State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| | (Pursuani | | | | | 1 42 | no land fine | TYED | 1. | | - 1 |
|--|---|---|---------------------------------------|---|--|------------------------|-------------------|-----------------------------|----------------------------|-----------------------|---------------------------------|
| | | Name of I | Building Owner | /Operator | (2) | | 2 | 1218 | 27 | | |
| e of Notification (1) | | Humin | Se | eminole | Constru | 2012 ∩ | 07 0 | DM 7.0 | | | \neg |
| 10/4/2013 | | | - I-ann | | | | 61-3 | PM 7: | 12 | | |
| engies Notified Type of Notification | | Street Ad | 1 | 28 Bart | lett Aver | iue | | | | | -+ |
| Elicies Notifica | ation | | | | | - 12 to 2 1 2 | 3105 | CUNTR | 01. | | |
| [] EPA [] Amended Not | tification | City, Sta | te, Zip Code | West Cr | eek NJ (| 8092 | LICE | M31H6 | | | |
| DEP Amendment | # | N | , | west Cr | | Tala | phone Ni | umber | | | |
| x] DOL [x] Emergency (i | including | Name 0 | f Contact | | | Tele | phone | | | | |
| justification) | | Name | Joyce Co | rliss | | | _ | | | | |
| x] DOH [] Cancellation | | | | | | | | | | | |
|] DCA | FA | CILITY | INFORMAT | TION | Type of F | acility (4) | | | | | |
| - i Place (| | | | 1 | Type of I | rl | School (k | (-12) | | | |
| Name of Facility Where Abatement is Taking Place (| (3) | | | | | i i | Subchap | ter 8 (other tha | n k-12) | -1 6il | dings |
| Residence | | | | | | [x] | Other (i. | e., private & c | ommerci | iai buii | umgs, |
| | | | | 1 | | r 1 | homes, | etc.) | | | |
| Street Address 14 E. South Carolina A | venue | | | | Square fo | eet | # of Fl | 0015 | dg. Age | 60 | |
| | unty (6) | County | Code (7) | | 0.00 | OO of | | 2 | | 00 | |
| City | um, (-) | (STAT | E USE ONLY) | | Current | Use (Prior if | being der | molishea) | | | |
| | cean | 1 | | | | Residen | ce | | | | |
| Long Beach 1 wp. | | 1 CCN | (No. | Name of | Abatemen | t Contractor (| (9) Cont | racting Inc | | | |
| Name of Monitoring Firm Hired by Building Owner | er (8) | ASCM | 1 No. | | | Guardia | an Com | racting, Inc | | | |
| Name of Monitoring Fifth Filed by 250 5 N/A | | | | Street A | ddress | 1000 D | oute 9 | Unit 61 | | | |
| | | | 1 | | | | | | | | |
| Street Address | | | | City, St | ate, Zip Co | de Toms I | River. N | New Jersey | 08755- | 1271 | |
| City, State, Zip Code | | | | | 37 -1- | 101115 1 | Tarez, | License Num | ber | | |
| | Telephone Nun | nber | | Telepho | one Numbe | 1 | | 00624 | | | |
| Project Manager for Monitoring Firm | 1 | | | 732-3 | 49-9932 of OSHA N | Conitor | | | | | |
| | Scheduled Con | npletion Da | nte (11) | Name | 0I OSFIA I | E.M.S | .L. Ana | alytical | | | |
| Scheduled Start Date (10) | 10/9/13 | | | Ctroot | Address | | | | | | |
| 10/7/13 | | | | Succi | / Iddies- | 1056 | Stelton | Road | | | |
| Occupancy Status During Abatement (Check onl | Ouring Entire Period o | f Abateme | nt | | | | | | | | |
| [x] Facility Closed/Vacated D | itside of Normal Facil | lity Hours | | City, | State, Zip (| Joae Disca | taway, | New Jersey | 08854 | | |
| Abatement Performed of Other – Describe | | | | 1 | | | | | | | |
| [] Other - Describe | | | | _I |] F | ıll Containme | ent with I | Negative Press | ше | | |
| I that apply) | | | | Ţ | i N | lini-Enclosure | e | | | | |
| Scope of Work (Check all that apply) | | | | Ĭ | i o | lovebag Proc | edure | 11- T | -acedure | | |
| 2 6-m>2 If | | Renovation | | ř | x j N | Ion-Exempted | d (*) and | Non-Friable P | Toccuure | | |
| [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf | [x] | Demolition | 1 | | | | $\overline{}$ | | Abate | ment T | ype |
| [x] ≥160 sf or ≥260 if | | - | | | | | - 1 | | \vdash \vdash \vdash | R | Е |
| | | | | | | | | | | K | |
| \\ | E 22 | 1 | | Descr | iption of | | - 1 | Amount | R | F | N |
| | Is Location | n . | 3 | Ashestos | iption of -Containi | ng | 1, | Amount Specify SF | E | E | N C |
| Location of | Normally us | sed | | Asbestos Materi | -Containi ial (ACM) |) | | (Specify SF | E M | E P A | C A |
| Location of Ashertos Containing Material (ACM) | Normally us Solely by | sed | | Asbestos Materi | -Containi ial (ACM) rmal syste | ms | | | E M O | E P A I | C A P |
| Ashestos-Containing Material (ACM) | Normally us Solely by Maintenance/Cu | sed | | Asbestos Materi (i.e., ther insulation | -Containi ial (ACM) rmal syste on, surfaci | ms | | (Specify SF | E M O V | E P A | C A P S |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility | Normally us Solely by Maintenance/Cu Staff | sed | | Asbestos Materi (i.e., the insulation | -Containi ial (ACM) rmal syste on, surfaci AT, or | ems ng, | | (Specify SF | E M O V A | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED | Normally us Solely by Maintenance/Cu | sed | | Asbestos Materi (i.e., the insulation | -Containi ial (ACM) rmal syste on, surfaci | ems ng, | | (Specify SF | E M O V | E P A I | C A P S U |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility | Normally us Solely by Maintenance/Cu Staff (12) | sed | | Asbestos Materi (i.e., the insulation | -Containi ial (ACM) rmal syste on, surfaci AT, or | ems ng, | | (Specify SF or LF) | E M O V A L | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility | Normally us Solely by Maintenance/Cu Staff (12) YES NO | sed ustodial | | Asbestos Materi (i.e., the insulation V other m | -Containi ial (ACM) rmal syste on, surfaci AT, or | ems ng, | | (Specify SF | E M O V A | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Normally us Solely by Maintenance/Cu Staff (12) | sed ustodial | | Asbestos Materi (i.e., the insulation V other m | -Containi ial (ACM) rmal syste on, surfaci AT, or | ems ng, | | (Specify SF or LF) | E M O V A L | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility | Normally us Solely by Maintenance/Cu Staff (12) YES NO | sed ustodial | | Asbestos Materi (i.e., the insulation V other m | -Containi ial (ACM) rmal syste on, surfaci AT, or | ems ng, | | (Specify SF or LF) | E M O V A L | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Normally us Solely by Maintenance/Cu Staff (12) YES NO | sed ustodial | | Asbestos Materi (i.e., the insulation V other m | -Containi ial (ACM) rmal syste on, surfaci AT, or | ems ng, | | (Specify SF or LF) | E M O V A L | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Normally us Solely by Maintenance/Cu Staff (12) YES NO | sed ustodial | Asbestos | Asbestos Materi (i.e., thei insulation V other m | s-Containi ial (ACM) rmal syste on, surfaci AT, or iscellaneo |) ms ng, ous) | | (Specify SF or LF) | E M O V A L | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Normally us Solely by Maintenance/Cu Staff (12) YES NO | sed sustodial N/A | Asbestos | Asbestos Materi (i.e., thei insulation V other m | s-Containi ial (ACM) rmal syste on, surfaci AT, or iscellaneo | ms ng, ous) | Registere | (Specify SF or LF) | E M O V A L | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior | Normally us Solely by Maintenance/Cu Staff (12) YES NO X NJDEP W | nstodial N/A aste Hauler | Asbestos | Asbestos Materi (i.e., thei insulatio V other m siding | s-Containi ial (ACM) rmal syste on, surfaci AT, or iscellaneo of Waste | Name of | Registere | (Specify SF or LF) | E M O V A L | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior | Normally us Solely by Maintenance/Cu Staff (12) YES NO X NJDEP W | N/A N/A aste Hauler | Asbestos s | Asbestos Materi (i.e., thei insulatio V other m siding | s-Containi ial (ACM) rmal syste on, surfaci AT, or iscellaneo of Waste | Name of T.R.F. | Registere | (Specify SF or LF) 2450 sf | E M O V A L | E P A I | C A P S U L |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. | Normally us Solely by Maintenance/Cu Staff (12) YES NO X NJDEP W | nstodial N/A aste Hauler 20223 Dispo | Asbestos s ID No. Cui | Asbestos Materi (i.e., thei insulatio V other m siding | s-Containi ial (ACM) rmal syste on, surfaci AT, or iscellaneo of Waste | Name of | Registere | (Specify SF or LF) 2450 sf | E M O V A L | E P A I R | C A P S U L E |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey | Normally us Solely by Maintenance/Cu Staff (12) YES NO X NJDEP W. | nstodial N/A aste Hauler 20223 Dispo | Asbestos s ID No. Cui ssal Date 0/13 | Asbestos Materi (i.e., thei insulatio V other m siding | s-Containi ial (ACM) rmal syste on, surfaci AT, or iscellaneo of Waste | Name of T.R.F. | Registere | (Specify SF or LF) 2450 sf | E M O V A L | E P A I R | C A P S U L E |
| Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. | Normally us Solely by Maintenance/Cu Staff (12) YES NO X NJDEP W C. | N/A aste Hauler 20223 Dispo 10/1 | Asbestos s ID No. Cui | Asbestos Materi (i.e., thei insulatic V other m siding | of Waste City, State Tullytov | Name of T.R.F | Registere R.F. | (Specify SF or LF) 2450 sf | E M O V A L | E P A I R | C A P S U L E |

RECEIVED

| OV#13111 | N | | | | STOS ABA | | | REC | EIV | ED |) | |
|--|------------------|---------------------------------------|--------------------------|------------------------|--|---------------------------|---|------------------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) OCTOBER 4, 2013 | | | | | Owner/Oper OPMENT | | 2 | 13 OCT - | | | | |
| Agencies Notified Type Notification EPA Initial | | 1000 | Street Ad 1 INDU | | . WAY W | 'EST | ۵ | Sassine | : 1.75 | 10.0 | * K | |
| DEP Amended DOL Amendment # | | 100 | | te, Zip Coo NTON, N | te IJ 07724 | | | & LICE | 1437 | e Tut | IL. | |
| DOH Emergency (ii justification) DCA Cancellation | ncluding | 100 | | Contact /HITING | LLC | | | Telenhone ! | Mumhar | _ | ŝ | |
| | | | FACIL | LITY INFO | RMATION | | | | W. 42 | | | |
| Name of Facility Where Abatement is Taking VACANT BANK | Place (3 | 3) | | | | | of Facility (School (K-1 | 2) | < 40\ | | | |
| Street Address 500 HIGHWAY 530 | | | | | | | | 8 (Other than k private & comme | | dings | , hom | es, |
| City (5) WHITING | | | | | | Squa 240 | re Feet 0 | # of Floors | F13.55 | 3ldg. / 1971 | Age | |
| County (6) OCEAN | | | County C | Code (7) JSE ONLY) | - | | ent Use (Pri | or if being demo | olished) | | | |
| Name of Monitoring Firm Hired by Building C N/A | wner (8) | | ASCM | l No. | 1000 | | atement Cor Touch As | tractor (9) bestos Abat | ement | Corp | ., Inc | ;. |
| Street Address | | | | - 0.00 | 100 | treet Addre | ss son Stree | et | | | | |
| City, State, Zip Code | | | | | | ity, State, Z Vest Lon | | NJ 07764 | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | 10 330 | elephone N 32-222-8 | | Licens 00040 | | | | |
| Start Date (10) 10/15/13 | Schedule | | npletion [| Date (11) | 100000 | ame of OS | HA Monitor | | | | | |
| Occupancy Status During Abatement (Check | Only Or | ne) | | | S | treet Addre | ess | 1000 | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: | | | | | C | ity, State, 2 | Zip Code | | | | | |
| Scope of Work (Check All That Apply) | AND ELLER OF | - | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Principles 1 | Renova Demolit | | | | Mi GI | ni-Enclosur ovebag Pro | | | | re | |
| | 0 1475 | Locati | 1700 | | _ | | | | | | emen ype | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma Cus | ed Sole intena todial s (12) | ely by nce/ Staff? | | os Contain thermal sys surfacing | | ation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | 450.05 | | | 1.50 | |
| TELLER AREA | - | | X | | 050 | ACING | 713-77 2 | 450 SF | X | | - | |
| ROOF | - | | X | | 10700701150 | ACING | | 792 LF | X | - | - | |
| WINDOWS | | | X | | CAUL | KING | | 300 LF | Х | | - | |
| Name of Registered Waste Hauler | | | JDEP W | | Cubic Ya | | Name of | Registered Lan | dfill | | | |
| Finishing Touch Asbestos Abatemer | nt Corp | | lauler ID 2058 | No. | of Waste 7 CU | | 100000000000000000000000000000000000000 | S NORTH L | ANDFI | LL | | |
| OCEANPORT, NJ 07757-0400 | | | | | Disposal 10/19/1 | 31 | MORR | e ISVILLE, PA | (| | | |
| Completed by JOSEPH P. MILLER | Title PRE | SIDE | NT | | Sign | Palay W | Phil | h | Date 10/4/1 | 3 | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | | | | | Name o | f Building C |)samer/One | rator (2) | (2) | CONVE | ~ | | | |
|---|--|--|-----------------------|----------|---------------|--------------|-------------------------|---|-----------------|--|---------------------------|--------|----------|--------|
| Date of Hollieuton (1) | 10/4/2013 | | | | I vanie o | I Dunuing C | | | nstruction | - M - 1 2 7. | $\stackrel{\prime}{\cap}$ | 68 | 8 | |
| Agencies Notified | Type of Notificat | tion | | | Street A | ddress | | | 2812 0 | T 40 0 70 | - | 00 | 3 | |
| [X] EPA | 2000 | Notific | ation | | | | 128 B | artlett 1 | Avenue | CT -9 PM 7 | . 21 | | | |
| [] DEP | | | tification | | City, Sta | ate, Zip Cod | | | | | | | | |
| [x] DOL | | ndment i | ncluding | | , | ,, | West | Creek, | NJ 08092 | STOS CORT LICENSING | HUL | V. | | |
| [x] DOH | | ication) | nciuunig | | Name o | f Contact | | | · C | Telephone Number | | | | |
| [] DCA | | ellation | | | I manie o | | Corliss | | 1 | receptione runness | | | • | |
| [] DON | | - | | EAC | TI ITV I | | | | | 7 | | | 7/ | |
| Name of Facility Where Al | patement is Taking | Place (3 | 1) | rac | TILLI I | INFORM | ATION | Type | of Facility (4) | | | | | |
| | sidence | • | 2 | | | | | -51 | [] | School (k-12) | | | | |
| Street Address | | - | | | | | | | [] | Subchapter 8 (oth | er than | k-12) | | |
| SE-2603 | E. North Caroli | na Av | enue | | | | | | [x] | Other (i.e., privat | e & co | mmerc | al build | lings, |
| City | | Coun | tv (6) | - 1 | County C | ode (7) | | Square | e feet | homes, etc.) # of Floors | Blde | , Age | | |
| City | | Coun | iy (0) | | | USE ONLY | 7) | 1 S. C. T. C. | 500 sf | 3 | Diag | | 0 | |
| Long Beach | Tqp. | Ocea | an | | | | | Curren | | f being demolished) | | | | |
| N | III 4 L D 114 | 2 | 0) | | 10011 | T. 1 | N | | Reside | | | | | |
| Name of Monitoring Firm | in a communication of the comm | Jwner (| 8) | | ASCM N | NO. | Name of | Abatem | ent Contractor | an Contracting, | Inc. | | | |
| Street Address | • | | | | | | Street Ad | idress | Oddi | uni communing, | 1110. | | | |
| | | | | | | | | | | Route 9, Unit 61 | | | | |
| City, State, Zip Code | | | | | | | City, Sta | te, Zip C | | River, New Jerse | sτ, Ω Q ′ | 755_1 | 271 | |
| Project Manager for Monit | oring Firm | | Telephone N | umber | | | Telephor | ne Numb | | License N | | 133-1 | 4/1 | |
| , , | | | | | | | 732-34 | | | 00624 | | | | |
| Scheduled Start Date (10) | | | Scheduled C | 100 | ion Date (1 | 11) | Name of | OSHA I | | T A 1 1 | | | | |
| 10/4/13 Occupancy Status During A | Abatement (Check | only one | 10/7/13 | <u> </u> | | | Street Ad | idress | E.M.S | L. Analytical | | | | |
| | lity Closed/Vacated | | · 1000 M. M. | of Aba | tement | | | | 1056 S | Stelton Road | | | | |
| [] Aba | tement Performed | Outside | of Normal Fac | ility H | ours | | City, Sta | te Zin C | ode | | | | | - |
| [] Othe | er – Describe | Contract of the Contract of th | | | | | City, bill | ie, zip c | | way, New Jerse | y 088 | 54 | | |
| Scope of Work (Check all t | that apply) | | | - | | | | Enl | l Containmen | t with Negative Pres | cura | -07 | | |
| Scope of work (check an i | шаг арргу) | | | | | | [] | | ni-Enclosure | with Negative Fies. | suic | | | |
| [] >3 s | f or ≥3 lf | | [] | Renova | ation | | [] | | vebag Proced | ure | | | | |
| [x] ≥160 | 0 sf or ≥260 lf | | [x] | Demol | ition | | [x] | No | n-Exempted (| *) and Non-Friable I | rocedu | ire | | |
| | | | | | | | | | | | Abat | ement | Type | |
| | | | Is Location | | | , | Description | n of | | 8 | \vdash | | <u> </u> | |
| Location | 7.7 |) | Normally use | | | | estos-Coi | | | Amount | R E | R E | E | E N |
| Asbestos-Containing N | | | Solely by | | | | Aaterial (A | | | (Specify SF | М | P | С | С |
| TO BE ABA in facility | | Mair | ntenance/Cus Staff | todial | | | , thermal lation, su | | | or LF) | 0 | A | A P | L |
| (13) | у | | (12) | | | 11150 | VAT, o | | 50 | | v | R | S | s |
| () | | | () | | | oth | er miscell | | | | A | | U | U |
| | | YES | NO | N/A | | | | | | | L | | L E | R E |
| Exterior | - | Ashe | stos sidin | g | | | 3300 sf | Х | _ | | | | | |
| - DAVING | - | 11000 | | | | | 1 | - | _ | | | | | |
| | | - | - | | + | | | | | + + - | | | | |
| | | | | | | | | | | + | | _ | | |
| Name of Registered Waste | Hauler | | NJDEP Waste | Hauler | ID No. | Cubic Ya | rds of Was | te N | ame of Regist | ered Landfill | L | 1 | | L |
| | ntracting, Inc. | | | 223 | | 5 | | | T.R.R.F. | erene aldres erene era Colonia i i i i i i i i i i i i i i i i i i | | | | |
| City, State | NT | - | | | sal Date | | City, St | | | | 1 22 | | | |
| Toms River, Completed by (Print or Typ | | Title | | 10/8 | /13 Signat | ure | Tullyt | own, P | ennsylvani | a | Date | | | |
| Nicholas Fer | | | ect Manage | r | Jigiiat | M | doit | - / | . 1 | | 70.000 | 4/201 | 3 | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | · | Name of Building C | owner/Opera | itor (2) | <u>D:</u> | CENT | 508 | |) | | 7 |
|---|---|-----------------------------------|-----------------------------------|-------------------|------------------------------------|---------------------------------|---------------------------------------|----------------|---------------|-------------|-------------|
| October 4, 2013 | | Street Address | | | 2213 00 | 7-9 PM | | | | | 1 |
| [X] EPA [] Initial No [] DEP [] Amended | Notification | City, State, Zip Coo | 465 So | town | eet | LICENSIN | 1.00000 | | | | 1 |
| [X] DOL [X] DOH [X] Emergence instiffication | cy (including | Name of Contact | | | | elephone Numb | | | _ | | |
| [] DCA [] Cancellat | | Fred I | | | | | | | | | |
| Name of Facility Where Abatement is Taking Pla | | CILITI IN OIL | | Type | of Facility (4) | School (k-12) | | | | | |
| Building P Street Address | | | | | [] | Subchapter 8 Other (i.e., pr | (other than | n k-12 mmei | .) rcial b | uilding | s, |
| 754 Scotland Road | | 0.1.7 | | Squar | re feet | homes, etc.) # of Floors | Bld | g. Ag | e | | \dashv |
| City | County (6) | County Code (7) (STATE USE ONI | X) | 1 | 0.000 sf | 2 f being demolis | hed) | | 80 | - | \dashv |
| Orange | Essex | | II 37 | 1 | Storage nent Contractor | Room | | | | | \dashv |
| Name of Monitoring Firm Hired by Building Ow Guardian Contractin | vner (8) | ASCM No. | | | Guardi | an Contracti | ng, Inc. | | | | \dashv |
| Street Address 1889 Rte. 9, Unit 61 | | | Street A | | | Route 9, Unit | 61 | | | | \dashv |
| City State, Zip Code | | | City, St | ate, Zip | Code Toms | River, New | Jersey 08 | 3755 | -127 | 1 | \dashv |
| Toms River, NJ 087 Project Manager for Monitoring Firm | Telephone Number 7321-349-993 | | | one Num 49-993 | | Licer 006 | nse Numbe 24 | r | | | |
| Nicholas Fernicola Scheduled Start Date (10) | Scheduled Compl | letion Date (11) | | | Monitor | .L. Analytic | al | | | | |
| 10/4/13 Occupancy Status During Abatement (Check or | 10/8/13 nly one) | | Street | Address | | Stelton Road | | | | | |
| [v] Facility Closed/Vacated | During Entire Period of A outside of Normal Facility | Abatement Hours | City, S | tate, Zip | Code | - | | | | | _ |
| Other – Describe | | | | | Piscat | away, New | | | | | |
| Scope of Work (Check all that apply) | | |] | | Full Containment Mini-Enclosure | nt with Negative | e Pressure | | | | |
| [x] >3 sf or ≥3 lf ≥160 sf or ≥260 lf | [X] Ren | novation molition | [x |] (| Glovebag Proce Non-Exempted | dure (*) and Non-Fr | iable Proce | edure | | | |
| 2100 \$1 01 2200 11 | | | | | | 1 | A | baten | nent T | ype | |
| Location of | Is Location Normally used | | Descrip Asbestos-C Material | Containi | ing | Amou (Specify | . CE | ij | R E P | E N C | E N C |
| Asbestos-Containing Material (ACM) TO BE ABATED | Solely by Maintenance/Custoo | dial | (i.e., therm | al syste | ems | or LI | | 1 | A I | A P | L O |
| in facility (13) | Staff (12) | | | Γ, or | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | R | S U | S U |
| (13) | | /A | other misc | ellaneo | us) | | I | 1 | | L E | R E |
| D. W. P. Ctarrens Boom | X | Asbestos p | ipe insula | ation | | 150 lf | 7 | X | | | |
| Building P Storage Room | | | | | | | | - | - | | - |
| | | | | | | | | _ | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP Waste H | 23 | ic Yards of | | Name of Reg T.R.R.F | gistered Landfill | i | | | | |
| City, State Toms River, New Jersey | 1.1 | Disposal Date 10/9/13 | Cit Tu | y, State | n, Pennsylva | nia | | Date | | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | chi | 1 | od activities. | 1 | | | /201 | 3 | |

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| - | | | | | | | DEACH | 1 pres == | 3 | | |
|--|----------------------|----------------------------|---------|--|---|-----------------------------------|--|------------|--------|-----------|--------|
| Date of Notification (1) October 4, 20 | 13 | | | Name of Building | and the second district the second | rator (2) & Segal | 3007 -9 P | 68 | 6 | | |
| | ial Notifi | cation otification | | Street Address | 465 Sc | outh Street | | | 470 | | |
| [x] DOL An [X] En | endment ergency (| # (including | | City, State, Zip Coo | de Morris | stown, NJ 07962 | & LICENSI | riir NG | OL. | | |
| I DCA | ification) | | | Name of Contact Fred I | Kimak | | Telephone Wimber | | | - | |
| | | | FAC | CILITY INFORM | IATION | | | | | | |
| Name of Facility Where Abatement is Taki Building A | g Place (| 3) | | - 1 | | Type of Facility (4) | School (k-12) | | | | |
| Street Address 754 Scotland Ro | ad | | | | | [x] | Subchapter 8 (ot Other (i.e., priva homes, etc.) | | | ial build | dings, |
| City | Cour | nty (6) | | County Code (7) (STATE USE ONL) | Y) | Square feet 10,000 sf | # of Floors | Bldg | g. Age | 30 | |
| Orange | Ess | | | | | Current Use (Prior i | f being demolished e Room |) | | | |
| Name of Monitoring Firm Hired by Buildin Guardian Contra | | | | ASCM No. | Name of | Abatement Contractor | (9) an Contracting, | Inc | | | |
| Street Address 1889 Rte. 9, Uni | | uc. | | | Street Ad | ldress | Loute 9, Unit 61 | | | | -70-1 |
| City, State, Zip Code Toms River, NJ | | | | | City, Stat | te, Zip Code | River, New Jers | (0.0000) | 755-1 | 271 | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone 1 7321-349 | | | Telephon 732-34 | e Number | License N | | 755 1 | 2/1 | |
| Scheduled Start Date (10) 10/4/13 | | | Complet | ion Date (11) | | OSHA Monitor | L. Analytical | | | | |
| Occupancy Status During Abatement (Chec | | e) | | - 2000 | Street Ad | ldress | | | | | |
| [X] Facility Closed/Vaca [] Abatement Performe | | | | Secretary and the Control of the Con | C't Di | | telton Road | | | | |
| [] Other – Describe | | | | | City, Stat | te, Zip Code Piscata | way, New Jerse | y 088 | 54 | | |
| Scope of Work (Check all that apply) | | | | | [] | | with Negative Pres | sure | | | |
| [X] >3 sf or ≥3 lf | | [x] | Renova | ation | [x] | Mini-Enclosure Glovebag Proced | ure | | | | |
| [] ≥160 sf or ≥260 lf | | <u>[]</u> | Demol | ition | <u>i i</u> | | and Non-Friable | Procedu | ıre | | |
| | | | | | | 7.19800 | | Abat | ement | Туре | |
| Location of | | Is Location Normally us | | | Description bestos-Con | | Amount | R | R | Е | Е |
| Asbestos-Containing Material (ACM) | | Solely by | | | Iaterial (A | | (Specify SF | E | E P | N C | N C |
| TO BE ABATED | Mai | ntenance/Cu | stodial | | , thermal s | | or LF) | M O | A | Α | L |
| in facility (13) | | Staff (12) | | inst | lation, sur VAT, o | | | v | I R | P S | O S |
| (23) | | (12) | | oth | er miscella | | | A | " | U | U |
| | YES | S NO | N/A | | | (60 | | L | | L E | R E |
| Building A Storage Room | | X | | Asbestos pipe | insulation | n | 200 lf | X | | | П |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | = | |
| Name of Registered Waste Hauler Guardian Contracting, Inc | | NJDEP Waste | Hauler | ID No. Cubic Ya | rds of Wast | | red Landfill | | | | |
| City, State | | | Dispo | sal Date | City, Sta | | | | | 17 | |
| Toms River, New Jersey Completed by (Print or Type) | Title | | 10/9/ | | Tullyto | own, Pennsylvania | 1 | Ι | | 25.71 | |
| Nicholas Fernicola | THE RESERVE OF | ect Manage | er | Signature | hot | 12.1 | | Date 10/4 | 1/2013 | 3 | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| 1/0 3 | V | | (Pursuar | nt to N | JJAC 8:60 an | d 12:120 |)) | 5 | DEC | CHIE | n | | | _ |
|-------------------------------------|--|-------------------|----------------------------|--------------------|-------------------------------|-------------------------|----------------------|--------------------------------|------------------|----------------------|-----------------|------------------|----------|----------|
| MO C | <u></u> | | | Nam | e of Building Ow | ner/Opera | tor (2) | Orit | 1 Lines | TEN/E | . | 595 | J. | |
| Date of Notification (1) | October 4, 2013 | | | | | Michae | l Tenna | ro 291 | OCT | -9 PM | 7:49 | - | | - |
| Agencies Notified [x] EPA | [] | otification | ion | | et Address | | rk Aven | ue | ege j | OS CON ICENSIN | ``R0 | <u>.</u> | | 4 |
| [] DEP [x] DOL | Amenda | | | City | , State, Zip Code | Hobok | en, NJ 0 | 7030 | نة L.I | ICENSIN | (i | | | |
| [x] DOH | [] Emerger | ncy (includation) | ling | Nan | ne of Contact | | | T | elephor | Number | | ,— | | |
| [] DCA | [] Cancella | | | | Michae | l Tennar | 0 | | | | | | | |
| | | | FA | CILIT | TY INFORMA | ATION | Tyme of | Facility (4) | | | | | | \neg |
| Name of Facility Where | Abatement is Taking Pl | ace (3) | | | | | Type of | [] | | ol (k-12) | | 12) | | |
| R | esidence | | | | | | | [] [x] | Subch | (i.e., private | than K- | 12) iercial l | building | s, |
| Street Address | 34 Park Avenue | | | | | | | | home | s, etc.) | Bldg. A | | | \dashv |
| City | | County (6 | 5) | Cou | inty Code (7) ATE USE ONLY | 7 | Square 1 | 000 sf | | Floors 2 | Diug. A | 60 | | _ |
| | | Hudson | | (51 | ATE OSE ONE | , | Curren | t Use (Prior i | if being o | demolished) | | | | |
| Hoboken | | | <u> </u> | AC | CM No | Name of | f Abateme | Reside ent Contractor | r (9) | | | | | \neg |
| Name of Monitoring Fi | rm Hired by Building O Guardian Contracti | wner (8) | | AS | CM No. | | | Guard | ian Co | ntracting, I | nc. | - | | \dashv |
| Street Address | | | | | | Street A | ddress | 1889 1 | Route 9 | 9, Unit 61 | | | | \dashv |
| | 1889 Rte. 9, Unit 6 | 1 | | | | City, St | ate, Zip C | ode | Diver | New Jerse | v 0875 | 5-12 | 71 | |
| City, State, Zip Code | Toms River, NJ 08 | 755 | elephone Numb | | · · · | Telepho | one Numb | | Kivei, | License Nu | mber | | | |
| Project Manager for M Nicholas I | onitoring Firm | 1 7 | 32-349-9932 | 2 | | 732-3 | 49-9932 | 2 | | 00624 | | | | _ |
| Scheduled Start Date (| | S | cheduled Comp | letion I | Date (11) | Name o | of OSHA | E.M.S | S.L. Ar | nalytical | | | | |
| 10/9 | ing Abatement (Check | only one) | 10/11/13 | / | | Street A | Address | 1056 | Steltor | n Road | | | | |
| [v] | Facility Closed/Vacated | During E | ntire Period of | Abatem | ent | | | | Sterior | | | _ | | |
| [] | Abatement Performed Other – Describe | Outside of | | Hours | | City, S | tate, Zip (| Pisca | itaway, | New Jerse | y 0885 | 54 | | |
| | | | | | | | | | | Negative Pres | sure | | | |
| Scope of Work (Chec | k all that apply) | | | | | [| , | (ini-Enclosure lovebag Proc | | | | | | |
| [x] | >3 sf or ≥3 lf | | | novatio molitio | | [x |] O | ion-Exempted | d (*) and | Non-Friable | Procedu | re | | |
| [x] | ≥160 sf or ≥260 lf | | [x] De | monuo | | | | | 干 | | | ement ' | Гуре | |
| | | | Is Location | | | Descrip | otion of | | 1 | | R | R | Е | Е |
| Loca | ation of | | lormally used | | Α | sbestos-0 | Containir | ng | | Amount Specify SF | E | E P | N C | N C |
| Asbestos-Contain | ing Material (ACM) | N/-im | Solely by tenance/Custo | dial | G | Material i.e., therm | (ACM) nal syster | ns | - ` | or LF) | М | A | A P | L |
| | ABATED acility | Main | Staff | dia | i | nsulation, | , surfacin T, or | ıg, | | | v | I R | S | S |
| | (13) | | (12) | | | v A other miso | | ıs) | | | A | | U | UR |
| | | YES | NO 1 | I/A | | | | | | | L | | Е | E |
| 2 | | + | X | | Asbestos pi | pe wrap | | | | 50 lf | X | - | +- | + |
| Basement | | + | X | | Roofing | | | | | 1000 sf | X | + | + | + |
| Exterior | | | | | | | | | -+ | | +- | + | +- | + |
| | | | | | TD No. 1 Coulting | Yards of | Waste | Name of Re | egistered | Landfill | | | | |
| Name of Registered | Waste Hauler an Contracting, Inc | | NJDEP Waste 1 202 | 223 | 10 |) | | T.R.R. | | | | | | _ |
| City, State | | | | Dispos 10/14 | sal Date | Cit | y, State illytown | , Pennsylý | rania | | -1- | | | |
| Toms : Completed by (Prin | River, New Jersey t or Type) | Title | (I | | Signature | Λ. | -1 a | 111 | , | 1 | Da 10 | te 1/4/20 | 13 | |
| Nichol | as Fernicola | Proj | ect Manager | | | 11/ | 100 | d activities | | | | | | |

| NO CY | | | (P | ursuant | to NJAC | 0:00 ai | IQ 12.12 | U) | | DEC | FI | 118 | - pre | | |
|---|--|--|---------------------|--------------------|-----------------------|------------|---|----------|------------------------------------|-------------------------------|-----------------|-------------|-----------|----------|--------|
| Date of Notification (1) | | | | | Name of B | Building O | | | | DEC | hea | <u>ا</u> ق | - I.J | 011 | |
| | r 4, 2013 | | | | | | R S De | eveloj | pment 514 | 2813 OCT | -9 | J. | 25 | 74 | |
| | of Notification | on Notificat | ion | | Street Add | iress | 62A 4 ^{ti} | h Stre | eet | | , | | 1.4 | 0 | |
| [X] EPA | | Notification of the Notifi | | 1 | G: 5: . | 7. 0.1 | E16233331 23 | | | SSESTI | 93-0 | GN | R | 1 | |
| [x] DOL | Amend | lment #_ | | | City, State | , Zip Code | | en, N | IJ 07030 | \səcstı k Lik | CENS | IN | G | · . | |
| [x] DOH [] | Emerg justific | ency (inc | cluding | - | Name of C | Contact | 2000 C. | | | lephone Numb | | | | _ | |
| [] DCA | Cancel | | | 1 | Name of C | | /icFarlan | nd | | | 25.57 | | | | |
| | | | | FACI | ILITY IN | JFORM. | ATION | | | | | | | | |
| Name of Facility Where Abatement | is Taking F | Place (3) | | 1710 | | 1 010.2 | | Тур | e of Facility (4) | | | | | | |
| Residence | | | | | | | | | [] | School (k-12) Subchapter 8 | | han | k-12) | | |
| Street Address | | | | | | | | | [x] | Other (i.e., pr | | | | l buildi | ngs, |
| 136 Park | Avenue | | | | | | | | | homes, etc.) | | | | | |
| City | | County | (6) | | County Co (STATE U | | ` | Squ | are feet 1000 sf | # of Floors 2 | P | Bldg. | Age 60 |) | |
| TT.1.1 | | Huds | on | | (STATE U | SE ONL I | , | Cur | rent Use (Prior if | | ned) | | - 0 | | \neg |
| Hoboken | | riuus | OII | | | | | | Residen | ce | | | | | |
| Name of Monitoring Firm Hired by | | | | | ASCM No |). | Name of | Abate | ement Contractor (| 9) n Contracti | no Inc | c. | | | |
| | Guardian Contracting, Inc. reet Address 1889 Rte. 9, Unit 61 | | | | | | | ddress | | п сописы | 115, 111 | | | | \neg |
| | 9, Unit 6 | 51 | | | | | | | | oute 9, Unit | 61 | _ | | | - |
| City, State, Zip Code Toms Riv | ION NIT OR | 755 | | | | | City, Sta | ite, Zip | Toms R | iver, New J | ersey | 087 | 55-12 | 71 | |
| Project Manager for Monitoring Fi | | T | Telephone | Number | | | Telephor | | nber | Licen | se Num | | 9) | | |
| Nicholas Fernicola | | | 732-349 | | | | 732-34 | | A Monitor | 0062 | 24 | | | | |
| Scheduled Start Date (10) 10/9/13 | | | Scheduled 10/11/ | | on Date (11 | 1) | Name of | I OSH | | Analytica | ıl | | | | |
| Occupancy Status During Abateme | ent (Check | only one | | - | | | Street A | ddress | | | | | | | |
| [X] Facility Clo | sed/Vacated | During | Entire Perio | | | | | | 1056 St | elton Road | | | | | |
| [] Abatement | | Outside (| of Normal F | acility Ho | ours | | City, Sta | ate, Zip | Code | Marr I | awa az 1 (| 000 | 5.4 | | |
| [] Other – Des | scribe | | | | | | | | Piscata | way, New J | ersey | 000 | 34 | | |
| Scope of Work (Check all that app | oly) | | | | | A). | [| • | Full Containment | with Negative | Pressur | e | | | |
| | | | r 1 | | | | [x | 1 | Mini-Enclosure Glovebag Procedu | ire | | | | | |
| [x] >3 sf or ≥3 [x] ≥160 sf or ≥ | | | [x] | Renova | | | [] | | Non-Exempted (* | | able Pro | cedu | ire | | |
| [X] 2100 31 01 2 | | | L | | | | | - | | T | T | Abat | ement | Tyne | |
| | | | Is Location | 2010V | | | Descripti | ion of | g g | | | $\neg \tau$ | | <u> </u> | Ι. |
| Location of | | , | Normally i | | | | bestos-Co | | | Amoun | t | R E | R E | E N | E N |
| Asbestos-Containing Materia | ıl (ACM) | | Solely b | у | | | Material (| | | (Specify | | М | P | C | C |
| TO BE ABATED | | Mair | ntenance/C Staff | ustodial | | | ., thermal | | | or LF) | ' | 0 | A I | A P | L |
| in facility (13) | | | (12) | | | | VAT, | or | | | | v | R | S | S |
| (10) | | YES | | | | oth | er miscel | llaneo | ous) | | - 1 | A | | U L | R |
| | N/A | | | | | | | | L | | E | E | | | |
| Exterior | | | X | | Trans | site | | | | 100 sf | | X | | | |
| | | | | | | | | | | | | | | - | - |
| | | | | | | | | | | | _ | | | - | + |
| | | | | | | | 1 0*** | | Name of Deat | ared I and fill | | | | | |
| Name of Registered Waste Hauler Guardian Contrac | | | NJDEP Wa | ste Haule 20223 | r ID No. | Cubic Y | ards of Wa | aste | Name of Registe T.R.R.F. | ered Landiiii | | | | | |
| City, State | ing, mc. | | | Disp | osal Date | 1.0 | City, | | | | | | | | |
| Toms River, New | Jersey | Title | | 10/1 | 4/13 Signat | / | Tully | ytowi | n, Pennsylvani | a | | Dat | e | - | |
| Completed by (Print or Type) Nicholas Fernicol | a | 1-255,000 | ect Mana | ger | Signat | | h8 | 4: | te | 1 | | 570000 | 4/201 | 3 | |

NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification | n (1) | (Pursuant | ne of Buildi | ing Own | nd 12:120-7) ner/Operator | (2) DEC. | EIVE | D | | | | |
|--|--|----------------------------|---|----------|---|---|--------------------------------|-------------|---------------------------------|----------------------------|---------|---------------|
| | 11 (1) | | Corraine | | | 128 - 5557350 | | | | | | |
| 10-4-13 | Type Notifica | tion St | reet Address | s | | 2013 OCT | Q PM | 7: 48 | | | 771 | |
| Agencies Notified []EPA | [X]Initial | 1 | l1 Essex | Rd | | | | | | | | |
| []DEP | Notific | Ci | ty, State, | | | A83551 | OS CUI | ic Lika: | •• | | | |
| [X]DOL | []Amended Notific | | Maplewoo | d,NJ | 7,07040 | ê L | ICC MOIN | • • | | | | |
| [X]DOH | NOCITIE | | me of Conta | ct | | Telephone | -Mimpos | | - | | | |
| []DCA | []EMERGENC | market control | Lorraine | Bro | wn | - | | Kenja doj. | 7 | 4 | 10 | |
| | 1 | | FACILI | TY IN | FORMATION | | | | | | | |
| Name of Facility Wh | ere Abatement | is Taking | Place (3) | | | Type of Facili | ty (4) | | | | | |
| Same as above | = | | | | | []School ([]Subchapt [X]Other (i | er 8 (Oth | rate & | COM | mer- | | |
| 002000 1244-05 | | | | | | | ildings, | | | | | _ |
| | | | | la | 0 do (7) | Square Feet | # of Flo | ors | 80 Brq | 23 | ge | |
| City (5 | | County (6) | Essex | | Y Code (7) E USE ONLY) | 1600 Current Use (F | 9 10 10 10 10 | eing (| 7.00 | Z | ied) | |
| Name of Monitoring | Firm hired by | Building | ASCM No. | | | ment Contractor | | | | | | |
| Owner (8) N/A | | | | | AZTECH M | IANAGEMENT | , inc. | | | | | |
| Street Address | | | | - | treet Addres | | | | | | | |
| | | | | | | stopher St. | • | | | | | 115.5 |
| City, State, Zip Co | ode | | | | | r, NJ 0704 | 42 | | | | | |
| Project Manager fo | r Monitoring F | irm Tele | phone Numbe | r | (973) 744 | | | Licen 00 | 371 | | er | |
| Scheduled Start Da 10-14-13 | (주의 - 참 - 저 - 기계 | ed. Comple | tion Date (| 10000000 | Name of OSHA | Monitor | | | | | | |
| Month Day | Year M | onth Da | | | | | | | | | | |
| Occupancy Status D [X]Facility Cl of Abateme | losed/Vacated I | t (Check o During Ent | ire Period | | Street Addres | 55 | | 25 | | | | |
| []Abatement Hours - Des | Performed Outs: scribe: <u>«OffHou</u> scribe: <u>«Other</u> | rs Descrip | t» | У | City, State, | Zip Code | | | | | | |
| Scope of Work (Che | | | | | | a | th Negati | we Pre | 28811 | re | | |
| [X]>3 sf o | | [X] |]Renovation]Demolition | | []Mini [X]Glov | Containment wi -Enclosure ebag Procedure Friable Procedu | | ve rre | 2004 | | | |
| | | | Is | | []NOII- | | | | Abat | teme | nt I | УР |
| In Fac | Containing | No S By te Cu: | cation rmally Used colely Main- mance/ stodial off (12) | ins | Descripti Asbestos-Con Material (i.e., therma culation, sur or other misc | ntaining (ACM) al systems facing, VAT, | Amour (Spec: SF o LF) | ify r | R E M O V A L | R E P A I R | NCAPSUL | N C L O S U R |
| (1 | | Yes | No N/A | | | | 120] | F | X | | ·- | E |
| Basement | | | X | Pip | e Insula | tion | 120 1 | | _ | | | + |
| | | | | | | | - | | | | | \vdash |
| | 1 ** 1 - **1 | hr T | DEP Waste | Cub | ic Yards | Name of Regi | istered La | andfil | 1 | | | |
| Name of Registered AZTECH MANA | | NC Ha | uler ID No. | of | Waste 1.5 | G.R.O.W. | | | | | | |
| City, State | and a specification of the second | | | | posal Date | City, State | 11~ A | PA 19 | 906 | 7 | | |
| Montclair, N | | | | 1 | 0-16-13 | Morrisvi | 116, | | | | | |
| Completed By (Printed Constantine | | itle Preside | nt | | Signatur | Vantin | e (Ir | News | ate | 13 | _ | _ |

NOTIFICATION OF ASBESTOS ARATEMENT

| n - water the transfer are a some | | (Pursuar | t to N | JAC 8: | 60-7 | mer/Operator | (2) | REC | INV | 7-0 | 1 | | |
|-----------------------------------|---------------------------------|----------|-----------------|---------|-----------|--------------------------|--|-----------------|--------|--------------|--------|------|-------------|
| Date of Notification | (1) | N | ame or Matt | : Sch | wei: | tzer | \- ' | Characteristics | 4- 5 | firm Dark | | | |
| 10-3-2013 | | | | | | | 20 | H2 ACT | 0 01 | J 7. | , 5 | | |
| Agencies Notified | Type Notifica [X]Initial | tion S | | Addres: | | ve | La Caración de Car | #3 OCT - | יון צ | 1 /: | 4/ | | |
| []EPA | Notifica | ation | itv. S | tate, | Zip C | ode | 1 | 53EST0 | S (0) | NTR | 101 | | |
| []DEP | []Amended | | Mon | clai | r,N | J,07042 | | & LIC | | | | | |
| [X]DOL | Notifica | ation | | Conta | | | Telephone | Number | | | | | |
| [X] DOH | []EMERGENC | | | | | tzer | | | | 2 | | | |
| []DCA | []Cancella | tion | | - | | | | | | - | | - | - |
| | 1 10 | | | FACILI | TY IN | FORMATION | | h (4) | | | | _ | - |
| Name of Facility Wh | ere Abatement | is Takin | g Plac | e (3) | | | Type of Facili | | | | | | |
| Same as above | | | | | | | []School ([]Subchapt | er 8 (Oth | er tha | an K- | 12) | | |
| at at Address | | | | | | | rxlother (i | .e., priv | ate & | COMM | er- | | |
| Street Addres | | | | | | | | # of Flo | | | | e | _ |
| | | | | | h | nty Code (7) | Square Feet 2400 | 3 | ŲI3 | 85 | | | |
| City (5 | | County | (6) Esse | × | | ATE USE ONLY) | Current Use (F | | eing | demol | Lish | ed) | |
| | | | | | | | | | | | | | |
| | ni - Lined by | Puilding | ASC | M No. | - | Name of Abate | ment Contractor | (9) | | | | | |
| Name of Monitoring Owner (8) | Firm niled by | Durrani | , | | | AZTECH M | MANAGEMENT | , Inc. | | | | | - |
| N/A | | | | | | Street Addres | | 17 | | | | | |
| Street Address | | | | | | 86 Chris | stopher St | • | | | | | |
| - Alaba Ria C | odo | | | | | City, State, | Zip Code | | | | | | |
| City, State, Zip C | ode | | | | | Montclai | ir, NJ 070 | 42 | | | | | |
| Project Manager fo | r Monitoring F | irm Te | lephon | e Numbe | er | Telephone Num | nber | 27.50 | | nse N 371 | | r | |
| Project Manager 10 | 1 12011100 | | /A | | | (973) 744 | 4-8800 | | 00 | 3/1 | 1 | | |
| Scheduled Start Da | te (10) Sch | ed. Comp | letion | Date | (11) | Name of OSHA | Monitor | | | | | | |
| 10-15-1 | | 10-1 | 6-13 | | | N/A | | | | | | | |
| | Voor N | ionth | Day | Year | | Street Address | ss | | | | | | |
| Occupancy Status D | uring Abatemer losed/Vacated | During E | ntire | Period | | | | | | | | | |
| - C Thetem | ent Performed Outs | | | | | City, State, | Zip Code | | 0.00 | | | | |
| Harre - De | ecribe: «OffHou | rs Descr | ipt» | | | | | | | | | | |
| []other - De | scribe: «Other | Occupanc | y Desc | ript» | 3-7-12-17 | | | | | | | | |
| Scope of Work (Che | ck all that a | pply) | | | | []Full | Containment w | ith Negati | ve Pr | essu | re | | |
| [X]>3 sf | or <u>></u> 3 lf | | | ovation | | []Mini | -Enclosure rebag Procedure | | | | | | |
| [] <u>></u> 160 s | f or >260 lf | | []Dem | olition | | []Non- | Friable Proced | ure | | Abat | teme | at I | vpe |
| | | | Is Locati | on | | Descripti | ion of | | | R | | E | E |
| | ion of Containing | | Normal | .ly | | Asbestos-Co | ontaining | Amou: (Spec | | E | R | CA | OHO |
| | al (ACM) | | Solel By Mai | -У | | Material (i.e., therm | (ACM) al systems | SF | | M 0 | PA | PS | 00 |
| | ABATED cility | | tenand | ce/ | i | nsulation, sur | facing, VAT, | LF) | Š | V A | I R | U | S U R |
| | 13) | | Staff | (12) | - | or other misc | cellaneous) | | | L | | | E |
| | | Yes | No. | X | Pi | pe Insula | tion | 120 | lf_ | X | | | |
| Basement | | | - | - | | | | | | | | | |
| | | | | | + | | | | | | | | |
| | 1 W -ta Hamler | | NJDEP | Waste | | ubic Yards | Name of Reg | | andfi | 11 | | | |
| Name of Registers AZTECH MAN | ACEMENT. | INC. | Hauler | ID No | . 0 | f Waste 1.5 | G.R.O.W | .S. | | | | | |
| | | | 1704 | .0 | | isposal Date | City, State | 9 | _/_ | | | | |
| City, State Montclair, | N.T 07042 | | | | | 10-17-13 | Morrisv | ille, | PA 1 | 1906 |) / | | |
| Montclair, | MO 0,0=2 | | | | | la: L | 1 | / | - Ir | Date | | | 70 |
| Completed By (Pr | int or Type) | Title | | | | Signatu | | 1/ | ſ | 10-3 | | | |
| Constantine | Vivian | Presid | len c | | | // | m) anie | refin | | | | | |
| | | | | | | | 0. | / | | | | | |

Best Removal Inc

R VELDRAN

Mackensack, N.J. 07601

page 1 10/04/2013 11:39 2013257440 BEST PAGE 84/84 EMPREURUSY CLHT4702 DOME-41000AY- 0 REQUEST FOIR WAIVER HOTHERTICH OF AL 2013 OCT - 9 PX T . PEMPELL 10-4-2013 22 EDGE WOOD ROAD WAINER TIMMU E DOL E DOH D. REMPELL PARKLYY MERCHANTING Too of Postaly (4) D. REMPELL 22 EDGEWOOD ROAD 108 YES 3800 SUMMIT UNION CHILLY) RESIDENCE AND NO. Best Removal Inc 450 S.River St Backensack, M.J. 07601 201-329-7444 00388 食りの Omega Environmental Inc 10-10-2013 280 Ruyler St (2), Shin, 2p (200) South Backensack, N.J. 07606 FOR SAM - 5 OM @ 3.8 ef er 3.9 f 12 js 160 ef er 2.300 ff produce Procedure (12) x THEREMAL INSULATION 60 LF ST FLOOR REMOVATION AIRE -----C STORY

17109

ر كالمنظمة جرا بيها خيار جي عدد ما (*

Estimator

Minerva Enterprises

10-4-13

Waynesburg , Oh

10-10-13

2502752

| Date of Notification (1) 10/4/13 | | Name o | R. DAV | dOperator | BURA C | 3 OCT -9 | PH 7: | 16 | | |
|---|----------------------|--------------|-------------------|--------------------------|---|----------------------------------|--|--------|------------|---------|
| Agency Notified Typo Notification | | Street/ | | | ST . | 37 ST03 | CONTR | | | |
| D SPA 2 miles | | City, St | | | , NJ. | | (J.) (G | | | |
| DOEP DOL Amended Amended Amended Amended Amended C Emergency (noiseling | 3 | F/A | ECONDA | -NC | , 103. | Talandan Ma | | | | |
| IZ DOM justification) IZ DCA IZ Cancellation | | | MR. S | | <u> </u> | | | | | _ |
| | | FACE | LITY INFORMA | NON | Type of Facility | 60 | | | | - |
| Name of Facility Where Abstract is Taking Floor H.R. SURACE | e (S) | | | | D School (K-12 | 3 | * | | | |
| 190 MAY ST. | | - | : | · | Oschehapter & Le. pri homes, clc.) | (Other than 141 hate & common | i2) ini building | š, | | |
| CBy S) | • | | | | Square Feet 7000 | # of Floors | Side. | 24 | 0 | ٠. |
| HAWT HORN & | | Count | Codo (7) (STA | TE USE | | ier II being dem | | | | |
| VASSAIC | | CHEY | • | • | | · | | | | _ |
| Name of Manifesing Firm Hined by Saliding Control (5) | ASC | M No. | · | | emoval I | 56 107 | | | | |
| Street Address | | | 1 | | River St | | | | | |
| City, State, Zip Code | | | City. | State, Zip C | sack, N. | T. 07601 | | 3 | | |
| Project Manager for Manhatry Film | Telepl | tone No. | Telep | hone No. | | License No. | | | _ | - |
| | | 40 | | -329- | | 00388 | | | | |
| 10/15/13 10/ | 16/1 | | . Ome | ga En | vironmen | tal Inc | | | | |
| Occupancy Status During Abahamat (Check only | | | | Address O Huv | ler St | | | | | |
| C. Pacify Closed/Vacated During Entire Period of C. Abatement Performed Outside of Normal Facility | Abelenie ly Houss | ent. | Cay. | State, Zip C | cede | | 07606 | | | _ |
| Scope of Work (Check all that apply) | | ••• | Sc | | ackensac | | | | | - |
| 12 ≥ 3 d d ≥ 3 f 12 ≥ 160 d d ≥ 280 f | | ☐ Den | ovalion notion | | Containment with Englesse sings Procedure Exempted (*) one | | • | | | |
| | is Lee | elion | | e nor | | . 00000 1 000000 | | Albert | | mt |
| - Location of | None Used St | ally | E | locaiption (| TOTAL TOTAL SILVERS CONTRACTOR STUDIES | | | T | Г | F |
| Ambestos-Containing Material (ACM) TO BE ABATED | - Maintei Cust | | Asbestes Co | al systems al gratian | atoxial (ACM) insulation, | Amount (Specify SF or LF | | Rogate | Encapadato | Madeure |
| (13) | - Sa | 2) 2) | dist | miscellan | 1000) | Q 62 | ' | | 1 | e e |
| | Yes N | | | | | | | 1 | L | L |
| BASEMENT | \Box | | | | IN SULATION | 48 | | 1 | H | ┡ |
| BASEMENT | - | 17 | THERMAL I | DEULAT | 100 | 151 | - [| + | T | T |
| | \dashv | + | | | | | | I | | |
| Name of Registered Vibrate Houles | NJDE ID No. | P Waste I | Was | Yards of | Name of Regis | | _ = | | | |
| Best Removal Inc | 171 | | | zaf | 1 | Enterp: | rises | | | - |
| Hackensack, N.J. | 07601 | • | | 116/13 | Waynesh | urg, O | and the latest designation of the latest des | | | |
| Completed by RAN Estima | | | Sign | drone / | سمدنه | 3 | 10 | 4/ | 1/3 | |

NOTIFICATION OF ASBESTOS ABATEMENT

| * | | (Pursu | | O NJAC 8: | 60 - 7 | and 12:120-7) wner/Operator | (2) | | ECE | 1/5 | | | | _ |
|--|------------------------|------------------|--------|------------------------|----------|--------------------------------|-----------------|----------------|----------------|------------|---------|------|-------------|------|
| ate of Notification | (1) | | | ita Jo | | | | 14 | رية ميا سد | } ¥° to a | · Pares | | | |
| 10-4-13 | | | | | | | | | | | | • | | |
| gencies Notified | Type Notificat | cion | | et Addres | | Road | | 29 13 (| OCT -9 | FM | 1: 4: | 3 | | |
| []EPA | [X]Initial | | 7 | | | | | | volueorozni v | | ر، جو : | | | |
| []DEP | Notifica | tion | City | , State, | Zip (| Code NT 07079 | a | 253 | SSTUS | LUP | 100 | | | |
| [X] DOL | []Amended Notifica | tion | S | outh Or | rang | ge,NJ,07079 | | Telephone ? | LICE Turber | NOIL | (0 | | | - |
| [X] DOH | | | | of Conta | | | | Telephone | d(lint)ex | 16 | | | | |
| - | []EMERGENCY | t | A: | nita Jo | ong | co | | | | | | | | _ |
| []DCA | []Cancellat | cion | | | | INFORMATION | | | | | | | | _ |
| | | 1 | · T | | TTY I | INFORMATION | Туре | of Facility | y (4) | | | | | |
| Name of Facility Whe | ere Abatement | is Tak | ing E | tace (2) | | | I |]School (K | -12) | | 122 | | | |
| Same as above | | | | | | | - |]Subchapte: | r 8 (Oth | er that | comme | er- | | |
| Street Addres | | | | | | | [2 | cial bui | ldings, | nomes | , etc | ., | | |
| Jereco Imma | | | | | | | Squar | | # of Flo | | Bldg. | Age | 9 | |
| | | County | (6) | Essex | Cot | inty Code (7) | 40 | 00 | 2 | | 75 | | -11 | |
| City (5 | | County | y (0). | 00000 | (5 | TATE USE ONLY) | Curr | ent Use (Pr | ior if h | being | demol | ishe | ed) | |
| | | | | | | | | | | | | _ | | |
| | Tim hired by | Build | ing | ASCM No. | | Name of Abate | ment | Contractor | (9) | | | | | |
| Name of Monitoring Owner (8) | FILM HILLOW DI | | - | | | AZTECH M | IANA | GEMENT, | Inc. | | | _ | | |
| N/A | | | | | | Street Addres | s | | | | | | | |
| Street Address | | | | | | 86 Chris | | | | 0.074 | | | - | |
| | 1- | | | | | City, State, | Zip C | ode | • | | | | | |
| City, State, Zip Co | ode | | | | | Montclai | Lr, | NJ 0704 | 2 | F | nse N | umbo | · · | |
| | Maritoring B | ri rm | Tele | phone Numb | oer | Telephone Num | ber | | | 1000000 | 371) | | - | |
| Project Manager for | r Monitoring - | | N/A | | | (973) 74 | | | | | | | _ | |
| | - (10) Sch | ed. Co | omple | tion Date | (11) | Name of OSHA | Monit | or | | | | | | |
| Scheduled Start Da 10-16-13 | | 10- | -17- | 13 | | N/A | | | | | | | | |
| | | Month | Da | y Yea | r | Street Addre | ss | | | | | | | |
| Month Day Occupancy Status D [X]Facility C | uring Abatemen | nt (Ch Durino | eck o | niy one; ire Period | i | Serece same | | | | | | | | |
| | | | | | | City, State, | Zip | Code | | | | | | |
| []Abatement] | Performed Outs | | | | | C101, 5 | - | | | | | | | |
| Hours - De | scribe: «Other | Occup | ancy | Descript» | | | | | | | | | | |
| Scope of Work (Che | ck all that a | pply) | | | | []Full | L Cont | cainment wi | th Negat | ive P | ressu | re | | |
| | | | ГX |]Renovation | on | r 1Min: | i-Enc. | Procedure | | | | | | |
| [X]>3 sf | f or >260 lf | | Ţ |]Demolitio | on | [X]GIO | venag -Frial | ole Procedu | re | | Abat | | n+ 1 | 'sme |
| | | | , | Is | | | | 54 | | | | Ceme | E | E |
| | ion of | | | cation | | Descript Asbestos-Co | ontair | ning | Amor | | R | R | C | C |
| Asbestos- | Containing | | 5 | Used Solely | | Material | (ACM | () | (Spe | cify or | MO | PA | A P S | 0 |
| | ABATED | | te | Main- enance/ | | (i.e., therm insulation, su | naı sy rfaci | ng, VAT, | LE | | V | I | U | U |
| In Fa | cility | | Cu | stodial aff (12) | | or other mis | cella | neous) | | | L | , A | L | R |
| (: | L3) | | Yes | No N/ | A | 1. | - i o | n | 210 | lf | X | | | |
| Basement | | | | X | I | Pipe Insula | LLIO | 11 | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | la 1 : - Wanda | - h | Name of Reg | istered | Landf | ill | | | |
| Name of Registere | ed Waste Haule | r | | DEP Waste | ≥ No. | Cubic Yards of Waste 2.0 | l | 3.R.O.W | .s. | | | | | |
| AZTECH MAN | AGEMENT, | INC. | 1 | 7040 | - | | | ite State | | | | | | |
| City. State | | | | | | Disposal Date | | Morrisv: | ille/ | PA | 190 | 67 | | |
| Montclair, | NJ 07042 | | | | | 10-1-13 | -, [| / | 1/ | | | | | |
| | | Title | | | | Signat | ure | 1-1 | 1/ | | Date | | | |
| Completed By (Pr | int or Type) | Pre | | ent | | Y | 1001 | Culu, | 1km | | 10-4 | | | |
| Constantine | ATATOM | | | | | | | The state of | / | | | | | |

RECEIVED

| OK#3138 | / | NO | (Pur | suant to | NJAC 8:60 and | 12:120) | | RE | CE | IVE | الرا | | | | _ |
|--------------------------------------|--|------------|-----------------|---|-----------------------------------|----------------------|--|--|-------------|----------|----------------|----------|--------|-------------|-----------|
| Date of Notification (1) 10/04/2013 | | | N | lame of B Spectru | uilding Owner/O m for Living (| perator (Group I | ⁽²⁾ Homes | ARES NO | 1 -9 | PM | 7: 4 | 5 | | | |
| Agencies Notified | Type Notification | | S | treet Add | ress | | TO THE PARTY OF TH | | | | | | | | |
| | MATERIA CONTRACTOR CON | | | 210 Riv | ervale Road | | | * 1 5 ° | 2711 | ENSI! | 打計 | ÛL | 1900 | - 12 | |
| EPA DEP DOL | Initial Amended | | C | ity, State | , Zip Code | | | سال (پائم اي | 110 | FNSI | *G | | | | - 1 |
| X DOL | Amendment # | | _ | River V | ale, NJ 07675 | 5 | | ec | | | | | | | |
| | Emergency (in | cluding | | Name of C | | | | | Telep | hone Nu | ımber | - | | | |
| DOH DCA | justification) Cancellation | | | William | Schuldt | | | | 1' | | | | P | | |
| | | _ | _ | FACILI | TY INFORMATION | ON | | | | | | | 7 ES | | |
| Name of Facility Where | Abatement is Taking | Place (3) | | | | | Type of | Facility (4) |) | | | | | | |
| Ringwood ATC | | | | | | | ☐ Sc | hool (K-12 |) | | | | | | |
| Street Address | | | | | | | | ibchapter 8 her (i.e. pri | Other | than K- | 12) cial bu | uildin | as. h | omes | i. |
| 30 Morris Road | | | | | | | ⊠ Ot etc | | vale a | COMMIC | oidi bi | | 3-, | | |
| City (5) | | | | | | | Square | Feet | # of F | loors | | | g. Ag | е | |
| Ringwood | | | | | | | 2000 | | 2 | | | | 50 | | |
| County (6) | | | | County Co | ode (7) | | | Use (Prior | | | shed) | | | | |
| Passaic | | | 1 | STATE US | SE ONLY) | - | Vaca | nt for De | molitic | on | | | | | |
| Name of Monitoring Firm | n Hired by Building O | wner (8) | | ASCM | No. | Name | of Abate | ment Cont | ractor (| 9) | | | | | |
| Athenica Environn | nental Services. I | nc. | | | | Incir | nia Con | tracting, | Inc. | | | | | | |
| Street Address | icital colvices, | | - | | | Street | Address | | | | 9.2 | | | | |
| 45-09 Greenpoint | Avenue | | | | | 136 | 0 Clifto | n Avenue | e, Unit | 365 | | | | | |
| City, State, Zip Code | Avenue | _ | 1,000 | | | City, S | State, Zip | Code | | | | | | | |
| Long Island City, N | UV 11101 | | | | | 200000 | on, NJ | | | | | | | | |
| Project Manager for Mo | | | | Telephon | e No. | Telepi | hone No. | | | License | No. | | | | |
| | millioning Firm | | | 7.0 | 4-7490 | | -450-95 | | | 01036 | 6 | | | | |
| Spiro Dongaris | | Schedule | d Con | | | Name | of OSH | A Monitor | | | | | | | |
| Start Date (10) 10/15/2013 | | 10/25/2 | | ipiodoii 2 | (1.7) | Inci | nia Cor | ntracting, | Inc. | | | | | | |
| Occupancy Status Duri | na Abatamant (Chec | | | | | | Address | 1175-21 | | | | | | | |
| 19079 | | | | 70012 4 | | 136 | 0 Clifto | n Avenu | e, Uni | t 365 | | | | | |
| Facility Closed/Va Abatement Perform | cated During Entire F med Outside of Norm | eriod of A | Hours | nent | | | State, Zip | | | | | | | | |
| Other – Describe: | | an i domiy | | | | 1155 | | 07012 | | | | | | | |
| Scope of Work (Check | All That Apply) | | 111 25 | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | All Histoppyy | - | tenova emoli | | | | × Min | Containme i-Enclosure vebag Prod i-Exempted | e cedure | | | | | 9 | |
| | | | - | | | | | LXOINPIG | 1 | | | | | ment | 10 |
| | | | Locat Norma | | | | | | | | L | | Ту | ре | _ |
| Locati | | | d Sole | | Asbestos Cor | escriptio | | (ACM) | A | mount | | | | ш | |
| Asbestos-Containing TO BE A | ng Material (ACM) BATED | 10000000 | intena | 000000000000000000000000000000000000000 | (i.e. therma | al system | ns insula | tion, | | pecify | | Remova | Re | Encapsulate | Enclosure |
| In Fa | cility | Cus | (12) | Staff? | surf | acing, V miscella | AT, or | | 51 | or LF) | | Von | Repair | nsc | uso |
| (13 | 3) | | , , , , , | | otriei | macent | ancous | | | | | <u>a</u> | - 10 | ate | 9 |
| | | Yes | No | N/A | | | | | | | - | _ | | | |
| House Ba | asement | | Х | | 98 83 * 33 | e Insu | - | | - | 00 LF | - | X | | | - |
| Barn - 1 | st Floor | | X | | Viny | /l Floor | r Tiles | | 50 | 00 SF | _ | X | | _ | - |
| Barn - E | Exterior | | Х | | Tra | nsite S | Siding | | 1,0 | 000 SF | | Х | | | |
| Daili-L | Aterior | | | | | | | | | | | | | | |
| | | | | NJDEP W | Jasta Cubi | ic Yards | | Name of | Registe | ered Lan | dfill | | | | _ |
| Name of Registered W | /aste Hauler | | 11 1 | Hauler ID | | aste | | IESI P | | | | dfil | Co | 'n | |
| Atlantic Carting, L | LC | | | NJ-641 | 20 | | | | | HELIELI | Lai | | | ۲. | |
| City, State | | | | | 520 | osal Da | te | City, Sta | | | | | | | |
| Wayne, NJ | | | | | TBI | | | Bethle | hem, | PA | | | | | |
| Completed by | | Title | | | | Signatu | ıre | (/ | | | Date | | 04.5 | | |
| Milena Zoric | | Dire | ctor | of Oper | ations | Wu | lere | 10 | m | 2 | 10/ | 4/2 | 013 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

| NO OV | | 110 | (| Purs | uant | o NJAC | 8:60 | and 5:16) |) | | Si | -0- | | - F-Y | 1 |
|--|--------------------|---------------|-------|---|-------------------|------------------------|-------------|--------------------------------|-------|-------------------------|--------------------------|------------|--------|--------------|-----------|
| Date of Notification (1) | 19 / 1 | 13 | | N | | Building C er Morga | | /Operator (2 |) | | 2513 OC | T -9 | DM | 7. 9 | |
| Agencies Notified | Type Notificatio | n | | S | treet A | ddress fayette S | itree | | | | Asses & L | | | /3 g 7 版/ | 12 |
| X DOLWD | Amended Amendment | #1 | | C | - E | te, Zip Coo | | | | | E | LICEN | SIN | G `` | J |
| DOH DCA | ☐ Emergency | 100 | ng | | 5.000 | ret, NJ 0 | 7008 | | | | Telenhone Num | | _ | 370 | - |
| (NJAC 5:23-8) | justification) | | | | | Contact | chas | tor | | | (DIDITITY III TOTAL | | | | |
| | ☐ Cancellation | 1 | | | | | | and the | | | | | - | _ | \dashv |
| | | | | | FACI | LITY INF | ORIV | ATION | Tv | pe of Facility (4) | · | - | | | - |
| Name of Facility Where A | batement is Tak | ing Plac | ce (3 | 3) | | | | | | School (K-12) | , | | | | |
| Kinder Morgan | | | | | | | | | | Subchapter 8 (| Other than K-1: | 2) | | | |
| Street Address | | | | | | | | | M | Other (i.e., priv | ate and comme | ercial bui | ldings | , | |
| 920 High Street | | | | | | | | | Sq | quare Feet | # of Floors | Blo | g. Ag | e | \neg |
| City (5) Perth Amboy | | | | | | | | | | 3,600 | 0 | 4 | 0 | | |
| County (6) | | | _ | | Count | Code (7) | STATE | USE ONLY) | Cu | urrent Use (Prior | r if being demol | ished) | | | |
| Middlesex County | | | | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Buildin | g Owne | er (8 |) A | SCM N | 0. | Name | of Abateme | ent | Contractor (9) | | | | | |
| Groundwater & Env | | | | | | | Ve | rsiTech Ind | dus | strial Service | s of PA, Inc | | | | |
| Street Address | | Carrier ASS | | | | | | t Address | | | | | | | |
| 1340 Campus Park | way, Suite B4 | | | | | | |) Alexande | | | | | | | |
| City, State, Zip Code | | | | | | | | State, Zip Co | | | | | | | |
| Neptune, NJ 07753 | | | | | | | | onaca, PA | 150 | 061 | Tree tree | | | | |
| Project Manager for Mon | itoring Firm | | | | hone N | | protection. | hone No. | | | License No. 01123 | | | | |
| Matthew Ferrari | | | | | 0-220- | | | 4-728-6144 | | W | 01123 | | | _ | |
| Start Date (10) | 10000 | heduled 10 | | | on Date | ESECONA 6000000 | | e of OSHA N rsiTech In | | strial Service | s of PA, Inc | | | | |
| Occupancy Status During | g Abatement (Ch | heck on | ly or | ne) | ont | | | et Address O Alexand | or | Drive | | | | | |
| □ Facility Closed/Vacate □ Abatement Performed | ed During Entire | mal Fac | ility | Hours | - Desc | ribe | | State, Zip C | | | | | | | - |
| Time of Abatement: | AM | _PM/_ | _ | _PM | | AM | | onaca PA | | | | | | | 9 |
| Scope of Work (Check a | II that apply) | | | | | | | ☐ Full Con | ntair | nment with Nega | ative Pressure | | | | |
| ≥3 sf or ≥3 lf | | | | ovatio | | | | ☐ Mini-End | | | | | | | |
| ≥160 sf or ≥260 lf | | | Der | nolitio | П | | | ☑ Non-Exe | emp | pted (*) and Nor | n-Friable Proce | dure | | | |
| | | T | | Locati | | | | | | | | Al | atem | ent T | уре |
| Location | | | | ormal d Sole | | Ashar | | Description containing M | | rial (ACM) | Amount | Re | Re | E | E |
| Asbestos-Containing TO BE AB | | | Mai | ntena | nce/ | | ., ther | mal systems | s ins | sulation, | (Specify | Removal | Repair | cap | Enclosure |
| IN Faci | lity | 10 | Cust | odial 9 (12) | Staff? | | | urfacing, VAT er miscelland | | | SF or LF) | a | | Encapsulate | ure |
| (13) | | Y | es | No | N/A | | Otri | er miscellan | 000 | 13) | | | | ē | |
| Maintenance Office | 1 | | | Black R | loofi | ng Materia | ıl | | 3,600 | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | 1 | | | - | | | | | | | | | |
| | | | | | | | | | | | | Г | In | П | П |
| | -1-111 | | | | JDEP \ | Naste | Cub | ic Yards of | | Name of Regis | stered Landfill | | | | - |
| Name of Registered Wa Waste Managemen | | | | 1 | auler II 17273 | O No. | Was | ste | | Monmouth | County Rec | lamatio | n Ce | enter | |
| City, State Newark, New Jers | ev | | | | | | 1 | osal Date 0/18/13 | | City, State Tinton Fall | ls, NJ 07753 | | | | |
| Completed By (Print or Type) Title | | | | | | | | Signature | | | | Date | | | |
| Jim Kreider | . 160) | 17,41,673 | ect | Man | ager | | | | - | Ten | | 10/ | 3/13 | 3 | |



| Date of Notification (1) | | | | Building (| | | | 2013 00 | T_Q | DM | 7. | h I | | | |
|---|--|------------|-------------------------------------|------------------------|-----------------------|------------------------------|---|---------------------------------------|---------------------------|---------------------------------|---------------|--------|-----------------|-------------|-----------|
| | encies Notified EPA DEP DOL Amended Amendment # Emergency (including justification) Image of Facility Where Abatement is Taking Place (3 Commercial Building reet Address Coopertowne Blvd. & White Horse Ty (5) Magnolia Dunty (6) Camden Image of Monitoring Firm Hired by Building Owner (8) Batta Environmental reet Address Garfield Way To Batte, Zip Code Newark, DE 19713 Digect Manager for Monitoring Firm Fodd Zeisloft Abatement Performed Outside of Normal Facility Other - Describe: Ope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf St floor To BE ABATED In Facility (13) Yes DOT | | | | | COLL | Diaci | .011 | 1.830 UU | 1 - 2 | i t 1 | | • : | | |
| Agencies Notified | | | | Street Ad 14 Ba | ddress alligo | mingo | Blvc | d. , | 1 5855 | STOS | CON | T | 0L | | |
| □ DEP | ☐ Amended Amendment # | | | City, Sta Consl | te, Zip Co nohock | ^{de} en, F | PA 194 | 128 | \$5858 & | | | | | | |
| | justification) | cluding | | | Contact el Nas | uti | | | T Te | elenhone | Mirmh | ^- | , | | |
| | | | | FACII | ITY INFO | RMATI | ON | | | | | | | | |
| | | Place (3) | | | | | | Type of Faci School | (K-12) | | | | | | |
| Street Address Coopertowne B | lvd. & White | Hors | e Pi | .ke | | | | ☐ Subcha Subcha Other (i etc.) | pter 8 (Ot .e. private | | | build | lings, | home | s, |
| City (5) Magnolia | | | | | | | | Square Feet 8,000 | | of Floors 2 | | 5 | dg. A 3yr | | |
| County (6) Camden | Magnolia unty (6) Camden me of Monitoring Firm Hired by Building Owner Batta Environmental eet Address Garfield Way y, State, Zip Code Newark, DE 19713 Oject Manager for Monitoring Firm Codd Zeisloft unt Date (10) 0/14/13 Sche 0/14/13 | | | | Code (7) ISE ONLY) | - | _ | Current Use | | | | d) | | | |
| Name of Monitoring Firm Batta Environ | gencies Notified Sepa | | | | l No. | | | of Abatement nouth En | | | l Co | .,1 | nc. | | |
| Street Address 6 Garfield Wa | gencies Notified EPA EMA DEP DOL Amended Amendment # Emergency (in justification) DCA Cancellation To Be Abatement is Taking Commercial Building Treet Address Coopertowne Blvd. & White To State Environmental Treet Address Garfield Way Ty, State, Zip Code Newark, DE 19713 Toget Manager for Monitoring Firm Todd Zeisloft Totat (10) 10/14/13 Ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other - Describe: Cope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) To BE ABATED In Facility (13) To BE ABATED In Facility (13) To BE ABATED In Facility (13) | | | | | | | Address Haws Av | enue | | | | | | |
| City, State, Zip Code | | | | | | | | ate, Zip Code | | 9401 | | | | | |
| Project Manager for Mor Todd Zeisloft | nitoring Firm | | | Telephor | ne No. 37–337 | 6 | | one No. -239–992 | 0 | | se No. 398 | | | | |
| Start Date (10) 10/14/13 | ame of Facility Where Abatement is Taking Pla Commercial Building Treet Address Coopertowne Blvd. & White H Sity (5) Magnolia Sounty (6) Camden Same of Monitoring Firm Hired by Building Owne Batta Environmental Street Address 6 Garfield Way Sity, State, Zip Code Newark, DE 19713 Soject Manager for Monitoring Firm Todd Zeisloft Sant Date (10) 10/14/13 10ccupancy Status During Abatement (Check On Facility Closed/Vacated During Entire Perion Abatement Performed Outside of Normal Facility Other - Describe: Sope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | | | Date (11) | | 000000000000000000000000000000000000000 | of OSHA Mor nouth En | | nental | L Co | .,I | nc. | | |
| Occupancy Status Durin | g Abatement (Check | Only On | e) | | | | | Address | | | | | | | |
| Facility Closed/Vac Abatement Perform | Newark, DE 19713 roject Manager for Monitoring Firm rodd Zeisloft art Date (10) 10/14/13 ccupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | | | | | | City, St | Haws Av | | | | | A 102-1 | | |
| ☐ Other – Describe: | | | | - | - | - | Nori | ristown, | PA 194 | 101 | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | | |
| | | | enova emolit | | | | X0 | Mini-Enclo Glovebag | sure Procedure | э | | | | a | |
| | | T | . 10 | | | | 261 | NOTELACIT | ipied () a | ila Non-i | Tidolo | | dece 20 killion | ment | |
| | 7000 | 100000 | Locati Iormal | SEE 2.00 | | 0- | | r | | | | | Ту | ре | |
| Asbestos-Containing <u>TO BE AB</u> In Faci | Material (ACM) A <u>TED</u> lity | Use Mai | d Sole ntenar odial S (12) | ly by nce/ | | tos Cont thermal surfa | | aterial (ACM) insulation, T, or | | Amount (Specify SF or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | . 60 | | | | _ | | ite | (D |
| roof | | | | х | roof | ing n | nateri | ial | 6,3 | 320 SF | 7 | X | | | |
| 1st floor | | | | х | VAT | & mas | stic | | 3,2 | 270 SE | ? | X | | | |
| 34 | | | | | | | | | | | | | | | |
| | [3 | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Robinson Waste | | | | JDEP Wauler ID 7304 | | Cubic of Was | | | of Regis | | ndfill | | 10.00000 | | |
| City State | | | | 7304 | | | sal Date | | State | 110. | | | | | |
| Bellmawr, NJ | | | | | | | 31/13 | | rris y i | lle,E | PA | | | 7,550 | |
| Completed by | | | | | | | ig nature | | 11/2 | i | Date | | | | |
| Timothy E. Br | Vice | -Pre | sider | nt | | 1- | ull | 1 | | 9- | 30- | 13 | | | |

| | | est _ | ~ / |
|----|--------|-------|------------|
| 27 | L M | 1 A | VIII |
| | heck t | + 1 | 070 |

| Date of Notification (1) 9–30–13 | | N | ame of | Building Owner/C | perator | (2) d 2013 003 | -9 P | 4 7: | 38 | | | | |
|--|---|-------------------|--------------------------|--|---|---|----------------------|--|-----------|---------|----------------------|---------------|-----------|
| Agencies Notified Type Notifi | cation | S | | ddress . 7th Stree | | | TOO 0 | THE | 301 | | | | |
| | dment # | C | ity, Sta | ite, Zip Code cinnati, OF | | <u>ASRES</u> & L | ICENS | ING | YUL | | | | |
| ■ DOH justifie | gency (including cation) ellation | N | ame of | Contact Liddell | | | <u>Tel</u> | ephone | Numbe | er | - | | |
| | | | FACI | LITY INFORMATI | ON | | | | | | | | |
| Name of Facility Where Abatement is Macy's - Menlo Park M Street Address | | | | | | Type of Facil ☐ School ☐ Subcha | K-12) oter 8 (Oth | er than | K-12) | | | | |
| 275 Menlo Park Mall | | | | | | etc.) | e. private | | | | | | is, |
| City (5) Edison | | | | | | Square Feet 390,000 | #0 | f Floors | 3 | | dg. A 7yr | 500 | |
| County (6) Middlesex | | | | Code (7) USE ONLY) | | Current Use retail : | | ng den | nolished |) | | | |
| Name of Monitoring Firm Hired by Bu | uilding Owner (8) | | ASCN | 1 No. | 1000 1000 1000 | of Abatement mouth En | | | 1 00 | т | na | | |
| Pennoni Associates Street Address | | | | | - | Address | /TTOIIII | erica. | 1 00. | 17 | IIC. | | |
| 515 Grove Street, Sur | ite 1B | | | | 000. | Haws Ave | enue | | | | Nelson et | - Court Serve | |
| City, State, Zip Code | | | | | 100000 | tate, Zip Code | | 101 | | | | | |
| Haddon Heights, NJ 08 Project Manager for Monitoring Firm | 3035 | T | elenho | ne No. | | none No. | IA 13 | | se No. | | | | |
| Joe Anello, Jr. | | | | 547-0505 | | -239-992 |) | E 1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (1000 (100) (1000 (100) (100) (1000 (100) (1000 (100) (100) (1000 (100) (1000 (100) (100) (100) (1000 (100) (100) (100) (100) (100) (1000 (100) | 398 | | | | |
| Start Date (10) 10/14/13 | Scheduled 10/ | | | Date (11) | | of OSHA Mon nouth Env | | enta] | L Co. | , I | nc. | | |
| Occupancy Status During Abatemen | t (Check Only One) |) | | | 120000000000000000000000000000000000000 | Address Haws Ave | nue | | | | | | |
| ☐ Facility Closed/Vacated During Abatement Performed Outside | Entire Period of Ab of Normal Facility H | ateme lours | ent | | The property of | tate, Zip Code | | | - | | 1 - 1 - 1 | - | |
| □ Other – Describe: | | | | | Nor | ristown, | PA 194 | 101 | 100000 | | | | |
| Scope of Work (Check All That Apply | /) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | novati molitio | | | | Mini-Enclo Glovebag | sure Procedure | | | | | 2 | |
| | | 1000 | | I | <u>X</u> - | NOIPEXCII | pted () ar | u IVOII | , mable i | | | ment | |
| Location of | | ocatio rmally | | n _e | scription | of | | | _ | _ | Ту | ре | _ |
| Asbestos-Containing Material (Al TO BE ABATED In Facility (13) | Custo | tenano | ce/ | Asbestos Con (i.e. thermal surfa | taining N | Material (ACM) s insulation, .T, or | (| mount Specify F or LF | | Removal | Repair | Encapsulate | Enclosure |
| 2 | Yes | No | N/A | | | | _ | | | | | | |
| roof | Х | | | pipe insu | Latio | n | 100 | 70000 | | х | | | _ |
| roof | х | | | caulking | | | | LF | | Х | - | | |
| roof | х | | | flashing | | | 100 | LF | _ | x | | | |
| | | | DED !! | | Varda | Nom | of Regist | orod I o | ndfill | | | | |
| Name of Registered Waste Hauler Newark Carting | | Ha | DEP Wuler ID | | Yards ste 3 | 1 225040110 | SI | J, CU LA | a roini | | | | |
| City, State Newark, NJ | | | 1 350 5 11 3 5 4 6 7 5 6 | sal Date 8/13 | | State thlebe | m, F | PA | | | | | |
| Completed by Timothy E. Bryan | Title Vice- | -Pre | eside | | Signature | 1 | 13 | | Date 9-3 | 0– | 13 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| IT | me netter | è |
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| | RECEIVED | |

| 11 # 2514 | | (Purs | uant to | NJAC 8:60 | and 1 | 12:120) | | | 351 |) [-] | A | | | | _ |
|--|---|-------------------|---------------------|--------------------------|----------------|----------------------|-------|------------------------------|------------------|-----------------|------------|-----------|--------|-------------|-----------|
| Date of Notification (1) 10/3/2013 Check #2 | 514 | | | uilding Ownerity School | | erator (| (2) | 0.00 | a net | -0 | BM | 7: | 39 | | |
| 10/3/2013 Check #2 Agencies Notified Type Notification | | | reet Add | - 3/ | | | - 8 | | | | | | | | \neg |
| | | | The second second | e Avenue | | | | - A | 3755 | TOS | CO | HIF | OL | | - |
| EPA Initial Amended Amendment | nt# | Ci | ty, State ackens | , Zip Code sack, NJ (| 760 | 1 | | * curs | ا ي | -ICE | NSI | Nu | | | |
| Emergence | (including | 33,57 | ame of C | | | | | | Telen | hone. | Jumbo | - | | | |
| DOH justification Cancellation | | T | om He | CKEY TY INFORM | ATIO | N | | | | | S S S Mark | 4 | | | \exists |
| Name of Facility Where Abatement is Tak | ing Place (3) | | FACILI | IT INFORM | IATIO | - | Тур | oe of Facility (4 |) | | | | | | |
| Holy Trinity School | | | | | | | × | School (K-12 Subchapter I | B (Other | than K | (-12) | | | | |
| Street Address 34 Maple Avenue | | | | | | | | Other (i.e. pr | ivate & d | comme | ercial b | ouildir | ngs, h | omes | , |
| City (5) | ## ## ## ## ## ## ## ## ## ## ## ## ## | | | | | | 2000 | uare Feet | # of F | loors | | Bld 60 | g. Ag | е | |
| Hackensack, NJ 07601 | | 7.0 | ounty C | ode (7) | | | | ,000 irrent Use (Prio | 3 or if being | demo | olished | | | | \dashv |
| County (6) N/A | | | | SE ONLY) _ | | _ | S | chool . | | | | | | | |
| Name of Monitoring Firm Hired by Buildin | g Owner (8) | | ASCM | No. | | | | batement Con vices Corpor | | 9) | | | | | |
| BERGEN Street Address | | | | | \dashv | Street | Add | iress | | _ | | | | | \neg |
| Street Address | | | | | | | | h Street | | | | | _ | | _ |
| City, State, Zip Code | C 11 | 1-1-28 | | | | | | e, Zip Code berg, NJ 070 | 93 | | | | | | |
| Project Manager for Monitoring Firm | | T | elephon | e No. | - | Telep | | | | | se No. | | | | |
| , reject manager | | | | | | | | 5-1700 OSHA Monitor | | 0107 | 4 | | | - | |
| Start Date (10) 10/19/13 | Scheduled 10/21/20 | | pletion L | Date (11) | | 2022 | | as above | | | | | | | |
| Occupancy Status During Abatement (C | neck Only One | :) | | | | Stree | t Ad | dress | | | | | | | |
| Facility Closed/Vacated During Enti Abatement Performed Outside of N | re Period of Al | batem | ent | | | City. | State | e, Zip Code | | | | | | - | \neg |
| Abatement Performed Outside of N Other – Describe: Starting at noon | | | | | - | | | | | | | | | | |
| Scope of Work (Check All That Apply) | Page 1 | | | | | 1 | - | Full Containm | ont with | Negat | ive Dr | peerir | e | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovat emoliti | | | | | = | Mini-Enclosur | е | recgai | | 00001 | | | |
| | | | | | | | | Glovebag Pro Non-Exempte | d (*) and | Non- | Friable | | | | |
| | 1 | Locati | | | | | | | | | | | | ment pe | |
| Location of Asbestos-Containing Material (ACM | Used | ormal Sole | ly by | Asbesto | s Con | escription | Mat | terial (ACM) | 1 3.5000 | mount | | | | ш | m |
| TO BE ABATED In Facility | IVIGI | ntenai odial S | | (i.e. th | nerma surfa | I system acing, V | ns in | nsulation, or | | pecify or LF | | Remova | Repair | Encapsulate | Enclosure |
| (13) | | (12) | | | other | miscell | ane | ous) | | | | val | ₽÷ | ulate | sure |
| | Yes | No | N/A | | | | | | | | | | | | - |
| | | | - | | CPI | piped | ha | | 2 | 0 LF | _ | | x | | |
| Cafeteria-Basement | | X | - | | 01 1 | pipot | - | | | | | | Г | | |
| | | | + | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | NJDEP V | | Cubic of Wa | c Yards | 1 | | f Registe | | | | | | |
| Freehold Carting | 1% | | tauler ID 5939 | | tbd | | | | Mana | geme | ent | | | | |
| City, State | | | | | Dispo | osal Da | ite | City, Sta Tullyto | ate own√La | ndfill | | | | | |
| PO Box 5010 Completed by | Title | | | | | Signat | ure | (DI) | 0 | | Da | | 040 | | |
| Gina Salvador | Office | е Ма | nager | | | | (| E/wa | 1- | | 10 | /3/2 | 013 | | |

| 10/02/2013 11 | :32 2017 | 587151 | | | F | IRST PH | ASE G | ROUP IN | N | | | PAGE | 8 | 2/1: |
|--|---------------------------------------|------------------------------|------------------|---------------------------|---|---|---------------------|--|------------------|----------------------|----------|--------|-------------|---------|
| 2013 | CCT -9 PM | | P | Sig CATION Livouant | to of New Jo OF ASBEST to NJAC 8:00 | rsey OS ARATE and 12:12 | MENT | CHE | H | h01. | 30 | DA | Y | |
| Date of Notification (1) | | HTR(| 31-1 | Name of | Building Own | er/Operator | (2) | | | DOL | | - | 1 | 7 |
| 9/23/2013 | S OFMS | | | Ana G | | | 77 | | _ \ | | . 0 | . and | 4 | 1 |
| Agencies Notified | Type Notification | | - | Street A | | | | | | OCI | 1 | ent. | 7 | T |
| ☐ EPA | initial Amended | | L | | d 26 1/2 CI | eveland A | 140 | | | | 4 1 | THE | 1 | 1 |
| DEP DOL | Amended Amendment | # | | Harriso | te, Zip Code | | | 1 | L | 101115 | 1 10 | DDI | 71/ | n |
| | M Imemency | finaludhaa | - | | Comact | | | | - - V | VAIVE | KAP | LU. | UVI | |
| DOH DCA | Justification) | | | Ans G | Control Married A. | | | 1 | 1 | Destitores | SANDON. | | | |
| | | | | | LITY INFORM | ATION | | | | | | _ | | |
| Name of Facility Where A | Abatement is Takin | g Pince (2 |) | | | II-II I I I I I I | Турв | of Facility | (4) | | - | | | |
| Private Property | | | | | | | | School (K- | 12\ | | | | | |
| Street Address | | | - | | | | 1 8 | dubchapte | r B (Oth | er than K-1 | 2) | | | |
| 30 and 28 1/2 Clev | eland Ava | | | | | | |) (hor (i.e. etc.) | privale i | i commerc | السط اما | ings, | hom | 85, |
| City (5) | · · · · · · · · · · · · · · · · · · · | - | | | | | | Fact |] # e | Floors | TB | idg. A | go | |
| Harrison NJ | | | | | | | 1000 | | 2 | | 100 | 50 | | |
| County (5) Union county | | | | County (| Code (T) USE DNLY) _ | | Culter | nt Use (PA | or If bai | ng damolis | hed) | | | - |
| Name of Menitoring Firm | Hired by Building | Owner (B) | | ASCA | 4 No. | | | lement Co | | (9) | | | | |
| N/A | | | | N/A | | | | e Group | Inc | 26 | | | | |
| Strant Address | | | No. | | | 10/2007/00/00 | Addres | - | | des . | | | | |
| N/A | | | | | | | | Street S | uite#1 | 5 | | | | |
| City, State, Zip Code N/A | | | | | | 0.0000000000000000000000000000000000000 | State, Zi St New | p Code York N. | 0709 | 3 | | | | |
| Project Manager for Mon | Horing Firm | | T | Telapho | ne No. | Telep | hane No |). | | License | VQ. | _ | | _ |
| N/A | | | | NA | | | 758-7 | | | 001144 | | | | |
| Start Date (10) 10/11/2013 | | 3chedul 10/15/2 | | npietlon | Date (11) | 1/45 | | A Monitor | | | | | | |
| Occupancy Status During | Asstantani (Che | | | | | The second second | Addres | | - Cup | | | - | | |
| Facility Closed/Vaca Abelement Perform Other - Describe: 8 | ed Outside of Nam | Period of in nel Facility | Abater Houn | nont . \$ | | City, | State. Z | | st | | | | | 5.07 |
| | | | | | | Unic | ולא עכ | 07083 | | | | | V250 | |
| Scope of Work (Check A) ≥3 sf or ≥3 if ≥160 af or ≥260 if | ii Inat Apply) | | ženovi Zemoli | | | | Min | i-Endoaur | d cadura | Negative | | | | |
| | | 1 | Loopl | la- | | | - repr | -ENGINEE | 27,000 | 7 Ideil-Litte | 000 7-10 | Abate | | _ |
| Location | of | 1 | Johns | lly | | Description | n <i>el</i> | | | | | Ty | | |
| Asbestos-Containing TO BE ABA | Material (ACM) | | od Sole | | Asbestos | Containing I | Material | (ACM) | 10000 | mount | | | 0 | _ |
| In Facili | | Cur | | | | rnal system oracing, Y | | non, | | peoily or LF) | Remoya | Repair | Encapeuletr | Endosus |
| (13) | | | (12) | _ | ati | ver misosha | neova) | | - | , | 1 0 | 1 | 100 | 1 |
| | | Yes | No | N/A | | | | | | | _ | | 8 | 6 |
| Roof | <u>'</u> | | | x | R | ofing me | iterial | | 8 | 50LF | x | | | |
| | | | | × | | | | | | | | | | |
| | | | | - | | | | | | | | | | |
| Name of Registered Was | is Heulet | | 1 8 | UDEP W | este I C | ubic Yarda | | Name | Riteriate | red Landii | | | | _ |
| Tri State Transfer As | | | 1 | lauler ID 9551 | | Weste | | | 377.50 | red Lenen rprises | • | | | |
| City, State 1199 Rendall Ave Br | ranx NY | | | | ום | spogal Date | | City, Sta | | DH 4468 | 8 | | | |
| Completed by | | Title | | | | Signatur | ä | the state of the s | | D | ela | | _ | |
| Edwin Precilla | | Proje | oct Ma | anager | AV112 - 2000 | Eda | | Rul | de . | 9 | /23/20 | 13 | | |

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

| e. | ¥ 2-1 | N X | OTHEK OPU | CATION | estel wen io ei 20178382A qu 2018 69:\$ Jalin C | BATE | MENT)) | Г | C | り非り | 72 | 19 | | ı |
|---------------------------------------|--------------------------------|--------------|------------------|--------------|---|-------------------|------------|--|-------------------|--------------------------|---------|---------|-----------|----------|
| Date of Notification (1) 10-4-2013 | 290 9C | 9 PM | | | Building Ownord Street Associ | | (Z) | | | APPRO | | | | |
| Agencies Notified | Type Notification | 15 CO | 4.0 | Street Ad | | | | | NJ DEN | of Health 8 | Sent | or Ser | Aices. | |
| ☐ EPA | E trittal | 13-45 | 1 1 | 100 | Ave. Sui | te ME | | | | (cignati | 110) | | = | |
| L EPA L DEP Z DOL | Amended Amendment | | _ ' | | e, Zip Code Vood Cliffs, N. | 1 | | | Date: / | 014 | .Time: | 11. | 35 | |
| | R Emergency | (Including | - H | Names of | | | _ | | Limenson | phone Mu | | - | | |
| DOH DCA | justification) Cancellation | | - 1 | Carme | 15/25/27 | | | | 1 | - Been-day 1 and | and the | - | | |
| | 1 1200 | | | FACIL | ITY INFORMATI | ON | • | | | | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3 |) | | | | Typ | u of Fedit | b (4) | 7. | | | | |
| House for Demo | | | | | | | | School (| K-12) | | 0.020 | | | |
| Street Address 2 Fifth Street | * | | | • | | • | | | | er than K-1 L commore | | dings, | home | 16, |
| City (5) | | | | | | | SQ | ure Fest | # od | Floors | E | ildg_ A | 99 | |
| Englewood Cliffs | | | | | | | | | | | 0.000 | 50÷ | | |
| County (6) | | | | County C | Xada (7) KSE ONLYI | | | | Prior If bai | ng demolis | hạợ) | | | |
| Bergen Name of Monttoring Fin | - Uland by Bulleton | Ouman (P) | | ASCN | Na. | Manage | | buse | Contractor | 60) | | | | |
| n/a | II FILLOG DY DONIONIG | CANIGI (O) | | n/a | evo. | | | | | (*) proratio | Pi . | | | |
| Street Address | | | | 1.07 | | Street | 100 | | | - porquo | | | | |
| n/a | 7. | * | | | | 22 7 | Ггоу | Lane | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code | | | | | | _ |
| n/a | | | | | | L. Santa 1900 est | | | 1 07035 | | | | | |
| Project Manager for Mo | nbodng Firm | | | Telepho | ne No. | Telep | | | | License) | vo. | - | | |
| n/a | | | | n/a | | | | 7950 | | 01193 | | | | |
| Start Date (10) 10-7-2013 | | 10-9-2 | | ubiesou i | Date (11) | | | MOM AHE | T-000 | onporatio; | | | | |
| Occupancy Status Duri | an Abriement (Cho | | | | | Street | | | SILIOUR CA | u bouston) | - | | | |
| | celed During Enline | | | | | | | Lane | | | | | | |
| Abstament Perform | ned Outside of Non | mai Facility | Honu | B Triante | | | | Zip Code | | | | | _ | |
| Other - Describe: | 9 em - 50111 | | | | | | | Park, N. | | | | | | |
| Scope of Work (Check | All Thut Apply) | | | | | | 100 | | | | | | | |
| 图 对邻对中国 | | 2000 | Renova Jemoli | | | | 4 ; | Alni-Endo Slovebag I | sure Procedure | Negative | | | E | |
| W | sound field tree - Marie Miles | Is | Locati | ion | | | | ************************************** | | | | Abut | emen | t |
| Locatio | | 1100 | domesi d Sole | ly | | escription | | | | | - | 7 | pe | _ |
| Asbestos-Containing TO BE AS | | Ma | intenzi | nce/ | Asbectos Con (i.e. therms | | | | | mount Specify | 70 | | g. | ITT |
| in Fac | illy | Cus | todiai 8 (12) | Staff? | STILE | icing, V/ | AT, a | 1 | Si | ar LF) | Капича | Repair | Š | Endosure |
| (13 | , | | | т. — | other | miscella | neou | s) | | | NV2 | 4 | Епсаряшие | 8m8 |
| | | Yes | No | NVA | | | | | | | | | 0 | |
| Exter | lor | | | × | Asbes | tos St | kngl | 98 | 1 | 2500 | × | | | |
| | | | | | | | | | | | T | | - | |
| | | | | | | | | | | - | + | | - | |
| | | | | | | | - 33 | | - | | + | + | - | - |

| iume of Registered Waste Hauter Oznica Managemient Corporation | Hauter ID No. 0033137 | Cubic Yards of Waste TBD | Name of Registered Landilli GROWS Landfill |
|---|--------------------------|--------------------------------|---|
| ity, State incoln Park, NJ 07035 | | Disposal Date TBD | City, State Morrisville PA 19067 |

Lincoln Park, NJ 07035 Completed by

Title Secretary

Date

E. Cirovic

CHECK # 0342

| Date of Notification (1) | | | | | ner/Operator | (2) | | dense. | | | | | |
|--|-----------------------|--------------------|--------------------|---|---|--|----------------------------------|---------------|-----------------|----------------|-----------|-------------|-----------|
| 10-4-2013 | | | | Manager | nent | | - | 200 | - 2 | | | | |
| Agencies Notified Type Notifica | ation | | treet Ad 160 S. | Idress Livingsto | n Ave. | 7/1 1 mind | VVF -1 | 11, | | | 8.5 | 5 | |
| ☐ DEP ☐ Amend | ed ment# | 1 | | e, Zip Code ston, NJ 0 | | 73.7 | | CU ISU | N. πΟ! | - | | | |
| - Emerge | ency (including | 100 | | Contact | 7039 | | | | V. | mbor | | | |
| DOH justifica | | 1 | John | Contact | | | | ı eleş | ohone Nu | moer | * | | |
| | | | | ITY INFOR | MATION | | | | | | - 3 - | | |
| Name of Facility Where Abatement is | Taking Place (3) | | | | | Type of | Facility (4) | | | | | | |
| Chilton Towers Apt. 10d | | | | | | ☐ Sc | hool (K-12) | | | ۵. | | | |
| Street Address 220 W. Jersey Street | | | | | | Ott | bchapter 8 (C her (i.e. priva | other te & | commerc | 2) ial buil | dings, | home | es, |
| City (5) | ***** | | | | | Square | | # of F | loors | E | Bldg. A | ge | |
| Elizabeth | | | | | | 10,00 | Schoolse. Ohio | 15 | | 44 32 | 50+ | | |
| County (6) | | | County C | | | 1 | Use (Prior if | | g demolis | hed) | | | |
| Union | | (4 | | SE ONLY) _ | | Commence Office and a commence | ment Build | | | | | | |
| Name of Monitoring Firm Hired by Buil n/a | ding Owner (8) | | ASCM n/a | No. | | | ment Contract nagement | | • | , | | | |
| Street Address | | | 104 | | | Address | | - | poration | | | | |
| n/a | | | | | | roy Lar | ne | | | | | | |
| City, State, Zip Code | | | | | City, S | State, Zip | Code | | | | | - | |
| n/a | | | JULIAN SERVICE | | Line | oln Pari | k, NJ 0703 | | | | nikecione | | |
| Project Manager for Monitoring Firm | | | elephon | e No. | | hone No. | | - 1 | License N | lo. | | | |
| n/a | T Oakadalad | | n/a | N=4= (44) | | -706-79 of OSHA | | | 01193 | | | | |
| Start Date (10) 10-15-2013 | Scheduled 10-16-20 | | pletton L | Jate (11) | | | monitor nagement | Cor | poration | 1 | | | |
| ·Occupancy Status During Abatement (| Check Only One) | | | | | Address | | | · | | | | |
| Facility Closed/Vacated During E | ntire Period of Ab | ateme | ent | | 22 7 | Troy Lar | ie . | | | | | | |
| Abatement Performed Outside of Other – Describe: Abartment is va | | lours | | | 10 m | State, Zip | | | | | | 33300 | |
| | | | | | Line | oln Par | k, NJ 0703 | 5 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 7 5.00 | · | 6 | | | | | |
| ≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf | | novati nolitic | | | 2 | | Containment v Enclosure | WIUT F | vegauve i | ressu | re | | |
| | | | | | 5 | | ebag Procedu Exempted (*) | | Non-Frial | sie Pm | cedur | Δ. | |
| | lati | ocatio | | | | | I I | <u>unu</u> | 110111111 | T | | ement | : |
| Location of | 54 9 | rmally | | | Description | n of | | | | _ | Ty | ре | |
| Asbestos-Containing Material (ACI | (f) Used Maint | | | Asbestos | Containing P | Vlaterial (A | ACM) | | ount | _ | | m | - |
| TO BE ABATED In Facility | Custo | tial St | 707-000 cm | | ermal system surfacing, VA | | on, | | ecify or LF) | Ren | Repair | Сар | incl |
| (13) | | 12) | | | ther miscella | | = - | | , | Remova | pair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | - | | To to | 0 |
| Kitchen Apt 10D | | | 8 | | VAT | | | 70 | SF | X | | | |
| | | | | | | ************************************** | | | | | | | |
| | | | | , , , , , , , , , , , , , , , , , , , | | | | | T | Г | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1000000 | DEP W | 2002/2000 TIME 10/20 | ubic Yards | | Name of Reg | ister | ed Landfill | l | J | - | |
| Loznica Management Corporat | 1 0 0 | uler ID I 33137 | d 09 000 | f Waste BD | | GROWS L | and | lfill | | | | | |
| City, State | \$7 | | 1 | isposal Date BD | | City, State Morrisville | DΛ | 10067 | | | | | |
| Lincoln Park, NJ 07035 Completed by | Title | | | | | | INIOLISAIIIG | FA | | ate | | -3 | |
| E.Cirovic | Secret | ary | | | Signatur | Con | one | _ | 100 | 0-4-2 | 013 | | |

CHECK # 0320

| Date of Notification (1) | | | | Name o | f Building | Oumarli | Inomto | - /2) | | 27 | | | | | | |
|---------------------------------------|---|-------------|------------------|----------|----------------------|----------|-------------|----------|------------------------------|---------|-----------------|--------|--------|--------|-------------|-----------|
| 10-4-2013 | | | | | w Manag | | | (2) | Const. | | | | | | | |
| Agencies Notified | Type Notification | | | Street A | | 30111011 | | | 7 (1) | 967 | -9 1 | 74 | n E | *** | - | Simplify |
| rigerioles recalled | | | | | Livings | ston Av | <i>1</i> 0 | | | | | 1.4 | 7 | 11.1 | • | |
| EPA DED | X Initial | | - | | ate, Zip Co | | | | , E | | | +150 | 64.6 | | | |
| DEP X DOL | Amended Amendment | # | | | ston, N | | a | | | | VOLU | | Mi | 1 | | |
| | Emergency (| | _ | | f Contact | 0700 | | | | 1 7-1 | | | | | | |
| DOH DCA | justification) Cancellation | | | John | Contact | | | | | 1 64 | ephone | Num | per | | | |
| L DCA | Cancellation | | | | 1 FF2 (1) FF | | | | | | | | | | | |
| Name of Facility Where | Abatement is Taking | Place (3 | 1 | FAC | ILITY INF | ORMATI | ON | Two | e of Facility (4 | 1) | | | HISSOS | | | |
| Chilton Towers Ap | | g . 1000 (0 | , | | | | | .,,,, | | 54 | | | | | | |
| Street Address | | | | | | | | H | School (K-12 Subchapter | | or than I | K.12\ | | | | |
| 220 W. Jersey Stre | oot . | | | | | | | H | Other (i.e. pr | | | | build | dings | hom | es, |
| • | | | | | | | | | etc.) | 1 | | | | | | |
| City (5) Elizabeth | | | | | | | | 100000 | are Feet | | Floors | | 100 | ldg. A | \ge | |
| | | | | | | | | 1 1100 | ,000 | 15 | | | | 50+ | | |
| County (6) | | | | | Code (7) USE ONLY | 1 | | 1 | rent Use (Prio | | 4.75(4) | olishe | d) | | | |
| Union | | | | å | | / | | 1 | partment Bu | | Š | | | | | |
| Name of Monitoring Firm | n Hired by Building (| Owner (8) | | ASC | A No. | | 11000000000 | | patement Con | | | | | | | |
| n/a | | | | n/a | | | | | Manageme | ent Co | orpora | tion | | | | |
| Street Address | | | | | | | Street | | | | | | | | | |
| n/a | | | | | | | 22 1 | roy | Lane | | | | | | | |
| City, State, Zip Code | | | | | | | | | Zip Code | | WHEN STATE | | | | | 90000 |
| n/a | | | | | | | Linc | oln I | Park, NJ 07 | 035 | | | | | | |
| Project Manager for Mon | nitoring Firm | | | Telepho | ne No. | | Telepl | hone | No. | | Licens | e No. | 39 | | | |
| n/a | * | | | n/a | | | 973- | -706 | -7950 | | 0119 | 3 | | | | 200 |
| Start Date (10) | | Schedule | d Con | npletion | Date (11) | | Name | of OS | SHA Monitor | | | | | | | |
| 10-16-2013 | | 10-17-2 | 2013 | | | | Lozi | nica | Manageme | ent Co | rporat | tion | | | • | |
| Occupancy Status Durin | g Abatement (Chec | k Only On | e) | | | | Street | Addr | ess | | | | | | | |
| Facility Closed/Vac | ated During Entire F | eriod of A | baten | nent | | | 22 T | roy | Lane | | | | | | | |
| ☐ Abatement Perform | ned Outside of Norm | al Facility | Hours | 3 | | | City, S | State, | Zip Code | | | | | | | _ |
| Other - Describe: | Apartment is vacated | | | | | | Linc | oln I | Park, NJ 07 | 035 | | | | | | |
| Scope of Work (Check A | VII That Apply) | | | | | | 4 | | | | | | | | | |
| ☐ ≥3 sf or ≥3 lf | 100 to 660 0 t | X R | enova | tion | | | |] F | ull Containme | nt with | Negativ | ve Pro | 1122 | ·e | | |
| ≥160 sf or ≥260 lf | | | emolit | | | | Σ | S M | lini-Enclosure | | rtogua | | , oo u | • | | |
| | | | | | | | × | | lovebag Proce on-Exempted | | l Non E | richle | Dan | | _ | |
| | | T . | | | | | | <u> </u> | OII-EXEMPLEO | () and | INOIPE | Tiable | | | ement | |
| | 0000 0 | 1177,000 | Locati Iormal | | | 124000 | | | | | | | | | pe | • |
| Location Asbestos-Containing | | | d Sole | | Achon | | scription | | al (ACM) | | mount | | | | | |
| TO BE AB | | | ntena | | | thermal | | | | 250.00 | pecify | | Z, | 70 | Enc | 5 |
| In Facil | | Cusu | odial 5 (12) | otan ? | | | cing, VA | | | SF | or LF) | | Remova | Repair | aps | Enclosure |
| (13) | | - | • | т | | otner n | niscellar | neous |) | | | | val | # | Encapsulate | Bure |
| | | Yes | No | N/A | | | | | | | | | | | 0 | |
| Kitchen A | opt 8c | | X | | | VAT | | | 7. | 4 SF | 1 | | | | | |
| | *************************************** | + | | | | | | | | | | - | ->- | | | |
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| | | 1_1 | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | 0.000 | JDEP W | | Cubic | | | Name of R | egiste | red Lan | dfill | | | | |
| Loznica Manageme | nt Corporation | | | auler ID | | of Was | ste | | GROWS | Slan | dfill | | | | | |
| | 10 | 033137 | <u></u> | TBD | | | | | J.III | | | | | | | |
| City, State | | | | | | 1 | al Date | | City, State | | 4000 | - | | | | |
| Lincoln Park, NJ 07 | | | TBD | | | Morrisvi | | 1906 | | | | | | | | |
| Completed by | | Title | | | | S | ignature | 1 | 72015 | | | Date | | | | |
| E.Cirovic | | Secre | etary | | | | <u> </u> | Ü | 22015 | K | | 10- | 4-20 | 013 | | |

| promi | | | | n of as it to njai | | | | CK | # D | 319 | 8 | | |
|--|------------|--------------------|--------------------------------|-----------------------|--------------|-------------|---|---|------------------------|------------|---------|-------------|-----------|
| Date of Notification (1) | | | Name | of Buildin | g Owner | Operator | (2) | <u> </u> | APPROV | | | 7 | |
| 9-30-2013 100-0 0 PM | 7.50 | | | hwest A | lealty Li | LC | | WATERIA OF | | | Servi | ces | |
| Agendes Notified Type Notification EPA MI Initial | | | 75 (100) | Address Box 916 | | | | MADERIAN C | Haignatur Haignatur | Mer | | | |
| EPA Initial Amended Amended Amended | i. KU! | - | Acceptance | tate, Žip (| | | | Date: 13 | | Times | 12 | A | 1- |
| DZ Edwardsehm | (includin | 151 | | um, NJ | | | | Dates 155 | | I IIIIII C | | الإسك | l |
| DOM justification | 3 | • | 2000 | of Contac | 2 | | | 172 | da.e. | | | _ | |
| Cancellato | en . | | John | 2 | | | | | | | _ | | |
| Name of Facility Where Abatement is Taki | ng Place | (3) | FAI | ALITY IN | FORMAT | HON | Type of Fe | willia (d) | | - | | | |
| House for Demo | _ | | | | | | | | | | | | |
| Street Address | | | | | | | Subd | ol (K-12) hapter 8 (Ot | har ffran I.C. | Arch. | | | |
| 15 Overlook Terrace | | | | | | | Other | (po' businate | & contine | dal bu | Holling | i, hon | nes. |
| City (5) | | | • | | | | etc.) Squaro Fe | 4000 | of Floors | | | | |
| Short Hills , | | | | | | | | | A 1 10012 | | Bldg. | Age | |
| County (6) | | | County | Code (7) | · | | Current Us | e (Prior if be | iner desmol | chorl | | | |
| Essex | | | | USE ON | <i>m</i> (v. | | House f | or Demo | D | -11001 | | | |
| Name of Monitoring Firm Hired by Building | Owner (| 8) | , | M No. | | Name | of Albelome | | r (9) | | | u | |
| n/a | | | n/a | | | | nica Mana | | | ЭΠ | | | |
| Street Address | | 200 | | | | | Address | | | | | - | |
| n/a | | | | | | | roy Lane | | | | | | |
| City, State, Zip Code n/a | | 200 | | | | | tate, Zip Co | | | | | | |
| Project Munager for Monitoring Firm | | | | | | | oln Park, I | NJ 07035 | | | | | |
| . U/a | | | | ano No. | | | rone No. | | License | No. | | - | |
| Start Dote (10) | Solonda | Jod Ch | n/a | Date (11 | | | 706-7950 | | 01193 | | | | |
| 10/01/2013 | 10/07 | 7/2013 | unbienou | Cana (31 |) | | of OSHA Mo | | | | THE . | • | |
| Occupancy Status During Abatement (Che | ck Only C | ارمس | , | | | | ica Mana Address | gement C | orporatio | en _ | | | |
| | 0.00 | | | | | | roy Lane | | | | | | |
| L.i Abatement Performed Outside of Non | naí facili | ty Hour | mont S | | | | tate, Zip Cod | lo . | | | | | |
| X Other - Describe: Sem - 40m | | <u> </u> | | | | | oln Park, I | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | THE RESTRICT | #0 0103D | | | | | |
| 回 ≥160 sf or ≥260 f | | Renova Demoil | | | | | Mini-End Glovebac | sinment with osure Procedure hiplod (*) an | | | | | |
| | | s Locat | | | | | | | 411011111 | 1 | Abat | | |
| Location of | 110 | Norma ed Sole | lly he has | | Des | ecription : | af | | | | Ty | rpe | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | aimhene | nce/ | Ashes | stos Cont | ahing M | eterial (ACM | | mount | | | п | |
| In Facility | Cus | Rodial (12) | Staff? | (17-92 | surfa | cing, VAT | insulation, | | peckly or LF) | Ramoval | 2 | Encepsulate | Enclosure |
| (13) | | 1,00 | , | | other n | | eous) | - | 4 = 1 | 3 | Rapair | 25 | 35 |
| | Yes | No | N/A | | | | | | | E | | 8 | 3 |
| Kitchen, Living Room & | | | | · | Wa | Il Plaste | er | 1.0 | 00 SF | X | - | <u> </u> | _ |
| Bedrooms | X | " | | | | | | | | - | | - | |
| | | | | | | | | - | | +- | - | | - |
| | | - | | - | | | | | | +- | | _ | |
| Nome of Registered Waste Hauter | - | | UDEP W | | Cubic | | Nam | e of Registe | red Landel | 1 | | | |
| Rovic Transport | | lauler (D 10785 | No. | of Wat | ste | 1 | OWS LAI | | | | | | |
| City, State | | | | | | al Date | | State | | | | | |
| Riverdale, NJ | | | | | TBD | | 100000000000000000000000000000000000000 | rdsville Pa | 19067 | | | | |
| Completed by | Tille | | | | 1 | ignaturo | | | | ade | | | |
| E. Cirovic | Sec | retary | | | 10 | 20 | לומגרל | | 37.55 | -30-2 | 013 | | |

| | | | | (1-1 | ursuani i | O NJAC 6 | .ou anu | 12.120 | , | | | (| 11: | A c | 29 | 170 |
|------------|---|---------------------------------------|---------------|---|----------------------|-----------------------|------------------------------|---|---------------------------|---|--------------|------------------------------|--------------|-----------------|-------------|-----------|
| 700 | e of Notification (1) /04/13 | | | | Name of Ben Bo | Building (bisvert | Owner/O | perator | (2) | 200 MA | T - 9 | PM 7: | 29 | | | |
| | encies Notified | Type Notification | | | Street Ad 2511 T | ldress ack Circ | cle | | N. | fac. | 105 | CONT | ROL | | | |
| × | DEP DOL | Amended Amendment | | _ | | e, Zip Co Plains, | | 076 | | | | 1 6. | | | | |
| × | DOH DCA | Emergency justification) Cancellation | _ | Ī | Name of Ben Bo | | | | | | Tele | nhone Nur | mhor | 2 | | |
| | | | | | FACIL | ITY INFO | RMATIC | ON | | | | | | | | |
| Re | ne of Facility Where assidential Propert eet Address | | ng Place (3 |) | | | | | Тур | e of Facility (4 School (K-1) Subchapter | 2) | er than K-1 | 2) | | | |
| 25 | 11 Tack Circle | | | | | | | | X | Other (i.e. p etc.) | rivate 8 | commerci | al build | | | s, |
| City Sc | otch Plains | | | | | | | | 2,0 | oo + | 2 | Floors | 5 | ldg. A 0+ | ge | |
| 800,000,00 | inty (6) iion | | | | County C (STATE U | Code (7) ISE ONLY) | | _ | | rent Use (Prid | | - | hed) | | | |
| Nar | ne of Monitoring Firm | n Hired by Building | Owner (8) | Y Company | ASCM | No. | | | | oatement Con Contractin | | | | | | |
| Stre | eet Address | | | | | | | Street 163 | | ess geant Aven | ue | | | | | |
| City | , State, Zip Code | | | | | | | | | Zip Code NJ 07013 | | Mac | | | | |
| Pro | ject Manager for Mor | nitoring Firm | | T | Telephor | ne No. | | Teleph 973- | | No. -6281 | | License N 01099 | lo. | | | |
| Sta | rt Date (10) | | Schedule | ed Cor | mpletion [| Date (11) | | | | SHA Monitor | | | | | | |
| | /14/13 | | 10/15/ | A.100. | <i>h</i> | | | | | ironmental | Labo | ratories l | LC | | | |
| | cupancy Status Durin Facility Closed/Vac | | | oresta ores ore | ment | | | Street 2333 | | ress ute 22 Wes | st | | | | | |
| × | Abatement Perform Other – Describe: | ned Outside of Nor | mal Facility | / Hour | S | | 2 | 300000000000000000000000000000000000000 | | Zip Code IJ 07081 | | | 1-30 | | - Alexandra | |
| Sco | pe of Work (Check A | All That Apply) | | | | | | | | | | | | | | |
| × | ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoli | | | | , | N C | Full Containme Mini-Enclosure Glovebag Prod Non-Exempted | e cedure | | | | Α. | |
| | | | 1 | Locat | lion | | | | | von-Exemple | J () all | d 14011-1 IId | DIC 1 10 | 100 St. 100 St. | ement | t |
| | Locatio | n of | | Norma | illy | | De | scription | n of | | | | _ | Ty | pe | |
| | Asbestos-Containing TO BE AE In Fac (13) | BATED | Ma | ed Sole aintena todial (12) | ance/ Staff? | | tos Cont thermal surfa | taining N | Mater is ins AT, or | | (8 | mount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | | Yes | No | N/A | | | | | | | | | _ | | |
| | Garage-Ba | sement | | | X | | Tran | site Pa | anels | S | 40 | 00 SF | X | - | | |
| | | | - | | - | | | | | | - | | + | 1 | | |
| - | | | - | - | | - | | | | | | | + | - | | |
| Nar | me of Registered Wa | ste Hauler | | | NJDEP W | /aste | Cubic | Yards | | Name of | Registe | ered Landfi | 11 | | | |
| 200000000 | amid Contracting | | | 1 | Hauler ID 32613 | | of Wa | | | G.R.O. | W.S., | | 101 | | | |
| | r, State ton, New Jersey | | | | | | Dispo 10/14 | sal Date 1/13 | 1 | City, Stat | | ennsylva | nia | | | |
| | npleted by no Golcev | ALVANIA CONTRACTOR | Title Pres | ident | | | 5 | Signatur | | 10 | 11 | | ate 0/04/ | 13 | | |

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

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10636

| Date of Notification (1) | | | | | Name of Building Owner/Operator (2) | | | | | | | | | |
|--|------------------------|---------------|-----------------------------|---------|---|--------------------------|---------|----------------|-----------------------|-----------|--|--|--|--|
| 10/02/2013 | | | | | Tower West Condomini | um Associ | ation. | | | | | | | |
| Agencies Notified | Type of | f Notificat | ion | | Street Address | G7-9 PM | (- K | a | | | | | | |
| () EPA | (X) | nitial No | otification | | 6050 John F. Kennedy | | | | | | | | | |
| (X) NJDEP | | mende | | | City, State, Zip Code | 310S CO | MIRU | L | | | | | | |
| (X) NJ DOL | | Amendr | | | West New York, NJ 070 | 103 FNSI | h (- | | | | | | | |
| (X) DOH | 1 | | ncy (includir | ng | Name of Contact | Tel. Numl | her | | | | | | | |
| () DCA | | ustificat | | | Sean Nelson | Tel. Tealin | Jr. | | | | | | | |
| | () (| ancella | ition | | Jean Neison | | | | | | | | | |
| | | | | ACILITY | YINFORMATION | | | | | | | | | |
| Name of Facility Where Abatemen | t is Taking | Place (3 | 3) | | Type of Facility (4) | | | | | | | | | |
| Residential Property | Section 120-201 | | | | () School (K-12) () Subchapter 8 (other than K-12) | | | | | | | | | |
| Street Address 6050 John F. Kennedy | Blvd E | Ε | | | (X) Other (i.e. private & commercial | | mes, et | С. | | | | | | |
| <u>City (5)</u> | County (6) |) | County Code (State Use C | | Sq. Feet: 345,000 # of Floors 23 Bldg. Age 60 | | | | | | | | | |
| West New York | HUDS | ON | | | Current Use (if being demolished): | | | | | | | | | |
| Name of Monitoring Firm Hired by | Bldg. Ow | ner (8) | ASCM No. | | Name of Contractor (9) | | | | | | | | | |
| N/A | | | N/A | | Industrial Safety & Environ | mental Sol | utions | Inc. | | | | | | |
| Street Address N/A | | | | | Street Address 3300 Hudson Avenue | | | | | | | | | |
| City, State, Zip Code | | | | | City State, ZipCode | | | | | | | | | |
| N/A | 1747 - Targan Da James | | | 2 | Union City, NJ 07087 | | | | | | | | | |
| Project Manager for Monitoring Fir N/A | m Tele | phone Nu | umber | | Telephone Number (201)325-0055 | | 100000 | ense N 1124 | <u>umber</u> | | | | | |
| Scheduled Start Date (10) | Sche | eduled Co | ompletion Date | (11) | Name of OSHA Monitor | | | | | | | | | |
| 10/14/2013 | 12/ | 20/201 | 3 | | ISES, Inc. | | | | | | | | | |
| Occupancy Status During Abatem | | | | | Street Address | | | | | | | | | |
| () Facility Closed/Vacated Duri() Abatement Performed Outside | | | | | 3300 Hudson Avenue | | | | | | | | | |
| (X) Other - Describe: | | | , | | City, State, Zip Code | | | | | | | | | |
| Work in unoccupied units | | | | | Union City, NJ 07087 | | | | | | | | | |
| Source of Work (Check all that app | oly) | (|) Demolition | | (X) Renovation | | | | | | | | | |
| () Minor Project (< 25 SF | or < 10 L | F ACM) | | | (X) Full Containment with | Negative Pre | ssure | | | | | | | |
| (X) Small Project (>25 <160 | SF or > | 10 < 260 | LF ACM) | | (X) Mini-Enclosure | - | | | | | | | | |
| () Large Project (>160 SF | or > 260 | LF ACN | Λ | | (X) Glove-bag Procedure | | _ | | | | | | | |
| Location of Asbestos- | la l ana | tion Norm | nally Used | | () Non-Exempted (*) an Description of ACM | d Non-Friable | | dure bateme | nt Type | | | | | |
| Containing Material (ACM) | | | enance or | (i.e. | thermal systems insulation, surfacing, | (Specify SF | | Datellie | iit Type | | | | | |
| To be Abated in Facility (13) | | todial Sta | | | VAT, or other miscellaneous.) | or LF) | 71 | | щ | m | | | | |
| | YES | NO | N/A | | | | Remova | Repair | Encapsulate | Enclosure | | | | |
| | 120 | 140 | TW/A | | | | ova | bair | sula | Sur | | | | |
| | | | | | | | _ | | te . | O O | | | | |
| Through-out | | Х | | Pipe | TSI (elbows and debris) | ~ 80 SFT | X | | | | | | | |
| Maintenance room | X | | | Pipe 7 | TSI | ~ 60 | | | | | | | | |
| Exterior perimeter and lobby | | X | | Pipe 1 | TSI | ~ 100 | | | | | | | | |
| area | | | | | | | | | | | | | | |
| Name of Reg. Waste Hauler NEWARK CARTING | | NJDEF 0450 | Waste Haule | r ID# | Cubic Yards of Waste 15 | Name of Reg IESI BETH | | | DFILI | 5 | | | | |
| City, State | | 1 0450 | | Disp. | | City, State | | | | | | | | |
| 369 Raymond Blvd., Newark, NJ 07105 12/2 | | | | | 20/2013 | BETHLEH | ем. Р | A 180 | 15 | | | | | |
| Completed by (Print or Type) Title Signat | | | | | | Date | , | | - 11 - 100 | | | | | |
| | | | | | 1 AV-1 (1 M11) | | _ | | | | | | | |
| David Camacho Project Supervisor | | | | | HIN VIIVO W | 10/02/201 | .3 | | | | | | | |

State of New Jersey

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

| | | | | (, | | | | | | | Check | # 72 | 97 | | |
|------------------------------------|---|--------------------------|---------|-----------------------|---|-------|-------------------|---|--|---------------|-------------------|--------|-----|--------|----|
| Date of Notification (1) | 10/3/13 | | | Building C h of Pa | | | ator (2) | | 200 OC7 -9 | a PM - | 3 DO | | | | |
| | | | _ | dress | ai ai i | iuo | | | | | -3.4 | | 4.3 | | _ |
| Agencies Notified [] EPA | Type of Notificati [x] Initial | | | Squar | re | | | | $V_{\rm eff} = 0.00$ | S CUNT | #0 L | | | | |
| [] DEP | Notification | 0:4. | Chah | - Zin Cor | do | | | | - 1 | HOD C | | | - | | - |
| | [] Emergency | | | e, Zip Coo | | 52 | | | | | | | | | |
| | [] Amended | Par | ami | us, NJ | 070 | 32 | | | | | | | | | |
| [X] DOH | Notification | Nam | e of | Contact | ======================================= | | | | Telephone Nur | mber | | | | | |
| [] DCA | [] Cancellation | Gu | у Рі | cone | | | | | | | | | | | |
| | | | | FA | ACILIT | Y INF | ORMATION | | | | | | | | _ |
| Name of Facility Whe | re Abatement is Ta | king Place | (3) | | | | | Type of Fac | ility (4) | | | | | | |
| Office | | | | | | | | l Su | nool (K-12) bchapter 8 (Other ner (i.e. private an | than K-12 |) Siel bu | ildina | | | |
| Street Address | | | | | | | | 7 [] Oth | ner (i.e. private an imes, etc.) | a commen | ciai bu | liding | э, | | |
| 97 Farview Ave | | | | | | | | | | | | | | | |
| or rainour, in | | | | | | | | Square Fee | | ors | Bldg. ~ 70 | Age | | | |
| City (5) | | County (6) |) | Ar | | | Code (7) | 3000 | 2 (Prior if being de | moliched) | ~ 70 | | | - | _ |
| Paramus | | Bergen | | | (S | | USE ONLY) | offices | | illolisticu) | | | | | |
| Name of Monitoring F | irm Hired by Buildi | ng Owner | AS | SCM No. | | Na | ame of Abaten | nent Contracto | r (9) | • | : :: # 1757 (154) | | | | |
| Whitman Comp | | | 0 | 0110 | | | , | Jupiter Env | vironmental S | ervices | , Inc. | | | | |
| Street Address | • | | | | | St | reet Address | eet Address | | | | | | | |
| 7 Pleasant Hill I | Road | | | | | | 3 Lynn Court | | | | | | | | |
| City, State, Zip Code | | | | | | Ci | ity, State, Zip (| , Zip Code Lincoln Park, NJ 07035 | | | | | | | |
| Cranford, NJ 08 | 3512 | | | | | | | Technology and appropriate the Technology | rk, NJ 07035 | | | -1 | | | - |
| Project Manager for I | Project Manager for Monitoring Firm Telepho | | | | | | elephone Num | | 200 | Licen | se Nur | | 85 | 2 | |
| Kevin Lovely | 2000 | | | -5858 | | | | 973-709-0 | 200 | | | UU | 00 | _ | _ |
| | Scheduled Start Date (10) Sched. | | | | | N. | ame of OSHA | Monitor | ironmental La | ahorato | ries | HC | | | |
| 10/15 | | 10/1 | | 3 | | | | JASEIIV | ITOTITIETILAI L | aborator | 103, | | · | | _ |
| Occupancy Status Di | uring Abatement (C | heck only | one) | Abatama | ant | S | treet Address | 2333 Rout | o 22 \M | | | | | | |
| [] Facility Clos [] Abatement F | ed/Vacated During Performed Outside | of Normal | Facili | tv Hours | - | _ | 1000 | | 6 22 VV | | | | | | - |
| Des | scribe: | | | | | 0 | ity, State, Zip | Union, NJ | 07083 | | | | | | |
| [x] Other - Des | scribe: partially vac | ated | | | | | | OHIOH, NJ | 07005 | | | | | | |
| Scope of Work (Chec | ck all that apply) | | | | | | | | | 1 . 10 No. | -4i T | 2 | | | |
| | | | | | D | | | [] | Full Containmer Mini – Enclosure | it with Neg | ative i | riess | uie | | |
| [] Demolition | | | | [] | Renov | ation | | [x] [] | Glovebag Proce | | | | | | |
| [x] ≥3 sf or ≥3 [] ≥160 sf or ≥ | | | | | | | | [x] | Non – Friable F | | | | | | |
| [] ≥160 sf or ≥ | 200 11 | ls l | ocat | ion | | | | | | | | | | nen | t |
| | | Norm | | 8797 | | | | cription of | | | | Ту | | Е | E |
| Locati | | | olely I | | | | | s – Containing | | Amou (Spec | 1000000 | R E | R | E N | N |
| Asbestos – | | Mainte todial | | 9 - D 40 E 50 E | | | | erial (ACM) ermal systems | | SF or | | M | P | C | C |
| Material TO BE A | | toula | Stai | (12) | | | insulation, | surfacing, VA | Γ, | | | 0 | Α | Α | L |
| In Fa | | | | | | | or other r | miscellaneous) | | | | V | I | PS | OS |
| (1: | Yes | -No | N/A | | | | 41 | | | | A | R | U | U | |
| | | - | X | - | TSI | _ | | | | 110 LF | | 1 | Х | X | |
| Basement | | - | ^ | 1 | 101 | | | | | | | | | | |
| | | - | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered | Waste Hauler | NJE | DEP \ | Vaste | | Cubic | Yards | | Registered Landf | ill | | | | | |
| Jupiter Environ | | ,00 | | O No. | | Of Wa | | Minerv | a Landfill | | | | | | |
| 1956 | C | 4782 | ! | | D: | 1/8 | City, Stat | 0 | | | | - | | - | |
| City, State | | Disposal Date | | | | | | e esburg, OH | | | | | | | |
| Lincoln Park, N | | 10/18/13 Title Signature | | | | | | sburg, Orr | Ds | ate | _ | | | - | |
| Completed By (Print | 1 | | | | Signature | | , , | 1007000 | 0/3/1 | 3 | | | | | |
| Pane Repic | Gene | eral | Manag | jer | | In | $ \cup$ | \sim | | J, J, 1 | _ | | | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7298 Name of Building Owner/Operator (2) Date of Notification (1) City of Camden 10/3/13 Street Address TOS CONTROL Type of Notification Agencies Notified City Hall - Room 213 [x] EPA Initial Notification DEP [] City, State, Zip Code Emergency Camden, NJ 08101 DOL Amended Notification Telephone Number DOH Name of Contact [x] - DCA Rueben Perez [] Cancellation FACILITY INFORMATION Type of Facility (4) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Name of Facility Where Abatement is Taking Place (3) DPW Bldg. Street Address 101 Newton Avenue Bldg. Age # of Floors Square Feet ~ 50 20000 County Code (7) County (6) Current Use (Prior if being demolished) City (5) (STATE USE ONLY) Camden Camden DPW bldg. Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner Jupiter Environmental Services, Inc. 00003 TTI Environmental, Inc Street Address Street Address 3 Lynn Court 1253 N. Church St. City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Moorestown, NJ 08057 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00852 973-709-0200 856-840-8800 Jim Gerardi Name of OSHA Monitor Sched. Completion Date (11) J & S Environmental Laboratories, LLC Scheduled Start Date (10) 10/31/13 10/22/13 Street Address Occupancy Status During Abatement (Check only one) 2333 Route 22 W [] Facility Closed/Vacated During Entire Period of Abatement [x] Abatement Performed Outside of Normal Facility Hours – City, State, Zip Code Union, NJ 07083 Describe: evenings/weekend Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Renovation Glovebag Procedure Demolition [] Non - Friable Procedure ≥3 sf or ≥3 lf 11 [] ≥160 sf or ≥260 lf Abatement Is Location Type Description of Normally Used Amount R R E Asbestos - Containing Solely by Е N (Specify Ε Location of Material (ACM) Maintenance/Cus Asbestos - Containing M P C SF or LF) (i.e., thermal systems todial Staff (12) Α Α Material (ACM) 0 insulation, surfacing, VAT, TO BE ABATED V 1 P 0 or other miscellaneous) R S S In Facility A N/A No Yes 1 (13)X 600 SF Water tank insulation X X 40 LF Boiler room Pipe Insulation X Boiler room Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Minerva Landfill Hauler ID No. Of Waste Jupiter Environmental Services 04782 City, State Disposal Date City, State Waynesburg, OH 11/1/13 Lincoln Park, NJ Date Signature Title Completed By (Print or Type) 10/3/13

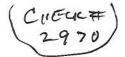
General Manager

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| | | (Pu | rsuai | 11 10 N | JAC 8: | 60 and 1 | 12:120) | 14" | | | | |
|---------------------------|---------------------------------|-------------|------------------|-------------|----------------|------------|-------------------|------------------------------|--------|-------------------------------|---------|-------------|
| Date of Notification (1) | 14/13 | | IEH . | THE OF B | uliding (| Zwner/Op | persion (2) | 900 c75 | 9 ! | 15 of Me | | |
| Agencies Notified | Type Notification | | Sv | el Ado | 7-2 | 5-1 | Tros | EMUAT | 1 | AN ROL | | |
| D SPA D SSP | Sinnia Debnema D | | Cin | , State | Zip Co | de | | | 1 | 7 11 1 | | - |
| □ ∞r | Emergency (incl. justification) | gnibu | - No | me of C | | 0091 | 3 INC | | | phone Number | | |
| □ 00H | Cancellation | | 140 | 1 | 150 | Fish | UER | | | | | |
| | L | | F | YCILI | Y INFO | RHATIO! | н | | /// | | | |
| Name of Facility Where | Abatement is Taking I | Place (3) | | - (12) | | | ١٠ | ype of Facility School (K-1 | 2) | | | |
| 155 | DENCE | | | | | | |) Substantel | 8 (Oth | er than K-12) & commercial | pulangs | |
| Street Address | 3 OCEAN D | NIV5 | | | | | | homes, etc | .) | TFIcors | Bido A | œ |
| City (5) | | | | | | | | 1000 | 1 - H | eing demoksh | 40 | |
| | 000 | | C | SE ON | మరం (1) LY) | STATE | | | CAL | | | |
| CAPE | MAY Walding Or | yner | | M No. | _ | Name of | Abalemen | o Tr | 9) | i i | | • |
| Name of Morrioring Firm | A Aired by Solicity | | | = | - | | | | | 1 | | |
| Sireel Appress | | ٠ | | | | 3 | 69 5 | . SPRU | CE | 706. | | |
| City, State, Zip Code | | | - | | | City. Su | IE. Zip Co | 2 SHA | Dé | NJ.O | 805 | <u>==</u> |
| | mission Firm | 7.7 | eleph | one No | = | Telepho | ne No. | 9-047 | 9.37 | DOY 4 | 14 | |
| Project Manager lot M | postorii sprimini | <u></u> | alalini | n Dale | (11) | | LANDAL | 2006 | | | | |
| Sian Date (10) | School 10 | Upd Com | | 3 | | | | KHIEI | | | | |
| Occupancy Status Du | Abalement (Chec | k only on | e) | | | Sveet | 695 | Spru | i=/ | 1 05. | | <u></u> |
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| Dunar - Describe: | ad Coside of Norma | | | | | | | | | | | |
| Scope of Work (Chec | k all that apply) | | | | | 5 | THIR. FOR | ntainment with | Negat | ye Pressure | | |
| 23 51 or 33 11 | | Reno | oi ion | ٠ ، | | } | Gloves | embred (,) sus | NON- | Friedle Proced | U1 8 | oa.errer |
| 2160-31 or 3260 H | | Is Lo | calion | $\neg \neg$ | | | | | | 1 | | · (x |
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| Aspesios Contains TO BE A | ng Malenai (ACM) | | siodial | ~ | (i. e | . neura | GOO YAT | . 01 | | SF & LF1 | Hemoval | Hapan |
| IN Fa | olity | | 12) | _ | | other | mscollane | 1005) | | | | 1, |
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| | | | | - | | | | T Name C | Regi | stered Landfull | | |
| Name of Registered | Waste Hauler | | 7 | Jander I | Waste . | | ic Yards raste | C | M, | C, M. | U, A | , ===== |
| KZEM | co INC. | | | 179 | 04 | Osp | Sal Dale | | | BINE I Da | | |
| C. State | | 5,0 | 80 | 52 | | | | | OD | 137~0 | ie /- | |
| Marce St Competed By | | | | 3500000 | _ | | Signature | osiph! | Sh | | 0/4/ | 13 |
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| A \$8 - 1 | | · Do not | use 11 | us form | 101 850 | e stos lic | ansure & | rempled acu | | | | |



| Date of Notification (1) | 1.5 6.5 | | Name of Building Owner/Operator (2) | | | | | | | | | | |
|--|------------------------------|------------------|-------------------------------------|-----------------|-------------------------------------|--|---|-------------|--------|-------------|--|--|--|
| | 14/13 | | 1 | Address | LANDS | | | === | | == | | | |
| Agencies Notified | Type Notification | | Steet | 300 | ファナ | 14 ST. | OS CONTROL | | | | | | |
| DO BPA DO DEP | ☐ Amended | | City. S | tate 7in (| `Me | | | | | | | | |
| ₩ DOL | Amendment # | | ,. | SFA | ISLE CI | TY NIJ. | 08243 | | | | | | |
| Поон | Emergency (in justification) | nciualng | | of Contac | | | Telephone Number | er . | | | | | |
| | Cancellation | | | 1001 | |) (| 1 | - Control | | | | | |
| | | | | | ORMATION | | | | | | | | |
| Name of Facility Where | Ab atomost is Takin | a Place (3) | 170 | | 0.0 | Type of Facility | (4) | | | | | | |
| Name of Facility Where | SIDERCE | z | | | | ☐ School (K-12) | | | | | | | |
| Street Address ' | 217 011 63 | | | | | Subchapter | 8 (Other than K-12) rivate & commercia | buildir | nas. | | | | |
| 360 | 46 TH 2 | 5+ | | | | homes, etc. | | | | | | | |
| City (5) | O ESLE C | 1 | | | 8 | Square Feet | # of Floors | _ |). Ag | - | | | |
| County (6) N | 1 | | | ry Code (| 7) (STATE | Current Use (Prior if being demosshed) | | | | | | | |
| CAPE | MV | 0.00/ | ASCM I | | Name of Abaten | nent Contractor (9 | | | | | | | |
| Name of Monitoring Firm | Hired by Building | owner | ~ Com | 10. | 1.1 | FMCO IN | | | | | | | |
| (8) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | /A | | _== | | Street Address | | 7 | | | | | | |
| Street Address | * | | | | 369 | S,SPRUC | E DUCI | | | | | | |
| | | | | | Oir Cinta Tin (| Code | | A.A. | | | | | |
| City, State, Zip Code | | | | | _ Mo. | OLE SHO | DEINIJI | 00 0 | 3. 2 | = | | | |
| Project Manager for Mon | nitoring Firm | ,.Te | lephone I | ¥0. · | Telephone No. | 9-0472 | License No. | 14 | | | | | |
| | | | | | Name of OSHA | | | | | | | | |
| Start Date (10) | | duled Comp | . / | le (11) | Name of Osra | SEPH KL | Enn | | | | | | |
| 10/21/13 | 18 | | 13 | | Street Address | | 1 | | | | | | |
| Occupancy Status Durin | ng Abatement (Che | eck only une; | ement | | 369 | S, SPA | LULE AUG. | | _ | | | | |
| ☐ Abatement Performe | ed During Entire P | a Facility Ho | urs | | City, State, Zip (| Code | | | 7 - | <u> </u> | | | |
| Other - Describe: | a Colside of Home | | | | M | APLES | 10DE, N. | ١ ، ر | 100 | = | | | |
| - | all that apply) | | | | | | | | | | | | |
| Scope of Work (Check | all diat apply/ | | | | | intainment with Ne nclosure | gauve Flessore | | | | | | |
| _ ≥3 sf or ≥3 lf | | Renova | | | Clayet | an Drocedure | on-Friable Procedu | re | | | | | |
| ≥160 sf or ≥260 lf | | <u> </u> | | | □ Non-E | xempted (*) and iv | OFFILEDR FIGURE | A | | meni | | | |
| | | Is Loca Norma | | | | | , | | Тур | æ | | | |
| Location | of | Used Sol | ely by | | Description of tos Containing Ma | of sterial (ACM) | Amount | | | E. | | | |
| Asbestos-Containing | Matenal (ACM) | Maintena | | Asbes | thermal systems | insulation. | (Specify | Re | R | Encapsulate | | | |
| TO BE ABA | TED | Staff | | (1 | surfacing, VAT | , or | SF or LF) | Remova | Repair | usu | | | |
| IN Facility (13) | Y | (12) | | | other miscellane | eous) | | <u> 9</u> | | ale | | | |
| | | Yes No | N/A | | | | | 1 | | - | | | |
| | | - | X | 7 | PANSITE | | 1500\$ | X | | _ | | | |
| 5 D1 | Na | | 1 | | TON NOTITE | | | | | | | | |
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| | | | | | | | | 1 | | | | | |
| | | | 1 | No de | Cubic Yards | Name of Rec | pistered Landfill | | | | | | |
| Name of Registered Wa | ste Hauler | | NUDEP | nvaste O No. | of Waste | C. A | 1, C, M.V. A | 1. | | | | | |
| KLEMCO | INC, | | 179 | 04_ | Disposal Date | City, State | | | | | | | |
| City. State | E SHAT | 7 G , N | 1,5 | 1/2 | USP/3ai Date | | OF BINE | (1,1) | | = | | | |
| | Tit | | 10 | | Signature | - 1/0 | Date | 14, | 113 | ? | | | |
| Completed By | (LEMM)_ | V/ | 1 | | - Jour | in rem | | | | | | | |
| | | | | | | | | | | | | | |

| () # × 1000 | | (rurs | uant to | NJAC 8:60 and 12: | 120) | | | | | |
|--|---------------|-------------------|----------------|--------------------------------|---------------------------------|--|---|--------------|-------------|-------------|
| Date of Notification (1) | | Na | me of B | uilding Owner/Opera | 1bhtt | | | | | |
| Agencies Notified Type Notification | | Str | eet Ado | ress - 0 | elleel | USKLIT | | | | \dashv |
| - | | | | 70 B | OX 2U |)4 | | | | \dashv |
| DEP Amended | | Cit | y, State | Zip Code | AIT | 02043 | | | | |
| OOL Amendment #_ Emergency (inc | luding | Na | me of C | VOY PLEES | <u></u> | Telephone Num | her | | | |
| DOH justification) Cancellation | | 140 | P | Indrow | Rucco | | | | | |
| | | | FACIL | TY INFORMATION | Type of Facil | 1.10(0.00) | Mark to | -105 | 1 1 | - |
| Name of Facility Where Abatement is Taking F | Place (3) | | | | School | | | | | |
| Street Address 2 2 2 2 | 1 0 | | | | Subcha | pter 8 (Other than K-12 .e, private & commercia |) Lhuildir | ins h | omes | s. |
| 28 E 300 | AV | en | UC | · | etc.) | | | g. Ag | | _ |
| City (5) | | | | | Square Feet | # of Floors | Bid | 9 | ع | |
| PINE HIU | | C | ounty C | ode (7) | Current Use | (Prior if being demolish | ed) | | | \neg |
| County (6) | | (S | TATÉ U | SE ONLY) | V | acant. | | | | \dashv |
| Name of Monitoring Firm Hired by Building Ov | vner (8) | | ASCM | | me of Abatement | nctructor (9) | march. | ` | | |
| N/A. | | | | | reet Address | VISTINGTION I | DA | | | |
| Street Address | | | | | 282 Cire | | | | | |
| City, State, Zip Code | | | | | ty, State, Zip Cod | | 121 | | | |
| | | T | elephon | | elephone No. | License N | | | | |
| Project Manager for Monitoring Firm | | " | о,орио. | St | 70-41010-10 | 452 012 | 04 | | | |
| | Scheduled | Comp | letion D | | ame of OSHA Mor |) RICCO | | | | |
| 10/18/13 | 10/0 | 25 | 113 | The second second second | Pharlu reet Address. |) Riceo | | - | | \neg |
| Occupancy Status During Abatement (Check | | | ant. | - | /1 | elk Road | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma | Facility H | lours | an. | CI | ty, State, Zip Cod | 1 1 | 303 | 1 | | |
| Other - Describe: | | | | | Bellman | W NS U | 300 | 1 | | |
| Scope of Work (Check All That Apply) | п. | | 2.5 | | ☐ Full Cont | ainment with Negative F | ressure |) | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novati molitic | | | Mini-Encl | osure | | | | 8 |
| 1000 | | | | | Non-Exe | Procedure mpted (*) and Non-Friat | | | | |
| | | ocatio | | | | | 1 | Abate Ty | ment pe | l vermen |
| Location of | No Used | rmally Solely | | Descri Asbestos Contain | ption of ing Material (ACN |) Amount | | | m | - |
| Asbestos-Containing Material (ACM) TO BE ABATED | Main Custo | tenan | | (i.e. thermal sys | stems insulation, g, VAT, or | (Specify SF or LF) | Remova | Repair | псар | Enclosure |
| In Facility (13) | | (12) | | | cellaneous) | | oval | air | Encapsulate | sure |
| | Yes | No | N/A | | | | 1., | | 10 | |
| exterior | | | X | Sidina | | 2505F | X | _ | | |
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| Name of Registered Waste Hauler | Λ | N. | JDEP Wauler ID | Vaste Cubic Ya No. of Waste | | ne of Registered Landfil | 91 | | | |
| Ricco Construction | ('Orp | | 890 | 09 | 2) | CILM COU | nty | | | |
| City, State | | | | Disposal | 978-7883 E 9. 3 | ILDIANU V | 5 | , | į. | |
| Completed by | Title | | | | nature | | ate | 1,1 | | |
| Andrew Ricco | Die | MC | W | / | Anden , | ano | 10/ | 4/1 | 3 | |
| LILIA MA | | | | l'. | Do not use this fo | rm for asbestos licensu | re exem | pted | activ | ities. |

check 4.703

| | | | Man | e of B | ulding (| wnes/Operator (| 2) | | | 200200 | | I |
|----------------------------|--------------------------------|------------|------------------------|------------------------|---------------|-------------------------|----------------------|-------------------------------------|--------------|------------|--------|------------|
| Comp of Notification (1) | (*) Ø | | 11 | 3.1 | Dow | NN | | 1067-9-7 | M 7- 1 | <u>C</u> | _ | 一 |
| 10-4-13 | Type Notification | • | 1000 | an Adda | beec | 1665 A | | | | ۵. | | |
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| DI DOL DI DEP DI DEP | Amended Amended | | - | 1/2 | ANUIS | CK N | I.0760 | 06 | 713 U | | | \dashv |
| | @ Emergency (including | | Nas | me of (| Compa | | | Telephona Audit | | - | | - |
| E DCA | justification) Concellation | | 12 | 1.3 | 200 | $NN_{}$ | | | | | | |
| | | | F | CLU | TY INFO | RELATION | Type of Facility (| 9 | | | | |
| Name of Facility Whose | Abstancest is Taking Place | (3) | | <u> </u> | • | | 5 Cabani /K-12) | | | | | |
| B. DOUNI | 0 | | | y 4 | ÷ | | | (Other than K-12 ale & commercia | l building | s. | | |
| | | | | 8.8 | | • | bosses, etc.) | | - | | _ | |
| | os Avenue | | | | | | Square Feet | # of Floors | Bidg | 190 1/2 | 5 | ٠. |
| Cay Si | | | | | | | .1600 | 2 | 4 | 900 | \leq | |
| TEANECK | | | C | control (| Cada (7) | STATE USE | Current Use (Pri | or if being demail | · . | ٠ | | |
| BERGEN | | | Q | MLY) | | *** | RESIDEN | CE | | | | |
| Name of Manifesing Fi | on Hired by Building Come | 1 | SCM N | 9. | • | Name of Append | emoval I | nc | | | | |
| (8) | | 1 | | | | Street Address | · SEROAGT T | | | | | |
| Street Address | | | | • | | 450 S. | River St | | | | | |
| Chy, State, Zip Code | | | | | | an and To | Codo : | т 07601 | | | | |
| | 2 | | · | | | Hacker Telephone No. | sack, N. | Licanse No. | | - | | |
| Project Manager for M | endoing Find | Te | lephone | No. | | 201-329- | -7444 - | 00388 | | | | |
| | . Scheduled Co | and st | ne Dalo | (11) | | | 00 | to Tag | | | | |
| 10-14-13 | 10-1 | | | | | | vironmen | tal inc | | | _ | |
| Occupancy Status Du | ring Abalament (Check on | y one) | | | | Street Address | yler St | | | | | |
| D. Facility Closed/Vas | ated During Entire Period | f Abou | ement | * | | an Out To | Codo | | | : | | |
| Abelement Perform | 8AM 5PM | my row | | | | South I | Hackensac | k, N.J. | 0760 | 6 | | |
| Scope of Wesk (Check | | - | | | | O Fell | Contringent with | | | | | |
| M235023F | | | | | | | i-Englissille | | 5 | | | |
| 2 160 sf or 2 250 IF | • | | | | | O Nios | -Exempted (*) ea | Non-Printle Pts | cedure | Alt | | annit . |
| | | | Location | B | ٠.٠ | • | | | | H | Type | - |
| Loc | ation of | Use | d Sololy | by | | Description | of Antoriol (ACM) | - Amount | | | 1631 | , l |
| Asbestes-Contai | ning Material (ACM) ARATIED | - Ma | interación Sustadia | | /6500 (E.G | _ Grannal System | s insulation, | SF or LF |) | Removal | Auto a | entre etch |
| III IN | (IS) | - 1 | (12) | | | ether miscellar | neous) | | 4 | NO. | Mainte | |
| | (1ed) | - - | No | N/A | | | | | | | L | 1 |
| 77.5 | | Yes | 165 | X | 774 | FROMAL II | U SO LATION | 70 | LF | X | | |
| BASEMEN | 0. | | | | 7.115 | | | | | Н | + | + |
| | | | | | | | | | | \dashv | + | + |
| | | | | | | | Mame of Regi | there I benefit | | | | |
| Name of Registered \ | | | DEPW | bete H | lauter | Cubic Yards 6 | 1 | | . i | | | |
| Best Remov | val Inc | | 7109 | 9 | | | 1 | Enterp | cises | · | _ | |
| Caly, State | | 076 | .01 | | | Disposal Date | | burg, 01 | h | | | |
| Hack | ensack, N.J. | 0/6 | 001 | | | 10-15-1 | 21, | | | ,, | ,7 | , |
| Completed by | (4) Estin | nato | or | | | RVeld | ran | | 10- | 4- | 15 |) |
| R. VELDRE | | | | | | Common common de | of adjulies | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| ate of Notification (1) 0/4/13 | | | Nan Be | ne of Bui rgen C | lding Own ounty Ho | er/Operator ousing Au | r (2) uth | ority | Í | | Ç. | - 9 | | n () | 5 | |
|---|--|----------------------------|----------------------------|---------------------|---------------------------------------|---|--------------|---------------------------|---|--------------------|-----------------|------------|---------|--------|-------------|------------|
| gencies Notified | Type Notification | | Stre | et Addre | en Cour | ity Plaza, | , S | econd F | Floor ? | 1 1 m | 7 + | os c | | ₹0 | L | - |
| EPA DEP DOL | Initial Amended Amendment #_ | | City | , State, I | Zip Code ack, NJ (| | | | | | | | | | | |
| DOH | Emergency (inc justification) | luding | | me of Co | | | | | | Teleni | none | Numbe | | 5-5 | | |
|] DCA | Cancellation | | 22753 | | Y INFORM | IATION | | | | | | | | | | \dashv |
| ame of Facility Where | e Abatement is Taking F | Place (3) | | | | | | Cube | ool (K-12) | (Other | than | K-12) | | | | |
| treet Address 151 Hackensack | Street | | | | | | 1. | Othe etc.) Square F | er (i.e. pri | vate & d | comm | ercial | | s, ho | | |
| City (5) East Rutherford | | | | | | | | 1796 | | 2 | | | 63 | | | |
| County (6) Bergen | | | Co (S | ounty Co TATE US | de (7) E ONLY) | | | Current U | | | | IOIISHE | | | | |
| Name of Monitoring F | rm Hired by Building O | wner (8) | | ASCM N | lo. | AB | S | of Abatem Environ | ment Cont mental | Service Service | es, | LLC | | | | _ |
| Street Address | | | | | | PC | B | Address Sox 483, | | ate Dri | ve | | | | | |
| City, State, Zip Code | | | | | | Gle | en | tate, Zip (wood, N | Code NJ 0741 | 8 | | | | | | |
| Project Manager for M | Monitoring Firm | | T | elephone | No. | 97 | 3- | one No. 583-850 | | | 703 | nse No | | | | |
| Start Date (10) 10/9/13 | | Scheduled | Comp | oletion D | ate (11) | Nar | me | of OSHA | Monitor | | | | | | | |
| Occupancy Status D | uring Abatement (Check | | | | | Str | eet | Address | | | | | | | | |
| Facility Closed/ Abatement Perf Other – Describ | Vacated During Entire Formed Outside of Norme: | eriod of Al al Facility | Hours | ent | | - Cit | ty, 5 | State, Zip | Code | | | | | | | |
| Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 | | | enovat emoliti | | | | | Mini- | Containm Enclosur ebag Pro Exempte | e cedure | | | | | 9 | |
| | | | | | | | L | Non- | Exemple | U () an | u Ivoi | I-I Hab | 1 | Abate | ment | |
| Loc | ation of | l N | Locati Iormal d Sole | ly | S S S S S S S S S S S S S S S S S S S | Descri | ptio | on of | (ACM) | _ | Amou | nt | | Ту | pe m | |
| Asbestos-Conta <u>TO BE</u> In | ining Material (ACM) E ABATED Facility (13) | Mai Cust | ntenar odial S (12) | nce/ Staff? | Asbest (i.e. | os Containi thermal sys surfacing other misc | ster a.V | ns insulat 'AT, or | ion, | | Speci F or l | | Removal | Repair | Encapsulate | Elicioanie |
| | | Yes | No | N/A X | | pipe in | su | lation . | | 1 | 30 L | F | x | | | |
| bas | sement | | | | | | | | | | | | - | | | |
| | | | | | | | | | | - | + | _ | | | | - |
| Name of Registere | d Waste Hauler | | | NJDEP V | | Cubic Ya | | 3 | Name | | | | 11 | 78 77 | | |
| Freehold Cartag | | | | Hauler II 15939 | NO. | 10 Disposal | | ate | G.R.C | | . Lar | iafiil | | | | |
| City, State Freehold, NJ | | | | | | TBD Sig | | | | sville, | PA | | ate | | | _ |
| Completed by | liggins | Title | siden | t | | Joig | , | M | | \ | | 1 | 0/4/1 | 3 | | |

New Jersey Department of Health Consumer, Environmental & Occupational Health Service

PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975

LINE TOS CONTROL NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

| Must be sub | mitted 10 days prior to the beginning of work. Please type or print legibly. |
|---|--|
| | Type of Notification (check one) and Date Submitted |
| Initial Amended Cand | Emergency (must include justification) Date of Notification: 10/03/20/13 |
| | Building Information |
| | Mercer County Technical Schools |
| Name of Building Owner/Operator: Street Address:_1085 Old Trent | on Road City: Trenton State: NJ Zip: 08690 |
| | Tolophone NO 1 |
| Name of Contact: Sean Cavalie | Facility Information |
| | Arthur Synek Center |
| Name of Facility Where Work Activity | to Take Place: |
| Describe Facility Use: School | Bull Run Road City: Pennington State: NJ Zip: 08534 |
| Street Address:Mercer | City County Code (state use only).: |
| County Name:Scheduled Start Date: 10/16/2 | 2. h. duled Completion Date: 10/22/2013 |
| Occupancy Status During Activity (check all that apply Scope of Work (check all that apply Floor Tile Mastic Other: | Ad/Vacated During Entire Activity Dormed Outside Normal Facility Hours—Describe: Tribe: Square Footage: 3,112 SF (non-asbetsos) Square Footage: 3,112 SF Percentage Asbestos: Square Footage: Percentage Asbestos: Contractor Information |
| Company Name: Shade Envi | ronmental, LLC |
| 200 | Cutler Avenue City: Maple Shade State NJ Zip: 08052 |
| Ottoberioare | 11 11-2 00042 |
| New Jersey Asbestos License Num Monitoring Firm (if applicable): P | ars Environmental Telephone No.: 609-890-7277 |
| Monitoring Firm (if applicable). | Signature |
| | arr Managor |
| Completed By (type or print legible Signature: | Christina Lynch Date: 10/03/2013 |

New Jersey Department of Health

Consumer, Environmental & Occupational Health Service

PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES—Exemption Request AS ASSISSION CONTROL Please Type or Print Legibly

| g - 5 - 24 44 - 2 - 3 | p e e net o | | Type of Ex | emption Reque | st | 3.36 | e e e |
|--|--------------------|---|-----------------------------------|-------------------------------------|---|----------------------------|---|
| Floor Tile | Roofing | Siding | Fransite | Other, exp | ain: | | |
| , or a | | 4 | Gener | al Information | | | 3 + A & |
| <u> </u> | | | Shac | de Enviror | mental, LLC | | |
| ame of Company ype of Company: | Corpor | | Individual | 1 W 1 | nership aple Shade | State: NJ | 08052 Zip: |
| failing Address: | | 1 | | City: <u>IVIC</u> | Telephor | ne No. (856)75 | 5-0099 |
| company Name:_ ax No.: (856) | | vironme | ntal, LLC phone No.: (856)7 | 55-0099 | Federal I.D. Number | 87-07217 | '31 |
| ax No.: (000) | | 1. | Date Inco | rporated: | //Stat | | |
| a spira menti s | 37 A | E | Primary | Company Cont | act | | i tradition |
| Name: Willian | m J. Lyncl | h | Title:_Owne | ∋r | | none No | 08052 |
| Address: 623 | | | | City: M | aple Shade | Stat e J | Zip: _08052 |
| The second secon | 4 | * * * | Company (as ide | entified above) | Information | 1 | # 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | | 1 | n existence? | 9Years | Vo | Months If yes, explain be | low: |
| *If you answere | d yes to the ab | ove questio | | nd address(es) fo | No Yes* | | |
| List all owners, Name (Last, Fir | | | 9% or more), officers, Address | and directors of | the company (use a s Office/Title | eparate ploss of p | % Owners |
| Lynch | Diana B. | | 623 Cutler Av | enue | Owner | | 80% |
| Lyrich, | Diana Di | | Maple Shade | and the second second second second | 2 | | |
| Lvnc | h, William | ı J. | 623 Cutle | r Avenue | Owner | | 20% |
| | 3.5 | All All and the second | Maple Shade | ∍, NJ 0805 | 2 | | |
| | | i i | | | | | |
| Directions for the C | Completion and Sub | omission of Co | | to Complete Thi | s Application ork Activities—Exemption Rec | quest form | Page 2 |

CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES (cont'd)

| en distribution en | Company's History of Legal Actions | |
|---|--|---|
| If you answer "yes" to any of the follow the statement to this form. | ring questions, you must provide a detailed statement to fully explain the circums | stances, and attach |
| Has the company or any person identif | ied on this form: | |
| been subject to, or has pending, any ministrative, governmental or regula NJDCA or NJDHSS? | disciplinary action(s), suspension(s), or citation(s) of violation(s) by any adtory agency, including, but not limited to, OSHA, EPA, NJDOLWD, NJDEP, | No Yes |
| | r resulting from any criminal, civil or administrative proceeding brought arties by any administrative, governmental or regulatory agency? | No Yes |
| been denied any license/certification tal or regulatory agency? | n/approval, or had it suspended or revoked by any administrative, governmen- | ✓ No Yes |
| been disbarred, suspended or disqu | alified by any federal, state or municipal agency? | ✓ No Yes |
| been a defendant in any civil or crin | inal litigation? | No es |
| | Historical Data (check most appropriate) | |
| The RFCI data is not applicable to employed. This data represents exposure exists. | the floor tile removal I am undertaking. Attached is data for the removal methodirborne asbestos levels generated during and after the removal, and is proof the check one): transite transite transite the removal methodirborne asbestos levels generated during and after the removal, and is proof the check one): transite the floor tile removal, and is proof the removal and is proof the remo | at no significant |
| | Statement and Signature | |
| such information contained herein is I understand that this inform For the same purpose, I also understa information which may be needed to provide full disclosure of any of the re completion of this form does not guar | contained herein is accurate, true and complete, to the best of my knowledge. I found to be false, I may be subject to the penalty provisions of N.J.A.C. 8:60. Ination is subject to verification and that I agree to provide any additional docume and that outside sources may be contacted, therefore I hereby give permission for determine if the contents of this document is valid and/or eligible. I also unders quested or required information may result in the rejection of this request. I also antee approval of this Request. Stand that, should this request be approved, I am required to follow any and all passes. | entation, as required. or disclosure of any tand that failure to o understand that |
| scribed by the New Jersey Departmen | t of Health in regulation and/or guidance documents as provided. | |
| I am authorized to sign for a ny identified in this document. | nd in behalf of persons listed as owners, partners, shareholders, officers and dir | ectors of the compa- |
| Name (Print): Christina Lync | h Office Manager | |
| Signature: | Date: 10/03/201 | 13 |
| | | |