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| Date of Netification (1) 10-13-2016 | | | | | f Building C | | erator | (2) | T | and the same | | | | |
| Agencles Natified | Type Notification | | + | Street A | ddress | | | | | 007 | M . 7 | | | |
| EPA | initial | | | | edar Ave | | | | | AWN | IV_ | | | |
| EPA X DEP X DOL | Amended Amendment | # | | | ite, Zip Coo Long Bra | | 077 | 64 | 1 | 101 | | | | - |
| DOH DCA | Justification) Cancellation | | h | | f Contact | | *************************************** | | 1:17 | -Telephone | Number | | V. | |
| | | | | FAC | LITY INFO | RMATIO | Ý. | | | 111 | | | | |
| Name of Facility Where Monmouth Univers | | g Place (3) | | | - 8 | | | _ | of Facility (4) | 111 111 | OCT | 19 | 2016 | |
| Street Address 400 Norwood Ave | | | | | | | | 员 | School (K-12) Subchapter B Other (i.e. pri | Other than | (-12) | | , horre | ·s |
| City (5) West Long Brench | | | | | | | | | Hc.) 's Feet | # of Floors | JEST D | Stldg. | Vge | 316 |
| County (8) Monmouth | | | | | Code (7) USE ONLY) | | | | nt Use (Prior | if being denx | olished) | | | |
| Name of Monitoring Firm Ahera Consultants, | | OWNEY (B) | | ASCN | No. | | | | poration | actor (9) | | | | |
| Street Address POB 385 | | | | | | 1 357 | | Addres | de Ave | | | | | |
| City, State, ZIp Code Oceanville, NJ 082 | 31 | | | | | | | | Park, NJ (| 7424 | | - | | |
| Project Manager for Mor John Smayer | nitoding Firm | | | Telapho 609-6 | ne No. 52-1833 | 7 | Teleph | 225-8 | 3. | Licens 01104 | | | | |
| Start Date (10) 10-14-2016 | | Schadulac 10-15-2 | | pletion | Date (11) | 4 | | | iA Monitor | | | | | |
| Occupancy Status Durin | g Abatement (Chec | sk Only One |) | | | 5 | Straet | Addres | 19 | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire ned Outside of Norr start 7 am | Period of At nel Facility I | oaterr Hours | ent | | C | City, 5 | tate, Zi | e 22 West p Code 07083 | | | | - | |
| Scape of Work (Check A | ul That Apply) | | | | | | OHIO | n, NJ | 07000 | | | | | |
| X ≥3 of or ≥3 if ≥160 of or ≥260 if | | | erove dilomi | | | | | Mb Glo | i Containmen ni-Endosure vebag Proce n-Exempted (| dure O&AT | clea | n up |) | |
| | | ls t | ocati | on | | | | 110 | 3-EXCITIPIED | J GIRLI NUTION | TEMOF | ADI | temen | 1 |
| Location Asbestos-Containing | | Used | alo8 | ly by | Arbart | Dasci os Contali | ription | | /ACM | A | - | - | Abe | Ι |
| TO BE AB In Faci (13) | ATED | Custo | ntensi ofisi 8 (12) | | (i.e. | is lamed; risahuz sim redic | ystem. ng. VA | a insula T, or | ition, | Amount (Specify SF or LF) | REMOVA | Repair | Encapsulate | Enclosure |
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| vestibule | e area | | | × | | plaste | er cei | ling | | <20 sf | × | | - | - |
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| Name of Registered Wa | | JDEP V | | Cuble Y | | | Name of R | agistered Lar | w[fill | | | | | |
| Lilich Corporation | | auler ID B724 | No. | of Waste | 9 | | GROWS | Landfill | | | | | | |
| City, State Woodland Park | | | | | | Disposa | Date | | City, State MarrisvIII | e, PA | | A 5-12 | | |
| Completed by Morno Glavatovic | | Title vice p | resid | ient | | Sig | natur | 6 | 00 | | Date 10-13 | 3-201 | | - |

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

Initial Non-Friable NOTIFICATION OF ASBESTOS ABATEMENT Initial Non-Friable (Pursuant to NJAC 8:60-7 and 12:120-7) Notification / Check #: 6773

G4667

| Name of Monitoring Firm Hired by Building ASCM No. Detail Associates | | | | | | | | | | | | | | | | |
|--|--|----------------|--|--------|---------|--------------|-----------|--------|-----------------------|--------------------|------------|---------------------------|--------|---------|-------------|--------|
| Agencies Notified Type Notification OCIFA County Code County Code | | | ^ | N: | ame c | F Bu | ildir | ig Owl | ner/Operato | or (2) | | | | | | |
| Streat Notified Type Notification Streat Naddress Streat Naddress Streat Naddress Streat Naddress Stock Streat National Streat Naddress Stock Streat National Streat Nat | 1 10 /11 | 4 // 1 | 6 | | | | | | | - | r c | P P N | VI IE | Pro | | 47 p30 |
| County Code | Agencies Notified | Type Notif | ication | - 51 | treet | Add | ress | | | | E W | | U L | 4 | | |
| Kilber Notification Cliffy State Zip Code OCT 1 9 2016 Cliffy State Notification Cliffy State Cliffy State Notification Cliffy State | [X]EPA | [VI (niti | -1 | 119 | 15 V | allev | Rd. | | | | | AT ROSE AND ADMINISTRAÇÃO | | 111 | | |
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| Clancellation Clancellatio | | | | II c | illette | e, N | 0793 | 33 | | 111 | 00 | JI 1 3 L | 0.0 | - | | |
| Name of Facility Where Abatement is Taking Place (3) Special Speci | (X]DOH | And the second | | 11 | | | | | | _ | Tele | ephone Num | ber | | + | |
| Vacant One Family Residence Street Address City 15) County (6) County Cade (7) City 15) County (7) County Cade (7) City 15) County Cade (7) Co | []DCA | []Cance | llation | | ا انما | ann | Twn | Δdm | ninistrator | and the second | ARRES | STOS CON | LbUI | | - Stationer | |
| Vacant One Family Residence Street Address County (6) County (| | | | 11. | | | | | | - Louisian | | | | 2.0 | الددد | |
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| Subchapter 8 (Other than X-12) Subchapter 8 (Other than X-12) Street Address Street | | | | | - | | | | | | | | | | | |
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| City (5) Stirling, NJ 07980 Morris Name of Monitoring Firm Aired by Building AsCM No. Owner (8) Detail Associates Street Address 300 Grand Ave #104 City. State. Zip Code Englewood, NJ 07631 Froject Manager for Monitoring Firm Telephone Number Stephen Jarozewski Stephen Jarozewski Stephen Jarozewski Occupancy Status During Abatement (Check only one) Of Abatement (| Street Mudress | | | | | | | | 1 | 1 | cial | buildings, | home | s. e | (c.) | |
| String, NJ 07980 Morris Strate USE ONLy Deternit use (Prior if being demolithed) Vacant One Family Residence | | | | | | | | | | | | # OI F100 | is | | | |
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| Name of Monitoring Firm Hired by Building ASCM No. Owner (8) | Stirling, NJ 07980 | | Morris | 3 | | | | | | Vacant | One Fa | amily Resid | dence | | | |
| Detail Associates Street Address S | | Firm Hired | by Buil | ding | ASC | MN | · · | Nam | e of Abate | ment Con | tracto | r (9) | | | | |
| Street Address 300 Grand Ave #104 City, State. Zip Code Englewood, NJ 07631 Froject Manager for Monitoring Firm Telephone Number Stephen Jarozewski Scheduled Start Date (10) Sched.Completion Date (11) 1 0 1 2 8 1 1 6 | A SHARO CONTRACTOR AND SHARO CONTRACTOR | | | | | | | For | ır Strona Bı | uilders. Ir | nc. | | | | | |
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| Stephen Jarozewski Scheduled Start Date (10) Sched.Completion Date (11) 1 0 1 2 8 1 1 6 | Englewood, NJ 0763 | 31 | a Rism T | Tele | nhone | Nu. | her | Clif | ton, NJ 070 | 13-1935 | _ | 771 | ense | Niemn | - | |
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| Matement Performed Outside of Normal Facility Cliffon, NJ 07013 | Scheduled Start Da | te (10) S | ched.Com | 201- | ion (|)/U8 Date | (11) | Nam | | | | 1008 | 507 | | 7 | |
| 180 Sargeant Avenue | 1 0 / 2 8 / Month / Day / | 1 6 | 1 1 / Month / | 0 1 | 1/1/ | 1 6 Yea | <u> </u> | | | | 1C. | | | | | |
| of Abatement [] Abatement Performed Outside of Normal Facility [] Kours - Describe: [] Other - Describe: Scope of Work (Check all that apply) [] [] Demolition [] [] 37 sf or 23 lf [] X[] 260 sf or 260 lf | | | | | | | | Str | eet Addres | S | | | | | | |
| Cliffon, NJ 0/013 Scope of Work (Check all that apply) | of Abatement []Abatement Fer Kours - Descr | formed Outs | | | | | | 180 | Sargeant. | Avenue Zip Code | | | | | | |
| { Demolition | | | | | | | | Clif | ton, NJ 070 |)13 | | | | | | |
| Signature Sign | | | abbīA) | | | | | | | | | ith Negat: | lve Pr | essu | re. | * |
| Location of Asbestos-Containing Material (ACM) Used Solely In Facility (13) Used Solely In Facility (13) Staff(12) Yes No N/A Basement VAT and mastic Siding Shingles Name of Registered Waste Hauler Rauler D No. City. State Clifton, NJ Completed By (Print or Type) Title Bilyana Kulakovska Description of Asbestos-Containing Amount E R C C C C C C C C C C C C C C C C C C | []>3 sf o | r >3 1f | | × |]Reno | ovat. | ion | | []Glov | rebag Pro | cedure | | | | | |
| Location of Asbestos-Containing Material (ACM) Material (ACM) TO BE ABATED In Facility (13) Basement Exterior Siding Name of Registered Waste Hauler Name of Registered Landfill Office Administrator Name of Registerial (ACM) Name of Registerial | | | | Lo | | מס | | | | | | | Aba | teme | | ype |
| Material (ACM) TO BE ABATED IN Facility (13) Basement Exterior Siding Name of Registered Waste Hauler Four Strong Builders, Inc. Clifton, NJ Completed By (Frint or Type) Bilyana Kulakovska Name of Registered Administrator Note Material (ACM) Name of Registered (i.e., thermal systems (i.e | | | | No | rmal: | | | | | | | Amount | | D | N | N |
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| Basement Exterior Siding Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Four Strong Builders, Inc. City. State Clifton, NJ Completed By (Print or Type) Bilyana Kulakovska VAT and mastic 1,000 SF Name of Registered Landfill G.R.O.W.S., Inc. G.R.O.W.S., Inc. Tullytown, PA Signature Signature Date 10/14/16 | . (1 | 3) | | St | aff(| 12) | | or | other misc | ellaneou | IS) | | | | | R |
| Siding shingles 1,000 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste G.R.O.W.S., Inc. City. State Clifton, NJ Completed By (Print or Type) Bilyana Kulakovska Siding shingles 1,000 SF Name of Registered Landfill Hauler ID No. of Waste G.R.O.W.S., Inc. Tullytown, PA Signature Date 10/14/16 | Rasamont | | | Yes | No | N/A | \/^T | and a | naetic | | | 1 000 85 | - | - | | E |
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| Four Strong Builders, Inc. Four Strong Builders, Inc. 12609 G.R.O.W.S., Inc. | Name of Registered | Manta Mani | | I N | men | Mag | | TCORE | a Vande | TN2 of | , Domin | torod ton | 18:11 | | | |
| Clifton, NJ Clifton, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator Disposal Date City. State Tullytown, PA Signature Date 10/14/16 | wame of vedtareted | waste uadī | | | | | | | | Name of | regis | rered Faul | 4111 | | | |
| Clifton, NJ Completed By (Print or Type) Title Bilyana Kulakovska Office Administrator Tullytown, PA Signature 10/14/16 | Four Strong Builders | s, Inc. | | 1 | 2609 | | | | | | | IC. | | | | |
| Completed By (Print or Type) Title Signature Date Bilyana Kulakovska Office Administrator 10/14/16 | City. State | | | | | | | Disp | osal Date | City. S | tate | | | | | |
| Bilyana Kulakovska Office Administrator Butter 10/14/16 | | | | | | | | | | Tullytov | vn, PA | | | | | |
| 10/11/10 | Completed By (Prin | | | | | | Signature | 20 | | | D | ate | | | | |
| 10/11/10 | Bilyana Kulakovska | dmir | istra | tor | | | FE | Di | _ | | 1 | 0/14 | /16 | | | |
| JUN 95 | ASB-41 | | ــــــــــــــــــــــــــــــــــــــ | | | | - | | 0 | | | | | | | |

Initial Non-Friable NOTIFICATION OF ASBESTOS ABATEMENT Initial Non-Friable (Pursuant to NJAC 8:60-7 and 12:120-7) Notification / Check #: 6773

| Date of Notification | on (1) | | IINa | ma of 1 | 2011 | 41.56 | Owner/Operat | or 77 | | | | | | |
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| Agencies Notified | | | - To | ownship | of L | ong | g Hill | | F | GE | W | E | A | - |
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| [X] DEP | | | | [편 22년(1978) - 12 | | T. | | | ШШ | OCT 19 | 2016 | | | |
| ⊠1DQL | []Amende Notifi | cation | | illette, N | | | | | | | | | | Till-conft D |
| (X) DOH | []Cancel | lation | Na | me of (| Cont | act | | | | Lephone Numb | | | | disselle to |
| []DCA | | | Ne | eil Henr | y, Τι | wp. | Administrator | | | The second secon | da Surray | | gandesetti i | 4 |
| | | | | | | | NFORMATION | | | | | | | |
| Name of Facility W | here Abateme | ent is Ta | aking | Place | (3) | | | Type | of Faci | lity (4) | | | | |
| Vacant One Family F | Residence | | | | | | | ł | []Subcl | ol (K-12) hapter 8 (0 | ther | than | K-12 | 2) |
| Street Address | | | | | | | | | X]Other | r (i.e., pr. buildings, | ivate | € 00 | omme | - |
| | | | | | | | | Squa | re Feet | # of Floo | rs B | ldg. | Age | |
| City (5) | | County | y (6) | | | | nty Code (7) | 2 | ,000 | 1 | | 50 | | |
| Stirling, NJ 07980 | | Morrio | | | - 1 | (STA | ATE USE ONLY) | | | (Prior if b | 326 | | LIShe | ea) |
| Name of Monitoring | Firm Hired | Morris by Build | | ASCM | No. | _ | Name of Abate | Vac | ant One F Contracto | amily Resid | ence | | - | |
| Owner (8) | | ₹ - | | | | | | | 4 40000 11 | | | | | |
| Detail Associates | | | - | L | | - | Four Strong B | uilder | s, Inc. | | | | | |
| | | | | | | | | | | | | | | |
| 300 Grand Ave #104 | | | | | - | | 180 Sargeant | Avent Zip C | ode IC | | | | | |
| Englewood, NJ 0763 | 1 | | | | | | Clifton, NJ 070 | 013-19 | | | | | | |
| Project Manager for Stephen Jarozewski | | 1 | • | 69-670 | | r | Telephone Num 973-614-0377 | | | 008 | ense | Numbe | er | |
| Scheduled Start Dat | te (10) Sc | hed.Comp | pleti | on Dat | e (1 | 17 | Name of OSHA | | or | 1000 | 01 | | | |
| 1 0 / 2 8 / Occupancy Status Dr | 1 6 Year | onth / | Day | 1/11 Ye | 6 | _ | Four Strong B | | s, Inc. | | | | | |
| [X] Facility Close | | | | | | | | 100 100 100 100 100 100 100 100 100 100 | | | | | | |
| of Abatement []Abatement Per: Hours - Descr: []Other - Descr: | ibe: | de of No | ormal | Facil | ity | | 180 Sargeant | Zip C | ode | | | | | |
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| Scope of Work (Chec | | gbbrA) | 541 | _ | | | | | | with Negati | ve Pr | essu | re | • |
| []Demolit: []>3 sf or [X]∑160 sf | | | IX1 | Renova | tion | | []Glov | rebag | osure Procedure le Proce | | | | | |
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| Asbestos-(Material | L (ACM) | | So | sed | } | | Asbestos-Cont Material (A | (CM) | - | Amount (Specify | | R E | C | C T. |
| TO BE A | ility | | ten | Main- ance/ | | ins | i.e., thermal sulation. surf | acing | . VAT. | SF or LF) | 0 V | PA | PS | 0 S U |
| - (13 | 3) | | Sta | ff(12) | | | or other misc | ellan | eous) | | A L | I R | U | UR |
| Basement | | | Yes | No N/ | _ | T 0 | nd mastic | | | 1,000 SF | - | - | - | E |
| | | | \bigcirc | - | | | | | | $ \Diamond \rangle$ | _ | | | |
| Exterior Siding | • | | | 4 | 510 | ing | shingles | | | 1,000 SF | 1 | | | _ |
| | | | | | + | | | | • | 1 | + | - | | - |
| Name of Registered | Waste Haule | r | | DEP Was | | | Cubic Yards of Waste | Name | of Regi | stered Land | fill | | | |
| Four Strong Builders | s, Inc. | | | 609 | | | | G.R. | O.W.S., I | nc. | | | | |
| City. State | | | | | | 1 | Disposal Date | | . State | | | | 220111 | |
| Clifton, NJ | | | | | | | | Tully | town, PA | | | | | |
| Completed By (Print | or Type) | Title | | | | | Signature | | 0 | | D. | ate | | _ |
| Bilyana Kulakovska | | dmini | strator | | | JAS | 4 | A - | | 1 | 0/14/ | 116 | | |
| ASB-41 NN 95 | | | | | | | | | | | 11 | 0/ 14/ | 10 | |

| 11) | 1 | | |
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| Date of Notification (1) | | | | e of Build | ding Owne | | | MEG | E | | 7 [| |
| Agencies Notified Type Notification | on | | | et Addres | | | | | | | | |
| | 57/61 | | | | is LEY RO | AD | | III OCT | 1 0 | 20 | 10 | |
| DEP Amondod | | | | State, Zi | | AD | | THE OCI | 1 9 | 20 | 10 | |
| × DOL Amendme | nt # | | SOL | JTH PL | AINFIE | ID NI | 07060 | | | | | |
| DOH Emergenc | y (includ n) | ing | | e of Cont | | | 07000 | ASBESTO | SC | TNC | ROL | . & |
| DCA Cancellation | on | | ANT | THOR | 1./ . | NAR | GE10 | Telenharié | Milmb | ėNG | | |
| Name of Facility Where Abatement is Tak | ine DI | (0) | FA | CILITY | NFORMA | TION | 6610 | | | | | |
| PS & C | ing Placi | e (3) | | | | | Type of Facil | lity (4) | | | - | |
| Street Address | | | | | | | School | (K-12) | | | | |
| 500 WASH: | n1 C | 7 | .) | 0 | 1 | | Subcha | pter 8 (Other than k | (-12) | | | |
| City (5) | 100 | -10 | N | _0 | LVI |). | CIG.) | e. private & comme | ercial b | uildin | gs, ho | omes, |
| JERSEY C. | TU | | | | | | Square Feet | # of Floors | | Bldg | . Age | |
| County (6) | -/ | | Count | y Code (| 7) | | 01/ | | 7 | N | 14 | Q |
| MUDSON | | | (STATE | E USE ON | ILY) | | Current Use (| Prior if being demo | lished) |) | 1, | |
| Name of Monitoring Firm Hired by Building | Owner (| (8) | ASC | CM No. | | Name | of Abatement (| NIA | | | 0.110.2 | |
| ENVIRONMENTAL TACTICS | | | 004 | 15 | | UNIC | QUE SYSTE | Sontractor (9) MS OF AMERI | $\sim \Lambda$ | | | |
| Street Address 64 BROAD STREET | | | , | | | Street | Address | WO OF AWEN | | | | |
| City, State, Zip Code | | | | | | | NHITEHEAD | D AVE. | | | | |
| MATAWAN, NJ 07747 | | | | - E | 87 | City, S | tate, Zip Code | | | | | |
| Project Manager for Monitoring Firm | | | T-11 | | | | TH RIVER, I | NJ 08882 | | | | |
| IOM GEIGER | | | 732-2 | one No. 290-221 | 7 | Teleph | one No. | License | | | | _ |
| Start Date (10) | Schedu | uled Co | | Date (1: | | | 132-8350 | 01111 | | | | |
| 10/28/16 | / - | 0/9 | 3 / / | / _ | 1) | LINIO | of OSHA Monito | or MS OF AMERIC | | | | |
| Occupancy Status During Abatement (Chec | | | . , , | 9 | | | Address | WIS OF AIVIERIC | -A | | | |
| Facility Closed/Vacated During Entire F | Period of | Abater | nent | | | | VHITEHEAD | AVE | | | | |
| Abatement Performed Outside of Norm Other – Describe: | | ty Hour | S | | | | ate, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | SOUT | TH RIVER, N | J 08882 | | | | |
| ≥3 sf or ≥3 lf | - | | | | | | | | | | | |
| ≥160 sf or ≥260 If | ř | Renova Demolit | ition | | | H | Full Containr | nent with Negative | Pressi | ire | | |
| | _ | | 3011 | | | | Mini-Enclosu Glovebag Pro | re | | | | |
| | T | | | | | | Non-Exempte | ed (*) and Non-Fria | ble Pro | ocedu | re . | |
| Location of | | S Locati Normal | | | | | | | | Abat | emen | it |
| Asbestos-Containing Material (ACM) | Use | ed Sole | ly by | Ashe | Des | cription o | f terial (ACM) | | - | T | /pe | |
| TO BE ABATED In Facility | | intenar todial S | | (i.e | . thermal s | systems i | nsulation | Amount (Specify | 77 | | 回 | _ m |
| (13) | | (12) | | | surfac | ing, VAT, iscellane | or | SF or LF) | Remova | Repair | ncap | inclo |
| | Yes | No | N/A | | 00101111 | iscenarie: | Jus) | | oval | air | Encapsulate | Enclosure |
| CUTDOORS UNDER WATER | | X | | 0 | | | | | | | te | 0 |
| S MOSE WHIER | | _ | | >¢ | MAS | 57:0 | | 10 LF | X | | | |
| | | | | | | | | - | 1 | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | | | | | | | - | | | |
| WASTE MANAGEMENT | | NJ | DEP Wa | este | Cubic Y | ards | Name of | Registered Landfill | | | | |
| | | | uler ID N 25 | VO. | of Waste | | | S NORTH | | | | |
| City, State ELIZABETH, NJ | | | | | APPX Disposa | | | | | | | |
| Completed by | | | | | | 3 D | City, State MORRI | e SVILLE, PA | | | | |
| CAROL RAIMO | Title | | | | | nature | 1 | | | , | -/- | |
| | OFFIC | JE MO | SR . | | 1 | 18 | 11. | Dat | e / | | 1 | |

| CK F 7526 | <i>*</i> | | | | | | | | | F | Print |
|--|--|--------------------|--------------------|--|---|--|--|---------|---------|-------------|-----------|
| CR 17 / Jak | 2 | NOT | IFICATI (Pursua | State of New Jers ON OF ASBESTO ant to NJAC 8:60 a | SABATE | EMENT 20) | DE | C | E [| V | |
| Date of Notification (1) | | | Name | of Building Owner | r/Operato | or (2) | 115 | | | | |
| 10/18/16 | | | PSE | &G - MET | P- | \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Properties of the control of the con | OCT | 19 | 201 | 6 |
| Agenciés Notified Type N | otification | | Stree | t Address | | 211 | | | | | |
| | tial | | 15 | 50 Cir | CIE | AVE. | ASBE | CTO | 0.00 | 11171 | 201 |
| | nended nendment # | | City, | State, Zip Code | | | ASDE | | ENSI | | 10L |
| | nergency (includir | ng | | LIFTON |), 1 | UJ | 07011 | | | | |
| | stification) ancellation | | 1 0 | of Contact | 7, | 7 | Telephone N | lumbei | r | | |
| | | | | CILITY INFORMA | | OMAS | <u>'-</u> | | | | |
| Name of Facility Where Abatemer PSE & G | nt is Taking Place | (3) | | OILITT IN ORMA | TION | Type of Facility | (4) | | | | |
| | | | | | | School (K | 2010 | | | | |
| Street Address | | | | | | Subchapt | er 8 (Other than K- | 12) | | | |
| 150 Circle | EAVE | | | | | Other (i.e. etc.) | private & commer | cial bu | ildings | , hon | nes, |
| City (5) | | | | | | Square Feet | # of Floors | | Bldg. | Age | |
| CC/F/0/O County (6) | | | | | | 15,000 | 2 | | 400x | 6 | 0 |
| PASSAIC | | | | y Code (7) E USE ONLY) | | Current Use (P | rior if being demoli | shed) | 11 | | |
| Name of Monitoring Firm Hired by | Building Owner (| 8) | | CM No. | TN | | | | | | |
| ENVIRONMENTAL TACTION | CS Switch | 0) | 004 | | UNIC | of Abatement Co | ontractor (9) NS OF AMERIC | ^^ | | | |
| Street Address | | | | | | Address | IS OF AMERIC | A | | | |
| 64 BROAD STREET | | | | | | WHITEHEAD | AVE. | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | City, S | State, Zip Code | | | | | |
| Project Manager for Monitoring Fire | m | | Telenh | one No. | | TH RIVER, N | | | 4 5- 55 | | |
| TOM GEIGER | | | 732-2 | 290-2217 | | 432 - 8350 | License 01111 | No. | | | |
| Start Date (10) | Schedu | led Co | mpletion | Date (11) | | of OSHA Monitor | | | - | | |
| Occupancy Status During Abateme | at (Charles) | 131 | 116 | | UNIC | QUE SYSTEM | IS OF AMERIC | A | | | |
| | and the state of t | - 100 | | | | Address | | | | | |
| Facility Closed/Vacated During Abatement Performed Outside | of Normal Facility | Abater tv Hour | nent | | | WHITEHEAD | AVE. | | | | |
| Other - Describe: Out D | 2900 | iy i ioui | <u> </u> | | | tate, Zip Code TH RIVER, N | 1.00000 | | | | |
| Scope of Work (Check All That App | oly) | | | | 000 | TITITOLIN, IN | J 00002 | | | | |
| ≥3 sf or ≥3 lf | Z. | Renova | ation | | | Full Contain | | _ | | | |
| ≥160 sf or ≥260 lf | | Demoli | | | | Mini-Enclosur | ent with Negative | Pressu | ıre | | |
| | | | | | | Glovebag Pro | cedure d (*) and Non-Fria | ala D. | | | |
| | Is | s Locat | ion | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - Non-Exemple | d () and Non-Fila | ole Pro | Abate | | |
| Location of | | Normal | ly | De: | scription | of | | | | pe | |
| Asbestos-Containing Material (A TO BE ABATED | Ma | ed Sole aintena | nce/ | Asbestos Cont | aining Ma | aterial (ACM) | Amount | | | m | |
| In Facility | Cus | todial S (12) | Staff? | (i.e. thermal surface | cing, VAT | r, or | (Specify SF or LF) | Ren | Re | Encapsulate | Enclosure |
| (13) | | (12) | | other n | niscellane | eous) | 0. 0. 1. / | Remova | Repair | nsd | nso |
| | Yes | No | N/A | | | | | - | | ate | e. |
| ROOF | | X | | ACM Roo | E. 120 | | 60 SF | X | | | |
| | | | | 1.00 | 11109 | | 00 31 | 1 | | - | - |
| | | | | | | | | - | | | |
| | | | | | | | | - | | | |
| Name of Registered Waste Hauler | | N | JDEP W | /aste Cubic | Varda | 1 31- | | | | | |
| /EOLIA | | H | auler ID | No. of Was | | | Registered Landfill | | | | |
| City, State | | 08 | 306313 | 1707 × | 4 | | YNE DISPOSA | 4L | | | |
| LANDERS, NJ | | | | Dispos | | City, State | | | | | |
| Completed by | Title | | | | BD | BELLE/ | /ILLE, MI | | | | |
| AROL RAIMO | 1 | FFic | = | MAD | gnature | al La | , Da | te | , w. | 1, | |
| | | FIC | | Mar. | - PR | ar Ne | me) | // | 181 | 16 | |

Print Form

| CK #7522 | | | | | | | | | | | | P | rint F |
|--|------------|-----------------------|--------------------|--|-------------------|----------------|-------------------------------|-------------------|------------------|----------|--------|-------------|-----------|
| CK F 1900 | | NOTII | FICATIO | State of Ne ON OF ASE nt to NJAC | BESTOS | ABATE | MENT 0) | President SECTION | 同區 | G | E | [7 | <u> </u> |
| Date of Notification (1) | | | Name PSE | of Building | Owner/ | Operato | r (2) | | | OCT | 1 : | 9 21 | 016 |
| Agencies Notified Type Notification | | | Street | Address | | | | | and I've. | | | 1904 | |
| EPA Initial Amended | | | | HADLE' | | .D | | | ASB | EST | | | |
| ■ DOL Amendment | | | | itate, Zip C TH PLAI | | D, NJ (| 07068 | L | | LI(| JEN: | SING | i |
| Emergency (in justification) | includin | ıg | ` | of Contact | | | | Te | lephone Ni | ımher | | | |
| | | | | ARYL CILITY INF | ORMAT | ZE | KER | _ 1 | 2.17 | | | | |
| Name of Facility Where Abatement is Taking | Place | (3) | | | | | Type of Facility | (4) | | | | | |
| Street Address | | | | | | | School (K- | | ner than K-1 | 12) | | | |
| 108 MONROE | 5 | T. | | | | | Other (i.e. etc.) | private | & commerc | cial bui | ldings | , hom | es, |
| City (5) P A H (1) A (| | | | | | | Square Feet | # 0 | of Floors | | Bldg. | Age | |
| County (6) | | | County | Code (7) | | | 8000 Current Use (Pr | rior if he | ing demolie | had) | 脚声 | 86 | 5 ye. |
| 40.00 | | | (STATE | USE ONLY |) — | | 50 | R | STAT | | | | , |
| Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS | wner (8 | 3) | 004 | M No. 5 | | | of Abatement Co QUE SYSTEM | ontractor | (9) | | | | |
| Street Address | | | | | - | Street | Address | 1100-110 | AIVIENIO | n | | | |
| 64 BROAD STREET City, State, Zip Code | | | | | | | WHITEHEAD | AVE. | | | | | |
| MATAWAN, NJ 07747 | | | | | | | tate, Zip Code TH RIVER, N | J 0888 | 32 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | one No. 90-2217 | | | none No. 432-8350 | | License N | lo. | | | |
| | Schedu | led Cor | | Date (11) | | Name | of OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check | Only C | /// | 16 | | | | QUE SYSTEM | S OF | AMERIC. | A | | | |
| Facility Closed/Vacated During Entire Pa | erind of | Ahaten | nent | | | | Address NHITEHEAD . | AVE. | | | | | |
| Abatement Performed Outside of Norma Other – Describe: Nakasaka | al Facilit | ty Hours | es o | nle | | | tate, Zip Code | 1.0000 | | | | | |
| Scope of Work (Check All That Apply) | | | | _/ | | 300 | TH RIVER, N | J 0888 | 32 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova | | | | E | Full Containm | ent with | Negative F | Pressu | re | | |
| | | Demolit | ion | | | | Mini-Enclosur Glovebag Pro | e cedure | | | | | |
| | 1 | s Locati | on | | | 12 | Non-Exempte | d (*) and | d Non-Friat | le Pro | | e ement | |
| Location of | 20.000 | Normal ed Sole | ly | | Des | scription | of | | | | | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | aintenai stodial S | nce/ | Asbest (i.e. | thermal | systems | aterial (ACM) insulation, | | mount Specify | R | _ | En | П |
| In Facility (13) | | (12) | zan: | | surfac other m | ing, VA | T, or eous) | | or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | <u>a</u> | | late | Ire |
| 2 ND FIR CONTROL ROOM | | X | | TRAN | 5,78 | PA | NE/S | 15 | SF | X | | | |
| | | | | | | | 1 | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | l N | <u> </u> JDEP W | Vaste | Cubic ` | Yards | Name of | Peniete | red Landfill | | | | |
| WASTE MANAGEMENT | | H | auler ID 125 | No. | of Was | 2 | GROW | | | | | | |
| City, State ELIZABETH, NJ | | | | | Dispos | al Date | City, State | | | | | | |
| Completed by | Title | | | | | 3 A | MORRI | SVILL | | | | | |
| CAROL RÁIMO | | ICE M | GR | | 31 | gnature Ara | | · | Da | | 0/. | 16 | |
| | | | | | | | | 100 | | 110 | / | ~ | 1 |

Print Form

State of NJ

| Paragon Job# | | Noti | fication of A | sbes | tos Abatement | and the second s | necessary of the second of | | | |
|---|------------------------|--|------------------------|--|--|--|--|------------------|----------|---|
| |) | (Pursu | ant to NJAC | 8:6 | 0-7 and 12:120-7) | n E C | | 5 F | | |
| CK 7580 | | | | | A | Wr . | con challenger a condition of transfer the | | | |
| Date of Notification (1) | Name | of Building Ov | wner/Operator | (2) | • | OCT | 1 9 2016 | 11 | # | |
| Agencies Notified Type Notifi | | ge Halwagy | <i>i.</i> | | | 1 11 001 | 1 2 2010 | - | - | |
| □ EPA □ | Street | Address | | ય | | | | | | |
| DEP H Initia | | | ** | | | ASSESTS | OS CONTRO! CENSI-IC | 6 | 1 | |
| Amendment | | ate, Zip Code | | | | | | - | - | |
| DOH Emergen | Ridg | ewood, NJ | P\$// | | 5 | | | | • | |
| justification | Name o | Contact | | | | Teleph | one Number | Our least to the | MILES SE | |
| DCA Cano | ellation Geo | rge Halwag | y | | • | | | | | |
| | | FA | CILITY INFOR | MATI | DN NC | | | | | |
| Name of facility where abatemer | nt is taking place (3) | | | | | Type of Facilit | v (4) | | | |
| Residential | | | ā | | | | ool (K - 12) | | | |
| Street Address | | A STATE OF THE PARTY OF THE PAR | | | | | chapter 8 (Othe | | |) |
| | | | | | | Otha | r (Private/Comi s./Homes, etc. | mercia | | |
| City (5) | | | - Val | | | Square Feet | | TE | Bldg. | Age |
| City (5) | County (6) | | | | ounty Code (7) | 1,500 SF | 02 | 85 | | .3- |
| Ridgewood, NJ | Bergen | | | (S | tate use only) | Current Use (| Prior if being de | molis | ned) | |
| Name of Monitoring Firm Hired by | y Bldg. Owner (8) | | ASCM No. | | I Nome of About | Residential | · Valletial and value and a size | | - | *************************************** |
| Brinkerhoff Env. Services | ,-/ | | ASCIVINO. | | Name of Abatement | | | | | |
| Street Address | | The state of the s | | | Paragon Contract Street Address | ting, Inc. | | | | |
| N/A | | | | | | | | | -0.00 | Millioneconomic |
| City, State, Zip Code | | | | | 590 River Rd. City, State, Zip Code | | | | | |
| Worth of the same and the same | | | | | | 4 | | | | |
| Project Manager for Monitoring Fire | n | Phone Numb | рег | NOVE SOLD | Clifton, NJ 0701 | 4 | License Nur | ab o s | | |
| | | | | | (973) 614-1600 | | 00748 | iber | | |
| Scheduled Start Date (10) | Sched. Compl | etion Date (1 | 1) | | Name of OSHA Moni | tor | | | | |
| 10/17/2016 | 10/18/2016 |) | 7 | | Paragon Contract | ing, Inc. | | | | |
| Occupancy Status During Abateme | nt (Check only one) | | | | Street Address | | | ALL CAMEDON | PPEFE | |
| Facility closed/vacated during | entire period of ab | atement | | | 590 River Rd. | | | | | |
| Abatement performed outside Describe: basement under cont | of normal facility h | ours- | | | City, State, Zip Code | , | | - | | |
| Other-Describe: | amment | | | | Cliffon NI 0701 | 4 | | | | |
| Scope of Work (check all that appl | v) | | | | Clifton, NJ 0701 | + | | | | |
| ☐ Demolition | Renovation | | | П. | | | | | | |
| ≥3 sf or >3 lf □ | ≥160 sf or ≥260 lf | | | | ull Containment w/neg | | Glovebag p | | | |
| Location of | Is location normal | v used selek | 1 | Ц' | Mini-enclosure | ☐ Non-Exen | npted (") Non- | friable | proce | edure |
| asbestos-containing | by maintenance/ci | , used solely ustodial | 1 | 20 | 42 | | R | R | E | E |
| material to be abated in facility (13) | staff(12) | | Description material (| on of a | sbestos-containing | Amount (Specify S | SF or m | p | n | n |
| and in radiity (15) | Yes No | N/A | | | | ĹF) | O V | a | а | L |
| Basement | | TXT | Pipe Insulat | ion | | 110515 | e | | р | |
| | | | A TO THE THE | 1011 | and the second s | 185 LF | | 닏 | ᆜ | 凵 |
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| | | | | and the same of th | | | | 님 | 片 | 11 |
| | | 4.61 | | | | | | - | 片 | 1 |
| Registered Waste Hauler Paragon Contracting, Inc. | NJDEP Hauler 22161 | 1 | bic Yards of W | /aste | Name of Registered L | | | | Ш | |
| City, State | | Disposal Da | cyds | Zin parcent. | GROWS/Tullytow | n | Cife to Other and Comment | IZ-DY DANSON | | |
| Clifton, NJ | | TBD | nd | | City, State Tullytown, PA | | | | | |
| Completed by (Print or Type) | Title | 1 | Signature | -// | Lunylown, PA | | T Det- | | 00-20- | 01212'US. |
| Goran Lazevski | President | | 1 | 6. | 11 | | Date 10/14/2016 | | | |
| | | | | | | | 1 -0.17/2010 | | | |

| Oct 14 2016 03:49PM NJ | Asbestos Co | ontrol 609,63 | 3.0664 | page 1 | the second secon | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
|---------------------------------------|--|--|-------------------|--|--|---|
| 10/14/2016 13:29 | 9735149 | 955 | | PARAGON | ME | PAGE 02/04 |
| Paragon Job# US 758 | 59 | No: (Pursi | tification of As | of NJ , bestos Abatement 8:60-7 and 12:120-7) | had bed | OCT 1 9 2016 |
| Date of Notification (1) | [] Na | me of Suilding O | wher/Operator (2 | | L ASSE | STOS CONTROLA |
| 1101/114/1161 | 110 | Eorge Halwag | | , | | LICENSHIO |
| Agencies Notified Type Noth | ocation Str | et Address | <u> </u> | | 12 | |
| DEP Inh | | 777400 | | C-02 | | 11/ |
| _ L Ame | indment Cin | , State, Zip Code | | A STATE OF THE STA | | |
| DOL Amendment | # — z | | | | 20 | |
| DOH Smerger | ICA HUCHTAI GAME | Ridgewood, NJ | | | - | |
| DCA Justificati | (ii) | | | | Telaph | none Number |
| | CHARLOTT | corge Halwas | У | | | |
| | | FA | CILITY INFORMA | NOTTA | | |
| Name of facility where abateme | nt is taking place | (3) | - | | Type of Facilit | . //\ |
| Residential | | | | 1 | Sch | 9 (4) 901 (K - 12) |
| Street Address | The state of the s | | | | | chapter 8 (Other than K-12) |
| | | | | | Othe | er (Privete/Commercial |
| CIII. (6) | | | | | Square Feet | s./Homes, etc. |
| City (5) | County | (6) | | County Code (7) | 1,500 SF | # of Floors Bldg. Age 02 85 |
| Ridgewood, NJ | Berger | | 1 | (State use only) | CONTRACTOR OF THE PARTY OF THE | Prior If being demoilshed) |
| Name of Monitoring Firm Hired b | y Bidg, Owner (8 | | ASCM No. | | Residential | |
| Brinkerhoff Env. Services | | ,, | ASUM ND. | Name of Abatement | | |
| Street Address | | | L | Paragon Contract | ing, Inc. | |
| N/A | | | | 590 River Rd. | | |
| City, State, Zip Gode | | and the same of th | | City, State, Zip Code | | |
| | | | | Clifton, NJ 0701 | A | |
| Project Managar for Monitoring Fire | m | Phone Num | ber | Telephone Number | * | License Number |
| | | | | (973) 614-1600 | | 00748 |
| Scheduled Start Date (10) | Sched Co | mpistion Data (1 | 1) | Name of OSHA Monit | | |
| 10/17/2016 | 10/18/20 | 16 | | Paragon Contract Street Address | ing, Inc. | |
| Occupancy Status During Abateme | ent (Check only o | ne) | | | | |
| Facility closed/vacated during | antire period of | | | 590 River Rd. City, State, Zip Code | a distribution of the same of | |
| Abstament performed outsid | e at narmal facili Minment | ty hours- | | -i.y, -i.i.y, -i.y -coda | | |
| U Other-Describe: | | | | Clifton, NJ 07014 | ļ. | |
| Scope of Work (check all that app | | | | | | |
| | | | | Full Containment winega | itive pressure | Glovebag procedure |
| ≥3 sfor>2 f | ≥160 af or ≥260 | | | Minhenclosure | | npted (") Non-friable procedure |
| Location of | by maintenant | mally used solely | | | | RRE |
| asbestos-containing material to be | sisf(12) | AS/CUSTODIA | Description | of asbestos-containing | Amount | e n E |
| abated in facility (13) | Yes | No N/A | material (AC | eM) | (Specify § | SFor O a C C |
| Basement | | | =- | and the second | | v (p L |
| | | | Pipe Insulatio | 1 | 185 LF | |
| | | - | L | Committee of the control of the cont | | |
| | | | | | - CT | |
| | | | | | | |
| Ragistered Waste Hauler | NJDEP H | uler ID# TC | UDIC Yard) of VVs | to Name of Registered Li | 5411 | |
| Paragon Contracting, Inc. City, State | 22161 | 4 | cyds | GROWS/Tullytow | | |
| Clifton, NJ | | DI8-pose1 D | ate | City, State | | |
| Completed by (Print or Type) | Title | TBD | Signature | Tullysown, PA | • | |
| Goran Lazevski | President | | Signature | -A | | Date |
| | | | | | | 10/14/2016 |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:66 and 17:170)

| ()本.シン | | NO | OTIFICA' (Purs | State of New Jer. TION OF ASBESTO mant to NJAC 8:60 : | OS ABATI | EMENT D | Û E | | | | And the second s |
|---|--|--|--|---|---------------------------|--|--|--|-------------|--|--|
| Date of Notification (1) | | | - 10 cm | e of Building Owner | | 4 4 | OCT 1 9 | 2016 | 5 | HU | # |
| Agencies Notified Type Notification | n | | Stree | t Address | | 100 | Charlen | 13/10 | | - | |
| © EPA D Initial | | | 3 | State, Zip Code | Ten. | - 3 | SENSTOS O | ONTR | 71 8 | | - tation |
| DEP | r # | | City, | State, Zip Code | | | - BIGENG | 110 | 44 to 1 341 | a Tables | Dr. c. orton |
| Emergency | (includi | ng | Name | RANBUR | yas | e 5-5% | 2 | | - | | |
| □ DCA justification □ Cancellatio | | | 1 | of Contact | k/EX | • | Telephone | Number | | 100000000000000000000000000000000000000 | |
| Name of Facility Where Abatement is Taking | Place (2 | | FA | CILITY INFORMA | ATION | | | | | - | |
| Name of Facility, Where Abatement is Taking | i mices | 29 | EA, | 14 | i | Type of Facility (| | | | | |
| 37 01 | | | | | | ☐ School (K-1☐ Subchapter)☐ Other (i.e. pi | 8 (Other than K- | l2) cial buil | dings, | home: | s. etc. |
| City (5) OppuBurg | | 19.12 | _ | | - | Square Feet | # of Floors | | 8766 | Age | 2 |
| County (6) MIDO 12.3 | 0. | | | y Code (7) | or and a contract of | 10,000 | | Westerfield | 2 | 5 | |
| | * | | (STAT) | E USE ONLY) | | Current Use (Prior | if being demolis | shed) | 13 | | |
| Name of Monitoring Firm Hired by Building C | wner (8 |) | ASC | CM No. | Name o | f Abatement Contr | 0- | | | | |
| Street Address | | | The same of the sa | | 1 | CE TAB | hotros | - Ka | 1 | , | |
| | | | | | Street A | ddress | | | | | |
| City, State, Zip Code | | | | | City, Sta | te, Zip, Code | nonth | 13 65 | C. | 25 | 2 |
| Project Manager for Monitoring Firm | | | | | | Colts, | MECK | 1.5 | ć | : 12, | ZZ |
| roject viminger for violatoring rum | | | Telepho | one No. | Telephor | e No. | License | No. | | | |
| Start Date (10) | Schedu | iled Cor | npletion E | Date (11) | Name of | OSHA Monitor | | シロ ご | | y) | |
| Occupancy Status During De 16 | 1 | 9- | 3/ | 14 | 1 | STA WIGHTON | | | 1 | | |
| Occupancy Status During Abatement (Check Or | ily One) | | | + | Street Ac | ldress | The state of the s | | | , -, | - |
| ☐ Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal I ☐ Other – Describe: | ied of Al Facility I | batemer Tours | e e-a | | City St | e, Zip Code | | | | | |
| | | 1 2. | 1/ | | | icola 1 | 0,01 | | 4 | | |
| Scope of Work (Check All That Apply) | | | | | - //- | - 61 FC 1 | 111616 | A. | 17 | | - |
| D ≥3 sf or ≥3 lf D ≥160 sf or ≥260 lf | 0 | Renova Demoli | tion tion | | | Full Containment Mini-Enclosure Glovebag Procedi | пе | | | | |
| | | Is Locat | ion | | 5423 | Non-Exempted (* |) and Non-Friab | e Proces | | tement | 1 |
| Location of Asbestos-Containing Material (ACM) | U | Norma sed Sole | 4 | Des | cription of | | | | | уре | , |
| TO BE ABATED In Facility | E 0100 | Maintena Istodial | | Asbestos Conta (i.e. thermal syste | ining Mate ms insulati | rial (ACM) on, surfacino | Amount (Specify | | Seprending | E | 1 |
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| nma of Docidents | | | | | | | | | | | |
| ame of Registered Waste Hauler PC2 110 Sulation Ce | 4 | 1 | JDEP Wa auler ID N | 1 4-4010 2 | | Name of Reg | istered Landfill | | | | |
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| ity, State Creft neck no | | | | Disposal | | City, State | ** | | | | |
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| CK- | 5017 | N | | | ON O | of New J F ASBES NJAC 8:6 | ros | ABATE | | | | 1 | | C | | | W | | 200 | |
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| Date of Notification (1) 10/15/16 | • | | | | | uilding Ow CRANBU | | | (2) | |) (| | | OCT | 1 | 9 | 2016 | ì | | |
| | Type Notification | | 1 1 | | t Add | ress REWSBU | JRY | AVE | | | Ц | | | 001 | 1 | J | 2010 | , | letavol | |
| DEP X DOL | Initial Amended Amendment | # | | | | , Zip Code FALLS | | 07724 | | | | t | ASE | EST | OS : CEN | CON | (TR) G | 01.8 | | 1 |
| ≥ DOH | Emergency (justification) Cancellation | including | | Name | | ontact | | | | | | | | ephon | o Ni | mho | | | | |
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| Street Address 1 OLD HIGHTSTOV | | | | Γ. 12 | 2 01 | D HIGH | TST | OWAL. | × | Scho Subc Other | ol (K hapt | (-12) er 8 | (Oth | er than & com | n K-1 | 12) cial b | uildir | ngs, h | ome | S, |
| City (5) | | | | | | | | 6.3 | Squa | etc.) re Fe | et | | #0 | f Floor | rs | | Bld | g. Ag | e | |
| CRANBURY County (6) | | | | | | ode (7) | | - | | | | Prior | if bei | ing de | molis | shed) | | | | |
| MIDDLESEX | | | | (STA | TE US | EONLY) | | | HON | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | AS | SCM N | No. | | | of Aba | | | | | | S | | | | | |
| Street Address | | | | | | | | | Addre HITE | | /E (| CO | URT | | | | | | | |
| City, State, Zip Code | | | | | | | | | State, Z EWO | | | 08 | 701 | | | | | | | |
| Project Manager for Mon | itoring Firm | | | Tele | phone | No. | | 100000000000000000000000000000000000000 | hone N | | | | | Lice 120 | nse 00 | No. | | | | |
| Start Date (10) 10/28/16 | | Schedule | | mplet | tion Da | ate (11) | | | of OS | | | | SSIC | NAL | S | | | | | |
| Occupancy Status During | g Abatement (Che | ck Only On | e) | | | | | | Addre | | /F | 00 | LIDI | | | | | | | |
| Facility Closed/Vaca Abatement Perform Other – Describe: | ated During Entire ned Outside of Norr | Period of A nal Facility | Abaten | ment s | | | | City, S | HITE State, 2 | Zip Co | ode | | | 5 | | | | | | |
| Scope of Work (Check A | III That Apply) | | | | | | | LAN | LVVO | 00, | 143 | 00 | 701 | <u> </u> | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Market Mark | Renova Demoli | | | | | | × GI | ni-Er oveb | iclos ag P | ure | edure | h Neg | | | | | <u>. </u> | |
| | | | Locat | | | | | | | | | | | | | | A | Abate Typ | ment oe | Ä |
| Location Asbestos-Containing TO BE AB In Faci (13) | g Material (ACM) BATED ility | Use Ma | Norma ed Sole intena todial (12) | ely by ance/ Staff | | | s Co nerma surf | escriptio ntaining al systen acing, V miscella | Materians insu AT, or | lation | | | (| Amour Specit F or L | fy | | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N | N/A | | | | | | | l | | | | | | | | |
| EXTERIO | OR -12 | | | | | | | SIDIN | | | | 1 | 200 | 500 5 | | × | | | | |
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| INTERIO | OR -1 | | | | | JC | TNIC | COM | POUN | | | | | 500 5 | | | | | | |
| Name of Registered Wa | | | 1 | | EP Wa er ID 1 09 | No. | | ic Yards laste | | | ame ESI | of F | Regis | tered l | Land | fill | | | | |
| City, State NEWARK, NJ | *** | | | | | Disp | osai Dai 10/16 | te | | ity, S | | | M PA | 4 | | | | | | |
| Completed by JOSEPH PERLSTE | EIN | Title OWI | NER | | | | | Signatu | ire | | | | | | | Date | | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

| (V 501 | 7 | NOT | IFICATI (Pursua | ON OF AS | BEST C 8:60 | OS ABATI and 12:12 | EMENT | | | The same and | m w.c. 12 | | | |
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| Agencies Notified Type Notificatio | n | | Stree | t Address | | | | | 00 | CT 19 | 201 | 6 | | \parallel |
| EPA X Initial DEP Amended | | | City, S | State, Zip | Code | | | and lead | 500 | 2000 15 22 | | | | 4 |
| X DOL Amendmer Emergency | | na . | WILI | MINGTO | N DE | = | | | ASBES | TOS C | ONTR | OI & | and a | politicities. |
| DOH justification |) | 3 | Name | of Contac | t | | | to the set on the second section of | | lephone | | | Peter 42 | 1 |
| Name of Escility Where Abele 1: Titl | | | | CILITY IN | FORM | ATION | | | | | | | | |
| Name of Facility Where Abatement is Taki | ng Place | (3) | | | | | | of Facility | | | | | | |
| Street Address | | | | | | | x C | chool (K- jubchapte other (i.e. | r 8 (Oth | ner than h & comme | (-12) ercial bu | ıilding | s, hor | nes, |
| City (5) PRINCETON | | | | | | | Square 2000 | | # c | f Floors | | Bldg. | Age | |
| County (6) MERCER | - | | County (STATE | y Code (7) E USE ONL | Y) | | Curren | it Use (Pr E | ior if be | ing demo | lished) | | | |
| Name of Monitoring Firm Hired by Building | Owner (| 8) | ASC | CM No. | | Name AAA | of Abate | ement Co | ntractor | (9) NALS | | | | |
| Street Address | | | | | | Street | Address | 3 | | | | | | |
| City, State, Zip Code | | | | | | | tate, Zip | OVE C | OURT | | | | | |
| | | | | | | | | D, NJ 0 | 8701 | | | | | |
| Project Manager for Monitoring Firm | | | | one No. | | | one No. 668-90 | 78 | | License | No. | | | |
| Start Date (10) 11/02/16 | Schedu 11/06 | | mpletion | Date (11) | | | | Monitor | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | | _ | Address | PROFE | .5510 | NALS | | | | |
| Facility Closed/Vacated During Entire I | Period of | Abater | ment | | | | | OVE CO | DURT | | | | | |
| Abatement Performed Outside of Norm Other – Describe: | nal Facilit | y Hour | S | | | | ate, Zip | Code D, NJ 0 | 0701 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | LAKE | . ٧٧ Ο Ο Ι | D, N3 0 | 0/01 | | | | - | |
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| ATTIC | | | | VEF | RMICULI | TE | | 950 |) SF | X | | | | |
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| Name of Registered Waste Hauler | | | JDEP W | | Cubic | c Yards | IN | lame of R | eaister | ed Landfi | 1 | | | |
| NEWARK CARTING | | auler ID 1509 | No. | of Wa | | 1000 | ESI | 3.000 | os candi | | | | | |
| City, State NEWARK, NJ | | | | | osal Date 6/16 | - 1 | ity, State | | PA | | | | | |
| Completed by OSEPH PERLSTEIN | Title OWN | ER | | | William William | Signature | | - 11-1- | | | ate | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. 10 13 /16 Street Address Agencies Notified 126 E. LINCOLN AVENUE, P.O. BOX 2000 RY28-410 CT Type Notification EPA Initial Notification City, State, Zip Code DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation ASSESTOS CONTROL & DOH On Hold Name of Contact Telephone Number ICENSING EMERGENCY NOTIFICATION DCA Sandra M. Schenk **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE - BUILDING 80K 13,900 52 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10 / /16 10 / 14 /16 AMERISCI LABORATORIES INC #11480 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Friday 5pm-3am/Saturday 7am-5pm,5pm-3am City, State, Zip Code Sunday 7am-5pm, 5pm-3am NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation Mini-Enclo, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REMOVA REPAIR **ENCAPSULE** ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED insulation, surfacing, VAT, Maint/Custodial SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1st Floor -Main Corridor Mastic 2,500 Sq. Ft. X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY 10/07/16-11/30/16 MONTGOMERY, PA 17752 Completed by (Print or Type) Title Signature

DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

Date

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

CIC 3785

| | | | 'I Mar | | Dullalina | Owner/Operator | (2) | | | | | | 1 |
|-------------------------|---|------------------------|--------------------|------------|------------|---------------------------------|--|---|---------------|---------|-------------|------------|------------|
| Date of Notification (1 | | | Man | THE OF | 45.1 | ČÁTUEO! | NE CHE | SHO HEG | RACI | T | age and A | 70 | |
| 10 15 | Type Notification | | Stre | | ddress | -HI HOICE | | | A. F | 7 | 11 | 1 | |
| Agency Notified | 1 " | S., | | | | | | | | 11 | | 11 | |
| □ EPA | D Amended | | City | y, Sta | te, Zip C | ode · | | 4 OOT 1 0 | 2016 | - | 11 | | |
| II DEP II DOL | Amendment # | | | | UNI | IN, UC | 7. 1000 | 0 20. | | 1 | - | 1 | |
| ~~ | ☐ Emergency (include instiffication) | ng | Na | me of | f Contact | | | Telephone Num | ber | i | | - Stanford | |
| ☑ ĎOH ☑ DCA | D Cancellation | | | MS | S. M | CGRATH | | saratos cor | 7 2 1 1 CF TO | 6 | | - | |
| | | | F | ACILI | ITY INFO | RMATION | | LICENSIA | G | - 100 | | - ! | _ |
| Name of Facility Who | ere Abatement is Taking Pla | če (3) | | | • | | Type of Facility | (4) | | | | | |
| | MS. NCGILL | | | - - | | | School (K-12 | 3 | | | | | |
| Street Address | 1,-, ,, | | | | | : | Subchapter 8 | 8 (Other than K-12) wate & commercia | building | is. | | | |
| | | | | | | | homes, etc.) | | | | | | |
| City (5) | | | | | | ., | Square Feet | # of Floors | Bidg. | | 11 | _ | |
| Say (5) | MION. | | | V0 E1 | | | 2200. | - 2 | | 9 | 93 | | |
| County (6) | | | Co | uniy: | Code (7) | (STATE USE | Current Use (P | nor if being demoli | shed) | - | | | |
| U, | MIDN. | | ON | ILY) | *. | | | 225100 | NO LE | | _ | | _ |
| Name of Monitoring | Firm Hired by Building Own | AS | CM No |).· | | Name of Abatem | est Contractor (| 9) | | | | | |
| (8) | | | | | | Best Rei | noval In | С | | | | | _ |
| Street Address | | | | | | Street Address | | | | | | | |
| | | | | | | | th River | St | | | | | _ |
| City, State, Zip Code | | | | | | City, State, Zip C | | 07/01 | | | | | |
| | | | | | | | ack, N.J | License No. | | | | - | |
| Project Manager for | Monitoring Firm | Tele | phone i | No. | | Telephone No. 201-329 | 7666 | 00388 | | | | | |
| | | | | | | Name of OSHA | | 00300 | | | | - | - |
| Start Date (10) | Scheduled C | | a Date (| (11) | . [| | Environm | ental | | | | | |
| 10/31/19 | uring Abatement (Check on | | | | | Street Address | 211 + 22 0 22 | - | | - | Contract of | | _ |
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| ☐ Facility Closed/Va | cated During Entire Period med Outside of Normal Fac | of Abaten Bly Hours | nent s | | ľ | City, State, Zip C | code | | | ¥1 | | | |
| 2 Other - Describe: | 730A4 TO 5:00 | en | - 4 | | `` | S. Had | ckensack | ,N.J. 07 | 606 | | | | |
| Scope of Work (Che | ck all that apply) | | | | | 064 | Combines will | Negative Pressur | e | | | | |
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| 2 ≥ 160 sf or ≥ 260 | | | | Dem | oppou | -2 Glov | ebag Procedure | d Non-Friable Proc | edure | | | | |
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| | cation of | Used: | Solely ! | | Anhan | Description tos Containing M | | Amount | | - | | H | 5 |
| | eising Material (ACM) E ABATED | | ienance stodial | | fie. | , thermal systems | insulation, | (Specify SF or LF) | | ne) | 20 | onp | DEDLE |
| 0\ | (Facility . (13) | 1 | **** | | | surfacing, VA* | | 3F0(L) | | Removal | Ropair | eula | Elicioanie |
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| Name of Registered | | NJD ID N | EP Wa | ste H | auler | Cubic Yards of Waste, | The state of the s | istered Landill | | | тт | C | |
| Best Re | moval Inc | | 171 | 09 | | 4cy | Minerv | a Enterpr | ises | , | LL | ی ر | |
| City, State | | | | | | Disposal Date | City, State | | | | | | |
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| Completed by | Titie | | | | | Signature | Λ | 9226 | Date | 1 | 1 | , | |
| J.Maiora | | imat | | | | V | Moion | | 10 | 17 | 11 | 0 | _ |
| AS8-41 | * Do no | t use this | s form f | or as | bestos lic | ensure exempted | activities. | | | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT MO#19730007562 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) OCT 1 9 2016 14 / 16 10 Antonio Adan Agencies Notified Type Notification Street Address ✓ Initial ASBESTOS CONTROL X EPA LICENSING □ DOLWD Amended City, State, Zip Code Amendment # X DHSS Jersey City, NJ 07307 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Cancellation Antonio Adan FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address homes, etc.) Bldg. Age Square Feet # of Floors City (5) Jersey City, NJ 07307 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Hudson Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 10 / 24 / 16 10 / 26 / 16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure >3 sf or >3 If > 160 sf or >260 If Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normaliv Description of Repair Location of Encapsulate Remova Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? SIF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)N/A Yes No X 400 SF Transite siding Exterior siding-front of house NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler TBD T.R.R.F. Inc 0033785 Gr Tech LLC City, State Disposal Date City, State Tullytown, PA TBD Wayne, NJ 07470 Date Signature / Completed By (Print or Type) Title eurc Wenas 10/14/16 N.Jevtic Owner

State of New Jersey

State of New Jersey

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10/13/16 Frontenac Condominium Association, Inc. ASBESTOS CONTROL & Agencies Notified Type Notification Street Address LICENSING 90 Prospect Avenue **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Hackensack, NJ 07861 X Emergency (including Name of Contact Telephone Number DOH justification) Gail Graham DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 90 Prospect Avenue × etc.) City (5) Square Feet # of Floors Bldg. Age Hackensack 11 61 yrs County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Condos Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Unicorn Contracting Corp. Street Address Street Address 205 Rt. 46. Ste. 7 A City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-333-9176 01232 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/17/16 10/19/16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check Only One) Street Address 20-21 Wagaraw Rd., Bldg. 35 E Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Normal Working Hours 8-4:30pm Fair Lawn, NJ 07410 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No Basement Transformer Room X Pipes 5 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste

Unicorn Contracting Corp. Tullytown Resource Recovery Facility 0035844 City, State Disposal Date City, State Totowa, NJ TBD Tullytown, PA Completed by Signature Date

General Manager

Dimo Golcev

10/13/16

| China | | NOT | TFICATI | ON OF A | New Jers ASBESTO | SABATE | MENT | | | | | |
|--|-----------------------|-------------------|------------|---------------|---------------------|---------------------------|-------------------------------|---------------------------------------|---------|--|--------------|-----------|
| Date of Notification (1) | | | | | | nd 12:120 | | IIN E | G [| | \mathbb{V} | E |
| 10/14/2016 | | | Name | of Build | ing Owner | /Operator | (2) | | | | | |
| Agencies Notified Type Notificat | ion | | _ | Address | | LESCA V | /ALENTE | | CT | 19 | 2016 | 6 |
| EPA Initial | | | | r ladi oo | J | | | | | | | |
| DEP Amended | | | | State, Zip | | | | ASBE | STOS | 3.00 | NTR | Oi |
| X Emergen | ent #_ cy (includi | ng | - | | NJ 0710 | 5 | | | | ENSI | | |
| DOH justification Cancellat | on) | | | of Conta | | | | Telephone | Numbe | er | | |
| | | | | | NFORMA" | TION | | | | | | |
| Name of Facility Where Abatement is Ta PRIVATE | king Place | (3) | | | ur Ordine | .ion | Type of Facility | y (4) | | | | |
| Street Address | | | | | | | School (K | (-12) | | | | |
| | | | | | | | Subchapt | er 8 (Other than k private & comme | (-12) | | | |
| City (5) | | | | | | | etc.) | | iciai D | | | |
| NEWARK | | | | | | | Square Feet 2,500 SF | # of Floors | | | Age | |
| County (6) | | | County | Code (7 | 7) | | | rior if being demo | lished) | | 76 | |
| Name of Monitoring Firm Wind to B. 111 | | | | USE ON | LY) | | (| Jonig doillo | | t. | | |
| Name of Monitoring Firm Hired by Buildin N/A | g Owner (| 8) | ASC | M No. | | | f Abatement Co | | | | | |
| Street Address | | | | | | | | IVIRONMENT | AL LI | LC | | |
| | | | | | | Street A | ddress 51 ST | | | | | |
| City, State, Zip Code | | | | | · | | ate, Zip Code | | | | | |
| Droingt Blance | | | | | | | H BERGEN | NJ 07047 | | | | |
| Project Manager for Monitoring Firm | | | Telepho | one No. | | Telepho | | License | No. | | | |
| Start Date (10) | Schedu | led Co | moletion | Date (11 | * \ | | 08-4270 | 01300 | | | | |
| 10/15/2016 | 10/17 | /2016 | | Date (11 | ., | | OSHA Monitor ANALYTICA | | | | | |
| Occupancy Status During Abatement (Che | | | | | | Street A | | TE EAD INC | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor | Period of | Abater | nent | | | 307 W | 38TH ST | | | | | |
| Other – Describe: | mai Facilii | y Hour | S | | | | te, Zip Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | NEW. | YORK NY 10 | 0018 | | | | |
| ≥3 sf or ≥3 lf | × | Renova | ation | | | X | F.110 | 1000 ga 100 000 | | | | |
| ≥160 sf or ≥260 lf | | Demoli | tion | | | | Mini-Enclosure | | Pressi | ure | | |
| | | | | | | × | Glovebag Prod Non-Exempted | cedure d (*) and Non-Fria | ble D- | d | 925 | |
| | Is | Locati | ion | | | | TYOU Examples | u () and Non-Fila | DIE PR | The state of the s | re emen | nt |
| Location of Asbestos-Containing Material (ACM) | | Normal ed Sole | | | Des | cription of | | | | | /pe | |
| TO BE ABATED | Ma | intenar | nce/ | Asbes (i.e | stos Conta | aining Mate systems in | erial (ACM) | Amount | _ | | m | |
| In Facility (13) | Cus | (12) | stan? | À | surfac | ing, VAT, | or | (Specify SF or LF) | Remova | Repair | тсар | ncic |
| | Yes | No | N/A | | outer in | iscellaneo | us) | | oval | air | Encapsulate | Enclosure |
| BASEMENT | 103 | | INIA | ^ ^ | NA DIDE | | | | | | 0 | _ |
| J. OLINEITI | | X | | AC | M PIPE | INSUL | ATION | 250 LF | X | | | |
| | | | | | | | | | | | | |
| | + | | | | | | | | | | | |
| ame of Registered Waste Hauler | | l At | JDEP Wa | | | | | | | | | |
| RI STATE - ASSOC, INC | | | auler ID I | | Cubic Y of Wast | | | Registered Landfill | | | | |
| | | 19 | 951 | | TBD | | MINER | /A ENTERPR | SE | | | |
| | | | | | Disposa | Date | City, State | | | | | |
| ty, State RONX, NY | | | | | TRD | | 18183 /2 | 001100 | | | | |
| ty, State RONX, NY ompleted by | Title | | | | TBD | nature | WAYNE | SBURG OHIO | | | | |
| ty, State RONX, NY | | TY M | ANAG | ER | | nature | WAYNE | Da Da | | 0016 | | |

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

| 1 | 1 1 | - | 100 | 1/11 | d | 0 | 00 |
|------|-------|------|-----|--------|-----|------|------|
| 1 . | 20000 | Same | 8 . | PA ZZ | - 8 | 5 | 7 |
| Soul | 3 8 | L | ~ | 1 / // | - 2 | 1. 3 | 1 11 |

| Date of Notification (1) 10/13/2016 | | Name MAP | of Building | Owner/OD III LI | Operato LC | r (2) | | EGE | | V [| | 7 |
|--|--|---------------------|-----------------------|-------------------------|-------------------|----------------------------|---------------------|------------------------------|--------------|--|--|-----------|
| Agencies Notified Type Not | | | Address MAPLE | WOOE | DRIV | /E | | OCT 1 | 9 2 | 016 | The state of the s | 圳 |
| DOL Ame | nded ndment # | City, St MAP | tate, Zip C LE SHA | ^{ode} DE NJ | 08052 |) | | | | 010 | | |
| ✓ DOH justin | rgency (including ication) cellation | | of Contact REEN V | | MS | | A9 | Eleph TRES | BBN. | TRO | - & | |
| Name of Facility Where Abstract | - T-12 - 21 - 70 | FAC | ILITY INF | ORMAT | ION | | | | | | | |
| Name of Facility Where Abatement PARK CROSSING APARTN | IENT HOMES | | | | | Type of Faci | | | | | | |
| Street Address 2000 MAPLEWOOD DRIVE | | | | | | Subcha | pter 8 (O | ther than K-1 e & commerc | 2) ial bu | ildings | , hom | ies, |
| City (5) MAPLE SHADE | | | | | | Square Feet 800 | # | of Floors | | Bldg. / 50+ | Age | |
| County (6) CAMDEN | | | Code (7) USE ONLY | 2 | | Current Use RESIDEN | (Prior if b | eing demolisi PARTMEN | hed) TS | | | |
| Name of Monitoring Firm Hired by B ACER ASSOC. | uilding Owner (8) | ASC | M No. | | Name ASS | of Abatement SURED ENV | Contracto /IRONN | or (9) MENTAL SI | ERV | ICES | INC | · . |
| Street Address 1012 INDUSTRIAL DRIVE | | 188 | | | | Address CLEMS RU | JN | | | | | |
| City, State, Zip Code WEST BERLIN NJ 08091 | | | | | | State, Zip Code | | 62 | | | | |
| Project Manager for Monitoring Firm MATT DEPALMA | | Telepho 856-8 | one No. 809-1202 | 2 | | none No. -304-4676 | | License N 01145 | 0. | | - | |
| Start Date (10) 10/14/2016 | Scheduled 0 10/15/201 | | Date (11) | | Name EMS | of OSHA Mon | itor | | | C. C | | |
| Occupancy Status During Abatemen | t (Check Only One) | | | | | Address | | | | | | |
| Facility Closed/Vacated During Abatement Performed Outside | of Normal Facility Ho | urs | % | | City, S | RT. 130 NC state, Zip Code | | | | | | |
| Other – Describe: UNIT VACA Scope of Work (Check All That Apple | | AL | | | CINI | NAMINSON | NJ 080 | 077 | | | | |
| ≥3 sf or ≥3 lf | | vation | | | ~ | Full Contai | nment wi | th Negative P | ressi | ire | | |
| ≥160 sf or ≥260 lf | Demo | olition | | | | Mini-Enclo Glovebag I | sure Procedure | 9 | | | | |
| | Is Loc | ation | Ī | | L | ☑ Non-Exem | pted (*) a | nd Non-Friab | le Pro | | e ement | |
| Location of | Norm | nally | | Des | scription | of | | | | | pe | |
| Asbestos-Containing Material (Ad TO BE ABATED | Mainter Mainter | nance/ | | | | laterial (ACM) insulation, | 10.0 | Amount (Specify | R | _ | Enc | ш |
| In Facility (13) | Custodia (12 | | | surfac | ing, VA | T, or | | F or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes No | N/A | | | | | | | la la | = | llate | ure |
| 8 ASHWOOD | | Х | J | OINT (| COMP | OUND | | 80 SF | Х | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP W | | Cubic \ | Section - Control | Name | of Regist | ered Landfill | | | | |
| ASSURED ENVIRONMENTA | LSERVICES | Hauler ID 003489 | | of Was | te | MIN | ERVA L | ANDFILL | | | | |
| City, State MULLICA HILL NJ | - | | | Dispos 10/15 | | City, S WAY | | JRG, OH | | | | |
| Completed by RON SWANSON | Title GENER | AL MAN | AGER | Si | gnature | Kurech | XVCM6 | Dat 10 | | 2016 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| Ch 305/18 | .,01110 | (Pursua | nt to NJAC | 8:60 a | nd 12:12 | 0) | E C | EIV | | 7] | | | | | |
|--|---|----------------------|---------------------------|----------|--------------------------|-----------------------|----------------------|------------------------------------|-----------------|---------|----------|--------|--|--|--|
| Date of Notification (1) October 14, 2010 | 6 | | Name of Bu | ilding C | wner/Oper DN Bu | | 0.03 | 1 9 2016 | 34 | 外。 | 28 |) | | | |
| | ion Notification ded Notification | | Street Addre | ess | 603 M | arc Drive | | OS CONTRO | 1 8. | | | | | | |
| [x] DOL Amen | dment # gency (including | | City, State, 2 | 8 | | ood, NJ 087 | 01 LI | CENSING | /L 04 | | | | | | |
| I A I DON | cation) Ilation | | Name of Co | | David I | Lurie | Те | elephone Number | | ş | | | | | |
| Name of Facility Where Abatement is Taking I | Place (3) | FAC | CILITY INF | ORM | ATION | Type of Facil | ity (A) | | | | | | | | |
| Residence | | | | | | [|] | School (k-12) Subchapter 8 (oth | ner than | k-12) | | | | | |
| Street Address | | | \$ | | | 170 | x] | Other (i.e., privat | | (0) | al build | lings, | | | |
| City | County (6) | | County Code (STATE USE | |) | Square feet 1800 s | | # of Floors | Bldg | , Age | 50 | | | | |
| Lakewood | Ocean | | | | | | Prior if i esiden | being demolished) ce | | | | | | | |
| Name of Monitoring Firm Hired by Building C N/A |)wner (8) | | ASCM No. | | Name of | Abatement Con | tractor (| | Inc. | | | | | | |
| Street Address | | | | | Street Ad | | 280 Pa | oute 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | | | | City, Stat | e, Zip Code | | iver, New Jerse | ev 087 | 755-12 | 271 | | | | |
| Project Manager for Monitoring Firm | Telephor | ne Number | | | Telephone | e Number | | License N 00624 | | | | | | | |
| Scheduled Start Date (10) 10/26/16 | d Complet 7/16 | ion Date (11) | | | OSHA Monitor | | . Analytical | | | | | | | | |
| Occupancy Status During Abatement (Check o | During Entire Pe | | | | Street Ad | dress | | elton Road | | | | | | | |
| Abatement Performed C Other – Describe | outside of Normal | Facility Ho | ours | | City, State | e, Zip Code Pi | iscataw | vay, New Jerse | y 088 | 54 | | | | | |
| Scope of Work (Check all that apply) | | | | II. | [] | | | vith Negative Press | sure | | | | | | |
| $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$ | [] [x] | Renova | | | [] [x] | Mini-Enclo | rocedur | e and Non-Friable F | | | | | | | |
| [X] 2100 31 01 2200 11 | [^] | Demon | T | | [\(\)] | Non-Exem | pteu (·) | alid Noll-Friable P | | | | | | | |
| | Is Locat | ion | | г | Description | o of | | | Abat | ement 1 | Уре | | | | |
| Location of | Normally | | | | estos-Con | | | Amount | R E | R E | E N | E N | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Solely Maintenance/ | | | | aterial (A | | | (Specify SF | M | P | С | C | | | |
| in facility | Staff | | | | thermal s lation, sur | | | or LF) | 0 | A I | A P | L | | | |
| (13) | (12) | | | | VAT, o | r | | | V | R | S U | S U | | | |
| | YES NO | N/A | | othe | r miscella | neous) | 3 | | A L | | L | R | | | |
| Exterior | X | | Asbestos | siding | у | | - | 1750 sf | X | | Е | Е | | | |
| D.K.O.T.O. | - 1 | + | 713003103 | Stuffig | > | | | 1730 31 | Λ. | | | - | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP W | aste Hauler 20223 | ID No. Cu | ibic Yar | ds of Wasto | Name of I | | ed Landfill | | | | | | | |
| City, State Toms River, New Jersey | | | sal Date 8/16 | | City, Sta | | | | | | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Mana | | Signature | 1 | | 1 | 20.00 | | Date 10/14/2016 | | | | | | |

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

|))-1 | 5 | U | 느 | П | T) | Dete | Received |
|-------------|---|-----|---|---|------|------|----------|
| 7 | | | A | | | | |
| Ш | | UCI | 1 | Ħ | 2018 |) | |
| To American | | | | | NTR | | |

DEMOLITION / RENOVATION NOTIFICATION

| Operato | or Project #: | Postmark: | | Notificat | ion: | | | | | | |
|---------|--|--------------|--------------------|--------------------------|-------------------------|----------|---------------------|--|--|--|--|
| I. | TYPE OF NOTIFICATION (O - Original R - Revised C - C | Cancelled): | 0 | II. | IS ASBESTOS PRESENT? (Y | res/No): | Y | | | | |
| Ш. | FACILITY INFORMATION (identify owner, removal contract | or and other | operator) | | | | | | | | |
| | OWNER NAME: DN Builders | | | | | | | | | | |
| | Address: 603 Marc Drive | | | | | | | | | | |
| | City: Lakewood State: | New Je | ersey | Zip: | 08701 | | | | | | |
| | Contact: David Lurie | | | Tel: | 732-966-6860 | | | | | | |
| | REMOVAL CONTRACTOR: Guardian Con | tracting, I | inc. | | NJ License: 0062 | 4 | | | | | |
| | Address: 1889 Route 9, | Unit 61 | | | | | | | | | |
| | City: Toms River State: | New Je | ersey | Zip: | 08755 | | | | | | |
| | Contact: Nicholas Fern | icola | | Tel: | 732-349-9932 | | | | | | |
| | OTHER OPERATOR (if different) | | | | NJ License: | | | | | | |
| | Address: | | | | | | | | | | |
| | City: State: | | | Zip: | | | | | | | |
| | Contact: | | | Tel: | | | | | | | |
| IV. | TYPE OF OPERATION (D - Demo O - Ordered Demo R | - Renovatio | n E - Emergency Re | novation): | D | | | | | | |
| V. | FACILITY DESCRIPTION (Including building name, number | and floor or | room number) | | | | | | | | |
| | Building Name: Residence | | | | | | | | | | |
| | Address: 761 Cypress Avenue | | | | | | | | | | |
| | City: Lakewood State: | New Je | ersey | County: | Ocean | | | | | | |
| | Site Location: exterior | | | | | | | | | | |
| | Building Size: 1800 sf # of Flor | ors: | 1 | Age in Yo | ears: 60 | | | | | | |
| | Present Use: Residence | | Prior Use: | Residence | ce | | | | | | |
| VI. | PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A | PPROPRIA | TE, USED TO DETEC | T THE PRES | SENCE OF ASBESTOS MATER | RIAL: | | | | | |
| | | | | | | | | | | | |
| VII. | IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | T | | | T | Non | friable | | | | |
| W107555 | | | RACM | | | Asbesto | s Material To Be | | | | |
| | Regulated ACM to be removed Category I ACM not removed | | То Ве | | LOCATION | 2000 | noved | | | | |
| | Category II ACM not removed | | Removed | | | Cat I | Cat II | | | | |
| | Pipes (Linear feet): | | | | | | | | | | |
| | Surface Area (Square feet): 1750 sf | Asbesto | os siding | | exterior | | | | | | |
| | RACM Off Facility Component (Cubic feet): | | | | | | | | | | |
| VIII. | SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) | Start: | 10/26/1 | 26/16 Complete: 10/27/16 | | | | | | | |

(Signature of Owner/Operator)

October 14, 2016

(Date)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Nicholas Fernicola / Project Manager

(Printed Name/Title)

xviii.

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

| NO CK | | | | on OF ASI | | | | A | (<u>\</u> | 4 | 155 | 56 | | |
|---|--------------------|----------------------------|-------------------|-------------------------|---|-------------------|--------------------|------------------------|----------------------------------|-------------------|----------------|---------------|--------------|------------|
| Date of Notification (1) 10/14/16 | | | | of Building tenac Co | | | | tion, Inc | | | E. | | | |
| Agencies Notified Type Notification | n | | | Address | | | | TI | | | | | 111 | |
| EPA Initial Amended | | | | rospect A | 0.1000000000000000000000000000000000000 | | l l | l lest | OCT | 1 9 2 | 2016 | - | Samuel | |
| X DOL Amendme | | | | ensack, | | 61 | and the same | and the second | | | | | | |
| ■ Emergenc justification | y (including 1) | g | | of Contact | | | | AS | Telep | hone N | umber | . 62. | | |
| DCA Cancellation | n | | | Graham | | | L | 12.3 340 + 1 xX1 | | | | 101.20 | and a second | Ē. |
| Name of Facility Where Abatement is Tak | ing Place (| (3) | FAC | CILITY INF | ORMATI | ON | Type o | f Facility (| 4) | | | | | |
| Residential Building | | | | | | | _ | chool (K-1 | | | | | | |
| Street Address 90 Prospect Avenue | | | | | | | St Of et | her (i.e. p | 8 (Other private & c | than K- commer | 12) cial bu | ilding | s, hor | mes, |
| City (5) Hackensack | | | | | | | Square | | # of F | loors | | Blag. 61 y | Age rs | |
| County (6) Bergen | | | County (STATE | Code (7) USE ONLY |) | _ | Current | | or if being | demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8 |) | ASCI | M No. | | | | ment Con | tractor (9) Corp. |) | 77.77.25 | | | - |
| Street Address | | | | | | | Address | 24. 7.1 | | | | | | The Assess |
| City, State, Zip Code | | | | | | City, St | tate, Zip | | | | W. 198 | | | |
| Project Manager for Monitoring Firm | | Т | Telepho | ne No. | | | va, NJ one No. | 0/512 | | icense l | VIO. | | | |
| | | | | | | | 333-917 | 76 | 10000 | 1232 | ٧٥. | | | |
| Start Date (10) 10/19/16 | Schedul 10/21/ | | mpletion | Date (11) | | | of OSHA ovision | | tants, Ir | nc. | | | | |
| Occupancy Status During Abatement (Che | ck Only Or | ne) | | | | Street A | Address | | | - | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Normal Working Ho | nal Facility | Hours | nent s | | - | City, Sta | ate, Zip (| Code | , Bldg. : | 35 E | | | | |
| Scope of Work (Check All That Apply) | | | | | | Fair L | .awn, N | IJ 0741 | 0 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | Mini-E Glove | nclosure bag Proce | nt with Ne edure (*) and N | | | | ·e | |
| | Is | Locati | ion | | | | | | | | | Abate | emen | t |
| Location of Asbestos-Containing Material (ACM) | | lormal d Sole | | | | ription o | | | | | - | 1 | rpe | T |
| TO BE ABATED In Facility (13) | Cust | intenar odial S (12) | Staff? | | thermal s surfacion other mis | ystems ng, VAT | insulation, or | | Amor (Spec SF or | cify | Removal | Repair | Encapsulate | Enclosure |
| Basement Transformer Room | Yes | No | N/A | | | inna | | | | | - | | CD. | |
| Dasement Transformer Room | | | | | P | ipes | | | 5 L | F | X | | | |
| Name of Registered Waste Hauler | | 1 50 | JDEP W | ante | Cubi- V | o ed - | 1 | | | | | | | |
| Unicorn Contracting Corp. | | H | auler ID 35844 | No. | of Waste | | | | egistered 1 Resou | | | erv F | acilit | V |
| City, State Totowa, NJ | | | 700044 | | Disposa TBD | I Date | C | ity, State ullytowr | | | | | | * |
| Completed by | Title | | | | 25/23/20/20/20 | nature | 1)- | (/) | 1 | Da | te | | | |
| Dimo Golcev | Gene | ral Ma | anager | | / | 1 | | 1/ | | 10 |)/14/1 | 6 | | |

0 KIN9/57

| D&S Proj. #: 16-311 | / | | | | esto | s Abatement and 12:120) | Γ | MEC | ; E [|] W | E | | | | | | | | |
|---|-------------|---|-----------------------|-------------------------|-------|---|---|---|--------------------------|----------|--------|--------|----|--|--|--|--|--|--|
| DR3 -10j. #. 16-311 | | | (1 41346 | ant to NOAO | 0.00 | 7 and 12.120) | | N. B. |) <u>L</u> | 1 W | 느 | | | | | | | | |
| Date of Notification (1) | | ame of Buil ohn ferrar | 1.7 | er/Operator (2) | | | | 00 | T 19 | 2016 |) | 山 | | | | | | | |
| Agencies Notified Type Notification | | eet Addres | | | | | 1 | ACDEC | TOC 00 | 21.00 | 01.0 | | T | | | | | | |
| EPA Initial Amended | | | | | | | | ASBES ⁻ | ICENSI | | UL 8 | L | | | | | | | |
| DEP Amendment #: | Ci | ty, State, Z | ip Code | | | | | | | | | | | | | | | | |
| ☑ DOL ☐ Emergency | -11 | park ridge | e. ni 076 | 556 | | | | | | | | | | | | | | | |
| DOH (including | | me of Cont | | | | | | Telephon | e Numbe | r | | | | | | | | | |
| DCA justification) | | john ferra | ага | | | | | | | | | | | | | | | | |
| Cancellation | | J | | LITY INFORMA | ATION | 1 | | _, | | - | | | | | | | | | |
| Name of facility where abatement is | taking plac | ce (3) | | - | | | Ту | pe of Facility (| | | | | | | | | | | |
| jon ferrara | 257-251 | 0.000 | | | | | | = | I (K - 12) apter 8 (0 | | nan K | -12) | | | | | | | |
| Street Address | | | | | | | | Other (| Private/C Homes, e | comme | | | | | | | | | |
| | | | | | | | S | quare Feet | # of Floo | rs | Blo | dg. Aç | ge | | | | | | |
| City (5) | Count | y (6) | | | | nty Code (7) te use only) | - | Current Use (Prior if being demolished) | | | | | | | | | | | |
| park ridge | BER | .GEN | | | (Ota | ic asc only) | Current Use (Prior if being demolished) | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by B | ldg. Owner | (8) | | ASCM No. | | Name of Abatemer | nt Con | tractor (9) | tor (9) | | | | | | | | | | |
| | | | | | | D & S RESTO | RATI | ON, INC. | | | | | | | | | | | |
| Street Address | | | | | | Street Address | A | | | | | | | | | | | | |
| City, State, Zip Code | | | | | _ | 20 California 2 City, State, Zip Cod | - | | | | | | | | | | | | |
| oity, diate, zip dode | | | | | | Paterson, NJ (| | | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | Pho | one Numbe | er | | Telephone Number | | | License | Numb | er | | | | | | | | |
| | | 1 | | | | 973-345-802 | 20 | | (|)1169 | | | | | | | | | |
| Start Date (10) | Sched. | Completio | n Date (11 |) | - | Name of OSHA Mo | | | | | | | | | | | | | |
| 10/18/16 | 10/31 | /16 | | | | D & S Restora | ation, | Inc. | | | - | | | | | | | | |
| Occupancy Status During Abatemen | - | CONTRACTOR DESCRIPTION OF THE PERSON OF THE | With the second | | - | 20 California A | Avenu | ie | | | | | | | | | | | |
| Facility closed/vacated during | | | | | | City, State, Zip Coo | | | | | | | | | | | | | |
| Abatement performed outside Describe: | | acility hours | 3- | | | | | | | | | | | | | | | | |
| Other-Describe: NORMAL HO | DURS | | | | _ | Paterson, NJ | 07503 | | | | | | | | | | | | |
| Scope of Work (check all that apply |) | | | | | | _ | Containment w | /negative | e press | ure | | | | | | | | |
| $\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$ | Renovation | 1 | | | | L | _ | -enclosure vebag procedu | re | | | | | | | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | Ĺ | | -Exempted (*) | | -friable | proc | edure | | | | | | | |
| Location of | | normally u | | | | | | | | e e | R | E n | E | | | | | | |
| asbestos-containing material (acm) to be | staff(12) | 1911001000 | | Description material (| | sbestos-containing | | Amount (Specify S | F or | m | p a | С | n | | | | | | |
| abated in facility (13) | Yes | No · | N/A | | | | | LF) | | V | i | a p | L | | | | | | |
| BASEMENT | | X | | PIPE INSU | LAT | ION | | 173 l ft | | e | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDE 135 | | 2 | ubic Yards of V yds. | Vaste | Name of Register TULLYTOW | | | ECOVE | RY | | | | | | | | | |
| City, State | | | Disposal D 10/19/1 | | | City, State | NI DA | | - | | | | | | | | | | |
| PATERSON, NJ 07503 Completed by (Print or Type) | Title | | 10/19/1 | Signature | - | TULLYTOW | N, PP | 1 | Date | | | | | | | | | | |
| BOGDAN JOLDZIC | PRESID | ENT | | | | | | | | 3/2016 | | | | | | | | | |
| ****** | Do not use | thic form t | for achaeta | ne liconeuro av | amnte | nd antivition | | 7) | | | | | | | | | | | |

| CF110×10 | / | | State | | | | | | | | | | | |
|--|------------------------------------|-----------------|-----------------|-------------|---------------------------------|---|--------------------------|--------------------------|---------------|--------|------------|----|--|--|
| D&S Proj. #: 16-311 | / | | | | Abatement and 12:120) | | n E | BE [|]]// | E | [| 7 | | |
| Das Froj. #: 16-311 | | (r ursuc | ant to NoAC | 0.00 | and 12.120) | | | 9 15 1 | 1 (4) | 15 | | | | |
| | | | 10 (0) | | | - [| חות – | | | - | | | | |
| Date of Notification (1) | Name of | Building Owne | er/Operator (2) | | | |] [] 00 | CT 19 | 2016 | | L | | | |
| Agencies Notified Type Notification | john f | | | | | _ | | | | | | + | | |
| ☐ EPA ☐ Initial | Street A | adress | | | | | | TOS CO | | OL 8 | | | | |
| ☐ DEP ☐ Amended | 0:: 0: | 7 0 1 | | | | | | LICENS | NG | | | | | |
| DOL Amendment #:_ | | te, Zip Code | | | | | | | | | | | | |
| DOH Emergency (including | park Name of | ridge, nj 076 | 56 | | | - | Telephor | ne Numbe | r | To box | of Carrier | | | |
| justification) | | | | | | | Totophor | ic ivallibe | • | | | | | |
| DCA Cancellation | <u>john</u> | ferrara | | | | | | | | | | _ | | |
| | | FACIL | LITY INFORM | ATION | | | | | | | | | | |
| Name of facility where abatement is | taking place (3) | | | | | Ту | pe of Facility | | | | | | | |
| ion forman | | | | | ٥ | | = | ol (K - 12) | | | | | | |
| jon ferrara Street Address | | | | - | | | | apter 8 (0 (Private/C | | | 12) | | | |
| Officer Address | | | | | | | | /Homes, e | | | | | | |
| | | | | | | S | quare Feet | # of Floo | rs | Blo | lg. Ag | ge | | |
| City (5) | County (6) | | | | nty Code (7) te use only) | Current Use (Prior if being demolished) | | | | | | | | |
| park ridge | BERGEN | | | (Sta | te use only) | Current Use (Prior if being demolished) | | | | | | | | |
| Name of Monitoring Firm Hired by B | | T | ASCM No. | | Name of Abatemen | nt Cont | ractor (9) | | | | | | | |
| | | | | | D & S RESTOR | RATI | ON, INC. | | | | | | | |
| Street Address | | | | = | Street Address | | | -10/25 | | | | | | |
| | | | | | 20 California A | | | | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Cod | е | | | | | | | | |
| | | | | | Paterson, NJ 0 | | | | | | | | | |
| Project Manager for Monitoring Firm | | Phone Number | er | | Telephone Number 973-345-802 | | | License | Numb 11169 | er | | | | |
| | | | | | Name of OSHA Mo | | | | 71107 | | _ | | | |
| Start Date (10) | Sched. Comp | letion Date (11 |) | | D & S Restora | | Inc. | | | | | | | |
| 10/18/16 | 10/31/16 | | | | Street Address | | | | | | | | | |
| Occupancy Status During Abatement | | | | | 20 California A | | е | | | | | | | |
| Facility closed/vacated during e | | | | | City, State, Zip Cod | le | | | | | | | | |
| Describe: | 3. | 10013 | | _ | D-t NII (| 7502 | | | | | | | | |
| Other-Describe: NORMAL HO | | | | $- \Box$ | Paterson, NJ (| | | , | | | | _ | | |
| Scope of Work (check all that apply) Scope of Work (check all that apply) | | | | | F | | Containment enclosure | w/negative | e press | ure | | | | |
| | Renovation | | | | × | Glov | ebag procedu | | | | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | Non | -Exempted (* | and Non | -friable | proce | | | | |
| Location of asbestos-containing | Is location norm by maintenance | | | nn nt . | abastas santalais | | Amount | | е | е | E n | E | | |
| material (acm) to be | staff(12) | | material (| | sbestos-containing | | (Specify | SF or | m o | p a | c a | С | | |
| abated in facility (13) | Yes No | N/A | | | | | LF) | | v e | i | р | L | | |
| BASEMENT | | | PIPE INSU | LATI | ON | | 173 l ft | | × | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hau 13506 | | ubic Yards of | Vaste | Name of Registers TULLYTOWN | | | ECOVE | DV | | | | | |
| City, State | 15500 | Disposal D | yds. ate | COLUMN TOWN | City, State | Y, ICE | SOURCE R | LCUYE | | | | | | |
| PATERSON, NJ 07503 | | 10/19/1 | | j | TULLYTOW | N, PA | | | | | | | | |
| Completed by (Print or Type) | Title | | Signature | | | | | Date | | | | | | |
| BOGDAN JOLDZIC | PRESIDENT | | | | | | | 10/13 | /2016 | | | | | |
| ***** | no not use this f | arm far achaeta | e liconeuro ov | amnta | d activities | | | | | | | | | |

Cx#25300

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

| | | | | | | | | | | | G | U 1 | ¥/ | S |
|--|--------------------------|----------------|---|---------|--------------|--|------------|-------------------------------|-----------------|----------------|---------|--------|-------------|-----------|
| Date of Notification (1) | | | | Name | of Buildin | g Owner/Opera | tor (2) | C:1 | 117/ | | | | 24 | |
| | 0/17/16 | | | | | | | Cassidy | HDI: | COT | 4 5 | - 0 | 140 | _ |
| Agencies Notified | Type Notifica | ation | | Street | t Address | | | | | 001 | 1 5 | 1 2 | 316 | |
| EPA DEP | Initial Amended | i | | | | | | | | | | _ | | - |
| ₩ DOL | Amendme | | | City, S | State, Zip C | Code | | mede, NJ | 000705 | RESTO | 18.0 | ON | TRO | 1 8 |
| ₽ DOLL | ☐ Emergen | | 9 | - | | | unnei | mede, NJ | | | | 3114 | 7 | |
| DOH DCA | justificati Cancellat | | | Name | of Contac | | | | Telephon | e Numbe | - | | | |
| | | 1011 | | | 1 | Veil Cassidy | 7 | | | y . | | | - | _ |
| | | | | FAG | CILITY INF | ORMATION | | | | 7.0 | | | | |
| Name of Facility Where | e Abatement is T | aking Place | e (3) | | | | Ту | pe of Facility | (4) | | * | | | |
| | F | Residenti | al | | | | | School (K-1 | | | | | | |
| Street Address | | | | | | | | Subchapter | | | | | | |
| | | | | | | | | Other (i.e., p homes, etc. | | mmerciai | Dulic | iings. | | |
| City (5) | | | | | | | Sc | uare Feet | # of Flo | ors | Ble | dg. A | ge | |
| | Runne | mede, N. | J 080 | 78 | | | | 1400 | 2 | 2 | | 65 | +/- | |
| County (6) | | | | | nty Code (| 7) (STATE | Cı | urrent Use (Pi | rior if being | demolish | ned) | | | |
| The state of the s | Camden | | | | ÓNLY) | | | | | | | | | |
| Name of Monitoring Fir | | ding Owner | | ASCM | No. | Name of Abat | tement | Contractor (9 |)) | | | | | |
| (8) | MECS | 95% | | | | | | s Environi | * | ervices | s, In | c. | | |
| Street Address | | | | | | Street Addres | | | | | | | | = |
| | PO Box | 341 | | | | 3 | 11.70 | PO F | 30x 322 | | | | | |
| City, State, Zip Code | TO BOX | 311 | | | | City, State, Zip | n Code | 101 | , on 522 | | | | | _ |
| | Crosswicks, | NJ 0851 | 5 | | | Oity, Otato, Zij | | Allentow | n. NJ 08 | 501 | | | | |
| Project Manager for Me | | | | phone | No | Telephone No | | | License | | | | | _ |
| | eisgarber | | 11.500000000000000000000000000000000000 | | 0-4070 | (609) | | 9688 | Licerio | |)493 | 3 | | |
| Start Date (10) | | Scheduled C | | | | Name of OSH | | | | - 00 | , 1,, 2 | | _ | _ |
| | | | a di kara | | ile (11) | Name of OSF | IN IVIOITI | | ECS | | | | | |
| 10/31/16 | | | 11/8/ | 10 | | Charat Address | | 171 | LCS | | | | | _ |
| Occupancy Status Dur | | | | | | Street Addres | 55 | PO F | 30x 341 | | | | | |
| ▼ Facility Closed/Vaca Abatement Perform | | | | | | Cit. Ctata 7i | - Cada | 101 | JUX J-1 | | | | | _ |
| Other - Describe: | led Odtside of N | Offital Facili | ty Hou | 15 | | City, State, Zip Code Crosswicks, NJ 08515 | | | | | | | | |
| | | | | | - | - | | Crosswick | is, NJ U | 5313 | | _ | , | _ |
| Scope of Work (Check | (all that apply) | | | | | Full C | Contain | ment with Ne | gative Pres | sure | | | | |
| ≥3 sf or ≥3 lf | | ⋉ Re | enovat | ion | | ☐ Mini- | Enclosi | ure | 944101100 | | | | | |
| ∑ ≥160 sf or ≥260 lf | | | emolitic | n | | | | rocedure | an Eriable E | Procedure | | | | |
| | | lo | Location | nn. | | | Lxemp | ted (*) and No | JITI HADIE F | rocedure | | hate | ment | () |
| | | N | lomally | 1 | | | | | | | - | Typ | | |
| Location | 11.1 (2.7) | | d Solel | | | Description | | 1 (A CAA) | A | | | | | |
| Asbestos-Containing TO BE AB | | | ntenar ustodia | | | tos Containing N thermal system | | | Amoui (Speci | | ת | | En | Ш |
| IN Facil | lity | | Staff? | | (1.0.) | surfacing, VA | AT, or | | SF or L | | Remova | Repair | caps | nclo |
| (13) | | | (12) | , | | other miscella | neous) | | | | ova | air | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | te | (D) |
| A | - | | 17 | ,lite | | 250 | o.f | ~ | | - | - | | | |
| Attic 🗶 | | | | | | Vermiculite 350 sf ★ | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered W | /aste Hauler | | | JDEP ' | | Cubic Yards | | Name of Regi | istered Land | dfill | | | | |
| Stevens Environmental Services, Inc. Hauler ID No. 18292 | | | | | | of Waste 3 CU | | / | GROW | SLand | fill | | | |
| | | | | | | Disposal Date | - 1 | City, State | SILO W | ROWS Landfill | | | | |
| City, State Allentown, NJ | | | | | | 11/8/16 | 1 | Oily, State | Marria | orrisville, PA | | | | |
| Completed By | Anemow | Title | | | | | 71 | 4 | | | | | | |
| Mahlon E. S | tevens | | roiso | t Mar | nager | Signature | | / / | Date 10/17/16 | | | | | |
| IVIAIIIOII E. S | TC A CITZ | | LUJEC | i Ividi | lager | | 7 | | | | 0/1 | 111 | | |

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

| | 1/10/02/2015 | | ANNU | | FICATION | T | | | eck | 144 | α | 191 |
|--|--------------|----------------------|--|--|--|---------------------------|---------------------------------|----------------|-----------|---------|---------------|--|
| Date of Notification 10 18 | (1) | | | MEMOR | IAL SLOAN | Owner / Ope I-KETTERIN | G CANCER | CENTER . | E | | | 7] |
| The state of the s | | | | | Street Address 225 SUMMIT AVENUE | | | | | | | |
| | | | | The second secon | | | | | | | \mathcal{H} | |
| | | Amended | | | ALE, NJ 07 | | II I | UC | 1 1 3 | 2016 | 1 | 7 |
| ☑ DOH | | Amendmer | N. C. | | Contact | | | Telepho | ne Nun | nber | | |
| ☑ DOL | | | w/ justification | MARIYA | NA PAMPO | VA | | нали ст | | FRO | DL & | 1 |
| | | Cancellatio | the state of the s | A CIL ITY II | NEODMATI | ON | | MODEO | ICENS | MAG | | |
| | | | , | -ACILITY II | NFORMATI | ON | - | | | 20 | | |
| Name of Facility Wh | ere Abaten | nent is Takin | g Place (3) | | Type of F | acility (4) | | | | | 3- | |
| MEMORIAL SLOAN- | | | | | 1.750 011 | domey (1) | | | | | | |
| | | | | | | School (K | (-12) | | | | | |
| Street Address | - | | | | 7 🗆 | | ter 8 (Other | | | | | |
| 225 SUMMIT AVENU | E | | | | V | | ., private & | | al | | | |
| City (5) | County (6 | () | County Code | (7) | Square F | | omes, etc.) | | I D. ii d | ing Ass | | |
| MONTVALE | BERGEN | • • | County Code | (1) | (100) | n/a | # Of Floors Building Age n/a 50 | | | | | |
| | | | | | | | or if being demolished) | | | | | |
| | | | | | | RESEARCI | | | | | | |
| Name of Monitoring | | | | ASCM NO | Name of | Abatement | Contractor | (9) | | | | |
| ATLANTIC ENGINEE | RING LAB | ORATORIES, | INCC | | | | | | | | | |
| Ct | | | | | | Contracting | Group, Inc. | | | | | |
| Street Address 21 RANDOLPH AVE | | | | | Street Ad | ldress | | | | | | |
| City, State, Zip Code | | | | | 32 William | ns Parkway | | | | | | |
| AVENEL. NJ 07001 | | | | | | e, Zip Code | | | | | | |
| Project Mngr. For Mo | onitoring F | irm | Telephone Nu | ımber | - Oity, Stat | e, zip code | | | 1. | | | |
| FRED ZIMMERMAN | | | 732-815-0400 | | East Hand | over, NJ 079 | 36 | | | | | |
| Sheduled Start Date | (10) | Sched. Com | pletetion Date (| 11) | Telephon | e Number | | License | Numbe | r | | |
| 10 / 20 | /16 | _10_ | // | 16 | | | | | | | | |
| / / / | / Al-4 | | / | | | 72-3660 | | | | 00860 | | |
| Occupancy Status D | | | k Only 1) ntire Period of | | | OSHA Moni | | | | | | |
| Abatemen | | ted During E | nuire Period of | | Northstar Contracting Group, Inc. Street Address | | | | | | | |
| | 15 | d Outside of | Normanl Facility | , | Sireet Au | uress | | | | | | |
| Hours - De | | | | | 32 William | ns Parkway | | | | | | |
| ✓ Other - De | scribe: | 7:00am - 3:3 | 0pm | | | e, Zip Code | | | | | | |
| | | | | | East Hand | over, NJ 079 | 36 | | | | | |
| Scope of Work (Ched | ck All That | Apply) | | | | | | | | W | | |
| Demolition | n | V | Renovation | П | Full Cont | ainment wit | h Nogativa | Drocour | | | | |
| ≥3sf or ≥3 | | | Renovation | Н | Mini - End | | in negative | Pressure | à | | | |
| □ ≥160 sf or ≥260 lf | | | | | | Procedure | | | | | | |
| | | | | V | | npted (*) an | | ble Proce | dure | | | |
| | | | | | | | | | | | | |
| Location of | Section 201 | ls. | 1 . | Descript | | | | <u>Abateme</u> | nt Type | | | A APPLICATION OF THE PARTY OF T |
| Asbestos Conta Material (AC | | Location Normally | As | sbestos - C Material | | | A | R | _ | E | E | |
| TO BE ABATI | | Used | 1 // | e., therma | 10.000 | | Amount (Specify | E M | R | N C | N | |
| in Facility | | Solely | | | facing, VA | т | SF or LF) | 0 | P | A | C | |
| (13) | | by Main- | | | ellaneous) | | 01 01 11) | v | l'A | P | 0 | |
| | | tenance/ | | | | | | Α | l'i | s | s | |
| | | Custodial | | | | | | L | R | U | U | |
| | | Staff (12) | | | | | | | | L | R | |
| RENOVATION AREA | | YES NO N/A | TRANSITE PIF | \F | | | 10.15 | | | | | |
| NENOVATION AREA | | | TRANSITE PIE | 'E | | | 18 LF | <u> </u> | - | | | Ц_ |
| | | | | | | | | | - | 1 | - | \vdash |
| | | | 1 | | | | | H | | + | + | + |
| Name of Registered \ | Naste Haul | | NJDEP Waste | Cubic | Name of F | Registered L | andfill | | | | | |
| Northstar Contracting | | | | Yards | GROWS | | | | | | | |
| | | | | of Waste | | | | | | | | |
| City, State | | | | Disposal | City. State | | | | | | | |
| East Hanover, NJ | | | | Date | Morrisville, | PA | | | | | | |
| Completed by (Print of | or Type) | | Title | | L | Signáture | | 1/ | | Inc | | |
| STEVE STILES | , , , , , | | PROJECT MAN | NAGER | | Jugarature | | VE | | Date | | |
| 00000000000000000000000000000000000000 | | | I | - INCLEASE | | 261 | 000 | Mix | X | | _ 40 | V40/40 |

State of New Jersey

| CK30527 | NOT | (Pursu | | F ASBEST NJAC 8:60 a | | | D) | CEIV | | M | the little in the latest section of the late | | |
|---|-----------|---|----------|--|---|-----------------------------------|--|-----------------------|----------------|---------|--|---------|--|
| Date of Notification (1) October 14, 2016 | | | | Name of Building Owner/Operator (2) DnA Demolition OCT 1 9 2046 0 12 7 | | | | | | | | | |
| Agencies Notified Type of Notification [X] EPA [] Initial Notification | | | | Street Address 2156 Camplain Road ASBESTOS CONTROL & | | | | | | | | | |
| [] DEP [] Amended Notification [X] DOL Amendment # [X] DOH [X] Emergency (including | | | | City, State, Zip Code LIGENSING Hillsborough, NJ 08844 | | | | | | | | | |
| [] DCA justif | Nai | Name of Contact Antonio Dimuzio Telephone Number | | | | | | | | | | | |
| | | | CILIT | TY INFORM. | ATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Warehouse | Place (3) | | | Type of Facility (4) [] School (k-12) | | | | | | | | | |
| Street Address | | | | | | Subchapter 8 (other than k-12) | | | | | | | |
| 1441 Chestnut Stre | eet | | | | | | [X] Other (i.e., private & commercial buildings, homes, etc.) | | | | | | |
| City | County | / (6) | | inty Code (7) ATE USE ONLY |) | Squar 10 | e feet 0,000 sf | # of Floors | Bldg | g. Age | 20 | | |
| Hillside | Unio | n | | (GIIII GOD GIIBI) | | | 100,000 sf 2 80 Current Use (Prior if being demolished) Warehouse | | | | | | |
| Name of Monitoring Firm Hired by Building G Guardian Contract | | | ASC | CM No. | Name of | ne of Abatement Contractor (9) | | | | | | | |
| Street Address | | | | | Guardian Contracting, Inc. Street Address | | | | | | | | |
| 1889 Route 9, Uni City, State, Zip Code | 161 | | | | 1889 Route 9, Unit 61 City, State, Zip Code | | | | | | | | |
| Toms River, NJ 08 | 3755 | | | | City, Stat | ic, Zip C | | iver, New Jers | ev 08' | 755-1 | 271 | | |
| Project Manager for Monitoring Firm | | Telephone Numbe | | | Telephon | | er | License N | License Number | | | | |
| Nicholas Fernicola 732-349-9932 | | | | | 732-34 | | | 00624 | | | | 0110000 | |
| Scheduled Start Date (10) 10/17/16 | | Scheduled Comple 10/31/16 | etion Da | E.M.S.L. Analytical | | | | | | | | | |
| Occupancy Status During Abatement (Check of Facility Closed/Vacated | | | nataman | nt. | Street Ad | ldress | 1056 St | elton Road | | | | | |
| Abatement Performed (| | | | | | | Service Control of the Control of th | citon Road | | | | | |
| Other - Describe | | | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | [x] | | | with Negative Pres | sure | | | | |
| | | | | | | Mini-Enclosure Glovebag Procedure | | | | | | | |
| [x] $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ | | 2 2 | olition | | [] | | | and Non-Friable I | rocedu | ire | | | |
| | | | T | | | | | | Abat | ement ' | Гуре | | |
| | | Is Location | | | escriptio | | | | R | R | Е | E | |
| Location of Asbestos-Containing Material (ACM) | N | ormally used Solely by | | | estos-Con | | | Amount (Specify SF | Е | Е | N | N | |
| TO BE ABATED | Maint | enance/Custodia | al | Material (ACM (i.e., thermal syst | | | | or LF) | М | P A | C A | C | |
| in facility | | Staff | | | lation, su | rfacing, | | | 0 | I | P | 0 | |
| (13) | | (12) | | | VAT, o | | | | V | R | S | S | |
| | YES | NO N/A | | otne | r miscella | aneous) | | | A L | | L | R | |
| Warehouse X | | | | Duct insulation 300 lf | | | 300 lf | X | | Е | Е | | |
| A Duct institution 300 it A | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | VIII. | | | | | | | |
| Name of Registered Waste Hauler | N | JDEP Waste Haul | er ID N | | ds of Wast | | me of Register | L ed Landfill | | | | 1 | |
| Guardian Contracting, Inc. City, State | | 20223 Disn | osal Da | 30 | City, Sta | | T.R.R.F. | | | | | | |
| Toms River, New Jersey | | | 1/16_ | | | | ennsylvañia | | | | | | |

Date

10/14/2016

Signature

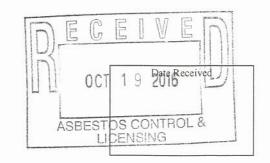
Toms River, New Jersey
Completed by (Print or Type)

Nicholas Fernicola

Title

Project Manager

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755



DEMOLITION / RENOVATION NOTIFICATION

| Operator Project #: | Postmark: | | Notificati | Notification: | | | | | | |
|---|----------------|--------------------------|-------------------|--------------------------|----------|-------------------|--|--|--|--|
| I. TYPE OF NOTIFICATION (O - Original R - Revised C - | Cancelled): | R | II. | IS ASBESTOS PRESENT? (Ye | es/No): | Y | | | | |
| III. FACILITY INFORMATION (identify owner, removal contract | ctor and other | operator) | | | | | | | | |
| OWNER NAME: DnA Demolition | | | | | | | | | | |
| Address: 2156 Camplain Road | | | | | | | | | | |
| City: Hillsborough State: | NJ | | Zip: | 08844 | | | | | | |
| Contact: Antonio Dimuzio | | | Tel: | 732-713-4496 | | | | | | |
| REMOVAL CONTRACTOR: Guardian Co. | ntracting, I | nc. | NJ License: 00624 | | | | | | | |
| Address: 1889 Route 9 | , Unit 61 | | | | | | | | | |
| City: Toms River State: | New Je | ersey | Zip: | 08755 | | | | | | |
| Contact: Nicholas Ferr | nicola | | Tel: | 732-349-9932 | | | | | | |
| OTHER OPERATOR (if different) | | | | NJ License: | | | | | | |
| Address: | | | | | | | | | | |
| City: State: | | | Zip: | | | | | | | |
| Contact: | | | Tel: | | | | | | | |
| IV. TYPE OF OPERATION (D - Demo O - Ordered Demo | R - Renovation | n E - Emergency Re | enovation): | Е | | | | | | |
| V. FACILITY DESCRIPTION (Including building name, number | r and floor or | room number) | | | | | | | | |
| Building Name: Warehouse | | | | | | | | | | |
| Address: 1441 Chestnut Street | | | | | | | | | | |
| City: Hillside State: | New Je | ersey | County: | Union | | | | | | |
| Site Location: Warehouse | - | | | | | | | | | |
| Building Size: 100,000 sf # of Fl | oors: | 2 | Age in Y | ears: 80 | | | | | | |
| Present Use: Warehouse | | Prior Use: | Warehou | use | | | | | | |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF | APPROPRIA' | TE, USED TO DETE | CT THE PRES | SENCE OF ASBESTOS MATER | IAL: | | | | | |
| | | | | | | | | | | |
| IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | 1 | | | | Nonf | riable | | | | |
| 1. Reminted ACM to be removed. | | RACM To Be Removed | | | Asbestos | Material To Be | | | | |
| Regulated ACM to be removed Category I ACM not removed | | | | LOCATION | 100 | oved | | | | |
| Category II ACM not removed | | | | | Cat I | Cat II | | | | |
| Pipes (Linear feet): 300 lf | Duct in | Duct insulation | | Warehouse | | | | | | |
| Surface Area (Square feet): | | | | | | | | | | |
| RACM Off Facility Component (Cubic feet): | | | | | | | | | | |
| VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) | Start: | 10/17/ | 16 | Complete: 10/3 | 1/16 | | | | | |

| | NOTIFICATION | OF DEMOLITIO | N AND RENOVAT | ION (continued) [| PEIMED | | | | | | |
|--------|---|---|---|--------------------------------------|--|--|--|--|--|--|--|
| х. | DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED OCT 1 9 2016 | | | | | | | | | | |
| xi. | DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Full enclosure procedures, negative air (HEPA) units to be put in place prior to removal. All asbestos containing insulation will be saturated with a surfactant valer miss. Removal to take place by hand scraping all saturated materials, place in double 6 mil. Bags, sealed and affixed with appropriate warning labels and placed in a closed/locked container for disposal. Encapsulation of all surfaces where removal took place. All materials to be kept wet during entire operation. Final cleaning will consist of HEPA vacuuming and/or wet washing of all surfaces. | | | | | | | | | | |
| xii. | WASTE TRANSPORTER #1 Name: Gua | rdian Contracting, Ir | ic. | | | | | | | | |
| AII. | 1000 P - 4- 0 H-i4 (1 | | | | | | | | | | |
| | Address: 1889 City: Toms River | | New Jersey | Zip: 08' | 755 | | | | | | |
| | S | holas Fernicola | | 1 | | | | | | | |
| | Contact Person: N1CI WASTE TRANSPORTER #2 Name: | iolas i cilicola | | | | | | | | | |
| | | | | | | | | | | | |
| | Address: | State: | | Zip: | | | | | | | |
| | City: | State. | | L.P. | | | | | | | |
| | Contact Person: | | | | | | | | | | |
| xiii. | WASTE DISPOSAL SITE Name: T.R | .R.F. | | | | | | | | | |
| | Location: Bor | dentown Road | | 1 | | | | | | | |
| | City: Tullytown | State: | Pennsylvania | Zip: 19 | 007 | | | | | | |
| | Telephone: 215-943-9732 | | | 1494 | | | | | | | |
| xiv. | IF DEMOLITION ORDERED BY A GOVERNM | IENT AGENCY, PLEASI | E IDENTIFY THE AGENCY | BELOW AND ATTACH C | OPY OF ORDER | | | | | | |
| | Name: Title: | | | | | | | | | | |
| | Authority: | 1.4 | | | | | | | | | |
| | Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): | | | | | | | | | | |
| XV. | FOR EMERGENCY RENOVATIONS | | | | | | | | | | |
| | Date and Hour of Emergency (MM/DD/YY): | 4-1 | | | | | | | | | |
| | Description of the Sudden, Unexpected Event: | | | | | | | | | | |
| | Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: | | | | | | | | | | |
| xvi. | DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBL | LOWED IN THE EVEN ED, PULVERIZED, OR I | T THAT UNEXPECTED AS REDUCED TO POWDER | SBESTOS IS FOUND OR PR | LEVIOUSLY NONFRIABLE | | | | | | |
| xvii. | I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND I AVAILABLE FOR INSPECTION DURING NO Nicholas Fernicola / Project Manage | EVIDENCE THAT THE I RMAL BUSINESS HOU | REQUIRED TRAINING HA | s BEEN ACCOMPLISHED per 20, 1991) | M) WILL BE ONSITE DURING BY THIS PERSON WILL BE October 14, 2016 (Date) | | | | | | |
| | (Printed Name/Title) | | (Signature of Owner/Op | | (2.1.) | | | | | | |
| xviii. | I CERTIFY THAT THE ABOVE INFORMATION | ON IS CORRECT. | | 1 | s, | | | | | | |
| | Nicholas Fernicola / Project Manag (Printed Name/Title) | er | (Signature of Owner/Op | erator) | October 14, 2016 (Date) | | | | | | |