |  |                 |                               |            | Street Address                     | emoval I                      | nc                       |                          |        |            |             | _         |
| Street Address                                 |  |                 | 123                           |            | 450 Sout                           | h Dizon                       | C+                       |                          |        |            |             |           |
| City, State, Zip Code                          |  |                 |                               |            | City, State, Zip C                 |                               | - S L                    |                          |        |            |             | _         |
| City, State, Zip Code                          |  |                 |                               |            |                                    |                               | T 07/01                  |                          |        |            |             |           |
| Project Manager for Mor                        | itorina Erro   | Tolonh          | one No.                       |            | Hackensa<br>Telephone No.          | ick , N.                      | J. U/6UI                 | -                        | -      |            |             |           |
| Project manager for mor                        | impini Lann  | relepii         | one no.                       |            | 201-329-                           |                               | 003                      | 88                       |        |            |             |           |
| Start Date (10)                                | Scheduled Co   | moletion [      | Pata (11)                     |            | Name of OSHA                       |                               | 1 003                    | -                        |        |            |             |           |
| 5/26/15  |  | 27/13           | 50.00 per 10.00 per 10.00 per |            | Omega En                           |                               | . + - i T                |                          |        |            |             |           |
| Occupancy Status Durin                         |  |                 |                               |            | Street Address                     | VIIOIIIIe                     | Ital IIIC                |                          |        |            | _           | -         |
|  | •  |                 |                               |            | 280 Huyl                           | er St                         |                          |                          |        |            |             |           |
| ☐ Facility Closed/Vacate ☐ Abatement Performed |  |                 | nt                            |            | City, State, Zip C                 |                               |                          |                          | _      |            |             | -         |
| Other - Describe: 7                            |  | ity i rouis     | -                             |            | Hackensa                           |                               | 1. 07601                 |                          |        |            |             | 3         |
| Scope of Work (Check a                         | If that apply)   |                 |                               |            |                                    |                               |                          |                          |        |            |             |           |
| Dr≥3sfor≥3lf                                   | 1.7.73   | 5               | Ren Ren                       | ovation    | Full C                             | Containment with<br>Enclosure | Negative Pressur         | e                        |        |            |             |           |
| □ ≥ 160 sf or ≥ 260 lf                         |  |                 | □ Den                         |            | Z Glove                            | ebag Procedure                |                          | #5                       |        |            |             | 27        |
|  |  |                 |                               | ,          | □ Non-                             | Exempted (*) an               | d Non-Friable Proc       | edure                    | I AI   | bate       |             |           |
|  |  | Is Loca         | ation                         |            | 4                                  |                               |                          |                          | A      | Typ        | -           | π         |
| Locati   | an of  | Norm<br>Used So |                               | -          | Description of                     | of                            |                          |                          |        |            | T           |           |
| Asbestos-Containir                             | g Material (ACM)   | Mainten         |                               |            | stos Containing Ma                 | aterial (ACM)                 | Amount                   |                          | -      | Repair     | 9           | m         |
| TO BE A  | all the same of th       | Custo           |                               | (i.e       | ., thermal systems                 |                               | (Specify<br>SF or LF)    |                          | mes    | Rej        | Sab         | nclo      |
| IN Fa  |  | Stat            |                               |            | surfacing, VAT<br>other miscellane |                               | SF GI LT                 |                          | Remova | balr       | Sule        | Enclosure |
| ("   | ,  | . (12           | .)                            |            |                                    | ,                             |                          |                          | -      |            | 6           | 0         |
| /  | -  | Yes No          | N/A                           |            |                                    |                               |                          |                          |        | $\vdash$   | -           |           |
| BASEMENT                                       | -  |                 |                               | THER       | MAL SYSTEM                         | in subation                   | 85 L                     | ?                        | ×      | $\Box$     | _           |           |
|  |  |                 |                               |            |                                    |                               |                          |                          |        |            |             |           |
|  |  |                 |                               |            |                                    |                               | *                        | ٠,                       |        |            |             |           |
|  |  |                 |                               |            | *                                  |                               |                          |                          |        |            |             |           |
| Name of Registered Wa                          | ste Hauler   | NJDEF           | Waste I                       | lauler     | Cubic Yards of                     | Name of Regi                  | stered Landfill          |                          |        | 27 ( 3-11) |             |           |
| Best Remo                                      | val Inc  | ID No.          |                               |            | Waste                              |                               | -                        |                          | -      | т С        |             |           |
| Debt Remo                                      |  | 171             | 09                            |            | 11/20)                             |                               | a Enterpr                | ıses                     | ٠. ا   | ГC         |             |           |
| City, State                                    |  |                 |                               |            | Disposal Daté                      | City, State                   |                          |                          |        |            |             |           |
| Hackensa                                       | ck , N.J. 07   | 601             |                               |            | 5/27/15                            | Waynesh                       | ourg .Oh                 |                          | 88     | 0          |             |           |
| Completed by                                   | Title  |                 |                               |            | Signature                          | , , ,                         |                          | Date 1                   | , ,    |            | -           |           |
| J.Maioran                                      | o Estima   |                 |                               |            | V                                  | منصممن                        | >                        | 5/                       | 6      | 15         |             |           |
| ASB-41   | * Do not   | use this fo     | rm for as                     | sbestos li | censure exempted                   | activities.                   |                          |                          |        |            |             |           |

Check# 11610

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

| GAC Project # 060-15   |                         |                                     |                    |                          |  |                 |                    |             |          |  |        |         |
|--|-------------------------|-------------------------------------|--------------------|--------------------------|--|-----------------|--------------------|-------------|----------|--|--------|---------|
| Date of Notification (1)  May 6, 20  | 15                      |                                     |                    |                          | Name of Building Owner/<br>RUTGERS, THE ST                         |                 |                    | ERSI        | TY OF    | NJ   |        |         |
| Agencies Notified  EPA  DCA  DOL   |                         | Notification Initial N Amende Emerg | lotificated Notifi | ication#                 | Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code | HEAL            | TH &               | SAF         | ETY [    | EPT.   | 8      |         |
| ☑ DEP- No Longer REQUIRED  |                         | justific                            | -                  |                          | PISCATAWAY, NJ   | 08854           |                    |             |          |  |        |         |
| ⊠ DOH  |                         | ☐ Ćancel                            |                    |                          | Name of Contact MICHAEL SMITH, E HEALTH & SAFETY                   |                 |                    |             | hone N   |  | · M    |         |
|  |                         |                                     |                    | FACILITY INF             |  |                 | -                  |             |          |  |        |         |
| Name of Facility Where Abatement<br>PHARMACY, BLDG# 375  |                         | ng Place (3)                        |                    |                          | Type of Facility (4) School (K-12) Subchapter 8 (other th          | nań K-12        | )                  |             | MA       | Y 1.   | 201    | 5       |
| Street Address BUSCH CAMPUS  |                         |                                     |                    |                          | Other (i.e. private & co   | mmercia         | al buildi          |             | Age:     | 60+ ye   |        |         |
|  | unty (6)<br>MIDDL       | .ESEX                               |                    | Code (7)<br>Jse Only)    | Current Use (prior if being  | g demoli        | ished):            | ACA         |          | LICENS   | il (G  |         |
| Name of Monitoring Firm Hired by Cardno ATC  | Bldg. Ov                | wner (8)                            | ASCM<br>0098       |                          | Name of Contractor (9)   |                 | IT CC              | MCII        | I T A N  | TO INC   |        |         |
| Street Address   |                         |                                     |                    |                          | GREENWOOD ABA  Street Address                                      | IEWEN           | VI CC              | טפאנ        | LIAN     | 15, INC  |        |         |
| 3 TERRI LANE   |                         |                                     |                    |                          | 268 MAIN STREET  |                 |                    |             |          |  |        |         |
| City, State, Zip Code BURLINGTON, NJ 08016   |                         |                                     |                    |                          | City State, ZipCode<br>BUTLER, NJ 07405                            |                 |                    |             |          |  |        |         |
| Project Manager for Monitoring Fin   |                         | Telephone N                         |                    |                          | Telephone Number   |                 |                    | Licens      | se Numb  | er   |        |         |
| BRIAN KEARNY   |                         | 609-386-                            |                    |                          | 973-492-0477   |                 |                    | 0084        | 0        |  |        |         |
| Scheduled Start Date (10)<br>05/15/15  | 100                     | Scheduled 0<br>05/22/15             | Completio          | n Date (11)              | Name of OSHA Monitor 1 ENVIROVISION, INC.                          | <b>C</b> .      |                    |             |          | ¥  |        |         |
| Occupancy Status During Abate  Facility Closed/Vacated During  |                         |                                     |                    | +                        | Street Address   |                 |                    |             |          |  |        |         |
| □Abatement Performed Outside   | ₹//.                    |                                     |                    | ·                        | 20-21 WARGARAW<br>City, State, Zip Code                            | ROAD            |                    |             |          |  |        |         |
| Describe  Other - Describe: Shift Ho   | urs: 5                  | ·00 PM -                            | 5:00 A             | м                        | Oity, State, Zip Code  |                 |                    |             |          |  |        |         |
| Eacher - Describe. Crime 110   |                         | 4 hours a                           |                    |                          | FAIRLAWN, NJ   |                 |                    |             |          |  |        |         |
| Scope of Work (Check all that app  | ly)                     |                                     |                    |                          |  |                 |                    |             |          |  |        |         |
| _  |                         |                                     |                    |                          |  |                 |                    |             | rith Neg | ative Pre  | ssure  |         |
| □ ≥3 sf or ≥3 lf   |                         |                                     |                    | ☑Renovation ☐ Demolition |  | Mini-E          | nclosu<br>ebaq P   |             | 150      |  |        |         |
| ≥ 160 sf or ≥ 26   | II U                    |                                     |                    | ■ Demonition             |  |                 | -                  |             |          | Friable F  | roced  | ure     |
| Location of Asbestos-Containing  |                         | ation Normal                        |                    |                          | pestos Containing Material   |                 | Amount             |             |          | ment Typ   |        |         |
| Material (ACM) in Facility (13)  | Solely<br>Staff?<br>YES | by Maint./Cu<br>(12)<br>NO          | ustodial<br>NA     | VAT, or other mis        | nal systems insulation, surfac<br>cell.)                           |                 | (Specify<br>or LF) | / SF        | Remove   | e Repair   | Encap  | Enclose |
| Rooms 401 & 403  |                         | X                                   |                    |                          | ENCH TOPS  |                 | 400 S              |             | X        |  |        |         |
| Rooms 401 & 403  |                         | X                                   |                    | TSI                      |  |                 | <9 LF              |             |          | -  |        |         |
| Name of Reg. Waste Hauler<br>See Hauler Below #1 & 2   | la B                    | NJDEP Was<br>See Below              |                    | <br> - ID #              | Cubic Yards of Waste:  | 15 CY           |                    |             |          | stered La<br>North                                   |        | FIII    |
| Hauler #1) Greenwood Abatemen<br>NJDEP # 28969<br>Hauler #2) S TG – 58 Pyles Lane,<br>NJ DEP # 20990 |                         |                                     |                    | NJ 07405                 |  | Dispos<br>05/22 | 2/15               |             |          | City, Sta<br>100 New<br>Rd. Mor<br>19067<br>215-736- | Ford I | 7.5     |
| Completed by (Print or Type)  RAYMOND C. PEDALING  |                         | tle<br>ENIOR P                      | RU IEC             | `T                       | Signature  | , , ,           |                    | <u>Date</u> | March    | 6, 201   | 5      |         |
| ICAT MORD G. PLDALING  | 9 (250)                 | LNIORF                              |                    |                          | Raymand C. Fe  | dalin           | 0                  |             | nai oii  | 0, 201   | ~      |         |

Chack# 11608

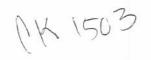
### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

| GAC Project # 000-15  |                  |                               |           |                       |  |                            |        |          |  |            |         |
|---|------------------|-------------------------------|-----------|-----------------------|--|----------------------------|--------|----------|--|------------|---------|
| Date of Notification (1)  May 5, 201                                  | 5                |                               |           |                       | Name of Building Owner/ RUTGERS, THE S                       |                            | VERSI  | TY OF    | NJ   |            |         |
| Agencies Notified  EPA  DCA   | 1                | Notification Initial N Amende | Votifica  |                       | Street Address ENVIRONMENTAL 27 ROAD 1, BLDG                 | HEALTH                     | & SAF  | ETY D    | EPT.                                       | 3          |         |
| ☑ DOL ☑ DEP- No Longer REQUIRED                                       |                  | ■ Emerging justific           |           | ncluding              | City, State, Zip Code<br>PISCATAWAY, NJ                      | 08854                      |        |          |  |            |         |
| ⊠ DOH   |                  | □ Cancel                      |           |                       | Name of Contact MICHAEL SMITH, E HEALTH & SAFETY             |                            |        | hone Nu  | _  | 7 F        |         |
|   |                  |                               |           | FACILITY INF          |  | <u>.</u>                   | 1 Char | 10/1 1   |  | 7 45       | 7 11 1  |
| Name of Facility Where Abatement LABOR EDUCATION CEN                  |                  |                               | 6109      |                       | Type of Facility (4)  School (K-12)                          | (< 40)                     |        | MAY      | 1 1 2                                      | 015        |         |
| Street Address COOK CAMPUS  |                  |                               |           |                       | Subchapter 8 (other the Source of Sq. Feet: N/A              |                            |        |          |  | ars        | -       |
|   | nty (6)<br>IIDDL | ESEX                          |           | Code (7)<br>Use Only) | Current Use (prior if bein                                   |                            | 1/100  | ilo      |  | I was been |         |
| Name of Monitoring Firm Hired by B                                    | ldg. Ow          | vner (8)                      | ASCM      |                       | Name of Contractor (9)                                       |                            |        |          |  |            |         |
| Cardno ATC  |                  |                               | 0098      |                       | GREENWOOD ABA  | TEMENT C                   | ONSU   | LTANT    | S, INC                                     |            |         |
| Street Address 3 TERRI LANE   |                  |                               |           |                       | Street Address   |                            |        |          |  |            |         |
|   |                  |                               |           |                       | 268 MAIN STREET  |                            |        |          |  |            |         |
| City, State, Zip Code BURLINGTON, NJ 08016                            |                  |                               |           |                       | City State, ZipCode<br>BUTLER, NJ 07405                      |                            |        |          |  |            |         |
| Project Manager for Monitoring Firm                                   | 1 ]              | Telephone N                   |           |                       | Telephone Number   |                            | Licens | se Numbe | <u>er</u>                                  |            |         |
| BRIAN KEARNY  |                  | 609-386-                      |           |                       | 973-492-0477   |                            | 0084   | 0        |  |            |         |
| Scheduled Start Date (10)<br>05/29/15                                 |                  | Scheduled C<br>06/01/15       |           | n Date (11)           | Name of OSHA Monitor ENVIROVISION, INC                       | С.                         |        |          |  |            |         |
| Occupancy Status During Abatem  |                  |                               |           |                       | Street Address   |                            |        |          |  |            |         |
| □ Abatement Performed Outside   |                  |                               |           | ıt                    | 20-21 WARGARAW<br>City, State, Zip Code                      | ROAD                       |        |          |  |            |         |
| Describe  Other – Describe: Shift Hou                                 | re: 5:           | 00 PM _                       | 5·00 A    | м                     | City, State, Zip Code  |                            |        |          |  |            |         |
| Elouidi - Describe. Office Flou                                       |                  | hours a                       |           |                       | FAIRLAWN, NJ   |                            |        |          |  |            |         |
| Scope of Work (Check all that apply                                   | )                |                               |           |                       |  |                            |        |          |  |            |         |
| ≥ 3 sf or ≥ 3 lf  |                  |                               |           | ▼Renovation           |  | Full Contai<br>Mini-Enclos |        | ith Nega | tive Pres                                  | ssure      |         |
| <ul> <li>≥ 3 st of ≥ 3 ft</li> <li>≥ 160 sf or ≥ 260</li> </ul>       | ) If             |                               |           | □ Demolition          |  | Glovebag                   |        | ıre      |  |            |         |
|   |                  |                               |           |                       | 1 <u>2000</u>  | Non-Exempt                 |        |          | riable P                                   | rocedu     | re      |
| Location of Asbestos-Containing<br>Material (ACM) in Facility (13)    |                  | ation Normal by Maint./Cu     |           |                       | pestos Containing Material<br>nal systems insulation, surfac | ing, (Spec                 |        | Abatem   | ent Type                                   |            |         |
| material (Nom) in Facility (10)                                       | Staff?           |                               | NA        | VAT, or other mis     |  | or LF)                     |        | Remove   | Repair B                                   | Encap i    | Enclose |
| Room 118  |                  | X                             |           | VAT                   |  | 1600                       | SF     | X        |  |            |         |
|   |                  |                               |           |                       |  |                            |        |          |  |            |         |
| Name of Reg. Waste Hauler   | 1                | NJDEP Was                     | te Hauler | ID#                   | Outin Vanda - SM - 4   | 20 CV                      | Name   | of Regio | tered Lar                                  | ndfill     |         |
| See Hauler Below #1 & 2   | 11.5             | See Below                     |           |                       | Cubic Yards of Waste:  | 20 CY                      |        |          | North I                                    |            | ill     |
| Hauler #1) Greenwood Abatement  | Consul           | tants, Inc. –                 | Butler, I | NJ 07405              |  | Disposal D                 |        |          | City, State                                |            |         |
| NJDEP # 28969<br>Hauler #2) S TG – 58 Pyles Lane, N<br>NJ DEP # 20990 | vew Cas          | stle, De 1972                 | 0         |                       |  | 06/01/15                   |        | F<br>1   | 100 New<br>Rd. Morri<br>19067<br>215-736-1 | isville,   | 17777   |
| Completed by (Print or Type)  | Titl             |                               |           |                       | Signature  |                            | Date   |          | 13-130-                                    | 1700       |         |
| RAYMOND C. PEDALINO   | SE               | ENIOR PI                      | ROJEC     | т                     | Raymond C. Fe  | dalino                     | N      | /lay 5,  | 2015                                       |            |         |

Chak# 11609

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

GAC Project # 060-15 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ May 6, 2015 Street Address Agencies Notified Notification Type ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DEPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS D DCA □Amended Notification # City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 2015 MAY **BUSCH CENTRAL HEATING PLANT, BLDG# 3540** School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years County Code (7) City (5) County (6) (State Use Only) Current Use (prior if being demolished): ACADEMIC HEATING PLANT **PISCATAWAY** MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number 609-386-8800 BRIAN KEARNY 973-492-0477 00840 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 05/15/15 05/22/15 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ■ Mini-Enclosure  $\geq$  3 sf or  $\geq$  3 lf Demolition Glovebag Procedure ≥ 160 sf or ≥ 260 lf ■Non-Exempted (\*) and Non-Friable Procedure Description of Asbestos Containing Material Location of Asbestos-Containing Is Location Normally Used Amount Abatement Type (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO NA YES Room 103 X TSI <9 LF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 28969 05/22/15 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP# 20990 215-736-1700 Date Completed by (Print or Type) Raymand C. Pedalino SENIOR PROJECT March 6, 2015 RAYMOND C. PEDALINO MANAGER



| Date of Notification (1)<br>4-28-2015   |                         |  |                               | ilding Owne                             |   | (2      | ")                                 | G                                       | P              | FR                                   |              |           |             |           |
|---|-------------------------|--|-------------------------------|---|---|---------|------------------------------------|---|----------------|--------------------------------------|--------------|-----------|-------------|-----------|
| Agencies Notified Type Notification   |                         |  | eet Addr<br>Dodd              |   |   |         |                                    |   | 5              | VCE                                  | N            | 7         |             |           |
| EPA Initial  DEP X Amended  Amendment # 1   |                         |  |                               | Zip Code<br>ld, NJ 070                  | 003   |         |                                    | 01                                      | /              | , =                                  |              |           |             |           |
| Emergency (including justification)  DCA  Emergency (including justification)  Cancellation   | ng                      |  | me of Co<br>assand            | ontact<br>Ira Davis                     |   |         |                                    |   | Tele           | phone Number                         | r            |           |             |           |
|   |                         | -  | FACILIT                       | Y INFORM                                | ATION   | _       |                                    |   |                | 30                                   |              |           |             | _         |
| Name of Facility Where Abatement is Taking Place<br>Commercial  | (3)                     |  |                               |   |   |         | ☐ Sch                              | facility (4)<br>ool (K-12)<br>chapter 8 | (Othe          | er than K-12)                        | 4            |           |             |           |
| Street Address 59 Dodd Street   |                         |  |                               |   |   | 1       | ➤ Othetc.                          | er (i.e. priv                           | vate 8         | commercial to Floors                 | 14           | gs, h     |             |           |
| City (5)<br>Bloomfield, NJ 07003  |                         |  |                               |   |   |         | Square F<br>2949                   |   | 2              |                                      | 90-          |           | -           |           |
| County (6)<br>Essex   |                         |  | ounty Co                      | de (7)<br>E ONLY) _                     |   |         | Daycar                             | re upsta                                | irs/ s         | ng demolished<br>storage &me         | i)<br>echa   | nica      | bas         | er        |
| Name of Monitoring Firm Hired by Building Owner   | (8)                     |  | ASCM N                        | No.                                     | Name  | e e     | of Abaten<br>n Enviro              | nent Contr<br>onmenta                   | actor<br>al Se | <sup>(9)</sup><br>rvices, LLC        |              |           |             |           |
| Street Address  |                         |  |                               |   | 1000000000  |         | Address<br>/irginia                | Avenue                                  |                |                                      |              |           |             |           |
| City, State, Zip Code   |                         |  |                               |   |   |         | tate, Zip (<br>ey City,            | Code<br>NJ 0730                         | )4             |                                      |              | ,         |             |           |
| Project Manager for Monitoring Firm   |                         | T  | elephone                      | e No.                                   |   |         | one No.<br>333-885                 | 55                                      |                | License No. 01174                    |              |           |             |           |
|   | eduled (                | Comp                                     | pletion D                     | ate (11)                                | 1.323.55  | 7.77    | of OSHA<br>e as ab                 |   |                |                                      |              |           |             |           |
| 7 00 20 10  |                         |  |                               | -                                       |   |         | Address                            |   |                |                                      |              |           |             | $\neg$    |
| Occupancy Status During Abatement (Check Online Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Other – Describe: Mingrid Moval | d of Aba                | ours                                     | ent<br>repair                 | r-000p                                  | city,   | , S     | State, Zip                         | Code                                    |                |                                      |              |           |             |           |
| Scope of Work (Check All That Apply)   ≥3 sf or ≥3 If  ≥160 sf or ≥260 If   |                         | novat<br>noliti                          |                               |   |   |         | Mini-<br>Glov                      | Enclosure                               | edure          | th Negative Pr<br>e<br>nd Non-Friabl |              |           | e           |           |
|   | Is Lo                   | acati                                    | 00                            |   |   |         |                                    |   |                |                                      | 1            |           | ment<br>pe  |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Used<br>Maint<br>Custoo | rmall<br>Sole<br>tenar<br>dial S<br>(12) | ly<br>ly by<br>nce/<br>Staff? | (i.e. th                                | Descript<br>s Containin<br>ermal syste<br>surfacing,<br>other misce | en<br>V | Material (<br>ns insulat<br>AT, or | ACM)                                    |                | Amount<br>(Specify<br>SF or LF)      | Removal      | Repair    | Encapsulate | Enclosure |
|   |                         | No                                       | N/A                           |   | pipe ins  | rd      | ation                              |   |                | <10 LF                               | X            |           |             |           |
| Basement  | X                       |  | -                             |   | pipe ins  | _       |                                    |   |                | rox 420 LF                           | -            | X         |             |           |
| Basement  | X                       |  |                               |   | hihe III2   | ul      |                                    |   | 277            |                                      |              |           |             |           |
|   |                         |  |                               |   |   |         |                                    |   |                |                                      |              |           |             |           |
| Name of Registered Waste Hauler   |                         | 1  | NJDEP V                       | Vaste                                   | Cubic Yard  | ds      |                                    |   |                | stered Landfill                      |              |           | -           |           |
| Green Environmental Services, LLC   |                         |  | Hauler ID<br>03488            | 20.000000000000000000000000000000000000 | of Waste<br>1   |         |                                    |   |                | North Lar                            | dfill        |           |             |           |
| City, State<br>Jersey City, NJ  |                         |  |                               |   | Disposal 5-1-2015   |         | te                                 | City, Sta<br>Morris                     |                |                                      |              | S2 - 2- 2 |             |           |
| Completed by Liliana Serrano  | Title<br>Office         | Ma                                       | anager                        |   | Signa   |         | ire<br>(ILLC                       | Sera                                    | ea             |                                      | ate<br>-28-2 | 2015      |             |           |

| Date of Notification (1)<br>4-27-2015                    |  |               |               | Name              | of Building              | Owner/             | Operato                                      | r (2)           | 67  | F45 11            |                            | 10         |          |             |           |
|--|--|---------------|---------------|-------------------|--------------------------|--------------------|--|-----------------|---|-------------------|----------------------------|------------|----------|-------------|-----------|
| Agencies Notified  | Type Notification  |               |               |                   | I Teach                  | I Acad             | lemy   |                 | Ŕ,  | #13 Fi            | AV 1                       | 14         | 1        | S           |           |
| □ EPA  |  |               |               |                   | Address<br>odd Stre      | et                 |  |                 |   |                   | 2.1                        |            |          | -           |           |
| DEP<br>× DOL   | Amended Amendment  | #             |               | City, St          | tate, Zip C<br>nfield, N | ode                | 3  |                 |   | ,                 |                            | 1          |          |             |           |
| ▼ DOH<br>□ DCA   | Emergency (<br>justification)<br>Cancellation  | including     |               | Name o            | of Contact<br>andra Da   |                    |  |                 |   | ΙTe               | elephone Nu                | mber       |          |             |           |
|  |  |               |               |                   | CILITY INF               |                    | 1011   |                 |   | 1                 |                            |            |          |             |           |
| Name of Facility Where A                                 | Abatement is Taking  | Place (3)     | )             | TAG               | ILIT INF                 | ORIVIAI            | ION  | Туре            | e of Facility   | (4)               |                            |            | 50       |             |           |
| Street Address<br>59 Dodd Street                         |  |               |               |                   |                          |                    |  | ×               | School (K-<br>Subchapte                               | r 8 (Otl          | ner than K-1<br>& commerc  | 2)         | :1=4:=== | n (2015)    |           |
| City (5)<br>Bloomfield, NJ 0700                          | 13   |               |               |                   |                          |                    |  | Squa            | etc.)<br>are Feet                                     |                   | of Floors                  |            | Bldg.    |             | ies,      |
| County (6)   |  |               |               | County            | Code (7)                 |                    |  | 294<br>Curre    | 9<br>ent Use (Pr                                      | 2<br>ior if be    | ina demolis                |            | 90+      |             |           |
| 100000000000000000000000000000000000000                  |  |               |               | (STATE            | USE ONLY                 | )                  |  |                 |   |                   | g comono                   | (lou)      |          |             |           |
| Name of Monitoring Firm                                  | Hired by Building C  | wner (8)      |               | ASCI              | M No.                    |                    | Name<br>Gree                                 | of Aba          | atement Co<br>nvironme                                | ntracto<br>ntal S | (9)<br>ervices, L          | LC         |          |             |           |
| Street Address   |  |               |               |                   |                          |                    | Street                                       | Addre           |   |                   |                            |            |          |             |           |
| City, State, Zip Code                                    | 0  |               |               |                   |                          |                    | City, S                                      | State, Z        | Zip Code<br>ty, NJ 07:                                |                   |                            |            |          |             |           |
| Project Manager for Moni                                 | itoring Firm   |               |               | Telepho           | one No.                  |                    | Teleph                                       | none N          | lo.   |                   | License N                  | lo.        |          |             |           |
| Start Date (10)<br>4-28-2015                             | ,  | Scheduled     | d Cor         | npletion          | Date (11)                |                    | Name   |                 | HA Monitor  |                   | 01174                      |            |          | -           |           |
| Occupancy Status During                                  | the same of the sa | 4-29-20       |               |                   |                          |                    |  |                 | above   | 243               |                            |            |          |             |           |
| Facility Closed/Vaca                                     |  |               |               |                   |                          |                    | Street                                       | Addre           | SS  |                   |                            |            |          |             |           |
| Abatement Performe Other – Describe:                     | ed Outside of Norma  | al Facility I | Hours         | nent              |                          |                    | City, S                                      | tate, Z         | ip Code   |                   |                            |            |          |             |           |
| Scope of Work (Check Ali                                 | That Apply)  |               |               |                   |                          |                    |  |                 |   |                   |                            |            |          |             |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                   |  |               | nova<br>molit |                   |                          |                    | ×  | Mir<br>Glo      | II Containmeni-Enclosure<br>ovebag Prod<br>n-Exempted | e<br>cedure       |                            |            |          |             |           |
|  |  | Is L          | ocati         | on                |                          |                    |  | 1,0             | II Exemple  | 1 ( ) an          | u Non-Filab                | PIC        | Asia SI  | e<br>ement  |           |
| Location   | 1770 m. arms arms are successed  | No<br>Used    | rmal          |                   |                          |                    | scription                                    |                 |   |                   |                            |            | Ty       | ре          |           |
| Asbestos-Containing I<br>TO BE ABA<br>In Facilit<br>(13) | TED  | Main<br>Custo | tenar         | nce/              | Asbest<br>(i.e.          |                    | aining M<br>systems<br>sing, VA<br>niscellan | insula<br>T, or | (ACM)<br>ation,                                       | (5                | mount<br>Specify<br>or LF) | Remova     | Repair   | Encapsulate | Enclosure |
|  |  | Yes           | No            | N/A               |                          |                    |  | 0000)           |   |                   |                            | val        | 1        | ulate       | ure       |
| Basement/Stora   | age areas  |               | X             |                   |                          | Pipe               | insulat                                      | tion            |   | 42                | 20 LF                      |            |          | ×           |           |
|  |  |               |               |                   |                          |                    |  |                 |   |                   |                            |            |          |             |           |
|  |  |               |               |                   |                          |                    |  |                 |   |                   |                            | -          |          |             |           |
| Name of Registered Waste                                 | e Hauler   |               | N.            | JDEP W            | /aste                    | Cubic              | Yards  |                 | Name of F   | Registe           | red Landfill               |            |          |             |           |
| Green Environmental                                      | Services, LLC  |               |               | auler ID<br>34889 |                          | of Was             |  |                 |   |                   | North Lan                  | dfill      |          |             |           |
| City, State<br>Jersey City, NJ                           |  |               |               |                   |                          | Disposition 4-29-2 |  |                 | City, State<br>Morrisvi                               |                   | Α.                         |            |          |             |           |
| Completed by<br>Liliana Serrano                          |  |               |               |                   |                          |                    | gnature                                      |                 | Ç   |                   | Dat                        | e<br>27-20 | 115      |             |           |
|  |  |               |               | -                 |                          | H                  | 141  | el              | 1 will  | -1le              | 4                          | -1-21      | 110      |             |           |

Check # 9754

| Date of Notification (1)                |  |             |                       |                        |            |         | er / Operator (                 | (2)               | JEH ED  | ,OK # 0   | 7 0-4  |             |           |
|---|--|-------------|-----------------------|------------------------|------------|---------|---------------------------------|-------------------|---|-----------|--------|-------------|-----------|
| A sometime Nightifierd                  | May 6, 2015  |             |                       | _                      | of Amer    | -       |                                 | 1 +65 +           |   |           |        |             |           |
| Agencies Notified                       | Type Notifica  | tion        |                       | Street                 | Address    | i       |                                 | SESE HERV         |   |           |        |             |           |
| □EPA                                    |  |             |                       | 600 F                  | lizabeth   | Avenue  |                                 | GEIS MAT          | AM  :49                                       |           |        |             |           |
| DEP                                     |  |             |                       | 1000 -                 | ···Lubotii | Avenue  | -                               |                   |   |           |        |             |           |
| DOL                                     | ☐ Initia   | l           |                       | City, S                | State & Z  | ip Code |                                 | A                 | CENSING                                       |           |        | _           |           |
| 100000                                  | Ame  | nded        |                       |                        | eth, NJ    |         |                                 | & Lh              | CENSING                                       |           |        |             |           |
| DOH                                     |  | ndment #_   | -0                    |                        | ,          |         |                                 |                   |   |           |        |             |           |
| □DCA                                    | Cano   | ellation    |                       | Name                   | of Conta   | ct      |                                 |                   |   | Telepho   | ne N   | umb         | er        |
|   |  |             |                       | Jim K                  | alafsky    |         |                                 |                   |   |           |        |             |           |
|   |  |             |                       | FA                     | CILITY     | INFO    | RMATION                         |                   |   |           |        |             |           |
| Name of Facility When                   | e Abatement  | is Taking F | Place (3)             |                        |            |         | Type of Facili                  | ity (4)           |   |           |        | _           |           |
| Bank of America                         |  |             |                       |                        |            |         | School (                        |                   |   |           |        |             |           |
| Street Address                          |  |             |                       |                        |            |         | Subchar                         | oter 8 (Other ti  | han K-12)                                     |           |        |             |           |
| 600 Elizabeth Avenue                    | •  |             |                       |                        |            |         | Other (i                        | i.e., private 8   | commercial buildir                            | nas, ho   | me. e  | etc.)       | Í         |
|   |  |             |                       |                        |            |         | Square Feet                     |                   |   | Bldg. Age |        | ,           |           |
| City (5)                                |  |             |                       |                        |            |         | 1,100                           |                   | 1   | 5 5       | 50     |             |           |
| Elizabeth                               |  |             |                       |                        |            |         | Current Use (<br>Bank           | Prior if being of | demolished)                                   |           |        |             |           |
| County (6)<br>Union                     |  |             | ounty Cod<br>SE ONLY  |                        |            |         |                                 |                   |   |           |        |             |           |
| Name of Monitoring Fir                  | rm Hired by B  | uilding Ow  | ner (8)               |                        | ASCM       | No.     | Name of Abat                    | tement Contra     | ctor (9)                                      |           |        | _           |           |
| Environmental Testin                    | ig Consultan   | ts, LLC     | 5000                  |                        | 1          |         | Synatech, Inc                   | c.                | ******** <b>*</b> *************************** |           |        |             |           |
| Street Address 413 North Black Hors     | o Diko   |             |                       |                        |            |         | Street Addres                   |                   |   |           |        |             |           |
| City, State & Zip Code                  | e rike   |             |                       |                        |            |         | 829 Radio Ro<br>City, State & 2 |                   |   |           |        |             |           |
| Runnemede, NJ 0807                      |  |             |                       |                        |            |         |                                 | rbor, NJ 080      | 87  |           |        |             |           |
| Project Manager for Mo<br>Howard Zenobi | onitoring Firm   |             | Te                    | elephone N<br>6-482-13 | Number     |         | Telephone Nu<br>609-296-6916    | ımber             | License Nu                                    |           |        |             |           |
| Scheduled Start Date (                  | 10)  | Scheduled   |                       |                        |            |         | Name of OSH                     |                   |   | 0081      | 1      | _           |           |
| May 16, 201                             | 15   |             | Jun                   | e 17, 2015             |            |         | Synatech, Inc                   |                   |   |           |        |             |           |
| Occupancy Status Duri                   | ing Abatemen<br>d/Vacated Dur  | t (Check o  | nly one)<br>Period of | Abatemer               | nt         |         | Street Addres<br>829 Radio Ro   | - 10              |   |           |        |             |           |
| Abatement Pe                            |  |             |                       |                        |            |         | City, State & 2                 | 17970             |   |           |        | _           |           |
| Other - Descr                           |  |             |                       | 5                      |            |         |                                 | rbor, NJ 080      | 07  |           |        |             |           |
| Facility Occup                          | ied During Ab  | atement     |                       |                        |            |         | Little Egg Ha                   | 1001, 140 0001    | 01  |           |        |             |           |
| Scope of Work (Check                    | Committee of the commit |             |                       |                        |            |         |                                 |                   |   |           |        |             |           |
|   |  |             | _                     |                        |            |         | $\boxtimes$                     | Full Containm     | ent with Negative Pre                         | ssure     |        |             |           |
| ≥3 sf or ≥ 50 lf                        |  |             |                       | Renovation             | on         |         |                                 | Mini-Enclosur     | 5770  |           |        |             |           |
| ≥160 sf or ≥260                         | If   |             |                       | Demolitio              | n          |         |                                 | Glovebag Pro      | cedure  |           |        |             |           |
|   |  |             |                       |                        |            |         |                                 | Non-Exempte       | ed(*) and Non-Friable I                       | Procedu   | ire    |             |           |
|   | tion of  |             |                       | ion Norma              |            |         | Description                     |                   |   |           | atem   | ent         | Type      |
| Asbestos-Contain                        | ing Material (A<br>ABATED  | ACM)        |                       | y Mainten              |            |         | Asbestos-Co                     |                   | Amount (Specify                               | 1         |        |             |           |
|   | acility  |             | Cusic                 | dial Staff             | (12)       |         | Material (/<br>(i.e., thermal   |                   | SF or LF)                                     | _         |        | _           |           |
|   | 3)   |             |                       |                        |            | l i     | insulation, surfa               |                   |   | _         |        | m           | m         |
|   |  |             |                       |                        |            |         | or other misce                  | ellaneous)        |   | Removal   | Repair | Encapsulate | Enclosure |
|   |  |             |                       |                        | 9.7        |         |                                 |                   |   | VOL       | pai    | usc         | OSL       |
|   |  |             | Yes                   | No                     | N/A        |         |                                 |                   |   | <u>a</u>  |        | ate         | le l      |
| Basement Electrical R                   | Room, Men's  | Room,       |                       |                        | · ·        | 01      |                                 |                   |   |           |        | $\vdash$    |           |
| Women's Room, Serv                      | er Room  | 24.00       |                       |                        | Х          | Sne     | etrock with Joi                 | nt Compound       | 230 SF  | X         |        |             |           |
| Basement Server Roo                     | 77.74  |             |                       |                        | Х          |         | Air Ce                          | II                | 2 LF  | X         |        |             |           |
| Name of Registered Wa                   | aste Hauler  |             | NJDEP V<br>Hauler ID  | No.                    | Cubic      | ards of | Waste                           | Name of Reg       | istered Landfill                              |           |        |             |           |
| Synatech, Inc.                          |  | 4-7         | 27                    | 429                    | 15         |         |                                 | Grows Land        | fill  |           |        |             |           |
| City, State                             |  |             |                       |                        | Dispos     | al Date |                                 | City, State       |   |           |        |             |           |
| Little Egg Harbor, NJ                   | 08087  |             |                       |                        | June 1     | 8, 2015 |                                 | Morrisville, F    | ٥٨  |           |        |             |           |
| Completed By Title                      |  |             |                       |                        | Signatu    |         | . 1                             | mornsvine, i      | Date  | _         |        |             |           |
| Di 41                                   |  |             |                       |                        | 1          |         | 11/2                            |                   | A Province                                    |           |        |             |           |
| Diane Aloia                             | Aloia Executive Admin  |             |                       |                        |            | Chil    | and                             |                   | May 6, 2015                                   |           |        |             |           |



### State of New Jersey

| Emergency ,   | NO  |                                      | TION OF ASB<br>Jant to NJAC      |                                |   | CR  | 7 4           | 18314                         | Εn      |         |             |           |
|---|---|--------------------------------------|----------------------------------|--------------------------------|---|---|---------------|-------------------------------|---------|---------|-------------|-----------|
| Date of Notification (1) 5/5/15   |   | Nar<br>Ma                            | ne of Building<br>atthew & Na    | Owner/O                        | perator (2)<br>Ilivan (Pr                                 | ivate Home  |               |                               |         |         |             |           |
| Agencies Notified Type Notification  EPA Initial  |   | Stre                                 | eet Address<br>W Mohawk          |                                |   | L E I   | i na i        | 11 41                         | 1:      | 49      |             |           |
| DEP Amended  DOL Amendment  |   |                                      | r, State, Zip Co<br>tle Egg Harl |                                | 08087   |   | & L           | ČĔKS/K                        | r (     | ě.L     |             |           |
|   |   | Nar<br>Ma                            | me of Contact<br>at              |                                |   |   | Tel           | ephone Nur                    | nber    |         |             |           |
|   |   | - F                                  | ACILITY INF                      | ORMATIO                        | ON  |   |               |                               |         |         |             |           |
| Name of Facility Where Abatement is Takin<br>Matthew & Nancy Sullivan (Private              |   |                                      |                                  |                                |   | pe of Facility (  | 34959<br>5000 |                               |         |         |             |           |
| Street Address<br>36 W Mohawk Dr.   | •   |                                      |                                  |                                | ×   | Subchapter  | 8 (Oth        | er than K-12<br>& commerci    |         | dings,  | home        | es,       |
| City (5)<br>Little Egg Harbor NJ 08087  |   |                                      |                                  |                                | 08770   | quare Feet<br>000+  | # 0           | f Floors                      |         | ildg. A | ge          | <u> </u>  |
| County (6)<br>Ocean   |   |                                      | unty Code (7)<br>ATE USE ONLY    | )                              | 10777   | ırrent Use (Pri<br>OUSE   | or if be      | ing demolish                  | ned)    |         |             |           |
| Name of Monitoring Firm Hired by Building N/A   | Owner (8)   | A                                    | SCM No.                          |                                | Name of A   | Abatement Cor<br>Inc.   | ntractor      | (9)                           |         |         |             |           |
| Street Address  |   |                                      |                                  |                                | Street Add  |   |               |                               |         |         |             |           |
| City, State, Zip Code   |   |                                      |                                  | •                              |   | e, Zip Code<br>erlin NJ 080                                     | 91            |                               |         |         |             |           |
| Project Manager for Monitoring Firm   |   | Tele                                 | ephone No.                       |                                | Telephone<br>856-753                                      |   |               | License N<br>00727            | 0.      |         |             |           |
| Start Date (10) 5/6/15  | Scheduled 5/8/15  | Comple                               | tion Date (11)                   |                                | Name of C   | OSHA Monitor  |               |                               |         |         |             |           |
| Occupancy Status During Abatement (Cher   | ck Only One)  |                                      |                                  |                                | Street Add  | iress   |               |                               |         |         |             |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of Aba   | atement                              |                                  | _                              |   | e, Zip Code   |               |                               |         |         |             |           |
| Scope of Work (Check All That Apply)  |   |                                      |                                  |                                |   | ~   |               |                               |         |         |             |           |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   |   | novation<br>nolition                 |                                  |                                |   | Full Containm<br>Mini-Enclosure<br>Glovebag Pro-<br>Non-Exempte | e<br>cedure   |                               |         |         | e           |           |
|   | le'l c  | cation                               |                                  |                                |   |   |               |                               | T       | Abate   | emen        | t         |
| Location of   | Nor   | mally                                |                                  | Des                            | scription of  |   |               |                               |         | Ту      | ре          |           |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                           | Maint<br>Custod<br>(                                      | Solely benance/<br>lial Staff<br>12) | ? Asbes                          | tos Conta<br>thermal<br>surfac | aining Mate<br>systems ins<br>cing, VAT, on<br>scellaneou | sulation,   | (             | Amount<br>Specify<br>F or LF) | Removal | Repair  | Encapsulate | Enclosure |
|   | Yes   | No N                                 | N/A                              |                                |   |   |               |                               |         |         | O           | 1000      |
| Exterior Siding   |   | +                                    | X                                | Exte                           | rior Sidin  | g   | 11            | 00 SF                         | x       |         |             |           |
|   |   |                                      |                                  |                                |   |   |               |                               |         |         |             |           |
| Name of Registered Waste Hauler   |   | 1.5573                               | EP Waste                         | Cubic                          |   | Name of   | Regist        | ered Landfill                 |         |         |             |           |
| United Containers   |   | 2245                                 | er ID No.<br>59                  | of Was                         |   | G.R.O.  |               |                               |         |         |             |           |
| Elm NJ  | ity, State Disposal Date City, State Morrisville PA 19067 |                                      |                                  |                                |   |   |               |                               |         |         |             |           |

Completed by

Anthony T Perna

Title

President

Date

5/5/15

Signature



# g Emergency &

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

CH-4835

| Date of Notification (1) 5/6/15                                |   |                      |   |                     | Building C            |   |                |                                 | 7F15 W   | EV 1      | 1 714                        |              |         |        |             |           |
|--|---|----------------------|---|---------------------|-----------------------|---|----------------|---------------------------------|--|-----------|------------------------------|--------------|---------|--------|-------------|-----------|
| Agencies Notified  | Type Notification                       |                      | 34 87                                   | Street Ad           | idress<br>st 28th     | St.                                     |                |                                 |  | 1.1.2     | 1 7 kg                       | 1-           | 00      | Š      |             |           |
| EPA DEP DOL  | Initial Amended Amendment               |                      |   |                     | e, Zip Coo<br>ottom N |   | 18             |                                 | Ž.   | 116       | i vari                       | 10           |         |        |             |           |
| DOH DCA  | Emergency ( justification) Cancellation | including            | - 33                                    | Name of<br>Wike     | Contact               |   |                |                                 | V2   | Tele      | phone N                      | umbe<br>.8   |         |        |             |           |
| Name of Facility Where A                                       |   | g Place (3)          |   | FACIL               | ITY INFO              | RMATI                                   | ON             | Туре с                          | of Facility (4                                       | )         |                              |              |         |        |             |           |
| Michael Pagnotta P Street Address                              | rivate Home                             | ¥.                   |   |                     |                       |   |                | S                               | chool (K-12<br>ubchapter 8<br>other (i.e. pr         | (Othe     |                              |              | uildi   | nac    | homo        |           |
| 120 East 28th St.  |   |                      |   |                     |                       |   |                | e                               | tc.)   |           |                              | i Giai D     |         |        |             | 5,        |
| City (5)<br>Ship Bottom NJ 080                                 | 008                                     |                      |   |                     |                       |   |                | Square<br>1000-                 | +  | 2         | Floors                       |              | 35      | ig. Aq | ge          |           |
| County (6)<br>Ocean  |   |                      |   | County C<br>STATE U | code (7)<br>ISE ONLY) | ) (c                                    |                | Currer                          | nt Use (Prio<br>6e                                   | r if beir | ng demoli                    | ished        | )       |        |             |           |
| Name of Monitoring Firm N/A                                    | Hired by Building                       | Owner (8)            |   | ASCM                | No.                   |   |                | of Abate<br>aco In              | ement Cont   | ractor    | (9)                          |              | -1907   |        |             |           |
| Street Address   |   |                      |   |                     |                       | 51                                      |                | Address<br>Box 32               |  |           |                              |              |         |        |             |           |
| City, State, Zip Code  |   |                      |   |                     |                       | •                                       |                | State, Zip<br>t Berlir          | Code<br>NJ 0809                                      | 91        |                              |              |         |        |             |           |
| Project Manager for Mon  | itoring Firm                            |                      |   | Telephor            | ne No.                |   |                | none No<br>753-98               |  |           | License<br>00727             |              |         |        |             |           |
| Start Date (10)<br>5/6/15                                      | -                                       | Scheduled<br>5/11/15 | d Com                                   | pletion [           | Date (11)             |   | Name<br>Sam    | -                               | A Monitor  |           |                              |              |         |        |             |           |
| Occupancy Status During  | g Abatement (Chec                       | k Only One           | e)                                      | ·                   |                       |   | Street         | Addres                          | S  |           |                              | 1000         |         |        |             |           |
| Facility Closed/Vaca<br>Abatement Perform<br>Other – Describe: | ed Outside of Norn                      |                      |   |                     |                       |   | City, S        | State, Zij                      | p Code   |           |                              |              | _       |        |             |           |
| Scope of Work (Check A   | II That Apply)                          |                      |   |                     |                       |   |                |                                 |  |           |                              |              |         |        |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                           |   | 7 7                  | enovat<br>emoliti                       |                     |                       |   |                | Min<br>Glo                      | Containme<br>i-Enclosure<br>vebag Proc<br>i-Exempted | edure     |                              |              |         |        | a           |           |
|  |   | le le                | Locati                                  | on                  |                       |   |                | i NOI                           | FEXCHIPIEG   | () air    | a Non-i ii                   | labic        |         | Abate  | ment        |           |
| Location   | n of                                    | N                    | ormali                                  | у                   |                       | De                                      | scription      | n of                            |  |           |                              | -            | _       | Ту     | ре          |           |
| Asbestos-Containing TO BE AB. In Facil (13)                    | Material (ACM)<br>ATED<br>lity          | Mair                 | f Solel<br>ntenar<br>odial S<br>(12)    | nce/                |                       | tos Con<br>thermal<br>surfa             | taining I      | Material<br>is insula<br>AT, or |  | (5        | mount<br>Specify<br>F or LF) |              | Removal | Repair | Encapsulate | Enclosure |
| Exterior S   | Siding                                  | 110                  | X                                       |                     | Evte                  | rior Si                                 | dina           |                                 | 19   | 00 SF     | ×                            |              |         |        |             |           |
| Exterior c   | Jiding                                  | + +                  |   | ^                   |                       | LATO                                    | 1101 01        | unig                            |  |           |                              | -1"          |         |        |             |           |
|  |   |                      |   |                     |                       |   |                |                                 |  |           |                              |              |         |        |             |           |
|  |   |                      |   |                     |                       |   |                |                                 |  |           |                              | 1            |         |        |             |           |
| Name of Registered Was   | ste Hauler                              |                      | 111111111111111111111111111111111111111 | JDEP W              |                       | 100000000000000000000000000000000000000 | Yards          |                                 | Name of F  | Registe   | ered Land                    | dfill        |         |        |             |           |
| United Containers  |   |                      | 10000                                   | auler ID<br>2459    | No.                   | of Wa                                   |                |                                 | G.R.O.\  |           |                              |              |         |        |             |           |
| City, State<br>Elm NJ  |   |                      |   |                     | •                     | 5/11/                                   | sal Date<br>15 | 9                               | City, State<br>Morrisvi                              |           | A 19067                      | 7            |         |        |             |           |
| Completed by<br>Anthony T Perna                                |   | Title<br>Presid      | dent                                    |                     |                       | 8                                       | Signatur       | E                               |  |           |                              | Date<br>5/6/ | 15      |        |             |           |

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Mock 13871 (Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1)                   |  |  |                  |                           | f Building                    |         | Operator       | (2)     |                               |                |   | 2.0      | l (    |        |             |           |
|--|--|--|------------------|---------------------------|-------------------------------|---------|----------------|---------|-------------------------------|----------------|---|----------|--------|--------|-------------|-----------|
| 5/6/15                                     | T ==   |  |                  | The state of the state of | k Acade                       | emy     |                |         | FEB EST                       | 3 B<br>2 B     | EM L                                    | . /      |        |        |             |           |
| Agencies Notified                          | Type Notification                            |  |                  | Street A<br>91 Sou        | <sup>ddress</sup><br>uth Orar | nae Av  | enue           |         |                               |                | . 24 t E                                |          |        |        |             |           |
| EPA<br>DEP                                 | X Initial Amended                            |  | -                |                           | ite, Zip Co                   |         | Ondo           |         | <u> </u>                      |                | - 11                                    | s is i   | _      |        |             |           |
| × DOL                                      | Amendment #                                  |  |                  |                           | ston, NJ                      |         | 9              |         | £ [.]                         | Uh i.          | 146                                     | W la     |        |        |             |           |
| ■ DOH                                      | Emergency (i justification)                  | ncluding   |                  |                           | f Contact                     |         |                |         |                               | Tel            | ephone N                                | Numbe    | er     |        |             |           |
| DCA  | Cancellation                                 |  |                  |                           | Stephen                       |         | ION            |         |                               |                |   |          | _      |        |             | _         |
| Name of Facility Where                     | Abatement is Taking                          | Place (3   | )                | FACI                      | LITTINE                       | JKIVIAI | ION            | Туре    | e of Facility (               | 4)             |   |          |        |        |             |           |
| Elevator Motor Roo                         | om   |  |                  |                           |                               |         |                | ×       | School (K-1                   | 2)             |   |          |        |        |             |           |
| Street Address                             |  |  |                  |                           |                               |         |                |         | Subchapter<br>Other (i.e. p   |                |   |          | utilo  | linas  | home        | 20        |
| 91 South Orange A                          | venue  |  |                  |                           |                               |         |                | Ш       | etc.)                         |                |   | i Giai L |        |        |             | 55,       |
| City (5)<br>Livingston                     |  |  |                  |                           |                               |         |                |         | are Feet<br>000               | 2              | f Floors                                |          | 7<br>7 | ldg. A | ge          |           |
| County (6)                                 |  |  |                  | County (                  | Code (7)                      |         |                |         | ent Use (Prid                 |                | na demo                                 | lished   |        |        |             |           |
| Essex                                      | 1  |  |                  | (STATE                    | USE ONLY                      |         |                | 200000  |                               |                |   |          | 5.0    |        |             |           |
| Name of Monitoring Firm                    | n Hired by Building C                        | wner (8)   |                  | ASCN                      | ΛNo.                          |         |                |         | atement Cor<br>ironmenta      |                |   |          |        |        |             |           |
| Street Address                             |  |  |                  |                           |                               |         |                | Addre   |                               | i Seiv         | ices, Li                                |          |        |        |             |           |
|  |  |  |                  |                           |                               |         |                |         | 183, 4 E G                    | ate D          | rive                                    |          |        |        |             |           |
| City, State, Zip Code                      |  |  |                  |                           |                               |         |                |         | Zip Code                      |                |   |          |        |        |             |           |
|  |  |  |                  |                           |                               |         |                |         | d, NJ 074                     | 18             |   |          |        |        |             |           |
| Project Manager for Mor                    | nitoring Firm                                |  | Telepho          | ne No.                    |                               |         | hone 1<br>764- |         |                               | License<br>703 | e No.                                   |          |        |        |             |           |
| Start Date (10)                            |  |  |                  | npletion                  | Date (11)                     |         | Name           | of OS   | SHA Monitor                   |                |   |          |        |        |             | -         |
| 5/16/15                                    |  | 6/16/15  |                  |                           |                               |         |                |         |                               |                |   |          |        |        |             |           |
| Occupancy Status Durin                     |  | 67 VO 2000   |                  |                           |                               |         | Street         | Addre   | ess                           |                |   |          |        |        |             |           |
| Abatement Perform                          | ated During Entire P<br>ned Outside of Norma |  |                  |                           |                               |         | City. S        | State 2 | Zip Code                      |                |   |          |        |        |             |           |
| Other - Describe:                          |  |  | -                |                           |                               |         | ,,             |         |                               |                |   |          |        |        |             |           |
| Scope of Work (Check A                     | All That Apply)                              | Was-V  |                  |                           |                               |         |                |         |                               |                |   |          |        |        |             |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf     |  | The Contract of the Contract o | enova            |                           |                               |         | F              |         | ull Containme                 |                | Negativ                                 | e Pres   | sur    | е      |             |           |
| 2100 \$1 01 2200 11                        |  |  | emolit           | ion                       |                               |         |                | ≤ G     | ini-Enclosure<br>lovebag Prod | cedure         |   |          |        |        |             |           |
|  |  |  | 20.3.200700      | 400                       |                               |         | L              | _ N     | on-Exempted                   | d (*) an       | d Non-Fr                                | iable l  |        | 0.02   | e<br>emen   | +         |
| Location                                   | a of   |  | Locati<br>Iormal |                           |                               | D-      |                |         |                               |                |   |          |        |        | pe          |           |
| Asbestos-Containing                        | Material (ACM)                               |  | d Sole           |                           |                               | tos Con |                | Materia | al (ACM)                      | А              | mount                                   |          |        |        | т           | _         |
| TO BE AB<br>In Faci                        |  | Verification 201   | odial S          |                           | (i.e.                         |         | I system       |         | lation,                       |                | Specify<br>or LF)                       |          | Remova | Repair | ncap        | Enclo     |
| (13)                                       |  |  | (12)             | _                         |                               | other   | miscella       | neous   | )                             |                | . 1000000000000000000000000000000000000 |          | EVC    | oair   | Encapsulate | Enclosure |
|  | No   | N/A  |                  |                           |                               |         |                |         |                               |                |   |          | ė      | 35     |             |           |
| roof                                       |  |  |                  | Х                         |                               | pipe    | insula         | ation   |                               |                | 3 LF                                    | х        |        |        |             |           |
| auditor                                    | ium  |  |                  | Х                         |                               | popo    | corn ce        | eiling  |                               | 5              | SF                                      |          |        | X      |             |           |
|  |  |  |                  |                           |                               |         |                |         |                               |                |   |          |        |        |             |           |
|  |  |  |                  |                           |                               |         |                |         |                               |                |   |          |        | - 76   |             |           |
| Name of Registered War<br>Freehold Cartage | ste Hauler                                   |  | Н                | JDEP W<br>auler ID        |                               | of Wa   | Yards<br>ste   |         | Name of I                     |                |   |          |        |        |             |           |
|  |  |  | 15               | 5939                      |                               | 10      |                |         | Western                       |                | ve rano                                 | ш        |        |        |             |           |
| City, State<br>Freehold NJ                 |  |  |                  |                           |                               | Dispo   | sal Date       |         | City, State<br>Birdsbo        |                | A 1950                                  | 8        |        |        |             |           |
| Completed by                               |  |  |                  |                           |                               |         |                | e /     |                               |                |   | Date     |        |        |             |           |
| A. Scott Higgins                           |  |  |                  |                           |                               |         |                | D       |                               | _              |   | 5/6/1    | 5      |        |             |           |

#### Check#2181

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| TIFICATION OF ASBESTOS ABATEMENT |         |        |  |
|----------------------------------|---------|--------|--|
| (Pursuant to NJAC 8:60 and 5:16) | 12 + 1- | 1 m 25 |  |

| Date of Notification (1)   |  |  |                | Nan                | ne of Build    | dina Ow  | vner/Op  | erator (2       | ')                    | - 1. 10  |                                    |             |        |             |           |
|--|--|--|----------------|--------------------|----------------|--|----------|-----------------|-----------------------|----------|------------------------------------|-------------|--------|-------------|-----------|
| 05(  | )6   | 15   |                |                    |                |  |          |                 |                       |          | AL CALL FOR                        |             |        |             |           |
|  | ype Notificati   |  |                |                    | issa Hov       |  |          |                 | 11                    | 12 17.2  | Y II LE                            | : 0         |        |             |           |
|  | ype Notificati<br>₹ Initial  | IOH  |                |                    | et Addres      |  |          |                 |                       |          |                                    | 200         |        |             |           |
|  | Amended  |  |                | person.            | Orchard S      | The state of the s |          |                 | 1 1                   | -        | real and                           | Me          |        |             |           |
| X DHSS   | Amendmer   | nt #   |                |                    | , State, Z     |  |          |                 |                       |          | I DEFIN                            | G           |        |             |           |
|  | Emergency  |  | ng             |                    | neck, NJ       |  | 5        |                 |                       |          |                                    |             |        |             |           |
| (NJAC 5:23-8)  | justification  |  |                | Nan                | ne of Con      | tact   |          |                 |                       |          | elephone Num                       | rer         |        |             |           |
|  | Cancellatio  | n n  |                | Mel                | issa Hov       | vard   |          |                 |                       | 1        | C100-1CL-10                        |             |        |             |           |
|  |  |  |                | F                  | ACILITY        | INFO   | RMAT     | ION             |                       |          |                                    |             |        |             |           |
| Name of Facility Where Ab  | atement is Ta  | iking Pla  | ce (3)         |                    |                |  |          |                 | Type of Faci          | lity (4) |                                    |             |        |             |           |
| Private house  |  |  |                |                    |                |  |          |                 | School (H             |          |                                    |             |        |             |           |
| Street Address   |  |  |                | _                  |                |  |          |                 |                       |          | Other than K-1 2<br>ate and commer |             | ildina | c           |           |
| 43 Orchard Street  |  |  |                |                    |                |  |          | Ì               | homes, e              |          | ate and comme                      | CIAI DU     | nanig  | 3,          |           |
| City (5)   |  |  |                |                    |                |  |          |                 | Square Feet           | t I      | # of Floors                        | Bi          | dg. Ag | je          | =8724,53  |
| Teaneck, NJ 07666  |  |  |                |                    |                |  |          |                 |                       |          |                                    |             |        |             |           |
| County (6)   |  |  |                | Co                 | unty Code      | (7) (STA   | ATE USS  | ONLY)           | Current Use           | (Prior   | if being demolis                   | shed)       |        |             | _         |
| Bergen   |  |  |                |                    |                |  |          |                 |                       |          |                                    |             |        |             |           |
| Name of Monitoring Firm H  | ired by Buildi   | ng Owne  | r (8)          | ASC                | M No.          | Na   | ame of   | Abateme         | ent Contracto         | r (9)    |                                    |             |        |             | -         |
| De003  |  |  |                |                    |                | Gr   | Tech     | LLC             |                       |          |                                    |             |        |             |           |
| Street Address   |  |  |                |                    |                |  | treet Ac |                 |                       |          |                                    |             |        |             |           |
|  |  |  |                |                    |                | 57   | 6 Vall   | ey Rd#          | 2.83                  |          |                                    |             |        |             |           |
| City, State, Zip Code  |  | to Control of the Con |                |                    |                |  |          | te, Zip Co      |                       |          |                                    |             |        |             |           |
| - 22   |  |  |                |                    |                | W  | avne ]   | NJ 0747         | 70                    |          |                                    |             |        |             |           |
| Project Manager for Monito   | ring Firm  |  | Te             | eleption           | ne No.         |  | elephon  |                 |                       |          | License No.                        |             |        |             |           |
|  |  |  |                |                    |                | 97   | 3-638-   | 1777            |                       |          | 01127                              |             |        |             |           |
| Start Date (10)  | S  | cheduled   | Comp           | letion             | Date (11)      | 1000   |          | OSHA N          | lonitor               |          | 01127                              |             | -      |             |           |
| 05/15/   | 15   | 05   | 1              | 16                 | / 15           | En   | wirowi   | cion Co         | nsultants,In          |          |                                    |             |        |             |           |
| Occupancy Status During A  |  |  |                |                    |                | 14/13  | treet Ac |                 | iisuitaiits,iii       | 10       |                                    |             |        |             |           |
| ▼ Facility Closed/Vacated  |  |  |                |                    |                | 00000  |          |                 | Road, Bldg            | . # 25   | E                                  |             |        |             |           |
| Abatement Performed C  | outside of No  | rmal Fac   | ility Ho       | urs - E            | escribe        |  |          | te, Zip Co      |                       | , .# 33  | E                                  |             |        |             |           |
| Time of Abatement:   | AM   | PM/  | P              | W                  | AM             |  |          | n, NJ 0         |                       |          |                                    |             |        |             |           |
| Scope of Work (Check all the   | hat apply)   |  |                |                    |                | l a  |          |                 |                       | aminat   | ion with negativ                   | e press     | sure   |             |           |
| 20 Exercise 10 Exe |  |  |                |                    |                |  |          | Full Con        | tainment with         |          |                                    |             |        |             |           |
| >3 sf or >3 lf > 160 sf or >260 lf   |  | 200000   | Renov<br>Demol |                    |                |  | V        | Mini-Enc        | losure<br>a Procedure | Пте      | ent with Negative                  | Press       | sure   |             |           |
|  |  |  | 2011101        | cion               |                |  | Ď        | Non-Exe         | mpted (*) and         | d Non-   | Friable Procedu                    | ге          | 1      |             |           |
|  |  |  |                | cation             |                |  |          |                 | 7-11-1                |          |                                    | Ab          | atem   | ent Ty      | /pe       |
| Location o   |  |  |                | nally              |                |  |          | cription c      |                       |          |                                    |             | _      |             |           |
| Asbestos-Containing Ma<br>TO BE ABAT   |  |  |                | olely by<br>nance/ |                |  |          |                 | terial (ACM)          |          | Amount                             | em          | Repair | nca         | nck       |
| IN Facility  | and the second s | C  |                | al Staff           | ?              | (I.e., L   |          | ing. VAT        | insulation,<br>or     |          | (Specify<br>SIF or LF)             | Removal     | air    | psu         | Enclosure |
| (13)   |  |  | (1             | 2)                 |                | C  |          | iscellane       |                       |          | topical and the control            | <u>m</u>    |        | Encapsulate | e e       |
|  |  | Ye   | s N            | 0 N                | /A             |  |          |                 |                       |          |                                    |             |        |             |           |
| Basement   |  |  |                | X                  | Pipe           | insulat  | tion     |                 |                       | 80       | ) LF                               | $\boxtimes$ |        |             |           |
|  |  |  | T              |                    |                | - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3  |          | 0.00011238-0.00 | ZEN 5-10;             |          |                                    |             |        |             |           |
|  |  |  |                |                    |                |  |          |                 |                       |          |                                    |             |        | ] [         | 1         |
|  |  |  | L              |                    |                |  |          | -               |                       | *        |                                    |             | Ш      | Ш           | Ш         |
|  |  |  |                |                    | ]              |  |          |                 |                       |          |                                    |             |        |             |           |
| Name of Registered Waste   | Hauler   |  | -              | NUDER W            | laste Hauler I | D No Cu  | ubic Yan | ds of Was       | te Name of F          | Registe  | red Landfill                       |             |        |             |           |
| Gr Tech LLC  |  |  |                | 0033               | 3785           |  | TBD      | )               | T.R.R.F.              | Inc      |                                    |             |        |             |           |
| City, State  |  |  |                | 0000               | 100            | D  | isposal  |                 | City, State           |          |                                    |             | -      |             |           |
|  |  |  |                |                    |                |  | - 15     |                 | 65-0                  |          |                                    |             |        |             |           |
| Wayne, NJ 07470 Completed By (Print or Type  | 20)  | Title  |                |                    |                |  | TBD      |                 | Tullytown             |          | 4 15                               | ate         |        |             |           |
|  | <i>JC</i>  | 1000000  |                |                    |                |  | Sigi     | nature          | entre .               | 6        |                                    |             |        |             |           |
| N.Jevtic   |  | Owner  |                |                    |                |  |          |                 | eurc v                | verr     | 05                                 | /06/2       | 015    |             |           |

P00

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120) MAY

CHECK # 87%

| Date of Notification (1)  | <del>., ., .</del>              |  |  | Nama                                   | 6 Bulletine C            |   | 465                     | -                              |           |                                 |                |          |                   | _         |
|---|---------------------------------|--|--|--|--------------------------|---|-------------------------|--------------------------------|-----------|---------------------------------|----------------|----------|-------------------|-----------|
| 5   | 16/15                           |  |  | Name of                                | f Building Ov<br>チヒア をいて | ner/Operal  | 10F(2)                  | En                             |           | APP                             | ROWE           | <u> </u> |                   | -7        |
| Agencles Notified   | Type Notification               |  |  |  |                          |   | man water -             |                                | 12        | Phyolylcall                     | 165            | enior    | Servi             | ces       |
| □ EPA   | 🖾 Initial                       |  | 1                                      | 70                                     | ddress<br>9 KING         | -5 25900  | HO                      | ~                              | 1-14      | AN C. Figure                    | 100/           | 10       | 1                 | _         |
| DEP<br>DOL  | Amended Amendmen                | #  | _                                      | City, Sta                              | ale, Zip Code<br>PEFIEL  | ترمير م   | 0                       | 7057                           | Dator     | 5/6/15                          |                | ne:      | :40               | AA        |
| E DOH   | ☐ Emergency (<br>justification) |  | -                                      |  | Contact                  |   |                         |                                | Te        | lephone Num                     |                | - nau    |                   | 111       |
| □ DCA   | ☐ Cancellation                  | 1  |  |  | 46756                    |   |                         |                                |           | -                               |                |          | 'عر -             |           |
| Name of Facility Where A  |                                 | g Place (3)  |  | FACI                                   | LITY INFOR               | MATION  | Type                    | of Facility                    | (4)       |                                 | -              |          |                   |           |
| BLEWLER   |                                 |  |  |  |                          |   |                         | School (K-1                    |           |                                 |                |          |                   |           |
| Street Address  | · · · · · · · · · · · · ·       |  | ************************************** | ************************************** |                          | -   |                         | Subchapter                     | B (Othe   | er than K-12                    | 1              |          |                   |           |
| 709 kinas   | CHUM HON                        |  |  |  | W-01****                 |   |                         | etc.)                          | rivale a  | k commercia                     | I PHIIC        | ings,    | nome              | s,        |
| City (5)<br>RUPOSE FLAN   | ,                               |  |  |  |                          | M. U.   | Squa                    | re Feet<br>1600                | #0        | f Floors                        | 5              | Bldg. A  | ge<br>O           |           |
| County (6)  |                                 |  |  | County (                               | Code (7)<br>USE ONLY)    |   | Curr                    | ent Use (Pri                   | or if bei | ng demolishe                    | ed)            |          | Vicentrialis i in | MM        |
| Name of Monitoring Firm   | Hired by Building (             | Owner (8)  |  | ASC                                    | M No.                    |   |                         | atement Cor<br>ntracting Inc   |           | (9)                             | Of Salar sweet |          |                   |           |
| Street Address  | <del>1.1.1</del>                |  |  |  | 440                      |   | eel Addre<br>35 Vreelar |                                |           |                                 |                |          |                   |           |
| City, State, Zip Code   |                                 |  |  |  |                          |   | y, State, 2             |                                |           |                                 |                |          |                   |           |
| Project Manager for Moni  | itoring Firm                    |  |  |  |                          |   |                         | rk, NJ 0743                    | 2<br>     | T                               | <u> </u>       |          |                   |           |
|   | anany) and the state of         |  | 1                                      | Telep                                  | hone No.                 |   | ephone N<br>01-262-5    |                                |           | License No<br>00156             | ١,             |          |                   |           |
| Start Date (10)   | 15                              | Schedule   | od Colf                                | s //s                                  | Date (11)                |   |                         | HA Monitor                     |           | es Inc.                         |                |          |                   |           |
| Occupancy Status During  El Facility Closed/Vaca  Li Abatement Performe | ited During Entire I            | Period of A  | bateme                                 | ent                                    |                          | . 28  | eet Addre               | Street                         |           |                                 |                |          |                   |           |
| ☐ Other - Describe:   |                                 | -  | -                                      |  |                          |   |                         | 4 NJ 07606                     |           |                                 |                |          |                   |           |
| Scope of Work (Check A  | ll That Apply)                  | The Country of the Co |  |  |                          | · · · · · · · · · · · · · · · · · · ·                   | - Indian                |                                |           |                                 |                |          |                   |           |
| 조 25 5 or 22 5 0 F<br>다 21 50 5 f or 22 5 0 F                           |                                 |  | enovati<br>emolitic                    |  |                          | annicolor .   | Min<br>Glo              | i-Enclosure<br>vebag Proc      | edure     | Negative Pro                    |                |          |                   |           |
|   |                                 | ls   | Locati                                 | άη                                     |                          |   |                         | to be considered to the second |           |                                 |                | Abat     | emen              | t         |
| Location  |                                 | 1  | d Sole                                 | ly                                     |                          | Descrip   |                         |                                |           |                                 | -              | 7        | /pe               |           |
| Asbestos-Containing<br><u>TO BE AB</u><br>In Facil<br>(13)              | ATED                            | Ma   | Intenar<br>odial S<br>(12)             | nce/                                   | (i.e. t)                 | s Containir<br>remal syste<br>surfacing,<br>other misca | ems insul<br>VAT, or    | ation,                         | (         | Amount<br>Specify<br>F or L.F.) | Removal        | Rapair   | Encapsolate       | Enclosure |
|   |                                 | Yes  | No                                     | N/A                                    |                          |   |                         |                                |           |                                 | ral l          | ir<br>ir | light.            | une Gard  |
| CROWL SPA   | -64                             |  |  | X                                      |                          | fla   | 1/2                     |                                | -         | 15LF                            | X              |          |                   |           |
| BASERBAT  |                                 |  |  | ×                                      |                          | pes.  | المريد                  |                                |           | 124                             | X              |          |                   |           |
|   |                                 |  |  |  |                          |   |                         |                                |           |                                 |                |          |                   |           |
|   |                                 |  |  | -                                      |                          |   | *****************       |                                |           |                                 | 1_             |          |                   |           |
| Name of Registered Was<br>Newark Carting, Inc                           | te Hauler                       |  |  | JDEP W<br>auler ID<br>04509            | No.                      | Cubic Yards<br>of Waste                                 |                         | 1                              |           | red Landfill<br>nlehem Land     | fill Co        | mo.      |                   |           |
| City, State, Zip Code<br>Newark, NJ 07105                               |                                 |  |  |  |                          | Disposal De   | le<br>S ciu             | City, Stat                     | e, Zip C  |                                 | +              |          |                   |           |
| Completed by<br>R. McDonald   | 1112                            | Title<br>Preside   | ant                                    | 1416                                   |                          | Signat  |                         | n Jones                        | ed (      | Dgt                             | * 5~           | 161      | 15                |           |

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

| 5 . 65  |   | II                        |                           |  |   |             |          |        |
|---|---|---------------------------|---------------------------|--|---|-------------|----------|--------|
| Date of Notification (1) May 6, 2015  |   | Name of Bui               | lding Owner/Ope<br>Cyntl  | erator (2)<br>nia Miller   | 1 / 1 ( ) ( ) ( ) ( )                                     | 5.60        | 心際       | 1      |
|   | tion<br>Notification<br>nded Notification | Street Addres             | 640 E                     | Beacon Avenue  | MAY   | 1 1 201     |          |        |
| [x] DOL Amer  | ndment #<br>gency (including              | City, State, Z            |                           | hwood, NJ 08722  | ASILLA  |             | , -      | 7/     |
| I A I DOII  | ication)<br>ellation                      | Name of Cor               | tact<br>Cynthia Miller    |  | elephone Number   |             | 1.8      |        |
|   | EA  | CILITY INF                | ODMATION                  |  |   |             |          |        |
| Name of Facility Where Abatement is Taking Residence  |   | CILITINE                  | ORMATION                  | Type of Facility (4)   | School (k-12)   |             |          |        |
| Street Address 505 Borrie Avenue  | e   |                           |                           | [ ]<br>[x]   | Subchapter 8 (oth<br>Other (i.e., private<br>homes, etc.) |             |          | dings, |
| City  | County (6)                                | County Code<br>(STATE USE |                           | Square feet<br>2000 sf   | # of Floors   | Bldg. Ag    | ge<br>60 |        |
| Brielle   | Monmouth                                  |                           |                           | Current Use (Prior if Residen  |   |             |          |        |
| Name of Monitoring Firm Hired by Building (N/A  | Owner (8)                                 | ASCM No.                  | Name o                    | f Abatement Contractor   |   | Inc         |          |        |
| Street Address  |   |                           | Street A                  | Address  | oute 9, Unit 61   |             |          |        |
| City, State, Zip Code   |   |                           | City, St                  | ate, Zip Code  | iver, New Jers  |             | _1271    |        |
| Project Manager for Monitoring Firm   | Telephone Number                          | r                         | 11                        | one Number<br>49-9932  | License N<br>00624  |             | ,        |        |
| Scheduled Start Date (10)   | Scheduled Comple                          | tion Date (11)            |                           | f OSHA Monitor   | L. Analytical   |             |          |        |
| Occupancy Status During Abatement (Check  |   |                           | Street A                  |  | s. Tillary trour  |             |          |        |
|   | d During Entire Period of Ab              |                           |                           | 1056 St  | elton Road  |             |          |        |
| Abatement Performed ( Other – Describe  | Outside of Normal Facility H              | lours                     | City, St                  | ate, Zip Code<br>Piscatav  | way, New Jerse  | ev 08854    |          |        |
| Scope of Work (Check all that apply)  |   |                           | [                         | ] Full Containment   |   |             |          |        |
| F 1   | r 1 =                                     | 102                       | [                         | ] Mini-Enclosure   |   |             |          |        |
| $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$ | [ X ] Renov                               |                           | [ x                       | Glovebag Procedu Non-Exempted (*   |   | Procedure   |          |        |
|   |   | T                         |                           | 28   |   | Abateme     | nt Type  |        |
| Location of   | Is Location                               |                           | Descripti                 |  |   | R R         | Е        | Е      |
| Asbestos-Containing Material (ACM)  | Normally used<br>Solely by                |                           | Asbestos-Co<br>Material ( |  | Amount<br>(Specify SF                                     | E E         | N        | N      |
| TO BE ABATED  | Maintenance/Custodia                      | 1                         | (i.e., thermal            | \$ 100 A | or LF)  | IVI A       | CA       | C<br>L |
| in facility   | Staff                                     |                           | insulation, s             |  |   | O I R       | P        | 0      |
| (13)  | (12)                                      |                           | VAT,<br>other miscel      |  |   | V R         | S        | SU     |
|   | YES NO N/A                                |                           | other miscer              | imicous)   |   | L           | L<br>E   | R<br>E |
| Exterior house  | X   | Asbestos                  | siding                    |  | 2200 sf   | X           |          |        |
| Exterior garage   | X   | Asbestos                  | siding                    |  | 600 sf  | X           |          |        |
|   |   |                           |                           |  |   |             | -        | -      |
| Name of Registered Waste Hauler   | NJDEP Waste Haule                         | er ID No.   Cu            | bic Yards of Wa           | ste Name of Register   | red Landfill  |             |          |        |
| Guardian Contracting, Inc.  | 20223                                     |                           | 4                         | T.R.R.F.   |   |             |          |        |
| City, State Toms River, New Jersey  | 5/12                                      |                           | City, S<br>Tully          | <sup>tate</sup><br>town, Pennsylvania  |   |             |          |        |
| Completed by (Print or Type) Nicholas Fernicola   | Title<br>Project Manager                  | Signature                 | U4.                       | $\mathcal{A}$  |   | Date 5/6/15 |          |        |

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1)  |   | N                                 | 0 (0                      | . (2)                                |  |                 |        |          |        |
|---|---|-----------------------------------|---------------------------|--------------------------------------|--|-----------------|--------|----------|--------|
| 5/6/2015  |   | Name of Building                  | Seneca<br>Seneca          | rator (2)<br>a Homes, LLC            | - 10 PF  | <del>} (1</del> | 16     | 食り       | 1      |
|   | ation<br>al Notification<br>nded Notification | Street Address                    | 920 W                     | est Kennedy Blvd                     | 1 (5 115 11  | !!              | V.     | 1.7      |        |
| [x] DOL Ame   | ndment #<br>rgency (including                 | City, State, Zip Co               |                           | ood, NJ 08701                        | · MAY  | 1 7 2           | 2015   |          | الليا  |
| [ 1 ] DOIL  | fication)<br>cellation                        | Name of Contact<br>Eli Fr         | eidman                    | Т                                    | elephone Number  |                 | 1      | . 3.     | -      |
|   | FA  | CILITY INFORM                     | IATION                    |                                      |  |                 | -      |          |        |
| Name of Facility Where Abatement is Taking Residence  | Place (3)                                     |                                   |                           | Type of Facility (4)                 | School (k-12)  |                 |        |          |        |
| Street Address 1460 Canterbury I  | Road  |                                   |                           | [ ]<br>[x]                           | Subchapter 8 (oth<br>Other (i.e., privat<br>homes, etc.) |                 |        | ial buil | dings, |
| City  | County (6)                                    | County Code (7)<br>(STATE USE ONL | ν)                        | Square feet<br>900 sf                | # of Floors  | Bldg.           |        |          |        |
| Lakewood  | Ocean   | (STITLE ODD ONE                   | ^/                        | Current Use (Prior if                |  | )               |        | 50       |        |
| Name of Monitoring Firm Hired by Building   | Owner (8)                                     | ASCM No.                          | Name of                   | Residen Abatement Contractor (       | (9)  |                 |        |          |        |
| N/A<br>Street Address   |   |                                   | Street Ad                 |                                      | n Contracting,   | Inc.            | -      |          |        |
| City, State, Zip Code   |   |                                   | City, Stat                | 1889 Ro<br>e, Zip Code               | oute 9, Unit 61  |                 |        |          |        |
| Project Manager for Monitoring Firm   | Telephone Number                              |                                   |                           | 1250 87                              | iver, New Jerse  |                 | 55-1   | 271      |        |
| Scheduled Start Date (10)   |   |                                   | 732-34                    | 9-9932                               | 00624  | umber           |        |          |        |
| 5/7/15  | Scheduled Complete 5/8/15                     | tion Date (11)                    | Name of                   | OSHA Monitor<br>E.M.S.I              | L. Analytical  |                 |        |          |        |
| Occupancy Status During Abatement (Check   X ] Facility Closed/Vacated  | only one)<br>d During Entire Period of Aba    | atement                           | Street Ad                 |                                      | elton Road   |                 |        |          |        |
| Abatement Performed   | Outside of Normal Facility H                  | ours                              | City, Stat                | e, Zip Code                          |  |                 |        |          |        |
|   |   |                                   |                           | Piscatav                             | way, New Jerse   | y 0885          | 54     |          |        |
| Scope of Work (Check all that apply)  |   |                                   | [ ]                       | Full Containment v<br>Mini-Enclosure | with Negative Pres                                       | sure            |        |          |        |
| [ ] >3 sf or ≥3 lf  | [ ] Renov                                     | ation                             | [ ]                       | Glovebag Procedur                    | ге   |                 |        |          |        |
| [ X ] ≥160 sf or ≥260 lf  | [ X ] Demol                                   | ition                             | [x]                       | Non-Exempted (*)                     |  | Procedur        | re     |          |        |
|   |   |                                   |                           |                                      | ,  | Abate           | ment ' | Гуре     |        |
| Location of   | Is Location Normally used                     |                                   | Description<br>bestos-Con |                                      | A  | R               | R      | Е        | E      |
| Asbestos-Containing Material (ACM)  | Solely by                                     |                                   | Iaterial (A               |                                      | Amount<br>(Specify SF                                    | E               | E      | N        | N      |
| TO BE ABATED  | Maintenance/Custodial                         | (i.e.                             | , thermal s               | systems                              | or LF)   | M               | P<br>A | C<br>A   | C<br>L |
| in facility   | Staff   | inst                              | lation, sur               |                                      |  | 0               | I      | P        | 0      |
| (13)  | (12)  | oth                               | VAT, or<br>er miscella    |                                      |  | V               | R      | S        | SU     |
| SI CONTRACTOR OF THE PROPERTY | YES NO N/A                                    | Oth                               | er illiseella             | neous)                               |  | A<br>L          |        | L<br>E   | R<br>E |
| Exterior  | X   | Asbestos sidin                    | g                         |                                      | 800 sf   | X               |        |          |        |
|   |   |                                   |                           |                                      |  |                 |        |          |        |
|   |   |                                   |                           |                                      |  |                 |        |          |        |
| Name of Registered Waste Hauler   | NJDEP Waste Hauler                            | ID No.   Cubic Ya                 | rds of Waste              | Name of Register                     | ed Landfill  |                 |        |          |        |
| Guardian Contracting, Inc.  | 20223   | 3                                 |                           | T.R.R.F.                             |  |                 |        |          |        |
| City, State Toms River, New Jersey  |   | sal Date<br>/15/\$5               | City, Sta<br>Tullyto      | te<br>own, Pennsylvania              | ,  |                 |        |          |        |
| Completed by (Print or Type) Nicholas Fernicola   | Title<br>Project Manager                      | Signature                         | cha                       | 17.1                                 | V  | Date 5/6/2      | 2015   |          |        |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.TAC 8:60-7 and 12:120-7

| Date of Notification                            | n (1)                 | (Pursi          |                          |                           |          | 0-7 and $1$ og Owner/0 |                      | - Andrewson Company   | 67 6N F                               |         | T It   | -           |        |
|---|-----------------------|-----------------|--------------------------|---------------------------|----------|------------------------|----------------------|---|---------------------------------------|---------|--------|-------------|--------|
| 5-4-15  | )II (1)               |                 | 1000000                  | am Ro                     |          |                        | peracor              | . (2)   |                                       |         |        | 7           |        |
|   | m                     |                 |                          |                           |          |                        |                      |   |                                       |         |        |             |        |
| Agencies Notified [ ]EPA                        | Type Notifi [X]Initia | 1               |                          | eet Add                   |          | Stree                  | et                   |   | MAY                                   | 1 20    | 15     |             |        |
| [ ]DEP  | Notif                 | ication         | Cit                      | y, Stat                   | ce, Zi   | p Code                 |                      |   |                                       |         |        |             |        |
| [X]DOL  | [ ]Amende<br>Notif    | d<br>ication    | N                        | orth                      | Ber      | gen, NJ                | 7,0704               | 17  | A: 31                                 |         | 11.    | suci<br>Ele |        |
| [X] DOH   |                       |                 |                          | me of Co                  |          |                        |                      | Telephor  | e Number                              | 1,111.2 |        |             |        |
| [ ]DCA  | [ ]EMERGE             |                 | P                        | am Ro                     | osat     | elli                   |                      | Ī   |                                       | 507     |        |             |        |
|   | t ] cancer            | Tacion          | Ш                        | FAC                       | ידד.דייץ | Y INFORMA              | TTON                 |   | S                                     |         |        |             |        |
| Name of Facility Wh                             | nere Abatemen         | t is Tak:       | ing 1                    |                           |          |                        | 11011                | Type of Facil   | ity (4)                               |         |        |             |        |
| Same as above                                   |                       |                 |                          |                           |          |                        |                      | [ ]School   |                                       |         |        |             |        |
| Street Addres                                   |                       |                 |                          |                           |          |                        |                      | [ ]Subchap<br>[X]Other (  | ter 8 (Othe i.e., priva uildings, h   | te & c  | omme   | r-          |        |
|   |                       |                 |                          |                           |          |                        |                      | Square Feet   | # of Floo                             |         | Ldg.   | 27          |        |
| City (5   |                       | County          | (6) I                    | Essex                     |          | County Cod             |                      | 2100<br>Current Use (   | 2                                     |         | 95     |             | )      |
| Name of Monitoring<br>Owner (8)                 | Firm hired b          | y Buildi        | ng                       | ASCM No                   |          |                        |                      | ment Contracto MANAGEMENT   |                                       |         |        |             |        |
| N/A<br>Street Address                           |                       |                 |                          |                           |          |                        | Addres               |   |                                       |         |        |             |        |
| Street Address                                  |                       |                 |                          |                           |          |                        |                      | stopher St  | •                                     |         |        |             |        |
| City, State, Zip Co                             | ode                   |                 |                          |                           |          | 77.00                  | 100                  | Zip Code<br>Lr, NJ 070  | 42                                    |         |        |             |        |
| Project Manager for                             | Monitoring            |                 | elepl                    | hone Nu                   | mber     | 11 - 5                 | one Num              | ber<br>1-8800   | Ī                                     | icense  |        | ber         |        |
| Scheduled Start Dat                             | te (10) Sc            | hed. Com        | plet                     | ion Date                  | e (11)   | ) Name o               | of OSHA              | Monitor   |                                       |         |        |             |        |
| 5-20-15   | March Addition        | Market are some | 21-                      |                           |          | N/A                    |                      |   |                                       |         |        |             |        |
| Month Day Occupancy Status Du                   |                       | Month           | Day<br>k on              |                           | ar       | Street                 | Addres               | g   |                                       |         |        |             | -      |
| [X]Facility Cl<br>of Abateme                    | osed/Vacated<br>nt    | During E        | Entir                    | re Perio                  |          |                        |                      |   |                                       |         |        |             |        |
| [ ]Abatement P<br>Hours - Des<br>[ ]other - Des | cribe: «OffHo         | urs Descr       | ciptx                    | <u>&gt;</u>               | 77.5     | City,                  | State,               | Zip Code  |                                       |         |        |             |        |
| Scope of Work (Chec                             | ck all that a         | apply)          |                          |                           |          |                        |                      | 10 25 83  |                                       |         |        |             |        |
| [X]>3 sf o:<br>[ ]>160 sf                       | r ≥3 lf<br>or ≥260 lf |                 |                          | kenovati<br>emoliti       |          |                        | [ ]Mini-<br>[X]Glove | Containment wi<br>-Enclosure<br>ebag Procedure<br>Friable Procedu | · · · · · · · · · · · · · · · · · · · | Press   | ure    |             |        |
|   |                       |                 |                          | [s                        |          |                        | 12 52                |   |                                       | Ab      | atem   | ent '       |        |
| Locatio   |                       |                 | Nor                      | ation<br>mally            |          |                        | scription            | on of<br>staining   | Amount                                | R       | R      | E           | E<br>N |
| Asbestos-Co<br>Material                         | 00 U 00 100 1         |                 | Sol                      | sed<br>Lely               |          |                        | terial               |   | (Specify                              |         | T.     | CA          | C      |
| TO BE A   |                       |                 |                          | Main-<br>ance/            |          |                        |                      | l systems   | SF or<br>LF)                          | 0       | A      | PS          | OS     |
| In Fac:   | 1.50                  |                 |                          | odial<br>E (12)           |          |                        |                      | acing, VAT,   | IIE /                                 | A       | I<br>R | U           | UR     |
|   |                       | Yes             | the state of the last of | No N/I                    |          | George etters of       |                      | 1999  |                                       |         | -      | ļ           | E      |
| Basement  |                       |                 |                          | X                         | P        | ipe In                 | sulat                | ion   | 75 lf                                 | X       | -      | -           |        |
|   |                       |                 |                          |                           |          |                        |                      |   |                                       |         |        | -           |        |
| ii a  |                       |                 |                          |                           |          |                        |                      |   |                                       |         |        |             |        |
| Name of Registered AZTECH MANA                  |                       | TNC             |                          | P Waste<br>er ID N<br>040 |          | Cubic Yar<br>of Waste  |                      | Name of Regi  |                                       | ifill   |        |             |        |
| City, State                                     |                       | 1               |                          |                           |          | Disposal               | Date                 | City, State   |                                       |         |        |             |        |
| Montclair, N                                    | J 07042               |                 |                          |                           |          | 5-22-                  | 15                   | Morrisvi  | lle, PA                               | 190     | 67     |             |        |
| Completed By (Prin                              | t or Type)            | Title           |                          |                           |          | S                      | ignatur              | 9   |                                       | Date    | 2      |             |        |
| Constantine '                                   | Vivian                | Presid          | lent                     | t                         |          |                        | W                    | iù  |                                       | 5-      | 4-1    | 5           |        |

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

| Same of Palatisa   Street Address   10 Carleton Court   10   10   10   10   10   10   10   1  | Date of Notification | on (1)          |                       | Name of Bui  |        | Owner/Opera  | tor  | (2)  | 53 65          | 큠, 11  | 1.17   | 13                |    |
|---|----------------------|-----------------|-----------------------|--------------|--------|--|------|--|----------------|--------|--------|-------------------|----|
| [ ] RFA [ ] DEF [ ] Wotification [ 1] Amended Motification [ 1] Amended Motification [ 1] I Semson [ 1] Dea [ 1] Semson [ 1] S  | 5-5-15               |                 |                       | Karen        | Pal    | aitisa   |      |  |                |        |        | 17.2              |    |
| Solidication   Canada   Cana    | Agencies Notified    | Type Notific    | ation                 | Street Addr  | cess   |  |      | (I   |                |        |        |                   | 11 |
| [DEF   Manamodad   Notification   [Indexedence   Indexedence   Indexeden  | [ ]EPA               |                 |                       | 10 Car       | leto   | n Court  |      |  | WAY            |        | 2015   |                   |    |
| Notification  | [ ]DEP               |                 | cation                |              |        |  |      |  |                |        |        |                   |    |
| Secondary   Seco    | [X]DOL               |                 | ration                | Maplew       | ood,   | NJ,07040   | )    |  | and the second |        |        | 11 14             |    |
| Same of Facility Where Abetement is Taking Place (3)   Same as above   Street Addres   Street Address   Street     | [X]DOH               |                 |                       | Name of Con  | ntact  |  |      | Telephon   | e Number       | ne hou | 10     |                   |    |
| Same as above  Street Addres  Street Address  Stre  | [ ]DCA               | [ ]EMERGENO     | CY                    | Karen        | Pal    | aitisa   |      | 10. 20.  | -              | 37     | -      | The second second |    |
| Name of Facility Mere Abatement is Taking Place (3)  Same as above  Street Address  County (6) Essex  County Code (7)  (STATE USE ONLY)  Name of Monitoring Firm hired by Building ASCM No.  Owner (8)  NA  Street Address  St  |                      | [ ]Cancella     | ation                 |              |        |  |      |  |                |        |        |                   |    |
| Same as above  Street Addres  City (5   |                      |                 |                       |              |        | INFORMATION  |      | 1  |                |        |        |                   |    |
| Street Addres    Street Addres  |                      |                 | is Taki               | ng Place (3) | )      |  |      | Type of Facil  | ity (4)        |        |        |                   |    |
| City (5   County (6) Essex   County Code (7)  | Same as above        | =               |                       |              |        |  |      |  |                |        | TF     | 10)               |    |
| City (5   County (6) Essex   County Code (7)   STATE USE ONLY)   County Code (7)   C  | Street Addres        |                 |                       |              |        |  |      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                |        |        |                   |    |
| City (5   County (6) Easex   County Code (7)   County (10   County Code (7)   Courrent Use (Prior if being demolished)    Name of Monitoring Firm hired by Building   ASCM No.   Name of Abatement Contractor (9)   AZTECH MANAGEMENT, Inc.    Street Address   Stree  |                      |                 |                       |              |        |  |      | cial b   | uildings, h    | omes,  | etc    | .)                |    |
| Name of Monitoring Firm hired by Building ASCM No. Owner (8) N/A Street Address  86 Christopher St. City, State, Zip Code  Montclair, NJ 07042  Project Manager for Monitoring Firm Relephone Number N/A Scheduled Start Date (10) Sched. Completion Date (11) 5-18-15 Month Day Year Occupancy Status During Abstement (Check only one) (SPacility Closed/Vacated During Entire Period of Abstement [ Abstement Performed Outside of Normal Facility Hours - Describe: GoffRours Beacripts  Scope of Work (Check all that apply)  [ Scope of Work (Check all that apply)  [ Scope of Work (Check all that apply)  [ Jeff of or 2560 lf [ Demolition [ Name of Abstement with Negative Pressure [ Normal Facility   |                      |                 | -                     |              |        |  |      | Square Feet  | # of Floo      | rs B   |        | Age               |    |
| Name of Monitoring Firm hired by Building ASCM No.  Owner (8) N/A  Street Address  Street Address  Street Address  Street Address  86 Christopher St.  City, State, Zip Code  Montclair, NJ 07042  Folect Manager for Monitoring Firm   Telephone Number   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   Name of OSHA Monitor   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   Sched. Completion Date (11)   N/A   Scheduled Start Date (10)   N/A   Scheduled Start Date (10)   Sched. Completion Da  | City (5              |                 | County                | (6) Essex    |        |  | 8.2  |  |                |        |        |                   |    |
| AZTECH MANAGEMENT, Inc.   |                      |                 |                       |              |        |  | -/   | Current Use (  | Prior if be    | ing de | emol   | ished             | .) |
| AZTECH MANAGEMENT, Inc.   | Name of Monitoring   | Firm hired by   | Buildin               | a ASOM No    |        | Name of Ab   | 2+07 | ent Contracto  | r (0)          |        | - D-15 |                   |    |
| Street Address  Street Address  Street Address  86 Christopher St.  City, State, Zip Code  Montclair, NJ 07042  Project Manager for Monitoring Firm Telephone Number N/A  Scheduled Start Date (10) Sched. Completion Date (11)  5-18-15  | Owner (8)            | riim mired by   | Darran                | ig About No. |        |  |      |  |                |        |        |                   |    |
| Second State   Seco    |                      |                 |                       |              |        |  |      |  | ,              |        |        |                   |    |
| City, State, Zip Code  Montclair, NJ 07042  Project Manager for Monitoring Firm Telephone Number N/A  Scheduled Start Date (10) Sched. Completion Date (11) 5-18-15  Month Day Year Month Day Year Occupancy Status During Abstement (Check only one) [XFFacility Closed/Wacated During Entire Period of Abstement efformed Outside of Normal Facility Hours - Describe: cofficours Descripts   Other - Describe: cofficours Descripts    Scope of Work (Check all that apply)  [X] 3 sf or >3 lf [X] Renovation [X] Enclosure [X] Scope of Work (Check all that apply)  [X] 2 sf or >260 lf [Demolition   Descripts   Descrip  | Street Address       |                 |                       |              |        | The state of the s |      | - The state of the |                |        |        |                   |    |
| Project Manager for Monitoring Firm Telephone Number N/A  Scheduled Start Date (10)   | City State Fin Co    | ado.            |                       |              |        |  |      |  | •              |        |        |                   |    |
| Project Manager for Monitoring Firm   Telephone Number   N/A   N/A  | crey, scace, aip co  | ode             |                       |              |        | 100  |      |  | 42             |        |        |                   |    |
| Scheduled Start Date (10)  Sched. Completion Date (11)  5-18-15  Month Day Year  Occupancy Status During Abatement (Check only one)  [XFacility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility    Bours - Describe: officiours Descripts     Other -  | Project Manager for  | - Wanitanian E  | i m-                  | 1            |        |  |      |  |                |        | . 37.  | -1                |    |
| Scheduled Start Date (10)  5-18-15  Month Day Year  Occupancy Status During Abatement (Check only one) [XIFacility Closed/Wacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: «Officurs Descript» [] Jother - Describe: «Other Occupancy Descript»  Scope of Work (Check all that apply)  [XI \geq 3 sf or \geq 3 lf [] Ocation of Asbestos-Containing Normally Normally Normally Normally Normally Solely For Banated (12)  Location of Asbestos-Containing Normally To BE ABATED In Facility (13)  Basement  Basement    Name of OSHA Monitor   N/A   | Project Manager To   | monitoring F    |                       | -            | ber    | -  |      |  | 1              |        |        | mber              |    |
| Solution of Asbestos-Containing Material (ACM)   Solution of Asbestos-Containing Amount   R   R   N   N   N   N   N   N   N   N  | Cabadalad Charle Dat | (10)            |                       |              | 45.5   |  |      | 7.E  |                | 003    | , _    |                   |    |
| Month Day Year   Month Day Year   |                      | te (10) Sche    | _                     |              | (11)   | 11 -   | HA M | Monitor  |                |        |        |                   |    |
| Example   Completed by (Print or Type)   Completed by (Print    |                      | Year Mo         |                       |              | r      | N/A  |      |  |                |        |        |                   |    |
| of Abatement Performed Outside of Normal Facility Hours - Describe: <a href="#">OffRours Descript</a> [ ] Abatement Performed Outside of Normal Facility Hours - Describe: <a href="#">OffRours Descript</a> [ ] Other - Describe: <a href="#">Other Occupancy Descript</a> Scope of Work (Check all that apply)  [ [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ [ ] Mon-Friable Procedure [ ] Non-Friable Procedure [ ] Non-   |                      |                 |                       |              |        | Street Add   | ress | 3  |                |        |        |                   |    |
| Hours - Describt: aOther Occupancy Descript»   Scope of Work (Check all that apply)   [ ]Full Containment with Negative Pressure   [ ]Mini-Enclosure   [ ]Mini-Enclosure   [ ]Mon-Friable Procedure   [ ]Mon-Fri    |                      |                 | dring E               | itire Period | 1      |  |      |  |                |        |        |                   |    |
| Scope of Work (Check all that apply)  [X] Sope of Work (Check all all apply)  [X] Sope of Work (Check all all apply)  [X] Sope of Work (Check all all apply)  [X] Sope of Work (Check all apply)  [X] Sope of Work (Check all apply)  [X] Sope of Work (Check all apply)  [X] Sop of Work (Check a  |                      |                 |                       |              | ty     | City, State  | e, z | ip Code  |                |        |        |                   |    |
| [X] S or \$\geq 3\$ If [X] Renovation [X] Staff |                      |                 |                       |              |        |  |      |  |                |        |        |                   |    |
| [X] S or \$\geq 3\$ If [X] Renovation [X] Staff | Scope of Work (Chec  | ck all that app | oly)                  |              |        |  | -    |  |                |        |        |                   |    |
| I   Demolition   IX   Glovebag Procedure   I   Non-Friable Procedure   I   Non-Friab    |                      |                 | 8 - <del>17</del> 860 |              |        |  |      |  | th Negative    | Press  | sure   |                   |    |
| Location of Asbestos-Containing Material (ACM) Used Solely By Main-tenance/Custodial Staff (12) Yes No N/A  Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.  Rabel Signature Signature  Is Location Normally Used Asbestos-Containing Amount R R R N N N N N N N N N N N N N N N N  |                      |                 |                       |              |        |  |      |  |                |        |        |                   |    |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement  X  Duct Insulation  Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.  City, State  Montclair, NJ 07042  Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A  Duct Insulation  Description of Asbestos-Containing Material (ACM) (Specify M E A L (  |                      |                 |                       |              |        |  |      |  | re             |        |        |                   |    |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement    Normally Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A    Normally Used Solely By Maintenance/ Custodial Staff (12)   Yes No N/A    Normally Used Solely By Maintenance/ Custodial Staff (12)   Yes No N/A    Duct Insulation   Amount R E E A R N N N   C C C C C C C C C C C C C C C C C C C  | Locatio              | on of           |                       | Location     |        | Descrir  | tio  | n of   |                | Ab     | ater   |                   |    |
| Material (ACM)   Solely   Material (ACM)   (i.e., thermal systems   insulation, surfacing, VAT,   Custodial   Staff (12)   Ves   No   N/A   Name of Registered Waste Hauler   AZTECH MANAGEMENT, INC.   Material (ACM)   (i.e., thermal systems   insulation, surfacing, VAT,   or other miscellaneous   LF)   V  |                      |                 | l 1                   |              |        |  |      | 18   | Amount         |        | 12     | N                 | N  |
| The Facility (13)  The Facility (12)  The Facility (13)  The Facility (14)  Staff (12)  The Facility (12)  The Facility (13)  The Facility (13)  The Facility (14)  The Facility (13)  The Facility (13)  The Facility (14)  T  |                      |                 | E                     |              |        |  |      |  |                | M      | D E    | A                 | L  |
| Staff (12)  Yes No N/A  Basement  X Duct Insulation  Staff (12)  Yes No N/A  Duct Insulation  Staff (12)  R L R L R L R L R L R L R L R L R L R  |                      |                 |                       |              | in     |  |      | 하일하다 이 아이는 아이를 하는데   |                | V      | I A    | S                 | S  |
| Basement  X Duct Insulation  35 SF X  Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC. Hauler ID No. 17040  City, State  Montclair, NJ 07042  Completed By (Print or Type)  Constantine Vivian  Duct Insulation  Cubic Yards  of Waste 1.5  G.R.O.W.S.  City, State  Disposal Date  5-20-15  Morrisville, PA 19067  | (13                  | )               | St                    | taff (12)    | -      | or other mi  | scel | laneous)   |                |        |        |                   | R  |
| Name of Registered Waste Hauler  AZTECH MANAGEMENT, INC.  City, State  Montclair, NJ 07042  Completed By (Print or Type)  Constantine Vivian  Name of Registered Landfill  G.R.O.W.S.  Cubic Yards of Waste 1.5  Ciby State  Disposal Date 5-20-15  Morrisville, PA 19067   | Basement             |                 | ies                   |              | D116   | rt Incul   | 2+-  | ion  | ২5 ৫৮          | y      | +      | +-                | E  |
| AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S.  City, State  Montclair, NJ 07042  Completed By (Print or Type) Title  Constantine Vivian President  Constantine Vivian President   |                      |                 | -                     | -            | - 540  | JC IIIJUI  | a c. | 2011   | 22 25          | 22     | +      | -                 | -  |
| AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S.  City, State  Montclair, NJ 07042  Completed By (Print or Type) Title  Constantine Vivian President  Constantine Vivian President   |                      |                 |                       | -            | -      |  | -    |  |                |        | +      | +                 | +  |
| AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S.  City, State  Montclair, NJ 07042  Completed By (Print or Type) Title  Constantine Vivian President  Constantine Vivian President   | Name of Registered   | Waste Hauler    | hr.                   | JDEP Waste   | Crr    | bic Yarde  |      | Name of Regi   | stered Tand    | fill   |        |                   |    |
| City, State  Montclair, NJ 07042  Completed By (Print or Type)  Constantine Vivian  Disposal Date  5-20-15  Morrisville, PA 19067  Signature  Date  5-5-15  |                      |                 | IC H                  | auler ID No. | 1 72   |  |      |  |                |        |        |                   |    |
| Montclair, NJ 07042  5-20-15  Morrisville, PA 19067  Completed By (Print or Type) Title  Constantine Vivian President  5-5-15   |                      |                 | 1                     | .7040        | -      | annasi D-t   | 5    |  | 5 B            |        |        |                   |    |
| Completed By (Print or Type) Title Signature Date Constantine Vivian President  | 177.45               | T 07042         |                       |              | 100000 |  |      |  | 11e DA         | 190    | 67     |                   |    |
| Constantine Vivian President  | , 110                |                 |                       |              | ,      |  |      |  | LLO, EM        |        | ٠,     |                   |    |
| Constantine Vivian President (1) 1100 5-5-15  |                      | 70.00           |                       |              |        | Signat   | ure  | L.   |                | Date   | 9      |                   |    |
|   | Constantine \        | /ivian Pi       | ent                   |              | 1 (1)  | in   | 5    |  | 5-5-           | -15    |        |                   |    |

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

| Date of Notification               | n (1)                 |          | The state of the s |            | -     | Owner/Operator                | (2)           |             | 7                      |                   |           |   |        |
|------------------------------------|-----------------------|----------|--|------------|-------|-------------------------------|---------------|-------------|------------------------|-------------------|-----------|---|--------|
| 5-5-15                             |                       |          | Sta  | anley      | Ba.   | licki                         |               |             |                        |                   |           |   |        |
| Agencies Notified                  | Type Notifica         | ation    | Stree  | t Addres   | ss    |                               |               | £           | fire large             |                   |           |   |        |
| [ ]EPA                             | [X]Initial            |          | 89   | North      | n Fi  | ulton Stre                    | eet           |             | ets mar in             | $f_{i}[\epsilon]$ | : 1.      | C.                                      |        |
| [ ]DEP                             | Notific               | ation    | City,  | State,     | Zip   | Code                          |               | 1           | - F                    |                   | *         | d-                                      |        |
| [X]DOL                             | [ ]Amended<br>Notific |          | Blo  | oomfi      | eld   | NJ,07003                      |               |             |                        |                   |           |   |        |
| [X]DOH                             | NOCILIC               | acion    | Name   | of Conta   | act   |                               |               | Telephon    | e Number               | 16                | -         |   |        |
| [ ]DCA                             | [ ]EMERGENO           | CY       | Sta  | anley      | Ba    | licki                         |               |             |                        | .0                |           |   |        |
|                                    | [ ]Cancella           | ation    |  |            |       |                               |               |             |                        |                   |           |   |        |
|                                    |                       |          |  |            | ITY I | NFORMATION                    | 11            |             |                        |                   |           |   |        |
| Name of Facility Who               |                       | is Taki  | ng Pla   | ice (3)    |       |                               | Type          | of Facil:   | Lty (4)                |                   |           |   |        |
| Salle as above                     |                       |          |  |            |       |                               | 0.78          | School      | (K-12)<br>ter 8 (Other | than              | K-12      |   |        |
| Street Addres                      |                       |          |  |            |       |                               | 1 1           | ]Other (:   | i.e., private          | & cc              | mmei      | :-                                      |        |
|                                    |                       |          |  |            |       |                               |               |             | uildings, hor          |                   |           |   |        |
| City (5                            |                       | County   | (6) Rec  | ev         | Con   | nty Code (7)                  | Squar<br>1400 | e Feet      | # of Floor:            |                   | dg.<br>93 | Age                                     |        |
| CICY (3                            |                       | country  | (0) 133  | CA         |       | ATE USE ONLY)                 |               |             | Prior if being         |                   |           | hed                                     | )      |
|                                    |                       |          |  |            |       |                               | Curre         | ne ose (    | TIOL IL DELL           | ig uu             |           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | e      |
| Name of Monitoring                 | Firm hired by         | Buildin  | g AS   | M No.      |       | Name of Abate                 | ment C        | ontractor   | (9)                    | - 6               |           |   |        |
| Owner (8)<br>N/A                   |                       |          |  |            |       | AZTECH N                      | IANAG         | EMENT       | , Inc.                 |                   |           |   |        |
| Street Address                     |                       |          |  |            |       | Street Addres                 | s             |             |                        |                   |           |   |        |
|                                    |                       |          |  |            |       | 86 Chris                      | toph          | er St       |                        |                   |           |   |        |
| City, State, Zip Co                | de                    |          |  |            |       | City, State,                  | Zip Co        | de          |                        |                   |           |   |        |
|                                    |                       |          |  |            |       | Montclai                      | r, N          | J 070       | 42                     |                   |           |   |        |
| Project Manager for                | Monitoring F:         | irm Te   | lephon   | e Numbe    | r     | Telephone Num                 | ber           |             | Li                     | cense             | Numl      | per                                     |        |
|                                    |                       | N,       | /A   |            |       | (973)744                      | 1-880         | 0           | . 0                    | 0037              | 1         |   |        |
| Scheduled Start Dat                | e (10) Sche           | ed. Comp | letion   | Date (     | 11)   | Name of OSHA                  | Monito        | r           |                        |                   |           |   |        |
| 5-22-15                            |                       | 5-2      | 25-1   | 5          |       | N/A                           |               |             |                        |                   |           |   |        |
| Month Day N<br>Occupancy Status Du |                       |          | Day  | Year       |       | Street Addres                 | e             |             |                        |                   | _         |   |        |
| [X] Facility Clo                   | sed/Vacated D         |          |  |            |       | Derece mades                  | .5            |             |                        |                   |           |   |        |
| of Abatemer<br>[]Abatement Pe      |                       | de of No | ormal  | Facility   | 7     | City, State,                  | Zip Co        | de          |                        |                   |           |   |        |
|                                    | cribe: «OffHour       |          | _  |            | 3     | ,                             |               |             |                        |                   |           |   |        |
| [ ]other - Desc                    |                       |          | y Desc   | ript»      |       |                               |               |             |                        |                   |           |   |        |
| Scope of Work (Chec                | k all that app        | БТĀ)     |  |            |       | [ ]Full                       | Contai        | nment wi    | th Negative            | Pressu            | ıre       |   |        |
| [X]≥3 sf or                        |                       |          | 0.000  | ovation    |       | [ ]Mini-                      |               |             |                        |                   |           |   |        |
| [ ]≥160 sf                         | or <u>&gt;</u> 260 II | 2        | lnemo  | olition    |       | [X]Glove<br>[]Non-E           |               | Procedu     | re                     |                   |           |   |        |
|                                    | -                     |          | Is<br>Locati   | on         |       |                               |               |             |                        | Aba               | teme      |   | Type   |
| Locatio<br>Asbestos-Co             |                       |          | Normal<br>Used   | ly         |       | Description Asbestos-Con      |               | g           | Amount                 | R                 | R         | E                                       | E<br>N |
| Material                           |                       |          | Solel<br>By Mai  | У          |       | Material                      |               | T-          | (Specify               | M                 | E         | A                                       | L      |
| TO BE AF                           |                       |          | tenanc   | e/         | in    | (i.e., thermal sulation, surf |               | TOTAL TOTAL | SF or<br>LF)           | Δ.                | A         | P                                       | S      |
| (13)                               |                       | S        | taff (   | 12)        |       | or other misce                |               | 1 100 200   |                        | A                 | R         | T.                                      | U<br>R |
| Basement                           |                       | Yes      | No   | N/A<br>X   | Div   | - Tna::1-+                    | ion           |             | 100 lf                 | X                 |           |   | E      |
| Dasement                           |                       |          | -  | ~          | - 1   | e Insulat                     | -1011         |             | TOO II                 | 100               | -         |   | +      |
| e-Paragoria                        |                       | -        | -  | + +        |       |                               |               |             |                        | +                 | -         |   | -      |
| Name of Registered                 | Waste Hauler          | ha       | JDEP W   | l<br>laste | Cir   | bic Yards                     | Name          | of Regi     | stered Landf:          | ill               |           |   | _      |
| AZTECH MANAG                       |                       | IC B     | auler  | ID No.     |       | Waste 1.5                     |               | R.O.W.      |                        |                   |           |   |        |
| City, State                        |                       |          | .7040  | ,          | Di    | sposal Date                   | City          | , State     | voctorii               |                   |           |   |        |
| Montclair, NJ                      | 07042                 | **       |  |            | 11000 | 5-26-15                       |               |             | lle, PA                | 1906              | 57        |   |        |
| Completed By (Print                | or Type) Ti           | tle      |  |            | 1     | Signature                     | <u> </u>      | -           |                        | Date              |           |   |        |
| Constantine V                      |                       | reside   | ent  |            |       | G V                           |               |             |                        | 5-5               |           | 5                                       |        |
|                                    |                       |          |  |            |       | 1 6 8                         | MIL           |             |                        |                   |           |   |        |

NO CK

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

| Date of Notification (1) May 5, 2015   |                  |  |                       |  | PSEG Fossil,                                    | ng Owner/C<br>LLC  | Operator (2)               |                  | 1                  | f., .               |                       |          |
|--|------------------|--|-----------------------|--|---|--------------------|----------------------------|------------------|--------------------|---------------------|-----------------------|----------|
| Agencies Notified  |                  | Notification                                 |                       |  | Street Address<br>80 Park Plaza                 |                    | diant.                     |                  |                    | *                   | •                     |          |
| (X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH   |                  | ( ) Initial N<br>( X ) Amend<br>( ) Cancelle | ed Certifica          | ation  | City, State, Zip<br>Newark, NJ 07               |                    |                            | Williams         | 148                |                     |                       |          |
| (X) DCA  |                  |  |                       |  | Name of Conta<br>Domenic Fiori                  |                    | 1                          | Tal Nu           | mber               |                     |                       |          |
|  |                  |  |                       | FACILITY INF   | FORMATION                                       |                    |                            |                  |                    | 100                 |                       |          |
| Name of Facility Where Abaten<br>HUDSON GENERATING Stati                                       | nent is Ta       | iking Place (                                | <u>3)</u>             |  | Type of Facility ( ) School (K-1 ( ) Subchapter | (2)<br>8 (other th |                            |                  |                    |                     |                       |          |
| Street Address DUFFIELD & VAN KUEREN S   | т                |  |                       |  | (X) Other (i.e. p                               |                    | DOI:1-10 1575 -11.65       |                  |                    |                     |                       | _        |
|  | unty (6)<br>DSON |  | County C<br>(State Us |  | Bldg. Age 67                                    |                    |                            |                  |                    |                     |                       |          |
|  |                  |  |                       |  | Current Use (p                                  | rior if being      | demolished)                | Electric         | Genera             | iting St            | ation                 |          |
| Name of Monitoring Firm Hired  | by Bldg.         | Owner (8)                                    | ASCM No               | <u>o.</u>  |   |                    | Name of Cor<br>Absolut Ace |                  | (9)                |                     |                       |          |
| Street Address   |                  |  |                       | e  | Street Address PO BOX 295                       | È                  |                            |                  |                    |                     |                       |          |
| City, State, Zip Code  |                  |  |                       |  | City State, Zipo<br>FLORHAM PA                  |                    | 7932                       |                  |                    |                     |                       |          |
| Project Manager for Monitoring   | Firm             | Telephone I                                  | Number                |  | Telephone Nur<br>(973) 410-9217                 |                    |                            | License<br>00225 | e Numbe            | <u>er</u>           |                       |          |
| Scheduled Start Date (10)<br>May 7, 2015   |                  | Scheduled (<br>Aug 1, 201                    | 5                     | Date (11)  | Name of OSHA<br>MECS                            |                    |                            |                  |                    |                     |                       |          |
| Occupancy Status During Abat ( ) Facility Closed/Vacated Dur ( ) Abatement Performed Outs      | ring Entire      | e Period of A                                | batement              |  | Street Address 5 Linwood Ct                     |                    |                            |                  |                    |                     |                       |          |
| Describe   |                  |  |                       |  | City, State, Zip<br>Hamilton, NJ                |                    |                            |                  |                    |                     |                       |          |
| Other - Describe Two Shifts,   | 12 hours         | each, 24 ho                                  | our plant c           | overage  |   |                    |                            |                  |                    |                     |                       |          |
| Source of Work (Check all that   | apply)           |  |                       |  | •   |                    |                            |                  |                    |                     |                       |          |
| (X ) Demolition (X) Renova<br>(X) Large Proj. (>160 SF or >2)<br>(X) Full Containment with Neg | 60 LF AC         |  |                       |  |   |                    | roj. (<25 SF or            | <10 LF           | ACM)               |                     |                       |          |
| Location of Asbestos-<br>Containing Material (ACM) in<br>Facility (13)                         | Solely Staff?    |  | stodial               | Description of a<br>thermal system<br>surfacing, VAT | ns insulation,                                  | Amount (           | Specify SF or              | LF)              |                    | nent Ty             | 2000                  | Factoria |
| NE Corner Outside  | YES              | NO<br>X                                      | NA I                  | miscell.) Transite Pipe                              |   | 6,000 To           | ns                         |                  | Rem.               | Rep.                | X                     | Enclose  |
| NE COMO Cubico   |                  | - ^ -  |                       | Transite ripe  |   | 0,000 10           |                            |                  |                    | -                   | 1                     | 1        |
|  |                  |  |                       |  |   |                    |                            |                  |                    |                     |                       |          |
| Name of Reg. Waste Hauler<br>Waste Management of New J   | Jersey           | NJDEP Wa<br>17273                            | ste Hauler I          | <u>ID #</u>  | Cubic Yards of 300                              | f Waste            |                            |                  | of Reg.<br>own Res |                     | Recove                | ery      |
| City, State<br>Elizabeth, NJ 07114-2436  |                  |  |                       |  |   | ^                  | Disp. Date                 |                  | C                  | ity, Sta<br>ullytov | <u>te</u><br>/n, PA 1 | 19007    |
| Completed by (Print or Type)   |                  | <u>Title</u>                                 |                       |  | Signature /                                     |                    |                            | <u>Date</u>      |                    |                     |                       |          |
| ROBERT GROGAN  |                  | <u>VP</u>                                    |                       |  |   |                    |                            | 5/5/15           |                    |                     |                       |          |

NOCK

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

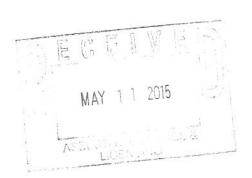
| Date of Notification (1)<br>July 8, 2014   |                      |  |                             |   | Name of Build<br>PSEG Fossil,                                       | ing Owner/<br>LLC    | Operator (2)             | SIA  |               | (M ):                 | . T                                    |         |
|--|----------------------|--|-----------------------------|---|---|----------------------|--------------------------|--|---------------|-----------------------|--|---------|
| Agencies Notified  (X) EPA (X) DEP (X) DOL   | 9.                   | Notification  (X ) Initial N  ( ) Amende  ( ) Cancelle | otification<br>d Certificat | ion   | Street Address<br>80 Park Plaza<br>City, State, Zip<br>Newark, NJ 0 | Code                 | £ .                      |  |               | · Hilliam             | ************************************** |         |
| (X) DOH<br>(X) DCA   |                      |  |                             |   | Name of Conta   |                      |                          | Tel. Nu  | ımber         |                       |  |         |
|  |                      |  |                             | FACILITY IN   | IFORMATION  |                      |                          |  |               |                       |  |         |
| Name of Facility Where Ab<br>HUDSON GENERATING S<br>Street Address                 | Station              | aking Place (3   | <u>3)</u>                   |   | Type of Facility ( ) School (K- ( ) Subchapte (X) Other (i.e.       | 12)<br>r 8 (other th |                          | gs., hom   | es, etc.      |                       | 53                                     |         |
| DUFFIELD & VAN KUERE   | EN ST                |  |                             |   | Sq. Feet1,0   | 00.000               |                          | # of Elo   | oro 0         |                       |  |         |
| City (5)<br>JERSEY CITY  | County (6)<br>HUDSON |  | County C<br>(State Us       |   | Bldg. Age 67<br>Current Use (p                                      |                      |                          |  |               | ating S               | tation                                 |         |
| Name of Monitoring Firm H  | lired by Bldg.       | Owner (8)  | ASCM N                      | 0.  |   |                      | Name of Co<br>Absolut Ac | The second secon | (9)           |                       |  |         |
| Street Address   |                      |  |                             |   | Street Address PO BOX 295   | 2                    | 1                        |  |               |                       |  |         |
| City, State, Zip Code  |                      |  |                             |   | City State, Zip   |                      | 7932                     |  |               |                       |  |         |
| Project Manager for Monito   | oring Firm           | Telephone I  | Number                      |   | Telephone Nui<br>(973) 410-921                                      |                      |                          | License<br>00225   | e Numb        | er                    |  |         |
| Scheduled Start Date (10)<br>Aug 1, 2014   |                      | Scheduled (  | 5                           | Date (11)   | Name of OSH/<br>MECS  |                      |                          |  |               |                       |  |         |
| Occupancy Status During A  ( ) Facility Closed/Vacated ( ) Abatement Performed (   | During Entir         | e Period of A  | batement                    |   | Street Address 5 Linwood Ct   |                      | 9                        |  |               |                       |  |         |
| Describe   |                      |  |                             |   | City, State, Zip<br>Hamilton, NJ                                    |                      |                          |  |               |                       |  |         |
| Other - Describe Two Shi   | ifts, 12 hour        | s each, 24 ho  | our plant c                 | overage   |   |                      |                          |  |               |                       |  |         |
| Source of Work (Check all  | that apply)          |  |                             |   |   |                      |                          |  |               |                       |  |         |
| (X ) Demolition (X) Ren<br>(X) Large Proj. (>160 SF o<br>(X) Full Containment with | r >260 LF AC         | CM)()SM Pr   | oj. (>25<16<br>Mini-Encl    | 60 SF or >10 <26 osure (X )                                     | 60 LF ACM) (<br>Glovebag Proce                                      | ) Minor Pr<br>dure   | roj. (<25 SF or          | <10 LF /   | ACM)          |                       |  |         |
| Location of Asbestos-<br>Containing Material (ACM)<br>Facility (13)                |                      | ation Normally<br>by Maint./Cus<br>(12)<br>NO          |                             | Description of<br>thermal system<br>surfacing, VAT<br>miscell.) | ns insulation,  | Amount (             | Specify SF or            | LF)  | Abate<br>Rem. | ment T                |  | Enclose |
| Boiler Basement- 11fil,<br>Warehouse and Garages                                   |                      | X  | IVA                         | Boiler &Pipe i<br>Transite & Til                                |   | 25,000sf             |                          |  | Х             | Х                     | Х                                      | X       |
|  |                      |  |                             |   |   |                      |                          |  |               |                       | -                                      |         |
|  |                      |  |                             |   |   |                      |                          |  |               |                       |  |         |
| Name of Reg. Waste Haule<br>Waste Management of Ne                                 |                      | NJDEP Was<br>17273                                     | te Hauler I                 | <u>D#</u>   | Cubic Yards of 300  | Waste                |                          | Name of Tullyto  |               |                       | Recove                                 | ry      |
| City, State<br>Elizabeth, NJ 07114-2436  |                      |  |                             |   |   |                      | Disp. Date               |  |               | City, Sta<br>Fullytov | <u>ate</u><br>wn, PA 1                 | 9007    |
| Completed by (Print or Typ   | e)                   | <u>Title</u>   |                             |   | Signature   |                      |                          | Date   |               |                       |  |         |
| ROBERT GROGAN  |                      | <u>VP</u>  |                             |   |   |                      |                          | 7/8/14   |               |                       |  |         |

NO CK

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

| Date of Notification (1)<br>May 5, 2015   |                             |                                       |                     |   |                            | Building O            |                            |   |                                  | F   | Ch      | neck # N                   | J/A             | 1 10   | - 1         |           |
|---|-----------------------------|---------------------------------------|---------------------|---|----------------------------|-----------------------|----------------------------|---|----------------------------------|---|---------|----------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified   | Type Not                    |                                       | N. C.               | 5   | Street Ad                  |                       |                            |   |                                  |   |         | WAY                        |                 | 15     | -           | 2         |
| EPA DEP DOL   | Ame                         | ended<br>endment#                     |                     | (   | City, Stat                 | e, Zip Cod<br>ond, VA | ie                         |   |                                  |   | 4)      |                            |                 |        | . Li        |           |
| DOH DCA   | justi                       | ergency (in<br>fication)<br>cellation | cluding             | 1000  | Name of<br>Heath I         | Contact<br>Kennedy    | ,                          |   |                                  |   | Tele    | phone N                    | umber           |        |             |           |
| Name of Facility Where A<br>The Quality Inn<br>Street Address                     | Abatement                   | is Taking                             | Place (3            | )   | FACIL                      | ITY INFO              | RMATI                      | ON  | S                                | f Facility (4                                       | )       | - 4b 1/                    | 40)             |        |             |           |
| 531 Route 38 West   |                             |                                       |                     |   |                            |                       |                            |   | × o                              | ubchapter 8<br>ther (i.e. pri<br>tc.)               | ivate 8 | commer                     | cial build      |        |             | s,        |
| City (5)<br>Maple Shade   |                             |                                       |                     |   |                            |                       |                            |   | Square<br>100,0                  |   | # of    | Floors                     | 1000            | ldg. A | ge          |           |
| County (6)<br>Burlington  |                             |                                       |                     |   | County C<br>STATE U        | ode (7)<br>ISE ONLY)  |                            |   |                                  | it Use (Prior<br>nt Hotel/F                         |         |                            |                 |        |             |           |
| Name of Monitoring Firm<br>Dynamic Engineering                                    |                             |                                       |                     |   | ASCM                       | No.                   |                            |   |                                  | ement Cont<br>ironment                              |         |                            | 3               |        |             |           |
| Street Address<br>1904 Main Street  |                             |                                       |                     |   |                            |                       |                            |   | Address                          | Avenue  |         |                            |                 |        |             |           |
| City, State, Zip Code<br>Lake Como, NJ 077  | 719                         |                                       |                     |   |                            | N                     |                            |   | tate, Zip                        | Code<br>de, NJ 08                                   | 052     |                            |                 |        |             |           |
| Project Manager for Mon<br>Mark Whitaker  | itoring Firr                | n                                     |                     | - 1   | Telephor<br>908-87         | ne No.<br>9-7095      |                            |   | none No<br>755-00                |   |         | License<br>00842           | No.             |        |             |           |
| Start Date (10)<br>May 14, 2015   |                             |                                       | Schedule<br>July 10 |   |                            | Date (11)             |                            |   |                                  | A Monitor<br>ratories, l                            | nc.     |                            | Ţ.              |        |             |           |
| Occupancy Status During  Facility Closed/Vac. Abatement Perform Other – Describe: | ated During                 | g Entire Pe                           | eriod of A          | Abatem  |                            |                       |                            | 6 Ga  | Address<br>rfield \<br>tate, Zip | Nay<br>Code   | *       |                            |                 |        |             |           |
| Scope of Work (Check A  | II That App                 | oly)                                  |                     |   |                            |                       |                            | ivew  | ark, Di                          | E 19713   |         |                            |                 |        |             |           |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>                       |                             |                                       | -                   | Renova<br>Demoliti                                |                            |                       |                            | ×   | Mini                             | Containme<br>-Enclosure<br>vebag Proce<br>-Exempted | edure   |                            |                 |        | e           |           |
|   |                             |                                       |                     | Locati  |                            |                       |                            |   | ,                                |   | ( )     |                            |                 | Abate  | ement<br>pe |           |
| Location Asbestos-Containing TO BE AB In Facil (13)                               | Material (A<br>ATED<br>lity | ACM)                                  | Use<br>Ma           | Normall<br>d Solel<br>intenar<br>todial S<br>(12) | y by<br>ice/               |                       | os Con<br>thermal<br>surfa | scription<br>taining M<br>system<br>cing, VA<br>niscellar | Material<br>s insulat<br>T, or   |   | (8      | mount<br>Specify<br>or LF) | Remova          | Repair | Encapsulate | Enclosure |
|   |                             |                                       | Yes                 | No  | N/A                        |                       |                            |   |                                  |   |         |                            |                 |        | ite         | Ф         |
| Buildin   | g A                         |                                       |                     | XXX   |                            |                       |                            | d Ceilir  |                                  |   |         | 800 SF                     | Х               |        |             |           |
| Buildings   |                             |                                       |                     | XXX   |                            | Pi                    |                            | ting Ins  |                                  | n   |         | 30 LF                      | X               |        |             |           |
| Building A Busin  |                             | nter                                  |                     | XXX   |                            |                       |                            | oor Til   |                                  |   |         | 00 SF                      | X               |        |             |           |
| Buildings   |                             |                                       |                     | XXX   | IDEDW                      |                       |                            | ror Ma  | stic                             | None of F   | - 0     | 800 SF                     | X               |        |             |           |
| Name of Registered Was<br>Jack Robinson Was                                       |                             | sal                                   |                     | Н   | JDEP W<br>auler ID<br>'304 |                       | of Wa                      | Yards<br>ste  | 2.                               | Name of F   |         |                            |                 |        |             |           |
| City, State<br>Voorhees, NJ   |                             |                                       |                     |   |                            |                       | Dispo:                     | sal Date<br>2015  |                                  | City, State<br>Morrisvi                             |         | A                          |                 |        |             |           |
| Completed by<br>Christina Lynch   |                             |                                       | Title<br>Oper       | ations  | Mana                       | ger                   | 5                          | Signature   | M                                | W.  | \       | - 4                        | Date<br>5/5/201 | 15     |             |           |

|     |            |                     | Description of Asbestos Containing<br>Material (ACM) | Amount (Specify SF or LF)                                  | Removal  |
|-----|------------|---------------------|--|--|--|
| Yes | No         | N/A                 | ,  |  |  |
|     | X          |                     | Façade Support Sealant                               | 280 SF   | X  |
|     | X          |                     | Mechanical Flashing                                  | 100 SF   | X  |
|     | Х          |                     | Vent Sealant   | 25 SF  | Х  |
|     | by Mainter | by Maintenance/Cust | by Maintenance/Custodial Staff?                      | Yes No N/A  X Façade Support Sealant X Mechanical Flashing | by Maintenance/Custodial Staff?  Yes No N/A  X Façade Support Sealant 280 SF  X Mechanical Flashing 100 SF |



| Date of Notification (1)<br>May 6, 2015   |  |   | ne of Building O<br>rdinal Health |  |                              | eck # 2070                       | 1 2   |             | 000          |             |           |
|---|--|---|-----------------------------------|--|------------------------------|----------------------------------|---|-------------|--------------|-------------|-----------|
| Agencies Notified Type Notification    X   EPA   X   Initial                                |  | 9.000                                   | et Address<br>D Raritan Ce        | nter Parkwa                                      | ıy                           |                                  | MA  |             | 20           | , O         |           |
| DEP Amended  DOL Amendment  |  | 200000                                  | , State, Zip Cod<br>ison, NJ 088  |  |                              | 11                               | 18.00                                       | 1 × 1 = 1   |              | سائياً      | 经         |
| Emergency ( justification)  DCA  Cancellation   | including  | 1000000                                 | ne of Contact<br>Morotto          |  |                              |                                  | Telenhone No                                |             |              |             |           |
|   |  | F                                       | ACILITY INFO                      | RMATION  |                              |                                  |   | 77 1832     |              |             |           |
| Name of Facility Where Abatement is Takin Cardinal Health                                   | g Place (3)  |   |                                   |  |                              | of Facility (4)<br>School (K-12) | (Other than K-                              | 12)         |              |             |           |
| Street Address 100 Raritan Center Parkway   |  |   |                                   |  | ×                            | Other (i.e. privetc.)            | rate & commer                               | cial build  | 2000000      | ,           | 5,        |
| City (5)<br>Edison  |  |   |                                   |  | Squa<br>50,0                 | re Feet<br>100                   | # of Floors<br>2                            | 11 7 7 7 7  | idg. A<br>00 | ge          |           |
| County (6)<br>Middlesex   |  |   | unty Code (7)<br>ATE USE ONLY     |  |                              | ent Use (Prior<br>alth Care Fa   | if being demoli<br>cility                   | ished)      |              |             |           |
| Name of Monitoring Firm Hired by Building Management & Environmental Cor                    |  | 1 2 3 4 5                               | ASCM No.                          |  |                              | atement Contra<br>vironmenta     |   |             |              |             |           |
| Street Address PO Box 341   |  |   |                                   | 100000000000000000000000000000000000000          | t Addre                      | r Avenue                         | 1000 1000 1000                              |             |              |             |           |
| City, State, Zip Code<br>Chesterfield, NJ 08515   |  |   |                                   |  |                              | Zip Code<br>ade, NJ 080          | 052   |             |              |             |           |
| Project Manager for Monitoring Firm   |  | 10000000                                | ephone No.<br>9-298-4070          | Telep  | hone N                       | lo.                              | License<br>00842                            |             |              |             |           |
| Bill Weisgarber Start Date (10)   |  | Comple                                  | etion Date (11)                   | Name   | e of OS                      | HA Monitor                       | 00042                                       |             |              |             | $\dashv$  |
| May 22, 2015  | May 29, 2  | 2015                                    |                                   |  |                              | alytical                         |   |             |              |             | _         |
| Occupancy Status During Abatement (Chec   |  |   |                                   |  | t Addre                      | ess<br>e 130 North               |   |             |              |             |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of Aba  | ours                                    |                                   | City,  | State, Z                     | Zip Code<br>son, NJ 08           |   |             |              |             |           |
| Scope of Work (Check All That Apply)  |  |   |                                   |  |                              |                                  |   |             |              |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  | the same of the sa | ovation<br>nolition                     | 1                                 |  | × GI                         | ini-Enclosure<br>lovebag Proce   | it with Negative<br>dure<br>(*) and Non-Fri |             |              | 9           |           |
|   | Tala   | cation                                  | T                                 |  | 140                          | DIT-EXCITIPIOU (                 | ) and ivoir in                              | dbio i re   | Abate        | ement       |           |
| Location of   | Nor  | mally                                   |                                   | Description                                      | n of                         |                                  |   |             | Ty           | ре          | _         |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                           | Mainte<br>Custod<br>(*   | 12)                                     | f? (i.e.                          | thermal syster<br>surfacing, V<br>other miscella | Materia<br>ns insu<br>AT, or | lation,                          | Amount<br>(Specify<br>SF or LF)             | Removal     | Repair       | Encapsulate | Enclosure |
| 2nd Floor Mechanical Room   |  | XX                                      | N/A 8                             | 5 Asbestos                                       | Fitting                      | as                               | 85 LF                                       | X           | -            |             |           |
| ZHO FIOSI WOOHAMOON   |  | -                                       |                                   |  |                              |                                  |   |             |              |             |           |
|   |  |   |                                   |  |                              |                                  |   | TEN .       |              |             |           |
| Name of Registered Waste Hauler<br>Freehold Cartage   |  | 100000000000000000000000000000000000000 | EP Waste<br>ler ID No.<br>65      | Cubic Yards<br>of Waste<br>10                    |                              |                                  | egistered Land<br>and County                |             | ill          |             |           |
| City, State<br>Freehold, NJ   |  |   | 2000)                             | Disposal Date 7/10/2015                          | te                           | City, State<br>Newburg           | j, PA                                       |             |              |             |           |
| Completed by<br>Christina Lynch   | Title<br>Operat  | ions N                                  | Manager                           | Signatu  | ire<br>M                     | De                               | $\sim$                                      | Date 5/6/20 | 15           |             |           |

| Agendes Notified   | Date of Notification (1)   | 7/        | 15        | i              |         |             |            | ng Owner/Operator(<br><b>University</b> |                     | -4904 Check       | #7186  | 1.18    | <u>.</u> ; ; |     |
|--|--|-----------|-----------|----------------|---------|-------------|------------|---|---------------------|-------------------|--------|---------|--------------|-----|
| Antendement #   Antendement #   Cancellation   Data  | ⊠ EPA □  | Initial   |           |                |         |             |            | Orange Ave.                             |                     |                   | 1 1    | ) i     |              | ¥.  |
| Amendment # Amendment #   South Orange, NJ   Name of Contact   South Orange, NJ   Name of Facility Where Abatement is Taking Place (3)   Seton Hall- Boland Hall   South Orange Ave.   Store Address   Store Address   South Orange Ave.   South Ora   |  |           |           |                |         |             |            |   |                     |                   | -      |         | -4"          |     |
| Name of Contact   Cancellation   Name of Contact   Cancellation    |  |           |           |                | 26      | 355         |            |   |                     |                   |        |         |              |     |
| Cancellation   |  |           |           | cludin         | g       | -           |            |   |                     | Telephone Nun     | nhor   |         |              |     |
| Seton Hall   |  |           |           |                |         |             |            |   |                     |                   | ibei   |         |              |     |
| Name of Facility (Mhere Abatement is Taking Place (3)   Setton Hall- Boland Hall   Soluth Orange Ave.   Soluth Orange      |  |           |           |                |         | -           |            |   |                     | 01                |        |         | _            |     |
| School (K-12)   Shool (K-12)   Street Address   Square Feet   # of Floors   Bidg. Age   South Orange Ave.   Square Feet   # of Floors   Bidg. Age   Square Feet   # of Floors   Square Feet    | Name of Facility Where Aha   | atement i | e Takin   | a Diaco        | (3)     | FA          | CILITY     | NFORMATION                              | T                   | 4)                |        |         |              |     |
| Subchapter 8 (Other han K-12)  |  |           | o raking  | g i iace       | (3)     |             |            |   |                     |                   |        |         |              |     |
| Other (i.e., private and commercial buildings, hornes, atc.)   Other (i.e., private and commercial buildings, hornes, atc.)   Square Feet  |  | un        |           |                |         |             |            |   |                     |                   | 2)     |         |              |     |
| South Orange   |  | 10        |           |                |         |             |            |   | Other (i.e., pr     |                   |        | uilding | gs,          |     |
| South Orange  County (6) Essex  Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental  Street Address 280 Huyler Street  City, State, Zip Code South Hackensack, NJ 07606  Project Manager for Monitoring Firm  Telephone No. 201-488-8700  Start Date (10) 5 / 19 / 15 5 / 25 / 15  Cocupany Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement To Be ABATED In Facility Closed Staft Policy (13)  Location of Abestos-Containing Material (ACM) In Facility Closed Staff Policy (12) Yes No N/A  Stairvell Landings  Cumber On N/A  Stairvell Landings  County Code (7)/STATE USE OML/Y)  County Code (7)/STATE USE OML/Y)  Abatement Performed County Building Owner (8) ASCM No. Name of Abatement Contractor (9) Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Cinnaminson, NJ 08048  Steel Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 0807  Full Containment with Negative Pressure Cintrol In Reality City State, Zip Code Cinnaminson, NJ 0807  Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Cinnaminson, NJ 0807  City, State Countrol Name of Registered Landfill City, State Ci |  | е.        |           |                |         |             |            |   |                     |                   |        |         |              |     |
| County (6) Essex    County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)  | The state of the s |           |           |                |         |             |            |   | Square Feet         | # of Floors       | В      | idg. A  | ge           |     |
| Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   AbateTech, Inc.  | 977  |           |           |                |         | 10          |            | 7/07/75/105 01/10                       |                     |                   |        |         |              |     |
| Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Street Address 30 Huyler Street 30 Maple Ave PO Box 25 City, State, Zip Code South Hackensack, NJ 07606 Project Manager for Monitoring Firm Geiser Fajardo Start Date (10) 5 / 19 / 15 5 / 25 / 15 Cocupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement □ Abatement: _AMPM/3:30PM-12AM  Scope of Work (Check all that apply) □ S of or ≥80 if □ Demolition  Location of Asbestos-Containing Material (ACM) IN Facility IN Fa     |  |           |           |                |         | Cour        | nty Code ( | 7)(STATE USE ONLY)                      | Current Use (Pri    | or if being demol | ished) |         |              |     |
| AbateTech, Inc.  |  |           | 11 11 1   |                | 101     | 10011       |            |   |                     |                   |        |         |              |     |
| Street Address 280 Huyler Street  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code South Hackensack, NJ 07606  Project Manager for Monitoring Firm Geiser Fajardo  Start Date (10) 5 / 19 / 15 Scheduled Completion Date (11) Facility Closed/Yacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement Asbestos-Containing Material (ACM) I D BE ABATED IN Facility (13)  Stainwell Landings  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  License No. 00529  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  License No. 00529  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  License No. 00529  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  License No. 00529  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  License No. 00529  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  License No. 00529  Street Address 30 Maple Ave. PO Box 25  City, State, Zip Code Lumberton, NJ 08048  License No. 00529  Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077  Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077  Abbatement with Negative Pressure   Mini-Enclosure   Mini-Enclos |  |           | uilding ( | Owner          | (8)     | ASCM        | No.        |   |                     |                   |        |         |              |     |
| 280 Huyler Street  |  | al        |           |                |         |             |            | AbateTech, I                            | nc.                 |                   |        |         |              |     |
| City, State, Zip Code South Hackensack, NJ 97606  South Hackensack, NJ 97606  South Hackensack, NJ 97606  Start Date (10)  Facility Closed/Vacated During Entire Period of Abatement (Deteck only one)  Facility Closed/Vacated During Entire Period of Abatement (Entre Control on one)  PM3:30PM-12AM  Scope of Work (Check all that apply)  South South (13)  South Sout  |  |           |           |                |         |             |            |   |                     |                   |        |         |              |     |
| South Hackensack, NJ 07606   Lumberton, NJ 08048   |  |           |           |                |         |             |            | 30 Maple Ave                            | e. PO Box 25        |                   |        |         |              |     |
| Project Manager for Monitoring Firm  | •  |           |           |                |         |             |            | and the second second second second     |                     |                   |        |         |              |     |
| Start Date (10)  |  |           |           |                |         |             |            | Lumberton, N                            | NJ 08048            |                   |        |         |              |     |
| Stairwell Landings  Scheduled Completion Date (11)  Solvent (11)  Solvent (12)  Scheduled Completion Date (11)  Solvent (13)  Scheduled Completed (11)  Solvent (13)  Statis Abatement (Check only one)  Statis Abatement (Check only one)  Solvent (13)  Statis Abatement (Check only one)  Solvent (13)  Statis Abatement (Check only one)  Statis Abatement (Che |  | ring Firm |           |                |         |             |            | Telephone No.                           |                     | License No.       |        |         | 70           |     |
| Section of Asbestos-Containing Material (ACM)   Stainwell Landings   Street Address   Street Ad    |  |           |           |                | 2       |             |            | 609-265-2107                            |                     | 00529             |        |         |              |     |
| Cocupancy Status During Abatement (Check only one)   Facility Closed/Vacated During Entire Period of Abatement Am PM/3:30 PM-12 AM   City, State, Zip Code Cinnaminson, NJ 08077   |  | 15        |           |                |         |             |            |   |                     |                   |        |         |              |     |
| Facility Closed/Vacated During Entire Period of Abatement  | Occupancy Status During Al   | batemen   | t (Check  | c only o       | one)    |             |            |   |                     |                   |        |         |              |     |
| Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/3:30PM-12AM   |  |           |           |                |         | ement       |            | 1 NOVERTHER DESCRIPTION AND DESCRIPTION | 0 North             |                   |        |         |              |     |
| Second of Work (Check all that apply)  | Abatement Performed Or   | utside of | Normal    | Facilit        | y Hou   | rs - Des    | cribe      |   |                     |                   |        |         |              |     |
| Scope of Work (Check all that apply)  □ ≥3 sf or ≥3 lf □ ≥60 sf or ≥260 lf □ Demolition □ Description of Asbestos-Containing Material (ACM)  | Time of Abatement:   | AM        | PN        | M/ <u>3:30</u> | PM-1    | <b>2</b> AM |            | 1 (3)                                   |                     |                   |        |         |              |     |
| □ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If □ Demolition □ Description of □ Secription of   | Scope of Work (Check all the   | at apply) |           |                |         |             |            | - Timaminoon                            | , 110 00077         |                   |        |         |              |     |
| Second procedure   | 70 0000<br>70 0000   |           |           |                |         |             |            |   |                     | ative Pressure    |        |         |              |     |
| Asbestos-Containing Material (ACM)  IS Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Stairwell Landings  Stairwell Landings  Name of Registered Waste Hauler AbateTech, Inc.  City, State Lumberton, NJ  Completed By (Print or Type)  Gwendolyn Trumbetti  Is Location Normally Description of Asbestos Containing Material (ACM) (i.e., themal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e., themal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Find Completed & Mastic Service Amount (Specify SF or LF)  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e., themal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Find Completed & Mastic Service Amount (Specify SF or LF)  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) Amount (Specify SF or LF)  Amount (Specify SF or LF)  Find Completed & Mastic Service Amount (Specify SF or LF)  Abatement Type  Cubic Yards of Waste Cubic Yards of Waste Garden Completed Eagle Find Comple |  |           |           |                |         |             |            |   |                     |                   |        |         |              |     |
| Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Stairwell Landings    S Location Normally Used Solely by Maintenance/Custodial Staff? (12)   Yes   No   N/A   |  |           |           |                | arronti | OII         |            |   | mpted (*) and Nor   | -Friable Procedu  | ıre    |         |              |     |
| Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Stairwell Landings    Description of Asbestos Containing Material (ACM)   Maintenance/ Custodial Staff? (12)   Yes   No   N/A   |  |           |           | Is             | Loca    | tion        |            |   |                     |                   |        | atem    | ent T        | vne |
| Stainwell Landings    Stainwell Landings   Stainwel |  |           |           |                |         |             |            | Description of                          | f                   |                   |        |         |              | T   |
| Stainwell Landings    Stainwell Landings   Stainwel |  |           | CM)       |                |         |             | Asbe       | stos Containing Mat                     | terial (ACM)        |                   | em     | (epa    | nca          | ncl |
| Stairwell Landings    Yes   No   N/A   |  | .0        |           | 9-33334        | todial  | Staff?      | (1.6       |   |                     |                   | ova    | H.      | psu          | nso |
| Stairwell Landings    Yes   No   N/A   | (13)   |           |           |                |         |             | -          |   |                     | J. J. J.          | _      |         | llate        | -G  |
| Name of Registered Waste Hauler AbateTech, Inc.  City, State Lumberton, NJ  Completed By (Print or Type)  Gwendolyn Trumbetti  SB-41  Control of the state of the |  |           |           | Yes            | No      | N/A         |            |   |                     |                   |        |         |              |     |
| Name of Registered Waste Hauler AbateTech, Inc.  City, State Lumberton, NJ  Completed By (Print or Type) Gwendolyn Trumbetti  Disposal Date SB-41  Cubic Yards of Waste Cubic Yards of Waste Builer ID No. 18750  Cubic Yards of Waste Cubic Yards of Waste Builer ID No. 18750  Cubic Yards of Waste Cubic Yards of Waste School Cubic Yards of Waste Cubic Yards of Waste School Cubic Yards of Waste Suppose Signature Cubic Yards of Waste G.R.O.W.S. Landfill City, State Tullytown, PA  Signature  Date Signature  Date Signature  | Stairwell Landings   |           |           |                |         | $\boxtimes$ | Floor ti   | le & Mastic                             |                     | 880 SF            |        |         |              |     |
| Name of Registered Waste Hauler AbateTech, Inc.  City, State Lumberton, NJ  Completed By (Print or Type) Gwendolyn Trumbetti  Disposal Date SB-41  Cubic Yards of Waste Cubic Yards of Waste Builer ID No. 18750  Cubic Yards of Waste Cubic Yards of Waste Builer ID No. 18750  Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Builer Gubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Builer Gubic Yards of Waste Signature Cubic Yards of Waste Builer Gubic Yards of Waste Builer Gubic Yards of Waste Signature Cubic Yards of Waste Builer Gubic Yards of Waste Builer Gub |  |           |           |                |         | П           |            |   |                     | 131               |        | П       | П            |     |
| Name of Registered Waste Hauler AbateTech, Inc.  City, State Lumberton, NJ  Completed By (Print or Type) Gwendolyn Trumbetti  NJDEP Waste Hauler ID No. 18750  Disposal Date 5/25/15  City, State Tullytown, PA  Signature  Date 5/7/15  |  |           |           |                |         | -           |            |   |                     |                   |        |         | ] [          |     |
| Name of Registered Waste Hauler AbateTech, Inc.  City, State Lumberton, NJ  Completed By (Print or Type) Gwendolyn Trumbetti  SB-41  NJDEP Waste Hauler ID No. 18750 Disposal Date 5/25/15  Cubic Yards of Waste G.R.O.W.S. Landfill  City, State City, State Tullytown, PA  Signature  Date 5/7/15  |  |           |           | Ш              | 1000000 | Ш           |            |   |                     |                   | Ц      | Ш       | Ш            | Ш   |
| AbateTech, Inc.  Hauler ID No. 18750  City, State  Lumberton, NJ  Completed By (Print or Type)  Gwendolyn Trumbetti  SB-41  Hauler ID No. 18750  Disposal Date 5/25/15  Tullytown, PA  Signature  Signature  Date 5/7/15   |  |           |           |                |         |             |            |   |                     |                   |        |         |              |     |
| City, State  Lumberton, NJ  Completed By (Print or Type)  Gwendolyn Trumbetti  SB-41  Disposal Date 5/25/15  Tullytown, PA  Signature  Date 5/7/15   |  | Hauler    |           |                |         | lauler ID   | No.        | Waste                                   |                     |                   |        |         |              |     |
| Lumberton, NJ  Completed By (Print or Type) Gwendolyn Trumbetti  SB-41  Signature  Signature  Date  5/7/15   | City, State  |           |           |                |         | 18750       |            |   |                     |                   |        |         |              |     |
| Completed By (Print or Type)  Gwendolyn Trumbetti  SB-41  Title  Operations Coordinator  Signature  Date  5/7//5   |  |           |           |                |         |             |            |   | 3/4/2020            | 2.4               |        |         |              |     |
| Gwendolyn Trumbetti Operations Coordinator 5/7/15  |  | Λ         | 7:41-     |                |         |             |            |   | Tullytown, I        | - NA              |        |         |              |     |
| SB-41  |  | )         |           |                |         | O "         |            | Signature                               | 7 . N               | Da                | ate    | 1       | -            |     |
|  |  |           | U         | perati         | ons     | Coordi      | nator      | / /X                                    | IM                  |                   | 5/1    | 11      | 5            | )   |
|  | 1AY 11   |           | * L       | Do not         | use th  | nis form    | for asbest | os licensure exemple                    | ∦<br>ted activities |                   |        | 6       |              |     |

**MAY 11** 

| Date of Notification (1)            |  |            |                 | Name            | e of Buildin  | ıg Ov    | vner/Operator (                    | (2)                                   |                                       |             |        |             |           |
|-------------------------------------|--|------------|-----------------|-----------------|---------------|----------|------------------------------------|---------------------------------------|---------------------------------------|-------------|--------|-------------|-----------|
|                                     | /15  | 5          |                 | Atl             | antic Cnt     | ty D     | ivision of Fa                      | cilities Mgmnt                        | / Job #1502-48                        |             |        | #71         | 87        |
|                                     | tification   |            |                 | Stree           | t Address     |          |                                    | 1.2-12                                | THE PART                              | 5 C.        | -      |             |           |
|                                     |  |            |                 | 12:             | 27 Drexel     | Ave      | e. PO Box 11                       | 07                                    |                                       |             |        |             |           |
| ☑ DOLWD ☐ Amei                      |  |            |                 | City,           | State, Zip (  | Code     | )                                  |                                       | 1 1 2 2 3                             | 175         | Ž.     |             |           |
|                                     | idment #   |            | -               |                 |               |          | J 08401-1107                       | , , , , , , , , , , , , , , , , , , , |                                       | 10          |        |             |           |
| □ DCA     □ Emel     (NJAC 5:23-8)  | gency (ir<br>cation)   | iciuain    | g               |                 | e of Contac   |          |                                    |                                       | Telephone Nur                         | nber        |        |             |           |
| □ Cano                              |  |            |                 | 100000          | niel Kash     |          |                                    |                                       | Totophone Hai                         | 11501       |        |             |           |
|                                     |  |            |                 | FA              | CILITY IN     | NFO      | RMATION                            |                                       |                                       |             |        |             |           |
| Name of Facility Where Abatement    |  |            | e (3)           |                 |               |          |                                    | Type of Facility                      | (4)                                   | - 10        |        |             |           |
| Atlantic County Shoreview           | Buildin  | g          |                 |                 |               |          |                                    | School (K-1)                          |                                       |             |        |             |           |
| Street Address                      |  |            |                 |                 |               |          |                                    |                                       | 8 (Other than K-1<br>private and comm |             | uildin | 70          |           |
| 101 South Shore Road                |  |            |                 |                 |               |          |                                    | homes, etc.                           | )                                     | ercial D    | unum   | 45,         |           |
| City (5)                            | THE STATE OF THE S |            |                 |                 |               |          |                                    | Square Feet                           | # of Floors                           | В           | ldg. A | ge          |           |
| Northfield, NJ                      |  |            |                 |                 |               |          |                                    |                                       |                                       |             |        | -           |           |
| County (6)                          |  |            |                 | Cou             | nty Code (7   | 7)(STA   | ATE USE ONLY)                      | Current Use (Pr                       | rior if being demo                    | lished)     |        |             |           |
| Atlantic                            |  |            |                 |                 |               |          |                                    |                                       | 3                                     |             |        |             |           |
| Name of Monitoring Firm Hired by    | Building (   | Owner      | (8)             | ASCM            | No.           | Na       | me of Abateme                      | ent Contractor (9)                    | )                                     |             |        |             |           |
| Health & Safety Services            |  |            |                 | 117             |               | 1        | AbateTech, Ir                      | nc.                                   |                                       |             |        |             |           |
| Street Address                      | 100  |            |                 |                 |               | Str      | eet Address                        | A85-124                               |                                       |             |        |             |           |
| PO Box 365                          |  |            |                 |                 |               | 3        | 30 Maple Ave                       | e. PO Box 25                          |                                       |             |        |             |           |
| City, State, Zip Code               |  |            |                 |                 |               | _        | y, State, Zip Co                   |                                       |                                       |             |        |             |           |
| Berlin, NJ 08009                    |  |            |                 |                 |               | 50,000   | umberton, N                        |                                       |                                       |             |        |             |           |
| Project Manager for Monitoring Firr | 1  | 1          | Tel             | ephone          | No.           |          | lephone No.                        |                                       | License No.                           |             |        |             |           |
| Jim Proctor                         |  |            | - 10            | 56-452          |               | De-Octob | 09-265-2107                        |                                       | 00529                                 |             |        |             |           |
| Start Date (10)                     | Sched  | duled C    | Comple          | etion Da        | ate (11)      |          | me of OSHA M                       |                                       |                                       |             |        |             |           |
| 5/18/15                             |  |            | 7.5             |                 | 15            |          | EMSL Analyti                       |                                       |                                       |             |        |             |           |
| Occupancy Status During Abateme     | nt (Chec   | k only     | one)            |                 | A10-11-27-00- | Str      | eet Address                        |                                       |                                       |             |        |             | -         |
| ☐ Facility Closed/Vacated During I  | Entire Pe  | riod of    | Abate           | ment            |               | 2        | 200 Route 13                       | 0 North                               |                                       |             |        |             |           |
| Abatement Performed Outside o       | f Normal   | Facilit    | y Hou           | rs - Des        | scribe        | Cit      | y, State, Zip Co                   | ode                                   |                                       |             |        |             | -         |
| Time of Abatement:AM-               | PI   | VI/        | PM              |                 | _AM           | 0        | innaminson                         | , NJ 08077                            |                                       |             |        |             |           |
| Scope of Work (Check all that apply | ')   |            |                 |                 |               |          | M Full Cont                        | ainment with No.                      | nativa Progrum                        |             |        |             |           |
| ≥3 sf or ≥3 If                      |  | ⊠ Re       | enovat          | ion             |               |          | ☐ Mini-Encl                        | ainment with Neg<br>losure            | jative Pressure                       |             |        |             |           |
| ≥160 sf or ≥260 lf                  |  | ☐ De       | emoliti         | on              |               |          | Glovebag                           |                                       |                                       |             |        |             |           |
|                                     |  |            |                 |                 |               |          | ☐ Non-Exer                         | mpted (*) and No                      | n-Friable Procedi                     |             |        |             |           |
| Location of                         |  | 1360       | s Loca<br>Norma |                 |               |          | Danasistics of                     |                                       |                                       | Ab          | atem   | ent T       | уре       |
| Asbestos-Containing Material (A     | CM)  | Use        | ed Sol          | ely by          | Asbe          | stos     | Description of<br>Containing Mat   |                                       | Amount                                | Re          | Repair | En          | En        |
| TO BE ABATED                        | .S   | 4000000000 | intena          | ance/<br>Staff? |               | ., the   | ermal systems i                    | nsulation,                            | (Specify                              | Removal     | oair   | cap         | Enclosure |
| IN Facility<br>(13)                 |  | Cus        | (12)            |                 |               |          | surfacing, VAT,<br>her miscellaned |                                       | SF or LF)                             | <u>a</u>    | 223    | Encapsulate | ure       |
| (1.0)                               |  | Yes        | No              | N/A             |               | Ot       | nei miscellanec                    | Jusj                                  |                                       |             |        | te          |           |
| Boiler Room                         |  |            |                 |                 | Boiler I      | nsul     | ation                              |                                       | 100 SF                                | $\boxtimes$ |        |             |           |
| Boiler Room                         |  |            |                 |                 | Flue Pa       | ckir     | ng                                 |                                       | 1 SF                                  |             |        |             |           |
|                                     |  |            |                 |                 |               |          |                                    |                                       |                                       |             |        |             |           |
|                                     |  |            |                 |                 |               |          |                                    |                                       |                                       | П           | П      | П           | П         |
| Name of Registered Waste Hauler     |  |            | I               | JDEP \          |               | Cub      | oic Yards of                       | Name of Regis                         | tered Landfill                        | 1           |        | _           | _         |
| AbateTech, Inc.                     |  |            |                 | lauler II       | No.           | Wa       | ste                                | G.R.O.W.S                             |                                       |             |        |             |           |
| City, State                         |  |            |                 | 18750           | )             | 1        | 2<br>posal Date                    |                                       |                                       |             |        |             |           |
| Lumberton, NJ                       |  |            |                 |                 |               |          | /25/15                             | City, State Tullytown,                | DΛ                                    |             |        |             |           |
|                                     | Tiel   |            |                 |                 |               | 3/       |                                    | Tunytown,                             |                                       |             |        |             |           |
| Completed By (Print or Type)        | Title  |            |                 | ٠ <u>.</u>      |               |          | Signature                          | 2 4                                   | D                                     | ate / r     | 11     |             |           |
| Gwendolyn Trumbetti                 | 0  | perati     | ons             | Coordi          | nator         |          |                                    | nu                                    |                                       | 71'         | 1/     | 2           |           |

ASB-41 MAY 11

05-05-15;07:38AM;

CK11160

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MAY 1 1 2015

| 20 Control Con |                            |             | (1           | D ILLE III                              | int to NJ              | AC 8:60 and 5:1  | 6)   | AAY .                   | 2010  |
|--|----------------------------|-------------|--------------|---|------------------------|--|--|-------------------------|---|
| Date of Notification (1)  DB / bi  | _ /                        | 21          |              | Nem                                     | e of Buldi             | ng Owner/Operator (  | - b  |                         |   |
| Agencies Notified Ty   | pe Notificati              | DR          | _            |   | at Address             |  | _  | LICENSII                | 46 // II :                                    |
| ⊠ EPA □  | mitial                     |             |              |   | Hoover                 |  | Lance de Continue  | [:: · /                 | //  |
| ☑ DOLWD  | Amended                    |             |              |   | State, Zip             |  |  |                         | 71/1 -  |
|  | Amendmen                   | t#          | -            |   |                        | gton, NJ   | 1.   | 10100                   |   |
| (NJAC 5:23-5)  | Emergency<br>justification | (Includi    | DG.          |   | e of Conte             |  |  | 16 4.532 F              | SPORMED                                       |
|  | Cancellation               | <u></u>     |              | 100000000000000000000000000000000000000 | e ai Conte<br>INNY SQU |  | }  | Taleshone No            |   |
|  |                            |             |              | FA                                      | CILITY                 | NEORMATION   |  | fee il ec.              |   |
| Name of Facility Where Abst  | ement le Tak               | ing Plac    | (三)年         |   |                        | THE PROPERTY OF THE PARTY OF TH | Type of Facility (4  | **                      |   |
| residential house  |                            | _           |              |   |                        |  | School (K-12)  |                         |   |
| Street Address   |                            |             | -            |   |                        |  | ☐ Subchapter 6   | (Other than K-          | 12)   |
| sycds as amaz  |                            |             |              |   |                        |  | DOMET (I.E., pr  | vale and comm           | nercial buildings.                            |
| Olty (5)   |                            |             |              |   |                        |  | homes, etc.)<br>Square Feet  |                         |   |
|  |                            |             |              |   |                        |  | adriate Féet   | # of Floors             | Bidg, Age                                     |
| County (6)   |                            |             | -            | Cou                                     | nty Code (             | TYSTATE USE ONLY)  | Comment I be a front   | 2                       |   |
| Name of Monitoring Firm Hire   | er bu Bulle                |             | 15.          |   |                        |  | residential hi   | f If Deing demo<br>Duse | olished)                                      |
| A STATE OF STREET HAS IN THE LINE  | d by Building              | 1 OWUR      | (8)          | ABOM                                    | No.                    | Name of Abateme  | ent Contractor (9)   |                         |   |
| Street Address   |                            |             |              |   |                        | Pow/R/Save 1   | nc.  |                         |   |
|  |                            |             |              |   |                        | Street Address   |  |                         | Para and                                      |
| City, State, Zip Code  |                            |             |              |   |                        | 27 West Street   |  |                         |   |
| 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1   |                            |             |              |   |                        | City, State, Zip Co  |  |                         |   |
| Project Manager for Mankorin   | a Elmin                    |             | 1 100        |   |                        | Bloomfield, N  | U 07003  |                         |   |
|  | # Litte                    |             | 1.6          | enorice                                 | No.                    | Telephone No.  |  | License No.             |   |
| Start Date (10)  | I Bak                      |             |              |   |                        | (973) 680-008  |  | 357                     |   |
| 05 / 08 / 1  | <u> </u>                   | <b>\$</b> 5 | /_0          | S /                                     |                        | Name of OSHA M   | onitor   | -                       |   |
| Occupancy Status During Abs  | tement (Che                | ock anly    | ons)         |   |                        | Street Address   |  |                         |   |
| Facility Closed/Vacated Du   | iring Entire F             | Period of   | Abal         | ement                                   |                        |  |  |                         |   |
| Abstement Performed Outs Time of Abstement:  | side of Narm               | of Fabili   | ly Ho        | irs - Des                               | pribe                  | City, State, Zip Co  | de   |                         |   |
|  |                            | 1- 104      |              |   | AM                     |  |  |                         |   |
| Scope of Work (Oheck all that  | abblà)                     |             |              |   | G (81                  |  |  |                         |   |
| ≥3 af or ≥3 if     ≥160 af or ≥280 if  |                            | ΠR          | enove        | tlan                                    |                        | Full Confi<br>Mini-Engl  | alnment with Nega  | tive Pressure           |   |
| ≥160 af or ≥260 if   |                            | Z D         | amali        | lon                                     |                        | Glovebag   | Diocedure  |                         |   |
|  |                            | -           |              |   |                        | ⊠ Nan-Exer   | npted (*) and Non-   | Friable Proces          | iure  |
| Location of  |                            |             | Norm<br>Norm |   | 1                      |  |  |                         | Abstement Type                                |
| Asbestos-Containing Mate   | rial (ACM)                 | Ųe<br>3Ų    | 6d So        | lely by                                 | Ache                   | Peatription of<br>stos Containing Mai  | material diameters   |                         |   |
| TO BE ABATED IN Facility   |                            |             |              | Staff?                                  | (1.6                   | in thermal avetoms (   | naulation.   | Amount<br>(Specify      | Enclosu<br>Encaps<br>Repair<br>Remova         |
| (13)   |                            |             | (12          |   | ]                      | turfacing, VAT,  | 00   | SF or LF)               | Enclosure<br>Encapsulate<br>Repair<br>Removal |
|  |                            | Y 53        | No           | N/A                                     |                        | 0070111110000001100  | ,027   |                         | 2 c   |
| exterior siding  |                            |             |              | ×                                       | siding                 |  |  | 2400 sf                 |   |
|  |                            |             | 10           |   | -                      |  |  | ZAUU ST                 |   |
|  |                            |             | 二            |   | -                      |  |  |                         |   |
|  |                            |             |              |   |                        |  |  |                         |   |
|  |                            |             |              |   |                        |  |  |                         |   |
| Name of Registered Weste Ha  |                            |             | T            | NJOEP                                   | Waste                  | Cubic Yards of   | Name of Registe  | And I are start         |   |
| Pro Green management   | LLC                        |             |              | Hayler II                               | D No.                  | Waste  | Grand Centr  |                         |   |
| City, State  |                            |             |              | 2205                                    |                        | Disposal Date  | The second secon | er or initate           | יאיח  |
| East Brunswick, NJ   |                            |             |              |   |                        | ついちのない 口間(名  | City, State  |                         |   |
| Completed By (Print or Type)   | [ TI                       | tla         | _            |   |                        | 18/2000  | Pan Argyl P  |                         |   |
| Sharon Hendee  |                            | sec/tre     | 23           |   |                        | Signature  | (11 1  |                         | Date //                                       |
| 48-61  |                            |             |              |   |                        |  | 1 /Au /6   |                         | _ 5/5/15                                      |
| IAN 13   |                            | " Do no     | VEE !        | this form                               | for asbesi             | tas ibaneure exemp   | ed solivities.   |                         | 1   |

CHECK # 874)

|  | 1/                                       |   |                   |                   |                                       |            |                                     | - 7         | 1 1                 | Î        | W       | P. 1          | -         |
|--|--|---|-------------------|-------------------|---------------------------------------|------------|-------------------------------------|-------------|---------------------|----------|---------|---------------|-----------|
| Date of Notification (1)   | -12/15                                   |   | 1                 |                   | Building Owner/                       |            | (2)                                 |             |                     |          |         |               |           |
| <u> </u>   | 5/6/17                                   |   |                   | The second second | ED KUIT                               | TEN        |                                     |             |                     |          |         |               | 111       |
| Agencies Notified  | Type Notification                        |   |                   | Street A          |                                       |            | -055                                |             | WAX                 |          | Clu     |               | 100       |
| □ EPA  | ☑ Initial                                |   | 1                 |                   | 1 GEORGE                              | - 31       | KBiZJ                               |             |                     |          |         |               |           |
| □ DEP<br>☑ DOL   | ☐ Amended<br>Amendment                   |   |                   | City, Sta         | ite, Zip Code                         |            | 5 0746                              |             |                     |          |         | نىد<br>ئە ئا  |           |
| M DOL  | ☐ Emergency (                            |   | -                 |                   |                                       | , ,~       | 0 01400                             |             |                     |          |         |               |           |
| ⊠ DOH  | justification)                           | _                                       |                   |                   | f Contact                             |            | 6.2                                 | . Tel       | ephone Num          | ber      | Leei    | 21            |           |
| □ DCA  | ☐ Cancellation                           |   |                   | E                 | (i                                    |            |                                     | 10          |                     | ,        |         |               |           |
| Name of Equilibrithese   | Nh ata as a tis Tali                     | DI (6)                                  |                   | FACI              | LITY INFORMAT                         | ION        | ***                                 |             |                     |          |         |               |           |
| Name of Facility Where A   | Abatement is Taking                      | Place (3)                               |                   |                   |                                       |            | Type of Facility (                  | (4)         |                     |          |         |               |           |
|  |  |   |                   |                   |                                       |            | ☐ School (K-1                       |             |                     |          |         |               |           |
| Street Address   | · (7                                     |   |                   |                   |                                       |            | ☐ Subchapter<br>☑ Other (i.e. p     | 8 (Othe     | r than K-12)        | مانىما ا | linan   | <b>.</b>      |           |
| City (5) FAIR LO   | 201.                                     |   |                   |                   |                                       |            | etc.)                               | nivate o    | Commercia           | Duno     | iings,  | потпе         | 35,       |
| City (5)   | 21.611                                   |   |                   |                   |                                       |            | Square Feet                         |             | f Floors            | E        | Bldg. A |               |           |
| the state of the second |  |   |                   |                   |                                       |            | 1450                                |             | 3                   |          | 60      | ツ             |           |
| County (6)   | /  |   | T                 | County (          | Code (7)                              |            | Current Use (Pri                    | or if beir  | ng demolishe        | d)       |         | -             |           |
| 132000   | ,  |   |                   | (STATE I          | JSE ONLY)                             |            | RE                                  | S           |                     |          |         |               |           |
| Name of Monitoring Firm  | Hired by Building (                      | Owner (8)                               |                   | ASC               | M No.                                 |            | of Abatement Cor                    |             | (9)                 |          |         | MICHAEL STATE |           |
|  |  |   |                   |                   |                                       | A.M.       | AC Contracting Inc                  |             |                     |          |         |               |           |
| Street Address   |  | *************************************** |                   |                   |                                       | Street     | Address                             |             | AND SHOWS THE       |          | -       |               |           |
|  |  |   |                   |                   |                                       | 185 \      | Vreeland Ave.                       |             |                     |          |         |               |           |
| City, State, Zip Code  |  |   |                   |                   |                                       | City 5     | State, Zip Code                     | -           |                     |          |         | -             |           |
|  |  |   |                   |                   |                                       |            | and Park, NJ 0743                   | 2           |                     |          |         |               |           |
| Project Manager for Moni   | itoring Firm                             |   | 1                 | Tolon             | hana Na                               | T-1        | N                                   |             |                     | -        |         |               |           |
|  |  |   |                   | relep             | hone No.                              |            | none No.<br>-262-5841               |             | License No<br>00156 | •        |         |               |           |
| Start Date (10)  | · j                                      | Cabadul                                 |                   |                   | b-i- (44)                             |            |                                     |             | 00100               |          |         |               |           |
| Start Date (10) 5/1  | 5/13                                     | Schedul                                 | ed Cor            | I S               | Date (11)                             | 1          | of OSHA Monitor<br>ega Environmenta |             | es Inc              |          |         |               |           |
| 0 0 1 0 1  |  |   |                   | / /               |                                       | 1          |                                     | 1 001110    | 00 1110.            |          |         | -             |           |
| Occupancy Status During  Example Status During  Example Status During  | g Abatement (Che<br>Ited During Entire F | ok Only Or<br>Period of A               | ne)<br>hatem      | ent               |                                       | 77.571.753 | Address<br>Juyer Street             |             |                     |          |         |               |           |
| □ Abatement Performe   |  |   |                   | O.II.             |                                       |            | tate, Zip Code                      |             |                     |          | _       |               |           |
| ☐ Other - Describe:  |  |   |                   |                   |                                       |            | ensack, NJ 07606                    |             |                     |          |         |               |           |
| Scope of Work (Check A   | II That Apply)                           |   |                   |                   | · · · · · · · · · · · · · · · · · · · |            |                                     |             |                     |          |         |               |           |
| i⊠ ≥3 sf or ≥3 lf  |  | λΩ R                                    | enovat            | ion               |                                       | _          | . F                                 | _4 _ '44_ 1 |                     |          |         |               |           |
| ≥3 sf or ≥3 lf<br>□ ≥160 sf or ≥260 lf   |  |   | emoliti           |                   |                                       | E          | Full Containme Mini-Enclosure       | nt with i   | vegative Pre        | ssure    | 2       |               |           |
|  |  |   |                   |                   |                                       | Z          | Glovebag Proc                       | edure       |                     |          |         |               |           |
|  |  | T                                       |                   |                   |                                       | "_         | Non-Exempted                        | (*) and     | Non-Friable         | Proc     |         |               |           |
|  |  |   | Locat             |                   |                                       |            |                                     |             |                     |          |         | emen<br>/pe   | t         |
| Location   |  |   | Normal<br>ed Sole |                   |                                       | escription |                                     |             |                     | -        |         | I             |           |
| Asbestos-Containing TO BE ABA  |  | Ma                                      | intena            | nce/              |                                       |            | Material (ACM) s insulation,        |             | mount<br>Specify    | -        |         | E             | ш         |
| In Facili  | ity                                      | Cus                                     | todial S<br>(12)  | Staff?            |                                       | acing, VA  |                                     |             | or LF)              | 9        | Repair  | dec           | nclo      |
| (13)   |  |   | (12)              |                   | other                                 | miscellar  | neous)                              |             |                     | Removal  | alr     | Encapsulate   | Enclosure |
|  |  | Yes                                     | No                | N/A               |                                       | 277        |                                     |             |                     | -        |         | 8             | "         |
| BADEMENT   |  |   |                   | X                 | Pil                                   | 25         |                                     |             | 160 LR              | X        |         |               |           |
| V/Nort   |  | +                                       |                   | -                 | / //                                  |            |                                     | /           | 000                 | -        | -       |               | -         |
| TOTAL CONTRACTOR OF THE PARTY O |  |   |                   |                   |                                       |            |                                     |             |                     |          |         |               | $\square$ |
|  |  |   |                   |                   |                                       |            |                                     |             |                     |          |         |               |           |
|  |  | 1                                       |                   |                   |                                       |            |                                     |             |                     |          |         |               |           |
| Name of Registered Wast  | te Hauler                                | T                                       | IN                | JDEP W            | aste Cubic                            | Yards      | Name of                             | Register    | ed Landfill         |          | 1       |               |           |
| Harts Actions John Mill  |  |   | Н                 | auler ID I        | No. of Wa                             |            |                                     | 2000        |                     |          |         |               |           |
| Newark Carting, Inc  |  |   |                   | 04509             |                                       | /          |                                     |             | lehem Landf         | ill Cor  | p.      |               |           |
| City, State, Zip Code<br>Newark, NJ 07105  |  |   |                   | To CONTRACT OF    |                                       | sal Date   | City, State                         |             |                     |          |         |               |           |
|  |  |   |                   |                   | 5/                                    | 15/15      | ov Beth                             | enem, F     | PA 18015            |          | 1 .     |               |           |
| Completed by<br>R. McDonald  |  | Title                                   | 201               |                   |                                       | Signaturé  | Jane 14                             | 11          | Date                | 9 /      | , /     | _             |           |
| N. IVICDUITAIU   |  | Presid                                  | ent               |                   |                                       | 0          | L. III Jonal                        | -           |                     | 5/       | 0//-    | 3             | -         |

NOCK

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

| Date of Notification (1) |            |  |       | 7.1    |                  | Name              | of Building | Owner/Operator (2                    | 2)                               |                    |           |        |             |           |
|--------------------------|------------|--|-------|--------|------------------|-------------------|-------------|--------------------------------------|----------------------------------|--------------------|-----------|--------|-------------|-----------|
|                          | 07         | /  | 15    | _      |                  |                   |             | University Med                       |                                  | ascack Valle       | у         | 115    |             |           |
| Agencies Notified        |            | otification  | on    |        |                  |                   | Address     |                                      |                                  | 15:1 + 3           |           | 8/15   |             | 1         |
| ⊠ EPA                    | ☐ Initia   | 701<br>1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - |       |        |                  | 250               | Old Hool    | k Road                               |                                  |                    |           |        | ئــ         | 1         |
| ☑ DOLWD                  | ⊠ Ame      | ended<br>endmen  | + ++4 |        |                  | City, St          | ate, Zip Co | ode                                  |                                  | The Decision       |           | hart   | _ 34        | 1         |
| ☑ DHSS<br>□ DCA          |            | ergency  | -     | udina  |                  | Wes               | twood, N    | IJ 07675                             |                                  | LICE               | 1.1.1     |        |             |           |
| (NJAC 5:23-8)            |            | ification  |       | uuiiig |                  | Name              | of Contact  |                                      |                                  | Telephone Nur      | nber      |        |             |           |
| •                        | ☐ Can      | cellatio   | n     |        |                  | Barr              | y Mousa     |                                      | j                                |                    |           |        |             |           |
|                          |            |  |       |        |                  | FAC               | ILITY IN    | FORMATION                            |                                  |                    |           |        |             |           |
| Name of Facility Where A | Abateme    | nt is Tal  | king  | Place  | (3)              |                   |             |                                      | Type of Facility (               | 4)                 |           |        |             |           |
| Hackensack Univer        | sity Me    | edical   | Cen   | terof  | Pasc             | ack Va            | alley-Eme   | ergency Room                         | School (K-12                     |                    |           |        |             |           |
| Street Address           |            |  |       |        |                  |                   |             |                                      | ☐ Subchapter 8 ☐ Other (i.e., pr |                    |           | uildin | as.         |           |
| 250 Old Hook Road        | 1          |  |       |        |                  |                   |             |                                      | homes, etc.)                     | ivate and commi    | Ci Giai b | ullull | 95,         |           |
| City (5)                 |            |  |       |        |                  |                   |             |                                      | Square Feet                      | # of Floors        | В         | ldg. / | Age         |           |
| Westwood                 |            |  |       |        |                  |                   |             |                                      | 423,240                          | 6                  |           | 51     |             |           |
| County (6)               |            |  |       |        |                  | Coun              | ty Code (7) | (STATE USE ONLY)                     | Current Use (Pri                 | or if being demo   | lished)   |        | -           |           |
| Bergen                   |            |  |       |        |                  |                   |             |                                      | Hospital                         |                    |           |        |             |           |
| Name of Monitoring Firm  | Hired b    | y Buildir  | ng O  | wner ( | 8) /             | ASCM I            | No.         | Name of Abatem                       | ent Contractor (9)               |                    | 100-00    |        |             |           |
| Pennoni Associate        |            | V. 1878 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 1848 - 184        |       |        |                  | 0010              | 2           | Superior Aba                         |                                  |                    |           |        |             |           |
| Street Address           |            |  |       |        |                  |                   |             | Street Address                       |                                  |                    |           |        |             |           |
| 515 Grove Street S       | uite 1B    |  |       |        |                  |                   |             | 2 Henderson                          | Drive                            |                    |           |        |             |           |
| City, State, Zip Code    |            |  |       |        |                  |                   |             | City, State, Zip C                   |                                  |                    |           |        |             | _         |
| Haddon Heights, N        | 1 0803     | 5  |       |        |                  |                   |             | West Caldwe                          |                                  |                    |           |        |             |           |
| Project Manager for Mon  |            |  |       |        | Tele             | phone I           | Vo.         | Telephone No.                        | , 110 01 000                     | License No.        |           |        |             |           |
| Alan Llyod               | illoring i |  |       |        |                  |                   | 7-0505      | (973) 808-16                         | 16                               | 00411              |           |        |             |           |
| Start Date (10)          |            | 180  | hodi  | iled C |                  | tion Dat          |             | Name of OSHA                         |                                  |                    |           |        |             | _         |
| 04/15/                   | 15         |  |       |        |                  | /_                |             | Superior Aba                         |                                  |                    |           |        |             |           |
|                          |            |  |       |        |                  |                   |             |                                      | atement in                       |                    |           |        |             |           |
| Occupancy Status During  | 5/2        |  |       |        |                  |                   |             | Street Address                       | D.:                              |                    |           |        |             |           |
| ☐ Facility Closed/Vacate |            |  |       |        |                  |                   | cribe       | 2 Henderson                          |                                  |                    |           |        |             |           |
| Time of Abatement:       |            |  |       |        |                  |                   |             | City, State, Zip C<br>West Caldwe    |                                  |                    |           |        |             |           |
| Scope of Work (Check a   | Il that an | nlv)   |       |        |                  |                   |             | West Caldwe                          | eli, NJ 07000                    |                    |           |        |             |           |
| Scope of Work (Check a   | н инас ар  | ply)   |       |        |                  |                   |             |                                      | tainment with Neg                | ative Pressure     |           |        |             |           |
| ☐ ≥3 sf or ≥3 lf         |            |  |       | ⊠ Re   |                  |                   |             | ☐ Mini-End                           |                                  |                    |           |        |             |           |
| ⊠ ≥160 sf or ≥260 lf     |            |  |       | ☐ De   | molitic          | on                |             |                                      | g Procedure<br>empted (*) and No | n-Friable Proce    | dure      |        |             |           |
|                          |            |  |       | ls     | Locat            | ion               | I           |                                      |                                  |                    |           | bate   | nent T      | vpe       |
| Location                 | n of       |  |       |        | Norma            |                   |             | Description                          |                                  |                    | -         | 1      |             | T         |
| Asbestos-Containing      |            | (ACM)  |       |        | d Sole<br>intena |                   |             | stos Containing Ma                   |                                  | Amount             | en        | Kepair | nca         | nclo      |
| TO BE ABA                |            |  |       |        | todial           | Staff?            | (1.6        | ., thermal systems<br>surfacing, VAT |                                  | (Specify SF or LF) | Kemova    | =      | psu         | Enclosure |
| (13)                     |            |  |       |        | (12)             | 1                 | -           | other miscellane                     |                                  | ŤV.                |           |        | Encapsulate | e.        |
|                          |            |  |       | Yes    | No               | N/A               |             |                                      |                                  |                    |           |        | -           | 1         |
| 1st Floor Emergency      | y Area     |  |       |        |                  | $\boxtimes$       | Drywall     | /Joint Compou                        | nd                               | 38,750 SF          |           |        |             |           |
|                          |            |  |       |        |                  |                   |             |                                      |                                  |                    |           |        |             |           |
|                          |            |  |       |        |                  |                   |             |                                      |                                  |                    |           |        |             |           |
|                          |            |  |       |        |                  |                   |             |                                      |                                  |                    |           |        |             |           |
| Name of Registered Was   | ste Haul   | er   |       |        | 1000             | JDEP V            |             | Cubic Yards of                       | Name of Regis                    | stered Landfill    |           |        |             | 1         |
| Service Transport        | Group,     | Inc  |       |        | H                | lauler II<br>SW21 |             | Waste<br>300                         | Minerva E                        | nterprises         |           |        |             |           |
| City, State              |            |  |       |        |                  | U112              |             | Disposal Date                        | City, State                      |                    |           |        |             |           |
| New Castle, DE           |            |  |       |        |                  |                   |             | 5/13/15                              | Waynesbu                         | rg, OH             |           |        |             |           |
| Completed By (Print or 1 | Гуре)      |  | Title | 1      |                  |                   |             | Signature                            |                                  | 11                 | Date      | eg:    |             |           |
| Nick Petrovski           |            |  | P     | resid  | ent              |                   |             |                                      |                                  | ku.                | 5-        | 0,     | 7- ,        | 15        |

ASB-41 MAY 11

| Date of Notification (1)  4 / 13                               | 1                                    | 15           |            |               | 100000000000000000000000000000000000000 |                | ng Owner/Operator (<br>k University Med   |                          | Pascack Valley        | y           |        |             |           |
|--|--------------------------------------|--------------|------------|---------------|---|----------------|---|--------------------------|-----------------------|-------------|--------|-------------|-----------|
|  | e Notifica                           | ation        |            |               | Stree                                   | et Address     | 370                                       |                          | MAT                   |             | ilh.   |             | -         |
| □ DHSS A   | mended                               | ent#_        |            |               |   | State, Zip     | Code<br>, NJ 07675                        |                          |                       | ilde        |        | ily.        |           |
| (NJAC 5:23-8) ji   | mergeno<br>ustificatio<br>Cancellati | on)          | luaing     |               |   | e of Conta     |   |                          | Telephone Nun         | nber        |        |             |           |
|  |                                      |              |            |               | FΔ                                      | CILITY         | NFORMATION                                |                          |                       |             |        |             |           |
| Name of Facility Where Abater                                  | nent is T                            | aking        | Place      | (3)           |   |                |   | Type of Facility         | (4)                   |             |        |             |           |
| Hackensack University  |                                      |              |            | 4.0.4         | cack \                                  | /allev-Er      | nergency Room                             | School (K-1)             |                       |             |        |             |           |
| Street Address   |                                      |              |            |               |   |                |   |                          | 8 (Other than K-1:    |             |        |             |           |
| 250 Old Hook Road  |                                      |              |            |               |   |                |   | homes, etc.              | rivate and comme      | ercial b    | uildir | igs,        |           |
| City (5)   | _                                    |              |            |               |   |                |   | Square Feet              | # of Floors           | F           | ldg. / | Ane         |           |
| Westwood   |                                      |              |            |               |   |                |   | 423,240                  | 6                     | -           | 51     | ige         |           |
| County (6)   |                                      |              |            |               | Cou                                     | nty Code       | (7)(STATE USE ONLY)                       | The second of the second | ior if being demoli   | shed)       | 01     |             |           |
| Bergen   |                                      |              |            |               | 000                                     | my code        | I NOTHIE GOL ONE IT                       | Hospital                 | ioi ii being demon    | si ieu)     |        |             |           |
| Name of Monitoring Firm Hired                                  | by Build                             | ling Ov      | vner (     | 8)            | ASCM                                    | No             | Name of Abateme                           | LOCATION STATE           |                       |             |        |             |           |
| Pennoni Associates Inc   | by balla                             | mig O        | viici (i   | ٠             | 001                                     |                | Superior Aba                              |                          | <b>1</b> .5           |             |        |             |           |
| Street Address   |                                      |              |            |               | 001                                     |                | Street Address                            | itement inc              |                       |             |        |             |           |
| 515 Grove Street Suite 1                                       | R                                    |              |            |               |   |                | 2 Henderson                               | Drivo                    |                       |             |        |             |           |
| City, State, Zip Code  | ь —                                  |              |            |               |   |                |   |                          |                       |             |        |             |           |
| Haddon Heights, NJ 080   | 25                                   |              |            |               |   |                | City, State, Zip Co                       |                          |                       |             |        |             |           |
| Project Manager for Monitoring                                 |                                      |              |            | Tolo          | nhana                                   | Ne             | West Caldwe                               | II, NJ 07000             | Transacki.            |             |        |             |           |
| Alan Llyod   | L III II                             |              |            |               | phone                                   | 17-0505        | Telephone No.                             | •                        | License No.<br>00411  |             |        |             |           |
| Start Date (10)  |                                      | ab a d       | - d C-     |               | (C. 65)                                 |                | (973) 808-161                             |                          | 00411                 |             |        | -           |           |
| 04 / 15 / 15   | 1                                    |              |            |               |   | ate (11)<br>15 | Name of OSHA M                            |                          |                       |             |        |             |           |
|  |                                      |              |            |               | _ ′                                     | 10_            | Superior Aba                              | tement inc               |                       |             |        |             |           |
| Occupancy Status During Abate                                  |                                      |              |            |               |   |                | Street Address                            |                          |                       |             |        |             |           |
| ☐ Facility Closed/Vacated Duri ☐ Abatement Performed Outsi     |                                      |              |            |               |   | ariba          | 2 Henderson                               |                          |                       |             |        |             |           |
| Time of Abatement: 7:00 A                                      |                                      |              |            |               |   |                | City, State, Zip Co<br>West Caldwel       |                          |                       |             |        |             |           |
| Scope of Work (Check all that a                                | pply)                                |              |            |               |   |                | _   |                          | 1 ES                  |             |        |             |           |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> |                                      |              | Ren<br>Den |               |   |                | ☐ Mini-Encl<br>☐ Glovebag                 | Procedure                |                       |             |        |             |           |
|  |                                      |              | le l       | ocat          | ion                                     | Т              | ☐ Non-Exer                                | npteo (*) and No         | n-Friable Procedu     |             |        | 1102        |           |
| Location of  |                                      |              | N          | orma          | lly                                     |                | Description of                            | F                        |                       | 1000        | _      | ent T       | 1         |
| Asbestos-Containing Materia                                    | al (ACM)                             |              |            | Sole<br>Stena | ly by                                   |                | stos Containing Mat                       | terial (ACM)             | Amount                | Remova      | Repair | Enc         | Enclosure |
| TO BE ABATED IN Facility                                       |                                      |              |            |               | Staff?                                  | (i.e           | e., thermal systems in<br>surfacing, VAT, |                          | (Specify<br>SF or LF) | nov         | air    | aps         | losi      |
| (13)   |                                      |              |            | (12)          | _                                       | 1              | other miscellaned                         |                          | 31 01 11 )            | 1 20        |        | Encapsulate | ıre       |
|  |                                      | ,            | Yes        | No            | N/A                                     |                |   |                          |                       |             |        | е           |           |
| 1st Floor Emergency Area                                       |                                      |              |            |               | $\boxtimes$                             | Drywal         | I/Joint Compound                          | d                        | 38,750 SF             | $\boxtimes$ |        |             |           |
|  |                                      | Г            | 7          |               |   |                |   |                          |                       |             | П      |             | П         |
|  | +                                    |              | -+         | 100           | 1                                       | -              |   |                          |                       | 1           |        |             |           |
|  |                                      | L            |            |               |   |                |   |                          |                       |             | Ш      | Ш           | Ш         |
|  |                                      |              |            |               |   |                |   |                          |                       |             |        |             |           |
| Name of Registered Waste Hau                                   | ler                                  |              |            | 1000          | JDEP \                                  |                | Cubic Yards of                            | Name of Regis            | tered Landfill        |             |        |             |           |
| Service Transport Group  | , Inc                                |              |            | (1000)        | auler II SW21                           |                | Waste<br>300                              | Minerva En               | terprises             |             |        |             |           |
| City, State  |                                      |              |            |               | U1141                                   | 11             | Disposal Date                             | City, State              | 18                    |             |        |             | $\neg$    |
| New Castle, DE   |                                      |              |            |               |   |                | 5/8/15                                    | Waynesbui                | g, OH                 |             |        |             |           |
| Completed By (Print or Type) Nick Petrovski                    |                                      | Title<br>Pre | sider      | nt            |   |                | Signature                                 | 1 11                     | Da C                  | te          | 12     | . / 5       |           |
| CD 41  |                                      |              |            |               |   |                | 1/11                                      | n fish                   | 1/2 /                 | /           | 5      | /)          |           |

ASB-41 MAY 11

| Date of Notification (1)             |                    |          |            |                | Name              | of Building  | g Ow       | ner/Operator (2                  | 2)                 |                                      |         | 7       | -           |           |
|--------------------------------------|--------------------|----------|------------|----------------|-------------------|--------------|------------|----------------------------------|--------------------|--------------------------------------|---------|---------|-------------|-----------|
| 5/                                   | 6 /                | 15       | _          |                | NJ                | America      | n Wa       | ater / Job #                     |                    | COUR                                 |         |         |             |           |
| Agencies Notified                    | Type Notific       | ation    |            |                | Street            | Address      |            |                                  |                    | No. Carlo                            | - 4     |         | 7           |           |
|                                      | ☐ Initial          |          |            |                | 100               | James S      | Stree      | et                               |                    |                                      |         |         |             |           |
|                                      |                    |          |            |                | City, S           | state, Zip C | Code       | *                                | 2                  |                                      |         |         | į.          |           |
| □ DHSS                               | Amendm             |          | . al im as |                | Lak               | ewood, I     | NJ 0       | 8701                             |                    | 6 1 1 1                              |         |         |             |           |
| ☐ DCA<br>(NJAC 5:23-8)               | Emerger justificat |          | Jaing      |                | Name              | of Contac    | t          |                                  |                    | Telephone Nu                         |         | 1       |             |           |
|                                      | ☐ Cancella         |          |            |                | Tim               | Green        |            |                                  |                    | 1 5                                  |         |         |             |           |
|                                      |                    |          |            |                | FAG               | CILITY IN    | IFOF       | RMATION                          |                    |                                      |         |         |             |           |
| Name of Facility Where Ab            |                    |          | Place (    | 3)             |                   |              |            |                                  | Type of Facility   |                                      |         |         |             |           |
| Lakewood Township                    | Water Ma           | ain      |            |                |                   |              |            |                                  | School (K-1)       |                                      | 10)     |         |             |           |
| Street Address                       |                    |          |            |                |                   |              |            |                                  |                    | 8 (Other than K-1<br>rivate and comm |         | uilding | IS.         |           |
| Massachusetts at No                  | orth Drive         |          |            |                |                   |              |            |                                  | homes, etc.        |                                      |         | •       |             |           |
| City (5)                             |                    |          |            |                |                   |              |            |                                  | Square Feet        | # of Floors                          | В       | dg. A   | ge          |           |
| Lakewood Township                    | )                  |          |            |                |                   |              |            |                                  |                    |                                      |         |         |             |           |
| County (6)                           |                    |          |            |                | Cour              | ty Code (7   | )(STA      | TE USE ONLY)                     | Current Use (Pr    | ior if being demo                    | lished) |         |             |           |
| Ocean                                |                    |          |            |                |                   |              |            |                                  | Water Main         |                                      |         |         |             |           |
| Name of Monitoring Firm H            | lired by Buil      | lding Ow | ner (8)    |                | ASCM              | No.          | Na         | me of Abateme                    | ent Contractor (9) |                                      |         |         |             |           |
| NA                                   |                    |          |            |                |                   |              | A          | AbateTech, Ir                    | nc.                |                                      |         |         |             |           |
| Street Address                       |                    |          |            |                |                   |              | Str        | eet Address                      |                    |                                      |         |         | 7-20        |           |
|                                      |                    |          |            |                |                   |              | 3          | 0 Maple Ave                      | e. PO Box 25       |                                      |         |         |             |           |
| City, State, Zip Code                |                    |          |            |                |                   |              |            | y, State, Zip Co                 |                    |                                      |         |         |             |           |
|                                      |                    |          |            |                |                   |              | 1          | umberton, N                      |                    |                                      |         |         |             |           |
| Project Manager for Monito           | oring Firm         |          | 1          | Tele           | phone             | No.          | _          | ephone No.                       |                    | License No.                          |         |         | -           |           |
|                                      |                    |          |            |                |                   | _            | 133        | 09-265-2107                      | =                  | 00529                                |         |         |             |           |
| Start Date (10)                      |                    | Schedul  | ed Cor     | nple           | tion Da           | te (11)      | Nar        | me of OSHA M                     | lonitor            |                                      |         |         |             |           |
| 4/15/_                               | 1                  |          |            |                | 1                 |              |            | MSL Analyti                      |                    |                                      |         |         |             |           |
| Occupancy Status During A            | - (                |          |            | _              |                   |              |            | eet Address                      |                    |                                      |         |         |             |           |
| ☐ Facility Closed/Vacated            | 장면 얼마는 아이들이 되었다.   |          |            | 300            |                   |              | 1000       | 00 Route 13                      | 0 North            |                                      |         |         |             |           |
| ☐ Abatement Performed C              |                    |          |            |                |                   | cribe        | -          | , State, Zip Co                  |                    | -                                    |         |         |             |           |
| Time of Abatement:                   |                    |          |            |                |                   |              | 1 .        | innaminson                       |                    |                                      |         |         |             |           |
| Scope of Work (Check all t           | hat apply)         |          |            |                |                   |              |            |                                  |                    |                                      |         |         |             |           |
| ☐ >3 sf or >3 lf                     |                    | Б        | Reno       | vati           | on                |              |            | ☐ Full Cont                      | ainment with Ne    | gative Pressure                      |         |         |             |           |
| ≥160 sf or ≥260 lf                   |                    |          | Dem        |                |                   |              |            | ☐ Glovebag                       | Procedure          |                                      |         |         |             |           |
|                                      |                    |          |            |                | ,                 |              |            |                                  | mpted (*) and No   | n-Friable Proced                     | lure    |         |             |           |
|                                      |                    |          |            | ocati<br>rmal  |                   |              |            |                                  |                    |                                      | Ab      | atem    | ent T       | уре       |
| Location of<br>Asbestos-Containing M |                    | /I)      | Used       |                |                   | Δsha         | etne       | Description of<br>Containing Mat |                    | Amount                               | Re      | Re      | Ē           | 田田        |
| TO BE ABAT                           |                    | ""       | Main       |                |                   |              |            | rmal systems i                   |                    | (Specify                             | Remova  | Repair  | cap         | Enclosure |
| IN Facility                          |                    | 1        | Custo      | 11ai 3<br>(12) | staπ?             |              |            | urfacing, VAT,                   |                    | SF or LF)                            | a       |         | Encapsulate | ure       |
| (13)                                 |                    | ,        |            | No             | N/A               |              | OU         | her miscellaned                  | ous)               |                                      |         |         | ite         |           |
| Exterior                             |                    |          |            | 7              |                   | Transite     | e wa       | ter main pip                     | e                  | 1,825 SF                             |         | П       | П           | П         |
|                                      |                    |          | - J        |                |                   |              |            |                                  |                    |                                      |         | П       | П           |           |
|                                      |                    | -  -     | -  -       | _              |                   |              |            |                                  |                    |                                      |         |         |             |           |
|                                      |                    | L        | _   _      | <u> </u>       |                   |              |            |                                  |                    |                                      | $\perp$ |         | Ш           | Ш         |
|                                      |                    |          |            | ]              |                   |              |            |                                  |                    |                                      |         |         |             |           |
| Name of Registered Waste             | Hauler             |          |            |                | JDEP V            |              | 10,300,000 | oic Yards of                     | Name of Regis      |                                      |         |         |             |           |
| AbateTech, Inc.                      |                    |          |            | 10000          | auler ID<br>18750 |              | Wa:        |                                  | G.R.O.W.S          | . Landfill                           |         |         |             |           |
| City, State                          |                    |          |            |                |                   |              |            | posal Date                       | City, State        |                                      |         |         |             |           |
| Lumberton, NJ                        |                    |          |            |                |                   |              | 5          | /29/15                           | Tullytown,         | PA                                   |         |         |             |           |
| Completed By (Print or Typ           | e)                 | Title    |            |                |                   |              |            | Signature                        |                    | T                                    | Date    |         |             |           |
| Gwen Trumbetti                       | wer's tal          | Ope      | ratio      | ns C           | oordi             | nator        |            | 1 / no A                         | 1                  |                                      | <1      | 10      | 5           |           |
| A C D . 44                           |                    | 1        |            |                |                   |              |            | 1 KINC                           | · ·                |                                      | -1      | -11     | 7           |           |

ASB-41 MAY 11

CK 1048

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

| Date of Notification (1)  |             |           |   |                  | Name      | of Building | Owner/Operator (2                     | 2)                              |  |         |        |             |           |
|---------------------------|-------------|-----------|---|------------------|-----------|-------------|---------------------------------------|---------------------------------|--|---------|--------|-------------|-----------|
|                           | 6/          | 15        | _                                       |                  | Fair      | leigh Dic   | kinson Universi                       | ty                              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 1 - 6.  | 4      | . 1         | Æ         |
| Agencies Notified         | Type Notif  | ication   |   |                  | Street    | Address     |                                       |                                 |  |         |        | C- +        |           |
| ⊠ EPA                     |             |           |   |                  | 285       | Madison     | Ave                                   |                                 | 5 1 1                                  |         |        | 0.54        |           |
| ⊠ DOLWD                   | ☐ Amend     |           |   |                  | City, S   | tate, Zip C | ode                                   |                                 |  | ``-     |        | 7.1         | 2         |
| ☑ DOH ☐ DCA               | Emerge      | ment #_   |   |                  | Mad       | lison, NJ   | 07940                                 |                                 | Fig. 4                                 |         | 112    |             |           |
| (NJAC 5:23-8)             | justifica   |           | cidaling                                |                  | Name      | of Contact  | i.                                    |                                 | Telephone Nur                          | mber    |        |             |           |
|                           | ☐ Cancel    | lation    |   |                  | Cra       | ig Gorcz    | yca                                   |                                 | 1:                                     |         |        |             |           |
|                           |             |           |   |                  | FAC       | ILITY IN    | FORMATION                             |                                 | -                                      |         |        |             |           |
| Name of Facility Where A  | batement is | s Taking  | Place                                   | (3)              |           |             |                                       | Type of Facility                | (4)                                    |         |        |             | -         |
| FDU - Hennessey H         | all (SNAX   | (S)       |   |                  |           |             |                                       | School (K-12                    |  | .0)     |        |             |           |
| Street Address            |             |           |   |                  |           |             |                                       |                                 | 8 (Other than K-1<br>rivate and comm   |         | ildina | s.          |           |
| 285 Madison Ave           |             |           |   |                  |           |             |                                       | homes, etc.)                    |  | 3,33,33 |        | -,          |           |
| City (5)                  |             |           |   |                  |           |             |                                       | Square Feet                     | # of Floors                            | Blo     | dg. Ag | je .        |           |
| Madison, NJ 07940         |             |           |   |                  |           |             |                                       |                                 |  |         |        |             |           |
| County (6)                |             |           |   |                  | Coun      | ty Code (7  | )(STATE USE ONLY)                     | Current Use (Pr                 | ior if being demo                      | lished) |        |             |           |
| Morris                    |             |           |   |                  |           |             |                                       |                                 |  |         |        |             |           |
| Name of Monitoring Firm   | Hired by Br | uilding ( | Owner (                                 | 8)               | ASCM      | No.         | Name of Abateme                       | ent Contractor (9)              |  |         |        |             |           |
| EWMA                      |             |           |   |                  |           |             | ALL PRO MA                            | NAGEMENT L                      | LC                                     |         |        |             |           |
| Street Address            |             |           |   |                  |           |             | Street Address                        |                                 |  |         |        |             |           |
| 100 Misty Lane            |             |           |   |                  |           |             | 27 Outwater                           | Lane                            |  |         |        |             |           |
| City, State, Zip Code     |             |           |   |                  |           |             | City, State, Zip Co                   | ode                             |  |         |        |             |           |
| Parsippany, NJ            |             |           |   |                  |           |             | Garfield, NJ                          | 07026                           |  |         |        |             |           |
| Project Manager for Moni  | toring Firm |           |   | Tele             | phone     | No.         | Telephone No.                         |                                 | License No.                            |         |        |             |           |
| Craig Gorczyca            |             |           |   | 9                | 73-703    | -6649       | 973-928-4888                          | *                               | 1188                                   |         |        |             |           |
| Start Date (10)           |             | Sched     | luled C                                 | omple            | tion Da   | te (11)     | Name of OSHA M                        | lonitor                         | ************************************** |         |        |             |           |
| 5/20/                     | 15          |           | 9/                                      | 1                | 5_/_      | 15_         | ALL PRO MA                            | NAGEMENT L                      | LC                                     |         |        |             |           |
| Occupancy Status During   | Abatemen    | t (Chec   | k only o                                | ne)              |           | 1000        | Street Address                        |                                 |  |         |        |             |           |
| ☐ Facility Closed/Vacate  |             |           |   |                  |           |             | 27 Outwater                           | Lane                            |  |         |        |             |           |
|                           |             |           |   |                  |           | cribe       | City, State, Zip Co                   |                                 |  |         |        |             |           |
|                           |             |           | v., <u>0.00</u>                         | v. <u>-</u>      | .00/      |             | Garfield, NJ                          | 07026                           |  |         |        |             |           |
| Scope of Work (Check all  | that apply  | )         |   |                  |           |             | ⊠ Full Cont                           | tainment with Ne                | gative Pressure                        |         |        |             |           |
| ≥3 sf or ≥3 If            |             |           | ⊠ Re                                    |                  |           |             | ☐ Mini-End                            | losure                          | 944101.10004.0                         |         |        |             |           |
| ≥160 sf or ≥260 lf        |             |           | ☐ De                                    | moliti           | on        |             | ☐ Gloveba                             | g Procedure<br>mpted (*) and No | on-Friable Proced                      | lure    |        |             |           |
|                           |             |           | Is                                      | Loca             | tion      |             | NOTI-EXC                              | mptea ( ) and re                | THADIC THOOCG                          | T       | atem   | ant Ty      | VDA       |
| Location                  | of          |           |   | Vorma            |           |             | Description of                        | of                              |  | -       |        |             |           |
| Asbestos-Containing       |             | CM)       |   | ed Sol<br>intena | ely by    |             | stos Containing Ma                    |                                 | Amount                                 | em      | Repair | nce         | incl      |
| TO BE ABA                 |             |           | 110000000000000000000000000000000000000 |                  | Staff?    | (I.e        | e., thermal systems<br>surfacing, VAT |                                 | (Specify<br>SF or LF)                  | Removal | ¥.     | psu         | Enclosure |
| (13)                      | .,          |           |   | (12)             | 10000000  | -           | other miscellane                      |                                 | 0.52 5357 6                            | -       |        | Encapsulate | œ.        |
|                           |             |           | Yes                                     | No               | N/A       |             | 44 752                                | 40                              |  |         | _      |             |           |
| Basement                  |             |           |   |                  |           | VAT &       | Mastic                                |                                 | 1,100 SF                               |         | Ш      | $\boxtimes$ |           |
|                           |             |           |   |                  |           |             | (E)                                   |                                 |  |         |        |             |           |
|                           |             |           |   |                  |           |             |                                       |                                 |  |         |        |             |           |
|                           |             |           | П                                       | П                |           |             |                                       |                                 |  |         |        |             |           |
| Name of Registered Was    | te Hauler   |           |   | -                | NJDEP '   |             | Cubic Yards of                        | Name of Regis                   | Lstered Landfill                       |         |        |             |           |
| All Pro Managemen         |             |           |   | ŀ                | lauler II |             | Waste                                 | IESI Landi                      | fill                                   |         |        |             |           |
| City, State               |             |           |   |                  | 00348     | 360         | As Needed Disposal Date               | City, State                     |  | - 122   |        |             |           |
| Garfield, NJ              |             |           |   |                  |           |             | TBD                                   | Bethlehen                       | n, PA                                  |         |        |             |           |
| Completed By (Print or Ty | me)         | Titl      | 9                                       |                  |           |             | Signature                             |                                 |  | Date /  | 1      |             |           |
| Allen Monchik             | ype)        | 200       | e<br>P <b>rojec</b> t                   | Mar              | ager      |             | 10000                                 | 1                               | 1                                      | 5/1     | /      | 15          |           |
| Alleli Wollclik           |             | P         | rojeci                                  | ividi            | ayei      |             |                                       |                                 | _                                      | 2/6     | 1 6    | ب           |           |

CK 1049

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

| Date of Notification (1)   |                          |  |                   | Name      | of Building      | Owner/Operator (2   | 2)                        |                                       |         |            | 272         |             |
|--|--------------------------|--|-------------------|-----------|------------------|---|---------------------------|---------------------------------------|---------|------------|-------------|-------------|
| 5/   | 6/                       | 15                                     |                   | Dau       | ighters o        | of Miriam   | C.6.                      | T I S F W S S S                       | \$      |            |             |             |
| Agencies Notified  | Type Notifica            | tion                                   |                   | Street    | Address          |   | 1- 7:                     | 945 h 89                              |         | , i        |             |             |
| ⊠ EPA  |                          |  |                   | 155       | Hazel St         | treet   | 2                         |                                       |         | 133        |             |             |
| ☑ DOLWD  | ☐ Amended                |  |                   | City, S   | State, Zip C     | Code  | - b                       | - A - 1 - 1 - 1                       | -       |            |             |             |
| ☑ DOH  | Amendme                  |  |                   | Clif      | ton, NJ          | 07011   |                           | e :                                   | S. C.   |            |             |             |
| DCA<br>(NJAC 5:23-8)   | ☐ Emergend justification |  |                   | Name      | of Contac        | t   |                           | Telephone Numb                        | er      |            |             |             |
| (1.10) (0.120 0)   | ☐ Cancellati             |  |                   | Joh       | n L. Con         | way   | ı                         | • 00                                  |         |            |             |             |
|  |                          |  |                   | FAG       | CILITY IN        | IFORMATION  |                           |                                       |         | 22.50/2.00 |             |             |
| Name of Facility Where A   | Abatement is T           | aking Place                            | (3)               |           |                  |   | Type of Facility (4       | 1)                                    |         |            |             |             |
| Commercial Building  | ng                       |  |                   |           |                  |   | School (K-12)             |                                       |         |            |             |             |
| Street Address   |                          |  |                   |           |                  |   |                           | (Other than K-12)<br>vate and commerc | ial hu  | ilding     | ie          |             |
| 155 Hazel Street   |                          |  |                   |           |                  |   | homes, etc.)              |                                       |         | 1.55       | 0 109       |             |
| City (5)   |                          |  |                   |           |                  |   | Square Feet               | # of Floors                           | Ble     | dg. A      | ge          |             |
| Clifton, NJ 07011  |                          |  |                   |           |                  |   |                           |                                       |         |            |             |             |
| County (6)   |                          |  |                   | Coun      | ty Code (7       | )(STATE USE ONLY)   | Current Use (Price        | r if being demolish                   | ned)    |            |             |             |
| Passaic  |                          |  |                   |           |                  |   |                           |                                       |         |            |             |             |
| Name of Monitoring Firm  | Hired by Build           | ing Owner (                            | (8)               | ASCM      | No.              | Name of Abateme   | ent Contractor (9)        |                                       |         |            |             |             |
| Bio Terra Solutions  | :                        |  |                   |           |                  | ALL PRO MA  | NAGEMENT LL               | .C                                    |         |            |             |             |
| Street Address   |                          |  |                   |           |                  | Street Address  |                           |                                       |         |            |             |             |
| P.O. Box 1224  |                          |  |                   |           |                  | 27 Outwater   | Lane                      |                                       |         |            |             |             |
| City, State, Zip Code  |                          | <del>- Kerse - tra</del>               |                   |           |                  | City, State, Zip Co   | ode                       |                                       |         |            |             |             |
| Union, NJ  |                          |  |                   |           |                  | Garfield, NJ  |                           |                                       |         |            |             |             |
| Project Manager for Mon  | itoring Firm             |  | Tele              | phone     | No.              | Telephone No.   |                           | License No.                           |         |            |             |             |
| Rick Eustaquio   |                          |  | 10000000          | 3-494     |                  | 973-928-4888  |                           | 1188                                  |         |            |             |             |
| Start Date (10)  | S                        | cheduled C                             | omple             | tion Da   | te (11)          | Name of OSHA N  | lonitor                   |                                       | -       |            |             |             |
| 5/18/  | _15                      | 9 /                                    | 15                | _ /       | 15               | ALL PRO MA  | NAGEMENT LL               | С                                     |         |            |             |             |
| Occupancy Status During  | Abatement (0             | Check only o                           | one)              |           |                  | Street Address  |                           | 15                                    |         |            |             |             |
| □ Facility Closed/Vacate   | 사용 아이트 아이트를 보는 것이다.      | ************************************** |                   | ment      |                  | 27 Outwater   | Lane                      |                                       |         |            |             |             |
| ☐ Abatement Performed  |                          |  |                   |           | cribe            | City, State, Zip Co   |                           |                                       |         |            |             |             |
| Time of Abatement: _   | AM                       | PM/                                    | _PM-              |           | AM               | Garfield, NJ  |                           |                                       |         |            |             |             |
| Scope of Work (Check al  | I that apply)            |  |                   |           |                  | 54,,,5,4,   |                           |                                       |         |            |             |             |
| □ >2 of or >2 If   |                          | Пр                                     | no voti           |           |                  |   | ainment with Nega         | ative Pressure                        |         |            |             |             |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or &gt;260 lf</li></ul>   |                          | ☐ Re                                   | novati<br>molitic |           |                  | ☐ Gloveba   |                           |                                       |         |            |             |             |
|  |                          |  |                   | MC:       |                  | Non-Exe     Non-Exe | mpted (*) and Non         | -Friable Procedure                    | е       |            |             |             |
|  |                          |  | Locat             |           |                  | 200000000000000000000000000000000000000   |                           |                                       | Ab      | atem       | ent T       | уре         |
| Location<br>Asbestos-Containing  |                          | 0.00                                   | ed Sole           |           | Acho             | Description of<br>stos Containing Ma  |                           | Amount                                | R       | Re         | m           | m           |
| TO BE ABA  |                          | Ma                                     | intena            |           |                  | ., thermal systems  |                           | (Specify                              | Removal | Repair     | cap         | clos        |
| IN Facili  | ty                       | Cus                                    | todial (12)       | Staff?    | 8.               | surfacing, VAT  | , or                      | SF or LF)                             | Va.     | _          | Encapsulate | Enclosure   |
| (13)   |                          | Yes                                    | No                | N/A       | 1                | other miscellane  | ous)                      |                                       |         |            | ate         |             |
| Basement   |                          |  |                   |           | Pipe In:         | sulation  |                           | 3,021 LF                              |         |            |             | $\boxtimes$ |
| Basement   |                          |  |                   |           | VAT &            |   |                           | 15,000 SF                             |         |            |             |             |
| 1 <sup>st</sup> Floor  |                          |  |                   |           | VAT &            |   |                           | 15,000 SF                             |         | П          |             |             |
| Connecting Hallway   |                          |  |                   |           | Name of the same | sulation  |                           | 330 LF                                |         |            |             |             |
|  | to Haular                |  |                   | JDEP \    |                  | Cubic Yards of  | Name of Regist            |                                       |         |            | 24          |             |
| Name of Registered Was<br>Newark Carting   | ic nauler                |  | 1 1 2 2 2         | lauler II |                  | Waste   | IESI Landfil              |                                       |         |            |             |             |
|  |                          |  |                   | 04509     | )                | As Needed   |                           | II.                                   |         |            |             |             |
| City, State<br>Newark, NJ  |                          |  |                   |           |                  | Disposal Date TBD   | City, State<br>Bethlehem, | ΡΔ                                    |         |            |             |             |
| BASING STATES OF THE STATES OF |                          |  |                   |           |                  | $\sim$  | Detiliellelli,            | 2,000,000                             |         | F          |             |             |
| Completed By (Print or T   | ype)                     | Title                                  |                   |           |                  | Signature   | 1/2                       | Da                                    | e       | . 1        | 1           |             |
| Allen Monchik  |                          | Project                                | Man               | ager      |                  | 1 199   |                           | <u> </u>                              | 21      | 6          | 15          |             |

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

|   |                   |   |                       | 155 Hazel Street   |                              | Abatemer                        | nt Type               |                 |                   |
|---|-------------------|---|-----------------------|--|------------------------------|---------------------------------|-----------------------|-----------------|-------------------|
| Location of Asbestos-Containing<br>Material (ACM) TO BE ABATED In<br>Faculty (13) | Nor<br>S<br>Maint | Locati<br>mally<br>Solely I<br>tenanc<br>al Staff | Used<br>by<br>ce/Cust | Description of Asbestos-Containing Material<br>(ACM) (i.e. thermal systems, insulation,<br>surfacing, VAT, or other miscellaneous) | Amount (Specify SF<br>or LF) | R<br>e<br>m<br>o<br>v<br>a<br>I | R<br>e<br>p<br>a<br>i | E n c a p s u l | E n c l o s u r e |
|   | Yes               | No  | N/A                   |  | 566.05                       |                                 |                       |                 |                   |
| Windows   |                   |   | Х                     | Window Caulking  | 566 SF                       | Х                               |                       | Х               |                   |
| Exterior  |                   |   | X                     | Transite   | 255 SF                       | X                               |                       | X               |                   |
|   |                   |   |                       |  |                              |                                 |                       |                 |                   |
|   |                   |   |                       |  |                              |                                 |                       |                 |                   |
|   |                   |   |                       |  |                              |                                 |                       |                 |                   |
|   |                   |   |                       |  |                              |                                 |                       |                 |                   |
|   |                   |   |                       |  |                              |                                 |                       |                 |                   |
|   |                   |   |                       |  |                              |                                 |                       |                 |                   |
|   |                   | _   | _                     | 127  |                              |                                 |                       | _               | _                 |

|  |       |        |                 | $\sim \sim \sim \sim$ |       |
|--|-------|--------|-----------------|-----------------------|-------|
| Completed by: (Print or type)<br>Monchik | Allen | Title: | Project Manager | Signature             | Date: |