NO CY

ASB-41 JUN 95 G4667

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) ECEIVED AMENDMENT # 1

| ETS JOB # 4287/14 | | | 2014-00 | AMENDIA | ENT # 1 | | | |
|--|---|----------------------------------|---|--|---|--|--|--|
| Date of Notification (1) 10/9/2014 | Nar TH | ne of Building Ov E PORT AUTH | wner / Operator (2) | NEW ATERSEN | 2 | | | |
| Agencies Notified Type Notification EPA | Stre 24 1 | eet Address I ERIE STREE | я 50 дел т, ROOM 236 — & LI | BS CONTROL | , | | | |
| DEP Initial Noti | | r, State & Zip Co | de J 07310 | CH2/HG | | | | |
| DOL Amended DOH Cancellation | | me of Contact | | T | elephone Ni | | | |
| DCA | MR | RALPH CAM | PIONE | | 0000 | | | |
| | F | ACILITY INFO | RMATION | | | | | |
| Name of Facility Where Abatement is HERTZ RENTAL FACILITY - BUI | | | Type of Facility (4) School (K-12) | | | | | |
| Street Address | LDING 25 | - | Subchapter 8 (Other th | nan K-12) | | | | |
| NEWARK LIBERTY INTERNATION | NAL AIRPORT | | Other (i.e., private & co | ommercial building | gs, homes, etc. | | | |
| 3 BREWSTER ROAD | | 1650 | Square Feet # of Flo | | ldg. Age | | | |
| | | y Code (7) | 8,000 | 2 | 50+ | | | |
| NEWARK ESS | SEX | | Current Use (Prior if being COMMERICAL - CAR R | | | | | |
| Name of Monitoring Firm Hired by Bui | Iding Owner (8) | ASCM No. | Name of Abatement Contra ETS CONTRACTING, IN | actor (9) | | | | |
| Street Address | | | Street Address | | | | | |
| 104 E. 25TH STREET - 10 TH FLO | OR | | 160 CLAY STREET | | | | | |
| City, State & Zip Code NEW YORK 10010 | | | City, State & Zip Code BROOKLYN, NY 11222 | 1 | | | | |
| Project Manager for Monitoring Firm PATRICK SISK | Telepho 212-35 | ne Number 3-8280 | Telephone Number 718-706-6300 | License N | umber 00511 | | | |
| Scheduled Start Date (10) Sche | duled Completion [12/31/20 | | Name of OSHA Monitor TESTOR TECH. | | | | | |
| Occupancy Status During Abatement | (Check only one) | | Street Address | | | | | |
| Facility Closed/Vacated Durin Abatement Performed Outside | 7 | | 10 59 JACKSON AVEN City, State & Zip Code | IUE | | | | |
| Describe: MONDAY - FRI Other - Describe: | | | LONG ISLAND CITY, N | Y 11101 | | | | |
| Scope of Work (Check all that apply) Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 LF A Quantity is ≥ 160 SF or ≥ 260 | | | Full Containmer Mini-Enclosure Glovebag Proce | nt with Negative P | ressure | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Loc Normal Sole Mainten Custodia | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems sulation, surfacing, VAT or other miscellaneous) | Amount (Specify Square Feet or Linear Feet) | Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure) | | | |
| ROOF LEVEL | YE | S | TSI | 8 LF | MINI ENCLOSURE | | | |
| ROOF LEVEL | YE | ES . | ROOF FLASHING | 25 SF | NON-FRIABLE REMOVAL | | | |
| | | | | - | KLINOVAL | | | |
| Name of Registered Waste Hauler TRI-STATE TRANSFER | NJDEP \ | Waste Hauler ID 2A-456 | # Cu. Yds. of Waste 5 | Name of Registe | ered Landfill TERPRISES, INC. | | | |
| City, State 1199 RANDALL AVENUE, BRON | IX, NY 10474 | 0.00 | Disposal Date TBD | City, State 9000 MINERV WAYNESBUR | | | | |
| Completed By (Print or Type) Richie Smith | Title Project Execu | tive | Signature | | | | | |

NO CK

| | (Pursuant to h | JAC 8:00 and 1Z | TZU) P | FOE! | |
|--|--------------------------------|--|--|--|--|
| no investigation (1) | pres / | Building Owner/Operal | or (2) | CELYF | D |
| 1000 | E-XXI | The second second second second second | WWW do | The Art | 7.6 |
| Type Notificatio | n Street Ad | | Hud | 7 16 AM 2: | S. |
| | 2 City Street | Pro Code | MASSES | OS CONTRU CENSULTRU | 3/ |
| Amended | 2 France | H mAn | 2149811 | CE CONTRI | n, |
| © Emergency (i | including Name of C | Contact | 21 1 21 | Telephone Nurr | spe- |
| U Cancellation | Mik | e Geci | | | |
| | | Y INFORMATION | | | |
| in a refucitiv Where Abelement is Take | ng Place (3) | 01 1 | Type of Facility | r (4) | |
| Frenche Lu | brication mrs | 3. Plant | O School (K-1) | 2) | |
| - the language | 1 | | Subchapter | 8 (Other than K-12 | |
| * Wind T | • | | homes, etc. | riviste & commercia) | II DUNONUSS |
| | | | Square Feet | # of Floors | Bidg Age |
| NUMETAR C | | 4 8 | 2,250 | NIA | |
| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | County Co | ode (7) (STATE USE | | nor if being demoli | shed) |
| 2020 | | | Storac | | |
| Virtue of Monitoring Firm Hired by Building | | - / | ment Contractor (| | . 101 |
| STILL INSIDE IN IRCHNI | birgus | lerra L | DOTTAGE 11 | My Service | 6,46 |
| 73 N. Tea RA POBER | 35 | Street Address | todium. | drine | |
| Late Time and | | City, State, Zic | Corte | | |
| 5 In Humoton NY 1 | 1969 | KALAMAZ | 1 1 1 11 | 9009 | |
| ged Menagester Monitoring Firm | Telephone No. | Telephone No. | | License No | A P. C. |
| 1 tel Ellems | 917-450-9 | 217269-375 | -9595 | 0/3 | 20 B |
| Torr Clare (10) Schedu | led Completion Date (111 | Neme of OSHA | Manitor | 7/10 | <i>i</i> (|
| The state of the s | 0-17-14. | ANALATICO | A STILL | t Largell | NO PERSON |
| Chemister Status During Abûtement (Che | ck only one) | Stroot Address | often 1 | 1 | V. |
| S Excitiv Closed/Raceted During Entire Pe Likewert Pedarmed During Entire Pe | | City, State. Zic | and department of the second section of the second | 20 1 | |
| U Other - Describe | or opposite the same of | | | HEAN 45 | 190 |
| Conson Week (Check all that apply) | | 7 | | | |
| _ ~ ~ ; o u | ☐ Benova | A STATE OF THE STA | -Enclosure | Negative Pressure | • 12 • 12 • 12 • 13 • 14 • 14 • 14 • 14 • 14 • 14 • 14 • 14 |
| 47 × 15 14 14 × 250 # | & Demolit | THE THE PERSON | rebag Procedure | Non-Friable Proc | |
| | is Location | CI Mon | -caempied () and | POSPPERIOR PEOC | Abatemen |
| Localton or | Normally | Description | i . | | |
| Asherios-Containing Material (ACM) | Used Solely by Maintenance/ | Asbestos Containing M | laterial (ACM) | Amount | - E- |
| TO SE ABATEO | Custodial Staff? | (i.e., thermal systems surfacing, VA | | (Specify SF or LF) | Repairs Removal |
| £131 | (12) | other miscellan | | | Removal |
| | Yes No. NA | | | | 13 |
| TANK = 99 | | TANK CORTIN | _ | 2,2505 | FY |
| 1.77823 | | ANG LOCIA | 9 | 210020 | 4 |
| and the second s | | | | | |
| | | | 1 | | |
| Registered Waste Hauler | NJDEP Waste Haute | | Name of Regist | tered Landfill | |
| metal Enveropmental | 5000 1US | 30 | High A | Acres La | nd file |
| THE LAND HOLD WATER | 100 | Disposal Date | City_State | 1-12 pay | |
| - colo Nos | | 9/30/14 | Fair Doi | H. NW | |
| Title. | 4 = 01 - | Signature | 01 | Charles of the second section of the s | Date 8-22-14 |
| Vann Mile DINE | tord Audit ma | Talen | · A. M | of | 8-17-14 |

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| Date of Notification (1) | | | | Name o | f Building Owner/Operato | or (2) | FILTER | | - | | | | |
|--|--|---|-------------------|-----------------------|---|--|--|---------|---------------|-------------|--|--|--|
| 6-10-14 | | | | | You Mabil FAL | ron mont | EIVEDILA | 0 | | | | | |
| Agencies Notified | Type Notification | | -+ | | Address | and per. | 6 AM 2: 52 | | | | | | |
| N EPA | | | | j. | 3 Beacham | 54001 | 6 AM 2:52 | | | | | | |
| A DEP | Initial Amended | Ω | 4ª - | City, St | ate. Zip Code SECH MA. If Contact | ASDECT | | | | | | | |
| N 50L | Amendmen | # 05 | | 1 | with MA | からいつ | S CONTRO. | | | | | | |
| | Emergency | | - | Name o | of Contact | C. S. & STICE | NS Halephone Nur | nher | | | | | |
| H DOA | Justification) | | 1 | Fo | c Errico | | Traffia Pronte res | | | | | | |
| | | | | Comment of the Labor. | ILITY INFORMATION | | | 4 | | | | | |
| Name of Facility Where | Abatement is Takir | g Place (3 |) | | 2.7 | Type of Facility | v (4) | | | | | | |
| FLITTER DAY | ronz Lubi. | icatia | 2/2 | of g | Plant | | (-12) er 8 (Other than K-12 private & commerci | | ldings | . homes | | | |
| (5) (5) | * <u> </u> | | minous survivo | | Post Acres distributed in the Adventure of the Adventure | etc.) | | | 21.1 | | | | |
| 12/20 | e a t | | | | | Square Feet | # of Floors | 1 1 | 3ldg. / | 6 | | | |
| County (6) | (C) | | - | | 6 | (0000 | 3 | | 60 | , | | | |
| County (6) | | | | | Code (7) USE ONLY) | FO AND TO A TO A | rior if being demolish | ned) | | | | | |
| 1748500 | TO SECURE A PROPERTY OF A SECURE AND A SECURE ASSESSMENT AND ASSESSMENT ASSES | | 1 | S) | | Hogardu | | | | | | | |
| Name of Monitoring Fire | | | | ASCI | | e of Abatement C | | | 7.7 | | | | |
| HSSET TNG | Dection /achi | ud/osic | 5, 1 | ۲. | 701 | rra contra | Cting SPY 61 | 40 | 146 | <u> </u> | | | |
| Street Address | | 500 | | | | et Address | 1 7 / | | | | | | |
| 123 N. Tea | Rd. 7.0. | Koy 3 | 015 | | | | 114m Drive | 71 | | | | | |
| City, State, Zip Code | | | | | City, | State, Zip Code | in | | 15-114-11-1-1 | | | | |
| Scriff Haki | 0 for 1, NY. | 1196 | 69 | | KAU | Ama LOD | M1. 49004 | | | | | | |
| Project Manager for Mo | nitoring Firm | | | Telepho | | hone No. | License N | | | | | | |
| 16-16-12 E/1 Start Date (10) | ams | | | | 269- | . 375. 9593 | 5 0120 | 28 | | | | | |
| | | Schedule | d Com | pletion | | e of OSHA Monitor ytical Tysting & Consulting States | | | | | | | |
| 7/1/14 | | / | 11/1 | 5/14 | - WACH | tical Testo. | na & Conscitu | n- | وإنسل | 7/25_ | | | |
| Occupancy Status Duni | io Abatement (Chec | k Only On | 1 | 1-1 | SILE | LACIDITACS | D | | | | | | |
| Facility Closed/Vat | sated During Entire | Period of A | batem | ent | 146 | is Dosty | 2 KM. | | | | | | |
| Abatement Perform | ned Outside of Norm | | | 75 1.00 | City. | State, Zip Code | | | | | | | |
| Other - Describe | DIESTERSTONE OF CONTRACT AND ADDRESS. | | | | - P/a | inwell, | m1. 45188 | | | | | | |
| Scope of Work (Check / | All That Apply) | | | | | | | | | | | | |
| 23 sfor ≥3 if ≥ 160 sfor ≥ 260 if | | Secretary. | enovat emoliti | | | Mini-Enclosu Glovebag Pr | | | | re | | | |
| The second secon | | le. | Locatio | | | | | | | emen! | | | |
| Location | n al | 120 HOUSE | ormali | | Description | n n (| 1. 1. | | Ty | 706 | | | |
| Asbestos-Containing | | MO 9740923331 | d Solei | 50 25 | Asbestos Containing I | | Amount | İ | | m | | | |
| TO BE AB | CO-Marine Committee | 100000000000000000000000000000000000000 | ntenan odial S | | (i.e. thermal system | | (Specify | Rei | R | Encapsulate | | | |
| In Faci (13) | C | | (12) | | surfacing, VA other miscella | | SF or LF) | Remova | Repair | psu psu | | | |
| 100000 | | V | A.I. | LU/A | | 12 10 10 | 1. | 9 | 7 | late | | | |
| | | Yes | No | N/A | | | | ļ | <u> </u> | L | | | |
| | (b.C | | | X | HAGRAMA I Siction | ninsulation | 17.1704 | X | | | | | |
| Ocadour P.S. | 7 | | | V | | Ingelation | 1.39746 | V | | | | | |
| | | + | | | | | | | | | | | |
| Carelianse: | Pro Pro Carlo | | 10.0 | X | Martic Call | <u> </u> | 34,608 | X | | | | | |
| Corchaise. | | - | | | | | | | | | | | |
| Conchuise | | | | | | | | | | | | | |
| Conchuise | ste Hauler | | 12000 | IDEP W | 2007 (T) | | Registered Landfill | <u></u> | | | | | |
| Cort house. Name of Registered War | | 1130 | Ha | auler ID | 2007 (T) | | Registered Landfill ACNOS (GH | 1+ | S11 | | | | |
| Name of Registered War ALMAT ENVI | | loids | Ha | | No. of Waste | HAIL | ACNOS COM | X + | S11 | | | | |
| Cort house. Name of Registered War | | bide. | Ha | auler ID | 2007 (T) | 4191 | ACNOS COM | x1+ | S11 | | | | |
| Name of Registered War HALMAT ENVIR City State | | | Ha | auler ID | No. of Waste Disposal Date | City, Ste | h Acros Can | - | 511 | | | | |
| OCHOUSE Name of Registered Was HALIMAT ENVIR City State Completed by | | Title | HE /6 | uler ID | No. of Waste | City, Ste | ACNOS COM | - | Sil | 1,,, | | | |

State of New Jersey

NO CF

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

| | | | ٧. | | | | | | E. | ECE | Check | (#7 | 517 | | | |
|--|--|---------|---------------|----------|-----------|-----------|-------------------------------|-----------------|--------------------------------|----------------------------|-------------|---------|---|----------|----------|---------|
| Date of Notification (1) | | | | | | | Operator (2) | 10,00 | 3) | no. | - 2, | -1 V | EI |) | 21050 | -1100-2 |
| | 10/9/14 | | 200.00 | | | e Uni | iversity | | | 2014 p 458ES | 77, | | | | | |
| Agencies Notified | Type of Notific | cation | | t Addre | | | | | | 458ES | 1 15 | AH | o | | | |
| [] EPA | [] Initial | 1 | One | Norr | nai A | venu | ie | | | ASBFO | | | <: { | 8 | | |
| [] DEP | Notificati | | City | State, Z | in Cod | Α | | | | 81 | 188 C | 11/17 | | 127 | | |
| [X] DOL | [] Emergen | | | | | | J 07043 | | | ~ L | ICENS | 1110 | RO | 1 | | |
| [X] DOH | [x] Amende Notificati | | ОРР | CI IVI | JIILOIC | , | 0 07043 | | | | .,0 | ING | | • | | |
| [] DCA | | | C. Machine of | of Cor | 0.000.000 | | | | Tele | ephone Nun | nber | | | | | |
| [] DCA | [] Cancellat | ion | Amy | / Ferd | dinan | d | | | 1 | | | | | | | |
| | | | | | FA | CILITY | INFORMATION | | | | | | | | | - |
| Name of Facility When | re Abatement is | Taking | Place (| 3) | | | | Тт | ype of Facility (4) | | - | | | | | |
| Life Hall, Montcl | | 977 | | -, | | | | ' | School (K) | -12) | than 1/ 10 | A | | | | |
| Street Address | un otato or | | ٠, | | | - | | + | Other (i.e. | er 8 (Other private and | commer | cial bu | ilding | gs, | | |
| 1 Normal Avenu | ie. | | | | | | | | homes, e | etc.) | | | | | | |
| 1 Homan Homa | .0 | | | | | | | S | Square Feet | # of Floor | rs | Bldg. | Age | - | | |
| City (5) | | Cou | nty (6) | | | | nty Code (7) | | B0000 | 2 | | ~ 50 | × | | | |
| Upper Montclair | | Ess | sex | | | (STA | ATE USE ONLY) | | Current Use (Prior | if being der | molished) | | | | | |
| Name of Monitoring F | irm Hired by Rui | Iding O | wner | ASC | / No | | Name of Abatem | - | ducational | | _ | | | | | |
| Whitman Compa | | iding O | VIICI | 001 | | | | | oiter Environn | nental S | envices | Inc | | | | |
| Street Address | arrico, mo. | | | 001 | 10 | | Street Address | oup | THE LIVIOIN | ileritai o | CIVICCS | , 1110. | | | _ | |
| 7 Pleasant Hill F | Road | | | | | | | ynn Court | | | | | | | | |
| City, State, Zip Code | todu | | | | | | City, State, Zip C | | | | | | - | | | |
| Cranford, NJ 08 | 512 | | | | | ľ | 17 SEAC AC ST | | ncoln Park, N | J 07035 | | | | | | |
| Project Manager for M | | T | elepho | ne Nun | ber | | Telephone Numb | | | | Licens | se Nur | nber | | | - 2 |
| Kevin Lovely | 45-3 | | | 90-58 | | | | | 3-709-0200 | | | | 00 | 85 | 2 | |
| Scheduled Start Date | (10) Sc | hed. Co | mpletio | n Date | (11) | | Name of OSHA | Mor | nitor | | | 00002 | | | | |
| 6/23/14 | 4 | 1 | 12/31 | /14 | | | | J 8 | & S Environm | ental La | borator | ries, | LLC | ; | | |
| Occupancy Status Du | | | | | | | Street Address | | | | | | | | | |
| | d/Vacated Durin | | | | | | 2 | 233 | 33 Route 22 \ | W | | | | | | |
| [x] Abatement P | erformed Outsideribe: | e of No | rmai r | achity r | iours – | | City, State, Zip C | Code | e | | | -00 | 300000000000000000000000000000000000000 | | | _ |
| [] Other – Desc | | | | | | | | Union, NJ 07083 | | | | | | | | |
| Scope of Work (Check | (all that apply) | | | | | | l. | | | | | | | - | | |
| 2550 450 7802 | 11.37 | | | | | | | | [] Full C | ontainment | with Neg | ative F | ress | ure | | |
| [] Demolition | | | | | [X] R | enova | ition | | | Enclosure | | | | | | |
| [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2 | en if | | | | | | | | | bag Proced Friable Pro | | | | | | |
| [X] 2100310122 | .00 11 | | la La | cation | | | | - 1-32 | [14] | 1 110000 1 70 | rooualo | | Ab | nton | noni | _ |
| | | | | ly Used | | | Descr | cripti | ion of | | | | Tyr | | ien | |
| Locatio | | | | ly by | | | Asbestos - | - C | ontaining | | Amou | 3005 | R | R | E | Е |
| Asbestos – C | | 1 53 | | ance/Ci | 200 | | Materi | | | | (Spec | | E | E | N | |
| Material (TO BE AB | | , | oulai S | taff (12 | ' | | (i.e., therr insulation, s | | | | SF or I | LF) | M | P | 10020 | C L |
| In Faci | and the same of th | 1 | 0 | | | | or other m | | | | | | v | i | | ō |
| (13) | (13) Yes No N/A | | | | | | | | | | | | A | R | | S |
| Various areas – in phases X | | | | | | AT | | | | | 4000 SF | | X | - | U | U |
| Various Areas – in p | | | X | | | SI | | | | | 2000 LF | | X | \dashv | \dashv | |
| various / ir cas iii p | mases | | - ^ | _ | 1. | | | | | | 2000 21 | | - | + | | |
| | | 1 | | | | | | | _ | | | + | \forall | | | |
| Name of Registered W | NJDE | P Wast | e | Cu | bic Yards | T | Name of Register | red Landfill | | | | | | | | |
| Jupiter Environmental Services Hauler | | | | | | Of | Waste | | Minerva Lan | | | | | | | |
| | | | 047 | 82 | | - | 50 | | | | | | | | | |
| City, State | ř | | | | | | sposal Date | | City, State | . 011 | | | | | | |
| | | | | | /31/14 + | | Waynesburg | J, UH | 15 | | | | | | | |
| Completed By (Print or Type) Title Signature | | | | | | Signature | 1 | (, | | Dat | ie /9/14 | 1 | | | | |
| rane Kepic | ane Repic General Manager | | | | | | | ~ | 1 | | 10 | 13/12 | t | | | |
| 05.77 | | | | | | 1 // | _ | | | -1 | | | | _ | _ | |

ASB-41 //
Note: Work to be done in phases. First phase is to start on 6/23/14 with expected completion on/about 6/30/14. Some 40 LF of TSI is to be removed via "wrap & cut" method from areas by auditorium. Amendments will be sent for other phases.

NOCK

| 100 - 1 | | | ursuant | to NJAC | 8:60 an | d 12:120 |)) <i>[</i> | Clor | SKIE | 1 | 3 | 28 | 7 | J | | |
|--|------------------|---------------------------|-----------------------|--------------------------|---------------------------|--|---------------------|--|------------------------|----------------|---------------|--------|-------------|-----------|--|--|
| Date of Notification (1) 10/8/14 | | | | f Building dam Gut | | | (2) 2014 s | יייייייייייייייייייייייייייייייייייייי | - T | U | | | | | | |
| Agencies Notified Type Notification EPA Initial | | | Street A | ddress ospect C | Circle | | ASOF | -115 | AM 2: | 42 | | | | | | |
| DEP X Amended Amendment | | _ | | ate, Zip Co ic Highla | | J 077 | 16 & | LICEN | CONTRIBLES Telephor | 01 | | | | | | |
| DOH justification) DCA Cancellation | including | | 850 12 (1) 12 (1) | f Contact Guttent | | | | | Telephor | ne Nu | mber | - | | | | |
| | | | FAC | ILITY INF | ORMAT | | | | | _ | | | | | | |
| Name of Facility Where Abatement is Takin house | g Place (3 |) | | | | | _ | acility (4) | | | | | | | | |
| Street Address 70 Prospect Circle | | | | | | | Sub Sub | chapter 8 er (i.e. pri | (Other tha | n K-1 imerc | 2) ial bui | ldings | , hom | ies, | | |
| City (5) Atlantic Highlands | | | | | | | Square F 1200 | | # of Floo | rs | - 1 | Bldg. | Age | | | |
| County (6) | | | | Code (7) USE ONLY | n | | Current U | Jse (Prior | if being de | molis | | | | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCI | M No. | | Name | of Abatem | ent Contr | actor (9) Services, | 110 | | | | | | |
| Street Address | | | 4 | | ****** | Street | Address | | | LLC | | | | | | |
| City, State, Zip Code | | | | | | City, S | Gate Driv | ode | | - | | | | | | |
| Project Manager for Monitoring Firm | | | | | | | wood, N | J 07418 | 3 | | | | | | | |
| | | | Telepho | | | | ione No. 583-850 |) | Lice 703 | nse N | lo. | | | | | |
| Start Date (10) 10/13/14 | Schedule 11/16/1 | 4 | npletion | Date (11) | | Name | of OSHA N | Monitor | | | | | | | | |
| Occupancy Status During Abatement (Checi Facility Closed/Vacated During Entire F | | | | | | Street | Address | | | - | | | | | | |
| Abatement Performed Outside of Norm Other – Describe: | al Facility | Hours | City, State, Zip Code | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 157 | | | | _ | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | provided. | enova | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | 0 | | | | |
| | | ocati | | | | | | T | 7 4114 11011 | Tilab | 10110 | | ement | ŧ . | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Used | ormali Solei itenar | y by | Asbest | Des | cription aining M | of aterial (AC | :M) | Amount | | - | T) | pe | Γ | | |
| In Facility (13) | Custo | | STREET | (i.e. | surfac | systems ing, VAT iiscellan | | | (Specify SF or LF | | Remova | Repair | Encapsulate | Enclosure | | |
| basement | Yes | No | N/A | | | | | | | | /al | 7 | ılate | ure | | |
| Dasement | | | X | | pipe | insulat | ion | _ | 50 LF | | х | | | | | |
| | - | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | T KI | JDEP Wa | -4- | 0.11.5 | | | | | | | | | | | |
| Freehold Cartage | Hauler N | | | | Cubic Y of Wast TBD | | | me of Req 3D | istered La | indfill | | | | | | |
| City, State Freehold NJ | | | | | Disposa TBD | al Date | Cit | y, State | | | | 20 | - | | | |
| Completed by A. Scott Higgins | Title Preside | ent | | | Sig | gnature | 11 | $\overline{}$ | | Dat | | 8/14 | | | | |

| F7) 24 | Print Form |
|----------|------------|
| ME(| EIVEN |
| 2014 007 | LEU |
| 0011 | 5 AM 2: 53 |

| Date of Notification (1) 10/8/2014 | | | Name of Building Owner/Operator (2) BERGEN COUNTY IMPROVEMENT AUTHORITY SEESTES CONTROL Street Address 1 BERGEN PLAZA, 4TH FLOOR City, State, Zip Code | | | | | | | | | | | |
|---|--|-------------------------|--|-------------------|---------------------|--|--|--|------------------------|----------|------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street Ad | ldress GEN PLA | ZA, 4TH FI | LOOR | | | 8 | -10 | SENS | OH: | TRI |
| EPA DEP DOL | Initial Amended Amendmen | | | | | NJ 07601 | | | | | | -18. | 114 G | |
| ☑ DOH DCA | Emergency justification) Cancellation | 8 5 | 100 | Name of ROBER | Contact RT S. GA | RRISON | | | Telepho | one Num | oer | | | |
| | I | | | FACIL | ITY INFOR | MATION | | | | | | | | |
| Name of Facility Where BERGEN REGION | | | | | Y | | | of Facility (4) School (K-12) | | | | | | |
| Street Address 230 EAST RIDGE | WOOD AVENU | E | | | | | N C | Subchapter 8 Other (i.e. pri etc.) | | | | lings, | home | S, |
| City (5) PARAMUS | The second secon | | | .2 | | | | e Feet | # of Flo | ors | В | dg. A | ge | |
| County (6) BERGEN | • | | | County C | ode (7) | | Curre | nt Use (Prior | if being d | emolishe | ed) | | | |
| Name of Monitoring Firm BRINKERHOFF E | | | ICES | ASCM | No. | | | tement Contr | | CTING | 6, IN | С. | | |
| Street Address 1805 ATLANTIC A | VENUE | 70.00 | | | | | Addres | is HERFORD | BLVD. | | | | | |
| City, State, Zip Code MANSQUAN, NJ 0 | W3.00-10.00000 | | | | | City, S | State, Zi | | | | | | | |
| Project Manager for Mo JASON P. HOOPE | nitoring Firm | | | Telephor | ne No. 3-2225 | Telep | hone No | o. | Lic | cense No | | | | |
| Start Date (10) 10/9/2014 | -1 \ | Schedule | d Con | | | Name | of OSH | A Monitor (9) ABOV | | 7101 | 199120119 | | | |
| | 11.1 | | | | | | Addres | 772 20 | | | 0.00 | | | 23 |
| Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe: | cated During Entire ned Outside of Nor | Period of A | baten | nent | | 3.2.3.3.3 | State, Zi | 55. | | | - | | | |
| Scope of Work (Check | | | | | | | Do . | - | | _ | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ыг тпас арргу) | - | enova emolit | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | e | |
| | | (V) (V) | Locat | -990.00 | | | | | , | | | Abate | ement pe | |
| Locatic Asbestos-Containin <u>TO BE Af</u> In Fac (13 | g Material (ACM) BATED illity | Used Mai | lormal d Sole ntena odial S (12) No | ly by nce/ | (i.e. th | Description S Containing I ermal system surfacing, VA other miscella | Material ns insula AT, or | (ACM) | Amou (Spec SF or | cify | Removal | Repair | Encapsulate | Enclosure |
| EVTE | NOD | 165 | | INCA | | ONDUITA | VID V D | | 15.1 | _ | 37 | | | |
| EXTER | RIOR | | X | | | | NDUIT WRAP 15 I | | | | X | | | |
| | | | | | | 3210 | | | | | | | | |
| Name of Registered Wa | 13239 | NJDEP Waste Cubic Yards | | | | | | | | | | | | |
| TWO BROTHERS | CONTRACTIN | G ———— | 1500 | lauler ID 8743 | | of Waste 1 Disposal Date | | WASTE City, State | | GEME | NT G | 6.R.C |).W.S | S. |
| City, State CLIFTON, NJ | | | 10/13/2014 MORRISVILLE, PA | | | | | | | | | | | |
| Completed by VIVECA RAMOS | | Title PRO. | JECT | COOF | RDINATO | Signatur | e ~~ & | , La | nn | Dat 10 | e /8/20 |)14 | | |

B & G proj. #: 2014-177

State of NJ

| | | | | | LIVILI | CLIT | <u> </u> | 2 3 7 7 | | | | | |
|--|--------------|--|-----------|-------------|----------------|----------|--|---------------------------------|------------------------|----------|-----------|-------|---|
| Date of Notification (1) | | Nan | ne of Bui | Iding Own | er/Operator (2 |) | 2014 007 | 16 - | | | | | |
| 1 1 0 1 0 8 1 1 1 | 4 | Li | nden B | oard of E | Education | | raid OCT | 16 AH 2: | 50 | | | | |
| | otification | Stre | et Addre | SS | | | | | | | | | |
| | nitial | 2 | East G | ibbons 9 | Street | | 211 | es contro | DL. | | | | |
| ☐ DEP — | | City | State, Z | Zip Code | | | ~ ~ | -cusiii0 | | | | | |
| DOL A | mendment | L | inden, | NJ 0703 | 6-2951 | | | | | | | | |
| № DOH | | Nam | ne of Cor | ntact | | | | Telephone | Number | | | | |
| □ DCA □ C | ancellation | | Kathlee | n A. Gay | rlord | | | | | | | | |
| | | | | FACI | LITY INFORM | MATION | | | 2001000 | | | | |
| Name of facility where abate | ement is tak | ing place | (3) | | | | | Type of Facility (| | | | | |
| School # 8 (NON-SUI | 3 8) | | | | | | | = | (K - 12) apter 8 (O | ther th | an K | 12) | |
| Street Address | | | | | | | | Other (| Private/Co | omme | | , | |
| 500 W Blancke Stree | t | | | | | | | | Homes, e | | Blo | lg. A | ae |
| City (5) | | County | (6) | | | Cour | nty Code (7) | | | | THE STATE | | |
| Linden, NJ | | Unior | 1 | | | (Stat | e use only) | Current Use (Pr school non s | | g dem | olishe | d) | |
| Name of Monitoring Firm His | red by Bldg. | Owner | (8) | 1 | ASCM No. | | Name of Abatement C | ontractor (9) | | | | | |
| | I/A | 11 | | | | | B & G Restoration | ı, Inc. | | | | | |
| Street Address | | | | 77 | | | Street Address | | | | | | |
| | | | | | | | 105 Ryerson Road | i . | | | | - | |
| City, State, Zip Code | | | | | | | City, State, Zip Code | 07025 | | | | | |
| Project Manager for Monitorin | og Firm | | TDh | one Numb | or | | Lincoln Park, NJ Telephone Number | 07035 | License | Numb | er | | |
| Project Manager for Monitorii | ig i iiii | | 1. | one reamb | | | 973-696-6869 | | 0378 | , , | - | | |
| Scheduled Start Date (10) | | School (| Completio | on Date (1 | 1) | | Name of OSHA Monito | or | - | | | | |
| 10/09/2014 | | | 0/2014 | | ., | | B & G Restoration | n, Inc. | | | | | |
| | -11/0 | | | | | | Street Address | | | | | | |
| Occupancy Status During Ab Facility closed/vacated | | - meen and the second | | ment | | | 105 Ryerson Roa | <u> </u> | | | | | |
| Abatement performed | | | | | | | City, State, Zip Code | | | | | | |
| Describe: | work @ | 4:00 pr | n | | | | Lincoln Park, NJ | 07035 | | | | | ¥ |
| Scope of Work (check all that | | 1,00 01 | | | | | | | wrap | & cu | t | | |
| Demolition | | novation | | | | Пғ | ull Containment w/neg | - | Glove | | | re | |
| >3 sf or >3 lf | _ |) sf or >2 | 960 If | | | | fini-enclosure | | Non-fr | | | | |
| | | 302 | | used solely | vI | | | | | R | R | E | T_ |
| Location of asbestos-containing | by | maintena | | | | ion of a | sbestos-containing | Amount | | e m | e p | n | l E |
| material to be | sta | ff(12) | 73481 | T | material | | 5 | (Specify S | For | 0 | а | a | C |
| abated in facility (13) | 1 | 'es | No | N/A | | | | 1 | | v e | i r | р | - |
| Old cafeteria | | X pipe (wrap 8 | | | | |) | 12 lf | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | 早 | | | 12 |
| | | | | | | | | | | <u> </u> | ᆜ | 브 | 뿌 |
| | | | | 1 | 1 | ~~ | | 1511 | | <u>.</u> | Ш | Ц | <u> </u> |
| Registered Waste Hauler B & G Restoration, Inc. | | NJDEF 1956 | Hauler | ID# C | cubic Yards of | vvaste | Name of Registered Tullytown Resour | ce & Recovery | Center | | | | |
| City, State | | | | Disposal I | | | City, State | | | | | - | |
| Lincoln Park, NJ 07035 | | | | | 0/2014 | | Tullytown, PA | | | | | | |
| Completed by (Print or Type) | | The same of the sa | | | Signature | (| Gordana Luna | | Date | 1004 | | | *************************************** |
| Gordona Luna | I Ca | cretary/ | Treasur | er | 1 | | zeruwna szana | | 10/08 | 1207 | 4 | | |

| Date of Notification (1) | | Name of Building Owner/Operator (2) DIV HDV Newark LLC c/o Highland Development of AMI2: 46 Street Address 405 Tarrytown Boad, Suite 1011 | | | | | | | | | | | ' | | |
|--|---------------------------------------|---|------------------|--|-------------|--|--|---------------|----------------------------|-----------|------------------|--|---------|-------------|-----------|
| 10/8/2014 | T NI-41641 | | - | DIV HI Street Ac | JV New | ark Li | _U C/O F | Highlar | na Devel | opme | MAN 61 | Trupres 16 | AM | 20 | |
| Agencies Notified | Type Notification | | | 405 Ta | arrytown | Boar | d Suite | 1011 | | £ | и. | | M | 12: | 16 |
| EPA DEP DOL | Initial Amended | | - 1 | | te, Zip Cod | | 2, 00.10 | | | | . 0 , | 1.507 | 25 | 7* | |
| X DOL | Amendment | | _ | | Plains, N | | 607 | | | | دخ ل | -10 | Till c | (1.0 | ! |
| X DOH | Emergency (justification) | including | | Name of | Contact | 5000 5000 | | | | Tele | phone | Number | 111 | | |
| DOH DCA | Cancellation | | | Paul Y | oung | | | | | | | 5550 | 0-000 | | |
| Name of Facility VAII- | N Talia | - DI (0) | | FACIL | ITY INFO | RMAT | ION | T | f Facility (4 | ` | | | | | |
| Name of Facility Where A Formerly Family La | | g Place (3) |) | | | | | 100.00 | | 6 | | | | | |
| Street Address | uriary | | | | | | | | chool (K-12 ubchapter 8 | | er than I | K-12) | | | |
| 50-64 Gould Avenu | ie | | | | | | | x O | ther (i.e. pr | | | | dings, | home | as, |
| City (5) | | —(F.2 et al.) | | | | | | Square | tc.) e Feet | # of | Floors | E | Bldg. A | ge | |
| Newark | | | | | | | | 3500 | 0 | 3 | | | 94 | | |
| County (6) | | | | County C | | | | | t Use (Prior | | 0.070 | | | | 3 |
| Essex | | - in the second | | | ISE ONLY) | - | | NO. 100016099 | er Laund | | | t for De | moliti | on | |
| Name of Monitoring Firm | | Owner (8) | | ASCM | | | and the state of t | | ement Cont | | (9) | | | | |
| EnviroVision Consu | litants, inc. | | - | 0007 | 9 | | | Address | ntracting, | inc. | | | | | |
| 20-21 Wagaraw Ro | ad – Bldg 35F | | | | | | | | n Avenue | a Un | it 365 | | | | |
| City, State, Zip Code | /dd | | | | | | 100000000000000000000000000000000000000 | tate, Zip | | , | | | z1:55: | | |
| Fair Lawn, New Jer | | | | | | | | 07012 | | | | | | | |
| Project Manager for Mon | Project Manager for Monitoring Firm | | | | | | Teleph | none No | | | Licens | se No. | | | |
| Fred Larson | | | | 973-63 | 36-9145 | | | 450-9 | | | 0103 | 36 | | 11 | |
| Start Date (10) | | Schedule | | npletion [| Date (11) | | | | A Monitor | | | | | | 111 |
| 10/20/2014 | N - 1 - 1 / 0 | 12/20/2 | | | | | 0.000 | Address | ntracting, | inc. | | | | | -12 |
| Occupancy Status During | 7 33 | | | 1000 A | | | (100,000,000,000,000,000,000,000,000,000 | | n Avenue | a lin | it 365 | | | | |
| Facility Closed/Vaca Abatement Perform | | | | terrierit | | | | | | | | | | | |
| Other - Describe: | | | | Clifton, NJ 07012 | | | | | | | | | | | |
| Scope of Work (Check A | ll That Apply) | | | | | | | | | | | | ****** | | |
| ≥3 sf or ≥3 lf | | R | enova | tion | | Full Containment with Negative Pressure | | | | | | ıre | | | |
| ≥160 sf or ≥260 lf | | × D | emolit | ion | | Mini-Enclosure Slovebag Procedure Non-Exempted (*) and Non-Eriable Proce | | | | | | | | | |
| | | | | | | | × | Non | -Exempted | | d Non-F | riable Pro | ocedur | е | |
| | | ls | Locati | on | | | | | | | | | | ement pe | t |
| Location | | | lormal d Sole | | | | escription | | | | | | T ., | | |
| Asbestos-Containing TO BE AB | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Mai | intena | nce/ | | | ntaining N al systems | | | | mount Specify | D. | | Enc | Б. |
| In Facil | ity | Cust | odial 9 (12) | stam? | | | acing, VA miscellar | | | SF | or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | | ., | | | | other | miscenar | leous) | | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | = | ılate | ure |
| | | Yes | No | N/A | | | | | | A17.1.20 | | | - | | |
| Basement - Bo | oiler Room | | X | | | Boile | er Insula | ation | | 3,6 | 00 SF | - X | | | |
| Basement - Bo | oiler Room | | X | | | - | e Insula | | | 20 | 00 LF | Х | | | |
| Basement - Bo | oiler Room | | X | | | F | ire Bric | k | | 50 | 00 SF | Х | | | |
| Basement - Bo | | | X | 1 | Tra | | Electric | cal Par | | | 0 SF | X | | | |
| Name of Registered Was | ste Hauler | | 1000 | JDEP W lauler ID | | Cubic of Wa | c Yards | | Name of F | 200220 10 | | | | | |
| Atlantic Carting, LLC | | | | IJ-641 | 110. | TBD |) | | IESI PA | | nlehen | n Landfi | II Cor | pora | itior |
| City, State Wayne, NJ | | | | Disposal Date City, State TBD Bethlehe | | | | | | ЭД | | | | | |
| Completed by | | Title | | - | | | Signature | 3 | 20011011 | J.11, 1 | | Date | | | |
| Sean Zoric | | Pres | ident | | | | Lei | | | | | 10/8/2 | 2014 | | |

| Location of Asbestos- Containing Material | | Is Location Normally Used Solely by Maintenance Custodial Staff? Description of Asbestos Containing Material (ACM) (i.e. thermal systems Amount (Specify SF or | | | | Al | oatem | ent Ty | pe |
|--|---------|--|----------------|--|---------------------------|---------|--------|-------------|-----------|
| Location of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13) | M | ainten | ance Staff? | | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Ye s | No | N/A | or other miscentificous) | | oval | air | te | sure |
| Basement | | X | | Pipe Insulation & Insulation Debris | 200 LF | Х | | | |
| Basement Restroom | | X | | Plaster | 300 SF | X | | | 10000 |
| Basement | | X | | Exhaust Packing | 10 SF | X | | | |
| 1st Floor Restroom | | X | | 9"x9" Floor Tiles and Mastic | 250 SF | X | | | |
| 1 st Floor Middle Section | | X | | Sprayed On Insulation | 250 SF | X | | | |
| 1st Floor South Side | | X | | Pipe Insulation | 10 LF | X | | | |
| 2 nd Floor North West Corner | | X | | Wall Plaster | 200 SF | X | | | |
| 2 nd Floor West Side | | X | | Tar Paper Under Wood Floor | 5,000 SF | X | | | |
| 2 nd Floor | | X | | Pipe Insulation | 50 LF | X | | 1 | |
| 3 rd Floor Fur Room | | X | | Plaster / Insulation Under Plaster | 2,000 SF | X | | | |
| 3 rd Floor Fur Room | | X | | Pipe Insulation | 30 LF | X | | | |
| 3 rd Floor Fur Room | | X | | Fire Door Packing | 20 SF | X | | | |
| 3 rd Floor | | X | | Pipe Insulation | 5 LF | X | + | | |
| 3 rd Floor | | X | | Transite Electrical Panel | 10 SF | X | | | |
| Lower Roof Parapet | | X | | Flashing | 1,000 SF | X | | | |
| SW Corner Roof | | X | | Roofing | 1,000 SF | X | | | |
| Boiler Room Wall | | X | | Sheeting | 500 SF | X | + | | |

Print Form

| 100 | 100 | | - | | _ | | | | | | | -0, | 1 | 15 | 1 |
|--|-----------------------------|-----------------|----------------------|-------------------|--------------------|-----------|------------------------|---------|--------------------------------|----------------------|---------------------|----------|---------------|--------------|-----------|
| Date of Notification (1) | 0 | | Na | | Building Pleat | | Bea | | Dobart | m | 2014 | arb , C | w |)-b | is |
| Agencies Notified | Type Notification | | Str | eet Ad | dress | | \ | | Duo | | A street | -1 16 | Al | 1 /: | 58 |
| EPA DEP | Initial Amended | | Cit | | e, Zip Co | | JR CZ | ez | roc | | HORES | TES | CAI | UTO | |
| DOL DOL | Amendment Emergency (| | - <u>LP</u> | | | cut a | Beac | h | New. | - | Se je C | 多日 | 四 | G | UL |
| DOH DCA | justification) Cancellation | | Na | me of | Contact | | | | | Tel | ephode N | | | - | |
| Al | | - Di (0) | | FACIL | ITY INFO | ORMATI | ON | Ť | -6 F106-7 | 4 | | 1 10, | | | |
| Name of Eacility Where At | + Beach | | hu | مد | | | | | of Facility (4 School (K-1) | 31 5 . 310 | | | | | |
| Street Address | ()) | | | > | | | | | Subchapter Other (i.e. p | 8 (Oth | | | dinas | home | |
| City (5) | 2129 | | | | | | | A . | etc.) | | f Floors | | ldg. A | | , |
| Dt. Pleasan | + Beach | | | | | | | / | 50 | # 0 | / | | 20 | | |
| County (6) | | | | | ode (7) SE ONLY |) | | - | nt Use (Pric | | | shed) | $\overline{}$ | | |
| Name of Monitoring Firm I | Hired by Building | Owner (8) | - | ASCM | No. | | Name | • | tement Con | | 1 | | | | |
| | | | | | | | | | ation Co., | Inc. | | | | | |
| Street Address | | | | | | | Street / 95 M | | ss se Road | | | | | | |
| City, State, Zip Code | | | | | | | 440 | | ip Code k, N.J. 07 | 722 | - | | | | |
| Project Manager for Monit | oring Firm | | Tel | ephon | e No. | | Telepho | | | 122 | License | No. | | | |
| | | | | | | | 732-2 | | | | 00029 | | | | |
| Start Date (10) | | Scheduled | 3 1 | etion D | ate (11) | | Name o | of OSH | 1A Monitor | | | | | | |
| Occupancy Status During | Abatement (Chec | | | 1 | ******* | .sed | Street / | Addre | ss | | | | | | |
| Facility Closed/Vacat | ed During Entire f | Period of Ab | atemen | t | | | City St | ate 7 | ip Code | | | | | | |
| Other - Describe: _ | FAM | 1-230 | 7 | | | _ | Oity, Oi | | .p 0000 | | | | | | |
| Scope of Work (Check All | That Apply) | | .8 | | | | ₩. | / | | | | _ | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | novation molition | | | | | Mir | Containme i-Enclosure | • | n Negative | Pressu | re | | |
| | | | | | | | | | n-Exempted | | d Non-Fria | able Pro | cedur | 9 | |
| | | | ocation ormally | | | | | | 1 | | | | Abate Ty | ment pe | |
| Location of Asbestos-Containing N | Naterial (ACM) | Used | Solely t | | | stos Cont | scription taining M | aterial | | | Amount | | | m. | m |
| TO BE ABA | | Custo | dial Stat (12) | | (1.0. | surfa | systems cing, VA | r, or | ation, | | Specify F or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | | - | | N/A | | oulei ii | niscellan | eous) | | | | Val | = | ulate | ure |
| indoors | | 100 | 140 | V | +60 | 205 | te (| 70:1 | lios | 15 | 0 1 | V | | | |
| 1, 1, 50) | | | | - | 1,00 | 24 131 | <u>u</u> | _(1 | 11.19 | 1) | Ψ.μ | 1 | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Ace Insulation Co., In | | | Hau | EP Wa ler ID I | | of Wa | Yards ste | | G.R.O. | | ered Land | HI | | | |
| City, State | | | 120 | 00 | | Dispos | sąl Datę | | City, State | - | | | | | - |
| Colts Neck, New Jers | еу | T | | | | i i | 3/13/ | 14 | Tullytov | | CO. Carrier | | | | |
| Completed by Bree McGuire | | Title Secret | ary Tr | easui | rer | S | ignature | 10 | p.M. | | . [| Date | 101 | Y | |
| | | | • | | | | 0 | ,~~ | | 1 | | - 1 | 1-11 | - | |
| ASB-41 (R-06-08) | | | | | | | * Do no | t use t | his form for | abes | tos licensu | іге ехеп | pted | activit | ties. |

Check# 2472

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

| | | | (Pur | suant to | O DAUN C | .ou anu | 12.120; | | | | F. | E (| | 11 | 1 2- | |
|--------------------------------------|--|-------------|---|-----------------------|------------|---------------|---|-------------------|---------------------------|-----------|---------------------|-------|---------|-------------|-------------|-----------|
| Date of Nptification (1) | | N | Name of Building Owner/Operator (2) Wm Blon Chard Ompally Set 16 | | | | | | | | | | | | 7 | |
| 10/11/14 | | | | [1 | m | 31cm | nch | ard | (5~ | pa | 2014.01 | 7 | 10 | | | |
| Agencies Notified | Type Notification | | S | treet Ad | dress | mo |)in | tai | | | J Saco | 9 | 10 | AM | /: | 58 |
| EPA EPA | Initial Amended | | C | ity, State | e, Zip Coo | de | · · · | 700 | 1 1 10 | <u> </u> | DAES. | 78 | Si | Oit | ·m | |
| DEP DOL | Amendment # | | _ \ ` | 1 | orin 9 | ('-0 | 10, | MCC | n Jer | Sey | . 89 | 161 | PAK | MEL | IRU | IL |
| M DOH | Emergency (in justification) | cluding | N | lame of | 1 1 1 1 | 0 | 1 | | | Tele | phone N | umbe | er | , it af | 7 | |
| DCA | Cancellation | | | 10 | 11 | arring | 101 | | | | , U_ | | | | | |
| Name of Facility Where | Abatement is Taking | Place (3) | | FACIL | ITY INFO | RMATIC |)N | Type o | of Facility (4 | i) | | - | - | | | |
| Physical Pacific Vinere | har trade | 10+18 | n í | 301 | 1d-0 | 1 | | _ | chool (K-12 | 1500 | | | | | | |
| Street Address | 11. | | | | | 0 | | | ubchapter ther (i.e. p | | | | nuildi: | nas. t | nome | s. |
| 214 Ki | ags Highi | vay | | | | | | U et | tc.) | | | | | | | |
| City (5) | to tions | h.o | | | | | | Square | e reet | # 01 | Floors | | DIG | ig. Aç | le | |
| County (6) | 1011 100015 | 117 | 19 | County C | ode (7) | | | Curren | t Use (Pric | r if bair | ng demali | shed | 1) | | | |
| | | | - 1 | | ISE ONLY) | | _ | -6.05-6 | | (an atom | (0) | | | | -0 550 | |
| Name of Monitoring Firm | 1 Hired by Building O | wner (8) | | ASCM | No. | | | | ement Con tion Co., | | (9) | | | | | |
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| Start Date (10) | | | | | Date (11) | | Name | of OSH | A Monitor | | | | | | | |
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| Colts Neck, New Je | 51 3 C y | Title | | | | | Signatur | e | 1 7 | | T | Date | | 1 | 7 | |
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* Do not use this form for asbestos licensure exempted activities.

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| | | | (P | ursuant | to NJAC 8:6 | and 12:120 | D) REC | J - 1. | | | | | |
|---|--|----------------|-------------------|--|--|---|--|----------------------------|--------------------------|---------------|----------------------|-------------|-----|
| Date of Notification (1) October 10, 2014 | | | | Name o | f Building Ow Offer | ner/Operator | PE (2) 2014 CCT | EH | /ED | | | | |
| Agencies Notified | Type Notification | | | Street A | ddress udson Stre | et | 2019 657 | 5 AF | 12:51 | - | | - | |
| EPA DEP X DOL | Initial Amended Amendment | # | _ | City, Sta | ate, Zip Code ensack, NJ | 07601 | ASBESTE & LICE | S, COA | ITROL | | | | |
| DOH DCA | justification) Cancellation | including | | | f Contact | | ASDESTO & LICE | Hall Hell | ephone Nu | mber | | | |
| | | | | FACI | LITY INFORM | MATION | | | | | | | |
| Name of Facility Where OK Sales Tip Top | | g Place (3 | 3) | | | | Type of Facility School (K | 2007 (1607) 2004 (2007) | | | | | |
| Street Address 375 Blair Road | | | 111 | | | | | | er than K-1 & commerc | | dings | home | es, |
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| County (6) Middlesex | | 7/ | | | Code (7) USE ONLY) | | Current Use (P Office/Show | | | | е | | |
| Name of Monitoring Fire Environmental Cor | | Owner (8) | | ASCN | l No. | | of Abatement C | | | | | | |
| Street Address 2002 Renaissance | Boulevard, Suite | e 110 | | | 40000 | | Address Glenwood Dr | ive | _ | | - | | |
| City, State, Zip Code King of Prussia, PA | A 19406 | | | | эссэнн | 100000000000000000000000000000000000000 | State, Zip Code hington Cros | sing, P | A 18977 | | | | |
| Project Manager for Mo Richard S. Werner | | | | Telepho 610-27 | ne No. 79-7070 | Teleph | none No. 240-6356 | | License N 01225 | lo. | | | |
| Start Date (10) 10/27/2014 | | Schedule | | npletion | Date (11) | Name Sam | of OSHA Monito | r | | | | | |
| Occupancy Status Durin | ng Abatement (Check | | | | | | Address | | | | | | - |
| Facility Closed/Vac Abatement Perforn Other – Describe: | cated During Entire P ned Outside of Norm | eriod of A | Abatem Hours | nent | | City, S | itate, Zip Code | | | 91 | | | |
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| City, State New Castle, DE 197 | 720 | | | 1000 | | sposal Date | | ite esburg, | .ОН | | | | |
| Completed by Elizabeth Gosek | | Title Presi | dent | | | Signature | Alfro | | Da | ite 0/10/2 | 2014 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2015 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 / 14 10 Gladys Rosado Agencies Notified Type Notification Street Address ☐ EPA X Initial 717 Floral Avenue X DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # DCA Emergency (including Elizabeth, NJ 07208 (NJAC 5:23-8) justification) Name of Contact Cancellation Gladys Rosado FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, 717 Floral Avenue homes, etc.) City (5) Square Feet # of Floors Bidg. Age Elizabeth, NJ 07208 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 Start Date (10) 01127 Scheduled Completion Date (11) Name of OSHA Monitor 10 / 19 / 14 __10__ / __20 _ / __14 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg .# 34A Time of Abatement: ____AM-___PM/__PM___AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure ≥ 3 sf or >3 lf ≥ 160 sf or ≥260 lf Full Containment with Negative Pressure Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Removal Encapsulate Repair Enclosure TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SIF or LF) other miscellaneous) Yes No N/A Basement X Pipe insulation 165 LF X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill

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ASB-41

MAY 11

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

Title

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TBD

TBD

Signature

Disposal Date

T.R.R.F. Inc

Tullytown, PA

Date

10/09/2014

City, State

Gr Tech LLC

Wayne, NJ 07470

Completed By (Print or Type)

City, State

| Date of Notification (1) | 1 & | | | of Building | Owner/Operator | (2) G-11 \ 1 \ A | 2 | | | 21.0 | |
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| AT DOH . | Emergency (including justification) | g | Name o | of Contact | | | Telephone Num | ber | | | |
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| Name of Monitoring Firm His (8) | ed by Building Owner | ASC | M No. | | | neut Contractor (| | | | | |
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| Project Manager for Monitor | ing Firm | Telepi | hone No. | | Telephone No. | buon, an | License No. | | | | |
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| | et Address O Queen Ann Ro | ad | | | | | | | × | Subchapter 8 Other (i.e. pr | (Other | than K-12 commercia | !) al build | ings, | nome | s, |
| City | (5) aneck | | | | | | | | | etc.) re Feet | # of F N/A | loors | | dg. A | ge | |
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| Proj | ect Manager for Mor | nitoring Firm | | | Telephon | ne No. | | | none N 345-8 | | | License N #00675 | 0. | | | |
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| Agencies Notified | Type Notification | | - 1 | Street Ad | idress e Avent | ue | | | 1 TSD 1 | | | | | | | |
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| DOH DCA | Cancellation | | | Gary T | oriello | | | | | 1 | | | | | | |
| Name of Facility Where | Abatement is Takin | n Diane (3 | | FACIL | ITY INFO | DRMATIC | ON | Type | of Facility (4 | 1) | | | | | | |
| House | Abdicinicit is Takin | g i lace (c | , | | | | | - | School (K-1 | (47) (40) | | | | | | |
| Street Address 1 Colony Court | | | | | | | | | Subchapter Other (i.e. p etc.) | 8 (Othe | | | build | ings, | home | es, |
| City (5) West Orange | | | | | | | | | e Feet | # of N/A | Floors | | A | dg. A | ge | |
| County (6) Essex | | | | County C | ode (7) ISE ONLY) | · | | Curre | nt Use (Prid se | or if bei | ng demo | lished | d) | | | |
| Name of Monitoring Firm | n Hired by Building (| Owner (8) | | ASCM | No. | | | | tement Con ement, In | | (9) | | | | | |
| Street Address | - | | | | | | | Addres | ss gren Aver | nue | | | | | | |
| City, State, Zip Code | | | | | | | | State, Zi wa, N | p Code J 07512 | 100000 | | | | | | |
| Project Manager for Mon | nitoring Firm | | Telephor | ne No. | | 100000000000000000000000000000000000000 | hone No 345-8 | | | License #0067 | | | | | | |
| Start Date (10) 10/08/14 | | Schedule 10/11/ | | npletion [| Date (11) | - | | | HA Monitor ement, In | c. | | | | | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only Or | ne) | | | | Street | Addres | ss | | | | | | | |
| | cated During Entire I ned Outside of Norm | | | | | | City, S | State, Zi | | iue | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | 1010 | wa, N | J 07512 | | _ | | | | | - |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | Renova Demolit | 7790757000 | | | | Mir Glo | I Containme ni-Enclosure ovebag Prod n-Exempted | e cedure | 0.502 | | | | • | |
| | | lo | Locati | on: | - | | | | II-Exemple | 1 () aii | a INOTI-I | labic | | Abate | ement | |
| Locatio | n of | 1 | Vormal | ly | | Des | scription | n of | | | | - | | Ту | ре | |
| Asbestos-Containing TO BE AB In Fac (13) | BATED ility | Ma | ed Sole intena todial S (12) | nce/ | | | | is insula AT, or | | (5 | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| 7 | No | N/A | | | | | | | | | | | Ф | | | |
| living re | Х | | | | ng pla | | | | 00 SF | | X | | | | | |
| master be | Х | | | wa | II plas | ter | | 3 | 0 SF | - 1 | X | | | | | |
| | | | | | | | | | | | | | | - 1 | | |
| | | | | | | | | | | | | | 8 | | | |
| Name of Registered Wa D&S Abatement, In- | H | IJDEP W lauler ID 00675 | | of Was | | | Name of Waste | | | | PA | | | | | |
| City, State Totowa, NJ | | 1007100 | | Dispos | sal Date | 9 | City, Stat | | A | | | | | | | |
| Completed by Susan Brkusanin | ect Ma | anager | | S | Signatur | e | W | | | Date | | 4 | | | | |

CK 1245008781

| Date of Notification (1) 10/09/14 | | | | | Building (Waters | Owner/C | perator | | ME | CEIL | E |) | | |
|--------------------------------------|--|-----------------------------|-------------------|-----------------|---------------------------------------|---|------------|--|-------------|------------------------------|--------------|-----------|-------------|-----------|
| Agencies Notified | Type Notification | | - | treet Ad | Idress est End | Road | | 20 | 14 CC | 16 AF | 1 2. | ~~ | A | |
| EPA DEP DOL | Initial Amended Amendment Emergency (| | S | South (| e, Zip Co Orange, | | 7079 | AS, | 8ES1 | OS COL | ITRI | JT JA | | |
| DOH DCA | justification) Cancellation | | 5000 | | Contact Waters | | | | Tel | ephone Nu | mber | | | |
| Name of Facility When | Abstract is Takin | - Di (2) | | FACIL | ITY INFO | RMATI | ON | T 4 F 11 k / | 4 | | | | | |
| Name of Facility When House | e Abatement is Taking | g Place (3) | | | | | | Type of Facility (School (K-1 | | | | | | |
| Street Address 321 West End Ro | pad | | | | | | | Subchapter Other (i.e. petc.) | | | | dings | home | es, |
| City (5) South Orange | | | | | | | | Square Feet N/A | # 0 N// | f Floors A | 1000 | ildg. A | ge | |
| County (6) Essex | | | | | ode (7) SE ONLY) | | | Current Use (Pri House | or if bei | ng demolis | hed) | | | |
| Name of Monitoring F | irm Hired by Building (| Owner (8) | | ASCM | No. | | | of Abatement Con Abatement, Ir | | (9) | | | | |
| Street Address | | | | | · · · · · · · · · · · · · · · · · · · | | Street | Address osengren Ave | - | | | | | |
| City, State, Zip Code | | | | | | | City, S | tate, Zip Code wa, NJ 07512 | | | | | | |
| Project Manager for M | Ionitoring Firm | | T | elephor | ne No. | | Teleph | none No. 345-8685 | | License N | lo. | | | |
| Start Date (10) 10/23/14 | | Scheduled (| Comp | oletion E | Date (11) | | Name | of OSHA Monitor | | #00073 | | | | |
| Occupancy Status Du | ring Abatement (Chec | | | | | | | Abatement, Ir | IG. | | | | × | |
| 1_ | acated During Entire F | | iteme | ent | | | | osengren Ave | nue | | | | | |
| | rmed Outside of Norm | | | | | | LL (75)399 | tate, Zip Code wa, NJ 07512 | | | | | | |
| Scope of Work (Check | k All That Apply) | | | | | | | , | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 l | f | | ovatio nolitio | | | | × | Full Containm Mini-Enclosur Glovebag Pro | e cedure | | | | | |
| | | T | | | | | L | Non-Exempte | d (*) an | d Non-Fria | ole Pro | Ve.18 - 3 | | |
| | | Is Lo | cation | 220 | | | | | | | | | emen /pe | Į. |
| Asbestos-Contain TO BE / In Fa | tion of ing Material (ACM) ABATED acility 3) | Used S Mainte Custodi | Solely | by ce/ | | tos Con therma surfa | | Material (ACM) s insulation, T, or | (| mount Specify F or LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes N | No | N/A | | | | | | | - | | ate | G, |
| base | , | X | | | pipe | insula | tion | 1 | 26 LF | Х | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered V | Vaste Hauler | | 5.000 | DEP W | | 100000000000000000000000000000000000000 | Yards | Name of | Regist | ered Landfi | <u> </u> | | | |
| D&S Abatement, I | nc. | | | uler ID 0996 | No. | of Wa | iste | Waste | Mana | gement o | of PA | | 752 | |
| City, State Totowa, NJ | | | | | | Dispo TBD | sal Date | City, Sta Tullyto | | Ą | | | | |
| Completed by Deanna Brkusanir | 1 | Title Project | Mar | nager | | | Signature | leur R | llu | eee 1 | ate 0/09/ | 14 | | |

| | | N | | CATION | te of New OF ASBE to NJAC 8 | ESTOS A | | | 0 | R | FC自 716 | W | 5 | | |
|--------------------------------------|--|---|-------------------|-------------------|-----------------------------------|-------------------|----------------------|------------|--|--------------------|------------|------------|--------|-------------|-----------|
| Date of Notification (1) | | | | | Building (| | | (2) | 20 | 14 CL | 7710 | - | , , | | |
| | T N (6 () | | | | Hudson | Propert | lies | | | | , 10 | EM > | | | |
| Agencies Notified | Type Notification | | 1 | Street A | oaress Imerce S | Q+r | | | 43 | BES | Tes c | | . 02 | ì | |
| EPA | × Initial | | - | | te, Zip Co | | | | | & / | INC. C. | CHITC | 20. | | |
| DEP DOL | Amended Amendment # | · | | The second | hburg, N | | 6 | | | _ | CE M3 | ING " | UL | | |
| | Emergency (i | ncluding | - h | | Contact | | | - | | Tel | ephone Nu | ımher | | | |
| DOH DCA | justification) Cancellation | | | Tony | 001111101 | | | | | | ор от . т. | | | | |
| | Name of the latest and the latest an | | | | LITY INFO | ORMATIC | N | | - | | | | - | | |
| Name of Facility Where | Abatement is Taking | Place (3) | | | | | | Туре | of Facility (4 | -) | | | | | |
| Residential | | | | | | | | | school (K-12 | 2) | | | | | |
| Street Address | F2 | | | | | | | | Subchapter (Other (i.e. pr | | | | linas | home | |
| 300 North 2nd Stre | eet | | | | | | | | tc.) | ivate | x commen | ciai build | iings, | nome | es, |
| City (5) | | | | | | | | Squar | e Feet | # 0 | Floors | В | ldg. A | ge | |
| Harrison | | | | | | | | | | | | | | | |
| County (6) | | | | | Code (7) JSE ONLY) | | | | nt Use (Prio | r if bei | ng demolis | shed) | 18 | | |
| Hudson | - III- d b D didi - G | (0) | | 2 1 | | | $=$ \Box | | dential | | 46. | | | | |
| Name of Monitoring Firm | n Hirea by Building C | wner (8) | | ASCM n/a | I No. | 100 | | | ement Cont anageme | | 75 | | | | 110 |
| Street Address | | 1 | | 11/4 | | - | | Addres | • | iii G | ηþ | | | | |
| n/a | | | | | | | | roy La | | | | | | | |
| City, State, Zip Code | | | | | | | 7.550-1.00 | tate, Zi | | 2 | - | | | | - |
| n/a | | | | | | | - 23 | | rk, NJ 07 | 035 | | | | | |
| Project Manager for Mo | nitoring Firm | | 1 | Telepho | ne No. | - | | none No | | | License | No. | | | - |
| n/a | | | | n/a | | | 973- | 706-7 | 950 | | 01193 | | | | |
| Start Date (10) | | Schedule | d Con | pletion l | Date (11) | | Name | of OSH | A Monitor | | | - | | | |
| 10-20-2014 | | 10-27-2 | 2014 | | | | Lozr | nica M | anageme | nt Co | orp | | | | |
| Occupancy Status Durin | g Abatement (Check | Only One | e) | | | | Street | Addres | s | | | | | | |
| Facility Closed/Vac | ated During Entire P | eriod of A | batem | ent | | | 22 T | roy La | ane | | | | | | |
| Abatement Perform Other – Describe: | ned Outside of Norm | al Facility | Hours | | | | | tate, Zi | | er-vacens or | | | | | |
| (27.00) | The second secon | | | | | | Linc | oln Pa | ark, NJ 07 | 035 | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | - | 7 | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Recognition of | enova emoliti | 37 | | | 0 | Min Glo | Containme i-Enclosure vebag Proc | edure | | | | | |
| | | 4/2 | | | | | | 3 1401 | -Exempted | () an | u Non-Fria | ible Pro | Abate | | |
| Leastin | f | 23952 | Locati ormali | | | Б. | | | | | | | | ре | |
| Locatio Asbestos-Containing | | Used | d Sole | ly by | Asbest | Desi tos Conta | cription sining N | | (ACM) | Α | mount | | *2 | m | |
| TO BE AB | ATED | 120000000000000000000000000000000000000 | ntenar odial S | | | thermal s | system | s insula | | | Specify | Re | Z, | Encapsulate | Enclosure |
| (13) | (1) (1. S. M.) | | (12) | 10.10.000 | | other m | ing, VA iscellar | | | 51 | or LF) | Remova | Repair | psu | losu |
| Main Entrance Hallwa | No | N/A | | | | | | | | <u>a</u> | | late | Ire | | |
| & 2nd Floor Room | Left of Kitchen | | | х | Lin | oleum l | Floor | Sheet | ing | 2 | 38 SF | x | | | |
| 1st Fl Room next | to Living Room | | | х | | Brown | Floor | r Tile | | 2 | 56 SF | x | | | |
| 1st Fl Kitchen / | Living Room | | | х | Floor | Tile Und | ler Flo | oor Sh | eeting | 5000 | 00 SF | x | | | |
| Detached | | | | 1000 | | | | | ootg | 10000 | 70 SF | _ | | _ | |
| Name of Registered Wa | | | N | JDEP W | /aste | Cubic Y | ashing Yards | A | Name of F | | | X | | | \Box |
| Loznica Manageme | | | Н | auler ID 03313 | No. | of Was | | | GROW | | | | | | |
| City, State | | | | | | Disposa | al Date | 0 | City, State | | | | - C | | |
| Lincoln Park, NJ 07 | 035 | | | | | TBD | | | Morrisv | ille, F | A 1906 | 7 | | | |
| Completed by | | Title | | | | Si | gpature | 1 | _ | 7 | | Date | | | |
| E. Cirovic | | Secre | etary | | | | (. | \ 1 | 1111 |) | | 10-10- | 2014 | 1 | |

| | | 1 | | | OF ASBI to NJAC | ESTOS A | | 4 4 | dor | h | 13 | 8-C | ² | |
|---|--|----------------|--------------------|----------------------|----------------------|-------------------|--------------|--|-------------------|-------------------------------|----------------|---------------|---------------|-----------|
| Date of Notification (1) 10/6/14 | | | | Name of Ms. Iw | Building ona Dar | Owner/O nkowsk | perator i | (2) 2514 00 | 7 | VEL |) | | | |
| Agencies Notified | Type Notification | | | Street Ad | ddress | | | (2) 2514 CE 458ES | 116 | M 2: 1 | 2 | - | | |
| EPA DEP X DOL | Initial Amended Amendment | ŧ | | City, Sta | te, Zip Co | ode | | ASBES & Li | GS CC | MTRO | ~ | | | |
| ☑ DOH DCA | Emergency (i justification) Cancellation | ncluding | | | Contact Dankov | veki | | | Te | | | | | |
| DCA | Cancellation | | | | LITY INFO | | ΩN. | | | | | | | |
| Name of Facility Where house Street Address | Abatement is Taking | Place (3 | 3) | PAOI | LITTINI | JRIMATI | JN | Type of Facil | - N 10A | er than K | -12) | | | |
| 171 Madison Aven | ue | | | | | | υ, | | e. private | | | dings, | home | es, |
| City (5) Westfield | | | | | | | | Square Feet 1200 | 2 | f Floors | | 3ldg. A 30 | \ge | |
| County (6) Union | | | | County ((STATE L | Code (7) JSE ONLY |) | | Current Use | (Prior if be | ing demol | ished) | i i | | |
| Name of Monitoring Firm | n Hired by Building C | wner (8) | | ASCM | No. | | | of Abatement Environme | | | .C | | | |
| Street Address | | | | | | | | Address Gate Drive, | PO Box | 483 | | | | |
| City, State, Zip Code | | | - | | | | City, S | State, Zip Code | | | | | - | |
| Project Manager for Mo | nitoring Firm | | 1 | Telephor | ne No. | | | none No. 583-8500 | | License 703 | No. | - 89 | | |
| Start Date (10) 10/7/14 | | Schedule | | pletion [| Date (11) | | Name | of OSHA Mon | itor | | | | | |
| Occupancy Status Durin | ng Abatement (Check | Only Or | ne) | | | | Street | Address | | | | 17 | | |
| | cated During Entire P ned Outside of Norm | | | | | _ | City, S | State, Zip Code | | | | 7 | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | - | Renova Demoliti | 500,000,000 | | | | Full Conta Mini-Enclo Glovebag Non-Exem | sure Procedure | | | | е | |
| | | ls | Locati | on | | | | | | | | | ement | t |
| Asbestos-Containing TO BE AB In Fac | Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | | | | | | Material (ACM) s insulation, T, or | (| Amount Specify F or LF) | Remova | Repair | e Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | ē | |
| exter | exterior | | | | | | siding | | 12 | 200 SF | x | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Wa | iste Hauler | 1 | 1,5533 | JDEP W | | Cubic | | Name | of Regist | ered Land | fill | | | |
| Freehold Cartage | | | | auler ID 5959 | No. | of Was | | TBD | | | | | | |
| City, State Freehold NJ | | | | | | Dispos TBD | al Date | City, | State | | | | | |
| Completed by A. Scott Higgins | | Title Presi | ident | | | S | ignatur | ar | | | Date 10/6/1 | 4 | | |

MO#22302802631

State of New Jersey

| NOTIFICATION | OF | ASBESTOS ABATEMENT |
|--------------|----|--------------------|
| 6 800 | | NIAC S.CO - LE LOS |

| | | (1 | Pursu | ant to NJ | AC 8:60 and | 5:16) | Dr.L | | | | |
|--|----------------|-------------------|-------------|---------------|--|------------------|---|-------------------|---------|-------------|-----------|
| Date of Notification (1) | | | Nan | ne of Buildi | ng Owner/Opera | tor (2) | RECEI | VEI | 1 | | |
| | 14 | | | nard Lee | | | 2014 CCT 16 A | | J | | |
| Agencies Notified Type Noti | fication | | | et Address | | | 2014 CCT 16 # | 11 0 | | | |
| ☐ EPA ☑ Initial | | | | ıssell Ten | | | . о д | ri 2: | 44 | | |
| X DOLWD ☐ Amend | | | | , State, Zip | | A | & LICENSI | | | | |
| The state of the s | ment # | _ | | | | | & LICENSU | MTR | 01 | | |
| (NJAC 5:23-8) justific | ency (includ | ing | Nian | itclair, NJ | 07042 | | 1001421 | NG | | | |
| Cance | 2.5 | | A | | ici | | Telephone Nu | ımber | | | |
| | | | | ard Lee | | | | | | | |
| Name of Facility Where Abatement i | s Tokina Dia | (0) | F | ACILITY | INFORMATION | | | | | | |
| Private home | s raking Pla | ce (3) | | | | Type of Fac | | | | | |
| Street Address | | | | | | School (| K-12) | | | | |
| | | | | | | X Other (i. | oter 8 (Other than K- e., private and comn | l Z) nercial l | huildir | 200 | |
| 5 Russell Terrace | | | | | | homes, | etc.) | ici olai i | bulluli | iys. | |
| 17 86°4" | | | | | | Square Fee | t # of Floors | | Bidg. / | Age | _ |
| Montclair, NJ 07042 County (6) | | | | 22 20 2020 | 1000-00-00-00-00-00-00-00-00-00-00-00-00 | | | | | | |
| and: | | | Cou | inty Code (7 |) (STATE USE ON | Y) Current Use | Prior if being demo | olished) | | | |
| Essex | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Bi | uilding Owne | r (8) | ASC | A No. | Name of Abat | ement Contracto | r (9) | | | | _ |
| 6 | | | | | Gr Tech LLC | | | | | | |
| Street Address | | ex. | | | Street Addres | | | | | _ | |
| | | | | .52 | 576 Valley R | d #283 | | | | | |
| City, State, Zip Code | | | | | City, State, Zi | | | | | | - |
| | | | | | Wayne, NJ 0 | 7470 | | | | | |
| Project Manager for Monitoring Firm | | Te | lephone | No. | Telephone No | | License No. | | | | |
| | | | | | 973-638-177 | 7 | 01127 | | | | |
| Start Date (10) | Scheduled | Compl | etion D | ate (11) | Name of OSH | | 01127 | | | | |
| | _10_ | / _2 | 22/ | 14 | | | | | | | |
| Occupancy Status During Abatement | (Check only | one) | | | Street Address | Consultants,Inc | С | | | | |
| Facility Closed/Vacated During Er | tire Period r | f Ahat | ement | | | | | | | | |
| Abatement Performed Outside of I | Mormal Engl | ite / Lla. | | scribe | City, State, Zip | aw Road, Bldg | .# 34A | | | | |
| Time of Abatement:AM | PM/ | PM | | _AM | The second of th | | | | | | |
| Scope of Work (Check all that apply) | | | | | Fair Lawn, N. | | | | | | |
| >3 sf or >3 if | - | | | | Full C | ontainment with | mination with negati Negative Pressure | ve pres | sure | | |
| 2 160 sf or >260 lf | | enovat emoliti | | | IVIINI-E | nciosure | | | | | |
| | | CHOIL | OH | | Glove Non-F | bag Procedure | Tent with Negativ Non-Friable Proced | e Pres | sure | | |
| | | ls Loca | tion | T | L Notific | .xempted () and | Non-Friable Proced | ure | 1 | | - |
| Location of | | Norma | | | Descriptio | n of | | Ab | atem | ent T | ype |
| Asbestos-Containing Material (ACI TO BE ABATED | | ed Sol | | Asbe | stos Containing I | Material (ACM) | Amount | R | R | 四 | I = |
| IN Facility | 4.1 30-303 | stodial | | (i.e | thermal system | ns insulation, | (Specify | Remova | Repair | cap | Enclosure |
| (13) | | (12) | | | surfacing, Va other miscella | RI, or neous) | SIF or LF) | va va | = | Encapsulate | Sure |
| | Yes | No | N/A | | | | | | | ŧ | |
| asement | | | \boxtimes | Pipe inst | ulation | | 250 1 7 | IV | | | - |
| | | In | 15 | . po uist | -1411011 | | 250 LF | X | Ш | Ц | 1= |
| | | 닏 | 44 | | | | | | | | |
| | | | | | | | | - | | П | F |
| | | | | | | | | 1 | | | |
| ame of Registered Waste Hauler | | NJI | DEP Waste | Hauler ID No. | Cubic Yards of We | aste Name of Re | aintan di inii | | | Ш | L |
| Tech LLC | | 1 | | | | 1 | | | | | |
| ity, State | | (| 003378 | 5 | TBD | T.R.R.F. In | С | | | | |
| W 3 ** 4.1 (2.00 / 1.00 (2.00 / 1.00) | | | | | Disposal Date | City, State | | | | | |
| STATE OF THE STATE | | | | | TBD | T. 11. | DA | | | | |
| ayric, NJ 0/4/0 | 1 | - | | | 100 | I ullytown. | PA | | | | |
| ompleted By (Print or Type) | Title | | | | Signature | Tullytown, | | ate | | | |
| ayne, NJ 07470 completed By (Print or Type) Jevtic B-41 | Title Owner | | | | | Tullytown, | . D. | ate /11/20 | 1.4 | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of No fication (1) Octo | ober 10, 2014 | | | Name of Building | Owner/Oper DnA I | rator (2) Demolition | CEIVEDO | 5 | 3- | 74 | / |
|---|---|--|--|---|---------------------------------|--|--|-------------------|-------------------|-----------|--------|
| [X] EPA [[[X] DOL | ype of Notification Initial Noti Amended 1 Amendmer Emergency justification Cancellation | Notification at # (including | | Street Address City, State, Zip Co Name of Contact Antor | 2156 (de Hillsb | orough, RI 08844 | | | | | |
| | | | FACI | LITY INFORM | ATION | | | | | | |
| Name of Facility Where Abates Reside Street Address | | (3) | | | | Type of Facility (4) [] [] [X] | School (k-12) Subchapter 8 (oth Other (i.e., private | | 20 | ial build | dings, |
| City Roselle Park | Con | inty (6) | | County Code (7) STATE USE ONL | Y) | Square feet 2000 sf Current Use (Prior i | homes, etc.) # of Floors 1 f being demolished) | | . Age | 55 | |
| Name of Monitoring Firm Hire Guard | d by Building Owner an Contracting I | | A | ASCM No. | Name of | Reside Abatement Contractor Guardi | | Inc. | | | |
| City, State, Zip Code | Route 9, Unit 61 | | | | Street Ac | ldress 1889 R te, Zip Code | oute 9, Unit 61 | | 755_1 | 271 | |
| Project Manager for Monitoring Nicholas Fernico Scheduled Start Date (10) 10/10/14 | g Firm | Telephone N 732-349-9 Scheduled Co 10/10/14 | 932 ompletion | 1 Date (11) | 732-34 | e Number 9-9932 OSHA Monitor | License N 00624 | | 33-1 | 2/1 | |
| Occupancy Status During Abat [X] Facility (| ement (Check only o Closed/Vacated Duri ent Performed Outsid Describe | ne) ng Entire Period | of Abater | | Street Ac | ldress 1056 S re, Zip Code | L. Analytical telton Road way, New Jerse | v 088. | 54 | | |
| Scope of Work (Check all that a large of work (Check all that | | | Renovatio Demolitio | | [] [x] [x] | Full Containment Mini-Enclosure Glovebag Procedo | with Negative Pres | sure | | | |
| | | | | | | | | Ahate | ement | Type | |
| Location of Asbestos-Containing Mate TO BE ABATEI in facility (13) | todial | Asi (i.e ins | Description bestos-Conversal (Autorial (Autoria) (Autorial (Autoria) (Autorial (Autoria) (Autorial (Autoria) (Autorial (Autorial (Autorial (Autoria) (Autorial (Autoria) (Autoria) (Autoria) (Autoria) (Autoria) (Autoria) (Autoria) (Autori | taining CM) systems rfacing, r | Amount (Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E | | |
| Basement | | X | | Asbestos pipe | insulatio | n | 10 lf | Х | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hau Guardian Contra City, State Toms River, Ne | ecting, Inc. | NJDEP Waste | Hauler ID 223 Disposal 10/13/J | Date 2 | City, Sta | T.R.R.F. | | | | L | |
| Completed by (Print or Type) Nicholas Fernico | ola Title Pro | ject Manager | . | Signature 1 C | hol | Le | | Date 10/1 | 0/20 | 14 | |

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Checke 2264 ANNUAL NOTIFICATION

| Date of Notification 10 15 | (1) | | | MARS SI | Building Ov NACK FOOD | | rator (2) 🗸 | EŪ | | | |
|--|---------------------|--|--|-------------------------|---|---------------------------|--|--------------------|-------------|--------------|----------|
| Agencies Notified EPA | Type of N | otification Initial | | | STREET | | 16 AM | | | | |
| ☐ DEP | | Amended | | HACKET | TSTOWN, N | 2,07840 € | TAC ON | ki Tana. | | | |
| ☑ DOH ☑ DOL ☐ DCA | | Amendment a Emergency w Cancellation | # // justification | Name of JON VAN | te, Zip Code TSTOWN, N Contact IDERWAL | & L | ICENSI | Telepho Pon oro | ne Numb | er | |
| | | | F | ACILITY I | NFORMATIC | N | | | | | |
| Name of Facility Wh MARS CHOCOLATE | | nent is Taking | Place (3) | | Type of Fa | 70 3005 | (40) | | | | |
| Street Address 700 HIGH STREET | - | | | ***** | | Other (I.e. | er 8 (Other ., private & omes, etc.) | | | | |
| City (5) HACKETTSTOWN | County (6 WARREN |) | County Code | (7) | | et ,000 | # Of Floor | 3 | Buildin | g Age 40+ | |
| | 1 | | | | Current U | | being dem | olished) | | | |
| Name of Monitoring | Firm Hired | by Bldg. Own | er (8) | ASCM NO | Name of A | | Contractor | (9) | | | |
| AET | | | | | NORTHST | AR CONT | RACTING G | ROUP II | NC. | | |
| Street Address | | | | | Street Add | | VACTING C | 11001 , 11 | 4 0. | | |
| 907 DOOLITTLE DR | | | | | 22 Milliam | a Darlavav | | | | | |
| City, State, Zip Code BRIDGEWATER, NJ | | | | | 32 William City, State | , Zip Code |) | | | | |
| Project Mngr. For M | lonitoring F | irm | Telephone Nu | mber | | D To | | | | | |
| ERIC HOUSEKNECH Sheduled Start Date | | Sched Comp | 908-218-1108 letetion Date (1 | (1) | Telephone | ver, NJ 079 | 936 | License | Number | | |
| 11 /03 | /14 | _11 | 10/ | 14 | | | | | | | |
| Occupancy Status I | / During Abot | oment (Cheek | Only 1) | | | 2-3660 SHA Moni | itor | | | 00860 | |
| | | ted During En | | | | | RACTING G | ROUP, II | NC. | | |
| Abateme Abateme Hours - D | nt Performe | ed Outside of N | lormal Facility | | Street Add | | | | | | ů. |
| Other - D | escribe: _ | 7: <mark>00AM -3:30</mark> F | PM | | | , Zip Code ver, NJ 079 | | | **** | | |
| Scope of Work (Che | ck All That | Apply) | nin di | | _ | | | | | | |
| ☐ Demolition ≥3sf or ≥3 | 3If | V | Renovation | | Mini - Enc | losure | th Negative | Pressur | e | | |
| ☑ ≥160 sf o | r ≥260 lf | | | | Glovebag Non-Exem | | e nd Non-Fria | ble Proc | edure | | |
| Location | | ls | | Descrip | | | | | ent Type | I | le. |
| Asbestos Cont Material (AC | | Location Normally | As | sbestos - 0 Material | Containing (ACM) | | Amount | R E | R | E N | E N |
| TO BE ABA | TED | Used | | e., therma | l systems | | (Specify | M | E | С | С |
| in Facility (13) | y | Solely by Main- | | | rfacing, VAT cellaneous) | , | SF or LF) | 0 | P | A P | L O |
| (, | 12 | tenance/ | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Α | 1 | s | s |
| | | Custodial Staff (12) | | | | | | L | R | U | U R |
| | | YES NO N/A | | | | | | | | | |
| TANK 1702 | | | TANK INSULA | | | | 200SF | | 1 3 | | |
| TANK 1702 | | | PIPE INSULAT | ION | | | 1 LF | <u> </u> | | 1 | + |
| | | | | | | | | | | | |
| Name of Registered NEWARK CARTING | | Cubic Yards of Waste | Name of R | legistered | Landfill | | | | | | |
| City, State | | | | | City. State | | | | | | |
| NEWARK, NJ | | | Date | BETHLAHI | EM, PA | | | | | | |
| Completed by (Print | or Type) | | Title | | | Signature | | | | Date | |
| STEVE STILES | | | PROJECT MA | NAGER | | Su | u S | 2 | | 1 | 10/15/14 |

(K# 2466)

| Date of Notification (1 |) | | - 1 | Name | of Building | g Owner/Operator | (2) | | <u> </u> | | FI | |
|---|-------------------|-----------|--------------|--|---------------|--|------------------------|-----------------------|-------------------|---------|-------------|--|
| 10/13/14 | | | | | | | Dulkin | 2814 | PCT 18 | | | |
| Agencies Notified | Type Notification | 1 | | Street | Address | | 12 Random l | Rd Arm | 116 | AH | 5: (| |
| EPA DEP DOL | | | | | | City, State, Zip Code Princeton, NJ 08540 **LICEN | | | | | | |
| DOH DCA | H justification | | - | Name | of Contac | | | Telephone Nu | imber | SH. | 1 | |
| | | | | FAC | | ORMATION | | | - | | | |
| Name of Facility When | | | | | | | Type of Facility | (4) | | | | |
| Residential Street Address | | | | | | | School (K-1 | 2) 8 (Other than K | -12) | | | |
| 12 Random Rd. | | | | | | Other (i.e., private & co | | | rcial build | lings, | | |
| City (5) | | | | | | | Square Feet | # of Floors | BI | dg. Age | | |
| Princeton, NJ 085 | | | | | ty Code (| 7) (STATE | 1800 | rior if being dem | olished) | 60+ | _ | |
| County (6) Mercer | | | | | ONLY) | (STATE | Current Ose (F | nor it being dem | olisheu) | | | |
| Name of Monitoring Firm Hired by Building Owner | | | | 1900 TO 1800 T | | | ment Contractor (9) | | | | | |
| (8) MECS | | | | | | Street Address Street Address | | | | | | |
| Street Address PO Box 341 | | | | | | PO Box 322 | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | | |
| Crosswicks, NJ 08515 | | | | | | Allentown, NJ 08501 | | | | | | |
| 3 | | | | phone 9) 29 | No. 8-4070 | Telephone No. (609) 2: | 59-9688 License No. 00 | | | 0493 | | |
| Start Date (10) Scheduled Completion Date (11 | | | | | te (11) | Name of OSHA Monitor | | | | | | |
| 10/24/14 11/28 Occupancy Status During Abatement (Check only one) | | | | Street Address | | | MECS | | | | | |
| Facility Closed/Vacated During Entire Period of Abar | | | | ment | | PO Box 341 | | | | | | |
| ☐ Abatement Performed Outside of Normal Facility Hours | | | | | | City, State, Zip Code | | | | | | |
| Other - Describe: | | | | | | | Crosswic | ks, NJ 0851: | 5 | | | |
| Scope of Work (Chec | k all that apply) | | | | | | ntainment with Ne | egative Pressure | | | | |
| X ≥3 sf or ≥3 lf | | | | | | Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| | | | ocatio | | | | | | Abatement Type | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility Used So Mainter Custo | | | | | Ashes | Description o tos Containing Ma | | Amount | | П | | |
| | | | stodia | al | | , thermal systems insulation, surfacing, VAT, or | | (Specify | Re | Z. | Enca | |
| (13 | | | (12) | | | other miscellane | | SF or LF) | Remova | Repair | Encapsulate | |
| | | Yes | No | N/A | | | | | = | | ate e | |
| Attic | Eve | | × | | Ve | ermiculite Ins | sulation | 40 SF | _ × | | | |
| | | | | | | | | | _ × | | | |
| | | | | | | | | | | | | |
| Name of Registered V | Vaste Hauler | | TN | JDEP V | Naste | Cubic Yards | Name of Rec | istered Landfill | | | | |
| | | | | lauler ID No. 18292 of Waste 2 CU T.R.R.F., Inc. | | | | | Inc | | | |
| City, State | IMMORIAL SCITTO | 55, 1110. | - | 102 | 232 | Disposal Date | City, State | 1 | | | | |
| | Allentown, | NJ | | | | 11/28/14 | 12 | Tullytown | n, PA | | | |
| Completed By | Tit | 197 | | . 1. | | Signature | | Date | | 2 /1 4 | | |
| Mahlon E. S | stevens | Pr | ojec | t Mar | nager | _//// | $\overline{+}$ | | 10/1 | 3/14 | | |
| ASB-41 MAR 00 | * [| Do not u | se thi: | s form | for asbest | os licensure exer | npted activities. | | | | | |