### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

|                                       |                                      |                    |                            |           |                         |                   |  | 80                                | Chi  | £ 17    | 130    | 776       | 0      |
|---------------------------------------|--------------------------------------|--------------------|----------------------------|-----------|-------------------------|-------------------|--|-----------------------------------|--|---------|--------|-----------|--------|
| Date of Notification (1)              | ptember 10, 20                       | 12                 |                            |           | Name of Bu              | uilding O         |  | rator (2)<br>Waste & Recyclin     | g, Inc.  |         |        |           |        |
| Agencies Notified [ X ] EPA           | Type of Notificat                    | ion<br>Notific     | ation                      |           | Street Addr             | ress              | РОВ                                    | ox 188                            | NO   | / 1     | 8 20   | )13       |        |
| [ ] DEP                               | Amen                                 | dment#             | ification<br>L<br>ncluding |           | City, State,            | Zip Cod           |  | Lake, NJ 07762                    |  |         |        |           | 4      |
| [x] DOH<br>[] DCA                     | justifi                              | cation)<br>llation | g                          |           | Name of Co              | ontact<br>Richard | l Hyde                                 | 1 1                               | r-1- 1 - > 1 - 1 - 1                                     |         |        |           |        |
|                                       | L                                    |                    |                            | EAC       | ILITY INI               | FORM              | ATION                                  |                                   | a sa t   | 37      |        |           |        |
| Name of Facility Where A              | batement is Taking<br>sidence        | Place (            | 3)                         | 1110      | 111111111               | Oldin             |  | Type of Facility (4)              | School (k-12)  | 4h      | 1-12)  |           |        |
| Street Address                        | 5 Washington A                       | venue              |                            |           |                         |                   | 9                                      | [x]                               | Subchapter 8 (oth<br>Other (i.e., privat<br>homes, etc.) |         |        | ial build | dings, |
| City                                  | 73                                   | Count              |                            |           | County Cod<br>(STATE US |                   | )                                      | Square feet<br>2300 sf            | # of Floors 2  |         | . Age  | )3        |        |
| Spring Lake                           | (a)                                  | Mon                | mouth                      |           |                         |                   |  | Current Use (Prior Reside         |  | )       |        |           |        |
| Name of Monitoring Firm               |                                      | Owner              | (8)                        |           | ASCM No.                |                   | ###################################### |                                   | r (9)<br>an Contracting,                                 | Inc.    |        |           |        |
| Street Address                        |                                      |                    |                            |           |                         | i                 | Street A                               |                                   | Route 9, Unit 61   |         |        |           |        |
| City, State, Zip Code                 |                                      |                    |                            |           | 96                      |                   | City, Sta                              | te, Zip Code                      | River, New Jerse   | ey 087  | 755-12 | 271       |        |
| Project Manager for Moni              | toring Firm                          |                    | Telephone N                |           |                         |                   | 732-34                                 | ne Number<br>9-9932               | License N<br>00624                                       | umber   |        |           |        |
| Scheduled Start Date (10)<br>11/15/20 | 13                                   |                    | 11/18/20                   |           | ion Date (11)           | )                 |  |                                   | .L. Analytical   |         |        |           |        |
|                                       | ility Closed/Vacate                  | d Durin            | g Entire Perio             |           |                         |                   | Street A                               |                                   | Stelton Road   |         |        |           |        |
|                                       | atement Performed (<br>er – Describe | Outside            | of Normal Fa               | icility H | lours                   |                   | City, Sta                              | te, Zip Code<br>Piscata           | away, New Jerse  | y 088   | 54     |           |        |
| Scope of Work (Check all              | I that apply)                        |                    |                            |           |                         |                   | [ ]                                    | Full Containmer<br>Mini-Enclosure | nt with Negative Pre                                     | ssure   |        |           |        |
|                                       | sf or ≥3 lf<br>50 sf or ≥260 lf      |                    | [ ]<br>[x]                 | Renova    |                         |                   | [ ]<br>[x]                             | Glovebag Proce                    | dure<br>(*) and Non-Friable l                            | Procedi | ıre    |           |        |
| [ ] 210                               | 70 31 01 <u>2200 11</u>              | -                  | []                         |           | 1                       |                   |  |                                   |  |         | ement  | Type      |        |
|                                       |                                      |                    | Is Location                |           |                         | Т                 | Descriptio                             | on of                             |  |         |        |           |        |
| Location                              | of                                   | 1                  | Normally us                |           |                         | Asb               | estos-Co                               | ntaining                          | Amount   | R<br>E  | R<br>E | E<br>N    | E<br>N |
| Asbestos-Containing N                 |                                      |                    | Solely by                  |           |                         |                   | Iaterial (A<br>, thermal               |                                   | (Specify SF<br>or LF)                                    | M       | P<br>A | C<br>A    | C      |
| TO BE ABA                             |                                      | Mair               | ntenance/Cus<br>Staff      | stodiai   |                         |                   | , mermai<br>lation, su                 |                                   | Of LT)   | 0       | I      | P         | ō      |
| (13)                                  | .y                                   |                    | (12)                       |           |                         | mou               | VAT,                                   |                                   |  | V       | R      | S         | S      |
| ()                                    | - 1                                  |                    |                            |           |                         | othe              | er miscell                             | aneous)                           |  | A       |        | U<br>L    | U<br>R |
|                                       | 4                                    | YES                | NO                         | N/A       | 01                      |                   |  |                                   |  | L       |        | Е         | Е      |
| Exterior                              |                                      |                    | X                          |           | Asbesto                 | os sidin          | g                                      |                                   | 2950 sf  | X       |        |           |        |
|                                       |                                      |                    |                            |           |                         |                   |  |                                   |  | -       |        |           |        |
|                                       |                                      | _                  |                            |           |                         |                   |  |                                   |  | -       |        |           |        |
| Name of Registered Wast               | e Hauler                             | 1                  | NJDEP Waste                | e Haule   | ID No. 1                | Cubic Ya          | rds of Was                             | te Name of Regis                  | tered Landfill   |         |        |           |        |
| Guardian C                            | ontracting, Inc.                     |                    |                            | )223      |                         | 3                 |  | T.R.R.F.                          |  |         |        |           |        |
| City, State                           | , New Jersey                         |                    |                            |           | sal Date<br>9/2013      |                   | City, S                                | tate<br>town, Pennsylvan          | ia.  |         |        |           |        |
| Completed by (Print or Ty             | ype)                                 | Title              | Water Control              |           | Signature               | e                 | , /                                    | 7/1                               |  | Date    |        | 12        |        |
| Nicholas Fer                          | rnicola                              | Proi               | ect Manage                 | er        | 1                       | 1.                | LY                                     | 1.                                |  | 11/     | 14/20  | 15        |        |

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Ch# 23079

|   |  | (~   |         |                                   |   | 1 591  |   | WA 1                             | 50                              |                            |   |                   |
|---|--|--|---------|-----------------------------------|---|--|---|----------------------------------|---------------------------------|----------------------------|---|-------------------|
| Date of Notification (1) 11/14/2013   |  |  |         | Name of Buildin                   | g Owner/Op<br>Semi  | erator (2)<br>nole Co                                  | nstruction  |                                  |                                 | 7.1.                       |   |                   |
| [x] DOL Amend   | Notific<br>led Not<br>lment #<br>ency (i | ation<br>ification<br>i<br>ncluding  |         | Street Address City, State, Zip ( | Code<br>West  | Bartlett A   | NJ 08092  | nhope Number                     | 2013                            |                            | 1   |                   |
| [ x ] DOH justific  |  |  |         |                                   | e Corliss   |  |   |                                  |                                 |                            | í   | 1                 |
|   | War -                                    |  | FACI    | LITY INFOR                        | MATION  | " -  | SE 11: (4)  |                                  |                                 |                            |   | $\overline{}$     |
| Name of Facility Where Abatement is Taking<br>Residence   | Place (                                  | (3)  |         |                                   |   | Турс   | įjs   | chool (k-12)<br>ubchapter 8 (oth |                                 |                            |   |                   |
| Street Address 4909 Long Beach I  | 3lvd.                                    |  |         |                                   |   |  | h   | omes, etc.)                      | & con                           |                            | al build                                  | ings,             |
| City  | Coun                                     |  |         | County Code (7)<br>(STATE USE ON  | ILY)  |  | re feet<br>1600 sf<br>ent Use (Prior if be              | # of Floors 1 eing demolished    | Blag.                           | Age 5                      |   |                   |
| Brant Beach   | Ocea                                     | an   |         |                                   |   |  | Residence   |                                  |                                 |                            |   | _                 |
| Name of Monitoring Firm Hired by Building   | Owner                                    | (8)  |         | ASCM No.                          | Name  | of Abaten  | nent Contractor (9<br>Guardian                          | )<br>Contracting,                | Inc.                            |                            |   |                   |
| N/A<br>Street Address   |  |  |         |                                   |   | Address  | 1889 Rou  | ite 9, Unit 61                   |                                 |                            |   |                   |
| City, State, Zip Code   |  |  |         |                                   |   | state, Zip   | Toms Riv  | ver, New Jerse                   | y 087                           | 55-12                      | 71  |                   |
| Project Manager for Monitoring Firm   |  | Telephone N  |         |                                   | 732-3   | one Num<br>349-993                                     | 2   | 00624                            | umber                           |                            |   |                   |
| Scheduled Start Date (10)<br>11/27/2013   |  | Scheduled C<br>11/29/20  |         | on Date (11)                      |   | of OSHA  |   | Analytical                       |                                 |                            |   |                   |
| Occupancy Status During Abatement (Check  [ x ] Facility Closed/Vacate  [ ] Abatement Performed | d Duri                                   | ng Entire Perio  | d of Ab | atement                           |   |  |   | lton Road                        |                                 |                            |   |                   |
| [ ] Abatement Performed   | Outside                                  | e of Normal 12   |         |                                   | City,   | State, Zip   | Piscataw  | ay, New Jerse                    | y 088                           | 54                         |   |                   |
| Scope of Work (Check all that apply)  |  | r 1  | Renova  | tion                              | ]   | j M  | ull Containment v<br>fini-Enclosure<br>lovebag Procedur |                                  | ssure                           |                            |   |                   |
| [ ] >3 sf or ≥3 lf<br>[ x ] ≥160 sf or ≥260 lf  |  |  | Demoli  |                                   | [ x   |  | ion-Exempted (*)  |                                  |                                 |                            |   |                   |
|   | Γ  |  | -       |                                   |   |  |   |                                  | Abat                            | ement                      | Туре                                      |                   |
| Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility  (13)                  |  | Is Location<br>Normally us<br>Solely by<br>intenance/Cu<br>Staff<br>(12)<br>S NO | ed      |                                   | Descrip<br>Asbestos-C<br>Material<br>(i.e., therm<br>insulation,<br>VA'<br>other misc | Containir<br>(ACM)<br>all system<br>surfacin<br>(), or | ns<br>g,  | Amount<br>(Specify SF<br>or LF)  | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E N C L O S U R E |
| Exterior, house   |  | X  |         | Asbestos s                        | iding   |  |   | 1150 sf                          | X                               |                            |   |                   |
| Exterior, garage  |  | X  |         | Asbestos s                        | iding   |  |   | 600 sf                           |                                 |                            |   | -                 |
|   |  |  |         |                                   |   |  |   |                                  | 1                               |                            | -   | +                 |
|   |  |  |         | 1                                 |   | Vacto  | Name of Register  | ed Landfill                      |                                 |                            |   |                   |
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc.                                   |  | NJDEP Wast   | 0223    | 3                                 |   | Vaste<br>v, State                                      | T.R.R.F.  | od Danumi                        |                                 |                            |   |                   |
| City, State Toms River, New Jersey Completed by (Print or Type)                                 | Title                                    | =  |         | osal Date<br>2/2013<br>Signature  | Tu  | llytown,   | Pennsylvania  |                                  | Dat                             |                            | 12  |                   |
| Nicholas Fernicola  | T. (00.00)                               | ject Manag   | er      |                                   | V.Ch  | 7 -  | 1//   |                                  | 11/                             | 14/20                      | 13  |                   |

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1)               |  |                      |                         |          | Name o             | f Building           | Owner/On                                | erator (2                               |                                 | UL# 6  | <u>اد بح</u> |        | _        | 7       |
|--|--|----------------------|-------------------------|----------|--------------------|----------------------|---|---|---------------------------------|--|--------------|--------|----------|---------|
|  | ovember 14, 20                         | )13                  | (                       |          | Name o             | i Building           | J & G                                   | Realty                                  | )<br>y Associates               |  |              |        |          |         |
| Agencies Notified  [ X ] EPA  [ ] DEP  | 1 5 5                                  | l Notifi             | cation<br>otification   |          | Street A           |                      | 490                                     |   | ngton Rd.                       | NOV 18   | 201          | 3      |          |         |
| [x] DOL                                | Ame [X] Emer                           | ndment<br>gency (    | #<br>including          |          | City, St           | ate, Zip Co          |   | old, N.                                 | J 07728                         | Aug Town   |              | · · ·  |          |         |
| [x] DOH<br>[] DCA                      | 1 1700 100 DD                          | ication)<br>ellation |                         |          | Name o             | f Contact<br>Jerry I | Pelligrini                              | į                                       |                                 |  |              |        |          |         |
|  |  |                      |                         | FA       | CILITY I           | INFORM               | ATION                                   | 200.0                                   |                                 |  |              |        |          |         |
| Name of Facility Where A<br>Res        | batement is Takin<br>sidence           | g Place              | (3)                     |          |                    |                      |   | Туре                                    | of Facility (4)                 | School (k-12)  |              |        |          |         |
| Street Address                         | Whiting Aver                           | nue                  |                         |          |                    |                      |   |   | [x]                             | Subchapter 8 (ot<br>Other (i.e., priva<br>homes, etc.) |              |        | cial bui | ldings, |
| City                                   |  | Cour                 | ty (6)                  |          | County C<br>(STATE | Code (7)<br>USE ONL  | Y)                                      |   | re feet<br>1000 sf              | # of Floors  | Bld          | g. Age | 71       |         |
| Manasquan                              |  |                      | mouth                   |          | *                  |                      |   | Curre                                   | ent Use (Prior if<br>Residen    | being demolished<br>ce                                 | )            |        |          |         |
| Name of Monitoring Firm<br>N/A         | 7                                      | Owner                | (8)                     |          | ASCM N             | lo.                  | Name of                                 | f Abaten                                | nent Contractor<br>Guardia      | (9)<br>n Contracting,                                  | Inc.         |        |          |         |
| Street Address                         |  |                      |                         |          |                    |                      | Street A                                | ddress                                  |                                 | oute 9, Unit 61  |              |        |          |         |
| City, State, Zip Code                  | 34                                     | 6                    |                         | 10015    |                    |                      | City, Sta                               | ate, Zip (                              | Code                            | iver, New Jers   |              | 755-1  | 271      |         |
| Project Manager for Monit              | toring Firm                            |                      | Telephone               | Number   | r                  |                      | Telephor                                |   | ber                             | License N<br>00624                                     |              |        | 2/1      |         |
| Scheduled Start Date (10)<br>11/15/201 | 3                                      |                      | Scheduled               |          | tion Date (        | 11)                  | Name of                                 | f OSHA                                  |                                 | . Analytical   |              |        |          |         |
| Occupancy Status During                | Abatement (Check<br>lity Closed/Vacate | 1,000                | ne)                     | 8.8      | batement           |                      | Street A                                | ddress                                  |                                 | elton Road   |              |        |          |         |
| [ ] Aba                                | tement Performed                       |                      | -70                     |          |                    |                      | City, Sta                               | ate, Zip (                              |                                 |  |              |        |          |         |
| [ ] Othe                               | er – Describe                          |                      |                         |          |                    |                      | • |   |                                 | vay, New Jerse   | y 088        | 354    |          |         |
| Scope of Work (Check all               | that apply)                            |                      |                         |          |                    |                      | [ ]                                     |   | Il Containment<br>ini-Enclosure | with Negative Pre                                      | ssure        |        |          |         |
|  | f or ≥3 lf                             |                      | [ ]                     | Renov    | ation              |                      | [ ]                                     |   | ovebag Procedu                  | ire  |              |        |          |         |
| [x] ≥160                               | 0 sf or ≥260 lf                        |                      | [x]                     | Demol    | lition             |                      | [x]                                     | No                                      | on-Exempted (*)                 | and Non-Friable  | Proced       | ure    |          |         |
|  | ta ta                                  |                      |                         |          |                    |                      |   | 0                                       |                                 |  | Aba          | tement | Туре     |         |
| Location                               | of                                     | ,                    | Is Location Is Location |          |                    |                      | Description estos-Cor                   |   | r                               | Amount   | R            | R      | Е        | E       |
| Asbestos-Containing M                  | faterial (ACM)                         |                      | Solely b                | У        |                    | N                    | Iaterial (A                             | ACM)                                    |                                 | (Specify SF  | E<br>M       | E<br>P | N<br>C   | N<br>C  |
| TO BE ABA                              |  | Mair                 | tenance/C               | ustodial |                    |                      | , thermal                               |   |                                 | or LF)   | 0            | A      | A        | L       |
| in facility<br>(13)                    | == -                                   |                      | Staff<br>(12)           |          |                    | insu                 | lation, su<br>VAT, o                    |   | ,                               |  | v            | I<br>R | PS       | O<br>S  |
| (13)                                   |  | i i                  | (12)                    |          |                    | oth                  | er miscell                              |   | )                               |  | A            |        | U        | U       |
| 27                                     |  | YES                  | NO                      | N/A      |                    |                      |   |   |                                 |  | L            |        | L<br>E   | R<br>E  |
| Exterior                               |  |                      | X                       |          | Asbes              | stos sidin           | g                                       |   |                                 | 1100 sf  | X            |        |          |         |
|  |  |                      |                         |          |                    |                      |   |   |                                 | 1  |              |        |          |         |
|  |  |                      |                         |          |                    |                      |   |   |                                 |  |              |        |          |         |
| Name of Registered Waste               | Hauler                                 |                      | JDEP Was                | te Haule | r ID No. T         | Cubic Va             | rds of Wast                             | te I N                                  | ame of Register                 | ed Landfill  |              |        |          |         |
|  | ntracting, Inc.                        |                      |                         | 0223     |                    | 2                    | 02 11 401                               |   | T.R.R.F.                        | Danielli   |              |        |          |         |
| City, State<br>Toms River,             | New Jersey                             |                      |                         |          | sal Date<br>9/2013 |                      | City, St                                |   | ennsylvania                     | El <sub>a</sub>  |              |        |          |         |
| Completed by (Print or Typ             | pe)                                    | Title                |                         |          | Signati            | ure ,                | 1//                                     | 7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | A                               |  | Date         |        |          |         |
| Nicholas Ferr                          | nicola                                 | Proje                | ct Manag                | er       | V'                 | 1. ch                | A                                       | 11                                      |                                 |  | 11/          | 4/20   | 13       |         |

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

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) 11/14/2013 Seminole Construction Agencies Notified Type of Notification Street Address Initial Notification 128 Bartlett Avenue [X] EPA [ X] Amended Notification ] DEP 1 City, State, Zip Code Amendment # [x] DOL West Creek, NJ 08092 Emergency (including justification) Name of Contact [x] DOH [ ] Cancellation Joyce Corliss ] DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k12) Street Address Other (i.e., private & commercial buildings, [x]5505 Bayview Avenue homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 1300 sf 49 Current Use (Prior if being demolished Brant Beach Ocean Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 732-349-9932 00624 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 11/29/2013 11/27/2013 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement [x]Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Glovebag Procedure >3 sf or ≥3 lf [x]Non-Exempted (\*) and Non-Friable Procedure Demolition ≥160 sf or ≥260 lf [x][x]Abatement Type Description of Is Location R E R Normally used Asbestos-Containing Amount Location of N E E N Material (ACM) (Specify SF Asbestos-Containing Material (ACM) Solely by C C P M (i.e., thermal systems or LF) Maintenance/Custodial A L TO BE ABATED A 0 insulation, surfacing, P 0 Staff in facility V S S R (13)(12)VAT, or U U other miscellaneous) A L R L NO N/A YES E E 1350 sf X Asbestos siding X Exterior Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste T.R.R.F. Guardian Contracting, Inc. 20223 3 Disposal Date City, State City, State 12/02/2013 Tullytown, Pennsylvania-Toms River, New Jersey Completed by (Print or Type) Title Signature\_ 11/14/2013 Nicholas Fernicola Project Manager \*Do not use this form for asbestos licensure exempted activities.

| Abatement P Other – Desc  Scope of Work (C   ≥3 sf or ≥3 lf ≥160 sf or ≥  Asbestos-Co  TC  Corrido | heck All That Apply) 260 If  Location of Intaining Material (ACM) DE ABATED In Facility (13)  Dr & Kitchen Area | Is Use       | 11   | n<br>/ by<br>ce/     | Asbestos (i.e. there is not in the interest of interest in the interest of interest in the int | Contain mal sy urfacin mer mis msula Cubic \ Of Was lbd | mini-E<br>Glove<br>Non-E<br>option of<br>ing Material (A<br>stems insulating, VAT, or<br>cellaneous)    | ACM) on,  Name of Waste           | Arr (Si SF                            | nount<br>pecify<br>or LF)  4 LF  ered Land agement | Removal X          |                 |                | Enclosure  |
|--|---|--------------|--|----------------------|--|---|---|-----------------------------------|---------------------------------------|--|--------------------|-----------------|----------------|------------|
| Abatement P Other – Desc  Scope of Work (C   ≥3 sf or ≥3 lf ≥160 sf or ≥  Asbestos-Co  TC  Corrido | heck All That Apply) 260 If  Location of Intaining Material (ACM) DE ABATED In Facility (13)  Dr & Kitchen Area | Is Us        | s Location Normally ed Solely aintenant stodial St (12) No X           | n / by ce/ caff? N/A | Asbestos ( (i.e. there is not in the image)  Pipe i  | Cubic Cubic Cof Was                                     | mini-E<br>Glove<br>Non-E<br>option of<br>ing Material (A<br>stems insulating, VAT, or<br>cellaneous)    | ACM) on,                          | Am (Si SF                             | nount<br>pecify<br>or LF)                          | Removal X          | Abater<br>Typ   | e              | Enclosure  |
| Abatement P Other – Desc  Scope of Work (C   ≥3 sf or ≥3 lf ≥160 sf or ≥4  Asbestos-Co             | heck All That Apply) 260 If  Location of  Intaining Material (ACM) BE ABATED In Facility (13)                   | Is Us        | s Location<br>Normally<br>ed Solely<br>aintenan-<br>stodial Si<br>(12) | n by ce/ taff?       | Asbestos (i.e. there is not  | Contain<br>mal sy<br>urfacin<br>ner mis                 | iption of sing Material (Asterns insulating, VAT, or cellaneous)  | ACM)                              | Arr (Si SF                            | nount<br>pecify<br>or LF)                          | Removal            | Abater<br>Typ   | e              | Enclosure  |
| Abatement P Other – Desc  Scope of Work (C  ≥ 3 sf or ≥3 lf ≥160 sf or ≥  Asbestos-Co              | heck All That Apply) 260 If  Location of  Intaining Material (ACM) BE ABATED In Facility (13)                   | Is Us        | s Location<br>Normally<br>ed Solely<br>aintenan-<br>stodial Si<br>(12) | n by ce/ taff?       | Asbestos (<br>(i.e. ther<br>s<br>ott   | Contain<br>mal sy<br>urfacin<br>ner mis                 | mini-E<br>Glove<br>Non-E<br>option of<br>ing Material (/<br>stems insulati<br>g, VAT, or<br>cellaneous) | ACM)                              | edure<br>(*) and l<br>An<br>(Si<br>SF | Non-Friabl<br>nount<br>pecify<br>or LF)            | e Proce<br>Removal | Abater<br>Typ   | e              | Enclosure  |
| Abatement P Other – Desc  Scope of Work (C   ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥2  Asbestos-Co  TC       | heck All That Apply) 260 If  Location of  Intaining Material (ACM) BE ABATED In Facility (13)                   | Is Us        | s Location<br>Normally<br>ed Solely<br>aintenan-<br>stodial Si<br>(12) | n by ce/ taff?       | Asbestos (<br>(i.e. ther<br>s<br>ott   | Contain<br>mal sy<br>urfacin<br>ner mis                 | mini-E<br>Glove<br>Non-E<br>option of<br>ing Material (/<br>stems insulati<br>g, VAT, or<br>cellaneous) | ACM)                              | edure<br>(*) and l<br>An<br>(Si<br>SF | Non-Friabl<br>nount<br>pecify<br>or LF)            | e Proce<br>Removal | Abater<br>Typ   | e              | Enclosure  |
| Abatement P Other – Desc  Scope of Work (C   | heck All That Apply) 260 If  Location of Intaining Material (ACM) BE ABATED In Facility                         | Is Us        | Location<br>Normally<br>ed Solely<br>aintenan-<br>stodial Si<br>(12)   | n by ce/ taff?       | Asbestos (<br>(i.e. ther<br>s<br>ott   | Contain<br>mal sy<br>urfacin<br>ner mis                 | mini-E<br>Glove<br>Non-E<br>option of<br>ing Material (/<br>stems insulati<br>g, VAT, or<br>cellaneous) | ACM)                              | edure<br>(*) and l<br>An<br>(Si<br>SF | Non-Friabl<br>nount<br>pecify<br>or LF)            | e Proce<br>Removal | Abater<br>Typ   | e              | Elicioanic |
| Abatement P Other – Desc  Scope of Work (C   | heck All That Apply) 260 If  Location of Intaining Material (ACM) BE ABATED In Facility                         | Is Use       | Location<br>Normally<br>ed Solely<br>aintenants                        | n<br>/ by<br>ce/     | Asbestos (   | contain<br>mal sy                                       | Mini-E<br>Glove<br>Non-E  | nclosure<br>bag Proce<br>exempted | edure<br>(*) and  <br>Arr<br>(Si      | Non-Friable<br>nount<br>pecify                     | e Proce            | Abater<br>Typ   | e              | Elicioadio |
| Abatement P  Other – Desc  Scope of Work (C  ≥3 sf or ≥3 lf  | heck All That Apply)  | X R          | enovatio   | on<br>n              |  |   | Mini-E  | nclosure                          |                                       |  | e Proce            | edure<br>Abater |                | _          |
| Abatement P  | ribe: otaliang o  |              |  |                      |  |   | Full Co   | nologure                          |                                       |  |                    |                 |                |            |
|  | erformed Outside of DM  |              |  |                      |  |   | П .   | ontainmer                         | nt with N                             | egative Pr   | essure             |                 |                |            |
| Facility Close   | d/Vacated During Entire   | nal Facility |  | t                    |  | City  | , State, Zip C  | ode                               |                                       |  |                    |                 |                | _          |
| 11/12/2013   | During Abatement (Chec  | k Only One   | )  |                      |  | sa  | et Address<br>me as abov  |                                   |                                       |  |                    |                 |                |            |
| Start Date (10)  |   | Scheduled    | Comple<br>13   | tion Date            | e (11)   | EA  | Services C  | Corporat                          | ion                                   |  |                    |                 |                | -          |
| Project Manager for  | Monitoring Firm   |              | 201  | 1-481-6              | 3209   | Non   | -295-1700<br>ne of OSHA M   | onitor                            |                                       |  |                    |                 |                |            |
| City, State, Zip Code<br>Hackensack, N.  | 0/600   |              | Tele   | phone N              | lo.  | Tele  | phone No.   |                                   | Lic                                   | ense No.<br>074                                    |                    |                 |                |            |
| 280 Huyler Stree   |   |              |  |                      |  | City,   | State, Zip Coo<br>tenberg, N  | te<br>J 07093                     |                                       |  |                    |                 |                | 1          |
| Omega Environr<br>Street Address   | nental Services   |              |  |                      | 0  | 426   | t Address<br>69th Stree   |                                   |                                       |  |                    |                 |                | 1          |
| ESSEX Name of Monitoring F   | Firm Hired by Building Ov   | wner (8)     | AS   | CM No.               |  | EA S  | Services Co   | rporatio                          | n                                     |  |                    |                 |                | 1          |
| County (6)   |   |              | (STAT  | E USE O              | NĹY)   | Name  | Church<br>of Abatement  | Contract                          | or (9)                                |  |                    |                 |                |            |
| City (5)<br>Newark, NJ 0710  | 7   |              | Cauch  | y Code               | 7)   |   | Current Use   | (Prior if b                       | eing der                              | nolished)  | -                  |                 |                |            |
| 11 Gray Street   |   |              |  |                      |  | _   | Square Feet   | 1                                 | of Floors                             | 8  | 30+                |                 |                |            |
| St Rose of Lima C  | Church  |              |  |                      |  |   | Other (i. etc.)   | e. private                        | & COITIII                             | ici diai s   | dings, r           | nome            | -              |            |
| ame of Facility Where  | Abatement is Taking Plants  | ace (3)      |  |                      |  |   | School (  | K-12)                             | er than                               | K-12)  |                    | 11              |                |            |
| DOH<br>DCA   | Cancellation  |              | FAC  | ILITY IN             | FORMATION  |   | Type of Facilit   | y (4)                             |                                       |  |                    |                 |                |            |
| DOL  | Amendment #<br>Emergency (incluits justification)   |              |  | Contac               |  | ki  | -   |                                   | 100                                   | 5  |                    |                 | ,<br>L         |            |
| EPA<br>DEP   | Initial Amended   |              | City, Sta<br>Newar   | te, Zip C<br>k, NJ ( | ode<br>)7107   |   |   | 7                                 | 20 45 4 Feb                           |  | 14                 | 1.              | 7.1            |            |
| Elicies Monio-   | Type Notification   |              | 11 Gre   | y Stree              | et   |   |   |                                   |                                       | :  |                    |                 | April 10 and a |            |
|  | Check# 2531   | 1            | St Rose  |                      | na Parish  |   |   |                                   | 107                                   | 8 201  | 3 3                | 1               |                |            |
| ov 12/2013   |   | 10.5         | lame of  | Building             | Owner/Opera  | itor (2)  |   |                                   |                                       |  |                    | 1.1             |                |            |
| ov 12/2013<br>ov 15/2013   |   | N            |  |                      |  | tor (2)   |   | 1                                 |                                       |  |                    | 11              | 11             |            |

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

Check#9965

| Date     | e of Notification (1)                  |                                |                |                 |                   | Building Owr                | ner/Oper                     | ator (2)                   |                             |                          |                   |                |             |             |               |
|----------|--|--------------------------------|----------------|-----------------|-------------------|-----------------------------|------------------------------|----------------------------|-----------------------------|--------------------------|-------------------|----------------|-------------|-------------|---------------|
|          | 1–12–13                                |                                |                |                 | NJ T.             |                             |                              |                            | , -,                        |                          | 1-3 1-            | 11             |             |             | $\rightarrow$ |
| Age      | ncies Notified                         | Type Notification              |                | 1 1             | Street Add        | <sub>dress</sub><br>ain Str | -pet                         |                            |                             |                          | Y . 5             |                | 11 11 2     |             |               |
| M        | EPA                                    | [ Initial                      |                | 1 2             |                   | e, Zip Code                 |                              | -                          |                             |                          |                   |                |             |             |               |
| 120      | DEP<br>DOL                             | ☐ Amended<br>Amendment #       |                |                 |                   | ridge,                      | NJ 07                        | 7095                       |                             | 1                        | 10V 1             | 8 20           | 013         |             |               |
|          | DOH                                    | 哲 Emergency (in justification) | ncluding       |                 | Name of C         | Contact<br>Vargas           | <br>Garı                     | rison                      | :                           |                          |                   |                |             |             |               |
| X        | DCA -                                  | ☐ Cancellation                 |                |                 |                   | ITY INFORM                  |                              |                            |                             | 2.50                     |                   |                |             |             |               |
| Nan      | ne of Facility Where                   | Abatement is Taking            | Place (3)      |                 | I AOIL            | irr in ord                  | III CITOTO                   |                            | of Facility (4              | 4)                       |                   | 100            | 10          |             |               |
|          | ceanview Tra                           |                                |                |                 |                   |                             | 1                            |                            | School (K-1                 | 2)                       | K 40              |                |             |             |               |
|          | eet Address                            |                                |                |                 |                   |                             |                              |                            | Subchapter<br>Other (i.e. p | 8 (Otner i<br>rivate & c | ommercia          | )<br>ıl buildi | ings, l     | nome        | s,            |
| G        | arden State                            | Pkwy. MP 18                    |                |                 |                   |                             |                              |                            | etc.)                       | # of F                   |                   |                | dg. Ag      |             | _             |
| City     | (5)<br>cean View                       |                                |                |                 |                   |                             |                              | 16                         | are Feet<br>5 <b>,</b> 000  | # 01 7                   |                   | 100            | 0+          | 5550        |               |
|          | unty (6)                               |                                |                | - 1             | County C          | ode (7)                     |                              | Curr                       | ent Use (Prid               | or if being              | demolish          | ed)            |             |             |               |
|          | ape May                                |                                |                |                 |                   | SE ONLY) _                  |                              | - Tı                       | ravel Pl                    | aza                      |                   |                |             |             |               |
| Nar      | ne of Monitoring Firm                  | Hired by Building C            | wner (8)       |                 | ASCM              |                             |                              |                            | atement Con                 |                          |                   |                |             |             |               |
| W        | est Chester                            | Environmenta                   | al             |                 | 001               | 27                          |                              |                            | h Envir                     | onmen                    | tal Co            | ).,I           | nc.         |             |               |
|          | eet Address<br>07 N. Walnut            | Ctroot                         |                |                 |                   |                             | M 883                        | treet Addre                | ess<br>Vs Avenu             | ie.                      |                   |                |             |             |               |
|          |  | Street                         |                | 0.0             |                   |                             | - marcol - 188               | ity, State, 2              |                             |                          |                   |                |             |             |               |
| City     | , State, Zip Code<br>lest Chester,     |                                |                |                 |                   |                             | and the second second second | own, PA                    | 1940                        | 1                        |                   |                |             |             |               |
| Pro      | ject Manager for Mor                   | nitoring Firm                  |                |                 | Telephon          |                             |                              | elephone N                 |                             |                          | icense N<br>00398 | 0.             |             |             |               |
| M        | latt Abraham                           | 1411-24                        |                |                 |                   | 131-7545                    | ,                            |                            |                             | H                        | 00390             |                |             | -           |               |
|          | rt Date (10)<br>1-18-13                |                                | Schedule<br>11 | d Con<br>-27-   | npletion E<br>-13 | Date (11)                   |                              |                            | SHA Monitor<br>th Envi      | conmer                   | ntal C            | o.,I           | nc.         |             |               |
| Occ      | cupancy Status Durin                   | g Abatement (Check             | c Only One     | e)              |                   |                             | 1 -                          | Street Addre               |                             |                          |                   |                |             |             |               |
| ×        | Facility Closed/Vac                    | ated During Entire P           | eriod of A     | baten           | nent              |                             |                              |                            | ws Avenu                    |                          |                   |                |             |             |               |
|          | Abatement Perform<br>Other – Describe: | ned Outside of Norm            | al Facility    | Hours           | S                 |                             | 114                          | City, State, I             | zip Code<br>town, PA        | 1940                     | )1                |                |             |             |               |
|          | ope of Work (Check A                   | All That Apply)                |                | -               |                   |                             |                              | NOTTED                     | COWITY II                   | 1 1710                   | ·                 |                |             |             |               |
| 303561   |  | ar macrippiy)                  | <b>X</b> I R   | enova           | ition             |                             |                              | <b>₽</b> F                 | ull Containm                | ent with N               | legative F        | ressur         | e           |             |               |
|          | ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                                | 031-02         | emoli           |                   |                             |                              | XD M                       | lini-Enclosure              | е                        |                   |                |             |             |               |
|          |  |                                |                |                 |                   |                             |                              | y⊒ N                       | lon-Exempte                 | d (*) and                | Non-Friab         |                |             |             |               |
| -742 2 - |  |                                | Is             | Locat           | ion               |                             |                              |                            |                             |                          |                   |                | Abate<br>Ty |             | 8             |
|          | Locatio                                |                                | l N            | lorma<br>d Sole | lly               |                             |                              | ription of                 | -1 (4 0 4 4)                | ۸۰۰                      | ount              |                |             | 0.00        |               |
|          | Asbestos-Containing TO BE AB           |                                | Mai            | intena          | nce/              | Asbestos<br>(i.e. th        | s Contair<br>iermal sy       | ning Materi<br>vstems insu | al (ACIVI)                  | (Sp                      | ecify             | Re             | æ           | Enca        | Enc           |
|          | In Fac                                 | ility                          | Cust           | odial (12)      | Staff?            |                             |                              | ng, VAT, or<br>scellaneous |                             | SF                       | or LF)            | Remova         | Repair      | Encapsulate | Enclosure     |
|          | (13)                                   | ) **                           |                |                 | 1,174             |                             | Julei IIIIs                  | cenarieous                 | "                           |                          |                   | 8              | _           | late        | re            |
| <u>_</u> |  |                                | Yes            | No<br>X         | N/A               | vapor                       | geal                         |                            |                             | 300 8                    | SF                | x              |             |             |               |
| 10000    | sement<br>sement                       |                                | -              |                 | -                 | window                      |                              |                            |                             | 32 \$                    | SF                | x              | -           |             |               |
|          |  |                                | -              | X               | -                 | fire                        |                              |                            |                             | 250 \$                   | SF                | x              |             |             |               |
|          | sement                                 |                                |                | X               |                   |                             |                              | ation                      |                             | 60 LI                    |                   | x              |             |             |               |
| 17,300   | st Floor                               |                                |                | X               | NJDEP W           |                             | Cubic Ya                     |                            | Name of                     |                          | ed Landfil        |                |             |             |               |
| The same | me of Registered Wa                    |                                |                | 1 1             | Hauler ID         | No.                         | of Waste                     |                            |                             | - E                      | County            |                | ndfi        | 11          |               |
|          | Robinson Wast                          | .e                             |                |                 | 1730              |                             | 3<br>Dianasa                 | I Date                     | City, Sta                   |                          |                   |                |             |             |               |
|          | y, State<br>Bellmawr, NJ               |                                |                |                 | 100               |                             | Disposa<br>11–27             | ′-13                       | 0.000000                    | bine,                    |                   |                |             | -           |               |
| Co       | mpleted by<br>imothy E. Bry            | van                            | Title<br>Vic   | ce-P            | resid             | ent                         | Sig                          | inature                    | 1/                          | m                        | 100               | ate<br>I –12   | -13         |             |               |
|          |  |                                |                |                 |                   |                             |                              | 1                          | $\sim$ $+$                  | 1                        |                   |                |             |             |               |

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

|   |  |  |                             | Pursuant to N.J.                 | A.C. 7:26-2.12)                                 |                       | 1                          | <br>[.5] ((     |         |                        |           |         |
|---|--|--|-----------------------------|----------------------------------|---|-----------------------|----------------------------|-----------------|---------|------------------------|-----------|---------|
| Date of Notification (1)<br>Nov 12, 2013  |  |  |                             |                                  | Name of Buildin<br>PSEG Fossil, I               | ng Owner/C<br>LC      | perator (2)                | 2.0<br>1        |         |                        |           |         |
| Agencies Notified   |  | Notification                                 |                             | 6                                | Street Address<br>80 Park Plaza                 |                       |                            | N               | OV 1    | 8 201                  | 3         | -       |
| (X) EPA<br>(X) DEP<br>(X) DOL<br>(X) DOH  |  | (X) Initial No<br>( ) Amende<br>( ) Cancelle | d Certification             | on                               | City, State, Zip<br>Newark, NJ 07               | Code<br>102-4109      | 1                          | 1,28            |         | No.                    |           |         |
| (X) DCA   |  |  |                             |                                  | Name of Conta<br>Tina Morollo                   | <u>ct</u>             |                            |                 | 1       |                        | 1         | 4       |
|   | 200  |  |                             | FACILITY INF                     |   |                       |                            |                 |         |                        |           |         |
| Name of Facility Where Al<br>PSEG Sewaren-Switch                                | batement is T  | aking Place (3                               | 3)                          |                                  | Type of Facility ( ) School (K-1 ( ) Subchapter | 2)<br>8 (other th     | an K-12)                   |                 |         |                        |           |         |
| Street Address<br>751 Cliff Road  |  |  |                             |                                  | (X) Other (i.e. p                               |                       |                            |                 |         |                        |           |         |
| City (5)<br>Sewaren   | County (6)<br>Middlesex  |  | County Co<br>(State Use     |                                  | Bldg. Age outs<br>Current Use (p                | side<br>rior if being |                            |                 |         | ting Sta               | tion      |         |
| Name of Monitoring Firm   | e of Monitoring Firm Hired by Bldg. Owner (8)  ASCM No.  t Address |  |                             |                                  |   |                       | Name of Cor<br>Absolute Ad |                 | (9)     |                        |           |         |
| Street Address  |  |  |                             |                                  | Street Address PO BOX 295                       |                       | 2.0                        |                 |         |                        |           |         |
| City, State, Zip Code   | State, Zip Code  |  |                             |                                  |   | Code<br>, NJ 07932    |                            |                 |         | 32 - 120               |           |         |
| Project Manager for Moni  | toring Firm  | Telephone                                    | Number                      |                                  | Telephone Nu<br>(973) 410-921                   |                       |                            | Licens<br>00225 | e Numbe | <u>er</u>              |           |         |
| Scheduled Start Date (10<br>Nov 27, 2013  | 1  | Scheduled<br>Jan 31, 201                     | Completion<br>14            | Date (11)                        | Name of OSHA<br>MECS                            | A Monitor             |                            |                 |         |                        |           |         |
| Occupancy Status During ( ) Facility Closed/Vacate ( ) Abatement Performed      | d During Enti  | re Period of A                               | batement                    |                                  | Street Address 5 Linwood Ct                     | 3                     |                            |                 |         |                        |           | 15(1)   |
| Describe  |  |  |                             | ·                                | City, State, Zip<br>Hamilton, NJ                |                       |                            |                 |         |                        |           |         |
| Other - Describe Outsid   | e Laydown A  | rea  |                             |                                  |   |                       |                            |                 |         |                        |           |         |
| Source of Work (Check a   | Il that apply)   |  |                             |                                  |   |                       |                            |                 |         |                        |           |         |
| ( ) Demolition (X) Ren<br>(X) Large Proj. (>160 SF<br>( ) Full Containment with | ovation<br>or >260 LF At<br>Negative Pre                           | CM)()SMP                                     | roj. (>25<16<br>) Mini-Encl | 50 SF or >10 <26                 | 60 LF ACM) (<br>Glovebag Proce                  | dure                  | roj. (<25 SF or            |                 | v       | 77                     |           |         |
| Location of Asbestos-<br>Containing Material (ACM                               | ls Loc<br>f) in Solely   | ation Normall<br>by Maint./Cu                | y Used                      | Description of<br>thermal systen | ns insulation,                                  | Amount                | (Specify SF or             | LF)             | Abate   | ment Tyr               | <u>oe</u> |         |
| Facility (13)   | Staff?<br>YES  |  | NA                          | surfacing, VAT miscell.)         | , or other                                      |                       |                            |                 | Rem.    | Rep.                   | Encap     | Enclose |
| Switch Yard-  |  | X  |                             | Transite unde                    | r ground_                                       | 200 lf                |                            |                 | X       | X                      |           |         |
|   |  |  |                             |                                  |   |                       |                            |                 |         |                        |           |         |
|   |  |  | l                           | L                                | Out is Year                                     | 61Mast-               |                            | Nome            | of Reg. | Landfill               |           |         |
| Name of Reg. Waste Hau<br>Waste Management of I                                 |  | NJDEP Wa<br>17273                            | iste Hauler I               | <u>ID #</u>                      | Cubic Yards of 30                               | or vvaste             |                            | Tullyt          | own Re  | source l               |           | ry      |
| City, State<br>Elizabeth, NJ 07114-243  | 36   |  |                             |                                  |   | \                     | Disp. Date                 |                 |         | City, Stat<br>Fullytow |           | 9007    |
| Completed by (Print or Tr   | ype)   | <u>Title</u>                                 |                             |                                  | Signature                                       |                       |                            | <u>Date</u>     | 113     |                        |           |         |
| ROBERT GROGAN   |  | <u>VP</u>                                    |                             |                                  |   |                       |                            | 1 1/12/         |         |                        |           |         |

| Date of Notification (1)                             |               |  |             | Name o   | f Building                                   | Owner/Operator (2                  | 2)                      | NOV 18                                 | 201       | 3      |             |           |
|--|---------------|--|-------------|--|--|------------------------------------|-------------------------|--|-----------|--------|-------------|-----------|
| 10 /29   | /13           |  |             | Cum  | berland                                      | County College                     |                         | NOV 10                                 | 201       | J      | 1.0         | - E-1     |
| Agencies Notified Type N                             | otification   |  |             | Street A   | ddress                                       |                                    |                         | L                                      | 57#       |        |             |           |
| ☐ EPA ☐ Initia                                       |               |  |             | 3322   | College                                      | Dr.                                | F 2                     | AC1 - E-11 - C                         | 100       | 14-1-4 | ż           |           |
| ☑ DOLWD ☑ Ame  |               |  |             | Control of the Contro | ate, Zip Co                                  | 2177 St                            |                         |  | -         |        |             |           |
|  | endment #1-   | 110000000000000000000000000000000000000  | <u>/13</u>  |  | land, NJ                                     |                                    |                         |  |           |        |             |           |
|  | ergency (incl | uding  |             |  | 130  |                                    |                         |  |           |        |             | -         |
| 1  | fication)     |  |             |  | of Contact                                   |                                    |                         |  |           |        |             | - 1       |
| ☐ Can  | cellation     |  |             | Phyl   | lis Siedn                                    | er                                 |                         |  |           |        |             |           |
|  |               |  |             | FAC  | ILITY IN                                     | FORMATION                          |                         | 0                                      |           |        |             |           |
| Name of Facility Where Abatemen                      | nt is Taking  | Place  | (3)         |  | 100000                                       |                                    | Type of Facility (4     |  |           |        |             |           |
| Cumberland Co. College-A                             | dministra     | tion E   | 3ldg        |  |  |                                    | School (K-12)           |  |           |        |             |           |
| Street Address                                       |               |  | 9           |  |  | X-                                 | Subchapter 8            | (Other than K-12)<br>vate and commerci | ial buil  | dinas  |             |           |
| 3322 College Dr                                      |               |  |             |  |  |                                    | homes, etc.)            | vate and commerce                      | ai buii   | unige  | 1           |           |
| City (5)   |               |  |             |  |  |                                    | Square Feet             | # of Floors                            | Bld       | g. Ag  | е           |           |
| Vineland   |               |  |             |  |  |                                    | 20000                   | 1                                      | 5         | 0+     |             |           |
|  |               |  |             | Count  | v Codo (7)                                   | (STATE USE ONLY)                   |                         | or if being demolish                   | ed)       |        |             |           |
| County (6)   |               |  |             | Count  | y Code (1)                                   | (STATE OSE ONET)                   | Office                  | in being demonstra                     | J.,       |        |             |           |
| Cumberland   | - "" -        |  | 2)          | 100141   |  | Name of Abatama                    | ent Contractor (9)      |  | -         |        |             |           |
| Name of Monitoring Firm Hired by                     | Building O    | wner (   | 5)          | ASCM N   | 26   |                                    | VIRONMENTAL             | INC                                    |           |        |             |           |
| Cardno ATC   |               |  |             | 0009   | 0  |                                    | AIVOIAINEIAIYE          | ., 1140.                               |           |        |             | -         |
| Street Address                                       |               |  |             |  |  | Street Address                     | DOTRECT                 |  |           |        |             |           |
| 3 Terri Lane   |               |  |             |  |  | 1123 BEAVE                         |                         |  |           |        |             |           |
| City, State, Zip Code                                |               |  |             |  |  | City, State, Zip C                 |                         |  |           |        |             |           |
| Burlington, NJ 08016                                 |               |  |             |  |  | BRISTOL, PA                        | 19007                   |  |           |        |             |           |
| Project Manager for Monitoring F                     | irm           |  | Tel         | ephone I   | No.  | Telephone No.                      |                         | License No.                            |           |        |             |           |
| John Lutz  |               |  | 6           | 09-386-  | 8800   | 215-788-6040                       | )                       | 00509                                  |           |        |             |           |
| Start Date (10)                                      | Schedu        | uled Co  | ompl        | etion Dat  | e (11)                                       | Name of OSHA N                     | <b>Nonitor</b>          |  |           |        |             |           |
| <u>11 / 8 / 13</u>                                   |               | <u> </u>   | H           | <u>o</u> L 10_   |  |                                    | VIRONMENTAL             | ., INC.                                |           |        |             |           |
| Occupancy Status During Abater                       | nent (Check   | only o   | ne)         |  |  | Street Address                     |                         |  |           |        |             |           |
| ☐ Facility Closed/Vacated Durin                      |               |  |             |  |  | 1123 BEAVE                         | R STREET                |  |           |        |             |           |
| ☐ Abatement Performed Outside                        | of Normal     | Facility   | Hou         | ırs - Des  | cribe  | City, State, Zip C                 | ode                     |  | 10010     |        |             |           |
| Time of Abatement: 7:00AM-                           | 3:30PM/       | P  | VI          | AM   |  | BRISTOL, PA                        | A 19007                 |  |           |        |             |           |
| Scope of Work (Check all that ap                     | ply)          |  |             |  |  |                                    |                         |  |           |        |             |           |
|  |               |  |             |  |  |                                    | tainment with Neg       | ative Pressure                         |           |        |             |           |
| ☐ ≥3 sf or ≥3 lf                                     |               | Re     De     De     De     De     Re     Re |             |  |  | ☐ Mini-End                         | ciosure<br>ig Procedure |  |           |        |             |           |
| ⊠ ≥160 sf or ≥260 lf                                 |               |  | HIOIII      | 1011   |  |                                    |                         | n-Friable Procedure                    | е         |        |             |           |
|  |               | Is   | Loca        | ation  |  |                                    |                         |  | Aba       | ateme  | ent T       | ype       |
| Location of  |               |  | Norm        |  |  | Description                        | of                      |  | D         | æ      | m           | ш         |
| Asbestos-Containing Materia                          | (ACM)         |  |             | lely by  |  | stos Containing Ma                 |                         | Amount                                 | Removal   | Repair | nce         | Enclosure |
| TO BE ABATED   |               |  |             | ance/<br>I Staff?  | (i.e   | ., thermal systems                 |                         | (Specify                               | 8         | ¥      | sdi         | usc       |
| IN Facility  |               | Çus  | (12         |  |  | surfacing, VAT<br>other miscelland |                         | SF or LF)                              | <u> =</u> |        | Encapsulate | 9         |
| (13)   |               | Yes  | No          | <del> </del>   | 1  | Other miscelland                   | eous)                   |  |           |        | æ           |           |
|  |               |  | -           |  | F14  | 1-                                 |                         | 3,150 SF                               |           |        |             |           |
| Throughout   |               |  | $\boxtimes$ |  | Floor ti                                     |                                    |                         | 3,130 31                               | +_        |        | =           | -         |
|  |               |  |             |  |  |                                    |                         |  |           |        |             |           |
|  |               |  | П           |  |  |                                    |                         |  | П         |        |             |           |
|  |               |  | -           |  |  |                                    |                         |  |           |        |             |           |
|  |               |  |             |  | <u>.                                    </u> | Takk                               | Name of Day's           | stored Landfill                        |           | Ш      | Ц           |           |
| Name of Registered Waste Haul<br>SERVICE TRANSPORT G |               | <b>3</b> .   |             | NJDEP I  | D No.  | Cubic Yards of<br>Waste            | Name of Regis           | LANDFILL                               |           |        |             |           |
|  |               | 230  |             | 20990  | )  | Disposal Date                      | City, State             |  |           |        |             |           |
| City, State NEW CASTLE, DE 19720                     |               |  |             |  |  | Dioposal Date                      |                         | BURG, OH 44688                         | 3         |        |             |           |
| Completed By (Print or Type)                         | Title         | )  |             |  |  | Signature                          | 1                       | , Da                                   | te,       | ,      |             |           |
| Brian Scafiro  | 0.000000      | stima  | tor         |  |  | Brian                              | la D'                   | 18 11                                  | 1/10      | 1/1    | 3           |           |
|  |               |  |             |  |  | Muan                               | Jugere                  | 170                                    | 11-       | //     | _           |           |
| ASB-41<br>MAY 11 B 5/3065-                           | C *           | Do no  | t use       | this form  | for asbes                                    | atos licensure exen                | npted activities.       | •                                      |           |        |             |           |

OR# 2515

| Date of Notification (1)   | 567V                                   |         |                  | Nam     | e of Buildin | g Owner/Operator   | (2)                               |  |           | 75 1       | _           |                  |
|--|--|---------|------------------|---------|--------------|--|-----------------------------------|--|-----------|------------|-------------|------------------|
| 10 / _29 /   | 13                                     |         |                  |         |              | d County College   | 273.0                             | 44 10  |           | 1-73       | a           | 1                |
| Agencies Notified Type Not   | ification                              |         | -                | Stre    | et Address   |  |                                   | - 12 V2  |           |            | <u> </u>    |                  |
| ☐ EPA ☐ Initial  |  |         |                  |         | 22 Colleg    | ie Dr  |                                   |  |           |            |             |                  |
| ☑ DOLWD 8435 ☐ Amen  | 70.70 TO 1                             |         |                  |         | State, Zip   |  |                                   | - NOV  | 18        | 2013       |             |                  |
|  | dment #_                               |         | -                | 1000    | neland, N    |  |                                   | 1101   | 1         | 2010       |             | 91               |
|  | jency (in<br>ation)                    | cludin  | g                | -       | e of Contac  |  |                                   |  |           |            |             |                  |
| ☐ Cance  |  |         |                  |         | yllis Sied   | -  |                                   |  |           |            |             |                  |
|  |  |         | A10 - W.         |         |              |  |                                   |  |           |            |             |                  |
| Name of Facility Where Abatement   | e Takina                               | Diag    | 2 (2)            |         | ACILITY IN   | FORMATION  |                                   |  |           |            |             |                  |
| Cumberland Co. College-Ad  |  |         |                  | _       |              |  | Type of Facility                  | 5000 50  |           |            |             | 100 F 7 Comp. 10 |
| Street Address   | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | atioi   | Diag             | J.      |              |  | Subchanter                        | 12)<br>r 8 (Other than K                                     | (42)      |            |             |                  |
| 3322 College Dr  |  |         |                  |         |              |  | Other (i.e.,                      | private and com  | mercial   | buildin    | as.         |                  |
| City (5)   |  |         |                  |         |              | *  | homes, etc                        | i.)  |           |            | ***         |                  |
| Vineland   |  |         |                  |         |              |  | Square Feet                       | # of Floors  |           | Bldg. A    | ge          |                  |
|  |  |         |                  |         |              |  | 20000                             | 1  |           | 50+        |             |                  |
| County (6)   |  |         |                  | Cou     | inty Code (7 | ()(STATE USE ONLY)   | Current Use (P                    | rior if being dem  | nolished) | ,          |             |                  |
| Cumberland   |  |         |                  |         |              |  | Office                            |  |           |            |             |                  |
| Name of Monitoring Firm Hired by B   | uilding C                              | wner    | (8)              | ASCN    | No.          | Name of Abateme  | ent Contractor (9                 | 9)   | *         | wase silin | - 94        |                  |
| Cardno ATC   |  |         |                  | 000     | 98           | BRISTOL EN   | VIRONMENTA                        | AL, INC.   |           |            |             |                  |
| Street Address   |  |         |                  |         |              | Street Address   |                                   |  |           |            |             |                  |
| 3 Terri Lane   |  |         |                  |         |              | 1123 BEAVE   | R STREET                          |  |           |            |             |                  |
| City, State, Zip Code  | -                                      |         |                  |         |              | City, State, Zip Co  | ode                               |  |           |            | 7           | -                |
| Burlington, NJ 08016   |  |         |                  |         |              | BRISTOL, PA  |                                   |  |           |            |             |                  |
| Project Manager for Monitoring Firm  |  | -       | Tel              | phone   | No.          | Telephone No.  |                                   | License No.  |           |            |             |                  |
| John Lutz  |  |         |                  | -       | 6-8800       | 215-788-6040   |                                   | 00509  | •         |            |             |                  |
| Start Date (10)  | Schedu                                 | uled C  | omple            | tion D  | ate (11)     | Name of OSHA M   |                                   | 00303  |           |            |             |                  |
| <u>11</u> / <u>8</u> / <u>13</u>   |  |         | A                |         | 13           | BRISTOL EN   |                                   | AL INC   |           |            |             |                  |
| Occupancy Status During Abatement  | t (Check                               | only    | one)             |         |              | Street Address   |                                   | ,  |           |            |             |                  |
| ☐ Facility Closed/Vacated During Er  |  |         |                  | ment    |              | 1123 BEAVER  | PETPET                            |  |           |            |             |                  |
| Abatement Performed Outside of   | Normal I                               | Facilit | v Hou            | rs - De | scribe       | City, State, Zip Co  |                                   |  |           |            |             |                  |
| Time of Abatement: 7:00AM-3:3  | 0PM/                                   | Р       | M                | AM      |              | BRISTOL, PA  |                                   |  |           |            |             |                  |
| Scope of Work (Check all that apply)   |  |         | -                |         |              | BRISTOL, PA  | 19007                             |  |           |            |             |                  |
|  |  |         |                  |         |              | ☐ Full Cont  | ainment with Ne                   | gative Pressure  |           |            |             |                  |
| ☐ ≥3 sf or ≥3 lf   |  |         | novat            |         |              | ☐ Mini-Encl  | osure                             | gative Fressule  |           |            |             |                  |
| ≥160 sf or ≥260 If   | 1                                      | ∐ De    | molitic          | on      |              | Glovebag   | Procedure                         |  |           |            |             |                  |
|  | Т                                      | le      | Locat            | ion     |              | ⊠ Non-Exer   | npted (*) and No                  | on-Friable Proce   | dure      |            |             |                  |
| Location of  |  |         | Norma            |         |              | Description  |                                   |  | A         | batem      | ent T       | ype              |
|  |  |         | d Sole           |         | Asbes        | Description of<br>stos Containing Mat  | erial (ACM)                       | Amount   | ₽<br>R    | ₽.         | m           | m                |
| Asbestos-Containing Material (AC   | (M:                                    |         | intena           | nce/    | /i o         | , thermal systems in   | ondi (rioini)                     |  | l ă       | Repair     | car         | Co               |
| TO BE ABATED   | (M)                                    |         | lodial           | CHAFF   | (1.6.        |  |                                   | (Specify   |           |            | Š           | Enclosure        |
| TO BE ABATED  IN Facility  | (M)                                    |         | todial<br>(12)   | Staff?  | (i.e.        | surfacing, VAT,  | or                                | SF or LF)  | Removal   |            | <u>_</u>    | · ·              |
| TO BE ABATED   | :M)                                    | Cus     | (12)             |         | (i.e.        |  | or                                |  | oval      |            | Encapsulate |                  |
| TO BE ABATED IN Facility (13)  |  | Cus     | (12)<br>No       | N/A     |              | surfacing, VAT, other miscellaned  | or                                |  | oval      |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  |  | Cus     | (12)             |         | Floor til    | surfacing, VAT, other miscellaned  | or                                |  | oval      |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  |  | Cus     | (12)<br>No       | N/A     |              | surfacing, VAT, other miscellaned  | or                                | SF or LF)  |           |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  |  | Yes     | (12)<br>No       | N/A     |              | surfacing, VAT, other miscellaned  | or                                | SF or LF)  |           |            | ulate 🔲 🖂 [ |                  |
| TO BE ABATED IN Facility (13)  |  | Yes     | (12)<br>No       | N/A     |              | surfacing, VAT, other miscellaned  | or                                | SF or LF)  |           |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  Throughout  |  | Yes     | (12) No  □ □ □ □ | N/A     | Floor til    | surfacing, VAT,<br>other miscellaned   | or                                | SF or LF)  |           |            | ulate 🔲 🗎 🖂 |                  |
| TO BE ABATED IN Facility (13)  Chroughout  lame of Registered Waste Hauler   |  | Yes     | (12) No          | N/A     | Floor til    | surfacing, VAT, other miscellaned  | or                                | SF or LF)  |           |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  Throughout  |  | Yes     | (12) No          | N/A     | Floor til    | surfacing, VAT,<br>other miscellaned   | or<br>ous)                        | SF or LF)  |           |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  Throughout  Iame of Registered Waste Hauler SERVICE TRANSPORT GROU ity, State                       |  | Yes     | (12) No          | N/A     | Floor til    | surfacing, VAT, other miscellaned  | Name of Regis                     | SF or LF)  3,150 SF  |           |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  Throughout  Image: Amate of Registered Waste Hauler SERVICE TRANSPORT GROU                          |  | Yes     | (12) No          | N/A     | Floor til    | surfacing, VAT, other miscellaned  | Name of Regis MINERVA City, State | SF or LF)  3,150 SF  stered Landfill LANDFILL                |           |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  Throughout  Jame of Registered Waste Hauler SERVICE TRANSPORT GROU City, State NEW CASTLE, DE 19720 | P, INC.                                | Yes     | (12) No          | N/A     | Floor til    | surfacing, VAT, other miscellaned  e  Cubic Yards of Waste  Disposal Date            | Name of Regis MINERVA City, State | SF or LF)  3,150 SF  stered Landfill  LANDFILL  BURG, OH 446 |           |            | ulate       |                  |
| TO BE ABATED IN Facility (13)  Throughout  Jame of Registered Waste Hauler SERVICE TRANSPORT GROU  Sity, State                     | IP, INC.                               | Yes     | (12) No          | N/A     | Floor til    | surfacing, VAT, other miscellaned  e  Cubic Yards of Waste  Disposal Date  Signature | Name of Regis MINERVA City, State | SF or LF)  3,150 SF  stered Landfill  LANDFILL  BURG, OH 446 |           |            | ulate 🔲 🖂 🖂 |                  |

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

| Date of Notification (1)<br>11/13/13 CK#2901 \$200  |  |                       |                                |                       |                            | perator (2<br>Commi  |                            | 1   | -          | NO i i                     | 2013           | 313       |               |           |
|---|--|-----------------------|--------------------------------|-----------------------|----------------------------|--|----------------------------|---|------------|----------------------------|----------------|-----------|---------------|-----------|
| Agencies Notified Type Notification   |  | 1000                  | treet Add                      | dress<br>ntral Av     | enue                       |  |                            |   |            | 1101                       |                |           | 1,            |           |
| EPA Initial Amended Amendment # Emergency (i justification)                                   |  | N                     | ity, State<br>New Prolame of 0 | e, Zip Cod<br>ovidenc | ie<br>e, Nev               | w Jersey   | 7 079                      |   | T-1-       |                            | •:14):         |           | .,            |           |
| DCA Cancellation  |  |                       |                                | ITY INFO              |                            | ON   |                            |   |            |                            |                |           |               |           |
| Name of Facility Where Abatement is Taking Morris Union Jointure Commission Street Address    |  | ent                   |                                |                       | NWATI                      |  | ] - Sc                     | Facility (4)<br>chool (K-12)<br>ubchapter 8<br>ther (i.e. pri | )<br>(Othe | r than K-1                 | 2)             | inas      | home          | s         |
| 340 Central Avenue  | <b>.</b>   |                       |                                |                       |                            |  |                            | c.)<br>Feet   |            | Floors                     |                | dg. A     |               |           |
| New Providence, New Jersey 0797 County (6)  | 4  |                       | County C                       | ode (7)<br>SE ONLY)   |                            |  | Curren                     | t Use (Prior  | if beir    |                            | shed)          | ,         |               |           |
| Union   |  | 1                     |                                |                       |                            |  |                            | lopmenta  |            |                            |                |           |               |           |
| Name of Monitoring Firm Hired by Building C<br>Partner Engineering and Science, I             |  |                       | ASCM                           | No.                   |                            |  |                            | ement Contr<br>oration  | ractor     | (9)                        |                |           |               |           |
| Street Address<br>611 Industrial Way West   |  |                       |                                |                       |                            | Street A<br>606 M  |                            | e Avenue  | 9          |                            |                |           |               |           |
| City, State, Zip Code<br>Eaton, New Jersey 07724  | ***************************************  |                       |                                |                       |                            | City, Sta<br>Woodl   |                            | Code<br>Park, Nev   | v Jer      | sey 074                    | 24             |           |               |           |
| Project Manager for Monitoring Firm Pat Lorimer   |  |                       | elephon<br>732-38              | ie No.<br>0-1700      |                            | Telepho<br>973-22  |                            |   |            | License<br>01104           | No.            |           |               |           |
| Start Date (10)<br>11/22/13   | Scheduled  | Com                   | pletion D                      | Date (11)             |                            |  | an resident re             | A Monitor<br>nmental l  | Labs       |                            |                |           |               |           |
| Occupancy Status During Abatement (Chec   | k Only One)  |                       |                                |                       |                            | Street A   |                            |   |            |                            |                |           |               |           |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | eriod of Aba<br>al Facility H  | atem<br>ours          | ent                            |                       |                            | City, Sta  | ate, Zip                   |   |            |                            |                | -         |               |           |
| Scope of Work (Check All That Apply)  |  |                       |                                |                       |                            | Union  | , ivev                     | v Jersey (  | 3700       |                            |                |           |               |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  | - Contract C | ovat<br>noliti        |                                |                       |                            | ×  | Mini                       | Containmer<br>-Enclosure<br>vebag Proce<br>-Exempted          | edure      |                            |                |           | e             |           |
|   | la La  | catio                 |                                |                       |                            |  | 11011                      | Lxciiiptou  | 1 / 411    | 1,1011 1 110               |                | 12-30 V.S | ement         |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                  | Not<br>Used 3<br>Maint<br>Custo  | mall<br>Solel<br>enan | y<br>y by<br>ice/              |                       | tos Con<br>therma<br>surfa | escription of<br>staining Ma<br>Il systems<br>acing, VAT<br>miscellane | aterial<br>insulat<br>, or |   | (5         | mount<br>specify<br>or LF) | Removal        | Repair    | e Encapsulate | Enclosure |
|   | Yes  | No                    | N/A                            |                       |                            |  |                            |   |            |                            |                |           | Ф             |           |
| Boiler Room   | X  |                       |                                |                       | Boile                      | er Insula  | tion                       |   | 1          | 6 SF                       | Х              |           |               |           |
|   | -  |                       |                                |                       |                            |  |                            |   |            | ~                          | +-             |           |               |           |
|   |  |                       |                                |                       |                            |  |                            |   |            |                            |                |           |               |           |
| Name of Registered Waste Hauler   |  | 7.7                   | JDEP W                         |                       |                            | Yards  |                            | Name of F   | Registe    | red Land                   | fill           |           |               |           |
| Lilich Corporation  |  |                       | auler ID<br>3724               | No.                   | of Wa                      |  |                            | G.R.O.V   |            | andfill                    |                |           |               | 8         |
| City, State<br>Woodland Park, New Jersey 07424  | 44.  |                       |                                |                       | 11/29                      | osal Date<br>9/13  |                            | City, State<br>Morrisvi                                       |            | ennsylv                    | ania           |           |               |           |
| Completed by<br>Tatiana Kalenikova  | Title<br>Vice P  | resi                  | dent                           |                       |                            | Signature  | lor                        | Sal   | iki        | me !                       | Date<br>11/13/ | 13        |               |           |

### NOTIFICATION OF ASBESTOS ABATEMENT MO#20613945431 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 13 , 13 11 Anna T. Alexander NOV 18 Agencies Notified Type Notification Street Address ☐ EPA X Initial 555 Center Street ▼ DOLWD Amended City, State, Zip Code X DHSS Amendment # ☐ DCA South Orange, NJ 07079 Emergency (including (NJAC 5:23-8) justification) Name of Contact Cancellation Anna T. Alexander **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, 555 Center Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age South Orange, NJ 07079 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 24 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/ PM\_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf ■ Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Remova Encapsulate Asbestos Containing Material (ACM) Enclosure Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement X Pipe insulation X 250 LF П П П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Tenic Nenad N.Jevtic Owner ASR-41 11/13/2013

State of New Jersey

MAY 11

ch 47:69.

| -   2 -   3  |                             | ZAIFERT                        |   |                  |
|--|-----------------------------|--------------------------------|---|------------------|
| Agency Nethed Type Netherline  | Street                      | 21 DORE                        | MUS AVENUE  | 1 8 2013         |
| DEPA Committee C |                             |                                | NJ 07452  |                  |
| C Emirginey (actual  | I REMED 6                   | (Conside                       | 10 4  |                  |
| B DOM B Canadition   |                             | ZIAI FERT                      |   | ž.               |
| Name of Pacity Where Abstract is Taking Pa   |                             | IN EPOREATRA                   | Type of Facility (4)  |                  |
| M, ZAIFERT .   | -                           |                                | School (K-12)   | 2)               |
| 621 DOREMUS A  | HENUE.                      | :                              | Cher (a. phate & common<br>james, etc.)   |                  |
| CMG .  |                             |                                | Square Feet Set Floors . 1960 Z   | 79.4RS           |
| GLEN ROCK.   | . ] Count                   | Codo (7) (STATE USE            | Current Upo (Prior If being deter   |                  |
| BERGEN   | OMEAN                       |                                | RESIDENCE   |                  |
| Name of Manhoing Firm blind by Building Out  | er ASCM No.                 |                                | Removal Inc   |                  |
| Stinet Address   |                             | Street Address                 |   |                  |
| City, State, Zip Code  |                             | Chy State Zo                   | River St  |                  |
|  | Teleshana No.               | Hacker<br>Telephone No.        | I Lisanse No.   | ·                |
| Project Meagur for Manhaing Pan  |                             | 201-329-                       | -7444 - 00388   |                  |
| 11-21-13 11-2  | 22-13                       | Name of OSHA Omega Er          | Monitor<br>nvironmental Inc   |                  |
| Occupancy Status During Abeliannest (Charles   |                             | Street Address                 |   |                  |
| G Facility Closed/Vacated During Estina Period<br>G Abatement Performed Guidale of Manual Per  | of Abatament<br>Mar Floors  | 280 Huy                        | Code  | · .              |
| Bom-Duster 8AM 5PM   | ที                          | South I                        | Mackensack, N.J.  | 07606            |
| Singe of Wark (Check of Sink apply)  (2) 25 of or 25 if  (2) 160 of or 2500 if   | TRem<br>D Dem               | ration Calibration Calibration | Contributent with Magazine Pressu<br>Simplescon<br>robus Pressure<br>Securited (*) and Main-Prinkle Pre | 1.               |
|  | is Location                 |                                |   | Abstract<br>Type |
| . Location of Archards Containing Material (ACIA)  | Used Salely by              | Description M                  | of . Amount   |                  |
| TO HE ASSETS   | - Maintananco/<br>Custodial | (o. tomal system               | invalation, Specify<br>F. or SF or LF   | Rome             |
| (13)   | . (12)                      | other miscellan                | 0005)   | A PER SE         |
| BASEMENT   | Yes No MA                   | VAT.                           | 300   | SFX              |
| DIFJEMIEIO I   | . ^                         | V 14 1                         | 350   |                  |
|  |                             |                                |   |                  |
| Name of Registered Waste Harder  | NJDEP Waste H               | nuter Cubic Yards of           | Name of Registered Landill  |                  |
| Best Removal Inc   | 17109                       | . 11/2 YO                      | Minerva Enterpr   | ises             |
| Hackensack, N.J.   | 07601                       | Disposal Data   1/- 22 - 13    | City, State   |                  |
| Completed by Title   |                             | Signature                      | <u> </u>  | Date             |
| R. VELDRAN Estim   | a cor                       | RVelder                        | an  | 11-12-13         |

|  |                           | Mama   | of Building Ow  | ner/Operator (2)               |                                      |              |                  |  |            |
|--|---------------------------|--|---|--------------------------------|--------------------------------------|--------------|------------------|--|------------|
|  |                           |  | ON C/O ESIS   |                                |                                      |              |                  |  |            |
| te of Notification (1)   |                           |  | Address   |                                |                                      |              | 1.7              | 1                                      |            |
| 11 / 12 /13  |                           |  | X 430   | 1                              |                                      |              |                  | * 1                                    |            |
| encies Notified Type Notification  |                           |  | State, Zip Code   |                                | <del></del>                          |              |                  |  |            |
| EPA Initial Notific  | catior<br>Jotification    | N. VE  | RSAILLES, PA  | 15137                          | . NO∧                                | 18           | 2013             |  |            |
| Concollation   | n                         |  |   |                                |                                      |              |                  |  |            |
| On Hold  |                           |  | of Contact<br>PETROVAY  |                                |                                      |              |                  | -9                                     | . 1        |
| DCA  | ICY NOTIFICATI            | Carried The Committee of the Committee o | ITY INFORMAT  | ION                            |                                      |              |                  |  |            |
| Takis  | or Place (3               | FACIL  | IT INFORMAT   | Type of Facility               | (4)                                  |              |                  | 225 Carl                               | 410 to 128 |
| ame of Facility Where Abatement is Takin   | ig Flace (4)              |  |   | School (K-1                    | 2)                                   | 0.00         | *1               |  |            |
|  | 40                        |  |   | Subchapter                     | 8 (Other than K-1 rivate & commcl. b | (2)          | home             | s etc                                  | :)         |
| ERIZON   |                           |  |   | Square Feet                    | # of Floors                          | nuga.,       | Home             | Bld g                                  | . Age      |
| treet Address  |                           |  |   | 20,000                         | 4                                    |              |                  | 4                                      | 10         |
| 21 WILLIAM STREET  |                           | Cour   | ty Code (7)   | Current Use (Price             | or if being demolis                  | hed)         |                  |  |            |
| 119 (5)  | ")                        | (STAT!   | E USE ONLY)   | TELECOMMUNI                    | CATION                               | (0)          |                  |  |            |
| AST ORANGE ESSEX  Tame of Monitoring Firm Hired by Buildir   | ng Owner (8)              |  | ASCM No.  | Name of Abater                 | nent Contractor                      | (9)<br>RATIO | N                |  |            |
| SIS  |                           |  | 17  | Street Address                 | MENTAL CONT. C.                      |              |                  |  |            |
| treet Address  |                           |  |   | 313 SPOOK RO                   |                                      |              |                  |  |            |
| 0 EXCHANGE PLACE   |                           |  |   | City, State, Zip C             | Code                                 |              |                  |  |            |
| City, State, Zip Code<br>JERSEY CITY, N  | NEW JERSEY 07             | 302  |   | SUFFERN, NEV                   |                                      | se Nu        | mber             |  |            |
| Project Manager for Monitoring Firm  | Telephon                  | e Number   |   | 845-369-7500                   | 460                                  |              | 5.676.5W.540.III |  |            |
| BRIAN KINGSBURY  | 201-356-                  |  | (44)  | Name of OSHA                   |                                      |              |                  |  |            |
| Expected State Date (10)   | Sched. Compl              | 3°   |   | QUALITY ENVI                   | RONMENTAL                            |              |                  |  |            |
| Month Day Year   | Month                     | Day  | Year  | Ot at Address                  |                                      | -            |                  |  |            |
| Cherry During Absternent (Cher   | ck only one)              | t b atomont  |   | Street Address<br>1376 ROUTE 9 |                                      |              |                  |  |            |
| X Facility Closed/Vacated During Abatement Performed Outside of  | Entire Period of A        | Hours - De   | scribe:   |                                | 10                                   |              |                  |  |            |
| X Other - Describe: MONDA  | Y - FRIDAY 7AM            | -3:30 PM   |   | City, State, Zip               | Code<br>/APPINGERS FAL               | IS N         | EW Y             | ORK ·                                  | 12590      |
|  |                           |  | Full Con  | tainment with Neg              |                                      |              |                  |  |            |
| Scope of Work (Check all that apply)   | Renovation                |  | Mini End  | lot H                          | 3.                                   |              |                  |  |            |
| Demolition >3SF OR LF  |                           |  | X Gloveba   | g Procedure                    |                                      |              |                  |  |            |
| X >160 SF OR 260 LF  |                           |  |   | able Procedure                 |                                      | Т            |                  | Ahater                                 | nent Type  |
| Location of  | Is Location               | Castle   | Description of<br>Containing Mat  | Asbestos-                      | Amount                               | 2            |                  | Ty.                                    |            |
| Asbestos-containing  | normally use              | ea   | (ie. Thermal  | systems                        | (Specify                             | REMOV        | REPAIR           | ENCAPS                                 | ENCLOS     |
| Material (ACM)   | solely by<br>Maint/Custoo | tial   | insulation, surfa   | acing, VAT,                    | SF or LF)                            | 18           | 5                | Sd                                     | SS         |
| in Facility (13)   | Staff (12)                |  | or other misc   | ellaneous)                     |                                      | 1            |                  | ULE<br>E                               | SE I       |
| III doing (10)   | Yes No N                  | A  |   |                                | -                                    | 1.           | 1                | T                                      | 1          |
| ROOF   |                           | PARAPE   | ET MASTIC   |                                | 2,900 SF                             | X            | +-               | +-                                     | -          |
| NOOF   |                           | WALL N   | IASTIC  |                                | 1,160 SF                             | ×_           | +-               | +-                                     |            |
|  | 1 1 1                     | A 45 Jproper 14  | IASTIC  |                                |                                      |              |                  |  | -          |
| ROOF   | +++                       |  |   |                                | 10 SF                                | X            | +-               |  |            |
| ROOF ROOF  |                           | BLOCK  | PIPE SEALANT  |                                | 10 SF<br>5 LF                        | X            |                  |  |            |
| ROOF   |                           | BLOCK  |   |                                |                                      | _            |                  | E                                      |            |
| ROOF   |                           | BLOCK  | PIPE SEALANT  |                                |                                      | _            |                  |  |            |
| ROOF   |                           | BLOCK  | PIPE SEALANT  |                                |                                      | _            |                  |  |            |
| ROOF   |                           | BLOCK  | PIPE SEALANT  |                                |                                      | _            |                  |  |            |
| ROOF   |                           | BLOCK  | PIPE SEALANT  |                                |                                      | _            |                  |  |            |
| ROOF ROOF  |                           | BLOCK  | PIPE SEALANT  |                                |                                      | _            |                  |  |            |
| ROOF ROOF 3RD FLOOR  | N.IDEP Was                | BLOCK<br>PIPE FI   | PIPE SEALANT  | IName of Reg                   | 5 LF                                 | _            |                  |  |            |
| ROOF  ROOF  3RD FLOOR  Name of Registered Waste Haule  | NJDEP Was                 | BLOCK PIPE FI  | PIPE SEALANT  |                                | 5 LF                                 | _            |                  |  |            |
| ROOF ROOF 3RD FLOOR  |                           | BLOCK PIPE FI  | PIPE SEALANT TTINGS  'ards of Waste 10                                  | Name of Reg<br>GROWS KAN       | 5 LF                                 | _            |                  |  |            |
| ROOF ROOF 3RD FLOOR  Name of Registered Waste Haule DJM TRANSPORT , LLC  City. State                     | Hauler ID No              | BLOCK PIPE FI  ste Cubic \ Dispos  | PIPE SEALANT TTINGS  'ards of Waste 10 af Date                          | Name of Reg<br>GROWS KAN       | 5 LF istered Landfill                | X            |                  |  |            |
| ROOF ROOF 3RD FLOOR  Name of Registered Waste Haule DJM TRANSPORT , LLC  City, State KEARNEY, NEW JERSEY | Hauler ID No              | BLOCK PIPE FI  Ste Cubic \ Dispos 11/13-   | PIPE SEALANT TTINGS  /ards of Waste 10 ai Date 13-10/15/2014 Signature/ | IName of Reg                   | 5 LF istered Landfill                | _            |                  | —————————————————————————————————————— | 112        |

|   | NOTI                         | State of New Jerse<br>FICATION OF ASBESTOS | y<br>ABATEMENT   | F   | • - •   |        |           |                |      |    |
|---|------------------------------|--|--|---|---------|--------|-----------|----------------|------|----|
|   | (P                           | ursuant to NJAC 8:60-7 and                 |  |   | 10      |        |           | -17            | _=   | -  |
|   |                              | Name of Building Or<br>VERIZON C/O ESIS    | wner/Operator (2   | 11,5  |         |        |           |                |      |    |
| Date of Notification (1)  |                              |  |  |   |         |        |           |                |      |    |
| 11 / 4 /13  |                              | Street Address                             |  |   | ИО'     | / 1    | 8         | 2013           |      |    |
| Agencies Notified Type Notification   |                              | PO BOX 430                                 |  |   | IVU     | A !    | 0         | 2010           | f    | 45 |
| EPA X Initial Noti  |                              | City, State, Zip Code<br>N. VERSAILLES, PA |  |   |         |        |           |                |      |    |
| X DOL Amended Cancellati  | Notification<br>on           | IV. VERSAILLES, FA                         | 10107  |   |         |        |           | 4              | - 4  |    |
| X DOH On Hold   |                              | Name of Contact                            | 27.75  | 12  |         |        |           |                |      |    |
| DCA EMERGE  | NCY NOTIFICATION             |  |  |   |         |        |           |                |      |    |
| Name of Facility Where Abatement is Tak   | ing Place /3)                | FACILITY INFORMAT                          | Type of Facility   | (A)   |         |        |           |                |      | 1  |
| Name of Facility Where Abatement is Tak   | ing riace (0)                |  | School (K-   | 100 E |         |        |           |                |      |    |
| VERIZON   |                              |  |  | er 8 (Other than K  |         |        |           | 3 16           |      |    |
|   |                              |  |  | private & commol  | . bldgs | ., hom |           | tc.)<br>g. Age |      |    |
| Street Address  |                              |  | Square Feet<br>20,000  | # of Floors   |         |        | Dia       | g. Age<br>40   | İ    | 1  |
| 621 WILLIAM STREET  City (5) County (6)   | 3)                           | County Code (7)                            | A STATE OF THE PARTY OF THE PAR | ior if being demol  | ished)  |        |           |                |      |    |
| City (5)   County (6<br>EAST ORANGE   ESSEX   | ,                            | (STATE USE ONLY)                           | TELECOMMUN   | IICATION  |         |        |           |                |      |    |
| Name of Monitoring Firm Hired by Buildin  | ng Owner (8)                 | ASCM No.                                   |  | ment Contracto  |         | ON!    |           |                |      |    |
| ESIS  |                              | .17  | Street Address   | MENTAL CORPO  | JRATI   | ON     | 102.0     |                |      | _  |
| Street Address 10 EXCHANGE PLACE  |                              | <b>,</b> -                                 | 313 SPOOK RO   | OCK ROAD  | 8       |        |           |                |      |    |
| City, State, Zip Code   |                              |  | City, State, Zip   |   |         |        |           |                |      |    |
| JERSEY CITY, N  | IEW JERSEY 073               |  |  | W YORK 10901  | nse Nu  | ımher  | ,         |                |      |    |
| Project Manager for Monitoring Firm   | Telephone                    | 70)  | Telephone Num<br>845-369-7500  | 460   |         | HIDEI  |           |                |      |    |
| EXPECTED STATE DATE (10)  | 201-356-5<br>Sched, Comple   |  | Name of OSHA   |   |         |        | -         |                |      |    |
| 11 / 13 /13   | 10 /                         | 31 /14                                     | QUALITY ENVI   | RONMENTAL   |         |        |           |                |      |    |
| Month Day Year  | Month                        | Day Year                                   | Street Address   |   |         |        | -         |                | _    |    |
| Occupancy Status During Abatement (Chec X Facility Closed/Vacated During B Abatement Performed Outside of | Entire Period of Ab          | atement<br>lours - Describe:               | 1376 ROUTE 9   |   |         |        |           |                |      |    |
|   | - FRIDAY 7AM-3               |  | City, State, Zip   |   |         |        | 001       | 40500          |      |    |
|   |                              | Full Cont                                  | ainment with Neg   | APPINGERS FA  | LLS, N  | EVV Y  | OKK       | 12590          | Í    |    |
| Scope of Work (Check all that apply)  Demolition  | Renovation                   | Mini Enc                                   |  | 2010 1 1035010  |         |        |           |                |      |    |
| >3SF OR LF  | _                            |  | g Procedure  |   |         |        |           |                |      |    |
| X >160 SF OR 260 LF   |                              |  | ble Procedure  | Т   | T-      |        | hata      | ment T         | i ma | -  |
| Location of<br>Asbestos-containing  | Is Location<br>normally used | Description of A<br>Containing Mater       |  | Amount  | R       |        | _         |                | ype  |    |
| Material (ACM)  | solely by                    | (ie. Thermal s                             |  | (Specify  | I E     | REPAIR | Š         | SE             |      |    |
| TO BE ABATED  | Maint/Custodial              | insulation, surface                        | ing, VAT,  | SF or LF)   | REMOVAL | ≅      | PS        | SO.            |      |    |
| in Facility (13)  | Staff (12)                   | or other miscell                           | aneous)  |   | -       |        | ENCAPSULE | ENCLOSURE      |      |    |
|   | Yes No N/A                   |  |  |   | 1       | +      | 111       | 1111           |      |    |
| ROOF  |                              | PARAPET MASTIC                             |  | 2,900 SF  | X       | -      | -         | -              |      |    |
| ROOF  |                              | WALL MASTIC                                |  | 1,160 SF  | Χ.      | -      | -         | _              |      |    |
| ROOF  |                              | BLOCK PIPE SEALANT                         |  | 10 SF   | X       | 1.5    |           | _              |      |    |
| 3RD FLOOR   |                              | PIPE FITTINGS                              |  | 5 LF  | X_      |        |           |                |      |    |
|   |                              |  |  |   |         | _      | -         | _              |      |    |
|   |                              |  |  |   | +       | +      | -         | -              |      | -  |
|   | + + + -                      |  | <del></del>  |   | +       | 1      | $\vdash$  | +-             |      |    |
|   | +                            |  |  |   |         |        |           |                |      |    |
|   |                              |  |  |   |         |        |           |                |      |    |
|   |                              |  |  | 1   |         | L      |           | -              |      |    |
| Name of Registered Waste Hauler   | NJDEP Waste<br>Hauler ID No. | Cubic Yards of Waste<br>10                 | Name of Regis  |   |         |        |           |                |      |    |
| DJM TRANSPORT, LLC  | 26981                        | 10   | C.C.TO DITE  |   |         |        |           |                |      |    |
| City, State   |                              | Disposal Date                              | City, State  |   |         |        | ,         | ,              |      |    |
| KEARNEY, NEW JERSEY Completed by (Print or Type)  |                              | 11/13-13-10/15/2014<br>  Signature         | DORRISVILLE  | , PA  | te      | ,,     | 1         | 11.            | 7    |    |
|   | e<br>RECTOR OF OPE           |  | X.   |   | ,       | 11     | 14        | 11.            | >    |    |

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

|   | (P   | ursuant to  | Name o   | 0-7 and 12:120-  | er/Operator (2)  | 11   |  | *************************************** |         | 1             |
|---|--|---|--|--|--|--|--|---|---------|---------------|
| 5.55 (5.54)   |  |   | VERIZO   | ON   | 14   |  |  |   |         | 1             |
| ate of Notification (1)   |  |   |  | Address  |  | NOV  | 1 18   | 2013                                    |         |               |
| 11 / 12 /13   |  |   | 126 LA   | KESIDE BLVD.   |  |  |  |   |         | 1             |
| gencies Notified Type Notification  |  |   |  | ate, Zip Code  |  |  |  | . " -                                   | i. À    |               |
| X EPA Initial No  | tification   |   | LANDII   | NG, NEW JERS   | SEY 07850  | Tail.  |  | - ***                                   |         | -             |
| Cancella  | Notification   |   |  |  |  |  |  |   |         |               |
| On Hold   |  |   | Name   | of Contact<br>LAS J. O'HARE  |  |  |  |   |         | 1             |
| DCA EMERG   | ENCY NOTIF   | ICATION   | C. C             |  |  |  |  |   |         | _             |
|   |  |   | ILITY INF  | ORMATION   | Type of Facility   | (4)  |  |   |         |               |
| Name of Facility Where Abatement is Ta  | king Place (3  | )   |  |  | School (K-   | 12)  |  |   |         |               |
| /ERIZON - BERGEN CENTRAL OFFICE   |  |   |  |  | Subchapte  | r 8 (Other than<br>private & comm  | K-12)  | homes                                   | etc.)   |               |
|   |  |   |  |  | X Other (ie. r   | # of Floors  | ici. Diago.,                                     | Bldg.                                   | Age     |               |
| Addross   |  |   |  |  | 113,347  | 2  |  | 40                                      |         | _             |
| Street Address<br>71 MADISON AVENUE   |  |   |  | - 0 - do (7)   | Current Use (Pri   | or if being dem  | nolished)  |   |         |               |
| City (5) County   |  |   | Count  | ty Code (7)<br>USE ONLY)   | TELECOMMUN   | ICATIONS   |  |   |         | _             |
| HUDSO HUDSO   | ON   |   | (STATE   | ASCM No.   | Mama of Ahate  | ment Contrac   | tor (9)  | NI.                                     |         |               |
| Name of Monitoring Firm Hired by Build  | ling Owner (   | 5)  |  | 17   | PAR ENVIRON  | MENTAL COR   | RPORATIO   | )IN                                     |         |               |
| ESIS, INC.  |  |   | 70000  |  | Street Address<br>313 SPOOK RO   | OCK ROAD   |  |   |         |               |
| Street Address<br>10 EXCHANGE PLACE   |  |   |  |  | City, State, Zip   | Code   |  |   |         |               |
| Cit 7:- Codo  |  | DOEN  |  |  | SUFFERN, NE  | W YORK 1090  | )1   |   |         |               |
| JERSET C  | ITY, NEW JE  | lephone N   | lumber   |  | Telephone Nun  | 100.   | icense Nu  | mbei                                    |         |               |
| Project Manager for Monitoring Firm   |  | 1-356-51  |  |  | 845-369-7500   |  | 460  | 86                                      |         | -             |
| BRIAN KINGSBURY   | Sched.   | Completi  | on Date (  | 11)  | Name of OSHA<br>QUALITY ENV  | Monitor  | kc   |   |         |               |
| Expected State Date (10)  |  | 3 /   | 30   | ) /14<br>Year  | QUALITYENV   | INOMINE  | <del>-</del> 0                                   |   |         | _             |
| Day Year  | Month  | 1   | Day  | Tear   |  |  |  |   |         |               |
|   |  |   |  |  | Street Address   |  |  |   |         |               |
| Occupancy Status During Abatement (Ch   | eck only one)  | d of Abate  | ement  |  | Street Address<br>1376 ROUTE   | 9  |  |   |         |               |
| Occupancy Status During Abatement (Ch<br>Facility Closed/Vacated Durin  | e of Normal F  | acility Hou   |  | ibe:   | 1376 ROUTE   | 9<br>Code  |  |   |         |               |
| Occupancy Status During Abatement (Ch<br>Facility Closed/Vacated Durin<br>Abatement Performed Outsid  | eck only one)<br>g Entire Perio<br>e of Normal F<br>DAY - FRIDA                    | acility Hou   |  |  | 1376 ROUTE City, State, Zip WAPP   | Code<br>INGERS FALL  | S, NEW Y   | ORK 1                                   | 12590   |               |
| Occupancy Status During Abatement (Ch<br>Facility Closed/Vacated Durin<br>Abatement Performed Outsid<br>X Other - Describe: MON   | e of Normal F  | acility Hou   |  | Full Cor   | City, State, Zip<br>WAPP   | Code<br>INGERS FALL  | s, NEW Y   | ORK 1                                   | 12590   |               |
| Occupancy Status During Abatement (Ch<br>Facility Closed/Vacated Durin<br>Abatement Performed Outsid<br>X Other - Describe: MONI<br>Scope of Work (Check all that apply)  | e of Normal F<br>DAY - FRIDA   | acility Hou<br>Y 7AM-3:   |  | Full Cor<br>Mini-En  | City, State, Zip<br>WAPP<br>ntainment with Neg   | Code<br>INGERS FALL  | S, NEW Y   | ORK 1                                   | 12590   | -             |
| Occupancy Status During Abatement (Charles Facility Closed/Vacated During Abatement Performed Outsid X Other - Describe: MONI Scope of Work (Check all that apply)  Demolition  | e of Normal F  | acility Hou<br>Y 7AM-3:   |  | Full Cor<br>Mini-En  | City, State, Zip<br>WAPP<br>ntainment with Neg<br>clos,<br>ag Procedure  | Code<br>INGERS FALL  |  |   |         |               |
| Occupancy Status During Abatement (Ch<br>Facility Closed/Vacated Durin<br>Abatement Performed Outsid<br>X Other - Describe: MONI<br>Scope of Work (Check all that apply)  | e of Normal F<br>DAY - FRIDA   | acility Hou<br>Y 7AM-3:   |  | Full Cor<br>Mini-En<br>X Gloveb<br>X Non-Fri   | City, State, Zip WAPP ntainment with Neg clos, ag Procedure able Procedure   | Code<br>INGERS FALL  |  | Abater                                  | ment Ty | /pe           |
| Occupancy Status During Abatement (Ch Facility Closed/Vacated Durin Abatement Performed Outsid X Other - Describe: MONI Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF  | e of Normal F<br>DAY - FRIDA   | acility Houy 7AM-3:   |  | Full Cor<br>Mini-En<br>X Gloveb<br>X Non-Fri   | City, State, Zip WAPP ntainment with Neg clos, ag Procedure able Procedure Asbestos-   | Code INGERS FALL lative Pressure   | nt R   | Abater                                  | ment Ty | /pe ENC       |
| Occupancy Status During Abatement (Ch Facility Closed/Vacated Durin Abatement Performed Outsid X Other - Describe: MONI Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing  | e of Normal F<br>DAY - FRIDA<br>Renova   | acility Houy 7AM-3:3  |  | Full Cor<br>Mini-En-<br>X Gloveb<br>X Non-Fri<br>Description of<br>Containing Mat<br>(ie. Thermal  | City, State, Zip WAPP ntainment with Neg clos, ag Procedure able Procedure Asbestos- erial (ACM) systems                             | Code INGERS FALL lative Pressure  Amour  | nt REV   | Abater                                  | ment T) | ENC           |
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|   |              |           |          | VERIZON             |                                 |                                      | 1 la 10         |            |         |         | 4        |
| ate of Notification (1)   |              |           | 1        | Street Ad           | dress                           |                                      |                 |            |         |         |          |
| 11 / 6 /13  |              |           | $\dashv$ |                     | ESIDE BLVD.                     |                                      | 1107            | 1 1 8      | 2011    | 3       | 1.       |
| agencies Notified Type Notification   |              |           |          | CONTRACTOR CASE     | e, Zip Code                     |                                      | NU              | ( 1        | E V !   | 7.      | - 1      |
| Initial Notifi  | cation.      | 10. 0     |          | I ANDING            | G, NEW JERS                     | SEY 07850                            |                 |            |         |         | i.       |
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| X DOL Cancellation  | n            |           |          | Name of             | Contact                         |                                      | 1               |            |         |         | - 1      |
| X DON TAKEDGE   | NCY NOTI     | FICATI    | ON       | DOUGL               | AS J. O'HARE                    |                                      |                 |            |         |         | $\dashv$ |
| DCA- EMERGE   |              | F         | ACIL     | ITY INFO            | RMATION                         |                                      |                 |            |         |         | $\neg$   |
| Name of Facility Where Abatement is Taki  | ng Place (   |           |          |                     |                                 | Type of Facility (4<br>School (K-12) | ,               |            | 1       |         | 1        |
| Name of Facility Where Abatement is valued to the Name of Facility Where Abatement is |              |           |          |                     |                                 | O. bahamtar 8                        | Other than K    | -12)       |         |         | - 1      |
| VERIZON - BERGEN CENTIFIC STATE   |              |           |          |                     |                                 | X Other (ie. priv                    | rate & commol.  | bidgs., i  | nomes   | , etc.) | _        |
|   |              |           |          |                     |                                 | Square Feet                          | # of Floors     |            | Diug.   | -ige    | - 1      |
| Street Address  |              |           |          |                     |                                 | 113.347                              | 2               |            | 40      |         | -        |
| 71 MADISON AVENUE   |              |           | _        | Country             | Code (7)                        | Current Use (Prior                   | if being demol  | shed)      |         |         |          |
| City (5) County (   |              |           |          | COUNTY              | JSE ONLY)                       | TELECOMMUNIC                         | ATIONS          | est person |         |         |          |
| HUDSUN  |              | (0)       |          | SIMIL               | ASCM No.                        | Name of Abateme                      | ent Contracto   | r (9)      | N1      |         | 3        |
| Name of Monitoring Firm Hired by Buildin  | ng Owner     | (8)       |          | 1                   | 17                              | PAR ENVIRONM                         | ENTAL CORP      | ORATIO     | IN      |         | _        |
| ESIS, INC.  |              |           |          |                     |                                 | Street Address                       | W DOAD          |            |         |         |          |
| Street Address  |              |           |          |                     | 23                              | 313 SPOOK ROC                        | K ROAD          |            |         |         |          |
| 10 EXCHANGE PLACE   |              |           |          |                     |                                 | City, State, Zip Co<br>SUFFERN, NEW  | YORK 10901      |            |         |         |          |
| City, State, Zip Code  JERSEY CIT   | Y, NEW J     | ERSEY     |          |                     |                                 | Telephone Number                     | er Lic          | ense Nu    | mber    |         |          |
| Project Manager for Monitoring Firm   | Te           | elephor   | e Nur    |                     |                                 | 845-369-7500                         | 46              | 0          |         |         |          |
| BRIAN KINGSBURY   | 20           | 01-356    | 5166     |                     |                                 | Name of OSHA N                       | Monitor         |            |         |         |          |
| Expected State Date (10)  | Sched.       |           | letior   | Date (11<br>30      | /14                             | QUALITY ENVIR                        | ONMENTAL        |            |         |         |          |
| 11 / 13 /13   |              | 3/        |          | Day                 | Year                            |                                      |                 |            |         |         |          |
| Month Day Year  | Mont         |           |          | Duy                 |                                 | Street Address                       |                 |            | 2       |         |          |
| Occupancy Status During Abatement (Chec   | Entire Perio | od of Al  | oatem    | ent                 |                                 | 1376 ROUTE 9                         |                 |            |         |         |          |
|   |              |           |          |                     | ie:                             | City, State, Zip C                   | ode             |            |         |         |          |
| X Other - Describe: MONDA   | AY - FRIDA   | Y 7AM     | -3:30    | PM                  |                                 | WAPPIN                               | GERS FALLS,     | NEW Y      | ORK 1   | 2590    |          |
|   |              |           |          |                     | Full Cor                        | ntainment with Negati                | ive Pressure    |            |         |         |          |
| Scope of Work (Check all that apply)  | Renov        | ation     |          |                     | Mini-En                         | clos,                                |                 |            |         |         |          |
| Demolition  |              | auon      |          |                     | X Gloveb                        | ag Procedure                         |                 |            |         | 52      |          |
| >3SF OR LF<br>X >160 SF OR 260 LF   |              |           |          |                     |                                 | able Procedure                       |                 |            | Abater  | nent T  | ype      |
| Location of   | Isl          | ocation   | 1        |                     | Description of                  | Asbestos-                            | Amount          |            |         | T T     | ENCLO    |
| Asbestos-containing   | norm         | nally us  | ed       | (                   | Containing Mat                  | enai (ACIVI)                         | (Specify        | REMOVAL    | REPA    | ENCA    | 둳        |
| Material (ACM)  |              | olely by  |          |                     | (ie. Thermal<br>nsulation, surf | Systems                              | SF or LF        | )   2      | 1       | PS      | 8        |
| TO BE ABATED  |              | t/Custo   |          | 1                   | or other misc                   | allaneous)                           |                 | P          | 1       | PSULE   | SURE     |
| in Facility (13)  | S            | aff (12   |          |                     | or outer misc                   |                                      |                 | _          | +-      | 1111    | Im       |
|   | Yes          | No I      |          |                     |                                 |                                      | 25 SF           | x          |         |         | 1        |
| MAIN ROOF -WESTSIDE   | x            |           | - 0      | CAULK &             | SEALANT                         |                                      |                 | х          |         |         |          |
|   | х            |           | - 1      | BLACK S             | EALANT                          |                                      | 24 SF           | -          | +       | +       | 1        |
| ROOF - WESTSIDE   |              | 1         | _        | BLACK S             |                                 |                                      | 70 SF           | X          | +       | +       | +        |
| MAIN ROOF-WESTSIDE  | X            | $\vdash$  |          |                     |                                 | I ANT/PAINT                          | 630 SF          | Х          |         |         | +        |
| MAIN ROOF-WESTSIDE  | х            | $\sqcup$  |          |                     |                                 | LANT/PAINT                           | 15 LF           | Х          |         |         | 1        |
|   | х            |           |          | PIPE INS            | ULATION                         |                                      | 6 SF            | Х          |         |         | _        |
| 5TH FLOOR<br>5TH FLOOR  | Х            |           |          | JOINT IN            | ISULATION                       |                                      |                 |            |         |         | _        |
| SIRFLOOK  |              |           |          |                     |                                 |                                      |                 |            |         | _       | +        |
|   |              | $\sqcup$  |          |                     |                                 |                                      |                 |            | $\perp$ | $\perp$ | +        |
|   |              | 1         |          | -                   |                                 |                                      |                 |            | _       | +       | +        |
|   |              | +-        |          | -                   |                                 |                                      |                 |            | -       | +       | +        |
|   |              | +-        | -        | -                   |                                 |                                      |                 |            | -       | +       | +        |
|   |              | +-        | -        | -                   |                                 |                                      |                 |            |         |         |          |
|   | 51.0         | DEP W     | acto     | Cubic Y             | ards of Waste                   | Name of Regi                         | stered Landfill | ANDELL     |         |         |          |
| Name of Registered Waste Hauler   |              | uler ID I |          | June 1              | 40                              | CUMBERLAN                            | AD COUNTY I     | ANDEIL     | _       |         |          |
| EXPRESS WASTE LLC<br>614 FRELINGHUYSEN AVENUE   | Indi         | 1593      |          |                     |                                 | 620 NEWVIL                           | LE RUAU         |            |         |         |          |
| 64 4 CDELINICHLIYSEN AVENUE   |              |           |          | Disposa             | l Date                          | ACTUAL STORE                         | 47040           |            |         | 1_      | 1        |
|   |              |           |          | 1000                |                                 | / KUKAMIRG                           | PA 1/242        |            |         |         |          |
| City State  |              |           |          | 11/12/13            | 3-03/30/14                      | Oity Stafe<br>NEW TURG,              | PA 17242        | Date       | 77      | 16      | //:      |
|   | Title        |           | 000      | 11/12/13<br>RATIONS | 3-03/30/14<br>Signature         |                                      | PA 17242        | Date       | 11      | 16      | 11:      |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

| <i>(</i>  |   | (Pt               | ursuar         |              | 3:60-7 and 12:12                     |   | 144                   | 1 1     |        | - 1      | 7.3      |
|---|---|-------------------|----------------|--------------|--------------------------------------|---|-----------------------|---------|--------|----------|----------|
| Date of Notification (1)  |   |                   |                | Name<br>VERI |                                      | mer/Operator (2)  | ( )                   | Sy. T   |        | (y)      | 15.      |
| 10 / 31 /13   |   |                   |                | Stree        | Address                              |   | ki/                   | 71/ -   | 0      |          |          |
| Agencies Notified Type Notificatio  | n                                       |                   |                | 126 L        | AKESIDE BLVD                         | ).  | N                     | )V 1    | Ŏ      | 2013     | 500      |
| X EPA X Initial Noti  | Notifica                                | ation             |                |              | State, Zip Code<br>DING, NEW JER     | SEY 07850   | F                     |         |        |          |          |
| X DOL Cancellati  |   | OTIFI             | CATIO          |              | of Contact<br>GLAS J. O'HAR          | E   |                       |         |        |          | ٠        |
| *   |   |                   |                | ACILITY IN   | FORMATION                            |   |                       |         |        |          |          |
| Name of Facility Where Abatement is Tak   | ing Pla                                 | ce (3)            |                |              |                                      | Type of Facility  |                       |         |        |          |          |
| VERIZON - BERGEN CENTRAL OFFICE   |   |                   |                |              |                                      |   | r 8 (Other than K-    |         |        | ot       | - \      |
| Ol. Addison   |   |                   |                |              |                                      | Square Feet   | # of Floors           | Diags.  |        | . Age    |          |
| Street Address 71 MADISON AVENUE  |   |                   |                |              |                                      | 113,347   | 2                     |         |        | 40       |          |
| City (5)   County (   | 6)                                      |                   |                | Coun         | ty Code (7)                          | Current Use (Pri  | or if being demolis   | shed)   |        |          |          |
| JERSEY CITY HUDSON  | 0.00                                    |                   |                |              | E USE ONLY)                          | TELECOMMUN  | ICATIONS              |         |        |          |          |
| Name of Monitoring Firm Hired by Buildin  | ng Own                                  | er (8)            | -              |              | ASCM No.                             |   |                       |         |        |          |          |
| ESIS, INC.  |   |                   |                | 17           | PAR ENVIRONMENTAL CORPORATION        |   |                       |         |        |          |          |
| Street Address  |   |                   |                |              |                                      | Street Address<br>313 SPOOK ROCK ROAD   |                       |         |        |          |          |
| 10 EXCHANGE PLACE   | -                                       |                   |                |              |                                      | City, State, Zip Code   |                       |         |        |          |          |
| City, State, Zip Code  JERSEY CIT   | Y NFW                                   | JER               | SEY            |              |                                      | SUFFERN, NEW YORK 10901   |                       |         |        |          |          |
| Project Manager for Monitoring Firm   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   |                | Number       |                                      | SUFFERN, NEW YORK 10901 Telephone Number License Number   |                       |         |        |          |          |
| BRIAN KINGSBURY   |   | 201-              | 356-51         | 166          |                                      | 845-369-7500  | 460                   |         |        |          |          |
| Expected State Date (10)  | Sche                                    |                   | A2010 CO. 115  | tion Date (1 | [1]                                  | Name of OSHA  | Monitor               |         |        |          |          |
| 11 / 12 /13   |   | 3                 | 1              | 30           |                                      | QUALITY ENVI  | RONMENTAL             |         |        |          |          |
| Month Day Year  Occupancy Status During Abatement (Check  |   | enth              |                | Day          | Year                                 | Street Address  |                       |         |        |          |          |
| Facility Closed/Vacated During E Abatement Performed Outside of X Other - Describe: MONDA' Scope of Work (Check all that apply) | ntire Pe<br>Norma                       | riod o<br>I Facil | lity Ho        | urs - Descri |                                      | City, State, Zip C<br>WAPPIN  | GERS FALLS, N         | EW Y    | ORK    | 2590     |          |
| Demolition >3SF OR LF X >160 SF OR 260 LF   | Reno                                    | ovation           | 1              |              | Mini-Encl<br>X Gloveba               |   |                       |         |        |          | <u> </u> |
| Location of   | 200                                     | Local             |                |              | Description of A                     |   |                       |         | baten  | nent T   |          |
| Asbestos-containing   |   | mally             |                | (            | Containing Mater                     | ACCURATION OF THE PROPERTY OF | Amount                | REMOVAL | REPAIR | ENCA     | ENCL     |
| Material (ACM)  | 10000000                                | solely            | Marian Control |              | (ie. Thermal sy<br>nsulation, surfac |   | (Specify<br>SF or LF) | ō       | Ă.     | ¥        | 15       |
| TO BE ABATED in Facility (13)   | 10000000000                             | Staff (1          | stodial        | l '          | or other miscell                     |   | 01 01 21 7            | ≥       | 1~     | APSULE   | OSURE    |
| iii aciity (13)   |   |                   | IN/A           |              | 0. 00.0.                             | ,   |                       |         |        | m        | 굒        |
| MAIN DOOF WESTSIDE  | x                                       |                   |                | CALIKE       | SEALANT                              |   | 25 SF                 | x       |        |          |          |
| MAIN ROOF -WESTSIDE   |   | _                 | 1              |              |                                      |   | 24 SF                 | X       | 1      |          | T        |
| ROOF - WESTSIDE   | X                                       | $\vdash$          | +              | BLACK SE     |                                      |   |                       |         | -      |          | 1        |
| MAIN ROOF-WESTSIDE  | X                                       | -                 | -              | BLACK SE     |                                      |   | 70 SF                 | X       | +-     | $\vdash$ | $\vdash$ |
| MAIN ROOF-WESTSIDE  | x                                       |                   |                | BLACK PA     | ARAPET SEALA                         | NT/PAINT  | 630 SF                | X       | 1      | -        | -        |
| 5TH FLOOR   | х                                       |                   |                | PIPE INS     | JLATION                              |   | 15 LF                 | Х       |        |          | _        |
| 5TH FLOOR   | Х                                       |                   |                | JOINT INS    | SULATION                             |   | 6 SF                  | X       | -      | _        | _        |
|   |   |                   |                |              | 2000 E                               |   |                       | -       | -      |          | +-       |
|   | -                                       | _                 | 1              |              |                                      |   | -                     | +       | +-     | +        | +        |
|   | _                                       | _                 | 1              |              |                                      |   | -                     | +       | +      | +        | +        |
|   | +                                       | -                 | -              | -            |                                      |   | <b>_</b>              | +-      | +      | +-       | +-       |
| S   | -                                       | +                 | +              |              |                                      |   |                       | +       | +      | +        | +        |
|   | -                                       | -                 | +-             | +            |                                      |   | 1                     | +       | +-     | +        | +-       |
| Name of Bogistared Waste Usular   | NID                                     | EP W              | laste          | Cubic Van    | ds of Waste                          | Name of Regist  | ered Landfill         |         | _      |          |          |
| Name of Registered Waste Hauler  EXPRESS WASTE LLC  | _                                       | er ID             |                | Cable 1di    | 40                                   |   | COUNTY LAND           | FILL    |        |          |          |
| 614 FRELINGHUYSEN AVENUE  |   | 1593              |                |              |                                      | 620 NEWVILLE  |                       |         |        |          |          |
| City, State   |   |                   |                | Disposal [   | Date                                 | City, State   |                       |         |        |          |          |
| NEWARK, NEW JERSEY 07114  | 1-                                      |                   |                | 11/12/13-0   |                                      | NEWBURG, PA   | A 17242 Date          | ρ 4     | , 1    |          | 1        |
| Completed by (Print or Type) Tit  |   | POF               | OPE            | RATIONS      | Signature                            |   | Date                  | /       | 0.1    | 3//      | 13       |

# (Project Delayer Re-START 11/18/13)

| Date of Notification (1)   |   |                               |                                       |                     | f Building   |  |   | (2)<br>and Veteran A   | ffairs      | -                      |           | -              |             |      |  |
|--|---|-------------------------------|---------------------------------------|---------------------|--|--|---|--|-------------|------------------------|-----------|----------------|-------------|------|--|
|  | Type Notification                             |                               |                                       | Street A            | ddress   |  |   |  |             | - NOV-                 | 7 8       | -20            | 13          |      |  |
| EPA     DEP     DOL  | Initial Amended Amendment                     | # 00                          |                                       | City, Sta           | ggert Ca<br>ate, Zip Ca<br>enceville                     | ode                                    |   | 08648  | 7           |                        |           |                | (           | i    |  |
| ☑ DOH  | Emergency (<br>justification)<br>Cancellation | •                             |                                       |                     | f Contact<br>Clemme                                      |  |   |  | i ren       | ennyers                | , -       |                | .,          |      |  |
|  |   |                               |                                       | FACI                | LITY INF   | ORMATIO                                | ON  |  |             |                        |           |                |             |      |  |
| Name of Facility Where Ab<br>NJ National Guard To                |   |                               | 3)                                    |                     |  |  |   | Type of Facility  School (K-                                 | -12)        |                        |           |                |             |      |  |
| Street Address<br>100 Camp Drive                                 |   |                               |                                       |                     |  |  |   |  |             | er than K-1<br>commerc |           | ldings         | , hom       | es,  |  |
| City (5)<br>Sea Girt   |   |                               |                                       | 29                  |  |  |   | Square Feet<br>30,000  | # of        | Floors                 |           | 3ldg. /<br>30+ | Age         |      |  |
| County (6)<br>Monmouth   | In  |                               |                                       |                     | Code (7)<br>USE ONLY                                     | ,                                      |   | Current Use (Proffices                                       | rior if bei | ng demolis             | hed)      |                |             |      |  |
| Name of Monitoring Firm H<br>Whitman Co.                         | lired by Building (                           | Owner (8)                     | )                                     | ASCN                | vi No.   |  |   | of Abatement Co<br>per Environme                             |             |                        | nc.       |                |             |      |  |
| Street Address 7 Pleasant Hill Road                              | -   |                               |                                       |                     | Street   | Street Address 42 Ridge Road           |   |  |             |                        |           |                |             |      |  |
| City, State, Zip Code<br>Cranbury, NJ 08512                      |   |                               | 1975                                  |                     | City, S  | State, Zip Code<br>enixville, PA 19460 |   |  |             |                        |           |                |             |      |  |
| Project Manager for Monito<br>Kevin Lovely                       |   | Telephone No.<br>732-390-5858 |                                       |                     | 0.00 m   | one No.<br>933-4332                    | License N<br>00836  | License No.  |             |                        |           |                |             |      |  |
| Start Date (10)<br>10/30/2013                                    | ed Co<br>2013                                 |                               | Date (11)                             |                     | Name of OSHA Monitor Neuber Environmental Services, Inc. |  |   |  |             |                        |           |                |             |      |  |
| Occupancy Status During A  | Abatement (Chec                               | k Only O                      | ne)                                   |                     |  |  |   | eet Address  |             |                        |           |                |             |      |  |
| Facility Closed/Vacate Abatement Performed Other – Describe:     | ed During Entire F                            | Period of                     | Abater                                | ment<br>s           |  | -                                      |   | dge Road<br>tate, Zip Code                                   |             |                        |           |                |             |      |  |
| Other - Describe:  |   |                               |                                       |                     |  | -                                      |   | nixville, PA 1   | 9460        |                        |           |                |             |      |  |
| Scope of Work (Check All<br>≥3 sf or ≥3 if<br>≥160 sf or ≥260 if | That Apply)                                   |                               | Renova<br>Demoli                      | vation              |  |  |   | Full Containn<br>Mini-Enclosu<br>Glovebag Pro<br>Non-Exempte |             | Pressure               |           |                |             |      |  |
| Location o   | •   | 1                             | Locat                                 | 77.77               |  |  |   |  |             | (70)                   |           |                | ement<br>pe |      |  |
| Asbestos-Containing M TO BE ABAT In Facility (13)                | aterial (ACM)                                 | Ma                            | ed Sole<br>intena<br>todial (<br>(12) | nce/                |  | tos Conta<br>thermal s<br>surfaci      | Description of ontaining Material (ACM) Amount (Specify SF or LF) SF or LF) |  |             |                        | Repair    | Encapsulate    | Enclosure   |      |  |
| throughout building  | a intorior                                    | Yes                           | No                                    | N/A                 |  | 0411-                                  |   |  |             |                        | _         |                | 9           |      |  |
| throughout buildin   |   |                               |                                       | X                   | ı  | floor tile                             | and n   |  |             | 140 sf<br>700 sf       | X         |                |             |      |  |
|  | 9   |                               |                                       |                     |  | - Li Gillo                             | ito bidi  | 9  | 20,         | 00 31                  | A         |                |             |      |  |
| Name of Registered Waste   | Hauler  |                               |                                       | JDEP W              |  | Cubic Y                                | ards  | Name of  | Register    | ed Landfill            |           |                |             |      |  |
| Delaware Valley Cont/  | Empire Wreck                                  | ing Co.                       |                                       | lauler ID I<br>2838 | No.  | of Wast                                | е   | Wester   | n Berk      | s Landfill             |           |                |             |      |  |
| City, State<br>Reading, PA                                       |   |                               |                                       |                     |  | Disposa<br>11-12/2                     |   | City, Stat<br>Birdsbo  |             |                        |           |                |             |      |  |
| Completed by<br>Jeff LaRiviere                                   |   | Title<br>V.P.                 |                                       |                     |  | Sig                                    | parure  | 4  | _           | Da I I                 | te<br>- 1 | 3 -            | 13          |      |  |
| ASB-41 (R-06-08)   |   |                               |                                       |                     | 2)   | (                                      | J. Conot  | use this form for  | asbesto     | s licensure            | exem      | pted           | activiti    | ies. |  |

Nov 12 2013 07:01am Line 155 and 12-120) Date:// me of Building Owner/Upucator (2) D. BUTCHER 126 PARK AVE City, Szine, Zib Code 07631-18 D EPA ENGCEWOOD; NI A DOL D. BUTCHER E DOH FACILITY WEORNATOR Type of Facility (4) D: School (K-12) D: Schoolster S(Cline II D: Cline (As, private & S BUTCHER PARK AVE. 8.1.4RS 2 ENGLEW000 BERGEN RESIDENCE Best Removal Inc 450 S.River St Chr. Strat. Zip Code Hackensack, N.J. 07601 Telephone No. 00388 201-329-7444 Omega Environmental Inc 11-14-13 Street Address 280 Huyler St Clar. State. Zib Code South Backensack, N.J. 07606 D. Red Combinement with Pergettine Princetto Official Perfection of Greeking Princeton D Non-Perceptud (\*) and Main-Paintin Proceeding A Demoision #234425F Q216044230F (12) YOU AND NEA LF THERMAL NISOCATION BASEMEROT Stone of Resident Lands Same of Continued Villate Harles OD No. Rest Removal Inc Minerva Enterprises 17109 11-14-13 Waynesburg , Oh Hackensack, N.J. 07601 11-11-1 R. Weldran R. VELDRAN Butimator

× .

### State of New Jersey HOTIFICATION OF ASBESTOS ARA

| O DOLS   |  |  | Jiding Owner/Operato   |  |  |                   |  |  |  |
|--|--|--|--|--|--|-------------------|--|--|--|
| 11/14/13   |  |  | DULK LE C  | 14 LORT  | -RACTIN  | <u>a</u> 1        |  |  |  |
| gences Nounea Type Nouncabo  | on.  | Sveet Addr   | 55 AT,   | NOV.   | , )  |                   |  |  |  |
| Debutanoed ☐ vices   |  |  |  |  | 7  |                   |  |  |  |
| DD Amendment   |  | CAY. SUM.  | Up Code  |  | 08230  |                   |  |  |  |
| Emergency  |  |  | nceni=15   | 60 1010  | 00000  |                   |  |  |  |
| DON justification  |  | Hame of Co   |  |  | Telephone Numb   | )e/               |  |  |  |
| Cancellation   |  | 1) ru  | CE YOREUR  | 10   |  |                   |  |  |  |
| <del></del>  |  | FACILITY   | INFORMATION  |  |  |                   |  |  |  |
| ame of Facility Where Abatement is Tak   | ng Place (3)   |  |  | Type of Facility   | (4)  |                   |  |  |  |
| RESIDENCE  |  |  |  | School (K-12   | Other than K-12  | 21                |  |  |  |
| ree: Angless :   |  |  |  | Other (i.e., bu  | ivale & commerce   | al balands        |  |  |  |
| 3957 WEST  | A VE.  |  |  | homes, etc.)   | · , ' ·  | Bldg Ag           |  |  |  |
|  | 3  |  |  | Square Feel  | # of Floors  | 40                |  |  |  |
| OCEAN CITY   | 302-3  |  |  | 1000   | 1  |                   |  |  |  |
|  |  | County Cox   | SO (7) ISTATE  |  | or I being demov   | 2000)             |  |  |  |
| OUNTY (6) CARE MAY   |  | USE ONLY   | )  |  | CONT   | =                 |  |  |  |
| ביים או  | Owner  | ASCH HO.   | Name of Abate  | meni Contracto (9)   | ć.   |                   |  |  |  |
| are of Marionny Firm Hired by Building   |  | Sue Address  |  |  |  |                   |  |  |  |
| 1  |  |  | = 100  |  |  |                   |  |  |  |
| rees Aggress   |  |  |  | S. SPRU  | CE 770,  |                   |  |  |  |
|  |  |  | City. State, Zip   | C∞e  |  | 12:52             |  |  |  |
| it, State Dp Code  |  |  | MA   | PLE SHOT   | DE PUS   | 0000              |  |  |  |
|  | I. Yel   | ephone No  | Telephone No.  | 20 01/23   | Lanse No   | 44                |  |  |  |
| raeci Manager la Montonna Firm   |  | Mark 199   | 856-779-0472 00444   |  |  |                   |  |  |  |
|  |  | X7-00-11-11-11-11-11-11-11-11-11-11-11-11-   |  |  |  |                   |  |  |  |
| I Sah  | esuled Comple  | 11) sist-nais  | Name of OSH  | Monnoy .   |  | ,                 |  |  |  |
| 'an tiale (IV)   | eou ed Comai   | 11) sis (11  | JOSE   | PKHLEM   |  | ,                 |  |  |  |
| 11 /2 4 /13  | 2/2/   | 13.  | JOSE   | PKALEM   | М  | ,                 |  |  |  |
| 11 /24/13 1  | 2/2/   | 13.  | Name of OSHV<br>Jin S E<br>Sueel Address<br>369  | Moning PILALEM   | М  |                   |  |  |  |
| capang Status During Abatement (Ch   | 2/2/<br>nock only one)<br>Penod of Abali   | 13.  | Name of OSHA<br>Jn S E<br>Sueer Addres<br>369  | Moning PILLEM  | M<br>E/ WE.  |                   |  |  |  |
| coupant Status During Abatement (Ch<br>Factify Closed Vacated During Entire I<br>Abatement Performed Outside of Norm   | 2/2/<br>nock only one)<br>Penod of Abali   | 13.  | Name of OSHA<br>Jn S E<br>Sueer Addres<br>369  | Moning PILALEM   | M<br>E/ WE.  |                   |  |  |  |
| coupand Status During Abatement (Ch<br>Facting Closed Vacated During Entire<br>Abatement Performed Outside of Norm<br>Outside Of Norm  | 2/2/<br>nock only one)<br>Penod of Abali   | 13.  | Name of OSHA<br>Jn S E<br>Suber Addres<br>3 6 9 C<br>City, State, Apple  | Moning<br>PKMLEM<br>SPRUC<br>Code<br>Code<br>SHAD  | м<br>ЕЛ WE.<br>E, N. S.  |                   |  |  |  |
| coupant Status During Abatement (Ch<br>Factify Closed Vacated During Entire I<br>Abatement Performed Outside of Norm   | 2/2/<br>neck only one)<br>Pence of Abati<br>nay Facility Hou   | ement<br>urs   | Name of OSHA  JOSE  Subal Addres  Gry. State, Apple  | Code SHAD  | м<br>ЕЛ WE.<br>E, N. S.  |                   |  |  |  |
| capang Status During Abatement (Ch<br>Facility Closed/Vacated During Entire I<br>Abatement Performed Outside of Norm<br>Other Describe:  | Z / Z / neck only one) Penod of Abali nay Facility Hot   | ement urs  | Name of OSHV  JOSE  Subal Addres  Chy. State, Mar.   | Montage PILLE MA<br>SPILLE MA<br>Code SHAD<br>Containment with Ne<br>Enclosure   | M<br>E/ WE.<br>E, N, S,  | 08057             |  |  |  |
| coupancy Status During Abatement (Ch<br>Facking Closed Vacated During Entered<br>Abatement Performed Outside of Norm<br>Outher Describe:  Cope of Work (Check all that apply)  | 2/2/<br>neck only one)<br>Pence of Abati<br>nay Facility Hou   | ement urs  | Name of OSHV  JOSE  Subal Addres  Chy. State, Mar.   | Code SHAD  | M<br>E/ WE.<br>E, N, S,  | 06057             |  |  |  |
| capang Status During Abatement (Ch<br>Facility Closed/Vacated During Entire I<br>Abatement Performed Outside of Norm<br>Other Describe:  | Pence of Abali   | erment urs   | Name of OSHV  JOSE  Subal Addres  Chy. State, Mar.   | Montage PILLE MA<br>SPILLE MA<br>Code SHAD<br>Containment with Ne<br>Enclosure   | M<br>E/ WE.<br>E, N, S,  | 06057             |  |  |  |
| coupancy Status During Abatement (Ch<br>Facking Closed Vacated During Entered<br>Abatement Performed Outside of Norm<br>Outher Describe:  Cope of Work (Check all that apply)  | Renova  Renova  Renova  Renova  Renova  Renova  Renova   | ement urs  | Name of OSHM  Jn S E  Subal Addres  Gry. Subal, Mg.  Mp. H  Glov.  Non-  | Moning  PICALE M  S  S  PICUC  Code  Containment with Ne Enclosure  Exempted (1) and N  Tol  | E / W. S.  | 0605              |  |  |  |
| caupancy Status During Abatement (Ch.) Facting Closed Vacated During Entire () Abatement Performed Outside of Norm Other Describe:  Cope of Work (Check all that apply)  23 \$1 or 23 if 2150 \$1 or 2750 if   | Renova  Committee  Is Local Norma  Used Soll Maintend  | ement urs  | Name of OSHM  JOSE  Substitution  Substitution  City, State, Age  MAR  Oescription  Oescription  | Code  Code  Containment with Ne  Code  Code  Containment with Ne  Code  Containment with Ne  Code  Containment with Ne  Code   | E / LIE.  E / N. J.  Equative Pressure  Amount (Specify  | 0805              |  |  |  |
| caupancy Status During Abatement (Ch<br>Facility Closed vacated During Entire I<br>Abatement Performed Outside of Norm<br>Other Describe:  Cope of Work (Check all that apply)  23 st or 23 it 2150 st or 2260 it  Location of Location of   | Renova  Renova  Demaiis  Used Soll  Maintena   | ement urs  | Sveet Addres  Sveet Addres  Cry. State, Agr  Cry. State, Agr  Non-  Description  Spessos Containing  (i.e. Infamily system)  | Code  Code  Containment with Ne Enclosure Exempted (") and N  In of Material (ACM) Instination.  AT, or  | E/ W.E.  | 0805              |  |  |  |
| caupancy Status During Abatement (Ch.) Facting Closed Vacated During Entire () Abatement Performed Outside of Norm Other Describe:  Cope of Work (Check all that apply)  23 \$1 or 23 if 2150 \$1 or 2750 if   | Renova  Renova  Renova  Demait  Used Solu  Maintena  Custoc  Stan                                      | ement urs  | Name of OSHM  JOSE  Substitution  Substitution  City, State, Age  MAR  Oescription  Oescription  | Code  Code  Containment with Ne Enclosure Exempted (") and N  In of Material (ACM) Instination.  AT, or  | E / LIE.  E / N. J.  Equative Pressure  Amount (Specify  | 0805              |  |  |  |
| coupancy Status During Abatement (Chi<br>Facility Closed Vacated During Entire II<br>Abatement Performed Outside of Norm<br>Other Describe:  Cope of Work (Check all that apply)  23 51 or 23 it 21 50 51 or 2260 it  Location of Aspessos Containing Material (ACM) TO BE ABATED                      | Renova  Renova  Renova  Coemcit  Used Sol  Maintena  Cusica  (12)                                      | ement urs  | Sveet Addres  Sveet Addres  Cry. State, Agr  Cry. State, Agr  Non-  Description  Spessos Containing  (i.e. Infamily system)  | Code  Code  Containment with Ne Enclosure Exempted (") and N  In of Material (ACM) Instination.  AT, or  | E / LIE.  E / N. J.  Equative Pressure  Amount (Specify  | 0805              |  |  |  |
| caupancy Status During Abatement (Ch<br>Facility Closed/Vacated During Entered<br>Abatement Performed Outside of Norm<br>Other Describe:  appeal work (Check all that apply)  23 \$1 or 23 it 2150 \$1 or 2760 it  Location of Aspessos Containing Material (ACM)  TO BE ABATED IN Facility            | Renova  Renova  Renova  Demait  Used Solu  Maintena  Custoc  Stan                                      | ement urs  | Name of OSH  | Code  Code  Containment with Ne  Code  Containment with Ne  Code  Containment with Ne  Containment with Ne  Code  Containment with Ne  Code  Cod | E / U.E.  E / N. J.  E patre Pressure  Amount (Specify SF & LF;  | 6 A Hernoval      |  |  |  |
| coupancy Status During Abatement (Chi<br>Facility Closed/Vacated During Entire II<br>Abatement Performed Outside of Norm<br>Other Describe:  Cope of Work (Check all that apply)  23 \$1 or 23 it 2150 \$1 or 2750 it  Location of Aspessos Containing Material (ACM)  TO BE ABATED  IN Facility  (13) | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement urs  lition ton  lity ely by ance! A stall 2   | Name of OSH  | Code  Code  Containment with Ne  Code  Containment with Ne  Code  Containment with Ne  Containment with Ne  Code  Containment with Ne  Code  Cod | E / LIE.  E / N. J.  Equative Pressure  Amount (Specify  | 6 A Hernoval      |  |  |  |
| caupancy Status During Abatement (Ch<br>Facility Closed/Vacated During Entered<br>Abatement Performed Outside of Norm<br>Other Describe:  appeal work (Check all that apply)  23 \$1 or 23 it 2150 \$1 or 2760 it  Location of Aspessos Containing Material (ACM)  TO BE ABATED IN Facility            | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement urs  | Sveet Addres  Sveet Addres  Cry. State, Agr  Cry. State, Agr  Non-  Descriptor  Spesies Containing  (i.e. Infamily system)   | Code  Code  Containment with Ne  Code  Containment with Ne  Code  Containment with Ne  Containment with Ne  Code  Containment with Ne  Code  Cod | E / U.E.  E / N. J.  E patre Pressure  Amount (Specify SF & LF;  | 6 A Hernoval      |  |  |  |
| coupancy Status During Abatement (Chi<br>Facility Closed/Vacated During Entire II<br>Abatement Performed Outside of Norm<br>Other Describe:  Cope of Work (Check all that apply)  23 \$1 or 23 it 2150 \$1 or 2750 it  Location of Aspessos Containing Material (ACM)  TO BE ABATED  IN Facility  (13) | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement urs  lition ton  lity ely by ance! A stall 2   | Name of OSH  | Code  Code  Containment with Ne  Code  Containment with Ne  Code  Containment with Ne  Containment with Ne  Code  Containment with Ne  Code  Cod | E / U.E.  E / N. J.  E patre Pressure  Amount (Specify SF & LF;  | 6 A Hernoval      |  |  |  |
| coupancy Status During Abatement (Chi<br>Facility Closed/Vacated During Entire II<br>Abatement Performed Outside of Norm<br>Other Describe:  Cope of Work (Check all that apply)  23 \$1 or 23 it 2150 \$1 or 2750 it  Location of Aspessos Containing Material (ACM)  TO BE ABATED  IN Facility  (13) | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement urs  lition ton  lity ely by ance! A stall 2   | Name of OSH  | Code  Code  Containment with Ne  Code  Containment with Ne  Code  Containment with Ne  Containment with Ne  Code  Containment with Ne  Code  Cod | E / U.E.  E / N. J.  E patre Pressure  Amount (Specify SF & LF;  | 6 A Hernoval      |  |  |  |
| coupancy Status During Abatement (Chi<br>Facility Closed/Vacated During Entire II<br>Abatement Performed Outside of Norm<br>Other Describe:  Cope of Work (Check all that apply)  23 \$1 or 23 it 2150 \$1 or 2750 it  Location of Aspessos Containing Material (ACM)  TO BE ABATED  IN Facility  (13) | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement urs  lition ton  lity ely by ance! A stall 2   | Name of OSHU  TO SE  Substitute Addies  3 6 9 0  City, State, Age  Mon.  Glovi  Non-  Description  Substitute Addies  Full City  Grovi  Non-  Substitute Addies  Full City  Oner myscola  Today  V  Today  Substitute  Today  T | Moning  PICALE M  S  S  PICUC  Code  Containment with Ne  Enclosure  Exempted (") and N  In of  Waternal (ACM)  Instination.  AT. of  Inequal  ITE   | EAUE.  ENJ.  | O Hermonia X      |  |  |  |
| coupancy Status During Abatement (Ch.) Facility Closed/Vacated During Entered Abatement Performed Outside of Norm Other Describe:  Cope of Work (Check all that apply)  23 51 or 23 ill 2160 51 or 2260 ill  Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13)                          | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement ups  | Name of OSHU  TO SE  Substitute Address  369  City, State, Agr  Min.  Glovi  Non  Description  Substitute Containing  (i.e. Inarmal system  surface, V  other dyscolla   | Moning  PICALE M  S  S  PICUC  Code  Containment with Ne  Enclosure  Exempted (") and N  In of  Waternal (ACM)  Instination.  AT. of  Inequal  ITE   | EAUE.  ENJ.  | O Hermonia X      |  |  |  |
| coupancy Status During Abatement (Ch. Facility Closed/Vacated During Entire II) Abatement Performed Outside of Norm Ouner Describe:  Cope of Work (Check all that apply)  23 \$1 or 23 III 2150 \$1 or 2760 III  Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13)  S ( P MU Ca.        | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement ups  | Name of OSHU  TO SE  Substitute Address  369  City, State, Agr  Min.  Glovi  Non  Description  Substitute Containing  (i.e. Inarmal system  surface, V  other dyscolla   | Code  Code  Code  Comisinment with Ne  Enclosure  Exempted (') and N  The code  The co | E / LIE.  E / N. J.  E | O S Remain X      |  |  |  |
| coupancy Status During Abatement (Ch.) Facility Closed/Vacated During Entered Abatement Performed Outside of Norm Other Describe:  Cope of Work (Check all that apply)  23 51 or 23 ill 2160 51 or 2260 ill  Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13)                          | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement curs  sition  tion  tion  tion  ty  sy  sy  sy  sy  sy  sy  sy  sy  sy   | Name of OSHU  TO SE  Substitute Address  369  City, State, Agr  Min.  Glovi  Non  Description  Substitute Containing  (i.e. Inarmal system  surface, V  other dyscolla   | Code  Code  Code  Comisinment with Ne  Enclosure  Exempted (') and N  The code  The co | E / LIE.  E / N. J.  E | O S Remain X      |  |  |  |
| coupancy Status During Abatement (Ch.) Facility Closed/Vacated During Entered Abatement Performed Outside of Norm Other Describe:  Cope of Work (Check all that apply)  23 51 or 23 ill 2150 51 or 2250 ill  Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13)  SID MU CA.              | Renova  Renova  Renova  Committee  Is Local  Norma  Used Sol  Maintena  Custoc  Start  (12)  Tes Norma | ement ups  sition  ton  tion   Name of OSHU  JOSE  Sue of Addres  3 6 9 C  City. State, Agr  More  Description  Sue of Addres  Glove  Non-  Description  Sue of Addres  Transport  One of More  Transport  One of More  On | Code  Code  Code  Comisinment with Ne  Enclosure  Exempted (') and N  Thol  Mattenal (ACM)  Institution.  AT. 01  Inecus)  Name of Re  C. M  | EAUE.  ENJ.  | OS A Herrory X    |  |  |  |
| coupancy Status During Abatement (Ch.) Facility Closed/Vacated During Entered Abatement Performed Outside of Norm Other Describe:  Cope of Work (Check all that apply)  23 51 or 23 if 2160 51 or 2260 if  Location of Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13)  SID IN Ca.    | Renova  Renova  Renova  Demais  Used Sol  Maintena (12)  | ement ups  sition  ton  tion   Name of OSHU  TO SE  Substitution  Substitution  City, State, Age  Min.  Glove  Nome  Oescription  Substitution  Oescription  Substitution  Oescription  Substitution  Oescription  April  Oescription   | Code  Code  Code  Code  Colinariment with Ne  Code  Code  Containment with Ne  Code  Containment with Ne  Code  Co | E / LIE.  E N J.  E N  | OS A Herrory X    |  |  |  |
| coupancy Status During Abatement (Ch.) Facility Closed/Vacated During Entered Abatement Performed Outside of Norm Other Describe:  Cope of Work (Check all that apply)  23 51 or 23 ill 2150 51 or 2250 ill  Aspessos Containing Material (ACM) TO BE ABATED IN Facility (13)  SID MU CA.              | Renova  Renova  Renova  Demait  Is Local  Norma  Used Soll  Maintena  Custoc  Stan  (17)  Yes No       | ement ups  sition  ton  tion   Name of OSHU  JOSE  Sue of Addres  3 6 9 C  City. State, Agr  More  Description  Sue of Addres  Glove  Non-  Description  Sue of Addres  Transport  One of More  Transport  One of More  On | Code  Code  Code  Code  Colinariment with Ne  Code  Code  Containment with Ne  Code  Containment with Ne  Code  Co | EAUE.  ENJ.  | 08 05 7 Removie X |  |  |  |

\* Emergency \*

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

OK 3720

|   |                  |   |   | ding Owne           |  | ator (                        | 2)  | <u> </u>   | <u>ر ر</u>                        |                                     | 5.1     | - M    | 1           | T         |
|---|------------------|---|---|---------------------|--|-------------------------------|---|------------|-----------------------------------|-------------------------------------|---------|--------|-------------|-----------|
| ate of Notification (1)<br>1/14/13  |                  | Name of Building Owner/Operator (2) Brennon Private Home Street Address |   |                     |  |                               |   |            |                                   |                                     |         |        |             | -         |
| gencies Notified Type Notification  |                  |   | eet Addre<br>10 West                    |                     |  |                               |   | a 1        | <del>- 1.16</del>                 | W -1 8 -2                           | 013     |        |             | 4         |
| EPA Initial DEP Amended Amendment #   | Participation—vi | Cit   | y, State, Z                             | ip Code<br>om NJ 08 | 3008   |                               | 1   |            | NU                                | , , , , ,                           | .0:0    |        |             |           |
| DOH Emergency (included justification)  | ding             | Na  | me of Co                                | ntact               |  | 1                             |   |            | Talor                             | harr N                              |         |        |             | 1         |
| DCA Cancellation  |                  | 10  |   | INFORM              | ATION  | 1                             |   |            | -                                 |                                     |         |        | 1           | $\dashv$  |
| lame of Facility Where Abatement is Taking Pla<br>Brennon Private Home                            | ce (3)           |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                     |  |                               | O. L  | ool (K-12) | (Othe                             | r than K-12)                        | W.F     | . ho   | mos         |           |
| Street Address<br>340 West 11st   |                  |   |   |                     |  |                               | etc.)   |            |                                   | commercial t                        |         | . Age  |             | 4         |
| City (5)<br>Ship Bottom NJ 08008  |                  |   |   |                     |  |                               | Square F<br>1000+   |            | 2                                 |                                     | 35 -    |        |             |           |
| County (6)  |                  | C   | ounty Coo                               | ie (7)<br>ONLY)     |  | _                             | Current U<br>Home   | Jse (Prior | if beir                           | ng demolished                       | d)      |        |             |           |
| Ocean  Name of Monitoring Firm Hired by Building Own  | er (8)           | ۲   | ASCM N                                  | 0.                  | 7  | Name                          | of Abaten   | ent Cont   | ractor                            | (9)                                 |         | 4      |             |           |
| N/A   |                  |   |   |                     |  |                               | aco Inc.  |            |                                   |                                     |         |        | -           | $\neg$    |
| Street Address  |                  |   |   |                     |  |                               | Box 329   | Codo       |                                   |                                     |         |        |             | $\dashv$  |
| City, State, Zip Code   |                  | City, State, Zip Code<br>West Berlin NJ 08091                           |   |                     |  |                               |   |            |                                   |                                     |         |        |             |           |
| Project Manager for Monitoring Firm   |                  | Telephone No. T   |   |                     |  |                               | Telephone No. License No. 856-753-9800 00727                                    |            |                                   |                                     |         |        |             |           |
| Start Date (10)   | heduled          |   | pletion Da                              | ate (11)            |  | Name of OSHA Monitor<br>Same  |   |            |                                   |                                     |         |        |             |           |
| 11/15/13 1 Occupancy Status During Abatement (Check C   | ***              | 100   |   |                     |  | Street Address                |   |            |                                   |                                     |         |        |             |           |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | iod of Ab        | batement  |   |                     |  |                               | State, Zip  | Code       |                                   |                                     |         |        |             |           |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if                           | Section 1        | enova   |   | ,                   |  |                               | Mini  | Enclosur   | e<br>cedur                        | th Negative P<br>e<br>ind Non-Friab | le Prod | edur   | e           |           |
|   |                  |   |   |                     |  |                               |   |            |                                   |                                     |         | Abate  | ment<br>pe  |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                      | Used<br>Mai      | sed Solely by laintenance/ stodial Staff? Asbestos C                    |   |                     |  | itainin<br>Il syste<br>acing, | otion of<br>ng Material (ACM)<br>stems insulation,<br>g, VAT, or<br>sellaneous) |            | ) Amount<br>(Specify<br>SF or LF) |                                     | Removal | Repair | Encapsulate | Enclosure |
|   | Yes              | No  |   |                     | Evt  | orior                         | Siding  | 7          | ┼-                                | 1800 SF                             | x       |        |             |           |
| Exterior Siding   |                  |   | ×                                       |                     | EXI  | enor                          | Siding  |            | -                                 |                                     |         |        |             |           |
|   |                  |   | +                                       |                     |  |                               |   |            |                                   |                                     |         |        |             |           |
|   | <b> </b>         |   | 1                                       |                     |  |                               |   |            |                                   |                                     |         | L      |             |           |
| Name of Registered Waste Hauler   |                  | -   | NJDEP V<br>Hauler ID                    | Vaste               | 100000000000000000000000000000000000000                        | ic Yar                        | ds  | Name of    |                                   | istered Landf                       | 111     |        |             |           |
| United Containers   |                  |   | 22459                                   |                     | 3  |                               | Data  |            |                                   |                                     |         |        |             |           |
| City, State<br>Elm NJ   |                  |   |   |                     | Disposal Date 11/19/13  City, State Morrisville PA 19067  Date |                               |   |            |                                   |                                     |         |        |             |           |
| Completed by<br>Anthony T Perna   | Title            | side  | nt                                      |                     |  | Sign                          | ature   |            |                                   |                                     | 11/14   | /13    |             |           |



# Date of Notification

| 00  | 8 7 3 |
|-----|-------|
| 1 2 | 300   |
|     | 012   |

| Date of Notification (1)<br>11/14/13  |  | Т               |                  | f Building<br>ny Hans |  |   |              |  |           |                                 |            |              | 7 5           | a ;*        |           |  |
|---|--|-----------------|------------------|-----------------------|--|---|--------------|--|-----------|---------------------------------|------------|--------------|---------------|-------------|-----------|--|
| Agencies Notified Type Notification   | ***  | +               | Street A         |                       |  |   |              | 7  | 1207      | 11.20                           | Ų.         | 1            |               | -           | 1         |  |
|   |  |                 | 6 Tille          | r Court               |  |   |              |  |           |                                 |            |              |               |             |           |  |
| DEP Amended   |  |                 |                  | ite, Zip Co           |  |   |              | 7/8  |           | VOV                             | 1 8        | 3 21         | )13           |             | 1         |  |
| DOL Amendment   |  | - 1             | Little E         | gg Harl               | or NJ  | 08070   | )            |  |           | NOV                             | 1 3        | - 4          | ) 10          |             |           |  |
| DOH justification Cancellation  | including  | - 1             | Name of<br>Tamm  | f Contact<br>y        |  |   |              |  | ,         |                                 |            |              |               |             |           |  |
| Name of Facility Manage About the Till  | FI (8)   |                 | FACI             | LITY INFO             | DRMAT  | ON  |              | 7  | 1         |                                 |            |              |               |             |           |  |
| Name of Facility Where Abatement is Taking<br>Tammy Hanson Private Home<br>Street Address     | g Place (3)  |                 |                  |                       |  |   |              | of Facility (4<br>chool (K-1   | 2)        |                                 | 14.40      |              |               | ¥           |           |  |
| 6 Tiller Court  |  |                 |                  |                       |  |   | X C          | ubchapter<br>other (i.e. p<br>tc.)   | rivate    | er man<br>& comm                | nercia     | )<br>I build | dings,        | home        | es,       |  |
| City (5)<br>Little Egg Harbor NJ 08070  |  |                 |                  |                       |  |   |              | e Feet   | # o       | f Floors                        |            | 1            | ldg. A<br>5 + | ge          |           |  |
| County (6) Ocean  |  |                 |                  | Code (7)<br>USE ONLY  |  |   | Currer       | nt Use (Pric   | or if bei | ng dem                          | olish      | ed)          |               |             |           |  |
| Name of Monitoring Firm Hired by Building (N/A  | Owner (8)  |                 | ASCN             | No.                   |  |   | of Abat      | ement Con  | tractor   | (9)                             |            |              |               |             |           |  |
| Street Address  |  |                 | 1                |                       | all .  | Street  | Address      | S  |           |                                 |            |              |               |             |           |  |
| City, State, Zip Code   |  | 11/1/11         |                  |                       | City, S  | State, Zip  | Code         |  |           |                                 |            | _            |               |             |           |  |
| Project Manager for Monitoring Firm   | _  | Telepho         | ne No            |                       |  |   | NJ 080       | 91   | Licens    | se Nr                           |            |              |               |             |           |  |
| Start Date (10)   | <u> </u>   |                 |                  | ,                     |  | Telephone No. License No. 00727                         |              |  |           |                                 |            |              | 97            |             |           |  |
| 11/15/13  | 11/21/1:   | 3               | npletion         | Date (11)             |  | Name<br>Sam   |              | A Monitor  |           |                                 |            |              |               |             |           |  |
| Occupancy Status During Abatement (Chec   | k Only One   | 2)              |                  |                       |  | Street  | Address      | 3  |           |                                 |            |              |               |             |           |  |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | Period of Al<br>al Facility  | oaterr<br>Hours | ent              |                       |  |   |              |  |           |                                 |            |              |               |             |           |  |
| Scope of Work (Check All That Apply)  |  |                 | W.               |                       | ¢  |   |              |  |           |                                 |            |              | _             |             | -         |  |
| ≥3 sf or ≥3 if<br>≥160 sf or ≥260 if  | Principles 1   | enova<br>emolit | tion             | e v                   |  | ×   | Mini<br>Glov | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |           |                                 |            |              |               |             |           |  |
|   | is l   | ocati           | on               |                       |  |   |              | ZXOTT  | ( ) 4     | 4 110111                        | nab.       | 110          | Abate         | ment        |           |  |
| Location of   |  | ormal           |                  |                       |  |   |              | .  |           |                                 |            |              | Ту            | pe          | -         |  |
| Aspestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)                           | Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Nor Used S Mainte Custod |                 |                  |                       | Description of Asbestos Containing Material (ACN (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) |   |              |  |           | Amount<br>(Specify<br>SF or LF) |            |              | Repair        | Encapsulate | Enclosure |  |
| Exterior Siding   | Yes  | No              | N/A<br>X         |                       | Evto   | rior Sid  | ding         |  | 10        | 00 SF                           | -          |              |               |             |           |  |
| Exterior Siding   | ++   |                 | ^                |                       | Exte   | 1101 310  | uirig        |  | 12        | 00 SF                           |            | x            |               |             |           |  |
|   |  |                 |                  |                       |  |   |              |  |           |                                 |            |              |               |             |           |  |
| Name of Registered Waste Hauler   |  | N               | JDEP W           | /aste                 | Cubic  | Yards   |              | Name of F  | Registe   | red Lar                         | ndfill     |              |               |             |           |  |
| United Containers   |  |                 | auler ID<br>2459 | No.                   | of Wa  |   |              | G.R.O.V  |           |                                 |            |              |               |             |           |  |
| City, State<br>Elm NJ   |  |                 |                  |                       | Jan. 10 10 10 10 10 10 10 10 10 10 10 10 10  | Disposal Date City, State 11/21/13 Morrisville PA 19067 |              |  |           |                                 |            |              |               |             |           |  |
| Completed by<br>Anthony T Perna   | ent  |                 |                  | s<br>(                | Signatūre  |   |              |  |           | Dat                             | e<br>'14/1 | 3            |               |             |           |  |

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| Agencies Notified   Type Notification   Initial   Initial   Amended   Pape   Pa | Date of Notification (1)   | <del></del>  | - 1     |           |             | Owner/Opera  | ator (2        | 2)                                |  |            |         | 5.7            | 123  |      |  |  |
|--|--|--------------|---------|-----------|-------------|--|----------------|-----------------------------------|--|------------|---------|----------------|------|------|--|--|
| Beauty   Initial Amended   Amended   City, State, Zip Code   Peapack NJ 07977   Name of Contact   Jeffrey   Jeffre   | 11/12/2013   |              |         |           |             |  |                |                                   |  |            |         |                |      |      |  |  |
| DCP   County Color   County Code (7)   County    |  |              | 4.3     |           |             |  |                |                                   |  | S. 1       |         |                |      |      |  |  |
| Amendrated # Pagaback NJ 07977   Name of Contact   |  |              |         | City, Sta | ite, Zip Co | ode  |                |                                   |  | 1          | 1 2     | 201            | 3    |      |  |  |
| DOH  | DOL Amendment  |              | F       | Peapa     | ck NJ 0     | 7977   |                |                                   |  | MOA        | 10      | LUI            | J    |      |  |  |
| Start Date (10)   School (Neck All That Apply)   Start Date (10)   Start Date (10)   Start Date (10)   Start Date (10)   Store (Neck All That Apply)   Start Date (10)   Store (Neck All That Apply)   Store (Neck All   |  | (including   |         |           |             |  |                |                                   | Telen  | hone Ni    | nhar    |                |      |      |  |  |
| Name of Facility Where Abatement is Taking Place (3) Private House Street Address BO Holland Rd  City (5) Peapack, NJ 07977  County (6) Somerset Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Nick Restoration LLC  Street Address  72 Brookside Rd City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm Telephone No. Telep |  |              |         | leffrey   |             |  |                | * 1                               | -  |            |         |                |      | 8 3  |  |  |
| Name of Facility Where Abatement is Taking Place (3) Private House Street Address 80 Holland Rd  City (5) Peapack, NJ 07977  County (6) Somerset  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  72 Brookside Rd  City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. Street Address  Street Address  72 Brookside Rd  City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. Street Address  Street Address  73 Brookside Rd  City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. Street Address  Street Address  72 Brookside Rd  City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. Street Address  Street Address  74 Brookside Rd  City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. Street Address  75 Brookside Rd  City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. Street Address  Street Address  Street Address  Street Address  State Date (10) Street Address  State Address  State Date (10) Street Address  State Address  State Date (10) Sta | L SON  |              |         | 100       |             | DMATION  |                |                                   | -  |            |         |                |      |      |  |  |
| Private House  Street Address 80 Holland Rd  City (5) Peapack, NJ 07977  County (6) Somerset 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 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 Hired by Building Owner (8) Name of Monitoring Firm  Telephone No. Name of Monitoring Firm  Telephone No. | Name of Facility Where Abatement is Takin  | g Place (3   | 3)      | FACI      | LIII HAF    | JAMATION   | - 1            | Type of Facility                  | (4)  |            | -       |                |      | _    |  |  |
| Subchalpare # (Other than K-12) Subchalpare # (Other (Le. private & commercial buildings, homes, etc.)  City (5) Peapack, NJ 07977  County (6) Somerset 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) Nick Restoration LLC  Street Address  Street Address  72 Brookside Rd City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm Telephone No. Project Manager for Monitor |  | 9 1 1400 (0  | 1       |           |             |  |                | •                                 | Andre III  |            |         |                |      |      |  |  |
| Other (i.e. private & commercial buildings, homes, etc.)   Other (i.e. private & commercial build   |  |              |         |           |             |  |                |                                   |  | than K 1   | 21      |                |      |      |  |  |
| City (5) Peapack, NJ 07977  County (6) Somerset  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Sired Address  Sired Address  72 Brookside Rd  City, State, Zip Code  City, State, Zip Code  Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No.  Te |  |              |         |           |             |  | I E            |                                   |  |            |         | lings,         | home | es,  |  |  |
| County (6) Somerset Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) Nick Restoration LLC  Street Address 72 Brookside Rd City, State, Zip Code City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm Project Manage |  |              |         |           |             |  |                | etc.)                             | # of Floors   Rida Age   |            |         |                |      |      |  |  |
| Somerset   Somerset   Strate Use Oki.17   Some of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Nick Restoration LLC   | City (5)<br>Peapack, NJ 07977  |              |         |           |             |  | 1              | Square Feet                       | # of F   | loors      | В       | ldg. A         | ge   |      |  |  |
| Somerset   Somerset   Somerset   Some of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Nick Restoration LLC  | County (6)   |              |         | County    | Code (7)    |  |                | Current Use (Pr                   | ior if being   | demolish   | ned)    | _              |      | _    |  |  |
| Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Telephone No. Street Address  Telephone No.   |  |              |         |           |             |  | . 1            |                                   | Don's  | , 20       | /       |                |      |      |  |  |
| Street Address  Street Address  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No.  11/22/2013  Start Date (10)  11/22/2013  Start Date (11)  11/22/2013  Start Date (10)  11/22/2013  Start Date (10)  11/22/2013  Start Date (10)  11/22/2013  Start Date (10)  11/22/2013  Start Date (11)  11/22/2013  Start Date (11)  11/22/2013  Jast Environmental  Street Address  2333 RT 22  City, State, Zip Code  Union, NJ 07083  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos Containing Material (ACM)  In Be Abatement (ACM)  In Facility (13)  Start Date (12)  Telephone No.  It elephone No.  | A CONTRACTOR OF THE CONTRACTOR | Our = = /01  |         | 1 400     | ANG         | LN   |                | f Abotems - t C-                  | ntro ste - //  | 2/         |         | -              |      |      |  |  |
| Street Address 72 Brookside Rd 73 Brookside Rd 74 Brookside Rd 75 City, State, Zip Code Randolph NJ 07869 Project Manager for Monitoring Firm  Telephone No. Tel | waine of Monitoring Firm Hired by Building   | Owner (8)    |         | ASCA      | N NO.       | 733870   |                |                                   | Section and the Contract of th |            |         |                |      |      |  |  |
| T2 Brookside Rd  City, State, Zip Code  City, State, Zip Code  Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  973-933-2550  O1133  Start Date (10)  Scheduled Completion Date (11)  11/22/2013  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply  |  |              |         |           |             |  |                |                                   |  |            |         |                |      |      |  |  |
| City, State, Zip Code  | Street Address   |              |         | 100       |             |  |                |                                   |  |            |         |                |      |      |  |  |
| Randolph NJ 07869   Randolph NJ 07869   Randolph NJ 07869   Clicense No.   Telephone No.   Telephone No.   Telephone No.   Telephone No.   O1133   |  |              | *       |           | 72          | Bro  | okside Rd      |                                   |  |            |         |                |      |      |  |  |
| Telephone No.   Telephone No.   Great  | City, State, Zip Code  |              |         |           | Cit         | ty, Sta  | ite, Zip Code  |                                   |  |            |         |                |      |      |  |  |
| Telephone No.   Telephone No.   Grey Waste   Telephone No.   Stephone No.   Start Date (10)   Scheduled Completion Date (11)   Name of Registered Waste Hauler   Name of Registered Waste   Name of Registered Landfill   City, State   TBD   City, State   Tullytown, PA  |  |              |         |           | 8           | Ra   | ndo            |                                   |  |            |         |                |      |      |  |  |
| Start Date (10)  Start Date (11)  JAS Environmental  Occupancy Status During Abatement (Check Only One)  Street Address  2333 RT 22  City, State, Zip Code  Union, NJ 07083  Scope of Work (Check All That Apply)  State Abatement with Negative Pressure Mini-Enclosure  Full Containment with Negative Pressure Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mini-Enclosure  Mon-Exempted (*) and Non-Friable Procedure  Non-Exempted (*) and Non-Friable Proc | Project Manager for Monitoring Firm  |              |         | Telepho   | ne No.      |  |                |                                   |  |            |         |                |      |      |  |  |
| Start Date (10)  11/22/2013  Scheduled Completion Date (11)  11/23/2013  Occupancy Status During Abatement (Check Only One)  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 23 lf  23 sf or 23 lf  216 of or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos-Containing Material (ACM) In Pacility (13)  Scope of Work (Check All That Apply)  3 sf or 23 lf  Asbestos-Containing Material (ACM) In Pacility (13)  Vesa Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  Toll 100LF  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, SF or LF)  SF or LF)  Boiler Room Area  NDEP Waste Hauler ID No. 33782  TBD  Name of CSHA Monitor J&S Environmental  Name of OSHA Monitor J&S Environmental  Street Address  2333 RT 22  City, State Zip Code Union, NJ 07083  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify of Waste India (ACM)  SF or LF)  SF o |  |              |         |           |             | 0.000.000  |                |                                   |  |            |         |                |      |      |  |  |
| 11/22/2013  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Other – Describe: Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (') and Non-Friable Procedure Non-E  | Start Data (10)  | Schodul      | ad Con  | apletion  | Date (11)   |  | 7. 17.7        |                                   | 100  | 71100      | -       |                |      | _    |  |  |
| Occupancy Status During Abatement (Check Only One)  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  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pro  |  |              |         | ipieuon   | Date (11)   |  |                |                                   |  |            |         |                |      |      |  |  |
| 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  Renovation Demolition  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   |  |              |         |           |             |  |                |                                   | 11   |            |         |                |      |      |  |  |
| 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  Renovation Demolition  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*  | Occupancy Status During Abatement (Che   | ck Only Or   | ne)     |           |             |  |                |                                   |  |            |         |                |      |      |  |  |
| Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure N  |  |              |         |           |             | 27770  |                | 6,8                               |  |            |         |                |      |      |  |  |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure Non  |  | nal Facility | / Hours | 3         |             | Cit  | ty, Sta        | ite, Zip Code                     |  |            |         |                |      |      |  |  |
| 23 sf or ≥3 lf   ≥160 sf or ≥260 lf   Pemolition   Procedure   Pemolition   Pemo    | Other – Describe:  |              |         |           |             | — Un   | ion,           | NJ 07083                          |  |            |         |                |      |      |  |  |
| Demolition    Demolition   | Scope of Work (Check All That Apply)   |              |         |           |             |  |                |                                   |  |            |         |                |      |      |  |  |
| Substance   Cotation of Asbestos-Containing Material (ACM)   Used Solely by Maintenance / Custodial Staff? (12)   Yes   No   N/A   |  |              |         |           |             |  | SHEET STATE OF | Mini-Enclosure Glovebag Procedure |  |            |         |                |      |      |  |  |
| Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  TSI  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Type  Amount (Specify SF or LF)  Removal  Type  |              |         |           | T           |  |                | Tron English                      | 1  |            | T       | Company of the |      |      |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  Location of Asbestos-Containing Material (ACM) Maintenance/Custodial Staff? (12)  Nest Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  TSI  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Reg No N/A  TSI  Name of Registered Landfill G.R.O.W.S  City, State TBD  City, State TBD  City, State TBD  Tullytown, PA  | PD 020 02-06   |              |         |           |             |  |                |                                   | 7.   |            |         |                |      |      |  |  |
| Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (12)  Assests Cottniting Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Rinding (Specify SF or LF)  Rindin |  |              |         |           |             |  |                |                                   |  |            |         | Π              |      |      |  |  |
| Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  No N/A  TSI  100LF  K  Cubic Yards of Waste Hauler ID No. 33782  Disposal Date TBD  City, State TBD  City, State TBD  Tullytown, PA  |  | Ma           | intena  | nce/      |             |  |                |                                   | 0.5000000  |            | z       | _              | Ē    | ш    |  |  |
| Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  No N/A  TSI  100LF  K  Cubic Yards of Waste Hauler ID No. 33782  Disposal Date TBD  City, State TBD  City, State TBD  Tullytown, PA  |  | Cus          |         | Staff?    | (           | surfacing,   | , VAT          | , or                              |  |            | em      | ép             | àp   | ICIO |  |  |
| Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  No N/A  TSI  100LF  K  Cubic Yards of Waste Hauler ID No. 33782  Disposal Date TBD  City, State TBD  City, State TBD  Tullytown, PA  | (13)   |              | (12)    |           |             | other misce  | ellane         | ous)                              |  |            | ova     | a:             | sula | sure |  |  |
| Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  NJDEP Waste Hauler ID No. 33782  Disposal Date TBD  Cubic Yards of Waste TBD  G.R.O.W.S  City, State TBD  Tullytown, PA  |  | Yes          | No      | N/A       |             |  |                |                                   |  |            | 1       |                | te   |      |  |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Randolph, NJ 07869  Hauler ID No. 33782  Of Waste TBD  G.R.O.W.S  City, State TBD  City, State TBD  Tullytown, PA  | Boiler Room Area   |              |         |           |             |  |                |                                   | 100LF  |            | ×       |                |      |      |  |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Randolph, NJ 07869  Hauler ID No. 33782  Of Waste TBD  G.R.O.W.S  City, State TBD  City, State TBD  Tullytown, PA  | 88   |              |         |           |             |  | 5000           |                                   |  |            |         |                |      |      |  |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Randolph, NJ 07869  Hauler ID No. 33782  Of Waste TBD  G.R.O.W.S  City, State TBD  City, State TBD  Tullytown, PA  |  |              |         |           |             |  |                |                                   |  |            |         |                |      |      |  |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Randolph, NJ 07869  Hauler ID No. 33782  of Waste TBD  G.R.O.W.S  City, State TBD  City, State TBD  Tullytown, PA  |  |              |         | ļ         |             |  |                |                                   |  |            |         |                |      |      |  |  |
| Nick Restoration LLC  33782  TBD  G.R.O.W.S  Disposal Date TBD  City, State TBD  Tullytown, PA   | Name of Registered Waste Hauler  |              |         |           |             |  | ds             | Name of                           | Registere  | ed Landfil |         |                |      |      |  |  |
| City, State Randolph, NJ 07869  Disposal Date TBD  City, State TBD  Tullytown, PA  | Nick Restoration LLC   |              | 10-30   |           | NO.         |  |                | GRO                               | W.S  |            |         |                |      |      |  |  |
| Randolph, NJ 07869 TBD Tullytown, PA   |  |              | 3       | 3/82      |             |  | Not-           |                                   |  |            |         |                |      |      |  |  |
|  | Randolph, NJ 07869   |              |         |           |             |  | Jate           |                                   |  |            |         |                |      |      |  |  |
| Flyira Mrda President GIII a III a 11/12/2013  | Completed by   | Title        |         |           |             | The state of the s | atrire         |                                   |  | I Di       | ate     |                |      |      |  |  |
|  | Elvira Mrda  | 11.000000    | dent    |           |             | 6  | 111            | la Usa                            |  | 13,720     | 7. T. S | 013            |      |      |  |  |

### State of New Jersey

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

|  |  |   |         | (Pursu      | ant to                                  | NJAC    | 0.00-7 and 12.                          | . 120-1                               | , , , ,                 | 1 F3 F                 | 4 1                   | Check #              | 7163     | n/a        |      |   |
|--|--|---|---------|-------------|---|---------|---|---------------------------------------|-------------------------|------------------------|-----------------------|----------------------|----------|------------|------|---|
| Date of Notification (1)               |  |   |         | Building    |   |         |   |                                       | 1 1                     | is 100                 | 7 -                   |                      | -11      | -          | 554  |   |
|  | 11/12/13                                   | C                                       | ount    | y Colle     | ege                                     | of Mo   | rris                                    |                                       |                         |                        |                       |                      | 1        |            |      |   |
| Agencies Notified                      | Type of Notification                       | on Str                                  | eet A   | ddress      |   |         |   |                                       |                         | 11011                  | 18                    | 2013                 |          |            |      |   |
| [] EPA                                 |  | 21                                      | 4 C     | enter (     | Эrov                                    | ve Ro   | ad                                      |                                       |                         | NOV                    | 10                    | 2013                 |          | *          |      |   |
| the second second                      | [] Initial<br>Notification                 |   |         |             |   |         |   |                                       | -27                     | 1000                   |                       |                      | 1        |            | _    |   |
|  | [] Emergency                               |   |         | ite, Zip C  |   |         |   |                                       | -                       |                        | -                     |                      |          |            |      |   |
| [X] DOL                                | [x] Amended                                | R                                       | ando    | olph, N     | J 07                                    | 7869    |   |                                       |                         |                        |                       | -12                  |          | // 10 × 10 | 1    |   |
| [X] DOH                                | Notification                               | Na                                      | me of   | Contact     |   |         |   | -                                     | 1 + 1                   |                        |                       | 100                  |          |            |      |   |
| [] DCA                                 | Amendment #2                               | 1000                                    |         |             |   |         |   |                                       |                         |                        |                       |                      |          |            |      |   |
|  | [] Cancellation                            | 100                                     | sep     | h Pont      |   |         |   |                                       |                         | C                      |                       |                      |          |            |      | _ |
|  |  |   |         |             | ACII                                    | LITY IN | FORMATION                               | 200                                   |                         |                        |                       |                      |          |            |      | _ |
| Name of Facility When                  | e Abatement is Tak                         | king Plac                               | e (3)   |             |   |         |   | Тур                                   | oe of Facility (4)      | 12\                    |                       |                      |          |            |      |   |
| HPE Building - C                       | CCM  |   |         |             |   |         |   |                                       | Subchapte               | er 8 (Other            | than                  | K-12)<br>nmercial bu | .0140    |            |      |   |
| Street Address                         |  |   |         |             |   |         |   | 7                                     | [] Other (i.e. homes, e | private an<br>tc.)     | a con                 | nmerciai bi          | illain   | gs,        |      |   |
| 214 Center Grov                        | /e Road                                    |   |         |             |   |         |   |                                       |                         |                        |                       |                      |          |            |      |   |
|  |  |   |         |             |   |         |   |                                       | uare Feet               | # of Floo              | rs                    | Bldg                 |          |            |      |   |
| City (5)                               |  | County (                                |         |             |   |         | Code (7)                                |                                       | 20000                   | if boing do            | ~ 50<br>g demolished) |                      |          |            |      |   |
| Randolph                               |  | Morris                                  |         |             | 1                                       | (SIAIE  | USE ONLY)                               |                                       | ucational               | ii being de            | 1110113               | ilicu)               |          |            |      |   |
| Name of Monitoring Fi                  | rm Hired by Buildin                        | g Owner                                 | r A     | SCM No      | ).                                      | I N     | lame of Abatem                          | ment C                                | Contractor (9)          |                        |                       |                      |          |            |      |   |
| Whitman Compa                          |  |   |         | 0110        |   |         |   | Jupit                                 | ter Environn            | nental S               | ervi                  | ces, Inc             |          |            |      |   |
| Street Address                         |  |   |         |             |   | s       | treet Address                           |                                       |                         |                        |                       |                      |          |            |      |   |
| 7 Pleasant Hill F                      | Road                                       |   |         |             |   |         | 3                                       | 3 Lyı                                 | nn Court                |                        |                       |                      |          |            | 2500 |   |
| City, State, Zip Code                  |  |   |         |             |   | C       | City, State, Zip Code                   |                                       |                         |                        |                       |                      |          |            |      |   |
| Cranbury, NJ 08                        | 3512                                       |   |         |             |   |         |   | Linc                                  | coln Park, N            | J 07035                |                       |                      |          | 722        |      |   |
| Project Manager for M                  |  |   |         | Number      |   | T       | elephone Num                            |                                       |                         |                        | L                     | icense Nu            |          |            |      |   |
| Kevin Lovely                           | 0.40                                       |   |         | -5858       |   |         |   | 973-709-0200 00                       |                         |                        |                       |                      | 185      | 2          | _    |   |
| Scheduled Start Date                   |  |   |         | Date (11    | )                                       | N       | lame of OSHA                            |                                       |                         |                        |                       |                      |          |            |      |   |
| 6/14/1:                                | 3  | 12/                                     | 31/1    | 3           |   |         |   | J & S Environmental Laboratories, LLC |                         |                        |                       |                      |          |            |      |   |
| Occupancy Status Du                    | ring Abatement (Ch                         | eck only                                | one)    |             |   | S       | Street Address                          |                                       |                         |                        |                       |                      |          |            |      |   |
| [] Facility Close                      | ed/Vacated During I<br>erformed Outside of | Entire Pe                               | eriod o | of Abaten   | nent                                    |         | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | many state of                         | 3 Route 22 \            | /V                     |                       |                      |          |            |      |   |
|  | eribe: evenings an                         |   |         | illy Flours | . –                                     | C       | City, State, Zip 0                      |                                       |                         | _                      |                       |                      |          |            |      |   |
|  | ribe: partially vacat                      |   |         |             |   |         |   | Unio                                  | on, NJ 0708             | 3                      |                       |                      |          |            |      |   |
| Scope of Work (Check                   | c all that apply)                          |   |         |             | 1000                                    |         |   | W                                     |                         | •                      |                       |                      |          |            |      |   |
| Coope of Train (chica                  |  |   |         |             |   |         |   |                                       |                         |                        |                       | Negative P           | ress     | ure        |      |   |
| [] Demolition                          |  |   |         | []          | Ren                                     | ovation |   |                                       |                         | Enclosure<br>bag Proce |                       |                      |          |            |      |   |
| [x] ≥3 sf or ≥3 lf<br>[1 ≥160 sf or ≥2 |  |   |         |             |   |         |   |                                       |                         | Friable Pr             |                       | ure                  |          |            |      |   |
| [] ≥160 sf or ≥2                       | .00 11                                     | lo lo                                   | Locat   | tion        | _                                       |         |   |                                       |                         |                        |                       |                      | Ab       | ater       | nen  | t |
|  |  | 0.0000000000000000000000000000000000000 |         | Used        |   |         | Desc                                    | cription                              | n of                    |                        |                       |                      | Ту       |            |      |   |
| Locatio                                | n of                                       | 5                                       | olely   | by          |   |         | Asbestos                                |                                       |                         |                        | 200                   | Amount               | R        | R          | E    | E |
| Asbestos – C                           | (1) D.M. 17 (1) (1) (1)                    |   |         | ce/Cus      |   |         |   | rial (A                               |                         |                        |                       | Specify<br>F or LF)  | E        | E<br>P     | N    | N |
| Material (<br>TO BE A                  |  | todi                                    | al Sta  | ff (12)     |   |         | (i.e., thei<br>insulation,              |                                       |                         |                        | 3                     | i Oi Li )            | O        | A          | A    | L |
| In Fac                                 |  | -                                       |         | 1           |   |         | or other n                              |                                       |                         |                        |                       |                      | V        | 1          | Р    | 0 |
| (13)                                   |  | Yes                                     | No      | N/A         |   |         |   |                                       |                         |                        |                       |                      | A        | R          | S    | S |
|  |  |   | _       | -           | - D:                                    |         |   |                                       | * * *                   |                        | 8 LI                  |                      | x L      | - 5        | U    | U |
| Mechanical Rooms                       |  | X                                       | х       | -           |   | e insul |   |                                       |                         |                        | 120                   |                      | <u> </u> | Н          |      | _ |
| Various                                |  |   | X       | -           |   | or tile | alion                                   |                                       |                         |                        |                       | SF                   | 1        |            |      |   |
| Various                                |  | X                                       | ^_      | -           | 111111111111111111111111111111111111111 |         | gs – wrap & c                           | nut.                                  |                         |                        | 40 1                  |                      | x        |            |      |   |
| Mechanical rooms                       | Masta Havior                               |   | DED     | Waste       | Lib                                     |         | Yards                                   |                                       | lame of Registe         | red Landfil            | 2                     |                      |          |            | _    |   |
| Name of Registered V                   |  |   |         | D No.       |   | Of Wa   |   |                                       | √linerva Lan            |                        | 113                   |                      |          |            |      |   |
| Jupiter Environr                       | nental Service                             |   | 04782   |             |   |         | 2                                       | 1.                                    | viii ici va Laii        | uiiii                  |                       |                      |          |            |      |   |
| City, State                            |  |   |         |             |   |         | sal Date                                |                                       | City, State             |                        |                       |                      |          |            |      |   |
| Lincoln Park, N.                       | J  |   |         |             |   | 11/2    | 29/13                                   | V                                     | Naynesburg              | i, OH                  | 4                     |                      |          | 775        |      |   |
| Completed By (Print of                 |  | Title                                   |         |             |   |         |   |                                       |                         |                        |                       |                      |          |            |      |   |
| Pane Repic                             |  | Gen                                     | eral    | Mana        | ger                                     |         | 2                                       |                                       |                         | _                      |                       | 11/12/               | 13       |            |      |   |
|  |  |   |         |             |   |         | 112                                     | -                                     |                         |                        | 1                     |                      |          |            |      |   |

ASB-41

Note: Phased Project. First phase is scheduled to start on 6/14/13 and be completed on/by 6/18/13. It involves removal of pipe insulation. Amendments will be sent for other phases.

|   |                                  |                | eav                                     |         | -NT                  |         |   |                         |            |                       |               |        |
|---|----------------------------------|----------------|---|---------|----------------------|---------|---|-------------------------|------------|-----------------------|---------------|--------|
| *   | State<br>CATION Of<br>ursuant to | of New         | TOS A                                   | 12:120  | EM.                  |         |   |                         |            |                       |               | 75.00  |
| NOTIFIC<br>(P)  | ursuant to                       | NJAC 8:        | .00 a.                                  | perator | (2)                  | - 60    | hool  |                         |            |                       |               | _      |
|   | Name of E                        | Building C     | ownerro                                 | ntary 8 | k Midd               | le Su   |   |                         |            |                       | 2000          |        |
|   | Drimai                           |                |   |         | C1-104               |         |   |                         |            |                       |               | -      |
| Date of Notification (1) Check#2532   | Street A                         | ddress         | nue                                     |         |                      |         |   |                         |            |                       |               |        |
| Date of Notification  11/13/13  Type Notification   | 41 Tue                           | 915711         | ode                                     |         |                      |         |   |                         |            |                       |               | _      |
|   | City, St                         | ate, Zip Caty, | NJ 07                                   | 306     |                      |         |   |                         | 9          |                       |               |        |
| \ Amended   | \ .lerse                         | y City         |   |         |                      |         | _   |                         |            | 3                     |               | _      |
| EPA Amended Amendment # Amendment # Emergency (including Emergency (including Emergency)  | Name                             | of Conta       | en Hof                                  | fman    |                      |         |   |                         |            |                       |               |        |
| DOL Emergency justification)  | Mis                              | Maure          | INFOR                                   | MATION  | TT                   | ype o   | Facility (4)  |                         | - K-12)    |                       |               |        |
| Cancellation  |                                  | 4CID.          |   |         | ][                   | 国 S     | chool (K-12)<br>Subchapter 8  | Other tha               | nmercial   | buildings.            | 20            | 22     |
| Tione (3  | )                                |                |   |         |                      | 篇 (     | Officer (i.e.,  |                         |            | Bldg.                 | 198           | -      |
| Name of Facility Where Abatement is Taking Place (Name of Facility Where Abatement & Middle School Primary Prep Elementary & Middle School                                  |                                  |                |   |         | 1                    |         | etc.)<br>are Feet   | # of Flo                |            | 70→                   |               |        |
| Primary Prep Elementary   |                                  |                |   |         |                      | 60,0    | 7000<br>Trent Use (Price  | 3                       | demolish   | ned)                  |               | _      |
|   |                                  |                |   |         |                      | Cur     | rent Use (Price   | or it penia             |            |                       |               | _      |
| 41 Tuers Ave  | _                                | County C       | ode (7)                                 |         |                      | \ S0    | hou   | atractor (              | 9)         |                       |               |        |
| City (5)<br>Jersey City, NJ 07306   | 7                                | County C       | SE ONL                                  | Y) —    | T Nan                | ne of A | chool Abatement Co  | oration                 |            |                       |               | _      |
| Jersey City, No   | 1                                | TASCN          | No.                                     |         | 1 =                  | 2 261   | V100  |                         |            |                       |               |        |
| County (6)  | er (8)                           | 1              |   |         |                      |         | oth Street  |                         |            |                       |               | _      |
| County (6) HUDSON Name of Monitoring Firm Hired by Building Owner   |                                  |                |   |         | 14                   | 26 b    | 3111 011  |                         |            |                       |               |        |
| Name of Monte   |                                  |                |   |         | -10                  | ity, St | ate, Zip Code<br>enberg, NJ   | 07093                   | Licen      | se No.                |               | _      |
| n/a Street Address  |                                  |                |   |         |                      |         |   |                         | 010        | 74                    |               |        |
|   |                                  |                | phone N                                 | 10:     |                      |         |   |                         |            |                       |               |        |
| City, State, Zip Code   |                                  | 1              |   |         | $\longrightarrow$    |         | of OSHA IVI   | onitor                  |            |                       |               | _      |
| for Monitoring Firm   | 200                              |                | tion Da                                 | te (11) |                      | FA      | Service   |                         |            |                       |               |        |
| Project Manager for Monitoring Firm   | Scheduled                        | Comple         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |         |                      | \       | - ddress  | ve                      |            |                       |               | _      |
|   | 11/2014                          | .010           |   |         |                      | 1       | - 25 ab   | ode                     | 33.4       |                       |               |        |
| Start Date (10)   | ck Only Or                       | e stome        | ent                                     |         |                      | Cit     | y, State, Zip C   |                         |            |                       |               | _      |
| Start Date (10) 11/23/13 Occupancy Status During Abatement (Che   | Period of                        | ty Hours       |   |         |                      | 1       |   |                         | 1          | Negative Pre          | ssure         |        |
| Occupancy Status During Abatement (Che<br>Facility Closed/Vacated During Entire<br>Abatement Performed Outside of No.<br>Starting @ 8:00 A                                  | mai rao<br>M                     |                |   |         |                      |         | ☐ Full  | Containm                | ent Willi  | Negative Pre          |               |        |
| Facility Closed/Vacated Outside of No<br>Abatement Performed Outside of No<br>Abatement Performed Outside of No<br>Starting @ 8:00 A<br>Other - Describe: Starting @ 8:00 A |                                  |                |   |         |                      |         | Min   | i-Enclosul<br>vebag Pro | ocedure    | d Non-Friable         | Proce         | ∋dι    |
| Abatement Other - Describe: Status  Scope of Work (Check All That Apply)  | 区                                |                | ation                                   |         |                      |         | H NO  | n-Exempt                | ed (1) all | 9                     | \ F           | 3dF    |
| Scope of Work (Chos   |                                  | Demol          | Illion                                  |         |                      |         |   |                         |            |                       | 1             |        |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |                                  |                |   | T       | 2000                 |         | scription of  |                         |            | Amount                | 1 2           |        |
| 2160 31 2   | $\overline{}$                    | Is Lo          | cation                                  | \       | 50 - 50 - 6 <b>-</b> | De      | escription of<br>staining Mater<br>al systems ins                                       | ial (ACIVI)             |            | (Specify<br>SF or LF) | Removal       | Vabra: |
|   | 1                                |                | mally<br>Solely b                       | y \     | Asbesto              | therma  | ataining Mater<br>al systems instacing, VAT, of<br>tacing, VAT, of<br>the miscellaneous | or .                    |            | . <del></del>         | \ <u>s</u>    | 1      |
| Location of Location Material (A  | CM)                              | Maint          | enance<br>dial Sta                      | ff?     | V                    | SUF     | facing, VAT, or<br>miscellaneou   | us)                     |            |                       | $\rightarrow$ |        |
| Ashestos-Containing MED   | /                                | Cusio          | (12)                                    |         |                      |         |   |                         | -          | 20 LF                 |               | ×      |
| In Facility   | 1                                | —T             | No                                      | NIA     |                      |         | ipe Insulati  | on                      | -+         |                       |               | T      |
| (13)  |                                  | Yes            | X                                       |         | ·                    |         | ipo   |                         |            |                       |               | +      |
| Ole Sel   | noom                             | 1              | 1                                       | +       |                      |         |   |                         |            |                       | -             | +      |
| Basement pre-K Classi   | 200                              | T_             | X                                       | +       | 1                    |         |   |                         |            | Registered La         | andfill       | 1      |
| Basement pre 1  | IOP                              | 1              |   | +-      | +                    |         | Vords   | -T                      | Name of    | Manageme              | ent           |        |
| and   |                                  | 1              |   | J       | Waste                | - 1     | Cubic Yards<br>of Waste   | \                       |            |                       |               | _      |
|   |                                  |                |   | 1Jaille | יייטו                | 1       | thd   | <del></del>             | City, St   | ate<br>own Landfil    | Λ             |        |
| Name of Registered Waste Ha   | uler                             |                |   | 1593    | 9                    |         | Disposal Da   | ale.                    | Tullyt     | OWIT Editor           |               | _      |
| Name of Register  |                                  |                |   |         |                      |         | tbd   |                         | <u> </u>   |                       |               |        |
| Freehold Carting  | 077                              | 28             |   |         |                      |         |   |                         |            |                       |               |        |
| City, State<br>PO Box 5010-Freehold   | , NJ 0112                        |                |   |         |                      |         |   |                         |            |                       |               |        |
| bo Rox 20   |                                  |                |   | *8      |                      |         |   |                         |            |                       |               |        |

# Check # 8145

| Date of Notification (1)<br>11/12/2013                        |  |                |  |                    | f Building<br>on Scha |                               |  | (2)                       |  |              |  |               |                 |             |           |
|---|--|----------------|--|--------------------|-----------------------|-------------------------------|--|---------------------------|--|--------------|--|---------------|-----------------|-------------|-----------|
| Agencies Notified   | Type Notification  |                |  | Street A<br>590 Cl | ddress<br>hestnut     | Street                        |  |                           |  | NO           | V 18   | 2013          |                 |             |           |
| DEP DOL   | Initial Amended Amendment  | -              |  |                    | te, Zip Co            |                               |  |                           |  |              |  | •             | - 4             |             | 1         |
| DOH DCA   | Emergency (<br>justification)<br>Cancellation                    | 100            | Ī  |                    | f Contact<br>chaumb   |                               |  |                           |  |              |  | **            |                 | -           | <u></u>   |
| _   | l <del>-</del>   |                |  | FACI               | LITY INF              | ORMATI                        | ION  |                           |  |              |  |               |                 |             | -         |
| Name of Facility Where<br>Residence                           | Abatement is Takin   | g Place (3     | )  |                    |                       |                               |  | Туре                      | of Facility (  | 5000<br>5000 |  | 7             |                 |             |           |
| Street Address<br>590 Chestnut Street                         | et   |                |  |                    | (2)                   |                               |  | ×                         | Subchapter<br>Other (i.e. p<br>etc.)                     | 8 (Othe      |  |               | dings           | hom         | es,       |
| City (5)<br>Teaneck   |  |                |  |                    |                       |                               |  | Squa<br>230               | re Feet  | # of         | Floors   |               | 8ldg. /<br>50 + | -           |           |
| County (6)<br>Bergen  |  |                |  |                    | Code (7)<br>USE ONLY  | ,                             |  |                           | ent Use (Prid  | or if bei    | ng demoli  | shed)         |                 |             |           |
| Name of Monitoring Firm                                       | n Hired by Building (  | Owner (8)      |  | ASCN<br>N/A        | l No.                 |                               |  |                           | atement Cor<br>st Haz Ma                                 |              | A STATE OF THE STA | С.            |                 | ***         |           |
| Street Address  | 12   |                |  | 1                  |                       |                               | Street   | Addre                     |  |              |  |               |                 |             |           |
| City, State, Zip Code   |  |                |  |                    |                       |                               | City, S  | tate, Z                   | ip Code<br>NJ 07504                                      | 1            | ,  |               |                 |             |           |
| Project Manager for Mor                                       | nitoring Firm  |                |  | Telepho            | ne No.                |                               | Teleph<br>973-3  | one N                     | la.  |              | License<br>00507   | No.           |                 |             | 5000.50   |
| Start Date (10)<br>December 2, 2013                           |  | Schedule       |  |                    | Date (11)             |                               |  |                           | HA Monitor<br>as above                                   | •            |  |               |                 |             |           |
| Occupancy Status Durin  | g Abatement (Chec  | k Only On      | e)   |                    |                       |                               | Street   | Addre                     | ss   |              |  |               |                 |             |           |
| Facility Closed/Vac<br>Abatement Perform<br>Other – Describe: | ated During Entire F<br>ned Outside of Norm<br>Unoccupied Baseme | al Facility    | Hours  |                    | *                     |                               | City, St   | tate, Z                   | ip Code  |              |  |               |                 |             |           |
| Scope of Work (Check A  | III That Apply)  |                |  |                    |                       |                               |  |                           |  |              |  |               |                 |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                          | ш тактруу  |                | enova<br>emolit                                |                    | *                     |                               | ×  | Mi                        | II Containme<br>ni-Endosure<br>ovebag Prod<br>n-Exempted | edure        |  |               |                 | Д           |           |
| g g   |  |                | Locati   | 60.500             |                       | et min                        |  |                           |  | ()           |  |               | Abate           |             | t         |
| Location Asbestos-Containing TO BE AB In Faci (13)            | Material (ACM)<br>ATED<br>lity                                   | Use<br>Ma      | lormal<br>d Sole<br>intenar<br>odial S<br>(12) | ly by              |                       | itos Coni<br>thermal<br>surfa | scription<br>taining M<br>I systems<br>cing, VA<br>niscellan | lateria<br>insul<br>T, or | ation,   | (S           | mount<br>specify<br>or LF)   | Removal       | Repair          | Encapsulate | Enclosure |
|   |  | Yes            | No   | N/A                |                       |                               |  |                           |  |              |  |               |                 |             |           |
| Basem   |  |                |  | X                  |                       |                               | Insulat  |                           |  |              | 0 LF<br>5 SF   | x             |                 |             |           |
|   | Basement   |                |  |                    |                       |                               | , modic  | auori                     |  |              |  |               |                 |             |           |
|   |  |                |  |                    |                       |                               |  |                           |  |              |  |               |                 |             |           |
| Name of Registered Was  | ste Hauler   |                |  | JDEP W             |                       |                               | Yards  |                           | Name of I  | Registe      | red Landf  | ŭl 💮          |                 |             |           |
| East Coast Haz Mat  | Removal, Inc.  |                |  | auler ID<br>3602   | NO.                   | of Wa                         |  |                           | North G  |              | S, Inc   | WM            | 1.              | 110         | şi        |
| City, State<br>Paterson, NJ 07504                             | 8  | ,              |  |                    |                       | 12/5/                         |  | /                         | City, State<br>Morrisvi                                  |              | 4  |               | <u>Q-1_3</u> n2 |             |           |
| Completed by<br>James Unger                                   |  | Title<br>Proje | ct Ma  | nager              |                       | S                             | Signature  | en                        | 4 11   | 1            |  | ate<br>1/12/2 | 2013            |             |           |
| ASB-41 (R-06-08)  |  |                |  |                    | I S                   |                               | * Do no  | t use                     | this form for  | asbest       | os licensu   | re exen       | npted           | activi      | ties.     |

Check# 22392

| D ( (N)-0'51' (4)                        |                           |            |                | TA            | lomo o            | f Building                  | Owner/Operator (2                    | 2)   | 1 29 2            |           |        |                                       | -         |
|--|---------------------------|------------|----------------|---------------|-------------------|-----------------------------|--------------------------------------|--|-------------------|-----------|--------|---------------------------------------|-----------|
| Date of Notification (1)  11 /           | 13 /                      | 13         |                |               |                   |                             | Turnpike Author                      |  | NOV 1             | 8 20      | 13     | 529                                   |           |
| Agencies Notified                        | Type Notificati           | ion        |                | -             | Street L          | Address                     |                                      |  | MUN I             | 0 20      | 10     |                                       | -         |
| ⊠ EPA                                    | ☐ Initial                 | 1011       |                |               |                   | Main Str                    | eet                                  |  | 20.3              |           |        | -                                     |           |
| Ø DEP                                    | ☐ Illitial ☐ Amended      |            |                | 1             |                   | ate, Zip C                  |                                      |  |                   | *         |        |                                       |           |
| □ DCA (NJAC 5:16)                        | Amendmer                  |            |                | 1             | 1000              | Charles and the same of the | , NJ 07095                           |  |                   |           | - 89   | 365                                   |           |
| ☑ DHSS<br>□ DCA                          | ☐ Emergency justification |            | g              | -             |                   | of Contact                  |                                      |  |                   |           |        |                                       | ,         |
| (NJAC 5:23-8)                            | ☐ Cancellation            |            |                | 1             |                   |                             | aczynski                             |  |                   |           |        |                                       |           |
|  |                           |            | -              |               |                   |                             | FORMATION                            |  |                   |           |        |                                       | 1         |
| Name of Facility Where                   | Abatement is Ta           | king Place | e (3)          |               |                   |                             |                                      | Type of Facility (4  | 4)                |           |        |                                       |           |
| Interchange Exit 7                       |                           |            |                |               |                   |                             |                                      | School (K-12)  |                   |           |        |                                       |           |
| Street Address                           |                           | •          |                |               |                   | _                           | 10                                   | Subchapter 8   | (Other than K-12  | 2)        |        |                                       |           |
| Exit 7A Toll Utility                     | Building - So             | uth        |                |               |                   |                             |                                      | Other (i.e., pri   | vate & commerc    | al buildi | ngs,   |                                       |           |
| City (5)                                 |                           |            |                |               |                   |                             |                                      | Square Feet  | # of Floors       | Bld       | g. Ag  | е                                     |           |
| Trenton                                  |                           |            |                |               |                   |                             |                                      | 1,500  | 1                 | 4         | 10     |                                       |           |
| County (6)                               |                           |            |                |               | Count             | y Code (7                   | (STATE USE ONLY)                     | Current Use (Price   | or if being demol | ished)    |        |                                       |           |
| Mercer                                   |                           |            |                |               |                   |                             |                                      | Utility Buildi   | ng                |           |        |                                       |           |
| Name of Monitoring Firm                  | n Hired by Buildi         | ing Owner  | (8)            | A             | SCM N             | No.                         | Name of Abateme                      |  |                   |           |        |                                       |           |
| Pennoni Associate                        | es                        |            |                |               |                   |                             | Diamond Hui                          | ntbach Constru   | ction Corpora     | ation     |        | 7.00                                  |           |
| Street Address                           |                           |            |                |               |                   |                             | Street Address                       |  |                   |           |        |                                       |           |
| 515 Grove Street,                        | Suite 1B                  |            |                |               |                   |                             | 500 East Luz                         | erne Street  |                   |           |        |                                       |           |
| City, State, Zip Code                    |                           |            |                |               |                   |                             | City, State, Zip Co                  | ode  |                   |           |        |                                       |           |
| Haddon Heights, N                        | NJ 08035                  |            |                |               |                   |                             | Philadelphia,                        | , PA 19124   |                   |           |        |                                       |           |
| Project Manager for Mo                   | nitoring Firm             |            | Te             | elep          | hone N            | No.                         | Telephone No.                        |  | License No.       |           |        |                                       |           |
| Alan Lloyd                               |                           |            |                | 850           | 6 547             | 0505                        | 215-739-8166                         | 6  | 00646             |           |        |                                       |           |
| Start Date (10)                          | S                         | cheduled   | Comp           | pleti         | on Dat            | e (11)                      | Name of OSHA N                       | /lonitor   |                   |           |        |                                       |           |
| 11 / 16                                  | /13                       | 11         | /_             | 18            | _ / _             | 13                          | SAME AS AE                           | BOVE   |                   |           |        |                                       |           |
| Occupancy Status Durin                   | ng Abatement (C           | Check only | one)           | )             |                   |                             | Street Address                       |  |                   |           |        |                                       |           |
| ☐ Facility Closed/Vaca                   |                           |            |                |               | nent              |                             |                                      |  |                   |           |        |                                       |           |
| Abatement Performe<br>Time of Abatement: |                           |            |                |               | - Des             | cribe                       | City, State, Zip C                   | ode  |                   |           |        |                                       |           |
| Scope of Work (Check a                   | all that apply)           |            |                | _             |                   |                             |                                      | -  |                   |           |        | -                                     |           |
|  |                           | <b>-</b>   | verov over the |               | 0.2-              |                             | ☐ Full Con                           | tainment with Neg  | ative Pressure    |           |        |                                       |           |
| ☐ ≥3 sf or ≥3 lf<br>☐ ≥160 sf or ≥260 lf |                           |            | lenov<br>emo   |               |                   |                             | ☐ Gloveba                            | g Procedure  |                   |           |        |                                       |           |
| ⊠ ≥100 31 01 <u>&gt;</u> 200 11          | 0.100                     |            |                |               |                   |                             | ⊠ Non-Exe                            | empted (*) and Nor   | n-Friable Proced  | 0.6       |        |                                       |           |
|  |                           |            | Is Lo          |               |                   |                             |                                      |  |                   | Ab        | ateme  | ent T                                 | ype       |
| Locatio Asbestos-Containing              |                           | , Us       | sed S          |               |                   | Ashe                        | Description of<br>stos Containing Ma | The second of th | Amount            | R         | R      | Щ                                     | m         |
| TO BE AE                                 |                           | IV         | lainte         |               |                   | (i.e., the                  | rmal systems insul                   | lation, surfacing,   | (Specify          | Remova    | Repair | cap                                   | Enclosure |
| IN Fac                                   | ility                     | Ci         |                | iai 3<br>12)  | Staff?            | 00000                       | VAT, or<br>other miscellane          | 20110)   | SF or LF)         | \sigma    | "      | Encapsulate                           | sure      |
| (13)                                     | )<br>:                    | Yes        | T              | No            | N/A               | 1                           | other miscellane                     | eous)  |                   |           |        | ate                                   |           |
| Exterior louvers                         |                           |            | ×              | (982 <u>)</u> |                   | caulkin                     | ıq                                   |  | 24 LF             |           |        |                                       |           |
| Exterior Fascia                          |                           |            |                |               |                   | Plaster                     |                                      |  | 50 SF             |           |        |                                       |           |
| Hallway                                  |                           |            |                |               |                   |                             | ile and Mastic                       |  | 200 SF            |           |        |                                       |           |
| Tunnel                                   | 7.2                       |            |                |               |                   | and the second of           | Transite Board                       |  | 30 SF             |           |        |                                       |           |
| Name of Registered Wa                    | aste Hauler               |            |                |               | JDEP \            |                             | Cubic Yards of                       | Name of Regis  | tered Landfill    |           |        |                                       |           |
| Diamond Huntbac                          |                           | on         |                | Н             | auler II<br>19689 | D No.                       | Waste<br>1 CY                        | Minerva  | 16                |           |        | · · · · · · · · · · · · · · · · · · · |           |
| City, State                              |                           |            |                | 1             | 10000             |                             | Disposal Date                        | City, State  |                   |           |        |                                       |           |
| Philadelphia, PA 1                       | 19124                     |            |                |               |                   |                             | 11/30/13                             | Waynesbu   | rg, OH 44688      |           |        |                                       |           |
| Completed By (Print or                   |                           | Title      | 11-12-11       |               |                   |                             | Signature                            | 2111   | 11                | Date      |        | j                                     |           |
| Charles F. Imbimb                        |                           | Proje      | ct M           | ana           | ager              |                             | In                                   | 5/20   | 4                 | 11/       | 12     | 11                                    | 3         |

| Date of Notification (1)<br>11/12/13                            |                                      | _                       | C      | arla Gi             |                              | ner/Op                    | erator (                                | 2)                              |   | ii, ii                   | j l                    |                |            | i.         | 1 1         |           |
|---|--------------------------------------|-------------------------|--------|---------------------|------------------------------|---------------------------|---|---------------------------------|---|--------------------------|------------------------|----------------|------------|------------|-------------|-----------|
| Agencies Notified  EPA  | Type Notification    Initial         |                         | 5      |                     | ress<br>ch Ave<br>, Zip Code | 1                         |   |                                 |   | Ň                        | VO                     | 18             | 2013       |            | <u> </u>    |           |
| EPA DEP DOL   | Amended Amendment                    |                         | G      | arwoo               | d, NJ 07                     |                           |   |                                 |   |                          |                        |                |            | 18         |             |           |
| DOH DCA   | justification)  Cancellation         |                         |        | ame of C<br>arla Gi |                              |                           |   |                                 |   |                          |                        |                | *          | 7 -        |             |           |
| Name of Facility Where  | Ahatement is Taking                  | Place (3)               |        | FACILI              | TY INFOR                     | MATIC                     | ON                                      | Type of                         | Facility (4                                       | )                        | -                      | -              |            |            | _           | $\neg$    |
| House   | Abdicinent to Taking                 |                         |        |                     |                              |                           |   | ☐ Sc                            | chool (K-12<br>ubchapter 8                        | (Otho                    | r tha                  | ~ V 12         | Λ.         |            |             |           |
| Street Address<br>513 Beech Lane                                |                                      |                         |        |                     |                              |                           |   | ☐ Si<br>Si<br>et                | ther (i.e. pr                                     | ivate &                  | com                    | mercia         | al buildir | ngs, h     | omes        | 3,        |
| City (5)<br>Garwood   |                                      |                         | -      |                     |                              | 380                       |   | Square<br>N/A                   |   | # of<br>N/A              | Floor                  | s              | Bld<br>N/  | g. Ag<br>A | е           |           |
| County (6)  | -                                    |                         |        | ounty Co            | ode (7)<br>SE ONLY)          |                           |   | Current                         | t Use (Prio                                       | r if beir                | ng de                  | molish         | ed)        |            |             |           |
| Union Name of Monitoring Firm                                   | n Hired by Building (                | Owner (8)               | 1      | ASCM                | 90                           |                           |   | of Abate                        | ement Con   |                          | (9)                    | _              |            |            |             |           |
| N/A   |                                      |                         |        |                     |                              |                           |   | Abate                           | ment, Inc   | ).<br>———                |                        | 1              |            |            |             | $\dashv$  |
| Street Address  |                                      |                         |        |                     |                              |                           |   |                                 | ren Aver  | ue                       |                        |                |            |            |             |           |
| City, State, Zip Code   |                                      |                         |        |                     |                              |                           |   | tate, Zip<br>wa, NJ             | Code<br>07512                                     |                          |                        |                |            |            |             |           |
| Project Manager for Mo  | nitoring Firm                        |                         | Т      | elephon             | e No.                        |                           | 100000000000000000000000000000000000000 | none No<br>345-86               |   |                          |                        | ense N<br>0675 | 0.         |            |             |           |
| Start Date (10)<br>12/05/13                                     |                                      | Scheduled<br>12/06/13   | Comp   | oletion D           | ate (11)                     |                           |   |                                 | A Monitor<br>ment, In                             | c.                       |                        |                |            |            |             |           |
| Occupancy Status Duri   | ck Only One)                         |                         |        |                     |                              |                           | Address                                 | s<br>ren Aver                   | nue   |                          |                        | 41             |            |            |             |           |
| Facility Closed/Va Abatement Perform Other – Describe:          | Period of Aba<br>nal Facility H      | ateme<br>ours           | ent    |                     | _                            | City, S                   | State, Zip                              | 7                               |   |                          | -                      |                |            |            |             |           |
| Scope of Work (Check  | All That Apply)                      |                         |        |                     |                              |                           |   | 7                               |   |                          |                        |                |            |            |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                            |                                      |                         | novati |                     |                              |                           | 2                                       | Min<br>Glo                      | Containmoni-Enclosure<br>vebag Production-Exempte | e<br>cedure              |                        |                |            |            | Э           |           |
|   |                                      | ls Lo                   | ocatio | on I                |                              |                           |   | 1401                            | r-Excripto  | 2 ( / 2.                 |                        |                |            | Abate      | ment<br>pe  | 2         |
| Locati<br>Asbestos-Containir<br><u>TO BE A</u><br>In Far<br>(13 | ng Material (ACM)<br>BATED<br>cility | Used<br>Maint<br>Custoo | enan   | y by<br>ice/        |                              | os Con<br>therma<br>surfa |   | Material<br>ns insula<br>AT, or |   | (                        | Amou<br>Spec<br>F or I | ify            | Removal    | Repair     | Encapsulate | Enclosure |
|   |                                      | Yes                     | No     | N/A                 |                              | nino                      | insul                                   | ation                           |   | 1                        | 40 L                   | F              | x          |            |             |           |
| baser   | -                                    | X                       |        |                     | pipe                         | ilisui                    | auon                                    | -                               |   | 701                      |                        | +              |            |            |             |           |
|   |                                      |                         |        |                     |                              |                           |   |                                 |   |                          |                        |                |            |            |             |           |
|   |                                      |                         |        |                     |                              |                           |   |                                 |   |                          |                        |                |            |            |             |           |
| Name of Registered Waste Hauler                                 |                                      |                         |        | JDEP Wauler ID      |                              | of Wa                     |   |                                 | Name of<br>Waste                                  | 00000 0 <del>0</del> 000 |                        |                |            |            |             |           |
| D&S Abatement, I  |                                      | #2                      | 20996  |                     | TBD                          | osal Dat                  | e                                       | City, Sta                       |   | 35,                      |                        |                |            |            |             |           |
| City, State<br>Totowa, NJ                                       |                                      |                         |        |                     |                              | TBD                       | /                                       | 7                               | Tullyto   |                          | Α                      |                | N-4-       |            |             |           |
| Completed by<br>Deanna Brkusanin                                | Title<br>Projec                      | t Ma                    | anager |                     |                              | Signat                    | te<br>Laure                             | a Rel                           | Muli  | in                       | 100                    | Date<br>11/12/ | 13         |            |             |           |



. .

| * *  | (Pursuant t                | O NJAC        | 8:60 and 12:120)    |                             | t/ 1 2 0013                            |             |
|--|----------------------------|---------------|---------------------|-----------------------------|--|-------------|
| Date of Nouncation (1)   | Hame                       |               | Owner/Operator (2   |                             | A AC TIME                              |             |
| Agencies Nouther Type Notification                                       | Sveet                      | Address       | TH TE CI            |                             | 3                                      | i i         |
| □ PA Øjrrid .  |                            |               | 5 RT, 50            | )                           |  | <del></del> |
| Z C Amendment I  |                            | Cenc          | = GK 1= 1 EL        | D. N. J. C                  | 08230                                  |             |
| ☑ Emergency (Inc. ☐ Emergency (Inc. ☐ justification)                     | Hame                       | ol Contact    | 1                   |                             |  |             |
| □ Cancella ton   |                            |               | BUEUNI              | <u> </u>                    |  | 4           |
|  |                            | שאו צדעו      | ORMATION            | Type of Facility (          | <del>//</del>                          |             |
| Name of Facility Where Abatement is Taking                               | Place (3)                  |               | 10                  | T School (K-12)             |  |             |
| PESITE OCE   | <u> </u>                   |               |                     | S IBIOAMMIS F               | Asia & commercial<br>(Order (Day K-15) | pulangs     |
| 205 BANTRAM  | -ANG                       |               |                     | homes, etc.)<br>Square Feel | F of Floors                            | Bido Ac     |
| CN (5)   |                            |               | 8                   | 1000                        | . 2_                                   | 40+         |
| Octor CITY   | Coun                       | ry Code ()    | STATE               |                             | or K being demovs?                     | (pd)        |
| County 16) CARE MINY   | USE                        | άνιη <u>-</u> | Name of Abateme     |                             | JUL                                    |             |
| Name of Movioring Firm Hired by Building C                               | mer ASCH!                  | No.           | Name of Abateme     | COLLA                       | c,                                     |             |
| (8) N/A  |                            |               | Sveet Address       | C 24                        | = 1/12.                                | Fa          |
| Street Address   | 4.7                        |               | 701                 | . SPRU                      | 200                                    |             |
| City State Zp Code   |                            |               | City. State. Zip Co | 2 SHDI                      | E NJC                                  | 18:52       |
|  | . Yelephone                | No            | THEOMOR NO.         |                             | License No                             | 14          |
| Praeci Hanager la Moniana Firm   | y -                        |               |                     | 9-0472                      | - 001                                  |             |
| Sche   | sued Completion Da         | Le (11)       | Hame of OSHA M      | KALEM                       | M                                      |             |
| S:an Date (10)   |                            |               | Sueel Address       |                             | - 1 =                                  |             |
| D. den & balament (Che   | ck only one)               |               | 3695                |                             | E/1.00.1                               |             |
| Decupanty Status During Available Per Per Per Per Per Per Per Per Per Pe | Facility Hours             |               | City. State, Mip C  | ≈ SUND                      | E, N. J.                               | 06052       |
| Ova Describe   |                            |               |                     |                             |  |             |
| Scope of Work (Check all that apply)                                     |                            |               | C MIC. FO           | docure                      | dade biezzoie                          |             |
| . 7 >3 \$1 01 >3 11  | Renovation  Demotion       |               | Gloves              | e world (,) and y           | ion-Friable Proces                     | ADa:eme     |
| 2160 st or 2760 H  | 15 Location                | T             |                     |                             |  | 100         |
|  | Normally<br>Used Solely by |               | Description         | ol<br>Nanal (ACM)           | Amount                                 |             |
| Location of Aspestos Containing Material (ACM)                           | Majniananal                | ASO.          | esios Containing Ma | INSUMING!                   | (Specify<br>SF & LF;                   | Remov       |
| TO BE ASATED   | Staff?                     | ,             | surfacing. YAT      | . 01                        |  | £ , E ,     |
| IN FACING (13)   | (12)                       | $\exists$     | 5                   |                             |  |             |
| GARAGE   | TES HO NI                  |               | TRANSI              | 75                          | 6000                                   | _ X         |
| SID IN a   | X                          | -             | THERE               |                             |  |             |
| GARAGE   |                            |               |                     |                             | -                                      |             |
| Value  |                            | _             |                     |                             |  |             |
|  | - I NOE                    | D Msas        | Cubic Yards         | Hame of R                   | egistered Landill                      | U, B.       |
| Hame of Registered Waste Hauler  | Havie                      | 90 M.         | 01 Waste            |                             |  |             |
| Kiémco INC.  |                            |               | 060 शिक्ष विवाद     | 1200                        | DBINE,                                 | N.J.        |
| MAPLE SHADE N  | 5,08052                    |               | Signature           |                             | 000                                    | 1 1 1 7 7   |
| Competed By  | 100 0 W N E 1              | 2             |                     | ,augh 15                    |  | 1,1,5,1     |
|  |                            |               | - 6                 | empled activities           | 2.5                                    |             |
| 450 41   | · Do not use this to       | em for as     | pesios licensure es | emples see                  | 200                                    |             |

| Date of Notification (1)<br>10 -10-13                   |                             |  | 100                                  | lame of<br>glen Da  | Building C<br>avis      | )wner/                 | Operator  | (2)                             |  |                 | 123 872                       |                    |            | X17)     |                |           |
|---|-----------------------------|--|--------------------------------------|---------------------|-------------------------|------------------------|---|---------------------------------|--|-----------------|-------------------------------|--------------------|------------|----------|----------------|-----------|
| Agencies Notified                                       | Type Notification           |  |                                      | Street Ad<br>5 Bayh | ldress<br>aven Av       | e                      |   |                                 | 9  | l ice           | NÜ                            | / 13               | 2          | 013      |                |           |
| DEP DOL   | Initial Amended Amendment   |  |                                      |                     | e, Zip Coo<br>ort NJ 08 |                        |   |                                 |  |                 | 1,72,7                        | **                 |            |          | 1 2            | i.        |
| DOH DCA   | instification) Cancellation |  | 3                                    | Name of<br>Anthon   | Contact                 |                        |   |                                 |  |                 |                               |                    |            |          | = =            | ~~        |
|   |                             |  |                                      | FACIL               | ITY INFO                | RMA                    | TION  |                                 |  |                 |                               |                    |            | -3300117 |                | - i       |
| Name of Facility Where A<br>house                       | Abatement is Takin          | g Place (3)  |                                      |                     |                         |                        |   |                                 | of Facility (4<br>School (K-12                           | 2)              |                               |                    |            |          |                |           |
| Street Address 5 Bayhaven Ave                           |                             |  |                                      |                     |                         |                        |   | X                               | Subchapter<br>Other (i.e. potc.)                         | 8 (Otherivate 8 | er than K<br>& comme          | (-12)<br>ercial bu | ldin       | gs, t    | nome           | s,        |
| City (5)<br>longport, NJ                                |                             |  |                                      |                     |                         |                        |   | Squar<br>1500                   | e Feet   | # of            | Floors                        | 100                | Bldg<br>65 | . Ag     | je             |           |
| County (6)<br>ocean                                     | alact. In the second        |  |                                      | County C            | ode (7)<br>ISE ONLY)    |                        |   | Curre                           | nt Use (Prio   | r if bei        | ng demo                       | lished)            |            |          |                |           |
| Name of Monitoring Firm                                 | Hired by Building           | Owner (8)  |                                      | ASCM                | No.                     |                        | - 1   | of Abat<br>& Joe                | tement Con<br>LLC  | tractor         | (9)                           |                    |            |          |                |           |
| Street Address  | 400                         |  |                                      | l                   |                         |                        | - L - 1777 TX TX TX TX  | Addres<br>2 Burli               | ss<br>ngton Ave  | <br>e           |                               |                    |            |          | -68-1          |           |
| City, State, Zip Code                                   |                             |  |                                      |                     | -0.150-2                |                        |   |                                 | p Code<br>NJ . 0807                                      | <br>5           |                               |                    |            |          |                |           |
| Project Manager for Mor                                 | nitoring Firm               |  | T                                    | Telephor            | ne No.                  | -                      | A 100 March 100 | hone No<br>-824-0               |  |                 | License<br>07010              |                    |            |          |                |           |
| Start Date (10)<br>11-14-13                             |                             | Schedule<br>11-30-1  |                                      | pletion [           | Date (11)               |                        | Name<br>self  | of OSH                          | A Monitor  |                 |                               |                    |            |          |                |           |
| Occupancy Status Durin                                  | g Abatement (Che            | ck Only One  | <del>)</del>                         |                     |                         |                        | Street  | Addres                          | SS   |                 |                               |                    |            |          |                |           |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire          | Period of A  | batem                                | ent                 |                         |                        | City, S   | State, Z                        | p Code   |                 |                               |                    |            |          | ×              |           |
| Scope of Work (Check A                                  | il That Apply)              | New Complete |                                      |                     |                         |                        |   |                                 |  |                 |                               |                    |            |          |                |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf                      |                             |  | enovat<br>emoliti                    |                     |                         |                        |   | Mir<br>Glo                      | l Containme<br>ni-Enclosure<br>ovebag Prod<br>n-Exempted | e<br>edure      | _                             |                    |            | dure     | <b>&gt;</b> ∀E |           |
|   |                             | -  |                                      |                     |                         |                        |   |                                 | II-Exemple   | ) ai            | d North                       | TIADIC I           | 0.23       | S 45     | ment           |           |
| Location  | n of                        | N  | Location or mall                     | y                   |                         | Г                      | escriptio   | n of                            |  |                 |                               |                    | _          | Typ      | oe             |           |
| Asbestos-Containing TO BE AB In Faci (13)               | Material (ACM) ATED lity    | Mai  | d Solel<br>ntenar<br>odial S<br>(12) | nce/                |                         | tos Co<br>therm<br>sur | ontaining lal system facing, V/r miscella   | Material<br>ns insula<br>AT, or |  | (               | Amount<br>Specify<br>F or LF) | Kemoval            |            | Repair   | Encapsulate    | Enclosure |
| outsio  | de                          | 103  |                                      | X                   |                         | (A                     | CM) sid   | ding                            |  | 18              | 800sqft                       | x                  | $\dagger$  | +        |                |           |
|   |                             |  |                                      |                     |                         | •                      |   |                                 |  |                 |                               | T                  |            |          |                |           |
|   |                             |  |                                      |                     |                         | 1000                   |   |                                 |  |                 |                               | -                  | -          |          |                |           |
| Name of Registered Wa                                   | ste Hauler                  |  | IN                                   | JDEP W              | /aste                   | Cub                    | ic Yards  | -                               | Name of  | Regist          | ered Lan                      | dfill              |            |          |                |           |
| J Robinson Waste  |                             | auler ID<br>3687   | No.                                  | of V<br>40c         | /aste<br>y              |                        | Wm Of   |                                 |  |                 |                               |                    |            |          |                |           |
| City, State<br>Bellmawr NJ                              | 19                          |  |                                      |                     |                         | Disp<br>TBI            | oosal Date  | е                               | City, Stat<br>Tullytov                                   |                 | ı                             |                    |            |          |                |           |
| Completed by<br>Joseph T Hill                           |                             | Title<br>VP  |                                      |                     |                         |                        | Signatu   | re                              |  |                 |                               | Date<br>11-4-      | 13         |          |                |           |

### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Pequannock Senior Citizen Housing 2013 Date of Notification (1) November 13, 2013 1 8 Street Address Notification Type 101 Boulevard Agencies Notified ☑ Initial Notification City, State, Zip Code ☐ Amended Certification Pequannock, NJ X EPA ■ Emergency (including Telephone Number DCA Name of Contact justification) x DOL Debbie Crenshaw X DEP ☐ Cancelled FACILITY INFORMATION x DOH Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) ☐Subchapter 8 (other than K-12) Residence Other (i.e. private & commercial buildings, homes, etc.) # of Floors: Bldg. Age: years Street Address Sq. Feet: Unknown 113 Boulevard County Code (7) Current Use (prior if being demolished): County (6) City (5) (State Use Only) Morris Pequanock Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. GREENWOOD ABATEMENT CONSULTANTS, INC. 00079 EnviroVision Consultants inc. Street Address Street Address 20-21 Wagaraw Road, Bldg # 34A 268 MAIN STREET City State, ZipCode Butler, NJ 07405 City, State, Zip Code License Number Fairlawn, NJ 07410 Telephone Number Telephone Number Project Manager for Monitoring Firm 00840 973-636-9145 973-492-0477 Fred Larson Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) December 16, 2013 EMSL inc. December 2, 2013 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Piscataway, NJ 08854 Other - Describe: x Full Containment with Negative Pressure Source of Work (Check all that apply) Mini-Enclosure Renovation Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure  $\geq$  3 sf or  $\geq$  3 lf Demolition ■≥ 160 sf or ≥ 260 Abatement Type Amount Description of Asbestos Containing Material (Specify SF Is Location Normally Used (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Location of Asbestos-Containing Solely by Maint./Custodial or LF) Material (ACM) in Facility (13) VAT, or other miscell.) Staff? (12) X NO NA 3,000 sf YES Asbestos Plaster X Throughout the Home Name of Registered Landfill Cubic Yards of Waste: Meadowfill Landfill NJDEP Waste Hauler ID # 50 Name of Reg. Waste Hauler G.R.O.W.S See Below See Hauler Below # 1 & 2 Minerva Ent. Ohio City, State Disposal Date Route 2, Box 68 Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 December 16, Bridgeport, WVA NJ DEP # 12561 NY DEP # 304-842-2784 2013 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Hauler #3) Tri State-Bronx NY DEP # NY 10474 - NJ DEP #19591 9000 Minerva Road Waynesburg, OH Date Signature November 13, 2013 Completed by (Print or Type) Maria Graure SENIOR PROJECT Marin Graure

MANAGER

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|  | 171 Clif   | ton Ave  |   | 13  |  | 10V 18.29   |   |   |  |  |
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| ng –   | Rev. Pe  | eter Palm  |   |   |  |   |   |   | -  |  |
| e (3)  | FACILI   | ITY INFOR  | MATION  | Type o  | f Facility (4  | )   |   |   |  |  |
|  |  | - A-   |   | T S   | ubchapter 8  | (Other than K-1   | 2)  | !!  | h  |  |
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| (8)  | ASCM   | No.  | 1 62362   |   |  |   |   |   |  |  |
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|  |  |  | City, S   | State, Zip  | Code   |   |   |   |  | -  |
|  | Telephon   | e No.  |   |   |  |   | No.   |   |  |  |
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| 16/13  | mpletion D   | ate (11)   | Les   | law Na  | lodka  |   |   |   |  |  |
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| la Laca  |  |  | L   | Nor   | 1-Exempted   | (*) and Non-Frid  | DIE PIO   | Abat  | ement  | t  |
| Norma<br>Used Sol<br>Maintena<br>Custodial<br>(12) | ally<br>lely by<br>ance/<br>Staff?   | (i.e. th   | s Containing<br>nermal system<br>surfacing, V   | Material<br>ns insula<br>AT, or   |  | Amount<br>(Specify<br>SF or LF)   | Removal   | Repair  | Encapsulate  | Enclosure  |
|  | *  |  | pipe insul  | ation   |  | 48lf.   | *   |   |  |  |
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|  | N IDED W   | aste   | Cubic Yards   |   | Name of  | Registered Land   | fill  |   |  |  |
|  | Hauler ID  | 929  | of Waste  |   | 01-201-01-01-01-01-01-01-01-01-01-01-01-01-0   |   |   |   |  |  |
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| itle<br>Presiden                                   | nt .   |  |   | ire   |  |   |   | /13   |  |  |
|  | duled Co 16/13 One) of Abate cility Hour Used So Mainten Custodial (12 es No | Archdio Street Add 171 Cliff City, State Newark Name of G Rev. Pe FACIL  (8)  County C (STATE U:  (8)  ASCM  Telephon  duled Completion D (STATE U:  (8)  ASCM  Telephon  Is Location Demolition  Is Location Demolition  Is Location Custodial Staff? (12)  es No N/A  *  NJDEP W Hauler ID 05409  ttle | Archdiocese of Note   Street Address   171 Clifton Ave   City, State, Zip Code   Newark, NJ 071   Name of Contact   Rev. Peter Palm   FACILITY INFOR   (3)    County Code (7)   (STATE USE ONLY)   (8)   ASCM No.     Telephone No.     duled Completion Date (11)   (16/13   (One)   of Abatement   cility Hours     Renovation   Demolition     Demolition     Asbesto   (i.e. ti   (i.e. ti | Archdiocese of Newark  Street Address 171 Clifton Ave  City, State, Zip Code Newark, NJ 07104  Name of Contact Rev. Peter Palmisano  FACILITY INFORMATION  (a)  County Code (7) (STATE USE ONLY)  (B)  ASCM No.  Name Less Stree 156  City, 3  Wal  Telephone No.  Telephone No.  156/13  Cone)  of Abatement cility Hours  City, Wa  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Renovation Demolition  Descriptic Asbestos Containing (i.e. thermal syster surfacing, V other miscella  Asbestos Containing (i.e. thermal syster surfacing, V other miscella  NJDEP Waste Hauler ID No. 05409  Disposal Da 11/16/13  tle Signat. | Street Address 171 Clifton Ave  City, State, Zip Code Newark, NJ 07104  Name of Contact Rev. Peter Palmisano  FACILITY INFORMATION  (3)  County Code (7) (STATE USE ONLY)  (8)  ASCM No.  Name of Abate Lesco Serv.  Street Address 156 Maple  City, State, Zip Wallington  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Telephone No.  Street Address 156 Maple  City, State, Zip Wallington  Telephone No.  Telephone No.  Street Address 156 Maple  City, State, Zip Wallington  Telephone No.  Full Name of OSH Leslaw Na Cone)  Street Address 156 Maple  City, State, Zip Wallington  Renovation Demolition  Renovation Demolition  Description of Asbestos Containing Material (i.e. thermal systems insula Surfacing, VAT, or other miscellaneous)  No N/A  NJDEP Waste Hauler ID No. Of Waste  Cubic Yards of Waste 2 Disposal Date 11/16/13 | Archdiocese of Newark  Street Address 171 Clifton Ave  City, State, Zip Code Newark, NJ 07104  Name of Contact Rev. Peter Palmisano  FACILITY INFORMATION  (3)  Type of Facility (4 Subchapter is 10,000  County Code (7) (STATE USE ONLY)  Telephone No.  Telephone | Archdiocese of Newark  Street Address 171 Clifton Ave  City, State, Zip Code Newark, NJ 07104  Name of Contact Rev. Peter Palmisano  FACILITY INFORMATION  (3)  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1 Other (i.e., private & commerce etc.)  Square Feet # of Floors 10,000 1 Current Use (Prior if being demolis Church Church Church (8)  ASCM No. Name of Abatement Contractor (9) Lesco Services Inc. Street Address 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057  Telephone No. 973-406-7341 Other (i.e.) Other (i.e.) Street Address 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057  Renovation Demolition  Full Containment with Negative Mini-Enclosure Clovadap Procedure Non-Exempted (*) and Non-Fria  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Hauler ID No. O5409  Name of Registered Land GROWS Signature  Morrisville, PA  Hele Signature | Archdiocese of Newark  Street Address 171 Clifton Ave  City, State, Zip Code Newark, NJ 07104 Name of Contact Rev. Peter Palmisano  FACILITY INFORMATION  (3)  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildetc.)  County Code (7) (STATE USE ONLY)  Current Use (Prior if being demolished) Church  (8)  ASCM No.  Name of Abatement Contractor (9) Lesco Services Inc. Street Address 156 Maple Ave.  City, State, Zip Code Wallington, NJ 07057  Telephone No. 973-406-7341 One) of Abatement Slifty Hours  Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildetc.)  Church | Archdiocese of Newark   Street Address   171 Clifton Ave | Archdiocese of Newark  Street Address 171 Cliffon Ave City, State, Zip Code Newark, NJ 07104 Name of Contact Rev. Peter Palmisano  FACILITY INFORMATION  (3)  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) County Code (7) (STATE USE ONLY) Church  (8)  ASCM No. Name of Abatement Contractor (9) Lesco Services Inc. Street Address 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057  Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Street Address 156 Maple Ave. City, State, Zip Code Wallington, NJ 07057  Telephone No. |

| Date of Notification (1)<br>11-14-13                             |   | - Anna Anna           |               |                     | Building O<br>Nickga   |                        | erator (2          | 2)                          |  |                 | NOV                           | 18               | 20        | 13          |                        |           |
|--|---|-----------------------|---------------|---------------------|------------------------|------------------------|--------------------|-----------------------------|--|-----------------|-------------------------------|------------------|-----------|-------------|------------------------|-----------|
| Agencies Notified  | Type Notification                             |                       |               | Street Ad<br>2928 S | dress<br>18th str      | eet                    |                    | - Period                    | 18   | 1               |                               |                  |           |             | , -                    |           |
| DEP DOL  | Initial Amended Amendment                     |                       |               |                     | e, Zip Cod<br>ephia Pa |                        | × ×                |                             |  |                 | er to                         |                  | NI        |             | 4-120                  | المدر يدم |
| DOH DCA  | Emergency (<br>justification)<br>Cancellation | including             | 133           | Name of<br>Banerd   |                        |                        |                    |                             |  | 7               |                               |                  |           |             |                        |           |
| <u> </u>   |   |                       |               | FACIL               | ITY INFO               | RMATIO                 | N                  |                             |  | <b>-</b>        |                               |                  |           |             |                        |           |
| Name of Facility Where house                                     | Abatement is Takin                            | g Place (3)           |               |                     |                        |                        |                    |                             | f Facility (4<br>chool (Ķ-12                       |                 |                               |                  |           |             | 73                     |           |
| Street Address<br>240 Dory st                                    |   |                       |               |                     |                        |                        |                    | Si<br>X O                   | ubchapter<br>ther (i.e. pr<br>c.)                  | 8 (Otherivate 8 | er than<br>comm               | K-12)<br>iercial | build     | ings,       | <sup>1</sup> ,<br>home | s,        |
| City (5)<br>Ocean City, NJ                                       |   |                       |               |                     |                        |                        |                    | Square<br>1500              |  | # of            | Floors                        |                  | BI<br>65  | dg. A       | ge                     |           |
| County (6)<br>ocean  |   |                       | 0             | County C<br>STATE U | ode (7)<br>SE ONLY)    |                        |                    | Curren                      | t Use (Prio  | r if bei        | ng dem                        | olishe           | ed)       |             |                        |           |
| Name of Monitoring Firm  | Hired by Building                             | Owner (8)             |               | ASCM                | No.                    |                        | Name o             |                             | ment Con<br>Lc                                     | tractor         | (9)                           |                  |           |             |                        |           |
| Street Address   |   |                       |               |                     |                        |                        | Street A           |                             | gton Ave   |                 |                               |                  |           |             |                        |           |
| City, State, Zip Code  |   |                       |               |                     |                        |                        | City, St           | ate, Zip                    |  |                 |                               |                  |           | · · · · · · |                        |           |
| Project Manager for Mor  | nitoring Firm                                 |                       | T             | Telephor            | ne No.                 |                        | Telepho<br>856-8   | one No.                     |  |                 | Licen<br>0701                 |                  |           |             |                        |           |
| Start Date (10)<br>11 -24-13                                     |   | Scheduled             |               | pletion [           | Date (11)              |                        |                    |                             | A Monitor  |                 |                               |                  |           | -           |                        |           |
| Occupancy Status Durin   | ng Abatement (Chec                            |                       |               |                     |                        |                        | Street A           | Address                     |  |                 |                               | 7.55             | -         | -           |                        | -         |
| Facility Closed/Vac Abatement Perform Other – Describe:          | Period of Ab                                  | atem                  | ent           |                     |                        | City, St               |                    |                             |  |                 |                               |                  |           |             |                        |           |
|  |   |                       |               |                     |                        |                        |                    |                             |  |                 |                               |                  |           |             | V-55-1                 |           |
| Scope of Work (Check A<br>≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf | ы That Apply)                                 | and the same          | nova<br>molit |                     |                        |                        | ×                  | Mini<br>Glov                | Containme<br>-Enclosure<br>rebag Prod<br>-Exempted | e<br>cedure     |                               |                  |           |             |                        |           |
|  | *****   |                       | 0.5136        |                     |                        |                        |                    | NOI                         | -Exemple   | 1 ( ) all       | u IVOIT-                      | Habi             | 8.11-122  |             | ement                  |           |
|  |   | 1355335               | ocati<br>rmal | 177770              |                        | D                      |                    | - 6                         |  |                 |                               |                  |           | Ту          | ре                     |           |
| Locatio Asbestos-Containing TO BE AE In Faci (13)                | g Material (ACM)<br>BATED<br>lility           | Used<br>Main<br>Custo | Sole<br>tenar | ly by<br>nce/       | Asbest<br>(i.e.        | tos Conta<br>thermal s | systems<br>ing, VA | aterial<br>insulat<br>T, or | (ACM)<br>ion,                                      | (5              | mount<br>Specify<br>F or L.F. |                  | Removal   | Repair      | Encapsulate            | Enclosure |
| outsi  | de  |                       | -             | x                   |                        | (ACN                   | VI) sidi           | na                          |  | 22              | 00sqf                         | t                | x         |             |                        |           |
|  |   | +                     |               |                     |                        |                        |                    |                             |  |                 | •                             |                  |           |             |                        |           |
|  | _   |                       |               |                     |                        |                        |                    |                             |  |                 |                               |                  |           |             |                        |           |
| Name of Registered Wa  | eto Haulos                                    | $\bot \bot \bot$      | I NI          | JDEP W              | lacto                  | Cubic Y                | /arde              |                             | Name of  | Poniet          | ared I a                      | ndfill           |           |             |                        |           |
| J Robinson Waste   | Н   | lauler ID<br>8687     | CITY OF       | of Wast             |                        |                        | Wm Of              |                             | icu La   | a raim          |                               |                  |           |             |                        |           |
| City, State<br>Bellmawr NJ                                       |   |                       |               |                     |                        | Disposa<br>TBD         | al Date            |                             | City, Stat<br>Tullytov                             |                 | *                             |                  |           |             |                        |           |
| Completed by<br>Joseph T Hill                                    | mawr NJ pleted by Title                       |                       |               |                     |                        | Sig                    | gnature            | <u> </u>                    |  |                 |                               | Dat<br>11        | e<br>-14- | 13          |                        |           |

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/12/2013 Sakoutis Brothers Disposal Agencies Notified Type of Notification Street Address [x] EPA 1 Initial Notification POBox 84 ] DEP 1 Amended Notification City, State, Zip Code [x] DOL Amendment # NOV 18 Colts Neck, NJ 07722 Emergency (including [x] justification) [x] DOH Name of Contact Cancellation ] DCA John Sakoutis FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address 711 Buchanan St. [x]Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 900 sf 60 Toms River Twp. Ocean Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/13/13 11/14/13 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address [x]Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x] ≥160 sf or ≥260 lf [x]Demolition Non-Exempted (\*) and Non-Friable Procedure [ x ] Abatement Type Is Location Description of Location of R E Normally used Asbestos-Containing Amount Asbestos-Containing Material (ACM) E E N N Solely by Material (ACM) (Specify SF P C C TO BE ABATED M Maintenance/Custodial (i.e., thermal systems or LF) A A L in facility Staff 0 insulation, surfacing, P 0 (13)(12)VAT, or V S S other miscellaneous) U U A YES NO N/A L R L E Exterior X Asbestos siding 1200 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 2 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 11/15/13 Tullytown, Pennsylvania Completed by (Print or Type)

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

Date

11/12/2013

Signature

Title

Project Manager

Nicholas Fernicola

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1)   |                            |                              |                   | Name of l            | Building O          | wner/Oper                 | ator (2)                           | 0 -  |          | 1 /          |          |        |
|--|----------------------------|------------------------------|-------------------|----------------------|---------------------|---------------------------|------------------------------------|--|----------|--------------|----------|--------|
| 11/13/201  | 3                          |                              |                   |                      |                     |                           | n Homes                            | Un 23  | 301      | 6            |          |        |
|  | tial Notifi                | cation<br>otification        |                   | Street Ad            |                     |                           | Loute 37                           |  | , es     | <del>-</del> |          |        |
| [ ] E  |                            | (including                   |                   | City, State          | e, Zip Cod          |                           | River, NJ 08753                    |  | E.       |              |          |        |
|  | stification<br>incellation |                              |                   | Name of              | Contact<br>Bruce    | Waller                    | 1 т                                | elenhone Number  |          | ;            |          |        |
|  |                            |                              | FACII             | LITY IN              | NFORM               | ATION                     |                                    | - 34   | 1        | 3            |          |        |
| Name of Facility Where Abatement is Tak<br>Residence             | ng Place (                 | (3)                          |                   |                      |                     |                           | Type of Facility (4)               | School (k-12)  |          | .1-12        |          |        |
| Street Address<br>14 Colony Roa                                  | l                          |                              |                   |                      |                     |                           | [x]                                | Subchapter 8 (of<br>Other (i.e., priva<br>homes, etc.) |          |              | al build | ings,  |
| City   | Cou                        | nty (6)                      |                   | County Co<br>STATE U | ode (7)<br>JSE ONLY | )                         | Square feet<br>1000 sf             | # of Floors  | Bldg     | . Age        | 60       |        |
| Ortley   | Oce                        | ean                          |                   |                      |                     |                           | Current Use (Prior if<br>Residen   |  | )        |              |          |        |
| Name of Monitoring Firm Hired by Buildi<br>N/A                   | ng Owner                   | (8)                          | A                 | ASCM No              | ).                  | Name of                   | Abatement Contractor (             |  | Inc      |              |          |        |
| Street Address   |                            |                              |                   |                      |                     | Street Ad                 | dress                              | oute 9, Unit 61  |          |              |          |        |
| City, State, Zip Code  |                            |                              |                   |                      |                     | City, Stat                | e, Zip Code                        |  | 200000   | 755 1        | 271      |        |
| Project Manager for Monitoring Firm                              | mber                       |                              |                   | Telephon             | e Number            | License N<br>00624        |                                    | 133-1.   | 2/1      |              |          |        |
| Scheduled Start Date (10)<br>11/26/13                            |                            | Date (11                     | )                 |                      | OSHA Monitor        | . Analytical              |                                    |  |          |              |          |        |
| Occupancy Status During Abatement (Che [ X ] Facility Closed/Vac |                            |                              |                   | ment                 |                     | Street Ad                 | dress                              | elton Road   |          |              |          |        |
| Abatement Perform  | ed Outsid                  |                              | ity Hou           | rs                   |                     | City, Stat                | e, Zip Code                        | vay, New Jerse   | -v 088   | 54           |          |        |
| Scope of Work (Check all that apply)                             |                            |                              |                   |                      |                     | [ ]                       | Full Containment                   |  | <u> </u> |              |          |        |
|  |                            | [ ] n                        | Lenovatio         |                      |                     | [ ]                       | Mini-Enclosure<br>Glovebag Procedu |  |          |              |          |        |
| [ ] >3 sf or ≥3 lf<br>[ X ] ≥160 sf or ≥260 lf                   |                            |                              | Demolitic         |                      |                     | [x]                       | Non-Exempted (*                    |  | Procedu  | ıre          |          |        |
|  |                            |                              |                   |                      |                     | -                         |                                    |  | Abat     | ement        | Туре     |        |
| Location of  |                            | Is Location<br>Normally used | i                 |                      |                     | Descriptio<br>estos-Cor   |                                    | Amount   | R<br>E   | R<br>E       | E<br>N   | E<br>N |
| Asbestos-Containing Material (ACM                                |                            | Solely by                    | a dia1            |                      |                     | faterial (A<br>, thermal: |                                    | (Specify SF or LF)                                     | M        | P            | C        | C      |
| TO BE ABATED in facility   | IMIA                       | intenance/Custo<br>Staff     | odiai             |                      |                     | lation, su                |                                    | Of LF)   | 0        | A<br>I       | A<br>P   | L<br>O |
| (13)   |                            | (12)                         |                   |                      | -1                  | VAT, o                    |                                    |  | V        | R            | S        | S      |
|  | YE                         | S NO 1                       | N/A               |                      | othe                | er miscella               | ineous)                            |  | A<br>L   |              | L        | R<br>E |
| Exterior   |                            | Asbes                        | tos sidin         | g                    |                     | 900 sf                    | Х                                  |  |          |              |          |        |
|  |                            |                              |                   |                      | ¥.14                |                           | -                                  |  |          | _            |          |        |
|  |                            |                              |                   |                      |                     |                           | -                                  |  | <u> </u> |              |          |        |
| Name of Registered Waste Hauler NJDEP Waste Hau                  |                            |                              |                   |                      | Cubic Va            | rds of Was                | e Name of Registe                  | red I andfill  |          |              |          |        |
| Name of Registered Waste Hauler Guardian Contracting, Is         | c                          | 202                          | 223               |                      | 3                   | ids of was                | T.R.R.F.                           | ou Dallaini  |          | -            |          |        |
| City, State  |                            |                              | Disposa<br>11/29/ |                      |                     | City, St                  | nte<br>own, Penńsylvania           | -2   |          |              |          |        |
| Toms River, New Jersey Completed by (Print or Type)              | Title                      | :                            |                   | Signatu              | ire)/               |                           | // Cuisyivallia                    | P  | Date     |              | 12       |        |
| Nicholas Fernicola   | Pro                        | ject Manager                 | 31                |                      | 1                   | and                       | 1 10                               | (  | 11/      | 13/20        | 13       |        |

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

| Date of Notification (1) Nov 11/2013 Check#2520  | 12.1               |  |                    | Building Own                |   | (2)   | 7)           |                           | ^ -            |                       |             | .,        |
|--|--------------------|--|--------------------|-----------------------------|---|---|--------------|---------------------------|----------------|-----------------------|-------------|-----------|
| Agencies Notified Type Notification  | 1                  |  | Street A           | ddress<br>ashington         | Avenue  | 9 - 1<br>2 - 1<br>2 - 1                                       | t e          | KGA .                     | 1 3 2          | 013                   |             | -         |
| EPA Initial Amended Amendmer   |                    |  | City, Sta          | te, Zip Code<br>nt, NJ 0762 |   |   | 71           |                           | V              |                       | . u         |           |
| DOH justification Cancellation   | )                  |  | Name of<br>John V  | Contact<br>Veiss            |   | · · · · · · · · · · · · · · · · · · ·                         | Tele         | enhone N                  | lumber         |                       |             |           |
| Name of Facility Where Abatement is Taki<br>St Mary's Church-Sacristy  | ng Place (3        | 3)                                     | FACI               | LITY INFORM                 | MATION  | Type of Facility  School (K-                                  | 9.00         |                           |                |                       |             |           |
| Street Address<br>280 Washington Avenue  |                    |  |                    |                             |   | Subchapte Other (i.e.   | r 8 (Othe    |                           |                | dings                 | , hom       | es,       |
| City (5)<br>Dumont, NJ 07628   | У.                 |  |                    |                             |   | Square Feet<br>10,000   | # of<br>2    | Floors                    | 10000          | 3ldg. /<br>30+        | Age         |           |
| County (6)<br>BERGEN   |                    |  | County (           | Code (7)<br>USE ONLY)       |   | Current Use (Pr<br>Church                                     | ior if bei   | ng demol                  | lished)        |                       |             |           |
| Name of Monitoring Firm Hired by Building<br>Omega Environmental Services                                      | Owner (8)          |  | ASCN               | l No.                       |   | of Abatement Co<br>Services Corpo                             |              | (9)                       |                |                       |             |           |
| Street Address<br>280 Huyler Street  |                    |  |                    |                             |   | Address<br>69th Street  |              |                           |                |                       |             |           |
| City, State, Zip Code<br>Hackensack, NJ 07606  |                    |  |                    |                             |   | State, Zip Code<br>enberg, NJ 07                              | 093          |                           |                |                       |             |           |
| Project Manager for Monitoring Firm  |                    |  | Telephoi<br>201-48 | ne No.<br>39-8700           |   | none No.<br>295-1700  |              | License<br>01074          |                |                       |             |           |
| Start Date (10)<br>11/21/2013  | Schedul<br>11/27/2 |  | npletion I         | Date (11)                   |   | of OSHA Monitor<br>e as above                                 |              |                           | G.             |                       |             |           |
| Occupancy Status During Abatement (Che   | ck Only Or         | ne)                                    | -                  | 4                           | Street  | Address   |              |                           |                |                       |             |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Starting at 7:30 AM | mal Facility       | Abaten<br>/ Hour                       | nent<br>S          |                             | City, S   | itate, Zip Code   |              | ****                      |                | <del>Industrial</del> |             |           |
| Scope of Work (Check All That Apply)   |                    |  |                    |                             |   |   |              |                           |                |                       |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | -                  | Renova<br>Demoli                       |                    |                             | ×   | Full Containm<br>Mini-Enclosur<br>Glovebag Pro<br>Non-Exempte | re<br>cedure |                           |                |                       | re.         |           |
|  | Is                 | Locat                                  | ion                |                             |   | a Wolf Exclipte   | , yan        | 214011-111                | abic i ic      |                       | emen        | t         |
| Location of  | 1                  | Vorma                                  | ly                 |                             | Description   | of  |              |                           |                | Ty                    | ре          |           |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Ma<br>Cus          | ed Sole<br>iintena<br>todial (<br>(12) | nce/<br>Staff?     | (i.e. the                   | Containing Normal systems<br>surfacing, VA<br>her miscellar | T, or   | (S           | mount<br>pecify<br>or LF) | Removal        | Repair                | Encapsulate | Enclosure |
| Sacristy Area  | Yes                | No                                     | N/A                |                             | Daille - Dia  |   |              | 205                       | _              | -                     | -           |           |
| Altar Area   |                    | X                                      | 1                  |                             | Ceiling Pla<br>Ceiling Pla                                  |   |              | O SF                      | x              | -                     |             |           |
| Altar Area   | +                  | X                                      | -                  |                             |   |   |              | SF                        | х              |                       |             |           |
| Altai Alea   | X                  |  |                    | dust exha                   | und HVAC  | 10  | 0 SF         | x                         |                |                       |             |           |
| Name of Registered Waste Hauler  |                    | IN                                     | JDEP W             |                             | ubic Yards  | Name of   | Donieto      | red Land                  | en             |                       |             |           |
| Freehold Carting Inc   |                    | H                                      | lauler ID<br>5939  |                             | Waste   | Waste   | ·            |                           |                |                       |             |           |
| City, State<br>PO BOX 5010, Freehold, NJ 07728   | 3                  |  |                    | D<br>tb                     | isposal Date<br>d   | City, Sta<br>Tullyto  |              | ndfill                    |                |                       |             |           |
| Completed by<br>Gina Salvador  | Title<br>Office    | e Mar                                  | nager              | 1                           | Signature   | Bluas.  | _            |                           | Date<br>11/11/ | 13                    |             |           |

| Date of Notification (1)                         |              |                | Name      | of Building  | Owner/Operator (2                         | 2)   |                    |                  | ,          |             | -2        |
|--|--------------|----------------|-----------|--------------|---|--|--------------------|------------------|------------|-------------|-----------|
|  | 13           |                | GFI       | Sitewor      | ks, Inc.                                  |  |                    | 0 551            | )          |             |           |
| Agencies Notified Type Notifica                  | ition        |                | Street    | Address      | -35.BMW                                   | -  | NOV 1              | <del>U Zur</del> |            |             |           |
|  |              |                | PO        | Box 296      |   |  |                    |                  |            |             | •         |
| ☐ DOLWD ☐ Amended                                |              |                | City, S   | State, Zip C | Code                                      |  |                    |                  | J          |             |           |
| ☑ DHSS Amendme                                   |              |                | Cla       | rksboro.     | NJ 08020                                  |  |                    | 1                |            |             |           |
| DCA Emergent justification                       |              |                |           | of Contac    |   |  | Telephone No       | ımber            |            |             |           |
| ☐ Cancellat                                      |              |                |           | Russo        | •   |  | Tolopholio III     |                  |            |             |           |
|  |              |                | FAG       | CILITY IN    | IFORMATION                                |  |                    |                  |            |             | -         |
| Name of Facility Where Abatement is T            | aking Place  | (3)            |           |              |   | Type of Facility   | (4)                |                  |            |             |           |
| Residence  |              | 1-7            |           |              |   | ☐ School (K-12   |                    |                  |            |             |           |
| Street Address                                   |              |                | -         |              |   | ☐ Subchapter   | 8 (Other than K-   |                  |            |             |           |
| 16 Aberdeen Place                                |              |                |           |              |   | Other (i.e., p<br>homes, etc.)   |                    | nercial l        | ouilding   | gs,         |           |
| City (5)   |              |                |           | V            |   | Square Feet  | # of Floors        | IF               | Bldg. A    | ne.         | _         |
| Woodbury, NJ 08102                               |              |                |           |              |   | 5,000  | 3                  | Ι.               | 50<br>50   | ge          |           |
| County (6)                                       |              |                | Cour      | ty Codo /7   | )(STATE USE ONLY)                         | Current Use (Pr  |                    | aliahad\         | .000       |             |           |
| Camden County                                    |              |                | Cour      | ity Code (/  | )(STATE USE CIVET)                        | and the second s | ior ii being dem   | olisnea)         |            |             |           |
|  |              | (a) I          | 10011     |              | Th. 641 :                                 | None   |                    |                  |            |             |           |
| Name of Monitoring Firm Hired by Build           | ling Owner ( | (8)            | ASCM      | No.          | Name of Abateme                           | ent Contractor (9)   | k .                |                  |            |             |           |
|  |              |                |           |              | Luzon, Inc.                               |  | 174                | 392              |            |             |           |
| Street Address                                   |              |                |           |              | Street Address                            |  |                    |                  |            |             |           |
| -  |              | - 20.0         |           | 9            | 8451 Executiv                             | ve Ave.  |                    |                  |            |             |           |
| City, State, Zip Code                            |              |                |           | **           | City, State, Zip Co                       | ode  |                    |                  |            |             |           |
|  |              |                |           |              | Philadelphia                              | , Pa. 19153  |                    |                  |            |             |           |
| Project Manager for Monitoring Firm              |              | Tele           | ephone    | No.          | Telephone No.                             |  | License No.        | 8                |            |             |           |
| 267-284-1050 01109                               |              |                |           |              |   |  |                    |                  |            |             | 8         |
| Start Date (10)                                  | cheduled C   | omple          | etion Da  | te (11)      | Name of OSHA M                            | lonitor  |                    |                  |            |             |           |
| _12_ / _2_ / _13_                                | 12 /         | 23             | 3 /       | 13           | Joseph Maro                               | nski   |                    |                  |            |             |           |
| Occupancy Status During Abatement (              | Check only o | ne)            |           |              | Street Address                            |  |                    |                  |            |             |           |
| ☐ Facility Closed/Vacated During Entire          | -            |                | ment      |              | 8451 Executiv                             | ve Avenue  |                    |                  |            |             |           |
| ☐ Abatement Performed Outside of No              |              |                |           | cribe        | City, State, Zip Co                       |  |                    |                  |            |             |           |
| Time of Abatement:AM                             |              |                |           |              | Philadelphia,                             |  |                    |                  | <b>3</b> 6 |             |           |
| Scope of Work (Check all that apply)             |              |                | -         |              |   |  |                    |                  |            | 20 T        |           |
| ☐ ≥3 sf or ≥3 If                                 | □Re          | novat          | ion       |              | ☐ Full Cont                               | ainment with Ne  | gative Pressure    |                  |            |             |           |
| ⊠ ≥160 sf or ≥260 lf                             | ⊠ De         |                |           |              | ☐ Glovebag                                | Procedure  |                    |                  |            |             |           |
|  |              |                |           |              | Non-Exe                                   | mpted (*) and No   | n-Friable Proce    | dure             |            |             |           |
|  | 1            | Loca           |           |              |   |  |                    | A                | batem      | ent T       | ype       |
| Location of<br>Asbestos-Containing Material (ACM |              | Norma<br>d Sol | ely by    | Asha         | Description o                             |  | A                  | Re               | Re         | Щ           | m         |
| TO BE ABATED                                     | Ma           | intena         | ance/     |              | stos Containing Ma<br>e., thermal systems |  | Amount<br>(Specify | Remova           | Repair     | cap         | C C       |
| IN Facility                                      | Cus          |                | Staff?    |              | surfacing, VAT,                           | or   | SF or LF)          | val              | -          | Encapsulate | Enclosure |
| (13)   | Yes          | (12)<br>No     | N/A       | -            | other miscellane                          | ous)   |                    |                  |            | ate         | "         |
| Roof   |              |                |           | Beefin       | n Matarial                                |  | 4 400 85           |                  |            |             |           |
| ROOI   |              | _              | 1         | Kooning      | g Material                                |  | 4,100 SF           |                  | -          |             |           |
|  |              |                |           |              |   |  |                    |                  |            |             |           |
|  |              |                |           |              |   |  |                    |                  |            |             |           |
| 55   |              |                | 10        |              |   |  |                    |                  |            | П           |           |
| Name of Registered Waste Hauler                  |              |                | NJDEP I   |              | Cubic Yards of                            | Name of Regis  | stered Landfill    |                  | -1-        | 1_          | 1—        |
| United Trucking, Inc.                            |              | 100            | lauler II | O No.        | Waste                                     | Conestog   |                    |                  |            |             |           |
| City, State                                      |              |                | 15867     | 7            | 30 CYS.                                   |  |                    |                  |            |             |           |
|  |              |                |           |              | Disposal Date                             | City, State  | um DA              |                  |            |             |           |
| Mariton, NJ                                      |              |                |           |              | 12-24-13                                  | Morganto   | wn, PA             |                  |            |             |           |
| Completed By (Print or Type)                     | Title        | 100.000        |           |              | Signature                                 | sh fo  | . 101              | Date             | 13         | 12          | 25        |
| Piyush Patel                                     | Progra       | m Ma           | nager     | 1            | riyu                                      | 7 N C  | CIC                | 11               | 121        | د١          | *         |