| 1 1 | | NOTIFICATION (Pursuant to N | OF ASBESTOS ABAT | EMENT :120-7) | TO F | | |
|----------------------------|---|-------------------------------|--|-------------------|----------------------------|--------------------|-----------------------|
| Date of Not: | ification (1) | | ilding Owner/Opera | | | GE | PW BF |
| 100 1019 | 1/12/7/1/17 | | Leye Part | | Mp. | - Anna and and | 一写厂 |
| Agencies Not | ified Type Notificat: | ion Street Add | ress | 111612 | 15-11 (| ICT 2 | 2017 |
| [XIDEP | []Initial | 380 | Maurer | Rd | ASTER | • | J. Samuel |
| LXI DOL | Notificati Amended | City, State | e, Zip Code | | 1 | TOS CON | VTROLE |
| [X] DOH | Notificati | Name of Cor | n /mbo | Y, NJ | 0980 | JOENSIN | G = I |
| [X] DCA | []Cancellati | on II | 5 Collins | | erephone Nu | mber | |
| No. | | FACILI | TY INFORMATION | , | | | |
| ^ | D Logo 0 | s Taking Place (3 | 7 | Type of Fac | ility (4) | | |
| Brcke Street Address | | erth Amb | oy lerminal | []Sch []Sub | ool (K-12) chapter 8 (| Other tha | an K-12) |
| 380 | Maurer R | , | | ly joth | er (i.e., p l buildings | rivate & . homes. | commer- |
| City (5) | | inty (6) | County Code (7) | Square Feet | | ors Bldg | I. Age |
| Perth | Amboy 1 | | (STATĒ USE ONLÝ) | Current Use | (Prior if | seing dem | nolished) |
| Name of Monit Owner (8) | oring Firm Hired by Bu | ilding ASCM No. | Name of Abate | | | | |
| Street Addres | | | Advan | ced Sp | ecialt | y Con | tractors |
| | | | I Total of the co | | | | |
| City, State, | Zip Code | | City, State. | 19in Str | et Ext | . Du. | 17 10 |
| Project Manage | er for Monitoring Firm | | Sayre | ville, | NJ | 1887 | 72 |
| | + | Telephone Numbe | Telephone Num | | | ense Numb | |
| Scheduled Star | | ompletion Date (1 | Name of OSHA | 25 0 / Monitor | 00 | | 50 |
| Month / Day | Year Month | / 0 7 / 1 7 Year | Tiger | - Envi | ronn | - nt | |
| []Facility | us During Abatement (C Closed/Vacated During | Check only one) Entire Period | Street Address | | | <u> </u> | 4. |
| or undrem | Performed Outside of | | 234 City, State, 2 | 20th | AVE | | |
| Willother - D | escribe: Abgrenen | t outside | | NJ, | 0872 | 4 | |
| scope of work | (Check all that apply) | | [] Pull | Containment w | | | |
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| in | Facility (13) | tenance/ Custodial | (i.e., thermal synthesis (i.e., thermal synthe | cing. VAT. | SF or LF) | 0 P .V.A A I | P 0 S S |
| | | Staff(12) Yes No N/A | | | | LR | U U R |
| | - line Rack | X | Pipe INS | . 1 10.7 | 180 | X | |
| | Rack Ground | X | PIPE INSU | 19tion | 80 | X | |
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| Name of Register | | NJDEP Waste Hauler ID No. | | ame of Regis | | | |
| City. State | Cartage | 15939 | 90 | Eqi-less | s Lan | -01 Fil | // |
| Freeho | 12 17 | | Disposal Date C. | ity, State | | | (x) |
| Completed By (Pr | int or Type) Title | | Signature | Morri | sulle | PA | 19067 |
| | Nale Br | anch Mana | a landing | 1/ | - 1 | Date | 70 1- |
| ASB-41 JUN 95 | | - Cri Fiana | ger / h | W - | 30 | 11-0 | 27-17 |

PAID



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 09/29/2017 Fairlawn Industries Ltd Agencies Notified Type Notification Street Address 20-21 Wagaraw Rd FPA Initial × City, State, Zip Code DEP Amended DOL Amendment # Fair Lawn, NJ 07410 Emergency (including Name of Contact × Telephone Number DOH justification) DCA Cancellation Dave Burkart **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Fairlawn Industries Ltd School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, X 20-21 Wagaraw Rd etc.) City (5) Square Feet # of Floors Bldg. Age Fair Lawn, NJ 07410 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Removal Safety LLC Street Address Street Address 8 Crosby Ave City, State, Zip Code City, State, Zip Code Paterson, NJ 07502 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-400-8711 01332 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/11/2017 10/25/2017 Removal Safety LLC Occupancy Status During Abatement (Check Only One) Street Address 8 Crosby Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: 8:00am-4:30pm Paterson, NJ 07502 Scope of Work (Check All That Apply) >3 sf or >3 lf Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A External, wall Pipe Insulation 360 LF X x X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Removal Safety LLC **GROWS North** 0037007 12 City, State Disposal Date City, State Paterson, NJ TBD Morrisville, PA Completed by Title Signature Date Lasko Veskov President 09/29/2017

| | | | (Pur | suant | to NJAC | 8:60 and 5:16 |) | INE ME | II W | BI | 71 | |
|------------------------------------|----------------------------|-------------|--|------------------|------------|--------------------|--------------------------|---|--|----------------------|---|-----------|
| Date of Notification (1) | | | T | Name of | Building | Owner/Operator (2 | 2) | | u w | 5 | mention of the second | |
| 09/ | 06 / | 17 | | Town | ship of | Saddle Brook | | Hal octo | 2 2017 | WEST STATES | and a string of the string of | |
| Agencies Notified | Type Notification | n | | Street A | ddress | | | + R L | | | T | |
| ⊠ EPA | Initial | | 1 | 93 Ma | arket Str | eet | | · · · · · · · · · · · · · · · · · · · | Printer and the second | | - Properties | |
| ⊠ DOLWD | ☐ Amended | | | City, Sta | te, Zip Co | ode | | \$100 may 100 m | TER STOR HOLE | g to , rates serving | | |
| DOH | Amendment | | | | | k, NJ 07663 | | | | | | |
| DCA | ☐ Emergency justification) | | + | | f Contact | .53 | | Telephone Num | ber | | | \neg |
| (NJAC 5:23-8) | ☐ Cancellation | | | | Cherch | | | | | | | |
| | | | | FACI | LITY IN | ORMATION | | | | | | |
| Name of Facility Where A | Abatement is Tak | king Place | (3) | | | | Type of Fa | acility (4) | ************************************** | | | |
| Commercial | | | | | | | School | | 2) | | | |
| Street Address | | | | | | | ☐ Subcha | apter 8 (Other than K-1: i.e., private and comme | ercial buil | dings | , | |
| 29 Caldwell Avenue | е | | | | | | homes | | | | | |
| City (5) | | | | | | | Square Fe | eet # of Floors | Bldg | J. Age | 9 | |
| Saddle Brook | | | | | | | | | | | | |
| County (6) | | | | County | y Code (7) | (STATE USE ONLY) | Current U | se (Prior if being demol | ished) | | | |
| Bergen | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Buildin | ng Owner (| 8) | ASCM N | lo. | Name of Abatem | | | | | | |
| Bio Terra Solutions | S | | | | | ALL PRO MA | NAGEME | NT LI_C | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| P.O. Box 1224 | | | | | | 27 Outwater | Lane | | | | | |
| City, State, Zip Code | | - | | | | City, State, Zip C | ode | | | | | |
| Union, NJ | | | | | | Garfield, NJ | 07026 | | | | | _ |
| Project Manager for Mor | nitoring Firm | | Tele | phone N | lo. | Telephone No. | | License No. | | | | |
| Rick Estaquio | | | 97 | 73-494- | 3762 | 973-928-4888 | 8 | 1188 | | | | |
| Start Date (10) | In Contract | heduled C | The state of the s | | | Name of OSHA | | | | | | |
| 09 /18 / | 17 | _10_ / | _ 31 | _ / _ | 17 | ALL PRO MA | ANAGEME | ENT LLC | | | | |
| Occupancy Status Durin | ng Abatement (C | heck only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vaca | ted During Entire | Period of | Abate | ment | | 27 Outwater | Lane | | | | | |
| Abatement Performe | d Outside of Nor | mal Facilit | y Hou | rs - Desc | cribe | City, State, Zip C | | | | | | |
| Time of Abatement: | AIVI | PIVI/ | _PIVI | | -NIVI | Garfield, NJ | 07026 | | -3-75-27 | | | |
| Scope of Work (Check a | all that apply) | | | | | ☐ Full Cor | ntainment w | vith Negative Pressure | | | | |
| ≥3 sf or ≥3 lf | | | enovat | | | ☐ Mini-En | closure | | | | | |
| ≥160 sf or ≥260 lf | | ⊠ De | emoliti | on | | ☐ Gloveba | ag Procedu empted (*) | re and Non-Friable Proce | dure | | | |
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| Locatio | n of | | Norma | ally | | Description | | | Z | Z | m | ш |
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| Name of Registered W | aste Hauler | | | NJDEP | Waste | Cubic Yards of | Name | of Registered Landfill | | | | |
| Weigle Trucking, | | | | Hauler I | | Waste As Needed | Min | erva Enterprises | | | | |
| City, State | | | | PA-5 | 09 | Disposal Date | City, S | tate | | | | |
| Linden, PA | | | | | | TBD | Way | nesburg, OH | | 1 | 1 | |
| Completed By (Print or Type) Title | | | | | | Signature | 0 1 | | Date / | . / | ,_ | |
| Allen Monchik | 1,360) | | ct Ma | nager | | 141 | KIN | <u></u> | 9/ | 6/ | 11 | 26 |

State of New Jersey

| d | | | L | 8 | AND DESCRIPTION OF THE PERSON | P |
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| (xc#223 | 9 | NOT | | | | BESTOS ABAT C 8:60 and 5:1 | | ID B G | | VE | |
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| Date of Notification (1) 09 / | 28 / | 17 | | | | g Owner/Operator (f Saddle Brook | (2) | OCT | 0 2 20 | Ones of the same o | A STATE OF S |
| Agencies Notified ⊠ EPA ⊠ DOLWD | Type Notifica | | | Street 93 | Address Market S | treet | | A STATE OF THE BUT AND A STATE OF THE STATE | Park park and the second secon | | 7 |
| ⊠ DOH | Amendme | | | | State, Zip (| | | | | | |
| ☐ DCA | ☐ Emergend | cy (includin | g | | | ok, NJ 07663 | | | | | |
| (NJAC 5:23-8) | justification | | | | of Contac | | | Telephone Num | ber | | |
| | ☐ Cancellat | ion | | Joh | n Cherc | hio | | | | | |
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| Name of Facility Where A | Abatement is T | aking Plac | e (3) | | | | Type of Facility (| | | | |
| Commercial | | | | | | | Subchapter 8 |) (Other than K-12 | 2) | | |
| Street Address | | | | | | | | ivate and comme | | lings, | |
| 29 Caldwell Avenue | 9 | | | | | | homes, etc.) | 1 | | 53 19 | |
| City (5) | | | | | | | Square Feet | # of Floors | Bldg | . Age | |
| Saddle Brook | | | | T = | | | | | | | |
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| Bergen | Missal Inc. Della | | (0) | 10014 | | 1 | | | | | |
| Name of Monitoring Firm EnviroVision Const | | - | (8) | ASCM | No. | Name of Abateme | | | | | |
| Street Address | untantis, inc. | | | | | | NAGEMENT L | _C | | | |
| 20-21 Wagaraw Rd. | Blda 35E | | | | | Street Address | | | | | |
| City, State, Zip Code | , Diag. JJL | | | | | 27 Outwater City, State, Zip Co | | | | | |
| Fair Lawn, NJ 0741 | n | | | | | Garfield, NJ | | | | | |
| Project Manager for Moni | | - | Tele | phone | No | Telephone No. | 07020 | License No. | | | |
| Yarden Belenky | toring r iiiii | | 14 17 53 55 | 3-636 | | 973-928-4888 | | 1188 | | | |
| Start Date (10) | Is | Scheduled (| | | | Name of OSHA M | | 1100 | | | \dashv |
| 09/20/ | 17 | 10 | 31 | | 10° 00 | | NAGEMENT L | _C | | | |
| Occupancy Status During | () (S) | | 2.5 | | | Street Address | | | | | |
| ☐ Facility Closed/Vacate | | | | | | 27 Outwater | | | | | |
| Abatement Performed Time of Abatement: _ | | | | | | City, State, Zip Co | | | | | |
| | | | | | | Garfield, NJ | 07026 | | | | |
| Scope of Work (Check all | that apply) | | enovati emolitio | | | ☐ Mini-End ☐ Gloveba | tainment with Neg losure g Procedure empted (*) and Nor | | uro. | | |
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| Name of Registered Was | te Hauler | | | JDEP \ | Masta | Cubic Yards of | Name of Regis | torod Landfill | | | |
| Weigle Trucking, LI | | | 1000 | lauler II | D No. | Waste | Minerva En | | | | |
| City, State | | | | PA-58 | Ja | As Needed Disposal Date | City, State | | | | |
| Linden, PA | | | | | | TBD | Waynesbu | rg, OH | - 2 | | |
| Completed By (Print or T | ype) | Title | | | | Signature | 1 | D | ate / | - 1 | - |
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|--|---------------------------------|---------|--------------|-----------------|--------------------|------------------------|-------------------------------------|-----------|-----------------------|----------|--------------------|------------|------|----------|-------------|------------|
| Date of Notification (1) | | | | | Name | of Buildin | g Owner/Operato | or (2 | 2) | 111 | | 2 | 20 | 117 | 1 | IJ |
| 9 / | 28 / | 17 | | | Hea | althSouth | Corporation | | | Job | #1609-21 | 16 | Ch | k. #4 | 1838 | 3 |
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| ⊠ EPA | | | | | 336 | 0 Grand | view Parkway, | Sı | uite 200 | | ASBLAT | OS CC | NI | RO | Lă | |
| ⊠ DOLWD | ☐ Amended | | | | City, S | State, Zip (| Code | | | | 11(| DENS | IAC | 2 | | |
| ☑ DHSS ☐ DCA | Amendm Emergen | _ | dudine | | Bir | mingham | ı, AL | | | | | | | | | |
| (NJAC 5:23-8) | justificati | on) | Juding | 9 | Name | of Contac | t | | | Т | elephone N | umber | | | | |
| 11 TOO TO BE SEED OF THE SEED OF THE SEED. | ☐ Cancellat | tion | | | Eliz | abeth Ma | ann | | | | | | | | | |
| | | | | | FA | CILITY IN | IFORMATION | | | | | | | | | |
| Name of Facility Where A | batement is 7 | Taking | Place | (3) | | | | | Type of Facili | ty (4) | | | | | | |
| HealthSouth Rehab | Hospital of | f Tom | s Riv | /er | | | | | School (K- | 12) | | | | | | |
| Street Address | | | | | | | | \exists | Subchapte | | | | L | d: | | |
| 14 Hospital Drive | | | | | | | | | Other (i.e. homes, et | | ate and comi | merciai | DUII | aings | 5, | |
| City (5) | | | | | | | | \forall | Square Feet | | # of Floors | | Bldg | g. Ag | е | |
| Toms River | | | | | | | | | 84,619 | | 3 | | | ver: | | |
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| Ocean | | | | | | | | | Rehab Ho | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ding O | wner (| (8) | ASCM | No. | Name of Abate | me | | | | | - | | | 2,32,71,72 |
| Horizon | | | | | | | Asbestos a | and | Mold Servi | ces, | Corp. | | | | | |
| Street Address | | - //- | | | | | Street Address | | | | • | | | | | - |
| PO Box 316 | | | | | | | 3859 Sylon | В | oulevard | | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip | Co | de | | | | | | | |
| Thorofare, NJ 08086 | 6 | | | | | | Hainesport | , N | J 08036 | | | | | | | |
| Project Manager for Moni | ect Manager for Monitoring Firm | | | | | | Telephone No. | | | | License No. | | | 7.00 | | |
| Dave or Steve Flani | gan | | | 8 | 6-848 | -0800 | 609-702-04 | 00 | | | 00862 | | | | | |
| Start Date (10) | 5 | Schedu | uled C | omple | tion Da | te (11) | Name of OSHA | Mo | onitor | | | | | | | |
| 10 /11 / | _17 | 1(| 0_/ | 13 | _ / | 17 | EMSL Anal | yti | cal, Inc. | | | | | | | |
| Occupancy Status During | Abatement (| Check | only o | one) | | | Street Address | | | - | | | | | | |
| ☐ Facility Closed/Vacate | | | | | ment | | 200 U.S. Ro | out | e 130 North | | | | | | | |
| ☐ Abatement Performed | Outside of No | ormal I | Facility | y Hour | s - Des | | City, State, Zip | 000000 | | | | | | -116 | | |
| Time of Abatement: | AM | PM | / | _PM- | | AM | Cinnamins | | | | | | | | | |
| Scope of Work (Check all | that apply) | | -30.0 | | 2000 | | | • | | | | | - | | | |
| ☐ >3 sf or >3 lf | | | ΔD. | | | | | | ainment with N | egati | ve Pressure | | | | | |
| ≥3 \$1 61 ≥3 11≥160 sf or ≥260 lf | | | ⊠ Re □ De | | | | ☐ Mini-Ei | ncio | osure Procedure | | | | | | | |
| | | | | | (#. f. | | ☐ Non-E | xen | npted (*) and I | Non-F | riable Proce | dure | | | | |
| | | | | Locat | | | | | 2/ | | | 1 | Abat | teme | nt T | уре |
| Location | | | | Norma d Sole | | | Description | | | | 200.000 | 1 | 0 | χ, | ш | ш |
| Asbestos-Containing I TO BE ABA | viateriai (ACIVI TED | 1) | | intena | | | stos Containing N ., thermal system | | | | Amount (Specify | Kellova | | Repair | ıcaı | Clo |
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| (13) | | - | Yes | (12) No | NI/A | - | other miscellar | neo | ous) | | | | | | ate | |
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| oom \$25 | | | | Ш | | Popcor | n Ceiling | | | | 250 SF | D | | | | |
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| Name of Registered Wast | o Haular | | ш | | | 0/ | O. bis Vasala af | _ | TN. (D. | <u> </u> | | |] | \sqcup | Ц | Ш |
| Waste Management | | | | | JDEP \ auler ID | | Cubic Yards of Waste | | Name of Reg | | | | | | | |
| | | | | | 17273 | | 5 | | Grand Co | entra | | | | | | |
| City, State | | | | | | | Disposal Date | | City, State | 92 7 | _ | | | | | |
| Lafayette, NJ | | | | | | | 10/13/17 | | Penn Arg | yle, | PA | | | | | |
| Completed By (Print or Ty | | Title | deservices | 200 | 10 50 | Transfer of the second | Signature | 1 | | | | Date | 2 | 1. | .1 | |
| Kimberly A. Trumbe | tti | Of | tice (| coord | linato | | | 1 | | | | 4 | d | 8-1 | 1 | |

ASB-41 MAY 11

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

SEP/29/2017/FRI | | : 21 AM Delta/BJDS

| NOTIFICATION OF ASDESTOS ADATEMENT (Pursuant) to NACE 580 and 12:120) Pole of Notification (1) Pole of Notification (1) Pole of Notification (1) Agencies Notification (1) Agencies Notification (2) Agencies Notification (3) EPA Amencies (2) Amenc | TI DI AN | De I tay Dalk | > | | F | AX No. | 215-332 | 136 | E | C [| E F | 00 | 9 | |
|--|--|------------------------------|----------------|--------------|------------------------------------|------------------------------------|--------------------------|-------------|------------|-------------------|---------|----------|------|--|
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| 9/22/2017 Agencies Notified Type Notification Agencies Notified Fig. 2 Fig. 2 Fig. 2 Fig. 3 Fig. 3 Fig. 3 Fig. 3 Fig. 4 Fig. 3 Fig. 4 Fi | | | 1,50 | CATION OF | ASBEST | 05 ABA7 and 12:1 | 20) | | TDOFO | | D | AYO | 17 | |
| CAMPBELL SOUP PLACE | 9/29/2017 | 25 | | CAMPBE | LL SOU | er/Operat | or (2) PANY | - | ASBE | STO | S CC | NTI | ROI | |
| DOY Unstituted Process Doy | 13 PO 110(III) | | 1 | CAMPB | ELL SO | UP PLA | CE | | 340 | WY | IVED | EDING | - | |
| Name of Facility Where Absterment is Taking Place (a) CAMPBELL SOUP TRANSFORMER BLDG Street Address 1 CAMPBELL PLACE County (a) CAMDEN County (b) CAMDEN COUNTY Code (T) COUNTY COD | IVI Constant | ment # | ~- C | CAMDEN | NJ 0810 |)3 | | W | AIVER | AP | RI | JVE | D | |
| CAMPBELL SOUP TRANSFORMER BLDG Street Address 1 CAMPBELL PLACE City (6) CAMDEN CAMDE | Cancal | ation | J | OSH FIS | HER | TALL | | | Telephone | e Numb | er | | | |
| 1 CAMPSELL PLACE City (6) CAMDEN County (8) CAMDEN County Code (7) Corrent Use (Prior II) Being demolshed) Name of Monitoring Firm Hirid by Rullding Owner (8) ASCM No. Name of Monitoring Firm Hirid by Rullding Owner (8) Street Address Street Address Street Address Street Address 1345 INPUSTRIAL BLVD City, State, Zip Code ENSALEM PA 19020 City, State, Zip Code SOUTHAMPTON ERIC WYSOCK Start Date (10) Scheduled Completion Date (11) Divizion (17) Cocupancy Status During Abstement (Check Only One) Facility Closed/Vascated Ourling Entire Period of Abstement Abstement Period Entire Period of Abstement Abstement Period Entire Period of Abstement Demoition Entire Over (None Authorities of Normal Pecility Hours City, State, Zip Code Soope of Work (Cheak Authorities of Normal Pecility Hours City State, Zip Code MICKLETON JOBO56 Abbestos-Containing Material (ACM) In Facility (13) Custodia Start (12) Custodia Start Abbestos-Containing Material (ACM) (13) Custodia Start (12) Custodia Start (13) Custodia Start (13) Custodia Start (13) Custodia Start (14) Custodia Start (15) Custodia Start (15) Custodia Start (16) Custodia Start (17) Custodia Start (17) Custodia Start (18) Custodia Start (19) Custodia Start (19) Custodia Start (10) Custodia Start (11) Custodia Start (12) Custodia Start (13) Custodia Start (14) Custodia Start (15) Custodia Start (16) Custodia Start (17) Custodia Start (17) Custodia Start (18) Custodia Start Abbestos Containing Material (ACM) (19) Custodia Start (10) Custodia Start (10) Custodia Start (10) Custodia Start (10) Custodia Start Custodia Start Abbestos Containing Material (ACM) (16) Custodia Start (17) Custodia Start (18) Custodia Start Abbestos Containing Material (ACM) (18) Custodia Start (19) Custodia Start Custodi | CAMPBELL SOUP TRANSFO | aking Place (3) RMER BLD(| 3 | TAGISTY | INFORMA | NOIT | | | | _ | | | _ | |
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| Street Address 400 STREET ROAD Street Address 1345 INDUSTRIAL BLVD Street Address 1345 INDUSTRIAL BLVD Street Address 1345 INDUSTRIAL BLVD City, State, Zip Code BENSALEM PA 19020 Project Menager for Monitoring Firm ERIC WYSOCKI 215 244-1300 215 322-2900 Street Address 1345 INDUSTRIAL BLVD City, State, Zip Code SOUTHAMPTON Telephone No. 215 322-2900 D0783 Stat Date (10) 10/2/2017 Scheduled Completion Date (11) INSms of OSHA Monitor EHS Street Address 1345 INDUSTRIAL BLVD License No. 00783 Telephone No. 215 322-2900 D0783 Stat Date (10) Scheduled Completion Date (11) Name of OSHA Monitor EHS Street Address 411 SOUTH GATE SUITE E City, State, Zip Code MICKLETON NJ 08056 MICKLETON NJ 08056 Abstance of Work (Cheak All That Apphy) 23 ef or 33 if 24 ef or 33 if 25 ef or 250 if 26 or 250 if 27 Outside of Transformer Sidg X Transit Dabrie Outside of Transformer Sidg X Transit Dabrie Name of Registered Leadfill | Name of Monitoring Firm High My B. also | 100 Cum (0) | 137 | ATE USE OF | VLY) | | | | | ollshed |) | | _ | |
| City, State, Zip Code BENSALEM PA 19020 Project Manager for Monitoring Firm ERIC WYSOCK) Start Darie (10) 10/2/2017 Scheduled Completion Date (11) 10/3/2017 Scheduled Completion Date (11) Name of OSHA Monitor EHS City, State, 2ip Code MICKLETON NJ 08056 Feeling Closed-Vacated During Entire Period of Abstement Abstement Periormed Outside of Normal Feeling Mours City, State, 2ip Code MICKLETON NJ 08056 Full Containment with Negative Pressure Mini-Endosure Mini-E | Bired Address | uil couries (9) | | ASCM No. | | DELT | A/BJDS, | t Contract | or (8) | | | | - | |
| Project Manager for Monitoring Firm ERIC WYSOCK) Telephone No. 215 244-1300 215 322-2900 215 322-2900 20783 Signt Date (10) 10/2/2017 Discrepancy Sistus During Abstement (Check Only One) Fecility Classdr/scaled During Entire Period of Abstement Abstement Partormed Outside of Normal Facility Mours Other - Describe: Out Side Work (Check All That Apply) Past or a 3 if 2160 of or 260 if Encodion of Abstement (ACM) In Facility In Facility In Facility (13). Dutside of Transformer Bidg X Transit Debris SOUTH MAN Monitor EHS Sirest Address 411 SOUTH GATE SUITE E City, State, 2 ip Code MICKLETON NJ 08056 MICKLETON NJ 08056 Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (7) and Non-Frabile Procedure Non-Exempted (7) and Non-Frabile Procedure Custoclal Staff? (12) Yes No N/A Transit Debris For LP) Transit Debris Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (7) and Non-Frabile Procedure Non-Exempted (7) and Non-Frabile Procedure Custoclal Staff? (15) Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (7) and Non-Frabile Procedure Non-Exempted (7) and Non-Frabile Procedure Non-Exempted (7) and Non-Frabile Procedure Custoclal Staff? (16) Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (7) and Non-Frabile Procedure Non-Exempted (8) Abbettes Containing Mastrial (ACM) (16) Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (7) and Non-Frabile Procedure Non-Exempted (9) Abbettes Containing Mastrial (ACM) (16) Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (9) Abbettes Containing Mastrial (ACM) (19) Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (9) Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (9) Full Containment with Negative Pressure Mink-Enclosure Glovebag Procedure Non-Exempted (9) Fu | City, State, Zip Coda | | | | | 1345 | INDUSTR | | /D | | | | | |
| Start Date (10) Scheduled Completion Date (11) 10/2/2017 Scheduled Completion Date (11) 10/2/2017 Scheduled Completion Date (11) Name of OSHA Monitor EHS Screet Address 411 SOUTH GATE SUITE E City, State, Zip Code MICKLETON NJ 08056 Scope of Work (Check All That Apply) 216 of or 230 if 216 of or 2260 if Is Location Normally Demoittion Is Location Normally Used Solety by Maintenance/ Custodial Staff? (12) Yes No N/A Dutside of Transformer Bidg X Transit Debrie Elder Address 411 SOUTH GATE SUITE E City, State, Zip Code MICKLETON NJ 08056 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Enable Procedure Non-Exempted (*) and Non-Enable Procedure Abbestos Containing Material (ACM) (I.e. Instruction, VAT, or other miscellaneous) Outside of Transformer Bidg X Transit Debrie Renoval on Abstemant Type Abbestos Containing Material (ACM) (I.e. Instruction, VAT, or other miscellaneous) Abstemant Type Abbestos Containing Material (ACM) (I.e. Instruction, VAT, or other miscellaneous) Non-Exempted (*) and Non-Enable Procedure Abstemant Type Abbestos Containing Material (ACM) (I.e. Instruction, VAT, or other miscellaneous) Abstemant Type Abstemant Type Abstemant Type Abstemant Type Abstendary Associated Cath Transit Debrie EHS City, State, Zip Code MICKLETON NJ 08056 Full Containment with Negative Pressure Mini-Enclosure Non-Exempted (*) and Non-Enable Procedure Non-Exempted (*) and Non-Enable Procedur | Project Manager for Monitoring Flow | | Tele | Ohone No | | SOUT | THAMPTO | e N | | | | | ~ | |
| Docupancy Status During Abstement (Check Only Of Abstement Abstement Performed Outside of Normal Facility Hours Other - Describe: OUT SIDE WORK 7sm-7sm Other - Describe: OUT SIDE WORK 7sm-7sm Other - Describe: OUT SIDE WORK 7sm-7sm City, State, Zip Code MICKLETON NJ 08056 Renovalion Demolition Renovalion Demolition Renovalion Demolition Renovalion Demolition Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Location of Absternant (ACM) In Facility (13) Outside of Trensformer Bidg X Transit Dabrie Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Abstetac Containing Material (ACM) (1-e. In-mail systems insulation, Specify (1-e. | Start Date (10) | Schadulad | 215 Complet | 5 244-130 | 00 | 215 3 | 22-2900 | D. | | | | | | |
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| me of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Lendfill Vice Transport Grp Hauler ID No. Of Weste Minerva Lendfill Minerva Lendfill | Outside of Transformer Plan | 1 | | | | | | | noneal | pau | Stephed | amsopura | | |
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| mpleted by distine Del Visclo Title Adminstrator Waynesburg, OH 44668 | mpleted by | Title | tor | | [And) | ature [| Wayne | sburg. (| DH 4488 | Le 7 | | | _ | |

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| Date of Notification (1) 9/29/2017 | | | | of Building | | | | In | - Company | OCT | - 2 | 20 |)17 | to property of the party of the | 베 |
| Agencies Notified Type Notifical | ion | | | Address MPBELL | SOUF | PLAC | DE . | 100 | | | المنابعة والإنسان | نها در در | | 0 | |
| DEP Amende Amendm | nent #1 | | | ate, Zip C DEN NJ | | | | | ASI | BESTO LIC | SENS | JME JME | HU! | _ Ct | |
| DOH justificati | | | | of Contact | | | | 2007 | Tele | ephone | Numb | er | , | | |
| | | | FAC | ILITY INF | ORMAT | ION | | | | | | | | | |
| Name of Facility Where Abatement is To CAMPBELL SOUP TRANSFOR | | | | | | | Type of F | ool (K-12 |) | | | | | | |
| Street Address 1301 PINE STREET | | | | | | | Subo Subo Othe etc.) | chapte: 8 er (i.e. pri | Othe | er than I & comm | K-12) ercial | build | dings | hom | es, |
| City (5) CAMDEN | | | | | | | Square Fe >20,000 | | # of | Floors | | В | ldg. A | ge | |
| County (6) CAMDEN | | | | Code (7) USE ONL | 0 | | Current U | se (Prior | if beir | ng demo | olishe | d) | | | |
| Name of Monitoring Firm Hired by Buildi CRITERION LABS | ng Owner (8 |) | ASC | M No. | | The state of the s | of Abateme | | ractor | (9) | | | | | |
| Street Address 400 STREET ROAD | | | | | | 7.5 | Address INDUST | RIAL E | BLVD |) | | | | | |
| City, State, Zip Code BENSALEM PA 19020 | | | | | | | State, Zip Co | | A 189 | 966 | | | | | |
| Project Manager for Monitoring Firm ERIC WYSOCKI | | | Telepho 215 24 | ne No. 44-1300 | | | none No. 322-2900 | | | Licens 00783 | | | | | |
| Start Date (10) 10-2-2017 | Schedu 10-9-2 | | npletion | Date (11) | | Name EHS | of OSHA M | lonitor | | | | | | | |
| Occupancy Status During Abatement (C | heck Only O | ne) | | | | Street | Address | | | 1-7-100 | | | | | - |
| Facility Closed/Vacated During Ent | re Period of | Abaten | nent | | | 1000 | SOUTHG | March March 1961 | UITE | E | | | | | |
| Abatement Performed Outside of N Other – Describe: OUTSIDE WORK | C-7AM-7AM | y Hours | | | _ | | state, Zip Co KLETON, | | 056 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | - | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Accession to the last of the l | Renova Demolit | | | | × | Mini-En | g Proce | dure | | | | | e | |
| | Is | s Locati | on | | | | | | | | T | | Abate | ment | t |
| Location of | 1 | Normal ed Sole | | | | scription | | | | | - | _ | IУ | pe | \vdash |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | aintenar stodial S (12) | nce/ | Asbes (i.e. | faterial (ACI s insulation, T, or neous) | M) | (S | nount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure | | |
| | Yes | No | No N/A | | | | | | | | | | | е | |
| Outside of Transformer Bldg | _ | X | | | Trans | site De | bris | | 60 | SF | × | : | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | JDEP W | lanta | Control | Varde | 1.50 | | | | 10 | | | | |
| Service Transport Grp | | Н | auler ID 0990 | | of Was | | 1 | me of Re nerval l | | | апп | | | | |
| City, State 58 Pyles Lane New Castle DE 19 | 720 | | | | Dispos | al Date | | y, State aynesb | urg, | ОН | | | | | |
| Completed by Christine Del Viscio | Title Adm | | | | | | | Deli | Ma | (1 | Date 9/29 | /20 | 17 | Terror. | |

SEP/29/2017/FRI | | 1:21 AM Delta/BJDS FAX No. 215-332-13 FI OOD N. P. HOLLOW Siste of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT DOLOCTI O DAYOTA (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 9/29/2017 CAMPBELL SOUP COMPANY SBESTOS CONTROL & Agencies Notified Type Notification Street Address EPA 1 CAMPBELL SOUP PLACE Inhial DEP Amended City, State, Zip Code DOL Amendment # APPROVED CAMDEN NJ 08103 Emergency (Including DOH Justification) Cancalation Name of Contact DCA Tsiaphone Number JOSH FISHER FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (2) CAMPBELL SOUP TRANSFORMER BLDG Type of Fadility (4) Street Address School (K-12) 1 CAMPBELL PLACE Subchapter 8 (Other than K-12) Other (i.e. priving & commercial buildings, homes, R City (6) etc.) CAMDEN Square Feet # of Floors Bldg. Age >20.000 County (6) County Code (7) (STATE USE ONLY) CAMDEN Current Use (Prior II being demolished) Name of Monitoring Firm Hired by Euriding Owner (8) ASCM No. CRITERION LABS Name of Abatement Contractor (9) DELTA/BJDS, INC Street Address 400 STREET ROAD Street Address 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code BENSALEM PA 19020 SOUTHAMPTON Project Manager for Monitoring Firm Telephone No. Telephone No. ERIC WYSOCKI License No. 215 244-1300 215 322-2900 00783 Start Date (10) Schaduled Completion Date (11) Name of OSHA Monitor 10/2/2017 10/9/2017 EHS Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Verzeted During Entire Period of Abetement 411 SOUTH GATE SUITE E Abatement Performed Outside of Normal Facility Hours Other - Describe: OUT SIDE WORK 7am-7am City, State, Zip Code MICKLETON NJ 08056 Boope of Work (Check All That Apply) 23 sfor ≥3 If Ranovation ≥160 sf or ≥260 H Full Containment with Negative Pressure Demolition Minl-Endosure Glovebag Procedure Non-Exempted (*) erid Non-Friable Procedure is Location Abelement Location of Nomally Asbestos-Conteining Material (ACM) Lised Solely by Description of Typa Asbestos Conteining Material (ACM) TO BE ABATED Maintenance/ Amoun! In Facility (I.e. (horma) systems insulation, Custodial Stati Encapsuate (Specify Repair Remonal surfacing. VAT, or (13) . (12) SF or LF) other miscelleneous) Yes No N/A Outside of Transformer Bldg X Trensit Debris 60 SF × Name of Registered Waste Hauler NJDEP Waste CUDIC YERGS Name of Registered Landfill Service Transport Grp Hauler ID No. of Waste 20980 Minerva Landill City, State 58 Pyles Lane New Castle DE 19720 Dispossi Date City, State Waynesburg, DH 44688 Completed by Christine Del Viscio **副的alure** Adminstrator moter

| 1900 | ~ | | | | | | | 133 | 17. | are I | 己同厅 | 3 n | T1 (7 | ACTION NAMED IN | Manager and Manage |
|---|---|---------------------|---------------------------------------|-------------------|----------------------|------------------------------|----------------|-----------------|--|-------------------|-------------------------------|----------|--------------|-----------------|--|
| Date of Notification (1) 9/29/2017 | | | | | of Building | | | | | 沪 | 566 | 3 | \mathbb{W} | E | M |
| Agencies Notified EPA | Type Notification | | | | Address MPBELL | SOUF | P PLA | CE | Construction of the constr | The second second | OCT - | - 2 | 2017 | - | $\ $ |
| EPA DEP X DOL | Initial Amended Amendment | # | | | ate, Zip C DEN NJ | | | | | | | +4 | LUIT | Printer Park | |
| DOH DCA | Emergency justification) Cancellation | | 3 | Name o | of Contact | | | | | 工谷 | lephone Nu | moet. | TRO | La | |
| | E Garioonation | | | | ILITY INF | | ION | - | | | | | | | Peter many in |
| Name of Facility Where A | Abatement is Takin TRANSFORM | g Place (ER BLD | (3) OG | | | | | T | ype of Facility School (K- | | | | | | |
| Street Address 1 CAMPBELL PLACE | CE | | | | | | | | Subchapte Other (i.e. | 8 (Ot | her than K-1 & commerc | | ldings | , hom | ies, |
| City (5) CAMDEN | | | | | | | | | etc.) quare Feet 20,000 | # 1 | of Floors | | Bldg. | Age | |
| County (6) CAMDEN | | | | | Code (7) USE ONLY | 0 | | | current Use (Pr | or if be | eing demolis | hed) | | | |
| Name of Monitoring Firm CRITERION LABS | Hired by Building | Owner (8 |) | ASC | M No. | | | | Abatement Co VBJDS, INC | | or (9) | | | | |
| Street Address 400 STREET ROAL |) | | | | | | | | Idress NDUSTRIAL | BLV | D | | | | |
| City, State, Zip Code BENSALEM PA 190 | 020 | | | | | | | | e, Zip Code HAMPTON | | | | | | |
| Project Manager for Mon ERIC WYSOCKI | itoring Firm | | | Telepho 215 24 | ne No. 44-1300 | | | | e No. 2-2900 | | License N 00783 | lo. | | | |
| Start Date (10) 10/2/2017 | | Schedul 10/9/2 | | mpletion | Date (11) | | Name EHS | | OSHA Monitor | | | | | | |
| Occupancy Status During | Abatement (Chec | k Only O | ne) | | | | - NAME (12.20) | | dress | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: C | ed Outside of Norm | nal Facilit | Abate y Hour | ment 's | | | City, | State | OUTH GATE e, Zip Code | | ΓE E | | | | |
| | | am-ram | | | | _ | MIC | KL | ETON NJ 0 | 3056 | | | | | |
| Scope of Work (Check Al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | II That Apply) | | Renov Demol | | | | | × | Full Containm Mini-Enclosure Glovebag Pro Non-Exempte | e edure | E. | | | * | |
| | | 1 | s Loca | tion | | | | | Non Exemple | () ai | id Nort-i flat | T | 7.5.2 | emen | t |
| Location | of | | Norma | lly | | De | scriptio | n of | | | | | Ty | /pe | |
| Asbestos-Containing TO BE ABA In Facili (13) | ATED | Ma | ed Sole aintena stodial (12) | nce/ Staff? | | tos Cont thermal surfa | taining | Matens in AT, o | erial (ACM) sulation, or | (| Amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| Outside of Trans | former Blda | - | Х | 1 | | Tran | nsit De | hri | | | 80 SF | 1,, | - | | \vdash |
| Outside of Trails | lorrier blug | | ^ | | | IIai | ISIL DE | SDII | 5 | | 50 SF | х | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | N | NJDEP W | laste | Cubic | Vardo | - | Namo of | Dogial | ered Landfill | | | | |
| Service Transport Gr | | | F | Hauler ID 0990 | | of Was | | | Minerva | | | | | | |
| City, State 58 Pyles Lane New C | Castle DE 1972 | 0 | | | | Dispos | sal Date | 9 | City, State Waynes | | , OH 4468 | 38 | V | | |
| Completed by Christine Del Viscio | | Title Adm | instra | itor | | S | ignatur | e | 50 DO | 1/1. | , Da | te 4/ | Z9 | /20 | i-7 |



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| | ı | NOT | IFICATIO | tate of Ne N OF ASB t to NJAC | ESTOS . | ABATE | MENT | г | Print of the Colone of the Col | non-thronous | #_9 | 62 | 2 |
|---|--|----------------|----------------------------|-------------------------------------|------------------------|------------------------------|---------------------------|-----------------------------|--|--------------|----------------|-------------|--|
| Date of Notification (1) | | | Name | of Building | Owner/C | perator | (2) | | | 5 | l W | E | 200 |
| 9/29/17 | | | 3 | 70NI | EHU | RST | A | PARTA | 19 4 3004 | 000 | . 200 | 49 | A STANSON OF THE PERSON OF THE |
| Agencies Notified Type Notification EPA Initial | | | olleet A | Address O. | | | | | | U Z | 600 | 1 | |
| X DEP Amended | | | City, St | ate, Zip Co | ode | | | NJ | ind y | | en elektristen | November 1 | ware. |
| Emergency | (including | | | of Contact | 11-1- | ムかり | てピ | 10) | 07677 |) | | | |
| DOH justification) DCA Cancellation | | | KE | d | | | | | Telephone Nu | mber | 6 | 1.7 | |
| Name of Facility Where Abatement is Takin | g Place (3 | 3) | FAC | ILITY INFO | ORMATI | NC | Type | e of Facility (| 4) | | | | |
| STONEHURST APAR | TMEL | 15 | 5 | | | | Typ | | (0. 5)) | | | | |
| Street Address | | | | | | | H | School (K-1 Subchapter | 8 (Other than K-1) | 2) | | | |
| 53 BERGEN DLU | 10. | | | | | | × | Other (i.e. p | rivate & commerci | al bui | dings | , hom | es, |
| SS BERGEN OLL City (5) PALISADES PAR | 4 | | | | | | | etc.) are Feet | # of Floors | 1 | Bldg. A | | |
| County (6) BERGE U | | | | Code (7) USE ONLY) |) | _ | | | or if being demolish | ned) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCI | A No. | | | | atement Cor ontracting | tractor (9) | | | | |
| Street Address | | | | | | Street | Addre | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code Park, N.J. | | - | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | | Teleph | | | License N | 0 | | | | |
| | | | | | 201-2 | 262- | 5841 | 00156 | ٠. | | | | |
| Start Date/(10)/ /0/9// | 121 | 9 | mpletion // | Date (11) | | | HA Monitor nvironmer | ital Services In | c. | | | | |
| Occupancy Status During Abatement (Chec | A STATE OF THE PARTY OF THE PAR | | | | | Street | | 1000 | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | Period of A nal Facility | Abate Hou | ement Irs | | | City, S | tate, Z | er Street Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Hack | ensa | ack, N.J. 0 | 7606 | | | | |
| ≥3 sf or ≥3 If | াল _ | | | | | _ | 1 | | | | | | |
| ≥160 sf or ≥260 if | Lancinos | enov | ation lition | | | 200 | Mi | ni-Enclosure ovebag Proc | | | | -27 | |
| | Is | Loca | ation | | | - Second | - 110 | Evenibre | 1) and Non-Frian | 1 10 | 10000 | ement | |
| Location of | N | lorma | ally | | Des | cription | of | | | | | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | nten | lely by ance/ Staff? | Asbest (i.e. | tos Conta thermal s | ining M systems ng, VA | lateria insul T, or | ation, | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | <u>ai</u> | | late | ll e |
| FROMM FLOOR Room's | | | × | | P11 | PE. | | | SUSTEF | X | | | |
| CRAWL SPACE | | | X | 11.062 | | | | | 120 CF | X | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | NJDEP W | | Cubic Y | | | Name of F | egistered Landfill | | | | |
| Newark Carting, Inc. | | | Hauler ID 04509 | N0. | of Wast | e | | Grand C | entral Sanitary | / Lan | dfill | | |
| City, State Newark, N.J. 07105 | | ress agreement | | | Disposa /0/ | Date | 200 | City, State Pen Arg | yl, PA 08072 | | | | |
| Completed by R. McDonald | Title Presi | den | t | | | nature | | | Dai | 9/2 | 1.9/ | 10 | |

| Date of Notification (1) | | | Name | of Building Owner | /Operato | r (2) | THE OCT O | 27 | 017 | - | And principal |
|--|-------------------------------|---------------------|----------|------------------------------|---|---------------------------------|--|--|---|----------------------|---------------|
| 9/2-9/17 Agencies Notified Type No | tification. | | | | 00 6 | PARTME | 想がは | long the | ₩ B B | T TOTAL TO | |
| | | | | Address O Box | 85 | 37 | 54 | - | - Contraction - | er. | W. campa |
| EPA Initi | al ended | 1 | City, St | ate. Zip Code | | | - The state of the | and the same of th | monather. | A STATE AND ADDRESS. | |
| | endment # | | w | DODCLIF | LAK | E NJ | 0767 | > | | | |
| DOH just | ergency (including ification) | 1 | Name o | of Contact | | | Telephone Nu | 100 | | | |
| DCA Car | cellation | | | EN | | | t . | | | | |
| Name of Facility Where Abatement | | | FAC | ILITY INFORMA | TION | Type of Facility | (4) | | | | |
| BRENTWOOD 19PR | GRINENTS | | | | | School (K- | | | | | |
| Street Address | 31:00 | | | | | Subchapte | r 8 (Other than K-1) | 2) | | | |
| City (5) | JEU 1. | | | | | etc.) | private & commerci | al bui | ldings | , hom | es, |
| CITY (5) PALISADES PAR | ek | | | | | Square Feet | | E | 3ldg. | - | |
| County (6) | | | County | Code (7) | | (2, 000 Current Use (Pr | ior if being demolisi | ned) | 6 | <u>~</u> | |
| BERGEN | | | | USE ONLY) | | AP | | ieuj | | | |
| Name of Monitoring Firm Hired by E | Building Owner (8 |) | ASCI | M No. | | of Abatement Co | | | | | |
| Street Address | | | | | | ac Contracting | g Inc. | | | | |
| 3,103(7,1031,003) | | | | | | Address Vreeland Ave. | | | | | |
| City, State, Zip Code | | | | | | tate, Zip Code | | | | | |
| | | | | | Midla | and Park, N.J. | | | | | |
| Project Manager for Monitoring Firm | 1 | | Telepho | ne No. | 100000000000000000000000000000000000000 | ione No. | License N | 0. | | | |
| Start Date (10) | Schedul | ed Cor | nnletion | Date (11) | | 262-5841 | 00156 | | | | |
| 10/9/17 | | | 7/17 | | C P.S.A.O | of OSHA Monitor ga Environme | ntal Services In | C. | | | |
| Occupancy Status During Abateme | nt (Check Only O | ne) | | | | Address | | | | | |
| Facility Closed/Vacated During | Entire Period of | Abaten | nent | | | Huyler Street | | | | | |
| Abatement Performed Outside Other – Describe: | of Normal Facility | y Hours | 8 | | 0.00000 000 | tate, Zip Code | 27000 | | | | |
| Scope of Work (Check All That App | (y) | | | | паск | ensack, N.J. | 07606 | | | | |
| ≥3 sf or ≥3 lf | 577 | Renova | tion | | | Full Contains | ent with Negative P | | | | |
| ≥160 sf or ≥260 lf | Property . | Demolit | | | | Mini-Enclosur | е | ressu | re | | |
| | | | | | | Glovebag Pro Non-Exempte | cedure d (*) and Non-Friab | le Pro | cedus | e | |
| | | Locati | | | | | | | Abat | emen | 1 |
| Location of Asbestos-Containing Material (A | | Normal ed Sole | | De Anhantas Cas | escription | of | | - | 13 | ре | - |
| TO BE ABATED | Ma | intenar todial S | | Asbestos Cor (i.e. therma | I systems | insulation, | Amount (Specify | R | _ | Enc | m |
| In Facility (13) | | (12) | Jun. | | cing, VA | | SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | /al | = | ilate | ure |
| GROUND FLOOR ROO | | | | | F | | 100.0 | 30 | | | |
| 11 11 STORAGE | | | X | PIP | | | 6602P | X | | | |
| 0,70 0,1012 | | | VIT | | | 1200SF | X | _ | | | |
| | | | - | | | | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | aste Cubic | Yards | Name of | Registered Landfill | | | | |
| Newark Carting, Inc. | | Н | auler ID | No. of Wa | ste | 1 | Registered Landfill Central Sanitary | lan | નકાા | | |
| City, State | | 02 | +309 | | sal Date | City, Stat | | Lan | unii | | |
| Newark, N.J. 07105 | | | | | 1/2 | | gyl, PA 08072 | | | | |
| Completed by | Title | | | 1 5 | Signature | 7 0 | Dat | e_ | <i>j</i> | - | |
| R. McDonald | Pres | ident | | | 1/5 | 11 Freder | | 91 | 29 | 11 | 7 |

| Date of Notification (1) | /12 | | | Name of | F Building Owner | Operator | (2) PARTMEA | | | II. | Constitution of the consti | | |
|---|---------------------------------------|--------------|--------------------------|-------------------|---------------------------------------|------------------|--|-------------|---------------------------|--------------|--|-------------|-----------|
| | Type Notification | | 1 | STREET A | Box 8 | | 6 - 5 | 1)(.1 | U Z ZUI | <i>iii</i> . | | | |
| EPA DEP DOL | Initial Amended Amendment Emergency | | - | City, Sta | ite, Zip Code | | NJO | 776 | ?7 | months to be | - | | |
| Ď DOH DCA | justification) Cancellation | | | | Contact | | | Tel | ephone Num | her | | | _ |
| Name of Carilla 1860an Ab | | DI (8) | | FACI | LITY INFORMAT | TON | | | | | | | |
| Name of Facility Where Ab [SCENT WOOD] Street Address | ANAICT | ng Place (3) | | | | | Type of Facility School (K | 12) | | | | | |
| City (5) PALIS A-NE | REEN L | BLUP | | | | | | | er than K-12] commercia | | lings, | home | es, |
| | PARH | < | | | | | Square Feet | | Floors | - 1 | ldg. A | | |
| County (6) | | | | | Code (7) USE ONLY) | | Current Use (Fr | ior if bei | ng demolishe | ed) | | _ | |
| Name of Monitoring Firm H | lired by Building | Owner (8) | | ASCN | 1 No. | | of Abatement Co ac Contracting | ntractor | (9) | | | | |
| Street Address | | | | | | | Address Vreeland Ave. | | | | | | |
| City, State, Zip Code | | | | | | 11 22 222 | tate, Zip Code and Park, N.J. | | | | | | |
| Project Manager for Monito | oring Firm | | 7 | Telephor | ne No. | 7 BASSES * P. C. | one No. 262-5841 | | License No | | | | |
| Start Date (10) / 7 / 7 | | Scheduled 12 | Cdm | pletion [| Date (11) | | of OSHA Monitor ga Environme | | ervices Inc | | | | \neg |
| Occupancy Status During | Abatement (Ched | k Only One |) | | | | Address | | | - | | | - |
| Facility Closed/Vacate Abatement Performed | ed During Entire I Outside of Norm | Period of Ab | atem | ent | | | Huyler Street tate, Zip Code | | | | | | |
| Other – Describe: | | | | | | 13 | ensack, N.J. | 07606 | | | | | |
| Scope of Work (Check All | That Apply) | 90.00 | | | | | | | | 32 | | | \neg |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | novati | | | | Full Contain of Mini-Enclosur Glovebag Pro | e cedure | | | | | |
| | | Is L | ocatio | n l | | | 2 Non Exemple | la () ain | 1 INOTIFI HADIO | | | ement | \neg |
| Location o | | No | mally | y . | De | escription | of | | | | Ту | ре | |
| Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13) | ED | | tenan dial Si (12) | ce/ taff? | Asbestos Cor (i.e. therma surfa | taining M | laterial (ACM) s insulation, T, or | (S | mount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Ca | 10 | Yes | No | N/A | | | | | | | | О | |
| CROWN FLOOR | 14011 | - | | X | | IPR | | 7 | 720LF | 70 | | | |
| CHUNNY 100 | <u> </u> | | | اللا _م | · · | 147 | | | 94088 | X | | | |
| Name of Registered Waste | Hauler | | N. | IDEP W | aste Cubic | Yards | Nama | Penint | red Landfill | | | | |
| Newark Carting, Inc. | | | Ha | auler ID 509 | No. of Wa | | 51 | - F | l Sanitary | Lan | dfill | | |
| City, State Newark, N.J. 07105 | | | | | | sal Date | City, Sta | | 08072 | | | | |
| Completed by Title R. McDonald President | | | | | | Signature | MERIN | 1 | Date | 9/ | 29, | 10 | |

| D |) e | R | 8 | 1 | - |
|---|-----|---|---|---|---|
| - | - | 8 | 1 | F | |

| ± 05980 | | NOT | | ATIO | N OF AS | BESTOS ABA AC 8:60 and 5:1 | | MEG | | I W | TIT. | |
|--|-----------------------|---------|-------------------|----------------|-------------------------------|--|--------------------------|--|-----------------|---------------|--------------|--|
| Date of Notification (1) | /1 | 7 | | | | og Owner/Operator Passaic (Page | | OCT | 0.2 | 201 | | |
| Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Ameri | | | | 40 | t Address 1 Grand State, Zip | | | amenination in general contraction of the contracti | Contraction and | molecule cons | 0 | |
| ☐ DCA ☐ Emer | ndment # gency (ii | | - ig | Pa | terson, N | IJ 07505 | | | | | | |
| (NJAC 5:23-8) justifi | cation) ellation | | | | of Contact drew The | | | Telephone Num | ber | | | |
| | | | | FA | CILITY IN | NFORMATION | | _1 | | | | |
| Name of Facility Where Abatement | is Takin | g Plac | e (3) | | | | Type of Facility | (4) | | | | |
| Passsaic County Courthou | se Ann | ex Bu | ilding | 3 | | | ☐ School (K-1 | | | | | |
| Street Address | | | | | | | Subchapter | 8 (Other than K-12 |) | | 120201 | |
| 63 Hamilton Street | | | | | | | homes, etc. | private and comme | rcial bi | ulldin | gs, | |
| City (5) | | | | | | | Square Feet | # of Floors | В | ldg. A | lae | |
| Paterson | | | | | | | 40,000 | 4 | | 127 | | |
| County (6) | - | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | The second second second | rior if being demolis | | | ,,, | |
| Passsaic | | | | | , | ,, | Vacant | tor it boiling domone | ,,,ca) | | | |
| Name of Monitoring Firm Hired by I | Building | Owner | (8) | ASCM | No. | Name of Abateme | |) | | | | |
| Langan | | | | 000 | 99 | Superior Aba | | | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 300 Kimball Drive | | | | | | 2 Henderson | Drive | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | 155W-10-15 IWI | | - | | _ | |
| Parsippany, NJ 07054 | | | | | | West Caldwe | | | | | | |
| Project Manager for Monitoring Firm | n | | Tele | ephone | No. | Telephone No. | , 110 07 000 | License No. | | | | |
| Vijay Patel | | | 52.000.00.000 | | 60-4900 | (973) 808-161 | 6 | 00411 | | | | |
| Start Date (10) | Sched | duled (| 1 3 | etion Da | | Name of OSHA M | | 00411 | | | | |
| 10/10/17 | | | | 2_ / | | Superior Aba | | | | | | |
| Occupancy Status During Abateme | nt (Chec | k only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During I | | | | | | 2 Henderson | Drive | | | | | |
| Abatement Performed Outside of Time of Abatement: _AM | f Norma _PM/ | Facilit | ty Hou 1 | rs - Des AM | scribe | City, State, Zip Co | | | | | | |
| Scope of Work (Check all that apply | /) | | | | | west Galuwe | West Caldwell, NJ 07006 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enovat emoliti | | | ☐ Mini-Enc ☐ Glovebag | Procedure | gative Pressure n-Friable Procedur | | | | |
| | | ls | Loca | tion | | | mpted () drid tile | 11-1 Hable 1 Tocedul | | atom | ont | |
| Location of | | 191900 | Norma | | | Description o | | | | atem | 1 | |
| Asbestos-Containing Material (A TO BE ABATED | (CM) | | ed Sole | | | stos Containing Ma ., thermal systems i | | Amount | Removal | Repair | Elicapsulate | |
| IN Facility | | Cus | | Staff? | (1.6 | surfacing, VAT, | | (Specify SF or LF) | ova | i iii | poc | |
| (13) | | | (12) | 1 1000 | - | other miscellane | | | = | | Jian | |
| Ground, 1st, 2nd, 3rd Floors & | Attic | Yes | No 🖂 | N/A | Pipe Ins | sulation | | 1,553 LF | | | | |
| Ground, 1st, 2nd, 3rd Floors & | | | | | - | int Insulation | | 826 EA | | | | |
| Ground, 1st, 2nd and 3rd Floo | rs | | | | - | d Ceiling Plaster | | 37,293 SF | | | | |
| Ground, 1st, 2nd and 3rd Floo | rs | | | | Plaster | Skim Coat | | 1,030 SF 🛛 🗆 🗆 | | | | |
| Name of Registered Waste Hauler | | | - | JUEP \ | | Cubic Yards of | Name of Regis | | | | _ | |
| Service Transport Group, In | С | | 13525 | lauler II | No. | Waste 1000 | Minerva La | | | | | |
| City, State New Castle, DE | | | | | | Disposal Date 12/22/2017 | City, State Waynesbu | rgh, OH | | | | |
| Completed By (Print or Type) | Title | 9 | | | | Signature _ | | // Da | te | | _ | |
| Nick Petrovski | 1 | reside | ent | | | orginature / | 1/1/1 | /// | 0 | 7 | 2 | |
| SB-41 | | · ooiut | | | | Mu | 16/1/2 | Zalvi | 1- | 2 | 7- | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 09 (Page 2 of 3) Agencies Notified Type Notification Street Address **⊠** EPA **⊠** DOLWD Amended City, State, Zip Code Amendment # □ DHSS ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Passsaic County Courthouse Annex Building Street Address Other (i.e., private and commercial buildings, 63 Hamilton Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _AM-____PM/____PM-___AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Remova Repair Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A Ground, 1st, 2nd and 3rd Floors \boxtimes **Plaster Debris** 550 SF Ground, 1st, 2nd and 3rd Floors \boxtimes Suspended Ceilings w/ACM debris X П П 15,500 SF Ground, 1st, 2nd, 3rd Floors & Attic \boxtimes **Duct Insulation** 1,210 SF \boxtimes Ground, 1st, 2nd and 3rd FI-Chases X П **Duct Seem Tape** 8 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill

ASB-41

Waste

Disposal Date

Signature

City, State

Date

Hauler ID No.

Title

City, State

Completed By (Print or Type)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 09 29 (Page 3 of 3) Agencies Notified Type Notification Street Address **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment #_ ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Passsaic County Courthouse Annex Building Street Address Other (i.e , private and commercial buildings, 63 Hamilton Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paterson County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _AM-____PM/___PM-___AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ≥3 sf or >3 If ☐ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure

| 1 | 100 | Locat | 27153 | | 7. | | | 10.2 | Ab | atem | ent T | уре |
|---|------------------------------|---------------------------------------|------------------|---------------|-----------------------------|--|-------------------|---------------------------------|-------------|--------|-------------|-----------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Use Ma | ed Sole intena todial ((12) | ely by ince/ | | estos C i.e., them | Description on ontaining Mamal systems rfacing, VAT er miscellane | insulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | te | |
| 1st Floor Space 1-14A | | | | Wood | en Doo | r with Cor | e Insulation | 20 SF | \boxtimes | | | |
| Ground, 1st, 2nd and 3rd Floors | \boxtimes | | Floor | Tile an | d Mastic | | 17570 SF | \boxtimes | | | | |
| Ground, 1st, 2nd and 3rd Floors | | | Old El | lectric l | Panel Boar | 56 SF | | | | | | |
| Ground and 1st Floors (Exterior) | | | | Windo | ow/Doo | r/Louver C | 210 LF | | | | | |
| Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. | | | Yards of e | Name of Registered Landfill | | | | | | | |
| City, State | | | Dispo | osal Date | City, State | 9-12-100-1 | | | | | | |
| Completed By (Print or Type) | | | Signature Date | | | | | 3000 | | | | |

| | | | - 1. | • | | | 11 | TE 1/2 10 | 11 11 | 11 1 | | 7 |
|----------------------------------|------------------------------|------------------------|-----------------|--------------------|------------------------|-----------------------------------|-------------------------------|--|--------------|--------|-------------|-----------|
| Date of Notification (1) 09 / | 05 / 1 | 7 | 1 | | f Building of Trent | Owner/Operator (2 | 2) | | | y L | | |
| | | | | 100000 | | | load | * | | | - | - |
| Agencies Notified EPA | Type Notification ☑ Initial | n | 1 | | ddress East Sta | te Street | and and a second | li oct - | 2 20 | 117 | | |
| ⊠ DOLWD | ☐ Amended | | (| City, Sta | ate, Zip C | ode | | - | | | - | |
| ⊠ DOH | Amendment | California Transaction | | | ton, NJ | | 100 | ASBESTOS | CONT | DOV | 2 | |
| DCA | ☐ Emergency (| | - | | f Contact | | | Telephone Num | peb ING | 11171 | CK | \neg |
| (NJAC 5:23-8) | justification) Cancellation | | - 1 | | Capasso | | L | The same of the sa | September 1 | | | MCMAN - |
| | - Canconation | | | | | | | 1 | -11 <u>-</u> | | | \dashv |
| N | 1 | Dises | (2) | FACI | LIIYIN | FORMATION | Type of Facility (4 | | | | _ | - |
| Name of Facility Where | Abatement is Taki | ng Place | (3) | | | | School (K-12) | V | | | | |
| Commercial | | | | | | | Subchapter 8 | Other than K-12 |) | | | |
| Street Address | 121 | | | | | | Other (i.e., pri | vate and commer | cial build | dings | E | |
| 104-108 Taylor Stre | et | | | | | | homes, etc.) | # of Floors | DIN | . ^ ~ | | \dashv |
| City (5) | | | | | | | Square Feet | # of Floors | Diug | g. Age | | |
| Trenton | | | | | | VOTATE 1105 ON 10 | 0 / U /D.: | is had a damaki | h a d\ | | | \dashv |
| County (6) | | | | County | y Code (/ |)(STATE USE ONLY) | Current Use (Price | or it being demois | snea) | | | |
| Mercer | | | | | | | | | | | | _ |
| Name of Monitoring Firm | - | Owner (| B) A | SCM N | lo. | Name of Abateme | | | | | | |
| Bio Terra Solutions | S | | | | | | NAGEMENT LL | .(3 | | | | _ |
| Street Address | | | | | | Street Address | | | | | | - 1 |
| P.O. Box 1224 | | | | | | 27 Outwater | Silvide francis | | | | | _ |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | | | |
| Union, NJ | | | | | | Garfield, NJ | 07026 | | | | | |
| Project Manager for Mor | nitoring Firm | | Telep | hone N | lo. | Telephone No. | | License No. | | | | |
| Rick Estaquio | | | | 3-494- | | 973-928-4888 | | 1188 | | | | _ |
| Start Date (10) | | eduled C | | | | Name of OSHA N | Monitor ANAGEMENT LL | | | | | |
| 09 /14 / | 17 _ | 10_ / | 30 | _ / _ | | | | | | | | |
| Occupancy Status Durin | g Abatement (Ch | eck only o | ne) | | | Street Address | | | | | | |
| □ Facility Closed/Vacat | | | | | | 27 Outwater | Lane | | | | | |
| ☐ Abatement Performe | | | | | | City, State, Zip C | ode | | | | | |
| Time of Abatement: | AM | PWI | PIVI- | | AIVI | Garfield, NJ | 07026 | | | | | |
| Scope of Work (Check a | all that apply) | | | | | П | | D | | | | |
| □ ≥3 sf or ≥3 lf | | ПР | novatio | חר | | ☐ Full Cor | itainment with Neg closure | ative Pressure | | | | |
| ⊠ ≥160 sf or ≥260 lf | | ⊠ De | molitio | n | | ☐ Gloveba | ag Procedure | | | | | |
| | | | | | | ⊠ Non-Ex | empted (*) and Nor | n-Friable Proced | | | | |
| | - Ede | | Locat Normal | | | | | | Aba | ateme | nt Ty | |
| Locatio Asbestos-Containing | | | ed Sole | | Ash | Description estos Containing M | | Amount | Re | Repair | Enc | Enclosure |
| TO BE AE | | | intena | 1000000 | | e., thermal systems | insulation, | (Specify | Removal | pair | aps | los |
| IN Fac | | Cus | todial (12) | statt? | | surfacing, VA other miscellan | | SF or LF) | <u>a</u> | | Encapsulate | ure |
| (13) |) | Yes | No | N/A | | Other miscenari | eousj | | | | e | |
| Throughout | | | | | Wet De | omo | | | | П | П | |
| inroughout | | | 100000 | | AACT DO | 51110 | | | | | | - |
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| | | | П | | | | | | | П | | |
| Name of Registered Wa | aste Hauler | | | JDEP I | | Cubic Yards of | Name of Regis | siered Landfill | | 1— | | |
| Bryce Alterio True | | | | lauler II 35848 | D No. | Waste As Needed | | riterprises | | | | |
| City, State | | | | 00040 | | Disposal Date | City, State | | | | | |
| Milesburg, PA | | | | | | TBD | Waynesbu | ırg, OH | | 1 | | |
| Completed By (Print or | Type) | Title | | | | Signature | 10 | | Date | 1_ | 1 | |
| Allen Monchik | -warstooned | Projec | t Man | ager | | | | | 9/ | 5 | 117 |) |

ASB-41 JAN 13

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

| | | | NO | LIEIZ | ATIO | State of N | New Jersey | | lesed - | | | New year | |
|---------------------------------|-----------------|------------|---------|---------------|-----------------|--------------|--|--|---------------------|-------------------------|------------|-----------------|-----------|
| F3, | | | NO | | | | BESTOS ABA AC 8:60 and 5:1 | | D)EG | E | | 7 [| To all |
| Date of Notification (1) | | | | | Nam | e of Buildir | ng Owner/Operator | (2) | | A | | | |
| | | 1 | 7 | | Ci | ty of Trer | nton | | UU OCT | - 2 | 201 | 7 | - |
| Agencies Notified | Type Notific | cation | | | Stree | et Address | | | | | | * | 1 |
| ⊠ EPA | ☐ Initial | | | | 31 | 9 East St | ate Street | Parties and the second | ASRESTO | 10 00 | i i direct | DAVES OF STREET | _ |
| ☑ DOLWD | | | 44 | | City, | State, Zip | Code | | ASBESTO | ENSI | NG NG | DL 8 | _ |
| □ DCA | ☐ Emerge | | _ | | Tr | enton, N. | J 08608 | | | AND THE PERSON NAMED IN | - | - | |
| (NJAC 5:23-8) | justificat | | noidan | ig | Nam | e of Contac | ct | | Telephone Nun | nber | | - 17 | |
| | ☐ Cancella | ation | | | J.I | R. Capass | so, CPG | | 1 | | | | |
| | | | | | FA | CILITY II | NFORMATION | | | | | | |
| Name of Facility Where | Abatement is | Takin | g Plac | e (3) | | TOTAL STATE | | Type of Facility | (4) | | | | |
| Commercial | | | | | | | | School (K-12 | ?) | | | | |
| Street Address | | | - | | | | | ☐ Subchapter | Other than K-1: | 2) | | | |
| 104-108 Taylor Str | reet | | | | | | | homes, etc.) | rivate and comme | rcial b | uilding | js, | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | ldg. A | ae | |
| Trenton | | | | | | | | | | | .ug. / (| gc | |
| County (6) | | | | | Cou | nty Code (| 7)(STATE USE ONLY) | Current Use (Pr | or if being demoli | ished) | | | |
| Mercer | | | | | | • | 0.0 • Commence of the control of the | | or in dening define | onou | | | |
| Name of Monitoring Firm | n Hired by Buil | lding (| Owner | (8) | ASCN | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Bio Terra Solution | IS | | | | | | | NAGEMENT L | | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| P.O. Box 1224 | | | | | | | 27 Outwater | Lane | | | | | |
| City, State, Zip Code | | | 7 | | | | City, State, Zip Co | to by state of the | | | _ | - | |
| Union, NJ | | | | | | | Garfield, NJ | | | | | | |
| Project Manager for Mor | nitoring Firm | | 1/2- | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| Rick Estaquio | | | | 9 | 73-494 | 1-3762 | 973-928-4888 | | 1188 | | | | |
| Start Date (10) | | Sched | duled C | ompl | etion Da | ate (11) | Name of OSHA M | Ionitor | 1 | | | | |
| 10 /02 / | 17 | _ 1 | 10 / | 3 | 0_/ | 17 | ALL PRO MA | NAGEMENT L | _C | | | | |
| Occupancy Status Durin | g Abatement (| Check | k only | one) | | | Street Address | | | | | | |
| □ Facility Closed/Vacat | ted During Enti | ire Pe | riod of | Abate | ment | | 27 Outwater | Lane | | | | | |
| Abatement Performed | d Outside of N | ormal | Facilit | y Hou | rs - Des | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement: | AM | PI | W/ | PM | | _AM | Garfield, NJ | | | | | | |
| Scope of Work (Check a | Ill that apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 If | | | ☐ Re | nova | ion | | Full Cont | ainment with Neg | ative Pressure | | | | |
| ≥160 sf or ≥260 lf | | | ⊠ De | | | | ☐ Mini-Enc ☐ Glovebag | | | | | | |
| | | | | | | | Non-Exe | mpted (*) and No | n-Friable Procedu | re | | | |
| l andi- | | | 555 | Loca Norma | | | | | | Ab | atem | ent T | уре |
| Location Asbestos-Containing | Material (ACM | (1) | | | ely by | Ashe | Description o stos Containing Ma | | Amount | _Z | Z Z | m | m |
| TO BE ABA | ATED | , | | inten | ance/ Staff? | | ., thermal systems i | insulation, | (Specify | Removal | Repair | ncap | nclo |
| IN Facil (13) | lity | | Cus | (12) | | | surfacing, VAT, | or | SF or LF) | val | 7 | Encapsulate | Enclosure |
| (10) | | | Yes | No | N/A | 1 | other miscellane | ous) | | | | ate | (D |
| Throughout | | | | | | Wet De | mo- See attache | d survey | | | | | |
| | | | | | | | | | | | | | - |
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| | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | |
| Name of Registered Was | | | | | JDEP | | Cubic Yards of | Name of Regist | ered Landfill | | | 0.00 | |
| 320 | | | | | | D No. 1 | Waste As Needed | G.R.O.W.S | North Landfill/ | Fairle | ess L | and | fill |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| Maple Shade, NJ | Maple Shade, NJ | | | | | | TBD | Morrisville, | PA | | | | |
| Completed By (Print or T | ype) | Title |) | | | | Signature/ | 1 | | ate / | - | | |
| Allen Monchik | | Pi | roject | Man | ager | | 10 W. | 1 | | 9/10 | 3/1 |) | |

ASB-41 JAN 13

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

PAID State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| Fr | | | | (P | ursua | nt to NJ | AC 8 | 3:60 and 5: | 16) | F | , G F | пп | 77 1 | Pr | | í |
|--|----------------------|-----------|--------------|----------------|-----------------|---------------------------------------|---|---------------------------------------|------------|----------------|---|------------|----------|-------------|-------------|--|
| Date of Notification (1) | | | -9-2 | Site | Name | e of Buildin | ıg Ov | vner/Operator | (2) | | GE | | | | n | - |
| 09/ | 29 / | 17 | | | | rizon | | 19 | · · / | | | | | | | A STATE OF THE STA |
| Agencies Notified | Type Notific | cation | | -7-1 | Stree | t Address | - | | | | OCT - | 2 20 | 17 | - | | |
| ⊠ EPA | | | | | 1 | Holmde | el Ro | oad | | H L | | - 20 | 17 | - | | |
| ⊠ DOLWD | ☐ Amende | | | | | State, Zip (| | | | | | MET CHAPTY | mannése. | | | |
| ☑ DHSS ☐ DCA | Amenda | | ludia a | | 300 | lmdel, N. | | | | AS | BESTOS C | | ROL | 8 | | State of the state |
| (NJAC 5:23-8) | ☐ Emerger justificat | | iuaing | 1 | | of Contac | | | | | LICENS Telephone N | | r | The same of | | 1 |
| | Cancella | 595 | | | Ale | x Baylor | | | | 1 | relephone i | Munipe | _ | | | |
| | | | | | FA | CILITY IN | IFO | RMATION | | | | | | | - | |
| Name of Facility Where A | batement is | Taking | Place | (3) | | | | | Туре | of Facility (4 | 1) | | | | | |
| Verizon | | | | | | | | | ☐ Sch | nool (K-12) | | | | | | |
| Street Address | | | | | | | | | Sul Sul | ochapter 8 | (Other than I vate and con | K-12) | al bu | - حالمان | | |
| 970 Holmdel Road | | | | | | | | | ho | mes, etc.) | vate and con | ilinerci | ai bu | namg | S, | |
| City (5) | | | | | | | | | Square | | # of Floors | | Blo | dg. A | ge | |
| Holmdel, NJ 07733 | | | | | | | | | 10,0 | 00 | 3 | | 1 | 50 | 50 | |
| County (6) | | | | | Cour | nty Code (7 | r)(STA | ATE USE ONLY) | Curren | t Use (Prio | r if being der | molishe | ed) | | | |
| Monmouth | U | | | - I | | | | | | | | | | | | |
| Name of Monitoring Firm I USA Environmental | | | | 8) | ASCM | No. | 1 | me of Abatem | | | | | | | | |
| Street Address | managaen | iieiit ii | 16. | | | | - | JVN Restora | ition in | | | | | | | |
| 8436 Enterprise Ave | nue | | | | | | - Contract | eet Address | | | | | | | | |
| City, State, Zip Code | | | | | | | | 17 Foster Ro | | | | | 20000 | | | |
| Philadelphia, PA 191 | 153 | | | | | | | y, State, Zip C | | 200 | | | | | | |
| | 11 | | | | | | | Staten Islani ephone No. | CI IA I IO | 209 | T1:N | | | | | |
| Mark Jenkins | 3 | | | | phone 15-365 | | 1 1000 | 18-605-625 | 2 | | License No 00774 | 0. | | | | |
| Start Date (10) | 1 | Schedu | led Co | | | | | me of OSHA | 7.0 | | 00//4 | | | | | |
| 10 /09 / | 17 | | | | 1 | | | estor Tech | vioriitoi | | | | | | | |
| Occupancy Status During | Abatement (| | | | | | | eet Address | | | | | | | | |
| ☐ Facility Closed/Vacated | | | | | ment | | | | on Aver | 1110 | | | | | | |
| | Outside of N | ormal F | acility | Hou | s - Des | cribe | 10 59 Jackson Avenue City, State, Zip Code | | | | | | | | | |
| Time of Abatement: | AM | PM | 5:00F | PM- <u>1</u> | 30AM | | | IC NY 1110 | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | - | | | | | | | |
| ≥3 sf or ≥3 lf | | 5 | 7 Day | | 927201 | | | ☐ Full Con | tainmen | with Nega | tive Pressure | е | | | | |
| ≥160 sf or ≥260 lf | | | Rer Der | | | | | ☐ Mini-Enclosure ☐ Glovebag Procedure | | | | | | | | |
| | | | | | | | | ☐ Non-Exe | empted (|) and Non- | Friable Proc | edure | | | | |
| 1 | | | | Locat lorma | | | | | | | WILL STATE OF THE | | Aba | ateme | ent T | vpe |
| Location of Asbestos-Containing N | | (1) | | | ly by | Asha | otoo | Description | | 08.00 | | Ì | | | _ | T |
| TO BE ABAT | ED | " | | ntena | | | | Containing Ma ermal systems | | | Amount (Specify | - 1 | Remova | Repair | nca | nclo |
| IN Facility (13) | | | Cusio | (12) | Staff? | | | surfacing, VAT | | | SF or LF) | | val | = | Encapsulate | Enclosure |
| (10) | | | Yes | No | N/A | | OU | her miscellane | eous) | | | | | | ate | O |
| Basement Ventilating | Room | | X | | | Duct Br | eec | hina | -101- | | 800SF | - | | П | | |
| Basement Ventilating Room | | | | | | | 1000 | g Unit Insul | ation | - | 260SF | | | | | |
| Basement Ventilating Room | | | | | | | | tion and Fit | | | | | | | _ | |
| | | | 7 | | | · · · · · · · · · · · · · · · · · · · | Jaia | Lion and Th | unigs | | 250 LF | - | | | | |
| Name of Registered Waste | Hauler | | | | JDEP V | Nacto | Cuk | io Varda of | | | | | | | | |
| Newark Carting Hau | | | | | | No. | Cubic Yards of Name of Registered Landfill Waste G.R.O.W.S., Inc. | | | | | | | | | |
| City, State | | | | | NJ-56 | 6 | | 5 | | | 1116. | | | | | |
| Hackettstown, NJ | | | | | | | | oosal Date 0/31/17 | City, S | |) A | | | | | |
| Completed By (Print or Type) Title | | | | | | | | | INIO | rrisville,F | A | | | | | |
| Ralph Barnhardt | -/ | 0.00000 | niect | Signature Date | | | | | 73 | | | | | | | |
| CD 44 | | 1 11 | ojout | TATEST ! | agei | | | MAN | 1/1 | 2 | | U | | 17 | 60 | 1 |

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| Print | Form |

| TOPICS. | 16 | 707 | THE CO. |
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| Same of the last | | 100 | 费 加 |
| 111 | - Vil. | H. | 111 |

| PAID | | NO | TIFICAT (Pursua | ION OF | ASBESTOS JAC 8:60 ar | ABATE | EMENT (0) | Im | E | | | W | E |
|---|--|------------------------------|--------------------|-----------------------|-------------------------|------------|--|-----------------------------|--|----------------------|---------|-----------------|-----------|
| Date of Notification (1) 09/29/2017 | | - | Nam | e of Build | ding Owner/ | Operato | r (2) | | | Secretary and second | | Charles and the | |
| Agencies Notified Type Notifica | tion | | Stree | t Addres | eld Street | | aboratory | | - 00 | 7 - | 2 ; | 2017 | |
| X EPA X Initial Amende Amender | | 1.6 | | State, Zip | | | | | ASBES | TOS | CON | TROI | 2 |
| Emerger | ncy (includ | ing | | | de,NJ,070 | 092 | | - | | ICEN | SING | 1 | - CI |
| DOH justificati | | | MIK | of Conta | act | | | Tel | ephone I | Numbe | er | | |
| Name of Facility Where Abatement is Ta | king Dies | - (2) | FA | CILITY | NFORMAT | ION | | | | | | | |
| CComercial Building | King Place | e (3) | | | | | Type of Facility | (4) | | | | | |
| Street Address 245 park Ave | | | | | | | School (K-Subchapt: | er 8 (Oth | er than K | (-12) rcial b | uildina | as ho | mes |
| City (5) | | | | | | | etc.) Square Feet | | Floors | | | | |
| County (6) | | | | | | | N/A | N/A | 00000000000000000000000000000000000000 | | N/A | . Age | |
| Passaic | | | County (STATE | y Code (7 E USE ON | 7) ILY) | | Current Use (P | ior if beir | ng demol | ished) | | | |
| Name of Monitoring Firm Hired by Buildin N/A | ng Owner | (8) | | CM No. | 1 | Name | COMERCIA of Abatement Co | ntractor | | | | | |
| Street Address | | | | | | | ABATEMEN | TLLC | | | | | |
| 0'' | | | | | | | Address RANKLIN ST | REET | | | | | |
| City, State, Zip Code | | | | | | City, St | ate, Zip Code | | | | | | |
| Project Manager for Monitoring Firm | | | Talanh | N | | | RSON,NJ,07 | 524 | | | | | |
| | | | relepno | one No. | | Telepho | one No. 33-5144 | | License | No. | | | |
| Start Date (10) 10/12/2017 | | | mpletion | Date (11 | 1) | | f OSHA Monitor | | 01274 | | | | |
| Occupancy Status During Abatement (Ch | 10/16 | 5/2017 | 7 | | | | ABATEMEN | LLC | | | | | |
| Facility Closed/Vacated During Entire | | | | | | Street A | | | | | | | |
| Abatement Performed Outside of No Other – Describe: OCCUPIE | rmal Facili | Abate ty Hou | ment rs | | - | | ANKLIN STE | EET | | | | | |
| | | | | | | | RSON,NJ,07 | 524 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If | Destroy | | | | | | | | | | | | |
| ≥3 st or ≥3 if ≥160 sf or ≥260 if | The same of the sa | Renovi Demoli | | | | ××× | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| 2 Feb 36 - 200 | l: | s Locat | tion | | | | | 1) and 1 | ton-i nai | JIE FIC | | emen | t |
| Location of Asbestos-Containing Material (ACM) | Use | Norma ed Sole | elv bv | A - I | Desc | ription of | f | | | | Ty | /ре | |
| TO BE ABATED In Facility (13) | Cus | aintena stodial ((12) | nce/ Staff? | (i.e | thermal sy | /stems in | or | Amour (Specii SF or L | | Remova | Repair | Encapsulate | Enclosure |
| BASEMENT | Yes | No | N/A | | | | | W-100 | | = | | ate | re |
| BOILER ROOM | X | | | PIPE INS | | | 240 | LF | Х | | | | |
| BOILER ROOM | | | OILER IN | | | 808 | F | Х | | | | | |
| DOILLIN NOON | | X | | | PIPE INS | ULATI | ON | 60L | .F | X | | | |
| ame of Registered Waste Hauler | | l Ni | IDED W | nete | Cubi | -1- | | | | | | | |
| HW ABATEMENT LLC | NJDEP Waste Hauler ID No. 111946 Cubic Yards of Waste N/A | | | | | | | | | | | | |
| ity, State ATERSON ,NJ | | | Disposal | Date | City, State | | | | | | | | |
| ompleted by | Title | | | | Sign | ature | BRONX, | NY | 15. | | | | |
| ICTOR ESPIRITU | T MANAGER Signature Date 09/29/17 | | | | | | | | | | | | |

| 50 | PA | ID, | | CATIO | | BES | Jersey STOS ABATEI 3:60 and 5:16 | | Check | #2 | 560 | | | |
|--|-----------------|--|---------------------|----------|----------------|--|--|-------------------------|----------------------------|------------------|---------|-------------|------------|--|
| Date of Notification (1) | 0/29/17 | | | Nam | ne of Buildin | ng C | Owner/Operator | r (2) Si.Mao.Hai. | |)CT | - 2 | 201 | 17 | |
| Agencies Notified | Type Notif | ication | | Stre | et Address | - | | 51.1 v1 a0.11a1. | LILU D | | _ | 20 | - | |
| □ EPA | IX Initial | | | 0.110 | 0171441000 | 8 | | | | Martin according | | | | |
| □ DEP | Amend | | | City. | State, Zip | Cod | e | | ASBE | | | | IOL 8 | |
| ⊠ DOL | Amend | ment # ency (includir | 200 | , , | - to to to | - | | inceton, NJ | 085/10 | LICE | ENSI | NG | · Process | |
| ⊠ DOH | justific | ation) | ig | Nam | e of Conta | ct | 11 | meeton, NJ | | | | | _ | |
| ☐ DCA | ☐ Ćancell | | | INGIII | | 17.7 | a O'Loughl | in | Telephone Nur | nber | | | | |
| | | | | | | | | | | - | | | | |
| Name of Facility Where | Abatament is | Takina Dlas | - (2) | FA | CILITY IN | FOF | RMATION | | | | | | | |
| Name of Facility Where | Abatement is | Resident | | | | | | Type of Facilit | 500 5 | | | | | |
| Street Address | | Resident | .aı | | | _ | | School (K- | 12) r 8 (Other than K-1 | 12) | | | | |
| | | | | | | | | Other (i.e., homes, etc | private & commerc | cial bui | ldings | 5, | | |
| City (5) | | | | | | | | Square Feet | # of Floors | TE | Bldg. / | Age | | |
| | Pe | ennington | , NJ | | | | | 2200 | 2 | | 15000 |)+/- | | |
| County (6) | | | | Cou | inty Code (| 7) (| STATE | Current Use (F | rior if being demol | ished) | 9 | | _ | |
| | Mercer | | | USE | EÓNLY) | ACSC 1882 | | | | | | | | |
| Name of Monitoring Firm | | ilding Owner | | ASCN | No. | N | ame of Abatem | nent Contractor (| 9) | | | | | |
| (8) | MECS | | | | | | Stev | ens Environ | mental Service | es, I | nc. | | | |
| Street Address | SCALE COLUMN | 4.5 (00%) | | | | St | reet Address | | | | | | _ | |
| | PO Bo | x 341 | | | | l _ | | PO | Box 322 | | | | | |
| City, State, Zip Code | rosswicks, | NJ 0851 | 5 | | | Ci | ty, State, Zip C | | n NI 08501 | | | | | |
| Project Manager for Mo | | | | phone | No. | Allentown, NJ 08501 No. Telephone No. License No. | | | | | | | | |
| Bill We | eisgarber | | 12,550 | | 8-4070 | 13.55 | (609) 25 | 9-9688 | | 0049 | 3 | | | |
| Start Date (10) | | Scheduled C | | | | N: | ame of OSHA N | | | 0017 | | | $=$ \mid | |
| 10/9/17 | | | 0/16 | | , | | | | IECS | | | | | |
| Occupancy Status Duri | ng Abatement | (Check only | one) | 1, | | St | reet Address | 11. | | | | | _ | |
| ▼ Facility Closed/Vaca | | | | ment | | | | 3ox 341 | | | | | | |
| ☐ Abatement Performe | d Outside of N | Normal Facili | ty Hou | rs | | Ci | ty, State, Zip Co | | | | | | = $+$ | |
| Other - Describe: | | | | | | | | | ks, NJ 08515 | | | | | |
| Scope of Work (Check | all that apply) | | | | | _ | | | 10,110 00010 | | | | _ | |
| ≥3 sf or ≥3 lf | | | | | | | | | gative Pressure | | | | | |
| ≥160 sf or ≥260 lf | | ⋉ Re | enovati emolitio | on n | | | ☐ Mini-Enc | losure g Procedure | | | | | - 1 | |
| | | | | | | | Non-Exe | empted (*) and Ne | n-Friable Procedu | ire | | | | |
| | | | ocatio | | | | | | | 1 | bate | ment | | |
| Location | of | | ormally I Solel | | | | Description of | | | | Typ | oe. | | |
| Asbestos-Containing I | |) Mair | ntenan | ce/ | | | Containing Mate | | Amount | | | m | | |
| TO BE ABA | | | ustodia Staff? | ıl | (i.e., | | mal systems in irfacing, VAT. | | (Specify | Re | D D | nca | E I | |
| (13) | t. | , | (12) | | | | er miscellaneo | | SF or LF) | Remova | Repair | squ | Enclosure | |
| | | Yes | No | N/A | | | | 20.0 | | <u>a</u> | = | Encapsulate | ure | |
| Baseme | × | 11013 | The | erm | nal Pipe Ins | ulation | 26 lf | X | | | | | | |
| Crawl sp | | | X | | | | nal Pipe Ins | | 9 lf | - | | - | | |
| CIGWI Sp | ,acc | | ^ | | 111 | CIII | iai i ipe ilis | Sulation | 911 | X | | _ | - | |
| | | | | | | | | | | | | | \Box | |
| Name of Registered Wa | ste Hauler | | 1 81 | JDEP \ | N/aata 1 | 0 | hie Verd | | | | | | | |
| | | 00 € 0000000 00 ∞ 000000 | 1.1 | auler ID | No. | | bic Yards Waste | Name of Regi | | | | | | |
| Stevens Environmental Services, Inc. 182 | | | | | | | 1cu | _/_ | Fairless Land | dfill | | | | |
| Total Color Color | | | | | | | posal Date | City, State | | | | | | |
| Allentown, NJ | | | | | | | 0/16/17 | $N \longrightarrow 1$ | Morrisville, | PA | | | | |
| Completed By Mahlon E. Ste | Wanc | Title D. | oi | 11. | Signature Date | | | | | | | | | |
| | VEHS | Pr | oject | Man | ager | | 187 | 1 | | 9/29 | 1/1/ | | | |

| | | | - 1 | | | | I'm E M | E I W E | 1 1 | | | |
|---|------------------------|-------------|-----------------|----------------------|-------------------------------------|-------------------------------------|---|---|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 09 / | 27 / | 17 | | | | g Owner/Operator (| (2) J-5-W- | [L ₂]] \[\(\frac{1}{2} \) | | 1 | 1 | j |
| | - | 17 | | | | iction, Inc. | | | SIC | 117 | 2 | 1 |
| Agencies Notified ⊠ EPA | Type Notific | | | | t Address 2 2 nd Stre | et, Suite 302 | II U OCT | 2 2017 | Lauran | | | |
| ☑ DOH | Amended Amendm | | | City, S | State, Zip 0 | Code | Management of the contract of | SA SAUTTOAL | - | 1 | | |
| □ DCA | ☐ Emergen | | - а | Lal | kewood, | NJ 08701 | | OS CONTROL | _ &t | and the same of | | |
| (NJAC 5:23-8) | justificati | on) | 3 | Name | of Contac | t | | Telephone Num | iber | and a | | |
| | ☐ Cancellat | tion | | Мо | e Kassov | /er | | | | | | |
| | | | | FA | CILITY IN | IFORMATION | | | | | | |
| Name of Facility Where A | batement is | Taking Plac | e (3) | | | | Type of Facility (| 4) | | | | |
| Residence | | | | | | | School (K-12) | | | | | |
| Street Address | | | | | | | Subchapter 8 Other (i.e., pri | Other than K-12 ivate and comme | 2) rcial bu | ıildina | S | |
| | | | | | | | homes, etc.) | | 70.0. | | , , | |
| City (5) | | | | | | | Square Feet | # of Floors | Ble | dg. Ag | ge | |
| Lakewood | | | | | | | 2500 sf | 2 | | 80 | | |
| County (6) | | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use (Price | or if being demoli | shed) | 1000 | | |
| Ocean | | | | | | | Residence | | | | | |
| Name of Monitoring Firm | | ding Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Guardian Contraction | ng, Inc. | | | | | Guardian Co | ntracting, Inc. | | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 1889 Rte. 9, Unit 61 | 2 | | | | | 1889 Route 9 | 9, Unit 61 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Toms River, New Je | AND AND REAL PROPERTY. | 1 | | | | Toms River, | New Jersey 037 | 55 | | | | |
| Project Manager for Moni | toring Firm | | Tele | ephone | No. | Telephone No. | | License No. | | | 576 | |
| Nicholas Fernicola | | | 7 | 32-349 | -9932 | 732-349-9932 | 2 | 00624 | | | | |
| Start Date (10) | (0.000000) | Scheduled (| | | | Name of OSHA N | Monitor | | | | | |
| _10_ / _16_ / | | 10 | _ 2 | 7_ / . | 17 | E.M.S.L. Ana | lytical | | | | | |
| Occupancy Status During | | | | | | Street Address | | | | | | |
| □ Facility Closed/Vacate □ | | | | | | 1056 Stelton | | | | | | |
| Abatement Performed | | | | | | City, State, Zip Co | ode | | | | | |
| Time of Abatement: | | Pivi/ | PIVI | | AIVI | Piscataway, I | New Jersey 088 | 54 | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | | |
| ≥3 sf or >3 If | | □Re | enovat | ion | | ☐ Full Cont | tainment with Nega | ative Pressure | | | | |
| ≥160 sf or ≥260 If | | - | emoliti | | | | g Procedure | | | | | |
| | | | | | T | | mpted (*) and Non | -Friable Procedu | | | | _ |
| Location | of | | s Loca Norma | | | Donnistics | | | Ab | ateme | ent T | уре |
| Asbestos-Containing N | | I) Use | ed Sol | ely by | Asbe | Description o stos Containing Ma | | Amount | Re | Repair | Enc | Enclosure |
| TO BE ABA | | | aintena | ance/ Staff? | (i.e | ., thermal systems | | (Specify | Removal | Dair | aps | sols |
| IN Facilit (13) | у | Out | (12) | | | surfacing, VAT, other miscellane | | SF or LF) | a | | Encapsulate | ure |
| 3.237 | | Yes | No | N/A | | otto moonate | Jousy | | | | te | |
| exterior | | | \boxtimes | | asbesto | s siding | | 2300 sf | | | | |
| basement | | | \boxtimes | | asbesto | s pipe insulatio | n | 120 If | | П | П | П |
| | | | \Box | П | | | | | | | _ | |
| | | | | | | | | | 1 | | | |
| Name of Registered Wast | o Haules | | | | Mante | Out in Variance | IN. | | | | Ц | Ш |
| Guardian Contractir | | | 3.75 | IJDEP \ lauler I[| | Cubic Yards of Waste | Name of Regist | ered Landfill | | | | |
| | ig, iiic. | | | 20223 | | 4 | T.R.R.F. | | | | | |
| City, State | | | | | | Disposal Date | City, State | | | | | |
| Toms River, New Je | | | | | | 10/30/17 | Tullytown, | Pennsylvania | | | | |
| Completed By (Print or Ty Nicholas Fernicola | rpe) | Title | | | | Signature | ~ (, | Di | ate/ | The second | | |
| MICHOIDS PERNICOIS | | Project | Man | ager | | 1 | / 1 / | 1 6 | 1 1 | - 1 | · James | |



| Date of Notification (1) | 20 | 4- | | | | | g Owner/Operato | or (2) | m E 1 | WEIS | | | | |
|--|-----------------------------------|-------------|--------------|------------------|---|-----------------------------|---|-------------------------------|-----------------|-----------------------------------|--|---------|-------------|-----------|
| | / | 17 | - | | Jol | hn Sever | ino (T) | 15 | C E 1 | | 217 | 5) | | |
| Agencies Notified ⊠ EPA ⊠ DOLWD | Type Notific ☑ Initial ☐ Amende | d | | | | t Address State, Zip (| Code | | OCT 2 | 2017 | The second secon | | | |
| ☑ DOH ☐ DCA | Amendm Emerger | | ıdina | | 152 | | k, NJ 08752 | i | | | | | | |
| (NJAC 5:23-8) | justificat | | lullig | | Name | of Contac | t l | ACS | TESTOS C | Telephone Nur | mber | | | |
| | ☐ Cancella | ition | | | Jol | nn Severi | ino | 1.00 | LICENS | 10.17.4 | | | | |
| | | | | | FA | CILITY IN | FORMATION | | | | | | | |
| Name of Facility Where | Abatement is | Taking P | lace | (3) | | | | Ту | pe of Facility | (4) | | | | |
| Residence | | | | | | | | | School (K-12 | | | | | |
| Street Address | | | | | | | | | Other (i.e., pi | 3 (Other than K-1 rivate and comm | ercial b | uildin | gs, | |
| City (5) | | - | | | | | | Sq | uare Feet | # of Floors | E | Bldg. A | \ae | |
| Seaside Park | | | | | | | | 0.0 | 200 sf | 1 | | 65 | .5- | |
| County (6) | | | | | Cour | nty Code (7 |)(STATE USE ONLY | Y) Cu | rrent Use (Pri | or if being demo | lished) | | - | |
| Ocean | | | | | | | | 100 | Residence | - | | | | |
| Name of Monitoring Firm | n Hired by Buil | ding Ow | ner (8 | 3) | ASCM | No. | Name of Abate | ment C | Contractor (9) | | | | | |
| N/A | | | | | | | Guardian C | ontra | cting, Inc. | | | | | |
| Street Address | | | | | | | Street Address | | | | | | | |
| | | | | | | | 1889 Route | 9, Ur | nit 61 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip | | | | | | | |
| Deleta | | | | | | | Toms River | r, Nev | Jersey 08 | 755 | | | | |
| Project Manager for Mor | nitoring Firm | | | Tele | phone | No. | Telephone No. | | | License No. | | | | |
| Start Date (10) | | 74 Co | mala | tion Do | ite (11) | 732-349-99 | 342 | | 00624 | | | | | |
| 10 /06 / | | | | / | CONTRACTOR OF THE PROPERTY OF | Name of OSHA E.M.S.L. Ar | | | | | | | | |
| Occupancy Status Durin | | | | | | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacat | | | | | | | 1056 Stelto | n | | | | | | |
| Abatement Performer | | | | | | | City, State, Zip | Code | | | | | | |
| | | ,,_ | | _1 101- | | 'VINI | Piscataway | , New | Jersey 088 | 354 | | | | |
| Scope of Work (Check a | II that apply) | | | | | | | ontainn | nent with Nea | ative Pressure | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | \boxtimes | Ren Den | ovati nolitic | | | ☐ Mini-Ei ☐ Gloveb | nclosu pag Pro | re ocedure | n-Friable Proced | ure | | | |
| | | | | ocat | | | | | | 32 | A | baten | nent T | уре |
| Location Asbestos-Containing TO BE AB, IN Facil (13) | Material (ACN ATED | " | Used Mair | ntena | ly by | | Description stos Containing M ., thermal system surfacing, VA other miscellar | Materia ns insul AT, or | ation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Y | 'es | No | N/A | | | | | | | | Ф | |
| exterior | | | | \boxtimes | | asbesto | os siding | | | 1100 sf | | | | |
| | | | 7 | | | | | | | | 1 | | | |
| | | Г | 7 | | | | | - | | | - | | += | |
| | | | - | | | | | | | | | | | + |
| Name of Registered Was | ste Hauler | | | | JDEP \ | Naste | Cubic Yards of | NI | ame of Regist | lorod I andfill | _ _ | ЦЦ | | |
| Guardian Contract | | | | 2000 | auler II | O No. | Waste | | T.R.R.F. | tered Landilli | | | | |
| City, State | J, | | | | 20223 | 3 | 3 Disposal Date | | ty, State | | | | | |
| Toms River, New J | ersey | | | | | | 10/10/17 | | | Pennsylvania | | | | |
| Completed By (Print or T | | Title | - | | | | Signature | | 7 | | Date | | -/- | |
| Nicholas Fernicola | | 10000000 | ect l | Vlana | ager | | Jighature | 1 | | | 9 | _ / | 1 | |
| ASB-41 | | | | | 3 | | | | 1 -13 | | _// | 24 | 11 |) |
| IANI 19 | | * 00 | not . | on th | in form | for anhant | an linenaum aug | | antimitian | | 2.00 | | | |

(基为2483 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 17 Miz Construction, Inc. Agencies Notified Type Notification Street Address **⊠** EPA 212 2nd Street, Suite 302 □ DOLWD ☐ Amended STOS CONTROL & City, State, Zip Code ☑ DOH Amendment # LICENSING Lakewood, NJ 08701 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Moe Kassover **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lakewood 2500 sf 2 80 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Rte. 9, Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Nicholas Fernicola 732-349-9932 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 16 / 17 10 / 27 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior X asbestos siding 120 sf \boxtimes basement M П asbestos pipe insulation 90 If \boxtimes П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Guardian Contracting, Inc. Hauler ID No. Waste T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 10/30/17 Tullytown, Pennsylvania Completed By (Print or Type) Signature Date Nicholas Fernicola Project Manager

| The 64 | 87 | 100 | SON |
|--------|------|-----|------|
| 32 /3 | 133 | 53 | 253 |
| | 1 11 | 103 | Vi.F |

| | a sulling | | | 3 | | | J. | or to be designed | RPE | N W it Ir | 111 | | | |
|---|-------------------|--------|-------------------|----------------|-------------------|------------------------|-------------------------------------|-------------------|---------------------|--|----------|-----------|-------------|-----------|
| Date of Notification (1) | | | Name | e of Buildin | g Owner/Operato | or (2 | 2) 5 6 | M_1 | 11/2 | 2/ | 1 | | | |
| | 27 / | 17 | | | Mi | z Constru | ıction, Inc. | 100 | 1 | | 314 | 1 | 55 | |
| Agencies Notified | Type Notific | ation | | | Dec - 27 193-5000 | t Address | 1 | | OCT | 2 2017 | | | | |
| ⊠ EPA | ☐ Initial | | | | 21 | 2 2 nd Stre | et, Suite 302 | .) 6 | | 1 | 2 | | | |
| ☑ DOLWD | Amender Amendm | | | | City, | State, Zip (| Code | | ASSESTOS (| SOMTHOL & | 1 | | | |
| □ DCA | ☐ Emergen | _ | | | La | kewood, | NJ 08701 | | ASSESTUS (| ISING | | | | |
| (NJAC 5:23-8) | justificati | | | , | Name | of Contac | t L | | 1127 | Telephone Num | ber | | | |
| | ☐ Cancella | tion | | | Mo | e Kassov | /er | | | | | | | |
| | | | | | FA | CILITY IN | FORMATION | F | | | | | | |
| Name of Facility Where A | batement is | Taking | Place | (3) | 11.00 | | | П | Type of Facility (| 4) | | | | |
| Residence | | | | | | | | | ☐ School (K-12) | (i) | | | | |
| Street Address | | - X | | | | | | | Subchapte 8 | (Other than K-12 | 2) | .::-::-:: | | |
| | | | | | | | | | Other (i.e., pri | vale and comme | rciai bi | ıllalın | JS, | |
| City (5) | | | | | | | | | Square Feet | # of Floors | В | dg. A | ge | |
| Lakewood | | | | | | | | | 2500 sf | 2 | - 1 | 80 | | |
| County (6) | | | | | Cou | nty Code (7 |)(STATE USE ONL | Y) | Current Use (Fric | or if being demoli | shed) | | | |
| Ocean | | | | | | | | | Residence | and a state of the | | | | |
| Name of Monitoring Firm | Hired by Build | ding O | wner (| (8) | ASCM | No. | Name of Abate | eme | nt Contractor (9) | | | | | |
| Guardian Contraction | ng, Inc. | | | | | | Guardian C | Con | tracting, Inc. | | | | | |
| Street Address | | | | | | | Street Address | | | | | | | |
| 1889 Rte. 9, Unit 61 | | | | | | | 1889 Route | 9, | Unit 61 | | | | | |
| City, State, Zip Code | | | | 110 | 5-LJ.Histor | | City, State, Zip | Co | de | | | | | |
| Toms River, New Je | ersey 08755 | ; | | | | | Toms Rive | r, N | lew Jersey 087 | 55 | | | | |
| Project Manager for Monit | toring Firm | | | Tel | ephone | No. | Telephone No. | | | License No. | | | | |
| Nicholas Fernicola | | | | 7 | 32-349 | -9932 | 732-349-99 | 32 | | 00624 | | | | |
| Start Date (10) | 5 | Schedi | uled C | ompl | etion Da | ite (11) | Name of OSHA | M M | onitor | | | | | |
| 10 /16 / | 17 | 1 | 0_/ | _2 | 7_/ | 17 | E.M.S.L. Ar | naly | ytical | | | | | |
| Occupancy Status During | Abatement (0 | Check | only o | ne) | | | Street Address | | | | | | | - |
| □ Facility Closed/Vacate | | | | | | | 1056 Stelto | n | | | | | | |
| Abatement Performed | Outside of No | ormal | Facility | y Hou | rs - Des | scribe | City, State, Zip | Cod | de | | - | | | |
| Time of Abatement: | AM | PN | 1/ | _PM | - | AM | | | ew Jersey 038 | 54 | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | П п. | | | | | | ainment with Nega | tive Pressure | | | | |
| ≥ 25 si oi ≥ 5 ii ≥ 160 sf or ≥ 260 lf | | | ☐ Re 図 De | | | | ☐ Mini-E ☒ Glovet | | osure Procedure | | | | | |
| | | | | | | | ⊠ Non-E | xem | npted (*) and Non- | -Friable Procedu | re | | | |
| | | | | Loca | | | | | | | Ab | atem | ent T | уре |
| Location of Ashestos Containing N | 5.10 | n | | lorma d Sol | ally ely by | | Description | | | | 고 | Z, | ш | ш |
| Asbestos-Containing N TO BE ABA | | " | | | ance/ | | stos Containing N ., thermal system | | | Amount (Specify | Removal | Repair | nca | nclo |
| IN Facility | | | Cust | | Staff? | (,,, | surfacing, VA | AT, | or | SF or LF) | oval | = | Encapsulate | Enclosure |
| (13) | | - | Yes | (12) No | N/A | | other miscellar | neo | us) | | | | late | е |
| exterior | | | П | | | asbesto | s siding | | | 550 sf | | | П | |
| basement | | | $\overline{\Box}$ | | | | s pipe insulat | ion | , | 100 If | | | | |
| | | | | - p.poouiuc | | • | 10011 | | | | H | | | |
| | | | | | | | | - | | | +- | | | |
| Name of Registered Wast | e Hauler | | | - | NJDEP \ | Naste | Cubic Yards of | | Nome of Dog etc | and I andfill | | Ш | Ш | Ш |
| Guardian Contractir | | | | | Hauler II | | Waste | | Name of Register | ered Landfill | | | | |
| City, State | 3, | | | | 20223 | 3 | 4 Disposal Data | | Residence Committee | | | | | |
| Toms River, New Je | rsev | | | | | | Disposal Date 10/30/17 | | City, State | Onnovivoni- | | | | |
| Completed By (Print or Ty | | Title | | | | | < | | Tullytown, P | Pennsylvania | / | | - | |
| Nicholas Fernicola | | oject | Man | 200- | | Signature | 1 | | Da | te / | | 1_ | | |
| SB-41 | | FI | oject | iviaii | ayer | | 1 | | | 1/0 | 1/ | 11) | | |



JAN 13

| Date of Notification (1) | | | Name | e of Buildin | g Owner/Operator (| (2) | D.T | | 111 | | - |
|---|---|-------------------|--------------------|--|--|-----------------------|------------------------------------|------------|--------|-------------|-----------|
| | 17 | | 11000000 | | uction, Inc. | | CT 2 2017- | 34 | 圳 | Sb | |
| Agencies Notified Type Notifica | ition | | Stree | t Address | | | C. S. Charles and Section 100 | | 1 | | |
| ⊠ EPA ⊠ Initial | | | 212 | 2 2 nd Stre | et, Suite 302 | ASSES. | TOS CONTROL | - & | | | |
| ☑ DOLWD ☐ Amended ☑ DOH Amended | | | City, | State, Zip | Code | - I manufacture was | TLENSING | | _ | | |
| □ DCA □ Emergence | With the state of | - | Lal | kewood, | NJ 08701 | | | | | | |
| (NJAC 5:23-8) justification | | 9 | Name | e of Contac | ot . | | Telephone Num | ber | | | |
| ☐ Cancellat | ion | | Mo | e Kasso | ver | | • | | | | |
| | | | FA | CILITY IN | NFORMATION | | | _ | _ | | |
| Name of Facility Where Abatement is T | aking Place | e (3) | | | | Type of Facility | (4) | | | | |
| Residence | | | | | | School (K-1) | 1 / | | | | |
| Street Address | *************************************** | | | | | Subchapter | 8 (Other than K-12 |) | | | |
| | | | | | | homes, etc. | private and commen | cial bu | ildin | gs, | |
| City (5) | | | | | | Square Feet | # of Floors | BI | dg. A | ge | |
| Lakewood | | | | | | 2500 sf | 2 | | 80 | 90 | |
| County (6) | | | Cour | nty Code (7 | 7)(STATE USE ONLY) | | rior if being demolis | | | | |
| Ocean | | | | , | ,, | Residence | no. Il Doning Gorrione | mou) | | | |
| Name of Monitoring Firm Hired by Build | ing Owner | (8) | ASCM | No. | Name of Abateme | 0 |) | | | | |
| Guardian Contracting, Inc. | 3 | N=6 | | | in a separate and a service an | ntracting, Inc. | tx. | | | | |
| Street Address | | | | | Street Address | madding, mo. | | | | | |
| 1889 Rte. 9, Unit 61 | | | | | 1889 Route 9 | Unit 61 | | | | | |
| City, State, Zip Code | - | | | | City, State, Zip Co | | | | | | _ |
| Toms River, New Jersey 08755 | | | | | 15.5 | New Jersey 0 | 755 | | | | |
| Project Manager for Monitoring Firm | | Tele | ephone | No | Telephone No. | now derect of | License No. | | | | |
| Nicholas Fernicola | | | 32-349 | | 732-349-9932 | ı 🖟 | 00624 | | | | |
| Start Date (10) | cheduled C | | | | Name of OSHA M | | 00024 | | | | |
| 1977 87 | 10/ | | | 64 TO 10 10 10 10 10 10 10 10 10 10 10 10 10 | E.M.S.L. Ana | 224(1522)11 | | | | | |
| Occupancy Status During Abatement (C | | | | | Street Address | -, | | | | | |
| ☐ Facility Closed/Vacated During Entire | | | ment | | 1056 Stelton | | | | | | |
| ☐ Abatement Performed Outside of No | | | | scribe | City, State, Zip Co | ndo. | | | -1-1-1 | - | - |
| Time of Abatement:AM | PM/ | PM | - | AM | | New Jersey 03 | 854 | | | | |
| Scope of Work (Check all that apply) | | | | | □ Full Cont | tainment with Ne | nativo Proceuro | | 22112 | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | enovat emoliti | | | ☐ Mini-Enc ☐ Glovebag | losure g Procedure | on-Friable Procedu | re | | | |
| | 100 | Loca | | | | | | 1000 | atem | ent T | vpe |
| Location of | | Norma | ally ely by | 1 | Description o | | | The sector | 1 | 1 | T |
| Asbestos-Containing Material (ACM) TO BE ABATED | | intena | | | stos Containing Ma ., thermal systems | | Amount | Removal | Repair | Encapsulate | Enclosure |
| IN Facility | Cus | | Staff? | (1.6 | surfacing, VAT, | | (Specify SF or LF) | ova | Ę. | psu | Sur |
| (13) | Yes | (12) No | N/A | + | other miscellane | ous) | 600 000 000 000 00 00 00 10 | | | late | е |
| exterior | | × | IN/A | asbesto | os siding | | 2400 sf | | П | П | |
| basement | | | | | os pipe insulatio | n | 15 If | | | | H |
| | | | | | p.po modiado | | 1011 | | | | 분 |
| | | Ш | | | | | | | Ш | Ш | Ш |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 355 | NJDEP N | | Cubic Yards of | Name of Regis | stered Landfill | | | | |
| Guardian Contracting, Inc. | | | lauler II 20223 | | Waste 4 | T.R.R.F. | | | | | |
| City, State | in the Athenia | | | | Disposal Date | City, State | 1990 | | | | - 100 |
| Toms River, New Jersey | | | | | 10/30/17 | Tullytown, | Pennsylvania | | | | |
| Completed By (Print or Type) | Title | | | | Signature | 1/1 | Da | te / | | 1 | |
| Nicholas Fernicola | Project | Man | ager | | | | | 11. |) | 1, | 7 |
| ASB-41 | | | 3// | | \perp | 111 | | 110 | + 1 | 11 | / |

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



|) | NO NO | TIFICATIO (Pursuan | | BESTOS A 8:60 and | | | In | E | G | | \mathbb{V} | |
|---|--|---|-----------------------|--|-----------------|---|--|-------------------------|------------|-------------------------|--------------|-----------|
| Date of Notification (1) 9-29-17 | 9) | | of Building | Owner/Op LINES | erator | (2) | | | OT | 0 | 001 | |
| Agencies Notified Type Not | | | Address MINAL C | - NEWA | ARK II | NTERNATION | IAL AIF | 4 | CI_ | | 2017 | / |
| X DEP X Ame | ended endment # <u>1</u> | 100000000000000000000000000000000000000 | tate, Zip C ARK, N | | | | and the same of th | ASBE | | S CO | | OL& |
| DOH justi | ergency (including fication) cellation | | of Contact SCHA | | | | Tele | phone Nu | mber | | | |
| Name of Facility Miles of At- | | FAC | ILITY INF | ORMATIO | N | | | | | | | |
| Name of Facility Where Abatement UNITED-CHELSEA FOOD Street Address | | HEN 330 |) | | | Type of Facility (| 2) | | | | | |
| 151 CONRAD ROAD-NEW | ARK INT'L AIRPO | ORT-BLD | G 151/1 | 51A | | Subchapter Other (i.e. petc.) | orivate & | commerc | ial bui | | | es, |
| City (5) NEWARK | | | | | | Square Feet 50000 | 2 | loors | | 3ldg. <i>A</i> +/-50 | | |
| County (6) ESSEX | | (STATE | Code (7) USE ONLY |) | - | Current Use (Prior VACANT | or if being | g demolis | ned) | | | |
| Name of Monitoring Firm Hired by E ATC GROUP | Building Owner (8) | ASC | M No. | | | of Abatement Cor PER ENVIROR | | | RVIC | ES | | |
| Street Address 104 E. 25TH STREET | | | | | | Address FRALEY STR | REET | | | | | |
| City, State, Zip Code NEW YORK, NY 10010-291 | | | | 88 | | ate, Zip Code ADELPHIA, P. | A 1913 | 7 | | | | |
| Project Manager for Monitoring Firm MATTHEW PEY | 1 | Telepho 212-3 | one No. 53-8280 | | 600 | one No. 33-5155 | 100 | License N 01166 | 0. | | | |
| Start Date (10) 10-9-17 | Scheduled (12-31-17 | Completion | Date (11) | | | GROUP SERV | /ICES, | LLC | | | | |
| Occupancy Status During Abatemen | nt (Check Only One) | | | 1 | | Address | | | | - need | - | |
| Facility Closed/Vacated During Abatement Performed Outside Other – Describe: | Entire Period of Aba of Normal Facility Ho | tement ours | | C | City, Sta | ate, Zip Code | | | | | | |
| Scope of Work (Check All That Appl | lv) | | | | INEVV | YORK, NY 10 | 0010-29 | 917 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | × Ren | ovation olition | | | ××× | Full Containme Mini-Enclosure Glovebag Prod Non-Exempted | edure | | | | е | |
| | Is Loc | cation | | | | • | - | | | Abate | ement | |
| Location of | 1140 | nally olely by | | Descr | ription o | of | | | | Ту | ре | |
| Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13) | Mainte Custodi | nance/ al Staff? 2) | | tos Contair thermal sy surfacin other mis | stems g, VAT | , or | (Spi | ount ecify er LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes N | o N/A | 110 | - //- | , | 1 | | | - | | Ф | |
| | | | Su | atta | ch e | d | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP W | | Cubic Ya | | Name of F | Registere | d Landfill | | | | |
| SERVICE TRANSPORT | | Hauler ID | NO. | of Waste | | MINER | /A | | | | | |
| City, State NEWARK, DE | | | | Disposal | Date | City, State | | | | | | |
| Completed by JENNIFER NIVEN | Title DIR. OF | OPERA | TIONS | Sign | nature An | to The | | Da 9- | te 29-1 | 7 | | |

WAH2 4590
Date of Notification



| 1711. | | | | | | | | - | CHEG | - H | 宫/2份4: | C | 17/7 | 17-3 | proces |
|--|--------------------------------------|------------------|--|-------------------|-------------------------|---|--|-------------------------------|--|---|--|---------------------|--|---------------|-------------|
| Date of Notification (1) 09-26-17 | <i>y</i> | | | | of Building Jersey T | | | | The state of the s | | | E. I | _\ <u>\</u> | E, | |
| Agencies Notified | Type Notification | | | Street A | Address npike Pl | aza | | | 1 | And a | OCT | 2 | 2017 | | 11) |
| DEP X DOL | Initial Amended Amendmen | t # <u>2</u> | _ | | ate, Zip C bridge, | | 95 | | The second | | | Paristan congruence | and the contract of the contra | | Tre country |
| ▼ DOH DCA | Emergency justification Cancellation | | | | of Contact | | | | | Te | SESTO lephone-N | S CO! | ITR(| » AC | |
| | | | | | ILITY INF | | ON | | | 1000 | | | | | |
| Name of Facility Where A Street Address Gardon State Parlow | | | | TAG | | OKWATI | ON | Type | School (K-Subchapte Other (i.e. | 12) 8 (Oth | | | dinas | home | es. |
| Garden State Parkw City (5) | ay EXIL 125 III | iproveri | ents | | | | | _ | etc.) are Feet | | f Floors | | Bldg. A | | |
| Sayreville, NJ | | | | | | | | 1.55 | | | | 4 | 0 yrs | 5. | |
| County (6) Middlesex | | | | | Code (7) USE ONLY | n | | | ent Use (Pri mmercial | or if be | ing demol | ished) | | | |
| Name of Monitoring Firm Hillman Consulting, | | Owner (8) | | ASCN | И No. | | . 1900 (A) - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - | | atement Co Environm | | A CONTRACTOR OF THE PARTY OF TH | | | | |
| Street Address 1600 Route 22 East | | | | | | | | t Addre | ess d Street | | | | | | |
| City, State, Zip Code Union, NJ 07083 | · | | | | 78539 | | | | Zip Code NJ 0707 | 2 | | | | | |
| Project Manager for Monit Thomas Rubino | oring Firm | | Telepho 908-68 | ne No. 38-7800 | | 100000000000000000000000000000000000000 | hone N -939-6 | | | License 00756 | No. | | | | |
| Start Date (10) 09-27-17(2)09-28-17 | 7 | ed Cor | npletion | Date (11) | | | | HA Monitor alytical, Ir | IC. | | | | | | |
| Occupancy Status During | Abatement (Ched | ck Only Or | ne) | | | | Street | t Addre | | | | | | | |
| Facility Closed/Vacat Abatement Performe Other – Describe: | | | | | | | City, S | State, Z | Zip Code | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | ivew | / YORK | x, NY 100 | 18 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | , | - | Renova Demolit | | | | | Mi Gl | ill Containm ni-Enclosure ovebag Prod on-Exempted | edure | | | | e | |
| | | Is | Locati | ion | | | | | | 1000 | | | | ement | |
| Location of Asbestos-Containing Machine Asbestos-Containin | Material (ACM) TED | Use Ma | Normal d Sole intena todial S (12) | ly by nce/ | | tos Conta | system sing, VA | Materia is insul AT, or | ation, | (5 | mount Specify or LF) | Removal | Repair | e Encapsulate | Enclosure |
| | *** | Yes | No | N/A | | | | | | | | | | (D | |
| Salt Dome: | | X | | R | oofing | 3 | | 2 | 55SF | х | | | | | |
| | | | | | | | | | | - | - | | | | |
| | | + | | | | | | | - | | | + | | | |
| Name of Registered Waste | e Hauler | | IN | JDEP W | /aste | Cubic ' | Yards | | Name of | Registe | red Landf | ill | | | |
| Newark Carting, Inc. | Н | auler ID 4509 | | of Was | | | Grand (| | | | dfill | | | | |
| City, State Newark, NJ 07105 | | | | Dispos TBD | al Date | | City, State | | 18072 | | | | | | |
| Completed by Joseph Patrick | | Title Proje | ct Ma | nager | | Si | gnatur | * | TH | | | ate 19-26- | 17 | | |

PAUD

| - | 100000000000000000000000000000000000000 | | | | - |
|----|---|----|----|----|----|
| CV | neck | ++ | 75 | 61 | 17 |
| U | IECK | Ħ | 23 | UU | Z |

| Date of Notification (1) | /29/17 | | | Name | of Buildin | g Owner/Operato | r (2) Aceved | | | | | |
|---|---|--|---------------------------|------------------------|------------------|---|--|--|--------------|-------------|----------------|-----------|
| Agencies Notified | Type Notifica | tion | | Street | Address | 1 | 013 N. 25th | | | = 2 | -20 | 17 |
| DEP | Initial Amended Amendme | | _ | City, S | State, Zip C | Code | Camden, NJ (| ASSE | STOS LICE | S CC | ONT | ROL |
| M DOH □ DCA | ☐ Emergenc justificatio ☐ Cancellatio | on) | | Name | of Contac | | 26 | Telephone Num | | | - | |
| | | | | FAC | | ORMATION | | | | | - | -= |
| Name of Facility Where | Abatement is Ta | aking Place | (3) | | | | Type of Facilit | y (4) | | | | \neg |
| | Auto | Repair | Shop |) | | | School (K- | | | | | |
| Street Address | 1013 | N. 25th | Stree | et | | | | r 8 (Other than K-1: private & commerci | | dings | , | |
| City (5) | | | | | | | Square Feet | # of Floors | BI | dg. A | ge | |
| | Ca | amden, N | IJ | | | | 2500 | _ 1 | - _ | 80 | +/- | |
| County (6) | amden | | | | nty Code (TONLY) | 7) (STATE | Current Use (| Prior if being demoli | shed) | | | |
| Name of Monitoring Firm | n Hired by Build | ing Owner | $=_{T}$ | ASCM | No. | | ment Contractor (| AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I | | | - | |
| (8) | MECS | | _ | | | Ste | vens Environ | mental Servic | es, In | ıc. | | |
| Street Address | PO Box | 341 | | | | Street Address | PO | Box 322 | | | | |
| City, State, Zip Code | rosswicks, N | VI 0851 | 5 | | | City, State, Zip | | vn, NJ 08501 | | | | |
| Project Manager for Mo | | 13 00315 | | phone | No. | Telephone No. | THICHIO | License Ne- | | | | _ |
| | eisgarber | | | | 8-4070 | | 59-9688 | | 00493 | 3 | | |
| Start Date (10) | | cheduled C | | | | Name of OSHA | Monitor | | | | | |
| 10/9/17 | | 1 | 0/16 | /17 | | | Iv. | 1ECS | | | | |
| Occupancy Status Duri | Ĭ. | | | | | Street Address | P.O. | D - 241 | | | | |
| Facility Closed/Vaca | 270 | | | | | 0:1-0:1-7:- | | Box 341 | | _ | _ | |
| Abatement Performe Other - Describe: | ed Outside of No | imai raciii | у пои | 15 | | City, State, Zip | | ks, NJ 08515 | | | | |
| Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | all that apply) | | enovat emolitic | | | ☐ Mini-Er ☐ Gloveb | ontainment with Nonclosure pag Procedure kempted (*) and Nonce | egative Pressure | ıre | | | |
| | | | _ocatio | | | | | | _ A | bate Typ | ment oe | |
| Location Asbestos-Containing | | | Solel | | Achae | Description of tos Containing Ma | | Amount | | | | |
| TO BE ABA IN Facilit (13) | TED | Ci | ustodia Staff? (12) | al | | thermal systems surfacing, VAT other miscellane | insulation, , or | (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | TDI | ID 'I ' | 1.47 | 2-00 | 100 | | 10 | 2000 110 |
| Garage | | | × | | | rmal Boiler I | | 80 sf | X | | | |
| Garage | _ | Tr | nermal Pipe I | nsulation | 100 lf | X | | | | | | |
| - | | | | | | | - | | | _ | | |
| Name of Benisters (197) | note Herrica | | 1.8 | NJDEP ' | | Cubic Yards | Name of Res | gistered Landfill | | | | |
| Name of Registered War | | rices, Inc | 1 | Hauler II | | of Waste | Name of Reg | Fairless Lan | dfill | į. | | |
| City, State | | | | Disposal Date 10/16/17 | City, State | Morrisville, | РА | | | | | |
| Completed By | Allentow | Title | | | | Signature | 1-1 | Date | 111 | | | _ |
| Mahlon E. St | evens | 1000 TO 100 TO 1 | rojec | t Mar | nager | _ //4 | | | 9/29 | 9/17 | | |



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

Check # 8615

| | | | | | | | | CHCCK | . # 0013 | | - | | _ |
|---|-----------|-------------|---------------------|-----------------------|-----------------------|--------|--|-------------------------|----------------------------|-------------|--------------|-------------------|---|
| Date of Notification (1) | | - 11 | Name of E | Building Ow | ner/Operator (2) |) | | | | | | programme and the | 7 |
| 0 19 1/12 19 1/11 | 17 | - 11 | | ne Hotels | | | 9 y | MEG | E I | ∦ | 5 | 17) | - Contraction |
| | Notificat | tion | Street Add | | | | 1 1 | 11 5 9 | | | | | |
| □ EPA 🔀 | Initial | | | st Park Pl | are | | | Til | 201 2 | a / 50 | | | The could be seen to the seen |
| ☐ DEP | IIIIIai | 11 | | , Zip Code | | | | H OCT | 2 2 | 017 | _ | 1 | |
| X DOL | Amend | | 0.7500 | town, NJ | 07960 | | a video | w 1 | | | | | |
| X DOH | | 1 | Name of C | ontact | | | - | A Telephor | ne Number | TIN |) <u>L</u> 8 | | - |
| □ DCA □ | Cancell | ation | Dan k | Choshaba | | | 1 | L | CENSIN | <u> </u> | | | , and |
| | | | | FAC | CILITY INFORM | ATIO | N | = : | | | = | | |
| Name of facility where aba | tement i | s taking pl | ace (3) | | | | | Type of Facility | (4) | 100 | | | |
| Commercial/Office F | | | | | | | | School | ol (K - 12) | | | | |
| Street Address | | | | | | | | | apter 8 (Of (Private/Co | | | (-12) | |
| 19 - 21 Market Stree | et | | | | | | | Bldgs. | /Homes, et | C. | | | |
| City (5) | | T Cou | nty (6) | | | Col | unty Codo (7) | Square Feet | # of Floors | 5 | В | ldg. A | Age |
| | | | D 1965 | | | | unty Code (7) ate use only) | Current Use (P | rior if being | dem | olish | ed) | |
| Morristown, NJ 079 | | | orris | | | | | Commercial | | | | | |
| Name of Monitoring Firm F Whitestone Associa | | Bldg. Own | er (8) | | ASCM No. | | Name of Abatement C | | | | | | |
| | ales | | | | | | B & G Restoration | on, Inc. | | | | | |
| Street Address 35 Technology Driv | 10 | | | | | 1 | Street Address 105 Ryerson Ro | nad | | | | | |
| City, State, Zip Code | ve | - | | | | _ | City, State, Zip Code | | | - | | | |
| Warren, NJ 07059 | | | | | | | Lincoln Park, N | J 07035 | | | | | |
| Project Manager for Monitor | ring Firm | 1 | F | hone Numb | per | - | Telephone Number | | License I | Numb | er | | |
| Christopher Seib | | | 9 | 08-668-7 | 777 | | (973)696-6869 | | 003 | 378 | | | |
| Scheduled Start Date (10) | | Sched | d. Comple | tion Date (1 | 1) | | Name of OSHA Monitor B & G Restoration | | | | | | |
| 10/09/2017 | | 11/ | 30/2017 | | | | Street Address | on, mc. | | | | | |
| Occupancy Status During A | batemer | nt (Check o | only one) | | | | 105 Ryerson Ro | ad | | | | | |
| Facility closed/vacated | | | | | | | City, State, Zip Code | | | | | | |
| Abatement performed Describe: | outside | of normal | facility ho | urs- | | | | | | | | | |
| Other-Describe: | | | | | | - | LincolnPark, NJ | 07035 | | | | | |
| Scope of Work (check all th | nat apply | 1) | arakeni eti izereki | | | _ | | | | | | | |
| ∡ Demolition | | Renovation | n | | | ∐ F | full Containment w/nega | tive pressure [| ☐ Gloveba | ag pro | ocedi | ıre | |
| > <u>3</u> sf or > <u>3</u> If | X | ≥160 sf or | ≥260 If | | | | Mini-enclosure | | Non-fria | able p | госе | dure | |
| Location of | | | n normally | used solely | / | | | | | R e | R | E | E |
| asbestos-containing material to be | | staff(12) | stratice/cu | stoulai | | | sbestos-containing | Amount (Specify S | For | m | р | C | n |
| abated in facility (13) | | Yes | No | N/A | material (A | ACIVI) | | LF) | | o v e | a i | a p | L |
| restaurant kitchen are | ea | | | X | mastic ass | oc w | /ceramic floor tile | 1,200 sf | | X | | | |
| throughout 2nd floor | | | | X | VAT & ma | stic | | 900 sf | | X | | | |
| throughout 3rd floor | | | | X | VAT & ma | stic | | 900 sf | | X | | | |
| roof level | | | | X | roofing ma | ateria | al | 1,800 sf | | X | | | |
| roof level | | | | X | mastic tar | | | 100 sf | | X | | | |
| Registered Waste Hauler B & G Restoration, Inc | C. | | P Hauler 19563 | ID# C | ubic Yards of W 50 | /aste | Name of Registered La Tullytown R | andfill escurce & Re | covery C | ent | er | | |
| City, State Lincoln Park, NJ | | 1. | | Disposal D 10/09/1 | ate 7 - 12/01/17 | | City, State Tullytown, P. | | | | | 1/40 | |
| Completed by (Print or Type) Title Signature | | | | | | | Gordana Luna | | Date | | | 3 | · · |
| Gordana Luna | | | | | | | Zordana Luna | | 09/29/ | 201 | 7 | | |

B & G proj. #:

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

| | | | | | | | | Check | # 8616 | | | | |
|---|-----------------------|---|--------------------------|---------------------|---------|--|------------------------------------|------------------------------|--|--|----------------------|-------------|--|
| Date of Notification | 1/117 | Sur | of Building Ov | wner/Operator (2 | 2) | · · · · · · · · · · · · · · · · · · · | | DE | GE | The same of the sa | \mathbb{V} | | A Company of the Comp |
| Agencies Notified EPA DEP | Type Notification | 67 | Address East Park P | | | | | | OCT : | 2 | 2017 | | |
| X DOL | Amen | dment Mo | rristown, N. | | | | | | ESTOS C | 100 | VTR(| S JC | Z. |
| ▼ DOH | Cance | llation | of Contact n Khoshaba | а | | | | | e Number | | - | | |
| | | | FA | CILITY INFORM | ΛΑΤΙΟ | N | | | | | | | |
| Name of facility wh | nere abatement | is taking place (3 |) | | | | | Type of Facility | | | | | |
| Commercial/C | Office Prope | rties | | | | | | Subch | ol (K - 12) apter 8 (Oth | | | -12) | |
| Street Address 23 Market Str | reet | | | | | | 82 | Square Feet | (Private/Cor /Homes, etc # of Floors | : | | dg. A | .ge |
| City (5) | | County (6) | | | Co | unty Code | e (7) | ocuaro r cor | 7 01 1 10013 | | | -g | 90 |
| Morristown, N | THE STREET OF STREET, | Morris | | | (St | ate use or | nly) | Current Use (P Commercial | | | | | |
| Name of Monitoring Whitestone A | | Bldg. Owner (8) | | ASCM No. | | | f Abatement G Restorati | Contractor (9) | | | 10 10 0 | | 0 |
| Street Address 35 Technolo | gy Drive | | | -1 | | Street A | | | | | | | |
| City, State, Zip Cod Warren, NJ (| | | | | | A CONTRACTOR OF THE PARTY OF TH | te, Zip Code coln Park, I | NJ 07035 | | | | | |
| Project Manager for | Monitoring Fire | m | Phone Num | nber | - | Telepho | ne Number | | License N | umi | per | | _ |
| Christopher : | Seib | | 908-668-7 | 7777 | | | 3)696-6869 | | 003 | 78 | | | |
| Scheduled Start Date | te (10) | Sched. Com | pletion Date (| 11) | | | f OSHA Moni G Restorati | 570 | | | | | |
| 10/09/2017 | | 11/30/20 | 17 | | | Street A | | 011, 1110. | | _ | | | |
| Occupancy Status D | _ | | | | | 105 | Ryerson Ro | oad | | | | | |
| | | g entire period of a e of normal facility | | | | | te, Zip Code | | | | | | |
| Other-Describ | | | | | _ | Linco | olnPark, NJ | 07035 | | | | | |
| Scope of Work (che | eck all that app | ly) Renovation | | | □ F | ull Conta | inment w/neg | ative pressure [| Gloveba | g pr | ocedu | re | |
| \times >3 sf or >3 If | | ≥160 sf or ≥260 l | f | | | Vini-enclo | sure | 2 | Non-frial | ole p | огосес | dure | |
| Location of asbestos-continuaterial to be | _ | Is location norm by maintenance staff(12) | | 1 | | sbestos-c | containing | Amount (Specify S | For | R e m | R e p | E n c | Enc |
| abated in facil | lity (13) | Yes N | o N/A | , , , a to , la , , | ,, | | | ĹF) | 1 | o v e | a i r | a p | Ľ |
| roof level | | | × | misc tar | | | | 80 sf | | X | | | |
| - | | | | 4 | | | | | | 긖 | 뷔 | 님 | 님 |
| | | | | - | EO IVAN | | | | L | 뮈 | 붜 | 片 | 님 |
| | | | | 1 | | | | | L | 뷔 | H | 님 | H |
| Registered Waste Ha B & G Restorati | | NJDEP Hat | | Cubic Yards of V | Vaste | | f Registered I | Landfill Resource & Re | covery C | 르 ent | <mark>니</mark> er | ш. | |
| City, State Lincoln Park, N | | | Disposal | | 7 | City, S | Charles on the last of the last of | | | 27.16 | - | | |
| Completed by (Print Gordana Luna | or Type) | Title Secretary/Tre | asurer | Signature | | Gordan | a Luna | | Date 09/29/2 | 201 | 7 | | |

09/29/2017



B & G proj. #: 2017-135 D

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

| | | | | | | | | | | | Ch | eck/# | 8617 | 1/7 | E | 1 |
|---------------------------------------|----------------------------------|----------------------|--------------|----------|-----------------------|--------|---------------------|----------|------------------------------|----------------------------|----------------------|-----------|--|--------|------|-------------|
| Date of Notification | 1 (1) | | 11 | Name o | of Buildin | g Ow | ner/Operator (2 | 2) | | | | | | LI. | 15 | |
| 10 19 1/12 19 | 1/117 | | | | stone F | | | | | | | | | | | |
| Agencies Notified | Type Notific | cation | 71: | Street A | Address | | | - | | | | OCT | 5 | 201 | 7 | |
| ☐ EPA ☐ DEP | X Initia | I | | | ast Pa | | lace | | | | | | 2 The Name of Street, Street, or other | | | |
| X DOL | Amer | ndment | | | ate, Zip (ristown | | 07960 | | | | ASE | | DS CUP DENSIN | | JL 8 | Ś |
| ✗ DOH | | | 1.1 | lame of | Contact | | and the second of | | | | Telep | hone N | lumber | | | |
| ☐ DCA | ☐ Cance | ellation | | Dan | Khosh | naba | l | | | | | - | | 55 | | |
| | | | | | | FAC | CILITY INFORM | IATIC | N | | | | | - | | |
| Name of facility wh | ere abatemen | t is taki | ing pla | ace (3) | | | | | | | Type of Facil | | | | | |
| Commercial/C | office Prope | rties | described in | | | | | | | | 三 | hool (k | < - 12) er 8 (Othe | r thar | K-1 | 2) |
| Street Address | | | | | | | | | | | X Oth | ner (Priv | /ate/Comr | | | ۷) |
| 25 Market Str | eet | | | | | | | | | | Square Feet | - | nes, etc. f Floors | _ | Blda | . Age |
| City (5) | | | Cour | nty (6) | | | | 000.0000 | unty Code (7 |) | | | | | | |
| Morristown, N | | | Мо | | | | | (St | ate use only) | | Commerce Commerce | | | | | k. |
| Name of Monitoring | | Bldg. | Owne | er (8) | | | ASCM No. | | Name of A | batement Co | ntractor (9) | | | | | |
| Whitestone A | ssociates | | | | | | | | B&GF | Restoration | n, Inc. | | | | | |
| Street Address | Б. | | | | | | | | Street Add | 2703 | | | | | | |
| 35 Technolog | | | | | | | | | | erson Roa | ad | | | | | |
| City, State, Zip Code Warren, NJ 0 | 7059 | | | | | | | | City, State, Lincol | Zip Code n Park, NJ | 07035 | | | | | |
| Project Manager for | Monitoring Fire | m | | | Phone I | Numb | per | - | Telephone | | ==== | Hic | ense Nur | her | | |
| Christopher S | Seib | | | | 908-66 | 88-7 | 777 | | | 396-6869 | | 1-10 | 00378 | | | |
| Scheduled Start Date | e (10) | S | ched | Comp | letion Da | te (1 | 1) | - | | SHA Monitor | | | | | | |
| 10/09/2017 | | | 11/3 | 0/201 | 7 | | | | B & G F | Restoration | n, nc. | | | | | |
| Occupancy Status D | uring Abateme | ent (Che | eck or | nly one) |) | - | | - | Lancon Control State Control | erson Roa | d | | | | | |
| Facility closed/ Abatement per | vacated during formed outside | g entire e of nor | perio | d of ab | atement. | | | | City, State, | | | | | _ | | |
| Describe: Other-Describe | | | | | | | | _ | Lincolni | Park, NJ 0 | 7035 | | | | | |
| Scope of Work (che | | lv) | | | | | | - 1 | | 4111, 140 0 | | | | | | |
| ✗ Demolition | | 3.5 | vation | 1 | | | | П | ull Containm | ent w/negativ | le pressure | По | la cala a a | | | |
| 3 sf or >3 lf | X | ≥160 s | sf or > | 260 If | | | | _ | /lini-enclosur | | ve pressure | 1000 | lovebag p | | | |
| Location of | | | | | lly used s | solely | | ш. | | | | W 14 | lon-friable | R | _ | |
| asbestos-conta | ining | by m | ainter | | ustodial | , | | n of a | sbestos-cont | aining | Amount | | е | e | l E | = |
| material to be abated in facilit | v (13) | staff(| | | | _ | material (A | | 3003103-00110 | annig | (Specify | | m o | p | c | n |
| and the first teaching | y (10) | Yes | 3 | No | N | /A | | | | | LF) | | V | i | p | L |
| roof level | | | | | | X | roof flash | ing | | | 360 sf | | e X | tó | 10 | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | 4 | | | | | | | | _ | | | | | |
| Registered Waste Hau | ıler | L 18 | LIDE | P Haule | - ID# | 10 | ubic Yards of W | nete | Morro (5 | | -16 11 | | | | | |
| B & G Restoration | n, Inc. | | | 9563 | 110# | 100 | 5 5 | asie | | gistered Lan lytown Res | | Recovi | ery Cen | ter | | |
| city, State Lincoln Park, NJ | | | | | Dispos 10/0 | | ate 7 - 12/01/17 | | City, State | | | | , 5011 | .01 | | |
| Completed by (Print o | mpleted by (Print or Type) Title | | | | | | | | | | | Dat | te | | - | <u> </u> |
| Gordana Luna | | | etary | /Treas | surer | | Signature | | Gordana S | Luna | | | 9/29/20 ⁻ | 17 | | |

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2017-135 E Check #68618 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 10 19 1/12 19 1/11 17 1 Sunstone Hotels LLC Type Notification Street Address Agencies Notified ☐ EPA 67 East Park Place X Initial DEP City, State, Zip Code LICENSING Morristown, NJ 07960 Amendment X DOL Telephone Number Name of Contact X DOH Cancellation Dan Khoshaba ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Commercial/Office Properties Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age 27 Market Street County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Commercial/Office Properties Morris Morristown, NJ 07960 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Whitestone Associates Street Address Street Address 105 Ryerson Road 35 Technology Drive City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Warren, NJ 07059 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 908-668-7777 Christopher Seib Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 11/30/2017 Street Address 10/09/2017 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe:

| Scope of Work (check all that | t apply) | | | | | | tive properties | ✗ Glove | had no | ocedi | re | |
|---|---------------|-----------------------------|---------------------------|-------------------|--|---|--|----------------|-------------|-------------|-------------|---------|
| X Demolition | Rer | novation | 1 | | 1 11 11 11 11 11 11 11 11 11 11 11 11 1 | II Containment w/nega | Contract to the Contract of th | | | | | |
| >3 sf or >3 lf | X ≥160 | sf or | 260 If | | X M | ini-enclosure | | × Non-fr | TR | R | E | _ |
| Location of asbestos-containing material to be | by | ocation mainte ff(12) | normally un nance/cust | sed sole odial | | bestos-containing | Amount (Specify | SF or | e m o | e p a | n c a | E n c ı |
| abated in facility (13) | | es/ | No | N/A | | | LF) | | v e | i | р. | - |
| | | | | X | pipe insulation | | 110 lf | | X | 旦 | Ш | 닏 |
| basement | | | | | | oloum | 1,200 st | | X | | | |
| 1st floor | | | | × | bottom layer lin | Oleum | 260 sf | | X | П | П | |
| roof level | | | | × | roof flashing | | | | X | 〒 | 一 | П |
| roof level | | | | X | misc tar | | 300 sf | | | 믐 | 片 | 干 |
| 700110401 | | | | | | | | | | | Ш, | |
| Registered Waste Hauler B & G Restoration, Inc. J J J J S J S S S S S | | | | D# | Cubic Yards of Waste 20 | THE RESERVE THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER. | ar dfill Resource & F | Recovery | Cen | ter | | |
| O't Chata | | | | Disposal | Date | City, State | 2.4 | | | | | |

10/09/17 - 12/01/17

Secretary/Treasurer

Signature

Tullytown, PA

09/29/2017

Gordana Luna

City, State

Lincoln Park, NJ

Gordana Luna

Completed by (Print or Type)

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2017-135 A

(Pursuant to NJAC 8:60-7 and 12:120-7)

| - | | . 1 | PALLE. | b | | | - | Che | ck # 861 | 4 | | | |
|--|--|------------------------|---------------------|----------------------------|---|--|-----------------------|--|----------------------------|--------|--------------------------|------------|---|
| Date of Notification | | | Name of | f Building Ow | ner/Operator (2 | 2) | | | r=i n | n II | | THE STREET | · · |
| Agencies Notified | 1/ [1 7 Type Notific | cation | Suns | tone Hotel | | | | III) E G | EI | W | 5 | | - |
| | Initia | | Street A | ddress ast Park P | lace | | | O C | 2 2 | 2017 | The second of the second | Company of | Andrews Copy to with |
| X DOL | Amer | ndment | | te, Zip Code istown, NJ | 07960 | | -3 | | | | 0 | | A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN |
| ▼ DOH | | | Name of | Contact | | | | Teleph | one Numb | | L a | HINNE T | 1 |
| ☐ DCA | ☐ Cance | ellation | Dan | Khoshaba | i | | | Indiana di State de la constitución de la constituc | | | | | I |
| | | | | FAC | CILITY INFORM | ЛАТІС | ON | | | | | | |
| Name of facility who | ere abatemen | t is taking | place (3) | | | | | Type of Facilit | y (4) | | | - | |
| Commercial/O | ffice Prope | erties | | | | | | | ool (K - 12 | | | 20.00.20 | |
| Street Address | | | - | | | | | | chapter 8 (r (Private/ | | | |) |
| 18 Bank Stree | t | | | | | | | Bldg | s./Homes, | etc. | | | |
| City (5) | | C | ounty (6) | | | | ounty Code (7) | Square Feet | # of Floo | ors | = | ildg. | Age |
| Morristown, N | J 07960 | 1 | Morris . | | | (S | tate use only) | Current Use (| | | | | |
| Name of Monitoring | Firm Hired by | y Bldg. Ov | vner (8) | | ASCM No. | _ | Name of Abatemen | Commercia | al/Office | Prop | ertie | S | |
| Whitestone As | ssociates | | | - | | | B & G Restora | 475.5 | | | | | |
| Street Address | | | | | | - | Street Address | auon inc. | | | _ | | |
| 35 Technolog | y Drive | | | | | | 105 Ryerson | Road | | | | | |
| City, State, Zip Code | 7050 | | | | | - | City, State, Zip Code | | | | - | - | |
| Warren, NJ 07 | | | | | | | Lincoln Park, | | | | | | |
| Project Manager for M | The State of the S | m | | Phone Numb | er | | Telephone Number | | License | Num | ber | - | |
| Christopher S | | | 19 | 908-668-7 | 777 | | (973)696-686 | | 00 | 0378 | | | |
| Scheduled Start Date | (10) | Sch | ed. Comple | etion Date (1 | 1) | | Name of OSHA Mor | | | | | | |
| 10/16/2017 | | 11 | 1/30/2017 | 7 | | | B & G Restora | ition, Inc. | | | | | |
| Occupancy Status Du | | | | | | - | 105 Ryerson F | Road | | | | | |
| Facility closed/v | acated during | g entire pe | eriod of aba | itement. | | - 1 | City, State, Zip Code | | | | | | |
| Abatement perf Describe: | ormed outside | e of norm | al facility ho | ours- | | | | | | | | | |
| Other-Describe | | | | | | - | LincolnPark, N | IJ 07035 | | | | | |
| Scope of Work (chec | k all that app | ly) | | | *************************************** | | | | | | | | 4.7 |
| M Demolition | | Renova | tion | | | X | Full Containment w/ne | gative pressure | X Glove | oag pr | ocedi | ıre | |
| ☐ > <u>3</u> sf or > <u>3</u> If | X | ≥160 sf | or ≥260 If | | | X | Mini-enclosure | | X Non-fr | iable | oroce | dure | |
| Location of | 1.000 | Is locat | ion normall | y used solely | | | | | | R | R | E | T_ |
| asbestos-contai material to be | ining | staff(12 | itenance/cu | istodiai | | | sbestos-containing | Amount | | e m | e p | n | l E |
| abated in facility | / (13) | Yes | No | N/A | material (A | ACM) | | (Specify S | SF or | 0 | a | c a | C |
| throughout base | mont | | 110 | | | | | | | v e | i r | р | L |
| basement | ment | - | ╬═ | X | pipe insula | | | 1,100 lf | | X | | | 10 |
| basement | | | 1 | X | duct insula | | dama a si sa a la U | 230 sf | | X | | \Box | 빝 |
| basement | | | # | X | | - | dampening cloth | 5 sf | | X | 닞 | 닏 | 님 |
| exterior facade | | | # | X | door caulk | iical | panel board | 30 sf | | X | | 부 | 11 |
| Registered Waste Hau | | NJI | DEP Hauler | | ibic Yards of W | aste | Name of Registered | | | X | Ш | Ц, | |
| B & G Restoration | n, Inc. | | 19563 | | 40 | | | Resource & Re | ecovery (| Cent | er | 1000 | |
| cit <i>y</i> , State Lincoln Park, NJ | | Disposal Da 10/16/1 | ate 7 - 12/01/17 | | City, State Tullytown, | The second secon | | | | • | | | |
| Completed by (Print or | Type) | Title | 172.24 | 1 | Signature | | | | Date | | | - 4 | |
| Gordana Luna | | Secreta | ary/Treas | urer | | | Gordana Luna | | 09/29 | /201 | 7 | | |



| _ | | 1 | 11 | OF | - | 0 4 |
|---|------|----|----|----|---|--------|
| | hec | V. | п | 15 | 6 | I / I |
| - | 1100 | 1 | TT | 40 | v | \cup |

| ∄ | ALU | r | | | | BESTOS ABATE AC 8:60 and 5:16 | | INEC | | | W | E | | |
|---|---|--|--------------------|---|---|--|------------------------------------|---|--------|-------------|-----------|------|--|--|
| Date of Notification (1) 9/29/17 | | | | | Name of Building Owner/Operator (2) The Heller Group | | | | | | | | | |
| Agencies Notified | Type Notification | n | | Stre | et Address | | 180 Main St | 11 ft - 00 | T | 2 | 201 | 7 | | |
| DEP DOL | Amended Amendment | | 00 | City, | State, Zip | | Madison, NJ 07940 ASBLSTOS CONTROL | | | | | | | |
| M DOH □ DCA | ☐ Emergency (including justification)☐ Cancellation | | | | | ct | Telephone Number | | | | | | | |
| | | | - | | | Chris Hricko | | | | | | | | |
| Name of Facility Where | FORMATION | Type of Facility | <i>i</i> (4) | | | - | | | | | | | | |
| | | School (K-12) | | | | | | | | | | | | |
| Street Address | | ☐ Subchapt∈r 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.) | | | | | | | | | | | | |
| City (5) | Mad | ison, | NI | | | | Square Feet | | | | | | | |
| County (6) | Morris | 10011, | 110 | Cou | inty Code (| 7) (STATE | | (I ^p rior if being demolished) | | | | | | |
| Name of Monitoring Firm | _ , | ASCN | E ÓNLY) | Name of Abator | ement Contractor (9) | | | | | | | | | |
| (8) | _ | / NOON | 1140. | manages a course of the different | evens Environmental Services, Inc. | | | | | | | | | |
| Street Address | PO Box 34 | 1 | | | | Street Address | | | | | | _ | | |
| City, State, Zip Code | | PO Box 322 City, State, Zip Code | | | | | | | | | | | | |
| | osswicks, NJ | 0851. | | | | Allentov/n, NJ 08501 | | | | | | | | |
| | | | | | No. 98-4070 | Telephone No. (609) 2: | License Ne. 00493 | | | | | | | |
| Start Date (10) Scheduled Completion Date | | | | | | Name of OSHA Monitor | | | | | | | | |
| 10/9/17 | | MECS | | | | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) Kacility Closed/Vacated During Entire Period of Abatement | | | | | | Street Address | PO F | 30x 341 | | | | | | |
| ☐ Abatement Performed☐ Other - Describe: | d Outside of Norma | l Facilit | y Hou | rs | | City, State, Zip C | Code | | | | _ | _ | | |
| Scope of Work (Check a | | Crosswicks, NJ 08515 | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | and apply) | | enovat emolitic | | | ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☑ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| ls Locatio Normally | | | | | | | | Abatement | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Ves No | | | y by | Ashast | Description of os Containing Material (ACM) | | | Туре | | | | | | |
| | | | | | thermal systems i surfacing, VAT, other miscellaneo | nsulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | | | |
| | | | 37 10 | N/A | | other miscellane | ous) | | val | air | ulate | sure | | |
| Storage A | Storage Area 📉 🗶 | | | | The | ermal Pipe Ins | sulation | 20 lf | X | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | | |
| Name of Registered Waste Hauler NJDEP Waste | | | | | | Cubic Yards | Name of Reg s | stered Landfill | | | | | | |
| Stevens Environmental Services, Inc. Hauler ID No. 18292 | | | | | | of Waste 1 cu Fairless Landfill | | | | | | | | |
| City, State | | Disposal Date 10/16/17 | 1 / | | | | | | | | | | | |
| Allentown, NJ Completed By Title Mahlon E. Stevens Project Manager | | | | | | Signature | 770 | | | | | | | |
| SB-41 | | | | | | -1 <i>771</i> | 7 | | | | | | | |



| Date of Notification (1) | | | Nam | e of Buildir | ng Ow | ner/Operato | PERSONAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF T | 1111 | EG | E | W | 1 [| | | | |
|---|---|-----------------|---------|---|---------------------------------------|---|--|-----------------------|---------------------------------|-------------|--------|--------|-------------|-----------------|--|--|
| 9/29/17 | | | | | | 11/11 | | | | | Щ | | | | | |
| Agencies Notified | Type Notific | cation | | Stree | et Address | | | | 13 11 | OCT | 2 | 20 | 17 | , in the second | | |
| EPA DEP | Initial Amende | ed | | City | State, Zip (| Codo | | | | UUI | | 2.0 | 1 / | + | | |
| ⊠ DOL | Amenda | | - | City, | State, Zip (| Middletown, NJ 07748 | | | | | | | | | | |
| ⊠ DOH | ☐ Emerge justifica | tion) | ıg | Name | e of Contac | | | | | | | | | | | |
| □ DCA | ation | | | | a Moller | | 1010 | Priorie Figure | 142 | NG | | | | | | |
| | L | 10 | | FA | CILITY INF | FORN | IATION | | _ | _ | | | | = | | |
| Name of Facility Where | Abatement is | Taking Place | æ (3) | | | | | Type of Facilit | ty (4) | | | _ | | | | |
| - | | Resident | tal | | School (K-12) | | | | | | | | | | | |
| Street Address | ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private & commercial buildings, | | | | | | | | | | | | | | | |
| City (5) | | | | | | homes, etc.) Square Feet # of Floors Bldg. Age | | | | | | | | | | |
| | Mi | ddletowi | n, NJ | | | 2500 2 50+ | | | | | | _ | | | | |
| County (6) | nmouth | | | Cou | nty Code (| 7) (S | TATE | Current Use (| Prior if be | eing demoli | shed) | | | | | |
| Name of Monitoring Firm | | lding Owner | _ | ASCM | No. | Nar | ne of Abatem | ement Contractor (9) | | | | | | | | |
| | MECŚ | 3 | | XIVALI O AND ONE | | | | | s Environmental Services, Inc. | | | | | | | |
| Street Address | | | | | | Stre | et Address | | | | | | | | | |
| | PO Bo | x 341 | | | | | | PO | Box 3 | 22 | | | | | | |
| City, State, Zip Code Crosswicks, NJ 08515 | | | | | | | City, State, Zip Code | | | | | | | | | |
| | | MJ 0851 | | | NI- | - | | Allentown, NJ 08501 | | | | | | | | |
| | | | | ephone No. Telephone No. (609) 298-4070 | | | | License Ne. 00493 | | | | | | | | |
| Start Date (10) Scheduled Comple | | | | | | Nan | ne of OSHA | | | | | | | _ | | |
| 10/10/17 | | | | | | 110 | 10 01 001 1/1 | MECS | | | | | | | | |
| Occupancy Status Durin | g Abatement | | | | Street Address | | | | | | | | | _ | | |
| | | | | | | | | PO I | Box 3 | 41 | | | | _ | | |
| ☐ Abatement Performed ☐ Other - Describe: | d Outside of N | lormal Facili | ity Hou | rs | Ì | City | State, Zip C | | 20 - 2000 C | | | | | | | |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | II 4141 \ | | | | | Crosswicks, NJ 08515 | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | ☐ Full Containment with Negative Pressure | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | | | ☐ Mini-Enclosure ☐ Glovebag Procedure | | | | | | | | | | | |
| | | | | | | | | Non-Friable Procedure | | | | | | | | |
| Is Location | | | | | | | | | | Abatement | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Normally Used Solel Maintenar Custodia Staff? (12) | | | y by | | | escription of | | | | Туре | | | | | | |
| | | | | 100 | | | ntaining Mate | | Amount (Specify SF or LF) | | _ | | Щ | ш | | |
| | | | Staff? | | (1.6., | sur | acing, VAT, | or | | | Remova | Repair | cap | nclo | | |
| | | | (12) | | | othe | miscellaneo | ous) | | | oval | air | Encapsulate | Enclosure | | |
| Yes | | | | N/A | | | | | | | | | 9 | | | |
| Lower Le | evel | | X | | | | VAT | | 830 sf | | × | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Haules | | | | UDED ! | A/osto I | Cul | a Vaud- | I News of D | 16" | | | | | | | |
| Name of Registered Waste Hauler NJDE | | | | | No. | ST 10 15 15 15 15 15 15 15 15 15 15 15 15 15 | c Yards /aste | Name of Reg | ame of Registered Landfill | | | | | | | |
| Stevens Environmental Services, Inc. 18292 | | | | | | | 3 cu | - / | Fairl | ess Land | itill | | | | | |
| City, State Allentown, NJ | | | | | | | Disposal Date City, State 10/18/17 Morrisville, PA | | | | | | | | | |
| Completed By Title | | | | | | | Signature / | | Date | | | | | - | | |
| Mahlon E. Ste | vens | Project Manager | | | | | 111 | 9/29/17 | | | | | | | | |