| Date of Notification (1) | | | Nam | e of Build | ing Owner | Operator (2 | <u> ALC</u> | in En | | | - | _ |
|--|---------------|-------------------------------|-----------------|----------------------|------------------------|---|---------------------------------|---|----------------|---------|-------------|-----------|
| Agencies Notified Type Notific | otion | | P.S | .E.G. | | | | | | | | |
| EPA Initial | | | 400 | | EY ROA | AD Z | M4 BCT 31 | 7 PH 10: 49 | | | | |
| | ment# | | City, SOL | State, Zip JTH PL | Code AINFIEL | D, NJ. 07 | 562516 | S GORTROL | | | | |
| DOH justifica | ency (includi | ng | Name | e of Cont | act | | Ca Little | Telephone N | umbe | Γ | desit. | |
| DCA Cancel | lation | | | | LUEI | | FA11 | | - | | 7 | |
| Name of Facility Where Abatement is | Taking Place | : (3) | FA | CILITY | NFORMAT | | ype of Facility | (4) | | | | -, - |
| PSE4G Street Address | | | | | | | School (K- | -12) | | | | |
| 1389 RTE | | | | TH | | × | Other (i.e. etc.) | er 8 (Other than K- private & commerce | 12) cial bu | uilding | s, hon | nes, |
| NESHANIC | STAT | 10 | <i>د</i> ۸ | | | S | quare Feet | # of Floors | | 0.00 | Age | |
| County (a) | | , 0. | Count | y Code (| 7) | C | urrent Use (Pr | for if being demolis | shed) | iU | 14 | _ |
| SomERSE Name of Monitoring Firm Hired by Build | / | 0) | | E USE ON | ILY) | | 511 | SitcH S | | 7; | 010 | |
| ENVIRONMENTAL TACTICS Street Address | aing Owner (| 8) | \$4 SHANNED | CM No. 045 | _ | Name of A | Abatement Co | ntractor (9) IS OF AMERIC | | | | |
| 64 BROAD STREET | 52170 | • | | | | Street Add | iress HTEHEAD | AVE. | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | | e, Zip Code RIVER, N. | I 08882 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | one No. 292-22 | 17 | Telephone | No. | License N | | | | |
| Start Date (10), | Schedu | aled Co | | n Date (1 | | Name of C | SHA Monitor | | | | | |
| Occupancy Status During Abatement (C | Check Only C | One) | 5/ | 117 | - | Street Add | | S OF AMERICA | A ——— | | | |
| Facility Closed/Vacated During Ent | ire Period of | Abater | ment | | 18 | | ITEHEAD A | AVE. | | | | |
| Abatement Performed Outside of N Other – Describe: OLT DOG | Iormal Facili | ty Hour | s | | | City, State | | 1.00000 | | | | |
| Scope of Work (Check All That Apply) | | | | | | 300111 | RIVER, NJ | 08882 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | _ | Renova Demolii | | | | | Aini-Enclosure Slovebag Proc | | | | | |
| | | s Locati | | | | | Jon Exemples | | Pro | ASS. 73 | re ement | |
| Location of Asbestos-Containing Material (ACM) | | Normal ed Sole | |] | Des | cription of | - | | | T | /pe | |
| TO BE ABATED In Facility (13) | IVI | aintenar stodial S (12) | nce/ | Asbe (i.e | e. thermal s surfac | lining Materi systems insu ing, VAT, or iscellaneous | ulation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | /al | = | ilate | ure |
| outsi DE | | X | | AC | m Th | PANS:TE | E PipE | 35 LF | | | X | |
| | | | | | | | 1 | | | | - 4 | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | l N | JDEP W | lacto | I Cubin M | | - | | | | | |
| WASTE MANAGEMENT | | Ha | auler ID 125 | | of Wast | | - 1 | egistered Landfill NORTH | | | | |
| City, State ELIZABETH, NJ | 1 | | | | Disposa | l Date | City, State | VILLE, PA | | | | |
| Completed by CAROL RAIMO | Title OFFI | CE 844 | | | Sig | nature | 1 | 1 15: | 7 | | , | \exists |
| 200 | UFFI | | эK. ——— | | | arat | Ray | mo 10 | 19 | 1/1 | 4 | |

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

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

| Date of Notification (1) | Name of | Building Owner/ | Operator (2 | 10 | | Total Total | • | | |
|---|----------------------------------|-----------------------|----------------------------|-------------------------------|--------------------------------------|-------------|---------|-------------|----------|
| 10/28/14 | P.S.E.0 | 3. | | <i>5</i> . | IRCT 30 P | a in | 56 | - | |
| Agencies Notified Type Notification | | idress ADLEY ROA | ח | | | | • • | | |
| EPA | | e, Zip Code | | 45 | BESTOS O | 1.: [] | COL | | |
| □ Amendmer □ Emergency | nt#SOUTH | PLAINFIELD | D, NJ. 07 | 080 | & LICENS | ING | | | |
| DOH justification | Name of (| Contact | :LL: | n . 1 | Telephone N | lumber | | 1 - | |
| | FACU | ITY INFORMAT | | + 10 | | | | | 0 |
| Name of Facility Where Abatement is Taki | ing Place (3) | | T | ype of Facility | (4) | | | | |
| Street Address | FRLAWN | SWITC | 17 | School (K-1 | | 40) | | | |
| 17-53 NEVI | NS RD | 4 | | Other (i.e. p | 8 (Other than K- private & commer | cial bui | ildings | , hom | ies, |
| City (5) — (1) | | | S | etc.) quare Feet | # of Floors | | Bldg. | Age | |
| County (6) | | -1- (7) | | N/A | N/F | | R | 1/ | 2 |
| BERGEN | County Co (STATE US | ode (7) SE ONLY) | 0 | urrent Use (Pri | or if being demol | ished) | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8) ASCM I | | Name of | Abatement Cor | ntractor (9) | | - | | |
| Street Address | 0045 | 5 | | | S OF AMERIC | CA | | | |
| 64 BROAD STREET | <u>)</u> | 8 | Street Ad 396 WI | dress HITEHEAD A | AVE. | | | | |
| City, State, Zip Code | | | City, Stat | e, Zip Code | | | | | |
| MATAWAN, NJ 07747 Project Manager for Monitoring Firm | 1 | | | I RIVER, NJ | 08882 | | | | |
| TOM GEIGER | Telephone 732-292 | | Telephon 732-43 | | License 011 | | | | |
| Start Date (10) | Scheduled Completion Da | ate (11) | Name of | OSHA Monitor | 1 | - | | | |
| Occupancy Status During Abatement (Che | 12/3/// | 4 | | | S OF AMERIC | A | - 4 | | |
| Facility Closed/Vacated During Entire | 15 35 | 3.5) | Street Ad 396 Wh | dress HITEHEAD A | AVE. | | | | |
| Abatement Performed Outside of Norm Other – Describe: 047000 | nal Facility Hours | İ | City, State | e, Zip Code | | - | 911-19- | | - |
| Scope of Work (Check All That Apply) | | | SOUTH | RIVER, NJ | 08882 | | | | |
| ≥3 sf or ≥3 lf | Renovation | | | F. 11.0 | | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | Mini-Enclosure | | Pressu | re | | |
| | | | <u> </u> | Glovebag Proc Non-Exempted | edure (*) and Non-Fria | ble Pro | cedur | е | |
| | Is Location | | | | 1 125 | | | ement pe | |
| Location ofAsbestos-Containing Material (ACM) | Normally Used Solely by | Des Asbestos Conta | cription of aining Mate | rial (ACM) | Amount * | - | · , | . 1 | |
| TO BE ABATED In Facility | Maintenance/ Custodial Staff? | (i.e. thermal s | systems ins | sulation, | (Specify SF or LF) | Ren | Re | Encapsulate | End |
| (13) | (12) | | iscellaneou | | Gr Gr Ery | Removal | Repair | osula | Endosure |
| | Yes No N/A | | | | | | | te | ω |
| outside | I A | CM PipE | Sam | ASTic. | 50 | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler | NJDEP Wast | te Cubic Y | /ards | l Name of S | ogistored ' 'm | | | | |
| WASTE MANAGEMENT | Hauler ID No | | | A 100 M M M M | tegistered Landfill NORTH | | | | |
| City, State | 1125 | Disposa | . S | City, State | | ļ | | | |
| ELIZABETH, NJ | | 1 | 3 A | MORRIS | SVILLE, PA | | | | |
| Completed by CAROL RAIMO | Title OFFICE MGR. | Sig | gnature | I Pas | . Di | ate / | 20 | 1 | |
| | OFFICE MIGK. | 10 | are | 1 las | ma / | 0/2 | 81 | 14 | 1 |

| OPE | N | | 0.000 |
|-------|-----|-------|-------|
| ROSTI | Fie | ATION | 1 |

| Date of Notification (1) / | Name o | of Building Owner/O | Operator (2) | | | | ANTENNA TO | 0.100 |
|---|--|-------------------------------|--|----------------------------|------------|--------|-----------------|-----------|
| 10/28/14 | P.S.E | .G. | 2014 GC | T 30 PH 10: | 55 | | | |
| Agencies Notified Type Notification | | Address | | | | | | |
| ☐ EPA 🔀 Initial | | HADLEY ROAL | #J5513 | STOS CONTI | ROL | | | |
| DEP Amended | | ate, Zip Code | & | LICENSING | | | | |
| DOL Amendment : | adudina | TH PLAINFIELD | 0, NJ. 07080 | | | | | |
| ≥ DOH justification) | Name o | of Contact | 1//1 | Telephone Nu | mber | _ | | |
| DCA Cancellation | | | ILL:AN | ы | | 1 | | |
| None of Facility Values Abstract in Taking | | ILITY INFORMATI | Type of Facility (| (4) | | | | |
| Street Address | ERGEN S | | School (K-1 | 12) - 8 (Other than K-1 | 2) | r | | |
| 1148 HENDR | icks Cs | WY | Other (i.e. petc.) | orivate & commerc | iai bullo | iings, | nome | S, |
| City (5) , | | / | Square Feet | # of Floors | В | ldg. A | ge | |
| KIDGEFIELD |) | | NA | NIA | - | N | IA | |
| County (6) BERGEN | County | Code (7) USE ONLY) | Current Use (Pri | or if being demolis | hed) | / | | |
| Name of Monitoring Firm Hired by Building C | | M No. | Name of Abatement Con | ntractor (9) | | | | |
| ENVIRONMENTAL TACTICS | 00 |)45 | UNIQUE SYSTEM | S OF AMERIC | Α | | | |
| Street Address 64 BROAD STREET | | | Street Address 396 WHITEHEAD | AVE. | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | City, State, Zip Code SOUTH RIVER, N. | 1.08882 | | | | |
| Project Manager for Monitoring Firm | Telepho | | Telephone No. | License N | | | | |
| TOM GEIGER | | 92-2217 | 732-432-8350 | 0111 | 1 | | | |
| Start Date (10) | Scheduled Completion | Date (11) | Name of OSHA Monitor UNIQUE SYSTEM | | A | | | |
| Occupancy Status During Abatement (Check | | | Street Address 396 WHITEHEAD | AVE | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | al Facility Hours | | City, State, Zip Code | | | | | |
| Other - Describe: 047 Dooks | <u> </u> | | SOUTH RIVER, N. | J 08882 | | | | |
| Scope of Work (Check All That Apply) | _ | | | | | | | |
| ≥3 sf or ≥3 lf | Renovation Demolition | | Mini-Enclosur Glovebag Pro | | | | | |
| + | | 1 | 14011-Exemple | u () and Noti-i ha | | Abate | - Park Services | |
| | Is Location Normally | | _ | - | | Тур | | |
| Location ofAsbestos-Containing Material (ACM) TO BE ABATED In Facility | Used Solely by Maintenance/ Custodial Staff? | Asbestos Con (i.e. thermal | scription of taining Material (ACM) systems insulation, cing, VAT, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| (13) | (12) | other | miscellaneous) | | oval | ar | sulate | sure |
| | Yes No N/A | Ι | | 1 11 | | | w | |
| outside | X | ACM Tipe | Samastic | 60 LF | A | | - | |
| | | | | | | | | |
| Name of Registered Waste Hauler | NJDEP V | Vaste Cubic | Yards Name of | Registered Landfil | | | | |
| WASTE MANAGEMENT | Hauler III | | ste / GPOW | 'S NORTH | | | | |
| City, State ELIZABETH, NJ | ti ti | Dispo | sal Date City, Stat | te ISVILLE, PA | | | | |
| | Title | <u> </u> † | | | ate / | | | |
| Campleted by CAROL RAIMO | OFFICE MGR. | | Caral Ra | ine / | ate 0/2 | 18/ | 14 | 1 |

| Agencials Notified Type Notification | Date of Notification (1) | Name of Building Owner. P.S.E.G. | Operator (2) | |
|--|--|---|--|---------|
| DDP Amendment # Emergency (Including DDA Description of DDA DESCRIPTION | | Street Address | STOUL (400 PM 10: 48 | |
| DOH | DEP Amended | City, State, Zip Code | ASBESJES ONTROL | |
| Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (Le. private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (Le. private & commercial buildings, homes, etc.) Subchapter 8 (Other than K-12) Other (Le. private & commercial buildings, homes, etc.) Square Feat | Emergency (in | | Telephone Number | |
| Name of facility (Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (Le. private & commercial buildings, homes, etc.) Subchapter 8 (Other (Le. private & commercial buildings, homes, etc.) Supera Feet # of Floors Bidg. Age # # y. 74 yes. | | | ELENSKI . | A. |
| School (K-12) Street Address OD WEST CRAND ST, Signer Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial buildings, homes, etc.) Square Feet Solution (Inc., private & commercial building (Inc., private & commercial buildings, howes, private & commercial buildings, hore, priva | Name of Facility Where Abatement is Taking | | Type of Facility (4) | |
| GUIV (5) City (5) County (6) County (7) Square Feet # of Floors Bidg, Age # Ho, o o of Horitoring Firm Hired by Building Owner (8) County (8) County (9) Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747 Froject Manager for Monitoring Firm Telephone No. TOM GEIGER Street Address City, State, Zip Code MATAWAN, NJ 07747 Froject Manager for Monitoring Firm Tomally Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Office Abatement Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Z 3 sf or ≥3 fr Abbetter County Code (7) Scheduled Completion Demolition Renovation Demolition Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cloyebag Procedure Non-Exempted (*) and Non-Friable Procedure Abbetternet Type A | // ~ - | | School (K-12) | alterna |
| City (5) County (6) County (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. TOM GEIGER Street (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Town Geliger Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Town Geliger Start Date (10) Scheduled Completion Date (11) VITY Coccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Scope of Work (Check All That Apply) 23 st or ≥3 lf 216 of or ≥260 lf Renovation Demolition Scope of Work (Check All That Apply) 24 st or ≥3 lf 25 lf (20) Normally Used Solely by Maintenance/Custorial Staff? (12) Yes No N/A N/A Square Feet Mon. Current Use (Prior if being demolished) Current Use (Prior if being demolished) Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempled (*) and Non-Friable Procedur | | ANN ST | Other (i.e. private & commercial buildings, hom | nes, |
| County (5) County Code (7) Current Use (Prior if being demolished) | | 771020 31, | | |
| STATE USE ONLY SUBSTITUTION | ELIZABETH | | | 1 yes |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS ASCM No. 0045 UNIQUE SYSTEMS OF AMERICA Street Address 386 WHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Tolephone No. 11 Cicense No. 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Tolephone No. 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥260 if Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Giovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | |
| Street Address 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. 732-292-2217 Tay-432-8350 City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. 732-432-8350 City, State, Zip Code SOUTH RIVER, NJ 08882 Telephone No. 732-432-8350 County Count | Name of Monitoring Firm Hired by Building Or | | Name of Abatement Contractor (9) | |
| Gity, State, Zip Code MATAWAN, NJ 07747 City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm To Be ABATED In Facility (13) State, Zip Code SOUTH RIVER, NJ 08882 Telephone No. 732-292-2217 Talephone No. 732-432-8350 01111 Telephone No. 732-432-8350 01111 Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Telephone No. 732-432-8350 01111 Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Telephone No. 732-432-8350 01111 Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 To be a fine period of Abatement Abatement With Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type A | Desire a processor a many desired a processor measure desired of the contract | 0045 | And the second s | |
| Project Manager for Monitoring Firm Telephone No. 732-292-2217 Telephone No. 732-432-8350 Telephone N | | | | |
| TOM GEIGER 732-292-2217 732-432-8350 01111 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Renovation Demolition Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A N/A | | | | |
| Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A UNIQUE SYSTEMS OF AMERICA Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A N/A | | | - 1 1 1 1 1 1 1 1 1 1 | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted | Start Date (10) | Scheduled Completion Date (11) | [1] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4 | |
| Abatement Performed Outside of Normal Facility Hours Other – Describe: SOUTH RIVER, NJ 08882 City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos-Containing Material (ACM) In Facility (13) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A City, State, Zip Code SOUTH RIVER, NJ 08882 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A | Occupancy Status During Abatement (Check | Only One) | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf South River, NJ 08882 Full Containment with Negative Pressure | Facility Closed/Vacated During Entire Pe | eriod of Abatement al Facility Hours | | |
| ≥3 sf or ≥3 lf | Other – Describe: | | | |
| Demolition Demolition Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | R-7 | ₩ | П | |
| Location of Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) No N/A Abatement Type Abatement Type Amount (Specify SF or LF) SF or LF) Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | | Mini-Enclosure Glovebag Procedure | |
| Location of Normally Used Solely by Maintenance/ TO BE ABATED In Facility (13) Yes No N/A Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type | 11 | 1-1 | | nt |
| Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Yes No N/A Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Specify SF or LF) Annount (Specify SF or LF) Page 1 | | Normally | Туре | |
| Yes No N/A | | Maintenance/ Aspesios Co | ntaining Material (ACM) Amount al systems insulation, (Specify 2 7 7 | g |
| Yes No N/A | t control of the cont | (12) Sun | facing, VAT, or SF or LF) | closu |
| | | Yes No N/A | a ale | le l |
| STORE ROOM X ACM PIPE INSULATION 100 LFX | STORE ROOM | X Acm Pipe | E INSULATION 100 LFX | |
| | | | | |
| | | | | |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill | Name of Registered Waste Hauler | NJDEP Waste Cubi | ic Yards Name of Registered Landfill | 1 |
| Hauter ID No. of Waste | WASTE MANAGEMENT | Hauler ID No. of W | aste GPOWS NORTH | |
| City, State Disposal Date City, State | City, State ELIZABETH, NJ | | osal Date City, State | |
| | Completed by CAROL RAIMO | | Signature Date 10/98/10 | 1 |

| | | | | 1, 0 | Judin | to NOAC C | | 14.120 | 4 | | F. J. | COL | 1/1 | · Park | | |
|---|-------------------------|----------------------------------|---------------|--------------------------------|-----------------------------|-----------------------|------------------------|-------------------|----------------------|---------------------------|-------------|---------------------------|---------|----------|-------------|-----------|
| Date of Notification (1) | 14 | - | | | Name of P.S.E. | Building C G. | Owner/Op | erator | (2) | | | 28 | | | | |
| Agencies Notified | Type Notifi | | | 1 | Street A | ddress ADLEY | ROAD | | | | 2014 (| ICT 30 | PHI |)։ | 7 | |
| DEP DEP DOL | initial Amer | | | | | te, Zip Co | | NJ. (| 27080 | £ | 158E | STOS (| 00% | TRC | IL. | |
| M DOH DGA | justifi | gency (in cation) ellation | cluding | 1 | n | Contact ERN | 100 | | P:V | ERA | Tele | ephone Num | | _ ~/ | ۵., | ٠. |
| | 1 | | | | | LITY INFO | | N | 211 | 0 / | | | | | | |
| Name of Facility Where | • | s Taking | Place (3 |) | | | | | | of Facility (| 2) | | | | | |
| Street Address M: | T. P | EAS | SAN |)7 | AV | E. | | | X | Other (i.e. petc.) | rivate 8 | er than K-12 commercia | l build | 20 10 | 200 | es, |
| WEST | | | | | | | | | 7: | re Feet | | Floors | RO | dg. A | ge 74 | Y#S |
| County (6) | CV | | | | | Code (7) USE ONLY) | | | Curre | nt Use (Prid | - | ng demolish | | <u> </u> | . ` | |
| £55 | | didian O | (0) | | | | | Nama | -5 ^ | Sw. | 101 | | 131 | C | M |) |
| Name of Monitoring Fin ENVIRONMENTA | | | wher (6) | | ASCN 004 | | | UNIC | QUES | | | AMERICA | | v | | |
| Street Address 64 BROAD STRE | ET | | | | | 8 | | 396 | | EHEAD A | AVE. | | | | | |
| City. State, Zip Code MATAWAN, NJ 07 | 747 | | | | | | | | | p Code IVER, NJ | 0888 | 2 | | | | |
| Project Manager for Mo TOM GEIGER | nitoring Firm | | | | Telepho 732-29 | ne No. 92-2217 | | | none No 432-8 | | | License No 01111 | | | | |
| Start Date (10) | 14 | 5 | Schedule | ed Corr | pletion | Date (11) | | | | A Monitor | SOF | AMERICA | | | | |
| Occupancy Status Duri | | | an A | | ent / | | | 100000 | Addres | S EHEAD A | AVE. | | | | - Grand X | |
| Abatement Perform Other – Describe: | med Outside | of Norma | I Facility | Hours | 0 | | _ | | | p Code IVER, NJ | 1 0888 | 2 | | | | |
| Scope of Work (Check | Atl That Apply | / / | | | / | | | | , , , , , , | 1 4 = 1 1, 1 40 | | - | | _ | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | _ | tenovat emoliti | | | | 2 | Min Glo | i-Enclosure vebag Prod | e cedure | Negative P | | | | |
| *************************************** | | | | 1 | | | - | - 12 | 3 1401 | PEXEMPLE | 2 () 611 | u Non-i nab | 1 | | ement | |
| Locatio | n of | - | | Location Vormall | | | Dec | cription | of | | | * | | Ту | pe | |
| Asbestos-Containin TO BE Al | g Material (A) BATED | CM) | Ma | d.Solel intenar todial S | ice/ | | tos Conta thermal s | ining N system | /aterial s insula | | (S | mount Specify | Re | ي | Ence | . Enc |
| In Fac (13 | 100 m | | | (12) | | | surfaci other m | | | | SF | or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | | Yes | No | N/A | | | | | | | | , | | | |
| CONTROL | . Moo | M | | X | | TRAN: | 5,1E | RELA | 9 + F1 | OOR | | 50 SF | X | | | |
| | | | | | | 0 - | | | PA N | E/S | a | | 10 | | | |
| | | | | | - | ACA | 1 W. | rRE | 50 | CKS | 20 | 00 UF | X | | | |
| ., | | | | 1 - | IDEE: | | | | | | D | | | | | |
| Name of Registered Wa WASTE MANAGE | | | | H | JDEP W auler ID I 125 | 20116 | of Wast | te | | Name of GROW | 1000 | ered Landfill RTH | | | | |
| City, State ELIZABETH, NJ | | | | - 1 | | | Disposa | 1/2/15 L 1/2/2 | | City, State | | E, PA | | | | |
| Completed by CAROL RAIMO | | | Title OFFI | CE M | GR. | | | anature | e (/ a/ | 2 1 | 1 | Da | e / | 10 | // | 1 |
| | | | | | | | | d | ear | -14 | 11/1 | 011 | 010 | 9/ | .1-1 | |

Oct 27 2014 ,08:05am State of New Jersey NOTHFICATION OF ASBESTOS ABATEMENT pled 5310 EMERGENCY (Pursuant to NJAC 8:50 and 12:120) Cares of Building Contest Consider (2) 10-24-14 M. BLUM Health & Action Services Agency Modified Type Molification 84 HIGHLAND Stos HOLMEN OMES-DEPA ODEP III Armendied Date: 16/27/14 Timo: 8: 014 Accomplished: P 07110 and more NUTLEV Energiency (actuality Name of Contact Telephone Rumber justilication) HOO! M. Blum DOCA . D Carriella and FACILITY INFORMATION Mann of Pacing Where Abstractic Total of Pince (3) Type of Facility (4) BLUM Ci School (K-12) D Substitute & (Cit All Other Re. private & control IGHLAND LANG (minet, de.) #of Hooks Eddy, And CHEERY (6) Commy Code (7) (STATE USE ONLY RESIDENCE ong Pin labet by Suiting Owner Best Removal Inc CONDOM TOMBE 450 S.River St Gily, State, Zip Code City, Strain, Zip Code Hackensack, N.J. 07601 Telephone No. 201-329-7444 00388 Start Date (10) Schooled Cognission Date (11) Name of CUSTA Months 14 10-28-10-29-14 Omega Environmental Inc Germany Claims Daring Absternant (Check oraly one) Street Address 280 Euyler St Carrier Cincoln Content During Entire Period of Alexanders Character Performed Outside of Named Pacific Roses

Character Performed Outside of Named Pacific Roses

Character Performed Outside of Named Pacific Roses City, State, Zip Orde 4pm South Hackensack, N.J. 07606 Storpe of Week (Compt all that apply) Pad Containment with Negative Process
Of Mary Englance
Understand Procedure
Understand Count Mon-Friedle Fin 電影などのでは 選手 - Renotation □ 21(四年の22回日 Demoilion As Location Type Monnaily Linual Solely by Decopion of Achiero Containing Manufal (ACM) Committees the special Araches Market Control of the Control MINISTRACTS TO BE ABATED Minerolan Go., Showed sycleme increasing Controlled Rupak mentioning, VAT, or _____ SHO (12) YES NO NO BASAMENT BOILER ROOM THERMAL (USCLATION AFIX BASEMENT BOILER ROOM 60 SFIX THEYRMAL INSULATION Names of Registered Water Handar N. DEP Waste Hauter Cubic Yards of | Name of Recommend Lance 191 Min No. Best Removal Inc 1/2 405 17109 Minerva Enterprises Deposal Date Hackensack, N.J. 07601 Oh Waynesburg . 10-29-14 Signature 10-24-14 P. Yeldran RVELDRAN Estimator "Do watere the founder aspectes Economic cares

CK 1105

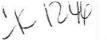
| O 11 | | | | NOTIF (P | CATIO | tate of Ne N OF ASB t to NJAC | ESTOS A | ABATE | MENT |) E | G [| | VE | | | |
|--------------------------|--|-------------------------------------|------------------------------|--|----------------------------|-------------------------------------|----------------------------------|--|-----------------------------|--|---------|---------------------------|-------------------|--------|-------------|-----------|
| Date of No 10/27/14 | otification (1) 4 | 8. 6. | | | Name o | of Building ara Willia | Owner/C | perator ubbert | (2) | | C.T | 3 D 20 | 014 | | | |
| Agencies | | Type Notification | on | T | | Address Penningto | on Aver | nue | - - | | ابا | 30 7 | 114 | | 4 | |
| DEP DOL | | Initial Amended Amendme | ent# | t | City, St | ate, Zip Co | ode | | | ASBE | | S CONT ENSING | | -1 | + | - 525 |
| DOH DCA | 22 123 | | y (including n) | | Name o | of Contact ara Willia | | ubboet | | | | ephone N | | | | |
| | | | | | | ILITY INFO | | | | | | | | | 12 | |
| Name of F Private | acility Where Al Home | patement is Tal | king Place (| 3) | | | | | | of Facility (4 | | | - 10 | | | В |
| Street Add | iress nnington Ave | nue | | | | | | | | School (K-12 Subchapter 8 Other (i.e. pri | (Oth | er than K & comme | -12) rcial bui | ldings | , hom | nes, |
| City (5) Passaic | | | | | ¥ | | | | | etc.) re Feet | # of | Floors | | Bldg. | Age | |
| County (6) Passaic | | | | | County (STATE | Code (7) USE ONLY |) | | Curre | nt Use (Prior | if bei | ng demol | lished) | 5 | | |
| Name of M | Monitoring Firm H | Hired by Buildin | g Owner (8 |) | ASCI | M No. | | | | ervices Co | | (9) | - | | | |
| Street Add | ress | | | | | | | Street | Addres | | | | | | | |
| City, State | , Zip Code | | - | | | | | City, S | tate, Zi | p Code J 07470 | | | | | | |
| Project Ma | nager for Monit | oring Firm | - | | Telepho | one No. | | Teleph | one No |), | | License 01253 | | | - | |
| Start Date 11/5/14 | (10) | | Schedul | | npletion | Date (11) | | Name | of OSH | A Monitor olutions | | 01200 | | | | |
| Occupancy | Status During | Abatement (Ch | eck Only O | ne) | _ | | | Street | Addres | S | | | | - | | - |
| | ty Closed/Vacate ment Performed – Describe: | ed During Entire d Outside of No | e Period of rmal Facility | Abatem / Hours | nent | | - | City, S | | 224 c Code | | 6 | | | 15121 | |
| (Table 1981) | Vork (Check All | That Apply) | | | | | _ | Unio | n, NJ | | | | | | | |
| × ≥3 sf | or ≥3 If sf or ≥260 If | тпат Арріу) | - | Renova Demoliti | 2000000 | | | ×××× | Min Glo | Containmer i-Enclosure vebag Proce i-Exempted (| dure | | | | re. | |
| • | Location of | f | | Locati | | | | | - 502 (000) (0 | | | | | Abat | emen /pe | t |
| Asbesto | os-Containing M TO BE ABAT In Facility (13) | laterial (ACM) ED | Ma Cus | ed Sole intenar todial S (12) | nce/ | Asbest (i.e. | tos Conta thermal : surfac | cription aining M systems ing, VA iscellan | laterial insula T, or | (ACM) tion, | (S | mount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Basemer | nt | Yes | No | N/A X | | | TSI | | | | 01.5 | | | TO TO | |
| | Basemer | | | | X | | Trans | site Bo | ord | | | OLF | X | | | |
| | | | | | - | 6: | Trans | site bu | aru | | | 0LF | X | - | _ | |
| | | | - | - | | | | | | | | | - | | | |
| Name of Re Newark C | egistered Waste Carting | Hauler | | Ha | JDEP W auler ID 1509 | | Cubic \ | | | Name of Re | egister | ed Landf | fill | 1 | | |
| City, State Newark, N | NJ | | | | | | Disposa | al Date | | City, State Tullytown | . PA | | | | | |
| Completed Daniela A | | | Title Presi | dent | | | Si | gnature | 41 | 1/1 | 26 | | ate 10/27/1 | 14 | | |

| | (1 X | 1295 | | | | | | | | | | | \$3.5 \$1.5 \$1.5 | Pr | int F |
|----------------------|-----------------------------------|---------------------------------|------------|-------------------|----------------|---|---|---------------------------|---|---|----------|--------|---|-------------|-----------|
| | . 04 | | | NOTIF | ICATIO | tate of New Je N OF ASBEST t to NJAC 8:60 | OS ABATE | MENT 0) | | E (| 2 [| | \mathbb{V} | E | |
| Date of N Aug. 22 | otification (1) 2, 2014 | | | | Name o | of Building Owr | ner/Operator | (2) | | 00 | CT | 3 0 | 2014 | | |
| Agencies EPA | | Type Notification Initial | | | | Address Iderson Ave | | | | 1005 | 270 | | | | |
| DEP | | Amended | | Ì | | ate, Zip Code | | | | ASBES | | NSI | |)L & | |
| _ | | Amendment Emergency (| | _ | | igh of Fairvi | ew, New | Jersey (| 7022 | | | | | | |
| ☑ DOH | | justification) Cancellation | | | Diane | of Contact Testa, Mui | | erk | | elephon | e Nur | mber | 1 | | |
| Name of F | acility Where A | batement is Taking | g Place | (3) | FAC | ILITY INFORM | IATION | Type of F | acility (4) | | | | | | - |
| Street Add | dress erson Avenu | е | | | | | | Scho | ool (K-12) chapter 8 (Cer (i.e. privat | other than | n K-1: | 2) | dinas | hom | .00 |
| City (5) Fairview | | | - | | | | | etc.) Square F | eet # | of Floor | | TE | Bldg. A | | |
| County (6) |) | | | Т | County | Code (7) | | 2,000 | Ise (Prior if t | | moliet | - 4.0 | 0 | | |
| Bergen | | | | | (STATE | USE ONLY) _ | | home | 1 1101 II I | Jenig der | 11101151 | ieu) | | | |
| Sky Env | /ironmental S | Hired by Building (Services | Owner (8 |) | ASCI | M No. | | | ent Contract | | - | _ | | | |
| Street Add | | | | | | | | Address Rt 46W, S | Suite 14 | | - | | | | |
| | , Zip Code in Lakes, Ne | w Jersey 0704 | 6 | | | | City, S | itate, Zip Co wa, NJ C | ode | | + | | *************************************** | | |
| Project Ma | anager for Monit Shereshevsk | oring Firm | | T | Telepho | | Teleph | none No. | | 1 / / / / / / / / / / / / / / / / / / / | nse N | 0. | - | | |
| Start Date | (10) | | Schedu | led Cor | | 88-4821 Date (11) | | 832-4244 of OSHA M | 52 | 0118 | 55 | | | | |
| Non | | Abatement (Check | D | ec | | 2014 | Acad | lemy Cor | struction, | Inc. | | | | | |
| | | ed During Entire P | 3.7 | | nent | | Street | Address | | | | | | | |
| | ement Performe - Describe: | d Outside of Norm | al Facilit | y Hours | 3 | | City, S | tate, Zip Co | ode | | | | | | |
| Scope of V | Vork (Check All | That Apply) | | | | | 4 | | | - | + | - | | | _ |
| | or ≥3 If sf or ≥260 If | | | Renova Demolit | | 8 | × | Mini-En Gloveba | ntainment w closure ag Procedur empted (*) a | е | | | | | |
| | | | Is | Locati | on | | | NON-EX | empled () a | na Non- | rnabi | 1 | Abate | | |
| Ashaet | Location of os-Containing M | of | | Normalled Sole | | | Description | | | | | | Тур | e | |
| Assest | TO BE ABAT In Facility (13) | TED . | Ma | todial S (12) | nce/ | su | ontaining M nal systems rfacing, VA er miscellan | insulation, T, or | | Amount (Specify SF or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | | | Yes | No | N/A | , out | i miscenan | eous) | | | | val | ¥. | ulate | sure |
| Baseme | ent Boiler Ro | om - ceiling | | | х | | transite | | _ | 200 sf | | x | | - | - |
| Baseme | ent Boiler Ro | om- chimney | | | Х | f | ue packir | ng | + | 2 sf | | x | + | - | \neg |
| | 1st Floo | г | | 11 | × | floor | tile & line | oleum | - | 825 sf | _ | x | - | - | \dashv |
| | 2nd Floo | | | | x | floor | tile & line | leum | | 230 sf | | х | + | 1 | |
| | egistered Waste | Hauler | 72 | | JDEP Wauler ID | | oic Yards Vaste | 7 | me of Regis | | | | | | |
| | arting, Inc. | | | | 509 | 30 | ,asic | Wa | aste Mana | agemer | nt | | | | |
| | New Jersey | | | | | | oosal Date | | , State llytown, P | 'A | T | | | | |
| Completed Frank Ma | • | | Title | f One: | rotics - | | Signature | | | | Date | e / | | 1 | 7 |
| . Tarik ivid | | | VP O | Oper | rations | | Du | NO. | | | 10 | 0/3 | 25/ | 119 | 1 |

Print Form

| Location of Asbestos- | Is Loca | ation Norm | nally Used | Description of ACM (i.e. | Amount (Specify | Abatement Ty | ne | |
|--|---------|------------|------------|--|-----------------|---------------|---------|---------|
| Containing Material (ACM) in Facility (13) | | by Maint./ | | thermal systems insulation, surfacing, VAT, or other miscell.) | SF or LF) | rusacement (y | <u></u> | |
| | YES | NO | NA | | | Rem. | Encap | Enclose |
| 2 nd Floor | | | x | Mirror Glue | 95 sf | X | | |
| Roof | | | x | Roofing membrane & flashing | 1,700 | × | | |
| Garage Roof | | | x | Roofing membrane & flashing | 600 sf | X | | |
| Roof | | | x | Roofing membrane & flashing | 1,700 | × | | |

| <u>Title:</u> | VP of Operations | Signature: | Date 16-25-14 |
|---------------|------------------|------------|------------------|
| 1 | | | 1.0 |



| | | | | NOTIFIC | | te of Nev | | ey SABATEM | ENT | F | _ | F (| ര | e n | П | 7 6 | = | |
|--------------------------|---|----------------------------|---------------|----------------------|---------------------|-------------------------|--------------|--|------------|---|-----------------|---|-------|-------------|---------------|--------------|--------------|-----------|
| | | | | (Pu | ırsuant t | to NJAC 8 | 8:60 ar | nd 12:120) | | | \mathbb{D}). | E (| G | | - TA | <u> </u> | | In' |
| Date of Not Aug. 22, | | | | 10.00 | | Building (th of Fai | | Operator (| 2) | | M | 'n. | СТ | 3 0 | 20 | 1/1 | | |
| Agencies N | lotified Typ | pe Notificati | on | | Street Ad | ddress Ierson A | 1/0 | | | - 1 | | | 01 | 3 0 | ∠U | 14 | | |
| EPA | X | Initial | | 1 8 | | te, Zip Co | | | | | | 4000 | OTO | 0.00 | NITT | 101 | ٦ | |
| DEP DOL | | Amended | ent # | | | | | , New J | ersey | 07022 | | ASBE | | ENSI | | 10L | ĞL. | |
| DOH DÇA | | justification Cancellat | | 1 3 | Name of Diane | | Munic | ipal Cler | rk | | | elepho | ne Ni | umber | | : : | 02-5 | 11.5 2.5 |
| Name of Fe | ailib. \Afraca Afrac | | ldes Dissa (f | | FACIL | LITY INFO | RMAT | TION | T | | <u> </u> | | | | | | | |
| House | acility Where Abat | ement is Ta | King Place (| 5) | | | | | - | of Facility | 25775 | | | | | | | |
| Street Addr | ess | | | | | | | | S | School (K- Subchapte | r 8 (O | | | | | | | |
| 53 Ande | rson Avenue | | | | | | | | | other (i.e. | privat | e & con | nmer | cial bu | ilding | s, ho | me | S, |
| City (5) Fairview | • | | | S | | | | | | e Feet | 2 | of Floo | ors | | Bldg 60 | . Age |) | |
| County (6) Bergen | | | | | County C | Code (7) ISE ONLY) | | | Currer | nt Use (Pr | ior if t | peing de | emoli | shed) | | - | | |
| Name of M | onitoring Firm Hire | | ng Owner (8) | | ASCM | No. | | Name o | of Abat | ement Co | ntract | or (9) | | | 4-11/2 | | - | |
| • | ronmental Ser | vices | | | | | | | 2000 | Constru | ction | , Inc. | | | | | | |
| Street Addr 140 Boul | | | | | | | | Street A 205 R | | s V, Suite | 14 | | | | | | | |
| City, State, Mountair | Zip Code Lakes, New | Jersey 07 | 7046 | | | | | City, St. Totow | | Code J 07512 | 2 | | | | | | | |
| | nager for Monitoria | ng Firm | | | Telephor | | | Telepho | | | | 0.0000000000000000000000000000000000000 | ense | No. | | | | |
| Start Date (| hereshevsky | | Schodul | | | 8-4821 Date (11) | | 973-8 | | 244 A Monito | | 01 | 155 | | | | | _ |
| Nov i | | | Dec | | 20 | | | 100000000000000000000000000000000000000 | | Constru | | , Inc. | | | | | | |
| | Status During Ab | atement (C | | | | | | Street A | Addres | s | | | т | | | | | |
| Abate | y Closed/Vacated ment Performed C – Describe: | | | | | | _ | City, St | ate, Zij | p Code | | *************************************** | - | | | | | |
| Scope of W | ork (Check All Th | at Apply) | | - // | -1-1-1-11-1 | | ******* | | | | | | | | | -001100 | | |
| | or ≥3 If of or ≥260 If | | | Renova Demolit | | | | × | Min Glo | Containn i-Enclosu vebag Pro i-Exempte | re ocedu | re | | | | ure | | |
| | | | ls ls | Locati | on | | | | | | | | | | | atem Type | | |
| | Location of | | Lie | Normal ed Sole | | *** | | escription | | (A O A A) | | | | - | | Ť | . [| |
| Aspesio | os-Containing Mat TO BE ABATE In Facility | | Ma | aintenar todial S | nce/ | | therma | ntaining Ma al systems facing, VAT | insula | | | Amous (Speci SF or L | ify | Rem | 20 | | Encansulate | Enclosure |
| | (13) | | | (12) | | | | miscellane | | | | 0, 0, 1 | / | Removal | Vehall | | silla | osure |
| | | | Yes | No | N/A | | | | | | | | | | | | 70 | |
| В | asement Main | Area | | | х | | F | -loor Tile |) | | | 880 s | sf | x | | | | |
| | Basement | | | | х | Pip | e Ins | ulation & | Fittir | ngs | | 160 s | sf | x | | | | |
| Ва | asement Boiler | Rom | | | х | | Boile | er Insula | tion | | | 50 s | f | x | | | | |
| | 1st Floor Kitch | | | | х | | floor t | tile & linc | oleum | | | 195 s | | x | | | | |
| 2000 NO 100 CAS | egistered Waste F | lauler | | | JDEP W lauler ID | | Cubi of W | c Yards aste | | Name o | | | | fill | | | | |
| | Carting, Inc. | | | | 4509 | | 30 | | | Waste | | iagem | ient | | | | | |
| City, State Newark, | New Jersey | | | | | | | osal Date | 2014 | City, Sta Tullyto | | PA | | | | | | |
| Completed | | | Title | f 0== | rotio | | | Signature | | | | | | Date OCT | | _ | 21 | ıu |
| Frank Ma | arino | | VPC | о Оре | rations | | | 120 | e | | | | | OCI | d. | | ×0 | 1 |

| Location of Asbestos- Containing Material (ACM) in Facility (13) | | by Maint./ | ially Used Custodial | Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) | Abatement Ty | <u>pe</u> | |
|--|-----|------------|-------------------------|---|------------------------------|--------------|-----------|---------|
| 314 | YES | NO | NA | | | Rem. | Ençap | Enclose |
| Roof | | | x | Roofing membrane & flashing | 1,350 sf | X | | |
| Exterior Facade | | | x | Door & Window Caulking | 260 If | × | | |

| 10-25-14 | Title: VP of Operations | Signature: | Date 10-25-14 |
|----------|-------------------------|------------|------------------|
|----------|-------------------------|------------|------------------|

Oct 27 2014 08:05am State of Now Jersey que NOTIFICATION OF ASBESTOS ABATEMENT Of Health & Senior Service (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 10-26-14 Agencles Notified Type Nothication Street Address ASBESTOS CONTROL & EPA Initial -City, State, Zip Code DEP Amended Y DOL Amendment # 21 Emergency (including Name of Contact Telephone Number DOH justification) D Cancellation Danny 20500 DOA FACILITY INFORMATION Name of Facility Where Abstement Is Taking Place (3) Type of Facility (4) School (K-12) Ò Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 08869 804-2 County Code (T) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Name of Monitoring Firm Hired by Building Owner (6) Name of Abatement Contractor (9) ASCM No. Street Address Street Address City, State, Zip Code City, State, Zip Code Telephone No. Project Manager to 609 758-609758-3365 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 10-30-14 10-29-14 Occupancy Statue During Abatement (Check Only One) Street Address 6-0 BOK Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours "Other - Describe: New Eq Scope of Work (Check All That Apply) Full Containment with Negative Pressure BC 23 sf or 23 ff Renovation 为日 Domollion Mini-Enclosure ≥160 sf or ≥260 (f Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement is Location Туре Normally Description of Location of Lisad Solely by Asbastos-Conteining Material (AGM)
TO BE ABAYSO Asbestos Containing Material (ACM) Amount Maintenance/ (i.e. thermal systems insulation, (Specify Endosuse Remove Custodial Stoff? surfacing, VAT, or SF or LF) In Facility (12)other miscelleneous) (13) Yes No NA

150 Basement Name of Registered Landfill NJDEP Waste Cubic Yards Name of Radistered Waste Hauter of Wasto Hauler ID No. Waste Management of PA 7000

City, State

Disposal Data 0-31-16 City, State Mornisvell

Completed by

President

10-26-14

CV 25476

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

| O P | | (Pursuant | t to NJAC | 2 8:60 ar | nd 12:12 | 0) | 11D) E (| | NV | 温 | 和 |
|---|--|----------------------|------------------------|-------------------|--------------------|------------------------------|--------------------------------------|-----------|-----------|----------|----------|
| Date of Notification (1) | | | Name of B | Building O | | | | | - | | 41 |
| October 27, 2014 | | | | | Russ C | berst | JHULL OCT | 30 | 20. | | 11/14 |
| Lot 1 | Notification | | Street Add | Iress | 26 Ant | iqua Avenue | | J () | 201 | 4 | العالم |
| [x] DOL Amend | led Notification iment #ency (including | | City, State | , Zip Code | | River, NJ 08753 | ASSES H | | I FIC |)L& | - |
| [] DCA justific | | | Name of C | Contact Russ O | berst | | Telephone Number | - | _ | | |
| | | FACI | LITY IN | FORM | ATION | | | | | | |
| Name of Facility Where Abatement is Taking F | lace (3) | | | | | Type of Facility (4) | | | | | |
| Residence | | | | | | [] | School (k-12) Subchapter 8 (oth | er than k | -12) | | |
| Street Address 26 Antiqua Avenue | | | | * | | [x] | Other (i.e., private homes, etc.) | | | l buildi | ngs, |
| City | County (6) | | County Coo (STATE U | |) | Square feet 2000 sf | # of Floors | Bldg. | Age 6(|) | |
| Toms River | Ocean | | | | | Current Use (Prior Reside | if being demolished) | | | | |
| Name of Monitoring Firm Hired by Building C N/A | wner (8) | | ASCM No. | | Name of | Abatement Contracto | | Inc. | | | |
| Street Address | | | | | Street Ad | | Pouts 0 Unit 61 | | | | |
| City, State, Zip Code | | | | | City, Stat | e, Zip Code | Route 9, Unit 61 River, New Jerse | v 0875 | 55-12 | 71 | |
| Project Manager for Monitoring Firm | Telephone | e Number | | | Telephon 732-34 | e Number | License N 00624 | | | | |
| Scheduled Start Date (10) 10/28/14 | Scheduled 10/30 | 100000 75 | on Date (11 |) | | OSHA Monitor | .L. Analytical | | | | |
| Occupancy Status During Abatement (Check of X] Facility Closed/Vacated | | iod of Abat | ement | | Street Ac | | Stelton Road | | | | |
| Abatement Performed C Other – Describe | outside of Normal | Facility Ho | urs | | City, Sta | te, Zip Code Piscat | away, New Jerse | y 0885 | 4 | | |
| Scope of Work (Check all that apply) | | | | | [] | Full Containme | nt with Negative Pres | sure | | | |
| [x] >3 sf or ≥3 lf | [] | Renova Demoli | | | [] | Glovebag Proce | dure (*) and Non-Friable I | Procedure | e | | |
| [] ≥160 sf or ≥260 lf | [x] | Demon | IIOII | | [x] | Non-Exempted | () and 11011-1111010-1 | | | | = |
| | Is Locat | | | 1 | Descriptio | n of | | Abate | | | - |
| Location of | Normally | | | | estos-Co | | Amount | RE | R E | E N | E N |
| Asbestos-Containing Material (ACM) | Solely | by | | | faterial (A | | (Specify SF | М | P | C | C |
| TO BE ABATED in facility | Maintenance/6 Staff | | | | , thermal | | or LF) | 0 | A I | A P | L |
| (13) | (12) | | | 11.00 | VAT, | | | V | R | S | S |
| (==) | | | | oth | er miscell | aneous) | | A | | U L | U R |
| | YES NO | N/A | | | 34.15 | | | L | | Е | E |
| Exterior | X | | Asbes | tos sidin | g | | 1850 sf | X | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | - |
| | | | ID 21 | Culti-M | uda -CW- | te Name of Regi | etered Landfill | | | | <u> </u> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | NJDEP W | aste Hauler 20223 | ID No. | Cubic Ya | rds of Was | T.R.R.F. | SIGIOU LAHUIHI | | | ŀ | |
| City, State | | Dispos | sal Date | | City, S | tate | . 1 | | | | |
| Toms River, New Jersey Completed by (Print or Type) | Title | 10/3 | 1/14 Signatu | re / | Tully | town, Pennsylvar | ua // | Date | | | |
| Nicholas Fernicola | Project Mana | ager | J.Buara | Y | cho | 1 | / | 10/2 | 7/14 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notifica on (1) Somerset Development October 27, 2014 Street Address Type of Notification Agencies Notified 911 E. County Line Road [X] EPA Initial Notification ASSESTOS CONTROL Amended Notification DEP LICENSING City, State, Zip Code Amendment #_ [x] DOL Lakewood, NJ 08701 [x] Emergency (including [x] DOH Telephone Number justification) Name of Contact] DCA Cancellation Rose Sweeney FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k-12) Street Address Other (i.e., private & commercial buildings, 43 Barberie Avenue homes, etc.) # of Floors Bldg. Age County Code (7) Square feet County (6) City (STATE USE ONLY) 60 1500 sf Current Use (Prior if being demolished) Monmouth Highlands Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code

Toms River, New Jersey 08755-1271 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00624 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 10/30/14 10/28/14 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure

Renovation

Project Manager

>3 sf or ≥ 3 lf

Nicholas Fernicola

Glovebag Procedure

| | | | | | | | | | Abat | ement | Гуре | , |
|--|----------------|---|----------------------|-----------|---|--------------------------|------------------|-------------|---------------------------------|----------------------------|---|-------------------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | N | Is Location formally under Solely by tenance/Constaff (12) | sed / | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos siding | | | | 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 |
| Exterior | | X | | Asbestos | siding | | | 1300 sf | X | | | |
| | | | | | | | | | | | | - |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | 1 | UDEP Was | te Hauler I 20223 | D No. Cu | ibic Yard | s of Waste | Name of Register | ed Landfill | | | | |
| City, State Toms River, New Jersey | | | Disposa 10/31 | | | City, State Tullytown | n, Pennsylvania | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Proje | ct Manag | er | Signature | Vi li | 11 | , / | | 10/ | e 27/14 | | |

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

| | NO' | | State of TION OF suant to N | | STOS A | | | 同 |) [| GE | | V L | B . [| 7/ |
|---|--|---|-----------------------------------|-----------------|---|---------------|-----------------------|--|-----------|------------------------------|-----------------|---------------------|-------------|-----------|
| Date of Notification (1) October 21, 2014 | | | ime of Bui /ashingto | | | | | etry 📗 | 1 | OCT o | 0 00: | . , | | |
| Agencies Notified Type Notification | | 1000000 | reet Addre 34 Parar | | oad | | | | | 0 | 0 201 | 4 | TL | 7 |
| EPA Initial Amended Amendment # | | GII | ty, State, Z aramus, | Zip Code | ê | 0765 | 52 | | ASBE | STOS C LICENS | ONTRO | OL & | - | \dagger |
| Emergency (In justification) DCA Emergency (In justification) Cancellation | aluding | Na | ebble St | ntact | | | | | | phone Nu | | | | |
| | | | FACILITY | INFOR | RMATIC | N | ¥ | - (F III) / (| 1 | <u> </u> | | | | |
| Name of Facility Where Abatement is Taking Washington Park Memorial Cementr | | | | | | | manua. | of Facility (4 School (K-12 | | | | | | |
| Street Address 234 Paramus Road | | | | * United States | | | × | Subchapter (Other (i.e. pr | 8 (Othe | er than K-1 commerc | 2) ial build | lings, | home | s, |
| City (5) Paramus, | | | | | | | STATE OF THE PARTY OF | e Feet | # of 2 | Floors | 50 50 | ldg. A | ge | |
| County (6) Bergen | AND DESCRIPTION OF THE PARTY OF | | ounty Code | | | | | nt Use (Prio merical | | ng demolis | hed) | - The second second | | |
| Name of Monitoring Firm Hired by Building Ov C S A Consulting Services | vner (8) | 1 | ASCM No |), | | | | tement Contraction | | (9) | | | | |
| Street Address 26 Lorenzo Court | | | | | | | Addres | | AL ALAKAN | | | | | |
| City, State, Zip Code Matawan, New Jersey 07747 | The section of the se | A-84 | TAT | | | | | p Code w Jersey | 0701 | 1-1802 | | | | |
| Project Manager for Monitoring Firm Mr. Michael Chain | | | elephone N 32-921-9 | | | | none No 478-4 | | | License 1 00724 | Vo. | | | |
| | cheduled lovembe | | | (11) | | | | A Monitor | ı Inc. | / | | | | |
| Occupancy Status During Abatement (Check | Only One) | | ***** | | | | Addres | | | | | | | - |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma | Facility H | | nt | | - | | Getty State, Z | Ave. ip Code | - House | unite ellente 170 | | | | |
| Other - Describe: Monday-Friday 7:00an | 1-3:30pm | | | | | Clifto | on, Ne | w Jersey | 0701 | 1-1802 | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | novatio molition | | | | 2 | Mir Glo | I Containme ni-Enclosure ovebag Proc n-Exempted | edure | - | | | 9 | |
| | ls Lo | ocation | 1 | | | | | | 1,4 | | | Abate | ment | |
| Location of | Nor Used S | rmally Solely | leve . | | | cription | | (4014) | | | | Ту | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Maint Custod | enanci dial Sta (12) | e/ aff? | (i.e. t | os Conta hermal : surfac other m | systeming, VA | s insula AT, or | | (8 | mount specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Basement | Yes | No | N/A X | | Debri | s Cle | anun | | 3 | 00SF | x | - | | |
| Dasement | | - | <u>^</u> | | Debit | 3 010 | апир | | | | + | | - | |
| | | | | C C | | | | | | | | | | |
| Name of Registered Waste Hauler | | 100000000000000000000000000000000000000 | DEP Wast | 554.5 | Cubic ` | | | Name of | Registe | ered Landf | ill | L | | |
| Slavco Construction Inc. | | 185 | uler ID No. 508 | | of Was | ie | | G.R.O.\ | W.S L | andfill | | | | |
| City, State Clifton, New Jersey 07011-1802 | | | | | Dispos TBD | | | City, State Morrisv | | a | | | | |
| Completed by Vivian D. Jurcevic | Title Office | Mana | ager | | S | gnatur | e UAN | 105 | lic | 100 | oate Octobe | er 21 | ,201 | 4 |

| | 1) | rursuant t | O NJAG 8 | :60 and 12:12 | 20) | 1111/1 | 5 | EI | 1/1/ | H | 182 | 77 |
|--|--|-------------------------|-----------------------|--|----------------------------------|---|--------------|--|---------------|---------------|--------------------|-----------|
| Date of Notification (1) October 24th, 2014 | | Name of County | Building Cof Pass | wner/Operato saic Admins | or (2) stration | Building | 00- | | U | 5 | 7)/ | |
| Agencies Notified Type Notification E EPA Initial | | Street Ad | Idress | nia Ave. | | 1 | uct 3 | 3 0 20 | 14 | $/\!\!/\!\!L$ | $/\!\!/$ | |
| DEP | | | e, Zip Coo on, New | te Jersey 075 | 503 | ASBE | STOS C | CONTRO | 01 0 | | 7 | |
| | cluding | Name of Mr. Jac | Contact k Nigro | 0 | | | Teleb | ONTRO SHERNUR | nber | | 1 | |
| Anne | | FACIL | ITY INFO | RMATION | | | | | CORDINATE DE | | nament to the last | |
| Name of Facility Where Abatement is Taking County of Passic Public Building | Place (3) | 1 | | | | of Facility (4) School (K-12 | 2) | | | | | |
| Street Address 317 Pennsylvania Ave. | | | | | X | Subchapter & Other (i.e. pri etc.) | | | al build | | | 96, |
| City (5) Paterson, NJ 07503 | | | | | | re Feet | # of FI 3 | | 50 | dg. A)+ | ge | |
| County (6) Passaic | | County C (STATE U | Code (7) SE ONLY) | | | nt Use (Prior nmerical E | | demolish | ned) | | | |
| Name of Monitoring Firm Hired by Building Ov Langan Engineering & Environment | | ASCM | No. | | | tement Cont nstruction | |) | | | | |
| Street Address 619 River Drive | | | Ann. A. (4.745). 37 | | et Addres Getty | | | | | | | |
| City, State, Zip Code Elmwood Park, | and the second s | the active recovery the | | | State, Z ton, Ne | ip Code w Jersey | 07011- | 1802 | | | | |
| Project Manager for Monitoring Firm Vijay Patel | | Telephor 201-79 | | 13 COCCESSOR | ohone N -478-4 | | 1000 | icense N 0724 | 0. | | | |
| | Scheduled Co October 27 | | | 100000000000000000000000000000000000000 | | HA Monitor Instruction | Inc. | and the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the section is a second section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the sectio | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe | | ment | | 723 | et Addres Getty | | | | - 11 | | | |
| Abatement Performed Outside of Norma Other - Describe: Friday 5:00PM- Saturd | Facility Hou | | | 200000000000000000000000000000000000000 | State, Z | ip Code ew Jersey | 07011- | 1802 | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | × Renov | | | | Mir X Glo | I Containment ni-Enclosure ovebag Proce n-Exempted | edure | -3 | | | 9 | |
| | 1-1 | 41 | | | | LACINIPIO | / / dila i | 10111111111 | | Abate | | : |
| Location of | Is Loca Norma | | | Description | on of | | | | | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used So Mainten Custodial (12 | ance/ Staff? | | os Containing thermal system surfacing, V other miscell | Material ms insula /AT, or | ation, | 50050000 | ount ecify r LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes No | | | | | | | | | | æ | |
| Garage | | X | | Pipe Insu | lation | | 101 | LF | x | | | |
| The second of th | 5 | | | | | | | | | | | |
| | | | | | | | | On the second | | | | |
| Name of Registered Waste Hauler | | NJDEP W | | Cubic Yards of Waste | | Name of R | | | | | | |
| Slavco Construction Inc. | | 18508 | | TBD | | G.R.O.V | | ndfill | 9 | | | |
| City, State Clifton, New Jersey 07011-1802 | | | | Disposal Da TBD | | City, State Morrisvil | | | | 25-HT / | | |
| Completed by Vivian D. Jurcevic | Title Office Ma | anager | | Signatu | ire Uan | Dae | ueu | | ate ct.24t | h, 20 | 014 | |

Ch#8278

| Date of Notification (1) October 24th, 2014 | | | | f Building Owner/ y of Passaic A | | (2) ration Building | | AND DO AGE OF | | (<i>T</i> 1 | 00 |
|--|---------------------------------------|-----------------------------|---------------------------------------|---------------------------------------|---|---|-----------------------------------|----------------------|------------|------------------|-----------|
| Agencies Notified | Type Notification | | Street A | | | | | | | | |
| EPA EPA DEP DOL | Amended Amendment | | | ite, Zip Code son, New Jerse | ey 0750 | 3 | | | | OGUNES PRIMES DE | |
| DOH DCA | Emergency justification) Cancellation | | | Contact ck Nigro | | | Telephone | Number | | | |
| Name of Facility Where A | | g Place (3) | FACI | LITY INFORMAT | ION | Type of Facility (4 | 10 | | - | | |
| Street Address 71 Hamilton Street | | | | | | Subchapter | 8 (Other than I rivate & commo | (-12) ercial buil | dings | hom | es, |
| City (5) Paterson, NJ 07503 | 3 | | | | | Square Feet | # of Floors 3 | | 3ldg. / | \ge | |
| County (6) Passaic | | | (STATE | Code (7) USE ONLY) | | Current Use (Prio Commerical I | Bldg. | olished) | | | |
| Name of Monitoring Firm Langan Engineering | | | ASCA | / No. | | of Abatement Con co Construction | | | | | |
| Street Address 619 River Drive | | | | | | Address Getty Ave. | | | | | |
| City, State, Zip Code Elmwood Park, | | 70. | | | | tate, Zip Code on, New Jersey | 07011-1802 | 2 | | | |
| Project Manager for Mon Vijay Patel | Itoring Firm | | | 94-6900 | | none No. 478-4848 | Licens 0072 | | 7,40,557.5 | 22-42-1103-11 | |
| Start Date (10) October 24, 2014 | | October 2 | | | 100000000000000000000000000000000000000 | of OSHA Monitor CO Construction | Inc. | | | | |
| Occupancy Status During Facility Closed/Vaca | | | tement | | | Address Getty Ave. | | | | | |
| Abatement Perform Other – Describe: | | | urs | | | tate, Zip Code on, New Jersey | 07011-1802 | 2 | | | |
| Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If | ll That Apply) | | ovation olition | | × | Full Containme Mini-Enclosure Glovebag Proc Non-Exempted | edure | | | e | |
| | | 175.00 | cation nally | | | | | | Abate | | t |
| Location Asbestos-Containing TO BE ABA In Facili (13) | Material (ACM) TED | Used S Mainte Custodi | olely by nance/ al Staff? 2) | Asbestos Con (i.e. therma surfa | escription staining M I systems scing, VA miscellar | faterial (ACM) s insulation, T, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| 3rd Flo | or | Yes N | lo N/A | Pipe Jo | oint Ins | ulation | 4LF | x | | 0 | |
| 2nd Flo | ×72.5 | - | X | | oint Ins | | 4LF | × | | | |
| 1st Flo | or | | x | Pipe Jo | oint Ins | ulation | 4LF | x | | | |
| Name of Registered Was Slavco Construction | | | NJDEP W Hauler ID 18508 | | Yards ste | | Registered Lan V.S Landfill | dfill | | | |
| City, State Clifton, New Jersey (| 7011-1802 | | | Dispo TBD | sal Date | City, State Morrisvi | | | := 22 | | |
| Completed by Vivian D. Jurcevic | | Title Office M | lanager | | Signature | / / / | reue | Date Oct.24 | th, 2 | 014 | |

| Date of Notification | (1) 10/15/14 | | | | | | wner / Operato | r (2) | | | | | |
|--|---------------------------------------|--|------------------|----------|-------------------|--|---------------------------|-----------------|--------------------------------|--|-----------|--------|-----------|
| Agencies Notified | Type Notifica | tion | _ | | Addres | | nications | 921 | CCT 30 A | <u> </u> | <u> </u> | | |
| ☐ EPA | 5.5 | | 15 | eas | t Mo | ntgon | nery Place | | | | | | |
| ☐ DEP ☐ DOL | │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ | ded R#2-10/27/1 | | | | Zip Co | | A .5 | BESTOS O | UMIKU UMG | L. | | |
| DOH DCA | | gency ellation | | | of Con | | | | & LIULIS | | Telenhon | e Num | ber |
| | | | | FAC | II ITV | INFO | RMATION | | 1400 | dega wag | - | | |
| Name of Facility Wh | nere Abateme | nt is Taking Place | | AU | 16111 | II C | Type of Facil | itv (4) | - | ALCOHOL: NAME OF THE PARTY OF T | | | |
| Verizon New Bru | | | 3.6 | | - | | School (| | | | | | |
| Street Address | | | | | | | | | Other than K-12 | | | | |
| 18 Paterson Stre | et | | | | | | | | te & commerci | | | | |
| City (E) | | County (C) | <u> </u> | 4.0 | /7 | ` | Square Feet | | # of Floors | В | lldg. Age | | |
| City (5) New Brunswick | | County (6) Middlesex | Coun | ity Co | ode (7 |) | 23652 | | 10 | hod) | | 79 | |
| New Digitswick | | Mindiesex | | | | | | | being demolis nunications | nea) | | | |
| Name of Monitoring | Firm Hired by | Building Owner | (8) | | ASC | И No. | | | Contractor (9) | | | | |
| USA Environmen | | | | | | 500 DE 1900 DE | Bristol Env | | | | | | |
| Street Address | • | | | | | | Street Addres | | | | | 5 | |
| 8436 Enterprise A City, State & Zip Co | | | - | | | | 1123 Beave | | | | | | |
| Philadelphia pa 1 | | | | | | | City, State & Bristol, PA | | | | | | |
| Project Manager for | | irm Te | lepho | one N | lumbe | er | Telephone N | | | icense N | umber | | |
| Mark Jenkins | | 21 | 5-36 | 5-58 | 310 | | (215)788-60 | | | 0509 | | | |
| Scheduled Start Dat 10/28/14 | | Scheduled Compl | | | (11) | | Name of OSI | | | | | | |
| Occupancy Status D | | | 1/4/1 | 4 | | | Street Addres | ~~~ | entai inc. | | | | |
| | | uring Entire Perio | | Abate | ement | | 1123 Beave | | et | | | | |
| | | tside of Normal I | Hours | - 7a | am to 3 | 3pm | City, State & | | | | | | |
| | 5:00 PM -1:3 upled During | | | | | | Bristol, PA | 19007 | | | | | |
| Scope of Work (Che | | The second secon | | | | | | | | | | | - |
| | | _ | | 200 | 1982 | | | | Full Containme | | egative F | ressur | re |
| ≥3 sf or ≥3 lf≥160 sf ≥260 | | <u> </u> | - | | vation olition | | | - | Mini-Enclosure | | | | |
| ≥100 St ≥200 | JII | L | | Jemo | DIILION | | | | Glove Bag Pro Non-Exempted | | -Friable | Proces | lure |
| Lo | cation of | | Is Lo | catio | n T | | Description | | | mount | | ement | 0.000 |
| Asbest | os-Containing | , N | orma | lly Us | sed | | Asbestos-Con | taining | (5 | Specify | | | 7,7 |
| | erial (ACM) | | | ely by | | | Material (A | | SF | or LF) | D D | _ [| <u>п</u> |
| | E ABATED Facility | C.UXSYS | ainter ıstodi | | | in | (i.e., thermal s | | т | | Removal | Repair |)Clsc |
| | (13) | | | 12) | 900000 | | or other miscell | | | | val | Repair | Enclsoure |
| | 20 10 | Ye | | No | N/A | | | | | | | ď | P |
| 1st Floor AC Roo | | Σ | | | | | Floor Ti | 3000 | | 6 SF | | | |
| 6th Floor AC Roo | | | | 4 | | | Fittings | | | 5 LF | | | |
| 5 th Floor AC Roo 2 nd Floor AC Roo | | | | 4 | H | | Fittings | | | 5 LF | | = - | |
| Z FIOOF AC ROO | m 4-5 | | 4 - | \dashv | H | | VAT & Ma | Stic | | 6 SF | 음 | ╡┼╞ | HH |
| Name of Registered | Waste Haule | r | | NJD | EP W | aste (| Cubic Yards | Name | of Registered | Landfill | | | 1101 |
| | | | | Hau | ler ID | No. | of Waste | | | | | | |
| Service Transpor | t Inc. | | | 209 | 90 | | 2 | | rva Landfill | | | | |
| City, State New Castle, DE | | | | | | | Disposal Date | City, S Wayr | State n esburg, Oh i | 0 | | | |
| Completed By (Print | or Type) | | | Title | | | Signature | | | | Date | | |
| Patrick T. Dec | | | | Proj | | | 0, - | 10 | Ol P. | 1.0 | 10/17 | 114 | |
| DD 14101 | | Mar | nager | | Patrick | < 1. | De Cou | 17 | | | | | |

PD 14101

State of New Jersey NOTIFICATION OF ASBESTOS ABATEM

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

| ENT | C | L# | 2: | 719 | 7 | | |
|------------------------|-------------------|-------------------|-------|-------------|----------|------------|-----------|
| K OCT | 30 | 534 1: | 4 5 | | | | |
| 5825 & 1 | TUS ICEN | CONTI ISING | ROI | - . | | | |
| <u> </u> | 1021 | | Te | eleph | one | Num | ber |
| | | 4 | | | | | |
| | | | | | | • | |
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| Date of Notification (1) | | Name of Buildi | ng Owner / Operato | or (2) | | - | | | |
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| 10/15/ | | Verizon Com | munications | | on 64 1:4 | e, | | | |
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| N. CE W. W. | | FACILITY II | NFORMATION | | | | | | E E |
| Name of Facility Where Aba | ement is Taking Place | e (3) | Type of Facil | lity (4) | a | | | | - |
| Verizon New Brunswick Street Address | CO | | School (| (K-12) | | | | | |
| 18 Paterson Street | | *1 | ☐ Subchar | oter 8 (Other tha | an K-12) | | | | |
| 10 Paterson Street | | | Other (i. | e. private & cor | nmercial buildin | gs, hor | nes, | etc.) | i |
| City (5) | | | Square Feet | # of Flo | | Bldg. Ag | | | |
| | | County Code (7) | 23652 | 1 | 10 | | 79 | 1: | |
| New Brunswick | Middlesex | | Current Use | (Prior if being d | emolished) | | | 27, | |
| Name of Maria is in the | | | Telephone | Communicat | | | | | |
| Name of Monitoring Firm Hire USA Environmental inc | d by Building Owner | (8) ASCM I | | tement Contrac | ctor (9) | | | | |
| Street Address | | | Bristol Env | ironmental, l | nc. | | | | |
| 8436 Enterprise Avenue | | | Street Addres | | | #1 | , | | |
| City, State & Zip Code | | | 1123 Beave | | | | | | |
| Philadelphia pa 19153 | | | City, State & | | _ | | | | |
| Project Manager for Monitorin | ig Firm Te | lephone Number | Bristol, PA | | | | | | 400.14.00 |
| Mark Jenkins | | 5-365-5810 | Telephone No (215)788-60 | | License N | umber | | | |
| Scheduled Start Date (10) | Scheduled Comple | | Name of OSH | | 00509 | | | | |
| 10/28/14 | 11 | 14/14 | | ironmental In | | | | | |
| Occupancy Status During Aba | atement (Check only o | one) | Street Addres | | <u>. </u> | | | | |
| ☐ Facility Closed/Vacate | ed During Entire Perio | d of Abatement | 1123 Reave | | | | | | |
| Abatement Performed | Outside of Normal F | lours - 7am to 3pr | n City, State & Z | | | | | | |
| Describe: 5:00 PM | -1:30 AM | | Bristol, PA | | | | | | |
| Facility Occupied Duri | | | | | | | | | |
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| Location of | | s Location | Description | Non-Exe | mpted and Non- | Friable | Pro | cedu | ıre |
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| TO BE ABATE | S 200 | intenance or | (i.e., thermal sy | stems | 0, 0, 2, | ₽ R | æ | Encapsulate | Enclsoure |
| in Facility (13) | Cus | stodial Staff? (12) | insulation, surfaci | | | Remova | Repair | squ | clso |
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| th floor Mechanical Roor | | | Floor Tile and | Mastic | 6 SF | | | | |
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| rd floor Mechanical Room | | ++++ | Fittings | | 15 LF | \boxtimes | | | |
| st floor Mechanical Room | | - | Fittings | | 16 LF | \boxtimes | | | |
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Date of Notification (1)

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| Date of Notification (1) | | Nam | e of Building | Owner / Oper | ator (2) | | Q' | 271 | ٥ | | _ |
| Agencies Notified Type Notific | cation | Veri | zon Comm | unications | | | | | | | |
| ☐ EPA | zation | | et Address | | | | | | | _ | - |
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| = = | ended | City, | State & Zip (| Code | | | | | 2-1-12/47 | | _ |
| | ergency | Pitts | burgh, PA | 15212 | | | | | | | |
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| | | | nony Porta | | | | | | E-1 | | = |
| Name of Facility Where Abatem | ont in Table - D | FA | CILITY INF | ORMATION | | | | | | | |
| Verizon New Brunswick CO | ent is Taking P | lace (3) | | Type of Fa | cility (4) | | | | | | _ |
| Street Address | | | | | ol (K-12) | | | | | | |
| 18 Paterson Street | | | | Subch | napter 8 (| Other than | K-12) | | | | |
| | | | | Other | (i.e. priva | ate & comm | ercial buil | | | etc.) |) |
| City (5) | County (6) | County | Code (7) | Square Fe | | # of Floors | | Bldg. A | ge | | |
| New Brunswick | Middlesex | County | Code (7) | 2365 | | 1 | | | 79 | | |
| NEW BIGHISWICK | imudiesex | | | Current Us | e (Prior i | f being dem | olished) | | | | |
| Name of Monitoring Firm Hired b | L Puilding Own | (0) | 1.00 | | | nunication | | | | | |
| USA Environmental inc | y building Own | ier (8) | ASCM No. | | batement | t Contractor | (9) | | | | - |
| Street Address | | | | | | ental, Inc. | | | | | |
| 8436 Enterprise Avenue | | | | Street Add | | | | | | | |
| City, State & Zip Code | | | | 1123 Bear | | | | | | | |
| Philadelphia pa 19153 | | | | City, State | & Zip Co | de | | | | | _ |
| Project Manager for Monitoring F | irm | Tolonhana | | Bristol, P. | | | | | | | |
| Mark Jenkins | 10111 | Telephone 215-365-5 | Number | Telephone | | | License | e Number | | | |
| | | | | (215)788-6 | | | 00509 | 27 | | | |
| Scheduled Start Date (10) | Schodulad Can | | | | | | | | and the | | |
| | Scheduled Con | | te (11) | Name of OS | | | | | | | |
| 10/28/14 | | 10/30/14 | te (11) | Bristol En | vironm | | | | | | |
| 10/28/14 Decupancy Status During Abaten | nent (Check on | 10/30/14 nly one) | | Bristol En Street Addr | vironm ess | ental Inc. | | | | | |
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| 10/28/14 Deccupancy Status During Abatem Facility Closed/Vacated D Abatement Performed Ou Describe: 5:00 PM -1:3 Facility Occupied During / Goope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Inst Floor The Floor Mechanical Room Price Transport Inc. | ment (Check on During Entire Pe utside of Norma 10 AM Abatement Ply) | Is Locatic Normally U Solely b Maintenanc Custodial S Yes No | ovation nolition on Used by Dep Waste Cler ID No. 90 | Description Asbestos-Co Material (A (i.e., thermal sulation, surface or other misce) Floor Tile & Fitting Cubic Yards f Waste | ver Stree Zip Coo A 19007 A 19007 On of of ontaining ACM) Systems acing, VA Ilaneous) Mastic Is Name of Miner | ental Inc. et de Full Contain Mini-Enclose Glove Bag F Non-Exempt T of Registere | Procedure: ded and Ni Amount (Specify SF or LF) | s on-Friable Removal | e Pro | cedu | Гу |
| 10/28/14 Deccupancy Status During Abatem Facility Closed/Vacated D Abatement Performed Ou Describe: 5:00 PM -1:3 Facility Occupied During / Cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) rst Floor h Floor Mechanical Room Ime of Registered Waste Hauler ervice Transport Inc. y, State | ment (Check on During Entire Pe utside of Norma 10 AM Abatement Ply) | Is Locatic Normally U Solely b Maintenanc Custodial S Yes No | ovation nolition on Used by Dep Waste Cler ID No. 90 | Description Asbestos-Co Material (A (i.e., thermal sulation, surface of other misce) Floor Tile & Fitting | wironm ess ver Stree Zip Coo A 19007 A 19007 In the street of the str | ental Inc. et de Full Contain Mini-Enclose Glove Bag F Non-Exempt T of Registere va Landfill ate | Procedure: led and N Amount (Specify SF or LF) 6 SF 15 LF | s on-Friable Removal | e Pro | cedu | Гу |
| 10/28/14 Deccupancy Status During Abatem Facility Closed/Vacated D Abatement Performed Ou Describe: 5:00 PM -1:3 Facility Occupied During / Scope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) irst Floor The Floor Mechanical Room ame of Registered Waste Hauler ervice Transport Inc. by, State ew Castle, DE | ment (Check on During Entire Pe utside of Norma 10 AM Abatement Ply) | Interpretation of the seriod of Abaran Demicial Hours — Solely by Maintenan Custodial Solely by | ovation nolition on Used by Ce or Staff? in Ce | Description Asbestos-Co Material (A. (i.e., thermal sulation, surface other misce Cubic Yards f Waste | wironm ess ver Stree Zip Coo A 19007 A 19007 In the street of the str | ental Inc. et de Full Contain Mini-Enclose Glove Bag F Non-Exempt T of Registere | Procedure: led and N Amount (Specify SF or LF) 6 SF 15 LF | s on-Friable Removal | e Pro | cedu | Jre Tyl |
| 10/28/14 Deccupancy Status During Abatem Facility Closed/Vacated D Abatement Performed Ou Describe: 5:00 PM -1:3 Facility Occupied During / Scope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) irst Floor The Floor Mechanical Room ame of Registered Waste Hauler ervice Transport Inc. y, State Ew Castle, DE mpleted By (Print or Type) | ment (Check on During Entire Pe utside of Norma 10 AM Abatement Ply) | Interest of the second of the second of Abaran Demins of the second of Abaran Demins of the second o | ovation nolition on Used by Ce or Staff? in Ce or Staff? in Ce or Staff? in Ce or Staff? in Ce or Staff? Staff. Staff? Staff? Staff. St | Description Asbestos-Co Material (A (i.e., thermal sulation, surface or other misce Floor Tile & Fitting Cubic Yards f Waste | ver Stree Zip Coo A 19007 A 19007 On of of ontaining ACM) Systems acing, VA Ilaneous) Mastic Is Name of ontaining ACM Miner City, St Wayne | ental Inc. et de Full Contain Mini-Enclose Glove Bag F Non-Exempt of Registere va Landfill ete esburg, Ot | Procedure: led and N Amount (Specify SF or LF) 6 SF 15 LF | s on-Friable Removal | e Pro | cedu | Гу |
| 10/28/14 Deccupancy Status During Abatem Facility Closed/Vacated D Abatement Performed Ou Describe: 5:00 PM -1:3 Facility Occupied During / Scope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) irst Floor The Floor Mechanical Room ame of Registered Waste Hauler ervice Transport Inc. y, State ew Castle, DE | ment (Check on During Entire Pe utside of Norma 10 AM Abatement Ply) | Interpretation of the project of the | ovation nolition on Used by Ce or Staff? in Ce or Staff? in Ce or Staff? in Ce or Staff? in Ce or Staff? Staff. Staff? Staff? Staff. St | Description Asbestos-Co Material (A. (i.e., thermal sulation, surface other misce Cubic Yards f Waste | ver Stree Zip Coo A 19007 A 19007 On of of ontaining ACM) Systems acing, VA Ilaneous) Mastic Is Name of ontaining ACM Miner City, St Wayne | ental Inc. et de Full Contain Mini-Enclose Glove Bag F Non-Exempt of Registere va Landfill ete esburg, Ot | Procedure: led and N Amount (Specify SF or LF) 6 SF 15 LF | s on-Friable Ab | e Pro ateme | cedu | Гу |

OD# 2723

| Date of Notification (1) | / 1. | 4 | | 10 | | g Owner/Operator (e Township | 2) | The place of | | | n | |
|-----------------------------------|--------------------|----------|-------------------|-----------|------------|---------------------------------------|---|---------------------------------------|-------------|------------|-------------|-----------|
| Agencies Notified Type N | otification | | | | Address | | | | | | | |
| □ EPA □ Initi | | | | 1 M | lain St | | | 2014 CCT | 30 | ā.i | : 4 | 2 |
| ☑ DOLWD ☐ Am | ended endment i | 4 | | City, S | State, Zip | Code | | | | | | |
| | ergency (i | | , | Wo | odbridge | e, NJ 07095 | | 45566 | 83 | UN | RO | H |
| | ification) | riciaari | 9 | Name | of Contac | at | | Telephode Nu | mber N | TIME | 2 | |
| | cellation | | | Chi | ristophe | r Kosty | | - | | | | |
| | | | | FA | CILITY IN | NFORMATION | *************************************** | 1 | | | | |
| Name of Facility Where Abateme | nt is Takir | na Place | (3) | | | ii Ortinarriori | Type of Facility | (4) | 50 | | | |
| Van Buren Fieldhouse | | .5 | (0) | | | | School (K-1) | M. 74 | | | | |
| Street Address | | | | | | | Subchapter | 8 (Other than K- | 12) | | | |
| 35 Van Buren St | | | | | | | Other (i.e., p | rivate and comm | ercial b | uilding | js, | |
| City (5) | | | | | | | Square Feet | # of Floors | П | ldg. A | | |
| Woodbridge, NJ | | | | | | | Square reet | # 01 F10015 | | iug. A | ye | |
| County (6) | | | | T Court | ti Cada (| ZVETATE LICE ONLY | Current Hee (D | day if bains days | المحطادا | 100 | | |
| | | | | Cour | ity Code (| 7)(STATE USE ONLY) | | rior if being demo | olisnea) | | | |
| Middlesex | D. 7. 7. | ^ | (0) | 100:- | N. | TN | Fieldhouse | | | | | 47 |
| Name of Monitoring Firm Hired by | | Owner | (8) | ASCM | No. | Name of Abateme | X. | 33 | | | | |
| Environmental Connection | ns, Inc | | | | | | VIRONMENTA | L, INC. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 120 N. Warren St. | | | | | | 1123 BEAVE | R STREET | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | ode | | | | | |
| Trenton, NJ 08608 | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monitoring F | rm | | Tel | ephone | No. | Telephone No. | | License No. | | Shirt | | |
| Dominick Dercole | | | 6 | 09-392 | -4200 | 215-788-6040 | | 00509 | | | | |
| Start Date (10)11 /6 /14 | | duled C | | | | Name of OSHA N BRISTOL EN | fonitor VIRONMENTA | L, INC. | | | | |
| Occupancy Status During Abaten | | | | | | Street Address | | | - | | | - |
| ☐ Facility Closed/Vacated During | | | | ment | | 1123 BEAVE | RSTREET | | | | | |
| ☐ Abatement Performed Outside | | | | | scribe | City, State, Zip Co | rate and analysis and | | | | | |
| Time of Abatement: 7:00AM- | | | | | | BRISTOL, PA | | | | | | |
| Scope of Work (Check all that ap | ohy) | | | | | BIGGOL, 17 | (10007 | | - | | | |
| ocope of work (offect all that ap | Jiy) | | | | | ☐ Full Con | tainment with Ne | gative Pressure | | | | |
| ☐ ≥3 sf or ≥3 lf | | | enovat | | | ☐ Mini-End | losure | | | | | |
| ≥160 sf or ≥260 lf | | ⊠ De | emoliti | on | | ☐ Gloveba | g Procedure | on-Friable Proced | dure | | | |
| | | lo | Loca | tion | 1 | Z Non-Exc | mpted () and rec | I I I I I I I I I I I I I I I I I I I | | atem | ont T | `\mo |
| Location of | | | Norma | ally | | Description of | of | | - | - | | 1 |
| Asbestos-Containing Material | (ACM) | 10000 | | ely by | | estos Containing Ma | iterial (ACM) | Amount | Remova | Repair | Enc | Enclosure |
| TO BE ABATED IN Facility | | 0.750 | aintena todial | Staff? | (i.e | e., thermal systems surfacing, VAT | | (Specify SF or LF) | l vor | <u>a</u> . | aps | losu |
| (13) | | | (12) | , | | other miscellane | | 31 01 11 / | 1 2 | | Encapsulate | re |
| | | Yes | No | N/A | | | 6 | | 1 | | Ф | |
| Throughout | | | | | Floort | ile and mastic | | 500 SF | \boxtimes | | | |
| | | | | + | | - | | A CONTRACTOR STATES | | | | - |
| | | \Box | | | | | | | | _ | | 1 |
| | | | | | | | | | | | | |
| | | | | | | 8 | | | | | | |
| Name of Registered Waste Haule | r | | 1_ | NJDEP ' | Waste | Cubic Yards of | Name of Regi | stered Landfill | | | | |
| SERVICE TRANSPORT GE | | IC. | 100 | dauler II | D No. | Waste | | LANDFILL | | | | |
| City, State | | | | | | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE 19720 | | | | | | | WAYNESE | 3URG, OH 446 | 88 | | | |
| Completed By (Print or Type) | Tit | le | | | | Signature | 1 | 1 | Date / | , | | |
| Brian Scafiro | | Estima | tor | | | Brian | Leafiro | [gl | 10/2 | 7/1 | 4 | |
| ASB-41 MAY 11 BS14100 | | * Do not | t use t | his form | for asbes | tos licensure exemp | oted activities. | 0 | | | | |

| | 1 | | - | | | |
|---|--------|----------|---------|----|--------|---|
| 1 | (1)- | | 47 | 7 | F, CAT | |
| 0 | MC | N | Ne | 71 | F, CH | , |
| | 1 50 1 | - 12 / 1 | and the | | | |

| Date of Notification (1) | Name P.S.E | of Building Owner/O | perator (2) | RECEI | how to \$ hours fact | | | | | | | |
|---|---|--|---|--|-------------------------|--------|-----------|--|--|--|--|--|
| Agencies Notified Type Notification | Street | Address HADLEY ROAD | 251 | 2614 CCT 30 AN 1:46 | | | | | | | | |
| EPA | City, S | itate, Zip Code TH PLAINFIELD | | 07080 ASBESTUS CUMIROL Felephone Number | | | | | | | | |
| DOH justification) DCA Cancellation | Name T | -1CLIAN | relephone Nur | Nhar | | | | | | | | |
| Name of Facility Where Abatement is Takin Street Address | | B | Type of Facility School (K- Subchapter | 12) 8 (Other than K-12 | | age ho | mos | | | | | |
| 335 CAJ, / | etc.) Square Feet | Square Feet # of Floors Bldg. Age | | | | | | | | | | |
| County (6) BERGEN | ROOK Count | | Current Use (Prior if being demolished) | | | | | | | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA | | | | | | | | | | |
| Street Address 64 BROAD STREET | | Street Address 396 WHITEHEAD AVE. | | | | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | 732-2 | Telephone No. License No. 732-432-8350 01111 | | | | | | | | | | |
| Start Date (10) / 8 / 14 | Scheduled Completion | Date (11) | Name of OSHA Monitor UNIQUE SYSTEM | | 4 | | | | | | | |
| Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: & UTDOOF | Period of Abatement hal Facility Hours | Street Address 396 WHITEHEAD AVE. City, State, Zip Code | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | SOUTH RIVER, N. | J 08882 | | | | | | | | |
| ≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf | Renovation Demolition | | Mini-Enclosure Glovebag Pro | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| | Is Location Normally | | | | Abatement Type | | | | | | | |
| Location of ——Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Solely by Maintenance/ Custodial Staff? (12) | Asbestos Conta (i.e. thermal | cription of aining Material (ACM) systems insulation, ing, VAT, or aiscellaneous) | Amount (Specify SF or LF) | Remova | Repair | Enclosure | | | | | |
| | Yes No N/A | 1 | | | | | - e | | | | | |
| outs,pe | | Acm tipe | Somastic | 20LF | X | | | | | | | |
| | | | | | | - | | | | | | |
| Name of Registered Waste Hauler | NJDEP Hauler II | | ic Yards Name of Registered Landfill | | | | | | | | | |
| WASTE MANAGEMENT | 1125 | APPX | © 2 GROW | S NORTH | | | | | | | | |
| City, State ELIZABETH, NJ | | Dispos | al Date City, State MORRI | e SVILLE, PA | | | | | | | | |
| Completed by CAROL RAIMO | OFFICE MGR. | Si | gnature | Da Rimer) 10 | te /2 9 | 9,1.1 | 4 | | | | | |

| 70 | | | | | - 13 | | | | | 2 62 4 | | | | | |
|---|---|--|--|-----------------|---|---|--|---------------------|------------------|---------------------------------|----------|-----------|-------------|-----------|--|
| Date of Notification (1) | Name of Building Owner/Operator (2) Farleigh Dickinson University | | | | | | | | | | | | | | |
| Agencies Notified Type Notification | | 1 | eet Add | iress ver Rd | | | | | 2014 | OCT 3 | 0. | . | 1:4 | ٤ | |
| DEP Amended DOL Amendment # | | City, State, Zip Code Teaneck, NJ 07666 | | | | | ASBESTUS CHEIROL | | | | | | | | |
| Emergency (ir justification) | ncluding | Name of Contact | | | | | Telephote Number 11 3 120 | | | | | | | | |
| DCA Justilication | C | raig G | orczyca | | | | | | | | | | | | |
| | | | FACIL | ITY INFOR | MATION | | | -1111- 741 | | 1 | | | _ | | |
| Name of Facility Where Abatement is Taking KRON BOLL Street Address 1000 River Road | | | | | | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building | | | | | | ngs, homes, | | |
| City (5) Teaneck | | | | | etc.) Square Feet # of Floors | | | | | | | Bldg. Age | | | |
| County (6) Bergen | ounty (6) Cour | | | | | | Current Use (Prior if being demolished) | | | | | | | | |
| | \ | 1 | ASCM | No | Nan | me of Abatement Contractor (9) | | | | | | - | | | |
| Name of Monitoring Firm Hired by Building C EDI | wner (8) | | ASCIVI | INO. | VN | MC Company, Inc. | | | | | | | | | |
| Street Address 5434 King Ave | | 1. | | | 20 | 8 Pia | et Address 3 Piaget Ave | | | | | | | | |
| City, State, Zip Code Pennsauken, NJ 08109 | | | City, State, Zip Code Clifton, NJ 07011 | | | | | | | | | | | | |
| Project Manager for Monitoring Firm Tom Pruno | | elephor | ne No. 6-4545 | | ephone No. License No. 3-253-8828 00704 | | | | | | | | | | |
| Start Date (10) | | oletion D | Date (11) | 1 1000000 | me of OSHA Monitor MC Company, Inc. | | | | | | | | | | |
| 0ccupancy Status During Abatement (Chec | | | 019 | | Str | eet Ad | dress | | | | | | , | | |
| Eacility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | | City | City, State, Zip Code | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | tion Full Containment with Negative Press ion Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pr | | | | | | e Proc | | | | | | | | |
| ·- | Is | Locatio | on | | | | | | | | Type | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | tion of Used Solely by Maintenance/ Custodial Staff? ASATED Custodial Staff? (i.e. thermal sy surfacin | | | | tos Containii thermal sys surfacing | ription of hing Material (ACM) restems insulation, g, VAT, or cellaneous) | | | (Spe | Amount (Specify SF or LF) | | Repair | Encapsulate | Enclosure | |
| | Yes | No | N/A | - | | | | | | 1 - | - | | | - | |
| CRAWLSPACE | × | | | TSI | "INBY | Pe | <u> </u> | 7 | 20 | LF | × | | | | |
| | | | | | | - | | | | | | | | | |
| Name of Registered Waste Hauler | لبلي | 10000 | JDEP V | | Cubic Yar | ds | 1 | Name of | Registered | d Landfill | | | | | |
| Newark Carting, Inc. | | 1000 | lauler ID 5409 | No. | of Waste | GROWS | | | | | | | | | |
| City, State Newark, NJ | | | | | Disposal | Date | | City, Sta Morris | ate ville, PA | | | | | | |
| Completed by Voytek Roszkowski | Title Pres | Title President | | | | ature(| Po | Sta | Dest | | ite O | 27 | 20 | 21 | |

CK 4602

| Date of Notification (1) 10/23/2014 | | | | Name of Building Owner/Operator (2) Ramapo College of NJ | | | | | | | | | | | | |
|--|---|--|----------------------------------|--|---|--|---------------------------|--|-----------------|-----------------|---------|--------|-------------|-----------|--|--|
| Agencies Notified | Type Notification | | | Street Add 505 Ram | | alley Road | | | 414 | 007 30 | A.Y | [: | 5 | | | |
| X EPA X DEP X DOL | initial Amended Amendment # | City, State, Zip Code Mahwah, NJ 07430-1680 | | | | | ASEC + | | | | | | | | | |
| X DOH X DCA | Emergency (incl justification) Cancellation | | Name of C Gina Ma | | sta | | | | | | | | | | | |
| | | FACILITY INFORMATION | | | | | | | | | | | | | | |
| Name of Facility Where College Park Apart Street Address | | 100 | | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) | | | | | | | | | | | |
| 505 Ramapo Valle | | Other (i.e. private & commercial buildings, letc.) | | | | | | | | | | S, | | | | |
| City (5) Mahwah | | | | | 7,0 | uare Feet 050 | 0 2 | | | Bldg. Age 46 | | | | | | |
| County (6) Bergen | | | County Code (7) (STATE USE ONLY) | | | | | Current Use (Prior if being demolished) Student Housing | | | | | | | | |
| Name of Monitoring Fire | | ASCM 1 00112 | | | ne of Abatement Contractor (9) MC Company, Inc. | | | | | | | | | | | |
| Street Address 344 West State St | | | | | eet Address 8 Piaget Avenue | | | | | | | | | | | |
| City, State, Zip Code Trenton, NJ 08618 | | 1/ | - | City | , State | e, Zip Code NJ 07011 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | Telephone No. Telep | | | | ephone No. License No. 3-253-8828 00704 | | | | | | | | |
| | | | | Completion Date (11) Name of OSHA Monitor | | | | | | 00101 | | | | \neg | | |
| November 17, 201 | | er 26, 2014 VMC Company, Inc Street Address | | | | | | | | | - | | | | | |
| Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatem | | | | | 208 Piaget Avenue | | | | | | | | | | | |
| X Facility Closed/Va Abatement Perform Other – Describe: | Hours | nent 3 | | City | City, State, Zip Code Clifton, NJ 07011 | | | | | | | | | | | |
| Scope of Work (Check | All That Apply) | 42127 | | | | | | | | | | - | | - | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ALC: UNKNOWN | rovation molition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | e | | | | | | |
| | | | | | | TOTI Excitipator | 0 11011 1 11 | Abatement | | | | | | | | |
| 1 | | Location Normally Description of | | | | | | | Туре | | | | | | | |
| Asbestos-Containing Material (ACM) Used Main | | | | ince/ Staff? | | tos Containin thermal syst surfacing, other misce | ng Mate ems in VAT, | erial (ACM) isulation, or | | | Removal | Repair | Encapsulate | Enclosure | | |
| | | Yes | No | N/A | | | | | | F70 0F | _ | - | ļ | \vdash | | |
| Apartment A,B,C,E | | | Х | | | | | | | ,576 SF | X | | | | | |
| , tpai tito. (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | | | | | d /Joist adhesive 31,000 LF x | | | | | | | 1 | | | |
| Apartment A,B,C,I | D,E,F,G,H &Foyer | | | Resilient Floo | | | | verings | 968 SF | х | | _ | | | | |
| Name of Registered W | laste Hauler | | | NJDEP W | aste | Cubic Yard | ds | Name of | Regist | ered Land | fill | | | | | |
| Newark Carting, Inc | | | | Hauler ID 05409 | | of Waste 100 | | IESI Landfill | | | | | | | | |
| City, State Newark, NJ | | | | | | Disposal D | Date | City, Stat Bethlet | | PA | | | | | | |
| Completed by Voytek Roszkowsł | <i></i> | Title President | | | | Signa V. | ature | Silvan | Date 10/23/2014 | | | | | | | |