



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

| Date of Notification (1) | 0540 | anon: | 8 | | Nam | e of Buildin | ıq Ov | wner/Operator (| (2) | 11// | _ | | | | |
|---|--------------------------|------------|-----------|------------|-----------------|--------------|----------|--|---------------------------------|----------------------------|---------------------------|-------------|--------------------|---------------------------------------|-------------|
| 5 / | 10 / | 18 | | | 1-2000000 | | _ | y University | _/ | FEI | @ F | 2 F | 7.7 | [- | 9100 |
| Agencies Notified | Tuna Matifia | | | | | 830 | 7 | , | | IME | C E | : | \mathbb{W} | E | |
| ⊠ EPA | Type Notific ☑ Initial | ation | | | 1000 | et Address | , | | | less / | THE RESERVE OF THE PARTY. | * 1 | | - France | |
| ☑ DOLWD | ☐ Amende | d | | | _ | | | nnedy Blvd | | | | | | | 0.00 |
| ☑ DOH | Amendm | ent# | | | 11.58 | State, Zip | | | | M M | IAY 1 | 5 | 201 | 8 | 1 |
| ☐ DCA | ☐ Emerger | | cludin | g | | rsey City | | 07305 | | and the state of | | | | | 4 |
| (NJAC 5:23-8) | justificati | | | | Nam | e of Contac | ct | | | Telephone N | Number 261 (48 | 757 | | CH | 2. |
| | ☐ Cancella | tion | | | | | | | | PWOER | LIGE | NS | ING | · · · · · · · · · · · · · · · · · · · | L.TIL |
| | | | | | F | CILITY IN | NFO | RMATION | | Proposition and the second | and a second | per en e | 5679 N.CC., W.F.E. | 2010/AUSZ07 | Lighter in- |
| Name of Facility Where A | | | | 9 30 - 100 | | | | | Type of Facility | (4) | | | | | |
| New Jersey City Un | iversity- N | ursin | g Ed | Cent | er- Ro | ssey Hall | | | School (K-12 | | | | | | |
| Street Address | | | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., p | | | Lbu | ildinas | | |
| 2039 John F Kenne | dy Blvd | WILE | | | | | | | homes, etc.) | | moroid | , Du | numge | ., | |
| City (5) | | | | | | | | | Square Feet | # of Floors | | Blo | lg. Ag | е | |
| Jersey City | | | | | | | | | | 6 | | Ę | ÷0 | | |
| County (6) | | | | | Cou | inty Code (7 | 7)(STA | ATE USE ONLY) | Current Use (Pri | ior if being den | nolished | d) | | | |
| Hudson | | | | | | | | | Education C | Center | | | | | |
| Name of Monitoring Firm | | 7.00 | wner | (8) | ASCN | 1 No. | Na | me of Abateme | ent Contractor (9) | | | | | | |
| Horizon Environme | ntal Group | | | | | | (| Controlled E | nvironmental S | Systems | | | | | |
| Street Address | | | | | | | Str | eet Address | | | | | | | |
| PO Box 316 | | | | | | | 1 | 1121 N. Bethl | lehem Pike - S | uite 60 | | | | | |
| City, State, Zip Code | | | | | | | Cit | y, State, Zip Co | ode | | | | | | |
| Thorofare NJ 08086 | | | | | | | 5 | Spring House | e, PA 19477 | | | | | | |
| Project Manager for Monit | toring Firm | | | Tel | ephone | No. | Te | lephone No. | | License No |). | - | | | |
| | | | | 8 | 56 84 | 0800 | 2 | 215 542 7000 | | 00847 | | | | | |
| Start Date (10) | 3 | Sched | uled C | omple | etion D | ate (11) | Na | me of OSHA M | Ionitor | | | | | | |
| _6_ / _4_ / | 18 | (| 3/ | _ 3 |)/ | 18 | (| CES | | | | | | | |
| Occupancy Status During | Abatement (| Check | only | one) | | | Str | eet Address | | | | | - | | |
| ☐ Facility Closed/Vacate | | | | | ment | | DSG COOL | | ehem Pike - Sı | lite 60 | | | | | |
| Abatement Performed | Outside of No | ormal | Facilit | y Hou | rs - De | scribe | | y, State, Zip Co | | arto 00 | | | | | |
| Time of Abatement: | AM- <u>9:0</u> | 0PM/ | | PM-7 | :00AN | | | Spring House | | | | | | | |
| Scope of Work (Check all | that apply) | | | | - 100 | | _ | pring riodoc | , 17 10411 | | | - | - | | |
| | , | | _ | | | | | ☐ Full Cont | ainment with Neg | ative Pressure | 3 | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | ⊠ Re | | | | | Mini-Encl Mini-En | losure | | | | | | |
| 24 _ 100 01 01 _ 200 11 | | | Пре | HOIL | OH | | | ☐ Glovebag | Procedure mpted (*) and Nor | n-Friable Proce | edure | | | | |
| | | | Is | Loca | tion | | | | | | | Aha | temer | nt Tv | ne |
| Location | | | | Vorma | | | | Description of | f | | - | | | | |
| Asbestos-Containing N TO BE ABA | | 1) | | intena | ely by ance/ | Asbe | stos | Containing Mat | terial (ACM) | Amount | 1 | em | Repair | inca | ncl |
| IN Facility | | | | todial | Staff? | (i.e | | ermal systems i surfacing, VAT, | | (Specify SF or LF) | | Remova | air | sde | Enclosure |
| (13) | | | www.esco. | (12) | F-20000000 | 4 | | her miscellaned | | 01 01 21) | 1 | - | | Encapsulate | Ге |
| | | | Yes | No | N/A | | | | | | | | | CD. | |
| 6 th Floor | 6 th Floor | | | | | | | me hood/Vib | ration collar | 180SF | 0 | \boxtimes | | | |
| 6th Floor | | | | Counte | r Ta | ble Tops | | 800SF | | X | | 7 | П | | |
| | | | | | +_ | Journe | | bic ropo | | 00001 | | 7 | | _ | ᆜ |
| | | | Ш | Ш | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Wast | | | | 40 | | Waste | | oic Yards of | Name of Regist | tered Landfill | | | | | |
| David Geppert Recy | cling | | | | lauler l | D No. | Wa | ste | Western Be | erks Commu | ınity L | and | dfill | | |
| City, State | | | | | | | Dis | posal Date | City, State | | | | | | |
| Hatfield, PA | | | | | | | | and the second s | Birdsboro, | PA 19508 | | | | | |
| Completed By (Print or Ty | pe) | Title | | | | | | Signature | 1 | 1 | Date | | | | |
| Patricia Visco | one Co | VECTABLE 2 | fice I | Vlana | ger | | | VAT. | cus Visc | 11.00 | | | 10- | 10 | |
| | | | | | _ | | | rulu | our view | 0 | 0 | 1 | 10 | 11 | - 1 |



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

Check # 1080

| Date of Notification (1) | | Name | of Building Ow | vner/Op | erator | (2) | | - | | | | |
|---|--|--|----------------|-----------------------|-----------|--|-------------|--------------------|-------------|----------------------|-------------------|-----------|
| 5/11/18 | | E | DEN W | 000 | Rh | GCTY, LO | 4F |) E C | | Π | \mathbb{W} | |
| Agencies Notified Type Notification | | Street | Address PAR | SIP | PAL | Y ROAV | | | - | | | |
| EPA Initial Amended Amendment | ± | City, S | tate, Zip Gode | UY | | 15 07 | 89) | MA | Y 1 | 5 2 | 2018 | • |
| Emergency (justification) | Charles and the same of the sa | Name | of Contact | | , , , | 00, | | ephone Nu | mhar | | | |
| DCA Justilication | | RI | ck No | | | | 9 | 73459 | 428 | H) (| 06 | SE. |
| Name of Facility Where Abatement is Taking | g Place (3) | FAC | ILITY INFOR | MATIO | N | Type of Facility | (4) | WORLDSON ! | t fedgraden | ECTIVE ELECTRICAL | A NOTERIORISMO | |
| PATRIOT GREEK | <u> </u> | | | | | School (K- | 12) | | | | | |
| Street Address 652 EAST MAIN ST | NEET | RAI | MSEY S | ST. | | Subchapte Other (i.e. etc.) | | | | dings, | home | es, |
| City (5) BRINGEWATER | | | | | | Square Feet | # 01 | Floors | E | Bldg. A | 1000 | |
| County (6) SOMERSET | | | Code (7) | | | Current Use (Pr | | | | | 40 | |
| Name of Monitoring Firm Hired by Building C | wner (8) | ASC | M No. | 1 | Name o | of Abatement Co | | | 10 | | | - |
| Street Address | | | | | | c Contracting | g Inc. | | | | | |
| · | | | | | | Address reeland Ave. | ٠ | | | | | |
| City, State, Zip Code | | | | | | ate, Zip Code nd Park, N.J. | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | one No. | 1 | 2007 0 | one No. 62-5841 | | License N 00156 | 0. | | | |
| Start Date (10) / 5 / 2 4 / / 8 | Scheduled/Co | ompletion | | | | f OSHA Monitor a Environme | | ervices In | c. | | | \neg |
| Occupancy Status During Abatement (Check | Only One) | | | 5 | Street A | Address | | | | | | - |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal | eriod of Abate al Facility Hou | ement Irs | | | | luyler Street ate, Zip Code | | | | | | \dashv |
| Other - Describe: | | | | .]] | Hacke | ensack, N.J. | 07606 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if | Renov | ration | | | R | Full Contains | 4 | N1' F | | | | |
| ≥160 sf or ≥260 lf | Demo | | | | XXX | Full Containm Mini-Enclosur Glovebag Pro | e cedure | | | | | |
| | Is Loca | etion | T | | 8001 | Non-Exempte | o (*) and | Non-Friad | le Pro | | ement | \neg |
| Location of | Norm Used So | | | | ription (| | | | - | Ту | pe | \dashv |
| Asbestos-Containing Material (ACM) TO BE ABATED | Mainten Custodia | ance/ | (i.e. the | ermal sy | stems | iterial (ACM) insulation, | | nount pecify | Z. | 77 | Enc | E E |
| In Facility (13) | (12 | The state of the s | | surfacing ther mis | | | SF. | or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes No | N/A | | | | | ~ | | = | | ate | 6 |
| | | 10. | | 7 | | 150 | .] | | X | | | |
| $-/ \leq FF$ | F | A) | TI | 14 | -17 | -C // | | | | | | _ |
| | | + | - | | | | _ | | _ | | _ | _ |
| Name of Registered Waste Hauler | <u> </u> | NJDEP V | Vaste C | ubic Ya | ırds | Name of | Register | red Landfill | | | | \dashv |
| Newark Carting, Inc. | | Hauler ID 04509 | | Waste | | 1 | (75) | l Sanitary | | dfill | | |
| City, State Newark, N.J. 07105 | | ***** | | isposel | Daţé | City, Stat | | 08072 | | | | |
| Completed by R. McDonald | Title Presider | nt | | | nature/ | M. Funda | 1 | Da | te 5/ | 111 | 10 | |

(57 EAST MAIN ST.

Patriot Greens Abatement

OFFICE

652 ENXIS



Executive Summary

BioTerra Environmental Solutions, LLC. was rotained by representative/homeowner Eden Realty LLC. to perform a quantification of asbeatoe containing materials survey for a commercial building located at 652 East Main Street Bridgewater, NJ The sample inspection/collection took place May 16, 2016. A total of twenty-six (26) bulk sample(s) was analyzed using the Polarized Light Microscopy and/or Non-Organic Bound Material(s) (PLM/PLM NOB) method for the site referenced above.

The following materials were found to be Positive regarding to asbestos at the commercial building referenced above.

| Sample # | Location | Material | Approx. Quantity |
|-------------------|--|--|--|
| # 07 | Basement ballway and offices into boller room | Yellow mastic | 1,750 sq. ft. |
| # 08 | Besoment rear stairs. Office by boiler room under carpet next to fire damaged room | Brown 9X9 floor tile | 400 eq. ft. esch-two different locations |
| ₩ 09 | Basement rear stairs. Office by boiler room under carpet next to fire damaged room | Black mastic | 400 sq. ft. euch-two different locations |
| #10 | Basement phone jack room by boiler | White 12X12 floor dle | 400 eq. ft. |
| # 11 | Basement large area by rear stairs (room connecting to lunch room) | White/grey 12X12 floor tile | 300 sq. ft. |
| # 12 | Exterior | Grey transite | 7,200 - 15,000 sq. ft. ** |
| #16 | First floor by stairs office and closet | Brown 9X9 floor tile | Two stairs-250 sq. ft. esch Closet-40 sq. ft. Office-225 sq. ft. |
| Homogenous to #15 | Second floor closets | Brown 9X9 floor tile | Two closets-40 sq. ft. each One closet-25 sq. ft. |
| | First floor by stairs and office and closet and second floor closets | Black mastic | 870 sq. ft. |
| # 20 億 # 21 | Main Roof, Connecting Wing, & Lower Roof-top layer | Black build uproofing | 16,625 sq. A. |
| #22 & # 23 | Main Roof, Connecting Wing, & Lower Roof-top layer | Roofing material with tar adhered to foam | 16,625 sq. ft. |
| # 24, #25, & #25 | Main Roof, Connecting Wing. & Lower Roof-top layer Connecting Wing-10X10, Low | Black flashing | 1,000 sq. ft. |

** transits covered by metal slabs and reflective window glass-limited accessibility

BioTerra Environmental Solutions, LLC. www.bioterrasolutions.com Phone: (973) 494 3762

Page 1/2

| 241173 | | P | Not | IFIC T | AHOI | OF AS | lew Jersey BESTOS ABAT AC 8:60 and 5:10 | | DEC | E | | \mathbb{V} | E |
|--|-------------------------------|---------|--------------|---|-------------------|--------------|---|--------------------|--|-------------------|--------|--------------|------------------|
| Date of Notification (1) 5 / | 10 / | 18 | | | 17 17 200-2000 | of Buildin | ng Owner/Operator (| 2) | 7 WAY | / 1 | 5 2 | 018 | Marin or charge |
| Agencies Notified | Type Notification | | -55 | | | t Address | | | | | | | Í |
| ⊠ EPA | ☐ Initial | alion | | | | Box 951 | 20 | | ASBEST | OS (| XIN | ROI | . & |
| □ DOLWD | ☐ Amended | | | | | State, Zip | | L. | la control de la | PERMITTERS OF THE | CHAR | | Establic Control |
| Ø DOH | Amendm | | 1 11 | | 100 | mden, N. | | | | | | | |
| DCA (NJAC 5:23-8) | | | cluain | 3 | - | of Contac | | | Telephone Numb | oer | | | |
| | Cancellat | | | | Jai | nes Rizz | 0 | | 856-757-703 | | | | |
| | | | | | FA | CILITY IN | NFORMATION | | | | | | |
| Name of Facility Where | Abatement is 7 | Taking | Place | (3) | | | | Type of Facility | (4) | | | | |
| 702 N 8 th STREET S | STRUCTURE | E | | 37 . 50 | | | | School (K-1 | | | | | |
| Street Address | Yan an Malaya San Ji Jia Para | | | | | | | ☐ Subchapter | 8 (Other than K-12) | | n.e. | | |
| 702 N 8th STRUCT | URE | | | | | | | homes, etc. | orivate and commer | ciai di | ullain | gs, | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | |
| Camden | | | | | | | | varies | varies | | 50+ | 100 | |
| County (6) | | | | ell | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr | rior if being demolis | hed) | | | |
| CAMDEN | | | | | | | | HOUSING D | DEEMED UNSAF | E | | | |
| Name of Monitoring Firm | Hired by Build | ding O | wner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) |) | | | | |
| | | | | | | | Controlled E | nvironmental | Systems | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| | | | | | | | 1121 N. Bethl | ehem Pike - S | uite 60 | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | | | |
| D.: 114 | | | | | | | Spring House | e, PA 19477 | | | | | |
| Project Manager for Mon | itoring Firm | | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| Start Date (40) | 1.0 | | | <u> </u> | | | 215 542 7000 | | 00847 | | | | |
| Start Date (10)5 / 11 / | | | | | etion Da 9 / | | Name of OSHA M | onitor | | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate | | | | | ement | | | ehem Pike -Su | ite 60 | | | | |
| ☐ Abatement Performed | Outside of No | ormal f | Facility | / Hou | rs - Des | scribe | City, State, Zip Co | | | nie | | - | |
| Time of Abatement: 7 | :00AM- <u>5:00</u> F | PM/ | PN | 1 | AM | | Spring House | | | | | | |
| Scope of Work (Check al | I that apply) | | | | | XIII | 1 . 3 | | | | | - | - |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | | □ Re 図 De | 000000000000000000000000000000000000000 | | | ☐ Mini-Encl | Procedure | gative Pressure on-Friable Procedur | e | | | |
| | | | | Loca | | | | | | 1 | atem | ent T | уре |
| Location Asbestos-Containing | | . | | lorma d Sol | ally ely by | Asha | Description o | | | R | R | ш | Ш |
| TO BE ABA | | " | Ma | inten | ance/ | | stos Containing Ma e., thermal systems i | | Amount (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facili (13) | ty | | Cus | odiai (12) | Staff? | | surfacing, VAT, other miscellaned | | SF or LF) | <u>a</u> | ' | sula | sure |
| (10) | | | Yes | No | N/A | | other miscellane | ous) | | | | te | 100000 |
| See Attached Notice | of Hazard | | | | | See Att | ached Notice of | Hazard | 200 YD per res | | | | |
| | | | П | | | | | | | П | П | П | П |
| | | | _ | | | | | | | - | 1 | | |
| | | | | 35-59 | | | | | | 1 | 1 | | Ш |
| Name of Desisters 438 | An I In . I - | | Ш | | ПП | | I a v v v v | T | | | | | |
| Name of Registered Was Waste Management | | | | 100 | NJDEP Hauler I | O No. | Cubic Yards of Waste | Name of Regis | stered Landfill | | | | |
| City, State | | | | | 1727 | 3 | 200/residenc Disposal Date | City, State | | | | | - |
| Fairless Hills, PA | | | | | | | 6/29/18 | Tullytown | PΑ | | | | |
| Completed By (Print or Ty | vpe) | Title | | | | | Signature | 1 | Dat | to. | | | |
| Patricia Visco | | | fice I | /lana | aer | | In Tues | Mhone | The contract | - /: | | 9 | |



State of New Jersey Output O

| 14 17 | 1424 |
|-------|------|
| CK | 开口从 |

| Date of Notification (1) | S 503 607 | General | | | Name | of Buildin | ~ Ou | ner/Operator (| 2) | | | 1 | | - | 1/1 | * | |
|---|------------------------------------|----------------|--------------|--------------|----------------------|--------------|------------|--------------------------------|----------------------------------|---------------|--------|---------------|----------------|--------|--------|-------------|----------------|
| 05 / | 11 / | 18 | | | | | - C | Companies, | | | 7 | E | g [| 2 | Π | 7 [| |
| Agencies Notified | Type Notific | ation | | | | Address | | | | Ш | 11 | <u> </u> | 0 | = E | 1 / | | 3 |
| ⊠ EPA | ☐ Initial | ation | | | 700700000 | Maple A | /oni | | | 3 5 | 3 | | | | | | |
| □ DOLWD | | d | | | 1 | State, Zip (| | | | 111 | 111 | MA | · · | 5 | 20 | 10 | |
| □ DHSS | Amendm | ent # <u>*</u> | 1 | | | | | | | Total Control | land. | WI F | 41 | 5 | 20 | 10 | - |
| DCA | ☐ Emergen | | cluding | 1 | | rristwon | | 07960 | | | | | | | | | - |
| (NJAC 5:23-8) | justificati | | | | 1225 | of Contac | | | | Te | eleph | one Nu | umbe | CC | MITE | IOL. | 8 |
| | Cancella | tion | | | Eric | Helstro | m | | | | 973- | -630-9 | 815 | NSI | NG | | COMPANIENCE CO |
| | | | | | FA | CILITY IN | IFOI | RMATION | | | | | | | | | |
| Name of Facility Where A | | Taking | Place | (3) | | | | | Type of Facility | (4) | | | | | | | |
| Mountain Side Hos | pital | | | | | | | | School (K-12 | | | | worzen | | | | |
| Street Address | | | | | | | | | ☐ Subchapter ☐ Other (i.e., p | 8 (O | ther t | than K- | -12) mercia | ıl bu | ildina | 10 | |
| 12 Claremont Aven | ue | | | | | | | | homes, etc. | | ic and | u comi | Hercia | ii bu | nunig | 15, | |
| City (5) | | | | | | | | | Square Feet | 1 | # of F | loors | | Blo | dg. A | ge | |
| Montclair | | | | | | | | | 5,000 | | 2 | | | | 50 | | |
| County (6) | | | | | Cour | nty Code (7 |)(STA | TE USE ONLY) | Current Use (Pr | rior it | f bein | g dem | olishe | d) | | | |
| Essex | | | | | 1 | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ding C | wner (| 8) | ASCM | No. | Na | me of Abateme | ent Contractor (9) |) | | | | | | | |
| | | | | | | | | IVN Restora | | | | | | | | | |
| Street Address | | | | | | | Str | eet Address | | | | | | | 200 | | |
| | | | | | | | | 7 Foster Ro | ad | | | | | | | | |
| City, State, Zip Code | | | | | | | | y, State, Zip Co | | | | | | | | | |
| | | | | | | | | Staten Island | | | | | | | | | |
| Project Manager for Moni | itorina Firm | | | Tel | ephone | No | | ephone No. | 1141 10303 | | Licon | se No. | | | | - | |
| | itorinig i irrii | | | 10. | cpriorie | 140. | 100000 | 18-605-6256 | | 1' | | se No. 774 | | | | | |
| Start Date (10) | 9 | Sched | uled C | ompl | etion Da | to (11) | | me of OSHA M | | \perp | 007 | 114 | | | | | |
| 05 /11 / | | | | | 1 / | 15 50 | 1 | estor Tech | IOIIILOI | | | | | | | | |
| Occupancy Status During | Abatement (| | | | | | | eet Address | | | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | ement | | 200 | 0 59 Jackso | n Avanua | | | | | | | | |
| ☐ Abatement Performed | Outside of No | ormal | Facility | Hou | rs - Des | cribe | 1 | , State, Zip Co | | | | | | | | _ | |
| Time of Abatement: 7 | :00 AM-3:30 | PM/_ | P | M | AM | | 1 | IC NY 11101 | | | | | | | | | |
| Scope of Work (Check all | I that apply) | | | | - | | | | | | | | | | | | |
| M >3 of or >3 lf | | | | | | | | | ainment with Neg | gativ | e Pre | essure | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | ☐ Re 図 De | | | | | ☐ Mini-Enc | losure g Procedure | | | | | | | | |
| | | | | | | | | ☐ Non-Exe | mpted (*) and No | n-Fr | riable | Proce | dure | | | | |
| | | | | Loca | | | | | | | | | | Aba | atem | ent T | vpe |
| Location | | | | lorm d So | ally lely by | | | Description o | | | | | - | D | D | т | т |
| Asbestos-Containing I TO BE ABA | | 1) | Ma | inten | ance/ | | | Containing Ma ermal systems | | | | nount | 1 | Remova | Repair | nca | Enclosure |
| IN Facilit | | | Cust | | Staff? | (1.0 | | surfacing, VAT, | | | | or LF) | | ova | = | psu | unsc |
| (13) | | | Yes | (12 No | | - | ot | her miscellane | ous) | | | | | _ | | Encapsulate | G. |
| Basement | | | ⊤es ⊠ | | N/A | Dino Inc | ala | tion and Fitt | lmma | | 40 | | - | KZI | | | |
| Exterior | | | | | tion and Fitt | ings. | | - | LF | | | | | | | | |
| Exterior | | | _ | | | Transit | 9 510 | aing | | | 80 | 0 SF | | | | | |
| | | | | | +=- | | | | * | | | | | | | | |
| Name of Posistand War | to Hauter | | | Ц. | | 0/ | | · w · · | | | | 1000 | | Ц | Ш | Ш | Ш |
| Name of Registered Was | te mauter | | | 100 | NJDEP \ Hauler I[| | Cut | oic Yards of | Name of Regis | | | ndfill | | | | | |
| Newark Carting | | | | 100 | NJ-56 | | 1100012000 | 00 | G.R.O.W.S | ., Ir | ıc. | | | | | | |
| City, State | | | | | | | _ | posal Date | City, State | | | 1,000 | | | | | |
| Hackettstown, NJ | | | | | | | 1 | 0/31/18 | Morrisville | ,PA | 1 | | | | | | |
| Completed By (Print or Ty | Completed By (Print or Type) Title | | | | | | | | 1/1/ | 1 | | | Date | | | | _ |
| Ralph Barnhardt | | P | roject | Ma | nager | | | Signature | 10 11 | - | 7 | | | , | 11 - | 13 | 5 |
| ASB 41 | | | | | | | | 111111 | Motor | 2 | | | - | | : E | 11.00 | 750 |

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

| Date of Notification (1) | | | | * | l NI- | CD 11 11 | | | 11 | · | | | Charleson extractors |
|--|---------------------|---------|--------------|-----------------|--------------------|--|--|--|-----------------------|------------------|----------------|-----------------|-------------------------|
| 05 / | 01 / | 18 | 2 | | | | ng Owner/Operator | T. Den | MAY 1 | 5 20 | 118 | | 力 |
| | | | | | | | hire Companies | , LLC | · · | | | r. | - Constitution |
| Agencies Notified EPA | Type Notific | cation | | | | et Address | | de la contraction de la contra | ASBESTOS (| CONT | HOL | 8 | 1 |
| ⊠ DOLWD | Amende | he | | | _ | Maple A | | <u></u> | LICEN | ISING | utrump reserve | | |
| ☑ DHSS | Amendr | | | | | State, Zip | | | | | | - Marie - Marie | 2110.000 |
| ☐ DCA | ☐ Emerge | | cludin | g g | Mo | orristwon | , NJ 07960 | | | | | | |
| (NJAC 5:23-8) | justifica | | | | | e of Contac | 707 | | Telephone Nur | nber | | | |
| | Cancella | ation | | | Er | ic Helstro | om | | 973-630-98 | 15 | | | |
| | | 4 | | | FA | CILITY IN | NFORMATION | | | 15.51 | | | |
| Name of Facility Where Al | | Taking | g Place | e (3) | | | | Type of Facility | (4) | | | | |
| Mountain Side Hosp | oital | | | | | | | School (K-12 | 2) | | | | |
| Street Address | | | | | | | | Subchapter | 3 (Other than K-1 | 2) | ** ** | | |
| 12 Claremont Avenu | ie | | | | | | | homes, etc.) | rivate and commo | ercial b | uildin | gs, | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | ldg. A | ae | |
| Montclair | | | | | | | | 5,000 | 2 | | 50 | 3- | |
| County (6) | | | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr | or if being demol | ished) | | | |
| Essex | | | | | | | | | 3 | | | | |
| Name of Monitoring Firm H | Hired by Bui | lding C | Dwner | (8) | ASCN | No. | Name of Abateme | ent Contractor (9) | | | | | |
| | | | | | | | JVN Restorat | | | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| | | | | | | | 47 Foster Ro | ad | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | _ | | | |
| | | | | | | | Staten Island | | | | | | |
| Project Manager for Monito | oring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | |
| | | | | | | | 718-605-6256 | | 00774 | | | | |
| Start Date (10) | | Sched | uled C | omple | tion Da | ate (11) | Name of OSHA M | lonitor | 00111 | | | | |
| 05 /11 / _ | 18 | | | | | 18 | Testor Tech | | | | | | |
| Occupancy Status During | Abatement (| Check | only | one) | | | Street Address | | | | | | |
| □ Facility Closed/Vacated | During Enti | ire Per | iod of | Abate | ment | | 10 59 Jackson | n Avenue | | | | | |
| ☐ Abatement Performed (| Outside of N | ormal | Facility | у Ноц | rs - Des | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement: 7:0 | <u>00 AM-3:30</u> | PM/_ | P | M | AN | 1 | LIC NY 11101 | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | | | | | | - | |
| ≥3 sf or ≥3 If | | | | | | | ☐ Full Cont | ainment with Neg | ative Pressure | | | | |
| \(\sum_{\geq} \geq 160 \text{ sf or \geq 260 lf}\) | | | ☐ Re 図 De | | | | ☐ Mini-Encl | osure | | | | | |
| | | | | | | | ☐ Non-Exer | npted (*) and Nor | -Friable Procedu | ire | | | |
| | | | | Locat | | | | | | | atem | ant T | vno |
| Location of Asbestos-Containing M. | | | | Vorma d Sole | 00.00 | | Description of | f | | 10000 | 1 | | |
| TO BE ABAT | eteriai (ACIV ED | ") | Ma | intena | nce/ | Asbes | stos Containing Mat ., thermal systems in | terial (ACM) | Amount | Removal | Repair | Encapsulate | Enclosure |
| IN Facility | | | Cust | | Staff? | (1.0. | surfacing, VAT, | or | (Specify SF or LF) | ova | ar. | sde | nso |
| (13) | | | Yes | (12) No | N/A | | other miscellaneo | ous) | | _ | | ılate | Гe |
| Basement | | | | | | | | | | | | (D | |
| Basement | | | | | | Pipe Ins | sulation and Fitti | ngs. | 40 LF | | | | |
| | | | | | | | | | | | П | П | П |
| | | | | | | K | | | | 15 | | |] |
| | | | | Distance of | - | | | | | \perp \sqcup | Ш | Ш | Ш |
| Name of Registered Waste | Upula - | | | | | <u>. </u> | | | | | | | |
| Newark Carting | nauler | | | 72376 | JDEP \ auler I[| | Cubic Yards of Waste | Name of Regist | | | | | |
| | | | | 1.1 | NJ-56 | | 200 | G.R.O.W.S. | , Inc. | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| Hackettstown, NJ | | | | | | | 10/31/18 | Morrisyille, | PA | | | | |
| Completed By (Print or Type | e) | Title | | | | | Signature' | 1/1 | D: | ate | , , | | |
| Ralph Barnhardt | | Pi | roject | Man | ager | | 1.1111 | 1/2// | 57 | ate)5 - | Di. | -/ 5 | |

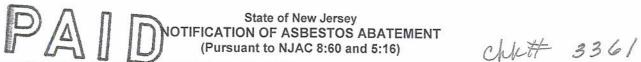
ASB-41 MAY 11

| | | | | - | \ / | 7 17 1- | Mirab _{le} | | _ | ONLY COPPLETE | PROPERTY. | | | Pi | rint Fo |
|---------|---|--|-----------------------|---|---------------|--|---|------------------|---|---------------|----------------------------|----------------|--------------|-------------|-------------|
| Y | 1504 | 1 | | NOTH (F | ursgan | tate of New Jer N OF ASBESTO Tto NJAC 8:60 | S ABATE | 20) | Sca navelle | R | E C | | \mathbb{V} | E | |
| | of Notification (1) | | | | Name o | of Building Owne | r/Operato | or (2) | On and on all | | MAY | 15 | 2018 | 1 | U |
| 9.8 | ncies Notified | Type Notification | | | | Address | | | | - 1 | | | | | sea-que |
| | EPA | ☐ Initial | | | | EST STOW F | ROAD, S | SUI | TE3 | Po | SBEST | os co | NTRO | 18 | 2 1000 |
| × | DEP | × Amended | | | | ate, Zip Code | | | | | | CENSI | iG ——— | DATE OF THE | /11-Mercons |
| | DOL | Amendmen Emergency | | _ | | TON, NJ 08 | 053 | | | | | | | | |
| × | DOH DCA | justification) Cancellation | | | | of Contact GIORDANO | | | | 77.5006 | lephone I 88-VIRT | | 3. | | |
| | | | | | | ILITY INFORMA | TION | | | 00 | 70 VII (| 10/1-0 | _ | | |
| | ne of Facility Where ARTUA CAMDEN | | | | | | | Ту | pe of Facility | (4) | | | | | |
| | et Address | SENIOR CAR | CENT | EK | | | | F | School (K- Subchapte | | er than k | (12) | | | |
| 100 | 00 ATLANTIC AV | VENUE, 1ST F | LOOR | | | | | × | Other (i.e. | private | & comme | ercial bu | ildings | , hom | es, |
| City | (5) MDEN | | | | | | | 2356 | etc.) quare Feet | | f Floors | | Bldg. / | | |
| | nty (6) | | | | County | Code (7) | | | 0000 urrent Use (Pr | 4 | na domo | | +/-50 | | |
| | MDEN | | | | | USE ONLY) | | | URSING H | | ng demo | msned) | | | |
| | e of Monitoring Firm RTEX COMPAN | | Owner (8 |) | ASC | И No. | | | Abatement Co | | | ERVIC | ES | | |
| 5000 | et Address TURNER INDL | ICTDIAL MAY | | | | | Street | | | | | | | | |
| | State, Zip Code | JOI KIAL WAY | | T | | | | | RALEY ST | REET | | | | | |
| | TON, PA 19014 | | | | | | 0.700074364 | | ELPHIA, F | PA 191 | 37 | | | | |
| | ect Manager for Moni | itoring Firm | | | Telepho | | Telepi | | DF 1945 - 1945 - 194 | | License | e No. | | | |
| | N HEIM Date (10) | | 0 1 1 | | | 87-0402 | | | 3-5155 | | 01166 | 5 | | | |
| | 1-18 | | 5-29-1 | | npletion | Date (11) | | | SHA Monitor X COMPAI | | | | | | |
| Occu | pancy Status During | Abatement (Chec | k Only O | ne) | | | Street | 30.000 | | | | | | | |
| Ш | Facility Closed/Vaca Abatement Performe Other – Describe: | ated During Entire led Outside of Norm | Period of nal Facilit | Abaten y Hours | nent | | City, S | State | LANTIC A | | E, 1ST | FLOC | R | | |
| 7,110 | e of Work (Check Al | I That Apply | | | | | AST | ON | , PA 19014 | 1 | | | | | |
| | ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | т тас друу | Section 1 | Renova Demolit | | | × | d ! | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | e | |
| | | | | Locati | | | | | | | | | Abate | emen | |
| А | Location sbestos-Containing TO BE ABA In Facilit | Material (ACM) TED | Use Ma | Normal ed Sole aintenar todial S | ly by nce/ | Asbestos Co (i.e. therm | escription ntaining N al systems acing, VA | Mater s ins | ulation, | (S | mount specify or LF) | Rer | | pe Enca | Enc |
| | (13) | • | (12) No | N/A | | miscellar | | | OI. | OI LI) | Removal | Repair | Encapsulate | Enclosure | |
| | REAR SEC | TION | | | X | black tar | coated | pipe | e wrap | | 70If | x | | | |
| | various ar | reas | | | х | black mast | | | | 8 | 00sf | x | | | |
| | restroor | ns | | | x | mastic a | | ASSAN (80) | | | 25sf | × | | | |
| | front entrand | ce area | | | x | | al black | _ | | | 000sf | x | | | |
| | of Registered Wast | | | JDEP W auler ID | | c Yards aste | | Name of MINER | Registe | | | - | | | |
| City, S | State /ARK, DE | | | | | Disp | osal Date | | City, Stat | | | | | | |
| 170 | oleted by NIFER NIVEN | | Title DIR. | OF C | PERA | TIONS | Signature | | 2 | | | Date 5-11-1 | 8 | | |

po not use this form for asbestos licensure exempted activities.

| | | | Process of | 3 / | 7 . [| 1. | | | | | | The constant | | L | | riiii |
|------------------------------|---|-------------|--------------------|--------------------|-----------------------------------|--------------------------------|-------------|----------------------|----------------------|--|-----------------|--------------------|----------------|--------|--------------|-------------------|
| YIRE | 159 | | NOT | IBICATI (Pursua | State of ON OF A unit to N. | New Jers SBESTO C 8:60 a | SARATI | EMENT 20) | , | | E | C | | | \mathbb{V} | |
| 2/21/2018 | | | | Name | of Buildi nony Pa | ng Owner | r/Operato | or (2) | | 1 | | MAY | 15 | - | 2018 | |
| Agencies No | otified Type Notificat | ion | | - | t Address | | | | | The be | | 副科目 | 1 . |) (| UIG | |
| EPA | | | | | | | | | | - teaching and the contract of | l. | 40.00 | | | | |
| DEP DOL | Amende | | | | State, Zip | | | | | | AST | <u> 1997</u> 37 | 45.07 33143 | | 730 9 | 12.8 |
| | Amendm Emerger | cy (includi | ing | | ren, NJ | | | | | Emericano | outure entre | eater alter | and and the | TUCAPP | t materia | ing are the light |
| DOH DCA | justificati Cancella | on) | 3 | | of Conta Anthony | | | | | Te | lephone | e Num | ber | | | |
| | | | | | CILITY IN | | TION | | | | | | | | | |
| Name of Fac | cility Where Abatement is Ta | king Place | (3) | - 14 | OILIT IN | IFURIVIA | IION | Type o | f Facility | (4) | | | | | | |
| Street Addre | al - Single Family | | | | | | | | chool (K- | | | | | | | |
| Offeet Addre | 55 | | | | | | | I St | ubchapte | er 8 (Oth | er than | K-12) | | | | |
| City (5) | | | | | | | | et | C.) | private a | & comn | nercia | build | ings | , hon | nes, |
| Warren | | | | | | | | Square 1,300 | Feet | # 01 | f Floors | 5 | | dg. / | Age | |
| County (6) | | | | County | Code (7 |) | | | Use (Pr | ior if bei | na dom | aliaha | 85 |) | | |
| Somerset | | | | (STATE | USE ONL | Y) | | Resid | ential | ioi ii bei | ng den | 10115116 | u) | | | |
| TBD | itoring Firm Hired by Buildir | ig Owner (| (8) | ASC | M No. | | Name | of Abater Contrac | ment Co | ntractor | (9) | | | | | |
| Street Addres | SS | - 1 | | | | | | Address | ,ting, L | LO | | | | | | |
| City Ot-1- 7 | | | | | | | 1385 | Valley | Road, | Suite I | K | | | | | |
| City, State, Zi | p Code | | | | | | | tate, Zip | | 07.45 | | | | | | |
| Project Manag | ger for Monitoring Firm | | | Telepho | one No. | | | ne, New | / Jerse | y 0747 | | | | | | |
| | | | | | | | | 928-50 | 040 | | Licens | | | | | |
| Start Date (10 2/22/2018 |) | Schedu | uled Co | mpletion | Date (11 |) | | of OSHA | | | | <u></u> | | | | |
| | atus During Abatement (Ch | 2/26/2 | | | | | | Contract | ting, Ll | _C | | | | | | |
| | losed/Vacated During Entire | | 100 | mont | | | | Address Valley | Road | Suite k | | | | | | |
| Abateme | nt Performed Outside of No Describe: | rmal Facili | ty Hour | 'S | | | | tate, Zip (| | Ounto 1 | | | | | | |
| | (Check All That Apply) | | | | | _ | Wayr | ne, New | Jerse | y 0747 | 0 | | | | | |
| ≥3 sf or ≥ | | | | | | | | 1 | | | | | | | | |
| ≥160 sf o | | | Renova Demoli | | | | | Full Co | ontainme nclosure | ent with I | Negativ | e Pre | ssure | | | |
| | | | | | | | × | Glovel | oag Proc | edure | | | | | | |
| | 4 | | s Locat | ion | | | | Non-E | xempted | i (*) and | Non-Fr | riable I | | | | |
| | Location of | | Norma | lly | | Des | scription (| of | | | | | A | Тур | ment oe | |
| | Containing Material (ACM) O BE ABATED | M. | ed Sole aintena | nce/ | Asbes | stos Cont | aining Ma | aterial (A | CM) | | ount | | | | m | |
| | In Facility (13) | Cus | stodial ((12) | Staff? | (1.6 | | cing, VAT | , or | 1, | (Sp | ecify or LF) | | Ren | Re | ncal | Encl |
| | (15) | | 1 | 1 | | other m | niscellane | eous) | | | , | | Removal | Repair | Encapsulate | Enclosure |
| Fv | terior - Siding | Yes | No | N/A | | | | | | | | | | | te | е |
| | delicit - Olding | | X | | | Irans | site Sid | ing | | 400 |) SF | 3 | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | - | | | | | | | | | | | | |
| Name of Regist | ered Waste Hauler | | l N | JDEP W | aste | Cubic | /arde | Lac | | | | | | | | |
| Service Tran | sport Group, Inc. | | Н | auler ID 0990 | | of Wast | | 1000000 | | Registere Enterp | | | | | | |
| City, State | Dele | | | | Disposa | al Date | | ty, State | | 10 | | | | | | |
| New Castle, Completed by | Delaware | | | | TBD | | | | burg,/C | Dhio | | | | | | |
| Completed by Danny Milice | vic | Title | ct Ma | nager | | Sig | gnature | | | 11 | | Date | | | | \dashv |
| | | 1 10]6 | ot ivid | nagel | | | | 2 | | 4 | . 2 | 2/21/ | 2018 | 3 | | 1 |

Print Form



| Date of Notification (1) | | San | | | Na | me (| of Buildin | g Owner/Operator (| (2) | <u> </u> | | | | - |
|--|---------------------------|---|--------|--------|------------------|-------|---|--|--|--------------------------|-----------------|----------|-------------|---------------|
| | 11 / | 18 | | | 1000 | | | mmunications | (2) | | | | | |
| | | | | | | | | | | MEGE | | W | G | 7 |
| | Type Notific ⊠ Initial | ation | | | | | Address | | | | 1 1 | <u> </u> | ഥ | 7 |
| | ⊠ miliai □ Amende | d | | | | | | ct Street | | | | | | |
| ⊠ DOH | Amendr | | | | | | tate, Zip (| | | MAY 1 | 5 | 2019 | | |
| □ DCA [| ☐ Emerger | ncy (in | cludin | g g | | | saic, NJ | | | LL MAII | J | 2010 | | 1 |
| (NJAC 5:23-8) | justificat | ion) | | 70 | Na | me d | of Contac | t | | Telephone Numb | er | | 20112015 | |
| | ☐ Cancella | ition | | | E | 3ria | n Kings | bury | i de la companya de l | 201-356-5166 | 3 . '(1) | THO | 1.8 | |
| | | | | | F | AC | ILITY IN | FORMATION | Į. | 100 | 12 (74) V | 9 | VIET TARK | in Projection |
| Name of Facility Where Ab | atement is | Taking | Place | e (3) | | | | | Type of Facility | (4) | | - | - | |
| Verizon Passaic C.O. | | | | | | | | | School (K-1 | | | | | |
| Street Address | | | | | | | | | Subchapter | 8 (Other than K-12) | | | | |
| 133 Prospect Street | | | | | | | | | homes, etc. | orivate and commerce | ial b | uilding | JS, | |
| City (5) | | | | | | | | | Square Feet | # of Floors | ТВ | ldg. A | ae | |
| Passaic | | | | | | | | | 88,165 | 6 | - 1 | +-50 | 77 | |
| County (6) | | | | | Co | ount | y Code (7 |)(STATE USE ONLY) | | rior if being demolish | | | | |
| Passaic | | | | | | | • | (1) | Verizon | non in bonning donnonion | iou | | | |
| Name of Monitoring Firm H | ired by Buil | ding C | wner | (8) | ASC | MN | lo. | Name of Abateme | ent Contractor (9 |) | 0.13 | - | | |
| USA Environmental I | | 100 | | 2.6 | | | | | VIRONMENTA | | | | | |
| Street Address | | | | | | | | Street Address | | , | | | | _ |
| 8436 Enterprise Ave | | | | | | | | 1123 BEAVE | RSTREET | | | | | |
| City, State, Zip Code | | - | | | | | - | City, State, Zip Co | | | | | | |
| Philadelphia, PA 191 | 53 | | | | | | | BRISTOL, PA | | | | | | |
| Project Manager for Monito | | | | Te | lephor | ne N | lo. | Telephone No. | . 10001 | License No. | | | | |
| Mark Jenkins | | | | 9.33 | 267-7 | | | 215-788-6040 | V. | 00509 | | | | |
| Start Date (10) | 15 | Sched | uled C | 1 | letion | | | Name of OSHA M | | 00303 | | | | |
| _ 5 / _ 29 / _ | | | | | 5 | | 5.5 | | VIRONMENTA | LINC | | | | |
| Occupancy Status During A | | | | | | _ | | Street Address | VIICONIIIENTA | | | | | |
| ☐ Facility Closed/Vacated | | | | | ement | | | 1123 BEAVE | DETREET | | | | | |
| Abatement Performed C | | | | | | | ribe | City, State, Zip Co | | | | | | |
| Time of Abatement: | AM | PN | 1/5:00 | PM- | 2:00A | M | | BRISTOL, PA | | | | | | |
| Scope of Work (Check all th | nat anniv) | | | - | | | | BRISTOL, PA | 19007 | | | | | |
| | iat apply) | | ï | | | | | □ Full Cont | ainment with Ne | gative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ⊠ Re | | | | | ☐ Mini-Enc | losure | 940 | | | | |
| △ ≥100 St Of ≥200 If | | | ☐ De | moli | tion | | | ☐ Glovebag | g Procedure | on-Friable Procedure | | | | |
| | | | Is | Loc | ation | T | | | impled () and No | Trable Procedure | T | -4 | | |
| Location of | | | 1 | Norm | ally | | | Description o | f | | | ateme | | 1 |
| Asbestos-Containing Ma | | 1) | Use | d So | lely by ance/ | 1 | Asbes | stos Containing Ma | terial (ACM) | Amount | Ren | Repair | Enc | Enc |
| TO BE ABATE IN Facility | <u>=D</u> | | | | l Staff | | (i.e. | , thermal systems i surfacing, VAT, | insulation, | (Specify | Removal | a: | aps | Enclosure |
| (13) | | | | (12 | 2) | | | other miscellane | | SF or LF) | a | | Encapsulate | лe |
| | | | Yes | No | N/. | Α | | | T.T.T. | | | | 9 | |
| Basement Repair Shop | | | | , | VAT / M | astic | *************************************** | 270 SF | \boxtimes | | П | | | |
| · · | | | | | | | | | | 27001 | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | П | П | П | П |
| Name of Registered Waste | Hauler | | | | NJDEI | P Wa | aste | Cubic Yards of | Name of Regis | stered Landfill | | | | |
| SERVICE TRANSPOR | T GROUP | , INC | | | Hauler | | No. | Waste | MINERVA | | | | | |
| City, State | | 07/2 | | | 209 | 90 | - | Disposal Date | City, State | | | - | - | |
| NEW CASTLE, DE | | | | | | | | TBD | WAYNESE | NIRG OH | | | | |
| Completed By (Print or Type | 2) | Title | | | | | | | WATNESE | | | | | |
| Dillan DeCaro | -1 | | time | - | | | | Signature | 00 | Date | | | ~ | |
| Sindii Decaio | | ES | timat | LOI | | | | 1)1/1/10 | n DeCar | 1/ ml 5 | , -/ | 1-1 | X | |

Notification of Asbestos Abatement Pursuant to NJAC 8:60-7 and 12:120-7) 2018-84 B & G proj. #: Check # 8980 Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/1 11 1/11 18 1 Kamalakshi Dishmon Agencies Notified Type Notification Street Address ☐ EPA X Initial 2010 ☐ DEP City, State, Zip Code Amendment X DOL Montclair, NJ 07042 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Kamalakshi Dishmon FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Kamalakshi Dishmon Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet | # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Montclair Essex Residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 05/24/2018 05/26/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Rverson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition ▼ Renovation X Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure >3 sf or >3 lf X ≥160 sf or ≥260 lf Is location normally used solely Location of е е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) 0 a LF) abated in facility (13) Yes V No N/A D VAT & mastic 500 sf X main room & closets NJDEP Hauler ID# 19563 Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center City, State Disposal Date City, State Lincoln Park, NJ 05/29/2018 Tullytown, PA

Signature

Gordana Luna

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Date

05/11/2018

State of NJ

טומוכ טו ואט Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Notification of Asbestos Abatement

Check # 8983

| | | 7 H | - | | NON | -Sub | 8 | CHECK | # 0903 | | | | |
|--------------------------------------|--|----------------------|------------|-------------------------|----------------|----------|--------------------------------|--|--|----------------|-----------------|----------|------------------|
| Date of Notification | (1) | 11 | Name of I | Building Own | er/Operator (2 | () | | | - Andrews | 77 | 77 ET 1 | = | protein |
| 10 15 1/11 11 | 1/11 18 1 | | | | onal School | | rict | IM E | CE | 10 mm | \mathbb{V} | | |
| Agencies Notified | Type Notificat | ion | Street Add | | | | | 114 | Name of the last o | | W | | |
| ☐ EPA ☐ DEP | X Initial | | 710 R | idgewood | Road | | | | MAY 1 | 5 1 | 2018 | - 0 | |
| M DOL | ☐ Amenda | | 70.53 | e, Zip Code | alabantan N | 1107 | 070 | hed 10% | | | | | |
| | L Amendi | | | | shington, N | IJ 07 | 6/6 | | DER CO | - All Annahile | AND DESCRIPTION | Я | |
| ▼ DOH | ☐ Cancella | | Name of C | Contact | | | | Telephon | e Number | ISIN | <u>G</u> | er volve | THE PARTY OF THE |
| DCA | | | Mario | Cofini | | | | 201-66 | 64-0880 | | | | |
| | | | | FAC | ILITY INFORM | OITAN | N | ANNERS AND RESTRICTION OF THE PARTY OF THE P | | | | | |
| Name of facility wh | ere abatement i | s taking p | lace (3) | | | | | Type of Facility | (4) I (K - 12) | | | | |
| Field House @ | Westwood | Reg. M | iddle Sc | hool-NON | Sub 8 | | | 1 = | apter 8 (Oth | ner ti | nan K- | 12) | |
| Street Address | | | | T) | | | | Other | (Private/Cor | mme | | 103041 | |
| 23 3rd Avenue | е | | | | | | | | Homes, etc | | Bld | g. A | qe |
| City (5) | | Cou | inty (6) | | | Co | unty Code (7) | | | | | | |
| Westwood | | l Be | ergen | | | (St | ate use only) | Current Use (P | rior if being | dem | olishe | d) | |
| Name of Monitoring | a Firm Hirad by | _ _ | | | ASCM No. | <u>.</u> | Name of Abatement | field house | | | | | |
| Westchester | 그리 아이 아이는 그리고 있다면 하네요 하네요. | | iei (6) | | 00127 | | | | | | | | |
| Street Address | | | | | | - | B & G Restorat Street Address | ion, inc. | | | | | |
| 1248 Wrights | s Lane | | | | | | 105 Ryerson R | Road | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Code | | | | | | |
| West Cheste | CONT. THE STATE OF | | | | | | Lincoln Park, Telephone Number | NJ 07035 | T License N | المصداد | | | |
| Project Manager for Philip Conteh | | 1 | 1 | Phone Numb 310-431-7 | | | (973)696-686 | 9 | 003 | | ei | | |
| Scheduled Start Date | | IScho | | etion Date (1 | | | Name of OSHA Moni | itor | | | | | |
| | te (10) | | | | 1) | | B & G Restorat | ion, Inc. | | | | | |
| 05/21/2018 | | | /08/2018 | 3 | | | Street Address | | | | | | |
| Occupancy Status D | | | | tement | | | 105 Ryerson R | oad | | | | | |
| | erformed outside | | | | | | City, State, Zip Code | | | | | | |
| Describe: Other-Describ | oe: | | | | | _ | LincolnPark, N. | J 07035 | | | | | |
| Scope of Work (che | | y) | | | | | | | | | | | 1 1 |
| ☐ Demolition | X | Renovati | ion | | | | Full Containment w/neg | gative pressure | Gloveba | ig pr | ocedu | re | |
| >3 sf or >3 If | | ≥160 sf o | r ≥260 If | | | X | Mini-enclosure | [| Non-fria | ble p | огосео | ure | |
| Location of | | | | ly used solely | / | | | | | R | R | Ε | E |
| asbestos-con | | by main staff(12) | tenance/c | ustodial | | | asbestos-containing | Amount (Specify S | Eor | e m | e p | n | n |
| material to be abated in faci | | Yes | No | N/A | material | (ACM) | | LF) | 1 01 | 0 V | a i | a p | L |
| Dailer Da | | | 110 | | 1 '' '' | | / 0 1) | | | e | r | <u> </u> | |
| Boiler Room | o.f | X | | | Large ven | | (wrap & cut) | 3 sqft 60 sf / 36 | | X | 뉘 | 믐 | 卄 |
| Flashing on Roo |)I | | 1 | X | windows | 1370 | mmey | 384 lf | | X | 러 | H | 計 |
| Window Glaze | | | | - | 1 | - | | | | | 1 | | 一 |
| | | | | | | | | | | | | | |
| Registered Waste H | | NJE | EP Haule | er ID# | ubic Yards of | Waste | | | | | | | |
| B & G Restorati | ion, Inc. | | 19563 | Disposal D | 4 Date | | Fairless La | andtiii | | - | | | |
| City, State Lincoln Park, N | IJ | | | | 1/18 - 06/08 | /18 | Morrisville, | PA | | | | 1 | |
| Completed by (Print | or Type) | Title | | | Signature | | (0, 0 | | Date | | | | |
| Gordana Luna | | Secreta | ary/Trea | surer | | | Gordana Luna | | 05/11/ | 201 | 8 | | |

State ULINU

Notification of Asbestos Abatement 2018-115Sub B & G proj. #: ursuant to NJAC 8:60-7 and 12:120-7) SUB-8 Check # 8982 Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/11 1/11 18 1 Westwood Regional School District Agencies Notified Type Notification Street Address EPA X 710 Ridgewood Road Initial DEP City, State, Zip Code Amendment X DOL Township of Washington, NJ 07676 X DOH Name of Contact Telephone Number CONTROL & Cancellation LICENSING ☐ DCA Mario Cofini 201-664-0880 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Field House @ Westwood Reg. Middle School Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 23 3rd Avenue Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Westwood Bergen field house Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) Westchester Environmental LLC 00127 B & G Restoration, Inc. Street Address Street Address 1248 Wrights Lane 105 Ryerson Road City, State, Zip Code City, State, Zip Code West Chester, PA 19380 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 Philip Conteh 610-431-7545 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 05/21/2018 06/08/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure Glovebag procedure >3 sf or >3 If >160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely Е Location of E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) m material to be C (Specify SF or material (ACM) C 0 abated in facility (13) a a Yes No N/A p Lounge Area × pipe runs 170 If X Boiler Room pipe runs & elbows 29 If × X Boiler Room X flue pack X 2 saft Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# B & G Restoration, Inc. 19563 Fairless Landfill City, State Disposal Date City, State Lincoln Park, NJ 05/21/18 - 06/08/18 Morrisville, PA Completed by (Print or Type) Signature Date Gordana Luna

05/11/2018

Gordana Luna

Secretary/Treasurer

B & G proj. #:

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

Check # 8981

| | | | | And the last of th | | | | | - CHOCK | " 0001 | | | | - |
|-----------------------------------|------------------------------------|-------------|-------------|--|--|-------|----------------------------------|-----------|-------------------|---|-------------|-----------------|--------------|---------------|
| Date of Notification | (1) | 11 | Name of E | Building Ow | ner/Operator (2 | 2) | | | | 3 6 | | 7 17 17 | | 3 90000 |
| 10 15 1/11 11 | 1/1181 | | PSE&0 | | • | 7.2 | | | | E G | | \mathbb{V} | E | |
| Agencies Notified | Type Notifica | tion | Street Add | ress | | | | | Hr.S. | | | | | 111 |
| ∐ EPA | X Initial | | 4000 I | Hadley Ro | oad | | | | | MAY | 1 5 | 201 | R | |
| DEP | | | City, State | , Zip Code | | | | | 1 1 | MAI | 1 0 | LUI | <u> </u> | f |
| X DOL | Amend | ment | South | Plainfield | i, NJ 07080 | | | | | CSECT | | | erine scenar | - |
| X DOH | | | Name of C | ontact | | | | | Telephon | e Numbe | TENS | ING | | 2 |
| ☐ DCA | Cancel | lation | Chris | Nemeth | | | | | 908-41 | 12-2419 |) | ationie of Nati | HTPULLT. | SOFT OF TRACE |
| | | | | FAC | CILITY INFORM | MATIO | N | | | | | | | |
| Name of facility wh | ere abatement | is taking p | lace (3) | | | | | Туре | of Facility (| | | | | |
| PSE&G Wave | TWO | | | | | | | | = | I (K - 12) apter 8 (0 | | hon V | 12) | |
| Street Address | | | | | | | | | | (Private/C | | | 12) | |
| 934 Clinton A | venue | | | | | | | Cauc | Bldgs./ | Homes, e | etc. | | lg. A | 70 |
| City (5) | | Cou | unty (6) | | | Co | ounty Code (7) | Squa | ie reet | # 01 1100 | is | ы | y. A | ge |
| Irvington, NJ | 07111 | Es | ssex | | | | tate use only) | 1 | ent Use (Pr | rior if bein | g den | olishe | d) | |
| Name of Monitoring | | Bldg. Owr | ner (8) | | ASCM No. | _ | Name of Abatement | Offic | | | | | _ | |
| Bureau Verita | | | (0) | | n/a | | | | 505 | | | | | |
| Street Address | | | | | | - | B & G Restorat | lion, inc | <i>.</i> | | | | _ | |
| 109 North Ce | enter Drive | | | | | | 105 Ryerson F | Road | | | | | | |
| City, State, Zip Code | e i e la NU 000 | 00 | | | | _ | City, State, Zip Code | | | *************************************** | | | | |
| North Brunsv | | | | | | | Lincoln Park, | NJ 070 | 35 | | | | | |
| Project Manager for | | n | | Phone Numl | | | Telephone Number (973)696-686 | a | | License | Numb 378 | er | | |
| J.B. Chadwid | | | | 32-623-4 | News Control of Contro | | Name of OSHA Mon | | | | 13/0 | | | |
| Scheduled Start Dat | te (10) | 1 | | tion Date (1 | 1) | | B & G Restorat | 0.000 | 3 . | | | | | |
| 05/21/2018 | | | /01/2018 | | | | Street Address | | | | | | | |
| Occupancy Status D | | | | | | | 105 Ryerson R | | | | | | | |
| | /vacated during rformed outside | | | | | | City, State, Zip Code | | | | | | | |
| Describe: | e: Occupied | | | | | | LincolnPark, N | J 0703 | 5 | | | | | |
| Scope of Work (che | | | 0.00 p | /111 | | _ | | | | | | | - | - |
| Demolition | | Renovati | ion | | | П | Full Containment w/ne | native nr | assura F | Glove | 000 pr | ooodu | | |
| >3 sf or >3 If | | ≥160 sf o | | | | | Mini-enclosure | gative pr | 32 | Non-fi | | | | |
| | | 55 | No. | used solel | vl | | Willia Cholodaro | | | NOIL-II | I R | R | E | 1 |
| Location of asbestos-conf | taining | by main | tenance/cu | | 1 | on of | asbestos-containing | | Amount | | е | е | n | E n |
| material to be abated in facil | | staff(12) | 1 | T | material | | | | (Specify S LF) | F or | o | p a | c | С |
| | | Yes | No | N/A | | | | | _, , | | v e | i | р | L |
| Perimeter of Ma | | × | | | black tar p | perim | neter flashing | | 50 sf | | X | | | |
| Main building, sk | | × | | | black tar | on m | embrane flashing | _ 7 | 5 sf | | X | | | 旦 |
| removed 8 | covered | | <u> </u> | - | - | - | | _ | | | 111 | 닠 | ᆜ | 부 |
| | | | - | - | - | | | | | | 뷰 | 닏 | 片 | 岩 |
| Registered Waste Ha | auler | INJF | DEP Hauler | - ID# C | Lubic Yards of V | Waste | Name of Registered | Landfill | | | . 니_ | Ш | Ц, | |
| B & G Restorati | | _ | 19563 | | 15 | | Fairless L | | | | | | | |
| City, State Lincoln Park, N | IJ | | | Disposal Dis | Date 1/18 - 06/01/ | /18 | City, State Morrisville, | PA | | | | | | |
| Completed by (Print | | Title | | | Signature | | 1 | | | Date | | | V | |
| Gordana Luna | | Secreta | ary/Treas | surer | | | Gordana Luna | | | 05/1 | 1/201 | 8 | | |

| 1 | |
|-----|-------|
| 11/ | 116/ |
| (1) | 11110 |
| - 0 | 6000 |

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

| her (| | | | |
|---------|-----|-----|------|--|
| | MAV | 1 5 | 2018 | |
| ben ben | MAI | 15 | 2019 | |

| Date of Notification (1) | | | | Name | of Buildin | g Owner/Operator (| 2) | Lat boil | WA | | | CUIII | | | | |
|--|----------|---------|--------------------------|-------------------|---|--|--|---|----------|---------|---------|-----------|--|--|--|--|
| | 18 | _ | One Wall Management, LLC | | | | | | | | | w-1975 | | | | |
| Agencies Notified Type Notifica | ation | | | Street | Address | | | 1 | المارية | . (;;; | 1, 1 1 | 11.7 | | | | |
| ☑ EPA ☐ Initial | | | | 56 | Edwards | Village Blvd, Su | ite 208 | | 45.79EF | 1 | 3217 | 9. | | | | |
| ☑ DOLWD ☐ Amended | | | | | State, Zip C | | | 400000000000000000000000000000000000000 | | | | | | | | |
| ☑ DOH Amendme | - | | | | vards, C | | | | | | | | | | | |
| DCA Emergence [NJAC 5:23-8] | | iding | | | of Contac | A CONTRACTOR OF THE PARTY OF TH | | Telephone N | umbor | | | | | | | |
| ☐ Cancellati | | | | Delice Section 10 | iy Wallad | | | 646-596-7 | | | | | | | | |
| 1 | | | | FA | CILITY IN | FORMATION | | | | -21 | | | | | | |
| Name of Facility Where Abatement is T | aking P | lace (3 | 3) | | | | Type of Facility | (4) | | | | | | | | |
| Residential | | | | | | | School (K-12 | | | | | | | | | |
| Street Address | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., postported) ☐ homes, etc.) | rivate and com | | uilding | gs, | | | | | |
| City (5) | | | | | - | | Square Feet | | 15 | 1-1- A | | | | | | |
| Newark, NJ | | | | | | 197 | Square Feet | # of Floors | | ldg. A | ge | | | | | |
| County (6) | | | | Cour | ty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being dem | olished) | | | | | | | |
| Essex | | | | | • | | | | , | | | | | | | |
| Name of Monitoring Firm Hired by Build | ing Owr | ner (8) | 1 | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | 72.7 | | | | |
| Bio Terra Solutions | | • | | | | | NAGEMENT L | | | | | | | | | |
| Street Address | | | | | | Street Address | | | | _ | | _ | | | | |
| P.O. Box 1224 | | | | | | 27 Outwater | ane | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | | | | | | |
| Union, NJ | | | | | | Garfield, NJ 07026 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | 1 | Tele | phone | No. | Telephone No. | | License No. | | | | | | | | |
| Rick Estaquio | | | 97 | 3-494 | -3762 | 973-928-4888 | | 1188 | | | | | | | | |
| Start Date (10) | chedule | ed Con | nplet | tion Da | te (11) | Name of OSHA M | onitor | 1 | | | | | | | | |
| 05 /12 /18 | 05 | | | _ / _ | 18 | ALL PRO MA | PRO MANAGEMENT LLC | | | | | | | | | |
| Occupancy Status During Abatement (C | | | | | | Street Address | | | | | | | | | | |
| ☐ Facility Closed/Vacated During Entire | | | | | | 27 Outwater I | Lane | | | | | | | | | |
| Abatement Performed Outside of No Time of Abatement:AM | | | | | | City, State, Zip Co | ode | | | | | | | | | |
| | | | r ivi- | | HIVI | Garfield, NJ | 07026 | | | | | | | | | |
| Scope of Work (Check all that apply) | 40 | | | | | □ Full Cont | ainment with Neg | etivo Progovro | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Rend | | | | ☑ Mini-Enc | losure | jauve Pressure | | | | | | | | |
| | | Dem | ondo | 41 | | | mpted (*) and No | n-Friable Proce | edure | | | | | | | |
| | | | ocati rmal | | | | | | A | batem | ent T | уре | | | | |
| Location of Asbestos-Containing Material (ACM) | , | Used | | | Asho | Description o stos Containing Ma | | Amount | 20 | ₽ R | Щ | Щ | | | | |
| TO BE ABATED | ´ | Maint | | | | ., thermal systems i | | Amount (Specify | Remova | Repai | Encap | Enclosure | | | | |
| IN Facility | 1 | Custo | 11al 8 (12) | Staff? | | surfacing, VAT, | or | SF or LF) | va | = | psulate | Sure | | | | |
| (13) | Y | - T | No | N/A | | other miscellane | ous) | | | | ate | 6 | | | | |
| Basement | |] [|] | × | Pipe Ins | sulation | | 30 LF | | | | | | | | |
| | |] [|] | | | | | | | - | | | | | | |
| | | |] | | | | | | | | | | | | | |
| | <u>-</u> | | | | | | | - | | | | | | | | |
| Name of Registered Waste Hauler | [| | =_ | JDEP \ | Vaste | Cubic Yards of Name of Registered Landfill | | | 1 | 1 | | | | | | |
| ATC | | | | auler II | No. | Waste Minerva Enterprises | | | | | | | | | | |
| City, State | | | | SW-2 | 4310 | As Needed Wilnerva Enterprises | | | | | | | | | | |
| Shirley, NY | | | Disposal Date | | | | | | | | | | | | | |
| TO ALL PROPERTY OF THE CONTROL OF TH | 1 | | | | | TBD | Waynesburg, OH | | | | | | | | | |
| Completed By (Print or Type) Allen Monchik | Title | ingt " | lo | | | Signature Date | | | | | | | | | | |
| ASS 41 | Pro | ject N | iana | ager | 400000000000000000000000000000000000000 | Allen | Monchik | | 5/11/ | 18 | | | | | | |

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) 05 11 / 18 County of Burlington Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 49 Rancocas Valley Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Mount Holly, NJ 08060 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Mark Hansen 856-722-6700 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential ☐ School (K-12) ☐ Subchapter 8 (Other than K-1∠) ☐ Other (i.e., private and commercial buildings, Street Address homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hainesport County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **T&M Associates** 00145 ALL PRO MANAGEMENT LLC Street Address Street Address 200 Century Parkway, Suite B 27 Outwater Lane City, State, Zip Code City, State, Zip Code Mount Laurel, NJ 08054 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Burns 908-347-4396 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __05__ / __21__ / __18__ __06__ / __21__ / __18_ ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 If □ Renovation Mini-Enclosure □ ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Basement X **Boiler Flue Wall Junction Paste** 2 SF \boxtimes

ASR-41 **JAN 13**

ATC

City, State

Shirley, NY

Allen Monchik

Name of Registered Waste Hauler

Completed By (Print or Type)

Cubic Yards of

As Needed

Signature

Disposal Date

TBD

Waste

NJDEP Waste

SW-24310

Hauler ID No.

Project Manager

Date

5/11/18

Name of Registered Landfill

Minerva Enterprises

Waynesburg, OH

City, State

Allen Monchik

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) MAY 15 2018 Date of Notification (1) Name of Building Owner/Operator (2) 05 11 / County of Burlington Agencies Notified Type Notification TROL& II GE COMI LIGENSING Street Address **⊠** EPA ☑ Initial 49 Rancocas Valley Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Mount Holly, NJ 08060 ☐ Emergency (including justification) ☐ DCA (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Mark Hansen 856-722-6700 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hainesport County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) T&M Associates 00145 ALL PRO MANAGEMENT LLC Street Address Street Address 200 Century Parkway, Suite B 27 Outwater Lane City, State, Zip Code City, State, Zip Code Mount Laurel, NJ 08054 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Kevin Burns 908-347-4396 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __05__ / _21 / 18 06 / 21 / 18 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ __AM-_ PM/ PM-Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes **Duct Insulation** 12 SF \boxtimes 1st Floor X **Duct Insulation** 100 SF M П 2nd Floor X **Duct Insulation** 20 SF X 1st Floor M VAT 16 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste ATC Minerva Enterprises SW-24310 As Needed City, State Disposal Date City, State Shirley, NY TBD Waynesburg, OH

ASB-41 JAN 13

Completed By (Print or Type)

Allen Monchik

Title

Project Manager

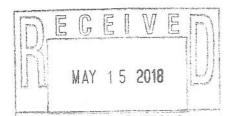
Signature

Allen Monchik

Date

5/11/18

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



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:1207) CONTINUATION SHEET

ASBERTOL CONTROL & LICENSING

| | | | | 1 Maple Avenue | Abatement Type | | | | | |
|---|-------------|----------|-------------------------------|---|------------------------------|---------------------------------|-----------------------|---------------------------------|--------------------------------------|--|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Faculty (13) | No Maint | al Staff | Used by e/Custo (12) | Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | R e m o v a I | R e p a i | E n c a p s u | E n c I o s u r | |
| 1 1 5 | Yes | No | N/A | | | | | | | |
| 1st Floor-Exterior | | | Х | Stucco below aluminum siding | 1,600 SF | Х | | | | |
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| Completed by: (Print or type) | Title: | Project Manager | Signature: | Date: |
|-------------------------------|--------|-----------------|---------------|---------|
| Allen Monchik | | | | Date. |
| | | | Allen Monchik | 5/11/18 |

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|---|------------------------------------|--|--------------------|-----------------------------------|-------------------|--|--|--|--------------------------------|---------------------|---------|---------------|---------------|-----------|
| Ch 2006 | N | IOTIF (P | CATION | ate of Ney LOF ASBI to NJAC | POTES | ARATE | N N | | | | 0 | E | | |
| Date of Notification (1) 05/11/2018 | | | | f Building (lair State | | | (2) | | | MA | Υ | 1 5 | 20 | 18 |
| Agencies Notified Type Notificat | ion | + | Street A | ddress mal Aver | | | | | | 400000 | na elec | | | |
| EPA X Initial X DEP Amender X DOL Amendm | d | - | | ate, Zip Co | | | | | | AGIORIA ransensi | ic | | MITTE BANG | The Fire |
| | | | | lair, NJ 0 | | | | | | | | | | |
| X DOH justificati DCA Cancella | 011) | | | f Contact erdinand | | - | | | Telephon 973-95 | | er | | | |
| | | | | LITY INFO | | ON | | | 070 00 | 1-0014 | | | | .V |
| Name of Facility Where Abatement is Ta Richardson Hall | aking Place (3) | | | | | | Туре | of Facility (4 |) | | | | | |
| Street Address | | | | | | | | School (K-12 Subchapter | | n K-12) | | | | |
| 1 Normal Avenue | | | | | | | × | Other (i.e. pr | | | uild | ings, | home | S, |
| City (5) Montclair | | | | | | | Squa | etc.) are Feet | # of Floor | S | Ble | dg. A | ge | |
| County (6) Essex | | | County (| Code (7) USE ONLY) | | | | ent Use (Prio | r if being der | molished | L) | | | |
| Name of Monitoring Firm Hired by Buildi Detail Associates Inc | ng Owner (8) | | ASCN | Λ No. | | | of Ab | atement Cont | ractor (9) | ******** | | | | |
| Street Address 300 Grand Avenue | | ı | | | | Street | Addre | | | | 10000 | | | |
| City, State, Zip Code Englewood, NJ 07631 | | | | | | | tate, 2 | Zip Code J 07011 | | | | | | |
| Project Manager for Monitoring Firm Steven Jaraczewski | | Telephone No. 201-569-6708 | | | | | Telephone No. License No. 973-253-8828 00704 | | | | | | | |
| Start Date (10) 05/21/2018 | Scheduled 05/28/2 | | npletion | Date (11) | | Name of OSHA Monitor VMC Company Inc | | | | | | | | |
| Occupancy Status During Abatement (C | heck Only One | 9) | | | | Street Address | | | | | | | | |
| Facility Closed/Vacated During Enti- Abatement Performed Outside of N Other – Describe: occupied | re Period of Al ormal Facility | baten Hours | nent | | | City, St | tate, 2 | Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | enova emolit | | | | × | Mi GI | III Containme ni-Enclosure ovebag Proce on-Exempted | edure | | | | | |
| 8 | | Locati | | | | | - 110 | 71 Exempled | () and ivon | -i Habie i | | Abate | ment | |
| Location of Asbestos-Containing Material (ACM) | 114444 | ormal d Sole | | Astron | | scription | | 1/0011 | 2 | _ | Т | Тур | oe I | |
| TO BE ABATED In Facility (13) | Mair Custo | ntenar | nce/ | (i.e. | thermal surfac | aining M systems cing, VA niscellan | insul T, or | | Amount (Specify SF or LF | 8 10 | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | n | 7 | late | ē |
| Classrooms | | × | | Pip | e fitting | gs "wra | ap & | cut" | 115 LF | × | | | | |
| Room 222 | Х | | , | wall pa | aneling | glue | 9 | 200 SF | × | | | | | |
| | | | | | | | | | | | + | | | |
| Name of Registered Waste Hauler | er mener framerican plane apartica | | JDEP W auler ID | | Cubic of Was | | | Name of R | legistered La | andfill | | | | |
| Newark Carting Inc | | | 5409 | 140. | OI VVdS | ne. | | Grand C | entral Sar | nitary L | and | dfill | | |
| City, State Newark, NJ | | | | | Dispos | al Date | | City, State Pen Arg | | | | | | |
| Completed by Voytek Roszkowski | Title Presic | - ALVIEN - CONTRACTOR - CONTRAC | | | | | | Date 05/11/2018 | | | | | | |
| | | | | | | · | a | 0>6 | TOUS K | اد | | erantii (Tari | | |

| MCK | | | NO | | | | SBE | Jersey STOS ABA 8:60 and 5: | | 86 | | E C | | | 7 [| |
|--|--------------------------------|----------|------------------|---|-------------------------|---------------------------------------|---------|--|--|------------------------|---------|------------------------|---------------|--------|-------------|-----------|
| Date of Notification (1) 5 / | 11 / | 18 | 3 | | | | | wner/Operator 1804-5301 | (2) Check # | - | | MAY | 1 5 | 20 | 18 | |
| Agencies Notified EPA DOLWD | Type Notifi ☐ Initial ☐ Amende | ed | | |)40 | et Address 000 Hadle State, Zip | y Ro | | | | A | SDESI L | OS CO CENS | | ROL | 84 |
| ☑ DHSS ☐ DCA | Amendr | ency (in | 1000 | ng | So | outh Plair | nfield | | | | | | | | | |
| (NJAC 5:23-8) | justifica | | | | 1000 | e of Contain | | | | Т | | one Nu -768-19 | | | | |
| | | | | | F/ | CILITY II | NFO | RMATION | | | | | | 1000 | | |
| Name of Facility Where A PSE&G- Burlington Street Address 300 Connecticut Dr | Gas Facil | | g Plac | e (3) | | | | | Type of Facility School (K- Subchapte Other (i.e., | 12) r 8 (C priva | Other t | | | uildin | gs, | |
| City (5) | | | | | | | | | Square Feet | | # of F | loors | В | ldg. A | \ge | |
| Burlington County (6) | | | | | Cou | nty Code (7 | 7)(STA | ATE USE ONLY) | Current Use (I | Prior i | if bein | g demo | ished) | | | |
| Name of Monitoring Firm | Hired by Rui | ldina C | N/POF | 70) | V.C.CV | LNIo | l No. | ma of Abotom | Utility | 0/ | | | | | | |
| Bureau Veritas | пиес ру-вы | iding C | wilei | (0) | ASCN | I-INO. | 100000 | me or Abatem AbateTech, I | ent Contractor (| 9) | | | | | | |
| Street Address | | | | | | | 1 | eet Address | 110. | | | | | | | |
| 109 North Center Dr | rive | | | | | | 3 | Maple Av | e. PO Box 25 | | | | | | | - 1 |
| City, State, Zip Code | | | | | | | City | y, State, Zip C | ode | | | | | | | |
| North Brunswick, N | | | | | | | 1 | umberton, l | NJ 08048 | | | | | | | |
| Project Manager for Monit | oring Firm | | | 100000 | phone | - | 1000 | ephone No. | | - 11 | Licens | se No. | | | | |
| J-B Chadwick | 1. | | - | and a second | | -2813 | 100 | 09-265-2107 | | | 005 | 29 | | | | |
| Start Date (10) 5 / 14 / | -18 | 5 | / | _ 25 | | 18 | | ne of OSHA N MSL Analyt | -2 10 | | | | | | | |
| Occupancy Status During Facility Closed/Vacated Abatement Performed | d During Enti | re Peri | od of | Abate | | scribe | 0 North | | | | | | | | | |
| Time of Abatement: | AM | | | | | AM | 1 | , State, Zip Co innaminsor | | 77 | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | ☐ Full Con | ainment with Ne | egativ | /e Pre | ssure | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | | | enovati emolitic | | | | ☐ Mini-Enc ☐ Glovebas ☑ Non-Exe | losure g Procedure mpted (*) and N | on-Fr | riable | Procedu | ıre | | | |
| 4 2 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 | 4 | | | Locat | | | | | 87 | | | | Ab | atem | ent Ty | уре |
| Location of Asbestos-Containing M TO BE ABAT IN Facility (13) | laterial (ACM ED | 1) | Use Ma Cus | Normal ed Sole intena todial S (12) | ly by nce/ Staff? | | , ther | Description of Containing Ma rmal systems furfacing, VAT, her miscellane | terial (ACM) nsulation, or | | (Spe | ount ecify r LF) | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | | Yes | No | N/A | Window | / Car | ılk | | | 950 | I F | | | П | |
| | | | | | | Timuon | | | | | | | | | | |
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| Name of Registered Waste | Hauler | | | N. | JDEP V | | | ic Yards of | Name of Regi | stere | d Lan | dfill | | | ш | |
| Waste Management | | | | | auler II 18750 | | Was | | Fairless L | andi | fill | | | | | |
| City, State Camden, NJ | | | | | | | | osal Date 25/18 | City, State Morrisville | e, PA | A | | | | | |
| Completed By (Print or Typ | e) | Title | | | | | 1 | Signaturé | 1 1 | _ | - | D | ate | - | | |
| Gwendolyn Trumbett | ti | Ор | erati | ons C | oordi | nator | | | al LX | | | | 5 | 11 | 18 | |

| HIM | 900 | | NOT | IFIC (P | ATIOI ursua | OF AS | BESTOS ABAT AC 8:60-and 5:1 | TEMENT | ID/E | CE | | $\underline{\mathbb{W}}$ | E | | |
|--|-------------------------|---------|---------|----------------|----------------|-------------------------------------|--|------------------------------------|-----------------------|----------|--------|--------------------------|-----------|--|--|
| Date of Notification (1) | | | | David | | | ng Owner/Operator (| | | 2011 | | | - | | |
| 05/ | 09 / | 18 | | | | | of Toms River- D | | nginering M | AY 1 | 5 | 2018 | | | |
| Agencies Notified | Type Notific | cation | | | Stree | t Address | | | | | | | 1 | | |
| ⊠ EPA | ☐ Initial | | | | 33 | Washing | ton Street | | ASBE | STOS | co. | TRO | 1.8 | | |
| ☑ DOLWD | ⊠ Amende | | | | | State, Zip | | | Company of the second | LICE | MR | G | | | |
| ☑ DOH ☐ DCA | Amendm | | • | | - 8 | 10. 35 | , NJ 08753 | | | | | | | | |
| (NJAC 5:23-8) | ☐ Emerger justificat | ion) | ciuaing | 3 | | e of Contac | We have the second of the seco | | Telephone Nur | mhor | | | | | |
| est est comes constraint and t | ☐ Cancella | | | | Ro | bert Cha | nkalian | | 732-341-10 | | | | | | |
| | | | | | _ | | NFORMATION | | 732-341-10 | 000 | | | | | |
| Name of Facility Where A | batement is | Taking | Place | (3) | IA | CILITII | NFORMATION | Type of Facility | (4) | | | | | | |
| Commercial | | runnig | 1 1000 | . (0) | | | | Type of Facility (☐ School (K-12) | | | | | | | |
| Street Address | | | | | | | | Subchapter 8 |) (Other than K-1 | 2) | | | | | |
| 66 Route 3 West | | | | | | | | Other (i.e., pr | ivate and comm | ercial b | uildin | gs, | | | |
| City (5) | | - | | | | | | homes, etc.) | T | | | | | | |
| Toms River | | | | | | | | Square Feet | # of Floors | В | ldg. A | ige | | | |
| County (6) | | | | | Cour | ati Cada (| 7\/07475.005.040.0 | | | | | | | | |
| Ocean | | | | | Cou | ity Code (| 7)(STATE USE ONLY) | Current Use (Price | or if being demol | lished) | | | | | |
| Name of Monitoring Firm | Hirad by Buil | dina O | | 0) | ACCNA | NI- | 151 | | | | | | | | |
| McCabe Environme | | 177 | | (0) | ASCM | NO. | Name of Abateme | 0.0 | | | | | | | |
| Street Address | iitai Seivic | es, LL | | | | | | NAGEMENT LL | -C | 110000 | | | | | |
| 464 Valley Brook Av | (00110 | | | | | | Street Address | | | | | | | | |
| City, State, Zip Code | renue | | | | | | 27 Outwater I | | | | | | | | |
| Lyndhurst, NJ 0707 | 4 | | | | | | City, State, Zip Code | | | | | | | | |
| Project Manager for Monit | | | | I = . | | | Garfield, NJ | 07026 | | | | | | | |
| Michael O'Hanlon | oring Firm | | | | phone | | Telephone No. | | License No. | | | | | | |
| | | | | | 01-438 | | 973-928-4888 | 1100 | | | | | | | |
| Start Date (10) | | | | | | te (11) | | me of OSHA Monitor | | | | | | | |
| | | | | | _ / _ | 18 | ALL PRO MA | NAGEMENT LL | .C | | | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | | | | |
| Facility Closed/Vacated | During Enti | re Peri | od of | Abate | ment | | 27 Outwater L | ane | | | | | | | |
| Abatement Performed Time of Abatement: | Outside of No | ormal F | acility | Hou | rs - Des | cribe | City, State, Zip Co | de | | | | | | | |
| ALE | | PIVI | | _PIVI | | AIVI | Garfield, NJ (| 07026 | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | 7.00 | | | | | | _ | | |
| ≥3 sf or >3 If | | 1 | Rei | novat | on | | ☐ Full Conta | ainment with Nega | ative Pressure | | | | | | |
| ≥160 sf or ≥260 lf | | | ⊠ Der | | | | ☐ Glovebag | | | | | | | | |
| | | | | | | | Non-Exer | mpted (*) and Non | -Friable Procedu | ure | | | | | |
| 1 ***** | | | | Locat lorma | | | | | | Ab | atem | ent T | ype | | |
| Location of Asbestos-Containing M | | 3) | | | ely by | Asha | Description of stos Containing Mat | erial (ACM) | | D | Z | ш | ш | | |
| TO BE ABAT | ED | , | | ntena | | (i.e | ., thermal systems in | nsulation. | Amount (Specify | Remova | Repair | nca | nclo | | |
| IN Facility (13) | 1 | | Cust | odial (12) | Staff? | | surfacing, VAT, | or | SF or LF) | oval | = | Encapsulate | Enclosure | | |
| (13) | | | Yes | No | N/A | 1 | other miscellaned | ous) | | | | late | Ø. | | |
| Throughout | | | | V-1-1 | - | | | | | | | 1005 | | | |
| Tilloughout | | - 1 | | | | RACM - | Wet Demo | | | | | | | | |
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| Name of Registered Waste | Hauler | - 1 | | | IDED | 0/ | | | | | | | | | |
| Weigle Trucking, LL | | | | | JDEP V | | Waste | | | | - | | | | |
| The state of the s | | | | | | A-589 As Needed Minerva Enterprises | | | | | | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | \neg | | |
| Linden, PA | | | | | | | TBD | Waynesburg | g, OH | | | | | | |
| Completed By (Print or Typ | oe) | Title | | | | | Signature (| | D | ate/ | / | | | | |
| Allen Monchik | | Pro | ject | Mana | ager | | I V X | ~ | 7 2 | 1 0 | 19 | , | | | |
| SB-41 | | | | | | | | | 1 | 111 | 1 6 | | | | |

State of New Jersey

State of New Jersey

| 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) Name of Suilding Owner/Operator (2) NAY 1 5 2018 | | | | | | | | | | | | | | |
|---|--|------------------|------------|-------------------------------------|-----------------------|-------------------------------------|--|-------------------------------------|---------------------------------|---------|------------|-------------|-----------|--|
| Date of Notification (1) 04 / | 02 / | 18 | | | | | g Owner/Operator (f Toms River- De | | MAY | 1 5 | 2(| 18 | | |
| Agencies Notified EPA DOLWD DOH | Type Notific Initial Amende | d | | | Street | Address | ton Street | alarin es Arrena de Lenare i. 1820 | ASBEST | JG CA | Jist Na | ROL | & | |
| DCA (NJAC 5:23-8) | ☐ Emerger justificati ☐ Cancella | ncy (inc ion) | | • | Name | ns River, of Contac pert Char | | | Telephone Numb | | | | | |
| | | | | | FA | CILITY IN | FORMATION | | | | | | | |
| Name of Facility Where A Commercial Street Address 66 Route 3 West | Abatement is | Taking | Place | (3) | | | | | | | ilding | js, | | |
| City (5) Toms River | | | | | | | | Square Feet | # of Floors | Blo | dg. A | ge | | |
| County (6) | | | | | Cour | ty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demolis | hed) | | | | |
| Name of Monitoring Firm | | ding O | wner (| 8) | ASCM | No. | Name of Abateme | | | | | | | |
| Bio Terra Solutions | | | | | | | ALL PRO MA | NAGEMENT LI | -c | | | | | |
| Street Address P.O. Box 1224 | | | | | | | Street Address 27 Outwater | Lano | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | | | | |
| Union, NJ | | | | | | | Garfield, NJ | | | | | | | |
| Project Manager for Mon | toring Firm | | | Tele | phone | No. | Telephone No. | | | | | | - | |
| Rick Estaquio | | | | 97 | 3-494 | -3762 | 973-928-4888 | | 1188 | | | | | |
| Start Date (10) 04 /05 / | | Schedu 08 | | | tion Da | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | |
| Occupancy Status During | Abatement (| | | | | | Street Address | | | | | | - | |
| ☐ Facility Closed/Vacate | | | | | nent | | 27 Outwater | Lane | | | | | | |
| ☐ Abatement Performed | Outside of N | ormal F | acility | Hour | s - Des | cribe | City, State, Zip Co | | | | | | - | |
| Time of Abatement: _ | | PM | / | _PM- | | AM | Garfield, NJ | | | | | | | |
| Scope of Work (Check al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | that apply) | | ☐ Rei | | | | ☐ Full Cont ☐ Mini-Enc ☐ Glovebag | | ative Pressure | | | | | |
| | | | | | | | Non-Exe | mpted (*) and Nor | n-Friable Procedur | е | | 32-43-3 | | |
| Location | of | | | Locat Iorma | | | Description - | | | Ab | atem | ent T | уре | |
| Asbestos-Containing TO BE ABA IN Facili (13) | Material (ACN | Л) | Use Mai | d Sole intena odial ((12) | ly by nce/ | | Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane | terial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | |
| Throughout | | | | | | RACM | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 3000 m | | | | | | | | | | | | | |
| Name of Registered Was Weigle Trucking, L | | | | | JDEP \ auler II PA-58 | O No. | Cubic Yards of Waste | Name of Regis Minerva Er | | | | | | |
| City, State | | | | | - M-00 | , , | As Needed Disposal Date | City, State | | | | | | |
| Linden, PA | | | | | | | TBD | Waynesbu | rg, OH | | | | | |
| Completed By (Print or T | ype) | Title | | | | | Signature | | Da | te | | | | |

Allen Monchik

Project Manager

Allen Monchik

4/2/18

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

| Date of Notification (1) | | | - | | Nam | e of Buildin | a Ov | vner/Operator (| (2) | | | | | 111 |
|---|--|--------|--------------|----------------|----------------|----------------------|------------------------|--|--|------------------|-------------------|---------|-------------|-----------|
| 03/ | 27 / | 18 | _ | | То | wnship o | of To | ms River- D | epartment of E | Enginering A | Y 15 | 20 | 18 | |
| Agencies Notified EPA | Type Notific Initial | | | | | t Address Washing | ton | Street | Visit on The College | - Assess | 1015 | 177 | in a | ļ |
| ☑ DOLWD | Amended | | | | City, | State, Zip (| Code |) | | The Market and | 1755 | triting | | |
| ☑ DOH □ DCA | Amendm Emergen | | | | | ms River | | | | | | | 4.4 | 277 |
| (NJAC 5:23-8) | justificati | on) | ciuain | a | | e of Contac | 22.00 | | | Telephone N | lumber | | | |
| 35 (1908) (1909) (1907) (1908 | Cancella | | | | Ro | bert Cha | nkal | ian | | 732-341- | | | | |
| | | | | | FA | CILITY IN | (FO | RMATION | | | | | | |
| Name of Facility Where A | batement is 7 | Taking | Place | (3) | | | | | Type of Facility | (4) | | | | |
| Commercial | | | | | | | | | School (K-1 | | | | | |
| Street Address 66 Route 3 West | | | | | | | | | ☐ Subchapter ☐ Other (i.e., p | rivate and com | (-12) imercial | buildir | gs, | |
| City (5) | | | | | | | | | homes, etc. | | | | | |
| Toms River | | | | | | | | | Square Feet | # of Floors | | Bldg. / | Age | |
| County (6) | | | | | Cou | nty Code (7 | r)(ST/ | ATE USE ONLY) | Current Use (Pr | ior if being den | nolished |) | | |
| Ocean | | | | | | | | | | | | | | |
| Name of Monitoring Firm | | ding O | wner (| (8) | ASCM | No. | Na | me of Abateme | ent Contractor (9) |) | | | | |
| Bio Terra Solutions | | | | | | | | | NAGEMENT L | | | | | |
| Street Address | | | | | | | Str | eet Address | | | | | | - |
| P.O. Box 1224 | | | | | | | 2 | 7 Outwater | Lane | | | | | |
| City, State, Zip Code | | | | | | | | City, State, Zip Code | | | | | | |
| Union, NJ | | | | | | | 1 | Garfield, NJ | 07026 | | | | | |
| Project Manager for Monit | toring Firm | | | Tel | ephone | No. | Te | lephone No. | | License No | | | | |
| Rick Estaquio | oject Manager for Monitoring Firm Rick Estaquio | | | | | -3762 | 9 | 73-928-4888 | } | 1188 | | | | |
| Start Date (10) | | | | | | ate (11) | Na | me of OSHA M | lonitor | | | | | |
| | | | | | 7_ / | 18 | ALL PRO MANAGEMENT LLC | | | | | | | |
| Occupancy Status During Facility Closed/Vacate | | | | | | | | eet Address | • (18.1965-17.5) | | | | | |
| ☐ Abatement Performed | Outside of No | ormal | Facility | Abate | ment re Dor | cribo | | 7 Outwater I | | | | 301 | | |
| Time of Abatement: | AM | PN | 1/ | _PM | | AM | - 100 | y, State, Zip Co Sarfield, N.I. | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | Garfield, NJ 07026 | | | | | | _ | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | □ Re 図 De | | | | | ☐ Mini-Enc ☐ Glovebag | tainment with Neg losure g Procedure mpted (*) and No | | | | | |
| | 20. | | | Loca | | | | | | | | baten | ent T | vpe |
| Location of Asbestos-Containing N | | , | | Norma d Sol | ally ely by | 0 - 1 | | Description o | | | - | | Т | 1 |
| TO BE ABA | ΓED | " | Ma | intena | ince/ | (i.e | sios ., the | Containing Ma ermal systems i | insulation. | Amount (Specify | Kemoval | Repair | Encapsulate | Enclosure |
| IN Facility (13) | / | | Cust | todial (12) | Staff? | | 5 | surfacing, VAT, | , or | SF or LF) | oval | . = | usc | Sur |
| (13) | | Ī | Yes | No | N/A | 1 | ot | her miscellane | ous) | | | | ate | w |
| Throughout | | | | | | RACM | | | | | | | П | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | Ī | | П | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste | e Hauler | | | I | JDEP | Waste | Cul | oic Yards of | Name of Regis | stered Landfill | | | _ | _ |
| Weigle Trucking, LL | С | | | F | lauler II | | Wa | ste s Needed | Minerva E | | | | | |
| City, State | | | | | | | | posal Date | City, State | | | | | |
| Linden, PA | | | | | | | Т | BD | Waynesbu | rg, OH | | | | |
| Completed By (Print or Ty | pe) | Title | | | | | | Signature | - | | Date | | | |
| Allen Monchik | | Pr | oject | Man | ager | | | The second of th | | | encermon. | | | |

| | | | | | | | | | | | P | rint F |
|---|--|-------------------|---|--|--|---|-------------------------------|--|--------------------|---------|---------------|-----------|
| Ch 6757 | | NOTI | S HEATIO Pursuan | tate of New . N OF ASBES t to NJAC 8 | Jersey TOS ABATE 60 and 12/12 | MEN | т | DE | G [| | V | |
| Date of Notification (1) 5/7/18 | | | | of Building Ov Bucca Priv | | | | | MAY | 15 | 2018 | - 5 |
| Agencies Notified Type Notification | n | | | Address | rato i iome | | | 401 | 3EFT (: | | | 1 2 |
| EPA Initial Amended | | | | tate, Zip Code | | | | Post i | And the second | 11311 | 13 13 | 4.N |
| DOL Amendmer □ Emergency | (including | g | | ahawkin NJ of Contact | 08050 | | | 1-:: | | | | |
| DOH justification Cancellatio | | | Gilda | | | | | Telephone | Numbe | r | | |
| Name of Facility Where Abatement is Taki | ng Place | (3) | FAC | ILITY INFOR | MATION | Тур | e of Facility (| (4) | | | | |
| Gida Bucca Private Home Street Address | | | | | | | School (K-1 | 12) | | | | |
| outet Address | | | | | | | Other (i.e. p | 8 (Other than orivate & comm | K-12) nercial b | uilding | s, hom | es, |
| City (5) Manahawkin NJ 08050 | | | | | | 10000000 | etc.) iare Feet | # of Floors | | Bldg. | Age | |
| County (6) | | Т | | Code (7) | | 90,000 | 00+ rent Use (Prid | 1 or if being dem | nolished) | 35+ | | |
| Ocean Name of Monitoring Firm Hired by Building | Owner /9 | | 20.000 | M No. | | Ho | ouse | | | | | |
| N/A | Owner (o | ") | ASCI | W NO. | Perr | | natement Cor Inc. | itractor (9) | | | | |
| Street Address | | | | | Street | | | | | | | |
| City, State, Zip Code | | | | | | | Zip Code | | | | _ | |
| Project Manager for Monitoring Firm | | | Telepho | ne No | Wes | 100000000000000000000000000000000000000 | rlin NJ 080 | MANAGE TO SERVICE TO S | aa Na | | | |
| Charl Data (40) | | | | | | 856-753-9800 00727 | | | | | | |
| Start Date (10) 5/21/18 | 5/25/1 | | mpletion | Date (11) | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Che | | 1 - 1 - 1 | | | Street | Addre | ess | | | | | |
| X Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of nal Facilit | Abaten y Hours | nent s | | City, S | City, State, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | 2200 | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | × | M GI | ini-Enclosure lovebag Proc | | | | re | |
| | | Locat | | | | | | | 11451511 | Abat | tement ype | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Normally Used Solely by Maintenance/ Custodial Staff? (12) | | ely by Asbestos Cont. (i.e. thermal surface | | Description Containing Marmal systems surfacing, VA her miscellan | lateria insul T, or | lation, | Amount (Specify SF or LF) | Remova | | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | a | 7 | ilate | ıre |
| Exterior Siding | | х | E | Exterior Sig | | | 1000 SF | х | | | | |
| Through -out | | Х | | Floor tile | | | 600 SF | Х | | | | |
| | | | | | | | | | - | - | | |
| Name of Registered Waste Hauler United Roll Off | | H | JDEP W lauler ID 2459 | | ubic Yards Waste | | Name of F | Registered Lan | dfill | | 1 | |
| City, State Elm NJ | | | Disposal | | | Disposal Date City, State | | | | | | |
| Completed by | Title | | | | | 5/25/18 Morrisville PA 19067 Signature Date | | | | | | |
| Anthony T Perna | Pres | ident | | | / | 1 | | | 5/7/18 | 3 | | |

| no ch | | NO | | | ON OF A | New Jersey SBESTOS ABA IAC 8:60 and 5: | | DEG | E | | // [§ | n n n |
|--|--|-------------------|---|---------------------------|---|--|--|--|-----------------|---------|-------------|-----------|
| Date of Notification (1) | 10 / | 18 | | 11 | | ing Owner/Operator Job #1804-5302 | (2) Check # | MAY | 1 5 | 20 | 18 | |
| ⊠ EPA [| Type Notificatio ☐ Initial ☑ Amended Amendment | | | 4 City | eet Address 000 Hadle /, State, Zip | ey Road Code | 100 mm | ASBECT | 01.0 | TO THE | 70L | 3 |
| □ DCA (NJAC 5:23-8) | Emergency justification) | | ng | | outh Plair | | | Telephone Nu | mher | | | |
| The state of the s | Cancellation | | | M | lichael Es | camilla | | 973-417-04 | | | | |
| | | | | F | ACILITY II | NFORMATION | | | | | | |
| Name of Facility Where Aba PSE&G- Bergen Point Street Address 23 Evergreen Street | | ing Plac | ce (3) | | | | Type of Facility ☐ School (K-12 ☐ Subchapter ☑ Other (i.e., phomes, etc.) | 2) 8 (Other than K-1 rivate and comm | l2) ercial t | ouildir | ngs, | |
| City (5) | | Chian - | | | | | Square Feet | # of Floors | E | Bldg. / | Age | |
| Bayonne, NJ | | | | | | | | | | T | | |
| County (6) Middlesex | | | | Cot | unty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr Substation | ior if being demo | lished) | | | |
| Name of Monitoring Firm Hir Health & Safety Service | | Owner | (8) | ASCN | И No. | Name of Abateme | | | | | | |
| Street Address | es | | | | | AbateTech, I | nc. | | | | | |
| PO Box 365 | | | | | | Street Address 30 Maple Ave | DO Poy 25 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | |
| Berlin, NJ 08009 | | | | | | Lumberton, N | | | | | | |
| Project Manager for Monitori | ng Firm | | Tel | ephone | e No. | Telephone No. | | License No. | | | | |
| Jim Proctor | | | 8 | 56-45 | 2-1311 | 609-265-2107 | | 00529 | | | | |
| Start Date (10)5 /1 /1 | | | 100 | | ate (11) 18 | Name of OSHA M EMSL Analyti | | | | | | |
| Occupancy Status During Ab Facility Closed/Vacated D | | | | | | Street Address | | | | | | |
| Abatement Performed Our Time of Abatement: | tside of Norma | I Facilit | y Hou | rs - Des | scribe AM | 200 Route 130 City, State, Zip Co | de | | | | | |
| Scope of Work (Check all tha | | | | | - | Cinnaminson, | NJ 08077 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | т арргуу | | enovat emolitio | | | ☐ Mini-Enclo | | | ıre | | | |
| • ************************************* | | | Local | | | | | | Ab | atem | ent Ty | уре |
| Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) | erial (ACM) | Use Ma Cust | Norma d Sole intena todial (12) | ely by ince/ Staff? | | Description of stos Containing Mate , thermal systems in surfacing, VAT, other miscellaneo | erial (ACM) esulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Exterior | | Yes | No | N/A | Caulk | | | 350 1 5 | FZI | | | |
| | | | | | Odulk | | | 250 LF | | | | |
| | | | | | | | | | | Ш | Ш | Ц |
| | ** ** **/(***** | | | | | | | | 10 | | | |
| Name of Registered Waste Ha | auler | | | JDEP V | | Cubic Yards of | Name of Registe | ered Landfill | | | | |
| VEOLIA | |) | | auler II 08063 | | Waste 40 | Fairless Lar | 77.4 | | | | |
| City, State Flanders, NJ | | <i>j</i> | (_ | | | Disposal Date (5/18/18 | City, State Morrisville, | PA / | | | -1112 | |
| Completed By (Print or Type) Gwendolyn Trumbetti | Title | | ons C | oordi | inator | Signature | 7 | Da | ite 1/ |) [] | 8 | |

| Chioille |) | | гои | | | LIDE | TOF AS | BE | Jersey ESTOS ABA 8:60 and 5:1 | | | DE | C I | 3 | Ñ | | |
|---|-----------------|--------|------------------|-------------|--------------|---------------------|-----------------------|----------------------|--|------------------------------|--|---------------------------------|-------------|-------------|----------|-------------|----------------|
| Date of Notification (1) 5 / | 11 / | 40 | , | | 1 | Vame | of Buildir | ng O | wner/Operator | (2) |) | | JΔY | 1 5 | 201 | 18 | II. |
| | | 18 | | | | | | vion | mouth / Job | #1 | 1802-5262 C | heck #1011 | 67 | 1 0 | 20 | 10 | 1 |
| Agencies Notified EPA | Type Notific | cation | | | 5 | | t Address ast Main | ı St | reet- Departn | ne | nt of Public | Works ASE | ĒF.(). | s di | v je | iol 8 | 3 |
| ⊠ DOLWD | ☐ Amende | | | | (| City, S | State, Zip | Cod | e | | | entrality and the second second | ALLEY SILVE | war en en | No. | - | - water - July |
| ☐ DHSS | Amendm Emerger | | | | | Fre | ehold, N | J 0 | 7728 | | | | | | | | |
| (NJAC 5:23-8) | justificat | | icidaliii | 9 | N | lame | of Contac | ct | | | | Telephone | Numb | er | | | |
| | ☐ Cancella | ation | | | | Adı | ministrat | tion | i | | | 732-431 | 1-7000 | ì | | | 20 |
| | | | | | | FA | CILITY IN | VFC | RMATION | | | | | | | | |
| Name of Facility Where A | batement is | Taking | g Place | (3) | | | | | <u> </u> | T | Type of Facility | (4) | -1-7-1- | | | | |
| Veterans Memorial | Building | | | | | | | | | | School (K-12 | | | | | | |
| Street Address | | | | | | | | | | [| Subchapter | 8 (Other than | K-12) | نام اما | م منامان | | |
| 50 East Main Street | | | | | | | | | | 1 | homes, etc.) | | mmerc | iai bu | ıııdınç | js, | |
| City (5) Freehold, NJ | | | | | | | | | | Square Feet # of Floors | | | | | dg. A | ge | |
| County (6) | | | | | | Cour | aty Codo /7 | 7\/07 | (STATE USE ONLY) Current Use (Prior if being demolished) | | | | | | | | |
| Monmouth | | | | | | Cour | ity Code (/ | 1)(31 | ATE USE UNLT) | 1 | ourrent use (Pr | ior if being de | emolish | ea) | | | |
| Name of Monitoring Firm | Hired by Buil | dina (| Owner | (8) | T AS | SCM | No | l Na | ame of Abateme | eni | t Contractor (9) | | | | | | |
| NV5 | , | | | (-) | ' | | | 4 - | AbateTech, I | | | | | | | | |
| Street Address | | | | | | | | | reet Address | 2009 4 - 10 7 17 17 1 | | | | | | | |
| 7 Campus Drive Sui | te 300 | | | | | | | | 30 Maple Ave | e. l | PO Box 25 | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | | | | | | - |
| Parsippany, NJ 070 | 54 | | | | | | | | Lumberton, N | | | | | | | | |
| Project Manager for Monit | | | Te | eleph | one | No. | _ | elephone No. | _ | | License N | lo. | _ | | | | |
| Ryan Broadwater | | | | | 609- | 323 | -2559 | | 609-265-2107 | 7 | | 00529 | | | | | |
| Start Date (10) | | Sched | heduled Completi | | | | te (11) | Name of OSHA Monitor | | | | | | | - | | |
| 5 / _23 / | 18 | _ ; | 5 / | _ 2 | 25_ | . / _ | 18 | 1 | EMSL Analyt | tica | al | | | | | | |
| Occupancy Status During | Abatement (| Check | only | ne) | | | | Sti | reet Address | | | | | | | | - |
| ☐ Facility Closed/Vacate | | | | | | | | : | 200 Route 13 | 30 | North | | | | | | |
| Abatement Performed Time of Abatement: | Outside of No | ormal | Facility | / Ho | urs - | Des | cribe | Cit | ty, State, Zip Co | ode | | | | | | | |
| | | | /u | | VI | —' | AIVI | (| Cinnaminson | ı, î | NJ 08077 | | | | | | |
| Scope of Work (Check all | that apply) | | | | | 1112 | | | П | | | 1177 ETC | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | | ⊠ Re | | | | | | ☐ Mini-Enc | olos g F | | | | | | | |
| | | | | | ation | | | | | | | | | Aba | ateme | ent Ty | /ре |
| Location of Asbestos-Containing N | | 4) | | | nally | by | Achor | otoo | Description o | | rial (ACMA) | | | Re | Re | щ | Щ |
| TO BE ABA | red ` | ', | Ma | inter | nance | e/ | | | Containing Mar ermal systems i | | | Amount (Specify | 50 | Removal | Repair | Encapsulate | Enclosure |
| IN Facility (13) | / | | Cus | 001a (12 | ıl Sta 2) | Π? | | | surfacing, VAT, | | | SF or LF | -) | val | • | slus | sure |
| (10) | | | Yes | No | 1 | N/A | | O | ther miscellaned | ous | S) | | | | | ate | |
| 3 Small Locations | | | | | | | Vapor B | Barr | ier beneath h | hai | rdwood | 4 SF | | | | | |
| Throughout | | | | | Г | | Core Dr | illir | na | | | 45 SF | | \boxtimes | П | | П |
| | | | | | | | | | -9 | | | 40 01 | | | | | = |
| | | | | | - | _ | | | | | | | | | Ш | Ш | |
| Name of Death 1985 | | | | | | | | | | | | | | | | | |
| Name of Registered Waste AbateTech, Inc. | e Hauler | | | - 12 | Haul | | Vaste No. | Wa | bic Yards of aste I 2 | | Name of Regist G.R.O.W.S. | | | | | | |
| City, State | | | | | 10 | ,, 50 | | | sposal Date | (| City, State | | | | | | |
| Lumberton, NJ | | | | | | | | 1.5 | 5/25/18 | | Tullytown, | PA | | | | | |
| Completed By (Print or Ty | oe) | Title | 2 | | | | | | Signature | | A — | | Date | | 1 | | |
| Gwendolyn Trumbet | ti | 0 | perati | ons | Co | ordi | nator | | () | A | d | | Ĺ | 7/1 | 11 | 18 | |

| Chiolle | 5 | | NO | TIFI | CATI Pursi | State of DUOF A | SB | W Jersey ESTOS ABA 8:60 and 5:1 | TEMENT | ME | C | | V | | |
|---|--------------------|---------|---------|---------|----------------|--|-----------------|---------------------------------------|---|---------------------------------|-------------------|--------|-------------|--------------------|--|
| Date of Notification (1) | | | | | Na | me of Buildi | ing (| Owner/Operator | (2) | 1100 | | | | | |
| 5/ | 11 / | 1 | 88 | | 1 | NJ DOT / | Jol | b #1709-5210 | Check #10165 | | MAY | 15 | 201 | Ω | |
| Agencies Notified | Type Notifi | ication | 1 | | Str | eet Address | ; | | | 144 | m A I | IJ | 201 | 0 | |
| ⊠ EPA | | | | | - | Executive | e C | ampus | | | an remains and a | | | . The state of | |
| ☑ DOLWD | ☐ Amend | | w | | | y, State, Zip | | | | ASI | SECTO: | | | OL 8 | |
| ☑ DHSS | Amend | | | _ | | herry Hill | | | | L | L | | W.A | ,810 (c. (2)) *s., | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emerge justifica | | nciuaii | ng | | me of Conta | 5-2 | | | Telephone N | lumber | | | | |
| | ☐ Cancell | | | | P | yle Fote | 2007 | | | 609-364-9 | | | | | |
| | | | | | | • | NEC | ORMATION | | | | | - | | |
| Name of Facility Where At | patement is | Takin | ng Plac | e (3) | | AULITT | 141 | OKWATION | Type of Facility | (4) | | | | | |
| D-4 | | | .5 | (0) | | | | | School (K-12 | | | | | | |
| Street Address | | | | 2153.6 | <u>V</u> | | | | ☐ Subchapter 8 ☐ Other (i.e., pr | (Other than K rivate and com | -12) mercial b | uildir | gs, | | |
| City (5) | | - | | | | | | · · · · · · · · · · · · · · · · · · · | homes, etc.) Square Feet | # of Floors | I p | ldg. A | \ a a | | |
| Bellmawr, NJ | | | | | | | | | Square reet # 01 Floors | | | | | | |
| County (6) | | | | ES-BV- | Co | unty Code (| 7)/S | TATE USE ONLY) | /LY) Current Use (Prior if being demolished | | | | | | |
| Camden | | | | | " | any codo (| . 10 | GOL GILLI) | Residential | | | | | | |
| Name of Monitoring Firm H | lired by Bui | ldina (| Owner | (8) | ASC | M No. | IN | lame of Ahateme | ent Contractor (9) | | | | | | |
| MECS | | 3 | | (-) | | AbateTech, Inc. | | | | | | | | | |
| Street Address | Street Address | | | | | | | treet Address | 020. 1. 200. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | | | |
| PO Box 341 | | | | | | 30 Maple Ave. PO Box 25 | | | | | | | | | |
| City, State, Zip Code | | | | | | | c | | , State, Zip Code | | | | | | |
| CHesterfield, NJ 085 | 15 | | | | | | | | rton, NJ 08048 | | | | | | |
| Project Manager for Monito | ring Firm | | | Te | ephon | e No. | | elephone No. | | License No. | ar en | | | | |
| William Weisgarber J | lr | | | 100000 | | 8-4070 | | 609-265-2107 | | 00529 | | | | | |
| Start Date (10) | | Sched | duled C | ompl | etion [| Date (11) | N | ame of OSHA M | onitor | | | | | | |
| 5 /24 / | 18 | | 6_ / | 2 | 2_/ | 18 | | EMSL Analyti | cal | | | | | | |
| Occupancy Status During A | batement (| Check | k only | one) | | | | treet Address | 5.3674.740 | | | | | | |
| ☐ Facility Closed/Vacated | | | | | ement | | | 200 Route 130 | 0 North | | | | | | |
| Abatement Performed O | utside of N | ormal | Facilit | у Нос | ırs - D | escribe | Ci | ity, State, Zip Co | de | | | | | | |
| Time of Abatement: | AM | PI | M/ | _PM | l | _AM | | Cinnaminson | , NJ 08077 | | | | | | |
| Scope of Work (Check all th | at apply) | | - | | | | _ | | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | □ Re | | | | | ☐ Mini-Encl | | | dure | | | | |
| | | | Is | Loca | tion | | | | | | | atem | ent T | vpe | |
| Location of | | | | Norma | ally ely by | | | Description of | | | | _ | 1 | 1 | |
| Asbestos-Containing Ma TO BE ABATE | | 1) | | | ance/ | | | s Containing Mat nermal systems in | | Amount (Specify | Removal | Repair | nca | nclo | |
| IN Facility | | | Cus | | Staff? | (1.6 | | surfacing, VAT, | | SF or LF) | oval | = | Encapsulate | Enclosure | |
| (13) | | | | (12 | | _ | 0 | ther miscellaned | ous) | (5) | | | late | 0 | |
| Exterior | | | Yes | No 🖂 | N/A | Transit | e S | hingles | | 1,700 SF | | | П | П | |
| Utility Room | | | | | | | | ina | | 7 SF | | | _ | | |
| | | 5 | | Flue Pa | | | | | | | | | | | |
| Utility Room | | | | HVAC t | ape | 9 | | 5 SF | | Ш | Ш | | | | |
| | | | | | | The second secon | | | | | | | | | |
| Name of Registered Waste I | Hauler | | | 1000 | | Waste | 108.05 | ubic Yards of | Name of Regist | | | | | | |
| AbateTech, Inc. | | | | 1 | 1875 | ID No. 0 | | aste 40 | G.R.O.W.S. | Landfill | | | | | |
| City, State | | | | | | | | sposal Date | City, State | | | | | | |
| Lumberton, NJ | | | | | | | (| 6/22/18 | Tullytown, I | PA | | | | | |
| Completed By (Print or Type |) | Title | | - 11100 | | | _ | Signature | A. | | Date_, | g | | , | |
| Gwendolyn Trumbetti | | 0 | perati | ons | Coor | dinator | | | 01/1/1 | | Date 5 | 11/ | 18 | | |

| CILIDIL | 0 | | ATHON OF | New Jersey ASBESTOS ABA VAC 8:60 and 5:1 | | DEG | SIVE | | | | | |
|---------------------------------------|----------------------|----------------------|----------------|--|--------------------|--|--------------------------------|--|--|--|--|--|
| Date of Notification (1) | | | Name of Bu | ilding Owner/Operator | (2) | | 6 t | | | | | |
| | 11 / 18 | | NJ DOT | / Job #1709-5210 | Check #10166 | LL L MAY | 1 5 2018 | | | | | |
| Agencies Notified | Type Notification | | Street Addre | SS | | | TO THE TAX TO STREET STORES OF | | | | | |
| ⊠ EPA ⊠ DOLWD | ☑ Initial | | 1 Execut | ive Campus | | ASBETTOS CONTROL& | | | | | | |
| ⊠ DHSS | Amended Amendment # | | City, State, 2 | Zip Code | | Transportation and the second and th | | | | | | |
| □ DCA | ☐ Emergency (inc | luding | Cherry H | ill, NJ 08002 | | | | | | | | |
| (NJAC 5:23-8) | justification) | J | Name of Cor | ntact | | Telephone Number | | | | | | |
| | ☐ Cancellation | | Kyle Fote | • | | 609-364-9337 | 7 | | | | | |
| | | | FACILITY | INFORMATION | | | | | | | | |
| Name of Facility Where A | batement is Taking | Place (3) | | | Type of Facility | (4) | | | | | | |
| D-4 | | | | | School (K-1 | | | | | | | |
| Street Address | | | | | | 8 (Other than K-12) private and commerce | | | | | | |
| | | | | | homes, etc. | | ilai bullulliys, | | | | | |
| City (5) | | | | | Square Feet | # of Floors | Bldg. Age | | | | | |
| Bellmawr, NJ | | | | | | | | | | | | |
| County (6) | | | County Cod | e (7)(STATE USE ONLY) | Current Use (Pr | for if being demolish | ned) | | | | | |
| Camden | | | | | Residential | | | | | | | |
| Name of Monitoring Firm I | Hired by Building Ov | vner (8) | ASCM No. | Name of Abateme | ent Contractor (9) | | | | | | | |
| MECS | | | | AbateTech, I | nc. | | | | | | | |
| Street Address | | | | Street Address | | | | | | | | |
| PO BOx 341 | | | | 30 Maple Ave | e. PO Box 25 | | | | | | | |
| City, State, Zip Code | | | | City, State, Zip Co | ode | | | | | | | |
| Chesterfield, NJ 085 | | | | Lumberton, N | NJ 08048 | | | | | | | |
| Project Manager for Monito | | Telep | hone No. | Telephone No. | | License No. | | | | | | |
| William Weisgarber | Jr | 609 | 9-298-4070 | 609-265-2107 | | 00529 | | | | | | |
| Start Date (10) | | | on Date (11) | Name of OSHA M | lonitor | | | | | | | |
| 5 /24 / _ | 18 6 | _ / _22 | /18 | EMSL Analyti | ical | | | | | | | |
| Occupancy Status During A | | | | Street Address | | | | | | | | |
| Facility Closed/Vacated | During Entire Perio | d of Abatem | ent | 200 Route 130 | 0 North | | | | | | | |
| Abatement Performed C | Outside of Normal Fa | acility Hours | - Describe | City, State, Zip Co | ode | | | | | | | |
| Time of Abatement: | | PIVI | AM | Cinnaminson | , NJ 08077 | | | | | | | |
| Scope of Work (Check all to | hat apply) | | | | 50 MARK 2000 | 22 Mai | | | | | | |
| ≥3 sf or >3 If | Г | Renovatio | n | ☐ Full Conta | ainment with Neg | ative Pressure | | | | | | |
| ≥160 sf or ≥260 lf | | Demolition | | ☐ Glovebag | Procedure | | | | | | | |
| | I. | | | Non-Exer Non-Exer | mpted (*) and Nor | n-Friable Procedure | | | | | | |
| Lagation | | Is Location Normally | 890 | | | | Abatement Type | | | | | |
| Location of Asbestos-Containing Ma | aterial (ACM) | Used Solely | | Description of | | Amount | R R E | | | | | |

| \(\sum_{\geq} \geq 160 \text{ sf or } \geq 3 \text{ if} \(\sum_{\geq} \geq 160 \text{ sf or } \geq 260 \text{ lf} \) | | enovat emoliti | | | ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure | | | | | | |
|--|-----------|-------------------|------------------------------|-------|--|--------------------------------------|---------------------------------|---------|--------|-------------|-----------|
| | 4770 | Loca | | | | | | Ab | atem | ent T | уре |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Use Ma | intena | ely by ance/ Staff? | | Description of pestos Containing Ma e., thermal systems surfacing, VAT other miscellane | aterial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| 97 94 | Yes | No | N/A | | | • | | | | Ф | |
| Exterior | | | | Trans | ite Shingles | | 1,700 SF | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler AbateTech, Inc. | | 10000 | JDEP \ lauler IC 18750 | O No. | Cubic Yards of Waste 40 | Name of Regis | | | | | |
| City, State | | | | | Disposal Date | City, State | | | | | - |
| Lumberton, NJ | | | | | 6/22/18 | Tullytown | , PA | | | | |

Completed By (Print or Type)

Gwendolyn Trumbetti

Operations Coordinator

Signature

| | | | | | govern | State of I | vew Jersey | | | | | | - |
|------------------------------------|--------------------|-----------------|---------|-------------|--------------|--|--|---------------------|--|-------------|--------------------------|-------------|---|
| ChiDII7 | | | NO | TIFIC (F | ursu | int to N | BESTOS ABA AC 8:60 and 5 1 | 6) | DEG | | | 7 E | |
| Date of Notification (1)* 5 / | 11 / | 1 | 8 | | | | ng Owner/Operator Job #1709-5210 | 7 B | MAY | 15 | 20 | 18 | 111 |
| Aganaiaa Natifiad | | | | | | 3 30 02543 94 3 | | | Not been | | | | 1 |
| Agencies Notified EPA | Type Notifi | icatior | 1 | | 70.000000000 | et Address Executive | Campus | | ASBEGTO | - 1 C | 1 1 | | 2 |
| □ DOLWD | ☐ Amend | | | | - | State, Zip | | | F(Q) 7127 1 1 1 1 1 1 1 1 1 1 | | HiQ | HUL C | N. |
| ☑ DHSS | Amenda | ment # | ¥ | _ | | TO RECEIVE THE TOTAL OF STATE | NJ 08002 | P | TO STATE OF THE PARTY OF THE PA | r weepingen | ti a n eron e | Antonio | - ALLES AND |
| DCA | ☐ Emerge | | ncludir | ng | | e of Contac | | | Tolophone Num | | | | |
| (NJAC 5:23-8) | justifica Cancell | and the same of | | | | e or coma de Fote | UL . | | Telephone Nun | | | | |
| | _ Cancell | auori | | | | | IFODIATION. | | 609-364-93 | 51 | | | |
| Name of Facility Where A | hatement is | Takin | a Plac | 0 (3) | FF | CILITY | NFORMATION | Tune of Facility | (4) | | - | | |
| D-2 | batement is | Iakii | ig Flac | e (3) | | | | Type of Facility | | | | | |
| Street Address | | | | | | | | | 2) 8 (Other than K-12 private and comme | | uildin | as. | |
| 011 (5) | | | | | | | | homes, etc. | | | | • | |
| City (5) Bellmawr, NJ | | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | |
| County (6) | | | | | 10 | -t- O-d- / | 7/07475 1/05 01/1/0 | 0 111 15 | | | | | |
| Camden | | | | | Cou | nty Code (| 7)(STATE USE ONLY) | | rior if being demoli | shed) | | | |
| Name of Monitoring Firm F | lired by Bui | Idina | Owner | (0) | ASCM | No | Nome of Abotem | Residential | | | | | |
| MECS | med by bui | iding (| Owner | (0) | ASCIV | NO. | Name of Abateme | |) | | | | |
| Street Address | | | | | | | Street Address | nc. | | | | | |
| PO Box 341 | | | | | | | | DO Poy 25 | | | | | |
| City, State, Zip Code | | | | | | | 30 Maple Ave | | | | | | |
| Chesterfield, NJ 085 | 15 | | | | | | Lumberton, N | | | | | | |
| Project Manager for Monito | | | | Tel | ephone | No | Telephone No. | 40 00040 | License No. | | | | |
| William Weisgarber | | | | 1 00 | | 4070 | 609-265-2107 | | 00529 | | | | |
| Start Date (10) | | Sched | duled C | Comple | etion Da | ite (11) | Name of OSHA M | | | | | | |
| 5/24/ | | | 1637 | 12. | 2_/ | 18 | EMSL Analyti | ical | | | | | |
| Occupancy Status During A | | | | | | | Street Address | | 111 | | | | |
| Facility Closed/Vacated | | | | | | | 200 Route 13 | 0 North | | | | | |
| Abatement Performed C | Outside of N | lormal | Facilit | y Hou | rs - Des | cribe | City, State, Zip Co | | | | | | |
| | | | vii | _, ,,,, | | Zivi | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all the | nat apply) | | | | | | M Full Cont | ainment with Neg | nativa Praecura | | | | |
| ☐ ≥3 sf or ≥3 lf | | | | novat | | | ☐ Mini-Encl | osure | gative i ressure | | | | |
| ≥160 sf or ≥260 if | | | ⊠ De | molitic | on | | ☐ Glovebag | | n-Friable Procedu | re | | | |
| | | | Is | Local | ion | | Z Hon Exo. | inplod () dind (10 | THE HOUSE I TOUCH | _ | atem | ent Ty | me |
| Location of | | | | Vorma | | | Description of | f | | | 1 | | _ |
| Asbestos-Containing Ma TO BE ABATE | | 1) | | d Sole | | | stos Containing Mat | | Amount | em | Repair | nca | ncl |
| IN Facility | <u>-U</u> | | | todial | | (i.e. | thermal systems is surfacing, VAT, | | (Specify SF or LF) | Removal | ₩. | psu | Enclosure |
| (13) | | | | (12) | | | other miscellaned | | J. J. J. , | - | | Encapsulate | e |
| Futorior | | | Yes | No | N/A | | | | | _ | _ | | _ |
| Exterior | | | | | | - | Shingles | | 1,375 SF | | Ш | Ш | Щ |
| Bathroom | | | | | | Floor til | e under ceramic | flooring | 150 SF | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste | Hauler | | | 19092 | JDEP V | | Cubic Yards of Waste | Name of Regis | | | | | |
| AbateTech, Inc. | | | | | 18750 | The state of the s | 40 | G.R.O.W.S. | . Landfill | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| Lumberton, NJ | | 142501 | | | | | 6/22/18 | Tullytown, | PA | | | | |
| Completed By (Print or Type | | Title | | | | W 00 | Signature | A | Da | te | 1 | 0 | |
| Gwendolyn Trumbetti | | 0 | perati | ons (| Coordi | nator | | 0118 | | 51 | 11 | 18 | |

| 1.011.1 | NIC | TIFE | CATIO | State of | New Jersey | | Free P C | | | | |
|--|--------------|-------------------|----------|--------------|---|---|--|-------------------|---------|-------------|----------------|
| Ch 10164 | NC |) | Pursua | an jo-NJ | SBESTOS ABA AC48: 60 and 5: | TEMENT | | | | | |
| Date of Notification (1) | | | Nan | ne of Buildi | ing Owner/Operator | (2) | | All Succession | | - | 111 |
| 5 / 11 / | 18 | | N. | J DOT / | Job #1709-5210 | Check #10164 | ILL MA | Y 15 | 20 | 18 | |
| Agencies Notified Type Notifi | cation | | | et Address | | | | | | | 1 |
| ☑ EPA☑ Initial☑ Amende | | | 1 | Executive | e Campus | To be before | ASBES | Toe o | OWT | IOL 8 | <u></u> |
| ☑ DOLWD ☑ Amende ☑ DHSS Amendr | 7:55 i | | City, | State, Zip | Code | Ĺ | enter the property of the control of | JOENS | | | |
| □ DCA □ Emerge | | ina | CI | nerry Hill | , NJ 08002 | | | | | | 3000 THOUSE ME |
| (NJAC 5:23-8) justifica | | 9 | Nam | e of Conta | ct | | Telephone N | umber | | | |
| ☐ Cancella | ation | | K | /le Fote | | | 609-364-9 | 337 | | | |
| | | | FA | CILITY | NFORMATION | | | | | | |
| Name of Facility Where Abatement is | Taking Pla | ce (3) | | | | Type of Facility | (4) | | | | |
| D-2 | | | | | | School (K-1 | | | | | |
| Street Address | | | | | | ☐ Subchapter ☐ Other (i.e., phomes, etc. | 8 (Other than Korivate and com | -12) mercial l | ouildin | gs, | |
| City (5) | | | | | | Square Feet | # of Floors | F | Bldg. A | ne | |
| Bellmawr, NJ | | | | | | | 0 | | nag. r | .90 | |
| County (6) | | | Cou | ntv Code (| 7)(STATE USE ONLY) | Current Use (Pr | ior if heing dem | olished) | | | |
| Camden | | | | , (| · Noville ook onely | Residential | | olished) | | | |
| Name of Monitoring Firm Hired by Buil | ldina Owne | r (8) | ASCM | l No | Name of Abateme | 1,000,000,000 | | | | | |
| MECS | Ü | , | | | AbateTech, I | C-Hole a-workers and concerns the | * /) | | | | |
| Street Address | | | | | Street Address | 110. | | | | | |
| PO Box 341 | | | | | 30 Maple Ave | PO Boy 25 | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | | | | | | |
| Chesterfield, NJ 08515 | | | | | Lumberton, N | | | | | | |
| Project Manager for Monitoring Firm | | Tel | ephone | No | Telephone No. | 13 00040 | License No. | | | | |
| William Weisgarber Jr | | 1 | 09-298 | | 609-265-2107 | | 00529 | | | | |
| | Scheduled | | | | Name of OSHA M | | 00529 | | | | |
| 5 /24 /18 | 6 | / _2 | 2_ / | 0.53 3.50 | EMSL Analyti | | | | | | |
| Occupancy Status During Abatement (| | | | | Street Address | | | | | | |
| Facility Closed/Vacated During Entire | re Period o | Abate | ement | | 200 Route 13 | 0 North | | | | | |
| Abatement Performed Outside of No Time of Abatement:AM | ormal Facili | ty Hou | rs - Des | cribe | City, State, Zip Co | ode | | | | | |
| | PIVI/ | PIVI | | AM | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | | | | | 100 BM 6000 (0000) | 2000 | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | enovat emoliti | | | ☐ Mini-Encl | | | dure | | | |
| No. | | s Loca | 23.22.12 | | | | | At | ateme | ent Ty | уре |
| Location of | | Norma ed Sol | | | Description of | | | | _ | | |
| Asbestos-Containing Material (ACM TO BE ABATED | | aintena | | | stos Containing Mat ., thermal systems i | | Amount (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facility | Cus | | Staff? | (1.0. | surfacing, VAT, | or | SF or LF) | ova | = | psu | unsc |
| (13) | | (12) | T | - | other miscellaned | | • | | | late | .e |
| - 7 - 1 | Yes | No | N/A | | ## ## ## ## ## ## ## ## ## ## ## ## ## | | | | | | |
| Exterior | | | | Transite | Shingles | | 1,375 SF | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| uz | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 4 350 | JDEP V | 77.0707.07 | Cubic Yards of | Name of Regist | ered Landfill | | - | | |
| AbateTech, Inc. | | | 18750 | | Waste 40 | G.R.O.W.S. | Landfill | | | | |
| City, State | | | | | Disposal Date | City, State | | | | | - |
| Lumberton, NJ | | | | | 6/22/18 | Tullytown, | PA | | | | |
| Completed By (Print or Type) | Title | | | | Signature | λ. | | Date . | 4 | | |
| Gwendolyn Trumbetti | Operat | ions (| Coordi | nator | | 11 | 1 | Date | 111 | 18 | |

| _ | | | | - | | State of | New Jersey | , | | Deliana de antición de | | | |
|---|-------------|---------|--|-------------------|------------------|----------------|---|------------------------------|---|------------------------|---------|--------------------|--|
| (K10110= |) | | NO | TIFI (| Pursu | ON OF AN | SBESTOS ABA MC 8:60 and 5: | TEMENT (16) | DEG | | | / [E | 7 7 7 |
| Date of Notification (1) | / | - | | | Na | me of Ruildi | ing Owner/Operator | (2) | | | | | du la |
| | 11 / | 1 | 18 | | | | Job #1709-5210 | | MAY | 15 | 20 | 18 | Contraction of the Contraction o |
| Agencies Notified | Type Notif | ficatio | n | | Str | eet Address | | | | | | | 1 |
| ⊠ EPA | | 5 757 | | | 1 | Executive | e Campus | ľ | ASBEST | 75.00 | 17.17E | 201 | 2 |
| ☑ DOLWD ☑ DHSS | Amend | | # | | City | , State, Zip | Code | | | JENS. | | 10 L | м |
| □ DCA | ☐ Emerge | | | na | 0 | herry Hill | , NJ 08002 | | | | | THE REAL PROPERTY. | (Andrews Constitution of the |
| (NJAC 5:23-8) | justifica | | moladi | i ig | Nar | me of Conta | ct | | Telephone Nu | mber | | | |
| TOURS AND | ☐ Cancel | lation | | | K | yle Fote | | | 609-364-93 | | | | |
| | | | | | F | ACILITY II | NFORMATION | | | | | | |
| Name of Facility Where A | batement is | s Takii | ng Plac | ce (3) | | | | Type of Facility | (4) | | _ | | |
| D-2 | | | | | | | | School (K-1 | * * | | | | |
| Street Address | | | | | | | | Subchapter Other (i.e., p | 8 (Other than K-1 private and comm | 2) ercial b | ouildir | ngs, | |
| City (5) | | | | | | | | homes, etc. Square Feet | # of Floors | Tr | 11.4 | A | |
| Bellmawr, NJ | | | | | | | | Square reet | # OI FIOOIS | 1 | Bldg. / | Age | |
| County (6) | | | | | Co | unty Code (| 7)(STATE USE ONLY) | Current Use /Pi | rior if being demo | ichod) | | | |
| Camden | | | | | 00 | anty oddo (| THOTALL GOL GIVETY | Residential | _ | isileu) | | | |
| Name of Monitoring Firm H | lired by Bu | ilding | Owner | (8) | ASCI | M No. | Name of Abatem | | • | | | | |
| MECS | | | | , , | | | AbateTech, I | | , | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| PO Box 341 | | | | | | | 30 Maple Ave | e. PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | - | | |
| Chesterfield, NJ | | | | | | | Lumberton, I | | | | | | |
| Project Manager for Monito | oring Firm | | | Tel | ephone | e No. | Telephone No. | | License No. | | | | |
| William Weisgaber J | r. | | | 6 | 09-29 | 8-4070 | 609-265-2107 | | 00529 | | | | |
| Start Date (10) | | Sched | duled (| Compl | etion D | ate (11) | Name of OSHA N | lonitor | | | | - | \neg |
| _5_/_24_/_ | 18 | | 6 | 2 | 2_/ | 18 | EMSL Analyt | ical | | | | | |
| Occupancy Status During A | | | | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated | | | | | | | 200 Route 13 | 0 North | | | | | |
| Abatement Performed C | otside of N | lormal | Facilit | y Hou | rs - De | scribe | City, State, Zip Co | ode | | -0//-0/ | | | \neg |
| Time of Abatement: | | PI | VI/ | PIVI | | _AM | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all the | nat apply) | | | | | | | | New Years | | | | |
| ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | | | □ Re | enovat emoliti | | | ☐ Mini-Encl | Procedure | gative Pressure n-Friable Procedu | re | | | |
| | | | 1 | Loca | | | | | | Ab | atem | ent T | уре |
| Location of Asbestos-Containing Ma | | 41 | Non-contract Contract | Norma | illy ely by | | Description of | | | | _ | | |
| TO BE ABATE | | n) | Ma | intena | ince/ | Aspes (i.e. | stos Containing Mat ., thermal systems i | nsulation | Amount (Specify | Remova | Repair | nca | nclo |
| IN Facility | | | Cus | todial (12) | Staff? | | surfacing, VAT, | or | SF or LF) | val | = | Encapsulate | Enclosure |
| (13) | | | Yes | No | N/A | - | other miscellaned | ous) | | | | ate | (0) |
| Exterior | | | | | | - | Shingles | | 1,375 SF | | П | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | - | | | | | | Ш | | |
| Name of Registered Waste I | II- | | | | | | | | | | | | |
| AbateTech, Inc. | Hauler | | | | JDEP auler II | D No. | Cubic Yards of Waste 40 | Name of Regist G.R.O.W.S. | | | | | |
| City, State | | | | | 1013 | | Disposal Date | City, State | | | | - | |
| Lumberton, NJ | | | | | | | 6/22/18 | Tullytown, | PA | | | | |
| Completed By (Print or Type |) | Title | | | | | Signature | | Da | ite . | 102 | ph. | |
| Gwendolyn Trumbetti | | 0 | oerati | ons (| Coord | inator | | MAN) | | 5/1 | 111 | 8 | |

| Chious | | | NO. | | | N A AS | AC 8:50 and 5:1 | | DEG | | \mathbb{V} | E | Constant |
|---|------------------|---------|--------------|----------------|------------------------------|--|-------------------------------------|-------------------------|---------------------|----------|----------------|-----------------|-----------|
| Date of Notification (1) 5 / | 11 / | 1 | 8 | | 1 | | ng Owner/Operator Job #1709-5210 | | MAY | 15 | 201 | 3 | U |
| Agencies Notified EPA | Type Notifi | | 1 | | | et Address Executive | e Campus | | ASBERTIC | S CO | ATRO | JL& | |
| ⊠ DOLWD | Amende | | | | City | State, Zip | Code | | EAL) | FIJSH | e announcement | notation to the | r-mar |
| ☐ DCA | Amendr Emerge | | | - | С | nerry Hill, | NJ 08002 | | | | | | |
| (NJAC 5:23-8) | justifica | | roidan | 9 | Nam | e of Contac | ct | | Telephone Nur | nber | | | |
| | ☐ Cancella | ation | | | K | /le Fote | | | 609-364-93 | 37 | | | |
| | | | | | F/ | CILITY II | NFORMATION | | | | | | |
| Name of Facility Where A | batement is | Takin | g Plac | e (3) | | The state of the s | | Type of Facility | y (4) | | | | |
| D-2 Street Address | | | | | | | | School (K-1 | 8 (Other than K-1 | 2) | | | |
| | | | | | | | | Other (i.e., homes, etc | private and comme | ercial b | uildin | js, | |
| City (5) | | | | | | | | Square Feet | # of Floors | IB | ldg. A | ge | |
| Bellmawr, NJ | | | | | | | | | | | -3- | 3- | |
| County (6) | | | | | Cou | inty Code (7 | 7)(STATE USE ONLY) | Current Use (P | rior if being demol | ished) | | | |
| Camden | | | | | | | ,, | Residentia |] | | | | |
| Name of Monitoring Firm | Hired by Buil | lding (| Owner | (8) | ASCN | 1 No. | Name of Abateme | ent Contractor (9 | 9) | | | | |
| MECS | | | | | | | AbateTech, I | nc. | | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| PO Box 341 | | | | | | | 30 Maple Ave | e. PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| Chesterfield, NJ 085 | | | | | | | Lumberton, N | NJ 08048 | | | | | |
| Project Manager for Monit | | | | | ephone | | Telephone No. | | License No. | | | | |
| William Weisgarber, | | | | | | 3-4070 | 609-265-2107 | | 00529 | | | | |
| Start Date (10)5 /24 / _ | 230000 | | | | | ate (11) 18 | Name of OSHA M EMSL Analyt | | | | | | |
| Occupancy Status During | Abatement (| Checl | c only | one) | | | Street Address | | | | | | |
| Facility Closed/Vacated | | | | | | | 200 Route 13 | 0 North | | | | | |
| Abatement Performed (Time of Abatement: | | | | | | | City, State, Zip Co | | | | | | |
| | | | · · · · | | | | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all I | that apply) | | | | | | □ Full Cont | ainment with Ne | gativa Praceura | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | ☐ Re 図 De | | | | ☐ Mini-Encl | losure g Procedure | on-Friable Procedu | ıre | | | |
| | | | 1 | Loca | | | | | | Ab | ateme | ent Ty | уре |
| Location o Asbestos-Containing M | | 1) | | lorma d Sol | ally ely by | Anhai | Description o | | A | Re | Re | 四 | Щ |
| TO BE ABAT | | 1) | Ma | intena | ance/ | (i.e. | stos Containing Mai | insulation, | Amount (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facility (13) | | | Cust | odial (12) | Staff? | | surfacing, VAT, | or | SF or LF) | <u>a</u> | .650 | sula | sure |
| (13) | | | Yes | No | N/A | 1 | other miscellaned | ous) | | | | te | |
| Exterior | | | | | | Transite | Shingles | | 1,375 SF | | | | |
| | | | | | | | | | | П | П | П | П |
| | | | _ | | | | 380 | | 2 | +- | | | |
| | | | | | | | | | | 12 | | | |
| Name of David 1984 | | | | | | <u> </u> | | | | | Ш | | Ц |
| Name of Registered Waste AbateTech, Inc. | Hauler | | | 1000 | IJDEP I lauler II 1875 | O No. | Cubic Yards of Waste 40 | Name of Regis | | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| Lumberton, NJ | | | | | | | 6/22/18 | Tullytown, | PA | | | | |
| Completed By (Print or Typ | e) | Title | i | | | | Signature | | Da | ate | , | | |
| Gwendolyn Trumbett | i | 0 | oerati | ons | Coord | inator | 1 (1) | .11/ | | 5 | 11.1 | 18 | - |

| Ch Wile | 1 | | NO | | Ursu | N OF A | New Jersey BESTOS ABA AC 8:60 and 5:1 | 16) | DEC | | | <u> </u> | |
|--|---------------|-----------|---------|--------------------|---------|-------------------------|---|--|--------------------------------------|-------------|--------|----------------------|-----------|
| Date of Notification (1) 5 / | 11 / | _ 1 | 8 | | | | ng Owner/Operator Job #1709-5210 | | MA | Y 1! | 5 20 |)18 | + 1 |
| Agencies Notified ☑ EPA | Type Notif | fication | 1 | | 1 | et Address Executive | e Campus | | ASBER | TOLL USA | | ROL | . & |
| ⊠ DOLWD | ☐ Amend | | | | 0-2 | State, Zip | | | L | | | 9 # (_) (###==)() | |
| ☐ DHSS | Amend Emerge | | | _ | CI | herry Hill, | NJ 08002 | | | | | | |
| (NJAC 5:23-8) | justifica | | HGUUII | ıg | Nam | e of Conta | ct | | Telephone Nu | mber | | | |
| | ☐ Cancell | lation | | | K | yle Fote | | | 609-364-93 | | | | |
| | | | | | FA | ACILITY II | NFORMATION | | | | | | |
| Name of Facility Where A | Abatement is | Takir | ng Plac | e (3) | 27 | | | Type of Facility | (4) | | | | |
| D-3 Street Address | | | | | | | | | 3 (Other than K-1 rivate and comm | | uildin | gs, | |
| City (5) | | | | - | | | | Square Feet | # of Floors | B | ldg. A | ae | |
| Bellmawr, NJ | | | | | | | | | | | 3 | 3- | |
| County (6) | | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use (Pri | or if being demo | lished) | | | |
| Camden | | | | | | | *** | Residential | | | | | |
| Name of Monitoring Firm | Hired by Bui | ilding | Owner | (8) | ASCN | 1 No. | Name of Abateme | ent Contractor (9) | | | - | | |
| MECS | | | | | | | AbateTech, I | nc. | | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| PO Box 341 | | | | | | | 30 Maple Ave | e. PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| Chesterfield, NJ 085 | | | | | | | Lumberton, N | J 08048 | | | | | |
| Project Manager for Monit | | | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| William Weisgarber | | | | | | 3-4070 | 609-265-2107 | | 00529 | | | | |
| Start Date (10)5 /24 / | | | | | | ate (11) 18 | Name of OSHA M EMSL Analyti | | | | | | |
| Occupancy Status During | Abatement (| (Chec | k only | one) | | | Street Address | | | | | | |
| Facility Closed/Vacated | | | | | | | 200 Route 13 | 0 North | | | | | |
| Abatement Performed Time of Abatement: | | | | | | | City, State, Zip Co | ode | | | | | |
| Time of Abatement | AIVI | | VI/ | | | _AIVI | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | F7 = 110 . | | | | | | * |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | | _ | enovat emolitio | | | ☐ Mini-Encl ☐ Glovebag | ainment with Neg- osure p Procedure npted (*) and Nor | | ure | | | |
| | | | | Local | | | | | | Ab | atem | ent T | уре |
| Location o Asbestos-Containing M | | A) | | Norma ed Sole | | Achor | Description of stos Containing Mat | f (ACM) | Amount | Re | Re | Ē | E |
| TO BE ABAT | ED ` | <i>,,</i> | | intena | | (i.e. | ., thermal systems in | nsulation, | (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facility (13) | | | Cus | (12) | Staff? | | surfacing, VAT, | | SF or LF) | /al | | sula | ure |
| (13) | | | Yes | No | N/A | 1 | other miscellaned | ous) | | | | ite | |
| Exterior | | | | \boxtimes | | Transite | Shingles | | 2,750 SF | | | | |
| Bathroom & Kitcen | | | | \boxtimes | | Drywall | & Joint Compou | ınd | 700 SF | | П | П | П |
| Exterior | | | | | | Chimne | y/Roof Mastic | | 20 LF | | | | |
| | | | | П | | | | | | | П | П | П |
| Name of Registered Waste | Hauler | | _ | | JDEP \ | Vaste | Cubic Yards of | Name of Regist | ered Landfill | | | J | Ч |
| AbateTech, Inc. | | | | 11 216 | auler I | O No. | Waste | G.R.O.W.S. | | | | | |
| City, State | | | | | 18750 |) | 40 Disposal Date | City, State | | | - | | - 1 |
| Lumberton, NJ | | | | | | | 6/22/18 | Tullytown, I | PA | | | | |
| Completed By (Print or Typ | e) | Title | | | _ | | (Signature | 10 - | | ate . | | | |
| Gwendolyn Trumbett | .0974 | 1 | | ons (| Coordi | inator | M/1 | 1 | | 51, | 111 | 8 | |