|   |                 |  |                      |   |                    |  | 15                  | E                                       | C                          | E [              | 1        | WL             | E P         | HQVE         |
|---|-----------------|--|----------------------|---|--------------------|--|---------------------|---|----------------------------|------------------|----------|----------------|-------------|--------------|
| NOCK  | No              | OTIFICATIO<br>(Pursuan                       | N OF ASE             | ew Jersey<br>BESTOS ABA<br>8:60 and 12:                     | 120                | ))   |                     |   | NOV                        |                  |          |                |             |              |
| Date of Notification (1)  |                 |  |                      | Owner/Opera   |                    |  |                     | 1.                                      |                            |                  |          |                | 1           |              |
| 11/9/2017   |                 |  |                      | operty Man  | nag                | ement ar                                   | nd Co               |   |                            |                  |          | TOOL           | _           | -            |
| Agencies Notified Type Notification   | 1               |  | Address<br>est State | o Stroot  |                    |  |                     | AS                                      | BESTO                      | CENS             |          | HOL            | . CI        |              |
| X DEP Initial X Amended Amendmer  |                 |  | tate, Zip C          |   |                    |  | L                   |   |                            | -                |          |                |             |              |
| X DEP X Amended Amendment   | nt # 1          |  | ton, NJ 0            |   |                    |  |                     |   |                            |                  |          |                |             |              |
| × Emergency   |                 |  | of Contact           |   |                    |  |                     | Tel                                     | ephone                     | Numb             |          |                |             |              |
| X   DOH   justification     DCA   ☐ Cancellation  |                 |  | m Byste              |   |                    |  |                     | 1 10                                    | Српопс                     | · ivaiiii        | 0(1      |                |             |              |
|   |                 |  |                      | ORMATION  | _                  |  |                     |   |                            | -                |          |                |             |              |
| Name of Facility Where Abatement is Taki<br>Abandoned Flood House                           | ng Place (3)    |  |                      |   |                    | Type of Fa                                 | acility (           | 4)                                      |                            |                  |          |                |             |              |
| Street Address  |                 |  |                      |   | _                  |  | ol (K-1             |   |                            | 17.400           |          |                |             |              |
| 8 Paris Rd  |                 |  |                      |   |                    | X Othe                                     | napter<br>r (i.e. p | 8 (Oth                                  | er than<br>& comm          | K-12)<br>nercial | t ui     | ldinas         | , hom       | es.          |
| City (5)  |                 |  |                      |   |                    | etc.)                                      |                     |   |                            |                  |          |                |             | 35<br>201101 |
| Cedarville  |                 |  |                      |   |                    | Square Fe<br>Varies                        | el                  | 100000000000000000000000000000000000000 | f Floors<br>Iries          |                  |          | 31dg. A<br>30+ | -ge         |              |
| County (6)  |                 | County                                       | Code (7)             |   | +                  | Current U                                  | se (Prio            |   |                            | olishe           |          |                |             | 1475         |
| Cumberland  |                 |  | USE ONLY             | 0   |                    | 32   | , , , ,             |   |                            | 35110            | -        |                |             |              |
| Name of Monitoring Firm Hired by Building   | Owner (8)       | ASCI   | M No.                | Nar   | me                 | of Abateme                                 | nt Con              | tractor                                 | (9)                        |                  |          |                |             |              |
| Health and Safety Services  |                 |  |                      | Si  | te l               | Enterpris                                  | es, In              | C.                                      |                            |                  |          |                |             |              |
| Street Address  |                 |  |                      |   |                    | Address                                    |                     |   |                            |                  |          |                |             |              |
| PO BOX 365  |                 |  |                      |   |                    | Delilah F                                  |                     |   |                            |                  |          |                |             |              |
| City, State, Zip Code<br>Berlin, NJ 08009   |                 |  |                      | 100.00  |                    | ate, Zip Co                                |                     | ain N                                   | 1000                       | 2.4              |          |                |             |              |
| Project Manager for Monitoring Firm   |                 | Telepho                                      | ana Na               |   |                    | Harbor To                                  | JWIISI              | пр, п                                   |                            |                  |          |                |             |              |
| James Proctor   |                 | 1  | 52-1311              |   | 1.5                | 567-1250                                   |                     |   | Licens<br>0117             |                  |          |                |             |              |
| Start Date (10)   | Scheduled       | Completion                                   |                      |   |                    | of OSHA M                                  |                     |   | 0111                       |                  | -        |                | -           |              |
| 11/7/2017   | 03/01/20        |  | •                    |   | ealt               | h & Safe                                   | ty Sei              | vices                                   | , Inc.                     |                  |          |                |             |              |
| Occupancy Status During Abatement (Che  | ck Only One     | )  |                      |   |                    | Address                                    |                     |   |                            |                  |          |                |             |              |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: |                 |  |                      | City  | , St               | OX 365<br>ate, Zip Co<br>n, NJ 080         |                     |   |                            |                  |          |                |             |              |
| Scope of Work (Check All That Apply)  |                 |  |                      |   | 51111              | 1, 143 000                                 | 09                  | - 10-50                                 |                            |                  |          |                |             |              |
| ≥3 sf or ≥3 lf  × ≥160 sf or ≥260 lf  |                 | novation<br>molition                         |                      |   |                    | Full Con<br>Mini-End<br>Gloveba<br>Non-Exe | closure<br>g Proc   | edure                                   |                            |                  |          |                | e           |              |
|   | le Le           | ocation                                      |                      |   |                    |  | T                   | Jank                                    |                            |                  |          | Abate          |             |              |
| Location of   | No              | rmally                                       |                      | Descripti   | ion i              | of   |                     |   |                            |                  |          | Ту             | ре          |              |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                           | Maint<br>Custoo | Solely by<br>tenance/<br>dial Staff?<br>(12) |                      | tos Containing<br>thermal system<br>surfacing, other miscel | g Ma<br>ems<br>VAT | aterial (ACI<br>insulation,<br>, or        | M)                  | (S                                      | mount<br>specify<br>or LF) |                  | NGHIOVAL | Repair         | Encapsulate | Enclosure    |
|   | Yes             | No N/A                                       |                      |   |                    |  |                     |   |                            |                  | -        |                | ite         | е            |
| Houses Deemed Unsafe  |                 | X  | Но                   | uses Deem   | ed                 | Unsafe                                     |                     | 10                                      | 00 yd                      |                  | X        |                |             |              |
|   |                 |  |                      |   |                    |  |                     |   |                            |                  |          |                |             |              |
|   |                 |  |                      |   |                    |  |                     |   |                            |                  |          |                |             | _            |
|   |                 |  |                      |   | -101-              |  | +                   |   |                            |                  |          |                |             |              |
| Name of Registered Waste Hauler   |                 | NJDEP W                                      | Vaste                | Cubic Yards   | S                  | Nar  | ne cf F             | Registe                                 | red Lan                    | dfill            | _        |                |             |              |
| Site Enterprises Inc.   |                 | Hauler ID 0035220                            | No.                  | of Waste<br>20 cy   |                    |  |                     |   | dfill/C                    |                  |          |                |             |              |
| City, State   |                 | 0000220                                      |                      | Disposal Da   | ate                | City                                       | , State             |   |                            |                  |          |                |             |              |
| Egg Harbor Twonship   |                 |  |                      | 03/01/201   |                    |  |                     |   | A 1906                     | 67, B            | t in     | getor          | ı, NJ       |              |
| Completed by  | Title           |  |                      | Signatu   |                    | 1.1  |                     |   |                            | Date             |          | 12             | **          |              |
| Eric Keys   | OM              |  |                      | 10  | 1                  | mo   |                     |   |                            | 11/0             | ) { /2   | 2017           |             |              |

| NDCK-   |                             |                                     | ICATIO            | tate of Ne<br>N OF ASE<br>t to NJAC | BESTOS                 | ABATE               |                                  |   | E        | CE                        |                   | V [          |              |           |
|---|-----------------------------|-------------------------------------|-------------------|-------------------------------------|------------------------|---------------------|----------------------------------|---|----------|---------------------------|-------------------|--------------|--------------|-----------|
| Date of Notification (1)<br>11/9/2017   |                             |                                     | Name o            | of Building<br>on of Pr             | Owner/C                | perator<br>Manag    | (2)<br>jement                    | andica  | nstru    | HAY (B                    | EM¢ (             | )17          | IL           | 圳         |
| Agencies Notified  Type Notification  Type Notification  Initial  DEP  Amended              | 1                           |                                     | L SOME OCTA       | Address<br>est Stat<br>ate, Zip C   |                        | t                   |                                  |   | ASB      | ESTOS (                   | CON               | ROL          | 8            |           |
| X DOL Amendmen  Emergency   | (including                  | _                                   | Trento            | on, NJ (                            | 08625                  |                     |                                  | TOTAL STREET, | Te       | ephone N                  | MANAGEMENT NA     |              |              |           |
| DCA justification Cancellatio   |                             |                                     | Willia            | m Byste                             | er                     | ON                  |                                  |   | 1        | 001101101                 |                   | •            |              |           |
| Name of Facility Where Abatement is Takin<br>Abandoned Flood House                          | ng Place (3                 | 3)                                  | FAC               | ILITINE                             | ORMAII                 | ON                  | Type of                          | Faciliy (4  | )        |                           |                   |              |              |           |
| Street Address 22 Paris Rd  |                             |                                     |                   |                                     |                        |                     | ☐ Su                             | hool (IC-12<br>bchapter 8<br>her (i.e. pr<br>:.)  | (Oth     | er than K<br>& comme      | -12)<br>rcial t u | ildings      | , hom        | ies,      |
| City (5)<br>Cedarville  |                             |                                     |                   |                                     |                        |                     | Square<br>Varies                 | Feet  |          | f Floors<br>ries          |                   | Bldg.<br>30+ | Age          |           |
| County (6) Cumberland   |                             |                                     |                   | Code (7)<br>USE ONLY                | 0                      |                     | Current                          | Use (Prior  | r if bei | ng demol                  | ished             |              |              |           |
| Name of Monitoring Firm Hired by Building<br>Health and Safety Services                     | Owner (8)                   |                                     | ASCA              | И No.                               |                        |                     |                                  | ment Contri<br>ises, Inc  |          | (9)                       |                   |              |              |           |
| Street Address<br>PO BOX 365  |                             |                                     |                   |                                     |                        |                     | Address<br>Delilah               | n Rd  | 1        |                           |                   |              |              |           |
| City, State, Zip Code<br>Berlin, NJ 08009   |                             |                                     |                   |                                     |                        |                     | tate, Zip<br>Harbor              | Code<br>Townsh  | ip, N    | J 08234                   |                   |              |              |           |
| Project Manager for Monitoring Firm<br>James Proctor  |                             |                                     | Telepho<br>856-45 | ne No.<br>52-1311                   |                        |                     | one No.<br>567-12                | 50  |          | License<br>01172          |                   |              |              |           |
| Start Date (10)<br>11/7/2017  | Schedule<br>03/01/2         |                                     | npletion          | Date (11)                           |                        |                     | of OSHA<br>th & Sa               | Monitor<br>fety Sen   | vices    | , Inc.                    |                   |              |              |           |
| Occupancy Status During Abatement (Chec   | - 50                        | 38                                  |                   |                                     |                        |                     | Address<br>OX 36                 | <br>5   |          |                           |                   |              |              |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of A<br>nal Facility | Hours                               | nent<br>S         |                                     |                        | City, St            | ate, Zip (                       | Code  |          |                           |                   |              |              |           |
| Scope of Work (Check All That Apply)  |                             |                                     |                   |                                     |                        |                     |                                  |   |          |                           |                   |              |              |           |
| ≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf  |                             | enova<br>emolit                     |                   |                                     |                        |                     | Mini-E<br>Glove                  | ontair men<br>inclosure<br>bag Ploce<br>exempled (  | dure     |                           |                   |              | e            |           |
| Location of   |                             | Locati                              |                   |                                     |                        |                     |                                  |   |          |                           |                   |              | ement<br>rpe | t         |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                           | Mai                         | d Sole<br>ntenar<br>odial S<br>(12) | nce/              | Asbes<br>(i.e.                      | tos Conta<br>thermal s | systems<br>ing, VAT | aterial (A<br>insulatio<br>「, or | CM)<br>n,   | (S       | mount<br>pecify<br>or LF) | INGILIOVA         | Repair       | Encapsulate  | Enclosure |
| Ususas Dassus della se  | Yes                         | No                                  | N/A               |                                     |                        |                     |                                  |   |          |                           |                   |              | te           |           |
| Houses Deemed Unsafe  |                             | T                                   | X                 | Hoi                                 | uses De                | eemed               | Unsafe                           | -   | 10       | 00 yd                     | _ X               |              |              |           |
|   |                             |                                     |                   |                                     |                        |                     |                                  |   |          |                           |                   |              |              |           |
| Name of Registered Waste Hauler   |                             |                                     | JDEP Wa           |                                     | Cubic Y                |                     |                                  | ame of Re   |          |                           |                   |              |              |           |
| Site Enterprises Inc. City, State   |                             | 2.000                               | 035220            |                                     | 20 cy<br>Disposa       | ×2                  |                                  | ity, State  | Lan      | afill/CCl                 | <br>J <i>Y</i>    |              |              |           |
| Egg Harbor Twonship   | 7:0                         |                                     |                   |                                     | 03/01/                 |                     | N                                | /lorrisvill   | e, P     |                           |                   | getor        | n, NJ        |           |
| Completed by<br>Eric Keys   | Title<br>OM                 |                                     |                   |                                     | Sig                    | ghature<br>l A      | 1                                |   |          |                           | ate<br>I 1/05 /:  | 2017         |              |           |

Print Form

|  |            |                   |                      |  |                                |            |   | [5]          | E                   | C               | E                                    | 7 1            | \// [      |  | m         |
|--|------------|-------------------|----------------------|--|--------------------------------|------------|---|--------------|---------------------|-----------------|--------------------------------------|----------------|------------|--|-----------|
| 00 CX-   |            |                   | ICATIO               | tate of New J<br>N OF ASBES<br>to NJAC 8:6 | TOS ABATE                      |            | г   |              |                     | NOV             |                                      | <u>U</u>       | <u>U</u>   | Management and the state of the |           |
| Date of Notification (1)                               |            |                   | Name o               | of Building Ov                             | vner/Operato                   | r (2)      |   | lon loo      |                     | NUV             |                                      |                | 111        | 15-0   | -         |
| 11/9/2017  |            |                   | Divisi               | on of Prop                                 | erty Manag                     | geme       | ent and                                     | Cor          | STATE OF THE PERSON | CONTRACTOR CON  | Name and Address of the Owner, where | DESCRIPTION OF |            | 43300  |           |
| Agencies Notified Type Notification                    |            |                   |                      | Address                                    |                                |            |   |              | ASE                 | BEST            | OS C<br>GENS                         |                |            | &  |           |
| X EPA Initial  |            |                   | No anna constitution | est State S                                |                                |            | Į.  | ACHE MISSING | randoneserror       | L.I.            | Contract Mile                        | NIN O          | DIRECTOR A |  | -         |
| X EPA Initial X Amended Amendment                      | +# 1       |                   |                      | ate, Zip Code<br>on, NJ 086                |                                |            |   |              |                     |                 |                                      |                |            |  |           |
| × Emergency  |            | _                 |                      | of Contact                                 | 25                             |            |   |              | Tal                 | anhar           | a Alum                               |                |            |  |           |
| DOH justification)  Cancellation                       |            |                   |                      | m Byster                                   |                                |            |   |              | 1 1231              | anne            |                                      |                |            |  |           |
| Sanccitation   |            |                   |                      | ILITY INFOR                                | MATION                         |            |   |              |                     |                 |                                      |                |            |  |           |
| Name of Facility Where Abatement is Takir              | ng Place ( | 3)                | 170                  | ILIT IN OK                                 | MATION                         | Тур        | e of Fac                                    | ili y (4     | )                   |                 |                                      |                |            |  |           |
| Abandoned Flood House                                  |            |                   |                      |  |                                | П          | School                                      | (K-12        | 2)                  |                 |                                      |                |            |  |           |
| Street Address   |            |                   |                      |  |                                |            | Subcha                                      | ap er l      | 3 (Oth              | er tha          | n K-1                                | 2!)            |            |  |           |
| 32 Paris Rd  |            |                   |                      |  |                                | ×          | Other (etc.)                                | (i.e. pr     | ivate a             | & com           | merci                                | al b ii        | ldings     | , hom  | es,       |
| City (5)   |            |                   |                      |  |                                | Squ        | are Fee                                     | t            | # 0                 | f Floor         | rs                                   |                | 3ldg. A    | Age  |           |
| Cedarville   |            |                   |                      |  |                                | Var        | ries  |              | Va                  | ries            |                                      |                | 30+        |  |           |
| County (6)   |            |                   |                      | Code (7)<br>USE ONLY)                      |                                | Curr       | ent Use                                     | (Prio        | r if bei            | ng de           | molish                               | ed)            |            |  |           |
| Cumberland   |            |                   |                      |  |                                |            |   |              |                     |                 |                                      |                |            |  |           |
| Name of Monitoring Firm Hired by Building              | Owner (8)  | )                 | ASCI                 | и No.                                      | 22.00                          |            | atemen                                      |              |                     | (9)             |                                      |                |            |  |           |
| Health and Safety Services                             |            |                   | 1                    |  |                                |            | rprises                                     | s, inc       |                     |                 | 71111                                |                |            |  |           |
| Street Address<br>PO BOX 365                           |            |                   |                      |  | Street<br>6626                 |            | ess<br>ilah Ro                              | 4            |                     |                 |                                      |                |            |  |           |
| City, State, Zip Code                                  |            |                   |                      |  |                                |            | Zip Cod                                     | 0            |                     |                 | _                                    |                | 0-14-75    |  |           |
| Berlin, NJ 08009                                       |            |                   |                      |  | 1000                           |            | or To                                       |              | in N                | 1 08            | 234                                  |                |            |  |           |
| Project Manager for Monitoring Firm                    |            |                   | Telepho              | ne No                                      | Telepi                         |            |   |              | ۰۲, ۱۹              |                 | nse N                                |                |            |  |           |
| James Proctor  |            |                   |                      | 52-1311                                    |                                |            | 1250  |              |                     | 011             |                                      | *              |            |  |           |
| Start Date (10)  | Schedul    | ed Cor            |                      | Date (11)                                  |                                | 333557     | HA Mor                                      | nitor        |                     |                 |                                      | -              |            |  |           |
| 11/7/2017  | 03/01/     |                   |                      |  |                                |            | Safety                                      |              | vices               | , Inc           |                                      |                |            |  |           |
| Occupancy Status During Abatement (Chec                | k Only O   | ne)               | 3-115-               | 10.44619                                   | Street                         | Addre      | ess   |              |                     | -               |                                      | -              | u turum    |  |           |
| Facility Closed/Vacated During Entire                  | Period of  | Abaten            | nent                 |  | POF                            | ЗОХ        | 365   |              |                     |                 |                                      |                |            |  |           |
| Abatement Performed Outside of Norn  Other – Describe: |            |                   |                      |  | 11 200                         |            | Zip Code                                    |              |                     |                 |                                      |                |            |  |           |
|  |            |                   |                      |  | Berli                          | in, N.     | J 0800                                      | 9            |                     |                 |                                      |                |            |  |           |
| Scope of Work (Check All That Apply)                   | ·          |                   |                      |  |                                | -          |   |              |                     |                 | Own Inc                              | -01-12         |            |  |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                 |            | Renova<br>Demolit |                      |  |                                | Mi<br>GI   | ull Conta<br>ini-Enclo<br>ovebag<br>on-Exen | Proce        | dure                |                 |                                      |                |            | ΄Α   |           |
|  | l.         | Locat             |                      |  |                                |            | JII LACII                                   | T            | Jan                 | 11011           | THUD                                 |                | Abate      |  | -         |
| Location of  | 1 1        | Locati<br>Normal  | ly                   |  | Description                    | of         |   |              |                     |                 |                                      |                |            | ре   |           |
| Asbestos-Containing Material (ACM)                     |            | ed Sole           |                      |  | Containing N                   | /lateria   |   | )            | A                   | mount           | t                                    |                |            | ш  |           |
| TO BE ABATED In Facility                               |            | todial S          |                      |  | ermal systems<br>surfacing, VA |            | lation,                                     |              |                     | pecify<br>or LF |                                      | 2              | Re         | ncal   | -nc       |
| (13)   |            | (12)              |                      |  | ther miscellar                 |            | ř.  |              | 31                  | OI LF           | 1                                    | Kelliova       | Repair     | Encapsulate  | Enclosure |
|  | Yes        | No                | N/A                  |  |                                |            |   |              |                     |                 |                                      | 1              | 10.55      | ate  | ē         |
| Houses Deemed Unsafe                                   |            |                   | X                    | House                                      | es Deemed                      | d I Inc    | afe   | -            | 10                  | 00 yd           | 1                                    | X              | -          |  |           |
| Tiouses Decined Offsale                                | -          |                   |                      | riouse                                     | es Deemed                      | Olis       | sale  | -            | 10                  | o yu            |                                      |                | -          |  |           |
|  |            |                   |                      |  |                                |            |   |              |                     |                 |                                      |                |            |  |           |
| Name of Registered Waste Hauler                        |            | l N               | JDEP W               | aste C                                     | Cubic Yards                    | D00 W 42 l | Name  | e cf R       | egiste              | red La          | andfill                              |                |            |  |           |
| Site Enterprises Inc.                                  |            | 110000            | auler ID<br>035220   | 2.0300000-                                 | f Waste<br>0 cy                |            |   | O\VS         | 100/1/              |                 |                                      | 4              |            |  |           |
| City, State  |            |                   |                      |  | isposal Date                   |            | City,                                       | State        |                     |                 |                                      |                |            |  |           |
| gg Harbor Twonship                                     |            |                   |                      | 0.000                                      | 3/01/2018                      |            |   | risvil       | le, P               | A 190           | 067,                                 | Bri I          | getor      | n, NJ  |           |
| Completed by   | Title      |                   |                      |  | Şignature                      | 11         |   |              |                     |                 | Da                                   | le             |            |  |           |
| Fric Kove  | OM         |                   |                      |  | P                              | 11         |   | 26           |                     |                 | 111                                  | Inc I          | 2017       |  |           |

| no ac   |  |                   | ursuant            | tate of Ne<br>N OF ASE<br>t to NJAC | 8:60 and          | ABATE!   | ))   |                     | <u> </u>   |                  | 1 15                | <u> </u> |              | 7           |           |
|---|--|-------------------|--------------------|-------------------------------------|-------------------|----------|--|---------------------|--|------------------|---------------------|----------|--------------|-------------|-----------|
| Date of Notification (1)<br>11/9/2017   |  |                   |                    | of Building                         |                   |          | (2)<br>ement ar                            | nd Cor              | 4  | NOV (            |                     | 00.600   | 17           | L           |           |
| Agencies Notified Type Notification   | 1  |                   |                    | Address                             | openty i          | wanag    | omont ai                                   | 301                 | Description of the last of the | ESTOS            | STATE OF THE PERSON | -        | 30I          | 8.          | +         |
| X EPA Initial   |  |                   | 15051 100          | est State                           |                   | t        |  | THE SHAPE           | , (O)  |                  | MSIN                |          | TO L         |             | 1         |
| X DEP X Amended Amendmen  |  |                   |                    | ate, Zip Con, NJ 0                  |                   |          |  |                     |  |                  |                     |          |              |             |           |
| □ DOH   | )  |                   |                    | of Contact<br>m Byste               |                   | ·        |  |                     | Tel  | enhone           | Nu nb               | г        |              |             |           |
| Name of Facility Where Abatement is Takin   | as Place /                                   | 2)                | FAC                | ILITY INF                           | ORMATI            | ON       | T of F.                                    |                     | ,  |                  |                     | _        |              |             |           |
| Abandoned Flood House   | ig Flace (                                   | 3)                |                    |                                     |                   |          | Type of Fa                                 | ol (K-12            | #00<br>200   |                  |                     |          |              |             |           |
| Street Address  |  |                   |                    |                                     |                   |          | Subc                                       | hapter 8            | (Oth   | er than h        |                     | 1        |              |             |           |
| 42 Paris Rd   |  |                   |                    |                                     |                   |          | etc.)                                      |                     | ivate  | & comme          | erc al l            |          | 377.57       |             | es,       |
| City (5)<br>Cedarville  |  |                   |                    |                                     |                   |          | Square Fe<br>Varies                        | et                  | 11.00  | f Floors<br>ries |                     |          | ldg. A<br>0+ | ige         |           |
| County (6) Cumberland   |  |                   |                    | Code (7)<br>USE ONLY                | 2                 |          | Current Us                                 | se (Prio            | r if bei   | ng demo          | olished             |          | 0,000        |             |           |
| Name of Monitoring Firm Hired by Building   | Owner (8)                                    |                   | ASCI               |                                     |                   | Name     | of Abateme                                 | ent Cont            | ractor   | (9)              |                     | _        |              |             |           |
| Health and Safety Services  |  |                   |                    |                                     |                   |          | Enterpris                                  |                     |  | (-)              |                     |          |              |             |           |
| Street Address<br>PO BOX 365  |  |                   |                    |                                     |                   |          | Address<br>Delilah F                       | Rd                  |  | 20000.00         |                     |          |              |             |           |
| City, State, Zip Code   |  |                   |                    |                                     |                   |          | tate, Zip Co                               |                     |  |                  |                     |          |              | -           |           |
| Berlin, NJ 08009 Project Manager for Monitoring Firm  |  |                   | Talanha            | no No                               |                   |          | Harbor To                                  | ownsh               | ip, N  |                  |                     | _        |              |             |           |
| James Proctor   |  |                   | Telepho<br>856-4   | 52-1311                             |                   |          | 567-1250                                   |                     |  | License<br>01172 |                     |          |              |             |           |
| Start Date (10)<br>11/7/2017  | Schedul<br>03/01/                            |                   | npletion           | Date (11)                           |                   |          | of OSHA M<br>th & Safe                     |                     | vices  | , Inc.           |                     |          |              |             |           |
| Occupancy Status During Abatement (Cher   | ck Only Or                                   | ne)               |                    |                                     |                   |          | Address                                    |                     |  |                  |                     |          |              |             |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of a                                  | Abaten<br>Hours   | nent<br>S          |                                     |                   | City, St | OX 365<br>tate, Zip Co                     |                     |  |                  |                     | _        |              |             |           |
| Scope of Work (Check All That Apply)  | VIVIS 100 100 100 100 100 100 100 100 100 10 |                   |                    |                                     |                   | Berlin   | n, NJ 080                                  | 09                  |  |                  |                     |          |              |             |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  |  | Renova<br>Demolit |                    |                                     |                   |          | Full Con<br>Mini-End<br>Gloveba<br>Non-Exe | closure<br>g Proce  | dure   |                  |                     |          |              | Э           |           |
|   |  | Locati            |                    |                                     |                   |          |  |                     |  |                  |                     | ,        | Abate<br>Ty  | ment<br>pe  |           |
| Location of Asbestos-Containing Material (ACM)  | Use  | d Sole<br>intenai | ly by              |                                     | tos Conta         |          | aterial (ACI                               |                     |  | mount            |                     |          |              | ш           | m         |
| TO BE ABATED In Facility  | 2000   | todial S<br>(12)  |                    | (i.e.                               | surfac            | ing, VA7 |  |                     |  | pecify<br>or LF) |                     | 1        | Repair       | ıcap        | Enclosure |
| (13)  |  |                   | Lun                |                                     | other m           | iscellan | eous)                                      |                     |  |                  |                     |          | air          | Encapsulate | sure      |
| Houses Deemed Unsafe  | Yes  | No                | N/A<br>X           | Ho                                  | usas Da           | aemed    | Unsafe                                     | _                   | 10   | 00 yd            | -                   | -        |              |             |           |
| riodses beeffed offsale   | -  |                   |                    | 1100                                | uses De           | semea    | Olisale                                    |                     | - 10   | o yu             |                     | +        |              |             |           |
|   |  |                   |                    |                                     |                   |          |  |                     |  |                  |                     | +        |              |             |           |
|   |  |                   |                    |                                     |                   |          |  | -                   |  |                  |                     | +        |              |             |           |
| Name of Registered Waste Hauler   |  | 100000            | JDEP W             |                                     | Cubic \           |          | Nar  | ne of Re            | egiste   | red Land         | fill                |          |              |             |           |
| Site Enterprises Inc.   |  | 125.30            | auler ID<br>035220 |                                     | of Was            | ıe       | GF   | ROWS                | Lan  | dfill/CC         | U.A                 |          |              |             |           |
| City, State<br>Egg Harbor Twonship  |  |                   |                    |                                     | Disposa<br>03/01/ |          | 1  | , State<br>orrisvil | le, P  | A 1906           | 7, Br               | gt       | etor         | , NJ        |           |
| Completed by  | Title  |                   |                    |                                     | Si                | gnature  |  |                     |  |                  | Date                | _        |              |             |           |
| Eric Keys   | OM   |                   |                    |                                     | 8                 | i V      | 740  |                     |  |                  | 11/0                | /2       | 017          |             |           |

| Date of Notification (1)  |                                      |                   |   | Pursuan<br>Name o        | tate of Ne<br>N OF ASI<br>t to NJAC | 8:60 an              | ABATE<br>d 12:12<br>Operato | r (2)                     |   |  |   | V-1               | 5 20         | V [            | rint Eo                                 |
|---|--------------------------------------|-------------------|---|--------------------------|-------------------------------------|----------------------|-----------------------------|---------------------------|---|--|---|-------------------|--------------|----------------|---|
| 11/9/2017 Agencies Notified                                     | 5 N-426 - 41 -                       |                   |   |                          |                                     | roperty              | Mana                        | geme                      | ent and C   | No. of Concession, Name of Street, or other Persons, Name of Street, or ot | Approximation .   |                   |              |                | Microsoph P                             |
|   | ype Notification                     | 1                 |   |                          | Address<br>est Stat                 | e Stree              | t                           |                           |   |  | ASBEST  | OS C              | ONTE         | POL 8          |   |
| × EPA<br>× DEP<br>× DOL   | Initial Amended                      |                   |   |                          | ate, Zip C                          |                      |                             |                           | in  | -  | A THE SPECIAL PROPERTY OF | OLIV              | HNG          | Manager Search | C-1000000000000000000000000000000000000 |
|   | Amendmen<br>Emergency                |                   |   | Trent                    | on, NJ (                            | 08625                |                             |                           |   |  |   |                   |              |                |   |
| ▼ DOH DCA   | justification<br>Cancellation        | )                 | 9   |                          | of Contact<br>m Byste               |                      | 4,100,000                   |                           |   | Те   | lephone I   | Numbe             | 7            |                |   |
| Name of Equility Where Ab                                       | atamant in Tal-i                     | Discourse of      | (0)   | FAC                      | ILITY INF                           | ORMAT                | ON                          |                           |   |  |   |                   |              |                |   |
| Name of Facility Where Abandoned Flood Ho                       |                                      | ng Place (        | (3)   |                          |                                     |                      |                             | Тур                       | e of Facility School (K-                                  |  |   |                   |              |                |   |
| Street Address<br>48 Paris Rd                                   |                                      |                   |   |                          |                                     |                      |                             | ×                         | Subchap e<br>Other (i.e.                                  | r 8 (Oth   | ner than K<br>& comme   | (-12)<br>ercial b | uildings     | s, hon         | ies,                                    |
| City (5)<br>Cedarville  |                                      |                   |   |                          |                                     |                      |                             | 1.0                       | etc.)<br>lare Feet<br>ries                                |  | of Floors<br>aries  |                   | Bldg.<br>30+ | Age            |   |
| County (6)<br>Cumberland  |                                      |                   |   |                          | Code (7)<br>USE ONLY                | n                    |                             |                           | rent Use (Pr  |  |   | lished)           |              |                |   |
| Name of Monitoring Firm Hi<br>Health and Safety Se              |                                      | Owner (8          | )   | ASC                      | M No.                               |                      |                             |                           | erprises, Ir  |  | (9)   |                   | -            |                |   |
| Street Address<br>PO BOX 365                                    |                                      |                   |   |                          |                                     |                      | Street                      | Addr                      |   |  |   |                   |              |                |   |
| City, State, Zip Code<br>Berlin, NJ 08009                       |                                      |                   |   |                          |                                     |                      | City, S                     | State,                    | Zip Code  | hin N  | I.I 0823  | <br>4             |              |                |   |
| Project Manager for Monitor James Proctor                       | ring Firm                            |                   |   | Telepho<br>856-4         | ne No.<br>52-1311                   |                      | Teleph                      | none l                    |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | License<br>01172  | No.               |              |                |   |
| Start Date (10)<br>11/7/2017                                    |                                      | Schedul<br>03/01/ |   |                          | Date (11)                           | W                    | Name                        | of OS                     | SHA Monitor<br>Safety Se                                  |  |   | •                 |              |                |   |
| Occupancy Status During A                                       | batement (Ched                       | ck Only O         | ne)   |                          |                                     |                      | Street                      | _                         |   |  | ,   |                   |              |                | -                                       |
| Facility Closed/Vacated Abatement Performed Other – Describe:   | d During Entire I<br>Outside of Norn | Period of a       | Abaten<br>y Hours                               | nent<br>s                |                                     |                      | 155                         | tate, 2                   | Zip Code  |  |   |                   |              |                |   |
| Scope of Work (Check All TI                                     | hat Analys                           |                   |   |                          |                                     |                      | Berli                       | n, N.                     | J 08009   |  |   |                   |              |                |   |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf                              | пат Арргу)                           |                   | Renova<br>Demolit                               |                          |                                     |                      |                             | M<br>GI                   | ull Contain n<br>ini-Enclosure<br>lovebag Procon-Exemples | e<br>cedure  |   |                   |              | re             |   |
|   |                                      |                   | Locati  |                          |                                     |                      |                             |                           |   |  |   |                   | Abat         | emen           |   |
| Location of Asbestos-Containing Ma TO BE ABATE In Facility (13) |                                      | Use<br>Ma         | Normal<br>ed Sole<br>intena<br>todial S<br>(12) | ly by<br>nce/            |                                     | tos Conta<br>thermal | systems<br>ing, VA          | lateria<br>insul<br>T, or | lation,   | (S   | mount<br>specify<br>or LF)  | кеточа            | Repair       | e Encapsulate  | Enclosure                               |
|   |                                      | Yes               | No  | N/A                      |                                     |                      |                             |                           |   |  |   | <u>n</u>          |              | ate            | re                                      |
| Houses Deemed   | Unsafe                               |                   |   | Х                        | Но                                  | uses De              | eemed                       | l Uns                     | safe  | 10   | 00 yd   | X                 |              |                |   |
|   |                                      |                   |   |                          |                                     |                      |                             | -                         |   |  |   |                   | -            |                |   |
| Name of Registered Waste H                                      | lauler                               |                   | l N1  | IDED 14.                 | lasts                               | Cubi- N              | /ords                       |                           | I No.   | Day! Y   |   |                   |              |                |   |
| Site Enterprises Inc.   | iaulci                               |                   | Н   | JDEP Wauler ID<br>035220 | No.                                 | of Wasi<br>20 cy     |                             |                           | GROW  |  |   |                   |              |                |   |
| City, State<br>Egg Harbor Twonship                              |                                      |                   |   |                          |                                     | Disposa<br>03/01/    |                             |                           | City, State<br>Morrisv                                    |  | 4 19067   | — —<br>7,  3ric   | getor        | n, NJ          |   |
| Completed by<br>Eric Keys                                       |                                      | Title<br>OM       |   |                          |                                     | SK                   | gnature                     | 1                         | .0  |  |   | Dat = 11/09       | 2017         |                |   |

| Date of Notification (1)   | NO                              | (Purs                                     | State of Ne<br>TION OF ASE<br>uant to NJAC<br>me of Building | BESTOS AE<br>8:60 and 1<br>Owner/Ope                | 12:120<br>erator          | (2)                          |                                |                                 | CE            | 5 20    |             | int Fo             |
|--|---------------------------------|---|--|---|---------------------------|------------------------------|--------------------------------|---------------------------------|---------------|---------|-------------|--------------------|
| 11/9/2017  |                                 |   | vision of Pr   | operty M  | anag                      | eme                          | nt and Co                      | nstruction (                    | (DPMC         |         |             |                    |
| Agencies Notified Type Notificatio   | n                               |   | eet Address<br>3 West State                                  | e Street  |                           |                              |                                | ASBE                            | STOS          | ONTE    | ROL 8       | 2                  |
| X         EPA         Initial           X         DEP         X         Amended           X         DOL         Amendmen |                                 |   | y, State, Zip C  |   |                           |                              |                                | THURST THE TOTAL                | LICEN         | SING    |             | Topic and State of |
| ▼ DOL Amendmen   |                                 | 200.00                                    | enton, NJ 0  |   |                           |                              |                                |                                 |               |         |             |                    |
| X DOH justification  DCA Cancellation  |                                 | 1 33533                                   | me of Contact<br>'illiam Byste                               |   |                           | 10010                        |                                | Telephone                       | e Nur ibe     |         |             |                    |
|  |                                 |   | FACILITY INF   | ORMATIO   | N                         |                              |                                |                                 |               |         | ioste       |                    |
| Name of Facility Where Abatement is Tak<br>Abandoned Flood House   | ing Place (3)                   |   |  |   |                           |                              | of Facility (4<br>School (K-1) | 2)                              |               |         |             |                    |
| Street Address<br>60 Paris Rd  |                                 |   |  |   |                           | ×                            |                                | 8 (Other than<br>rivate & comr  |               | ildings | , home      | es,                |
| City (5)<br>Cedarville   |                                 |   |  |   |                           |                              | re Feet                        | # of Floors<br>Varies           | S             | Bldg    | Age         |                    |
| County (6)<br>Cumberland   |                                 |   | unty Code (7)<br>ATE USE ONL                                 | n   |                           | Curre                        | ent Use (Frid                  | or if being den                 | nolist ed)    |         |             |                    |
| Name of Monitoring Firm Hired by Building<br>Health and Safety Services  | g Owner (8)                     | A   | ASCM No.   |   |                           |                              | atement Con<br>prises, Inc     |                                 |               |         |             |                    |
| Street Address<br>PO BOX 365   |                                 |   |  | 1.55  |                           | Addre<br>Deli                | ss<br>lah Rd                   |                                 |               |         |             |                    |
| City, State, Zip Code<br>Berlin, NJ 08009  |                                 |   |  |   | _                         |                              | ip Code<br>or Townsh           | nip, NJ 082                     | 234           |         |             |                    |
| Project Manager for Monitoring Firm<br>James Proctor   |                                 | 100000                                    | ephone No.<br>6-452-131                                      |   |                           | one N<br>567-                |                                | Licen<br>0117                   | nse No.<br>72 |         |             |                    |
| Start Date (10)<br>11/7/2017   | Scheduled<br>03/01/20           |   | etion Date (11)  |   |                           |                              | HA Monitor<br>Safety Ser       | vices, Inc.                     |               |         |             |                    |
| Occupancy Status During Abatement (Che   | eck Only One                    | )   |  | 1,53  |                           | Addre                        |                                |                                 |               |         |             |                    |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:                                | Period of Ab<br>rmal Facility F | atement<br>Hours                          | t  | (   | City, S                   |                              | 365<br>lip Code<br>I 08009     |                                 |               |         |             |                    |
| Scope of Work (Check All That Apply)   |                                 |   |  |   | Dom                       | 11, 710                      |                                |                                 |               | _       |             |                    |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                                 | novation<br>molition                      | 1  |   |                           | Min                          | ni-Enclosure<br>ovebag Proc    |                                 |               |         | re          |                    |
| Location of  | 20200                           | ocation                                   |  | Descr   | ription                   |                              |                                |                                 |               | Abat    | ement       |                    |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  | Main<br>Custo                   | Solely b<br>tenance<br>dial Staff<br>(12) | / ASDE   | stos Contain<br>thermal sy<br>surfacin<br>other mis | ning M<br>stems<br>ng, VA | fateria<br>s insula<br>T, or |                                | Amount<br>(Specify<br>SF or LF) | 2             | Repair  | Encapsulate | Enclosure          |
|  | Yes                             |   | N/A  |   |                           |                              |                                | 400                             |               | -       | te          | (D                 |
| Houses Deemed Unsafe   |                                 |   | X Ho   | ouses De  | emed                      | Uns                          | are                            | 100 yd                          | ×             | +       |             |                    |
|  |                                 |   |  |   |                           |                              |                                |                                 |               |         |             |                    |
| Name of Registered Waste Hauler  |                                 | NIDE                                      | EP Waste   | Cubic Ya  | ards                      |                              | Name of F                      | Registered La                   | ndfill        |         |             |                    |
| Site Enterprises Inc.  |                                 | Haul                                      | er ID No.<br>5220  | of Waste  |                           |                              | 20.00                          | S Landfill/C                    |               |         |             |                    |
| City, State<br>Egg Harbor Twonship   |                                 | -1  |  | Disposal<br>03/01/2                                 |                           |                              | City, State<br>Morrisvi        | lle, PA 190                     | 067, Bri      | igeto   | n, NJ       |                    |
| Completed by<br>Eric Keys  | Title<br>OM                     |   |  | 819   | nature                    | h                            | 0                              |                                 | Date 11/09    | /2017   | 7           |                    |

| NO CK   | l                   |  | ICATION<br>ursuant | tate of New<br>N OF ASB<br>to NJAC | ESTOS A<br>8:60 and    | 12:12                         | 0)                        |   |  | E C  | <u></u>         | 20           |                          | int E         |
|---|---------------------|--|--------------------|------------------------------------|------------------------|-------------------------------|---------------------------|---|--|--|-----------------|--------------|--------------------------|---------------|
| Date of Notification (1)<br>11/9/2017   |                     |  |                    | f Building<br>on of Pro            |                        |                               |                           | nt and (                                      | onetru   |  |                 | 1000         | 1 1                      | Inches        |
| Agencies Notified Type Notification   | n                   |  | Street A           |                                    | pperty i               | viariag                       | CITIC                     | iii aiiu (                                    | -  | Wilder Land Contraction  | Chiarm constant | Verneum      | and the same of the same |               |
| 1 60  |                     |  |                    | est State                          | Street                 |                               |                           |   | A  | SBEST.<br>LI   | OB C            | ONTE         | OL &                     |               |
| X EPA Initial X DEP X Amended X DOL Amendme   |                     |  | City, Sta          | ate, Zip Co                        | ode                    |                               |                           |   | AND DESCRIPTION OF THE PARTY OF | THE PARTY OF THE P | -               | 11.40        | 1100 to 100 200 1        | O DO TO THE O |
| DOL Amendme   |                     |  | Trento             | on, NJ 0                           | 8625                   |                               |                           |   |  |  |                 |              |                          |               |
| ➤ DOH justification     DCA Cancellation  |                     |  |                    | f Contact<br>n Byster              | r                      |                               |                           |   | Tel  | ephone M   | Nu nbe          |              |                          |               |
|   |                     |  | FACI               | ILITY INFO                         | ORMATIC                | NC                            |                           |   |  |  |                 |              |                          |               |
| Name of Facility Where Abatement is Tak<br>Abandoned Flood House                          | ing Place (3        | 3)                                     |                    |                                    |                        |                               | Туре                      | of Facility<br>School (19                     |  |  |                 |              |                          |               |
| Street Address<br>68 Paris Rd   |                     |  |                    |                                    |                        |                               | ×                         | Subchapt<br>Other (i.e.<br>etc.)              |  |  |                 | ıilding      | s, hom                   | es,           |
| City (5)<br>Cedarville  |                     |  |                    |                                    |                        |                               | Squa                      | are Feet                                      |  | Floors<br>ries   |                 | Bldg.<br>30+ | Age                      |               |
| County (6) Cumberland   |                     |  |                    | Code (7)<br>USE ONLY               | )                      |                               | Curr                      | ent Use (                                     | Prior if bei   | ng demo  | lished          |              |                          |               |
| Name of Monitoring Firm Hired by Building<br>Health and Safety Services                   | g Owner (8)         |  | ASCN               | / No.                              |                        |                               |                           | atement C                                     |  | (9)  |                 |              |                          |               |
| Street Address<br>PO BOX 365  |                     |  | L                  |                                    |                        | Street<br>6626                |                           | ess<br>ilah Rd                                |  |  |                 |              | HI From                  |               |
| City, State, Zip Code   |                     |  |                    |                                    |                        | City, S                       | tate, 2                   | Zip Code                                      |  |  |                 |              |                          |               |
| Berlin, NJ 08009  |                     |  |                    |                                    |                        | Egg                           | Harb                      | or Town                                       | ship, N  | J 0823   | 4               |              |                          |               |
| Project Manager for Monitoring Firm James Proctor   |                     |  | Telepho<br>856-45  | ne No.<br>52-1311                  |                        | Teleph<br>609-                |                           |   |  | License<br>01172   |                 |              |                          |               |
| Start Date (10)<br>11/7/2017  | Schedule<br>03/01/2 |  | npletion           | Date (11)                          |                        |                               |                           | HA Monit:<br>Safety S                         |  | , Inc.   |                 |              |                          |               |
| Occupancy Status During Abatement (Che  | eck Only Or         | ne)                                    |                    |                                    |                        | Street                        | A CONTRACTOR              |   |  |  |                 |              |                          |               |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: |                     |  |                    |                                    |                        | 23.77                         | tate, 2                   | 365<br>Zip Code<br>J 08009                    |  |  |                 |              |                          |               |
| Scope of Work (Check All That Apply)  |                     | -                                      |                    |                                    |                        | DCIII                         | 11, 140                   | 00000   |  |  |                 |              |                          |               |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |                     | Renova<br>Demoliti                     |                    |                                    |                        |                               | Mi<br>GI                  | III Contain<br>ni-Enclos<br>ovebag Pon-Exempt | ire<br>ocedure   |  |                 |              | re                       |               |
| Location of   | 1000                | Locati                                 | 75(3)(3)/)         |                                    | Doo                    | cription                      | of                        |   |  |  |                 |              | temen<br>ype             |               |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                         | Ma                  | d Solel<br>intenar<br>todial S<br>(12) | nce/               | Asbest<br>(i.e.                    | tos Conta<br>thermal s | ining M<br>systems<br>ing, VA | lateria<br>insul<br>T, or | ation,  | (S   | mount<br>pecify<br>or LF)  |                 | Repair       | Encapsulate              | Enclosure     |
| Houses Deemed Unsafe  | No                  | N/A<br>X                               | اما                | uses De                            | omoo                   | lllne                         | ofo                       | 10  | 00 yd  | >  | -               | fe           |                          |               |
| nouses Deemed Offsale   |                     |  | ^                  | HOU                                | 1262 D                 | emec                          | Ons                       | ale   | 10   | oo ya  | -   '           |              |                          |               |
|   |                     |  |                    |                                    |                        |                               |                           |   |  |  |                 |              |                          |               |
| Name of Registered Waste Hauler   |                     | 177.500                                | JDEP W             |                                    | Cubic \                |                               |                           | Name  | Registe  | red Land   | Ifill           |              |                          |               |
| Site Enterprises Inc.   |                     |  | auler ID<br>035220 |                                    | of Was<br>20 cy        | COSTR                         |                           |   | NS Lan   | dfill/CC   | UA<br>——        |              |                          |               |
| City, State<br>Egg Harbor Twonship  |                     |  |                    |                                    | 03/01/                 | 2018                          |                           | City, Si                                      | ate<br>sville, P   |  |                 | dgeto        | n, N.                    |               |
| Completed by<br>Eric Keys   | Title<br>OM         |  |                    |                                    | S                      | gnature                       | h                         | 10  |  |  | Date<br>11/0!   | /201         | 7                        |               |

|  |                                 |                                       |                     |                                |   |                          |                              |                              |                                |               |               | 100          | Pri         | nt For    |
|--|---------------------------------|---------------------------------------|---------------------|--------------------------------|---|--------------------------|------------------------------|------------------------------|--------------------------------|---------------|---------------|--------------|-------------|-----------|
| 10 CK  | 1                               |                                       | CATION              |                                | v Jersey<br>ESTOS AB<br>3:60 and 1                          |                          |                              |                              | OF EC                          | B [E]         |               | $\mathbb{V}$ | E           | M         |
| Date of Notification (1)<br>11/9/2017  |                                 |                                       | Name of Division    | Building on of Pro             | Owner/Ope<br>perty Ma                                       | erator<br>anag           | (2)<br>jemei                 | nt and Co                    | nstruction                     | (DPIA         | 6,2           | 017          |             |           |
| Agencies Notified Type Notification  | n                               |                                       | Street A            | <sup>ddress</sup><br>est State | Street  |                          |                              | -                            | ASBEST                         | ros o         | TVC           | ROL          | 2           |           |
| X DEP X Amended Amendment  |                                 |                                       |                     | ite, Zip Co<br>on, NJ 08       |   |                          |                              | Manual Manual                | L.                             | ICEN S        | II IG         | - The second |             | -         |
| X DOH justificatio   |                                 |                                       |                     | f Contact<br>n Byster          |   |                          |                              |                              | Telephon                       | e Numb        | € -           |              |             |           |
|  |                                 |                                       | FACI                | LITY INFO                      | RMATION   | N                        |                              |                              |                                |               |               |              |             |           |
| Name of Facility Where Abatement is Tall<br>Abandoned Flood House                        | king Place (3                   | 3)                                    |                     |                                |   |                          |                              | of Facility (<br>School (K-1 | 2)                             |               |               |              |             |           |
| Street Address<br>70 Paris Rd  |                                 |                                       |                     |                                |   |                          | ×                            |                              | 8 (Other than<br>private & com |               | b iild        | dings,       | home        | es,       |
| City (5)<br>Cedarville   |                                 |                                       |                     |                                |   |                          |                              | re Feet                      | # of Floor<br>Varies           | S             |               | ldg. A<br>0+ | ge          |           |
| County (6)<br>Cumberland   | -                               |                                       |                     | Code (7)<br>USE ONLY)          |   | _                        | Curre                        | ent Use (Pri                 | or if being der                | molishe       | ď,            |              |             |           |
| Name of Monitoring Firm Hired by Buildin<br>Health and Safety Services                   | g Owner (8)                     |                                       | ASCM                | 1 No.                          |   |                          |                              | tement Cor<br>prises, In     | (0.5)                          |               |               |              |             |           |
| Street Address<br>PO BOX 365   |                                 |                                       |                     |                                | 100   |                          | Addre<br>Deli                | ss<br>lah Rd                 |                                | 3.77          |               |              |             |           |
| City, State, Zip Code<br>Berlin, NJ 08009  |                                 |                                       |                     |                                |   | 2007                     |                              | ip Code<br>or Towns          | hip, NJ 082                    | 234           |               |              |             |           |
| Project Manager for Monitoring Firm<br>James Proctor                                     |                                 |                                       | Telephor<br>856-45  | ne No.<br>52-1311              | 1 8   |                          | none N<br>567-               |                              | Licer<br>011                   | nse No.<br>72 |               |              |             |           |
| Start Date (10)<br>11/7/2017   | Schedule<br>03/01/2             |                                       | npletion I          | Date (11)                      | 17.3  |                          |                              | HA Monitor<br>Safety Se      | rvices, Inc.                   | •             |               |              |             |           |
| Occupancy Status During Abatement (Ch  | eck Only Or                     | ne)                                   |                     |                                | S   | Street                   | Addre                        | SS                           |                                |               |               |              |             |           |
| Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: | e Period of A<br>ormal Facility | Abaten<br>Hours                       | nent                |                                | C   | City, S                  |                              | 365<br>ip Code<br>08009      | - 5 BH                         | ti            |               |              |             | -         |
| Scope of Work (Check All That Apply)   |                                 |                                       |                     |                                |   | Delli                    | 11, 140                      | 00003                        |                                |               |               |              |             |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf   | 7/1                             | Renova<br>Demolit                     |                     |                                |   |                          | Min                          | ni-Enclos ure<br>ovebag Proc |                                |               |               |              | e           |           |
|  |                                 | Locati                                |                     |                                |   |                          |                              |                              |                                |               |               | Abate<br>Ty  | ement       |           |
| Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)            | Use<br>Ma                       | d Sole<br>intenar<br>todial S<br>(12) | ly by<br>nce/       |                                | Descr<br>tos Contair<br>thermal sy<br>surfacin<br>other mis | ning M<br>stems<br>g, VA | fateria<br>s insula<br>T, or | ation,                       | Amount<br>(Specify<br>SF or LF | /             | TOTO YOU      | Repair       | Encapsulate | Enclosure |
| Harris Dagward Harris  | Yes                             | No                                    | N/A                 | Uai                            | Inna Dac  | amor.                    | d I Inc                      | ofo                          | 100 vd                         |               |               |              | 6           |           |
| Houses Deemed Unsafe   |                                 |                                       | X                   | HOL                            | ises Dee  | errie(                   | u ons                        | ale                          | 100 yd                         |               | <u>&gt;</u> _ |              |             |           |
|  |                                 |                                       |                     |                                |   |                          |                              |                              |                                |               |               |              |             |           |
| Name of Registered Waste Hauler  |                                 | 0.599                                 | JDEP W              |                                | Cubic Ya  |                          |                              | Name of                      | Registered La                  | andfill       | -             |              |             |           |
| Site Enterprises Inc.  |                                 | 100000                                | lauler ID<br>035220 |                                | of Waste<br>20 cy   | ):                       |                              |                              | S Landfill/0                   | CCUA          |               |              |             |           |
| City, State<br>Egg Harbor Twonship   |                                 |                                       |                     |                                | Disposal<br>03/01/2   | 2018                     |                              | City, Slate<br>Morrisv       | ille, PA 19                    |               |               | getor        | n, NJ       |           |
| Completed by<br>Eric Keys  | Title<br>OM                     |                                       |                     |                                | Sign  | gature                   | 1/2                          | W)                           |                                | 1 /(          |               | 2017         |             |           |

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

|   |                   |  |                    |                           |  |                         |   | 54457                           |  |                   |                  |                  |             |
|---|-------------------|--|--------------------|---------------------------|--|-------------------------|---|---------------------------------|--|-------------------|------------------|------------------|-------------|
| no CX   |                   | 5.00   | ICATION            |                           | Jersey<br>STOS ABATE<br>:60 and 12:12                              |                         | NT  | B                               | E G                                    | E [               | 2017             |                  | int-l       |
| Date of Notification (1)<br>11/9/2017   |                   |  |                    |                           | wner/Operato<br>perty Mana   |                         |   | onstruc                         |  | 15<br>PMC         | <del>-2011</del> |                  | - Land      |
| Agencies Notified  Type Notification    Type Notification                                   | 1                 |  | Street A           | Address<br>est State      | Street   |                         |   | A                               | SBEST                                  | OS CC             |                  | DL &             |             |
| X DEP X Amended Amendmen  |                   |  |                    | ate, Zip Cod<br>on, NJ 08 |  |                         |   | Page of the manufacture and the | HARTINE COLORIGER A                    | Australic Systems | NAME OF TAXABLE  | HEROUTE PROPERTY | an authores |
| ▼ DOH   | )                 | 3  |                    | of Contact<br>m Byster    |  |                         |   | Tel                             | enhone.                                | Number            | -                |                  |             |
|   |                   |  | FAC                | ILITY INFO                | RMATION  |                         |   | -                               |  |                   |                  |                  |             |
| Name of Facility Where Abatement is Takin<br>Abandoned Flood House                          | ng Place (        | 3)   |                    |                           |  | Ту                      | pe of Facilit   |                                 |  |                   |                  |                  |             |
| Street Address<br>72 Paris Rd   |                   |  |                    |                           |  | ×                       | Subchap   | er 8 (Oth                       |  |                   | ildings          | , hom            | es,         |
| City (5)<br>Cedarville  |                   |  |                    |                           |  | 50000                   | quare Feet<br>aries                                     | 7 333                           | f Floors<br>aries                      |                   | Bldg. A          | Age              |             |
| County (6)<br>Cumberland  |                   |  |                    | Code (7)<br>USE ONLY)     |  | Cı                      | urrent Use (F   | rior if bei                     | ing demo                               | olished)          |                  |                  |             |
| Name of Monitoring Firm Hired by Building<br>Health and Safety Services                     | Owner (8)         | )  | ASC                | И No.                     | 55,3300  |                         | Abatement C<br>terprises,                               |                                 | (9)                                    |                   |                  |                  |             |
| Street Address<br>PO BOX 365  |                   |  | -1                 |                           | Stree<br>662   |                         | dress<br>elilah Rd                                      |                                 |  | 1199              |                  |                  |             |
| City, State, Zip Code<br>Berlin, NJ 08009   |                   | City, State, Zip Code<br>Egg Harbor Township, NJ 08234 |                    |                           |  |                         |   |                                 |  |                   |                  |                  |             |
| Project Manager for Monitoring Firm<br>James Proctor  |                   |  | Telepho<br>856-4   | ne No.<br>52-1311         | Telep<br>609   | e No.<br>7-1250         |   | License<br>01172                |  |                   |                  |                  |             |
| Start Date (10)<br>11/7/2017  | Schedul<br>03/01/ |  | npletion           | Date (11)                 | 2022000  |                         | SHA Monite<br>& Safety                                  |                                 | s, Inc.                                |                   |                  |                  |             |
| Occupancy Status During Abatement (Che  | ck Only O         | ne)  |                    |                           | Stree  | t Add                   | dress   |                                 |  |                   |                  |                  |             |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: |                   |  |                    |                           | City,  | State                   | X 365<br>e, Zip Code<br>NJ 08009                        |                                 |  |                   |                  |                  |             |
| Scope of Work (Check All That Apply)  |                   |  |                    |                           | 50.  | ,                       | 10 00000  | -                               |  |                   | -                |                  |             |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf  |                   | Renova<br>Demolit                                      |                    |                           |  | =                       | Full Contain<br>Mini-Enclosi<br>Glovebag P<br>Non-Exemp | re<br>ocedure                   | - 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1 |                   |                  | ·e               |             |
| Location of   |                   | S Locat<br>Normal                                      | ly                 |                           | Description  | n of                    |   |                                 |  |                   |                  | emen<br>/pe      |             |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                           | Ma                | ed Sole<br>aintena<br>stodial (<br>(12)                | nce/               | (i.e. th                  | s Containing I<br>nermal system<br>surfacing, V/<br>other miscella | Mate<br>ns ins<br>AT, o | sulation,<br>or   | (S                              | mount<br>Specify<br>or LF)             | Kemova            | Repair           | Encapsulate      | Enclosure   |
|   | Yes               | No   | N/A                |                           |  |                         |   |                                 | 00 1                                   |                   |                  | ite              | Ф           |
| Houses Deemed Unsafe  |                   |  | X                  | Hous                      | ses Deeme  | a U                     | nsate   | 10                              | 00 yd                                  | X                 | +                |                  |             |
|   |                   |  |                    |                           |  |                         |   |                                 |  |                   |                  |                  |             |
| Name of Registered Waste Hauler   |                   |  | JDEP W<br>auler ID |                           | Cubic Yards of Waste   |                         |   | f Registe                       |  |                   | 1                |                  |             |
| Site Enterprises Inc.   |                   | 0  | 035220             | )                         | 20 cy  |                         |   | VS Lan                          | idilii/CC                              | JUA               |                  |                  |             |
| City, State<br>Egg Harbor Twonship  | 70                |  |                    | 1                         | Disposal Date<br>03/01/2018  | 3                       | City, St<br>Morris                                      | nte<br>ville, P                 | A 1906                                 | 7, 3ric           | getor            | n, Nu            |             |
| Completed by  | Title             |  |                    | L                         | Signatur   | e 1/                    | _   |                                 |  | Date              |                  | 3                |             |
| Eric Kevs   | OM                |  |                    |                           | 1  | W                       |   |                                 |  | 11'09             | 2017             | 0                |             |

| NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAGA 86 and 12:120)  Date of Notification (1) 11/9/2017  Name of Building Coner/Operator (2) Division of Property Management and Construction (DPIAC) Agencies Notified Type Notification Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) Division of Property Management and Construction (DPIAC) Street Address 33 West State Street Sing Office (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (DPIAC) The Notification (1) Division of Property Management and Construction (1) Division of Property Management (1) Division of Property Manage |  |   |                          |                            |                |           |                                    |                             |                             |                          |                | e e         | e             | пп          | , Pri     | nt F              |
|--|--|---|--------------------------|----------------------------|----------------|-----------|------------------------------------|-----------------------------|-----------------------------|--------------------------|----------------|-------------|---------------|-------------|-----------|-------------------|
| Type Notification   Street Address   ASSESTICS   SINTROL   U.C. E. SINTROL   U.C.    | NOCK   |   | 1                        |                            | ICATION        | OF ASBI   | ESTOS A                            |                             |                             |                          |                |             | -             | [] <u>[</u> |           | The second second |
| Section of the part of the p   |  |   |                          |                            |                |           |                                    |                             |                             | nt and C                 | onstruc        |             |               | 20          | 1/        | T                 |
| DOH  | -  |   |                          |                            |                |           | Street                             |                             |                             |                          |                | ASBEST<br>L | CIS           | ONTE        | ROL 8     | 2                 |
| DCH  | X DEP<br>X DOL   | × Amended<br>Amendment                  |                          |                            |                | (0) (5)   |                                    |                             |                             |                          | 0.118000.000   |             | All similar a |             | -         |                   |
| Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House  Street Address Street Address Sold Bay Point Rd  City (5) Cedar/ville County (6) Curnberland Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Site Enterprises, Inc.  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08009  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08009  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08009  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08009  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08009  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08009  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address Golz Delliah Rd City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address City, State, Zip Code Berfin, NJ 08008  Street Address  | 7. The control of the | justification)                          |                          |                            |                |           | r                                  |                             |                             |                          | Tal            | enhone N    | urnbe         |             |           |                   |
| Abandoned Flood House  Street Address Street Address Sol Bay Point Rd  City (5) Cedarville County (6) Cumberland Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services Street Address Floor Street Address Street Address Floor Street Addre |  |   |                          |                            | FACI           | LITY INFO | ORMATIO                            | N                           |                             |                          |                |             |               |             | -         |                   |
| Street Address 504 Bay Point Rd  City (5) Cedarville County (6) Cumberland  Square Feet # of Floors Varies 30+ County (7) Cumberland  Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services  Street Address PO BOX 385 Street Address PO BOX 385 Ge26 Delilah Rd  City, State, 2ip Code Berlin, NJ 08009  Project Manager for Monitoring Firm James Proctor  Scheduled Completion Date (11) 1/17/2017 Start Date (10) 1/17/2018 Start Date (10) 1/1 | - parking a paragraphy or serve a constitutive for the contribution of   |   | ng Place (3              | 3)                         |                |           |                                    |                             |                             |                          |                |             |               |             |           |                   |
| City (5) Cedarville County (6) Cumberland Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services Street Address PO BOX 365 Gery County (6) Cy, State, Zip Code Berfin, NJ 08009 Froject Manager for Monitoring Firm James Proctor State Table (10) Scheduled Completion Date (11) Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Owner Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  23 sf or 23 if 23 sf or 23 if 23 sf or 23 if 24 sheatted  Location of Asbestos-Containing Material (ACM) To BE ABATED Custodial Staff? (12) Yes No N/A  Houses Deemed Unsafe  Name of Registered Landfill GRCWS Landfill/CCUA  Name of Registered Landfill GRCWS Landfill/CCUA  Disposal Date City, State City, State Cubic Yards Name of Registered Landfill GRCWS Landfill/CCUA  Disposal Date City, State City, State Cubic Yards GRCWS Landfill/CCUA  Disposal Date City, State Completed by Title  Full Contair ment with Negative F res sure City State Counter miscellaneous  ## OF Floridation Custodial Staff? City State City, State City, State City, State City, State City, State City, State Completed by Title  ## OF Floridation Counter with City State City, State City, State Completed by Title  ## Counter with City State City, State City, State City, State Completed by Title  ## Counter with City State City, State Completed by Title  ## Counter with City State City,  |  |   |                          |                            |                |           |                                    |                             | ×                           | Subchap :<br>Other (i.e. | er 8 (Oth      |             |               | ldings,     | , home    | es,               |
| Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Street Address PO BOX 365  Street Address PO BOX 365  G626 Delillah Rd  City, State, Zip Code Berlin, NJ 08009  Project Manager for Monitoring Firm S64-452-1311  Project Manager for Monitoring Firm S64-452-1311  Name of OSHA Monitoring Firm S65-452-1311  Name of OSHA Monitoring Firm S74-172017  Start Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitoring Firm S74-172017  Name of OSHA Monitoring Firm S74-172017  Cocupancy Status During Abatement (Check Only One)  Pacility Closed/Avacated During Entire Period of Abatement Performed Outside of Normal Facility Hours  Normally Saf or ≥3 If S74-172017  Name of OSHA Monitoring Firm S74-172017  Renovation Street Address PO BOX 365  City, State, Zip Code Berlin, NJ 08009  Full Contain ment with Negative Fires sure Mini-Enclosure Glovebag Frocodure Non-Exempted (1) and Non-Friat le Froc  | City (5)   |   |                          |                            |                |           |                                    |                             | Squa                        | re Feet                  | 1000000        |             |               |             | Age       |                   |
| Health and Safety Services  Sitreet Address PO BOX 365  City, State, Zip Code Berlin, NJ 08009  Forject Manager for Monitoring Firm James Proctor  Site Address Project Manager for Monitoring Firm James Proctor  Start Date (10)  Scheduled Completion Date (11)  1/17/2017  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Name of OSHA Monitoring Po BOX 365  City, State, Zip Code Egg Harbor Township, NJ 08234  Fellohome No. D1172  Start Date (10)  Soheduled Completion Date (11)  Name of OSHA Monitoring Po BOX 365  City, State, Zip Code Berlin, NJ 08009  Street Address PO BOX 365  City, State, Zip Code Berlin, NJ 08009  Street Address PO BOX 365  City, State, Zip Code Berlin, NJ 08009  Scope of Work (Check All That Apply)  Asbestos Containing Material (ACM) In Facility (13)  Renovation Normally Used Solely by Maintenancor Custodial Staff? (12)  Yes No N/A  Houses Deemed Unsafe  NJDEP Waste Hauler ID No. O035220 Disposal Date Office, Sate Gruy State State State State State State Safety Services, Inc.  License No. D1172  Name of Registered Landfill Counciling Material (ACM) (Specify Specify Sp  |  |   |                          |                            |                |           | )                                  |                             | Curre                       | ent Use (P               | rior if bei    | ng demoli   | shed)         |             |           |                   |
| PO BOX 365   |  |   | Owner (8)                |                            | ASCM           | 1 No.     |                                    |                             |                             |                          |                | (9)         |               |             |           |                   |
| Berlin, NJ 08009   Egg Harbor Township, NJ 08234   | 47 H.H. 44 H.H. 1997 H.H. 3. 3. 1  |   |                          | -0.11                      |                |           |                                    |                             |                             |                          |                |             |               |             |           |                   |
| Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monit or Health & Safety Services, Inc.  | 1711   |   |                          |                            |                |           |                                    |                             |                             |                          | ship, N        | J 08234     |               |             |           |                   |
| 11/7/2017  O3/01/2018  Health & Safety Services, Inc.  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Street Address PO BOX 365  City, State, Zip Code Berlin, NJ 08009  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation    Security   Pull Contair ment with Negative F res iure Mini-Enclosure Glovebag Procedure Non-Exempled (*) and Non-Friat le Focedure Abatement Type  Asbestos-Containing Material (ACM) In Facility (13)  Pescription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Houses Deemed Unsafe    Name of Registered Waste Hauler   NJDEP Waste Hauler ID No. 0035220   All Pale In Interprises Inc.   NJDEP Waste Hauler ID No. 0035220   Or other miscellaneous   Or Waste GROWS Landfill/CCUA  |  | itoring Firm                            |                          |                            |                |           |                                    |                             |                             |                          |                |             | No.           |             |           |                   |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) In Facility (13)  Houses Deemed Unsafe    Abatement Performed Outside of Normal Facility Hours   PO BOX 365   City, State, Zip Code   Berlin, NJ 0800S    Full Contair ment with Negative Fres sure  |  | 9                                       | U 02 Charles 18-17 4 4 2 |                            | mpletion [     | Date (11) |                                    |                             |                             |                          |                | , Inc.      | -             |             |           |                   |
| Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   | Occupancy Status During  | Abatement (Ched                         | ck Only Or               | ne)                        |                |           |                                    |                             |                             |                          |                |             |               |             |           |                   |
| Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf  □ Renovation □ Demolition □ Pull Contair ment with Negative F res sure Mini-Enclos are Glovebag Procedure Non-Exempled (*) and Non-Friat le F rocedure Non-Exempled (*)   | Abatement Performe   |   |                          |                            |                |           |                                    | City, S                     | tate, Z                     | ip Code                  |                |             |               |             |           |                   |
| Renovation Demolition    Secondaries   Pull Contain ment with Negative Fires sure   Mini-Enclosure   Glovebag Frocedure   Non-Exemple def (*) and Non-Friat lef rocedure   Non-Exemple def (*) and Non-Exemple def (*)   | Scope of Work (Check Al  | l That Apply)                           |                          |                            |                |           |                                    | DOM                         | ,                           | -                        |                |             |               |             |           |                   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Houses Deemed Unsafe  Nume of Registered Waste Hauler Site Enterprises Inc.  Site Enterprises Inc.  Site Enterprises Inc.  Site Enterprises Inc.  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Name of Registered Waste Hauler Site Enterprises Inc.  Site Enterprises Inc.  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  NAME of Registerial (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME of Registered Unsafe  NAME of Registered Landfill GROWS Landfill/CCUA  Site Enterprises Inc.  Disposal Date O3/01/2018  Disposal Date O3/01/2018  Completed by  Title  Signature Date O3/01/2018  Date   | ≥3 sf or ≥3 lf   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          |                            |                |           |                                    |                             | Mi                          | ni-Enclos u<br>ovebag Pr | ire<br>ocedure |             |               |             | ·A        |                   |
| Location Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IO BE ABATED In Facility (13)  Yes No N/A  Houses Deemed Unsafe  X Houses Deemed Unsafe  Name of Registered Waste Hauler Site Enterprises Inc.  Disposal Date O035220  Disposal Date O3/01/2018  Disposal Date O4/01/2018  Dispos |  |   | 11300                    |                            |                |           |                                    |                             | 88                          | III EXOTIFE              | - June         |             |               | Abat        | ement     |                   |
| Houses Deemed Unsafe  X Houses Deemed Unsafe  Name of Registered Waste Hauler Site Enterprises Inc.  NJDEP Waste Hauler ID No. 0035220  O035220  Disposal Date City, State Egg Harbor Twonship  Completed by  Title  No. N/A  Houses Deemed Unsafe  Cubic Yards of Waste GRC WS Landfill  GRC WS Landfill/CCUA  City, State  Morrisville, PA 19067, Br dgeton, No. Dete  | Asbestos-Containing TO BE ABA In Facili  | Material (ACM)                          | Use<br>Ma                | d Sole<br>intena<br>todial | ely by<br>nce/ |           | tos Contai<br>thermal s<br>surfaci | ining M<br>ystems<br>ng, VA | lateria<br>s insul<br>T, or | ation,                   | (5             | Specify     | ē             | Repair      | Encapsula | Enclosure         |
| Name of Registered Waste Hauler Site Enterprises Inc.  NJDEP Waste Hauler ID No. of Waste 20 cy City, State Egg Harbor Twonship  Completed by  Name of Registered Landfill GROWS Landfill/CCUA  Cubic Yards of Waste 20 cy Cibic Yards of Waste 20 cy Completed by  Name of Registered Landfill GROWS Landfill/CCUA  City, State Morrisville, PA 19067, Br dgeton, No.  |  |   | Yes                      | No                         | -              |           |                                    |                             |                             |                          |                | 20 1        |               |             | ite       | Ф                 |
| Site Enterprises Inc.    Hauler ID No. 0035220   of Waste 20 cy   GROWS Landfill/CCUA  | Houses Deeme   | ed Unsafe                               |                          |                            | X              | Hot       | uses De                            | emed                        | Uns                         | are                      | 11             | oo ya       |               |             |           |                   |
| Site Enterprises Inc.    Hauler ID No. 0035220   of Waste 20 cy   GROWS Landfill/CCUA  |  |   |                          |                            |                |           |                                    |                             |                             |                          |                |             |               |             |           |                   |
| Site Enterprises Inc.    0035220   20 cy   GROWS Landfill/CCUA   |  | te Hauler                               |                          | 7776                       |                |           |                                    |                             |                             |                          |                |             |               |             | 1         |                   |
| Egg Harbor Twonship  Completed by  Title  03/01/2018  Morr sville, PA 19067, Br dgeton, No.  |  |   |                          | 0                          | 035220         | )         |                                    |                             |                             |                          |                | uiiii/CC    | UA            |             |           |                   |
| Completed by   | 맛이 아이를 어떻게 하지 않는데 얼마는 그 그렇게 되었다.   | р                                       |                          |                            |                |           | 03/01/                             | 2018                        |                             |                          |                |             |               | lgeto       | n, NJ     | I                 |
| Fric Keys OM C 11/0 1/2017   |  |   |                          |                            |                |           | Sig                                | nàture                      | 11                          | ) ^                      |                | 100         |               | /2017       |           |                   |

<sup>\*</sup> Do not use this form for asbestos licensur a exampted activities.

| $\cap \cap \cap V$  | N                              |  | CATION             | ate of Nev<br>OF ASBI<br>to NJAC | ESTOS A  | 1230133          |                            | Province of the second |             | E C                        | [2<br>[3       |       | V       | Pri         | THE COLUMN |
|---|--------------------------------|--|--------------------|----------------------------------|--|------------------|----------------------------|---|-------------|----------------------------|----------------|-------|---------|-------------|------------|
| Date of Notification (1)<br>11/9/2017   |                                |  |                    | f Building (<br>on of Pro        |  |                  |                            | nt and Co   | si lam.     |                            | PMC            |       | 017     |             |            |
| Agencies Notified  Type Notificati  I EPA  Initial                                      | on                             |  | OF OR. GONDE       | est State                        |  |                  |                            | - Anne  | A           | SBEST<br>LI                | OS C<br>CENS   |       |         | L&          |            |
| X         DEP         X         Amended           X         DOL         Amended         |                                | _  | Trento             | ate, Zip Co<br>on, NJ 08         |  |                  |                            |   |             |                            |                |       |         |             |            |
| DOH justification Cancellat   | n)                             |  | Willian            | f Contact<br>n Byster            |  |                  |                            |   | l Tol       | anhone I                   | Nur ibe        | -     |         |             |            |
| Name of Facility Where Abatement is Ta  | king Place (3                  | )  | FACI               | LITY INFO                        | ORMATIC  | N                | Туре                       | e of Facility (   | 4)          |                            |                | -     |         |             |            |
| Abandoned Flood House   |                                |  |                    |                                  |  |                  |                            | School (K-1<br>Subchapter   |             | or than k                  | ( 40 )         |       |         |             |            |
| Street Address<br>506 Bay Point Rd  |                                |  |                    |                                  |  |                  | ×                          | Other (i.e. petc.)  | orivate 8   | & comme                    | ercial b       |       | 57.000  |             | es,        |
| City (5)<br>Cedarville  |                                |  |                    |                                  |  |                  | Var                        |   | Va          | f Floors<br>ries           |                | 30    | g. A    | ge<br>      |            |
| County (6)<br>Cumberland  |                                |  | (STATE L           | Code (7)<br>USE ONLY)            |  | _                |                            | ent Use (Fri  |             |                            | olished)       |       |         |             |            |
| Name of Monitoring Firm Hired by Buildin<br>Health and Safety Services                  | ng Owner (8)                   |  | ASCM               | / No.                            |  | Site             | Ente                       | atement Cor<br>rprises, In  |             | (9)                        |                |       |         |             |            |
| Street Address<br>PO BOX 365  | 3OX 365 6626 Delilah Rd        |  |                    |                                  |  |                  |                            |   |             |                            |                |       |         |             |            |
| City, State, Zip Code<br>Berlin, NJ 08009   | Zip Code City, State, Zip Code |  |                    |                                  |  |                  |                            |   |             |                            |                |       |         |             |            |
| Project Manager for Monitoring Firm<br>James Proctor                                    |                                |  |                    | 52-1311                          |  | 33.00            | 567-                       | 1250  |             | License<br>01172           |                |       |         |             |            |
| Start Date (10)<br>11/7/2017  | 03/01/2                        | 2018   | pletion I          | Date (11)                        |  | Heal             | th &                       | SHA Monitor<br>Safety Se  | rvices      | s, Inc.                    |                |       |         |             |            |
| Occupancy Status During Abatement (CI   |                                | nation<br>to the contract                        |                    |                                  |  | Street<br>PO E   |                            |   |             |                            |                |       |         |             |            |
| Facility Closed/Vacated During Enti Abatement Performed Outside of No Other – Describe: |                                |  |                    |                                  | _  | City, S          | tate, 2                    | Zip Code<br>J 08009   |             |                            | and the second |       |         |             |            |
| Scope of Work (Check All That Apply)  |                                |  |                    |                                  |  |                  |                            |   |             |                            |                | _     |         |             |            |
| ≥3 sf or ≥3 lf<br>x ≥160 sf or ≥260 lf  | 1000                           | enovat<br>emoliti                                |                    |                                  |  | E                | M<br>Gi                    | ull Contain n<br>ini-Enclosure<br>lovebag Prod  | e<br>cedure |                            |                |       |         | 3           |            |
|   | 111                            | Locatio  | 330                |                                  |  |                  | 1 100                      | on-Exemple  | u () an     | u Non-Fi                   | aver           | 1000  | 10.0000 | ment        |            |
| Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)           | Use<br>Mai                     | lormall<br>d Solel<br>intenan<br>odial S<br>(12) | ly by<br>nce/      |                                  | Desi<br>tos Conta<br>thermal s<br>surfaci<br>other m | ystems<br>ng, VA | Materia<br>s insu<br>T, or | lation,   | (5          | mount<br>Specify<br>or LF) | Contoac        |       | Repair  | Encapsulate | Enclosure  |
| Hausaa Daawad Upaafa  | Yes                            | No   | N/A<br>X           | На                               | uses De  | omoo             | l I Inc                    | nofo  | 11          | 00 yd                      | >              |       |         | te          |            |
| Houses Deemed Unsafe  |                                |  | ^                  | пос                              | uses De  | emec             | Ons                        | sale  | - 1         | oo ya                      |                |       |         |             |            |
|   |                                |  |                    |                                  |  |                  |                            |   |             |                            |                |       |         |             |            |
| Name of Registered Waste Hauler   |                                | 100.50   | JDEP W             |                                  | Cubic Y  |                  |                            | Name of   | Registe     | ered Land                  | dfill          |       |         |             |            |
| Site Enterprises Inc.   |                                | 536.00   | auler ID<br>035220 |                                  | of Wast<br>20 cy                                     |                  |                            | GRO'N   |             | dfill/C0                   | CU.A           |       |         |             |            |
| City, State<br>Egg Harbor Twonship  |                                |  |                    |                                  | Disposa<br>03/01/                                    | 2018             |                            | City, Stat  |             | A 1906                     |                | i dge | eton    | , NJ        |            |
| Completed by<br>Eric Keys   | Title<br>OM                    |  |                    |                                  | 8  | gnature          | 1                          | 0   |             |                            | Date<br>11/0   | /20   | )17     |             |            |

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

|   |                     |   |                    |                                   |                             |  |                            | 17  |  | P (A)                        | (E)      | _      | חת          | Pri         | int Fo    |
|---|---------------------|---|--------------------|-----------------------------------|-----------------------------|--|----------------------------|---|--|------------------------------|----------|--------|-------------|-------------|-----------|
| 10 C/L  | N                   |   | CATION             | ate of Nev<br>I OF ASB<br>to NJAC | <b>ESTOS</b>                | ABATE  |                            | Г   |  | E C                          |          |        | W           | G           |           |
| Date of Notification (1)<br>11/9/2017   |                     |   |                    | f Building<br>on of Pro           |                             |  |                            | ent and Co  | onstruc  | NOV<br>ction (D              |          |        | 2017        |             | اللا      |
| Agencies Notified Type Notificat  | ion                 |   | Street A           |                                   |                             |  |                            | -   | 100 PER 100 PE | SBEST                        | OS C     | C N    | TRO         | L &         |           |
| EPA   |                     |   | City, Sta          | ate, Zip Co                       | ode                         |  |                            |   |  | LI                           | CENS     | 1 11   | j           |             | #PARKER!  |
| × Emerger   | ncy (including      | _   |                    | on, NJ 0                          | 8625                        |  |                            |   | Tal  | enhone N                     | Numbe    |        |             |             |           |
| DOH justificati   |                     |   | Williar            | n Byster                          |                             |  |                            |   |  |                              |          |        |             |             |           |
| Name of Facility Where Abatement is Ta  | aking Place (3)     | )   | FACI               | LITY INFO                         | ORMAT                       | ION  | Тур                        | e of Facility   | (4)  |                              |          | -      |             |             |           |
| Abandoned Flood House   | 90 W                |   |                    |                                   |                             |  |                            | School (K-  |  |                              |          |        |             |             |           |
| Street Address<br>512 Bay Point Rd  |                     |   |                    |                                   |                             |  | ×                          | Subchapte<br>Other (i.e<br>etc.)                            | private 8  | & comme                      |          |        |             |             | es,       |
| City (5)<br>Cedarville  |                     |   |                    |                                   |                             |  | Vai                        | are Feet<br>ries  | Va   | f Floors<br>ries             |          | 30     | dg. A<br>)+ | ge          |           |
| County (6)<br>Cumberland  |                     |   |                    | Code (7)<br>USE ONLY              |                             |  | Curi                       | rent Use (Fr  | ior if bei   | ng demo                      | olished) | )      |             |             |           |
| Name of Monitoring Firm Hired by Build<br>Health and Safety Services                  | ing Owner (8)       |   | ASCM               | /I No.                            |                             |  |                            | erprises, r   |  | (9)                          |          |        |             |             |           |
| Street Address<br>PO BOX 365  |                     |   |                    | 100                               |                             | Street<br>6626   |                            | ess<br>Iilah Rd   |  |                              |          |        |             |             |           |
| City, State, Zip Code<br>Berlin, NJ 08009   |                     |   |                    |                                   |                             | 200000000000000000000000000000000000000                    |                            | Zip Code<br>oor Towns                                       | ship. N  | J 0823                       | 4        |        |             |             |           |
| Project Manager for Monitoring Firm James Proctor                                     |                     |   | Telephor           | ne No.<br>52-1311                 |                             | Teleph   | none I                     |   | ,  | License<br>01172             | e No.    | _      |             |             |           |
| Start Date (10)<br>11/7/2017  | Schedule<br>03/01/2 | d Con   |                    |                                   | -                           | Name   | of OS                      | SHA Monitor<br>Safety Se                                    |  |                              |          |        |             |             |           |
| Occupancy Status During Abatement (C  |                     | Section 1                                     |                    |                                   |                             | Street   |                            |   |  | ,                            |          |        |             | /           |           |
| Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: |                     |   |                    |                                   |                             | C-100 C-100  | tate,                      | 365<br>Zip Code<br>J 08009                                  |  |                              |          |        |             |             |           |
| Scope of Work (Check All That Apply)  |                     |   |                    |                                   |                             | Delli  | 11, IN                     | 3 00009   |  |                              |          |        |             |             |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf  |                     | enova<br>emoliti                              |                    |                                   |                             |  | M<br>G                     | ull Contain n<br>lini-Enclosur<br>lovebag Pro<br>on-Exempte | e<br>cedure  |                              |          |        |             | 2           |           |
|   |                     | Locati  |                    |                                   |                             |  |                            | on-Exemp 3  | u ( ) ain  | 3 14011-1 1                  | Ido C I  |        |             | ment        |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)          | Used<br>Mai         | ormall<br>d Sole<br>ntenar<br>odial S<br>(12) | ly by<br>nce/      |                                   | tos Con<br>thermal<br>surfa | scription<br>taining M<br>systems<br>cing, VA<br>miscellar | fateria<br>s insu<br>T, or | 7. 54.00.000.000. <del>9</del>                              | (8   | mount<br>Specify<br>F or LF) | Nombowa  | Kemova | Repair      | Encapsulate | Enclosure |
|   | Yes                 | No  | N/A                |                                   |                             |  |                            |   |  |                              |          |        |             | te          | CD        |
| Houses Deemed Unsafe  |                     |   | X                  | Но                                | uses D                      | eemed  | d Un                       | safe  | 10   | 00 yd                        | X        | (      |             |             |           |
| - 4 5   |                     |   |                    |                                   |                             |  |                            |   |  |                              | DEPT HE  |        |             | -50.59.5    |           |
| Name of Registered Waste Hauler   |                     | l NI  | JDEP W             | /aste                             | Cubic                       | Yards  |                            | Name of   | Registe  | red I and                    | ifill    |        |             |             |           |
| Site Enterprises Inc.   |                     | Н   | auler ID<br>035220 | No.                               | of Wa                       | ste  |                            | GRO\\   |  |                              |          |        |             |             |           |
| City, State<br>Egg Harbor Twonship  |                     |   |                    |                                   |                             | sal Date<br>1/2018   |                            | City, Star<br>Morris  |  | A 1906                       | 7, Br    | i Ig   | etor        | ı, NJ       |           |
| Completed by<br>Eric Keys   | Title<br>OM         |   |                    |                                   | S                           | Signature  | 14                         | ١.٥   |  |                              | Da e     | 5 /2   | 017         |             |           |

| MOCK   |                                    |                           | NOTIF                                 | FICATIO                     | State of N<br>N OF AS    | BESTOS                         | ABATE          | MEN                      | T I   |              | 5 C [  |                | V          |              | rint E        |
|--|------------------------------------|---------------------------|---------------------------------------|-----------------------------|--------------------------|--------------------------------|----------------|--------------------------|---|--------------|--|----------------|------------|--------------|---------------|
| Date of Notification (1)<br>11/9/2017  |                                    |                           |                                       |                             | of Building              |                                |                |                          | ent and Co  | nstru        | NOV ction (DF  |                |            |              | U             |
|  | ype Notification Initial           | 1                         |                                       | 33 W                        | Address<br>/est Stat     | 5.44-0.000 UEAUMO 19           | t              |                          |   | AS           | BESTOS   | CO             | ITRO<br>G  | L &          |               |
| X EPA<br>X DEP<br>X DOL  | Amended<br>Amendmen<br>Emergency   |                           | _                                     | 0.50                        | tate, Zip (<br>ton, NJ ( |                                |                | 2-1122-                  |   | News part of | The state of the s | THE RESIDEN    | BOTO WATER |              | - Villege des |
| X DOH DCA  | justification) Cancellation        | )                         | 3                                     |                             | of Contac<br>im Byste    |                                |                |                          |   | Te           | lenhone Ni   | ır ibe         |            |              |               |
| Name of Facility Where Aba   | atement is Takir                   | ng Place (                | 3)                                    | FAC                         | ILITY IN                 | FORMAT                         | ION            | Tun                      | e of Facility (   | 41           |  |                |            |              |               |
| Abandoned Flood Ho   | use                                | ig i idoc (               | 0)                                    |                             |                          |                                |                | ıγρ                      |   |              |  |                |            |              |               |
| Street Address<br>520 Bay Point Rd   |                                    |                           |                                       |                             |                          |                                |                | ×                        | School (k-1<br>Subchapter<br>Other (i.e. p<br>etc.)           | 8 (Oth       | ner than K-<br>& commerc   | 12)<br>cial bu | ildings    | s, hom       | ies,          |
| City (5)<br>Cedarville   |                                    |                           |                                       |                             |                          |                                |                |                          | ries  |              | of Floors<br>aries   |                | Bldg.      | Age          |               |
| County (6)<br>Cumberland   |                                    |                           |                                       | County<br>(STATE            | Code (7)<br>USE ONL      | Y)                             |                | Cur                      | rent Use (Frid  | or if be     | ing demolis  | shed)          |            |              |               |
| Name of Monitoring Firm Hi<br>Health and Safety Ser  |                                    | Owner (8                  | )                                     | ASC                         | M No.                    |                                | 100000         |                          | erprises, n   |              | (9)  |                |            |              |               |
| Street Address<br>PO BOX 365   |                                    |                           |                                       |                             |                          |                                | Street<br>6626 |                          | ess<br>Iilah Rd   |              |  |                |            |              |               |
| City, State, Zip Code<br>Berlin, NJ 08009  |                                    |                           |                                       |                             |                          |                                |                |                          | Zip Code<br>oor Townsl  | nip, N       | J 08234  |                |            |              |               |
| Project Manager for Monitor<br>James Proctor   | ing Firm                           |                           |                                       |                             | 52-1311                  |                                |                | 567-                     | 1250  |              | License N<br>01172   | Vo.            |            |              |               |
| Start Date (10)<br>11/7/2017   |                                    | 03/01/                    | 2018                                  | npletion                    | Date (11)                |                                |                |                          | SHA Monitor<br>Safety Ser                                     | rvices       | s, Inc.  |                |            |              |               |
| Occupancy Status During At   |                                    |                           |                                       |                             |                          |                                | Street         |                          |   |              |  |                |            |              |               |
| Facility Closed/Vacated Abatement Performed 0  X Other – Describe:   | During Entire F<br>Outside of Norm | Period of an all Facility | Abaten<br>/ Hours                     | nent                        |                          |                                |                | tate, 2                  | Zip Code  |              |  |                | _          |              |               |
| Scope of Work (Check All Th  | nat Apply)                         |                           | SEC SHOW                              |                             |                          |                                | Delli          | II, IN                   | J 08009   | -            |  |                |            |              |               |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                                    | _                         | Renova<br>Demolit                     |                             |                          |                                |                | Mi<br>Gl                 | ull Containme<br>ini-Enclosure<br>lovebag Proc<br>on-Exempted | edure        | and the same of th |                |            | 'e           |               |
| Location of  |                                    | 1                         | Locati                                | ly                          |                          | Des                            | cription       |                          |   |              |  |                | Abate      | ement<br>rpe |               |
| Asbestos-Containing Material Research Asbestos-Containing Material Research | terial (ACM)<br>D                  | Ma                        | d Sole<br>intenar<br>todial S<br>(12) | nce/                        | Asbes<br>(i.e.           | tos Conta<br>thermal<br>surfac | aining M       | ateria<br>insul<br>T, or | lation,   | (S           | mount<br>specify<br>or LF)   | Remova         | Repair     | Encapsulate  | Enclosure     |
| Houses Desired I   |                                    | Yes                       | No                                    | N/A                         |                          |                                |                |                          |   |              | 502 S  | -              |            | ate          | re            |
| Houses Deemed l  | Jilsale                            |                           |                                       | X                           | Ho                       | uses De                        | eemed          | Uns                      | sate  | 10           | 00 yd  | X              |            |              |               |
|  |                                    |                           |                                       |                             |                          |                                |                |                          |   |              |  |                |            |              |               |
| Name of Registered Waste H   | auler                              |                           | l Kr                                  | IDED W                      | Inete                    | C.L'                           | /asd-          |                          | T No.   |              |  |                |            |              |               |
| ite Enterprises Inc.   | aditi                              |                           | Ha                                    | JDEP W<br>auler ID<br>35220 | No.                      | of Wast<br>20 cy               |                |                          | Name of R   |              |  |                |            |              |               |
| city, State<br>gg Harbor Twonship  |                                    |                           |                                       |                             | -                        | Disposa                        |                |                          | City, State   |              | 1000=  | F              |            |              |               |
| completed by   |                                    | Title                     |                                       |                             |                          | 03/01/                         |                |                          | Morrisvil   | ie, PA       |  |                | getor      | ı, NJ        |               |
| Eric Keys  |                                    | OM                        |                                       |                             |                          | 510                            | gnature        | h                        | $\circ$   |              | Da<br>11   |                | 2017       |              |               |

| nn ()(-   |                                    | 1           |                  | CATION               | ate of Nev<br>I OF ASBI<br>to NJAC | ESTOS               | ABATE                                   |              |  |             | ) <u>E</u>       | G                      | 1         |              | $\mathbb{V}_{-}$   |                |
|---|------------------------------------|-------------|------------------|----------------------|------------------------------------|---------------------|---|--------------|--|-------------|------------------|------------------------|-----------|--------------|--|----------------|
| Date of Notification (1)<br>11/9/2017                         |                                    |             |                  | Name of              | f Building                         | Owner/C             | perator<br>Manag                        | (2)<br>jemer | nt and Cor   | estruc      | tion (E          | BAIL                   | ; !       | 5 2          | 017  |                |
| Agencies Notified Ty  | ype Notification                   |             |                  | Street A             |                                    |                     |   |              |  |             |                  |                        |           |              |  | 1              |
| X EPA   | Initial                            |             |                  | *********            | est State                          |                     | t                                       |              |  |             | ASBE             | ESTO                   | SC        | ONT          | ROL  | &              |
| X EPA<br>X DEP<br>X DOL                                       |                                    | # 1         |                  | 0.00                 | ite, Zip Co<br>on, NJ 08           |                     |   |              |  | Latera meso | Storial Legisler | LIUI                   | = 115     | SING         | and the later of t | NO DESCRIPTION |
| X DOH   | -                                  | (including  |                  | Name of              | f Contact<br>n Byster              |                     |   |              |  | Tel         | enhone           | Nurabe                 |           | 1            |  |                |
| DCA L   | _ Cancellation                     | 1           |                  |                      | LITY INFO                          |                     | ON                                      |              |  |             |                  |                        |           |              |  | _              |
| Name of Facility Where Aba                                    |                                    | ng Place (3 | 3)               | 1 701                | LIII IIII                          |                     | 011                                     | Туре         | of Facility (4   | 1)          |                  |                        |           |              |  | 7              |
| Abandoned Flood Ho  | use                                |             |                  |                      |                                    |                     |   |              | School (K-1)   |             |                  |                        |           |              |  |                |
| Street Address  |                                    |             |                  |                      |                                    |                     |   |              | Subchapler<br>Other (i.e. p                                |             |                  |                        | ot ild    | lings,       | home   | es,            |
| 524 Bay Point Rd  |                                    |             |                  |                      |                                    |                     |   |              | etc.)  |             | f Floors         |                        |           | 200 C        |  |                |
| City (5)<br>Cedarville  |                                    |             |                  |                      |                                    |                     |   | Vari         | re Feet<br>es  |             | ries             |                        | 333       | ldg. A<br>0+ | ge   |                |
| County (6)  |                                    |             |                  |                      | Code (7)                           |                     |   | Curre        | ent Use (Prio  | r if bei    | ng demo          | olist ed               | )         |              |  | -              |
| Cumberland  |                                    |             |                  | (STATE               | USE ONLY)                          |                     |   |              |  |             |                  |                        |           |              |  |                |
| Name of Monitoring Firm His<br>Health and Safety Ser          |                                    | Owner (8)   |                  | ASCN                 | / No.                              |                     | 1 535 55 1                              |              | tement Con<br>prises, Inc                                  |             | (9)              |                        |           |              |  |                |
| Street Address<br>PO BOX 365                                  |                                    | ,           |                  |                      |                                    |                     |   | Addres       | ss<br>lah Rd   |             |                  |                        |           |              |  |                |
| City, State, Zip Code   |                                    |             |                  |                      |                                    |                     | City, S                                 | state, Z     | ip Code  |             |                  |                        |           |              |  |                |
| Berlin, NJ 08009  |                                    |             |                  |                      |                                    |                     | Egg                                     | Harb         | or Townsh  | nip, N      | J 0823           | 34                     |           |              |  |                |
| Project Manager for Monitor                                   | ing Firm                           |             |                  | Telepho              |                                    | !                   | 100000000000000000000000000000000000000 | none N       |  |             | Licens           |                        | 0.0       |              |  |                |
| James Proctor   |                                    | Cabadula    | -d Con           | SOURCE STEEL FAST    | 52-1311                            |                     | 1 200                                   | 567-1        | HA Monitor   |             | 0117             |                        |           |              |  |                |
| Start Date (10)<br>11/7/2017                                  |                                    | 03/01/2     |                  | npietion             | Date (11)                          |                     |   |              | Safety Ser   | vices       | , Inc.           |                        |           |              |  |                |
| Occupancy Status During A                                     | batement (Ched                     | k Only On   | ne)              |                      |                                    |                     |   | Addres       |  |             |                  |                        |           |              |  |                |
| Facility Closed/Vacated Abatement Performed Other – Describe: | d During Entire<br>Outside of Norr | Period of A | Abatem<br>Hours  | nent<br>S            |                                    |                     | City, S                                 |              | ip Code  |             |                  |                        | -         |              |  |                |
|   |                                    |             |                  |                      |                                    |                     | Berli                                   | n, NJ        | 08009  |             |                  | -                      |           |              | 70.00  |                |
| Scope of Work (Check All T                                    | hat Apply)                         | -           |                  |                      |                                    |                     | _                                       | 7            |  |             | ou an Prince     | 1.50. <u>11.</u> 00.04 |           |              |  |                |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf                             |                                    |             | enova<br>emolit  |                      |                                    |                     | F                                       | Mir          | Il Contain me<br>ni-Enclosure<br>ovebag Proc<br>n-Exemp ed | edure       |                  |                        |           |              | 2  |                |
|   |                                    | le le       | Locati           | ion                  |                                    |                     |   |              | LIXOTTE  | 1)          |                  |                        |           | Abate        |  |                |
| Location of   |                                    | 1           | Vormal           | ly                   |                                    | Des                 | scription                               | of           |  |             |                  | -                      |           | Ту           | pe   |                |
| Asbestos-Containing Ma  |                                    |             | d Sole<br>intena |                      |                                    | tos Cont<br>thermal |   |              |  |             | mount<br>Specify |                        | 2         |              | En   | ш              |
| TO BE ABATE In Facility                                       | <u>:D</u>                          | Cust        | odial 8<br>(12)  | Staff?               | (i.e.                              | surfac              | cing, VA                                | T, or        | ation,   |             | or LF)           |                        | Verilland | Repair       | caps   | Enclosure      |
| (13)  |                                    |             | - R              | T                    |                                    | other n             | niscellar                               | neous)       |  |             |                  |                        | IPA       | air          | Encapsulate  | sure           |
|   | 11                                 | Yes         | No               | N/A                  | 11-                                | D                   |   | J I I        |  | 4           | 20 74            |                        |           |              |  |                |
| Houses Deemed   | Unsare                             |             |                  | X                    | пос                                | uses D              | eemed                                   | Uns          | ale  | 11          | 00 yd            | >                      | -         |              |  | _              |
|   |                                    |             |                  | -                    |                                    |                     |   |              |  |             |                  |                        |           |              |  |                |
|   |                                    |             |                  |                      |                                    |                     |   |              |  |             |                  |                        |           |              |  |                |
|   |                                    |             |                  |                      |                                    |                     |   |              |  |             |                  |                        |           |              |  |                |
| Name of Registered Waste I                                    | Hauler                             |             | 100.00           | IJDEP W<br>lauler ID |                                    | Cubic of Was        |   |              | Name of F  | 4756        |                  |                        |           |              |  |                |
| Site Enterprises Inc.   |                                    |             | 0.0000           | 035220               |                                    | 20 cy               |   |              | GRO W  |             | atill/C(         | JU.A                   |           |              |  |                |
| City, State<br>Egg Harbor Twonship                            |                                    |             |                  |                      |                                    |                     | sal Date<br>/2018                       |              | City, State<br>Morrisvi                                    |             | A 1906           | 67, Br                 | gt i      | etor         | ı, NJ  |                |
| Completed by  |                                    | Title       |                  |                      |                                    | S                   | ignature                                | , ,          |  |             |                  | Date                   |           |              |  |                |
| Eric Keys   |                                    | OM          |                  |                      |                                    |                     | ( ;                                     | V            | 74   |             |                  | 1'/0                   | \$ /2     | 017          |  |                |

Print Form

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

|   |                       |                |                              |                                   |                     |                          |                           |   |              |                           |                |          | Pri          | nt For     |
|---|-----------------------|----------------|------------------------------|-----------------------------------|---------------------|--------------------------|---------------------------|---|--------------|---------------------------|----------------|----------|--------------|------------|
| NO CIC  | NO                    |                | CATION                       | te of Nev<br>OF ASBE<br>to NJAC 8 | ESTOS               | BATE                     |                           | т   |              | EC                        |                |          |              |            |
| Date of Notification (1)<br>11/9/2017   |                       |                |                              | Building (                        |                     |                          |                           | ent and Cor   | nstruc       | NOV<br>tion (DF           |                | 201      | 7            | P          |
| Agencies Notified Type Notification   | on                    | - 1            | Street Ad<br>33 We           | ddress<br>st State                | Street              |                          |                           |   | A            | SBESTO                    | DIS C          |          | DL &         |            |
| X         EPA         Initial           X         DEP         X         Amended           X         DOL         Amendment | ent #_1               |                |                              | te, Zip Co<br>n, NJ 08            |                     |                          |                           | P-8740  |              |                           | wa Beckrait    | 11117    |              | - Alvarian |
| X Emergence   |                       |                | Name of<br>Willian           | Contact<br>n Byster               |                     |                          |                           |   | Tele         | phone Nu                  | ır ıbe         | -        | <del></del>  |            |
|   |                       |                |                              | LITY INFO                         |                     | ON                       |                           |   |              |                           |                |          |              |            |
| Name of Facility Where Abatement is Ta<br>Abandoned Flood House   | king Place (3)        |                |                              |                                   |                     |                          | Тур                       | school (K-12  | 90<br>100    |                           |                |          |              |            |
| Street Address<br>526 Bay Point Rd  |                       |                |                              |                                   |                     |                          | ×                         | Subchapter<br>Other (i.e. pretc.)                                   | 8 (Othe      |                           |                | ildings, | home         | es,        |
| City (5)<br>Cedarville  |                       |                |                              |                                   |                     |                          | 33000                     | uare Feet<br>ries   | # of<br>Var  | Floors                    |                | Bldg. A  | \ge          |            |
| County (6)<br>Cumberland  |                       |                | County C                     | Code (7)<br>JSE ONLY)             |                     |                          | Cur                       | rent Use (Prio  | r if beir    | ng demoli                 | st ed)         |          |              |            |
| Name of Monitoring Firm Hired by Buildir<br>Health and Safety Services  | ng Owner (8)          |                | ASCM                         | l No.                             |                     |                          |                           | erprises, Inc   |              | (9)                       |                |          |              |            |
| Street Address<br>PO BOX 365  |                       |                |                              |                                   |                     | Street<br>6626           |                           | ress<br>Ililah Rd   |              |                           |                |          |              |            |
| City, State, Zip Code<br>Berlin, NJ 08009   |                       |                |                              |                                   |                     | Production in the second |                           | Zip Code<br>bor Townsh  | nip, N.      | J 08234                   |                |          |              |            |
| Project Manager for Monitoring Firm<br>James Proctor  |                       |                | Telephor<br>856-45           | ne No.<br>52-1311                 |                     | Teleph<br>609-           |                           | No.<br>-1250  |              | License<br>01172          | No.            |          |              |            |
| Start Date (10)<br>11/7/2017  | Scheduled<br>03/01/20 |                | npletion [                   | Date (11)                         |                     |                          |                           | SHA Monitor<br>Safety Ser   | vices        | , Inc.                    |                |          |              |            |
| Occupancy Status During Abatement (Ch   | neck Only One         | )              | -                            |                                   |                     | Street                   |                           |   |              |                           |                |          |              |            |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:                                 |                       |                |                              |                                   |                     |                          | state,                    | Zip Code  |              |                           |                |          |              |            |
| Scope of Work (Check All That Apply)  |                       |                |                              |                                   |                     | Bern                     | in, iv                    | IJ 08009  |              |                           |                |          |              |            |
| ≥3 sf or ≥3 If<br>≥160 sf or ≥260 If  |                       | nova<br>moliti |                              |                                   |                     |                          | N G                       | Full Contain me<br>Mini-Enclos are<br>Blovebag Proc<br>Non-Exempled | edure        |                           |                |          | 'e           |            |
|   | Val. 11 (20)          | ocati          |                              |                                   |                     |                          | 200                       |   | 17           |                           | Ī              | Abat     | ement<br>/pe |            |
| Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)   | Used<br>Main<br>Custo | Sole<br>tenar  | ly by<br>nce/                |                                   | tos Cont<br>thermal | systemating, VA          | Materi<br>s insu<br>T, or |   | (S           | nount<br>pecify<br>or LF) | Nellional      | Repair   | Encapsulate  | Enclosure  |
|   | Yes                   | No             | N/A                          | 11-                               |                     |                          | J 1 1                     |   | 10           | 00 v.d                    | -              | -        | te           |            |
| Houses Deemed Unsafe  |                       |                | X                            | HOU                               | uses D              | eeme                     | u ur                      | isale   |              | 00 yd                     | - ×            | +        |              |            |
| *   |                       |                |                              |                                   |                     |                          |                           |   |              |                           |                |          |              |            |
|   |                       | 1              |                              |                                   | 10.11               | V!                       |                           | No fr   | ) o a! - t - | rod   == -1               |                |          |              |            |
| Name of Registered Waste Hauler<br>Site Enterprises Inc.  |                       | Н              | JDEP W<br>auler ID<br>035220 | No.                               | of Was<br>20 cy     | ste                      |                           | GROW:   |              |                           |                |          |              |            |
| City, State<br>Egg Harbor Twonship  |                       |                |                              |                                   | Dispos              | al Date<br>/2018         |                           | City, Slate<br>Morrisvi   |              | A 19067                   | <br>', Br      | dgeto    | n, NJ        |            |
| Completed by<br>Eric Keys   | Title<br>OM           |                |                              |                                   | S                   | ignature                 | e                         | 500   |              | 199                       | Date<br>1 1/0! | /2017    | 7            |            |

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

| M CK   | į                   | and the same of                      | CATION                        |                         | w Jersey<br>ESTOS ABA<br>8:60 and 12                       |                   |                          | . [   | D           |                            |                  |          |                | E           | nt Fo           |
|--|---------------------|--------------------------------------|-------------------------------|-------------------------|--|-------------------|--------------------------|---|-------------|----------------------------|------------------|----------|----------------|-------------|-----------------|
| Date of Notification (1)<br>11/9/2017  |                     |                                      |                               |                         | Owner/Opera<br>operty Mar                                  |                   |                          | nt and Co                                   | nstruc      |                            | DPM              |          | 201            | 7           | E               |
| Agencies Notified Type Notification    Type Notification   Initial                         | 1                   |                                      | Street A                      | ddress<br>est State     | Street   |                   |                          | -   | -           | ASBES                      | STOS             |          |                | OL &        |                 |
| X DEP X Amended Amendmen   |                     | _                                    |                               | ate, Zip Co<br>on, NJ 0 |  |                   |                          |   |             |                            |                  |          | F0)8/48/100    |             | MITTELL PLANSES |
| X Emergency justification     DCA Cancellatio  | )                   |                                      |                               | f Contact<br>m Byster   | •  |                   |                          |   | Tel         | ephone                     | Nuni             | ber      |                |             |                 |
| Name of Facility Where Abatement is Taki   | na Place (3         | 3)                                   | FACI                          | LITY INFO               | DRMATION   |                   | Type                     | e of Facility                               | ·<br>·/4\   |                            |                  |          |                | -           |                 |
| Abandoned Flood House  | rig r lace (c       | ,                                    |                               |                         |  |                   | П                        | School (K-                                  |             |                            |                  |          |                |             |                 |
| Street Address<br>528 Bay Point Rd   |                     |                                      |                               |                         |  |                   | ×                        | Subchapter Other (i.e. petc.)               | 8 (Oth      | er than<br>& comn          | K-12)<br>nercial | bi l     | dings,         | home        | es,             |
| City (5)<br>Cedarville   |                     |                                      |                               |                         |  |                   | Squa                     | are Feet<br>ies                             |             | f Floors<br>Iries          | 3                |          | 31dg. A<br>30+ | ge          |                 |
| County (6)<br>Cumberland   |                     |                                      | (STATÉ U                      | Code (7)<br>USE ONLY)   |  |                   |                          | ent Use (Fri                                |             |                            | nolish           | ed)      |                |             |                 |
| Name of Monitoring Firm Hired by Building<br>Health and Safety Services                    | Owner (8)           |                                      | ASCN                          | /I No.                  | S  | ite l             | Ente                     | rprises, r                                  |             | (9)                        |                  |          |                |             |                 |
| Street Address PO BOX 365  |                     |                                      |                               |                         |  | 550               | Addre<br>Del             | ess<br>ilah Rd                              |             |                            |                  |          |                |             |                 |
| City, State, Zip Code<br>Berlin, NJ 08009  |                     |                                      |                               |                         |  | 500               |                          | Zip Code<br>or Towns                        | hip, N      | J 082                      | 34               |          |                |             |                 |
| Project Manager for Monitoring Firm<br>James Proctor                                       |                     |                                      | Telephoi<br>856-45            | ne No.<br>52-1311       | 100000   |                   | one N<br>567-            | No.<br>1250                                 |             | Licen<br>0117              | se No<br>72      |          |                |             |                 |
| Start Date (10)<br>11/7/2017   | Schedule<br>03/01/2 |                                      | npletion I                    | Date (11)               |  |                   |                          | HA Moniter<br>Safety Se                     | rvices      | s, Inc.                    |                  |          |                |             |                 |
| Occupancy Status During Abatement (Che   | ck Only Or          | ne)                                  |                               |                         | 1890   |                   | Addre                    |   |             |                            |                  |          |                |             |                 |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: |                     |                                      |                               |                         | Cit  | y, St             | ate, 2                   | Zip Code<br>J 08009                         |             |                            |                  | <u> </u> |                |             |                 |
| Scope of Work (Check All That Apply)   |                     |                                      |                               |                         |  |                   |                          |   |             |                            |                  |          |                |             |                 |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | -                   | Renova<br>Demolit                    |                               |                         |  |                   | Mi<br>Gl                 | ill Contain n<br>ni-Enclosure<br>ovebag Pro | e<br>cedure | 2000 op.                   |                  |          |                |             |                 |
| Location of  |                     | Locat                                |                               |                         | Descrip  | tion              |                          | on-Exemple                                  | d (*) an    | d Non-l                    | Friable          | PID      | Abate<br>Ty    | ment        |                 |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                          | Ma                  | d Sole<br>intena<br>todial S<br>(12) | nce/                          |                         | tos Containir<br>thermal syst<br>surfacing,<br>other misce | ng M<br>ems<br>VA | ateria<br>insul<br>r, or | ation,                                      | (5          | mount<br>Specify<br>or LF) |                  | Remova   | Repair         | Encapsulate | Enclosure       |
| Houses Deemed Unsafe   | Yes                 | No                                   | N/A<br>X                      | Ца                      | uses Deen  | nod               | Line                     | ofo   | 11          | 00 yd                      |                  | X        |                | te          | CD.             |
| Houses Deemed Offsale  |                     |                                      | ^                             | ПОС                     | ises Deen  | neu               | Ulis                     | odie  | - '         | oo ya                      |                  |          |                |             |                 |
|  |                     |                                      |                               |                         |  |                   |                          |   |             |                            |                  | _        |                |             |                 |
| Name of Registered Waste Hauler<br>Site Enterprises Inc.                                   |                     | H                                    | JDEP W<br>lauler ID<br>035220 | No.                     | Cubic Yard<br>of Waste<br>20 cy                            | is                |                          | Name of GRO\V                               | <del></del> |                            |                  |          |                |             |                 |
| City, State<br>Egg Harbor Twonship   |                     |                                      |                               |                         | Disposal D<br>03/01/20                                     |                   |                          | City, Stat                                  |             | A 190                      | 67, 8            | Bric (   | getor          | n, NJ       |                 |
| Completed by<br>Eric Keys  | Title<br>OM         |                                      |                               |                         | Signa  | ture,             | 1                        |   |             |                            | Da 6             |          | 2017           |             |                 |

|   |                             |   |                     |                                    |   |                    |                               |   |                      |                           |                 |          |             | Pri           | nt For    |
|---|-----------------------------|---|---------------------|------------------------------------|---|--------------------|-------------------------------|---|----------------------|---------------------------|-----------------|----------|-------------|---------------|-----------|
| nn aL   | N                           | 200   | CATION              | ate of New<br>OF ASBE<br>to NJAC 8 | ESTOS A   |                    |                               |   | R                    | E (                       | G E             |          |             | 7 [           |           |
| Date of Notification (1)<br>11/9/2017   |                             |   | Name of<br>Division | Building (                         | Owner/Op<br>operty N                              | erator<br>lanag    | (2)<br>emer                   | nt and Co                                   | nstruc               | tion (L                   | OPNIC           | 5        | 20          | 17            |           |
| Agencies Notified Type Notification   |                             |   | Street A            | ddress<br>est State                |   |                    |                               |   |                      | ASBE                      | DANNES ETT DONE | THE MINE | ITNC        | ROL           | &         |
| EPA Initial Amended Amendment   | # 1                         |   | 200                 | ite, Zip Co                        |   |                    |                               | -   | - Vacuum eliconatura |                           | LK)E            | 2 1      | ING         |               |           |
| 区   | (including                  |   | Name of             | f Contact<br>n Byster              |   |                    |                               |   | Tele                 | nhone                     | Nunib           | ar       |             |               |           |
|   |                             |   | ny moranie w sa     | LITY INFO                          |   | N                  |                               | -   |                      |                           |                 |          |             | -             |           |
| Name of Facility Where Abatement is Takir<br>Abandoned Flood House                          | ng Place (3)                | )   |                     |                                    |   |                    | -                             | of Facility (4                              |                      |                           |                 |          |             |               |           |
| Street Address 530 Bay Point Rd   |                             |   |                     |                                    |   |                    | ×                             | Subchapter Other (i.e p                     | 8 (Othe              |                           |                 | ot Id    | ings,       | home          | s,        |
| City (5)<br>Cedarville  |                             |   |                     |                                    |   |                    |                               | re Feet                                     | 27.5                 | Floors                    |                 | 1000     | dg. A<br>)+ | ge            |           |
| County (6) Cumberland   |                             |   | County (            | Code (7)<br>USE ONLY)              |   | _                  | Curre                         | ent Use (Frid                               | or if bein           | ng demo                   | olished         | )        |             |               |           |
| Name of Monitoring Firm Hired by Building<br>Health and Safety Services                     | Owner (8)                   |   | ASCM                | / No.                              |   |                    |                               | tement Con<br>prises, n                     |                      | (9)                       |                 |          |             |               |           |
| Street Address<br>PO BOX 365  |                             |   |                     |                                    |   |                    | Addres<br>Delil               | ss<br>ah Rd                                 |                      |                           |                 |          |             |               |           |
| City, State, Zip Code<br>Berlin, NJ 08009   |                             |   |                     |                                    |   |                    |                               | ip Code<br>or Townsh                        | nip, N               | J 0823                    | 34              | _        |             |               |           |
| Project Manager for Monitoring Firm James Proctor   |                             |   | Telephor<br>856-45  | ne No.<br>52-1311                  |   |                    | one N<br>567-1                |   |                      | Licens<br>0117            |                 |          |             |               |           |
| Start Date (10)<br>11/7/2017  | Schedule<br>03/01/2         |   | npletion I          | Date (11)                          |   |                    |                               | HA Monitor<br>Safety Se                     | rvices               | , Inc.                    |                 |          |             |               |           |
| Occupancy Status During Abatement (Che  | ck Only One                 | e)  |                     |                                    |   |                    | Addres                        |   |                      |                           |                 | _        |             |               |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of A<br>nal Facility | baten<br>Hours  | nent                |                                    | _   | City, S            |                               | 365<br>ip Code<br>08009                     | -                    |                           |                 |          |             |               |           |
| Scope of Work (Check All That Apply)  |                             |   |                     |                                    |   | Deni               | 11, 140                       | 00000                                       |                      |                           |                 | _        |             |               |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  |                             | enova<br>emolit                                       |                     |                                    |   |                    | Mir<br>Glo                    | l Contain ne<br>ni-Enclosure<br>ovebag P oc | edure                | 200                       |                 |          |             |               |           |
|   | T                           |   |                     |                                    | -   |                    | J NO                          | n-Exempled                                  | (*) and              | NON-F                     | паре            |          |             | ment          |           |
| Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)              | N<br>Used<br>Mai            | Locati<br>ormal<br>d Sole<br>ntena<br>odial S<br>(12) | ly<br>ly by<br>nce/ |                                    | Desitos Conta<br>thermal s<br>surfaci<br>other mi | systems<br>ing, VA | Material<br>s insula<br>T, or |   | (S                   | mount<br>pecify<br>or LF) |                 | кеточа   | Ty Repair   | e Encapsulate | Enclosure |
| ¥ 12  | Yes                         | No  | N/A                 |                                    |   |                    |                               |   |                      |                           |                 | <u>a</u> |             | ate           | 6         |
| Houses Deemed Unsafe  |                             |   | X                   | Ноц                                | uses De   | eme                | d Uns                         | afe   | 10                   | 00 yd                     |                 | X        |             |               |           |
|   |                             |   |                     |                                    |   |                    |                               |   |                      |                           |                 | -        |             |               |           |
| Name of Registered Waste Hauler   |                             | IN  | JDEP W              | laste                              | Cubic Y   | /arde              |                               | Name of I                                   | Registe              | red I an                  | ndfill          |          |             |               |           |
| Site Enterprises Inc.   |                             | H   | lauler ID<br>035220 | No.                                | of Wast   |                    |                               | GRO'W                                       |                      |                           |                 |          |             |               |           |
| City, State<br>Egg Harbor Twonship  |                             |   |                     |                                    | Disposa<br>03/01/                                 |                    |                               | City, State<br>Morrisv                      |                      | A 190                     | 67, B           | ri Ig    | etor        | ı, NJ         |           |
| Completed by<br>Eric Keys   | Title<br>OM                 |   |                     |                                    | Si  | gnature            | 15                            |   |                      |                           | Da:e            | ) { /2   | 017         |               |           |

| MD CV   |                                       | N                   |                                     | CATION             | ate of Nev<br>OF ASBE<br>to NJAC 8 | ESTOS                                   | ABATEN                                       |                            |  |             |   | 1 ;          | 20   |             | int F6    |
|---|---------------------------------------|---------------------|-------------------------------------|--------------------|------------------------------------|---|--|----------------------------|--|-------------|---|--------------|--|-------------|-----------|
| Date of Notification (1)<br>11/9/2017                         |                                       |                     |                                     |                    | Building on of Pro                 |   |  |                            | t and Co                               | nstruc      | tion (DP  | 140          | CALIFORNIA DE LA CALIFO |             |           |
| Agencies Notified T   | ype Notification                      |                     |                                     | Street A           |                                    |   |  |                            |  |             | ASBEST  | CEN          |  | ROL (       | ž         |
| X EPA<br>X DEP<br>X DOL                                       | Amendment                             |                     |                                     |                    | te, Zip Co                         |   |  |                            |  |             |   |              |  |             |           |
| DOH DCA   | Emergency justification) Cancellation |                     |                                     |                    | Contact<br>n Byster                |   |  |                            |  | Tele        | ephone Nu   | irabe        |  |             |           |
|   |                                       |                     |                                     | FACI               | LITY INFO                          | RMATI                                   | ON   |                            |  |             |   |              |  | - 1         |           |
| Name of Facility Where Aba<br>Abandoned Flood Ho              |                                       | ng Place (3)        | )                                   |                    |                                    |   |  | Туре                       | of Facility (                          | 4)          |   |              |  |             |           |
| Street Address  | use<br>                               |                     | _                                   |                    |                                    |   |  |                            | School (F1<br>Subchap er               |             | er than K-1   | 123          |  |             |           |
| 536 Bay Point Rd  |                                       |                     |                                     |                    |                                    |   |  | ×                          | Other (i.e. petc.)                     |             |   |              | ildings  | , hom       | es,       |
| City (5)<br>Cedarville  |                                       |                     |                                     |                    |                                    |   |  |                            | e Feet                                 |             | Floors<br>ries  |              | Bldg. <i>A</i><br>30+  | Age         |           |
| County (6) Cumberland   |                                       |                     |                                     |                    | Code (7)<br>JSE ONLY)              | 10<br>7 - 2 <u> </u>                    |  | Currer                     | nt Use (Pri                            | or if bei   | ng demolis  | if ed)       |  |             |           |
| Name of Monitoring Firm Hi<br>Health and Safety Ser           | 0.700                                 | Owner (8)           |                                     | ASCM               | 1 No.                              |   |  |                            | ement Cor<br>orises, Ir                |             | (9)   |              |  |             |           |
| Street Address<br>PO BOX 365                                  |                                       |                     |                                     |                    |                                    |   | Street 6626                                  |                            | s<br>ah Rd                             |             |   | 777          |  |             |           |
| City, State, Zip Code<br>Berlin, NJ 08009                     |                                       |                     |                                     |                    |                                    |   | City, St                                     | tate, Zi                   | p Code<br>or Towns                     | hip N       | J 08234   |              |  |             |           |
| Project Manager for Monitor                                   | ing Firm                              |                     |                                     | Telephor           | ne No.                             |   | Teleph                                       |                            |  | ,           | License   | Vo.          |  |             | _         |
| James Proctor   | J                                     |                     |                                     |                    | 52-1311                            |   |  | 567-1                      |  |             | 01172   | and the      |  |             |           |
| Start Date (10)<br>11/7/2017                                  |                                       | Schedule<br>03/01/2 |                                     | npletion I         | Date (11)                          |   |  |                            | A Monitor<br>Safety Se                 | rvices      | , Inc.  |              |  |             |           |
| Occupancy Status During A                                     | batement (Chec                        | k Only On           | e)                                  |                    |                                    |   | Street                                       |                            |  |             |   |              |  |             |           |
| Facility Closed/Vacated Abatement Performed Other – Describe: |                                       |                     |                                     |                    |                                    |   | City, St                                     |                            |  |             |   |              |  |             |           |
| Scope of Work (Check All T                                    | hat Apply)                            |                     |                                     |                    | HEAT - TOO                         |   | 201111                                       | .,                         |  |             |   |              |  |             |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                        | energy and the first is               |                     | enova<br>emolit                     |                    |                                    |   |  | Min<br>Glo                 | Containm<br>i-Enclos are<br>vebag Pro- | e<br>cedure | 100 0 10 <del>10</del> 10 10 10 10 10 10 10 10 10 10 10 10 10 |              |  | ra          |           |
|   |                                       |                     |                                     |                    |                                    |   |  | 1 1/101                    | -cxemple                               | u () and    | INUIT-FIId  | Ter          | 100-000-2  | emen        | t         |
| Location of   |                                       | N                   | Locati<br>ormall                    | ly                 |                                    | Do                                      | scription                                    | of                         |  |             |   |              |  | уре         |           |
| Asbestos-Containing Ma TO BE ABATE In Facility (13)           | aterial (ACM)                         | Mai                 | d Sole<br>ntenar<br>odial S<br>(12) | nce/               |                                    | os Cont<br>thermal<br>surfa             | aining M<br>systems<br>cing, VA<br>niscellan | aterial<br>insula<br>T, or |  | (S          | mount<br>pecify<br>or LF)                                     | Nellional    | Repair   | Encapsulate | Enclosure |
| Haves Desired   | l lancife                             | Yes                 | No                                  | N/A                | 11                                 | 1000 0                                  | 0000-  | l l lna-                   | ofo                                    | 41          | )0 v4   | ×            |  | fe          |           |
| Houses Deemed   | Unsare                                |                     |                                     | X                  | HOL                                | uses D                                  | eemed  | Unsa                       | are -                                  | 10          | 00 yd   | ×            |  |             |           |
|   |                                       |                     |                                     |                    |                                    |   |  |                            |  |             |   | -            |  |             |           |
| Name of Registered Waste                                      | Hauler                                |                     | N                                   | JDEP W             | aste                               | Cubic                                   | Yards  | 1                          | Name of                                | Registe     | red Landfi  | <u>.</u>     |  |             |           |
| Site Enterprises Inc.   |                                       |                     | 1100,000                            | auler ID<br>035220 | There is a second                  | of Was<br>20 cy                         |  |                            |  |             | dfill/CCL   |              |  |             |           |
| City, State   |                                       |                     |                                     |                    |                                    | 100000000000000000000000000000000000000 | sal Date                                     |                            | City, S at                             |             | 1 1000  |              | 1  |             |           |
| Egg Harbor Twonship   |                                       |                     |                                     |                    |                                    |   | 1/2018                                       |                            | Morri 31                               | rille, P.   | A 19067   |              | igeto  | n, N        | 1         |
| Completed by  |                                       | Title               |                                     |                    |                                    | S                                       | ignalure                                     | 11                         |  |             |   | ete<br>· /nc | /2017  | 7           |           |
| ELIC N GIVE   |                                       | 1 1 10/4            |                                     |                    |                                    | - 1                                     |  | 1 1-                       | -                                      |             |   | 1112 1       | C1111  |             |           |

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

| Mock   |  |                                       | ICATION            | tate of Nev<br>N OF ASBI<br>to NJAC | ESTOS A           | BATE                         |                          | т   |             | 1                             | G E           |           |        |             | nt E                                    |
|--|--|---------------------------------------|--------------------|-------------------------------------|-------------------|------------------------------|--------------------------|---|-------------|-------------------------------|---------------|-----------|--------|-------------|---|
| Date of Notification (1)<br>11/9/2017  |  |                                       |                    | of Building                         |                   |                              |                          | ent and   | Constru     | mak f                         | 9¥-1<br>OPIAC |           | 20     | 17          | L                                       |
| Agencies Notified  Type Notificatio  | n  |                                       | Street A           | Address<br>est State                | Street            |                              |                          |   |             | ASBE                          | STIDS         |           |        | ROL         | &                                       |
| X   DEP  |  |                                       |                    | ate, Zip Co<br>on, NJ 08            |                   |                              |                          |   | - bonness   |                               |               |           |        |             |   |
|  | 1)                                       |                                       |                    | of Contact<br>m Byster              | r                 |                              |                          |   | 1 7.        | lanhone                       | Nunhe         |           |        |             |   |
|  |  |                                       | FACI               | ILITY INFO                          | ORMATIC           | N                            |                          |   |             |                               |               | _         |        |             |   |
| Name of Facility Where Abatement is Tak<br>Abandoned Flood House                           | ing Place (                              | 3)                                    |                    |                                     |                   |                              | Тур                      | oe of Facili<br>School (                              |             |                               |               |           |        |             |   |
| Street Address<br>538 Bay Point Rd   |  |                                       |                    |                                     |                   |                              | ×                        |   |             | her than h<br>& comme         |               | ıildi     | ngs,   | home        | es,                                     |
| City (5)<br>Cedarville   |  |                                       |                    |                                     |                   |                              | 150000                   | uare Feet<br>iries                                    |             | of Floors<br>aries            |               | Bld<br>30 | lg. A  | ge          |   |
| County (6)<br>Cumberland   |  |                                       |                    | Code (7)<br>USE ONLY)               | ·                 |                              | Cui                      | rrent Use (   | Prior if be | eing demo                     | olished)      |           |        | 200         |   |
| Name of Monitoring Firm Hired by Building<br>Health and Safety Services                    | Owner (8)                                |                                       | ASCN               | M No.                               |                   |                              |                          | batement (<br>erprises,                               |             | r (9)                         |               |           |        |             |   |
| Street Address<br>PO BOX 365   |  | n orecni                              |                    |                                     |                   | Street<br>6626               |                          | ress<br>elilah Rd                                     |             |                               |               |           |        |             |   |
| City, State, Zip Code<br>Berlin, NJ 08009  |  |                                       |                    |                                     |                   |                              |                          | Zip Code<br>bor Tow                                   | nship, N    | NJ 0823                       | 34            |           |        |             |   |
| Project Manager for Monitoring Firm<br>James Proctor                                       |  |                                       | Telepho<br>856-45  | ne No.<br>52-1311                   |                   | Teleph<br>609-               |                          | No.<br>-1250  |             | License<br>01172              |               |           |        |             |   |
| Start Date (10)<br>11/7/2017   | Schedul<br>03/01/                        |                                       | npletion           | Date (11)                           |                   |                              |                          | SHA Monit   |             | s, Inc.                       |               |           |        |             |   |
| Occupancy Status During Abatement (Che   | ck Only Or                               | ne)                                   |                    |                                     |                   | Street                       |                          |   |             |                               |               | -         |        |             | 15,1000                                 |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: |  |                                       |                    |                                     |                   |                              | tate,                    | Zip Code<br>IJ 08009                                  |             |                               |               |           |        |             |   |
| Scope of Work (Check All That Apply)   | 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7 |                                       |                    |                                     |                   |                              |                          |   |             |                               |               | _         |        |             |   |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | -  | Renova<br>Demolit                     |                    |                                     |                   |                              | N                        | ull Contair<br>Mini-Enclos<br>Glovebag P<br>Mon-Exemp | ocedure     |                               |               |           |        | 9           |   |
| Location of  | 10.0                                     | Locati                                |                    |                                     | Des               | cription                     |                          |   |             |                               |               |           |        | ment        |   |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                          | Ma                                       | d Sole<br>intenar<br>todial S<br>(12) | nce/               |                                     |                   | ining N<br>systems<br>ng, VA | fater<br>s insu<br>T, or | 1   | (           | Amount<br>Specify<br>F or LF) | Vellional     |           | Repair | Encapsulate | Enclosure                               |
| Houses Deemed Unsafe   | Yes                                      | No                                    | N/A<br>X           | Но                                  | uses De           | omer                         | A I In                   | safa  | 1           | 00 yd                         | X             |           |        | te          | TD.                                     |
| Houses Deemed Offsale  |  |                                       | ^                  | 1100                                | 1565 D6           | emec                         | 1 01                     | 15016   |             | loo ya                        |               | +         |        |             |   |
| Name of Registered Waste Hauler  |  | N                                     | JDEP W             | laste                               | Cubic Y           | 'arde                        |                          | Name  | of Regist   | ered Land                     | dfill         |           |        |             |   |
| Site Enterprises Inc.  |  | Н                                     | auler ID<br>035220 | No.                                 | of Wast           |                              |                          |   | 8000        | ndfill/C0                     |               |           |        |             |   |
| City, State<br>Egg Harbor Twonship   |  |                                       |                    |                                     | Disposa<br>03/01/ |                              | 15                       | City, S<br>Morri                                      |             | PA 1906                       | 57, Bri       | ige       | eton   | , NJ        | = |
| Completed by   | Title                                    |                                       |                    |                                     | Sig               | gnature                      | 11                       |   |             |                               | Date          | 10.       |        |             |   |
| Fric Kave  | OM                                       |                                       |                    |                                     | 70                | U                            | 11                       | \   |             | - 1                           | 1.100         | 120       | 117    |             |   |

|  |                        |                   |   |                      |                                   |                   |        |  | Γ                      |                      |                 |         | F           | Print Fo         |
|--|------------------------|-------------------|---|----------------------|-----------------------------------|-------------------|--------|--|------------------------|----------------------|-----------------|---------|-------------|------------------|
| no CK  |                        | NOTI<br>(         | FICATIO<br>Pursuar  | ON OF AS             | New Jerse<br>SBESTOS<br>C 8:60 ar | ABATE<br>1d 12:12 | (0)    | 18   |                        | EG                   |                 |         | / E         |                  |
| Date of Notification (1)<br>11/9/2017                            |                        |                   |   |                      | ng Owner/<br>Property             |                   |        | nent and (   | Onstr                  | NOV                  | TI              | , 20    | 17          |                  |
| Agencies Notified Type Not                                       | tification             |                   |   | Address              | roporty                           | Maria             | gen    | nent and   | DOMSLIT                | iction (L            |                 | )       |             | -                |
|  | al                     |                   | Commercial |                      | te Stree                          | et                |        |  | F                      | SBEST                | 08 C            | NTR     | OL 8        |                  |
|  | ended<br>endment # 1   |                   |   | tate, Zip            |                                   |                   |        | n  | Windows Street Control | LIC                  | 3/43            | NG      | THE STORES  | Drug Armedia and |
| × Eme  | ergency (includin      | g                 |   | ton, NJ<br>of Contac |                                   |                   |        |  |                        |                      |                 |         |             |                  |
|  | fication)<br>cellation |                   | 100-100-100-100-100-100-100-100-100-100   | am Byst              |                                   |                   |        |  | I Te                   | lenhone N            | Lmbe            | ٢       |             |                  |
| N (5 W)  |                        |                   | C. C  | and the same of      | FORMAT                            | ION               |        |  | _                      |                      |                 |         |             | - —              |
| Name of Facility Where Abatement<br>Abandoned Flood House        | is Taking Place        | (3)               |   |                      |                                   |                   | Ту     | pe of Facility   | y (4)                  |                      |                 |         |             |                  |
| Street Address   |                        |                   |   |                      |                                   |                   |        | School (   | (-12)                  |                      |                 |         |             |                  |
| 540 Bay Point Rd   |                        |                   |   |                      |                                   |                   | ×      |  | er 8 (Otr<br>. private | er than K<br>& comme | -12)<br>rc al t | uilding | s, hon      | nes,             |
| City (5)   |                        |                   |   |                      |                                   |                   | Sc     | etc.)<br>quare Feet  |                        | of Floors            |                 | Bldg.   |             |                  |
| Cedarville   |                        |                   |   |                      |                                   |                   |        | aries  | 30000                  | aries                |                 | 30+     | Age         |                  |
| County (6)<br>Cumberland   |                        |                   |   | Code (7)             |                                   |                   | Cı     | irrent Use (3  | rior if be             | ing demol            | is red          |         |             |                  |
| Name of Monitoring Firm Hired by B<br>Health and Safety Services | uilding Owner (8       | 5)                | ASC   | M No.                |                                   |                   |        | Abatement Caterprises, I   |                        | (9)                  |                 |         |             |                  |
| Street Address<br>PO BOX 365                                     |                        |                   |   |                      |                                   | Street            | Add    |  |                        |                      |                 |         |             |                  |
| City, State, Zip Code<br>Berlin, NJ 08009                        |                        |                   |   |                      |                                   |                   |        | , Zip Code<br>rbor Town  | shin N                 | 11 0823/             | 1               | 7       |             |                  |
| Project Manager for Monitoring Firm                              |                        |                   | Telepho   | one No.              |                                   | Teleph            |        | and the second s | onip, iv               | License              |                 |         |             |                  |
| James Proctor  |                        |                   | 856-4   | 52-131               | 1                                 | 609-8             | 567    | 7-1250   |                        | 01172                |                 |         |             |                  |
| Start Date (10)<br>11/7/2017                                     |                        |                   | mpletion  | Date (11             | )                                 |                   |        | SHA Monito   |                        |                      |                 |         |             |                  |
| Occupancy Status During Abatemen                                 | 03/01/                 |                   |   |                      |                                   |                   | -      | & Safety S   | ervices                | s, Inc.              |                 |         |             |                  |
| Facility Closed/Vacated During                                   | 80                     | - 0               |   |                      |                                   | Street A          |        |  |                        |                      |                 |         |             |                  |
| Abatement Performed Outside  Other – Describe:                   | of Normal Facility     | y Hours           | nent<br>S   |                      |                                   | City, St          | tate,  | Zip Code   |                        |                      |                 |         |             |                  |
| Scope of Work (Check All That Apply                              | /)                     |                   | 100   |                      |                                   | Dellii            | 1, 1   | 13 00009   |                        |                      |                 |         |             |                  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                             |                        | Renova<br>Demolit |   |                      |                                   |                   | N<br>G | Full Contain r<br>Mini-Enclosur<br>Glovebag Pro<br>Non-Exemple   | re<br>ocedure          |                      |                 |         | ·0          |                  |
|  | Is                     | Locati            | on  |                      |                                   |                   |        |  | 7411                   | 110111110            |                 |         | emen        |                  |
| Location of  | 1                      | Normali<br>d Sole | ly  |                      |                                   | cription (        |        |  |                        |                      |                 | Ty      | ре          |                  |
| Asbestos-Containing Material (AC<br>TO BE ABATED                 | Ma Ma                  | intenar           | nce/  | Asbes<br>(i.e        | stos Conta<br>. thermal :         | aining Ma         | ateri  | ial (ACM)  | 100                    | nount pecify         | T               |         | Ш           | m                |
| In Facility<br>(13)  | Cusi                   | todial S<br>(12)  | stan?   |                      | surfac                            | ing, VAT          | , or   |  |                        | or LF)               | Remova          | Repair  | caps        | Enclosure        |
| (30.72)  | Yes                    | No                | N/A   |                      | Other III                         | iscellatie        | ous    | 5)   |                        |                      | val             | air     | Encapsulate | sure             |
| Houses Deemed Unsafe   | 100000                 |                   | X   | Но                   | uses De                           | eemed             | Un     | safe   | 10                     | 00 yd                | X               |         |             |                  |
|  |                        |                   |   |                      |                                   |                   |        |  |                        |                      |                 |         |             |                  |
|  |                        |                   |   |                      |                                   |                   |        |  |                        |                      |                 |         |             |                  |
|  |                        |                   |   |                      |                                   |                   |        |  |                        |                      |                 |         |             |                  |
| Name of Registered Waste Hauler<br>Site Enterprises Inc.         |                        | На                | JDEP Wauler ID<br>35220   | No.                  | of Wast                           |                   |        |  |                        | ed Landfil           |                 | 1       |             |                  |
| City, State<br>Egg Harbor Twonship                               |                        | 00                | ,55220  |                      | 20 cy<br>Disposa<br>03/01/        |                   |        | City, Stat   | e                      |                      |                 | 201-    | . KII       |                  |
| Completed by   | Title                  |                   |   |                      |                                   | gnature           |        | IVIOITIS   | nile, PA               | 19067,               |                 | jetor   | , NJ        |                  |
| Eric Keys  | OM                     |                   |   |                      | 8                                 | 0 A               | 4      | 0  |                        | 17.0                 | ato<br>1/09/    | 2017    |             |                  |

| ND CK   |  |                             | FICATIO           | N OF AS             | lew Jersey<br>BESTOS A<br>C 8:60 and               | ABATE             |                | г  |                                    | EC                        | E                 |              | 77          | Print I  |
|---|--|-----------------------------|-------------------|---------------------|--|-------------------|----------------|--|------------------------------------|---------------------------|-------------------|--------------|-------------|--|
| Date of Notification (1)<br>11/9/2017   |  |                             |                   |                     | g Owner/O  |                   |                | ent and                                  | Constru                            |                           | FIMC              |              | 17          | 14   |
| Agencies Notified Type Notifi  X EPA Initial  |  |                             | Street            | Address             | te Street  |                   |                |  |                                    | ASBEST                    | CISC              | ONTE         | ROL         | S.   |
| X DEP X Amen Amen   | ded<br>dment # 1                       |                             | The second second | tate, Zip o         |  |                   |                |  | Language                           | had                       | CENS              | IIVG         | rea ton     | The state of the s |
| DOH     justifice     justifice | gency (includin<br>cation)<br>cllation | g                           | 250 00000         | of Contac           |  |                   |                |  | Те                                 | lephone i                 | Vi imb ir         |              |             |  |
| Name of Facility Where Abatement is   | Taking Place                           | (3)                         | FAC               | ILITY IN            | FORMATIO   | NC                | т              |  |                                    |                           |                   |              |             |  |
| Abandoned Flood House   | raking Flace                           | (3)                         |                   |                     |  |                   | Туре           | e of Facil                               |                                    |                           |                   |              |             |  |
| Street Address<br>544 Bay Point Rd  |  |                             |                   |                     |  |                   | ×              | School (<br>Subcha<br>Other (i.<br>etc.) | K-12)<br>oter 8 (Oth<br>e. private | ner than K<br>& comme     | -12)<br>rcial I u | ildings      | s, hon      | nes,   |
| City (5)<br>Cedarville  |  |                             |                   |                     |  |                   | Squa           | are Feet                                 | 1000                               | of Floors<br>aries        |                   | Bldg.<br>30+ | Age         |  |
| County (6)<br>Cumberland  |  |                             |                   | Code (7)<br>USE ONL |  |                   | Curr           | ent Use (                                | Prior if be                        | ing demo                  | ished             |              |             |  |
| Name of Monitoring Firm Hired by Bu<br>Health and Safety Services   | ilding Owner (8                        | 3)                          | ASC               | M No.               |  |                   |                | atement (                                | Contractor<br>Inc.                 | (9)                       |                   |              |             |  |
| Street Address PO BOX 365   | 4/                                     |                             |                   |                     |  |                   | Deli           | ilah Rd                                  |                                    |                           |                   |              |             |  |
| City, State, Zip Code Berlin, NJ 08009  |  |                             |                   |                     |  | Egg               | Harb           |  | nship, N                           | J 08234                   | 1                 |              |             |  |
| Project Manager for Monitoring Firm  James Proctor  | 1 2                                    |                             |                   | 52-131              | 1  | Teleph<br>609-    | 567-           | 1250                                     |                                    | License<br>01172          |                   |              |             |  |
| Start Date (10)<br>11/7/2017  | 03/01/                                 | 2018                        |                   | Date (11            | )  |                   |                | HA Moni<br>Safety                        | or<br>Services                     | s, Inc.                   |                   |              |             |  |
| Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of   | ntire Period of                        | Abaten                      | nent<br>s         |                     |  | PO B<br>City, St  | OX 3           |  |                                    |                           |                   |              |             |  |
| Other – Describe:  Scope of Work (Check All That Apply)   |  |                             |                   |                     |  |                   |                | 08009                                    |                                    |                           |                   |              |             |  |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf  | -                                      | Renova<br>Demolit           |                   |                     |  |                   | Mir            | ni-Enclos<br>ovebag P                    |                                    | and the second            |                   |              | e e         |  |
| Location of   |  | Locati<br>Normal<br>ed Sole | ly                |                     |  | ription (         | of             |  |                                    |                           |                   | Abat         | emen<br>/pe | t  |
| Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)   | Ma Ma                                  | intenar<br>todial S<br>(12) | nce/              | Asbes<br>(i.e       | stos Contai<br>thermal sy<br>surfacin<br>other mis | ystems<br>ng, VAT | insula<br>, or | (ACM)<br>ation,                          | (S                                 | mount<br>pecify<br>or LF) | Velliove          | Repair       | Encapsulate | Enclosure  |
| Houses Deemed Unsafe  | Yes                                    | No                          | N/A               |                     |  |                   |                |  |                                    |                           |                   |              | ate         | re   |
| Houses Deemed Offsale   |  |                             | X                 | Но                  | uses De  | emed              | Unsa           | afe                                      | 10                                 | 00 yd                     | _ X               |              |             |  |
|   |  |                             |                   |                     |  |                   |                |  |                                    |                           |                   |              |             |  |
| ame of Registered Waste Hauler ite Enterprises Inc.   |  | Ha                          | JDEP Waller ID I  | No.                 | Cubic Ya   |                   |                |  | │<br>f Register<br>VS Land         |                           |                   |              |             |  |
|   |  | 100                         | 035220            |                     | 20 cy<br>Disposal                                  | Data              |                |  |                                    |                           |                   |              |             |  |
| ity, State<br>gg Harbor Twonship  |  |                             |                   |                     | 03/01/2  |                   |                | City, St.                                | ville, PA                          | 19067                     | Bride             | retor        | NI I        |  |

|   |                    |   |                             |  |                      |  |                   |  | 200           | Prir        | nt For      | rm |
|---|--------------------|---|-----------------------------|--|----------------------|--|-------------------|--|---------------|-------------|-------------|----|
| n ch  | NOTIF              | CATIO   | N OF A                      | New Jersey<br>SBESTOS A<br>AC 8:60 and | 1 12:120)            |  |                   | ECE  |               |             |             |    |
| ate of Notification (1)   |                    | Name<br>PSE   |                             | ing Owner/C                            | perator (            | (2)  |                   | NOV 1  | 5 2           | 2017        |             | با |
| 1/09/17 gencies Notified Type Notification                                  |                    | Street<br>4000  | Address<br>HADL             | s<br>_EY ROA                           | D                    |  |                   | ASBEST()S  | NOSING        | TRO         | 1.8         | T  |
| EPA Initial Amended Amendment   | #1                 | City, S   | State, Zip<br>JTH PL        | p Code<br>_AINFIELI                    | D, NJ 0              | 7080   |                   | elephone Numk er   | es discount   |             |             | T  |
| DOL Amendment Emergency ( justification) Cancellation                       | including          | Name  | of Conf                     | tact<br>VILLE                          |                      | -125 000   |                   | еюрионе так  |               |             |             | -  |
| DCA Cancellation  |                    | F/  | CILITY                      | INFORMAT                               | ION                  | Type of Fa   | cility (4)        |  | _             |             |             |    |
| lame of Facility Where Abatement is Takin<br>PSE&G - HARDING GAS            | g Place (3)        |   |                             |  |                      | School   | ol (K-12)         | other than K-12)   |               |             |             |    |
| Street Address  |                    |   |                             |  |                      | Other etc.)  | (i.e. privat      | te & commercia b   |               |             | nes,        |    |
| 1498 MT. KEMBLE AVE   |                    |   |                             |  |                      | Square Fe  | 1                 | # of Floors<br>N/A   | 1/A           | Age         |             |    |
| HARDING TOWNSHIP  |                    | Cou   | nty Code                    | e (7)                                  |                      | Current U  | se (Frior if      | being demolished   | )             |             |             |    |
| County (6)<br>MORRIS  | Owner (8)          | ***********   | SCM No                      | ONLY)                                  | Nam                  | 1  | ant Contrac       | The same of the sa | 5 INC         | <br>D.      |             |    |
| Name of Monitoring Firm Hired by Building N/A                               | Owner (0)          | 14 183  | I/A                         |  | Stree                | et Address   |                   |  | -             | 100011      |             |    |
| Street Address<br>N/A   |                    |   |                             |  |                      | OLD DOC  |                   | )  |               |             |             |    |
| City, State, Zip Code<br>N/A  |                    |   |                             |  | YA                   | PHANK, N   | 11980             | License No.  |               |             |             | _  |
| Project Manager for Monitoring Firm   |                    | Tel<br>N/   | ephone<br>A                 | No.                                    | 63                   | ephone No.<br>1-924-811  |                   | 01136  | _             |             |             |    |
| N/A<br>Start Date (10)  | Scheduled 12/31/17 | I Comple  | etion Da                    | te (11)                                | Nar<br>WI            | ne of OSHA<br>RS ENVIR   | Monitor<br>ON MEN | TAL SERVICE  | Ei, IN        | C.          |             | _  |
| 11/13/17 Occupancy Status During Abatement (Ch                              | 1                  |   |                             |  | Stre                 | eet Address<br>OLD DO  | CK ROA            | D  |               |             |             |    |
| Facility Closed/Vacated During Enti Abatement Performed Outside of N        | re Period of Al    | batemer   | nt                          |  | Cit                  | y, State, Zip<br>APHANK,   | Code              |  |               |             |             |    |
| Scope of Work (Check All That Apply)  |                    |   |                             |  |                      | □ Full (   | Containme         | nt with Negativ∈ F   | re ssure      | е           |             |    |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  | R R                | enovatio<br>emolitio  | on<br>n                     |  |                      | Mini-  | Enclosure         |  |               |             | 9           |    |
| <u> </u>  |                    |   |                             |  |                      | × Non-   | -Exempleu         | ( ) and Non / 11   | 1             | Abate<br>Ty | ment        |    |
| Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13) | Use<br>Ma          | Locatio<br>Normally<br>ed Solely<br>intenan<br>todial S<br>(12) | y by<br>ce/                 | (i.e. th                               | Contain<br>ermal sys | ption of<br>ing Material<br>stems insulat<br>g, VAT, or<br>cellaneous) | (ACN)             | Amount<br>(Specify<br>SF or LF)  | Removal       | Repair      | Encapsulate |    |
| (10)  | Yes                | No  | N/A                         |  | DIME                 | TER ROOM   | =                 | 360 SF   | X             |             |             | 1  |
| ROOF  |                    |   | X                           |  |                      | TION ROO   |                   | 50 SF  | X             |             |             | 1  |
| ROOF  |                    | -   | ^                           |  |                      |  |                   |  | _             | -           | -           | +  |
|   |                    |   |                             |  | Cubic Y              | ards   | Name of           | Registered Land  | il            |             |             | 1  |
| Name of Registered Waste Hauler   |                    | H   | JDEP V<br>Hauler ID<br>7273 | Vaste<br>) No.                         | of Wast              |  | TULLY             | TOWN LAND  | F LL          |             |             |    |
| WASTE MANAGEMENT City, State  |                    |   | 1210                        |  | Disposa              | al Date  | City, Sta<br>MORF | RISVILLE, PA   |               | 7           |             |    |
| ELIZABETH, NJ   | Title              | )   |                             | *****                                  |                      | gnature  | a 7               |  | Date<br>11/09 | 9/17        |             |    |
| Completed by AMANDA VALLONE   | AD                 | MIN C   | PS MA                       | ANAGER                                 |                      | / 11140  |                   |  |               |             |             |    |

PAID CK014109

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

|      | ) <sub>r</sub> | E    | C              |      |    | V         | rin | 5   | n |
|------|----------------|------|----------------|------|----|-----------|-----|-----|---|
|      | J              |      | <del>101</del> | _1   | 5  | 20        | 17  |     | U |
|      | _              | ASI  | BES'           | CE   | CC | NTF<br>NG | ROL | . & |   |
| T Te | elent          | none | Num            | DE T |    |           |     |     |   |
| )    |                |      |                |      |    |           |     |     |   |

| CROISIUS   |   | 11 410   |  |                   |  | 101                                      |                           | HI NO                           | -1-5          | 20        | 1/             | ₩,        |
|--|---|--|--|-------------------|--|--|---------------------------|---------------------------------|---------------|-----------|----------------|-----------|
| Date of Notification (1)<br>11/09/17   |   | - 1  | me of B<br>SE&G                        | uilding Ov        | ner/Operator   | (2)                                      |                           |                                 | 1000 000 0000 | 3-21-10-1 | and the second |           |
| Agencies Notified Type Notification  |   | 0.70   | eet Add                                | iress<br>adley Ro | ad   |  |                           | ASBES                           | CE NS         |           |                | &         |
| EPA Initial Amended Amendment #  |   |  |  | , Zip Code        |  |  |                           |                                 |               |           |                |           |
| Emergency (in justification)   |   | Na   | ame of C                               | Contact           |  |  | ΙΤ                        | elenhone Num                    | DE T          |           |                |           |
| DCA Cancellation   |   |  |  | TY INFOR          | MATION   |  |                           |                                 |               |           |                |           |
| Name of Facility Where Abatement is Taking<br>PSEG New Milford Substation        | Place (3)                               |  | FACILI                                 | I Y INFOR         | NON  | Type of Fa                               | ol (K-12)                 |                                 |               |           |                |           |
| Street Address   |   |  |  |                   |  | Subo                                     | hanter 8 (C               | ther than K-12<br>e & commerci  | il be Idii    | ngs, h    | omes,          |           |
| 132 Henley Ave  City (5)   |   |  |  | -                 |  | Square Fe                                |                           | f of Floors                     | T Blo         | ig. Ag    | е              |           |
| New Milford, NJ  |   | To   | ounty C                                | ode (7)           |  | N/A<br>Current U                         | 1 2                       | N/A<br>being demolish           |               |           |                |           |
| County (6)<br>Bergen   |   | (S   | TATÉ US                                | SE ONLY)          |  | e of Abateme                             | ont Contrac               | tor (9)                         |               |           |                |           |
| Name of Monitoring Firm Hired by Building O N/A                                  | wner (8)                                |  | ASCM<br>N/A                            | No.               | WR   | S Environ                                | mental S                  | ervices ,Inc                    |               |           |                |           |
| Street Address   |   |  |  |                   |  | t Address<br>Old Dock F                  | Rd                        |                                 |               |           |                |           |
| N/A<br>City, State, Zip Code   |   |  |  |                   |  | State, Zip Cohank NY                     |                           |                                 |               |           |                |           |
| N/A Project Manager for Monitoring Firm  |   | Т  | elephon                                | e No.             | Telep  | hone No.                                 |                           | License N<br>01136              | D.            |           |                |           |
| N/A  | Scheduled                               |  | N/A                                    | Date (11)         | Name   | -924-8111<br>e of OSHA                   | Monitor                   |                                 |               |           |                |           |
| Start Date (10)<br>11/20/17  | 12/31/17                                | 7  |  |                   |  | S Environ                                | mental S                  | Services, Inc                   |               |           |                |           |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F |   |  | ent                                    |                   |  | Old Dock                                 | Rd                        | ***                             |               |           |                | 25-010    |
| Abatement Performed Outside of Norm  Other – Describe: Normal hours              | al Facility I                           | Hours  |  |                   |  | State, Zip Cohank , N                    |                           |                                 |               |           |                |           |
| Scope of Work (Check All That Apply)   |   |  | ************************************** |                   |  | □ Eull Co                                | ontai oment               | with Negative                   | Pres sur      | re        |                |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |   | enovat<br>emoliti                              |  |                   |  | Mini-E<br>Glovel                         | nclosure<br>pag Proced    | ure                             |               |           | •              |           |
|  |   |  |  |                   |  | × Non-E                                  | xem sted (*               | ) and Non-Fria                  |               |           | ement          |           |
|  | 110000000000000000000000000000000000000 | Locatio  |  |                   |  |  |                           |                                 |               |           | ре             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)     | Used<br>Mair                            | ormall<br>d Solel<br>ntenar<br>odial S<br>(12) | y by<br>nce/<br>staff?                 | Asbesi<br>(i.e.   | Description Containing thermal syste surfacing, other miscel | j Material (A<br>ms insulatio<br>/AT, or | CM)<br>n,                 | Amount<br>(Specify<br>SF or LF) | Pernoval      | Repair    | Encapsulate    | Enclosure |
|  | Yes                                     | No   | N/A                                    |                   | naita Dina   | / Duct har                               | ık                        | 200 LF                          |               |           |                |           |
| Switching yard   |   |  | X                                      | Ira               | nsite Pipe   | Duct bar                                 | IK                        | 200 E                           |               |           |                |           |
|  |   |  |  |                   |  |  |                           |                                 |               |           |                |           |
|  |   | 1.61   | JDEP V                                 | Vacto             | Cubic Yard   | s I                                      | Name of Re                | egistered Land                  | ill           |           |                |           |
| Name of Registered Waste Hauler Waste Management                                 |   | H  | lauler ID<br>7273                      |                   | of Waste   |  | Tull /towr                |                                 |               |           |                |           |
| City, State<br>Elizabeth, NJ   |   |  |  |                   | Disposal Di<br>TBD   | ate                                      | City, State<br>Morrisvill | e, PA 1906                      | ,             |           |                |           |
| Completed by   | Title                                   |  |  | 19240             | Signa  |  | (V.                       | 1/2                             | )ate          | /17       |                |           |
| Amanda Vallone   | Admi                                    | in Op  | eration                                | ns Mana           | ger /  | manda                                    | 10                        |                                 |               | 1.7       |                |           |

| CANU   | N                           |   | CATION  | te of New<br>OF ASBE<br>o NJAC 8 | STOS            | ABATEN                             |        | г                                   |              |                     | C       |          |               |             |           |  |  |  |  |
|--|-----------------------------|---|---|----------------------------------|-----------------|------------------------------------|--------|-------------------------------------|--------------|---------------------|---------|----------|---------------|-------------|-----------|--|--|--|--|
| Date of Notification (1) 11/9/2017   |                             |   | Name of<br>Chris S  | Building C                       | Owner/C         | perator                            | (2)    |                                     |              | N                   | 107     | 15       | 20            | 17          | 世         |  |  |  |  |
| Agencies Notified Type Notification  |                             | -   | Street Ad   | Water Sollie                     |                 |                                    |        |                                     |              | ASBE                | ECT     | 12.0     | ONT           | 201         |           |  |  |  |  |
| EPA X Initial  |                             |   |   | e, Zip Coo                       |                 |                                    |        |                                     | DOWN SERVICE | ASDI                |         |          | SING          | IUL         | Ši.       |  |  |  |  |
| DOL Amendment Emergency  |                             | - L                                       | Carry Maria Me  | y NJ 07                          | 065             |                                    | z nyyk |                                     | 1            |                     |         |          |               |             |           |  |  |  |  |
| DOH justification)  DCA Cancellation   |                             |   | Name of<br>Chris  | Contact                          |                 |                                    |        |                                     | TA           | ephone              | Nunit   | 5 ₹1     |               |             |           |  |  |  |  |
|  | 31                          |   | FACIL   | ITY INFO                         | RMATI           | ON                                 |        |                                     |              |                     |         |          | 7/            |             |           |  |  |  |  |
| Name of Facility Where Abatement is Takir<br>Chris's Residence                             | ig Place (3)                |   |   |                                  |                 |                                    | Тур    | e of Facility (4<br>School (K-1)    |              |                     |         |          |               |             |           |  |  |  |  |
| Street Address   |                             |   |   |                                  |                 |                                    | ×      | Subchapter<br>Other (i.e p<br>etc.) |              |                     |         |          | lings,        | nome        | s,        |  |  |  |  |
| City (5)<br>Rahway   |                             |   |   |                                  |                 |                                    | Squ    | are Feet                            | # 0          | f Floors            |         | B        | Bldg. Age     |             |           |  |  |  |  |
| County (6) Union   |                             |   | County C  | ode (7)                          |                 |                                    | Cur    | rent Use (Frid                      | or if bei    | ng dem              | olist e | ()       |               |             |           |  |  |  |  |
| Name of Monitoring Firm Hired by Building  | Owner (8)                   |   | ASCM  | No.                              |                 |                                    |        | patement Con                        |              |                     |         |          |               |             |           |  |  |  |  |
| Street Address   |                             |   |   |                                  |                 | Street                             | Addr   |                                     |              |                     |         |          |               |             |           |  |  |  |  |
| City, State, Zip Code  | City, State, Zip Code       |   |   |                                  |                 |                                    |        |                                     |              |                     |         |          |               |             |           |  |  |  |  |
| Decided Manager for Manifering Firm  |                             | Clifton,07011 Telephone No. Telephone No. |   |                                  |                 |                                    |        |                                     |              | se No               |         |          |               | -           |           |  |  |  |  |
| Project Manager for Monitoring Firm  |                             | relephor                                  | ie ivo.   |                                  | 201-9           | 908-                               | -9008  |                                     | 0133         |                     |         |          |               |             |           |  |  |  |  |
| Start Date (10)<br>11/11/2017  | Schedule 12/11/2            |   | mpletion [  | Date (11)                        |                 | Name                               | of O   | SHA Monitor                         |              |                     |         |          |               |             |           |  |  |  |  |
| Occupancy Status During Abatement (Che   | ck Only On                  | e)  |   |                                  |                 | Street                             | Addr   | ress                                |              |                     |         |          |               |             |           |  |  |  |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: | Period of A<br>mal Facility | bater<br>Hour                             | nent<br>s   |                                  | _               | City, S                            | tate,  | Zip Code                            |              |                     |         | ·        |               |             |           |  |  |  |  |
| Scope of Work (Check All That Apply)   |                             |   |   |                                  |                 |                                    |        |                                     |              |                     |         |          |               |             |           |  |  |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                             |   | ovation  Full Containment with Ne Mini-Enclosure  Glovebag Procedure Non-Exempted (*) and N |                                  |                 |                                    |        |                                     |              |                     |         |          |               |             |           |  |  |  |  |
|  | Is                          | Locat                                     | tion  |                                  |                 |                                    | 1 1    | Non-Exemple                         | 1 ( ) all    | u MOH-I             | TICILIC | 1 0      | Abate         | ment        |           |  |  |  |  |
| Location of  | l N                         | lorma                                     |   | 0-5                              |                 | scription                          |        | ial (ACM)                           | ,            | mount               |         |          | Ту            |             |           |  |  |  |  |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                           | Mai                         | ntena                                     | nce/<br>Staff?  |                                  | therma<br>surfa | l systems<br>cing, VA<br>miscellar | s insi | ulation,                            | (            | Specify<br>F or LF) |         | Nelliova | Repair        | Encapsulate | Enclosure |  |  |  |  |
| (13)   | Yes                         | No  | N/A   |                                  |                 |                                    |        |                                     |              |                     |         | 2        |               | ate         | .e.       |  |  |  |  |
| Basement   | X                           |   |   | Pipe                             | insula          | tion                               |        | 9                                   | 2 lin ft     |                     | λ       |          |               |             |           |  |  |  |  |
|  |                             |   |   |                                  |                 |                                    |        |                                     |              |                     |         |          |               |             |           |  |  |  |  |
| (5)  |                             | Τ.  | NJDEP W   | losts                            | C.,L:-          | : Yards                            |        | Name of                             | Raniet       | arad La             | ndfil   |          |               |             |           |  |  |  |  |
| Name of Registered Waste Hauler<br>TBD   |                             | 1   | NJDEP W<br>Hauler ID<br>TBD   |                                  | of Wa           | ste                                |        | 110 Sa                              |              |                     |         |          |               |             |           |  |  |  |  |
| City, State  |                             |   |   |                                  | Dispo           | sal Date                           |        | City, Stat                          |              | 11747               |         |          | The Laborator |             |           |  |  |  |  |
| Completed by   | Title                       | -4.84                                     |   |                                  |                 | Signature                          | е      | Wan                                 | - 100-200 J  | 2017/85/20          | Dat     | 3/20     | 117           |             | No. of    |  |  |  |  |
| Darko Raloski  | CI M                        | anager                                    |   |                                  |                 | /                                  | -      |                                     |              | 11/                 | 7/ 4    | 111      |               |             |           |  |  |  |  |

Print Form

| D&S Proj. #: 17-313  Date of Notification (1)  1   1   / 0   9   / 1   7    Agencies Notified                                  | 184                         | Street Address City, State, montcla | (Pursuilding Ow<br>hnarr<br>ess<br>Zip Code<br>iir, nj 070 | State ication of As uant to NJA ner/Operator (2 | AS   | ASBESTON CONTROL & TREE NSING                                  |  |   |             |        |         |                  |  |  |  |  |
|--|-----------------------------|-------------------------------------|--|---|--|--|--|---|-------------|--------|---------|------------------|--|--|--|--|
| Cancellatio  | n                           | bucky s                             | chnarr   |   | _  |  |  |   |             |        |         |                  |  |  |  |  |
| Name of facility where abatement bucky schnarr  Street Address   | is taking p                 | lace (3)                            | FAC  | CILITY INFORM                                   | MATIO  | N  | Subc   | (4) of (K - 1) hapte { (Privat ) /Hones | Other to    |        | (-12)   |                  |  |  |  |  |
| City (5) montclair   | Cou                         | nty (6)                             |  |   |  | unty Code (7)<br>ate use only)                                 | Square Feet Current Use (F   | # of F o                                |             |        | ldg. Ag | je               |  |  |  |  |
| Name of Monitoring Firm Hired by  Street Address  City, State, Zip Code  |                             |                                     |  | ASCM No.  | Name of Abatement Contractor (9)  D & S RESTORATION, INC.  Street Address  20 California Ave.  City, State, Zip Code |  |  |   |             |        |         |                  |  |  |  |  |
| Project Manager for Monitoring Firm  |                             |                                     | none Numb  | 973-345-8020 <u>11169</u>                       |  |  |  |   |             |        |         |                  |  |  |  |  |
| Start Date (10)<br>11/20/17  | 12/0                        | d. Completion                       | on Date (1   | 1)  | Name of OSHA Monitor  D & S Restoration Inc.  Street Address   |  |  |   |             |        |         |                  |  |  |  |  |
| Occupancy Status During Abateme  Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL F | nt (Check of<br>entire peri | only one)<br>iod of abate           |  |   |  | 20 California Avenue City, State, Zip Code  Paterson, NJ 07503 |  |   |             |        |         |                  |  |  |  |  |
| Scope of Work (check all that appl   | Renovation<br>Demolition    | n                                   |  |   |  |  | Full Containment v<br>Mir i-enclosure<br>Glovebag procedu<br>No 1-Exempted (*) | re                                      | friable     | proce  | edure   |                  |  |  |  |  |
| Location of<br>asbestos-containing<br>material (acm) to be<br>abated in facility (13)  |                             | n normally i<br>enance/cust<br>No   |  | 1   |  | sbestos-containing   | Amount<br>(Specify S<br>LF)  | SF or                                   | R e m o v e | Repair | Encap   | E<br>n<br>c<br>L |  |  |  |  |
| basement   |                             | LX.                                 |  | PIPE INSU                                       |  |  | 240 l ft   |   |             |        |         |                  |  |  |  |  |
| basement  Registered Waste Hauler  |                             | X<br>P Hauler II                    |  | bare heating                                    |  |  | 50 l ft  |   |             |        |         |                  |  |  |  |  |
| D & S RESTORATION, INC.  City, State PATERSON, NJ 07503  | 135                         | 506                                 | T. 17.17   | 3 yds<br>Date                                   |  | TULLYTOWN, City, State TULLYTOWN,                              | RE SOURCE RI   | ECO'/E                                  | ĽΥ          |        |         |                  |  |  |  |  |
| Completed by (Print or Type) BOGDAN JOLDZIC  | Title<br>PRESID             |                                     | for ashesto  | Signature                                       | emnte  | Date<br>11'( 9 2017  |  |   |             |        |         |                  |  |  |  |  |

#### PAID

State of NJ Notification of Asbestos Abatement

| E | C   |   | $\mathbb{V}$ | M |
|---|-----|---|--------------|---|
|   | NOV | ō | 2017         |   |

| D&S Proj. #: 17-310                             | -12                       | (Purs                  | suant   | to NJAC 8                                 | :60 ai   | nd 12:120)            |        | III NO   | ) <b>V</b>   | 5 201  | 7      |          |        |  |  |
|---|---------------------------|------------------------|---------|---|----------|-----------------------|--------|--|--------------|--|--------|----------|--------|--|--|
| (1/2)   | 7()                       |                        |         |   |          |                       | -      | ПП   |              |  | _      | Scales   | +      |  |  |
| Date of Notification (1)                        | - 11                      | Building Ov<br>corbett | wner/O  | perator (2)                               |          |                       |        | ASBE   | ±#并          | ONTR   | OL &   |          | 1      |  |  |
| Agencies Notified Type Notification             |                           |                        |         |   |          |                       |        | Andrew Control of the | PROPERTY POR | e diameter   |        |          |        |  |  |
| EPA Initial Amended                             |                           |                        |         |   |          |                       |        |  | ===          | ===  |        |          | =      |  |  |
| DEP Amendment #:                                | _                         | te, Zip Code           |         |   |          |                       |        |  |              |  |        |          |        |  |  |
|   | veror                     | na, nj 070             | 44      |   |          |                       |        | Telephone  | Nurnt        | e  | -      |          | _      |  |  |
| DOH (including justification)                   | Name of                   | Contact                |         |   |          |                       |        | 1  |              |  |        |          |        |  |  |
| ☐ DCA ☐ Cancellation                            | jame                      | s corbett              |         |   |          |                       |        | <b>=</b> '   |              | i =  |        |          | =      |  |  |
|   |                           | F                      | ACILIT  | Y INFORMAT                                | TION     |                       |        |  |              |  |        |          | _      |  |  |
| Name of facility where abatement is to          | aking place (3)           |                        |         |   |          |                       | T      | pe of Facility (4)   | (K · 1       | 2,   |        |          |        |  |  |
|   |                           |                        |         |   |          |                       |        |  |              | (Other tha   | n K-12 | 2)       |        |  |  |
| james corbett                                   |                           |                        |         |   |          |                       |        | Other (P   | rive te      | Commerc  | ial    |          |        |  |  |
| Street Address                                  |                           |                        |         |   |          |                       | - (5   | Bldgs./H   |              |  | Bldg   | Age      | _      |  |  |
|   |                           |                        |         | —т  | Count    | y Code (7)            | ,      | quare root ""  |              |  | 10-200 | 100 6864 |        |  |  |
| City (5)  | County (6)                |                        |         |   |          | use only)             | -      | Current Use (Price   | or if b      | i ig demo  | lished |          |        |  |  |
| verona,   | essex                     |                        |         | 001411                                    | - 111    | Name of Abatemer      | nt Con | tractor (9)  | ===          |  |        |          | _      |  |  |
| Name of Monitoring Firm Hired by Bl             | dg. Owner (8)             |                        | -       | ASCM No.                                  | - 11     | D & S RESTO           |        |  |              |  |        |          |        |  |  |
|   |                           |                        |         |   | جا إ     | Street Address        |        | 011, 11  | ===          |  |        |          |        |  |  |
| Street Address                                  |                           |                        |         |   |          | 20 California         | Ave.   |  |              | _  |        |          |        |  |  |
|   |                           |                        |         |   | -        | City, State, Zip Coo  | le     |  |              |  |        |          |        |  |  |
| City, State, Zip Code                           |                           |                        |         |   |          | Paterson, NJ          |        | 3  | ===          | = ====   |        |          | _      |  |  |
| Project Manager for Monitoring Firm             |                           | Phone N                | umber   |   | -        | Telephone Numbe       |        |  | Lice         | )1169  | 31     |          |        |  |  |
| Project Manager for Memoring                    |                           |                        |         | 973-345-8020 = 31169  Name of OSHA Monito |          |                       |        |  |              |  |        |          |        |  |  |
| Start Date (10)                                 | ISched. Cor               | npletion Dat           | te (11) |   |          | D & S Restor          |        | Inc  |              |  |        |          |        |  |  |
|   | 2025074.0253500           |                        |         |   | 11       | Street Address        |        |  |              |  |        |          |        |  |  |
| 11/16/17 Occupancy Status During Abatement      | 11/30/17                  | ne)                    |         | National Development                      |          | 20 California Avenue  |        |  |              |  |        |          |        |  |  |
| Facility closed/vacated during                  | entire period of          | abatement.             |         |   |          | City, State, Zip Code |        |  |              |  |        |          |        |  |  |
| Abatement performed outside                     | of normal facilit         | y hours-               |         |   |          |                       |        | _  |              |  |        |          |        |  |  |
| Describe: NORMAL He                             | OURS                      |                        |         |   | =        | Paterson, NJ          |        |  | ===          | ===  |        |          | _      |  |  |
| Scope of Work (check all that apply             |                           |                        |         |   |          |                       |        | l Containment w<br>ni-enclosure  | ı/n∈g        | it /e press  | ure    |          |        |  |  |
| •   | Renovation                |                        |         |   |          |                       | V CI   | ovehag procedu   | re           |  |        |          |        |  |  |
| >160 sf or >260 lf                              | Demolition                |                        |         |   |          |                       | No     | n-Exempted (*)   | tns          | n-friable  | Proce  | dure     |        |  |  |
|   | Is location no            | rmally used            | solely  |   |          |                       |        | Amount   |              | е  | е      | n        | E<br>n |  |  |
| Location of asbestos-containing                 | by maintenan<br>staff(12) | ce/custodia            | l       | Descripti                                 | ion of a | sbestos-containing    | 9      | (Specify S   | SFor         | m  | p<br>a | c<br>a   | C      |  |  |
| material (acm) to be abated in facility (13)    | 1000                      | No                     | N/A     | material                                  | (ACIVI)  |                       |        | LF)  |              | V  | i      | р        | L      |  |  |
| abated in facility (10)                         | Yes                       | No I                   | IN/A    |   | 17 A TO  | IOM                   |        | 10 l ft  |              | - e  |        |          |        |  |  |
| basement laundry room                           |                           | X                      |         | PIPE INSU                                 |          |                       |        | 10 l ft  | ===          |  |        |          |        |  |  |
| garage  |                           | $\times$               |         | PIPE INSU                                 | JLAI     | ION                   |        | -  | ===          |  |        |          |        |  |  |
|   |                           |                        |         | -   |          |                       | -      |  | ===          |  |        |          |        |  |  |
|   |                           |                        |         |   |          |                       |        |  | ===          |  |        |          |        |  |  |
|   | INJOER                    | Hauler ID#             | TC      | ubic Yards of                             | Waste    | Name of Regist        | ered L | andfill  | ===          | x 007/   |        |          |        |  |  |
| Registered Waste Hauler D & S RESTORATION, INC. |                           |                        |         | yd  |          | TULLYTOV              | VN, 3  | ESOURCE R  | ECC          | \ ERY  |        |          |        |  |  |
| City, State                                     |                           | Disp                   | osal D  | ate                                       |          | City, State           | STAT T | 2.4  |              |  |        |          |        |  |  |
| PATERSON, NJ 07503                              |                           |                        | 1/17/1  |   |          | TULLYTO               | WIN, I | TA .   | <b>= 7 =</b> | a e  |        |          |        |  |  |
| Completed by (Print or Type)                    | Title<br>PRESIDEN         | IT                     |         | Signature                                 |          |                       |        |  |              | 1/03/201   | 7      |          |        |  |  |
| POCDAN IOI DZIC                                 | LEKENIJE                  | 1 /                    |         | 1   |          |                       |        |  |              | AND THE RESERVE OF THE PARTY OF |        |          |        |  |  |

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-311 (Pursuant to NJAC 8:60 and 12:120) N)'' 1 5 2017 Name of Building Owner/Operator (2) Date of Notification (1) 1 1 / 0 3 / 1 7 ASBES (IS CONTROL & tom kashork " t t ENSING Type Notification Agencies Notified Street Address Initial ☐ EPA Amended DEP City, State, Zip Code Amendment #: DOL linden, nj 07036 Emergency (including Telephone Number DOH Name of Contact justification) ☐ DCA tom kashork Cancellation **FACILITY INFORMATION** ype of Facility (4) Name of facility where abatement is taking place (3) School (K · 2 Subchapte 8 (Other than K-12) tom kashork Other (Priv: te / ommercial Street Address Bldgs./Hom at , itc. # of F ocrs Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior il b si g demolished) linden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Licer si Number Telephone Number Project Manager for Monitoring Firm Phone Number 11169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration Inc. Street Address 11/13/17 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/nec at v : pressure Miri-enclosure >3 sf or >3 If Renovation Glevebag procedure >160 sf or ≥260 lf Demolition Non-Exempted (\*) and Nor-friable procedure Is location normally used solely E Ε Location of e n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m n p C staff(12) (Specify SF or material (acm) to be material (ACM) C 0 а a abated in facility (13) Yes No N/A p 50 l ft X PIPE INSULATION basement Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY 13506 D & S RESTORATION, INC Disposal Date City, State City, State 11/14/17 TULLYTOWN, PA PATERSON, NJ 07503 Signature Completed by (Print or Type) Dit: Title 1 / 13 / 2017 **BOGDAN JOLDZIC** PRESIDENT

### PAID Ck2305

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

|  | 医门     |     |    | $\mathbb{V}$ | E   | M |
|--|--------|-----|----|--------------|-----|---|
|  | NI)    | 1 1 | 5  | 2017         |     |   |
|  | ASBE 3 | (S  | CO | NTRO         | L & |   |

| Data of Natification (1)                                       |                          |          |                | _        | TAL                                     | - f D - 11 - 11 -  | _            |                                  | 2)                               |         | bed book   |  |                     |         |             |           |  |  |  |  |
|--|--------------------------|----------|----------------|----------|---|--|--------------|----------------------------------|----------------------------------|---------|------------|--|---------------------|---------|-------------|-----------|--|--|--|--|
| Date of Notification (1)                                       | 13 /                     | 17       |                |          | 100000000000000000000000000000000000000 | Name of Building Owner/Operator (2)  Hamilton Street Management, LLC |              |                                  |                                  |         |            |  |                     |         |             |           |  |  |  |  |
|  |                          |          |                |          |   |  |              |                                  |                                  | ASBI    | 3 (        | SC   | ITNC                | ROL     |             |           |  |  |  |  |
| Agencies Notified  EPA   | Type Notifica  ☑ Initial | ation    |                |          |   | Address<br>River Ro  | oad.         | Unit L3                          |                                  |         |            | name de la constante de la con | L (                 | ENS     | ING         | -         |  |  |  |  |
| □ DOLWD  | ☐ Amended                | d        |                |          |   | State, Zip C   |              | 0                                |                                  |         |            |  |                     |         |             | -         |  |  |  |  |
| ☑ DOH  | Amendm                   | ent#_    |                |          |   |  |              | 045                              |                                  |         |            |  |                     |         |             |           |  |  |  |  |
| □ DCA  | ☐ Emergen                |          | cluding        |          |   | ntville, N   |              | 045                              |                                  | 1=      | lenhone l  |  |                     |         |             | _         |  |  |  |  |
| (NJAC 5:23-8)  | justification Cancellat  | 000000   |                |          | 7                                       | of Contactiee Code   |              |                                  |                                  | rie     | lennone i  | MIIMO  | 2 1                 |         |             |           |  |  |  |  |
|  | Ouricellat               | 11011    |                |          | 200000                                  |  | •            | NILL TION                        |                                  | _       |            |  |                     |         | 4           | _         |  |  |  |  |
| Name of Equilibrity/hors A                                     | hatamant is T            | Talsia a | Disease        | (0)      | FAC                                     | CILITY IN  | FOR          | RMATION                          | T (5 10)                         | 7.43    |            |  |                     |         |             |           |  |  |  |  |
| Name of Facility Where A Commercial                            | batement is i            | aking    | Place          | (3)      |   |  |              |                                  | Type of Facility  ☐ School (K-1) |         |            |  |                     |         |             |           |  |  |  |  |
| Street Address   | - V                      |          |                |          |   |  | -            |                                  | Subchapter                       |         |            |  |                     |         |             |           |  |  |  |  |
| 695 Hamilton Street  |                          |          |                |          |   |  |              |                                  | homes, etc.                      |         | e and con  | nmero  | nmerci il u Idings, |         |             |           |  |  |  |  |
| City (5)   |                          |          |                |          |   | IVE I  |              |                                  | Square Feet                      |         | of Floors  | ;  | T 31                | g. Ag   | je          | $\neg$    |  |  |  |  |
| Somerset   |                          |          |                |          |   |  |              |                                  |                                  |         |            |  |                     | ٠.      |             |           |  |  |  |  |
| County (6)   |                          |          |                |          | Coun                                    | ty Code (7   | )(STA        | TE USE ONLY)                     | Current Use (P                   | ior if  | being der  | molish   | ıı d                | -       |             | $\dashv$  |  |  |  |  |
| Somerset   |                          |          |                |          |   |  |              |                                  |                                  |         |            |  |                     |         |             |           |  |  |  |  |
| Name of Monitoring Firm I                                      | Hired by Build           | ding O   | wner (         | 8)       | ASCM                                    | No.  | Nai          | me of Abateme                    | ent Contractor (9)               | _       |            |  |                     |         |             |           |  |  |  |  |
| Bio Terra Solutions  |                          |          |                |          |   |  | A            | LL PRO MA                        | NAGEMENT L                       | LC      |            |  |                     |         |             |           |  |  |  |  |
| Street Address   |                          |          |                |          |   |  | Stre         | eet Address                      |                                  |         |            | -  |                     | -       |             |           |  |  |  |  |
| P.O. Box 1224  |                          |          |                |          |   |  | 2            | 7 Outwater I                     | _ane                             |         |            |  |                     |         |             |           |  |  |  |  |
| City, State, Zip Code  |                          |          |                |          |   |  | City         | , State, Zip Co                  | ode                              |         |            | -  |                     | _       |             |           |  |  |  |  |
| Union, NJ  |                          |          |                |          |   |  | 0            | Sarfield, NJ                     | 07026                            |         |            |  |                     |         |             |           |  |  |  |  |
| Project Manager for Monit                                      | oring Firm               | 11-2-7-3 |                | Tel      | ephone l                                | No.  | Tel          | ephone No.                       |                                  | L       | icense N   | 0.   |                     |         |             |           |  |  |  |  |
| Rick Eustaquio   |                          |          |                | 9        | 73-494                                  | -494-3762 973-928-4888 1188  |              |                                  |                                  |         |            |  |                     |         |             |           |  |  |  |  |
| Start Date (10)  |                          |          |                | etion Da |   | Nar  | me of OSHA M | onitor                           |                                  |         |            |  |                     |         |             |           |  |  |  |  |
| 11 /22 / _   |                          |          |                | 27       | 6_/_                                    | 17   | Α            | LL PRO MA                        | NAGEMENT L                       | LC      |            |  |                     |         |             |           |  |  |  |  |
| Occupancy Status During  | - 73                     |          | 1.5            | - 53     |   |  | Stre         | eet Address                      |                                  |         |            |  | 2020                |         |             |           |  |  |  |  |
| ☐ Facility Closed/Vacated                                      |                          |          |                |          |   |  | 2            | 7 Outwater I                     | _ane                             |         |            |  |                     |         |             |           |  |  |  |  |
| Abatement Performed<br>Time of Abatement:                      |                          |          |                |          |   |  | City         | , State, Zip Co                  | de                               |         |            |  |                     |         |             |           |  |  |  |  |
|  |                          |          |                | _' ''    |   | Garfield, NJ 07026   |              |                                  |                                  |         |            |  |                     |         |             |           |  |  |  |  |
| Scope of Work (Check all                                       | that apply)              |          |                |          |   |  |              | M Eull Conf                      | ainmont with No                  | notine  | Droom      |  |                     |         |             |           |  |  |  |  |
| <ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul> |                          |          | ☐ Rei<br>☑ Dei |          |   | n Glovebag Procedure   |              |                                  |                                  |         |            |  |                     |         |             |           |  |  |  |  |
|  |                          | -        | lo             | Loca     | tion                                    |  |              | Non-Exer                         | mpted (*) and No                 | n-Fri   | able Prod  | cedure   | T                   |         |             |           |  |  |  |  |
| Location of  | of                       |          |                | lorm     |   |  |              | Description o                    | f                                |         |            |  |                     | _       | ent Ty      | -         |  |  |  |  |
| Asbestos-Containing N  |                          | 1)       | Use            | d So     | lely by                                 | Asbe   | stos         | Containing Ma                    |                                  |         | Amount     |  | INCHIOVA            | Repair  | Encapsulate | Enclosure |  |  |  |  |
| TO BE ABA  |                          |          |                |          | ance/<br>Staff?                         | (i.e   |              | rmal systems i                   |                                  |         | (Specify   |  |                     | bair    | aps         | dos       |  |  |  |  |
| IN Facility (13)   | У                        |          |                | (12      |   |  |              | urfacing, VAT,<br>her miscellane |                                  |         | SF or LF   | )  | 2 .                 |         | sula        | ure       |  |  |  |  |
|  |                          |          | Yes            | No       | -                                       |  | -            |                                  |                                  |         |            |  | ļ.,                 |         | te          |           |  |  |  |  |
| Flat Roof over Drive T   | hru                      |          |                |          |   | Black F  | lash         | ing                              |                                  |         | 120 SF     |  | 21                  |         |             |           |  |  |  |  |
| Main Bank Area unde  | r Carpet                 |          |                |          | $\boxtimes$                             | VAT  |              |                                  |                                  |         | 180 SF     | :  | 01                  |         |             |           |  |  |  |  |
| Ceiling  |                          |          |                |          |   | Ceiling  | Mat          | erial                            |                                  |         | 2,000 S    | F  | 01                  |         |             |           |  |  |  |  |
| 1st Floor Closet and S   | tairs                    |          |                |          |   | Grey PI  | aste         | r Base Laye                      | r                                |         | 2,000 S    | F  | 21                  |         |             |           |  |  |  |  |
| Name of Registered Wast  | e Hauler                 |          |                |          | NJDEP V                                 |  | 111100000    | oic Yards of                     | Name of Regi                     | tere    | d Landfill |  |                     |         |             |           |  |  |  |  |
| ATC / All Pro Manag  | ement, LLC               | 3        |                | 1        | Hauler IE<br>SW-24310                   | No.<br>70034860  | Wa           | ste<br>s Needed                  | Minerva Enterpri                 | ses / C | S.R.O.W.S. | North L  | anı fil             | / Fairl | ess La      | ndfill    |  |  |  |  |
| City, State  |                          |          |                |          |   |  |              | posal Date                       | City, State                      |         |            |  |                     |         |             |           |  |  |  |  |
| Shirley, NY / Garfield   | d, NJ                    |          |                |          |   |  | Т            | BD                               | Bethlehem, F                     | 'A / N  | forrisvill | e, PA  |                     |         |             |           |  |  |  |  |
| Completed By (Print or Ty                                      | pe)                      | Title    |                |          |   |  |              | Signature                        |                                  |         |            | Dat  |                     | -       |             |           |  |  |  |  |
| Allen Monchik  | 5-5-5-5-1                | Pr       | oject          | Mar      | nager                                   |  |              |                                  | Monchik                          | ,       |            |  | 11 3/               | 17      |             |           |  |  |  |  |
|  |                          |          |                | LYCCON   | monune                                  |  |              | 1                                | 11 11                            | 1.7     |            |  |                     |         |             |           |  |  |  |  |

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 1 17 SBJ Associates ASBES FIX CONTROL & Type Notification Agencies Notified Street Address LICE NSING **⊠** EPA Initial 375 South Dean Street **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Englewood, NJ 07631 □ DCA ☐ Emergency (including Telephone Number (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation John Boyle **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commerc all buildings, 1050 Salem Road homes, etc ) City (5) Square Feet # of Floors B dg. Age Union County (6) County Code (7)(STATE USE ONLY) Current Use (Frior if being demolish x ) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Bio Terra Solutions 0615995 ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>11</u> / <u>27</u> / 17 12 / 04 / 17 ALL PRO MANAGEMENT I.LC 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 ☐ Mini-Enclosure ≥3 sf or ≥3 lf ☐ Renovation ≥ 160 sf or ≥ 260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location at atement Type Normally Location of Description of Used Solely by ; 1 Repair Asbestos-Containing Material (ACM) Encapsulate Enclosure 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)other miscellaneous) Yes No N/A Unsafe Roof - See attached Engineer's Letter П X Roofing Tar 2,100 SF [] П

ASB-41 JAN 13

City, State

Elizabeth, NJ

Allen Monchik

Name of Registered Waste Hauler

Century Waste LLC

Completed By (Print or Type)

Cubic Yards of

As Needed

Signature

Disposal Date

Waste

TBD

Date

11,13,17

Name of Registered Landfill

Morrisville, PA

City, State

Allen Monchik

G.R.O.W.S North Landfill

Title

Project Manager

NJDEP Waste

Hauler ID No.

32797

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

| PAID   |                                | NOTIF                                       | ICA                       | State of New Jersey ATION OF ASBESTOS ABATEMENT |   |   |                                 |                        |              |             |                    |           |  |  |
|--|--------------------------------|---|---------------------------|---|---|---|---------------------------------|------------------------|--------------|-------------|--------------------|-----------|--|--|
| (147   | )                              |   | 75.00                     |   |   | 8:60 and 5:16                           |                                 | 118                    |              |             | Vales of all reals |           |  |  |
| Date of Notification (1)   | 14 / 17                        |   |                           |   | f Building<br>of Ame  | Owner/Operator (2<br>rica               | 2)                              | NOV                    | [            | 5 20        | )17                |           |  |  |
| Agencies Notified<br>⊠ EPA   | Type Notification  Initial     |   |                           | Street A  |   | enue 12 <sup>th</sup> Floor             |                                 | ASBEST                 | ENS          | ONT         | ROL                | . &       |  |  |
| ⊠ DOLWD  | Amended Amendment #            |   | 1                         |   | ate, Zip Co   |   |                                 | ***                    | -            |             | HALF DE WATER      | PR 1,0041 |  |  |
| ☐ DHSS   | ☐ Emergency (inc               | luding                                      |                           |   | York, NY  | 7 10017                                 |                                 |                        |              |             |                    |           |  |  |
| (NJAC 5:23-8)  | justification)                 | >   |                           |   | f Contact   |   |                                 | Telephone Numit e      |              |             |                    |           |  |  |
|  | ☐ Cancellation                 |   |                           |   |   |   |                                 |                        |              |             |                    |           |  |  |
| FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4) |                                |   |                           |   |   |   |                                 |                        |              |             |                    |           |  |  |
|  | Abatement is Taking            | Place                                       | (3)                       |   |   |   | 5.0                             |                        |              |             |                    |           |  |  |
| Bank of America  |                                |   |                           |   |   |   | ☐ School (K-                    | 8 (Other than K-12     |              |             |                    |           |  |  |
| Street Address   |                                |   |                           |   |   |   |                                 | private and commerci   | l puildings, |             |                    |           |  |  |
| 137 Center Grove   | Road                           |   |                           |   |   |   | homes, etc.                     | # of Floors            | 3ldg. Age    |             |                    |           |  |  |
| City (5)   | 0                              |   |                           |   |   |   | 10,000                          | 1                      | 3            |             |                    |           |  |  |
| Randolph, NJ 0786  |                                |   |                           | Count   | v Code (7)  | (STATE USE ONLY)                        | N                               | rior if being demolish | d            |             |                    |           |  |  |
| Morris   |                                |   |                           | Count   | ) 0000 (1)  | (0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 | 1                      |              |             |                    |           |  |  |
| Name of Monitoring Firm  | Hired by Building C            | wner (8                                     | 3) /                      | ASCM N  | lo.   | Name of Abateme                         | ent Contractor (                | 9)                     |              |             |                    |           |  |  |
| New York Environs  |                                |   | ,                         |   |   | JVN Restorat                            | tion Inc                        |                        |              |             |                    |           |  |  |
| Street Address   |                                |   |                           |   |   | Street Address                          |                                 | 7                      |              |             |                    |           |  |  |
| 88 Harbor Road   |                                |   |                           |   |   | 47 Foster Ro                            | ad                              |                        |              |             |                    |           |  |  |
| City, State, Zip Code  |                                |   |                           |   |   | City, State, Zip Co<br>Staten Island    |                                 |                        |              |             |                    |           |  |  |
| Port Washington, I   |                                |   |                           |   |   | 122                                     |                                 |                        |              |             |                    |           |  |  |
| Project Manager for Mor  | nitoring Firm                  |   |                           | phone N   |   | Telephone No.                           |                                 | License No.            |              |             |                    |           |  |  |
| Mike Baudo   |                                |   | -                         | 6-944-  |   | 718-605-6256<br>Name of OSHA N          |                                 | 00774                  | _            |             |                    |           |  |  |
| Start Date (10)  | 1                              |   |                           | tion Dat  |   |   |                                 |                        |              |             |                    |           |  |  |
| /  |                                |   |                           |   | 17  | Testor Tech                             |                                 |                        | _            |             |                    |           |  |  |
| Occupancy Status Durin   |                                |   |                           | mont  |   | Street Address 10 59 Jackso             | n Avenue                        |                        |              |             |                    |           |  |  |
| ☐ Facility Closed/Vacat  ☐ Abatement Performe  |                                |   |                           |   | cribe   | City, State, Zip C                      |                                 |                        |              |             |                    |           |  |  |
| Time of Abatement:   |                                | PM/8:                                       | 00 an                     | n to 8:0  | 00PM-   | LIC, NY 1110                            |                                 |                        |              |             |                    |           |  |  |
| Scope of Work (Check a   | ill that apply)                | -   |                           |   |   | way a rest                              |                                 |                        |              |             |                    |           |  |  |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>                                   |                                | ⊠ Re  | novati<br>molitic         |   |   | ☐ Mini-End                              | closure<br>a Procedure          | egative Pressure       |              |             |                    |           |  |  |
|  |                                | Is  | Locat                     | tion  |   |   |                                 |                        | Aba          | ateme       | ent Ty             | уре       |  |  |
| Location Asbestos-Containing TO BE AB IN Faci (13)   | Material (ACM)<br>ATED<br>lity | Norma<br>d Sole<br>intena<br>todial<br>(12) | ely by<br>ince/<br>Staff? | Asbe:<br>(i.e                                   | Description of stos Containing Man, thermal systems surfacing, VAT other miscelland | aterial (ACM)<br>insulation,<br>, or    | Amount<br>(Specify<br>SF or LF) | Removal                | Repair       | Encapsulate | Enclosure          |           |  |  |
| Roof   | -                              | Yes   |                           |   | Roofing   | g and flashing                          |                                 | 4100 SF                | 3            |             |                    |           |  |  |
| 1.001  |                                | -   |                           |   |   |   |                                 | -                      | 7            | П           | П                  |           |  |  |
|  |                                |   |                           | 1-  |   |   |                                 |                        | ]            |             |                    |           |  |  |
|  |                                | Ш   |                           |   |   |   |                                 |                        | 7            |             |                    |           |  |  |
|  |                                |   |                           |   |   | 1                                       | 17.                             | 11 120                 |              | Ш           | Ш                  |           |  |  |
| Name of Registered Wa<br>Newark Carting  | ste Hauler                     | 110000000000000000000000000000000000000     | 1 60                      | NJDEP N<br>Hauler II<br>NJ-56                   | O No.   | Cubic Yards of<br>Waste<br>10           | Name of Re                      | gistered Landfill      |              |             |                    |           |  |  |

ASB-41 MAY 11

City, State

Completed By (Print or Type)

Ralph Barnhardt

Title

Project Manager

Newark, NJ

10 Disposal Date

12/03/17

Signature

City, State

Bethelham, PA

11-14-201