|   | ADD         |                    | NC   | TIFI<br>(Pur | CATION OF suant to NJA       | ASBESTOS                 | CAR         | ATEMENT                     | $\cap$   | 1/ =       | ?~Y           | 02       | 25    |
|---|-------------|--------------------|--|--------------|------------------------------|--------------------------|-------------|-----------------------------|--|------------|---------------|----------|-------|
| Date of Notification (1)                  |             |                    |  |              | Na                           | me of Build              | ding        | Owner/Operat                | or (2)   |            | 200           | 9 2      | X_    |
| 10 /                                      | /40         |                    |  |              | IME                          | HCK SHAF                 | RP &        | DOHME CORF                  | ·  | - A D      | 7 6           | 7 53     |       |
|   | ype Notifi  | 004:               |  |              |                              | eet Address              |             |                             |  | 1 1        | = ((          | 7 15     | -11   |
| TEPA TY                                   | 240         |                    |  |              | 126                          | 6 E. LINCOL              | N A         | VENUE, P.O. B               | OX 2000, RY2   | 8-414      |               |          |       |
| DEP X                                     | Initial     | Notific<br>ided No | ation  |              | City                         | y, State, Zip            | Con         | le                          |  |            |               |          |       |
| X DOL                                     | Canci       | ellation           | otificati  | on           | RA                           | HWAY, NE                 | W JE        | RSEY 07065                  | and the same of th |            | 00            | T 2      | 6     |
| X DOH                                     | On Ho       | old                |  |              | Nar                          | me of Conta              | -1          |                             |  | 1          |               | -        | 100   |
| DCA                                       | EMER        | RGENC              | Y NOT  | TIFIC        | ATION PA                     | TRICIA JOH               | ici<br>INSC | ON                          | Telephone  | Numbe      | r<br>manure - |          |       |
| Name of Facility Miles                    |             |                    |  |              | The second second            | INFORMAT                 |             | JIV                         | 732-594-77   | 746 AC     |               | 1        | ¥1,   |
| Name of Facility Where Aba                | tement is   | Takin              | g Plac   | e (3)        |                              | IN OTHINAT               | ION         | Type of Faci                | lity (4)   | Compounds/ | er laser      | 1-11     | -     |
| MERCK SHARP & DOHME C                     | 00000       | T                  |  |              |                              |                          |             | School                      | (K-12)   |            |               |          |       |
| TOTAL OF THE REPORT OF THE CO             | URPURA      | NOIL               |  |              |                              |                          |             | Subcha                      | oter 8 (Other th   | 200 K 4    | 2)            |          |       |
| Street Address                            |             |                    |  |              |                              |                          |             | X Other (is                 | e. private & cor   | nmel h     | 2)<br>Idae    | homo     |       |
| 126 EAST LINCOLN AVENUE                   | - BUILD     | ING 80             | M  |              | £0                           |                          |             | Oquare ree                  | t # of Floo  | ors        | B             | ldg. A   | s, et |
| City (5)                                  | Count       |                    |  |              | Cour                         | -t 0 - 1 /=              |             | 39,400                      | 2  |            |               | 54       | 90    |
| RAHWAY                                    | LIMION      | 1                  |  |              | (STATI                       | nty Code (7<br>E USE ONL | )           | Current Use (               | Prior if being de  | emolish    | ed)           |          | -     |
| Name of Monitoring Firm Hir               | ed by Bu    | ilding             | Owner  | (8)          | (0.77)                       | ASCM                     |             | Name of Ab                  | ABORATORY  | AND C      | FFIC          | E FAC    | ILI   |
| ENVIRONMETAL HEALTH IN Street Address     | VESTIGA     | TIONS              | , INC.   | 283          |                              | 104                      | 10.         | PAR ENVIRO                  | tement Contra<br>NMENTAL CO  | ctor (9    | )             |          |       |
| 655 WEST SHORE TRAIL                      |             |                    |  |              |                              |                          |             | Street Address              | NIVIENTAL CO   | RPORA      | NOIL          |          |       |
| City, State, Zip Code                     |             |                    |  |              |                              |                          |             | 313 SPOOK F                 | OCK ROAD   |            |               |          |       |
| SP  | ARTA, N     | EW JEI             | RSEY   | 0787         | 1                            |                          |             | City, State, Zir            | Code   |            |               |          | _     |
| Toject Manager for Monitoring             | Firm        |                    |  |              | e Number                     |                          |             | SUFFERN, NE                 |  |            |               |          |       |
| WILLIAM S. KERBEL, CIH                    |             |                    |  | 729-         |                              |                          |             | Telephone Nu                | mber   | License    | Numl          | ber      |       |
| xpected State Date (10)                   | 120/2       | Sch                | ned. C   | ompl         | etion Date (                 | 11)                      |             | 845-369-7500<br>Name of OSH |  | 1101       |               |          |       |
| Month                                     | /18<br>'ear | 1                  | 12   | 1            | 31                           | 18                       |             | AMERISCI LA                 | Monitor  | 1110       |               |          |       |
| Occupancy Status During Abate             | ement (Ch   | ack on             | lonth  |              | Day                          | Yea                      |             |                             |  | IIVC       |               | #1148    | 0     |
| I acility Closed/vaca                     | ted Durin   | a Entire           | Davis  | -1 - 1 1     | hatement                     |                          |             | Street Address              |  |            |               | -        |       |
| Abatement Performe X Other - Describe:    | u Outside   | of No              | rmal Fa  | acility      | Hours Dos                    | scribe:                  | - 1         | 117 EAST 30T                | HSTREET  |            |               |          |       |
| Other - Describe:                         | MONDA       | Y-FRI              | DAY 7  | АМ-3         | :30 PM                       |                          | ŀ           | City, State, Zip            | Code   |            |               |          |       |
| Scope of Work (Check all that a           | nnly)       |                    |  |              | _                            |                          | - 1         | NEV                         | V YORK NEW   | / YORK     | 1001          | 6        |       |
| Demolition                                | IX          | Ren                | ovatior  | 1            | 1                            | × Full Co                | ontair      | nment with Nea              | ative Pressure   | 101110     | 1001          | 0.       |       |
| >3SF OR LF<br>X >160 SE OR 260            |             |                    | 0141101  | A.S.         | P                            | A IIVIIIII EI            | ncio.       | rocedure                    |  |            |               |          |       |
|   | LF          |                    |  |              | )                            | X Non-Fr                 | iable       | Procedure                   |  |            |               |          |       |
| Location of<br>Asbestos-containing        |             | Is                 | Locati   | on           | De                           | escription of            | Ash         | estos-                      |  |            |               |          |       |
| Material (ACM)                            |             | non                | mally u  | sed          | Cor                          | ntaining Mat             | erial       | (ACM)                       | Amount   |            | baten         | nent T   |       |
| TO BE ABATED                              |             | Moin               | olely b  | У            | (                            | ie. Thermal              | syste       | ems                         | (Specify   | Ē          | REPA          | Z Z      | ENCL  |
| in Facility (13)                          |             | S                  | taff (12   | odiai        | inst                         | ulation, surfa           | acing       | , VAT,                      | SF or LF)  | Ò          | AIR           | AF       | 15    |
| 52,54,07                                  |             | Yes                |  | V/A          | Or                           | other misce              | ellane      | eous)                       |  | REMOVAL    | سا            | ENCAPSUL | OSUR  |
| t Floor labs 108b,112b,112c,1             | 14a.124     |                    | ,  | x            | Elass ell                    |                          |             |                             |  | _          | _             | 7        | Ä     |
| t Floor labs 108,112,114,120,             |             |                    | <del>                                     </del> | +            | Floor tile and               | Mastic                   |             |                             | 535sf  | X          |               |          |       |
| 100, 100, 112, 114, 120,                  | 124         | -                  | )  |              | Duct Mastic                  |                          |             |                             | 36sf   | X          |               |          |       |
|   |             |                    |  |              |                              |                          |             |                             | 0001   | 1^         | -             |          |       |
|   |             |                    |  |              |                              |                          |             |                             |  | -          | -             |          |       |
|   |             |                    | -  | $\dashv$     |                              |                          | -           |                             |  |            |               |          |       |
|   |             | 1-1                | -  | -            |                              |                          |             |                             |  |            |               |          |       |
|   |             | -                  |  |              |                              |                          |             |                             |  |            |               |          |       |
| me of Registered W.                       |             |                    |  |              |                              |                          |             |                             |  | +-         |               |          |       |
| me of Registered Waste Haule              | r           | NJDE               | P Was  | te C         | Cubic Yards                  | of Waste                 | N:          | ame of Register             | od Landen  |            |               |          |       |
| 5 HIGHWAY 33                              |             |                    | r ID No  | ).           |                              | 10                       | L           | COMING COL                  | NTY RESOUR   | CE MA      | NACE          | L        | T 6   |
| y, State                                  |             |                    | 5939   | -            | liono == LD                  |                          | 177         | T ALEXANDER                 | DRIVE/ROUT   | E 15       | NAGE          | MEN.     | I SE  |
| EEHOLD, NEW JERSEY                        |             |                    |  | 1            | isposal Date<br>1/7/18-12/31 | /10                      | U           | ty, State                   | _  | _ 10       |               |          | _     |
| mpleted by (Print or Type) NJAMIN SANCHEZ | Title       |                    |  |              | Sic                          | nature                   | IM          | ONTGOMERY)                  |  |            |               |          | ) .   |
| TOAIVIIN SAINCHEZ                         | DIRE        | CTOR               | OF OF  | PERA         | ATIONS SIG                   | g., iditui 6             | 11          | 1                           | Dat  | e //       | 1.            | 22/      | 1     |

|   |                            |                         |                       |  |                  | -   |                                 |              |          |        | Pri          | nt Form   |
|---|----------------------------|-------------------------|-----------------------|--|------------------|---|---------------------------------|--------------|----------|--------|--------------|-----------|
| CK7272 PAI  | NOTIFIED (P                | ICATION C<br>ursuant to | NJAC 8:60             | OS ABATE   | 0)               |   | 是                               | G            | E        |        | <i>y</i> 7 ( |           |
| Date of Notification (1)<br>10/23/18  |                            |                         | A contract the second | ner/Operator<br>Istruction                                 | (2)              |   | 1 (                             | )CT          | 2 6      | 20     | 18           |           |
| Agencies Notified Type Notification   |                            | Street Add              | iress                 |  |                  | -   |                                 | nt:          |          |        |              | i         |
| EPA X Initial Amended   |                            | City, State             | , Zip Code            |  |                  |   | /10 PF                          |              | 100      |        |              |           |
| X DOL Amendment #_  | aludiaa                    | J.,                     | ,                     |  |                  | -   | A STATE OF THE PARTY OF         | MORE FARMS   | interior |        | 4 4          | P         |
| ➤ DOH justification)     DCA Cancellation   | cluding                    | Name of C<br>Norman     |                       |  |                  |   | Telephone<br>732-300            |              |          |        |              |           |
|   |                            | FACILI                  | TY INFORM             | MATION   | _                |   |                                 |              |          |        |              |           |
| Name of Facility Where Abatement is Taking F  | Place (3)                  |                         |                       |  |                  | of Facility (4)   |                                 |              |          |        |              |           |
| Street Address  | 0:                         |                         |                       |  | ×                | School (K-12)<br>Subchapter 8<br>Other (i.e. pri<br>etc.) | (Other than                     |              | build    | ings,  | home         | s,        |
| City (5)<br>Lakewood  |                            |                         |                       |  |                  | re Feet   | # of Floors                     |              | BI       | dg. A  | ge           |           |
| County (6)<br>Ocean   |                            | County Co<br>(STATE US  | de (7)<br>E CNLY) _   |  | Curre            | ent Use (Prior<br>ne                                      | if being dem                    | olished      | d)       |        |              |           |
| Name of Monitoring Firm Hired by Building Ow  | vner (8)                   | ASCM N                  | No.                   | 11 11/1/11 11/11/11/15                                     |                  | atement Contr<br>D PROFES                                 |                                 |              |          |        |              |           |
| Street Address  |                            |                         |                       |  | Addre<br>HITE    | ss<br>DOVE CO   | JRT                             |              |          |        |              |           |
| City, State, Zip Code   |                            |                         |                       | 100000000000000000000000000000000000000                    |                  | ip Code<br>OD, NJ 08                                      | 701                             |              |          |        |              |           |
| Project Manager for Monitoring Firm   |                            | Telephone               | No.                   |  | none N<br>668-9  |   | Licen:<br>1200                  | se No.       | 4        |        |              |           |
|   | scheduled Cor<br>1/6/18    | mpletion Da             | ate (11)              | 100000000000000000000000000000000000000                    |                  | HA Monitor<br>D PROFES                                    | SIONALS                         |              |          |        |              |           |
| Occupancy Status During Abatement (Check C  | Only One)                  |                         |                       |  | Addre            |   | IDT                             |              |          |        |              |           |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: |                            |                         |                       | City, S  | State, Z         | DOVE COI  |                                 |              |          |        |              |           |
| Scope of Work (Check All That Apply)  |                            |                         |                       |  |                  |   |                                 |              |          |        |              | _         |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  | Renova<br>Demoli           | ation<br>tion           |                       |  | Mi<br>Gl         | II Containmer<br>ni-Enclosure<br>ovebag Proce             | dure                            |              |          |        | 3            |           |
|   | Is Locat                   | ion                     |                       |  | 1 140            | III Exempted  | ) and Norr                      | Habic        | _        | Abate  | ment         |           |
| Location of   | Norma<br>Used Sole         | lly                     |                       | Description  |                  |   |                                 | -            |          | Ту     | ре           |           |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                                 | Maintena<br>Custodial (12) | nce/                    | (i.e. the             | Containing Normal system<br>surfacing, VA<br>her miscellar | s insul<br>T, or | ation,  | Amount<br>(Specify<br>SF or LF) |              | Remova   | Repair | Encapsulate  | Enclosure |
|   | Yes No                     | N/A                     |                       |  |                  |   |                                 |              |          |        | te           | to .      |
| INTERIOR  |                            |                         | F                     | LOOR TI  | LES              | 31  | 60SF                            |              | K        |        |              |           |
|   |                            |                         |                       |  |                  |   |                                 |              |          |        |              |           |
| Name of Registered Waste Hauler   |                            | JDEP Was                | ste I C               | Subic Yards  | -                | Name of P   | egistered La                    | ndfill       |          |        |              |           |
| NEWARK CARTING  | ļ !-                       | lauler ID N<br>4509     | 107 cm                | f Waste  |                  | IESI  | oglotorou ca                    | . semi       |          |        | 7800         |           |
| City, State<br>NEWARK, NJ   |                            |                         |                       | isposal Date<br>1/6/18                                     |                  | City, State<br>BETHLE                                     | HEM PA                          |              |          |        |              |           |
| Completed by<br>JOSEPH PERLSTEIN  | Title<br>OWNER             |                         |                       | Signature  | е                | 1   |                                 | Date<br>10/2 |          | 8      |              |           |

|  |            |                           |          | Stat          | e of Ne     | w Je  | ersey                                       |             | 1 1 1 2         | EC              |   | $\mathbb{I}^{\mathbb{W}}$ |                   | 1          |
|--|------------|---------------------------|----------|---------------|-------------|-------|---|-------------|-----------------|-----------------|---|---------------------------|-------------------|------------|
|  |            |                           | Votifi   |               | of Ach      | acta  | s Abatement                                 |             | 1 1             |                 |   |                           |                   |            |
| , 1000   | rere la    | III.                      | (Purs    | suant to      | N.J.A.C. 8  | 3:00- | and 12:120 ·                                |             |                 | 0.03            | T 0 0                                   | 0040                      |                   | . 1        |
| 1 0000   | MA         | M. B. officer             |          |               |             |       | r Duilding Owner/Op                         | erator (2)  | 1               | UC              | 1 2 0                                   | 2018                      | - /               |            |
| of Notification (1)  | 生 15       | 1518                      |          | 1 20          |             | North | nern Highlands Regionst Address             | nui Do-     |                 |                 |   |                           |                   | <i>p</i> . |
| 10/23/18   | No         | tification T              | ype      |               | 1           | 298   | Hillside Ave                                |             | -               | P. Line         | 1                                       |                           | -1                |            |
| cies Notified  | 100        | Initial Notif             | fication | 1             | t           | City. | State, Zip Code                             |             |                 | MONEY CONT.     | turber .                                | 100.                      |                   | -          |
| PA   |            | A dad                     | #        |               | oluding     | Alle  | ndale, NJ 07401<br>ne of Contact            |             | Tele            | ohone Nur       | mber                                    | 8 11                      |                   |            |
| CA<br>OL   |            | Emergence<br>stification) | y notifi | ication (iii  | Cluding     | Jam   | ie Atchison                                 |             | 201-            | 327-8700        |   |                           |                   |            |
| EP   | Jus        | Cancelled                 |          |               |             | 1     |   |             |                 |                 |   |                           |                   | 1          |
| OH   |            |                           |          | FAC           | CILITY INF  | ORM   | ATION                                       |             |                 |                 |   |                           |                   |            |
|  | at in Taki | ng Place (                | 3)       |               |             | Typ   | e of Facility (4)                           |             |                 |                 |   |                           |                   |            |
| ne of Facility Where Abatemer<br>orthern Highlands Regi    | onal H     | igh Sch                   | ool      |               |             |       | Subchapter 8 (other the                     | nan K-12)   | ildinas         | homes, et       | c.)                                     |                           |                   |            |
|  |            |                           |          |               |             | Ot    | her (i.e. private & comm                    | " - f Eleor | c: 2            | Bldg. Age:      | 1                                       | 958                       |                   |            |
| eet Address  |            |                           |          |               |             | _ Sq. | Feet: <100k sf<br>rrent Use (prior if being | demolish    | ned): Hig       | h School        |   |                           |                   |            |
| 8 Hillside Ave.  | n (6)      | _                         | Cour     | nty Code      | (7)         |       |   |             |                 |                 |   |                           |                   |            |
| V (3)  | Berge      | n                         | (Stat    | te Use Or     | nly)        |       |   |             |                 |                 |   |                           |                   |            |
| llendale   |            | Oumas (0)                 | ASC      | CM No.        |             |       | me of Contractor (9)                        |             |                 |                 |   |                           |                   |            |
| ame of Monitoring Firm Hired b                             | enta!      | Owner (o)                 | 7.00     |               |             | Pa    | noramic Window & D                          | oor Syst    | ems Inc.        |                 |   |                           |                   |            |
| K Occupational & Environm                                  | J.,        |                           |          |               |             | C     | roet Address                                |             |                 |                 |   |                           |                   |            |
| treet Address  |            |                           |          |               |             | 7     | 12 Sergeantsville Roa                       | u           |                 |                 |   |                           |                   | $\dashv$   |
| 01 Saint James Ave.  |            |                           |          |               |             | C     | ity State, Zip Code                         |             |                 |                 |   |                           |                   | -          |
| ity, State, Zip Code                                       |            |                           |          |               |             | S     | tockton, NJ 08559                           |             |                 | cense Nu        | mber                                    |                           |                   |            |
| 1-111inchurg N.1 (18865                                    | Firm       | Telephone                 | e Numl   | ber           | 5.65        |       | elephone Number<br>(732)926-0900 x102       | `,~         | 0               | 1237            |   |                           |                   |            |
| Project Manager for Monitoring Ion Gilbert                 | 1.11.22    | 908-454-6                 | 316      |               |             |       |   |             |                 |                 |   |                           |                   |            |
|  |            | Schedule                  | d Com    | pletion D     | ate (11)    | 1     | Name of OSHA Monitor<br>AQ GURU LLC         |             |                 |                 |   |                           |                   |            |
| Scheduled Start Date (10)                                  |            | 11/11/18                  |          |               |             |       |   |             |                 |                 |   |                           |                   |            |
| 11/06/18   |            | Chack only                | (one)    |               |             |       | Street Address<br>87 Main Street            |             |                 |                 |   |                           |                   |            |
| Occupancy Status During Aba Facility Closed/Vacated During | ina Entir  | e Period of               | Abate    | ement         |             |       |   |             |                 |                 |   |                           | - N. V C.         |            |
| Facility Closed/Vacated Dur<br>□Abatement Performed Outsi  | de of No   | rmal Facili               | ty Hou   | rs -          |             |       | City, State, Zip Code                       |             |                 |                 |   |                           |                   |            |
| Describe   |            |                           |          |               |             | 1     | Lincoln Park, NJ 070                        | 35          |                 |                 |   |                           |                   |            |
| ⊠Other – Describe: Occupie                                 | d Tues     | 9am - 5p<br>9am - 11      | m Pre    | p<br>ep & Ren | noval       |       | .=  |             |                 |                 |   |                           |                   |            |
|  | Thu        | rs, Fri, Sat              | 7am -    | - 3pm Re      | emoval      |       |   |             |                 |                 |   |                           |                   |            |
| Source of Work (Check all the                              | at apply)  |                           |          |               |             |       |   | /lini-Enclo | sure            |                 |   |                           |                   |            |
|  |            |                           |          | Σ             | ☑ Renovat   | ion   |   | ПСІ         | ovebag F        | Procedure       |   |                           |                   |            |
| ≥ 3 sf or ≥ 3 lf  ☑ ≥ 160 sf or                            | > 260      | If                        |          |               |             | Demo  |   | ⊠ Non-F     |                 |                 | Abate                                   | ement Ty                  | rpe               |            |
| ₩ 2 100 01 1   |            |                           | - 11     |               | Description | of As | bestos Containing Mat                       | erial       | Amour<br>(Speci | fy SF or        | 100000000000000000000000000000000000000 |                           |                   | ncan       |
| Location of Asbestos-                                      | 116        | Location Named Solely     | by       | 1             | (ACAM) (i o | then  | mai systemis modian                         |             | LF)             | •               | Remo                                    | ove Re                    | pair L            | ПСАР       |
| Containing Material (ACM) II                               | Ma         | aint./Custo               | dial St  | aff?          | surfacing,  | VAI,  | or other misc.)                             |             |                 |                 | Litois                                  |                           |                   |            |
| Facility (13)  |            | 2)<br>'ES                 | NO       | NA            |             |       | Window Caulk                                | - 3         | (G&C            | 2286LF          | X                                       |                           |                   |            |
| 1.60.00  | -   Y      |                           |          | X             |             |       | WILIOW Caulk                                |             | (P)<2           |                 | X                                       | +                         |                   |            |
| Board offices  |            |                           |          | ×             |             |       | Window Caulk                                |             | (G&C            | )776LF<br>128SF | X                                       |                           |                   |            |
| General Offices, &   |            |                           |          | ы             |             |       |   |             |                 |                 | X                                       | -                         | -                 | -          |
| Band Rooms (99, 99A)                                       |            |                           |          | 157           |             |       | Window Caulk                                |             | (G&C            | )460LF<br>08 SF | X                                       |                           |                   |            |
| Girls Room, &  |            |                           |          | X             |             | 53    |   | ste         | (1) 2           | 11              | of Reg                                  | istered L                 | andfill<br>Landfi | 11         |
| Conference Room 100  | or         | NJDE                      | EP Wa    | ste Haule     | er ID#      |       | Cubic Yards of Was                          | 310         |                 | Chrin E         | 3rothers                                | Sanitary                  | Lanun             | ••         |
| Name of Reg. Waste Haul                                    |            | 0036                      | 057      |               |             |       |   | Tr          | isposal         | Date            |   | City, Sta                 | ate DA            |            |
| Panoramic Window & Dr                                      | Sys Inc    |                           |          |               |             |       |   | -           | Jopodai         |                 |   | Easton,                   | PA                |            |
|  |            |                           |          |               |             |       | 2   | 1 0         |                 |                 |   |                           |                   |            |
|  |            |                           |          |               |             |       | Signature /                                 | The         | ./              | Date            | 112                                     |                           |                   |            |
| Completed by (Print or Ty                                  | /pe)       | Title                     |          |               |             |       | Signature / /                               | 4/19        | k<              | 10/23           | 110                                     |                           |                   |            |
| Mark M Jovic   | 11000-00   | Pro                       | ject Ma  | anager        |             |       | W   | //          |                 |                 |   |                           |                   |            |

| Date of Notification (1)                        | ]                | NO<br>PA | TIFI          | Pursu        | ant to N.   | JAC 8                                   | Jersey<br>STOS ABA<br>8:60 and 5: | 16)   | EG                         |                   | 20      |             |           |
|---|------------------|----------|---------------|--------------|-------------|---|-----------------------------------|---|----------------------------|-------------------|---------|-------------|-----------|
| 10 /23  | /                | 8        |               |              | ownship     |   |                                   | (2)   | 1                          | ۵. 0              | 20      | 10          | 7.        |
| Agencies Notified Type No  ⊠ EPA □ Initial      |                  | 1        |               | DOM: NO      | et Addres   |   |                                   |   | ACCOUNT                    |                   | 17.     |             |           |
| □ DOLWD   | nded<br>ndment # | <b>#</b> |               | City         | State, Zip  | p Code                                  | 9                                 |   |                            | and the same is a |         | . + +       |           |
| ☐ DCA ☑ Emer                                    | gency (ir        |          | ng            |              | ayville, N  |   | 721                               |   |                            |                   |         |             |           |
| (NJAC 5:23-8) justifi                           | cation)          |          |               | 190          | ne of Conta | act                                     |                                   |   | Telephone Nu               | ımber             |         | CET E.C.    |           |
| Callo   | Ellation         |          |               |              | eanette     |   |                                   |   | 732-244-7                  | 400               |         |             |           |
| Name of Facility Where Abatement                | ic Takin         | a Dias   | - (2)         | F/           | ACILITY     | INFO                                    | RMATION                           |   |                            |                   |         |             |           |
| Residence-Garage                                | is rakin         | ig Plac  | æ (3)         |              |             |   |                                   | Type of Facility  |                            |                   |         |             |           |
| Street Address                                  |                  |          |               |              |             |   |                                   | School (K-1   | 2)<br>8 (Other than K-     | 12)               |         |             |           |
| 83 Bayview Avenue                               |                  |          |               |              |             |   |                                   | Other (i.e., phomes, etc.                                     | private and comm           | nercial I         | ouildir | ngs,        |           |
| City (5)  |                  |          |               |              |             |   |                                   | Square Feet   | # of Floors                | 1                 | Bldg.   | Age         |           |
| Bayville<br>County (6)                          |                  |          |               |              |             |   |                                   | 1200 sf   | 1                          |                   | 65      |             |           |
| Ocean   |                  |          |               | Cou          | inty Code   | (7)(STA                                 | ATE USE ONLY)                     | The second section of the second second                       | rior if being demo         | olished)          |         |             |           |
| Name of Monitoring Firm Hired by B              |                  |          | (0)           | 1.000        |             |   |                                   | Residence-  |                            |                   |         |             |           |
| N/A   | ullaing (        | Jwner    | (8)           | ASCN         | I No.       |   |                                   | ent Contractor (9)  | )                          |                   |         |             |           |
| Street Address                                  |                  |          |               |              |             | _                                       |                                   | ontracting, Inc.  |                            |                   |         |             |           |
|   |                  |          |               |              |             |   | eet Address                       |   |                            | 9                 |         |             | 0         |
| City, State, Zip Code                           |                  |          |               |              |             |   | 889 Route 9                       |   |                            |                   | 21      |             |           |
| 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1        |                  |          |               |              |             |   | y, State, Zip C                   |   | <u></u>                    |                   |         |             |           |
| Project Manager for Monitoring Firm             |                  |          | Te            | elephone     | No          |   | ephone No.                        | New Jersey 08   |                            |                   |         |             |           |
|   |                  |          |               | лорпопо      | 110.        | 2000                                    | 32-349-9932                       |   | License No.                |                   |         |             |           |
| Start Date (10)                                 | Sched            | luled C  | comp          | letion Da    | ate (11)    |   | me of OSHA N                      | -   | 00624                      |                   |         |             |           |
| 11 /07 /18                                      |                  |          |               | 09 /         |             |   | .M.S.L. Ana                       |   |                            |                   |         |             |           |
| Occupancy Status During Abatemen                | t (Check         | only     | one)          |              |             | _                                       | eet Address                       | -,  |                            |                   |         |             |           |
| Facility Closed/Vacated During E                | ntire Per        | riod of  | Abat          | ement        |             | 100000000000000000000000000000000000000 | 056 Stelton                       |   |                            |                   |         |             |           |
| Abatement Performed Outside of                  | Normal           | Facilit  | у Но          | urs - De     | scribe      | 1                                       | , State, Zip Co                   | ode   |                            | 5-5-13-           |         |             |           |
| Time of Abatement:AM                            |                  | /1/      | PI            | /            | _AM         | S10%                                    |                                   | New Jersey 08   | 854                        |                   |         |             |           |
| Scope of Work (Check all that apply)            |                  |          |               |              |             |   |                                   |   |                            |                   |         |             |           |
| ≥3 sf or ≥3 lf<br>☑ ≥160 sf or ≥260 lf          |                  | ☐ Re     | nova<br>molit | ition<br>ion |             |   | ☐ Mini-Enc                        | ainment with Neg<br>losure<br>g Procedure<br>mpted (*) and No |                            | ure               |         |             |           |
| 1   |                  |          | Loca          |              |             |   |                                   |   |                            | -                 | patem   | ent T       | vpe       |
| Location of<br>Asbestos-Containing Material (AC | (M)              | Use      | d So          | lely by      | Asha        | estos C                                 | Description o<br>Containing Ma    | f   | AT A STRUMENT OF A SERVICE | 7.0               | _       | T           | -         |
| TO BE ABATED  IN Facility                       |                  |          |               | ance/        | (i.e        | e., ther                                | mal systems i                     | nsulation.  | Amount (Specify            | Removal           | Repair  | Encapsulate | Enclosure |
| (13)  |                  | 040      | (12           |              |             | St                                      | urfacing, VAT,<br>er miscellane   | or or   | SF or LF)                  | \ <u>a</u>        | -       | sula        | sure      |
| ) - 3,00 mass                                   |                  | Yes      | No            | N/A          |             | Ott                                     | ici miscellanei                   | ous)  |                            |                   |         | ate         |           |
| xterior-garage                                  |                  |          |               |              | asbest      | os sic                                  | ding                              |   | 1200 sf                    |                   |         |             |           |
|   |                  |          |               |              |             |   |                                   |   |                            |                   |         | П           | П         |
|   |                  |          | П             |              |             |   |                                   |   |                            |                   | 1       |             |           |
|   |                  |          |               |              |             |   |                                   |   |                            | 12                |         | Ш           | Ш         |
| ame of Registered Waste Hauler                  |                  |          |               | NJDEP V      | Vaste       | Cubi                                    | c Yards of                        | Nome of D   |                            |                   |         |             |           |
| Guardian Contracting, Inc.                      |                  |          | 3 (3.2)       | Hauler II    | No.         | Wast                                    |                                   | Name of Regist<br>T.R.R.F.                                    | ered Landfill              |                   |         |             |           |
| ity, State                                      |                  |          |               | 20223        |             | 3<br>Disno                              | osal Date                         |   |                            |                   |         |             |           |
| Toms River, New Jersey                          |                  |          |               |              |             | 1000000                                 | /09/18                            | City, State   | Donnoul!                   |                   |         |             |           |
| ompleted By (Print or Type)                     | Title            |          |               |              |             | 1 33                                    |                                   | Tullytown,  | Pennsylvania               |                   |         |             |           |
| Nicholas Fernicola                              |                  | oject    | Man           | ager         |             |   | Signature                         | 11 1  | D                          | ate /             |         | 1           |           |
| B-41  |                  | -1001    | .vidil        | age:         |             |   | M.                                |   |                            | 10/               | 23      | 11 3        |           |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) COMPLETE POJECT Name of Building Owner/Operator (2) Date of Notification (1) Caldwell Public Library 18 20 9 Street Address Agencies Notified Type Notification 268 Bloomfield Ave ☐ EPA M Amended City, State, Zip Code **⊠** DOLWD Amendment #3-10/22/18 **⊠** DOH Caldwell, NJ 07006 ☐ Emergency (including Telephone Number ☐ DCA Name of Contact justification) (NJAC 5:23-8) 201-927-9118 Matthew Battle ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Caldwell Public Library Other (i.e., private and commercial buildings, Street Address homes, etc.) 268 Bloomfield Ave Bldg. Age Square Feet # of Floors City (5) +-75 2 +-20,000 Caldwell Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Library Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) BRISTOL ENVIRONMENTAL, INC. **Environmental Connection** Street Address Street Address 1123 BEAVER STREET 120 North Warren Street City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Trenton, NJ 08608 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00509 215-788-6040 609-392-4200 Dominick Dercole Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) BRISTOL ENVIRONMENTAL, INC 10 / 22 / 18 10 / 8 / 18 Occupancy Status During Abatement (Check only one) Street Address 1123 BEAVER STREET □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_\_\_\_PM-\_\_ BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Mini-Enclosure □ Renovation
 □ Demolition ≥3 sf or ≥3 lf ☐ Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Enclosure Encapsulate Normally Description of Remova Repair Location of Amount Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, (Specify Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)Yes No N/A X 625 SF **ACM Mastic** M **Basement Corner Offices** M 80 SF VAT & Mastic  $\boxtimes$ Basement Server Room П  $\boxtimes$ 20 SF **ACM Glue Daubs** X Basement Bathroom Wall M VAT & Mastic X П Basement Janitors Closet Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste MINERVA LANDFILL Hauler ID No. SERVICE TRANSPORT GROUP, INC. 20990 City, State Disposal Date City, State WAYNESBURG, OH TBD NEW CASTLE, DE Signature Title Completed By (Print or Type)

Dillan DeCaro

Estimator

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

PROJECT COMPLETE

| Caldwell Public Libra  Street Address  268 Bloomfield Ave  City (5)  Caldwell  County (6)  Essex  Name of Monitoring Firm  Environmental Cor  Street Address  120 North Warren Street Address  Project Manager for Monitoring Firm  City, State, Zip Code  Trenton, NJ 08608  Project Manager for Monitoring Firm  Dominick Dercole  Start Date (10)  10 / 8  Occupancy Status Duri  Facility Closed/Vaca  Abatement Perform  Time of Abatement  Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Locat  Asbestos-Containi  TO BE A  | ion of ing Material (A ABATED acility 13) ell Landing nical Room Waste Hauler | CM)                    | □ Rend     □ Dem  Is I     N     Usec     Main     Custo  Yes     □     □     □     □     □     □     □     □     □ | ovatio olitior ocatii ormalli Sole entenan dial S (12) No  | AM  on ly ly by                                      | Asber (i.e            | Description Stos Containing Thermal system Surfacing, Vother miscell VLY  Wall  Cubic Yards Waste  Disposal Dat TBD | pa 19007  Introduction of Material (ACI ms insulation, PAT, or anneous)  of Name  MIN  e City, S  WA   | of RegileRVA | Amount (Specify SF or LF)  112 SF 14 SF  stered Landfill LANDFILL  BURG, OH | Aba Removal    |             | Encapsulate | Enclosure |
|--|---|------------------------|---|--|--|-----------------------|---|--|--------------|---|----------------|-------------|-------------|-----------|
| Caldwell Public Libr  Street Address  268 Bloomfield Ave  City (5)  Caldwell  County (6)  Essex  Name of Monitoring Firm  Environmental Cor  Street Address  120 North Warren S  City, State, Zip Code  Trenton, NJ 08608  Project Manager for Monomick Dercole  Start Date (10)  10 / 8  Occupancy Status Duri  Facility Closed/Vacatan Abatement Perform  Time of Abatement  Scope of Work (Checked Start Date (10)  23 sf or ≥3 lf  ≥3 sf or ≥260 lf  Locatan Asbestos-Containing TO BE Area (10)  IN Facility Closed (10)  Basement Stairwell Basement Mechan (10)  Name of Registered SERVICE TRAM  | ion of ing Material (A ABATED acility 13) ell Landing nical Room Waste Hauler | ACM)                   | □ Rend     □ Dem  Is I     N     Usec     Main     Custo  Yes     □     □     □     □     □     □     □     □     □ | ovatio olitior ocatii ormalli Sole entenan dial S (12) No  | AM  n n on by ly ly nce/ Staff?  N/A  NJDEP Hauler I | Asber (i.e            | BRISTOL, F  | ontainment winclosure bag Procedure exempted (*) a mof Material (ACI ms insulation, PAT, or aneous)  of Name MIN   | of RegileRVA | Amount (Specify SF or LF)  112 SF  14 SF  stered Landfill                   | Aba<br>Removal |             | -           | 1000      |
| Caldwell Public Libr  Street Address 268 Bloomfield Ave  City (5) Caldwell  County (6) Essex  Name of Monitoring Firm Environmental Cor  Street Address 120 North Warren S City, State, Zip Code Trenton, NJ 08608  Project Manager for Monomick Dercole  Start Date (10) 10 / 8  Occupancy Status Duri  Facility Closed/Vacat Abatement Perform Time of Abatement  Scope of Work (Check  33 sf or ≥3 lf  2160 sf or ≥260 lf  Locat Asbestos-Containing TO BE A IN Facility Closed  Basement Stairwee  Basement Mecha  | ion of ing Material (A ABATED acility 13) ell Landing nical Room Waste Hauler | ACM)                   | □ Rend     □ Dem  Is I     N     Usec     Main     Custo  Yes     □     □     □     □     □     □     □     □     □ | ovatio olitior ocatii ormalli Sole entenan dial S (12) No  | AM  n n n y ly by nce/ Staff?  N/A                   | Asber (i.e            | BRISTOL, F  | ontainment winclosure bag Procedur (xempted (*) a on of Material (ACI ms insulation, 'AT, or aneous)   | e and Non    | Amount (Specify SF or LF)  112 SF 14 SF                                     | Aba<br>Removal |             | -           | 1000      |
| Caldwell Public Libr Street Address 268 Bloomfield Ave City (5) Caldwell County (6) Essex Name of Monitoring Firm Environmental Cor Street Address 120 North Warren City, State, Zip Code Trenton, NJ 08608 Project Manager for Mon Dominick Dercole Start Date (10) 10 / 8 Occupancy Status Duri Facility Closed/Vaca Abatement Perform Time of Abatement Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Locat Asbestos-Containi TO BE A IN Facility Closed/Vaca Asbestos-Containi TO BE A IN Facility Closed/Vaca   | ion of<br>ing Material (A<br>ABATED<br>acility<br>13)<br>ell Landing          | ACM)                   | □ Reno     □ Dem  Is I     N     Usec     Main     Custo  Yes     □     □     □                                     | ovatio olition ocatii ormalli Sole Itenari dial S (12)   | AM  n on ly ly by nce/ staff?                        | Asber<br>(i.e         | BRISTOL, F  | ontainment winclosure bag Procedur (*) a mof Material (ACI ms insulation, PAT, or aneous)  | e<br>and Non | Amount<br>(Specify<br>SF or LF)   | Aba<br>Removal |             | -           | 1000      |
| Caldwell Public Librater Address 268 Bloomfield Ave City (5) Caldwell County (6) Essex Name of Monitoring Firm Environmental Cor Street Address 120 North Warren City, State, Zip Code Trenton, NJ 08608 Project Manager for Mon Dominick Dercole Start Date (10) 10 / 8 Occupancy Status Duri Facility Closed/Vaca Abatement Perform Time of Abatement Scope of Work (Check 23 sf or ≥3 lf ≥160 sf or ≥260 lf  Locat Asbestos-Containi TO BE A IN Facility Closed   | ion of<br>ing Material (A<br>ABATED<br>acility<br>13)<br>ell Landing          | ACM)                   | □ Rend     □ Dem  Is I     N     Usec     Main     Custo  Yes     □   | ovation control of the control of th | AM  n on ly ly by nce/ staff?                        | Asbe:<br>(i.e         | BRISTOL, F  | ontainment winclosure bag Procedur (*) a mof Material (ACI ms insulation, IAT, or  | e<br>and Nor | Amount<br>(Specify<br>SF or LF)   | Aba<br>Removal |             | -           | 1000      |
| Caldwell Public Librateret Address  268 Bloomfield Ave  City (5)  Caldwell  County (6)  Essex  Name of Monitoring Firm  Environmental Cor  Street Address  120 North Warren  City, State, Zip Code  Trenton, NJ 08608  Project Manager for Mon  Dominick Dercole  Start Date (10)  10 / 8  Occupancy Status Duri  Facility Closed/Vaca  Abatement Perform  Time of Abatement  Scope of Work (Check  >3 sf or >3 lf  >10 BE A  IN Facility Closed  Asbestos-Containi  TO BE A  IN Facility Closed  Asbestos-Containi  TO BE A  IN Facility Closed  Asbestos-Containi  TO BE A  IN Facility Closed   | ion of<br>ing Material (A<br>ABATED<br>acility<br>13)<br>ell Landing          | ACM)                   | ⊠ Rend □ Dem  Is L N Usec Main Custo  | ovation control of the control of th | AM  n n n on ly ly by nce/ Staff?                    | Asbe:<br>(i.e         | BRISTOL, F  | ontainment winclosure bag Procedur (*) a mof Material (ACI ms insulation, IAT, or  | e<br>and Nor | Amount<br>(Specify<br>SF or LF)   | Aba<br>Removal |             | -           | 1000      |
| Caldwell Public Librater Address  268 Bloomfield Ave  City (5)  Caldwell  County (6)  Essex  Name of Monitoring Firm  Environmental Cor  Street Address  120 North Warren Street Address  Project Manager for Monick Dercole  Start Date (10)  10 / 8  Occupancy Status Duri  Facility Closed/Vacator  Abatement Perform  Time of Abatement  Scope of Work (Check  33 sf or 31 lf  2160 sf or 2260 lf  Locat  Asbestos-Containing  TO BE A   | ion of<br>ing Material (A<br>ABATED<br>acility<br>13)                         | )                      | ⊠ Rend Dem Is I No Usec Main Custo  | ovation colition cocation coca | AM  n n n on ly ly by nce/ Staff?                    | Asbe:<br>(i.e         | BRISTOL, F  | ontainment winclosure bag Procedur (*) a mof Material (ACI ms insulation, IAT, or  | e<br>and Nor | Amount<br>(Specify<br>SF or LF)   | Aba<br>Removal |             | -           | 1000      |
| Caldwell Public Librateret Address  268 Bloomfield Ave  City (5)  Caldwell  County (6)  Essex  Name of Monitoring Firm  Environmental Cor  Street Address  120 North Warren  City, State, Zip Code  Trenton, NJ 08608  Project Manager for Monitoring Firm  Dominick Dercole  Start Date (10)  10 / 8  Occupancy Status Duri  Facility Closed/Vacator  Abatement Perform  Time of Abatement  Scope of Work (Check  23 sf or 23 lf  2160 sf or 260 lf  Locat  Asbestos-Containing  TO BE A  | cion of<br>ing Material (A<br>ABATED<br>acility                               | )                      | ⊠ Rend □ Dem  Is I No Used Main Custo   | ovatio<br>cocatio<br>cocatio<br>cormall<br>Sole<br>ntenan<br>odial S<br>(12)   | AM  n on ly ly by nce/ Staff?                        | Asbe:<br>(i.e         | BRISTOL, F  | ontainment winclosure bag Procedur (*) a mof Material (ACI ms insulation, IAT, or  | e<br>and Nor | Amount<br>(Specify<br>SF or LF)   | Aba<br>Removal |             | -           |           |
| Caldwell Public Libratreet Address  268 Bloomfield Ave  City (5)  Caldwell  County (6)  Essex  Name of Monitoring Firmate Environmental Corest Address  120 North Warren Street Address  Project Manager for Moreole Start Date (10)  10 / 8  Occupancy Status Duri  Facility Closed/Vacate Abatement Perform Time of Abatement  Scope of Work (Checked Start Sta  | cion of<br>ing Material (A<br>ABATED<br>acility                               | )                      | ⊠ Rend □ Dem □ Is I   | ovationoc | AM  n on ly ly by nce/ Staff?                        | Asho                  | BRISTOL, F  | ontainment winclosure bag Procedur (*) a mof Material (ACI ms insulation, IAT, or  | e<br>and Nor | Amount<br>(Specify  | Aba            |             | -           |           |
| Caldwell Public Libratreet Address  268 Bloomfield Ave ity (5)  Caldwell County (6)  Essex  Jame of Monitoring Firmaterial Corest Address  120 North Warren Street Ad | ; all that apply)   | )                      | Rene  | ovatio   | _AM  | ibe                   | BRISTOL, F  | ontainment wi  | P            |   | ure Aba        | temer       | nt Tyl      | ре        |
| Caldwell Public Libratreet Address 268 Bloomfield Ave City (5) Caldwell County (6) Essex Name of Monitoring Firm Environmental Cor Street Address 120 North Warren S City, State, Zip Code Trenton, NJ 08608 Project Manager for Mon Dominick Dercole Start Date (10)  |   | - 45-7-55              | PM-   |  | D000.  | ibe                   | BRISTOL, F  | PA 19007   |              |   |                |             |             | -         |
| Caldwell Public Librateret Address 268 Bloomfield Ave City (5) Caldwell County (6) Essex Name of Monitoring Firm Environmental Cor Street Address 120 North Warren City, State, Zip Code Trenton, NJ 08608 Project Manager for Monitoring Pirm Dominick Dercole Start Date (10) 10 / 8   | ated During En  | ntire Peri<br>Normal F | od of Ab<br>Facility h  | ateme  | ent  |                       | 1123 BEAV   |  |              |   |                |             |             |           |
| Caldwell Public Librateret Address 268 Bloomfield Ave City (5) Caldwell County (6) Essex Name of Monitoring Firm Environmental Cor Street Address 120 North Warren City, State, Zip Code Trenton, NJ 08608 Project Manager for Mon   |   | _ 10                   | _ / _   | 22   |  | 18                    | BRISTOL El  | NVIRONME   | NIAL,        |   |                |             |             |           |
| Caldwell Public Library treet Address 268 Bloomfield Ave ity (5) Caldwell county (6) Essex Name of Monitoring Firm Environmental Cor Street Address 120 North Warren City, State, Zip Code Trenton, NJ 08608 Project Manager for Monitoring Firm Address Trenton, NJ 08608   |   | Schedu                 | led Com   | pletio   | n Date   | (11)                  | Name of OSHA  | Monitor  | NTAI         | INC   |                |             |             |           |
| Caldwell Public Libitreet Address 268 Bloomfield Aveorety (5) Caldwell County (6) Essex Name of Monitoring Firm Environmental Corestreet Address 120 North Warren (City, State, Zip Code Trenton, NJ 08608   | nitoring Firm   |                        | 1   |  | 392-42   | 200                   | 215-788-604   |  |              | 00509   |                |             |             |           |
| Caldwell Public Libratreet Address 268 Bloomfield Average Sity (5) Caldwell County (6) Essex Name of Monitoring Firmateuriconmental Corestreet Address 120 North Warren  |   | 2 - 1 - 2   E          |   | alaah  | one No   | 7                     | elephone No.  |  |              | License No.   |                |             |             |           |
| Caldwell Public Libratreet Address 268 Bloomfield Aveority (5) Caldwell County (6) Essex Name of Monitoring Firmateuriconmental Corestreet Address   |   |                        |   |  |  | C                     | City, State, Zip C<br>BRISTOL, P.   |  |              |   |                |             |             |           |
| Caldwell Public Libratreet Address 268 Bloomfield Aveority (5) Caldwell County (6) Essex Name of Monitoring Firmateurical Corrections  | Street  |                        |   |  |  |                       | 1123 BEAVE  |  |              |   |                |             |             | -         |
| caldwell Public Libratreet Address 268 Bloomfield Aveority (5) Caldwell County (6) Essex Name of Monitoring Firm   | nection   |                        |   |  |  | S                     | treet Address   |  |              |   |                |             |             |           |
| Caldwell Public Libratreet Address 268 Bloomfield Aveority (5) Caldwell County (6) Essex   | Hired by Build  | ding Owr               | ner (8)   | ASC  | CM No.   | 18                    | BRISTOL EN  | VIRONMEN   | ITAL, I      | NC.   |                |             |             | -         |
| Caldwell Public Librateet Address 268 Bloomfield Aveority (5) Caldwell   |   |                        | (0)   | LASC   | OM No  | N                     | ame of Abatem   | ent Contracto  | r (9)        |   |                |             |             |           |
| Caldwell Public Librateet Address 268 Bloomfield Ave   |   |                        |   | C  | ounty C  | ode (7)(S7            | ATE USE ONLY)   | Library  | (11011)      | 20113   | S 1            | 1           |             |           |
| Caldwell Public Libr<br>treet Address<br>268 Bloomfield Ave  |   |                        |   |  |  |                       |   | +-20,000   | /Prior if    | 2<br>f being demolish   |                |             |             | -         |
| Caldwell Public Libr   |   |                        |   |  |  |                       |   | Square Feet  |              | of Floors   | Bldg. A        |             |             |           |
|  |   |                        |   |  |  |                       |   | M Other (i.e homes, e  | tc.)         |   |                |             |             | -         |
|  |   |                        |   |  |  |                       |   | The state of the s | 0 104        | her than K-12)<br>e and commercia   | al building    | gs,         |             |           |
| ame of Facility Where Al   | batement is Ta  | aking Pla              | ace (3)   |  |  |                       |   | Type of Facili  ☐ School (K  |              |   |                |             |             |           |
|  |   |                        |   | F.   | ACILIT   | Y INFO                | RMATION   |  | le (1)       | CAN THE SECOND PROPERTY OF CANADA   | LONDON ST.     |             |             |           |
| (N IAC 5:23-8)   | justification  Cancellation   |                        |   |  |  | Battle                |   |  | 2            | 01-927-9118   |                | -           |             |           |
| DOH<br>DCA   | ☐ Emergency   | y (includi             |   |  | ne of Co   |                       | 100   |  |              | ephone Number   |                |             |             | -         |
| DOLWD  | Amended<br>Amendmer   | nt #3-10               | /22/18  |  |  | Zip Code<br>I, NJ 070 | 106   |  |              | 1 001   | L ()           |             |             |           |
| FPA I  |   |                        |   |  |  | mfield A              | Ave   |  | -            | OCT   | 26             | 2018        |             |           |
|  | Type Notification   |                        |   |  | et Addre   |                       |   |  |              | V   |                | er odkom ou |             | +         |
| e of Notification (1)  | C 1 /   | 18                     |   |  |  | Public I              |   |  |              | TEG   | E              | W/7         |             |           |
|  | 20 /  |                        |   |  |  | Idina Owi             | er/Operator (2)   |  |              |   |                |             | 10.1        | -         |

# Tom Voorhees, NJOOL NOTIFICATION OF ASBESTOS ABATEMENT PARTICIPUTS LA 1. (2)

Chu#3455

| Date of Notification (1)   | Na   | ame of Building                   | Owner / Operato             | r (2)                                   | <u> </u>                     |                |                              |
|--|--|-----------------------------------|-----------------------------|---|------------------------------|----------------|------------------------------|
| 10/22/18   |  | ells Fargo Ba                     |                             | (2)                                     | ITE                          | CEI            | W E                          |
| Agencies Notified Type Notificati                                | ion St   | reet Address                      | ****                        | 100 2000 2000 2000 2000                 | 1.0                          |                |                              |
| □ EPA  | The second secon | ne South Bro                      |                             |   | 1                            |                |                              |
| □   DEP   □   Initial     □   DOL   □   Amend                    |  | ty, State & Zip (                 |                             |   | 11                           | OCT 26         | 2018                         |
| □ DOH □ America  |  | niladelphia, P.<br>ame of Contact | A 19107                     |   | 1 17                         | Telephone N    | umber                        |
| DCA Cancel   |  | ordon McGill                      |                             |   | Superior incompanies and the | 732-565-450    | and the second second second |
|  | 30000  |                                   | ODMATION                    | *************************************** | - 1-                         |                |                              |
| Name of Facility Where Abatemen                                  |  | FACILITY INF                      | Type of Facili              | tv (4)                                  |                              | Land Water     |                              |
| Wells Fargo Toms River Adm                                       |  |                                   | School (H                   |   |                              |                |                              |
| Street Address   |  |                                   | Subchap                     | ter 8 (Other than                       | K-12)                        |                |                              |
| 40 Main Street   |  |                                   | Other (i.e                  | e. private & comm                       | nercial building             | gs, homes, e   | tc.)                         |
|  |  |                                   | Square Feet                 | # of Floor                              | s B                          | Ildg. Age      |                              |
|  | County (6) Cour  | nty Code (7)                      | 30,000                      |   | 3                            | 45+            |                              |
| Toms River   | Ocean  |                                   |                             | Prior if being der                      | molished)                    |                |                              |
|  |  | 1.00                              | Banking Of                  |   |                              |                |                              |
| Name of Monitoring Firm Hired by Environmental Connection        | Building Owner (8)   | ASCM No                           |                             | tement Contracto                        |                              |                |                              |
| Street Address   |  |                                   | Street Addres               |   |                              |                |                              |
| 120 North Warren Street  |  |                                   | 1123 Beave                  |   |                              |                |                              |
| City, State & Zip Code<br>Trenton, NJ 08010                      |  |                                   | City, State & . Bristol, PA |   |                              |                |                              |
| Project Manager for Monitoring Fir                               | m Telepho  | one Number                        | Telephone No                |   | License N                    | lumber         |                              |
| Rollie Jones   | 609-39   | 92-4200                           | (215)788-60                 | 40                                      | 00509                        |                |                              |
|  | cheduled Completion  |                                   | Name of OSH                 |   |                              |                |                              |
| 10/23/18   | 10/23/   |                                   | Street Addres               | ironmental Inc                          | :.                           |                |                              |
| Occupancy Status During Abatement Facility Closed/Vacated During |  |                                   | 1123 Beave                  | 35T0                                    |                              |                |                              |
| Abatement Performed Out  | side of Normal Hours   | s - 7am to 3pm                    | City, State & .             | Zip Code                                |                              |                |                              |
| Describe: 5:00 PM to 1   |  |                                   | Bristol, PA                 | 19007                                   |                              |                |                              |
| Facility Occupied During A                                       |  |                                   |                             |   |                              |                |                              |
| Scope of Work (Check all that app                                | ly)  |                                   |                             | ☐ Full Conta                            | ainment with N               | legative Pres  | sure                         |
| ≥3 sf or ≥3 lf   |  | Renovation                        |                             | Mini-Encle                              |                              | logativo i roc | 00.0                         |
| ☐ ≥160 sf ≥260 lf  |  | Demolition                        |                             | Glove Bag                               | g Procedures                 |                |                              |
|  |  |                                   |                             |   | npted and Non                |                |                              |
| Location of  |  | cation                            | Description                 |   | Amount                       | Abateme        | ent Type                     |
| Asbestos-Containing<br>Material (ACM)                            |  | ally Used<br>ely by               | Asbestos-Con<br>Material (A |   | (Specify<br>SF or LF)        |                | ш _                          |
| TO BE ABATED   |  | nance or                          | (i.e., thermal s            |   | 0. 0. 2. /                   | Rer            | enc<br>nca                   |
| in Facility  |  | lial Staff?                       | insulation, surfac          |   |                              | Remova         | Enclsoure<br>Encapsulate     |
| (13)   |  | 12)<br>No N/A                     | or other miscell            | aneous)                                 |                              | <u>a</u> ,     | re                           |
| 3 <sup>rd</sup> Floor  |  |                                   | Pipe Insula                 | tion                                    | 12 LF                        |                |                              |
| 3 11001  |  |                                   | 1 ipe insuie                | lilon                                   | 12 21                        |                | HH                           |
|  |  | <b>515</b> 1                      |                             |   |                              |                | 一一                           |
|  |  |                                   |                             |   |                              |                |                              |
|  |  |                                   |                             |   |                              |                |                              |
|  |  |                                   |                             |   |                              |                |                              |
| Name of Registered Waste Hauler                                  |  | NJDEP Waste Hauler ID No.         | Cubic Yards of Waste        | Name of Regis                           | tered Landfill               |                |                              |
| Service Transport Inc.   |  | 20990                             | 1/4 CU YD                   | Minerva Land                            | dfill                        |                |                              |
| City, State  |  |                                   | Disposal Date               | City, State                             | 700e -                       |                |                              |
| New Castle, DE   |  |                                   | 10/23/18                    | Waynesburg                              | , Ohio                       |                |                              |
| Completed By (Print or Type)                                     |  | Title                             | Signature                   |   | 10                           | Date           | •                            |
| Gino Pizzigoni   |  | Project<br>Manager                | Dino t.                     | impgoni/                                | Cp-                          | 10/22/1        | 8                            |

TOM UDOTHEES, NJ DOL NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

nluk#3454

| Date of Notification (1)   |              | - 25, 29   | Sells, JE        | 20                | Man             | ne of Buildir | ng Owner/Operator                     | (0)                | Orer II                            |              |              | <u> </u>         |           |
|----------------------------|--------------|--|------------------|-------------------|-----------------|---------------|---------------------------------------|--------------------|------------------------------------|--------------|--------------|------------------|-----------|
|                            | 22 /         | 18   |                  |                   |                 |               | Medical Center                        | (2)                | F. F.                              |              | <br>Fr       | <br>D . 7        |           |
| Agencies Notified          | Type Notifi  | cation   |                  |                   | Stre            | et Address    |                                       |                    | I E G                              | - 5          | _  _         | $\mathbb{W}_{-}$ | 4=        |
| ☐ EPA                      |              |  |                  |                   | 1               | 01 Hamilto    | on Ave                                |                    | 1.4                                |              | -            | T) THE STREET    |           |
| ⊠ DOLWD                    | ☐ Amende     |  |                  |                   |                 | State, Zip    |                                       |                    | 1133                               |              |              |                  |           |
| ⊠ DHSS                     | Amendr       | The state of the s |                  |                   | 1               | enton NJ      |                                       |                    | 1 0C1                              | 2            | 6 2          | 018              |           |
| ☐ DCA<br>(NJAC 5:23-8)     |              | ncy (incl  | luding           | 9                 | 12.00           | e of Contac   |                                       |                    |                                    |              |              |                  | - 1       |
| (110710 5.25-0)            | ☐ Cancella   |  |                  |                   |                 | ta Gelli      | OI.                                   |                    | Telephone Num                      |              |              | 9                | !         |
|                            |              | 20011  |                  |                   |                 |               |                                       |                    | 609-599-500                        |              |              |                  | 15.       |
| None of Facility M.        |              |  |                  |                   | F/              | ACILITY II    | NFORMATION                            |                    | Investment part                    | and Kilman   | 48 April 122 | A ±              | 44        |
| Name of Facility Where A   |              | Taking F   | Place            | (3)               |                 |               |                                       | Type of Facility ( | (4)                                |              |              | 44.              |           |
| St Francis Medical         | Center       |  |                  |                   |                 | -442-5        |                                       | School (K-12       | )                                  |              |              |                  |           |
| Street Address             |              |  |                  |                   |                 |               |                                       | Subchapter 8       | Other than K-12<br>ivate and comme | )<br>rcial h | uildin       | ae               |           |
| 601 Hamilton Ave           |              |  |                  |                   |                 |               |                                       | homes, etc.)       | rvate una comme                    | Ciai L       | unum         | ys,              |           |
| City (5)                   |              |  |                  |                   |                 |               |                                       | Square Feet        | # of Floors                        | E            | Ildg. A      | \ge              |           |
| Trenton                    |              |  |                  |                   |                 |               |                                       | 70,000             | 3                                  |              | 60+          |                  |           |
| County (6)                 |              |  |                  |                   | Cou             | inty Code (   | 7)(STATE USE ONLY)                    | Current Use (Pri   | or if being demolis                | hed)         | -            |                  |           |
| Mercer                     |              |  |                  |                   |                 |               |                                       | Hospital           |                                    | 7555555E     |              |                  |           |
| Name of Monitoring Firm    | Hired by Bui | lding Ow   | vner (           | (8)               | ASCN            | I No.         | Name of Abateme                       | ent Contractor (9) |                                    |              |              |                  |           |
| Finog Emvironment          | al Inc       |  |                  |                   |                 |               |                                       | VIRONMENTAL        | INC.                               |              |              |                  |           |
| Street Address             |              |  |                  |                   |                 |               | Street Address                        |                    | ,                                  |              |              |                  |           |
| 617 Stokes Road            |              |  |                  |                   |                 |               | 1123 BEAVE                            | R STREET           |                                    |              |              |                  |           |
| City, State, Zip Code      |              |  |                  |                   |                 |               | City, State, Zip Co                   |                    |                                    |              |              |                  |           |
| Medford, NJ 08055          |              |  |                  |                   |                 |               | BRISTOL, PA                           |                    |                                    |              |              |                  |           |
| Project Manager for Monit  | oring Firm   |  |                  | Tel               | ephone          | No.           | Telephone No.                         |                    | License No.                        |              |              |                  |           |
| Mark Rubinitz              |              |  |                  |                   |                 | 5-2211        | 215-788-6040                          |                    | 00509                              |              |              |                  |           |
| Start Date (10)            | 1.           | Schedule   | ed Co            |                   |                 |               | Name of OSHA M                        |                    | 00509                              |              |              |                  |           |
| _10_ / _23_ /              |              |  |                  |                   |                 | 18            |                                       | VIRONMENTAL        | INC                                |              |              |                  |           |
| Occupancy Status During    |              |  |                  |                   |                 |               |                                       | VIICONNILIVIAL     | ., 1140.                           |              |              |                  |           |
| ☐ Facility Closed/Vacated  |              |  |                  |                   | mont            |               | Street Address                        |                    |                                    |              |              |                  |           |
| Abatement Performed        | Outside of N | ormal Fa   | u orz<br>acility | Hou               | rs - De         | scribe        | 1123 BEAVER                           | 2008-2012-11-1     |                                    |              |              |                  |           |
| Time of Abatement: 8:      | 00AM-4:30    | PM/  | PN               | Л-                | AN              | l             | City, State, Zip Co                   |                    |                                    | - 55         |              |                  |           |
|                            |              |  |                  |                   |                 |               | BRISTOL, PA                           | 19007              |                                    |              |              |                  |           |
| Scope of Work (Check all   | tnat apply)  |  |                  |                   |                 |               | □ Full Cont                           | ainment with Nega  | D                                  |              |              |                  |           |
| ≥3 sf or ≥3 lf             |              | $\boxtimes$  | Rer              | novat             | ion             |               | ☐ Mini-Encl                           | osure              | ative Pressure                     |              |              |                  |           |
| ☐ ≥160 sf or ≥260 lf       |              |  | Der              | moliti            | on              |               |                                       | Procedure          |                                    |              |              |                  |           |
|                            |              |  | lo               | Loca              | lion            |               | ☐ Non-Exer                            | npted (*) and Non  | -Friable Procedur                  | e            |              |                  |           |
| Location o                 | f            |  |                  | lorma             | 270 E00 (50)    |               | D                                     |                    |                                    | Ab           | atem         | ent T            | уре       |
| Asbestos-Containing M      |              | 1)   |                  |                   | ely by          | Asbe          | Description of<br>stos Containing Mat | erial (ACM)        | Amount                             | Re           | Re           | En               | E E       |
| TO BE ABAT                 |              | 1.   |                  |                   | nce/<br>Staff?  | (i.e          | ., thermal systems in                 | nsulation,         | (Specify                           | Remova       | Repair       | cap              | Enclosure |
| IN Facility<br>(13)        | W.           |  | Ouoti            | (12)              | Otan;           |               | surfacing, VAT,<br>other miscellaned  |                    | SF or LF)                          | <u>a</u>     | "            | Encapsulate      | sure      |
| ,                          |              | Y  | /es              | No                | N/A             |               | other miscellanet                     | ous)               |                                    |              |              | ate              |           |
| Basement Bldg A            |              |  |                  | $\boxtimes$       |                 | Pipe Ins      | sulation                              |                    | 5 LF                               |              | П            | П                | П         |
| Ground Floor               |              |  | ] [              | $\boxtimes$       |                 | Pipe Ins      | sulation                              |                    | 22 LF                              |              |              |                  |           |
|                            |              | Г  | 7                | П                 |                 |               |                                       |                    |                                    |              |              | ] [              |           |
|                            |              |  | 7                | $\overline{\Box}$ |                 |               |                                       |                    |                                    |              |              |                  |           |
| Name of Registered Waste   | Hauler       |  |                  |                   | JDEP            | Maste         | Cubic Yards of                        | Name of Pasista    | and Landell                        |              | ш            | Ш                | Ш         |
| BRISTOL ENVIRONN           |              | NC.  |                  | 13332             | auler I<br>1870 | D No.         | Waste                                 | Name of Register   |                                    |              |              |                  |           |
| City, State                |              |  |                  |                   | 1070            |               | 1 Cu Yd<br>Disposal Date              | City, State        |                                    |              |              |                  |           |
| BRISTOL, PA 19007          |              |  |                  |                   |                 |               | 10/23/18                              | FAIRLESS H         | HILLS PA                           |              |              |                  |           |
| Completed By (Print or Typ | e)           | Title  |                  |                   |                 |               | Signature                             |                    |                                    | •            |              |                  |           |
| Gino Pizzigoni             |              | Esti   | mate             | or                |                 |               |                                       | Ding min           | 10m Dat                            |              | 77.          | 18               |           |

Scope of Work (Check All That Apply)

act of or as if

Completed by

ASS-41 (N-06-08)

Joseph Vocaturo

| S   | Manual    |   |                            |              |                    | 6   | Gktv<br>Non-                  | beg Pto  | obdues<br>t (*) and Mon-Frist               | de Proc | will M        | 1            |                   |
|---|-----------|---|----------------------------|--------------|--------------------|---|-------------------------------|--|---|---------|---------------|--------------|-------------------|
|   |           | Locutio                                 |                            | ,            |                    |   |                               | and the same of th |   |         | Abella<br>Tyr | pe<br>nnerit | april 1           |
| Ashestos-Centisting Material (ACM)  TO BE ABATED  In Facility  (13) | Use<br>Ma | d Solei<br>Intende<br>tocket S<br>.(12) | y by                       | Ashed<br>(Le | tion Co<br>. Hverr | Pescription of<br>Intelliging Mi<br>Isl Systems<br>facing, VAT<br>I miscellen | eterial (<br>Insulati<br>, or | CW)  | Amount<br>(Specify<br>6F or LF)             | Ramous  | Rupair        | Encapeulale  | STREETS OF STREET |
|   | Yee       | No                                      | N/A                        |              |                    |   |                               |  | markets & 2.255 major market statement from | 1       |               |              |                   |
| Cloud Space   | 1         |   |                            | P            | 125                | MISUL   | LLY70A                        |  | 520LF                                       | 1       |               |              | -                 |
|   |           |   |                            |              |                    |   | Papatalagama                  |  |   | 1       |               |              |                   |
| Name of Registered Weste Healer<br>Newserk Carting Inc.             |           | 1 14                                    | JOSEP VI<br>MAN TO<br>4509 |              |                    | oc Verete<br>Vesta  |                               | irend  | Registered Lands<br>Central Sanita          |         | idill         |              | L                 |
| City, State<br>Newark, NJ 07105                                     |           |   |                            | ,            | /0/                | P/M ON  | and the same                  | en A   | 94, PA 08702                                |         |               |              | -10.71            |
|   |           |   |                            |              |                    |   |                               |  |   |         |               |              |                   |

Renovation

Vice President

Hackensec : NJ 07606

Many inclosure

Full - problement with Magables Pressure

- Do hot use the form for estresive licensure exempted activities

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

Chut 3446

| Date of Notification (1)                                       |  |                           |              | Na               | me of Ruild              | ing Owner/Operator   | (2)                                   | Cronci .                                  | 1           | 10      | 0           |                  |
|--|--|---------------------------|--------------|------------------|--------------------------|--|---------------------------------------|---|-------------|---------|-------------|------------------|
|  | / _  | 18                        |              |                  |                          | ommunications  | (2)                                   | green, or the contract of the contract of |             |         |             |                  |
| ☐ EPA ☐ Init   |  | tion                      |              |                  | eet Address<br>43 East S | State Street   |                                       | 1)[                                       | G           | E       |             | $\mathbb{V}^{-}$ |
|  | nended   |                           |              | Cit              | y, State, Zip            | Code   |                                       | 1-1                                       |             |         |             |                  |
|  | endmer   | nt #<br>y (includi        | _            |                  | renton, N                |  |                                       | 1   | CT          | 26      | 20          | 140              |
|  | tification   |                           | ng           |                  | me of Conta              |  |                                       | Telephone Num                             | bor         | 2 0     | 20          | 118              |
| ☐ Ca   | ncellatio  | n                         |              | 0                | harlie Me                | essing   |                                       | (917) 992-13                              |             |         |             |                  |
|  |  |                           |              | F                | ACILITY I                | INFORMATION  |                                       | The Manual of the Parks                   |             | C 100   |             | -                |
| Name of Facility Where Abateme                                 |  | king Plac                 | ce (3)       | )                |                          |  | Type of Facility                      | (4)                                       | 1000        |         |             | 4.4 1            |
| Verizon Trenton Central C                                      | Office   |                           |              |                  |                          |  | School (K-12                          | 2)  |             |         |             |                  |
| Street Address<br>243 East State Street                        |  |                           |              |                  |                          |  | ☐ Subchapter (i.e., p<br>Momes, etc.) | 8 (Other than K-12 rivate and commer      | )<br>cial b | ouildin | gs,         |                  |
| City (5)   |  |                           |              |                  |                          |  | Square Feet                           | # of Floors                               | F           | Bldg. A | 000         |                  |
| Trenton  |  |                           |              |                  |                          |  | 51,075                                | 5   | 1           | +-50    |             |                  |
| County (6)   |  |                           |              | Co               | unty Code                | (7)(STATE USE ONLY)  | Current Use (Pr                       | ior if being demolis                      | hed)        |         |             |                  |
| Mercer   |  |                           |              |                  |                          |  | Verizon                               |   | 6           |         |             |                  |
| Name of Monitoring Firm Hired by                               | y Buildin  | ng Owner                  | (8)          | ASC              | M No.                    |  | ent Contractor (9)                    |   |             |         |             |                  |
| TTI Environmental Inc  |  |                           |              |                  |                          | BRISTOL EN   | VIRONMENTA                            | L, INC.                                   |             |         |             |                  |
| Street Address   |  |                           |              |                  |                          | Street Address   | Miles and are asset to                |   |             |         |             |                  |
| 1253 North Church Street<br>City, State, Zip Code              |  |                           |              |                  |                          | 1123 BEAVE   |                                       |   |             |         |             |                  |
| Moorestown, NJ 08057   |  |                           |              |                  |                          | City, State, Zip Co  |                                       |   |             |         |             |                  |
| Project Manager for Monitoring Fi                              | Fron   |                           | 17           |                  |                          | BRISTOL, PA  | 19007                                 |   |             |         |             |                  |
| Kristopher Smith   | 1111   |                           | 10000        | elephon          |                          | Telephone No.  |                                       | License No.                               |             |         |             |                  |
| Start Date (10)  | 1 Sch  | neduled (                 |              |                  | 3-8218                   | 215-788-6040   |                                       | 00509                                     |             |         |             |                  |
|  | -  | 10                        |              | 26_ /            |                          | Name of OSHA M<br>BRISTOL EN                                     | IONITOT<br>VIRONMENTAL                | -, INC                                    |             |         |             |                  |
| Occupancy Status During Abatem                                 |  |                           |              |                  |                          | Street Address   |                                       |   |             | -       |             |                  |
| ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside | ef Nor   | Period of                 | Aba          | tement           |                          | 1123 BEAVER  | RSTREET                               |   |             |         |             |                  |
| Time of Abatement:AM   |  | PM/ <u>5:00</u>           | PM-          | urs - De<br>2:00 | A scribe                 | City, State, Zip Co<br>BRISTOL, PA                               |                                       |   |             |         | 195         | -                |
| Scope of Work (Check all that app                              | ly)  |                           |              |                  |                          |  |                                       |   |             |         |             |                  |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> |  | ⊠ Re                      |              |                  |                          | ∐ Mini-Encl<br>☐ Glovebag  | Procedure                             | ative Pressure<br>n-Friable Procedure     | 3           |         |             |                  |
| 0  |  |                           |              | ation            |                          |  | 1                                     |   | 1           | ateme   | ent T       | vne              |
| Location of<br>Asbestos-Containing Material (<br>TO BE ABATED  | ACM)   | Use<br>Ma                 | inter        | lely by<br>ance/ | (ie                      | Description of<br>estos Containing Mat<br>e., thermal systems in | erial (ACM)                           | Amount<br>(Specify                        | Remova      | Repair  | Encapsulate | Enclosure        |
| IN Facility<br>(13)  |  | Cus                       | todia<br>(12 | I Staff?         |                          | surfacing, VAT,  | or                                    | SF or LF)                                 | oval        | =:      | nsd         | SUL              |
| (10)   |  | Yes                       | No           |                  |                          | other miscellaned  | ous)                                  |   |             |         | ate         | (D)              |
| Basement Exit Area   |  |                           |              |                  | VAT/Ma                   | astic  |                                       | 36 SF                                     |             |         | П           | П                |
| Basement Center Hall   |  |                           |              |                  | VAT/Ma                   | estic  |                                       | 28 SF                                     |             |         |             |                  |
| Basement Boiler Room   |  |                           |              |                  | VAT/Ma                   | estic  |                                       | 71 SF                                     |             |         | 뒴           |                  |
|  | C-religionistic de la constante de la constant |                           |              | П                |                          |  |                                       |   | П           |         | _           |                  |
| Name of Registered Waste Hauler                                |  |                           |              | NJDEP            | Waste                    | Cubic Yards of   | Name of Registe                       | ered I andfill                            | Ш           |         | ш           | Ш                |
| SERVICE TRANSPORT GRO  | OUP, II  | NC.                       |              | Hauler 2099      | D No.                    | Waste  | MINERVA L                             |   |             |         |             |                  |
| City, State  NEW CASTLE, DE                                    |  |                           |              |                  |                          | Disposal Date  | City, State                           |   | -           |         |             |                  |
|  | -  | W-                        |              |                  |                          | TBD  | WAYNESBU                              | JRG, OH                                   |             |         |             |                  |
| Completed By (Print or Type) Dillan DeCaro                     |  | <sup>tle</sup><br>Estimat | or           |                  |                          | Signature<br>DO Dam  | DEPANO                                | Date Date                                 |             | 5-      | 18          | >                |

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

Chu # 3456

| Date of Notification (1)               |                    |                |  |                   | Name              | of Duildin   | g Owner/Operator (                  | 2)                  | Jore   | <u></u>  | <u> </u> |             |           |
|--|--------------------|----------------|--|-------------------|-------------------|--------------|-------------------------------------|---------------------|--|--|----------|-------------|-----------|
| 10 /                                   | 5 /                | 18             |  |                   |                   |              | ng Owner/Operator (<br>mmunications | 2)                  |  |  |          |             |           |
|  |                    | 10             |  |                   | ve                | rizori Cor   | mmunications                        |                     | FEE  | ) IF   | Ē        | F 7         | 7.2       |
| Agencies Notified                      | Type Notific       | ation          |  |                   | Stree             | t Address    |                                     |                     | <u>                                     </u> | ; [  | Ü        | ₩7<br>₩7    | 5         |
| ☐ EPA<br>☑ DOLWD                       |                    | v.             |  |                   | 243               | 3 East Sta   | ate Street                          |                     | 1-3  |  |          |             | 7         |
| ⊠ DOLWD                                | Amende<br>Amendm   |                | 10/2                                       | 3/12              | City,             | State, Zip ( | Code                                |                     | 00   | T 0  |          |             | 1         |
| □ DCA                                  | ☐ Emerger          |                |  |                   | Tre               | enton, NJ    | , 08608                             |                     | 1 1 00                                       | 1 2  | 6 2      | 2018        |           |
| (NJAC 5:23-8)                          | justificati        |                | ramg                                       |                   | Name              | of Contac    | et                                  |                     | Telephone Numb                               | er   | -        |             | -         |
| 11 A A A A A A A A A A A A A A A A A A | ☐ Cancella         | tion           |  |                   | Ch                | arlie Mes    | sing                                |                     | (917)/992-13                                 |  |          |             | !         |
|  |                    |                |  |                   | FA                | CILITY IN    | NFORMATION                          |                     |  |  |          |             | 2.3       |
| Name of Facility Where A               | Abatement is       | Taking P       | lace                                       | (3)               |                   | OILIT I III  | TOTALI ATTOM                        | Type of Facility (4 | 1  | A STATE OF THE STA |          |             | 4.7       |
| Verizon Trenton Ce                     |                    |                | -1400-00-00-00-00-00-00-00-00-00-00-00-00- | (-)               |                   |              |                                     | School (K-12)       | 2  |  |          |             |           |
| Street Address                         |                    |                |  |                   |                   |              |                                     | ☐ Subchapter 8      | (Other than K-12)                            |  |          |             |           |
| 243 East State Stree                   | et                 |                |  |                   |                   |              |                                     | Other (i.e., priv   | ate and commer                               | cial be  | uilding  | js,         |           |
| City (5)                               |                    |                |  |                   |                   |              |                                     | homes, etc.)        | # - 5 51                                     | In   | -I - A   | 2020        |           |
| Trenton                                |                    |                |  |                   |                   |              |                                     | Square Feet         | # of Floors                                  |  | dg. A    |             |           |
| County (6)                             |                    |                | om   |                   | Cour              | nty Code /7  | NOTATE HEE ONLY                     | 51,075              | 5  |  | +-50     |             |           |
| Mercer                                 |                    |                |  |                   | Cou               | nty Code (7  | 7)(STATE USE ONLY)                  | Current Use (Prio   | r if being demolis                           | hed)   |          |             |           |
| Name of Monitoring Firm                | Librard Inc. Decil | di 0           | /  | 0)                | 10014             | M            | Tay tay                             | Verizon             |  |  |          |             |           |
| TTI Environmental I                    |                    | aing Ow        | ner (                                      | 0)                | ASCM              | NO.          | Name of Abateme                     |                     |  |  |          |             |           |
|  | inc                |                |  |                   |                   |              |                                     | VIRONMENTAL,        | INC.   |  |          |             |           |
| Street Address                         | 044                |                |  |                   |                   |              | Street Address                      |                     |  |  |          |             |           |
| 1253 North Church                      | Street             |                |  |                   |                   |              | 1123 BEAVE                          |                     |  |  |          |             |           |
| City, State, Zip Code                  |                    |                |  |                   |                   |              | City, State, Zip Co                 |                     |  |  |          |             |           |
| Moorestown, NJ 08                      |                    |                |  |                   |                   |              | BRISTOL, PA                         | 19007               |  |  |          |             |           |
| Project Manager for Moni               | toring Firm        |                |  | 10                | phone             |              | Telephone No.                       |                     | License No.                                  |  |          |             |           |
| Kristopher Smith                       |                    |                |  |                   | 09-313            |              | 215-788-6040                        |                     | 00509  |  |          |             |           |
| Start Date (10)                        |                    | Schedule       |  |                   |                   | 10 02        | Name of OSHA M                      |                     |  |  |          |             |           |
| 10 /22 /                               |                    |                |  | 100               | /                 | 18           | BRISTOL EN                          | VIRONMENTAL,        | INC  |  |          |             |           |
| Occupancy Status During                |                    |                |  |                   |                   |              | Street Address                      |                     |  | et e   |          |             | -         |
| ☐ Facility Closed/Vacate               |                    |                |  |                   |                   |              | 1123 BEAVER                         | R STREET            |  |  |          |             |           |
| Abatement Performed                    |                    |                |  |                   |                   | scribe       | City, State, Zip Co                 | ode                 |  |  |          |             |           |
| Time of Abatement:                     | AIVI               | PIVI/ <u>5</u> | :00  | 2M- <u>2</u>      | :00AM             |              | BRISTOL, PA                         | 19007               |  |  |          |             |           |
| Scope of Work (Check all               | that apply)        |                |  |                   |                   |              |                                     | 1000,000,000        |  |  |          |             |           |
| ☐ ≥3 sf or >3 lf                       |                    |                | 1 Do.                                      |                   |                   |              | ☐ Full Cont                         | ainment with Nega   | tive Pressure                                |  |          |             |           |
| ≥ 160 sf or ≥260 lf                    |                    |                |  | novati<br>nolitic |                   |              | ☐ Mini-Encl                         |                     |  |  |          |             |           |
|  |                    |                |  |                   |                   |              | ☐ Non-Exer                          | mpted (*) and Non-  | Friable Procedure                            | 9  |          |             |           |
|  |                    |                |  | Locat             |                   |              |                                     |                     |  | Ab   | atem     | ent T       | уре       |
| Location                               | 7.0                |                |  | lorma             | lly<br>ely by     |              | Description of                      | f                   |  | D  | D        | т           | т         |
| Asbestos-Containing N<br>TO BE ABA     |                    | 1)             |  | ntena             |                   | Asbe         | stos Containing Mat                 | terial (ACM)        | Amount<br>(Specify                           | Removal  | Repair   | nca         | nclo      |
| IN Facilit                             |                    | 1 9            | Cust                                       |                   | Staff?            | (1.0         | surfacing, VAT,                     |                     | SF or LF)                                    | oval   | Ξ.       | Encapsulate | Enclosure |
| (13)                                   |                    | -              |  | (12)              | T                 | -            | other miscellaned                   | ous)                |  |  |          | late        | Ф         |
|  |                    | Y              | es   | No                | N/A               |              |                                     |                     |  |  |          | 15          |           |
| Basement Exit Area                     |                    |                |  |                   | $\boxtimes$       | VAT/Ma       | stic                                |                     | 36 SF  |  |          |             |           |
| Basement Center Hall                   | I                  |                |  |                   | $\boxtimes$       | VAT/Ma       | stic                                |                     | 28 SF  | $\boxtimes$  |          |             |           |
| Basement Boiler Roo                    | m                  |                |  |                   | $\boxtimes$       | VAT/Ma       | stic                                |                     | 822 SF                                       | $\boxtimes$  |          |             |           |
|  |                    |                |  |                   |                   |              |                                     |                     |  | П  | П        | П           | П         |
| Name of Registered Wast                | e Hauler           |                |  | N                 | JDEP \            | Vaste        | Cubic Yards of                      | Name of Registe     | red Landfill                                 | _  | _        | _           |           |
| SERVICE TRANSPO                        | RT GROUP           | , INC.         |  | Н                 | auler II<br>20990 |              | Waste                               | MINERVA LA          |  |  |          |             |           |
| City, State                            |                    |                |  |                   |                   |              | Disposal Date                       | City, State         |  |  |          |             | $\neg$    |
| NEW CASTLE, DE                         |                    |                |  |                   |                   |              | TBD                                 | WAYNESBU            | RG, OH                                       |  |          |             |           |
| Completed By (Print or Ty              | pe)                | Title          |  |                   |                   |              | Signature                           |                     | Dat  | e  |          |             | -         |
| Dillan DeCaro                          |                    | Esti           | mat  | or                |                   |              |                                     | DeCarol             |  |  | 23       | 10          | P         |

| Date of Notification   | (1)                            |                                |                           |                       |   | and 12:12                 |                                      | 1                        | E              | GE                    | i I           | 77 :        | -3 |
|--|--------------------------------|--------------------------------|---------------------------|-----------------------|---|---------------------------|--------------------------------------|--------------------------|----------------|-----------------------|---------------|-------------|----|
| Date of Notification ( Agencies Notified   | 10/22/                         |                                |                           | As                    | ame of Building<br>shland Incorpora         | Owner/Op<br>ited          | erator (2)                           | 13                       |                | <u> </u>              | 11 12         |             | 7  |
| (X) EPA  | Notificati                     | * * *                          |                           | St                    | reet Address<br>0 Hercules Roa              |                           |                                      |                          | 0 (            | CT 26                 | 201           | R           |    |
| ( ) DEP<br>(X) DOL   | () Initial<br>(X) Amer<br>Amer |                                |                           | Cit                   | ty, State, Zip Co<br>Ilmington, DE 19       | de                        |                                      | 1                        |                |                       | 201           |             | -  |
| (X) DOH<br>( ) DCA   |                                | gency (<br>cation)<br>ellation | including                 | Na                    | me of Contact<br>ward Meeks                 |                           |                                      |                          | The same of    | Tel. No               | ımber         |             |    |
|  |                                |                                |                           | FΔ                    | CILITY INFORM                               | TATION                    |                                      |                          |                |                       |               |             |    |
| Name of Facility Whe Former Drew Chemic  | ere Abateme<br>al Facility     | ent is T                       | aking Plad                | ce (3)                | OLEN I INI OKI                              | IATION                    | Type of F                            | acility (4               | 1)             |                       |               |             |    |
| Street Address<br>1000 Harrison Ave  |                                |                                |                           |                       |   |                           | ( ) School<br>( ) Subch<br>(X) Other | apter 8<br>(i.e. priv    | other<br>ate & | than K-1              | 12)<br>cial b | uildii      | n  |
| City (5)<br>Kearny, NJ 07032   |                                |                                |                           |                       |   |                           | home<br>Square F                     | es, etc.                 |                | Floors                |               | dg. A       |    |
| County (6)<br>Hudson   |                                |                                |                           | Cou                   | nty Code (7) (STONLY)                       | TATE                      | Current U                            | se (Prior                | if bei         | ng demo               | lishe         | d)          | _  |
| Name of Monitoring Fi  | irm Hired by                   | y Bldg.                        | Owner                     | ASC                   | M No.                                       | Name o                    | f Contracto                          | or (9)                   |                |                       |               |             | _  |
| Street Address   |                                |                                |                           |                       |   | CID CO                    | NSTRUCT                              |                          | RVICE          | S. LLC                |               |             |    |
|  |                                |                                |                           |                       |   | Street A                  | ddress                               |                          |                |                       |               |             | _  |
| City, State, Zip Code  |                                |                                |                           |                       |   | 300-2 St                  | tate Route                           | 17 Sout                  | h - Su         | ite #3                |               |             |    |
|  |                                |                                |                           |                       |   |                           | te, Zip Cod                          | е                        |                |                       |               |             | -  |
| Project Manager for M  | onitoring Fi                   | rm T                           | elephone                  | Numbe                 | r   | Lodi, NJ                  | 07644<br>ne Number                   |                          | 1.             |                       |               |             | _  |
| (8)  |                                |                                |                           |                       |   | (973)685                  |                                      |                          |                | License  <br>01191 ", |               | per         |    |
| Scheduled Start Date (<br>10/24/201  | (10)<br>8                      | S                              | cheduled                  | Comple<br>1/22/20     | etion Date (11)<br>019                      |                           | OSHA Mo                              | nitor                    |                |                       |               |             | =  |
| Occupancy Status Duri  | ing Abatem                     | ent (Ch                        |                           |                       |   | Street Ac                 | Idress                               |                          |                |                       |               |             | _  |
| (X) Facility Closeds   | -t1 T .                        |                                | 20 10 0                   |                       |   |                           |                                      |                          |                |                       |               |             |    |
| (X) Facility Closed/Vaca<br>( ) Abatement Performa<br>( ) Other – Describe:                      | ed Outside                     | of Norr                        | Period of<br>nal Facility | Abatem<br>/ Hours     | nent  | City, Stat                | e, Zip Cod                           | е                        |                |                       |               |             | _  |
| Source of Work (Check  | all that app                   | ly)                            |                           |                       |   |                           |                                      |                          |                |                       |               |             | _  |
| $(X) \ge 3$ sf or $\ge 3$ lf $(X) \ge 160$ sf or $\ge 260$ lf                                    |                                | (>                             | ) Renova<br>() Demolit    | tion<br>on            |   | ( ) Mini-E                | bag Proce                            | edure                    |                |                       |               |             |    |
| Location of  |                                | 14.                            |                           | 686-2-51 <u>12</u> 2- |   | (A) Non-E                 | Exempted                             | (*) and N                | on-Fr          |                       |               |             | _  |
| Asbestos-Containing I  | Material                       | IS LO                          | cation No<br>sed Solely   | mally<br>by           | Descriptio                                  | n of Asha-                | utas                                 |                          |                | Aba                   | teme          | nt Ty       | /  |
| (ACM) TO BE ABATED in Facility   | 2                              | IV                             | laintenand<br>odial Staff | e/                    | Containing Ma<br>thermal syst<br>surfacing, | aterial (AC<br>ems insula | M) (i.e.                             | Amou<br>(Spec<br>SF or I | ify            | Removal               | Repair        | Encapsulate |    |
| (13)   |                                | Yes                            | No                        | N/A                   | misce                                       | llaneous)                 |                                      |                          | -00 fil        | val                   | air           | ulate       | 1  |
| Building 714 – Roof Area   | а                              |                                | Х                         |                       | Roof  | Flashing                  |                                      | 140 L                    | F              | Х                     |               |             | 1  |
|  |                                |                                |                           |                       |   |                           |                                      |                          |                |                       |               |             |    |
|  |                                | T                              | EP Waste                  | Hauler                | ID Cubic Ya                                 | rds of Was                | ite Name                             | e of Reg.                | Land           | fill                  |               |             |    |
| Name of Reg. Waste Ha<br>Cid Construction Service  | uler<br>es, LLC                | NJD                            |                           |                       |   |                           | V 2002.250.250                       |                          |                |                       |               |             |    |
| Name of Reg. Waste Ha<br>Cid Construction Service<br>City, State<br>Garfield, NJ<br>Completed by | uler<br>es, LLC                | NJD                            | # 329                     |                       | Disposal                                    | ΓBD                       | 110 S                                | Sand Cor                 |                |                       |               |             | _  |

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10/22/18

9733399747 10/22/2019 15:29 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120) Name of Building Owner/Operator (2) Rosa Emolo 10/22/18 Attender Notified Type Notification Street Address EPA Initial Erry, State, Zie Code DEP Amended Paterson, NJ 07914 X Amendment # DOL 150 Name of Contact Emergency (including I Inisphone Numb Rose Emolo POPO. DOH justification) DCA Cancelation FACILITY INFORMATION Name of Facility Where Absternant is Taking Place (3) ype of facility (4 Résidence School | -12 Street Address Subcha; or Il-(Other than K-12) (E) Other (I. i. private & Commercial buildings, homes, etc.) City (5) Bldg, Age Square Feet receit to t Paterson, NJ 1948 55+ County Code [7] Current Use (Prior bully demolished) (STATE USE DNLY) Home Passalc Name of Monitoring Firm Hitad by Building Owner (A) ASCM NO Name of Shatemil I Contractor (5) Unicorn Cont scting Carp. Brest Address Strong Addisess 32 Willow WE City. Stete, En Ce city, State. De Code Woodland Pil k, NJ 07424 Tetephone No. Ugense Ne. Project Manager to Manitoding Firm Telephone No. 973-333-917 01331 Schadules Completion Sale (11) flore of OSHA Ma I for Start Date (10) 10/23/18 10/24/18 Envirovision | ansultants, inc. Occupancy Statut During Abatement (Charte Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagari w Rd., Bldg. 35-E Abstement Performed Dutside of Normal Facility Hours City, State, Sip Co: X Fair Lawn, N. 07410 Other - Describe: \_\_\_ 7AM START Scope of Work | Cheek All That Apply 23 af or 23 lf K Renovation X Full Corr Innient with Negative Pressure Demolition 2160 af or 2260 H Mini-Era Osure Gloveba Procedure Non-Exa apted (") and Non-Friable Procedure es la ment h location Normativ Typa Location of Date(intion of Lised Solely by Asbacaos-Containing Material (ACM) Astosto: Containing Mater I (ACM) Amount Maintenance/ TO DE ABATED (i.e. thermal systems in a stion. |Spesity Custodial Staff? a Fedlity surfacing, VAT, a SF or LF) (12) (13) ather miscellaneous Yes No N/A BASEMENT X THERMAL SYSTEM INS ILATION 230 LF X BASEMENT X BOILER INSULATION 60 SF X Name of Registered Waste Heuler NIDEP Waste Hauler ID No. Cubic Yards of Will B Hame of Regustered Landfill Unicorn Contracting Corp. 0035844 Fairless Hills Landfil City, Elete Disposed Date City, State Woodland Park, New Jersey TBD Morrisville, PA Completed by Yitle

General Manager

| 04 2018 03:11PM NJ As   | bestos Con              | trol 6          | 09.633.0664  | page   | n  |                  |                       |           |              |         |
|---|-------------------------|-----------------|--|--|--|------------------|-----------------------|-----------|--------------|---------|
| 6000000   | K C                     | 0               | State of N   | aw Jersay  | 100  |                  | oft) some             |           |              |         |
| 10203303 14   | (1/2) NO                | TEPE(<br>ursuan | to NJALE TO MA   | BESTOS PUENTEMIN<br>2:20 NJMC 2:26-2.1                     | NT I   | ),E              | C                     | 100 mm    | IV           | Ein     |
| Date of Notification (1): 09/14/2018                                | Name of I               | Suilding        | Owner Sperato (2)  | d H buy  |  | +                | SEP                   | 20        | 2018         | 1       |
| Agencies Type Notification  | Street Add              | ('css:          | De la Contraction de la Contra |  |  |                  | OLI                   | ٥ (       | CUID         | lares!  |
| ST EPA 3/Amended D DEP Amended                                      | City, State             | , Zip Co        | odc;   |  |  | -ASI             | Terran                | C S C     | DIC ROD      | a       |
| S SOL Q Emergency 2 (lackeding                                      | Clifton, N<br>Name of C | OHTAGE:         |  | Teleph   | one Number: F                                  | shapit st.       | STATE AND A           |           | Ar Terestate |         |
| G DCA Generalistica   | Joseph Ale              | ngnesi          |  | 201-39   | -3960  |                  | E                     | C         | El           | VEN     |
| Name of Facility Control Bu   | lidio 1                 |                 | FACILITY INF   |  |  |                  | - 1                   | Lann      |              | _ [] [] |
| 800-Haion Rhyd  |                         | -               | Bence.   | Type of Pacifity (4):                                      | 1  | 1                | -                     | Mel.      | 7 9/9        | .000    |
| 100   | int (6):                | SUM             |  | D Subchaper & (Crius then                                  | K-12)  | enmount.         | umunumum<br>A rà ra a | 1         | /            |         |
|   | sai:                    | 075             | inty Code (7):   | O Other (i.e., private & con<br>Square Feot;               | moreial build also,                            |                  | (ant.)                | -100      | 01/0         | Sin K.  |
|   |                         |                 |  | Bldg. Age<br>Current Use: Control Bu                       | idina  |                  |                       |           | Ì            |         |
| Name of Monitoring Firm His<br>TTI ENVIRONMENTAL                    | rb by Building          | Owner           | : ASCM No.:  | Name of Abatement Con                                      | iractor (fr):                                  | E                | = (                   | 2         | e n          | MET     |
| Street Address:   | H                       | -               | 1  | Apex Development, I  | nc.  |                  |                       | 5         | S U          | WE      |
| 1253 North Church Street  |                         |                 |  |  | IIn  |                  |                       |           |              |         |
| City, State, Zip Code:  |                         |                 |  | 358 Broadway City, State, Zip Code:                        |  | <del>  -</del> - | -0                    | GT-       | 26           | 2018    |
| Moorestown, NJ 08057  |                         |                 |  | Newark, NJ 07104   |  | THE PROPERTY OF  |                       |           |              |         |
| Project Manager for Monitoro<br>Mike Stocko                         | n ; Firm:               | -               | Telephone No.:<br>609-304-3969   | Telephone No.:   | Licens No.:                                    | AS               | SBE                   | STO       | scor         | TROLA   |
| Start Date (10):  | icheduled Con           |                 |  | (973) 350-9101<br>Name of OSEA Adentor                     | 01213  | -                | THE REAL PROPERTY.    | LIC       | ENSIN        | G       |
| Occupancy Status During Abatem                                      |                         | one)            | 2-15   | Metro Analytical Laborat<br>Street Address:                | pries  |                  |                       |           |              |         |
| D Facility Closed vacated During<br>D.Ab stament Performed Outside: | Intire Parind of        | 4 harama        | nt   | 235 West 36th Struct, Su                                   | 10 203   |                  | _                     |           |              |         |
| Describe:   | randium Labour          | FIGURE          |  | City, Stare, Zip Code;<br>New York, New York, 2            | 1912   |                  |                       |           |              |         |
| D Other<br>Describe:  |                         |                 |  |  |  |                  |                       |           |              |         |
| Scope of Work (Check all that up)                                   | ly): WHAP &             | - 41            | ND OAM CLEANUP   | PROCEDURES   | ordains of with                                | None             | tive P                | nbssur    | e            |         |
| D≥ 3 sfor ≥ 3 if<br>D≥ 160 sfor ≥ 260 if                            | 16                      | Dem<br>Dem      | olition  | 9 Glove  | ordaning in with<br>Encloses<br>bag Pros idure |                  |                       |           |              |         |
| Location of   | Is Locat<br>Normal      |                 | Dag  |  | tempted ") and l                               | 4010-1.1         | Abst                  | Emen      |              |         |
| Asbestos-Containing Materia   | Used Sole               | ly by           | Asbestos Conta   | cription of<br>luing Material (ACM)<br>systems insulation, |  | -                | T                     | ype       |              |         |
| TO BE ABATED  | Custodi                 | BV              | surfaci  | ing, VAT, or<br>discellaneous)                             | An ount  | 70<br>2          | 罗                     | Enc       | Espe         |         |
| TN Pacifity (13)  | Staff?<br>(12)          |                 | offict, III  | na-enandone)   | (Strelfy<br>SF-rLF)                            | Remova           | Repair                | Encapsula | Enclosure    |         |
| CRAWL SPACE   | Yes No                  | N/A             | ELBOWS/PIPE  | INSULATION   |  | -                | -                     | N.        | (%           |         |
| CRAWL SPACE   |                         |                 | (GLOVEBAG)   |  | SLF  | , 0              | -                     |           | 0            |         |
| CRAWL SPACE   | X                       | -               | The same of the sa | ON (WRAP & CUT)  | 752 F  | -                | •                     |           |              |         |
| CAIM L STATE  |                         |                 | ON FLOR  | & Suspect Deb  | 1520 SF  |                  |                       |           |              |         |
| Name of Registered Waste I- au                                      | ler:                    |                 | P Waste Hauler ID No   | .: Cubic Yerds   | Nun of Regis                                   | tered            | lan de                | 1:        |              |         |
| JIMMY BYRNE TRUCKIN 3/. City, State:                                |                         | eal Date        | APEX- 0035729  | Of Waste: 30<br>City, State:                               | MIN RVAE                                       | TER              | PRISE                 | S, INC    | C.           |         |
| Eroax, NY 10474<br>Completed By                                     |                         | Title:          |  | Waynesburg, OH 44  |  |                  |                       |           |              |         |
| Chinyola Oracgounam   |                         |                 | resident :   | Signature:   | Date:<br>09/14/201                             | R                |                       |           |              | 13      |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

| MOCK   | NO.                            |   |              |              | BESTOS ABAT<br>AC 8:60 and 5:1           |                    |                         | [2]             |              | 7 F.   |           |  |  |  |
|--|--------------------------------|---|--------------|--------------|--|--------------------|-------------------------|-----------------|--------------|--|-----------|--|--|--|
| Data of New York (1)   |                                |   |              |              |  | IN E G             |                         |                 | / [          | 3 1  |           |  |  |  |
| Date of Notification (1)   | 18                             |   |              |              | g Owner/Operator (<br>ounty Chosen F     |                    | by-com an               | ort styllen i i | regul to the | To the second se |           |  |  |  |
| Agencies Notified Type Notific   | ation                          |   | Street       | Address      | 0C                                       | 26                 | 20                      | 8               | 111          |  |           |  |  |  |
|  |                                |   | 4 N          | loore Ro     | ad, DN 149                               |                    | 14 14                   | 3 CH 3          |              |  | g 2       |  |  |  |
| □ DOLWD  |                                |   |              | State, Zip ( |  |                    | Laurence                |                 |              |  | £         |  |  |  |
| ☑ DOHAmendm  | AND THE PERSON NAMED IN COLUMN |   | 100          |              | ourt House, NJ                           | ASSESTOS CONTROL & |                         |                 |              |  |           |  |  |  |
| DCA Emerger  |                                | ıg  | -            | of Contac    |  | LCEMENTS           |                         |                 |              |  |           |  |  |  |
| (NJAC 5:23-8) justificati  |                                |   | V.00720.0000 |              | i.                                       |                    | Telephone Number        |                 |              |  |           |  |  |  |
| Cancella   | tion                           |   |              | vin Lare     | IFORMATION                               |                    | 609-465-11              | 25              |              |  |           |  |  |  |
| Name of Facility Where Abatement is  | (4)                            |   |              |              |  |                    |                         |                 |              |  |           |  |  |  |
| The second secon | Type of Facility               |   |              |              |  |                    |                         |                 |              |  |           |  |  |  |
| Cape May County Correctiona  | Institutio                     | on  |              |              |  | Subchanter         | 2)<br>8 (Other than K-1 | 2)              |              |  |           |  |  |  |
| Street Address   |                                | 220020                                      |              |              |  |                    | rivate and comme        |                 | ilding       | S,   |           |  |  |  |
| Crest Haven Complex 125 Cre  | st Haven                       | Rd  |              |              |  | homes, etc.)       |                         |                 |              |  |           |  |  |  |
| City (5)   |                                |   |              |              |  | Square Feet        | # of Floors             | BI              | dg. A        | ge   |           |  |  |  |
| Cape May Court House, NJ 08  | 210                            |   |              |              |  | 17020              |                         |                 |              |  |           |  |  |  |
| County (6)   |                                |   | Cour         | nty Code (7  | )(STATE USE ONLY)                        | Current Use (Pr    | ior if being demol      | ished)          |              |  |           |  |  |  |
| Cape May   |                                |   |              |              |  |                    |                         |                 |              |  |           |  |  |  |
| Name of Monitoring Firm Hired by Buil  | ding Owner                     | (8)   | ASCM         | No.          | Name of Abateme                          | ent Contractor (9) | 9)                      |                 |              |  |           |  |  |  |
| N/A/ Demolition  |                                |   |              |              |  | vironmental Se     |                         |                 |              |  |           |  |  |  |
| Street Address   |                                |   |              |              | Street Address                           |                    |                         |                 |              |  |           |  |  |  |
|  |                                |   |              |              | 135 Kinnelon                             | 102                |                         |                 |              |  |           |  |  |  |
| City, State, Zip Code  |                                |   |              |              | City, State, Zip Co                      | 02                 |                         |                 |              | _  |           |  |  |  |
| only, oraco, hip code  |                                |   |              |              | Kinnelon, NJ                             |                    |                         |                 |              |  |           |  |  |  |
| Project Manager for Monitoring Firm  |                                | Tele  | phone        | No.          | Telephone No.                            |                    | License No.             |                 |              |  |           |  |  |  |
|  |                                |   |              |              | 908-218-0800                             |                    | 01228                   |                 |              |  |           |  |  |  |
|  | Scheduled                      |   |              | 30.000       | Name of OSHA N                           | lonitor            |                         |                 |              |  |           |  |  |  |
| 10/12/18   | 12                             |   | _ / _        | 18           | Yannuzzi Gro                             | oup, Inc.          |                         |                 |              |  |           |  |  |  |
| Occupancy Status During Abatement (  |                                | W.C. 10 10 10 10 10 10 10 10 10 10 10 10 10 |              |              | Street Address                           |                    |                         |                 |              |  |           |  |  |  |
| ☐ Facility Closed/Vacated During Enti  |                                |   |              |              | 135 Kinnelon                             |                    |                         |                 |              |  |           |  |  |  |
| Abatement Performed Outside of N   | ormal Facil                    | ty Hou                                      | rs - Des     | cribe        | City, State, Zip Co                      | ode                |                         |                 |              |  |           |  |  |  |
| Time of Abatement:AM   | PW/                            | PIVI  |              | AM           | Kinnelon, NJ                             | 07405              |                         |                 |              |  |           |  |  |  |
| Scope of Work (Check all that apply)   |                                |   |              |              |  |                    | W5 87847 F              |                 |              | -  |           |  |  |  |
| ☐ >3 sf or >3 If   | Пв                             | enovat                                      | ion          |              | ⊠ Full Cont  ☐ Mini-Enc                  | ainment with Neg   | gative Pressure         |                 |              |  |           |  |  |  |
| ⊠ ≥160 sf or ≥260 lf   |                                | emoliti                                     |              |              | ☐ Glovebag                               | Procedure          |                         |                 |              |  |           |  |  |  |
|  |                                |   |              |              | ☐ Non-Exe                                | mpted (*) and No   | n-Friable Proced        | ure             |              |  |           |  |  |  |
| 200  |                                | s Loca                                      |              |              |  |                    |                         | Ab              | atem         | ent T  | уре       |  |  |  |
| Location of  | . He                           | Norma<br>ed Sol                             |              |              | Description o                            |                    |                         | D               | R            | ш  | ш         |  |  |  |
| Asbestos-Containing Material (ACN TO BE ABATED   | 11                             | aintena                                     | , ,          |              | stos Containing Ma<br>., thermal systems |                    | Amount (Specify         | me              | Repair       | าса  | nclo      |  |  |  |
| IN Facility  | Cu                             | stodial                                     | Staff?       | (1.0         | surfacing, VAT,                          |                    | SF or LF)               | Removal         | =            | Encapsulate  | Enclosure |  |  |  |
| (13)   |                                | (12)  | 1            |              | other miscellane                         |                    | •                       |                 |              | late   | œ         |  |  |  |
|  | Yes                            | -   | N/A          |              |  |                    |                         | 4_              | _            |  |           |  |  |  |
| Boiler Room  |                                |   |              | Boiler 1     |  |                    | 120 SF                  |                 |              |  |           |  |  |  |
| Interview Room   |                                |   |              | VAT & I      | Vlastic, Non-Fria                        | ble                | 110 SF                  |                 |              |  |           |  |  |  |
| Communication Rooms  |                                |   |              | VAT & I      | Mastic, Non-Fria                         | ble                | 200 SF                  |                 |              |  |           |  |  |  |
| Female Control Room  |                                |   |              |              | Mastic, Non-Fria                         |                    | 200 SF                  | $\boxtimes$     |              |  |           |  |  |  |
| Name of Registered Waste Hauler  |                                |   | IJDEP \      |              | Cubic Yards of                           | Name of Regis      |                         |                 |              |  |           |  |  |  |
| Yannuzzi Group Inc.  |                                |   | lauler II    | J NO.        | Waste<br>40                              | Waste Mar          | nagement                |                 |              |  |           |  |  |  |
| City, State  |                                |   |              |              | Disposal Date                            | City, State        |                         |                 |              |  | -         |  |  |  |
| Kinnelon, NJ 07405   |                                |   |              |              | 12/30/2018                               | Fairless Hi        | ills                    |                 |              |  |           |  |  |  |
| Completed By (Print or Type)   | Title                          |   |              |              | Signature                                | 01 /               | 10                      | ate             | -            |  |           |  |  |  |
| John Mucha   | Projec                         | t Man                                       | ager         |              | Ja.                                      | Much               | ٠ ا                     | 410             |              |  |           |  |  |  |

B & G proj. #: 2018-213

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

Check # 9286

|                                     | 81                                   |                                  | -                    |                  |   | Subo          |   | -  |                         |                 |                   |        |        |        |  |
|-------------------------------------|--------------------------------------|----------------------------------|----------------------|------------------|---|---------------|---|--|-------------------------|-----------------|-------------------|--------|--------|--------|--|
| Date of Notification (1             | 1)                                   | N                                | lame of I            | Building Owr     | er/Opera  | tor (2)       |   | 12 (12 Mar)  |                         | CE              | 7                 | VI E   | 3 []   | N      |  |
| 10 19 1/12 18 1                     | / 1 18 1                             |                                  | Paters               | on Public        | School  | S             |   | 111  |                         | O Da            | IJ I              | 1 1    |        |        |  |
|                                     | Type Notification                    | n S                              | treet Add            | iress            |   |               |   |  |                         |                 |                   |        |        | -      |  |
| ☐ EPA                               | X Initial                            |                                  | 200 S                | heridan A        | venue   |               |   | Section of the sectio | desirence of the second | OCT 2           | 5 20              | 118    | 100    | 1      |  |
| ☐ DEP                               |                                      |                                  |                      | e, Zip Code      | 2012/2012/09  |               | ž.  | and a stage of   |                         |                 | deres es esse     |        | 50.45  | 4      |  |
| X DOL                               | Amendm                               |                                  | PER LESSON DE SANTON | son, NJ 0        | 7504  |               |   | ASSESTOS CONTROL &   |                         |                 |                   |        |        |        |  |
| X DOH                               | ☐ Cancella                           | - 11                             | ame of C             | Contact          |   | CHECKET ROUGH |   | Telephone Number   |                         |                 |                   |        |        |        |  |
| ☐ DCA                               | ☐ Caricella                          | 11011                            | Richa                | ard Matthe       | ws  |               |   |  | 973-32                  | 1-0772          |                   |        |        | _      |  |
|                                     |                                      |                                  |                      | FAC              | ILITY IN  | FORMATIO      | N   |  |                         |                 |                   |        |        |        |  |
| Name of facility when               | re abatement is                      | taking pla                       | ace (3)              |                  |   |               |   | Type of I  |                         |                 |                   |        |        |        |  |
| Public School #                     | ± 20                                 |                                  |                      |                  |   |               |   | X  | School                  | 940000 100000   | or the            | n K 12 | Λ.     |        |  |
| Street Address                      |                                      |                                  |                      |                  | Subchapter 8 (Other than K-12)  Other (Private/Commercial |               |   |  |                         |                 |                   |        |        |        |  |
| 500 East 37th                       | Street                               |                                  |                      |                  |   | Bldgs./h      | lomes, etc.   |  |                         | ^               |                   |        |        |        |  |
|                                     |                                      | T Cour                           | nty (6)              | unty Code (7)    | Square<br>50,000  | Feet   #      | f of Floors   | 19   | Bldg.                   | Age             |                   |        |        |        |  |
| City (5)                            |                                      |                                  |                      |                  |   | 10.0          | ate use only)   |  | Use (Pri                | or if being     | 90<br>demolished) |        |        |        |  |
| Paterson, NJ 0                      |                                      | _                                | ssaic                |                  |   |               | Public School   |  |                         |                 |                   |        |        |        |  |
| Name of Monitoring                  | No.                                  | Name of Abatement Contractor (9) |                      |                  |   |               |   |  |                         |                 |                   |        |        |        |  |
| TTI Environme                       | ental, Inc.                          |                                  |                      |                  | 0026  |               | B & G Restoration, Inc. Street Address                    |  |                         |                 |                   |        |        |        |  |
| Street Address<br>1253 North Ch     | hurch Street                         |                                  |                      | 105 Ryerson Road |   |               |   |  |                         |                 |                   |        |        |        |  |
| City, State, Zip Code               | iuicii Stieet                        |                                  |                      |                  |   |               | City, State, Zip Code                                     |  |                         |                 |                   |        |        |        |  |
| Moorestown, I                       | NJ 08057                             |                                  |                      |                  |   |               | Lincoln Park, NJ 07035                                    |  |                         |                 |                   |        |        |        |  |
| Project Manager for N               | Monitoring Firm                      |                                  | - 1                  | Phone Num        |   | *             | Telephone Number   License Number   (973)696-6869   00378 |  |                         |                 |                   |        |        |        |  |
| James A Guila                       | ardi                                 |                                  |                      | 856-840-8        | 800 x 3   | 31            | Name of OSHA Monitor                                      |  |                         |                 |                   |        |        |        |  |
| Scheduled Start Date                | (10)                                 | Sched                            | . Compl              | etion Date (1    | 1)  |               | B & G Restoration, Inc.                                   |  |                         |                 |                   |        |        |        |  |
| 11/07/2018                          |                                      | 11/                              | 10/201               | 8                |   |               | Street Address  |  |                         |                 |                   |        |        |        |  |
| Occupancy Status Du                 | Sanday <u>a</u> da anilikinan 1881 - |                                  |                      |                  |   |               | 105 Ryerson Road  |  |                         |                 |                   |        |        |        |  |
| Facility closed/                    |                                      |                                  |                      |                  |   |               | City, State, Zip Code                                     |  |                         |                 |                   |        |        |        |  |
| Doscribo:                           |                                      |                                  | raomey n             |                  |   |               | Lincoln Park, NJ 07035                                    |  |                         |                 |                   |        |        |        |  |
| Other-Describe                      |                                      |                                  |                      |                  |   |               |   |  |                         |                 |                   |        | - 13.1 | 170    |  |
| Demolition                          | ck all that apply                    | )<br>Renovatio                   | n                    |                  |   | X             | Full Containment w/n                                      | egative pres   | sure [                  | Gloveba         | ag prod           | cedure |        |        |  |
| >3 sf or >3 lf                      |                                      | >160 sf or                       |                      |                  |   |               | Mini-enclosure  |  |                         | _<br>☐ Non-fria |                   |        |        |        |  |
|                                     |                                      |                                  |                      | lly used sole    | ly  |               |   |  |                         |                 | 5550              |        | ĒΤ,    | _      |  |
| Location of asbestos-conta          | aining                               | by mainte<br>staff(12)           |                      |                  | De  |               | asbestos-containing                                       | 1000   | mount                   | E or            | e<br>m            | 620    | 1 2    | 1      |  |
| material to be<br>abated in facilit | tv (13)                              | Yes                              | No                   | N/A              | - ma  | aterial (ACM  | )   | LI   | Specify Si<br>F)        | ror             | 0<br>V            |        | a l    | -      |  |
|                                     |                                      | 103                              | INO                  |                  |   |               |   |  |                         |                 | e<br>X            |        | 7 1    | _      |  |
| Room 16 closet                      |                                      |                                  |                      | X                | ceilir  | ng plaster    |   | 10   | 100 sf                  |                 |                   | ╬      |        | 누      |  |
|                                     |                                      |                                  |                      |                  | #-  |               |   | _  |                         | -               | 片片                | ᆉ      | ╡╬     | f      |  |
|                                     |                                      |                                  |                      |                  | -   |               |   |  |                         |                 | H                 | 計      |        | Ī      |  |
|                                     |                                      |                                  |                      |                  | 1   |               | ,   |  |                         |                 | oti               | 1      | ][[    | J      |  |
| Registered Waste Ha                 |                                      |                                  | EP Haul              | er ID#           |   | rds of Waste  |   |  | ıcı                     |                 |                   |        |        |        |  |
| B & G Restoration                   | on, Inc.                             |                                  | 19563                | Disposal         | Date 3  | 3             | Grand C City, State                                       | entral Lar   | Idtill                  |                 |                   |        |        | HODEL. |  |
| City, State<br>Lincoln Park, N.     | J                                    |                                  |                      |                  | /2018   |               | Pen Argy  | le, PA   |                         |                 |                   |        | Š.     |        |  |
| Completed by (Print                 |                                      | Title                            |                      | =                | Signa   | ture          | 0,0   |  |                         | Date            |                   |        |        |        |  |
| Gordana Luna                        |                                      |                                  |                      |                  |   |               |   | Gordana Luna 09/28/2018  |                         |                 |                   |        |        |        |  |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification Stephen Kitko 10/18/2018 Street Address Agencies Notified Type Notification × Initial **EPA** City, State, Zip Code Amended DEP OS CONTROL & Newton NJ 07860 Amendment # DOL X Emergency (including × Telephone Number Name of Contact DOH justification) Marko Stankovic, Project Manager Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age # of Floors Square Feet City (5) 2 1957 1870 Newton Current Use (Prior if being demolished) County Code (7) County (6) residence (STATE USE ONLY) Sussex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Checkmark Industrial Street Address Street Address 54 Morgan Dr City, State, Zip Code Sparta NJ 07871 City, State, Zip Code License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 973-570-2645 01334 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Checkmark Industrial 10/26/2018 10/19/2018 Street Address Occupancy Status During Abatement (Check Only One) 54 Morgan Dr Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Sparta NJ 07871 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (i.e. thermal systems insulation, (Specify Removal Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 20 LF X transite pipe X first, second, attic Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. SCMUA Owner of Home City, State Disposal Date City, State Lafeyette NJ Newton NJ Date Signature Completed by 10/18/2018 FRIKON CEO Corey Stankovic

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

PAIN

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

| OKala  | PAU   | D '   |  |                                | to NJAC                 |                               |  |  | Superior of  |                                 | -                          |              |           |             |           |  |
|--|---|---|--|--------------------------------|-------------------------|-------------------------------|--|--|--|---------------------------------|----------------------------|--------------|-----------|-------------|-----------|--|
| Date of Notification (1)<br>10/16/2018                             |   |   |  |                                | f Building<br>sanna Na  |                               | perator                                  | (2)  | l in   | JE                              | G                          | EI           | W.        | 5,1         |           |  |
| Agencies Notified Type   | Notification  |   |  | Street A                       | ddress                  |                               |  |  | 100  |                                 | 8                          |              |           | The second  |           |  |
| X EPA  | Initial   |   |  |                                | - Licenses              |                               |  |  | The second secon |                                 | OCT 2                      | 2 6 20       | )18       |             | $J_{[i]}$ |  |
| X DOL  | Amended<br>Amendment #  |   | _  | City, Sta<br>Wayn              | ate, Zip Co<br>e NJ 074 | de<br>470                     |  |  | 3  | L                               | t to a second construction | ************ |           |             |           |  |
| X DOH  | Emergency (in<br>justification)<br>Cancellation   | icidaling   |  |                                | f Contact<br>Stanko     | vic, Pr                       | c, Project Manager                       |  |  |                                 |                            |              |           |             |           |  |
| N 65 W 100   | ORMATI  | ON  |  |                                |                         |                               |  |  |  |                                 |                            |              |           |             |           |  |
| Name of Facility Where Abaten<br>Residence                         |   |   |  | of Facility (4<br>School (K-12 |                         |                               |  |  |  |                                 |                            |              |           |             |           |  |
| Street Address   |   | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) |  |                                |                         |                               |  |  |  |                                 |                            |              |           |             |           |  |
| City (5)<br>Wayne  |   |   |  | re Feet                        | # of<br>1               | Floors                        |  | ldg. A<br>953                              | ge   |                                 |                            |              |           |             |           |  |
| County (6)<br>Passaic  |   |   |  | County (                       | Code (7)<br>USE ONLY)   |                               | _  | Curre                                      | ent Use (Prior<br>idence   | r if bein                       | g demol                    | ished)       |           | 10000100    | 1         |  |
| Name of Monitoring Firm Hired                                      | ASCN  | /I No.  |  |                                |                         | atement Cont<br>irk Industria |  | (9)  |  |                                 |                            |              |           |             |           |  |
| Street Address   |   |   |  |                                |                         |                               | Street Address<br>54 Morgan Dr           |  |  |                                 |                            |              |           |             |           |  |
| City, State, Zip Code  |   |   |  |                                |                         |                               | City, State, Zip Code<br>Sparta NJ 07871 |  |  |                                 |                            |              |           |             |           |  |
| Project Manager for Monitoring                                     | ne No.  |   | Telephone No. License No. 973-570-2645 01334 |                                |                         |                               |  |  |  |                                 |                            |              |           |             |           |  |
| Start Data (40)  |   | D-1- (44)   |  | 10000                          |                         |                               |  |  |  |                                 |                            |              |           |             |           |  |
| Start Date (10)<br>10/17/2018                                      | Date (11)   |   | Name of OSHA Monitor<br>Checkmark Industrial |                                |                         |                               |  |  |  |                                 |                            |              |           |             |           |  |
| Occupancy Status During Abat                                       | ement (Check  | Only On   | ne)  |                                |                         |                               | Street Address 54 Morgan Dr              |  |  |                                 |                            |              |           |             |           |  |
| Facility Closed/Vacated D Abatement Performed Ou Other – Describe: |   | al Facility   |  |                                |                         | _                             | City, State, Zip Code<br>Sparta NJ 07871 |  |  |                                 |                            |              |           |             |           |  |
| Scope of Work (Check All That                                      | Apply)  |   | -  | 2012-010                       |                         |                               | -  |  |  |                                 |                            |              |           |             |           |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                               |   |   | Renova<br>Demolit                            |                                |                         |                               |  | Mi<br>Gl                                   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   |                                 |                            |              |           |             |           |  |
|  |   | le  | Locat  | ion                            |                         |                               | Their Exempted ( ) and North Hable?      |  |  |                                 |                            | abic 1 10    | Abatement |             |           |  |
| Location of  |   | N   | Normal                                       | lly                            |                         | De                            | scription                                | ation of                                   |  |                                 |                            |              | Туре      |             |           |  |
|  | Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used So Mainten Custodial (12) |   |  |                                |                         |                               | taining N                                | Material (ACM)<br>ns insulation,<br>AT, or |  | Amount<br>(Specify<br>SF or LF) |                            | Removal      | Repair    | Encapsulate | Enclosure |  |
| hasement   |   | Yes   | No   | N/A                            | Q" y                    | ( 9" floo                     | or tiles                                 | & ms                                       | actic  | 100                             | 00 SF                      | X            | -         |             |           |  |
| basement   | basement  |   |  |                                |                         | 0 1100                        | JI 11163                                 | - Q 1116                                   | 25110  |                                 |                            |              |           |             |           |  |
|  |   |   |  |                                |                         |                               |  |  |  |                                 |                            |              |           |             |           |  |
| Name of Registered Waste Har                                       | uler  |   | I A  | JDEP W                         | /aste                   | Cubic                         | Yards                                    |  | Name of R  | egister                         | ed Land                    | fill         |           |             |           |  |
| Atlantic Carting   | muzil   |   | 1358   | lauler ID                      |                         | of Wa                         |  |  | Waste N  |                                 |                            |              |           |             |           |  |
| City, State<br>Wayne NJ  |   |   |  |                                |                         | Dispos                        | isposal Date City, State Tulleytown PA   |  |  |                                 |                            |              |           |             |           |  |
| Completed by<br>Corey Stankovic                                    | Title<br>CEO  |   |  |                                |                         |                               | Signature Date 10/16/2018                |  |  |                                 |                            |              |           |             |           |  |

| OK SILL PA  |   | OTIF<br>(P                                    | ICATIO   | tate of Ne<br>N OF ASI<br>t to NJAC   | BESTOS      | ABATE               | MENT<br>0)                        | 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( 1 ( | EC  | E.                 |                   | E           | 1000      |  |  |  |
|---|---|---|--|---|-------------|---------------------|-----------------------------------|---|---|--------------------|-------------------|-------------|-----------|--|--|--|
| Date of Notification (1)<br>10/23/2018  |   |   |  | of Building<br>tian Hea   | 1 (1)       | OCT                 | 26                                | 2018                                    |   |                    |                   |             |           |  |  |  |
| D   | Agencies Notified Type Notification  EPA Initial    |   |  |   |             |                     |                                   | Street Address<br>301 Sicomac Ave       |   |                    |                   |             |           |  |  |  |
| DEP Amended  DOL Amendment  |   | _   |  | ate, Zip C<br>off, NJ (   |             |                     | ASSESTES CONTROLA LOCKUSHIS       |   |   |                    |                   |             |           |  |  |  |
| DOH justification) DCA Cancellation   | 1   |   | Name of Mike I                                   | of Contact<br>Doss  |             |                     | Telephone Number 201-848-4492     |   |   |                    |                   |             |           |  |  |  |
| Nome of Facility May 11   |   | FAC   | ILITY INF  | ORMAT   | ION         |                     |                                   |   |   |                    |                   |             |           |  |  |  |
| Name of Facility Where Abatement is Takin<br>Abandoned Structure Residence<br>Street Address  | ig Place (3)  |   |  |   |             |                     | ☐ s                               | f Facility (4)<br>chool (K-12)          |   |                    |                   |             |           |  |  |  |
| 287 Sicomac Ave   |   |   |  |   |             |                     | X O                               | ubchapter 8<br>ther (i.e. priv<br>c.)   | (Other than I<br>vate & comm  | K-12)<br>ercial bu | uildings          | , hom       | nes,      |  |  |  |
| City (5)<br>Wyckoff   |   |   |  |   |             | Feet                | # of Floors<br>2                  |   | Bldg. Age<br>50+  |                    |                   |             |           |  |  |  |
| County (6)<br>Bergen  | County Code (7) Current Us (STATE USE ONLY) Abandon |   |  |   |             |                     | Prior if being demolished)        |   |   |                    |                   |             |           |  |  |  |
| Name of Monitoring Firm Hired by Building   | Owner (8)   |   | ASCM No. Name of Abatement C<br>Yannuzzi Environ |   |             |                     |                                   |   | ntractor (9)<br>ental Services, Inc   |                    |                   |             |           |  |  |  |
| Street Address  |   | Street Address<br>135 Kinnelon Road Suite 102 |  |   |             |                     |                                   |   |   |                    |                   |             |           |  |  |  |
| City, State, Zip Code   | City, S   | City, State, Zip Code<br>Kinnelon, NJ 07405   |  |   |             |                     |                                   |   |   |                    |                   |             |           |  |  |  |
| Project Manager for Monitoring Firm   |   | Telepho                                       | ne No.   |   | Teleph      | hone No. License No |                                   |   |   |                    |                   |             |           |  |  |  |
| Start Date (10)<br>10/24/2018   | mpletion Date (11) Name of OS                       |   |  |   |             |                     |                                   |   |   |                    |                   |             |           |  |  |  |
| Occupancy Status During Abatement (Chec   |   |   | Address  | ivironmer   | ital Servic | es, inc             | ).<br>                            |   |   |                    |                   |             |           |  |  |  |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | oatem<br>Hours                                      | ent   |  |   | City, S     | tate, Zip           |                                   |   |   |                    |                   |             |           |  |  |  |
| Scope of Work (Check All That Apply)  |   |   |  |   |             | Kinne               | elon, N                           | J 07405                                 |   |                    |                   |             |           |  |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  | Re X De   | nova  | tion Mini-Enclo                                  |   |             |                     |                                   |   | tainment with Negative Pressure<br>losure<br>g Procedure<br>mpted (*) and Non-Friable Procedure |                    |                   |             |           |  |  |  |
| Location of   | 1   | ocation                                       | lly l  |   |             |                     |                                   | ZXOpted (                               | y and Holl I  | labic 17           | Abatement<br>Type |             |           |  |  |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                             | Used<br>Main<br>Custo                               | Sole!<br>tenar                                | y by<br>ice/                                     | Description Asbestos Containing I (i.e. thermal system surfacing, VA other miscella |             |                     | aterial (A<br>insulation<br>T, or |   | Amount<br>(Specify<br>SF or LF)   |                    | T                 | Encapsulate | Enclosure |  |  |  |
|   | Yes   | No  | N/A  |   |             |                     |                                   |   |   | Removal            |                   | ate         | re        |  |  |  |
| Crawl Space   |   |   |  |   | Pipe        | Insulat             | tion                              |   | 140 LF  | Х                  |                   |             |           |  |  |  |
|   |   |   |  |   |             |                     |                                   | -                                       | - Gerry   |                    | -                 |             |           |  |  |  |
| Name of Registered Waste Hauler   |   | 1   | IDES:  |   |             |                     |                                   |   |   |                    |                   |             |           |  |  |  |
| Yannuzzi Group, Inc.  |   | Ha  | JDEP W<br>auler ID<br>17467                      |   | of Was      |                     |                                   |   | gistered Land<br>Inagement  |                    | ss                |             |           |  |  |  |
| City, State<br>Kinnelon, NJ   |   |   |  |   |             | al Date<br>/2018    |                                   | City, State<br>Fairless H               | ills. PA  | -                  |                   |             |           |  |  |  |
| Completed by<br>John Mucha  | Title<br>Project                                    | Ма  | nager  |   |             | gnatule             | 0 11                              | Vilm                                    |   | Date 10/23/        | 2018              |             |           |  |  |  |