XH 2/18

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

RECKENDH &

| | OTIFICA Purs) | suant t | O NJAC | 8:00 and 12 | 120) | | d UK | ي الله | <u> 落门 0</u> | | | | |
|---|------------------|----------------------|------------|--------------|----------|-------------------------------|---------------------------|---------|---------------------|-----------|--------|-------------|----|
| | I N | ame of | Building | Owner/Oper | ator (2) | | | 64. | | 87-0 | | | |
| of Notification (1) | | (2) | : Ke | Me | LIX | Della | LT 28 | -PM | 11:56 | | | | |
| 10/2411) | S | treet A | ddress | | ١. ١ | つませ | lorna | 00 | KTRUL | | | \dashv | |
| ncies Notified | | | | J:10 2 | | 0 | 1.100 | NSI | RIKUL | | | 1 | |
| EPA Initial Amended | 10 | City, Sta | ate, Zip | 3-d, V | ノン | 076 | TABE | uoi | ייט | 18 | | \dashv | |
| DEP Amendment # DOL Emergency (includin | 9 | Name C | of Contain | ct | | | | ¥ | 12,000 | 6.62 | | | |
| iustification) | | ~ | ike | | | | | | - | | _ | | |
| DCA Cancellation | | FAC | ILITY I | NFORMATIO | N | Type of Facili | ty (4) | | | | | 1 | |
| me of Facility Where Abatement is Taking Place | (3) | | | | | School (| K-12) | ar tha | n K-12) | | | 1 | |
| Meixner Residence | | | | | | Subchar Other (i. | oter 8 (Oth e. private | & con | nmercial bu | ildings, | home | 15, | |
| reet Address | .0 | | | | | etc.) | | of Floo | | Bldg. A | ge | | |
| gel Vanard Dri | 1 | | | | | Square Feet | | i | | 50 | + | | 1 |
| ity (5) | | 500/25 | | | | Current Use | (Prior if b | eing d | emolished |) | | | 1 |
| Brick | | Coun | ty Code | (/) ONLY) | | 120,500 | tence | | | | | | 1 |
| ounty (6) | (0) | 1 ' | SCM No. | | Name | e of Abatemen | t Contract | or (9) | | | | | |
| Name of Monitoring Firm Hired by Building Owner | r (o) | 1 | | | | Insulation et Address | | | | | | | 1 |
| | | | | | 95 | Montrose F | Road | | | | | | - |
| Street Address | | | | | City | State, Zip Coo | de | _ | | | | | |
| City, State, Zip Code | | | | | | Its Neck, N. | J. 0772 | 2 | icense No | | | | - |
| | | Tele | phone i | No. | Tele | phone No. | | | 00029 | | | | |
| Project Manager for Monitoring Firm | | | | | | 2-294-1757 me of OSHA M | | | | | | | |
| LSc | heduled | Comple | etion Dat | te (11) | Nai | ne or oor | | | | | | | _ |
| Start Date (10) | | 13 | | | Str | eet Address | | | | | | | |
| Occupancy Status During Abatement (Check C | inly One) | atomer | nt. | | | 71- C | oda | | | | | | |
| | | | | | Cit | y, State, Zip C | oue | | | | | | _ |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | -1P. | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | _ | -044F | 200 | | | Full Co | ontainmen | nt with | Negative F | Pressure | | | |
| ☐ >3 sf or ≥3 lf | H Re | enovatio emolitio | n n | | | | nclosure bag Proce | dure | | No Proce | dure | | |
| ≥160 sf or ≥260 lf | \$ | | | | | Non-E | xempted | (*) and | d Non-Fria | DIE FIOCE | | | |
| | le le | Locatio | n | | | | 1 | | | - | Ту | oe T | _ |
| 40 100 | N | formally d Solely | / | A - b - atos | Cambrie | iption of ning Material (A | ACM) | | Amount | R | _ | Enc | - |
| Location of Asbestos-Containing Material (ACM) | Mai | intenan | ce/ | ii a the | rmal SV | stems insulating, VAT, or | on, | | Specify F or LF) | Removal | Repair | Encapsulate | |
| TO BE ABATED In Facility | Cust | todial S (12) | taπ? | ot | her mis | scellaneous) | | | | ă l | 7 | late | |
| (13) | | Na | NIA | | | 3 | | | | | - | - | - |
| | Yes | No | 130 | Sidir | ٠. | | | 16 | 00 5 | ft X | - | - | + |
| (R)+d>>c | | - | F | 2.Gi | 11 1 | VIONI | | | | | - | - | + |
| - W | | - | | - | w | ¥ 1; , 9 1 | | | | 1 | - | + | + |
| | | 1- | +- | + | | | | | | 1611 | 1_ | | 1 |
| | | 1 | NJDEP ' | | Cubic ' | | Name of | f Regi | stered Lan | atill | | | |
| Name of Registered Waste Hauler | | | Hauler I | D No. | of Was | 3 | Grows | 3 | | | | | _ |
| Ace Insulation Co., Inc. | | | 12086 | | Dispos | sal Date | City, St | ate | Da | | | | |
| City State | | | | | 11/1 | 1113_ | Tullyte | | Pa | Date. | | | |
| Colts Neck, New Jersey | Title | | | | | Signature O/m | ge gui | 272 | | iola | 24 | 13 | |
| | | | a. | | 10 | 11.20 | Carlo Maria | 1995 | | | | | 58 |
| Completed by George Wuest | Pre | esider | nt | | | * Do not use | 20 | | | | ,50 | | |

RECENTED 118

| e of Notification (1) | | Nar | me of Bu | ilding Owner | Operator (2 | 2013 G | @T 20 | DM II. | - | | | | |
|---|------------------|----------------|-----------|--|--------------|----------------------------|------------------------|--------------------|----------|---------|--------|-------------|-----|
| Notified Type Notification | | Stre | eet Addr | | | | | | | | | | |
| EPA Initial | | - | Clata | Zip Code | CITE | INSHE | STOS | CONTR | OL | , | | | - |
| DEP Amended | | City | y, State, | Janas S | zuan, | N3 | +168 | उम्ब | DAR | | | | _ |
| Emergency (inc | luding | Na | me of C | |) | | Le | elenhone Ni | ım | | | | |
| DOH Justilication | 0.000 | | | n. Ke | TION | | | | | | | | |
| ime of Facility Where Abatement is Taking P | lace (3) | | FACILI | TY INFORMA | TION | Type of Fac | cility (4) | | | | | | |
| 1101 1200 2001 | ? | | | | | School | I (K-12) | ther than K- | .12) | | | | |
| reet Address | | | | | | Other | (i.e. private | e & commer | cial b | uilding | s, ho | mes, | |
| 476 Brielle Rd | | | | | | Square Fe | et # | of Floors | | | Age | | - |
| ty (5) | | | | | | 170 |) | / | | | 21 | | |
| (nonasjoon | | C | ounty C | ode (7) | | Current Us | se (Prior if b | eing demol | lished) |) | | | |
| ounty (6) | | (S | | SE ONLY) | Name | of Abateme | ent Contract | tor (9) | | | | | - |
| ame of Monitoring Firm Hired by Building Ov | vner (8) | | ASCM | No. | | Insulation | | | | | - 10 m | | 200 |
| | | | | | | Address | | | | | | | |
| ireet Address | | | | | | Nontrose | | | | | | | |
| ity, State, Zlp Code | | | | | | State, Zip Co s Neck, N | | 2 | | | | | |
| | | -11 | elephor | ne No. | Telep | hone No. | | Licens | | | | | |
| roject Manager for Monitoring Firm | | | | and the Control of th | | -294-175 | | 0002 | 9 | | | | _ |
| Start Date (10) | Scheduled | Com | pletion (| Date (11) | Name | e of OSHA N | Monitor | | | | | | |
| 1117112 | 11 9 Only One | 11- | 2 | | Stree | et Address | | | | | | | |
| Occupancy Status During Abatement (Check | | | ent | | | 0 | | | | | | | _ |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | al Facility I | Hours | | fa. | City, | State, Zip C | Code | | | | | 020 | |
| | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | ПВ | enova | tion | | | | | with Negat | ive Pr | essure | 2 | | |
| ≥3 sf or ≥3 lf 1) ≥160 sf or ≥260 lf | DO 00 | emolit | ion | | | Clove | nclosure bag Proced | lure | | . Droc | odure | | |
| 7 | | | | 1 | | Non-E | xempted (* |) and Non- | Friable | FIOC | abate | ment | |
| | 10 | Locat Iorma | | | Descripti | on of | 1 | | | 1 | Ту | oe | T |
| Location of Asbestos-Containing Material (ACM) | Use | | ely by | Asbestos | Containing | Material (A | (CM) | Amount (Specify | | D D | _ | Enc | |
| TO BE ABATED | | odial | Staff? | | surfacing, \ | | ,,, | SF or LF | | Remova | Repair | Encapsulate | |
| In Facility (13) | | (12) | | • | ther miscel | llaneous) | | | | /al | 7 | late | |
| 7 | Yes | No | N/A | | | | | 17000 | , CL | 5 | | | - |
| arthurs | | | Y | 2. gi | - 40 | | | 17005 | 644 | 7 | | | + |
| | | | | | Uin | VIOY | | | | - | | | + |
| | | | - | - | | | | | | - | - | - | 1 |
| | | | NJDEP | Masta | Cubic Yard | is | Name of R | egistered L | andfill | | | | 1 |
| Name of Registered Waste Hauler | | - 1 | Hauler | ID No. | of Waste | 4 | Grows | | | | | | |
| Ace Insulation Co., Inc. | | | 12086 | | Disposal D |) Date | City, State | | | X | | | |
| City, State Colts Neck, New Jersey | | | | | 1191 | 3 | Tullytow | ın, Pa | | | | | |
| Colls Neck, New Jersey Completed by | Title | | | | Signa | ature | २०५५ हो। | per? | | | 24 | 11: | 5 |
| Completed | 0 | sider | | | 1 | W. | NYOV! | | 1 | -10 | 1 | | |





| a complete |
|------------|
| REG SO |
| 13000 |

| Date of Notification (1) | | Na | me of E | Building Ow | ner/O | perator (2 | | 96 | - 00 | PM 11: | 54 | 72-1-1-1 | | |
|--|-------------------------|---------------------------------------|---------------------|------------------------|--|-------------------|--|---------------------|----------------|----------------|----------------|----------------|--------|----|
| 10/24/13 | * | Jo | ohn & l | uilding Ow Marie Ca | ppol | a Private | e Hon | 113 96 | 1 20 | 111 | | | | _ |
| Agencies Notified Type Notification | | | reet Add 2 Sylvi | | | | | ···· | ะากร | CONT | ROL | | | |
| EPA Initial Amended Amendment # | | Cit | ty, State | , Zip Code wkin NJ | | 50 | | ASBF | LICE | HSIM | i (| 1 | | |
| Emergency (incl justification) Cancellation | uding | Na | ame of C | Contact | | - | | | 1=: | | -L | | | |
| | | | FACILI | TY INFOR | MATI | ON | Tuno of | Facility (4 | | | | | | |
| Name of Facility Where Abatement is Taking Pl John & Marie Cappola Private Home Street Address | | | | | | | Sc | hool (K-12 | !) 3 (Other | than K-1 | 2) | | | |
| 52 Sylvia | | | | | | | etc | -/- | | | | | | 5, |
| City (5) Manahawkin NJ 08050 | | | | | | | Square 1000+ | (f | 1 | Floors | 35 | dg. Aq | je | |
| County (6) Ocean | | | ounty C | ode (7) SE ONLY) | | 1 22 | Current Home | Use (Prio | r if bein | g demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building Owl | ner (8) | 1 | ASCM | No. | | Name o | | ment Con | tractor (| 9) | | | | |
| Street Address | | | - | | | Street A | | | | - | | | | |
| City, State, Zip Code | | | | | | PO Bo | | | | | | 2.1925 | | - |
| | | | | | | West | Berlin | NJ 080 | 91 | 11 | 1- | | | |
| Project Manager for Monitoring Firm | | T | elephon | e No. | | Telepho 856-7 | 53-98 | 00 | | License N | NO. | | | |
| | cheduled 1/1/13 | Comp | oletion D | Date (11) | | Name o | | Monitor | | | ~ | | | |
| Occupancy Status During Abatement (Check C | Only One) | | | | | Street A | Address | | | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | iod of Ab Facility H | Abatement Hours City, State, Zip Code | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf | | novati molitic | | | | × | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | e | | |
| | | ••• | | | | | I NON | -Exemple | 1 () ain | I NOTH THE | DIC 1 10 | ALTERNATION OF | ement | |
| Location of | No | ocation rmally | y | | D | escription | of | | | | - | Ty | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Custo | tenan | taff? | | tos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) | | | | | Repair | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | т., | and an Oir | din = | | 10 | 00 SF | x | - | - | |
| Exterior Siding | | | х | | EXI | terior Sid | ing | | 12 | 00 31 | | - | - | - |
| | | | - | 4 | | | | | | | - | - | - | - |
| | | 5 | | | | | | | | | | - | - | - |
| Name of Registered Waste Hauler | | I N | JDEP W | Vaste | Cubic Yards Name of Registered Landfill | | | | | | J | | | |
| United Containers | | 11022. 110010 | | | | of Waste GROWS | | | | | | | | |
| City, State Elm NJ | | | | | | osal Date 1/13 | | City, Sta Morris | | A 19067 | | | | |
| Completed by Anthony T Perna | dent | Ti | | | Signature | 7 | 2 | | | Date 10/24/ | 13 | | | |



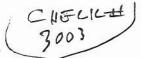
RECEIVED

| Date of Notification (1) October 18, 2013 | | | Name of Building Owner/Operator (2) Enviro-Air Technologies, Inc. | | | | | | | | | | | | | | |
|---|--|------------------|---|-------------------|------------------------------|---|------------------|------------|--------------------------------------|-----------------|-----------|----------------|----------|-----------|------------------|-----------|--|
| Agencies Notified | Type Notification | | | Street A | ddress | | | | ASBE | <u> </u> | | | | | | | |
| EPA DEP DOL | Initial Amended Amendment | | 118 | | te, Zip Co rsburg, | |)36 | | | | EKSI | | 6 | | es i i i e i e i | | |
| DOH DCA | Emergency justification) Cancellation | , and the second | 100 | | Contact O'Donr | nell | | | | Tal | anhono | Numbo | - | | | | |
| | | | | FACI | LITY INFO | ORMATIC | NC | | | - ts | | Married Street | | | | | |
| Name of Facility Where A Residence | Abatement is Takin | g Place (3 | 3) | | | | | | of Facility (School (K-1 | 12) | | | | | (\$) | • | |
| Street Address 209 West 40th Street | et | | | | | | | X | Subchapter Other (i.e. p etc.) | | | | uildi | ings, | home | es, | |
| City (5) Sea Isle | | | | | | | | | e Feet | # of 2 | Floors | | 10 | dg. A | ge | | |
| County (6) Cape May | | | | | Code (7) USE ONLY) | | | | nt Use (Pri dence | or if bei | ng demo | olished) | | | | | |
| Name of Monitoring Firm TTI Environmental | Hired by Building | Owner (8) | | ASCN | 1 No. | | | | tement Cor vironmen | | | | | | | | |
| Street Address 1253 N. Church Stre | eet | | | 1 | | | | Addres | | | 1 | | | | | | |
| City, State, Zip Code Moorestown, NJ 080 | 057 | | | | 00-02-00-11-111-1 | | | | p Code ide, NJ (| 08052 | | | | | | | |
| Project Manager for Moni | itoring Firm | 1 1 | Telepho | ne No. 10-8800 | | Teleph | none No 755-0 | o. | | Licens 00842 | | | | | | | |
| Start Date (10) November 4, 2013 | | | ed Con | | | | | of OSH | lA Monitor | | | | | | | | |
| Occupancy Status During | Ahatement (Cher | | | | | | | | | | | | | | | _ | |
| Facility Closed/Vaca Abatement Performe Other – Describe: | ted During Entire | Period of | Abatem | | | | | | | Ω | | | | | | | |
| Scope of Work (Check Al | I That Apply) | | | | | | ***** | unon | , INCW SC | ызсу | 00100 | | _ | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | , | Management . | Renova Demolit | | | | × | Min Glo | Containm | e cedure | | | Pressure | | | | |
| | | la la | Locati | | | | | | LXOMPTO | 4 / / 411 | 4 14011 1 | THUBIO Y | - | | ment | | |
| Location | of | 1 | Vormal | | | Des | crintion | of | | | | | | Ту | ре | | |
| Asbestos-Containing TO BE ABA In Facili (13) | Material (ACM) ATED | Ma | ed Sole iintenar todial S (12) | nce/ | | Description of estos Containing Material (ACM) e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specification) | | | | | Specify | Nemova | Domoval | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | | | | | | | | | | 6 | | |
| 1st Floor Living R | | | X | | | um, Flo | | | | | 2.5 SF | _ | - | | | | |
| Hallway/St | | | X | | | um, Flo | | | | | 0 SF | XX | - | | | | |
| 1st Floor Laundr | Х | | | Floor T | | | | | 0 SF | XX | | | | | | | |
| Exterio | X Transite Type Siding | | | | | T | | 00 SF | | X | | | | | | | |
| Name of Registered Was | NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste | | | | | | | | | | | | | | | | |
| Freehold 22253 | | | | | | 80 Grows Landfill | | | | | | | | | | | |
| City, State Mount Holly, New Je | rsey 08060 | Title | | | | 11/15 | en marena a | | City, Stat Tullytov | | ۸. | | | 11,322,00 | | | |
| Completed by Christina Lynch | ations | Mana | iger | \$ | ignature 1 | NO | Pox | 7 | | Date 10/18 | 3/2 | 013 | | | | | |



RECEIVED

| Date of Notification (1) October 18, 2013 | | | | Building Owner/O Air Technolog | | (2) c. C | check# (| (1) | | DET | 28 | PM | 11: | 34 |
|---|-------------------|--------------------------------------|--------------------------|-------------------------------------|---|-----------------------|--|------------|---------------------------|-------------|--------------|----------|-------------|-----------|
| Agencies Notified Type Notification | | 1 | treet Ad | | | | | | | | | | | |
| ➤ EPA | | | PO Box | | | | | | LAK | FS | ros Icei | CUI | VI P | UL |
| DEP Amended Amendment #_ | l die e | | | e, Zip Code sburg, PA 180 | 036 | | 50 | 46 | | | | 4511 | ۲U | |
| □ Emergency (inc justification) □ DCA □ Cancellation | auding | 70 | lame of 0 Shawn | Contact O'Donnell | | | | Pale | nhone | Niim | her | * | | |
| | | | FACIL | ITY INFORMATI | ON | T | Facility (4) | | | | | | | - |
| Name of Facility Where Abatement is Taking F Residence | Place (3) | | | | | ☐ Sc | chool (K-12) |) (Othe | r than | K-12 |) | | | |
| Street Address 205 West 40th Street | | | | | | et | | | Floors | | | ngs, h | | ·, |
| City (5) Sea Isle | | | | | | Square 5,000 | | 2 | | | 10 | | | |
| County (6) Cape May | | | County C STATE U | ode (7) ISE ONLY) | | Resid | | | | nolish | ed) | | | |
| Name of Monitoring Firm Hired by Building Ov TTI Environmental | vner (8) | | ASCM | No. | | | ment Conti ironmenta | | | | | | | |
| Street Address 1253 N. Church Street | | | | | | Address Cutler | | | N-EDE | | | | | |
| City, State, Zip Code Moorestown, NJ 08057 | | | 7 | | | State, Zip le Shad | Code de, NJ 08 | 8052 | | | | | | |
| Project Manager for Monitoring Firm | | - 1 | Telephor 856-84 | ne No. -0-8800 | | none No. 755-00 | | | Licer 0084 | nse N 42 | 0. | | | |
| | Schedule Novem | | | Date (11) | of OSH | A Monitor | | | | | | | | |
| Occupancy Status During Abatement (Check | | | 0, 201 | | Street | Address | | 13. | - | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal | eriod of A | batem | nent | | City, S | State, Zip | | | 004 | | | | | |
| Other – Describe: | | | | | Wes | stmont, | New Je | rsey | 081 | 08 | | | _ | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | | | | Mini Glov | Containme i-Enclosure vebag Proc | edure | | | | | | |
| | 1 | | | | L | Non | -Exempted | (*) an | a Non | -Filat | | Abate | | |
| | | Locati Normal | | | | | 121 | | | 100 | | Ту | ре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma Cus | d Sole intena todial ((12) | ely by nce/ Staff? | Asbestos Co (i.e. therma surf | Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or ner miscellaneous) | | | (5 | moun Specif F or Li | y | Removal | - Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | Tro | nsite S | iding | | 1 - | 140 5 | SF. | XXX | | - | |
| Exterior | | X | - | IIa | Caulk | - 200 | | | 45 SI | | XXX | | | |
| Exterior | | X | - | - | Floor T | | | | 24 S | | XXX | | | |
| Throughout | - | X | - | | | mpour | nd | | 1,475 | | XXX | | | |
| Throughout | | X | NJDEP V | | ic Yards | | Name of | | - S (10) | - | | | | |
| Name of Registered Waste Hauler Freehold | | H | Hauler ID | No. of W 80 | /aste | | Grows | Land | | | 5.0 | | | |
| City, State Mount Holly, New Jersey 08060 | | | | | osal Dat 15/2013 | | City, Stat Tullytov | | A. | | | | | |
| Completed by Christina Lynch | Title Ope | ration | ns Man | | Signatu | | Rox | | | - 1 | ate 0/18/ | 2013 | | |



70

NOTIFICATION OF ASBESTOS ABARERED E VED (Pursuant to NJAC 8:60 and 12:120)

| are of Noufication (1) | Type Notification Amended Amendment Emergency (including justification) Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation | (Pursuant to NJAC | Owner/Operator | 計 28. 早月11: | 53 | |
|---|--|--|---|--|---|--------------------------|
| (C | 0/21/13 | Sueel Address | | | | |
| gencies Nouned | | | 25 /5 | STMS980HT | MUE | |
| BPA | S)Neg | City, State, Zip, C | ळा | FICENSIBE | 08-0 | |
|) ∞€ | A mendment # | _ 0.7.0 | NUDBIA | JE , 10171 | 0 20/0 | |
|) 00r | T Emeroency (inclusion | Hame of Contac | | | | ť. |
|) DOH | justification) | 215 | 1 FISHER | | 11 | |
|) cc4 | Cancara | | | | | |
| | 1. | FACILITY IN | ORMATION | Type of Facility (| 4) | |
| | Abalement is Taking P | lace (3) | | W 121 | v. | |
| ame of Faculty Whe | DE NOCE | | | Subchapter 8 | (Other than K-12) |) Ji bullanot |
| | 717870 | | | Doner (l.e.; pr | Aste & commerces | |
| Heel Address | C1-11 STT. | | | Square Feel | FIOOIS 10 B | BIG9 A9 |
| 266 | 8 0 T IV | | | 1000 | 1 | |
| ity (5) . A | 1 | | IS JAYIYE | Current Use (Pr | or K being demous | ned) |
| N | 104000 | County Code | (1) (31715 | VA | CANT | |
| ounty (6) | - m 14 | USE ONLY) | - Tabala | ment Convedor (9 |) | |
| / A | D. Idino Ow | Del ASCHINO. | Name of Addis | 100 IN | C1 | |
| same of Marrianna | Firm Hired by Building on | * | | | 1. | |
| 81 - | N/A | | Sveet Address 369 | S. SPRU | CE AVE. | |
| Street Appress | | |)) (| | | < 1 |
| , | | | Cry. State, Zin | PLZ SHP | DEND | 0805 |
| City State Zp C∞ | e | • | | | License No | 114 |
| | | Tyelephone No. | Yelephone Ho | 79-0.47 | 2 004 | |
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3003 CHECK#

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

RECEIVED

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| City, State, Zip Code | | | | | MAPLE SHADE, NJ. OBC | | | | | | | | |
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| Project Manager for Monitoring Firm | | | | | 856-779-0472 00449 | | | | | | | | |
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(Pursuant to NJAC 8:60 and 12:120) RECEIVED Check # 8498 Date of Notification (1) Name of Building Owner / Operator (2) 2043 SET 28 PM 11: 32 October 21, 2013 Bank of America Agencies Notified Type Notification Street Address ASBESTOS CONTROL & LICENSING EPA 597 Passaic Avenue DEP ⊠DOL. Initial City, State & Zip Code Amended West Caldwell, NJ 07006 \boxtimes doh Amendment # DCA Cancellation Name of Contact Telephone Number Jim Kalafsky **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) 597 Passaic Avenue Other (i.e., private & commercial buildings, home, etc.) Square Feet Bldg. Age # of Floors City (5) 6,000 West Caldwell Current Use (Prior if being demolished) Bank County (6) County Code (7) Essex USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Testing Consultants, LLC Synatech, Inc. Street Address Street Address One Mall Drive, Suite 404 829 Radio Road City, State & Zip Code City, State & Zip Code Cherry Hill, NJ 08002 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Howard Zenobi 856-482-1311 609-296-6916 00817 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) October 31, 2013 December 15, 2013 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road X Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure \ge 3 sf or \ge 50 lf Renovation Mini-Enclosure >160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Amount (Specify Asbestos-Containing TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate insulation, surfacing, VAT (13)Enclosure Remova Repair or other miscellaneous) N/A Yes No Boiler Room Fitting Insulation X 55 LF X Boiler Room X Flue Insulation 20 LF X Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill Synatech, Inc. Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ 08087 December 16, 2013 Morrisville, PA Completed By Title Signature

October 21, 2013

Executive Administrator

Diane Aloia

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) RECE ONECK# 8498 Name of Building Owner / Operator (2) Date of Notification (1) 2013 DET 28 PH 11: 32 October 21, 2013 Bank of America Street Address Agencies Notified Type Notification ASBESTOS CONTROL EPA 441 Bloomfield Avenue DEP **⊠**DOL Initial City, State & Zip Code Amended Montclair, NJ 07042 \boxtimes DOH Amendment # DCA Telephone Number Cancellation Name of Contact Dino Nappi **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) 441 Bloomfield Avenue Square Feet # of Floors Bldg. Age 120 12,000 City (5) Current Use (Prior if being demolished) Montclair Bank County (6) County Code (7) USE ONLY Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Testing Consultants, LLC Synatech, Inc. Street Address Street Address 829 Radio Road One Mall Drive, Suite 404 City, State & Zip Code City, State & Zip Code Cherry Hill, NJ 08002 Little Egg Harbor, NJ 08087 Telephone Number Telephone Number License Number Project Manager for Monitoring Firm 609-296-6916 Howard Zenobi 856-482-1311 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) November 2, 2013 December 15, 2013 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address 829 Radio Road Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Hours M Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation \geq 3 sf or \geq 50 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Abatement Type Location of Is Location Normally Used Description of Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify SF or LF) Custodial Staff? (12) Material (ACM) TO BE ABATED (i.e., thermal systems IN Facility Encapsulate insulation, surfacing, VAT (13)Enclosure Removal Repair or other miscellaneous) N/A Yes No 40 LF Main Entry Door and Rooftop Door X Caulk X NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Grows Landfill 27429 Synatech, Inc. Disposal Date City, State City, State

Will is

December 16, 2013

Signature

Little Egg Harbor, NJ 08087

Title

Executive Administrator

Completed By

Diane Aloia

Morrisville, PA

October 21, 2013

| Data di Nationi di | | | | Name of Building Owner / Operator (2) | | | | | | | | | |
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| Agencies Notified | Type Notifica | ation | | Stree | t Address | | 20 | 13 OCT 28 | PH 11: 32 | • | | | |
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| ∐DCA | Can | cellation | | | of Conta | ict | | -100 | Te | elepho | ne <u>N</u> ı | ımbe | er |
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| Bank of America | | 500000 | , , , , , , , , | | | | pol (K-12) | | | | | | |
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| Name of Monitoring Fi Environmental Testir | rm Hired by B ng Consultan | Building Co ets. LLC |)wner (8) | | ASCM | No. Name of A Synatech | Abatement C | ontractor (9) | | | | | |
| Street Address | | , | | | | Street Ad | dress | | | | | | |
| One Mall Drive, Suite City, State & Zip Code | | | | | | 829 Radio | | | | | | | |
| Cherry Hill, NJ 08002 | 2 | | | | | | & Zip Code Harbor, NJ | | | | | | |
| Project Manager for M Howard Zenobi | onitoring Firm | | 1.0000 | lephone 6-482-13 | | Telephone | e Number | | License Num | | _ | 175 | |
| Scheduled Start Date | (10) | Schedul | led Completi | Security (UNIVERSITY OF ACCES) | 7.7.7. | 609-296-6 Name of 0 | OSHA Monito | or | | 0081 | 7 | | |
| November 2, | 2013 | 100 | Decem | ber 15, 2 | | Synatech | , Inc. | | | | | | mest serv |
| Occupancy Status Dur Facility Close | d/Vacated Du | ring Entir | re Period of | | nt | Street Add 829 Radio | | | | | | | |
| Abatement Pe | | side of No | ormal Hours | 3 | | The state of the s | & Zip Code | | | | | | |
| Other – Desci | | atement | • | | | Little Egg | Harbor, NJ | 08087 | | | | | |
| Scope of Work (Check | 457.000 | | *// | | 1- | | _ | | | | | | |
| | an that apply | , | | | | | Full Cont | tainment with I | Venative Press | ure | | | |
| ≥3 sf or ≥ 50 lf | | | = | Renovati | | | Mini-Enc | | 109441011000 | | | | |
| ≥160 sf or ≥260 | If | | | Demolitio | n | | | g Procedure | | | | | |
| Loca | tion of | | lia Lagrifi | on Morro | lls Haad | | | empted(*) and | Non-Friable Pr | | | | |
| Asbestos-Contain | ning Material (| ACM) | Solely b | on Norma y Mainter | ance or | | ription of s-Containing | Am | ount (Specify | Ab | atem | ent T | Гуре |
| | ABATED acility | | Custo | dial Staff | ? (12) | | ial (ACM) mal systems | | SF or LF) | | | | |
| | 13) | | | | | | surfacing, VA | T | | _ | | ᄪ | m |
| | | | | | | or other m | iscellaneous) |) | | Removal | Repair | cap | ncio |
| | | | Yes | No | N/A | | | | , | oval | air | Encapsulate | Enclosure |
| Rooftop - Near HVA | C Unit | | | | | | | | | Ш | | Ф | |
| Roottop - Real HVA | O OINC | _ | | | Х | (| Caulk | | 50 LF | X | | | |
| | | | | | | | | | | + 1 | | | |
| Name of Registered W | aste Hauler | | NJDEP V | | Cubic \ | ards of Waste | Name of | f Registered L | andfill | | | | |
| Synatech, Inc. | | | Hauler ID | No. 429 | .5 | | Grows I | Landfill | | | | | |
| City, State | | | | | Disposa | al Date | City, Sta | DECEMBER STORES | | | | - | |
| Little Egg Harbor, NJ | 08087 | | | | Decem | ber 16, 2013 | Morrisv | ille På | | | | | |
| Completed By | | Title | | | Signato | | THIOTHSY | Date | | | | | |
| Diane Aloia | | Execut | ive Adminis | strator | 1 | are llo | 7c | Octobe | or 21 2013 | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| 4 | | 10 NJAC 8.00 and | | | | | | | | |
|---|--|-------------------------|-------------|-------------------------------------|--|----------|---------------|-----------------|--|--|
| (1) | | Name of Building Ov | wner/Operat | or (2) e Construction | CK# 23 | 83: | 7= | 7 | | |
| e of Notification (1) 10/23/2013 | | | Schino | | - 10 () | | | 1 | | |
| encies Notified Type of Notification | | Street Address | 128 Bar | tlett Avenue | | | | <u> </u> | | |
| BEPA [X] Initial Notice Amended N | | City, State, Zip Cod | e | | 227 28 7 | 111 | | | | |
|] DEP Amendmer | ıt # | City, Build, 2-7 | West C | | OCT 2.8 2 | | | | | |
| DOL Emergency justificatio | (including | Name of Contact | | Telepho | one Number | | | | | |
| DOH [] Cancellation | | Joyce (| Corliss | | | | | - | | |
|] DCA | FAC | CILITY INFORM | ATION | Type of Facility (4) | | | ż | | | |
| ame of Facility Where Abatement is Taking Pla | ce (3) | | | r 1 Sch | ool (k-12) | 1 1-12 | V. | | | |
| Residence | | | | L - | ochapter 8 (other therefore) och apter 8 (other therefore) | nan #12 | rcial b | uilding | | |
| treet Address | | | | hor | nes, etc.) | | | | | |
| 2 E. Mears Ave. | | County Code (7) | | Square root | of Floors E | 3ldg. Ag | e 45 | | | |
| City | ounty (6) | (STATE USE ONL | Y) | 1600 sf Current Use (Prior if bei | A10 | | | | | |
| Long Beach Twp. | cean | | | Residence | | | | | | |
| 100,000,000,000,000 | (9) | ASCM No. | Name of | f Abatement Contractor (9) | Contracting, In | ıC. | | | | |
| Name of Monitoring Firm Hired by Building Ov N/A | viiei (a) | | Street A | Adress | | | | | | |
| Street Address | | | | 1889 Rout | 889 Route 9, Unit 61 | | | | | |
| | | | City, St | ate, Zip Code Toms Riv | er, New Jersey | 08755 | 5-127 | 1 | | |
| City, State, Zip Code | - Numb | nor . | Teleph | one Number | License Nur 00624 | mber | | | | |
| Project Manager for Monitoring Firm | Telephone Numb | | 732-3 | 49-9932 of OSHA Monitor | 00024 | | | | | |
| Scheduled Start Date (10) | Scheduled Comp | oletion Date (11) | Name | E.M.S.L. | Analytical | | | - | | |
| 11/05/2013 | 11/07/2013 | | Street | Address 1056 Stel | ton Road | | | | | |
| Occupancy Status During Abatement (Check of Facility Closed/Vacated | During Entire Period of | Abatement | | | | | | | | |
| Abatement Performed C | utside of Normal Facili | ty Hours | City, | State, Zip Code Piscataw | ay, New Jersey | y 0885 | 4 | | | |
| Other - Describe | | | | Full Containment v | | | | | | |
| Scope of Work (Check all that apply) | | | ſ | Mini-Enclosure | | | | | | |
| | r 1 Re | novation | Ĭ |] Glovebag Procedu | re | Procedu | re | | | |
| [] >3 sf or ≥3 lf | | molition | [] | Non-Exempted (*) | and Noirriable | | | C- um 0 | | |
| [x] ≥160 sf or ≥260 lf | | T. | | | | Abate | ment | Yes established | | |
| | Is Location | 1 | Descri | ption of | Amount | R E | R E | E N | | |
| Location of | Normally used | | Materia | Containing al (ACM) | (Specify SF | M | P A | C A | | |
| A shestos-Containing Material (ACM) | Solely by Maintenance/Custo | odial | (i.e., then | nal systems | or LF) | 0 | I | P | | |
| TO BE ABATED in facility | Staff | | VA | n, surfacing, AT, or | | V A | R | S U | | |
| (13) | (12) | | other mis | scellaneous) | | L | | L E | | |
| | YES NO | N/A | | | 1000 -6 | X | + | - | | |
| | X | Asbestos | siding | | 1900 sf | + | + | + | | |
| Exterior | | | | | + | +- | + | 1 | | |
| | + | | | | + | + | | | | |
| | + | | bic Yards o | fWaste Name of Regis | tered Landfill | | | | | |
| Name of Registered Waste Hauler | 1 00 | Hauler ID No. Cu 223 | 3 | T.R.R.F. | | | | | | |
| Guardian Contracting, Inc. | 20 | Disposal Date | 10 | ity, State Tullytown, Pennsylvan | ia | | | | | |
| City, State Toms River, New Jersey | | 11/08/2013 Signature | | unytown, 1 minsy 17 dia | 1 | Da | ite)/23/2 | 013 | | |
| Completed by (Print or Type) | Title Project Manage | ,- | 1.11 | of Je | 1 | | ,, 2012 | | | |
| Nicholas Fernicola | Troject Manage | / | Linguage | e exempted activities. | | | | | | |

| Date of Notification (1) 10/3/13 | | N | ame of E | Building O | wner/O | perator A-C | (2) | BET 28 | PH | 11:41 | | | | |
|--|------------------|-------------------------------|------------------|----------------------------------|--------|--|------------------|--------------------------------------|----------------|-----------------------------|---------|--------|---------------|-----------|
| Agencies Notified Type Notification | | S | troot Arti | riness | | | | | | | | | (f 1,0 = 0) | |
| ☑ EPA ☑ Initial | | | 15 | 8 00 | to/ | LIN | 153 | ESTOS | CUI | ALKUL | | | | |
| EPA Initial Amended Amendment #_ | | 0 | ity, State | e, Zip Cod | e / | 117 | | LICE | KOII | 40 | | | | |
| Emergency (inc | | 255 | | | 0:/ | 705 | 0. | 1631 | | | | | | |
| DOH justification) | | | lame of | | | | | | Tai | • | | | | |
| DCA Cancellation | | 丄 | STE | | | | * | | _L' | | | | | |
| Name of Facility Where Abatement is Taking I | Dingo (2) | | FACIL | ITY INFO | RMATI | ON | T | .f.P | | | | | | — |
| ORBACH | -iace (3) | | | | | | rype o | of Facility (4 | !) | | | | | |
| Street Address | | | | | | | | chool (K-1 | | | | | | - 1 |
| 140 EAST LINDEN | AUE | | | | | | × | oubchapter Other (i.e. p etc.) | rivate 8 | er than K-12) commercial | build | ings, | home | s, |
| City (5) ENGLEWOOD | | | | | | | Squar | e Feet | # of | Floors 2 | BI | dg. A | | |
| County (6) | | 10 | County C | ode (7) | | | - | | r if hai | ng demolishe | 4 | | | - |
| BERGEN | | i di | STATE U | SE ONLY) | | | R | £8 / | 102 | SMO | u) | | | |
| Name of Monitoring Firm Hired by Building Ov | | | ASCM | | | | | tement Con | | (9) | | | | |
| GETAIL ASSOCIATES, INC | | | 00 | /2 | | | | ontracting | inc. | | | | | |
| Street Address 300 Grand Auch | | | | | | | Addres Lowel | s Il Road | | | | | | |
| City, State, Zip Code ENGLEWOOD NJ 0763 | 1 | | | | | | | p Code c, N.J. 07 | 452 | | | | | |
| Project Manager for Monitoring Firm | | -11 | elephon | e No | | | hone No | | | License No | | - | | |
| STEPHEN TARACZEWSK | | 2 | 01-5 | 69-67 | 708 | | -262-5 | | | 00156 | • | | | |
| Start Date (10) 5 1 3 | Scheduled j O | (Completion Date (11) リンプン | | | | | | IA Monitor nvironme | ntal S | ervices Inc | 3. | | | |
| Occupancy Status During Abatement (Check | Only One | 2) | C | | | | Street Address | | | | | | | |
| Facility Closed/Vacated During Entire Pe | eriod of A | batem | ent | | | 280 | Huyle | r Street | | | | | | |
| Abatement Performed Outside of Norma | | | | | | City, State, Zip Code | | | | | | | | |
| Other – Describe: | | | | | - | Hackensack, NJ 07606 | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | positi | | | | | | | | |
| 23 sf or ≥3 If 2 ≥160 sf or ≥260 If | | enovat emoliti | | | | Full Containment with Negative Pressure Mini-Enclosure | | | | | е | | | |
| | | | | | | 5 | | vebag Pro | | d Non-Friable | e Proc | cedur | e | |
| | I | | | | | = | | | () (4) | dittori's ridde | | | ment | |
| | | Location or all | | | - | | 6 | 1 | | | | Ту | pe | |
| Location of Asbestos-Containing Material (ACM) | | Solel | | Asbest | | scriptio taining | n or Material | (ACM) | A | mount | | | m | |
| TO BE ABATED | 1000000000 | ntenan odial S | 2770.7720 | (i.e. | | | ns insula | ation, | | Specify | Re | Z | noa | E C |
| In Facility (13) | | (12) | | | | cing, V | neous) | - 1 | ŞI | Far LF) | Removal | Repair | Encapsulate | Enclosure |
| * * * * * * * * * * * * * * * * * * * | Yes | No | N/A | | | | | | | | 8 | - | ate | re |
| ON GREAUD | | | X | X EUTIRE STRUCTURE 1000 ca yes X | | | | | | | | | | |
| | f | | | | | | | | | | ^ | | | |
| | \vdash | | | | | | | | | | | - | | |
| | \vdash | | | | | | | | | | | | | |
| Name of Registered Waste Hauter | 11 | I N | JDEP W | aste | Cubic | Yards | | Name of | Registr | ered Landfill | | | | |
| Rovic Transport | | Н | auler ID 0785 | BEGINNER OF | of Wa | | | | | hlehem La | ndfil | Cor | p. | |
| City, State Riverdale, New Jersey 07457 | | | | | Dieno | cal Dati | | City, Stat | | PA 18015 | | | | |
| Completed by | Title | | | | | Signatu | | 2 | , , , , , | Dat | n / | j | | |
| R. McDonald | dent | | | | | 1.// | 17 | 4 | 10 | - | 3/13 | 3 | | |

| | - | - | - | Sec. 19 | 1957 | |
|---|--------|----|-----|---------|------|----|
| × | - | 1. | E- | ty | | 14 |
| | Torres | 1 | Som | 18 | | 11 |

| Date of Notification (1) | | | f Building Ow | | r (2) | 907 0 | 0 2 | | | | |
|---|------------------|-----------------------|-----------------------|---------------------|------------------------------------|----------------|------------|---------|--|--------------------------------------|-----------|
| 10/3/13 | | M | R. 0 | RBAC | H 编辑 | 100 T 2 | 8 PMI | 1: 8 | 1 | | |
| Agencies Notified Type Notification | | Street A | Address | ST 111 | DEN ADE | RESTO | C CON | T S. | ~- | , | |
| EPA Initial Amended Amendment | | City St | ate, Zip Code | | | # 1 101 | O CUM | I K | ildings, hom Bidg. Age CO Repair Repair | | |
| X DOL Amendment | <u>.</u> | FN. | GLEWOO | 1 10 | r 0763 | | LHOIM | u | | | |
| Emergency (in justification) | ncluding | Name o | f Contact | , | | T=- | | | | | |
| DCA Cancellation | | | PHEN | | | 27 | | | | | |
| | | | ILITY INFORI | MATION | | - 5 | | | | | |
| Name of Facility Where Abatement is Taking | Place (3) | | | | Type of Facility | (4) | | | | | |
| ORBACH Street Address | | | | | School (K- | 12) | | | | | |
| 140 EAST LINDEN | AUF | | | | Subchapter | 8 (Other t | than K-12) | l breit | diana | h | |
| City (5) | | | | | etc.) | | | | | | es, |
| ENGLEWOOD | | | | | Square Feet | # of FI | oors | B | | | |
| County (6) | | County | Code (7) | | Current Use (Pri | | 5 | | 6 | | |
| BERGEN | | | USE ONLY) _ | | | DE. | | ea) | | | |
| Name of Monitoring Firm Hired by Building O | | ASC | | | of Abatement Con | |) | 77. | - | | |
| DETAIL ASSOCIATED, IN | (| 0 | 012 | A. N | lac Contracting | g Inc. | | | 400 | | |
| Street Address 300 GNAM AVR | | | MARTHER EXCESSION | | Address Lowell Road | | | | | | |
| City, State, Zip Code | | | | | | | | | | | |
| ENGLEWOOD NJ 0762 | 3/ | | | | State, Zip Code n Rock, N.J. 07 | 7452 | | | | | |
| Project Manager for Monitoring Firm | | Telepho | | | hone No. | TL | icense No | | | | |
| STEPHEN JARACZEWSK | 100 | | 169-670 | 28 201 | -262-5841 | 0 | 0156 | | | | |
| Start Date (10) | Scheduled Co | ompletion | Date (11) | | of OSHA Monitor | ntal Can | | | | | |
| Occupancy Status During Abatement (Check | | 31.3 | | | ega Environme Address | mai Ser | vices in | 3. | | | |
| | | mont | | | Huyler Street | | | | | | |
| Abatement Performed Outside of Norma | I Facility Hou | irs | | | State, Zip Code | | | | | | |
| Other – Describe: | | | | 000.07000 | kensack, NJ 0 | 7606 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | |
| ≥3 sf or ≥3 if ≥ 160 sf or ≥260 if | Renov | | | | Full Containm | ent with Ne | egative Pr | essui | re | | - 1 |
| 2 100 Si Gi 2200 II | Demo | HUON | | E | Mini-Enclosure Glovebag Pro | | | | | | - 1 |
| | T | | | | Non-Exempter | | on-Friable | Pro | cedur | e | |
| | Is Loca | | | 10%) | | | | | | 0.00 | |
| Location of Asbestos-Containing Material (ACM) | Norm Used So | | | Description | of | | | | 1 1 1 | pe | - |
| TO BE ABATED | Mainten | ance/ | Aspestos (i.e. the | Containing N | Material (ACM) s insulation, | Amo (Spe | 10000 | æ | | s, home: Age Incapsulate Incapsulate | m |
| In Facility (13) | Custodial (12 | | 8 | surfacing, VA | T, or | SF or | | Remova | Rep | | Enclosure |
| (, | Von No | - N/A | 0. | her miscellar | ledus) | | | B | # | ulate | ure |
| | Yes No | | | | | | | | | Ф | |
| ON GREWE | | X | EUTIA | LE STA | 2uc Tur E | 1,000 | cu yes | X | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Decisions 191 | | | | | | | | | | | |
| Name of Registered Waste Hauler | 1 | NJDEP W Hauler ID, | | ubic Yards Waste | | Registered | | garan | ocus | | |
| Rovic Transport / EMARK CARTING | 100 | 20785 | 04509 | 1000 | IESI PA | A Bethlel | hem Lar | ndfill | Cor | p. | |
| City, State Riverdale, New Jersey 07457 Pc L | 30×5670 | whice | וש או | isposal Date | City, State | e nem, PA | 18015 | | | | \neg |
| Completed by | Title | | | Signature | | . / | Date | . , | -j- | | |
| R. McDonald | Presiden | t | | 1//~ | 11/182 | 4 | | | 3/15 | 3 | |

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

| Date of Notification | (1) | (Lulis | **** | | | Owner/Operator | (2) | 0511 | | | | |
|--|------------------|---------|---------------|-----------|---------------|--|------------------------------|---------------------|---------|-------------|----------|--------|
| 10-22-13 | | | Ja | ckie | Jacl | cson | KE | CEIVE | : [] | | | |
| Agencies Notified | Type Notifica | ation | Stre | et Addre | ss | | | | | | | |
| []EPA | [X]Initial | | 43 | Brag | aw 2 | lve | 2013 BC | 7 28 PM 1 | 1:47 | | | |
| []DEP | Notific | ation | City | , State, | Zip | Code | | | | | | |
| [X] DOL | []Amended | | 1 - | wark, | | | ASBES | TOS CON | TROI | | | |
| | Notific | ation | | of Cont | | | | ICENSIN | | 6 | | |
| [X]DOH | []EMERGENO | Y | | ckie | | rson | relephor | le Number | - | | | |
| []DCA | []Cancella | tion | 00 | CALC | o a c | 13011 | F | | | | | |
| | | | | FACII | ITY I | NFORMATION | | | | | | _ |
| Name of Facility Whe | re Abatement | is Tak | ing Pl | | | | Type of Facil | ity (4) | | | | |
| Same as above | | | | | | | []School | (K-12) | | | | |
| Street Addres | | | | | | | | ter 8 (Oth | | | | |
| Street Addres | | | | | | | | i.e., privalidings, | | | | |
| | | | | | | | Square Feet | # of Flo | - | ldg. | <u> </u> | |
| City (5 | | County | (6) Es | sex | 1.00 P. C. C. | nty Code (7) | 1880 | 2 | | 65 | 90 | |
| | | | | | (ST | ATE USE ONLY) | Current Use (| Prior if b | eing de | 57-25-00-00 | shed | .) |
| | | | | | | | | | | | | |
| Name of Monitoring F | irm hired by | Buildi | ng A | SCM No. | | Name of Abatem | ment Contracto | r (9) | | | | |
| Owner (8) N/A | | | | | | AZTECH M | anagement | , Inc. | | | | |
| Street Address | | | | | | Street Address | 3 | | | | | |
| | | | | | 335 | 86 Chris | topher St | • | | | | |
| City, State, Zip Cod | le | | | | | City, State, 2 | Zip Code | | | | | |
| | | | | | | Montclai | r, NJ 070 | 42 | | | | |
| Project Manager for | Monitoring Fi | rm Te | elepho | one Numbe | er | Telephone Numb | er | | License | Num | ber | |
| | | N | /A | | | (973) 744 | -8800 | | 003 | 71 | | |
| Scheduled Start Date | (10) Sche | d. Com | pletic | on Date (| (11) | Name of OSHA N | fonitor | | | 2011 | | |
| 10-23-13 | | 10-2 | 4-13 | 3 | | N/A | | | | | | |
| | | onth | Day | Year | | | | | | | | |
| Occupancy Status Dur [X]Facility Clos | | | | | | Street Address | E. | | | | | |
| of Abatement | | | | | | | | | | | | |
| []Abatement Per Hours - Descr | ribe:«OffHour | | | Facilit | Y | City, State, 2 | ip Code | | | | | |
| []other - Descr | ribe: «Other O | ccupanc | y Des | cript» | | | | | | | | |
| Scope of Work (Check | all that app | oly) | | | | W 10 10 10 10 10 10 10 10 10 10 10 10 10 | 5: At Ab Yo 69 | | | 2000 | | |
| [X]>3 sf or | >3 1f | | [X] Ret | novation | | | Containment wi -Enclosure | th Negativ | e Press | ure | | |
| []>160 sf o | | | | molition | | | ag Procedure | | | | | |
| | - 1001 - 1001 | | Is | | | []Non-F | riable Procedu | re | 1 | | | |
| Location | of | | Locat | ion | | Description | n of | | AD | atem | ent : | E |
| Asbestos-Con | | | Norma Use | d d | | Asbestos-Cont | | Amount | E | R | N C | N |
| Material TO BE ARA | | | Sole By Ma | | | Material ((i.e., thermal | | (Specif | У м | B | A | D L |
| In Facil | - | | tenan | | ins | sulation, surfa | | LF) | V | I A | S | S |
| (13) | | S | taff | (12) | | or other miscel | | | A L | R | T. | U R |
| Basement | | Yes | No | N/A X | Boi | 100 | | 25 SQ | х | - | +• | E |
| Dasement | | - | + | A | DOT | Ter | | 23 30 | | - | 1 | - |
| 4 | | - | + | 1 | | | | | | - | | - |
| Name of Registered W | acto Hauler | k | TIDED | Waste | Cub | ic Yards | None of Bosi | atomod Too | 46:11 | | | L |
| AZTECH MANAGI | | C F | Hauler | ID No. | 1000 | Waste 1.5 | Name of Regi G.R.O.W. | | TLITI | | | |
| | | - | 1704 | 0 | L. | | | | | | | |
| City, State Montclair, NJ | 07042 | | | | | posal Date 0-25-13 | City, State Morrisvi | 11a/ Da | 100 | 67 | | |
| and the contract of the contra | 0/042 | | | | 1 | 0-23-13 | MOTTISVI | TIE, PA | . 190 | 0 / | | |
| Completed By (Print | or Type) Tit | le | | | | Signature | 1-1-1 | // | Date | - | | |
| Constantine V: | ivian Pr | esid | ent | | | 1 -1 | atralle 1 | / | 10-2 | 2-13 | | |
| | | | 10.00 | | - | 1 101 | June 1 | ~ | 1 | | | |

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

| | | (Purs | uant t | to NJA | 8:60 |)-7 and 12:120-7) | (2) | RF | CFIV | FD | | | | |
|--|-----------------|------------|-----------|----------|--------|-------------------|------------|----------------|---------------------|-------|-------|------------|-------|---|
| ate of Notification | n (1) | | Name | of Bu | al C | 'Shea | ,-, | # 1 tum | C Com 1 V | | | | | |
| Agencies Notified Sype Notification System | | | | | | | | | | | | | | |
| Same of Notification 10-22-13 Michael O'Shea Mich | | | | | | | | | | | | | | |
| Name of Notification (1) Nichael O'Shea Nichael O'S | | | | | _ | | | | | | | | | |
| Steel Address Street Address Stree | | | | | | | | | | | | | | |
| Name of Notification (1) 10-22-13 Composition of Composition (1) Composition of Composition (1) Composition of Composition (1) Composition of Comp | | | | | | | | | | | | | | |
| Name of Nonticipation (1) 10-22-13 Agencies Notification [1BEA | | | | | | | | | | | | | | |
| Name of Pacification (1) Name of Pacification (2) Name of Pacification (3) Name of Pacific (3) Name | | | | | | | | | | | | | | |
| []DCA | []Cancella | tion | | | | TON A STON | | | | | | 7 | | |
| | | | | | | Y INFORMATION | Type of | Facilit | y (4) | | | 88 | | |
| Name of Facility Wh | nere Abatement | is Ta | king l | Place | (3) | 1.0 | F 180 | hool (R | (-12) | | | | | |
| Same as above | е | | | | | | F 1000 | hohante | r 8 (Oth | er th | an K- | 12) er- | | |
| Stroot Addres | | | | | | | [x]ot | her (1. | e., pri ildings, | homes | , etc | .) | | |
| Street Addres | | | | | | | | | | | Bldg | . Ag | е | |
| The continue of Notification (1) The continue of Notification (2) The continue of The continue of Notification (2) The continue of The continue of The continue of Notification (2) The continue of The Conti | | | | | | | | | | | | | | |
| City (5 | | Count | -Ā (ρ) | Essex | | (STATE USE ONLY) | Current | Use (P | rior if | being | demol | ishe | ed) | |
| | | | 30 | | | | | | | | | | | |
| | | - Pori 1 | ding | ASCM 1 | No. | Name of Abate | ement Cont | tractor | (9) | | | | | |
| Name of Monitoring | Firm hired by | Bull | urng | | | AZTECH I | MANAGEI | MENT, | Inc. | | | | | |
| N/A | 2000 | | | | | Street Addre | SS | 2.16.000 | | | | | | |
| Street Address | | | | | | 86 Chri | stophe | r St. | , | | | | | |
| | | | | | | city, State, | Zip Code | | | | | | | |
| City, State, Zip | Code | | | | | Montcla | ir, NJ | 0704 | 12 | | | | | |
| | | | h 1. | -hono | Numbe | | | | | | | | r | |
| Project Manager f | or Monitoring | Firm | 11 (0.00) | | Number | (973) 74 | 4-8800 | Ĕ | | 00 |)3/1 | | | |
| | | | 0.000 | | nto / | 11) Name of OSHA | Monitor | | | | | | | |
| | ate (10) Sc | hed. 0 | _7_1 | 3 | ale (| | | | | | | | | |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | W | Month | Da | v | | | | | | | | | | |
| 11011011 | During Abatome | nt (C) | heck c | only or | ne) | Street Addre | ess | | | | | | | |
| [X] Facility | Closed/ vacated | Duran | 9 | | | | | | | | | | | |
| r 13hetement | Performed Out | side o | f Nor | mal Fa | cilit | y City, State | , Zip Code | 9 | | | | | | |
| D | accribe WOFTHO | urs De | SCLTD | C | | | | | | - 11 | | | | |
| | | | | | | | | | th Nogat | ive P | ressu | re | | |
| Scope of Work (Ch | neck all that a | appri | | | | F 737:- | l Contain | ment wi | Lui Nega | | | | | |
| [X]≥3 sf | or >3 lf | | | | | rxicle | vebag Pro | cedure | | | | | | |
| []≥160 | sf or >260 11 | | | | | []Nor | -Friable | Procedi | Ire | - | Aba | teme | | |
| | | | Lo | | n | Descrip | tion of | | 1 | | R | ъ | N | N |
| Loca | tion of | | No | | Y | Asbestos-C | containing | ī | 1 | | E | E | | L |
| | | | | | | (i.e., ther | mal system | ms | | | 0 | A | | S |
| | | | te | enance | / | insulation, su | rfacing, | VAT, | I.I | F) | A | | U | U |
| | | 1 | St | aff (1 | 2) | or other mis | scellaneou | 15) | | | 1 | | - | E |
| | | | Yes | 199.5.50 | | Pine Insul | ation | | 140 | Lf | X | | | |
| Basement | | | | | | ripe insti | | | | | | | | |
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| | | | | | | Cubic Yards | Name | of Rec | istered | Landf | ill | | | |
| Name of Register | red Waste Haule | er Tara | | auler : | ID No | | | | | | | | | |
| AZTECH MAI | NAGEMENT, | INC | · 1 | 7040 | 1 | | City | , State | 3 | - 7 | | | | |
| City, State | | | | | | | Mon | rrisv | ille, | PA | 190 | 67 | | |
| Montclair, | NJ 07042 | | | | | 11-0 13 | _ [| | / | | | | | |
| | 95-00-2-2-2-2-2 | mi+1e | a | | | | 4 | $\overline{+}$ | 1/ | | | | 3 | |
| Completed By (P: | e Wiwian | | | ent | | 1 | 2 Tou | du | Low | | 10-2 | | % | |
| Constantin | C ATATOM | | | | | - + 6 | in I lan | 1 | 1 | | | | | |

CK#1007

MIL CO MORO U.UV / QUU 14.12U // Name of Building Owner/Operator (2) RECEIVED Beth Rowan 10-21-13 Agencies Notified Street Address Type Notification 34 Snowden Place 2013 OCT 28 PM 11: 45 []EPA [X] Initial Notification City, State, Zip Code []DEP Glen Ridge, NJ, 07028 ASBESTOS CONTROL []Amended [X] DOL Notification CONTRACTOR OF THE Name of Contact [X] DOH []EMERGENCY Beth Rowan []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above [|School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5 County (6) Essex County Code (7) 5500 3 128 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/AStreet Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) 11-5-13 11-4-13 N/A Year Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]>3 sf or >3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Is Abatement Type Location Location of Description of Normally Asbestos-Containing NCAPSUL NCHO Asbestos-Containing Amount Used REPAI EMOV Material (ACM) Solely Material (ACM) (Specify By Main-TO BE ARATED (i.e., thermal systems SF or tenance/ S In Facility insulation, surfacing, VAT, LF) Custodial A (13)or other miscellaneous) Staff (12) R Yes No N/A X Basement Pipe Insulation 75 lf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 of Waste 1.5 AZTECH MANAGEMENT, INC. G.R.O.W.S. City, State Disposal Date City, State Montclair, NJ 07042 11-6-13 Morrisvi/lle, PA 19067 Completed By (Print or Type) Title Signature Date Constantine Vivian President 10-21-13

Name of Building Owner/Operator (2) RECEIVED Peter DeNicholas 10-21-13 Agencies Notified Type Notification Street Address 2013 00T 28 PM 11: 44 120 North Rd []EPA [X] Initial Notification []DEP City, State, Zip Code ASBESTOS CONTROL []Amended Nutley, NJ 07110 [X]DOL Notification Name of Contact [X] DOH []EMERGENCY Peter DeNicholas []DCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5 County (6) Essex County Code (7) 1200 2 60 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 10-31-13 11-2-13 N/A Month Year Month Day Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Abatement Type Is Location Location of Description of Normally Asbestos-Containing NCAPSU GWOFICE Asbestos-Containing Amount Used REP MOV Material (ACM) Solely Material (ACM) (Specify By Main-tenance/ TO BE ABATED (i.e., thermal systems SF or In Facility insulation, surfacing, VAT, LF) Custodial Staff (12) (13)or other miscellaneous) Yes No N/A Basement Pipe Insulation 50 lf Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 17040 AZTECH MANAGEMENT, INC. of Waste 1. G.R.O.W.S. City, State Disposal Date City, State Montclair, NJ 07042 10-21-13 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date

10-21-13

Constantine Vivian

President

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

| | - Committee of the comm | Pursuant | TO NJAC | lding | Owner/Operator | (2) | | | | | | |
|--|--|----------|----------------------------------|--------------|-----------------------------------|---|---------------|--------------|--------------|--------------|-------------|-------------|
| Date of Notification 10-21-13 | n (1) | | ID Ban | | Onnea, openion | RE | ECE | VED | 5 | | | |
| Agencies Notified | Type Notificati | | reet Addı | | 1 2 - 4 | 2812 0 | ST 28 | DM II. | 9 | | | |
| []EPA | [X]Initial | | 394 Sc | otla | and Road | Dell's Gr | 31 20 1 | rm III · G | 15 | | | |
| []DEP | Notificat: | | ty, State | | | | STOS C | | | | | |
| [X]DOL | Notificat: | ion | me of Co | | | Telephone | LICEN: | SING | - | A | | |
| [X]DOH | []EMERGENCY | | Ronda | | | 1- | | | | | | |
| []DCA | []Cancellati | - 11 | | | | | | | | | | |
| | | | | | INFORMATION | - C D11 | h (4) | | | | | |
| Name of Facility Wh | | Taking | Place (3 | 3) | | Type of Facili | | | | | | |
| Same as above | - | | | | | []School []Subchapt [X]Other (: | er 8 (Ot | her that | an K | -12) mer- | 2 | |
| Street Addres | | | | | 7 | cial bu | ildings, | homes, | , et | c.) | | |
| | | | | | | Square Feet | # of F | Loors | Bldg 88 | | ge | |
| City (5 | Co | ounty (6 |) Essex | | ounty Code (7) STATE USE ONLY) | 2000 Current Use (I | 2 Prior if | being o | 155-82 | | ed) | |
| | • | | | | | | | | | | | |
| Name of Monitoring Owner (8) | Firm hired by Bu | uilding | ASCM No | • | | MANAGEMENT | | | | | | |
| N/A Street Address | | | | | Street Addres | | | | | | | |
| 00200 | | | | | | stopher St | • | | | | | |
| City, State, Zip C | ode | 311 | | | City, State, Montcla: | zip Code ir, NJ 070 | 42 | | | | | |
| Project Manager fo | r Monitoring Fir | m Tele | ephone Nu | mber | Telephone Num | | | Licen 00: | se 1 | | er | |
| | | | | /111 | | | | | | | | |
| Scheduled Start Da 11-5-13 | | L1-6- | | | N/A | MONITOI | | | | | | |
| Occurance Status D | Year Mon uring Abatement Losed/Vacated Du | (Check | only one) | od | Street Addres | ss | | | | | | |
| of Abateme | | | | | City, State, | Zip Code | | | | | -7/ | |
| Hours - De: | scribe: «OffHours scribe: «Other Oc | Descrip | ot» | | City, State, | 21p 0000 | | | | | | |
| Scope of Work (Che | | | | | | . Containment wi | th Nogat | ive Pre | 96 611 | re | | |
| [X]≥3 sf o | | [X |]Renovat:]Demolit: | | []Mini [X]Glov | -Enclosure rebag Procedure | | TAG LIG | :55u. | | | |
| [1 <u>2</u> 200 0. | | | 7- | | []Non- | Friable Procedu | ire | | Abat | teme | nt I | Гуре |
| Locati Asbestos-C | | | Is ocation ormally Used | | Descript: Asbestos-Co | ntaining | Amor | | R E | R E | E N C | E N C |
| Asbestos-Containing Us Material (ACM) Sol | | | | | Material (i.e., therma | | (Spec | | M | PA | A P | P |
| TO BE | enance/ | | insulation, sur | facing, VAT, | LE | r) | V A | Ī | S | U | | |
| | 3) | | No N/ | /n | or other misc | ellaneous) | | | L | K | L | R |
| Basement | | ies | X | | ipe Insula | tion | 35 1 | .f | X | | | - |
| | | | | | | | | | _ | | - | - |
| | | | | | E | Name of Reg | istared : | Landfil | 1 | | | _ |
| Name of Registered AZTECH MANA | | Ha | DEP Waste uler ID 1 7040 | | Cubic Yards of Waste 1. | G.R.O.W | | | | | | |
| City, State | | | | | Disposal Date | City, State | | D3 11 | 200 | -7 | | |
| Montclair, N | NJ 07042 | | | | 11-7-13 | Morrisv: | ille | | | - | | |
| Completed By (Pri | | | | | Signatu | re | 1/ | | ate .0-2: | L-13 | | |
| Constantine | Vivian Pr | eside | ent | | | me ku /un | 1/im | | 2. | | | |

CXXX 12456

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

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| 八年 | MATH & | 473 | HOM |
| | | 10 | - W |

| Data of Natification (4) | | | | | | | | | - | TU | 10 | シブ | 0 | 1 | XC | 7 | |
|---|---|----------------|-----------------------------|-------------------|------------------------|----------------------|--------------------------------|-------------------------------|----------|--|----------|-----------|--------|---------|--|-----------|-----|
| Date of Notification (1) 10/23/13 | | | | | f Building ny Ferra | | perator | | 2013 | ACT | 28 | PMI | 1:4 | 3 | | | |
| Agencies Notified EPA | Type Notification | | | Street A 574 N | ddress ewark A | venue | | | | | | | | | | | |
| DEP X DOL | Amended Amendmen | t # | _ | | ate, Zip Co | | | | A50 | deet # of Floors 2 50 Jse (Prior if being demolished) Jse (Prior if being demolished) Jse (Prior if being demolished) John Harmonian Services, LLC John | | | | | | | |
| DOH DCA | Emergency justification) Cancellation | | - | Name o | f Contact ny Ferra | | | | Ì | | | | | | F | | |
| | Garicellation | - | | | ILITY INF | | ON | | | | _1 | | | | | | |
| Name of Facility Where A House | batement is Takir | ng Place (| 3) | 170 | ich i ildi | ORMATI | <u>on</u> | - | | | | | | | | | |
| Street Address 574 Newark Avenue | | | | | | | | | Subch | apter | 8 (Oth | | | | dinas | hom | es. |
| City (5) | | | | | | | | | etc.) | % (S) | | | | | (350) | | |
| Jersey City | | | | | | _ | | 2200 |) | | 2 | | | 5 | | \ge | |
| County (6) Hudson | | | | | Code (7) USE ONLY | , | | Curre | ent Use | e (Prio | r if bei | ng dem | olish | ed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | Л No. | | | | | | | | LLC | | | | |
| Street Address | | | | 1 | | | | Addres | T-15-7// | , PO | Box | 483 | | | | | |
| City, State, Zip Code | | | | | | | City, S | State, Z | ip Coc | le | | | | | | | |
| Project Manager for Moni | toring Firm | | | Telepho | ne No. | | Teleph | hone No | 0. | 011 | - | | se No | ١. | | - | |
| Start Date (10) | - | | | npletion | Date (11) | | | 583-8 of OSF | | nitor | | 703 | | | | | |
| 10/26/13 | | 10/31/ | | | | | | | 199 | | | | | | | | |
| Occupancy Status During Facility Closed/Vaca Abatement Performe Other – Describe: | ted During Entire | Period of | Abaten | nent | | | 34 | Addres | D 2 | le | 50 | | | | 18.0 | | |
| Scope of Work (Check All | That Apply) | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Excessed. | Renova Demolit | | | | × | Min Glo | ni-Encl | osure Proc | edure | | | | | 0 | |
| | | le | Locati | on | | | | _ 1101 | LACI | - Inpiced | () and | 3 14011-1 | Habit | 3110 | Landau Alexander | | : |
| Location | of | 1 | Vormal | ly | | Des | cription | of | | - 1 | | | | | Ту | ре | |
| Asbestos-Containing N <u>TO BE ABA</u> In Facilit (13) | Material (ACM) TED | Ma Cus | intenar todial S (12) | nce/ Staff? | | tos Conta thermal | aining M systems ing, VA | Material s insula T, or | | 1) | (S | pecify | | Removal | Docedure Abatement Type Repair Repair | Enclosure | |
| Danama | | Yes | No | N/A | | | | | | _ | | | | | | | |
| Baseme | nt | | | X | | pipe | insula | tion | | 1 | | LF | | x | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Wast | e Hauler | _ | | JDEP W | | Cubic \ | | | Nam | e of R | Registe | red Lar | ndfill | | | | |
| Freehold Cartage | | 9 2 | 1 | auler ID 5939 | No. | of Was | te | | GR | OWS | 3 | | | | | | |
| City, State Freehold NJ | 1 | | | | | Disposa TBD | al Date | | | | | 4 | | | | | |
| Completed by Andrew Scott Higgins | | Title Presi | dent | | | Sig | gnature | MI | | <u></u> | | | | | 3 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| <u> </u> | | | Name of Bui | ding Owner/Opera | tor (2) | RE | CEIVED | 23 | 0 | V | 1 |
|---|--|--|--------------------------|--|--|--|--|---------------------------------|----------------------------|---|-------------------|
| October 21, 2013 | | | | Ocean | Beach 1 | Property Mar | | | 01 | | 4 |
| Agencies Notified Type of Notification [X] EPA [] Initial Not | | | Street Addre | POBo | x 474 | - | 28 AM 1: | | | | - |
| DEP [] Amended Amendment | Notification ent # ey (including | | City, State, 2 | Cip Code Lavalle | ette, NJ | 08735 & [| TOS CONTR | — € ₽ | | | 4 |
| [x] DOH [] Cancellate | on) | - | | Tom Costello | | | | | F." | | |
| | | FAG | CILITY INF | ORMATION | Type | of Facility (4) | | | | | \neg |
| Name of Facility Where Abatement is Taking Place Residence | ce (3) | | | | Type | [] [] [x] | School (k-12) Subchapter 8 (other Other (i.e., private | than k-l | 12) ercial b | uilding | s, |
| Street Address 25 East Dune Way | | | | | | 1777 1877 1777 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 - 1877 | homes, etc.) | | | | \dashv |
| City | County (6) | | County Code (STATE US | e (7) E ONLY) | Squar | 700 sf | # of Floors | Bldg. A | 60 60 | | 4 |
| Toms River Twp. | Ocean | | , | | Curre | nt Use (Prior if Residen | being demolished) ce | | | | 4 |
| Name of Monitoring Firm Hired by Building Ow | mer (8) | | ASCM No. | Name o | f Abatem | ent Contractor (| | nc. | | | |
| N/A Street Address | | | | Street A | ddress | | oute 9, Unit 61 | | | | |
| | State, Zip Code | | | | ate, Zip (| ode | iver, New Jerse | v 0875 | 5-127 | '1 | |
| | State, Zip Code Telephor | | | | | ber Toms R | License Nu | imber | 5 12. | | |
| Project Manager for Monitoring Firm | | | | | 49-993 of OSHA | Monitor | 00624 | | | | \neg |
| Scheduled Start Date (10) 10/22/13 | 10 | /23/13 | letion Date (11) | | Address | E.M.S. | L. Analytical | | | | \dashv |
| Occupancy Status During Abatement (Check on [x] Facility Closed/Vacated I [] Abatement Performed O [] Other – Describe | During Entire | mal Facility | Hours | City, S | tate, Zip | Code | telton Road way, New Jerse | y 0885 | 4 | | _ |
| Scope of Work (Check all that apply) | | | | [| | ull Containmen Aini-Enclosure | t with Negative Pres | sure | | | |
| [] >3 sf or ≥3 lf | [[x | 1 | novation molition | [[x | j (| Glovebag Proceed | lure *) and Non-Friable | Procedu | re | | |
| [x] ≥160 sf or ≥260 lf | | | === | | | | T | Abate | ement T | уре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Norm So Maintena | ocation nally used lely by nce/Custor Staff (12) | dial | Asbestos-C Material (i.e., therm insulation | l (ACM) nal syste , surfaci T, or | ms ng, | Amount (Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| | X T | 102.00 | stos siding | | | 600 sf | X | | | _ | |
| Exterior | | - | 11000 | | | | | - | _ | - | + |
| | | | | | | | | + | + | - | \vdash |
| | | | To des ID Ma | Cubic Yards of | Waste | Name of Reg | stered Landfill | | | | |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | 10000000 | 202 | | 2 | | T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | Disposal Date 10/24/13 Signa | Tu | y, State | n, Pennsylva | nia | Dat 10 | te /21/20 | 013 | | | |
| Completed by (Print or Type) Nicholas Fernicola | Manager | | bestos licensure | | ed activities. | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| | | (Pursu | ant to N | 1JAC 6.00 | anu 12.12 | 20) | RECEP | VEN | | | | |
|---|----------------------|------------------------------|------------|--------------------------|---------------------------|---------|-------------------------|--------------------------------------|--------|----------|----------|-------|
| Date of Notification (1) | | | Name | e of Buildin | Owner/Ope | rator (| 2) | P E- Sale | | _ | 0/- | 7 |
| October 21, 2013 | | | | V- | A Fio | re Se | FIFT 29 | M12. C. | . Э | 7 | 31 | |
| Agencies Notified Type of Notification | n | | Stree | t Address | 400 D | | ala Assansa | ۱۱۱ اک والم | | | | |
| [,] , , , , , , , , , , , , , , , , , | Notificati | | | | 400 R | ichai | rds Avenue | OUTSOL | | | | _ |
| | led Notif lment#_ | ication | City, | State, Zip C | | | | INC ONTROL | | | | |
| IX DOL | ency (inc | cluding | | | Dove | r, NJ | 07801 | 19 | | | | |
| [x] DOH justific | | _ | Nam | e of Contact | | | Tele | phone Number | -3000 | | Tan- | |
| [] DCA [] Cancel | lation | | | Vi | | | 1 | | | | | - |
| [] 20 | | FA | CILIT | Y INFOR | MATION | | | | | | | |
| Name of Facility Where Abatement is Taking F | lace (3) | | | | | Ту | pe of Facility (4) | | | | | |
| Residence | | | | | | | | School (k-12) | 34 | | | |
| Street Address | | | | - | | 1 | | Subchapter 8 (other | | | l buildi | inge |
| 3212 Helm Road | | | | | | | | Other (i.e., private nomes, etc.) | | | i bundi | ings, |
| City | County | (6) | | ty Code (7) TE USE Of | п V) | Sq | uare feet 800 sf | # of Floors | Bldg. | Age 6 |) | - |
| T. D. T. | Occasi | _ | (517 | TE OSE OI | LI) | Cı | urrent Use (Prior if be | eing demolished) | | | | |
| Toms River Twp. | Ocean | 1 | | | | | Residenc | | | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) |) | ASCI | M No. | Name o | f Aba | tement Contractor (9 | | τ | | | |
| N/A | | * 8 | <u></u> . | | Street A | ممسامات | | Contracting, | inc. | | | - |
| Street Address | | | | | Street P | adres | | ite 9, Unit 61 | | | | |
| City, State, Zip Code | - | | | | City, St | ate, Z | ip Code | ver, New Jerse | ov 087 | 55-12 | 71 | |
| Project Monager for Monitoring Firm | | Telephone Numb | ner . | | Telepho | one N | | License N | | 33 12 | ,,, | |
| Project Manager for Monitoring Firm | | reiephone runne | , C. | | 732-3 | | | 00624 | | | | |
| Scheduled Start Date (10) | | Scheduled Comp | letion Da | te (11) | Name o | of OSI | HA Monitor | Australiani | | | | |
| 11/01/13 | | 11/05/13 | | | Street A | Addres | | Analytical | | | | |
| Occupancy Status During Abatement (Check of Facility Closed/Vacated | inly one) |) Entire Period of A | Abatemen | t | Succia | iddic | | lton Road | | | | |
| Abatement Performed | | | | | City S | tota 7 | Cip Code | | | | - | |
| Other – Describe | | 15 | - | | - City, 5 | iaic, Z | Piscataw | ay, New Jerse | y 088 | 54 | | |
| Scope of Work (Check all that apply) | | | | | [|] | Full Containment w | vith Negative Pres | sure | | | |
| Scope of Work (Career and Pr. 3) | | | | |] |] | Mini-Enclosure | | | | | |
| [] >3 sf or ≥3 lf | | | novation | | ĺ | j | Glovebag Procedur | | | | | |
| [X] ≥160 sf or ≥260 lf | | [X] Der | nolition | | [x |] | Non-Exempted (*) | and Non-Friable | rocedu | ire | | |
| | | | | | | | 11 200 | | Abat | ement | Гуре | |
| | | Is Location | | | Descript | | | | R | R | E | E |
| Location of | 1 | Normally used | | | Asbestos-C | | | Amount | E | E | N | N |
| Asbestos-Containing Material (ACM) | Mala | Solely by stenance/Custod | lie1 | | Material (i.e., therma | | | (Specify SF or LF) | M | P A | CA | C |
| TO BE ABATED in facility | Main | Staff | liai | | insulation, | | | 0.21) | 0 | I | P | 0 |
| (13) | | (12) | | | VAT | , or | | | V | R | S | S |
| | | | | | other misce | llane | ous) | | A | | L | R |
| | YES | NO N | 'A | | | | | | L | | E | Е |
| Exterior | | X | A | sbestos s | iding | | | 700 sf | X | | | |
| | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | |
| | | | | | | | | | | 1 | | T |
| Name of Registered Waste Hauler | | NJDEP Waste Ha | auler ID N | No. Cub | c Yards of W | aste | Name of Register | ed Landfill | | | | |
| Guardian Contracting, Inc. | | 2022 | .3 | 3 | | | T.R.R.F. | | | | | |
| City, State | | | isposal D | | | State | vn, Pennsylvania | | | | | |
| Toms River, New Jersey Completed by (Print or Type) | Title | | 1/06/13 | ignature | 1 Iul | // | // / | | Date | e | | |
| Nicholas Fernicola | 50.7579776 | ect Manager | " | 7 | : dro | 1 | les | | 10/ | 21/20 | 13 | |



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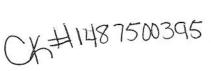
| Date of Notification (1) 10-21-2013 | | | | Building Ow Managen | | perator (2) Inc (Pa | age 🎗 | II M | 29 | enem 12 | : 03 | | | | |
|--|----------------------|---|--------------------|------------------------|--------------------------|---|---|-----------------------|---------------|---------------------------------|-------------------|--------|--------|-------------|-----------|
| Agencies Notified Type Notification | | | treet Add | iress nnacle D |)r. #7 | 00 | A | SBES | TOS | CONT | ROL | | | | |
| EPA Initial Amended Amendment | | | | , Zip Code n VA 221 | | | | & l | _ICE | NSINU | 3 | 9 | | | |
| Emergency | including | | ame of C | 200 | | | | | Tele | nhone Ni | mhor | | | | |
| DOH justification) DCA Cancellation | | | | TY INFOR | MATI | ON | | | 20 | | | | | | |
| Name of Facility Where Abatement is Takin | g Place (3) | | PACILI | TT IIII OI | XIII/XIII | T | ype of F | acility (4) |) | | | | | | |
| Colonnade Apartments | | | | | | | Sch | ool (K-12 | 2) | than 1/ 1 | 12) | | | | |
| Street Address | | | | | | × | | er (i.e. pr | ivate 8 | er than K-1 | iz) cial build | ings | , ho | mes | , |
| 25 Clifton Ave. | | | | | | | etc. | | # of | Floors | BI | dg. / | Age | | \dashv |
| City (5) Newark | | | | | | | 200.00 | | 23 | 110010 | 172.6% |)+ | , | | |
| County (6) | | | County C | | | C | Current | Use (Prio | r if bei | ng demoli | shed) | | | | |
| Essex | | (| STATE U | SE ONLY) | | | | | | (0) | | | | | _ |
| Name of Monitoring Firm Hired by Building | Owner (8) | - **** | ASCM | No. | | | | nent Cont | | | | | | | |
| × | | | | | | Street A | | | | | | | _ | | |
| Street Address | | | | | | 235 Vi | rginia | Ave. | | | | | | | |
| City, State, Zip Code | | | | | | City, Sta | | | | | | | | | 200 |
| | | | | | | | | NJ 0730 | J4 | License | No | | _ | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | . U., | Telepho 201-33 | 33-885 | | | 01174 | | | | | |
| Start Date (10) | Scheduled 11-13-2 | | pletion [| Date (11) | | 250000000000000000000000000000000000000 | | Monitor utions. | | | | | | | |
| 10-30-2013 Occupancy Status During Abatement (Che | | | | | 141 | Street A | 201100000000000000000000000000000000000 | - | | | | | | | |
| | | | ent | | | P.O.B | ox 122 | 24 | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe: | mal Facility | Hours | | | | City, Sta Union | | | | | | -520. | | | |
| Scope of Work (Check All That Apply) | | | | | | | 5 4 | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | | | | × | Mini- Glov | Enclosure ebag Pro | e cedure | h Negative e nd Non-Fr | | | ure | | |
| | | | | Ι | | <u> </u> | INOTI | Exemple | <u>u () a</u> | na rton i i | lable : . | Ab | ater | nent | |
| | | Locati Iormal | | | D | escription | of | | | | - | 1 | Тур | e | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | d Sole intena odial ((12) | nce/ | Asbes (i.e. | tos Co therma surf | ntaining Mal al systems facing, VAT miscelland | aterial (insulati Γ, or | ACM) ion, | | Amount (Specify SF or LF) | Remova | Kepaii | Danair | Encapsulate | Enclosure |
| (10) | Yes | No | N/A | | | | | | | | | | | te | |
| Hallway C5 | | x | | | | VAT | | | | 900SF | x | | | | |
| Hallway C13 | | х | | | | VAT | | | | 900SF | x | | | | |
| Hallway C12 | 1- | х | | | | VAT | | 72 M | | 900SF | x | 1 | | | |
| Hallway C11 | | х | | | 5 | VAT | | | 1000 | 900SF | x | | | | |
| Name of Registered Waste Hauler | | 1 | NJDEP V | | The second second | ic Yards | | | | stered Lan | | | | | |
| Tri-State Transfer Association. | | | Hauler ID 2A456 |) NO. | 40 | Vaste | | Minery City, Sta | | terprise | | | | | |
| City, State Bronx NY | | | | | | osal Date 13-2013 | | Wynes | sburg | -Ohio | | | | | |
| Completed by Liliana Serrano | Title Offic | e Ma | nager | | | Signature | 9 | | | | Date 10-21 | -20 | 13 | | |

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25 Clifton Ave. Newark NJ.

2013 00 Page 2 of 2

| 1 | | 7000 | DescASRESTOC O | 11112: (13 | | | | t . |
|---|-------------------|---|--|--|--|----------------------------------|--|---|
| Ma | intenan | ice/ | Asbestos Containing Macriel (ACM) (i.e. thermal systems insuration (Surfacing, VAT, or other miscellaneous) | ING (Specify | Remova | Repair | Encapsula | Enclosur |
| Yes | No | N/A | | | - | 2 | ite | æ |
| | Х | | VAT | 900SF | X | | | |
| | х | | VAT | 900SF | X | | | |
| | х | | VAT | 900SF | X | | | |
| | х | | VAT | 900SF | x | | | |
| İ | х | | VAT | 900SF | X | | | |
| | х | | VAT | 900SF | X | | | ļ |
| - | | | The second secon | | - | | | |
| + | | | | | | | - | - |
| | Use
Ma
Cusi | Normall Used Solel Maintenar Custodial S (12) Yes No X X X X | Yes No N/A X X X X X X | Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X VAT Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X VAT 900SF Description of STOS CONTRIBUTION | Normally Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Maerial AGM NG (Specify surfacing, VAT, or other miscellaneous) SF or other miscellaneous) Yes No N/A X VAT 900SF X X X X X X X X X | Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X VAT 900SF X



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| ate of Notification (1) 0/21/13 | | | Do | ris Terry | | orator (A | 2013 | ET 2 | 9 Al | 112 | . 60 | | _ | | |
|--|---------------------------------|-----------------------|----------|------------------------|-----------------|------------------|------------------------------|---------------------|----------|-------------|--------------------|---|--------|-------------|---|
| gencies Notified Ty | pe Notification | | Stre | et Addres 1 Kent P | s Place Blvd | | ASBE | STO | s co | NT | ROL | | | | 1 |
| EPA E E E E E E E E E E E E E E E E E E | Initial Amended | } | City | , State, Zi | p Code | | é | LICI | ENSI | NG | (| | | | |
| DOL | Amendment # Emergency (inclu | uding | | | J 07901 | | | -T | Teleph | none | Number | | 3 3 | | 1 |
| DOH E | iustification) | uding | | ne of Con oris Terr | | | | | | | | | | | 1 |
| DCA E | Cancellation | | | | INFORMATIO |)N | | | | | | N 1719 | | | 4 |
| ame of Facility Where Aba | etement is Taking Pl | ace (3) | | AGILITI | III. O. I | | Type of Fac | cility (4) | | | | | | | |
| louse | atement to Talling | | | | * | | Subch | i (K-12) apter 8 | (Other | than | K-12) nercial b | uilding | s, hor | nes, | |
| Street Address 211 Kent Place Blvd | | | | | | | Other etc.) Square Fe | | # of F | | | Bldg. | | | - |
| City (5) | | | | | | | N/A | | N/A | | | N/A | | | _ |
| Summit County (6) | | | Co (S | ounty Cod | e (7) ONLY) | | Current Us House | e (Prior | if being | g den | nolished |) | | | * |
| Union | ii II. Duilding Ou | mer (8) | 1 | ASCM No | D. | Name | of Abateme | nt Contr | actor (| 9) | | | | | |
| Name of Monitoring Firm F | Hired by Building Ow | niei (o) | | | | | S Abateme | ent, Inc | • | | | | | | _ |
| N/A Street Address | | | | | | Stree 11 F | t Address Rosengrer | Aven | ue | | | | | | |
| Stiest Addison | | | | | | N. 859000 | State, Zip Co | | | | | | | | |
| City, State, Zip Code | | | | | | Tota | owa, NJ 0 | 7512 | | | | | | | _ |
| Project Manager for Moni | toring Firm | | T | elephone | No. | | phone No. 3-345-868 | 5 | | | ense No. 0675 | | | | |
| Project Manager to mem | | | | | . (44) | | e of OSHA | | | | | | | | |
| Start Date (10) | | Scheduled 11/07/13 | Com | pletion Da | te (11) | D& | S Abatem | ent, In | c. | 161 | | | | × 1 | |
| 11/06/13 Occupancy Status During | | | 100 | | - 151 | Stre | et Address | | | | | | | | |
| Tarana and a second | Abatement (Ones. | eriod of Ab | atem | ent | | 1 | Rosengre | | iue | | | | | - | _ |
| Facility Closed/Vaca Abatement Perform Other – Describe: | ed Outside of North | al Facility H | lours | | | | , State, Zip 0 towa, NJ 0 | | | | | | | | |
| Scope of Work (Check A | | | | | | | П | | ant wit | h Na | gative P | ressure | 9 | | |
| × ≥3 sf or ≥3 lf | 11.9 | | nova | | | | × Mini-E | nclosur | е | | guiivo | • = = = = = = = = = = = = = = = = = = = | | | |
| ≥160 sf or ≥260 lf | | LI De | molit | 1011 | | | Glove | bag Pro | cedure | e nd No | on-Friab | le Proc | edure | | _ |
| (| | | | | | | L None | ZACITIPIO | | | | Τ. | Abate | ment | |
| | | | _ocat | | | Descrip | tion of | | | | | - | Ту | pe | |
| Locatio | n of | Used | Sole | ely by | Achaetas C | ontainir | ng Material (/ | ACM) | | Amo (Spe | | R | _ | Enc | ! |
| Asbestos-Containing | g Material (ACM) | | ntena | nce/ Staff? | (i.e. therr | nal syst | ems insulati VAT, or | on, | | SF or | | Removal | Repair | aps | |
| In Fac | ility | Cusio | (12) | | oth | er misc | ellaneous) | | | | | val | = | Encapsulate | |
| (13 | , | Yes | No | N/A | | | | | _ | | | | _ | - | + |
| baser | ment | | X | | 1770 | 100 | sulation | | - | 120 | | X | - | - | + |
| gara | | | X | | р | ipe ins | sulation | | - | 39 | LF | Α_ | - | - | + |
| gare | <u></u> | 1 | | | la . | | | | - | | | + | +- | +- | + |
| | | | | | | 1 | | None | of Posi | istore | ed Landf | ill | - | | _ |
| Name of Registered W | Vaste Hauler | - | T | NJDEP V Hauler ID | 1000 | ubic Ya Waste | | | | | ement | | | | |
| D&S Abatement, I | | | | #20996 | T | BD isposal | | City, S | tate | | | | | | _ |
| City, State Totowa, NJ | | | | | 1,7227 | BD | 2 | Tully | town, | PA | | Date | | | |
| Completed by | | Title | | Manage | r | Sign | Mulle Mulle | v Ka | MILL | uu | in | 10/21 | / | | |
| Deanna Brkusanir | n | Proj | ect I | vialiaye | | _LY | Vanne | 1/ | pu. | | | e Raine | - | | |



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| Date of Notification (1) 10/21/13 | | Name of Building Owner/Operator (2) Ted Bozonelis 212 967 29 AM 12: 01 | | | | | | | | | | | | | |
|---|-----------------------------|---|----------------------|-----------------------|----------------------------|---|---|---|--------------|---------------|-----------------|-----------|------------|---------------|-----------|
| Agencies Notified Type Notification EPA Initial | | 45 | reet Add 5 Fuller | Ave | | | | ASRE | STOS | ; co | NTR | | | | |
| DEP Amended Amendment #_ | | | | Zip Code 1, NJ 079 | 928 | | | 8 | LICE | NSI | NG | • | B | | |
| Emergency (in justification) DCA Emergency (in justification) Cancellation | cluding | 11 777 | ame of C ed Boz | | | | | <u> </u> | • | | 12 | 2 | | | |
| | | | FACILI | TY INFOR | MATIO | N | T of | Facility (4) | | | | \$- | | - | - |
| Name of Facility Where Abatement is Taking House Street Address | Place (3) | _ | | | | | Sc Su | Facility (4) hool (K-12) bchapter (6) her (i.e. pr |) 3 (Othe | r than | K-12) ercial | buildir | ngs, h | omes | s, |
| 45 Fuller Ave City (5) | - | | | | | | Square N/A | | # of N/A | Floors | | Bld N/ | g. Ag A | е | |
| Chatham | | | | do (7) | | | *************************************** | Use (Prio | 1 77 | | olished | | | | |
| County (6) Morris | | (S | | E ONLY) | | _] | House |) | | 08.01 | | | | | _ |
| Name of Monitoring Firm Hired by Building On N/A | wner (8) | | ASCM I | No. | | D&S | Abater | ment Cont ment, Inc | | (9) | | | | | |
| Street Address | | | | | | | Address osengr | en Aven | ue | | | 52 | | | |
| City, State, Zip Code | | | | | | | state, Zip wa, NJ | | | | | | | | |
| Project Manager for Monitoring Firm | | T | elephone | e No. | | | hone No. 345-86 | 85 | | Licen #006 | se No. 375 | 8 | | | |
| Otali Dalo (10) | Scheduled 11/06/13 | | pletion D | ate (11) | | | | Monitor ment, In | c. | | | * | | | 3051 - 2 |
| Occupancy Status During Abatement (Check | Only One) | | | - | | | Address | | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm | eriod of Aba | atement 11 Rosengren Avenue | | | | | | | | - | | | | | |
| Other – Describe: Occupied | | 7 PRO 1 | | | _ | Toto | owa, N. | 07512 | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novat moliti | | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| | T . | | | | - | Abatement | | | | | | | i i | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | No Used Main Custo | tenar | y ly by nce/ | Asbesto (i.e. t | os Cont hermal surfa | escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous) Amount (Specify SF or LF) | | | | | | Removal | Repair | e Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | - | | | | - |
| basement | | X | | - | pipe | insul | ation | | | 75 LF | | X | | | |
| | ++ | | - | | | | | | | | | | | | |
| | + | | | | 1,120 | | | | | | | | | | |
| Name of Registered Waste Hauler | | TN | JDEP W | /aste | Cubic | Yards | | Name of | Regist | tered L | andfill | 1 | 1 | | - |
| D&S Abatement, Inc. | | H | lauler ID 20996 | | of Wa | | | Waste | | agem | ent o | PA | | | |
| City, State Totowa, NJ | | | | | TBD | / / | .7 | City, Sta Tullyto | | Α | | | | | |
| Completed by Deanna Brkusanin | et Ma | anager | | | Signatu | Valla | n Kill | Mellel | illa | 10 | ite)/21/ | 13 | | | |

22370

RECEIVED Date of Notification (1) Name of Building Owner/Operator (2) New Jersey Turnpike Authority 23 13 10 28 AM 1: 39 Agencies Notified Type Notification Street Address **⊠** EPA 581 Main Street ASBESTOS CONTROL □ DEP ☐ Amended City, State, Zip Code & LICENSING ☐ DCA (NJAC 5:16) Amendment # Woodbridge, NJ 07095 **⊠** DHSS ☐ Emergency (including ☐ DCA Telephone Number justification) Name of Contact (NJAC 5:23-8) ☐ Cancellation Richard J. Raczynski FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Interchange Exit 6A New Jersey Turnpike School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, Exit 6A Toll Utility Building - South homes, etc.) Square Feet # of Floors Bldg. Age City (5) 40 Florence 1,500 Current Use (Prior if being demolished) County (6) County Code (7)(STATE USE ONLY) **Utility Building** Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni Associates Diamond Huntbach Construction Corporation Street Address Street Address 515 Grove Street, Suite 1B 500 East Luzerne Street City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 Philadelphia, PA 19124 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00646 Alan Lloyd 856 547 0505 215-739-8166 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 16 / 13 <u> 11 / 14 / 13</u> SAME AS ABOVE Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-5PM/____PM-__AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☑ Renovation☑ Demolition ≥3 sf or ≥3 If ☐ Mini-Enclosure Glovebag Procedure ≥160 sf or ≥260 If Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Remova Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, surfacing, (Specify Custodial Staff? SF or LF) VAT or IN Facility (12)other miscellaneous) (13)Yes N/A No Exterior doors, windows, louvers \boxtimes П caulking 200LF \boxtimes \boxtimes П X X П П П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste Minerva Diamond Huntbach Construction 19689 1 CY Disposal Date City, State City, State Philadelphia, PA 19124 11/30/13 Waynesburg, OH 44688 Completed By (Print or Type) Title Signature, Charles F. Imbimbo Project Manager

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| | | | (1 | | RECEIVED | | | | | | | | | |
|---|------------|-------------------|-------------------|--------------------------------|-------------|---|----------------------------------|--------------------|------------|----------|-------------|-----------|--|--|
| Date of Notification (1) | | | | Control of the Property of the | | Owner/Operator (2 | 2) | | | | | | | |
| 10/23/ | 13 | _ | | New | Jersey | Turnpike Author | rity | DET 28 AM | 1.50 | | | | | |
| Agencies Notified Type Notifi | cation | | -1200 | Street | Address | | 4913 | PET ZO AFT | 100 |) | | \neg | | |
| ⊠ EPA ⊠ Initial | | | | 581 | Main Str | eet | | FATOC 003 | HT MA | 4 | | | | |
| □ DEP □ Amende □ Amende | | | | City, S | tate, Zip C | ode | Pad | ESTOS COL | THU. | L. | | | | |
| ☐ DCA (NJAC 5:16) Amendr ☐ DHSS ☐ Emerge | 27727.4 | uding | | Woo | odbridge | , NJ 07095 | ě | LICENSI! | 40 | 1 | | | | |
| ☐ DCA justifica | | uuiiig | | Name | of Contact | | 7 | | | - | | \neg | | |
| (NJAC 5:23-8) | ation | | | Rich | nard J. R | aczynski | | | | | | 1 | | |
| | | | | FAC | ILITY IN | FORMATION | • | | | | | 1 | | |
| Name of Facility Where Abatement is | Taking F | Place | (3) | | | | Type of Facility (4 | 4) | | | | | | |
| Interchange Exit 6 New Jerse | y Turnp | oike | | | | | School (K-12) | | | | | - 1 | | |
| Street Address | | | | | | | Subchapter 8 | | | | | | | |
| Exit 6 Toll Utility Building - S | outh | | | | | | Other (i.e., pri homes, etc.) | vate & commerci | ai bulloi | ings, | | | | |
| City (5) | | | - | | | | Square Feet | # of Floors | Bld | lg. Ag | je | | | |
| Florence | | | | | | | 1,500 | 1 | 4 | 10 | | | | |
| County (6) | | - | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Price | or if being demoli | shed) | | | | | |
| Burlington | | | | 1000000 | , | , | Utility Buildi | | | | | | | |
| Name of Monitoring Firm Hired by Bu | ildina Ov | vner (8 | 8) | ASCM | No. | Name of Abateme | | | | | | \neg | | |
| Pennoni Associates | | | | | | | ntbach Constru | ction Corpora | tion | | | | | |
| Street Address | | | | | | Street Address | | · · · · | | | - | \neg | | |
| 515 Grove Street, Suite 1B | | | | | | 500 East Luz | erne Street | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | - 1.4700-1 | 211123 | | | | |
| Haddon Heights, NJ 08035 | | | | | | Philadelphia, | | | | | | | | |
| Project Manager for Monitoring Firm | | | Tel | ephone I | No. | Telephone No. | | License No. | | | | | | |
| Alan Lloyd | | | D. J. Chenker Co. | 56 547 | | 215-739-8166 | 3 | 00646 | | | | | | |
| Start Date (10) | Schedu | led Co | omple | etion Da | te (11) | Name of OSHA M | Monitor | | | | | | | |
| 11 / 12 / 13 | | | | 4_/ | | SAME AS AE | | | | | | | | |
| Occupancy Status During Abatement | (Check | only o | ne) | | | | | | 77 | | | | | |
| □ Facility Closed/Vacated During Er | tire Perio | od of A | Abate | ement | | | | | | | | | | |
| ☐ Abatement Performed Outside of | | | | | cribe | City, State, Zip Co | ode | | | | | | | |
| Time of Abatement: 7AM-5PM/_ | PM- | | _AM | | | 100 mm | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | D | | | | | | |
| ☐ ≥3 sf or ≥3 lf | r | ⊠ Rei | nova | tion | | ☐ Mini-End | tainment with Neg | ative Pressure | | | | | | |
| ⊠ ≥160 sf or ≥260 lf | i | | molit | | | ☐ Gloveba | g Procedure | | | | | | | |
| | | | | | | ☑ Non-Exe | empted (*) and Nor | n-Friable Procedu | | | | | | |
| | | 2.00 | Loca | 1037-103 | | D | | | Aba | atem | ent T | ype | | |
| Location of Asbestos-Containing Material (AC | CMS | Use | d So | lely by | Asbe | Description of estos Containing Ma | | Amount | R | R | щ | 四 | | |
| TO BE ABATED | , | | | ance/ Staff? | | ermal systems insul | | (Specify | Remova | Repair | Car | clo | | |
| IN Facility | | Cusi | (12 | | | VAT, or other miscellane | aug) | SF or LF) | Va. | - | Encapsulate | Enclosure | | |
| (13) | T | Yes | No | T | | other miscellane | eous) | | | | ate | | | |
| Entrance | | | | | floor ti | le | | 200 SF | | | П | П | | |
| | | $\overline{\Box}$ | | 1 | | | | | | П | П | | | |
| | | | | | | | | | | | | | | |
| | | <u> </u> | | | | | | _ | | 무 | 블 | | | |
| | | | | | | * | | | | | Ц | | | |
| Name of Registered Waste Hauler | | | | NJDEP \ Hauler II | | Cubic Yards of Waste | Name of Regis | tered Landfill | | | | | | |
| Diamond Huntbach Construc | tion | | | 19689 | | 1 CY | Minerva | | | | | | | |
| City, State | | | | | | Disposal Date | City, State | | | | | | | |
| Philadelphia, PA 19124 | 8 | | | | | 11/30/13 | Waynesbu | rg, OH 44688 | | | | | | |
| Completed By (Print or Type) | Title | | | | | Signature / | 0 1 | / 17 6 0 | Date | | į, | 2 | | |
| Charles F. Imbimbo | Pr | oject | Mai | nager | | 1/1/sa | 61 M | 1. 1. V | 0/2 | 3, | 1/_ | 5 | | |

| Date of Notification (1) 10 / 23 / | 13 | | | 12.000 | 7 T | Owner/Operator (2 | | 1:56 | | | | | | |
|--|----------|---|-------|---|--------------|---|---------------------------------|-----------------------|-------------|--------|-------------|-----------|--|--|
| Agencies Notified Type Notif | | | | | Address | 2013 | 961 20 1111 | | | | | - | | |
| □ EPA | | | | | Main Str | eet ASR | ESTOS CON | TROI. | | | | | | |
| ☐ DEP ☐ Amend | | | | City, S | tate, Zip Ci | ode | LICENSIN | G (D | | | | | | |
| ☐ DCA (NJAC 5:16) Amend ☐ DHSS ☐ Emerge | | cluding | | 1 | | , NJ 07095 | | | | | | | | |
| ☐ DCA justifica | 112 | Guuling | | Name | of Contact | | | Telephone Nur | mber | | | | | |
| (NJAC 5:23-8) | ation | | | Rich | ard J. Ra | aczynski | | E. E | | ** | ٠. | | | |
| | | | | FAC | ILITY IN | FORMATION | | , | | | | 3 | | |
| Name of Facility Where Abatement is | Taking | Place | (3) | | | 1 | Type of Facility (| 4) | | | | | | |
| Interchange Exit 4 New Jerse | | | | | | | School (K-12) |) | | | | | | |
| Street Address | - | • | | | | | Subchapter 8 | | | | | | | |
| Exit 4 Toll Utility Building - S | outh | | | | | | Other (i.e., pr homes, etc.) | ivate & commer | cial bullo | ings, | | | | |
| City (5) | | | | | | | Square Feet | # of Floors | Blo | lg. Ag | e | | | |
| Camden | | | | | | | 1,500 | 1 | | 10 | | | | |
| County (6) | | | | Coun | ty Code (7) | (STATE USE ONLY) | Current Use (Pri | or if being demo | lished) | | | | | |
| Camden | | | | | | | Utility Buildi | ing | | | | | | |
| Name of Monitoring Firm Hired by B | ilding (| Owner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | | |
| Pennoni Associates | | W. 1000 A. 1000 A. | | | | Diamond Hur | ntbach Constru | ction Corpor | ation | | | | | |
| Street Address | | | | | - | Street Address | | | - | | | \neg | | |
| 515 Grove Street, Suite 1B | | | | | | 500 East Luz | erne Street | | | | | - | | |
| City, State, Zip Code | | | | *************************************** | | City, State, Zip Co | ode | | | | | | | |
| Haddon Heights, NJ 08035 | | | | | | Philadelphia, | , PA 19124 | | | | | | | |
| Project Manager for Monitoring Firm | | | Tel | ephone | No. | Telephone No. | | License No. | | | | | | |
| Alan Lloyd | | | 8 | 56 547 | 0505 | 215-739-8166 | 00646 | | | | | | | |
| Start Date (10) | Sched | duled C | ompl | etion Da | te (11) | Name of OSHA M | Monitor | | | | | | | |
| 11 / 10 / 13 | 1 | | - | 2 / | | SAME AS AB | BOVE | | | | | | | |
| Occupancy Status During Abatemer | (Chec | k only o | ne) | | | Street Address | | | | | | _ | | |
| □ Facility Closed/Vacated During E | | | | ement | | | | | | | | | | |
| ☐ Abatement Performed Outside of | Norma | I Facility | / Hou | ırs - Des | cribe | City, State, Zip Co | ode | | | | | \neg | | |
| Time of Abatement: 7AM-5PM/_ | PI | M | _AN | l | | 82. 25 | | | | | | | | |
| Scope of Work (Check all that apply | | | | | | | | | | | | | | |
| >3 sf or >3 lf | | ⊠ Re | nova | tion | | ☐ Full Con | tainment with Neg | gative Pressure | | | | | | |
| ≥3 \$1 or ≥3 11 ≥ 160 \$f or ≥260 If | | ☐ De | | | | ☐ Gloveba | g Procedure | | | | | | | |
| | | 1 1- | 1 | | | Non-Exe Non-Exe | empted (*) and No | n-Friable Proce | | 2000 | | | | |
| Laurettan of | | 7.555 | Loca | | | Description of | of | | Ab | atem | ent Ty | уре | | |
| Location of Asbestos-Containing Material (A | CM) | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | lely by | Asbe | stos Containing Ma | | Amount | ₽. | ₽ R | m | Ē | | |
| TO BE ABATED | | 100000000000000000000000000000000000000 | | ance/ I Staff? | (i.e., the | rmal systems insul | ation, surfacing, | (Specify SF or LF) | Remova | Repair | cap | Enclosure | | |
| IN Facility (13) | | | (12 | | | VAT, or other miscellane | eous) | SF OI LF) | la la | | Encapsulate | ure | | |
| (1.5) | | Yes | No | N/A | | | • | | | | te | | | |
| Exterior window | | | | | window | glazing | | 44 SF | \boxtimes | | | | | |
| Exterior window | | | | | window | gasket | | 20 SF | \boxtimes | | | | | |
| front room | | | | | plaster | | | 15 SF | \boxtimes | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | - | Wile State | 1 | NJDEP | | Cubic Yards of | Name of Regis | stered Landfill | | | | | | |
| Diamond Huntbach Constru | ction | | | Hauler I 1968 | | Waste 1 CY | Minerva | | | | | | | |
| City, State | | | | 1300 | Ţ. | Disposal Date | City, State | | | | | | | |
| Philadelphia, PA 19124 | | | | | | 11/30/13 | Waynesbu | rg, OH 44688 | l . | | | | | |
| Completed By (Print or Type) | Titl | le | | | | Signature) | 12 1 | 111 | Date | 88 | | - | | |
| Charles F. Imbimbo | 1 | Project | t Ma | nager | | lah | 5 104 | my | 10/23/13 | | | | | |

22367

| Date of Notification (1) | | | | Name o | f Buildina | Owner/Operator (2 | 2) | | | | -97/2 | |
|--------------------------|---------------------------|------------|--------------------|--|------------|--------------------------------|-----------------------------|-----------------------|-------------|---------|-------------|--------------|
| 10 / | 23 / | 13 | | | | Turnpik 1990 | | 58 | | | | |
| Agencies Notified | Type Notification | on | - | | Address | 201,0 00 | . 20 11 | - | | | | |
| ⊠ EPA | ☐ Initial | OII | | | | eet ASBES | TOS CONTR | OL. | | | | |
| ⊠ DEP | Amended | | | A A STATE OF THE S | ate, Zip C | | ICENSING | | | | | |
| ☐ DCA (NJAC 5:16) | Amendmen | | | 5.50 | | , NJ 07095 | | | | | | |
| ☑ DHSS ☐ DCA | ☐ Emergency justification | | - | | of Contact | , (C) | | | | | | |
| (NJAC 5:23-8) | ☐ Cancellatio | | | 0.0000000000000000000000000000000000000 | | aczynski | | | | | | |
| | | | | | | FORMATION | | | | | | |
| Name of Facility Where | Abstament is Ta | king Place | (3) | FAC | ILITIN | FORMATION | Type of Facility (4 |) | | | | \neg |
| | | | | | | | School (K-12) | 4 | | | | |
| Interchange Exit 7/ | A New Jersey | Turripik | - | | | | Subchapter 8 (| Other than K-1 | 2) | | | |
| Street Address | Duilding Co. | 6 la | | | | | Other (i.e., priv | rate & commerc | cial buildi | ngs, | | |
| Exit 7A Toll Utility | Building - Soi | utn | | | | | homes, etc.) Square Feet | # of Floors | Bld | g. Ag | e | |
| City (5) | | | | | | | 1,500 | 1 | | 0 | | |
| Trenton | | | | Count | v Code /7 |)(STATE USE ONLY) | Current Use (Prio | r if being demo | lished) | | | |
| County (6) | | | | Court | y Coue (/ |)(STATE OSE ONET) | Utility Buildir | | | | | |
| Mercer | | _ | (0) | A C C A A I | ile | Name of Abateme | | '9 | - | | - | |
| Name of Monitoring Firm | | ng Owner | (8) | ASCM I | NO. | | ntbach Constru | ction Corpor | ation | | | |
| Pennoni Associate | es | | | | | | TIDACII COIISII II | cuon corpor | | | _ | |
| Street Address | | | | | | Street Address 500 East Luz | arma Stroot | | | | | |
| 515 Grove Street, | Suite 1B | | | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | | | |
| Haddon Heights, N | | 0000 | | | | Philadelphia | , PA 19124 | Lisanas No | | _ | - | |
| Project Manager for Mor | nitoring Firm | | 3,599 | phone I | | Telephone No. | | License No. 00646 | | | | |
| Alan Lloyd | | | 700 | 56 547 | | 215-739-8166 | | 00040 | | | S. Est | |
| Start Date (10) | | cheduled (| (8) | | | Name of OSHA N | | | | | | |
| 11 / 16 / | | 11 | 18 | / | 13_ | | | | | | | |
| Occupancy Status Durin | | | | F | | | | | | | | |
| ☐ Facility Closed/Vaca | | | | | | | | | | | | |
| Abatement Performe | | | | rs - Des | cribe | City, State, Zip C | ode | | | | | |
| Time of Abatement: | 7AIVI-3PIVI/ | | | | 19 | | 7/4 | | | | | |
| Scope of Work (Check a | all that apply) | | | | | □ Eull Cor | ntainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 lf | | ⊠R | enovat | ion | | ☐ Mini-En | | ative i ressure | | | | |
| ≥160 sf or ≥260 lf | | | emoliti | | | ☐ Gloveba | ag Procedure | Field Beer | 4 | | | |
| | | | s Loca | tion | Τ | ⊠ Non-Exe | empted (*) and Nor | 1-Friable Proce | 2000 | ateme | ant T | \/ne |
| Locatio | n of | | Norma | | | Description | of | | 7.0 | | | T |
| Asbestos-Containing | | 1 | ed Sol | | Asbe | estos Containing M | aterial (ACM) | Amount | Rer | Repair | Enc | Enclosure |
| TO BE AE | BATED | IV. | aintena stodial | | (i.e., the | ermal systems insu VAT, or | lation, surfacing, | (Specify SF or LF) | Remova | ai- | aps | losi |
| IN Fac | | | (12) | <u> </u> | | other miscellan | eous) | 0, 0, 1, | 8 | | Encapsulate | 튭 |
| (10) | | Yes | No | N/A | | | | | | | io | |
| Exterior louvers | | | \boxtimes | | caulkir | ng | | 24LF | \boxtimes | | | |
| Exterior rouvers | | _ | - | | | | | | | П | П | |
| | | | | | - | | | | _ | 1 | = | - |
| | | | | | | | | | | Ш | Ш | |
| | | | | | | | | | | | | |
| Name of Registered Wa | aste Hauler | | 100 | NJDEP | | Cubic Yards of | Name of Regis | tered Landfill | | ub===.c | | Marine Cont. |
| Diamond Huntbac | ch Construction | on | 1 | Hauler I | | Waste 1 CY | Minerva | | | | | |
| City, State | | | | 19689 1 CY Disposal Date City, State | | | | | | | | |
| Philadelphia, PA | 19124 | | | | | 11/30/13 | - 7 BOO | rg, OH 44688 | 3 | | | |
| Completed By (Print or | 2012 | Title | | | | Signature | 1 | | Date | 1 | | |
| Charles F. Imbimi | | Proje | rt Mar | nager | | 17/ | Mi Va | 111 | rala | : 2/1 | 2 | |
| Charles F. IIIIDIIII | - | 1.016 | - widi | .~90' | | 1 /h | 11 | Tund | 1010 | 4/ | V | 353 |

ch # 22366 RECEIVED

| Sepa | Date of Notification (1) | | Name of Building Owner/Operator (2) | | | | | | | | | | |
|--|--|----------------|--|----------|-------------|--|-------------------------------|--------------------|----------|-------|-------------|------|--|
| Second Control Contr | | 13 | New Jersey Turnpike Authority 213 8CT 28 PM II: 58 | | | | | | | | | | |
| DCA (NIAC 516) | Agencies Notified Type Notificat | ion | | Street A | ddress | | | | | | | | |
| □ CA (NAC 5:16) | | | | 581 I | Main Stre | et | | | <u> </u> | | | | |
| County Code (7) STATE USE ONLY Colorest United By Building Owner (8) ASCM No. Name of Contract (9) Diamond Huntbach Construction Corporation Street Address Street | | | 1 | City, St | ate, Zip Co | ode | & | LICENSING | 41 | A | | | |
| DCA Justification Name of Contact Name of Contact Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (0ther han K-12) Subchapter 9 (0ther han K-12) Sub | | | | Woo | dbridge , | NJ 07095 | | | 91 | | | | |
| Section Sect | ☐ DCA justificatio | | | Name o | of Contact | | | | 8 | | | | |
| Name of Facility Where Abstement is Taking Place (3) | | | | Rich | ard J. Ra | czynski | | | | | | - | |
| School (K-12) Subchapte 8 (Other than K-12) School (K-12) Other (i.e., private & commercial buildings, homes, etc.) School (K-12) Other (i.e., private & commercial buildings, homes, etc.) Other (i.e., private & commercial buildings, | | | | FAC | ILITY INF | ORMATION | | | | | | | |
| Subschapter 8 (Unter fran N-12) Subs | | | (3) | | | | Type of Facility (4 | 1) | | | | | |
| Street Address | Interchange Exit 2 New Jersey | Turnpike | | | 575.71140 | | School (K-12) | (Other than K 12) | | | | | |
| Exit 2 Toll Utility Building - South | Street Address | | | | | | Other (i.e., pri | vate & commercial | buildi | ngs, | | | |
| Swedesboro | Exit 2 Toll Utility Building - Sou | th | | | | | | | | | | | |
| 1,500 1 40 | City (5) | | | | | | Square Feet | # of Floors | Bld | g. Ag | е | | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation | Swedesboro | | | | | | 1,500 | 1 | 4 | 0 | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address Street | County (6) | | | Count | y Code (7) | (STATE USE ONLY) | | | ied) | | | | |
| Street Address Street, Suite 1B Street Address S15 Grove Street, Suite 1B Street Address S15 Grove Street, Suite 1B Street Address S15 Street Address Street | Gloucester | | | | | | | ng | | | | | |
| Street Address 515 Grove Street, Suite 1B Street Address 500 East Luzerne Street City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 11 | Name of Monitoring Firm Hired by Build | ing Owner (| 8) | ASCM I | No. | | | | | | | | |
| Stage Street Suite 18 | Pennoni Associates | | | | | Diamond Hu | ntbach Constru | ction Corporati | on | | | | |
| City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 11 | Street Address | | | | | Street Address | | | | | | | |
| Philadelphia, PA 19124 | 515 Grove Street, Suite 1B | | | | | 500 East Luz | erne Street | | | | | | |
| Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 11 | City, State, Zip Code | | | | | City, State, Zip C | ode | | | | | | |
| Project Manager for Monitoring Firm Alan Lloyd Safe 547 0505 215-739-8166 O0646 | | | | | | Philadelphia | , PA 19124 | | | | | | |
| Start Date (10) | | | Tele | phone I | No. | Telephone No. | | License No. | | | 5-37 | | |
| Start Date (10) 11 | TO THE RESIDENCE OF THE PROPERTY OF THE PROPER | | 8 | 56 547 | 0505 | 215-739-8166 | 6 | 00646 | | | | | |
| 11 | | Scheduled C | omple | tion Da | te (11) | Name of OSHA | Monitor | | | | | | |
| Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: ZAM-5PM/ PMAM ☐ Scope of Work (Check all that apply) ☐ Sope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Mini-Enclosure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Asbestos-Containing Material (ACM) ☐ Society ☐ | J | | | | | SAME AS A | BOVE | | | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: \(\frac{7}{2}\) AM-\(\frac{9}{2}\) M/-\(\frac{1}{2}\) AM PM-\(\frac{1}{2}\) AB PM-\(1 | | Check only | one) | | | | | | | | | | |
| Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM/ PMAM | | | | ment | | | | | | | | | |
| Scope of Work (Check all that apply) Scope of Work (Check all that apply) Scope of Work (C | ☐ Abatement Performed Outside of No | ormal Facilit | y Hou | rs - Des | cribe | | | | | | | | |
| ≥3 sf or ≥3 if | Time of Abatement: //AIVI-3PIW/ | PIVI | ^\ | | | | 3 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Percentage Mini-Enclosure Glovebag Procedure Mon-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material (ACM) (Specify SF or LF) Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material (ACM) Amount (Specify SF or LF) Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material (ACM) Amount Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material (ACM) Amount Amount Non-Exempted (*) and | Scope of Work (Check all that apply) | | | | | □ Full Con | tainment with Non | otive Pressure | | | | | |
| Secondarian of Secondarian Secondaria Secon | □ >3 of or >3 If | ⊠ R4 | nova | ion | | ☐ Full Cor | rtainment with Neg closure | alive Flessure | | | | | |
| Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A | ≥3 \$1 61 ≥3 11 ⊠ >160 \$f or ≥260 If | | | | | ☐ Gloveba | ag Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A VAT, or other miscellaneous) N/A SF or LF) N/A N/A N/A N/A N/A | | | Loge | tion | 1 | ⊠ Non-Ex | empted (*) and No | n-Friable Procedur | | | T | | |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Exterior doors, windows, louvers Front entrance lobby Name of Registered Waste Hauler Diamond Huntbach Construction Location of Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A Caulking Caulking Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amount (S | | | | | | Description | of | | Ab | | ent i | ype | |
| IN Facility (13) Yes No N/A N/A N/A ST ULT | | () Us | ed So | lely by | Asbe | stos Containing M | aterial (ACM) | | Re | Re | E | Ē | |
| IN Facility (13) Yes No N/A N/A N/A SP ULTY SP ULT | TO BE ABATED | IVI | | | (i.e., the | rmal systems insu | lation, surfacing, | | mo | pair | cap | clos | |
| Exterior doors, windows, louvers Caulking 200 LF | | 00. | | | | | eous) | SF OI LF) | la la | | sula | ure | |
| front entrance lobby | (13) | Yes | No | N/A | | Other modellan | | | | | ē | | |
| Name of Registered Waste Hauler Diamond Huntbach Construction O | Exterior doors, windows, louver | s 🗆 | | | Caulkir | ng | | 200 LF | | | | | |
| Name of Registered Waste Hauler Diamond Huntbach Construction City, State Diamond Huntbach Construction Diamond Huntbach | front entrance lobby | | | ☑ | | | | | | | | | |
| Name of Registered Waste Hauler Diamond Huntbach Construction City, State Name of Registered Landfill Name of Registered Landfill | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Diamond Huntbach Construction City, State NJDEP Waste Hauler ID No. 19689 Name of Registered Landfill Waste 1 CY | | | | | | | | | | | | | |
| Diamond Huntbach Construction City, State Hauler ID No. 19689 1 CY Disposal Date City, State City, State | Name of Registered Waste Hauler | | 4.0 | | | Company of the Compan | Name of Regis | stered Landfill | | | *********** | | |
| 0.1) 0.10 | | ion | | | | 1 CY | Minerva | | | | | | |
| | | | | | | Disposal Date 11/30/13 | 5.00 | ıra. OH 44688 | | | | | |
| Timadelphia, 1770-121 | Philadelphia, PA 19124 | | | | | TO SELECT A CHARA | 77ayiicabu | | ote | | | | |
| Completed By (Print or Type) Charles F. Imbimbo Title Project Manager Signature 1 to 23/13 | 54 B | 24-25 00/20 00 | t Ma | nager | | Signature | 21.1. | 14 | 16 | lai | 3/1 | 13 | |

| | | | | CATION | OF ASBE | STOS | ABATEN | | \bigcap | hec | K | # | - 0 | 19 | 09 | 1 | |
|---|--------------------------|------------|---------------------------|---|-------------------|--------------|--------------------|--|------------------|-------------|--------|----------------|---------|--------|-------------|-----------|--|
| Date of Notification (1) | | | | | f Building C | | 100 | | | 11 | | | - | a ś | | D | |
| 10-21-13 | | | | | istar | Chemi | icals | ,LP | | | | | | | | . 19 | |
| Agencies Notified | Type Notification | | | Street A | | _ | , | | | | | | | | 200 | STA | |
| ⊠ EPA | ☑ Initial | | L | | Meado | | ad | | | | | | | | | De | |
| □ DEP ☑ DOL | ☐ Amended Amendment # | | 1 | | ate, Zip Co | | 017 | | | | | | | A | S'n- | | |
| ₩ DOL | ☐ Emergency (ir | | - | | son, No | n 000 |) I / | | | Tolo | nhan | Nive | hor | | QE. | 57 | |
| DOH DOA | justification) | 100 | | | Kozic | | | | . 12 | l leië | phone | e Null | ibei | | <u>•</u> | 110 | |
| DCA - | ☐ Cancellation | | | 100000000000000000000000000000000000000 | LITY INFO | | ON | | - 4 | _ | | | | | | f | |
| Name of Facility Where | Abatement is Taking | Place (| 3) | FACI | LITTINFO | KWATI | ON | Туре | of Facility | (4) | _ | | | | | - | |
| Equistar Chem | | | | | | | | | School (K- | 1000 | | | | | | | |
| Street Address | | | | | | | - | | Subchapte | r 8 (Othe | | | | | | | |
| 340 Meadow Roa | ad | | | | | | | | Other (i.e. | private & | comr | nercia | l build | dings, | home | es, | |
| City (5) | | - | | | The second second | - | | | etc.) re Feet | # of | Floors | 3 | В | ldg. A | ge | | |
| Edison | | | | | | | | 2,7 | | 1 | | | | 52yr | _ | | |
| County (6) | | | | | Code (7) | 0 | 5110-275 | | nt Use (Pri | ior if bein | g den | nolish | | | 0.00 | | |
| Middlesex | | | 1 | STATE | USE ONLY) | - | | man | ufactu | ring | | | | | | | |
| Name of Monitoring Firm | Hired by Building O | wner (8) | | ASCN | л No. | | Name | of Aba | tement Co | ntractor (| 9) | | | | | | |
| EHS Environmen | ntal Inc. | | | | _ | | Ply | mout | h Envi | ronme | nta | 1 C | o.,: | Inc. | | | |
| Street Address | | | | | | | Street | Address | | | | | | | | | |
| 411 Southgate | Court, SUit | eЕ | | | | | 923 | Haw | s Aven | ue | | | | | | | |
| City, State, Zip Code | | | | 28.00000.000 | | | | | ip Code | | | | | | | | |
| Mickleton, NJ | | | | | | ar college | Nor | rist | own, P | A 194 | 01 | | | | | | |
| Project Manager for Mon | itoring Firm . | | 1 | Telepho | | | Teleph | | | | | se No |). | | | | |
| Jack Carney | | | | 030-223-0000 | | | | | -9920 | | 00 | 398 | | | | | |
| Start Date (10) | | | | | | | | | IA Monitor | | | | | | | | |
| 11–4–13 | | | 15–13 | 3 | and the same and | 10000 | | | h Envi | ronme | nta | T C | o., | Inc. | | | |
| Occupancy Status During | Abatement (Check | Only O | ne) | Street Address 923 Haws Avenue | | | | | | | | | | | | | |
| ☐ Facility Closed/Vaca | | | | ent | | | | | | ue | | | | | | | |
| □ Abatement Performe □ Other – Describe; | ed Outside of Norma | i Facility | Hours | | | | | | | | 01 | | | | | | |
| Scope of Work (Check Al | I That Apply) | | | | | 3 | IVOL. | | OWII, I | A 174 | - | | | | | - | |
| | і тпат Арріу) | _ | | | | | _ | | | | | | | | | 1 | |
| □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf | | | Renovat Demoliti | | | | | ☑ Full Containment with Negative Pressure ☑ Mini-Enclosure | | | | | | | | | |
| L 1.00 0.01 1200 11 | | x . | | | | | | Glo | vebag Pro | cedure | | | 8 22 | - | | | |
| | | | | | Γ | Manier. | × | Nor | n-Exempte | d (*) and | Non- | Friabl | | 767 | - | - | |
| | | 100 | Location | 0.000 | | | | | | | | | | | ment pe | | |
| Location | | | Normall d Solel | | Anhant | | scription aining M | | (ACM) | ۸۰ | nount | | | | | | |
| Asbestos-Containing TO BE ABA | | | intenan | | | | systems | | | | ecify | | Re | 77 | Encapsulate | g | |
| In Facili | | Cus | todial S (12) | тап? | | surfac | cing, VA | T, or | 1.4-200.000 | SF | or LF) | | Remova | Repair | aps | Enclosure | |
| (13) | | | · · · · / | | | otner n | niscellan | eous) | | | | | val | iir . | ulate | ure | |
| | | Yes | No | N/A | | | | | | | | | | | (D | | |
| Building 26 | | | | х | trans | ite r | roof r | pane | ls | 1,80 | 0 SI | 7 | x | | | | |
| Building 26 | | - 2 | | x | tank : | insul | ation | าร | | 50 | 0 SI | ? | x | | | | |
| Bulluling 20 | | | | | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | - | | | | |
| N | | | | IDEE | (nate | 0 | Verd | | Ne | Desirt- | od! | nde" | | | | | |
| Name of Registered Was | | | 10000 | JDEP Wauler ID | | Cubic of Was | No contract of the | | Name of | | | | | | | | |
| US Bulk Transport | | | | | | 10 | | | Clin | ton C | oun | ounty Landfill | | | | | |
| City, State | | | Disposal Date City, State | | | | | | | | | | | | | | |
| Erie, PA | | | 11-15-13 Clinton, II | | | | IL | | | | | | | | | | |
| Completed by | | Title | | | ignature | 1 | 11 | K | | Dat | е | 000000 | | | | | |
| Timothy E. Br | yan | Vice | e-Pre | side | nt / | | 1 - | 10-21-13 | | | | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

Ch# 25/2

| Date of Notification | | 8 | Name of Building Owner / Operator (2) Rider University | | | | | | | | | | | | |
|---------------------------------------|------------------------------|-----------------|--|--------|----------------|--|---|--|-----------|--------------|-------------|--------|--------|----------|-----------|
| | 10/23/2013 Type Notific | | | - | | | ty | | | | | | | | |
| EPA | ype Notific | ation | | | | Idress | CEVILLE ROA | n . | | | يستداد د | | 1 | | |
| ☐ DEP | ☑ Initia | al . | | | | e & Zip | | <u> </u> | | - 1 | | 1 | 1 | _ | |
| ☑ DOL | | nded | | | | The state of the s | LE, NJ 08648 | | | | | | | | |
| ☑ DOH | | ergency | | | | Contact | -LL, NO 00040 | | | | т | احدام | - | | |
| ☐ DCA | | cellation | - 10 | | | rkusze | wski | | 001 | 28 | 2013 | | | | |
| | | | | FA | CIL | ITY INI | ORMATION | i. | | | | | - | | |
| Name of Facility Wh | | | lace (3 | | | | Type of Facil | lity (4) | | | | | - | | |
| Rider University | Olson Ha | all | | V.TO.: | | | School (| (K-12) | Non-Sub | chapte | r 8 | | | | |
| Street Address | | | | | | | | | Other tha | | | | | | |
| 2083 LAWRENCE | EVILLE RO | AD | | | | | Other (i. | e. priva | ate & cor | nmerci | al building | s, hom | es, e | etc.) | |
| | | | | | | | Square Feet | | # of Flo | ors | В | dg. Ag | е | | |
| City (5) | | County (6) | Co | unty | Cod | le (7) | | | | | | | | | |
| LAWRENCEVILL | E | Wercer | | | | | Current Use | (Prior i | f being d | emolis | hed) | | | | - |
| | | 1 | | | | | | | | | | | | | |
| Name of Monitoring | | by Building Ow | ner (8) | | Α | SCM No | | | | | | | | | |
| Pennoni Associa | tes Inc. | | | | | | Bristol Env | | nental, I | nc. | | | | | |
| Street Address 515 Grove St # 18 | D | | | | | | Street Addre | | | | | | | | |
| City, State & Zip Co | | | | | | | 1123 Beave | | 0.000,000 | | | | | | |
| Haddon Heights, | | | | | | | City, State & | | | | | | | | |
| Project Manager for | | Firm | Teler | hone | a Niu | mber | Bristol, PA Telephone N | | | - 1 | License No | ımhar | | | |
| Tom Adams | wormoring i | | 856 | | | | (215)788-60 | | | | 00509 | impei | | | |
| Scheduled Start Dat | te (10) | Scheduled Cor | | | | | Name of OSI | - | nitor | | 0000 | | | | |
| 11/25/201 | | | 11/25/ | | Section Const. | , | Bristol Env | | | ic. | | | | | |
| Occupancy Status D | Ouring Abate | ment (Check o | nly one | e) | | | Street Addres | V-V-W-X-W-X- | | | | - | | | 3/11 |
| Facility Clos | ed/Vacated | During Entire F | eriod | of Ab | aten | nent | 1123 Beave | er Stre | et | | | | | | |
| | Performed O | utside of Norm | al Hou | urs – | 7am | to 3pm | City, State & | Zip Co | de | | | | | | |
| Describe: | | | | | | | Bristol, PA | 19007 | 7 | | | | | | |
| | | Abatement 8: | 00 AM | l – 4: | 00 F | PM | | | | | | | | | |
| Scope of Work (Che | eck all that a | pply) | | | | | | | F 11 0 | | | | _ | | |
| ≥3 sf or ≥3 lf | f | | \boxtimes | Po | nova | tion | | H | Mini-End | | ent with Ne | gative | Pres | ssure | ŧ |
| □ ≥160 sf ≥260 | | | Ħ | | molit | | | \boxtimes | | | | | | | |
| | | | | | | | | ☐ Glove Bag Procedu ☐ Non-Exempted and | | | | | | cedu | ıre |
| | cation of | | ls l | Loca | tion | | Description | Description of Am | | | | | | | уре |
| | os-Containin | g | Norn | | | d | Asbestos-Con | | | | Specify | | | | <u> </u> |
| | erial (ACM) | | | olely | | | Material (A | | | SI | or LF) | 70 | | 0 | ш |
| | E ABATED Facility | | Maint | | | | (i.e., thermal s insulation, surface | | | | | Remova | Repair | Clean Up | Enclosure |
| · · · · · · · · · · · · · · · · · · · | (13) | | Oubic | (12) | | | or other miscell | | | | | ova | a- | J C | sur |
| | | | Yes | No | N/ | A | | | , | | | | | ٥ | 0 |
| Olsen Hall Mailro | om | | П | X | T | 1 | Pipe Insula | ation | | | 8 LF | | П | П | \Box |
| | | | X | Ħ | TE | i | | | | | | Ø | Ħ | 一 | H |
| | | | | Ħ | T | il | | | | Ø | Ħ | Ħ | Ħ | | |
| | Ħ | Ħ | 市 | il | | | | | - | | Ħ | Ħ | H | | |
| | | | | | | | | | | | | | | | H |
| | | | П | П | TE | it | | | | | | TH | Ħ | Ħ | Ħ |
| Name of Registered | Waste Haul | er | | N. | JDEF | Waste | Cubic Yards | Name | of Regi | stered | Landfill | | | | _ |
| | | | | Ha | | ID No. | of Waste | To the second second | | 2-05-2-09-00 | | | | | |
| Bristol Environme | ental, Inc, | | | | 18 | 706 | 1 | | WS Lar | ndfill | | | | | |
| City, State | | | | | | | Disposal Date | City, | | | | | | | |
| Bristol, PA | | | | - 1. | _ | | 9/24/07 | Morr | isville, | PA | | T= | | | |
| Completed By (Print | | | | 03000 | lle | | Signature Peggegone / jl Date 10/23 | | | | | / | 1 . | 2 | |
| Gino Pizzigoni | | 100 | roje ana | | Lino | reg | zegon | - / - | je | 10/ | 23 | //3 | 2 | | |
| | | | | | | | / | 00 | 0 | Û | | - / | 7 | 6) | |

CR#2511

| Date of Notification (1) | | | | Т | Name | of Building | Owner/Operator (| 2) | | | SHITCH | | | |
|------------------------------------|---|---------------|--------------|-----------------------|---------|----------------|--|-----------------------------------|-----------------|-----------|--------|-------------|-----------|--|
| | 23 / | 13 | | | | and the second | de Nemours | | | | | | | |
| Agencies Notified T | ype Notifica | | | + | Street | Address | | | | | | 7 | | |
| | ype rectilica ☑ Initial | uon | | | | | quake Road | | | | | | | |
| | Amended | | | - | | tate, Zip C | 176 | | | | | - ; | | |
| ☑ DHSS | Amendme | nt # | _ | | | lin, NJ 08 | | | OCT 28 | 2012 | | | | |
| | ☐ Emergend | | ng | - | | of Contac | | | - 20 | 4010 | - | - | | |
| (NJAC 5:23-8) | justificatio Cancellati | | | | | nol Rein | | | | | | | | |
| | | | | - | | | | | 2.474 | | | | | |
| Name of Facility Where Aba | atomont is T | okina Dla | 20 /3 | | FAC | JILITY IN | IFORMATION | Type of Facility (| 4) | | | <u> </u> | | |
| DuPont Parlin Facility | | - | VE SAN | | | | | School (K-12) | | | | | | |
| Street Address | y Exterior o | at Diug | 2013 | | | | | Subchapter 8 | (Other than K | (-12) | | | | |
| 250 Cheesequake Ro | ad | | | | | | | Other (i.e., pri | ivate and com | mercial b | uildir | igs, | | |
| City (5) | . * | | | | | | - XII CARRON | Square Feet | # of Floors | E | Bldg. | Age | | |
| Pariin | | | | | | | | | | | | | | |
| County (6) | | | | W 1 55 | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Prid | or if being dem | nolished) | | | | |
| Middlesex | | | | | | | | Exterior | 8 | | | | | |
| Name of Monitoring Firm Hi | ired by Build | ing Owne | er (8) | 7 | ASCM | No. | Name of Abatem | ent Contractor (9) | | | | | | |
| Pennoni Associates I | nc. | | | | | | BRISTOL EN | VIRONMENTAL | ., INC. | | | | | |
| Street Address | 3.48.56.5 | | | | | | Street Address | | | | | | | |
| 515 Grove St #1B | | | | | | | 1123 BEAVE | R STREET | | | | | | |
| City, State, Zip Code | | | | 10001195 | | | City, State, Zip C | ode | | | | | 100.00 | |
| Haddon Heights, NJ (| 08035 | | | | | | BRISTOL, PA | A 19007 | | | | | | |
| Project Manager for Monitor | ring Firm | | T | ele | ohone l | No. | Telephone No. | | License No |). | | | | |
| Tom Adams | | | | 85 | 6-656 | -2875 | 215-788-6040 |) | 00509 | | | | | |
| Start Date (10) | S | cheduled | Com | plet | ion Da | te (11) | Name of OSHA | Monitor | | | | | | |
| 11 /04 / | 13 | _11_ | 1_ | 04 | _ / _ | 13 | BRISTOL EN | VIRONMENTAL | ., INC. | | | | | |
| Occupancy Status During A | batement (C | Check on | y one | :) | | | Street Address | 1100 | | | | | | |
| ☐ Facility Closed/Vacated | During Entir | e Period | of Ab | aten | nent | | 1123 BEAVE | R STREET | | | | | | |
| ☐ Abatement Performed O | | | | | s - Des | cribe | City, State, Zip C | Code | | | | | | |
| Time of Abatement: 7AM | viPM | / <u>4</u> PM | ^ | MA | | | BRISTOL, PA | 19007 | | | | | | |
| Scope of Work (Check all th | nat apply) | | | | | | <u> </u> | | | | | | | |
| ≥3 sf or ≥3 lf | | | Reno | | | | Mini-End | | ative Pressure | • | | | | |
| ☐ ≥160 sf or ≥260 lf | | | Demo | olitio | n | | ☐ Non-Exe | g Procedure empted (*) and Nor | n-Friable Proc | edure | | | | |
| | | | Is Lo | | | | | 10 | | A | bate | nent T | уре | |
| Location of | | , ı | Nor Sed S | mal Sole | | Acha | Description | | Amount | ā | 7 6 | m | m | |
| Asbestos-Containing Ma TO BE ABATE | | ' I | Vlaint | enai | nce/ | | estos Containing Ma e., thermal systems | | (Specify | Kemova | Kepair | Cap | Enclosure | |
| IN Facility | | 0 | | lial S 12) | Staff? | | surfacing, VAT | | SF or LF) | | | Encapsulate | ure | |
| (13) | | Ye | 1. | No. | N/A | | other miscellane | eous) | | | | fe | | |
| Bldg 2015 Exterior Line | es | | D | ₫ | | Pipe In | sulation | | 29 LF | Ø | | | | |
| | | | |] | | | | | | | | | | |
| | | | |] | | | | | | | | | | |
| | *************************************** | | | | | | | | | | | | | |
| Name of Registered Waste | Hauler | | | N. | JDEP V | Vaste | Cubic Yards of | Name of Regist | tered Landfill | | | | | |
| Bristol Environmenta | | | | Hauler ID No. Waste 5 | | | | GROWS Landfill | | | | | | |
| City, State | = -38(125)(1 | aran yani ya | | | | | Disposal Date | City, State | | | | | | |
| Bristol, PA | | | | | | | 11/5/2013 | Morrisville, | PA 19067 | | | | | |
| Completed By (Print or Type | e) | Title | | | | | Signature | 0 | . / . | Date | 1- | 2/. | 2 | |
| Gino Pizzigoni | | Estin | nator | r | | | Lino | Pizzigon | 1/ | Date 10 | 12. | 1/13 | 2 | |

ASB-41 MAY 11 GI 13/72

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

CK 23334

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

| Date of Notification (1) | | | | Owner/Operator (2) | | | 11 78 1110 | | 7 | | |
|---|----------------|-----------------|---------------|--------------------|--|-------------------------|-----------------|-----------------|-----------|--------|-------|
| 10/24/2013 | | | | | St Joseph's He | althcare Systems | | | ly in | | |
| Agencies Notified | | Notification | Туре | | Street Address 703 Main Street | 1 | | | | | 1 |
| () EPA | | (X)Initial N | otification | | City, State, Zip Co | | OCT. | 202 | 010 | | |
| (X) DOL | | () Amende | ed Notificati | on | Paterson, NJ 0 | | U-1 | 282 | 013 | | |
| (X)DOH | | () Cancelle | | | | 7 303 | | | | | |
| () DCA | | () 0000 | | | Name of Contact | | | | | | |
| () BON | | | | | James Corueil | 7 | | | | | 1 |
| | | | | FACILITY IN | FORMATION | | | 301 | | | |
| Name of Facility Where A St. Joseph's Wayne F | | aking Place (| 3) | | Type of Facility (4 () School (K-12) | | | | | | |
| | iospitai | | | | () Subchapter 8 | | | | | | |
| Street Address 224 Hanmburg Turnp | ike | | | | | vate & commercial blo | dgs., ho | mes, etc | | | |
| City (5) | County (6) | | County C | | Sq. 300,000SF | No. of Floors: 9 |) | | | | |
| Wayne | Passaic | | (State Us | e Only) | 0q. <u>000,0000</u> | 140. 011 10010. | | | | | |
| wayne | rassaic | | | | Bldg. Age 43 y | | | -2007078 | | | |
| | | | | | Current Use (prior | if being demolished) | Hosp | oital | | | |
| Name of Monitoring Firm | Hired by Bldg. | Owner (8) | ASCM No |). | | Name of Co | ntractor | (9) | | 8 | |
| Health & Safety Servi | | | 00117 | 500 | | Superior A | baten | ent, In | С | | |
| Street Address | | | | | Street Address | nine Cte A | | | | | |
| 318 12th Street City, State, Zip Code | | | | | 2 Henderson D City State, Zip Co | | | | | | |
| Hammonton, NJ 0803 | 7 | | | | West Caldwell, | | | | | | |
| Project Manager for Monit | | Telephone N | Number | | Telephone Number | | Licens | e Numb | er | | |
| Jim Proctor | oring r iiiii | (609) 704- | | | (973) 808-1616 | " | 0041 | | 0. | | |
| | | (000) | | | (0.0) 000 1010 | | | | | | |
| Scheduled Start Date (10) | g. " | Scheduled (| | Date (11) | Name of OSHA M | | - | 2 | | | e 1 |
| Phase I - 11/04/2013 | | Phase 1 - 1 | | | Superior Abate | ment, Inc. | | | | | |
| Phase 2 - 12/09/2013 | × | Phase 2 - 1 | | | A A | 100 | | | | | |
| Occupancy Status During | | | | | Street Address | | | | | | |
| () Facility Closed/Vacated () Abatement Performed (| During Entire | e Period of Ab | atement | | 2 Henderson D | rive, Ste. A | | | | | |
| (X) Other – Describe: wo | | | | ed area | City, State, Zip Co | vdo. | _ | | | | |
| (1.) The second of the second | | | | | West Caldwell, | | | | | | |
| | | | | | Troot out arrow, | | | | | | |
| Source of Work (Check all | that apply) | | | | 64 | | | | | | |
| () Demolition (X) Rei | novation | 65 | | 2 | | | | | | | |
| () Large Proj. (>160 SF o | | M)(X)SMF | Proi. (>25<1 | 60 SF or >10 <2 | 260 LF ACM) () | Minor Proj. (<25 SF o | r <10 L | F ACM) | | | |
| () Full Containment with | Negative Pres | ssure (X) | Mini-Enclos | ure () Glovebag | g Procedure () No | n-friable Procedure for | r Asbes | tos Trans | site Sidi | ng Rem | oval. |
| Location of Asbestos-Con | | ocation Norm | | | ACM (i.e. thermal | Amount (Specify SF | or LF) | Abater | nent Ty | ре | |
| Material (ACM) in Facility | | ely by Maint./0 | Custodial | | tion, surfacing, | | | | | | |
| | NA NA | ff? (12) YES | NO | VAI, or other i | ner miscell.) Rem. Rep. Enc | | | | | | |
| Rooftop Boiler Room | | X | - 110 | Breeching | | 60 SF | | Х | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | - | - | - |
| | | | | | | | _ | | | 1 | |
| | | | | | | · · | | | | | |
| Name of Reg. Waste Haul | ler | NJDEP Was | te Hauler I | D# | Cubic Yards of Wa | aste | | of Reg. | | d. | - |
| Service Transport, Inc | ¥ | PA-317 | | | 10 | | | va Enter | prises | | |
| City, State New Castle, DE | | | | | Disp. Da | ate 013 & 12/11/2013 | City, S Wayn | tate esburgh | OH | | |
| Completed by (Print or Ty | ne) | Title | | | Signature 1 | //// | Date | Jourgi | , | | |
| Nick Petrovski | / | President | | | /// | 11/11 | 10/24/ | 2013 | | | |
| | | | | | - Mu | CHAMA | NANCO C | CCIACD | ECTAC | 0/40 | /OO |

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

RECEIVED

D&S Proj. #: 2013-401

| | | | | | | | | | | | | E MEACH | | | | |
|---|--------------------------|-------------|------------------|------|----------------------|--------|-------|---------------------|--------------|--------------------------------|------------|---------------------|-----------|-------------|---------------|--------|
| | I I Nar | ne of Buil | ding Owne | er/O | perator (2) | | _ | | H) | 67 28 A | 4: | 3: 46 | | _ | | _ |
| Date of Notification (1) | | | of stravo | | | | | | | | | | | | | |
| Agencies Notified Type Notification | | et Addres | | uia | KUSSIVAS | _ | | | 9 | STOS CO LICENSI | NI | ROL | 1 | | | _ |
| | | 400 1st a | | | | | | | 6c | LICENSI | NG | 0 | A | | | |
| DEP Amended | | , State, Z | | _ | | | _ | | | | _ | V | | a 2. | | |
| Amendment #:_ | | | rgen, NJ | | | | | | | 1 | - 2 | | أيوا از - | \$ \$ | | |
| DOH Emergency (including | | ne of Con | | | | | | | | Telephone | e Nu | ımber | | | | |
| justification) | | ina n | opovacile | 211 | | | | | | | | | | | | |
| Cancellation | | паппа р | apavasilo | | | | | | | = | | | | | | _ |
| | | | FAC | ILIT | Y INFORMA | ATION | 1 | | Tyre | e of Facility (| 4) | | | _ | | _ |
| Name of facility where abatement is | taking plac | e (3) | | | | | | | Typ | Schoo | +) I (K | - 12) | | | | |
| the estate of stravoula kossivas | | | | | | | | | | 74.575.075.050.050.050.050.050 | | r 8 (Oth | | | 2) | |
| Street Address | | | | | | | | | | Other (| (Priv | ate/Cor nes, etc | nmero | ial - | | |
| 0.400 1.4 | | | | | | | | | Sc | | _ | Floors | \top | Bldg | j. Age | • |
| 8400 1st avenue | Count | v (6) | | _ | | Cou | unty | Code (7) | | | | | | | | _ |
| City (5) | | , | | | | | 120-7 | use only) | C | urrent Use (P | rior | if being | demo | lished | 1) | |
| North Bergen | huds | | | | | | LNI | ame of Abatemen | t Cont | ractor (9) | _ | | | | | |
| Name of Monitoring Firm Hired by B | ldg. Owner | (8) | | A | SCM No. | | | | | | | | | | | |
| | | | | _ | | _ | | D & S RESTOR | CATIC | JN, INC. | _ | | | _ | _ | _ |
| Street Address | | | | | | | | 20 California A | ve | | | | | | | |
| 0. 0. 1. 7. 0. 1. | | | | _ | | _ | Ci | ty, State, Zip Code | | | - | | | | | |
| City, State, Zip Code | | | | | | | | Paterson, NJ 0 | 7503 | | | | | | | |
| Project Manager for Monitoring Firm | | P | hone Num | ber | | | T | elephone Number | | | Li | cense N | | er | | |
| 1 Tojout Managor To: Monte Mg | | | | | | | L | 973-345-802 | | | <u></u> | 01 | 169 | | _ | _ |
| Start Date (10) | [Sched. | Complet | ion Date (| 11) | | _ | N | D & S Restora | | (no | | | | | | |
| \$29000000000000000000000000000000000000 | 11/22 | /12 | | | | | S | treet Address | tion, | uic. | _ | | | | | |
| 11/06/13 Occupancy Status During Abatemen | | | | - | | _ | | 20 California A | venu | e | | | | | | |
| ☐ Facility closed/vacated during | entire perio | d of abat | ement. | | | - 1 | c | ity, State, Zip Cod | | | | | | | | |
| Abatement performed outside | of normal f | acility hou | urs- | | | | | | | | | | | | | |
| Describe: NORMAL H | OURS | | | | | = | | Paterson, NJ (| | | _ | | _ | | _ | _ |
| Scope of Work (check all that apply | | | | | | | | | = | Containment -enclosure | w/n | egative | press | ure | | |
| $\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$ | Renovatio | n | | | | | | | Glov | ebag proced | ure | | | | | |
| ≥160 sf or ≥260 lf | Demolition | 1 | | | | | | | Nor | -Exempted (* | *) an | d Non-f | riable | proce | 1145 C. F. T. | |
| Location of | Is location by mainte | n normally | y used sole | ely | 7 | | | 97.2972 | | Amount | | | е | e | E n | E n |
| asbestos-containing | staff(12) | mance/cu | istodiai | _ | Descript material | | | bestos-containing | | (Specify | | or | m o | p a | c a | C |
| material (acm) to be abated in facility (13) | Yes | No | N/A | | material | (AOII | "/ | | | LF) | | | ٧ | i | р | L |
| | | | _ | 4 | DIDE INC | TIT A' | TIC |)N | _ | 290 l ft | - | | e | | | |
| BASEMENT | | PIPE INSULA | | | | | | BLE PACKING | } | 2 SQ FT | | | | | | |
| BASEMENT | | TRANSITE P. | | | | | | | | | | | | | | |
| BASEMENT | | | | 4 | 110 11 1011 | | | | | | | | | | | |
| | | | = | 7 | | | | | | | | | | | | |
| Registered Waste Hauler | | EP Haule | r ID# | | bic Yards of | Was | te | Name of Register | red La | ndfill | DEC | OVE | v | | | |
| D & S RESTORATION, INC. | 135 | 506 | Diares | | yds | | _ | TULLYTOW: | N, KE | SOURCE | KEC. | OVE | . 1 | | | _ |
| City, State | 14 | | Disposa 11/07 | | | | | TULLYTOW | N, P | A | | | | | | |
| PATERSON, NJ 07503 Completed by (Print or Type) | Title | | | 7 | Signature | | - | | | | | Date | | | | |
| DOCDAN TOLDZIC | PRESIT | FNT | | | | | | | | | | 10/23 | /201 | 3 | | |