| | the | | | | 1 | _ | - |
|-----|-----|----|-----|---|-------|---|-----|
| CI | T · | 1 | - L | _ | 14 | 9 | 1 |
| () | 00 | CK | I | - | 1 1 | 1 | - / |
| | 15 | - | , 7 | 1 | 1 _ 1 | | - |

| te of Notification (1) | | Nam | e of Build rdamon | ing Owner/C e Brother | perator (2) s Custom Ho | mes, Inc [®] 15 | SEP 22 14 | 10: | ~ <u></u> | - | - |
|---|---------------|---------------|----------------------|--------------------------|--|-------------------------------|--|---------|-----------|-------------|---|
| /18/15 | | | et Addres | | | e . | | - | r G | | 1 |
| | | 7.0 | Vail Te | | | F1 (1) | 1-01 | - IX | JI | | 1 |
| EPA DEP DOL Initial Amended Amendment #_ | | City | , State, Zi | p Code rg, NJ 088 | 376 | | a LICER, IL | ū | · · | | |
| DOL Amendment # Emergency (included) | iding | | ne of Con | | - 8 | | Telephone Number | | | | |
| DOH justification) | 1000 | | | Caramon | e | | | | | | 4 |
| DCA Cancellation | 18 | | | INFORMA | TON | | | | | | - |
| ame of Facility Where Abatement is Taking Pl | ace (3) | | 7101111 | | Туре | of Facility (4) | | | | | |
| Residential House Scheduled for Der | no . | | | | | School (K-12) Subchapter 8 | (Other than K-12) | 15 | | | |
| reet Address | | | | * | 8 | Other (i.e. priv | rate & commercial b | uilding | js, no | mes, | |
| 141 Ardmaer Dr | | | | | | etc.) are Feet | # of Floors | | . Age | 19 | |
| ity (5) | | | | | 250 | | 2 | 50- | ١ | | _ |
| Bridgewater | | TCC | ounty Cod | e (7) | | | if being demolished |) | | | |
| county (6) | 18 | (S | TATE USE | ONLY) | | sidential Ho | | | | | _ |
| Somerset lame of Monitoring Firm Hired by Building Ow | mer (8) | 1 | ASCM N | 0. | | Managame | | | | | |
| n/a | - 6 | | n/a | | | Manageme | III GOID | | - | | |
| Street Address | | 12 | - N | | Street Addr 22 Troy | | | | | | |
| n/a | | | | | City, State, | | | | | | |
| City, State, Zip Code | | | | | Lincoln | Park NJ 070 | 035 | | | | |
| n/a | | · - T = | elephone | No | Telephone | | License No. | | | | |
| Project Manager for Monitoring Firm | | - 1 | elepnone n/a | 140. | 973706 | 7950 | 01193 | 10.00 | | | _ |
| n/a | Scheduled | 1 0 | | rte (11) | Name of O | SHA Monitor | | | | | |
| Start Date (10) | 9/20/15 | - 5511 | | | | Manageme | ent Corp | | | | _ |
| 9/19/15 Occupancy Status During Abatement (Check | |) | | | Street Add | | • · · | | | | |
| Entire D | eriod of Ah | atem | ent | | 22 Troy | | | | _ | | _ |
| Abatement Performed Outside of North | al Facility I | lours | 52-A\$(1)*81* | | City, State | , Zip Code Park NJ 07 | 7035 | | | 9 | |
| Other - Describe: | | | | | Lincoin | Par No U | 000 | | • | | |
| Scope of Work (Check All That Apply) | · | | | 27 | П | Eull Containm | ent with Negative Pr | ressur | 8 | (F | |
| ≥3 sf or ≥3 lf | Re Re | nova | tion . | 63 | | Mini-Enclosure | 8 | ** | | | |
| ≥160 sf or ≥260 lf | M | MINORO | | | × | Glovebag Pro | cedure d (*) and Non-Friabl | e Prod | edun | 8 | |
| • | | | T | | 100 2 | TOT EXCEPT | | | Abate | ment | |
| | 1 | ocati | 2030 0 | 155 | | | - N | - | ly | pe | _ |
| Location of | | ormal Sole | ely by | Ashestos | Description of Containing Mate | erial (ACM) | Amount | _ | | E. | 1 |
| Asbestos-Containing Material (ACM) TO BE ABATED | | ntena | nce/ Staff? | (i.e. the | ermal systems in | sulation, | (Specify SF or LF) | Remova | Repair | cap | |
| In Facility | | (12) | | | surfacing, VAT, ther miscellaneo | ius) | | oval | air | Encapsulate | - |
| (13) | Yes | No | N/A | 20 | | | | | | 0 | |
| | 100 | 140 | X | Т | ransite SHing | les | 1000 SF | K | 3 | | |
| | 1 | | ^ | | | | | | | | 1 |
| Exterior | - | | 22 40 3 | | | | | 1 | | | 1 |
| | | | | | | | | 1 | | | T |
| | | | | | | | | | | | |
| Exterior | | | NIDED | facte | Cubic Yards | Name o | of Registered Landfil | 1 | | | |
| Exterior Name of Registered Waste Hauler | | - | NJDEP W | No. | Cubic Yards of Waste | | of Registered Landfill | 1 | | | 1 |
| Exterior | | - | | No. | of Waste TBD | GRO | WS Landfill | 4 W | , | | |
| Exterior Name of Registered Waste Hauler Loznica Management Corp City, State | | - | Hauler ID | No. | of Waste | GRO | WS Landfill late sville PA 19067 | 4 14 | | | _ |
| Exterior Name of Registered Waste Hauler Loznica Management Corp | Title | - | Hauler ID | No. | of Waste TBD Disposal Date TBD Signature | GRO City, St Morri | WS Landfill late sville PA 19067 | 4 W | 15 | | 1 |



CHECK # 1264

| Date of Notification (1) 9/17/2015 | | | | Building (| | | | | | 224 | | | | 10 | | |
|--|--|-------------------|------------------|------------|-------------------------|-----------------|------------------------|-------------------|---|----------|-------------------|---------|--------|----------|-------------|-----------|
| Agencies Notified | Type Notification | 1 | S | Street A | ddress | | | | ======================================= | | 2015 | SEP | 22 | - 1- | Hiz | : (|
| EPA DEP | Initial Amended | | 1 | 0.000 | x 2536 | | | | | | | | | | | |
| DEP DOL | Amendment | | | | te, Zip Co Irange, I | | 019 | | | | 2 | E LI | ČĒ | N. | JH i IHG | hül |
| DOH DCA | Emergency (injustification) Cancellation | ncluaing | - 8 | | Contact Brown | | | | | Tel | ephone N | lumbe | г | | | |
| | | | | FACI | LITY INFO | RMAT | ION | | | - | | | | | | |
| Name of Facility Where Commercial Buildir | | Place (3) | | | | | | Туре | of Facility (4 | -) | | | | | | |
| Street Address | 19 | | | | | | | | School (K-12 Subchapter | | er than K | -12) | | | | |
| 1000 South Orange | e Ave. | | | | | | | × | Other (i.e. pretc.) | | | | uild | ings, | home | es, |
| City (5) | | | | | | | | Squa | re Feet | # o | f Floors | | | dg. A | ge | |
| Newark | | | | | | | | 1,90 | | 1 | | | 50 |)+ | | |
| County (6) Essex | | | | | Code (7) JSE ONLY) | | | Curre | ent Use (Prio | r if bei | ng demo | lished) | | | | |
| Name of Monitoring Firm | n Hired by Building C | Owner (8) | | ASCN | l No. | | Name | of Aba | tement Cont | ractor | (9) | | | | | |
| | | | | | | | Unic | orn C | ontracting | Corp | ο. | | | | | |
| Street Address | | | | | | | 11710 10110 1010 | Addre Route | ss e 46, Suite | 7A | | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code IJ 07512 | | | | | | | |
| Project Manager for Mor | Project Manager for Monitoring Firm | | | | | | Teleph | none N | 0. | | License 01232 | | | | | |
| Start Date (10) | | Scheduled | | pletion I | Date (11) | | | | HA Monitor | | | | | | | |
| 9/19/2015 | A h - t t (O h t | 9/20/201 | | | | | | | on Consul | tants | Inc. | | | | | |
| Occupancy Status Durin | | • | | | | | | Addre 1 Wa | _{ss} garaw Rd. | - Blo | da.35E | | | | | |
| Abatement Perform | ated During Entire F ned Outside of Norm Normal Working Hou | al Facility H | | ent | | | City, S | state, Z | ip Code , NJ 0741 | | | | | | | |
| Scope of Work (Check A | All That Apply) | | - | | | | | | * | | | | | | | \neg |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | novati | | | | | Mi | Il Containme ni-Enclosure ovebag Proc | edure | | | | | | |
| | | 1 | | | | | - 2 | Y No | n-Exempted | (*) an | d Non-Fr | iable F | - | THE PART | ment | |
| Landin | - of | | ocatio rmally | | | D- | | | | | | | | Ту | | |
| Location Asbestos-Containing | Material (ACM) | Used : | | | | tos Con | scription taining N | /lateria | | | mount | | | | Ш | |
| TO BE AB | | Custoo | tial St | 10000000 | (i.e. | therma surfa | I system cing, VA | s insula T, or | ation, | | Specify or LF) | | Remova | Repair | псар | Enclosure |
| (13) | | | 12) | | | other | miscellar | neous) | | | | 2 | level | air | Encapsulate | sure |
| | | Yes | No | N/A | | | , | | | | | | | | Ф | |
| Collapsed Roof in | Rear Building | | | Х | | Roof | ing Ma | terial | | 8 | 00 SF | X | | | | |
| | | | | | | | | | | | | _ | 4 | | | |
| | | | | | | | | | | - | - | | | | | |
| Name of Registered Wa | ste Hauler | | N. | JDEP W | /aste | Cubic | Yards | | Name of F | Registe | ered Land | dfill | | | | |
| Unicorn Contracting | 100000 | auler ID 35844 | | of Wa | iste | | G.R.O.V | | | | | | | | | |
| City, State Totowa, New Jersey | | | | | | Dispo TBD | sal Date | I | City, State Morrisvi | | ennsylv | /ania | | | | |
| Completed by Title | | | | | | | Signature | 9 | 21 | // | 1 | Date | | | | |
| Dimo Golcev | 2010 POPULATION OF THE POPULAT | | | | | | 1 | | // | / | | 9/17/ | 20 | 15 | | |

CK 3801

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| , | 8.86 | IONIIO | | J. 70 | 0000 | 50.0 | | - |
|---|------|---------|----|-------|------|------|---------|---|
| | P | ursuant | to | NJAC | 8:60 | and | 12:120) | |

| Date of Notification (1) / 18/15 | | | Name of Bui | ldin | ng Owner/Operator | (2) CON | STRUCTION | a i | | 2: 2 | |
|--|---|---|----------------|----------|---------------------------------------|------------------------|---|---------|------------|-------------|-----------|
| Agencies, Notified Type Notification | n , . | | Street Addre | Ses S | ירד טט | 4 ST. | \$ 1 2 | | | 1 | |
| DD Amended Amendment | | - 1 | City, State, 2 | jp (| Code DEA IS | SLE (1º | TY N. J. | 0 | 87 | 24 | 3 |
| ☐ Emergency justification ☐ DCA ☐ Cancellation | | | Name of Co | ntac | | | Telephone Numb | er | _ | . / | = |
| | | | | | ORMATION | 70 11103 | | | | | - |
| Name of Facility Where Abatement is Tak | ng Place | (3) | | | | Type of Facility | | | | | |
| RES (Dt | NCE | _ | | | - | | 8 (Other than K-12 | | - | | |
| 1107 N.J. | AVI | <u>Ľ. </u> | | | | homes, etc | | | | | |
| CAPE MA | 4 | | | | | Square Feet | # of Floors | _ | dg. A | .ge) + | |
| County (6) APE MAY | | | County Coo | ie (1 | 7) (STATE | | rior if being demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building | Owner | TA | SCM No. | | Name of Abatem | | | | | | |
| (8) N/A | | | | - | Street Address | LEMCC | INIC. | | _ | | = |
| Street Address | | | | | 369 | 5. Spri | UCE AVE | | | | _ |
| City, State, Zip Code | 13.123 | | | | City, State, Zip C | | E N.J. | 08 | 05 | 52 | |
| Project Manager for Monitoring Firm | | Telep | hone No. | | Telephone No. | 79-047 | License No. | 4 | | | - |
| Start Date (10) Sche | eduled Co | All-courses. | on Date (11) | | Name of OSHA N | | 1CLCMM | | | | |
| Occupancy Status During Abatement (Che | 10 | <u></u> | 13 | \dashv | Street Address | | | | | | = |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal | | | | | City, State, Zip C | | RUCE AVE | | _ | | _ |
| Other - Describe: | a raciity | Hours | | | MAP | 0 | DE N.J | 08 | 0 | 52 | |
| Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Ren Den | novation | n | | ☐ Mini-End ☐ Gloveba | closure g Procedure | egative Pressure on-Friable Procedur | e . | | | |
| | 100000000000000000000000000000000000000 | ocation mally | | | | | | | bate | | |
| Location of | Used S | Solely I enance | | est | Description of os Containing Mate | | Amount | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Cus | stodial | | | thermal systems in surfacing, VAT, | nsulation, | (Specify SF or LF) | Ren | Repair | incap | Enclosure |
| IN Facility (13) | | 12) | | | other miscellaneo | | , | Removal | pair | Encapsulate | sure |
| | Yes | | N/A | | | | 1100 | | | 8 | |
| SIDING | | 4 | X | _ | TRANSI" | TE | 1100 SF | X | | | |
| | | + | | _ | | | | | | | |
| | | \top | | | | | | | | | |
| Name of Registered Waste Hauler | | | DEP Waste | T | Cubic Yards of Waste | | istered Landfill | 1 | <i>ι</i> Λ | | |
| CLTMCO INC City, State | | 11. | 1 904 | + | Disposal Date | City, State | 1, C, M, 1 |), | - | _ | = |
| MAPLE SHADE | . 1 | <u>U.J</u> | ì | | | | DBINE | M. | 5 | | |
| Completed By MiCHALL KCOM | VI | ρ | | | Signature_ | loka | Data / | 18 | 11 | 5 | |

OK 3801

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (4) - 18-15 | E | 1 | | g Owner/Operator | | LKERZ SEP | 22 | £1 | 2: | 3 |
|--|---|------------------|-----------------|--|----------------------------------|---|---------|--------------|-------------|-----------|
| Agencies Notified Type Notificatio Initial Amended | n | | | | WE OK | 2. SUITE | - 1 | 08 | | 10 |
| DOL Amendment Emergency | - | City, Sta | 16, 21p (| ON W | ,5 (| 20280 | | | | _ |
| DOH justification DCA Cancellation | | Name of | f Contac | t | | Telephone Numb | er | | | |
| | | FACIL | JTY INF | ORMATION | | | | | | |
| Name of Facility Where Abatement is Taki | | - ! | | | Type of Facility ☐ School (K-1) | | | | | |
| Street Address | AVE | | | | Subchapter | r 8 (Other than K-12 private & commercia | | dings | i. | |
| CAPT M | AY | | | | Square Feet | # of Floors | BI | dg. A | | |
| County (6) CAPE MAY | | County USE Of | Code (7 NLY) | 7) (STATE | | Prior if being demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building (8) | Owner | ASCM No |). | Name of Abatem | | 9) MC | | | | |
| Street Address | | | | Street Address | SPRUC | IE ALE | | 15 | | |
| City, State, Zip Code | | | | City, State, Zip Co | ode LE SH | LADE NO | - (| 081 | 25 | 2 |
| Project Manager for Monitoring Firm | Tele | ephone No. | | Telephone No. | 79-047 | License No. | 14 | | | |
| | duled Comple | | (11) | Name of OSHA M | | Clonin | | | 10 | |
| Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Po | | ment | | | 1 5. Sp | RUCE AL | | | | |
| Abatement Performed Outside of Norma Other - Describe: | al Facility Hou | rs | _ [| City, State, Zip Co | E SHA | DE WJ | 30 | रे०र् | 2 | |
| Scope of Work (Check all that apply) 23 sf or ≥3 lf 2160 sf or ≥260 lf | Renovat | | | ☐ Mini-Enc | losure g Procedure | egative Pressure on-Friable Procedur | re | | | |
| * | Is Location | /- | | | | | P | bater Typ | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Used Solel Maintenan Custodia Staff? (12) | ice/ | | Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneo | sulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| SIDING | Yes No | X _ | TV | CAW SITT | = | 1500 55 | X | | | |
| | | | | | | | | | | |
| | | | | | | | | \vdash | \dashv | |
| Name of Registered Waste Hauler | | JDEP Was | | Cubic Yards | Name of Reg | istered Landfill | | | | |
| KLCMCO INC | | auler ID No | 1 | of Waste | City, State | 1. C. M. L |)_ | A | _ | _ |
| City, State MAPLE SHADE | N.J | ro . | | Disposal Date | 123.50.00 | BINE 1 | N. | 7. | _ | _ |
| Completed By MiCHACL CLEMM Title | Ulp | | | Signature . | 10h | Date 9 - | 18 | -1 |) | _ |

CK 3801

| Date of Notification (2) - 18-1) | Name of Building Owner/Operator (2) 2815 SEP 22 AM 12: 21 MITCHEL MICHOLS | | | | | | | | | | | |
|--|--|---|----------------------------------|---|-----------|-------------|-------------|-----------|--|--|--|--|
| Agencies Notified Type Notification | Street Address | SZ3 KINI | G ST | # Selection | | 1.7 | n) | | | | | |
| ☐ DEP J-☐ Amended ☐ DOL Amendment # | City, State, Zip | Code | | J 0824 | 7 | | | | | | | |
| ☐ Emergency (including justification) | Name of Conta | | DC / K | Telephone Numb | | | . 1 | - | | | | |
| DCA Cancellation | | AMC | | | _ | ` 7 | 11. | 4 | | | | |
| | FACILITY IN | FORMATION | Type of Facility | · (4) | | | | \dashv | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | | School (K-1 | 2) | | | | | | | | |
| Street Address 312 RT - 9 | | | Other (i.e., phomes, etc. | | l build | | | : | | | | |
| City (5) CLAREMINY COURT H | OUSE | | Square Feet | # of Floors | Blo | 50 S0 | e T | | | | | |
| County (6) CAPE MAY | County Code USE ONLY) | (7) (STATE | | rior if being demolish | hed) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner | ASCM No. | | nent Contractor (S | 9) | | | | | | | | |
| (8) NA | | Street Address | uco In | 10. | | | _ | = | | | | |
| - Silver Address | | | | UCE ALE | | | _ | _ | | | | |
| City, State, Zip Code | | City, State, Zip C | | WE NJ. | 08 | 305 | -2 | | | | | |
| Project Manager for Monitoring Firm Tel | ephone No. | Telephone No. | 79-0477 | License No. | 141 | 1_ | | | | | | |
| Start Date (10) Scheduled Comple 9 - 30 - 15 - 10 - 7 | etion Date (11) | Name of OSHA | Monitor | Cum | | | | | | | | |
| Occupancy Status During Abatement (Check only one) | | Street Address | S. Spr | 15 - IA1 = | | | | | | | | |
| Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou | ement Irs | City, State, Zip C | | 083 | | | == | = | | | | |
| Other - Describe: | | MADLE | | : N.J. | 90 | 05 | 2 | | | | | |
| Scope of Work (Check all that apply) □ ≥3 sf or ≥3 tf □ ≥160 sf or ≥260 tf □ Renoval | | ☐ Mini-End | ag Procedure | egative Pressure on-Friable Procedur | e | | | | | | | |
| Is Locati Normali | 19970 | | | | A | bate Typ | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Used Sole Maintenar Custodi Staff? (12) | y by hoce/ Asbe | Description of stos Containing Mat ., thermal systems i surfacing, VAT, other miscellaned | terial (ACM) nsulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | | | | |
| Yes No | N/A X | RANSIT | | 1500 SF | X | | Н | | | | | |
| 5101NG | | KIAM III | | 1100 24 | 1 | | Н | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Maile of Registered Waste Floare. | UDEP Waste | Cubic Yards of Waste | Name of Reg | istered Landfill M. C., M. I | <u>U_</u> | A | | _ | | | | |
| City, State MAPLE SHADE N. | 7 | Disposal Date- | City, State | OBINE | ٦ | 1)] | | | | | | |
| Completed By Title | 100 | Date | | | - | , | | | | | | |

CK 3801

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | Na: | | ng Owner/Operator | MicHOL MicHOL | \$15 SEP 82 | Fie | 2: ; | 31 | |
|---|-----------------|--------------------------|--|-------------------------------|--|---------------|--------------|-------------|-----------|
| Agencies Notified Type Notification Agencies Notified Type Notification Agencies Notified Type Notification | Str | eet Address | 23 KINI | G ST | #5dEbit. | | i . | 71 | _ |
| DBP - Amended DOL Amendment # | City | y, State, Zip | Code O GRAW | D1 A | IT 0824 | 17 | , 1 | | |
| ☐ Emergency (including justification) | Nai | me of Contac | | DE / K | Telephone Numb | _ | | 14 T | = |
| DCA Cancellation | | , . Se | AME | | . *i | | C. C. | , , | |
| | | ACILITY IN | ORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3 | 3) | 20 | | Type of Facility School (K-1 | 12) | | | | |
| Street Address 600 W. Z674 S | Γ | | | Other (i.e., homes, etc. | r 8 (Other than K-12 private & commercia) | i) al buil | dings | | ्र |
| City (5) N. WILDWOOD | | | | Square Feet | # of Floors | В | SO | | |
| County (6) CAPE MAY | | ounty Code (SE ONLY) | 7) (STATE | | rior if being demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASC | M No. | Name of Abatem | ent Contractor (S | | | | | |
| Street Address | | | Street Address | | UCE AL | - | | | _ |
| City, State, Zip Code | | | City, State, Zip C | ode | | 05 | 309 | 72 | _ |
| Project Manager for Monitoring Firm 7 | elephon | e No. | Telephone No. | 9-0472 | License No. | 141 | 1 | | |
| Start Date (10) Scheduled Com | pletion T | Date (11) | Name of OSHA N | Monitor | / | 19 | 4 | | = |
| Occupancy Status During Abatement (Check only on | <u> </u> | 3 | Street Address | SCPH 1 | Clamar | | | - | _ |
| Facility Closed/Vacated During Entire Period of Abo | | | 369 | 3. SPR | NCE ALE | | | | - |
| Abatement Performed Outside of Normal Facility H Other - Describe: | ours | | City, State, Zip Co | ode | | 80 | 05 | 2 | |
| Scope of Work (Check all that apply) □ ≥3 sf or ≥3 ff □ Renov ≥160 sf or ≥260 ff □ Demod | | | ☐ Mini-Enc ☐ Gloveba | losure g Procedure | gative Pressure | e | 4 | | |
| Is Loca Norm | | | | | , | P | bater Typ | | |
| Location of Used So | lely by | Ashaat | Description of os Containing Mate | orial (ACM) | Amount | - | | | |
| TO BE ABATED Staff (13) (12 | dial f?) | (i.e., | thermal systems in surfacing, VAT, other miscellaneo | sulation, or | (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Yes N | o N/A | | RAMSIT | - | 800 SF | X | | | - |
| | +^ | | CMMUII | <u> </u> | _000 51 | | \dashv | _ | |
| | + | - | | | | | | | |
| | 1 | | | | | | | | |
| Name of Registered Waste Hauler KLCMCD ING | NUDEP Haufer | | Cubic Yards of Waste | Name of Regi | stered Landfill |)_ | A | | |
| City, State MAPLIT SHADE N. | | | Disposal Date | City, State | OBINE | ١ | 7 (| | |
| Completed By Michael Klemm VII | 2 | | Signature | 0/ | Date _ | 18 | -1 | 5 | |

| Date of Notification (1) September 17, 201 | 5 | | | | Building (| | | (2) | 2615 SEP | Che | eck # 240 | 8 | | | |
|---|---------------------------|----------------|----------------|----------------------|------------------------|--------------|---|---|--------------------------------|----------|--------------------|----------|--------------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street Ad | | ariarii | | | CELO SEP | 7.7 | 1472: | 20 | 11.11.53 | | |
| | | | | | ountry C | lub Pla | ace | | å Shi | | | | | | |
| EPA DEP DOL | Initial Amended Amendment | # | - 1 | 95.00 | te, Zip Co Hill, NJ | | 3 | 37 77-37 | & LI | ÜĔi | 0146 | JĮ. | | II isake | |
| X DOH | Emergency justification) | (including | | | Contact | | | | | 100000 | ephone Nur | | | | |
| DCA | Cancellation | | | Mia Ey | lon | | | | | 1 | | | | | |
| | | | | FACII | LITY INFO | RMATI | ON | | | | | V | | | |
| Name of Facility Where Residence | Abatement is Takir | g Place (3) | | | | | | Туре | e of Facility (4 |) | | | | | |
| | | | | | | | | | School (K-12 | | | | | | |
| Street Address 115 Country Club F | Diaco | | | | | | | X | Subchapter 8 Other (i.e. pr | | | | dinas. | home | es. |
| | lace | | | | | | | | etc.) | | | | | | - |
| City (5) Cherry Hill | | | | | | | | 4,50 | are Feet | 3 | f Floors | 333 | ldg. A O | ige | |
| County (6) | | | _ | 0 | D 1 - 17\ | | | | | | | - 1 - | U | | |
| Camden | | | | County (| Jode (7) JSE ONLY) | | | | ent Use (Prio sidence | r if bei | ng demolis | nea) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCN | 1 No. | | Name | 100000000000000000000000000000000000000 | atement Cont | ractor | (9) | | | | |
| Management & En | | | | 1,000 | , , , , , | | | | nvironment | | | | | | |
| Street Address | | | | | | | Street | | | | | | | | |
| PO Box 341 City, State, Zip Code | | | | | | | 0.0000000000000000000000000000000000000 | | er Avenue Zip Code | | | | | | |
| Chesterfield, NJ 08 | 3515 | | | | | | 1000000 | | ade, NJ 08 | 3052 | | | | | |
| Project Manager for Mor Bill Weisgarber | nitoring Firm | | - 1 | Telephor | ne No. 98-4070 | | Telepi 856- | | No. 0099 | | License N 00842 | 10. | | | |
| Start Date (10) | | Scheduled | | SHEET NAME | | | 100000 | 123.52 | SHA Monitor | | | | | | |
| September 28, 201 | | Septem | | 30, 201 | 5 | | | | alytical, Ind | C. | | | | | |
| Occupancy Status Durin | ng Abatement (Che | ck Only One |) | | | | Street | | ess e 130 Norti | h | | | N | | |
| Facility Closed/Vac Abatement Perform | | | | | | | | | Zip Code | H.L. | <u> </u> | | | | |
| Other – Describe: | | nai Facility i | louis | • | | | | | nson, NJ 08 | 3077 | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | 11.27 | X Re | nova | tion | | | 3 | ٦ ₋ . | ull Containme | nt with | Negative I | Draeeu | ra | | |
| ≥160 sf or ≥260 lf | | | molit | | | | | M | ini-Enclosure | | i ivegative i | 16330 | 1.0 | | |
| | | | | | | | - | | lovebag Proce on-Exempted | | d Non-Erial | ale Pro | cadur | · _ | |
| | | 1-1 | | | | | | | OII-Exempled | () an | u Non-i nai | 1 | | ement | |
| Locatio | n of | 11 27 (27) | ocati | | | Do | o orintio | . of | | | | 3 | Ty | /ре | |
| Asbestos-Containing | | Used | | | Asbes | | scription taining f | | al (ACM) | Α | mount | | | m | |
| TO BE AB | | Custo | tena dial S | | (i.e. | thermal | | | lation, | | Specify | Rer | _Z | nca | Enc |
| In Faci (13) | 11.0 | | (12) | | | | cing, VA niscella | |) | 31 | or LF) | Removal | Repair | Encapsulate | Enclosure |
| - | | Yes | No | N/A | | | | | | | | <u>a</u> | 50.0 | ate | Ге |
| Attio | C | | | XXX | | Pipe | Insula | ation | | 5 | 55 LF | X | | | |
| | | | | • | | | | - | | | | | | | |
| | | | | 2 | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Wa | ste Hauler | 100 | | IJDEP W lauler ID | | Cubic of Wa | Yards | | | | ered Landfil | | | | |
| Freehold Cartage | | | | 2265 | INU. | 1 | SIE | | Cumber | land | County L | andfi | 1 | | |
| City, State Freehold, NJ | 11 | | | | | Dispo: 9/30/ | sal Date 2015 | 9 | City, State | | | | | | |
| Completed by | | | | 5 | Signatur | e e | 7 | | | ate | | | | | |
| Christina Lynch | | tion | s Mana | iger | | 100 | DV | (Q) 5 | 2 | 9. | /17/2 | 015 | | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

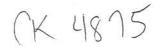
| Date of Notification (1) | | | | | Name of | Building O | | | | ~ | | | 0 | |
|--|---|----------------------------------|--------------------------|-----------|---------------|------------|--------------------------|----------|--------------------------------------|--|-----------------|--------|----------|--------|
| Se | ptember 17, 20 | 15 | | | | | D&J | iviazz | Zd | d | \neg | 14 | 7 | |
| Agencies Notified [X] EPA | | Notifica | | | Street Ad | dress | РОВ | ox 53 | 1815 SEP 22 | AH 12: 20 | | | | |
| [] DEP [x] DOL [x] DOH | Amen | ded Noti dment # gency (in | | | City, Stat | e, Zip Cod | | ırst, N | NJ 07755 | 11.75 | | | | |
| DCA | | cation) | | | Name of | Contact | | | Te | lephone Number | | | | |
| [] 50. | [] Cance | llation | | | | D & J | Mazza | | | 122-22 | . رسد ر سا | - | | |
| | | | | FAC | ILITY II | NFORM | ATION | | | | | | | |
| Name of Facility Where Al | batement is Taking laidence | Place (3) |) | | | | | Тур | e of Facility (4) | School (k-12) | | 1 12 | | |
| Street Address | | | | | | | | | [x] | Subchapter 8 (oth Other (i.e., privat | | | al build | inac |
| | Belmont Aven | ue Count | v (6) | | County Co | nde (7) | | San | are feet | homes, etc.) | | . Age | ai ound | mgs, |
| City | | Count | y (0) | | | JSE ONLY | 7) | Joqu | 2000 sf | 2 | Diag | 6 | 0 | |
| Long Brancl | h | Mon | mouth | | | | | Cur | rent Use (Prior if b | | | | | |
| | | | 2) | - | ACCIAN | . 11 | Norma of | Aboto | Resident ment Contractor (| | | | | |
| Name of Monitoring Firm | Hired by Building (ardian Contract | | | | ASCM N | 0. | name of | Adate | | n Contracting, | Inc. | | | |
| Street Address | 89 Rte. 9, Unit 6 | | | | | | Street Ad | ddress | A CONTRACTOR AND | oute 9, Unit 61 | | | | |
| City, State, Zip Code | os icc. s, omit | | | | 7.5 | | City, Sta | te, Zip | Code | E 1314 HS 2 HS 2 | -V-2-2-2-2-11-2 | | | |
| | ms River, NJ 08 | 3755 | | | | | m : : | | | iver, New Jers | | 55-12 | 271 | |
| Project Manager for Monit | | | Telephone N 732-349-9 | | | | Telephor 732-34 | | | License N 00624 | umber | | | |
| Nicholas Ferr Scheduled Start Date (10) | incora | - | Scheduled C | | on Date (1 | 1) | | | A Monitor | 1 00024 | | | | |
| 9/30/15 | | | 10/2/1 | | | RS | | | | Analytical | | | | |
| Occupancy Status During | | | | of Ab- | tement | | Street A | ddress | | elton Road | | | | |
| | ility Closed/Vacated atement Performed | | | | | | 01. 0 | | | on roud | | | | |
| | er – Describe | | | | | | City, Sta | ite, Zip | | vay, New Jerse | y 088 | 54 | | 10 |
| Scope of Work (Check all | that apply) | | | | | | [] |]] | Full Containment v | with Negative Pres | sure | | | |
| | | | | | | | [] | | Mini-Enclosure | | | | | |
| 1 5 5 | sf or ≥3 lf | | [] | Renova | | | [x | | Glovebag Procedu Non-Exempted (*) | | Procedu | ire | | |
| [x] ≥16 | 60 sf or ≥260 lf | | [x] | Demoli | ILIOII | | ĹX. | 1 , | Non-Exempled (*) | T TIAUTE | 100001 | | | |
| | | *8 | 0000 | | | | | | | | Abat | ement | Гуре | |
| 2 2 | | | Is Location | | | | Description | | ina | Amount | R | R | E | Е |
| Location Asbestos-Containing | |] | Normally us Solely by | | | | oestos-Co Material (A | | | Amount (Specify SF | Е | E P | N C | N C |
| TO BE ABA | | Mair | ntenance/Cu | | | | , thermal | | | or LF) | M | A | A | L |
| in facilit | | | Staff | | | | ulation, su | ırfaciı | | | 0 | I | P | 0 |
| (13) | 330 | | (12) | | | Q1 00004 | VAT, | | 22 | | V | R | S | S |
| 16. | | YES | s NO | NT/ 4 | | oth | er miscel | ianeoi | us) | | A L | | L | R |
| | N/A | | | | | | | | _ | Е | Е | | | |
| Exterior | | Asbe | stos sidir | ng | | | 2700 sf | X | | | _ | | | |
| | | | | | | | | | | | 1_ | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Guardian C | e Hauler ontracting, Inc. | | NJDEP Wast | te Hauler | r ID No. | Cubic Ya | ards of Wa | ste | Name of Register T.R.R.F. | red Landfill | | W | | |
| City, State Dis | | | | | | | City, S | | D 1 | | | | | |
| | , New Jersey | Title | | 10/5 | /15 Signat | hre | Tully | town | Pennsylvania | / | Date | | | |
| Completed by (Print or Ty Nicholas Fe | | ect Manag | er | Signat | | | _ | 1 | | 5775.0000 | 7/201 | 5 | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | | Name of Build | ding O | wner/Oper | ator (2) | Renovations | | 7 | \ | | | | | |
|--|---------------------------------|---------------|------------------------------|------------|-----------------------------|-------------|--|----------------|------------------------------------|--------------------------------------|---------|------------|----------|--------|
| Ęe | ptember 17, 20 | 15 | | | | | Allord | able h | cenovations | d | 7 | 12 | 1 | |
| Agencies Notified [X] EPA | | Notifica | | | Street Address | S | 900 W | elling | ton Avenue | 15 SEP 22 | £11/12 | : 28 | | |
| [] DEP [x] DOL | Amen | dment# | ification ——— ncluding | | City, State, Zi | p Code | | River, | , NJ 08757 | 3 x 1 718 | 1114 | NÜL | | |
| [X] DOH [] DCA | | cation) | iolading | ŀ | Name of Cont | tact | | | Tel | lephone Number | - 1714 | | | |
| [] DCA | [] Cance | llation | | | | ick | | | | ,,,, | -0.00 | - | | |
| | | | | FAC | LITY INFO | DRM | ATION | | | | | | | |
| Name of Facility Where Al | batement is Taking sidence | Place (3) |) | | | | | Туре | 5 5 | School (k-12) | | | | |
| Street Address | | | | | | | | | 77 | Subchapter 8 (oth | | | | |
| | E Pompano Wa | У | | | | | | | [x] | Other (i.e., private homes, etc.) | | | al build | ings, |
| City | | Count | y (6) | | County Code ((STATE USE | | , | Squa | re feet | # of Floors | Bldg | . Age 6 | 0 | |
| Y 11 . 11 | | 0 | | 110 | (STATE USE | ONLI | , | Curr | 800 sf | eing demolished) | | 0 | U | |
| Lavallette | | Ocea | in | | | | | | Residenc | ce | | | | |
| Name of Monitoring Firm | |)wner (8 | 3) | | ASCM No. | | Name of | Abaten | nent Contractor (9 | O) Contracting, | Inc | | | |
| Street Address | A | | | | | | Street Ac | idress | | | me. | | | |
| City, State, Zip Code | | | | | City, Sta | te Zin | | ute 9, Unit 61 | | | - | | | |
| City, State, Zip Code | | | | | | | Oily, Oil | ю, д.р | | ver, New Jerse | ey 087 | 55-12 | 271 | |
| Project Manager for Monit | toring Firm | | Telephone Nu | mber | | | Telephor 732-34 | | | License N 00624 | umber | | | |
| Scheduled Start Date (10) 9/17/15 | X | | Scheduled Cor 9/18/15 | mpletio | on Date (11) | | Name of | OSHA | Monitor E.M.S.L | . Analytical | | | 140-00-0 | 8 |
| Occupancy Status During | Abatement (Check | | :) | | | | Street A | ddress | | | | | | |
| 150 50 | ility Closed/Vacated | | | | | | | | 1056 Ste | elton Road | | | | |
| | atement Performed | Outside | of Normal Facil | ity Ho | urs | | City, Sta | te, Zip | | 2020 22 | 21212 | 02875 | | |
| [] Oth | ner – Describe | | | | | | | | | vay, New Jerse | | 54 | | |
| Scope of Work (Check all | that apply) | | | | | | [] | 1000 | | vith Negative Pres | sure | | | |
| [] >2 | of or >2 If | | Γlp | Lenova | tion | | L J | 2 | Iini-Enclosure Hovebag Procedur | -e | | | | |
| | sf or ≥3 lf 60 sf or ≥260 lf | | L 1 | Demoli | | | [x] | | | and Non-Friable I | Procedu | re | | |
| [,,] | | | | | | | | | | | _ | | г. | |
| | | | | | | 54 | | | | | Abat | ement | l ype | _ |
| Location | of | | Is Location Normally used | 4 | | | Description of the Description o | | 10 | Amount | R | R | E | E |
| Asbestos-Containing 1 | 7575 | | Solely by | 1 | | | Material (A | | 15 | (Specify SF | E M | E P | N C | N C |
| TO BE ABA | | Mair | ntenance/Cust | odial | | | , thermal | | | or LF) | O | A | A | L |
| in facili | ty | | Staff | | | inst | ılation, sı | | g, | | v | I R | PS | O S |
| (13) | | | (12) | | | o+h | VAT, er miscell | | n) | | A | K | U | U |
| | | YES | S NO | N/A | | oun | er miscen | iancou | 5) | | L | | L E | R |
| | | Ashastas | aidin | ~ | | | 750 sf | X | | E | Е | | | |
| Exterior | | Asbestos | SIGH | ıg | | | 730 31 | 1 | | | | | | |
| | | | | | | | 5 | | | | +- | | - | - |
| | | | | -100-00 | - | | | | | 1 | - | | | |
| Name of Decision 1 197 | | | NJDEP Waste | Llouda | ID No. 1 Co | hio V | rds of Was | ete | Name of Register | ed Landfill | | | l | |
| Name of Registered Waste Guardian C | Hauler 223 | 11 140. CI | 3 | udo OI WAS | 510 | T.R.R.F. | -u Lundin | | | | | | | |
| City, State | Dispo | sal Date | | City, S | | | | | | | | | | |
| | , New Jersey | Title | | 9/21/ | | | Tully | town, | Pennsylvania | | Date | | | |
| Completed by (Print or Ty Nicholas Fe | | | ect Manager | | Signature | 10 | . / | 1, | 1 | | 1500 | 7/201 | 5 | |



| Date of Notification (1) | | | Building O | | | | | 21.1 | 20. | E 0 | | | with the second | | | |
|--|---------------------------------------|----------------|---|---|-------------|---|--------|----------|-------------------------------|------------|------------------|----------|-----------------|--------|-------------|-----------|
| 9/14/15 | | _ | | ood Apa | rtmer | nt & Co |)UI | ntry C | JIUD | Z 10 1 | 8 SEP | 144 | . 8 | 1/12 | : 50 | 1 |
| Agencies Notified Type Notificat | on | 186 | Street Ad | dress ry Hill La | ano | | | | | | | | | | | |
| X EPA X Initial Amended | , | | | e, Zip Cod | | | | | | ** | | | | | 101 | |
| DEP Amender DOL Amender | | | | dge, NJ | | 57 | | | | | Cir : | | 5.3 | 1 | | |
| Emerger | cy (including | | Name of | 9 , | | | | | | Tele | phone N | Numb | er | | | |
| DOH justificati | | | | dette Po | opel | | | | | 1 | | | | | | |
| | • | | | ITY INFO | | ION | | | | | | | 2. | | | |
| Name of Facility Where Abatement is Ta | aking Place (3) | | | | | | ٦ | Гуре о | f Facility (4 | 1) | | | | V. | | |
| Glenwood Apartments | | | | | | | | | chool (K-1 | | | | | | | |
| Street Address | | | | | | | | | ubchapter ther (i.e. p | | | | build | inas | home | 25 |
| 1-7 Ironwood Ln | | | | | | | _ | et | c.) | | | or oran | | | | |
| City (5) | | | | | | | - 3 | Square | | 200,000 | Floors | | 1000 | dg. A | ge | |
| Old Bridge | | month con | *************************************** | | | | | 6,000 | | 2 | | 41.1 | | 5+ | | |
| Gounty (6) Middlesex | · · · · · · · · · · · · · · · · · · · | | Sounty C STATE U | ode (7) SE ONLY) | | | | | t-Use (Prio tment | or-if-beir | ig-demo | olishe | d) | | | |
| Name of Monitoring Firm Hired by Build | ing Owner (9) | | ASCM | 100 | \$17720,720 | | 1 | | ement Con | tractor | /O\ | 74111000 | - | | | |
| N/A | ing Owner (6) | * | AGCIVI | NO. | | 100 March 1985 | | | al Const | | 0.00 | | | | | |
| Street Address | | | | 1 | | | | ddress | or age to the second property | | | | | | -000000 | |
| | | | | | | 136 | 0 | Clifto | n Avenu | e, PM | B Suit | e 21 | 8 | | | |
| City, State, Zip Code | | | 200 | | | City, S | Sta | ate, Zip | Code | | | | distriction of | | | 7 50 50 5 |
| 5 | | | | | | Clift | tor | n, NJ | 07012 | | | | | | | |
| Project Manager for Monitoring Firm | | 1 | Telephor | ne No. | | | | ne No | | | Licens | | | | | |
| | W | | | | | 973 | -3 | 89-00 | 089 | | 0069 | 3 | | | | |
| Start Date (10) | Scheduled | | pletion [| Date (11) | | | | | A Monitor | | | | | | | |
| 09/28/2015 | 10/10/20 | W.00.52.5 | | | | 20,000,000 | | | al Const | ructio | n, Inc. | | | | T. | |
| Occupancy Status During Abatement (0 | Check Only One) | | | | | 100000000000000000000000000000000000000 | | ddress | s In Avenu | o DM | R Cuit | 0 21 | Q | | | |
| Facility Closed/Vacated During En Abatement Performed Outside of I | | | | | | | | | Code | e, riv | D Suit | 6 2 1 | 0 | | _ | |
| Other – Describe: | Normal Facility F | louis | | | | 5-23-200.55 | | | 07012 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Oiii | LOI | 11, 140 | 07012 | | | _ | | - | | _ |
| ≥3 sf or ≥3 lf | X Po | nova | tion | | | Γ | | Eull | Containme | ant with | Monativ | io Dr | acci ir | 0 | | |
| ≥3 \$1 or ≥3 11 × ≥160 sf or ≥260 lf | | noliti | | | | | | Mini | -Enclosure | • | Negaui | ve Fi | essui | е | | |
| | | | | | | P | × | | ebag Prod Exempted | | Non-F | riable | Pro | edur | Δ. | |
| | | | | | | | _ | 14011 | LXCIIIptot | 2 () and | 2 14011-1 | TIGDIC | | Abate | ment | |
| Landing of | 170,000 | ocati rmali | 1000 | | D | escriptio | n . | o.f | | | | | | Ту | ре | |
| Location of Asbestos-Containing Material (ACM | Used Main | | | Asbest | | ntaining I | | | (ACM) | Α | mount | | | | m | _ |
| TO BE ABATED In Facility | Custo | | | (i.e. | | al system acing, V | | | tion, | | pecify or LF) | | Ren | Re | ncap | ncl |
| (13) | | (12) | | | | miscella | | | | O. | OI LI) | | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | = | | ate | (O |
| 1 A-D Ironwood Ln - Crawl Spa | ace X | | | P | ipe/e | lbow in | ISL | ulatio | n | 15 | 50 LF | | X | | | |
| 3 A-D Ironwood Ln - Crawl Say | | | P | ipe/e | lbow in | ısı | ulatio | n | 15 | 50 LF | | Χ | | | | |
| 5 A-D Ironwood Ln - Crawl Spa | | | Р | ipe/e | lbow in | ısı | ulatio | n | 17 | 70 LF | | Κ | | | | |
| 7 A-D Ironwood Ln - Crawl Spa | ace X | | | Р | ipe/e | lbow in | ısı | ulatio | n | 15 | 55 LF | | | | | |
| Name of Registered Waste Hauler | | 307.5 | JDEP W | aste | Cubi | c Yards | - | | Name of | | | dfill | | | | |
| Service Transport Group | | 385 | lauler ID | No. | of W | | | | Minerv | a Lan | dfill | | | | | |
| City, State | | 12 | 0000 | | Charles | osal Date | e | | City, Stat | e | | | | | | |
| New Castle, DE 19720 | | | | 100000000000000000000000000000000000000 | 10/2015 | | | Wayne | | , OH 4 | 468 | 8 | | | | |
| Completed by | Title | | | | | Signatur | re | 10 | | 0 | | Date | е | | | |
| Krutarth Jagad | Projec | t M | anager | | | 0005 | d | W | V~~ | 1 | - | 9/1 | 14/20 | 015 | | |

| | | | | (Pu | rsuaii | L TO NJA | C 8:60 and 5:16 |)) _{=[1} | | | | | |
|--|---------------------------|---------|----------------|--------|--------------------|-------------|--|--------------------------------|----------------------|---------|--------|-------------|-----------|
| Date of Notification (1) | | | | | Name | of Building | Owner/Operator (2 | 2) | | | | | |
| 9 / | 17 / | 15 | 100 | | DC | Fabricate | ors | | 9-2018 Chk. | | | | |
| Agencies Notified | Type Notifica | tion | | | Street | Address | | 26 tu 3 | 12 02 AMB | : 58 | | | |
| ⊠ EPA | | | | | 801 | West Fro | ont STreet | | v | | | | |
| □ DOLWD | ☐ Amended | | | | City, S | tate, Zip C | ode | | | - Üİ | | | 2700 |
| □ DHSS | Amendme | | | | | ence, N. | | 4 | Albert 19 | | | | |
| DCA (NJAC 5:23-8) | ☐ Emergence justification | | luding | | | of Contact | The second section of the second section is a second section of the second section of the second section is a second section of the se | | Telephone Number | er | | | |
| (NJAC 5.23-6) | ☐ Cancellati | | | | 1520.0% | I Stantor | | | = . | | | | |
| | | | | | FAC | ILITY IN | FORMATION | | | | | | |
| Name of Facility Where A | Abatement is T | aking F | Place | (3) | | | | Type of Facility (| 4) | | | | |
| DC Fabricators | | 1000 | | | | | | School (K-12) |) | | | | |
| Street Address | | - | | | | | | Subchapter 8 | (Other than K-12) | | | 200 | |
| 801 West Front Str | eet | | | | | | | homes, etc.) | ivate and commerc | iai bu | liaing | S, | |
| City (5) | | -1.55 | 370-3 | | | | | Square Feet | # of Floors | Blo | ig. Ag | ie. | _ |
| Florence | | | | | | | | 10,000 | 1 | 100000 | 00 | A.T. | |
| County (6) | | | | | Coun | ty Code (7 |)(STATE USE ONLY) | | or if being demolish | ned) | | | - |
| Burlington | | | | | | ., | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Parts Storag | | | | | |
| Name of Monitoring Firm | Hired by Build | ling Ov | wner (8 | 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Horizon Environme | 150 | 5 | | | | | | d Mold Service | s, Corp. | | | | |
| Street Address | | | | | | | Street Address | | • | | | | |
| PO Box 316 | | | | | | | 3859 Sylon B | oulevard | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | | | |
| Thorofare, NJ 0808 | 6 | | | | | | Hainesport, I | NJ 08036 | | | | | |
| Project Manager for Mon | itoring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | |
| David Flanigan | | | | 1000 | 56-848 | | 609-702-0400 |) | 00862 | | | | |
| Start Date (10) | S | chedu | iled Co | omple | tion Da | te (11) | Name of OSHA N | Monitor | | | | | |
| 9 / 28 / | | | | 85 | / | - St St. | EMSL Analyt | ical, Inc. | | | | | |
| Occupancy Status During | | | | | | | Street Address | ANNADORE I BECAMINA | | | _ | | _ |
| ☐ Facility Closed/Vacate | | | | | ment | | 200 U.S. Rou | te 130 North | | | | | |
| ☐ Abatement Performed | | | | | | cribe | City, State, Zip Co | | | - | | | |
| Time of Abatement: _ | AM | PM | / | _PM- | | AM | Cinnaminsor | | | | | | |
| Scope of Work (Check al | Il that apply) | | | | | | | | . | 1 . | | | |
| | 10.000 | | | | | | □ Full Con | t ainment wi th Neg | ative Pressure El | iclus | Mra | / | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ⊠ Rei ☐ Dei | | | | ☐ Mini-End | closure g Procedure | | | | | |
| 23 _ 100 of of _200 ii | | | _ 50. | Trones | 211 | | ☐ Non-Exe | empted (*) and No | n-Friable Procedure | Э | | | |
| | | | | Locat | | | | | | Ab | ateme | ent T | уре |
| Location | | , | | lorma | illy ely by | | Description of | | | R | R | Ш | Щ |
| Asbestos-Containing TO BE ABA | |) | | intena | | | stos Containing Ma ., thermal systems | | Amount (Specify | Removal | Repair | cap | iclo |
| IN Facil | | | Cust | | Staff? | (| surfacing, VAT | , or | SF or LF) | val | _ | Encapsulate | Enclosure |
| (13) | | - | | (12) | Thomas and | - | other miscellane | eous) | | | | ate | |
| | | | Yes | No | N/A | | 19.00 | | | F 7 | | | |
| Gauge Lab | | | | | | Pipe in | sulation | | 30 LF | | Ш | Ш | Ш |
| Gauge Lab | | | | | | Floor T | ile & Mastic | | 370 SF | | | | |
| | | | | | | 72 | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | | 1333 | JDEP \ | | Cubic Yards of | Name of Regis | tered Landfill | | | | |
| Freehold Cartage, | Inc. | | | 1 | lauler II 02265 | | Waste 5 | GROWS La | andfill | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| Freehold, NJ | | | | | | | 10/2/15 | Morrisville | , PA 19067 | | | | |
| Completed By (Print or T | ype) | Title | | - | | | Signature | 1 | Dat | te | | | |
| Kimberly A. Trumb | etti | Of | fice (| Coord | dinato | r | HX. | V_ | 0 | 1-15 | 1-15 | 5 | |

ASB-41 MAY 11

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

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2015-168

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7422

| | | | - | | ****** 10 1000 | | | | | | | |
|-----------------------------------|-----------------------|------------------------|-------------------|----------------|-------------------|--------|-----------------------------------|-----------------------|----------------------|---------|----------|----|
| Date of Notification | | | | | er/Operator (2) |) | | 2015 SEC | 22 111 | _ | | |
| 10 19 1/116 | | | Kevin Br | ennan | | | 0/ | | - 451 | C: 31 | 3 | |
| Agencies Notified | Type Notification | Str | eet Addre | SS | | | | * 1113 | 911 | | | |
| ∐ EPA | X Initial | | 146 Pali | sade Av | enue | | | 8:11 | rition of | nul | | |
| ☐ DEP | | Cit | y, State, Z | Zip Code | | | | | 11 -1 | | | |
| X DOL | Amendme | nt | Elizabe | th, NJ 07 | 7208 | | | | | | | |
| X DOH | | 1 | me of Cor | ntact | | | | Telephone | Number | | | |
| ☐ DCA | Cancellation | on | Kevin E | 3rennan | | ii | | | J. 10 | | | |
| | | | | FAC | ILITY INFORM | MATION | | | | | | |
| Name of facility w | here abatement is t | aking plac | ce (3) | | | | | Type of Facility (4 |) (K - 12) | | | |
| Kevin Brenna | an | | | | | | | | pter 8 (Other t | han K- | 12) | |
| Street Address | | | | | | | | X Other (F | Private/Comme | | | |
| 146 Palisade | Avenue | | | | | | | | lomes, etc. | Blo | iα. Ag | e |
| City (5) | | Count | ty (6) | | | Cour | nty Code (7) | | | | | |
| Elizabeth, N | 1 07208 | Unio | on | | | (Stat | e use only) | Current Use (Pri | or if being den | nolishe | d) | |
| | ng Firm Hired by Bl | | | | ASCM No. | . | Name of Abatement (| | | | | |
| n/a | ng ritti ritted by bi | ag. Owne | (0) | | ACCIVITIO. | | B & G Restorati | | | | | |
| Street Address | * | | | | | | Street Address | ori, mo. | | | | |
| Street Address | | | | | | | 105 Ryerson R | oad | | | | |
| City, State, Zip Coo | de | V | | | | | City, State, Zip Code | | | | | |
| | | | | | | | Lincoln Park, I | NJ 07035 | | | | |
| Project Manager fo | or Monitoring Firm | | P | none Num | ber | | Telephone Number (973)696-6869 | | License Num 00378 | | | |
| Scheduled Start D | ate (10) | Sched | Completi | on Date (1 | 11) | | Name of OSHA Moni | | | | - | |
| 09/30/2015 | | 10/0 | 1/2015 | | | | B & G Restorati | ion, inc. | | | - | |
| | During Abatement | (Check or | nly one) | | | - | 105 Ryerson R | oad | | | | |
| | ed/vacated during e | | | ement. | | | City, State, Zip Code | | | | | |
| Abatement p | performed outside of | of normal f | acility hou | Irs- | | | 83-0 | | | | | |
| Describe: Other-Descri | ribe: | | | | | | LincolnPark, N. | J 07035 | | | - 4 | |
| | theck all that apply) | | | - | | | | | | | | |
| ☐ Demolition | X F | Renovatio | n | | | F | ull Containment w/neg | gative pressure | Glovebag p | rocedu | ıre | |
| X >3 sf or >3 l | If | 160 sf or 3 | 260 lf | | | X | fini-enclosure | | Non-friable | proced | dure | |
| Location of | | Is location | normally | used sole | ly | | | | R | R | E | E |
| asbestos-co | | by mainte staff(12) | nance/cus | stodial | | | sbestos-containing | Amount (Specify Si | m | e p | n | n |
| material to be abated in fa | oe | | | T | - material | (ACM) | | LF) | 0 0 | a | a | C |
| abateu III Ia | Cinty (15) | Yes | No | N/A | | | | | e | r | P | - |
| basement | | | | X | pipe insu | lation | | 120 lf | X | 닏 | ᆜ | 14 |
| | | | | | | | | _ | | 부 | Ц, | 님 |
| | | | | | | | | | | 부 | 님 | 님 |
| | | | | | | | | | | 井 | H | 부 |
| | | | | | | | IN (5 :: : | 1 4611 | ∐ | | Ш | |
| Registered Waste B & G Restora | Hauler ation, Inc. | NJD | P Hauler 19563 | ID# | Cubic Yards of 2 | vvaste | Name of Registered Tullytown | Resource & Re | covery Cer | nter | | |
| City, State Lincoln Park, | | | | Disposal 10 | Date 0/01/2015 | | City, State Tullytown, | PA | | | <u>v</u> | |
| Completed by (Pri | | Title | | | Signature | | 0 . 0 | | Date | | | |
| Gordana Lun | a | | ry/Treas | urer | | | Gordana Luna | | 09/16/20 | 15_ | | |

State of NJ

B & G proj. #: 2015-173

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

| B & G proj. #: | | | 3.0 | | | | | Check # | 7421 | | | | _ |
|------------------------------|--|--------------|--------------------------------|--------------------|------------------------|--------|-------------------------------------|--------------------------------|-------------------------|--------|--------|--------|------|
| Date of Notification | 1 (1) | IIN | ame of Build | ing Owne | r/Operator (2) | - | 9 | 1615 SEP 22 | 51110. | - | | | |
| 0 19 1/1 16 |]/[1]5] | | Roman Pi | | | | 2 | 619 97 . VV | 87.14.1 | .01 | | | |
| Agencies Notified | Type Notification | on St | reet Address | 3 | | | 1 - | J305 lia | 6 - T 11 | viiI. | | | |
| ☐ EPA | X Initial | | 113 Lyon | s Place | | | | دا العاددا E I ICER | 2.FU | | | 2 | |
| DEP DOL | ☐ Amendn | Section 1997 | ity, State, Zij Springfie | | 7081 | | | | | | | | |
| ▼ DOH | | l Ni | ame of Conta | | | | | Telephone | Number | | | | _ |
| □ DCA | ☐ Cancella | 200 | Roman F | | :ki | | | | | | | | |
| | | | TOMAN | | | TION | | | | | | | |
| | | | (0) | FACIL | ITY INFORMA | ATION | | Type of Facility (4 | 1) | | - | _ | - |
| Name of facility wh | here abatement is | s taking pla | ice (3) | | | | | | (K - 12) | | | | |
| Roman Prezin | mirski | | | | | | | | apter 8 (O | | | 12) | |
| Street Address | | | | | | | | M Other (| Private/Co Homes, et | | rcial | | |
| 113 Lyons Av | venue | | | | | | | | # of Floor | | Blo | ig. A | ge |
| City (5) | | Cour | nty (6) | nty Code (7) | | | | F 1 | - 15 | | | | |
| Springfield, N | NJ 07081 | Uni | ion | | | (Sta | te use only) | Current Use (Pr residential | ior if being | g dem | olishe | .a) | |
| Name of Monitorin | ng Firm Hired by I | 3ldg. Owne | er (8) | | ASCM No. | \neg | Name of Abatement C | Contractor (9) | | | | | |
| n/a | 82 | | | | | | B & G Restoration | on, Inc. | | | | | |
| Street Address | | | | | | | Street Address 105 Ryerson R | oad | | | | | |
| City, State, Zip Coo | - | | - | | | _ | City, State, Zip Code | | | _ | | | |
| City, State, Zip Cot | ue | | | | | | Lincoln Park, N | NJ 07035 | | | | | |
| Project Manager fo | or Monitoring Firm | | Pho | ne Numbe | er | _ | Telephone Number | | License | | ег | | |
| | | | | | | | (973)696-6869 Name of OSHA Monit | | | 378 | _ | | |
| Scheduled Start Da | ate (10) | Sched | . Completion | n Date (11 |) | | B & G Restorati | | | | | | g 80 |
| 09/29/2015 | | 09/3 | 30/2015 | | | | Street Address | | | | | | |
| Occupancy Status | | | | | | | 105 Ryerson Ro | oad —————— | | | | | |
| Facility close Abatement p | ed/vacated during performed outside | of normal | od of abaten facility hours | nent. 5- | | | City, State, Zip Code | | | | | | |
| Describe: Other-Descr | | | 1 | | | - | LincolnPark, N. | 07035 | | | | | E |
| Scope of Work (cl | | y) | | | | | | | | | | | 3 - |
| Demolition | X | Renovation | on | | | | ull Containment w/neg | ative pressure | X Glove | oag pr | ocedu | ıre | |
| X > 3 sf or > 3 lf | f 🔲 | ≥160 sf or | ≥260 If | | | X | Mini-enclosure | | ☐ Non-fr | | огосе | dure | |
| Location of | | | n normally u | | | | | Amount | | e R | R | E n | E |
| asbestos-co material to b | | staff(12) | 1 | T | Description material (| | sbestos-containing | Amount (Specify S | F or | m | p a | c a | C |
| abated in fac | | Yes | No | N/A | | | | LF) | | v e | i | p | L |
| basement | | | | X | pipe insula | ation | | 81 If | | X | | | |
| crawl space A | | | | X | pipe insula | ation | | 24 lf | | X | | | |
| crawl space B | | | | х | pipe insula | | | 18 lf | | X | | 님 | |
| outside crawl s | space | | | X | pipe insula | ation | | 14 lf | | X | H | ዙ | 十 |
| Registered Waste | Hauler | INID | EP Hauler II |)# I C | ubic Yards of V | Naste | | | | .[| ш_ | | 1- |
| B & G Restora | | | 19563 | | 2 | | Tullytown | Resource & Re | ecovery | Cen | ter | | |
| City, State Lincoln Park, | N.I | | | Disposal D 09/3 | ate 30/2015 | | City, State Tullytown, | PA | | | | | |
| Completed by (Pri | | Title | | | Signature | | | | Date | | | _ | |
| Gordana Luna | | | ary/Treasu | rer | | | Gordana Luna | | 09/16 | 6/201 | 15 | | |

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2015-175

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7423

| | | | | | | | | | | | | | - |
|--|--|-------------------------|--------------|--------------------------------|-------------------|--|---|----------------------------|-------------------------|--------|--------|--------|--------|
| Date of Notification | n (1) | IIN | ame of Bu | ilding Own | er/Operator (2) | | | | | | | | |
| 0 19 1/11 16 | 3 1/1151 | 1 1 500 | Mary He | halanaat a n maanna | | | ž | 2015 SEP 0: | O ANT | 2.5 | 7 | | |
| Agencies Notified | | on Si | treet Addre | ess | | | | | | | | | |
| ☐ EPA | X Initial | | 648 Upp | oer Boule | evard | | أبار | 100 28 741 CLUBE | 1 L | 12.1 | 1 | | |
| ☐ DEP | | C | ity, State, | Zip Code | | | | 4116 | R HY | | - | | |
| X DOL | Amenda | nent | Ridgew | ood, NJ | 07450 | | | | | | | | |
| X DOH | | | ame of Co | ntact | | | | Telephon | e Number | | | | |
| ☐ DCA | ☐ Cancella | tion | Mary H | leffernan | | | | | | | | | |
| | | | | FAC | ILITY INFORM | IATION | | | | | | | |
| Name of facility w | where abatement is | taking pla | ace (3) | Participants. | | | IT | ype of Facility (| (4) | | | | |
| 10 4 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | taking pic | 100 (0) | | | | | Schoo | l (K - 12) | | | | |
| Mary Heffern | nan ————— | | | | | | | The second second | apter 8 (O | | | 12) | |
| Street Address | | | | | | | | | (Private/Co Homes, e | | rcial | | |
| 648 Upper B | Boulevard | | | | | | | Square Feet | # of Floor | s | Blo | dg. Ag | ge |
| City (5) | | Cour | nty (6) | | | 100000000000000000000000000000000000000 | nty Code (7) | | | | -11-1- | -15 | |
| Ridgewood, | NJ 07450 | Bei | rgen | | | (Star | STATES AND | Current Use (P residential | rior it bein | g aem | Olishe | a) | |
| Name of Monitori | ing Firm Hired by I | Bidg. Owne | er (8) | | ASCM No. | <u>. </u> | Name of Abatement Co | | | | | | |
| n/a | , | | 10.10 | | | | B & G Restoration | n, Inc. | | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| | | | | | | | 105 Ryerson Roa | ad | | 2 | | | |
| City, State, Zip Co | ode | | | | | | City, State, Zip Code Lincoln Park, NJ | 1.07035 | | | | 2 | |
| | | | | | | _ | Telephone Number | 107033 | License | Numh | er | | |
| Project Manager for | or Monitoring Firm | | P | hone Num | per . | | (973)696-6869 | | | 378 | ,C1 | | |
| | | 10.1 | | ion Date (1 | 11 | | Name of OSHA Monitor | | | | | | |
| Scheduled Start D | | | | ion Date (1 | 1) | | B & G Restoration | n, Inc. | | | | | 2 10 |
| 09/30/2015 | | | 01/2015 | | | | Street Address | al . | | | | | |
| Occupancy Status | | | | -mant | | | 105 Ryerson Roa | IQ | | | | | _ |
| Abatement | ed/vacated during performed outside | of normal | facility hou | ement. Irs- | | | City, State, Zip Code | | | | | | |
| Describe: Other-Desc | | | | | | - | LincolnPark, NJ 0 | 7035 | | | | ş | ŭ |
| | check all that apply | /) | | | | | | | | | | | |
| Demolition | X | Renovation | on | | | F | ull Containment w/negat | ive pressure | X Glove | bag pr | ocedu | ıre | |
| × >3 sf or >3 | If \Box | >160 sf or | >260 If | | | X | /lini-enclosure | | ☐ Non-f | riable | огосе | dure | |
| Location of | | | | used sole | ly | | | T | - | I R | R | Е | E |
| asbestos-co | ontaining | by mainted staff(12) | enance/cu | stodial | | | sbestos-containing | Amount (Specify S | SE or | m | e p | n | n |
| material to l abated in fa | | Yes | No | N/A | - material | (ACM) | | LF) | SF UI | O V | a | a | C L |
| | | 163 | 140 | | | | | | | e | r | | 1 |
| furnace room | | | | X | pipe insu | | | 45 lf 38 lf | | X | H | 片 | ## |
| basement mai | n room | | | X | pipe insu | | | 9 If | | X | H | | 卄 |
| laundry room | | | | X | Thipe mad | alatiOI I | | 011 | | H | H | 一 | 甘 |
| | | | | | 1 | | | | | | | | |
| Registered Waste | | | EP Hauler | ID# | Cubic Yards of | Waste | Name of Registered La | | *** | ^ | | - | |
| B & G Restora | | | 19563 | Discourt | 3 Data | | Tullytown R | esource & R | ecovery | Cen | er | | |
| City, State Lincoln Park, | NJ | | | Disposal 10 | Date 1/01/2015 | | City, State Tullytown, PA | A | | | | | į. |
| Completed by (Pr | | Title | | 1 | Signature | | | | Date | | | | |
| Completed by (Fi | | | ry/Treas | IIIror | 00450191-007695 | | Gordana Luna | | 09/1 | 6/20 | 15 | | |

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

B & G proj. #: 2015-160

Check # 7418 Date of Notification (1) Name of Building Owner/Operator (2) 0 19 1/1 16 1/11 15 1 Leonard Alex Agencies Notified Type Notification Street Address & Livensia 101 EPA 55 Ridge Road X Initial ☐ DEP City, State, Zip Code Amendment X DOL Roseland, NJ 07068 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Leonard Alex **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Estate of Nancy A Alex Subchapter 8 (Other than K-12) Other (Private/Commercial X Street Address Bldgs./Homes, etc. 55 Ridge Road Bldg. Age # of Floors Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Roseland, NJ 07068 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 09/28/2015 09/29/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure ✗ Glovebag procedure **X** Renovation Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf X >3 sf or >3 lf Is location normally used solely F Location of e е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing п m p C staff(12) (Specify SF or material to be material (ACM) C 0 a LF) abated in facility (13) Yes N/A No p X 33 lf pipe insulation basement main room 10 If X basement main room X pipe pipe insulation X 10 lf laundry room X X 9 If basement boiler room X pipe Name of Registered Landfill NJDEP Hauler ID# 19563 Cubic Yards of Waste Registered Waste Hauler Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 09/29/2015 Lincoln Park, NJ Signature Date Completed by (Print or Type) Gordana Luna 09/16/2015 Secretary/Treasurer Gordana Luna

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

B & G proj. #:

2015-167

Check # 7420

| | | | | | | | | 9855 | 0.5 | | | | | |
|---|-------------------|------------------|-------------------|----------------------|-------------------------|--------------|---------------------------------------|---------------------|-------------------------|---|-------------|--------|-----------|----|
| Date of Notification (1 | | 11 | | 3 | er/Operator | (2) | | CEID | SEF 22 | eli B | | | | |
| 10 19 1/1161/ | | | | Stephens | | | | ,i | | | <u>े ५६</u> | | | |
| TT EPA | Type Notification | 1100 | reet Add | ress rner Aven | | | | | Littel | | nūi | | | |
| ☐ DEP | X Initial | 11. | | | iue . | | | | 4.16.54 | i 1 1/2 | | | | |
| X DOL | Amendm | | 100 | Zip Code City, NJ | 07305 | | | | | | | | | |
| X DOH | | Na | me of C | ontact | | | | | Telepho | ne Numbe | er | | | _ |
| ☐ DCA | Cancella | tion | Diane | Stephens | S | | | | | | | | | |
| | | | | FAC | ILITY INFO | RMATION | l | | | | | | | |
| Name of facility when | e abatement is | taking pla | ce (3) | | | | | Туре | of Facility | | , | 0.757 | | |
| Diane Stephens | 3 | | | | | | | | = | ol (K - 12 hapter 8 (| | nan K- | 12) | |
| Street Address | | | | | | | 65 | | X Other | (Private/ | Comme | | / | |
| 48 Warner Ave | nue | | | | | | | San | Bldgs are Feet | ./Homes, # of Floo | | Blo | g. Ag | ge |
| City (5) | | Coun | ty (6) | | | Cou | inty Code (7) | | | | | | | |
| Jersey City, N. | J 07305 | Hud | dson | | | (Sta | ite use only) | | rent Use (F idential | Prior if bei | ng dem | olishe | d) | |
| Name of Monitoring I | Firm Hired by E | Bldg. Owne | er (8) | | ASCM No |). | Name of Abatemen | _ | | | | | | |
| n/a | 2 | | | | 500 mA 1000 mB 40 mm 10 | | B & G Restora | ation, Ir | IC. | | | | | |
| Street Address | | | | | | | Street Address | Dood | | | | | | |
| <u> </u> | | | | | | | 105 Ryerson | | | | - 1 | | - | |
| City, State, Zip Code | | 55 | | | | | City, State, Zip Code Lincoln Park | | 035 | | | | | |
| Project Manager for N | Monitoring Firm | | | Phone Num | ber | | Telephone Number | | • | 100000000000000000000000000000000000000 | e Numb | oer | | |
| | | | | | | | (973)696-68 Name of OSHA Mo | | | | 0378 | | | |
| Scheduled Start Date | (10) | Sched | . Comple | etion Date (1 | 1) | | B & G Restora | | nc. | | | | | |
| 09/29/2015 | | _ | 30/2015 | 5 | | | Street Address | | | | | | | |
| Occupancy Status Du | | | | | | | 105 Ryerson | | | | | | | |
| Facility closed/\ Abatement perf | | | | | | | City, State, Zip Cod | ie | | | | | | |
| Describe: Other-Describe | | | | | | _ | LincolnPark, I | NJ 070 | 35 | | | | | |
| Scope of Work (chec | | ') | | | | | | | | | | | | |
| ☐ Demolition | X | Renovatio | n | | | □ F | Full Containment w/n | negative | oressure | ✗ Glov | ebag pi | ocedu | re | |
| \times >3 sf or >3 lf | | ≥160 sf or | ≥260 lf | | | X | Mini-enclosure | | | ☐ Non- | -friable | ргосес | dure | |
| Location of | | Is location | | ly used sole | ly | | | | | - | R | R | E | E |
| asbestos-conta material to be | ining | staff(12) | nance/c | ustodiai | | ription of a | asbestos-containing | | Amount (Specify | SF or | m | p a | С | n |
| abated in facilit | y (13) | Yes | No | N/A | 111000 | iai (/ tom) | | | LF) | | v e | i | a p | L |
| basement | | | | × | 7 pipe ins | sulation | | | 11 lf | | X | | | |
| | | | | | | | | | | | | | \square | |
| | | | | | | | | | | | | | | |
| | | | | |] | | | | | | ᆜᆜ | | | 14 |
| | | | | | | | | | | | _ ⊔ | Ш | Ц, | |
| Registered Waste Har B & G Restoration | uler | | EP Haule 19563 | er ID# | Cubic Yards 1 | of Waste | Name of Registere Tullytow | ed Landf 'n Reso | urce & F | Recover | v Cen | ter | | |
| City, State | | _ | | Disposal | Date 0/30/2015 | | City, State Tullytowr | | | | | | | |
| Lincoln Park, N. | | | | _ | Signatur | е | · L ————— | | | Date | | | - 1 | |
| Completed by (Print of Gordana Luna | or Type) | Title Secreta | ry/Trea | surer | O.g.iatai | | Gordana Luna | : | | 700000 | 16/20 | 15 | | |

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-172

(Pursuant to NJAC 8:60-7 and 12:120-7)

| DOL | B & G proj. #: | | | | (, | | | | | Check | # 7419 | | | | _ |
|--|--|--------------------|--------------|-----------|---------------------------------------|----------------|--|-----------------------|-----------|------------|--|--|---------------|--------|-----|
| Agencies Notified Type Notification EPA Initial Type Notification EPA Initial Type Notification EPA Initial Initia | Date of Notification | (1) | 111 | lame of B | uilding Owr | er/Operator (2 |) | | Dan . | | | | | | |
| Specific properties | 0 19 1/1 16 | 1/1151 | 11. | | -0-110-110 -1 10-110-110-1 | | | 2. | eld SE | F 22 | AH 12: | G E. | | | |
| DEP DOL Amendment DOS collivon Way City, State, Zip Code Trenton, NJ 08628 Art Knapp Trenton, NJ 08628 Trenton, NJ 08628 Trenton, NJ 08628 Art Knapp Trenton, NJ 08628 Art | Agencies Notified | | ion S | | | | | ř. | ¥, | er 14 mes | | | | | |
| DOL | | X Initial | | 100 St | ıllivan Wa | ay | | | 12. | 1150 | 1 1 1 |)i | | | |
| Name of facility where abatement is taking place (3) Street Address County Code (7) Street Address County Code (7) Cod | | | | | | | | | | | 210 | | | | |
| DCA | _ | Amenar | | | | 528 | | | | | | and the same of th | | | |
| DCA | X DOH | Cancella Cancella | 5185 FEE | ame of Co | ontact | | | | | Telephor | ne Numbe | Γ | | | |
| Name of facility where abatement is taking place (3) Central Reception & Assignment Facility | DCA | | | Art Kn | арр | | | | | | | | | | |
| School (K - 12) Subchapter 8 (Other than K-12) Subchapter 8 | | | | | FAC | ILITY INFORM | ATIO | N | | | | | | | |
| Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Street Address 100 Sullivan Way County Code (7) (State use only) Current Use (Prior if being demolished) Correctional Facility Current Use (Prior if being demolished) Correctional Facility Current Use (Prior if being demolished) Correctional Facility Street Address 7 Pleasant Hill Road Street Address 105 Ryerson Road Street Addr | Name of facility wh | ere abatement is | s taking pla | ace (3) | | | | | Туре | | | | Heat restrict | | |
| Street Address 100 Sullivan Way County (6) | Central Recep | otion & Assign | nment Fa | acility | | | | | | = | | | han K | 12) | |
| County (6) | Street Address | | | | | | | | | | | | | -12) | |
| City (5) Trenton, NJ 08628 Name of Monitoring Firm Hired by Bidg. Owner (8) Whitman Company Street Address 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Revin Lovely Scheduled Start Date (10) 09/28/2015 Decupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement, Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Descr | 100 Sullivan \ | Nay | | | | | | | C= | | | | DI | da A | 70 |
| Trenton, NJ 08628 Mercer Name of Monitoring Firm Hired by Bidg. Owner (8) Whitman Company Street Address 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Kevin Lovely Scheduled Start Date (10) 09/28/2015 09/28/2015 09/38/2015 00/38/2015 09/38/20 | City (5) | | Cour | ntv (6) | | | Co | unty Code (7) | Squa | re reet | # 01 F100 | is | Di | Jy. A | ge |
| Name of Monitoring Firm Hired by Bidg. Owner (8) Whitman Company Street Address 7 Pleasant Hill Road Discret Address 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Kevin Lovely Scheduled Start Date (10) 9/28/2015 Docupancy Status During Abatement (Check only one) Facility closed/weated during entire period of abatement. Abatement performed outside of normal facility hours- Describe. Scope of Work (check all that apply) Demolition Penolition Panager for Monitoring Firm Kevin Lovely Scheduled Start Date (10) 9/28/2015 Docupancy Status During Abatement (Check only one) Facility closed/weated during entire period of abatement. Abatement performed outside of normal facility hours- Describe. Describe. Docupancy Status During Abatement (Check only one) Full Containment w/negative pressure Scope of Work (check all that apply) Location of asbestos-containing material to be abated in facility (13) abated in facility (13) Description of asbestos-containing material to be abated in facility (13) Passement pipe chase Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code LincolnPark, NJ 07035 LincolnPark, NJ 07035 Description of asbestos-containing material to be abated in facility (13) Passerment performed outside of normal starifical procedure Description of asbestos-containing material (ACM) Passerment performed outside of normal starifical procedure Description of asbestos-containing material (ACM) Passerment performed outside of normal starifical procedure Description of asbestos-containing material (ACM) Passerment performed outside of normal starifical procedure Description of asbestos-containing material (ACM) Passerment performed outside of normal starifical procedure Description of asbestos-containing material (ACM) Passerment performed outside of normal s | | 0000 | | | | | | | Curre | ent Use (F | rior if beir | ng den | nolishe | ed) | |
| Street Address 7 Pleasant Hill Road Dity, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Kevin Lovely Scheduled Start Date (10) 09/28/2015 Decupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Demolition Scope of Work (check all that apply) Demolition Scope of Work (check all that apply) Demolition Scheduled Start A:00 pm Full Containment w/negative pressure Mini-enclosure B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Num | | | | | | | <u>. </u> | | | | I Facility | | | 97 | |
| Street Address 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Kevin Lovely Scheduled Start Date (10) 09/28/2015 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Occupied & shift start 4:00 pm Demolition X Renovation Start 0.00 pm Description of asbestos-containing material to be abated in facility (13) Yes No N/A Non-friable procedure | | 5 | Blag. Owne | er (8) | | 1 | - 1 | | | | | | | | |
| 7 Pleasant Hill Road City, State, Zip Code Cranbury, NJ 08512 Project Manager for Monitoring Firm Kevin Lovely Scheduled Start Date (10) 09/28/2015 Cocupanory Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: X Other-Describe: X Other-Describe: Segon of Work (check all that apply) Demolition X Renovation Senovation Senovation Senovation Secondarian normally used solely by maintenance/custodial staff(12) Amount (Specify SF or a large in a naterial to be abated in facility (13) Yes No N/A Non-friable procedure X pipe insulation Sif X | | прапу | | | | | | | ion, inc |). | | | | | |
| Cranbury, NJ 08512 | | lill Road | | | | | | | Road | | | | | | |
| Project Manager for Monitoring Firm Phone Number 732-390-5858 Telephone Number (973)696-6869 Name of OSHA Monitor B & G Restoration, Inc. | | | | | 8: | | _ | | | | | | | | |
| Revin Lovely 732-390-5858 (973)696-6869 00378 | 0.000 | | | | | | | l | NJ 070 | 35 | | | | | |
| Name of OSHA Monitor Scheduled Start Date (10) O9/28/2015 O9/38/2015 O9/3 | - | _ | 1 | | | | | | 9 | | The state of the s | | per | | |
| Description of asbestos-containing material to be abated in facility (13) Sasement pipe chase X pipe insulation X pipe insulation Description of asbestos-containing material (ACM) Description Description Description of asbestos-containing material of the contained in the contain | | | 10-b | | | | | | | | | | | | |
| Docupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Ocher-Describe: Occupied & shift start 4:00 pm Scope of Work (check all that apply) Demolition Full Containment w/negative pressure Solve of Solv | | te (10) | | | | 1) | | B & G Restorat | tion, Ind | C. , | | | | | |
| Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: Occupied & shift start 4:00 pm Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Solve abated in facility (13) Description of asbestos-containing material to be abated in facility (13) Description of asbestos-containing material to be abated in facility (13) Description of asbestos-containing material to be abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing material (ACM) Solve abated in facility (13) Description of asbestos-containing | | | | | | | | | | | | 9000 2.00 | | | |
| Abatement performed outside of normal facility hours— Describe: Other-Describe: Other-Describ | the state of the s | | | | tement. | | | | | | | | | | |
| Scope of Work (check all that apply) Demolition X Renovation Full Containment w/negative pressure X of or >3 If Location of asbestos-containing material to be abated in facility (13) Passement pipe chase X other-Describe: Occupied & shift start 4:00 pm Full Containment w/negative pressure X Glovebag procedure X Mini-enclosure Non-friable procedure Amount (Specify SF or LF) Pescription of asbestos-containing material (ACM) Pescription of asbestos-c | Abatement pe | | | | | | | City, State, Zip Code | | | | | | | |
| Demolition | Other-Describ | e: occupied | & shift st | art 4:00 | pm | | | LincolnPark, N | J 0703 | 5 | | | | | |
| X >3 sf or >3 lf ≥160 sf or ≥260 lf X Mini-enclosure Non-friable procedure Location of asbestos-containing material to be abated in facility (13) Is location normally used solely by maintenance/custodial staff(12) Description of asbestos-containing material (ACM) Amount (Specify SF or LF) R R E e e n n c n c L c L c L c L c L c L c n c L c c n c c L c c c L c c c L c c c L c | Scope of Work (che | eck all that apply | /) | | | | | | | | W | | | | |
| Location of asbestos-containing material to be abated in facility (13) Passement pipe chase Is location normally used solely by maintenance/custodial staff(12) Yes No N/A Description of asbestos-containing material (ACM) Description of asbestos-containing material (Specify SF or LF) Amount (Specify SF or LF) Amount (Specify SF or LF) O a a a c c c c c c c c c c c c c c c c | Demolition | X | Renovation | n | | | | Full Containment w/ne | gative pr | essure | | | | | |
| Location of asbestos-containing material to be abated in facility (13) Passement pipe chase Description of asbestos-containing material (ACM) | | | | | | | X | Mini-enclosure | | | Non-f | | | arut | , |
| material to be abated in facility (13) Yes No N/A Pasement pipe chase X pipe insulation | | | | | | 1 | | | | Amount | 15. | 0.0 | | 3/2/25 | 885 |
| abated in facility (13) Yes No N/A Pipe insulation S If X Dipe insulation S If X Dipe insulation D D D D D D D D D D D D D D D D D D D | material to be | | staff(12) | | | | | | | (Specify | SF or | 25/3 | 200 | | 1 |
| pasement pipe chase | abated in faci | lity (13) | Yes | No | N/A | | | | | LF) | | 14 8 | i | S | L |
| | basement pipe o | chase | | | X | pipe insu | lation | | 5 | if | | _ | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | _ | | _ | | | 井 | | 님 | 14 |
| Note House A Designated Landing | | | | | | 1 | | | - | | | ዙ | | - | ዙ |
| Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill | Registered Waste H | | | | · ID# | Dubic Yards of | Waste | | | | | | | ш. | 1 |
| B & G Restoration, Inc. 19563 1 Tullytown Resource & Recovery Center | B & G Restorati | | | 19563 | IDian | 1.00 | | | Resou | rce & R | ecovery | Cen | ter | | |
| City, State Disposal Date City, State Lincoln Park, NJ 10/01/2015 Tullytown, PA | City, State Lincoln Park, N | IJ | | | | | | Tullytown, | PA | | | | | | |
| Completed by (Print or Type) Title Signature Gordana Luna Date 09/16/2015 | | or Type) | | /T | | Signature | | Gordana Suma | | | | CIOO | F | | |

NO (K

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

| Date of Notification (* 9/2/15 | 1) | | | me of Buildir | | | 2) | | | | | |
|--|--|-----------------|--------------------|---------------|--------------|--------------------------|-----------------------------|---|----------------|-------------|--------------|-----------|
| Agencies Notified | Type Notification | | | iocese of | Paterso | n | | | | | | |
| Agencies Notified | Type Notification | | 1 | 7 Valley | Dood | | | | | * | | |
| □ EPA □ DEP | Initial Amended | | | , State, Zip | | | | 1810 070 05 | F 1/2 24 | 4. 9 | _ | |
| ₫ DOL | Amendmen | | | ifton, N | | sev 07 | 013 | 1815 SEP 22 | ATT I | 31 | (<u>.</u>) | |
| □ DOH | ☐ Emergency justification | | | ne of Conta | | ,0, | | Telephone N | umber | | _ | |
| □ DCA | ☐ Cancellation | | De | ennis Roc | dano | | | 1 | | | | |
| | | | F | ACILITY IN | IFORMAT | | | | | | | |
| Name of Facility Whe | | ng Place (3) | | | | | Type of Facility | (4) | | | | |
| St. John the Bap Street Address | fist Church | | | | | | ☐ School (K | | | | | |
| 357-371 Main S | tract | | | | | | ☐ Subchapt ☐ Other (i.e. | er 8 (Other than K- . private & commer | 12) cial bu | ildina | s. hom | ies |
| City (5) | rreer | | | | | | etc.) | | | | | |
| Paterson | | | | | | | Square Feet 20,000 | # of Floors | | Bldg. 95 | Age | |
| County (6) | | | Cou | inty Code (7 | 7 | | | rior if being demoli | obod) | 70 | | |
| Passaic | | | | ATE USE ON | | | Church | | sileu) | | | |
| Name of Monitoring F | irm Hired by Building | Owner (8) | IA | SCM No. | | Name of | Abatement C | | | | | - |
| TBD | 170 | | | | | 2555 | or Inc. | TOTAL NEW | | | | |
| Street Address | | | | | | Street A | | | | | | - |
| | | | | | | 511 C | anal Street | | | | | |
| City, State, Zip Code | | | | | | | te, Zip Code | | | | | |
| | 10 | | | | | | York, NY | 10013 | | | | |
| Project Manager for M | onitoring Firm | | Tele | phone No. | | Telephor | ne No. 131-0696 | License | | | | |
| Start Date (10) | 1 1 1 | Scheduled | Complet | ion Date (11 | () | 7.54 | OSHA Monito | (212) | 431 | 0/04 | | |
| 9/11/15 9/24 | 115 9/22/15 | 12/15/15 | | | . 7 | CARLES CHARLES | Analytical | | | | | |
| Occupancy Status Dur | ing Abatement (Chec | k Only One) | | | | Street Ad | idress | | | | | |
| ☐ Facility Closed/Va | acated During Entire | Period of Aba | tement | | | | est 38th St | reet | | | | |
| ☐ Abatement Perfor ☐ Other – Describe: | med Outside of Norm Exterior side (| al Facility. Ho | urs 5 | | | City, Stat | te, Zip Code York, NY | 10018 | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | |
| □ ≥3 sf or ≥3 lf | | Da Ren | ovation | | | | Full Contains | nent with Negative | Draeer | iro. | | |
| 🗗 ≥160 sf or ≥260 lf | | | olition | | | | Mini-Enclosu | re | 1 10331 | 11.5 | | |
| | | | | | | | Glovebag Pro | ocedure ed (*) and Non-Fria | ble Pro | ncedu | ·e | |
| | | ls Lo | cation | | | 7 | | | | 0107 | ement | |
| Location | | Norr | nally | | De: | scription of | | | | T | /pe | |
| Asbestos-Containin TO BE A | | | olely by nance/ | ASDE | | | erial (ACM) | Amount | _ | | 回 | ш |
| In Fac | ility | Custodii (1 | | (1.7 | | systems in cing, VAT, | | (Specify SF or LF) | Remova | Repair | cap | nele |
| (13 |) | 7, | <u>-)</u> | _ | other n | niscellaneo | us) | 00, 04 D0000. | oval | air | Encapsulate | Enclosure |
| | | Yes N | 0 N/ | A | | | | | | | te | CD. |
| Exterior Window | S | | X | W | indow | Caulkin | g | 80 sf | X | | | |
| | | | | | | | | | | | | |
| | | | | | | | | E C | | | | |
| N | | | | | | | | | | | | |
| Name of Registered Wa | iste Hauler | | | Waste ID No. | Cubic of Was | | Name of | Registered Landfill | | | | |
| Newark Carting I | nc. | * | 04509 | | 10 | | Waste | Management | Grai | ıdce | ntral | |
| City, State | 05105 | | | | | al Date | City, Stat | | | | | |
| Newark, New Jers | ey 07105 | | | | TBI | | Pen Ai | gyl, PA 1807 | | | | |
| Completed by | | Title | Mana | car | Si | gnature | 1-1 | Da | ite 9/03/ | 15 | | |
| J. Robert Dombro | WSKI | Project | ivialla | REI | | 1.7 | 110-12 | 100 | 7/03/ | 10 | | |

NO CK

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

RECEIVED

| Date of Notification (1) | | | | Name of | Building O | wner/Op | erator | (2) | | | | | | | | |
|---------------------------------------|----------------------------------|------------|--------------------|--------------------|---------------------------|------------------------|--------------------|---------|-----------------------------|------------|------------------|---------|---------|--------|-------------|-----------|
| 09/15/2015 | | | | WEA | Enterpris | es Co. | Inc. | 21 | 115 SEP : | 22 | M 12. | 21 | | | | |
| Agencies Notified | Type Notification | | | Street A | | 0 11 4 | 200 | | | no home is | 11116 | C 1 | | | | |
| X EPA | Initial | | | | roadway | | 603 | £ | 3445011 | 2-21-6 | 1 211 | (i) | | | | |
| EPA DEP DOL | Amended Amendment | #1 | | | ite, Zip Cod York, N.Y | | 1 | | الخاراد اللاغ | FN | THE | , U (. | | | | |
| 280.00 | Emergency | (including | | | Contact | . 10010 | , | | | | ephone I | | | | | |
| DOH DCA | justification) Cancellation | | | Josep | | | | | | 100 | | | | | | |
| | E canconation | | | | LITY INFO | RMATIO | N | | | | | | | | _ | _ |
| Name of Facility Where | | g Place (3 | 3) | | | | | Туре | of Facility (4 | 1) | | | | | | |
| Granite Kitchen & I | Bath | | | | | | | | School (K-1 | | | | | | | |
| Street Address | | | | | | | | | Subchapter Other (i.e. p | | | | buile | linge | home | 20 |
| 93 Entin Road | | | | | | | | (| etc.) | iivate t | a comme | si Ciai | | | | ,,, |
| City (5) | | | | | | | | | re Feet | 1000 | Floors | | 1 1 1 1 | ldg. A | ge | |
| Clifton | | | | | | | | 35,0 | | 1 | | | 10.0 | 0 | | 74 |
| County (6) Passaic | | | | | Code (7) USE ONLY) | | | | nt Use (Prio | | | lishe | d) | | | |
| Name of Monitoring Firm | I lise of her Decilaline | O (0) | | | | - 15 | Name | | tement Con | | | | | | 17 | |
| Bioterra Env. Solut | | Owner (6) | | ASCM | i No. | 1 | | | ntracting. | | (9) | | | | | |
| Street Address | 10110 | | | | | | Harris Alberta | Addres | 0. | 1110. | | | | | | |
| P.O. Box 1224 | P.O. Box 1224 | | | | | 1" | (T)(0)(0)(0)(0)(0) | | on Avenu | e, Un | it 365 | | | | | |
| City, State, Zip Code | ity, State, Zip Code | | | | | - 1 | City, S | tate, Z | ip Code | | | | | | | |
| Union, NJ 07083 | | | | - 1 | Clifto | on, No | J 07012 | | | | | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telepho | | 5.0 | | none N | | | Licens | | | | | |
| Rick Esquairo | 2010 2010 Sec. 7 2 1447 Sec. 7 2 | | | , | 494-3762 | | | | -9500 | | 0103 | 6 | | | | |
| Start Date (10) | | Schedul | ed Con | pletion l | Date (11) | | | | HA Monitor | lia a | | | | | | |
| Occupancy Status Durin | a Abatement (Cher | y Only Or | 20) | | | | | Addres | ntracting, | iric. | | | | | | |
| | | | | | | .] | | | on Avenu | e. Un | it 365 | | | | | |
| Facility Closed/Vac Abatement Perform | | | | | | | | | ip Code | -, | | | | | | |
| Other - Describe: | | | | | | _ | | | J 07012 | | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | × | Renova | tion | | | | Ful | I Containme | | Negativ | e Pr | essu | е | | |
| × ≥160 sf or ≥260 lf | | | Demolit | on | | | × | Mir | ni-Enclosure ovebag Proc | | | | | | | |
| | | | | | | | | | n-Exempted | | d Non-F | riable | Pro | cedur | е | |
| | | Is | Locati | on | | | | | | | | | | | ement | |
| Location | | | Normali ed Sole | - | | | ription | | | | | - | | 1 9 | pe . | |
| Asbestos-Containing TO BE AB | | | intenar | | | os Contai thermal s | | | | | mount Specify | | ZI. | | En | Ш |
| In Faci | | Cus | todial S (12) | staff? | (1.0.1 | surfacir | ng, VA | T, or | | | or LF) | | Remova | Repair | aps | Enclosure |
| (13) | | | (12) | | | other mis | scellar | neous) | | | | | oval | air | Encapsulate | sure |
| | | Yes | No | N/A | | | | | | - | | | | | 0 | 1555 |
| 1st Floor Wa | arehouse | | | X | | TS | l Pipe | Э | | 70 | 00 LF | | Х | | | |
| 1st Floor Stora | 1st Floor Storage Room | | | | | | I Pipe | Э | | 1(| 00 LF | | | Χ | | |
| 1st Floor Bre | | X | | TS | l Pipe | Э | | 1(| 00 LF | | | Χ | | | | |
| 1st Floor Me | | X | | TS | l Pipe | Э | | 10 | 00 LF | | | Χ | | | | |
| Name of Registered Was | ste Hauler | | 10.00 | JDEP W auler ID | 5527756942004 | Cubic Y | | | Name of I | Registe | ered Lan | dfill | | | | |
| Atlantic Carting/JR | 12592 | J-641 | NO. | 25 | | | IESI PA | A Beth | nlehem | Lar | ndfill | Cor | p. | | | |
| City, State | | 9 | | Disposa | l Date | | City, State | | 200 | | | | | | | |
| Wayne, NJ | 1 | | | | | TBD | / | , | Bethleh | nem, I | PA | | | | | |
| Completed by | | Title | | D: | | Sig | nature | 1 | | | _ | Date | | 2015 | | |
| Milena Zoric | | Exec | cutive | Direct | or | 1 | | | | _ | _ | 09 | 15/ | 2015 | 05 | |

NO CK

| Date of Notification (1) | | | | Name of | f Building | Owner/O | perator | (2) | | | | | | | | |
|------------------------------------|--|----------------|----------------|---|-------------|---|------------|---------------------|------------------------------|------------|------------------|-----------|--------|---------|-------------|-----------|
| 9/17/2015 | | | | Beyer | Brother | rs GMC | ; | | | 28 | 15 SE | Poo | , | E 1.2 1 | ^ | |
| Agencies Notified | Type Notification | | | Street A | ddress | | | | | | | | | 11 1 | 4: | زز |
| | ☐ Initial | | | de gradial de la constante de | road Av | 700000000000000000000000000000000000000 | | | | j. | 4 | | | | | |
| X EPA X DEP X DOL | Amended | . # 0 | | | ate, Zip Co | | | | | | F 1 | 11.5 | 18 | 5 10 | .7. | Ji. |
| | Amendment Emergency | | - | | ew, NJ (| 07022 | | | | | | | | 31 | 9 | |
| ☑ DOH DCA | justification) Cancellation | , | | | f Contact | _ | | | | Tel | ephone | | | | | |
| L DCA | Cancellation | 1 | | | el Beye | | ON | | | E | |)2 | _ | | | |
| Name of Facility Where | Abatement is Takir | ng Place (3) | | FACI | LIITINE | JRWAIR | JN | Type | of Facility (4) |) | | | 31456 | | | |
| Structure Associate | | | | | | | | | School (K-12 | | | | | | | |
| Street Address | | | | | | | | Ħ | Subchapter 8 | (Oth | er than | K-12) | | | | |
| 155 Broad Avenue | | | | | | | | $\overline{\times}$ | Other (i.e. prietc.) | vate 8 | & comm | nercial I | ouilo | lings, | hom | es, |
| City (5) | | | | | | | | Squa | are Feet | # 01 | Floors | | В | dg. A | ge | |
| Fairview | | | | | | | | | | | | | 100 | 5+ | | |
| County (6) | | | | | Code (7) | | | Curr | ent Use (Prior | if bei | ng dem | olished |) | | | |
| Bergen | | | | (STATE I | USE ONLY |) | | n/a | | | | | | | | |
| Name of Monitoring Firm | | Owner (8) | | ASCN | I No. | | | | atement Conti | | (9) | | | | 27.50 | |
| Environmental Con | inections, Inc. | | | | | | | | rprises, Inc | : . | | | | | | |
| Street Address 120 North Warren | Ctract | | | | | | Street . | | | | | | | | 37,00 | |
| City, State, Zip Code | Street | | | | | | | | Essex Ave | ! | | | | | | |
| Trenton, NJ 08608 | | | | | | | 0.523 | | Zip Code | | | | | | | |
| Project Manager for Mon | | | - | Telepho | no No | | Teleph | | NJ 08221 | | Linea | as NIs | _ | | | |
| Daniel Davis | into mig i iiiii | | | | 92-4200 | . 1 | | | 1250 | | 0117 | se No. | | | | |
| Start Date (10) | | Scheduled | Con | | | | 3-00-0-0-0 | 250000 | HA Monitor | | 0117 | | | | | |
| 09/08/2015 | | 09/30/2 | | | | | | | ental Conr | ectio | ons. Ir | nc. | | | | |
| Occupancy Status During | g Abatement (Ched | k Only One |) | | | | Street | | | | | I ACC | | | | - |
| Facility Closed/Vaca | ated During Entire | Period of Ab | atem | ent | | | 120 | North | n Warren S | treet | | | | | | |
| Abatement Perform | ed Outside of Norn | nal Facility I | lours | | | 1 | City, St | tate, Z | Zip Code | | | | | | | |
| Other - Describe: _ | Vacant | | | | | - | Tren | ton, | NJ 08608 | | | | | | | |
| Scope of Work (Check A | ll That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | nova | | | | × | | III Containmer | nt with | Negati | ive Pre | ssur | е | | |
| ≥160 sf or ≥260 lf | | X De | moliti | ion | | | × | | ni-Enclosure ovebag Proce | dura | | | | | | |
| | | | | | | | X | | n-Exempted | | d Non-F | riable | Proc | edure | Э | |
| | | ls L | ocati | on | | | | | | | | | | | ment | |
| Location | | No Used | rmall | | | | cription | | | | | - | | Ту | ре | - |
| Asbestos-Containing TO BE ABA | | Main | | | Asbes | tos Conta | aining M | lateria | I (ACM) | | mount | | _ | | Ē | m |
| In Facil | | Custo | dial S (12) | Staff? | (1.6. | thermal s surfac | ing, VA | | ation, | | pecify or LF) | | Remova | Repair | cap | nclc |
| (13) | | | (12) | | | other m | iscellan | eous) | | | | | oval | air | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | | te | |
| Baseme | ent | | | Х | 9 | Pipe | Insulat | tion | | (| 30 If | 1 | ζ | | | |
| Garage F | Roof | | | Х | | - | Tar | | | 3 | 00 sf | , | ζ . | | | |
| Garage F | Roof | | | Х | | Ro | of Fille | er | | 6 | 0 sf | , | ζ . | | | |
| Garage F | Roof | | | X | | Rolled I | Roofin | a Ta | r | | 000 sf | | 2 | | | |
| Name of Registered Was | | | I N | JDEP W | | Cubic Y | | y ia | Name of R | | | | | | | |
| Site Enterprises Inc. | 888 | auler ID | | of Wast | te | | Tullytow | 496 | | 2.001012 | | | | | | |
| | 00 | 035220 |) | 20 cy | | | | ii La | Julii | | | | | | | |
| City, State 211 East Essex Ave | . Linwood, NJ | 08221 | | | 11 | Disposa 09/30 | | | City, State Bristol, F | PA | | | | | | |
| Completed by | er i i i jaron ero | Title | | | | | gnature | 11 | ALC: N. WINCO M.C.O. | | | Date | | | | |
| Eric Keys | | OM | | | | 1 | , i | 1 | .1.0 | | | 9/17 | /20 | 15 | | |

| Date of Notification (1) | | | N | Name of | Building O | wner/Oper | rator (2) | | | | | | | | |
|---|--|--------------|--------------------|----------------------|-------------|---------------------------|------------------|--------------------------------|-------------|------------------|----------|-------|--------|-------------|-----------|
| 9/17/2015 | | | | Beyer | Brothers | GMC | | | 0010 | 200 | e, 160 | + 1 | | | |
| Agencies Notified | Type Notification | | 5 | Street Ad | ddress | | | | | SEP 28 | ⊆ Fii | 1 6 | 4. | 13 | |
| ⊠ EPA | ☐ Initial | | | | road Ave | | | | | | | | | | |
| □ DEP | Amended | | 1000 | | te, Zip Cod | | | j | | | J. P. | Tigal | Lañ | - 4- | |
| ⊠ DOL | Amendment Emergency | | | | w, NJ 07 | 7022 | | | | | | 9 | Į. | | |
| ☑ DOH | justification) | | | | Contact | | | | Tele | ephone N | lumber | | | | |
| ☐ DCA | Cancellation | | | 175-755 22115-115-55 | el Beyer | | | | | | | | | | |
| Name of Facility Where | Ahatement is Takin | n Place (3) | | FACIL | LITY INFO | RMATION | | e of Facility (| 4) | | - | _ | | | _ |
| Structure Associat | | | | | | | Гурс | | 550 | | | | | | |
| Street Address | od William Todio T | | | | - | | \dashv | School (K-1 Subchapter | | er than K | -12) | | | | |
| 155 Broad Avenue | E | | | | | | | Other (i.e. p | rivate 8 | comme | rcial bu | iildi | ngs, | home | es, |
| City (5) | | | | | | | | etc.) are Feet | # 01 | Floors | | Blo | lg. A | 70 | |
| Fairview | | | | | | | J Squ | ale i eet | 7 70 | 1 10015 | - 1 | 25 | JR 2 | ye | |
| County (6) | | | | County (| Code (7) | | Curr | rent Use (Prid | or if hei | na demol | lished) | _ | | | |
| Bergen | | | | | ISE ONLY) | | - n/a | | Ji II DCI | ng demoi | noneu) | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | l No. | I N | 1130038 | atement Cor | tractor | (9) | | | 1100 | | |
| Environmental Cor | and the second s | | | | 10.000 | 1000 | | erprises, In | | (0) | | | | | |
| Street Address | | | (T. 14 - C.) | | | | treet Addre | | 1000 | | | | | | |
| 120 North Warren | 20 North Warren Street y, State, Zip Code | | | | | 2 | 211 East | t Essex Av | e | | | | | | |
| City, State, Zip Code | 20 North Warren Street y, State, Zip Code renton, NJ 08608 | | | | | С | ity, State, 2 | Zip Code | | | | - | | | |
| Trenton, NJ 08608 | E. | | | | | L | _inwood, | NJ 08221 | É | | | | | | |
| Project Manager for Mor | nitoring Firm | | 1 | Γelephor | ne No. | Te | elephone N | No. | | License | No. | | | | |
| Daniel Davis | renton, NJ 08608 roject Manager for Monitoring Firm Daniel Davis | | | | | 6 | 609-567- | -1250 | | 01172 | 2 | | | | |
| Start Date (10) | | Schedule | d Com | pletion [| Date (11) | N | ame of OS | SHA Monitor | | | | | | | |
| 09/08/2015 | | 09/30/2 | 015 | | | E | Environn | nental Cor | nectio | ons, Inc |). | | 0 | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only One |) | | | 1000 | treet Addre | | 22000 7 | 9 | | | | | |
| | ated During Entire | | | | | | Steeler Willeams | h Warren | Street | | | 13 | | | |
| Abatement Perform Other – Describe: | ned Outside of Norn | nal Facility | Hours | | | | ity, State, 2 | | | | | | | | |
| () () () () () () () () () () | | | M-24-5-1 | | | | Trenton, | NJ 08608 | | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | - | | | | | | | | |
| 23 sf or ≥3 lf | | | enovat | | | | | ull Containm | | Negativ | e Pres | sure | Э | | |
| ≥160 sf or ≥260 lf | | X De | emoliti | on | | | | lini-Enclosure llovebag Pro | | | | | | | |
| | | | | | | | X N | on-Exempte | d (*) an | d Non-Fr | iable P | roc | edur | 9 | |
| | | Is I | ocatio | on | | | | | | | | I | | ment | |
| Locatio | 10.50 | | ormali I Solel | | | | iption of | | | | - | Т | Ту | pe | |
| Asbestos-Containing TO BE AB | Material (ACM) | | ntenan | | | os Contain thermal sys | | | | mount Specify | , | , | | En | ш |
| In Faci | | Custo | dial S | taff? | (1.0. | | g, VAT, or | | | or LF) | Nelliova | | Repair | cap | nclo |
| (13) | | | (12) | | | other misc | cellaneous | 5) | | | JV al | | air | Encapsulate | Enclosure |
| | | Yes | No · | N/A . | | | | | | 94 | | | | é | |
| Garage | Roof | - | | Х | BI | ack Pap | er With | Tar | 3, | 000 sf | Х | | | | |
| Gara | | | | Х | Blac | k Tar Pa | aper With | h Tar | 2 | 30 sf | x | | | | |
| Roc | of | | | Х | | Black S | Shingles | | 9 | 00 sf | x | | | | |
| Garage, Basem | ent. Area #1 | | | Х | | Fire Pro | of Doors | S | 4 | Doors | x | 1 | | | |
| Name of Registered Wa | | | N. | JDEP W | /aste | Cubic Ya | | Name of | Registe | ered Land | dfill | | | | |
| A SECTION OF SECTION | | | auler ID 035220 | | of Waste | | Tullyto | wn La | ndfill | | | | | | |
| | Site Enterprises Inc. | | | | | 20 cy | Data | | | | | | | | |
| City, State 211 East Essex Av | e. Linwood. NJ | 08221 | | | | Disposal 09/30/2 | | City, Stat Bristol, | | | | | | | |
| Completed by | | Title | | | | and the second | nature | / | wreat (15%) | | Date | | | | |
| Eric Keys | | OM | | | | ام ا | il | h | | | 9/17 | /20 | 115 | | |
| | | | | | | 4 | 1 | MAL | | | | | | | |

| Date of Notification (1) | | | 100 | | Building O | | | (2) | 0.0 | 14E 0 | T | | | | | |
|--|---|---------------|-------------------|---------------------|------------------|----------------|-------------|----------|--|--|------------------|---------|--------|--------|-------------|-----------|
| 9/17/2015 | | | | | Brothers | GMC | | _ | 26 | 15 8 | EP 22 | - 1 | 110 | | 3 | _ |
| | Notification Initial | | | treet Add | aress and Ave | | | | · | | | | | | - | |
| X EPA X DEP X DOL | Amended | | | | e, Zip Code | | | | | 2. | 1.11 - | 1 | 1 | AU | ļ. | |
| DOL □ | Amendment Emergency (| | | | w, NJ 07 | 022 | | | | 11 | | | 40 | | | |
| DOH DCA | justification) | ii lolaali ig | | lame of | | | | | | Tele | phone N | lumb | ar | | | |
| ☐ DCA ☐ | Cancellation | 6 | | | l Beyer | | | | | | | | | | | _ |
| Name of Facility Where Abates | mont is Taking | n Place (3) | | FACIL | ITY INFO | RMATIO | ON | Type | of Facility (4 | .) | | | | | | - |
| Structure Associated wi | | | | | | | | _ | 100 CO 10 | . | | | | | | |
| Street Address | itii i touto i | | | | | | | | School (K-12 Subchapter 8 | | er than K | -12) | | | | |
| 155 Broad Avenue | | | | | | | | | Other (i.e. pr | ivate 8 | comme | rcial l | ouildi | ngs, | nome | s, |
| City (5) | | | | | <u></u> | | | | etc.) are Feet | # of | Floors | | Blo | ig. Ag | je | |
| Fairview | | | | | | | | | | | | | 25 | 5+ | | |
| County (6) | | | | County C | | | | Curre | ent Use (Prio | r if bei | ng demol | lished | 1) | | - | |
| Bergen | | | (- | STATE U | SE ONLY) | | | n/a | | | | | | | | |
| Name of Monitoring Firm Hired | d by Building | Owner (8) | | ASCM | No. | | Name | of Aba | atement Con | tractor | (9) | | | | 5.8 | 10 |
| Environmental Connect | tions, Inc. | | | | | | Site | Ente | rprises, In | c. | | | | | | |
| Street Address | | | | | | | Street | | | | | | | | | |
| 120 North Warren Stree | et | | W | | | | | | Essex Av | е | | | | | | |
| City, State, Zip Code | | | | | | | 0.50 | | Zip Code | | | | | | | |
| Trenton, NJ 08608 | | | | | | | | | NJ 08221 | | License | . Na | _ | | | |
| Project Manager for Monitoring | g Firm | | | Felephon | e No. 12-4200 | | Teleph | | No. ∙1250 | | 01172 | | | | | |
| Daniel Davis | | Schedule | | | | | | | SHA Monitor | | 01172 | _ | | | | |
| Start Date (10) 9/8/2015 | | 9/30/20 | | piedon L | Jale (11) | | 11/2/2/2019 | | nental Con | nectio | ons. Inc | О. | | | | |
| Occupancy Status During Aba | tement (Chec | | 0151000 | | | | Street | | 3000 and 5000 and 500 | | • | 890 | | | | - |
| | | | | | | | 120 | Nort | h Warren S | Street | t | | | | | |
| Facility Closed/Vacated I Abatement Performed Or | utside of Norr | nal Facility | Datem Hours | ent | | | City, S | State, 2 | Zip Code | | | | | | | |
| Other - Describe: Vaca | | \$50 | | | | - | Tre | nton, | NJ 08608 | | | | | | | |
| Scope of Work (Check All Tha | at Apply) | | | | | | | | | (7-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2 | | | | | | |
| ☐ ≥3 sf or ≥3 lf | | | enovat | tion | | | Σ | ≤ Fi | ull Containme | ent with | Negativ | e Pre | ssur | е | | |
| ≥160 sf or ≥260 lf | | X D | emoliti | on | | | 2 | | lini-Enclosure lovebag Prod | | | | | | | |
| | | | | | | | 2 | | on-Exempted | | d Non-Fr | riable | Proc | edur | 9 | |
| | | ls | Location | on | | | | | | | | | | | ment | â |
| Location of | | 2000 A 3300 | ormall | # C | | | scription | | | | | - | | Ту | þe | |
| Asbestos-Containing Mate | | | d Solei ntenar | | | | taining I | | al (ACM) | | mount Specify | | æ | | Enc | ш |
| TO BE ABATED In Facility | 2 | Custo | odial S | Staff? | (i.e. | | cing, V | | | | F or LF) | | Remova | Repair | aps | Enclosure |
| (13) | | | (12) | | | other | miscella | neous | s) | | | | oval | air | Encapsulate | sure |
| | | Yes | No | N/A | - | | | VANO SI | P-STEE | | | | Sec. | | 0 | - |
| Rehearsal Studio/R | loom #3 | | | X | Т | an Flo | or Tile | e/Mas | stic | 5 | 500 sf | | Х | | | |
| Rehearsal Studio/R | loom #3 | | | Х | | | Floor | 55 57 | V-2 | | 500 sf | | х | | | |
| Rehearsal Room | n #1 | | | Χ | 12x12 | Olive | e Floor | Tile | /Mastic | | 10.0 sf | | х | | | _ |
| Loft Hall | | | | X | 12 | x12 G | ireen F | Floor | 1 | | 100 sf | | X | | | |
| Name of Registered Waste H | auler | | | JDEP W lauler ID | | Cubic of Wa | Yards | | Name of | | | dfill | | | | |
| Site Enterprises Inc. | | | 9.0 | 035220 | | 20 c | | | Tullyto | wn La | andfill | | | | | |
| City, State | 이용 사용 사용 15 15 15 15 15 15 15 15 15 15 15 15 15 | | | | | | sal Dat | е | City, Stat | | | | | | | |
| 211 East Essex Ave. L | inwood, NJ | | | | | | /2015 | | Bristol, | PA | | - | | | | |
| Completed by | | Title | | | | | Signatu | re (| 1 | | 8 | Date | | 015 | | |
| Eric Keys | | OM | | | | | 41 | | Jus | | | 9/1 | 7/2 | 015 | | |

| Date of Notification (1) | | | 1 | | Building C | | | (2) | | | | | | | | |
|--|------------------------|------------|------------------|-------------|-------------|---|------------------------|---|-----------------------------|-------------------------|------------------|-----------|-------|--------|-------------|-----------|
| 9/17/2015 | | | | Beyer | Brothers | s GMC | | | | 2815 | 000 2 | | | | | |
| Agencies Notified | Type Notification | | | Street Ac | | | | | | - 55 | SEP 2 | < f. | | 2: | ÷ ; | |
| X EPA | ☐ Initial | | | | oad Ave | 0 | | | | | | | | | - J | |
| X EPA X DEP X DOL | Amended Amended | # O | | | te, Zip Cod | | | | | 37 | | | | | | |
| The state of the s | Amendment Emergency | | - L | | w, NJ 0 | 7022 | | | | Ç. | 1.14 | 14 | | | | |
| ⊠ DOH | justification) | | | | Contact | | | | | Tele | ephone N | umber | | | | |
| ☐ DCA | Cancellation | | | | el Beyer | | 011 | | | | | | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3 |) | FACIL | LIT INFO | KWAII | ON | Type | of Facility (4 | 1) | | | | | | _ |
| Structure Associate | | | | | | | | _ | School (K-1 | 10 8 00 10400 | | | | | | |
| Street Address | | | | | | | | \sqcap | Subchapter | 8 (Othe | | | | | | |
| 155 Broad Avenue | 19 | | | | | | | | Other (i.e. p | rivate 8 | commer | rcial bu | iildi | ngs, | home | s, |
| City (5) | | | | | | | | | re Feet | # of | Floors | T | Blo | lg. A | ge | _ |
| Fairview | | | | | | | | | | 1000000 | | | 25 | 5+ | | |
| County (6) | | | | County C | | | | Curre | nt Use (Prid | or if bein | ng demoli | ished) | | | | |
| Bergen | | | | STATE L | JSE ONLY) | - | _ | n/a | | | | | | | | |
| Name of Monitoring Firm | | Owner (8) | • | ASCM | No. | | | | tement Con | | (9) | | | | | |
| Environmental Cor | nnections, Inc. | | | | | | | | prises, In | C. | | | | | | |
| Street Address | 0 | | | | | | | Addres | | 1000 | | | | | | |
| 120 North Warren | Street | | | | | | | | Essex Av | е | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | | | | | | S 250 | | ip Code NJ 08221 | | | | | | | |
| Project Manager for Mor | | | | Telephor | an No | | | none N | | | License | No | _ | _ | | |
| Daniel Davis | nitoring Firm | | | | 92-4200 | | | 567-1 | | | 01172 | | | | | |
| Start Date (10) | | Schedule | d Con | STATES NO. | | | 200 | 000000000000000000000000000000000000000 | HA Monitor | | 01172 | 7.0 | _ | | | |
| 09/08/2015 | | 09/30/2 | | ipiotioii i | Jato (11) | | TO STATE OF THE OWNER. | | ental Cor | nectio | ons, Inc |). | | | | |
| Occupancy Status Durin | ng Abatement (Ched | k Only On | e) | 17 | | | | Addres | | | | | | | | |
| | ated During Entire | | | ent | | | 120 | North | Warren | Street | | | | | | |
| Abatement Perform | ned Outside of Norn | | | | | | City, S | State, Z | ip Code | 187 | | | | | | |
| Other - Describe: | Vacant | | | | | - | Trer | nton, i | NJ 08608 | | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | 1-0011111 | | | | |
| ≥3 sf or ≥3 lf | | _ | enova | | | | Σ | | I Containme | | Negative | e Pres | sure | 9 | | |
| ≥160 sf or ≥260 lf | | \times | emolit | ion | | | > | Mir | ni-Enclosure ovebag Prod | | | | | | | |
| | | | | | | | 2 | No No | n-Exempted | | d Non-Fri | iable P | roc | edur | 9 | |
| | | Is | Locati | on | | | | | | | | | F | | ment | |
| Locatio | n of | | Normal | | | | scription | | | | | - | Т | Ту | pe | |
| Asbestos-Containing | | 60000 | d Sole intena | | | | | | (ACM) | | mount Specify | ١, | , | | En | т |
| TO BE AE | | Cust | odial S | Staff? | (i.e. | thermal surfa | cing, VA | | auon, | | or LF) | Nelliova | | Repair | cap | nclo |
| (13) | | | (12) | | | other r | niscella | neous) | | | | Ovai | | air | Encapsulate | Enclosure |
| | | Yes | No | N/A | 47 | | | | | | | | | | е | |
| Bedroo | m #1 | | | X | | 12x1 | 2 Floo | r Tile | | 2 | 00 sf | Х | | | | |
| Showr | | | | X | | Speck | -0 5005000 | | n | 8 | 50 sf | × | | | | |
| Office | | | | X | | x12 FI | 2000 | i desco | | 1 | 70 sf | × | | | | |
| Throug | | X | S-100 | ndow G | | | | | Vindows | s x | | | | | | |
| Name of Registered Wa | | IN | JDEP W | | | Yards | , ouui | Name of | | | | 1 | | | | |
| Site Enterprises Inc | H | lauler ID | No. | of Wa | ste | | Tullyto | | | | | | | | | |
| | ·. | 0 | 03522 | U | 20 cy | | | | | | | | | | | |
| City, State 211 East Essex Av | e. Linwood N.I | 08221 | | | | 200000000000000000000000000000000000000 | sal Date 0/2015 | | City, Stat Bristol, | | | | | | | |
| Completed by | | Title | | | | 1 | Signatur | | | | T | Date | | | | |
| Eric Keys | | OM | | | | | 8.1 | 14 | | | | 9/17 | /20 | 115 | | |
| | | | | | | | \sim | V 1 | W42 | | | | _ | | | |

| Agencies Notified Type-Notification Type-Notification | (3) | EA M City, S Princ Name Bob (FAC | tale. Zip (eton, N, of Contac Ortega | J 08544 | | | | umber 12) cial buil | | , vi) [. | - |
|--|---|--|---|----------------------------|-------------------------|--|--|---------------------------|-------------------|-------------|-----------|
| DEP DOL Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place of Princeton Street Address 114 Broadmead Street City (5) Princeton, New Jersey County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) Occupancy Status During Abatement (Check Only O | (3) | City. S Princ Name Bob (FAC | ceton, N. of Contac Ortega CILITY INI Code (7) USE ONL | Code J 08544 | | School (K-1 Subchapter Other (re petc) | Telephone N 4) 2) 8 (Other than K- private & commer | umber 12) cial buil | | | |
| Name of Facility Where Abatement is Taking Place Princeton Street Address 114 Broadmead Street City (5) Princeton, New Jersey County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) Occupancy Status During Abatement (Check Only O | (3) | FAC | Orlega CILITY INI Code (7) USE ONL | FORMATIC | | School (K-1 Subchapter Other (re petc) | Telephone N 4) 2) 8 (Other than K- private & commer | umber 12) cial buil | | | |
| Princeton Street Address 114 Broadmead Street City (5) Princeton, New Jersey County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | | County (STATE | Code (7) | | | School (K-1 Subchapter Other (re petc) | 2) 8 (Other than K- private & commer | cial buil | dings | home | |
| Princeton Street Address 114 Broadmead Street City (5) Princeton, New Jersey County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | | (STATÉ | USE ONL | | 5 6 | School (K-1 Subchapter Other (re petc) | 2) 8 (Other than K- private & commer | cial buil | dings | home | |
| City (5) Princeton, New Jersey County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) Occupancy Status During Abatement (Check Only O | 3) | (STATÉ | USE ONL | | 5 | Subchapter Other (i.e. p etc.) Square Feet | 8 (Other than K- private & commer | cial buil | dings | home | |
| City (5) Princeton, New Jersey County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove Street, Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | 3) | (STATÉ | USE ONL | | 5 | etc) Square Feet | | | dings | home | |
| Princeton, New Jersey County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Street Address 515 Grove Street, Suite 1B City. State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | 3) | (STATÉ | USE ONL | | 6 | Square Feet | # of Floors | | | | es |
| County (6) Mercer Name of Monitoring Firm Hired by Building Owner (8 Pennoni Associates Street Address 515 Grove Street, Suite 1B City. State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | 3) | (STATÉ | USE ONL | | | | 4 | | 3ldg <i>F</i> | | |
| Name of Monitoring Firm Hired by Building Owner (8 Pennoni Associates Street Address 515 Grove Street, Suite 1B City. State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | 3) | | | n | | | or if being demoli | | | | |
| Pennoni Associates Street Address 515 Grove Street, Suite 1B City. State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | 3) | ASC | M No | | | Residential | | | | | |
| 515 Grove Street, Suite 1B City. State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | | • | | | | Abatement Corvices, LLC | tractor (9) | | | | |
| Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | | | | | Street Ac 407 We | | ighway, Suite | 500 | | | |
| Alan Lloyd Start Date (10) 9/8/15 Schedu Occupancy Status During Abatement (Check Only O | | | | | | e, Zip Code PA 19341 | 90000 00 00 00 00 00 00 00 00 00 00 00 0 | | | | |
| Occupancy Status During Abatement (Check Only O | | Telepho 856-6 | one No 56-2875 | | Telephor | ne No. 2-8884 | License 01161 | No. | | | |
| | | mpletion 1211 | Date (11) | V. | Name of EMSL | OSHA Monitor | | | | | |
| | | [] | 3 | | Street Ad | Idress | | | | | |
| Tomicy crocked reduced During Entire relied of | | | | | 200 Rc | oute 130 Nor | th | | | | |
| Abatement Performed Outside of Normal Facilit Other – Describe: | ty Hour | s | | | | e, Zip Code ninson, NJ | | 2 | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | |
| PORTION CONTRACTOR OF THE PORTION CONTRACTOR | Renova Demoli | | | | × | Mini-Enclosure Glovebag Prod | | | | | |
| le | Locati | ion | | | Establish | Non-Exempleo | () and Non-Frie | T | visition - Notate | ement | |
| Location of | Normal | lly | | | ription of | | | - | Ту | ре | |
| TO BE ABATED Ma | ed Sole aintenar todial S (12) | nce/ | | thermal sy | ystems in ng, VAT, i | or | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| Yes | No | N/A | | | | | | | | œ | |
| Within Wall Cavaties | X | | | Duct Ir | nsulatio | n | 200 SF | Х | | | |
| 114 Broadmead Street | X | | Window | w and Do | or Glas | ss Glazing | 325 LF | X | | | |
| 114 Broadmead Garage | Х | | | Window | v Glazir | ng | 200 LF | X | | | |
| Name of Registered Waste Hauler Waste Management of New Jersey | 1 | JDEP W auler ID | | Cubic Ya of Waste 20 | | Name of F | egistered Landfi Landfill | | | | |
| City, State Trenton, NJ | | | | Disposal TBD | Date | City, State Morrisvil | | | | | 300,00 |
| Completed by Title Project | ct Ma | nager | *************************************** | Sign | nature | 1 1 71 . | _ D | ate O | Inl | 15 | |

ecoservices, LLC

Princeton, New Jersey

101 Broadmead

Enclosure to a Encap Abatement Type Repair Removal × × × × \times \times (Specify SF or LF) Amount 188 sf 1994 If 490 sf 145 sf 95 sf 2 sf Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Green/Blue Sheet Flooring 12" x 12" Tan VAT **HVAC Duct Paper** Joint Compound Window Glazing Flue Patch Is location normally Custodial Staff? used solely by Maintenance/ Yes No N/A N/A N/A N/A N/A N/A N/A Asbestos Containing Material (ACM) 101 Broadmead House & Garage **Basement and Wall Cavaties** To Be Abated Location of In Facility 3rd Floor Bathroom Basement Basement Basement

2815 SEP 22 AM 12: 32

& LICER YEARL

And the first of



| Date of Notification (1) 09/17/15 | | | | Building (| | Operator | (2) | 2015 | SEP | 22 | Alf I | 2: ' | 7. 1 | | |
|--|-----------------------|---------------|---------------------|------------------------|-----------------|--|-------------------|--|-----------|----------------------------|-------------|---------|-------------|-------------|-----------|
| Agencies Notified Type Notification | | | Street Ad 1309 R | ddress RIDGE A | VENU | JE | | b | | | | | 11 | | |
| DEP Amended Amendment | | | | te, Zip Coi VOOD, I | | 701 | | 3 | <u> </u> | . 1. | 1 1 | | 5 kt | | |
| □ Emergency justification) □ DCA □ Cancellatior | | | Name of | Contact | | | | | Tele | ephone I | Numb | er | | | |
| | | | FACIL | ITY INFO | RMAT | ION | _ | - f F ilib - /4 | _ | | | | | | |
| Name of Facility Where Abatement is Takir HOME | g Place (3) | | | | | | | of Facility (4 School (K-12 | 5.0 | | | | | | |
| Street Address 342 DEWEY | | | | | | | × | Subchapter (Other (i.e. pr etc.) | | | | build | ings, | home | s, |
| City (5) LAKEWOOD, NJ | | | | | | | Squa 2000 | re Feet) | # of | Floors | | BI | dg. A | ge | |
| County (6) OCEAN COUNTY | | | County C | Code (7) ISE ONLY) | | | Curre | ent Use (Prio ME | r if beir | ng demo | olishe | d) | 62 | | |
| Name of Monitoring Firm Hire'd by Building | Owner (8) | 7 | ASCM | No. | | 14 | | tement Cont D PROFES | | | | | 88 | | 8 |
| Street Address | | | | | | 9533153 | Addre | ss DOVE CO | URT | | | | | | |
| City, State, Zip Code | | | | | | | | ip Code OD, NJ 08 | 3701 | | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | | none N 668-9 | | | Licens 1200 | e No. | | | | |
| Start Date (10) 09/27/15 | Scheduled 09/27/15 | | npletion [| Date (11) | * | | | HA Monitor | SSIO | NALS | | | | | |
| Occupancy Status During Abatement (Che | ck Only One |) | | | | | Addre | | | | 100 | | | = | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Non | Period of Ab | atem | ent | | | 1000 | | DOVE CO | URT | | | | | | |
| Other – Describe: | Tida i domey i | | | | - | - | | OD, NJ 08 | 3701 | | | | | | |
| Scope of Work (Check All That Apply) | V/ | 7000 | | | | - | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | nova molit | | | | | Mi Gl | II Containme ni-Enclosure ovebag Proc on-Exempted | edure | | | | | a | |
| | ls L | ocati | on | | | | | | 1) | | | | Abate | ment | |
| Location of | No Used | rmal Sole | | | | escription | | | | F10000 F1000 | - | | Ту | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | * Main Custo | tenar | nce/ | | therma surfa | ntaining I al system acing, VA miscella | s insul AT, or | ation, | (5 | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| EVER 100 | Yes | No | N/A | | | OIDING | | | 00 | 00.05 | | | | | |
| EXTERIOR | | | | | - | SIDING | <u> </u> | | 22 | 00 SF | | X | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | T NI | JDEP W | /aste | Cubi | c Yards | | Name of F | Registe | red I an | ndfill | | | | |
| NEWARK CARTING | | H | lauler ID 4509 | | of Wa | | | IESI | 150 | ou Lui | | | | | |
| City, State NEWARK, NJ | 10 | | | | Dispo 09/2 | osal Date 7/15 | 9 | City, State | | 1РА | | | | | |
| Completed by JOSEPH PERLSTEIN | Title OWNE | :R | | | | Signatur | е | | | | Date 09/ | 17/1 | 5 | | |

PAGE 1

CK 13986

| NOTIFICATION OF | ASBESTOS ABATEMENT |
|-----------------|----------------------|
| | JAC 8:60 and 12:120) |

| Date of Notification (1) SEPT. 18, 2015 | | | | | Building C EANEC | | | (2) | | | | 7, | 20 | | |
|---|---|--------------------|-------------------|-------------------------------|-----------------------|--------------------------|--------------------|----------------------|--|------------------|----------------------------|---------------|---------------|---|-----------|
| Agencies Notified | Type Notification | | | Street Ac 2165 l | ddress LOUISA | DRIVE | | | 2815 | SEP , | 22 <i> </i> | 12: 20 | 3 | | |
| EPA DEP DOL | Initial Amended Amendment | | _ | City, Sta BELLE | te, Zip Co EAIR BE | _{de} ACH, F | FL 337 | 786 | L _ 1 | -51 | | - 6.01 | | | |
| DOH DCA | Emergency (justification) Cancellation | including | | | Contact EN ALAI | FAZNO | S | | - | Tale | , ,, UJ, OZ | (06) | | 111111111111111111111111111111111111111 | |
| | | | | FACI | LITY INFO | DRMATIC | N | _ | | | | | | | |
| Name of Facility Where A | | | | | | | | Ту | pe of Facility (School (K-1 | 2) | | | | | |
| Street Address 520 CEDAR LANE | | | | | | | | Z | Subchapter Other (i.e. p etc.) | | | | lings, | home | es, |
| City (5) TEANECK | | | | | | | | | quare Feet 6,000 SF | # of 1 | Floors | BI 5 | dg. A | ge ARS | S |
| County (6) BERGEN | | | | | Code (7) USE ONLY) | | _ | | urrent Use (Prid MIXED RETA | | ng demolis | hed) | | | |
| Name of Monitoring Firm AIR CONSULTING | | | | ASCN | /i No. | | Name Finis | of A | Abatement Cor ng Touch As | tractor besto | (9) s Abaten | nent C | orp. | , Inc | |
| Street Address 301 EAST WARD | STREET | | | | | | Street 17 T | | dress mpson Stre | et | | | | | |
| City, State, Zip Code HIGHTSTOWN, N. | J 08520 | <u>1</u> | | | | | | | e, Zip Code ong Branch | , NJ 0 | 7764 | | | | |
| Project Manager for Mor N/A | nitoring Firm | | | Telepho 609.3 | ne No. 71.2489 | | Teleph 732. | | e No. 2.8372 | | License I | No. | | | |
| Start Date (10) SEPT. 28, 2015 | . 9 | Schedule OCT. 1 | | | Date (11) | | Name N/A | | OSHA Monitor | | | | | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only On | ne) | | | | Street | Ad | dress | | | | | _ | |
| | | | | nont | | | (T)(T)(T)(T) | 161000 | | | | | | | |
| | cated During Entire Fined Outside of Norm | | | | | _ | City, S | State | e, Zip Code | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | Renova Demoli | | | | * | / | Full Containm Mini-Enclosure Glovebag Pro- | e cedure | | 19 | | 22 | |
| | | 1 | 60 0 | | 1 | | | | Non-Exempte | a (*) an | d Non-Fria | | V50-00-00-00- | e ement | |
| | | 1 2 2 | Locat | 1000000 | | | | | | | | | | pe | ١ |
| Location Asbestos-Containing <u>TO BE AB</u> In Faci (13) | g Material (ACM) BATED ility | Use Ma | ed Sole intena | ely by ince/ Staff? | | tos Conta | system sing, VA | Mate ns in AT, | erial (ACM) sulation, or | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | Ö | |
| LOUIE'S CHAI | RCOAL PIT | | | X | | | TSI | | | 1 | 2 LF | X | | | |
| LOUIE'S CHARCO | OAL KITCHEN | | | X | Asbest | tos Cor | ntainin | ng (| Ceiling Tile | 10 | 00 SF | X | | | |
| CURVES | GYM | | | X | | | VAT | | | 2,8 | 300 SF | X | | | |
| **(See page 2 fo | or additional) | | | | | | | | == | | = | | | | |
| Name of Registered Wa Finishing Touch Ask | | nt Corp. | 1, 1 | NJDEP V Hauler ID 12058 | | Cubic of Was 50 cy | ste | | Name of TRRF | | ered Landf FILL | ill | | | |
| City, State West Long Branch, | NJ 07764 | | | | | Dispos 10/10 | sal Date 0/15 | Э | City, Star Tullyto | e wn, P | Ą | | | - | |
| Completed by Joseph P. Miller | | Title Pres | siden | t | | S | ignatur | e | 1. meh | | | ate 9/18/1 | 5 | | |
| | | | | | | | 1 | | | | | | | | |

PAGE 2 (Additional)

OK 1398Z NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) SEPT. 18, 2015 | | | | Name of WIN-T | Building (| Owner/O K, LLC | perator | (2) | | Ī | | | | | | |
|--|---|--------------------|--------------------|----------------------------|-----------------------|---------------------|------------------|--------------|---|------------------|------------------|-------------|--------|--------|-------------|------------|
| Agencies Notified | Type Notification | | | Street Ad 2165 L | ddress _OUISA | DRIVE | = | | - 78 | lā SE | 22 | *** | | | | A se orași |
| EPA DEP DOL | Initial Amended Amendment # | | | City, Sta BELLE | te, Zip Co EAIR BE | de ACH, | FL 33 | 786 | | | f=£. | 37.8 | 6 | 7.9 | | |
| DOH DCA | Emergency (i justification) Cancellation | ncluding | | | Contact EN ALA | FAZNO |)S | | 72 | Tele | ephone N | Viimh | or | 100 | | |
| | 1— | | | FACII | LITY INFO | RMATI | ON | | | | | | | | | |
| Name of Facility Where PROPOSED WAL | | | | | ` | | | Тур | oe of Facility (School (K-1 | 2) | | | | | | |
| Street Address 520 CEDAR LANE | | | | | | | | ~ | Subchapter Other (i.e. p etc.) | | | | build | lings, | home | es, |
| City (5) TEANECK | | | 12 | | | | | | uare Feet 5,000 SF | # of | Floors | | | ldg. A | ge EAR | 3 |
| County (6) BERGEN | | | | County ((STATE L | Code (7) JSE ONLY) | | | | rrent Use (Prid IXED RETA | | ng demo | lishe | i) | | | |
| Name of Monitoring Firm AIR CONSULTING | | | | ASCM | l No. | | Name Finis | of A shin | batement Con g Touch As | tractor besto | (9) s Abate | emer | nt C | orp. | , Inc | |
| Street Address 301 EAST WARD | STREET | | | | | | Street 17 T | | ress npson Stre | et | | | | | | |
| City, State, Zip Code HIGHTSTOWN, N | J 08520 | <u> </u> | | | | | | | , Zip Code ong Branch, | NJ 0 | 7764 | | | | | |
| Project Manager for Mon | nitoring Firm | | | Telephor | ne No. 71.2489 | | Telepi 732 | | No. 2.8372 | | License 00040 | | | | | |
| Start Date (10) SEPT. 28, 2015 | | Schedule OCT. 1 | | | Date (11) | | Name N/A | of O | SHA Monitor | | 4 | | | | | |
| Occupancy Status Durin | g Abatement (Check | Only On | ie) | | | | Street | Add | ress | | | | | | | |
| | ated During Entire P ned Outside of Norm | | | | | | City, S | State | , Zip Code | | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | | | | | | E | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | The second second | denova Demoliti | | | | ~ | | Full Containme Mini-Enclosure Glovebag Prod Non-Exempted | e cedure | | | | | e | |
| | | Is | Locati | on | | | | | | | | | | Abate | ement | |
| Locatio | n of | 1 | Normall | ly | | Des | scription | of | | | | - | | Ту | ре | |
| Asbestos-Containing TO BE AB | | 20,300,000 | d Sole intenar | | | tos Cont thermal | | | rial (ACM) | | mount Specify | | TI | | En | ш |
| In Faci | lity | Cust | odial S (12) | Staff? | (1.6. | surfac | cing, VA | T, o | r | | or LF) | | Remova | Repair | caps | Enclosure |
| (13) | | | | 1 | | other n | niscella | neou | s) | | | | val | air | Encapsulate | sure |
| provide stand-by | Alabor during | Yes | No | N/A | | | | | | | | | | | () | |
| mechanical strip | | 1. | | - | | | | - 9 | | | | - | | | | |
| Curves Gym & \ | | 1 | | X | | Roofing | Mem | ohrs | no | 10 | 500 SF | - | 37 | | | |
| ourves dynn a v | тасатт брасе | | - | 2000 | 1 | | f Flash | | | 100,000,000 | 50 SF | - | X | | | |
| Name of Desistant We | -4- 11 | | I NI | X | | | | iii iy | | | | | X | | | |
| Name of Registered Wa Finishing Touch Ask | | nt Corp. | Ir H | JDEP W auler ID 2058 | | of Was 50 Cy | ste | | Name of TRRF | | | апп | | | | |
| City, State West Long Branch, | NJ 07764 | 7 | | | | Dispos 10/10 | sal Date 0/15 | | City, State Tullytov | | Α | | | | | |
| Completed by Joseph P. Miller | 8 | Title Pres | ident | | | S | ignatur | | P. Miller | | | Date 9/1 | | 5 | | |

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

| · | | | ant to NJAC | | | | | | | | | |
|-------------------------------|---|-------------------|---------------------------|-----------|--|------------------|--|-----------------------|---------|--------|-------|----------|
| Date of Notification | on (1) | | Name of Bui | | | | (2) | | | | | |
| 9-17-15 | | | Giorgi | o Gu | rdeniz | е | | | | | Д | |
| Agencies Notified | Type Notific | ation | Street Addr | ress | | | | 2815 SEP | 00 | 14.1- | | |
| []EPA | [X] Initial | | 403-40 | 5 Bl | oomfie | ld A | ve | | 46 1 | 12 | : 29 | 3 |
| []DEP | Notifi | cation | City, State | a, Zip | Code | | | J- 45 t, 1 | | -0.50 | | |
| [X]DOL | []Amended | 1.0 | Bloomf | (IX) | | 003 | | 2.11 | rifii | | 1.11 | |
| - | Notifi | | | | | | | 1765.3 | 1, - 14 | 1 | Total | - |
| [X]DOH | []EMERGEN | | Name of Cor | | | _ | Telephon | e Number | . 0.1 | | | |
| []DCA | | | Giorgi | o Gu: | rdeniz | е | | | | | | |
| | []Cancella | ation | E3.C | TT TMY T | INFORMATIO | ONT | | | | | - | |
| Name of Facility Wh | nere Abatement | ie Takir | | | INFORMATIC | NIC | Type of Facil: | ity (4) | | | | |
| Same as above | | . IS IGALI | ig Flace (5 | , | | | | | | | | |
| Danie as above | - | | | | | | []School | (K-12) ter 8 (Othe | r than | K-12 | i i | |
| Street Addres | | | | | | | 1 17 17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | i.e., priva | | | | |
| | | | | | | | | uildings, h | | | | |
| | | | | | | | Square Feet | # of Floo | rs Bl | dg. A | ge | |
| City (5 | | County | (6) Essex | 185500100 | inty Code | | | | | | | |
| | | | | (ST | ATE USE C | NTI) | Current Use (| Prior if be | ing dem | olish | ned) | |
| | | | | | | | | | | | | |
| Name of Monitoring | Firm hired by | Building | ASCM No. | 2 | | | ment Contractor | | | | | |
| Owner (8) N/A | | | | | AZTE | CH M | anagement | , Inc. | | | | |
| Street Address | | | | | Street A | ddress | 3 | *** | | | | |
| | | | | | 86 C | hris | topher St | | | | | |
| City, State, Zip Co | ode | | | | City, St | ate. 2 | Zip Code | | | | | |
| 0101/ 00000/ 21P O | X. 2. 2. 1 | | | | The state of the s | | r, NJ 070 | 42 | | | | |
| | | | | | | | | | • | ** 1 | | |
| Project Manager for | r Monitoring F | | Lephone Numl | ber | Telephon | | | ۲ | icense | | er | |
| | | N/ | A | | (9/3 |) /44 | -8800 | | 0037 | _ | | |
| Scheduled Start Da | The second second | | Letion Date | (11) | Name of | OSHA 1 | Monitor | | | | | |
| 9-28-1 | | 9-29 | | | N/A | | | | | | | |
| Month Day Occupancy Status Di | 20.000000000000000000000000000000000000 | | only one) | r | Street A | ddrae | 9 | | | | | |
| [X]Facility Cl | | | | i | Derec 1 | idal 60. | , | | | | | |
| of Abateme | | do of No | Booili | | | | | | | | | |
| []Abatement P Hours - Des | cribe: «OffHou | | | LLY | City, St | ate, 2 | Zip Code | | | | | |
| []other - Des | | | | | | | | | | | | |
| Scope of Work (Chec | ck all that ap | ply) | | | | | | | eser. | | | |
| [7]>2 -5 - | - >2 16 | r | Vl Domovnoti o | _ | | | Containment wi | th Negative | Pressu | ire | | |
| [X]≥3 sf o. [1>160 sf | or >260 lf | 37.1 | X]Renovatio Demolitio] | | 20.00 | | Enclosure bag Procedure | | | | | |
| | - . | | | | | | riable Procedu | re | | | | |
| Locatio | of | L | Is ocation | | Dogg | rintio | n of | | Aba | temer | E | Ype E |
| Asbestos-Co | | N | ormally Used | | Asbesto | riptio s-Cont | | Amount | R | R | N | N |
| Material | | | Solely | | | rial (| | (Specify | | E | CA | C |
| TO BE A | | | y Main- enance/ | | | | systems | SF or | 0 | PAI | PS | HOS |
| In Fac: | | Ct | stodial | | sulation, or other | | acing, VAT, | LF) | A | I R | U | U |
| (13 | , | Yes | No N/A | | 02 00102 | | | | L | | L . | R |
| Basement | | | X | Pir | e Insu | ılat | ion | 190 lf | X | | | |
| | -, | | | T - | | | | 74076 | | | | |
| | | | | + | | | | 2 | | - | | |
| Name of Registered | Waste Haulon | hr - | DEP Waste | Carl | bic Yards | | Name of Regi | stered Land | fill | | | |
| AZTECH MANA | | | uler ID No | | Waste 1 | | Minerva | | | | | |
| | CLICILIAT, II | | 7040 | | | 2/2/=0 | | | -565 | | | |
| City, State | - 0-0:- | The second second | | | sposal Da | | City, State | | | | | |
| Montclair, No | J 07042 | | | 2 | 9-30-1 | 5 | Waynesbu | rg, OH 4 | 14688 | | | |
| Completed By (Print | ר סד שעיים יייי | tle | | | le i ar | nature | | | Date | | | |
| Constantine V | | reside | n+ | | Sign (| 110- | | | Date | 7_1 | = | |
| COMP CHICTHE | v _ v _ all | | | | | C1 17 | Jan Jan | | 9-1 | 7-1 | 2 | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | | | I Manager Constitution | 2 (0 | | | | | | |
|---|---|---------------|-----------------------------------|--|---------------------------------|--|-----------|--------|-----------|--------|
| September 17, 20 | | | Name of Building | | rator (2) rs Residential, LI | | 2- | 77 | 5 : | 7 |
| 1 1 1 | tion I Notification nded Notification | 1 | Street Address | | arnegat Blvd. No | rth ZUID SEF | 22 | 4:11 | Ž: ¿ |) |
| [x] DOL Ame | ndment # gency (including | | City, State, Zip Co | | gat, NJ 08005 | če I j | | | 7. 4 | |
| [A] DOIL | ication) ellation | | Name of Contact Victor | | | Telephone Number | | | | |
| | | FAG | CILITY INFORM | IATION | | | | | | |
| Name of Facility Where Abatement is Taking Residence | Place (3) | | ş- | | Type of Facility (4) | School (k-12) | | 7. | | |
| Street Address 727 Drum Point R | oad | | | | [x] | Subchapter 8 (ot Other (i.e., priva homes, etc.) | | | ial buile | dings, |
| City | County (6) | | County Code (7) (STATE USE ONL | Y) | Square feet 1200 sf | # of Floors | Bldg | g. Age | 50 | |
| Brick. | Ocean | | | | | if being demolished |) | | , | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCM No. | Name of | Abatement Contracto | | Inc. | | | |
| Street Address | | | | Street A | ddress | Route 9, Unit 61 | | | | |
| City, State, Zip Code | | | | City, Sta | te, Zip Code | River, New Jers | | 755-1 | 271 | |
| Project Manager for Monitoring Firm | Teleph | one Number | | | ne Number 9-9932 | License N 00624 | | | | |
| Scheduled Start Date (10) 9/18/15 | | iled Complet | tion Date (11) | | OSHA Monitor | L. Analytical | | | | |
| Occupancy Status During Abatement (Check | | | | Street Ad | idress | * | | | | |
| [X] Facility Closed/Vacated [] Abatement Performed | | | | | 1056 \$ | Stelton Road | | | | |
| Other – Describe | Outside of Norm | ai racility H | ours | City, Sta | te, Zip Code Piscat | away, New Jerse | ey 088 | 54 | | |
| Scope of Work (Check all that apply) | | | | [x] | Full Containmen | nt with Negative Pres | sure | | | |
| $\begin{bmatrix} X \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ | r | l p | | [] | Mini-Enclosure | | | | | |
| $\begin{bmatrix} X \end{bmatrix}$ ≥ 3 Si or ≥ 3 if $\begin{bmatrix} X \end{bmatrix}$ ≥ 160 sf or ≥ 260 lf | [x | Renov | | L J | Glovebag Proced | iure (*) and Non-Friable l | Procedu | IFO. | | |
| | | 1 501101 | | r 1 | 11011-Exempted (|) and Hon-1 Hable I | | | | |
| | | v (Ne•1000000 | | | | | Abat | ement | Гуре | |
| Location of | Is Loc Normal | | | Description of the Description o | | Amount | R | R | E | E |
| Asbestos-Containing Material (ACM) | Solel | • | | Aaterial (A | | (Specify SF | Е | E P | N C | N C |
| TO BE ABATED | Maintenance | | (i.e | , thermal | systems | or LF) | M | A | A | L |
| in facility | Sta | | ins | ılation, su | | | O V | I | P | 0 |
| (13) | (12 | 2) | oth | VAT, of er miscella | | - | A | R | S | SU |
| | YES NO | N/A | | or miscom | ancous) | | L | | L E | R E |
| Exterior house | X | | Tar paper on i | oof | | 1425 sf | X | | | |
| Interior | X | | joint compour | d | | 1200 sf | X | | | |
| kitchen | X | | Floor tile & m | | | 12 sf | X | | | |
| Bedroom 1 & 2 | X | | Tar paper & n | nastic | | 250 sf | X | | | |
| Name of Registered Waste Hauler | NJDEP 1 | Waste Hauler | r ID No. Cubic Ya | rds of Wast | | ered Landfill | | | | - |
| Guardian Contracting, Inc. City, State | | 20223 | 5 | T 0:- 0: | T.R.R.F. | | | | | |
| Toms River, New Jersey | | 9/22 | | City, Sta Tullyt | own, Pennsylvani | a | | | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Mar | nager | Signature | . / | | / | Date 9/17 | | | |

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

Check # 10164

| Date of Notification (1) | | 14.5 | | | | | er / O | perator (| 2) | | C Xa A | | | | | |
|--|------------------------------------|--------------------|---------------------|-------------------------|--------------------|----------|--------------|-------------------------|------------------------------------|-----------|-----------------|--|-------|-------|-----|--|
| The second secon | tember 18, 20 Type Notificat | | | | Goodeln Address | nan | | | g | 115 0- | | | | | | |
| | r jpo rroumout | .0.1 | | Cucci, | idaiooo | | | | 4 | 10 SE | P 22 AM 12 | 2: 10 | | | | |
| EPA | | | | 303 No | orth Cler | mont A | venu | e | | | | - ' ' | 1 | | | |
| DEP | | | | | | | 7, | | <u> </u> | 4. | | | | | | |
| ⊠DOL | Initial | a.a | | | tate & Zip | | | | | 4 | ICF ETELL | di life | | | | |
| ⊠doh | Amen Amen | ded dment# | | Marga | te, NJ 0 | 3402 | | | | | | | | | | |
| DCA | | ellation | | Name | of Contac | ct | | | | | Tel | ephon | e Nu | mbe | Г | |
| | _ | | | David | Goodeln | nan | | | | | | | | | | |
| | | | | FAG | CILITY | INFO | RMA | NOITA | | | | | | | | |
| Name of Facility Where Residence | e Abatement is | Taking F | Place (3) | | | | Туре | e of Facili School (| | | | | | | | |
| Street Address | | | | | | | H | | oter 8 (Other tha | n K-12) | | | | | | |
| 303 North Clermont A | venue | | | | | | | | | | rcial buildings | , hon | ne, e | tc.) | | |
| | | | | | | | | are Feet | | | | | | | | |
| City (5) | | | | | | | _ | 1,430 | | 2 | | 59 | yea | rs | | |
| Margate | | | | | | | | ent Use (sidence | Prior if being de | molishe | d) | | | | | |
| County (6) Atlantic | | | ounty Code | | | | 1100 | naciioc | | | | | | | | |
| Name of Monitoring Fir | m Hired by Bu | | | | ASCM | No. | Nam | ne of Abat | tement Contract | or (9) | | | | | | |
| N/A | | | | | | | Syn | atech, Inc | c. | 37 - 6 | | | | | | |
| Street Address | | | | | | | | et Addres Radio Ro | | | | | | | | |
| City, State & Zip Code | | | | | | | | State & 2 | | | | | | | | |
| (Ex) 11 (27% -35-45-E) | | | | | | | Little | e Egg Ha | rbor, NJ 0808 | 7 | | | | | | |
| Project Manager for Mo | onitoring Firm | | Те | lephone N | lumber | - | | phone Nu 296-6916 | | | License Numb | | 7 | | | |
| Scheduled Start Date (October 5, 20 | | Scheduled | d Completi Novem | on Date (1 ber 2, 20 | | | A CONTRACTOR | ne of OSH atech, Inc | IA Monitor c. | | | | | | | |
| Occupancy Status Duri | | | | Abatemen | nt | | Stre | et Addres Radio Ro | ss | | | | | | | |
| Abatement Pe | | | | | | | 7.000 | | Zip Code | | | | | | | |
| Other - Descr | ibe: | | | | | | 1.5 | | rbor, NJ 0808 | 7 | | | | | | |
| Facility Occup | ied During Ab | atement | | | | | | | | | | | | | | |
| Scope of Work (Check | all that apply) | | | | | | | | | | | | | | | |
| | | | _ | | | | | | Full Containme | nt with N | Negative Press | ure | | | | |
| ≥3 sf or ≥ 50 lf | | | | Renovation | | | | | Mini-Enclosure | | | | | | | |
| ≥160 sf or ≥260 | lf | | | Demolitio | n | | | | Glovebag Proc | | | | | | | |
| | ·· | | Transaction of | | | | | | THE RESERVE OF THE PERSON NAMED IN | (*) and | Non-Friable Pro | _ | _ | | | |
| Asbestos-Contain | tion of ing Material (<i>A</i> | (CM) | | on Norma y Mainten | | | Asl | Descripti bestos-Co | | Am | ount (Specify | Ab | atem | ent I | ype | |
| TO BE | ABATED | 5.0000 7 /k | | dial Staff? | | | | Material (| ACM) | | SF or LF) | | | | | |
| | acility I3) | | | | 100 500 | | | | systems acing, VAT | | | | | ш | _ | |
| 1, | 10) | | | | | | | | ellaneous) | | | Ren | Re | ncar | nc | |
| | | | | | | | | | | 1 | | VOL | pair | lusc | uso | |
| | | | Yes | No | N/A | | | Simon Parket Add | | | | <u>a</u> | | ate | Ге | |
| Exterior | | | | Х | | | | Transite 3 | Siding | | 2,100 SF | X | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered W | aste Hauler | | NJDEP \ Hauler IE | | Cubic \ | ards of | Was | ste | Name of Regi | stered L | andfill | | | | | |
| Synatech, Inc | - 12 | | 1000 | 429 | 11 | | | | Grows Landf | II | | | | | | |
| City, State | | | | | Dispos | al Date | | | City, State | | | | | | | |
| Little Egg Harbor, NJ | | | | | Novem | ber 3, 2 | 2015 | | Morrisville, P | A | | | | | | |
| Completed By | | Title | | | Signatu | | 1 | 2 | | Date | | ings, home, etc.) Bldg. Age 59 years Number 00817 ressure e Procedure Abatement Type Removal X X | | | | |
| Diane Aloia | | Evenie | uo Admiri | otrot | 1 /// | ane C | 11 | n | | Control | mbor 10 001 | | | | | |
| Dialie Aluia | | Executiv | ve Admini | SUDIO | -Ou | | | ~ | | Septer | nber 18, 2015 | | | | | |

Check # 10169

| Date of Notification (1) | | | | | | r / Operator (2 | 2) | 1 VI VI VI | | | | |
|---|--|--------------------------------|-----------------------------|--------------------------------|---------------|-------------------------------------|---------------|-----------------------------------|-------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | _ | King Roa Address | ia LLC | | 9815 C | E0.00 | | | | - |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3.11.5.5.11 | | | | CE19 2 | EP 22 AH 12: 14 | | | | |
| DEPA DEP | | | 260 Fra | anklin Stre | eet, Su | iite 620 | | ST. III. | | | | |
| DDEP | ☐ Initial | | City, St | ate & Zip (| Code | | ř | TTO THE THE LINE OF THE LICENTING | | | | - |
| | Amended | | | , MA 021 | | | - | F. O. T. 1. 1. 1. 1. | | | | |
| ⊠DOH □DCA | Amendment Cancellation | | Nama | of Contact | | | | ITol | ephon | o Nur | nhor | |
| Шрск | Cancellation | 1 | IName C | or Contact | | | | Į i ei | Č. | e ivui | ibei | |
| | | | | | 00/40/10/2005 | | | | | - | | _ |
| | | | FAC | CILITY IN | NFOR | RMATION | | | | | | |
| Name of Facility When Spectra Laboratories | | ng Place (3) | | | | Type of Facility School (K | | | | | | |
| Street Address | • | | | | - | | | er than K-12) | | | | |
| East Building – 8 Kin | ng Road | | | | | | | e & commercial buildings | , hom | ne, et | c.) | |
| | | | | | | Square Feet | | | . Age | | , | |
| City (5) | | | | | | 200,000 | | 2 | | 70 | | |
| Rockleigh | | | | | | Medical Labo | | ng demolished) | | | | |
| County (6) | | County Code | | | | | | | | | | |
| Bergen | and the description | USE ONLY_ | | ASCM N | 10 | Name of Abate | amant Can | stractor (O) | | | | |
| Name of Monitoring Fi Arcadis U.S., Inc. | irm mired by Building | Owner (o) | | ASCIVI IV | | Synatech, Inc | | itiactor (9) | | | | |
| Street Address | | | | | - 1 | Street Address | | | | | | |
| 35 Columbia Road City, State & Zip Code | | | | | _ | 829 Radio Ro City, State & Z | | | | | | - |
| Branchburg, NJ 088 | 76 | | | | | Little Egg Har | rbor, NJ 0 | 08087 | | | | |
| Project Manager for M Alex Hernandez | lonitoring Firm | | ephone N 3-526-100 | | | Telephone Nu 609-296-6916 | mber | License Numi | oer 0081 | 7 | | |
| Scheduled Start Date | (10) Sched | uled Completio | | | | Name of OSH | A Monitor | | | | | \neg |
| October 5, 2 | 015 | | ber 2, 20 | 15 | | Synatech, Inc | | | | | | |
| Occupancy Status Du Facility Vacat | ring Abatement (Che ted During Entire Per | ск опіу опе) iod of Abateme | ent | | - 1 | Street Address 829 Radio Ro | | | | | | |
| Abatement P | erformed Outside of | Normal Hours | | | | City, State & Z | ip Code | | | | | |
| K-V | ribe: Abatement in | | onstruct | ion Area | | Little Egg Har | rbor, NJ (| 08087 | | | | |
| | pied During Abateme | ent | | | | | | | | | | - |
| Scope of Work (Check | K ali triat appiy) | | | | | | Full Conta | inment with Negative Press | ire | | | |
| >3 sf or > 3 lf | | ⊠ F | Renovatio | n | | | Mini-Enclo | | ui C | | | |
| ≥160 sf or ≥260 |) If | . 🔲 נ | Demolitio | n | | | | Procedure | | | | |
| | | | | | | | | npted(*) and Non-Friable Pr | _ | | | |
| Asbestos-Contai | ation of ining Material (ACM) | | Normally Use or Custodia | ed Solely by al Staff? (12) | | Description Asbestos-Co | ntaining | Amount (Specify SF or LF | | ateme | ent Ty | ype |
| | ABATED Facility | 1 | - 1 | | | Material (/ (i.e., thermal | | | \vdash | | т | |
| | (13) | Yes | No | N/A | | insulation, surfa or other misce | | | Removal | Z Z | ncap | Egg |
| | | | - 1 | | | | 2000 ASSESSED | | val | Repair | Encapsulate | Enclosure |
| | | | - 1 | | | | | | | | Ф | kri |
| Storage Area | | | | Х | | Mast | ic | 1,500 SF | Х | | | |
| | | | | | | | | 1.0 | | | | |
| | | | | | | | | | | | | |
| Name of Decistered M | Masta Havilan | - NUDED V | lasts. | Cubia V | arda af | Mests | Name of | Pagistared Landfill | | | | Щ |
| Name of Registered V | vaste nauter | NJDEP W Hauler ID | | Cubic Ya | alus of | vvaste | INATTIE OT | Registered Landfill | | | | |
| Synatech, Inc. | | #27429 | | 12 | I Deta | | Grows L | | | | - | |
| City, State | | | | Disposa | Date | | City, Stat | е | | | | |
| Little Egg Harbor, N. | J 08087 | | | Novemb | per 3, 2 | 2015 | Morrisvil | IIe, PA | | | | |
| Completed By | Title | | | Signatur | | 0. | | Date | | | 81 | |
| Diane Aloia | Ever | utive Adminis | strator | Nu | are | alon | _ | September 18, 2015 | | | | |

CK 5102



| Date of Notification (1) 9/18/15 | | | | | Building O | | | | 22 | | | 11 64 | | | |
|-------------------------------------|---|----------------------|--------|-------------------|---|------------|---|-----------------|---------------------------------------|-------------|---|---------|--------------|--------------|-----------|
| Agencies Notified | Type Notification | | S | treet Ad | dress | | | | 2815 | SEP 2 | 22 Ař. | 12: | it. | | |
| EPA DEP | X Initial | | | | n Street | | e 1B | | | | | | , 4 | | |
| DEP X DOL | Amended Amendment | # | | | e, Zip Cod d NJ 07 | | | | å | Lic | ENZI | 打剂 | JL | | |
| | Emergency (| including | N | lame of | Contact | 2 1 | | | | | hone Nur | | | | |
| DOH DCA | Cancellation | | 1 | Asish P | CONTRACTOR OF THE PARTY OF THE | | | | | | | | | | |
| Name of Facility Where | Abatement is Takin | Place (3) | | FACIL | ITY INFO | RMAT | ION | Type | of Facility (4) | | | | | | - |
| Apartment Building | | g (e) | | | | | | PRINT | School (K-12) | | | | | | |
| Street Address | | | | | | | | П | Subchapter 8 Other (i.e. pri | (Other | | | lings | homo | |
| 105 North Black Ho | orse Pike | | | | | | | | etc.) | | | | | | 3, |
| City (5) Mt. Ephraim NJ 08 | 050 | 10 52 | | | | | | Squa 1000 | re Feet | # of F | loors | 12.522 | ldg. A 5+ | ge | |
| County (6) | 039 | | | County C | ode (7) | | | | ent Use (Prior | 100 TOTO AS | demolis | | | | - |
| Camden | | | | | SE ONLY) | | | June | , , , , , , , , , , , , , , , , , , , | 209 | | , | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCM | No. | | 2011/2015 | | tement Contr | actor (9 |)) | | | | |
| N/A | | | | | | | art acceptate | aco I | 100000 | | | | * | | |
| Street Address | | | | | | | 1.0000000000000000000000000000000000000 | Addre Box 3 | | | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code | | | | | | |
| 1 400 | | | | | | 19 | Wes | t Berl | in NJ 0809 | | | | | | |
| Project Manager for Mo | nitoring Firm | | | Γelephor | ne No. | | | pone N 753-9 | | 1 | License N 00727 | 10. | | | |
| Start Date (10) 10/1/15 | 8 | Scheduled 10/9/15 | Com | pletion [| Date (11) | | Name Sam | | HA Monitor | | | | | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only One) | | | | | Street | Addre | SS | | | | | | |
| | cated During Entire | | | | | | 0" | Di-1 | "- O- I- | | | | | | |
| Other – Describe: | ned Outside of Norr heater room closed | off | iours | | | | City, 8 | State, 2 | Zip Code | | | | | | |
| Scope of Work (Check / | All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | × Re | novat | tion | | | | | ıll Containmer | nt with N | Negative | Pressu | ге | | |
| ≥160 sf or ≥260 lf | | ☐ De | moliti | on | | | | | ini-Enclosure ovebag Proce | edure | | | | | |
| | | | | | | | | | on-Exempted | | Non-Fria | ble Pro | | | |
| | | | ocati | | | | | | | | | | | ement rpe | ı |
| Location Asbestos-Containin | | Used | | ly by | Asbest | | escription ntaining | | al (ACM) | Am | nount | | | m | |
| TO BE A | BATED | Main Custo | | | | therm | al system | ns insu | | (Sp | ecify or LF) | Ren | Re | ncap | Encl |
| In Fac (13 | | | (12) | | | | miscella | |) | 0 | or Lr) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | te | U |
| Heater | Room | | | х | | pip | e insula | ation | | 5 | LF | x | | | |
| 7 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | 1 | | | | | | | | - | | | | | |
| Name of Registered Wa | aste Hauler | | 1.000 | JDEP W | | 100 CC 200 | ic Yards | | Name of F | Register | ed Landf | ill | | | |
| United Containers | | | 0.000 | lauler ID 2459 | No. | of W | /aste) | | G.R.O.V | ٧. | | | | | |
| City, State Elm NJ | | | | | | Disp | osal Dat | е | City, State Morrisvi | | 19067 | | | | |
| Completed by | | Title | | | | | Signatu | re o | | | 100000000000000000000000000000000000000 | ate | | | |
| Anthony T Perna | | Presid | ent | | | | (_ | L | | | 9 | 9/18/1 | 5 | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

| System Type Notification Newark Public School | Date of Notifica | ation (1): | | | | | wner/Operator (2) | | | | | | | | |
|--|--|--|------------|-----------------------|------------------|--|--------------------|-----------|---------------------------|------------|-------------|-----------|---------|-------|------|
| DEPA | | Type Notific: | ation | | | |)1 | | | ZET | 5 000 e | | | | |
| DEPA | | | ation | | | | | | | W 2 3 1 | a oct 75 | < f. | 112: | 12 | |
| Newark | CCDA | | | and the second second | 3020113431200524 | | | | | 6 | | | 10000 | | |
| DOD | | 7.7 | t. | | | | 320 10 | | | | I | | | 90 | |
| Including | | | | | | | 11 | | Telephone | Numb | er: | 400 | 15 | UL | |
| DOM | DDOL | (including | | | | | deyo ' | | 1 | | | 11-11 | 10 | | |
| Solid Sol | □ DOH | The state of the s | | | | ~ | = | | Ĭ | | | | | | |
| Name of Facility: Newark Leadership Academy | ₽-DCA | ☐ Cancellation | n | | | | | | | | | | | | |
| 3 School (K.12) 3 School (| | | | | | | FACILITY INFO | | | | | | | | |
| Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet: # of Floors: Square Feet: # of | Name of Facilit | ty: Newark L | eadershi | p Acad | emy | | | Туре | of Facility (4): | | | | | | |
| Clipy (5) County (6): | 301 West Kinn | y Street | | | | | | | | 12) | | | | | |
| Newark | C:= 1/5) | | T C | | | | - C-1- (7) | | | | uildings ho | mes et | c) | | |
| Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC. Name of Monitoring Firm Hired by Building Owner: TTI ENVIRONMENTAL, INC. | | | 100 | 5 12 13 | | | y Code (7): | 100 | nor (r.e., private & comm | or order o | unumgs, no | 11103, 01 | 0.) | | |
| Current Use: School | Newark | | ESSEX | | | 07103 | | Squa | are Feet: | | # of Floor: | s: | | | |
| Current Use: School | | | | | | | | Ride | τ Δ αe | | | | | | |
| Name of Monitoring Firm Hired by Building Owner: ASCM No.: 0003 Name of Abatement Contractor (9): Apex Development, Inc. | | | | | | | | | | | | | | | |
| Street Address: Street Add | Name of Monit | oring Firm H | ired by l | Buildin | Owne | r: | ASCM No: | | | actor (| 9): | | - 75 | | |
| Street Address: | | | | o arram, | 5 0 | | | | | | - /- | | | | |
| City, State, Zip Code: | | | 2403/05/20 | | | | | - | | c. | | 2012 | | | |
| City, State, Zip Code: | | | | | | | | Stre | et Address: | | | | | | |
| City, State, Zip Code: | 1253 North C | hurch Street | | | | | | | | | | | | | |
| Moorestown, NJ 08057 | | | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm: James A. Guilardi James | City, State, Zip | Code: | | | | | | City | , State, Zip Code: | | | | | | |
| Project Manager for Monitoring Firm: James A. Guilardi James | Moorestoum | NII 00057 | | | | | | Par | amus NI 07652 | | | | | | |
| James A. Guilardi 609-314-1683 (973) 350-0101 01215 | | | ring Pirr | n. | | | Talanhana Na : | | | Lice | nce No : | | | | |
| Start Date (10): 09/19/15 09/21/15 Occupancy Status During Abatement (Check only one) Facility Closed/vacated During Entire Period of Abatement Date (11): Occupancy Status During Abatement (Check only one) Facility Closed/vacated During Entire Period of Abatement Date (11): Occupancy Status During Abatement (Check only one) Facility Closed/vacated During Entire Period of Abatement Date (11): Occupancy Status During Abatement (Check only one) Facility Closed/vacated During Entire Period of Abatement Date (11): Occupancy Status During Abatement (Check only one) Street Address: City, State, Zip Code: New York, New York, 10018 Describe: Scope of Work (Check all that apply): Describe: Scope of Work (Check all that apply): Describe: Scope of Work (Check all that apply): Demolition Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Vased Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A PIPE INSULATION SLF * OCCUPANCE Procedure Amount (Specify SF or LF) Span Fill FRONT OF BOILEROOM IST FL. FRONT OF BOILEROOM ST FL. FRONT OF BOILEROOM ST FL. FRONT OF BOILEROOM IST FL. FRO | | | ing rin | 11, | | | | 1 010 | phone No | Lice | anse ivo | | | | |
| O9/19/15 | | | | 1,29 | | | | 1 | | 012 | 15 | | | | |
| Street Address: 255 West 36th Street, Suite 203 | | | | | | pletion | Date (11): | 50007 | | 20 | | | | | |
| □ Facility Closed/vacated During Entire Period of Abatement □ Abatement Performed Outside of Normal Facility Hours □ Other □ Describe: □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Proc | 09/19/15 | | (|)9/21/1 | 5 | | | Met | ro Analytical Laborato | ries | | | | | |
| Describe: City, State, Zip Code: New York, New York, 10018 | Occupancy Statu | s During Abate | ment (Ch | neck only | one) | | | | | | | | | | |
| Describe: □ Other Describe: Scope of Work (Check all that apply): □ ≥3 sf or ≥3 lf □ ≥3 sf or ≥260 lf □ Store of Work (Check all that apply): □ ≥3 sf or ≥260 lf □ Demolition □ Demolition □ Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, 1 | ☐ Facility Closed | /vacated Durin | g Entire l | Period of | Abaten | nent | | 255 | West 36th Street, Suit | te 203 | | | | | |
| Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Describe: □ Other Description □ □ Other Description | ☐ Abatement Per | formed Outside | e of Norn | nal Facil | ity Hour | S | | City | , State, Zip Code: | | | | | | |
| Describe: Scope of Work (Check all that apply): Describe: | Describe: | | | | | | | New | York, New York, 10 | 018 | | | | | |
| Describe: Scope of Work (Check all that apply): Describe: | □ Other | | | | | | | | | | | | | | |
| Scope of Work (Check all that apply): Sope of Work (Check all that apply): Staff | | | | | | | | | | | | | | |
| Solution Demolition Demo | | Check all that a | ipply): | | | | | | 3 | | | | | | |
| Demolition Demolition Description of Asbestos-Containing Material (ACM) Maintenance / Custodial / Staff? (12) Yes No N/A N/A N/A N/A N/A N/A N/A N/A N/A N | | | | | nh. | | 20 | | Full Contai | nment | with Nega | tive P | ressure | 3 | |
| Completed By: Title: Signature: Date: Completed Series Completed By: Completed B | 160 sf or > | 260 lf | | | □ De | molitio | n n | | Glovebag P | roced | ure | | | | |
| Location of Asbestos-Containing Material (ACM) (ACM) TO BE ABATED IN Facility (13) 1ST FL. FRONT OF BOILEROOM IST FL. FRONT OF BOILEROOM IS | | | | | | | | | □ Non-Exemp | ted (*) | and Non-Fr | iable l | Proced | ure | |
| Asbestos-Containing Material (ACM) (ACM) TO BE ABATED IN Facility (13) IST FL. FRONT OF BOILEROOM IST FL. FRONT OF BOILEROOM IST FL. FRONT O | , | | *0 | | | | | | | | | | | | t |
| Associated material (ACM) TO BE ABATED IN Facility (13) Yes No N/A IST FL FRONT OF BOILEROOM IST IS | | | | | | | | | | | | | 1 | ype | |
| Custodial Staff? (12) Yes No N/A | The second secon | The state of the s | erial | | | | (i e therma | all syste | ems insulation | | | | | П | - |
| Yes No N/A | | | | | | | surfa | cing, | VAT, or | A | mount | Rei | R | nc | inc |
| Yes No N/A | | | | | | | other | misce! | llaneous) | (5 | Specify | no | epa | aps | los |
| Yes No N/A | 78.70 | Control of the contro | | - (CE) 12 | | | | | | SF | or LF) | val | H | ula | ur |
| BOILEROOM IST FL. FRONT OF BOILERROOM X CEILING PLASTER 24 SF * CEILING PLASTER Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. City, State: Bronx, NY 10474 Completed By: Title: Signature: Date: | | (13) | | Yes | | N/A | | | | | | 10000 | | = | (0 |
| BOILEROOM IST FL. FRONT OF BOILERROOM X CEILING PLASTER 24 SF * Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. City, State: Bronx, NY 10474 Completed By: Title: Signature: Date: | 1 ST FL. | FRONT | OF | | 37 | | DIDE MICHIE | ELONI | | 0.1 | г | * | | | |
| 1 FL. FRONT OF BOILERROOM X CEILING PLASTER 24 SF * Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. City, State: Bronx, NY 10474 Completed By: Title: Signature: Date: | BOILEROO | M | | 5 | X | | PIPE INSULA | HUN | | 8 L | r | 26 | | | |
| BOILERROOM X CEILING PLASTER 24 SF Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. Nipper Waste Hauler ID No.: City, State: Bronx, NY 10474 Completed By: Title: Signature: Date: | XXX | | OF | | 37 | | CEIL INC DI | Omnz | | 24 | 210 | * | | | |
| Name of Registered Waste Hauler: TRI-STATE TRANSFER ASSOC., INC. Disposal Date: Bronx, NY 10474 Completed By: Name of Registered Waste Hauler ID No.: Cubic Yards of Waste: 30 Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC. City, State: Waynesburg, OH 44688 Date: | | | | | X | | CEILING PLA | SIER | | 24 | 5F | 72 | | | |
| TRI-STATE TRANSFER ASSOC., INC. Of Waste: 30 MINERVA ENTERPRISES ASSOC, INC. City, State: Bronx, NY 10474 Completed By: Title: Signature: Date: | | | | | | | | 1.11 | | | | | | | |
| TRI-STATE TRANSFER ASSOC., INC. Of Waste: 30 MINERVA ENTERPRISES ASSOC, INC. City, State: Bronx, NY 10474 Completed By: Title: Signature: Date: | | | | - | - | | | | | - | | | | | |
| TRI-STATE TRANSFER ASSOC., INC. Of Waste: 30 MINERVA ENTERPRISES ASSOC, INC. City, State: Bronx, NY 10474 Completed By: Title: Signature: Date: | | , | | | | 31155 | ID 117 - 4 TY T | NI. | Louis W. I | | | | | | |
| City, State: Bronx, NY 10474 Completed By: Title: City, State: Waynesburg, OH 44688 Date: Date: | | | | DIC | | NJDE | er Waste Hauler ID | NO.: | | | | | | | 2000 |
| City, State: Bronx, NY 10474 Completed By: Disposal Date: City, State: Waynesburg, OH 44688 City, State: Signature: Date: | TRI-STATE T | KANSFER A | .550C., | INC. | | | | | 01 11 4510. 50 | 1000000 | | NIEK | rki5l | 25 AS | SUC, |
| Bronx, NY 10474 Waynesburg, OH 44688 Completed By: Signature: Date: | City State: | | | | Die | col Det | ۵۰ | | City States | INC | | | | | |
| Completed By: Title: Signature: Date: | | 174 | | | Dispo | isai Dat | С. | | | 1688 | | | | | |
| | | | | | | Title. | | Sions | | 1000 | Date: | | | | |
| | | | | | | The state of the s | | OIGING | belili | | | 15 | | | |

| Sep. 8. 2015 1 | | MMA | | | | | | | | | No. 069 | 91 | P. | 2_ ** Pr | ini Fo |
|--|--------------------------------------|---|----------------|-------------------------------|----------------------|---------------------------------|--------------------|-----------------|--|-------------|-----------------------|---------------|----------|-------------|----------|
| (K or | 3 | | 170H) | 88 FICATION Purauant | I OF ASE | W Jaraey ESTOS / 8:60 and | ABATER | AENT | | 1 | N. | 7. | | | |
| Date of Notification (1) 09/09/15 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | f Building Robins | Owner/O | perator | (2) | | | | 1 | | 1 | |
| 1 | ype Notification | | | Street A 428 C | ddress entral A | eunav/ | | | 7, | 7 | 1 | | | + | |
| EPA DEP | initial Amended Amendment | ** | | City, Sta | ile, 2ip C | ode | 47 | | <u> </u> | | | , r | . , | • | |
| DOH DCA | Emergency Justification | (Including | _ | 72305377 | Contact | NJ 070 | 11 | 1 | VIVE | Telep | hone Nun | nber | | 1.0 | 6 |
| DCA [| Cancellation | | | 1 | Robins | | | / | مادودید دولسطیه دیدیو در پر | | | | <u> </u> | 5 . | |
| lame of Facility Where Ab | atement is Tekin | g Place (| 3) | FAC | ILITY INF | ORMATI | ON_ | Туре | of Facility | (4) | | | - | | |
| Private Sinest Address 49 | | | | | | | | | School (K- | 12) | shoo 18 40 | 11 | | 更 | |
| 428 Central Avanue | * | | | | | | | | Subphapta Other (I.a.) etc.) | privale & c | inan K-12 ommorcii | i) al buli | dings | hom | ms. |
| ily (5) East Orange | | | | | | | | | are Feet | # of F | | | Bldg. A | \gs_ | |
| ESSCX | | | | County (STATE | Code (7) USE ONLY | 0 | | Cum | eni Use (Pri | or if being | demolish | ed) | | | -,- |
| | ined by Bullding | (6) renwC |) | ASCN | Na. | | | | element Co VICES COI | |) | | | | |
| Street Address | | | | | | | Street . | | sa (Oak Rid | ae Rasc | 4 | | | | |
| ity, Siste, Zip Code | | | | | * | | City, S | ale, a | Σiρ Code JJ 07470 | 9 | ***** | - | | | |
| rojeci Manager for Monilo | ring Firm | | | Telopho | | | Teleph 973-1 | | | | icense No 1253 | ٥, | | | 10 |
| lart Dale (10) 09/09/15 | | Schedul 09/10/ | | mpletion | Dale (11) | | | | HA Monitor | ultants | | | | | |
| ocupancy Status During A | | | | | | | Street : | | (T | | | | | | |
| Facility Closed/Vacale Abatement Performed Other – Describe: | d During Entira i Quisids of Nort | Period of I | Abato y Hou | mont ta | | | City, S | ale, Z | igaraw Ro Ilp Code | 780 | | | | | \dashv |
| cope of Work (Check All T | hal Apply) | | | | | | Pair | -awr | ı, NJ | | · | - | - | | |
| ≥3 s[or≥3 lf ≥180 stor≥280 lf | 222.5 | | Renov | | | | X X | Gl | il Containm ni-Enclosus ovebag Pro | e padura | | | | | |
| | | la | Loga | ition | _ | | | I NO | m-Example | d (*) and A | ion-Friedi | @ Pro | Abau | emen | |
| Longton of Asbestos-Containing Ma | | Uaq. | Mozma d Bal | ally icly by | Asbes | Des slos Conte | odption Ining M | of Bipris | I (ACAN | Amo | uo) | _ | T) | pe - | \vdash |
| TO RE ASATE In Facility (13) | | | | ance/ Slatt7) | | . thermel a | systems ing. VA | inaul. f, or | allon, | (Spe | city | Removal | Repair | Encapsulate | Endosure |
| W | | Yes | No | N/A | | | | | | | | <u> </u> | | Si Si | ਨ |
| Basemen | ţ | - | | X | | | TSI | | | 601 | F | х | | | \Box |
| | 4.4.4. | | | | | | | | | | | | _ | | - |
| | | | | | | | | | | | | | | | |
| eme of Registered Waste ewark Carting | Habler | | 11 | NJOEP W Hauler IO 04509 | | of Was | | | Name of TRRF | Registered | Landñii | | | | |
| lly, Slete owark, NJ | | | | | | Disposi | al Date | $\overline{}$ | City, Stat | | | | | | |
| omplated by | - | Title Presi | ideni | | | Sign | g paiws | | , , 6119.03 | | Dat | e /08/ | | | \dashv |
| STORY OF THE STORY | · | 1 183 | -4011 | | | | 11 | / | 6 | | 119 | (U8/ | 15 | _ | |

OK 2297

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

MECHINED

| | | 1) | | | | 0.00 and 0.10) | | EP 22 AM 12: | | | J. | 7 | |
|--|---------------------|------------------|----------------|----------------------------------|--|---|--|------------------------|---------|--------|-------------|-----------|--|
| ate of Notification (1) | | | | | | wner/Operator (2) | | | | | | | |
| 9 / 18 / 15 | | | 0 | CSX Transportation | | | | | | | | 1 | |
| | | | | Street Address & LICENSING | | | | | | | | | |
| pencies Notified Type Notification EPA Initial | | | | 500 Water Street, J275 | | | | | | | | | |
| DOLWD | | | te, Zip Coo | | | | | | | | | | |
| Amendment# | | | | Jacksonville, FL 32202 | | | | | | | | | |
| DCA Emergency (Including | | | | Name of Contact Telephone Number | | | | | | | | | |
| (NJAC 5:23-8) justification) Cancellation | | | | Owne | r Rep. | Roy Stancil | 1 1 | | | | | | |
| | Gariocilation | | | | | ORMATION | | | | | | | |
| | | 21 (2 | ` | FACI | LITTIM | Orthorn | Type of Facility (| 4) | | | | | |
| lame of Facility Where Abatement is Taking Place (3) | | | | | 2 | School (K-12) | | | | | - 3 | | |
| CSX Railyard Property - Under I95 Overpa | | | | | Oass Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, | | | | | | | | |
| Street Address | | | | | homes, etc.) | | | | | | | | |
| 468 York Street | | | | | | | Square Feet | # of Floors | Bldg. | Age | | | |
| City (5) | | | | | | | N/A | N/A | N/A | | | | |
| Elizabeth | | | | Count | Codo (7) | (STATE USE ONLY) | Tarana and the same and the sam | ior if being demolishe | ed) | | | | |
| County (6) | | | | Count | y Code (1) | STATE USE ONE! | Bank | | | | | | |
| Jnion | | | | | | Name of Abatem | ent Contractor (9) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | ASCM N | ۷0. | | | | | | | | |
| AECOM | | | | | | Prism Response, Inc. Street Address | | | | | | | |
| Street Address | | | | | | 102 Technology Lane | | | | | | | |
| 4840 Cox Road | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code Export, PA 15632 | | | | | | | |
| Glen Allen, VA 23060 | | | | | | the entrance Man | | | | | | | |
| Drainet Manager for Monitoring Firm | | | | elephone No. | | Telephone No. | | | | | | | |
| Pov Stancil | | | | 704) 499-6323 | | Name of OSHA Monitor | | | | | | | |
| Start Date (10) Scheduled Completion Date | | | | | te (11) | | MOUTO | | | | | | |
| 9 / 30 | / 15 10 | / | 2 | / | 15 | AECOM | | | | | | _ | |
| Occupancy Status During Abatement (Check only one) | | | | | | Street Address | Jack | | | | | | |
| E Facility Closed Vacated During Entire Period of Abate | | | | | 2000 | 4840 Cox Road | | | | | | | |
| Abatement Performed Outside of Normal Facility H Time of Abatement: 7:00 AM- PM/5:30 F | | | | 15 - DE | scribe AM | City, State, Zip Code Glen Allen, VA 23060 | | | | | | | |
| Time of Abatemen | t: <u>7:00</u> AMPI | M/ 5:30 | _PIVI | | Z-Nei | Glen Allen | , VA 23000 | | | | | | |
| Scope of Work (Check | k all that apply) | | | | | □ Full Co | ntainment with N | egative Pressure | | | | | |
| | | ■ Re | novat | tion | | ☐ Mini-E | nclosure | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | ☐ De | | | | ☐ Gloveb | pag Procedure | Non-Friable Procedu | re | | | | |
| <u>■ ≥160 St 01 ≥200 II</u> | | 18-35- 18-35- | | | | ■ Non-E | xempled () and . | | Aba | ateme | ent T | pe | |
| | | | Loca | | | Description | n of | | R | R | Ш | П | |
| Location of Use Asbestos-Containing Material (ACM) Mai | | | Norma ed So | lely by | Ash | estos Containing | Material (ACM) | Amount | Removal | Repair | nca | Enclosure | |
| | | | ainten | nance/ | (i. | e., thermal systems insulation, surfacing, VAT, or | | (Specify SF or LF) | ova | 7 | Encapsulate | Suite | |
| | | | todia (12 | I Staff? | 5 | other miscella | ineous) | | | | ate | , | |
| (| 13) | Voc | No | 1 | _ | outer imees | | | | | | L | |
| | | Yes | - | 2000 | 1000 | Non-Friable A | CM Dehris | 2000 SF | x | | | | |
| Located Under I95 Overpass along RR Tracks | | s 🗆 | | x | | NOII-FIIADIE A | JIVI DODITO | | | П | П | Г | |
| | | | | X | | © # | | | += | 1 | - | Tr | |
| | | | П | × | | | | | x | 닏 | 닏 | 1 | |
| | | 1 | += | | | | | | | | | [| |
| | | | | | D Mosts | Cubic Yards o | f Name of Re | egistered Landfill | | | | | |
| Name of Registered | Waste Hauler | | | NJDE | P Waste r ID No. | Waste | Grows | North Landf | ill | | | | |
| Waste Mana | | | | 17273 | 17.11.51 | D 1 D - 1 - | | | | | | | |
| City, State | | - 1 | | 1 | | Disposal Date | | ville, PA | | | | | |
| Morrisville, PA | | | | | | 10/2/15 | | | Date | | | | |
| Title | | | | | 85-22 | Signatur | 9 , | | 9/18/ | 115 | | | |
| | | | | | | port / | ssica | WHIL! | וטו וע | 10 | | _ | |
| Jessica Wol | F | MITH | | | | . // | | // | | | | | |

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

| | | (Pu | ırsuan | t to | NJAC 1 | 3:60- | / and | 12:120-7 |) | | | | | | | |
|---------------------------------------|--------------------|------------------|-----------|---------------|------------------|---------|---|------------------------|----------|-------------------------------|------------------|--------|------------|-----------|--------|--------|
| Date of Notification | n (1) | | | | | | | r/Operator | r | (2) | | , | į V | | | |
| 9-17-15 | | | | | | | ruei | iuize | | | | | | E 16 1/24 | | |
| Agencies Notified | Type Notif | fication | ı Si | | Addre | | | J 7 | | | 2015 SEP | 22 | F 1.4 | .0 | | |
| []EPA | [X]Initi | al fication | | 39 / | BIO | omi | iero | d Ave | | | 0.0 | 44 | FITT | 12: | 35 | |
| []DEP | 7,070 | | C | | State, | | | | | | A JAMES | Č. | | | | |
| [X]DOL | []Amend | .ed ficatio | n | Blo | omfi | eld | .,NJ | ,07003 | | | & LI | 1 | | 110 | ĴL | |
| [X] DOH | 11001 | | 100 | ame o | of Cont | act | | | | | ne Number | , F. F | - F | | | |
| []DCA | []EMERG | ENCY | | Gio | rgio | Gu | rde | ndize | | | | | | | | |
| | []Cance | llation | | | | | | | | | | | | | | |
| Name of Pacility Wh | Thebene | m | 1-1-1 | D1 - | 979900000000 | ITY | INFOR | MATION | The | | | | | | | |
| Name of Facility Who Same as above | | ent is T | aking | PIA | ce (3) | | | | 1 | Type of Facil | 2 A22 | | | | | |
| bane as above | * | | | | | | | | | []School []Subchap | | nor | +han | K-1' | 21 | |
| Street Addres | | | | | | | | | 11 | [X]Other (| | | | | | |
| | | | | | | | | | | cial b | uildings, | | account to | | | |
| City (5 | | 0 | <i>16</i> | \ = = = | | la- | - 1 - 0 | (7) | 5 | Square Feet | # of Fl | oors | B1 | dg. | Age | |
| CITY (5 | | Coun | ty (6 |) Ess | ex | | - | code (7) | | | | | | | | |
| | | | | | | | | | | Current Use (| Prior if l | bein | g der | nolis | shed) |) |
| Name of Monitoring | Firm hired | by Buil | dina | ASC | M No. | | Name | of Ahate | | ent Contracto | r (9) | | | | | |
| Owner (8) | LLM MALOC | Dy Dull | 9 | 100 | | | 11 | | | NAGEMENT | | | | | | |
| N/A Street Address | | | | | | | | et Addres | | | | - | | | | |
| bileet Address | | | | | | | | | | opher St | | | | | | |
| City, State, Zip Coo | de . | | | | | | | , State, | | | • | | | | | |
| 0101/ 00000/ 11p 000 | | | | | | 1000000 | | | , NJ 070 | 42 | | | | | | |
| Project Manager for | Monitoring | Firm | | - | e Numbe | er | 1 | phone Num | | | | Lic | ense | Numl | oer | |
| | | | N/A | 7 | | | (9 | 73)744 | 1- | 8800 | | 0 | 037 | 1 | | |
| Scheduled Start Date | e (10) S | ched. C | | | Date | (11) | | of OSHA | Мо | onitor | | | - | | | |
| 9-29-15 | 9868750 | | -30- | | | | N/Z | 7 | | | | | | | | |
| Month Day Y Occupancy Status Du | ear ring Abatem | Month ent (Ch | Da: | | Year one) | | Stre | et Addres | S | | | | | | | |
| [X] Facility Clo | sed/Vacated | | | | | | Deze | ec naures | | | | | | | | |
| of Abatemen []Abatement Pe | | tside of | E Norm | nal F | acilit | v | City | , State, | 7 i | n Code | | 2-1-1 | | | | |
| Hours - Desc | ribe: «OffHo | ours Des | script | =» | | • | Crcy | , blace, | | .p code | | | | | | |
| []other - Desc | | | ancy I | escr | ipt» | | | | | | | | | | | |
| Scope of Work (Check | c all that | apply) | | | | | | וווידו | Co | ontainment wi | th Negatio | re P | T0001 | ire | | |
| [X]≥3 sf or | | | 9:15 | | vation | | | []Mini- | | | ar megaci | | | | | |
| [] <u>≥</u> 160 sf | or <u>≥</u> 260 lf | | [] | Demo | lition | | | | | ag Procedure Lable Procedu | TO | | | | | |
| X | | | | Is | | - | | []11011 1 | | | | | Aba | teme | nt I | Type |
| Location Asbestos-Con | | | Nor | catio | | | | Description | | 301 | 2 | _ | R | _ | E | E |
| Material | 7.0 | | Sc | Jsed clely | | | | estos-Con Material | | | Amoun (Speci: | | E | R | CA | C |
| TO BE AB | | | | Main | | | | , thermal | | - | SF or | | 0 | PA | PS | 0 |
| In Facil | Lity | | Cus | todia | al | | | ion, surf her misce | | ing, VAT, | LF) | | A | I R | U | S U |
| | | Y | | No | N/A | | | | | , | | | L | | L · | R |
| Basement | | | X | Pir | pe I | nsulat | i | on | 70 lf | | X | | | | | |
| | | | | | | | | | | | | | | | | |
| LE LE | | | | | | | | | | | | | | | | |
| Name of Registered V | 200 | EP Wa | | 100000 | bic Ya | | | Name of Regi | | | | | | | | |
| AZTECH MANAG | | ler 1 040 | ID No. | of | Waste | e 1.5 | | Minerva : | Enterp | ris | es | | | | | |
| City, State | | | | Di | sposa | l Date | | City, State | | | | | | | | |
| Montclair, NJ | | | | | 10-1 | -15 | | Waynesbu | rgh, Ol | H 4 | 468 | 8 | | | | |
| Completed By (Print | or Type) | Title | | | | | | Signature | a | 1 | | h | ate | - | | |
| Constantine V | | Presi | den | t | | | | (1/1) | | ja- | | | 9-1 | 7-: | 15 | |
| | | | | | 000000-1-1-00000 | | | V 1 1 | . ~ | | | | | | | |

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

CL # 25329

| Date of Notification (1) 09/17/15 | | | | | Building C | | | | £ £ 4 5 0 0 | | | | | | | |
|---|---|--------------------------------|---------------|-------------------|---------------------------------------|---------------------------|--|-------------------------------|--|----------------|----------------------------|---------------|---------|---------------|---------------|-----------|
| Agencies Notified | Type Notification | | | Street A | ddress | | 31 353 | | 2815 S | -P2 | - 101 | 16. | 24 | | | |
| × EPA DEP × DOL | Initial Amended Amendment | | | City, Sta | ustrial Av te, Zip Coo erry, NJ | le | | 111 | <u>f</u> | | Ĕħ. T. | : []; []() | الماء | | | |
| ▼ DOH DCA | Emergency (justification) Cancellation | including | - 1 | | Contact o Ressa | | | | | Tele | ephone N | Numb | er | | o Legacité | |
| Name of Facility Where | Abatament is Taking | Dloop (2) | | FACI | LITY INFO | RMAT | ION | Timo | of Facility (4 | ` | | | | | | |
| Scientific Design C | | | 9 | | | | | | School (K-12 Subchapter 8 | 2) | er than K | (-12) | | | | |
| 49 Industrial Avenu | ie | | | | | | | | Other (i.e. pr etc.) | ivate 8 | & comme | ercial | build | lings, | home | es, |
| City (5) Little Ferry | | | | | | | | Squa | re Feet | # of | Floors | | 355 | ldg. A 0 + | ge | |
| County (6) Bergen | | | | County (| Code (7) USE ONLY) | | _ | Curre | ent Use (Prio | r if bei | ng demo | lishe | d) | | | |
| Name of Monitoring Firm | m Hired by Building (| Owner (8) | | ASCM | 1 No. | | | | tement Cont acting & E | | | al C | ons | ultin | g, In | c. |
| Street Address | ±/ | | | | | | Street 1141 | Addre: | | | | 01 | | | ****** | |
| City, State, Zip Code | | | | | | | | | ip Code J 07470 | | | | | | | |
| Project Manager for Mo | nitoring Firm | | | Telephor | ne No. | | Teleph 973-6 | none N 628-9 | | | License 00408 | | Ti. | | | |
| Start Date (10) 09/28/15 | | Scheduled 10/03/15 | | npletion (| Date (11) | | 100000000000000000000000000000000000000 | | HA Monitor ion Consu | ıltant | s, Inc. | | | | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only One | | | | | Street | | ss garaw Roa | nd B | lda #3 | 4 A | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | cated During Entire F ned Outside of Norm Occupied Building | Period of Ab nal Facility F | atem lours | nent | | | City, S | tate, Z | ip Code | - (8) | iug. #5 | 4/1 | | | | |
| Scope of Work (Check | | | | | | _ | Fair | Lawn | , NJ 0741 | 0 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | aac., pp.ij) | Statement . | nova | | | | × | Mir | Il Containme ni-Enclosure ovebag Proce n-Exempted | edure | ō | | | | e | |
| | | ls L | ocati | on | | | | | | | | | | Abate | ement | |
| Locatio Asbestos-Containing TO BE AB In Fac (13) | g Material (ACM) B <u>ATED</u> ility | Used Main Custo | enar | ly by nce/ | | os Con therma surfa | escription ntaining M il systems acing, VA miscellar | Material s insula T, or | | (5 | mount Specify or LF) | | Removal | Repair | e Encapsulate | Enclosure |
| Tank R | loom | X | | | | Tanl | k Insula | ation | | 40 | 00 SF | | X | | | |
| Tank R | oom | X | | | Pipe | e Insu | ulation & | & Fitti | ngs | 2 | 0 LF | | | - | | |
| - | | | | | | | | | | | | | | | | |
| Name of Registered Wa | | TN | JDEP W | laste | Cubic | Yards | | Name of R | Pagieta | red Lan | 4611 | | | | | |
| J.R. Contracting & E | | onsul., In | H | lauler ID 7819 | | of Wa | | | Grand C | SOFT LICENS | | | | | | |
| City, State Wayne, New Jersey | / | - 47 | 1 | | | Dispo | sal Date | | City State Pen Arg | | ennsylv | /ani | a | | | |
| Completed by Jerry Bijelonic | | Title Projec | Ma | anager | | | Signature | ~ | | | | Date 09/ | 17/1 | 5 | | - |

· · · CK 1040

| Date of Notification (1) 09/08/2015 | | | | | Building (| | | | | | | | | | |
|---|--|---------------------|-------------------------------------|------------------------------|-----------------------|------------------|--|-------------------|--|-------------|----------------------------|-----------------|--------------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street Ac 79 WE | ddress ST. 57 S | STRE | ET. | | 28 | 15 CE | Doo | | | | |
| EPA DEP DOL | Initial Amended Amendment | | | | te, Zip Co | | 02 | | r'. | 10 | P 22 | F1 12. | 23 | 111 | |
| Ď DOH DCA | Emergency justification) Cancellation | | - 1 | | Contact AS TOK | AR. | | | 6.4 | Tele | ephone Nu | ımber / | WL | | |
| | | | | | LITY INFO | 925527568 | ION | | | | | | | | |
| Name of Facility Where PRIVATE | Abatement is Takin | g Place (3) | 6). | | | | | _ | of Facility (School (K-1 | | | | | | |
| Street Address 79. WEST, 57. ST | REET. | | | | | N | | | Subchapter Other (i.e. petc.) | 8 (Othe | | | lings, | home | es, |
| City (5) BAYONNE. NJ. | | | | | | | | | e Feet | # of | Floors | | ldg. A 83 | ge | |
| County (6) HUDSON | | | | | Code (7) JSE ONLY) | | | Curre N/A | nt Use (Pri | or if bei | ng demoli: | shed) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCN | l No. | | | | tement Cor QUALIT | | | | | | |
| Street Address | | | | | | | Street 22. | | ss ORDEN | PL. | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code SACK. N | NJ. 07 | 601 | | | 79 | |
| Project Manager for Mo | nitoring Firm | | | Telephor | ne No. | | Teleph 201.7 | one No 708.42 | | | License 01135 | No. | | | 0 |
| Start Date (10) 09/24/2015 | | Schedule 09/25/2 | | npletion I | Date (11) | (100) | | | HA Monitor | | L SERV | ICES. | | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only On | e) | | - | | Street | | | 5-300-117F | | | | | |
| | cated During Entire ned Outside of Norr | | | | | | | | 22. WE | ST. | | | | | |
| Other – Describe: | W | 125% | | | | _ | UNIC | ON. I | NJ. 0708 | 3 | | | | | |
| Scope of Work (Check / | All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enova emolit | | | | × | Mir Glo | l Containm ni-Enclosum ovebag Pro n-Exempte | e cedure | | | | e | |
| | | le | Locati | on | | | | 1,10 | , Exempte | u () u | | | Abate | ement | t |
| Locatio | n of | N | lormal | ly | | De | escription | of | | | | | Ту | pe | |
| Asbestos-Containing TO BE AE In Fac (13) | BATED | Mai | d Sole ntenar odial S (12) | nce/ | | therma surfa | ntaining Mal systems acing, VA miscellar | s insula T, or | | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | _ | | | | CD | |
| BASEM | IENT | | X | | | PIPE | INSULA | AOITA | 1 | 10 | 00 LF. | X | | | |
| | | | | | | | | | | | | | | | |
| Name of Desire | eta Marilea | | 1 | IDED ! | la ab - | 10.11 | a Ve-d- | | No- | Desi-1 | rod I == " | SII . | | | |
| Name of Registered Wa TRI. STATE. ASSO | | | Н | IJDEP W lauler ID 9951 | | of Wa | | | SOLVEN PROPERTY. | • | red Land | | IC. | | |
| City, State BRONX NY. | | | | | | Dispo | osal Date | | City, Star WAYN | | RG. OH | HO. | | | |
| Completed by CARLOS ESQUIVE | EL | Title MAN | AGE | R | | | Signature | En | uppn | All | 0.000 | Date 09/08/2 | 2015 | | |
| ASB-41 (R-06-08) | řa. | | | | | , | * p6 nc | ot use t | this form fo | r asbes | tos licens | ıre exer | npted | activi | ities. |

CK 1039

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

| Date of Notification (1) 09/08/2015 | | | | | Building Ov & PAT DA | | | | | | | | | | | |
|--|---|---------------------|-------------------|-----------------|-------------------------|---------|---------------------|------------------|--|-----------------|------------------|------------------|-----------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | 10.5 | Street Ac | ddress SEMON | T. AV | Έ | | 1 % | | | S. 1. | | -1700- | | |
| EPA DEP DOL | Initial Amended Amendment | | | | te, Zip Code | | NJ. | | 2015 S | EP 2 | 2 44 | 12: 2 | 2 | | | |
| DOH DCA | Emergency (justification) Cancellation | including | 1000 | Name of MIKE | Contact | | | | 1000 | | phone N | | _ | | | |
| | | | | FACI | LITY INFOR | RMATI | ON | - | | | L.15. 118 | 10 | | | | |
| Name of Facility Where PRIVATE | Abatement is Taking | g Place (3) |) | | | | | | of Facility (4) School (K-12) |) | | | | | | |
| Street Address SAME | | | | | | | | × | Subchapter 8 Other (i.e. pri etc.) | (Othe vate & | commer | -12) rcial bu | ildi | ngs, | home | es, |
| City (5) ELMWOOD. PARK | C. NJ. | | | | | | | Squar 2,40 | re Feet 0 | # of 2 | Floors | | Bld 76 | ig. A | ge | |
| County (6) BERGEN | | | | | Code (7) JSE ONLY) | | | Curre N/A | nt Use (Prior | if beir | ng demol | ished) | | | | |
| Name of Monitoring Firm | n Hired by Building (| Owner (8) | | ASCM | No. | | | | tement Contr | | | | | | | |
| Street Address | | | | | | | | Addres | ss RDEN. PL | | | | _ | 9 | | |
| City, State, Zip Code | 1 | | | | | | City, S | State, Z | ip Code SACK. N. | | 801 | | | | | |
| Project Manager for Mo | nitoring Firm | - | T | Telepho | ne No. | | Telepi | hone No 708-4 | 0. | | License 01135 | | | | - | |
| Start Date (10) 09/21/2015 | | Schedule 09/22/2 | | npletion l | Date (11) | | Name | of OSI | -IA Monitor VIRONME | IATIA | | | | | -1/1-1 | |
| Occupancy Status Durir | na Ahatement (Chec | | | | | | | Addres | | N I / L | OLIV | TOLC | - | | | |
| Facility Closed/Vac | cated During Entire F | Period of A | batem | ent | | | 2333 | 3. RT. | . 22 WEST | | | | | | | |
| Abatement Perform Other – Describe: | ned Outside of Norm | al Facility | Hours | hi | | _ | (7), (7), | | ip Code NJ. 07087. | | | | | | | |
| Scope of Work (Check / | All That Apply) | | | | | | | _ | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enova emoliti | | | | 2 | Mir | l Containmer ni-Enclosure ovebag Proce n-Exempted | dure | | | | | | |
| | | le | Locati | on | | | | | | 7 | | | - | bate | ment | |
| Locatio | n of | N | Iormall | ly | | De | scription | n of | | | | - | _ | Ту | pe | |
| Asbestos-Containing TO BE AB | | Mai | d Sole | nce/ | Asbesto | | taining N system | | | | nount pecify | 7 | , | _ | Enc | Щ |
| , In Fac | ility | Cust | odial S (12) | Staff? | | surfa | cing, VA | T, or | | | or LF) | Kemova | | Repair | Encapsulate | Enclosure |
| (13) |). | Yes | No | N/A | | ouiei i | IIISCEIIdi | neous) | | | | Val | - | ₹ | ılate | ure |
| BASEN | ENT | | Х | | Р | IPE I | NSUL | ATION | 1 | 90 | LF. | X | | | | |
| | | 1-1 | | | | | | | | - | | _ | 1 | | | |
| | | | ļ. | | - | | | | | - | + | + | | | | |
| Name of Registered Wa | iste Hauler | | JDEP W | | | Yards | | Name of R | egiste | red Land | fill | | | | | |
| TRI. STATE. ASSO | | | auler ID 9951. | | of Wa | D | | MINERV | | ITERP | RISE | . IN | IC. | | | |
| BRONX, NY | ar na rain | | | | | TE | sal Date 3D. | • | City, State WAYNE | | 00 | | | | | |
| Completed by CARLOS. ESQUIVI | EL . | Title MAN | AGE | 3 | | 5 | Signatun | 1 | Enwood | Lift | | Date 09/08 | /20 | 015 | ٠ | |

MO#23037706833

| 2004 | | | | |
|----------|---|-----|--|--|
| Sec. 100 | 1 | | | |
| 4 1 | | 1.4 | | |
| | | | | |

| Date of Notification (1) | | | | Name | of Buildin | g Owner/Operator (2 | 2) | | 11.11 |
|--|--------------------|---------------|------------------|----------|---|---|-------------------|-----------------------|---------------------------------------|
| | | | | Dawr | n Dubovy | 5 - | | 2815 SEP | 22 AM 12: 18 |
| Agencies Notified EPA | Type Notification | 1 | | Stree | t Address | | | | |
| ☑ DOLWD | | | | 10 Bt | ırnett Ten | race | | | US COMPROL |
| ☑ DHSS | Amended Amendment | Li | | City, | State, Zip (| Code | | \$ 1.11 | JER OHIO |
| □ DCA | Emergency (i | | | West | Orange, 1 | VJ 07052 | | | 1110 |
| (NJAC 5:23-8) | justification) | ricidani | 9 | | of Contac | | | Telephone I | Number |
| | Cancellation | | | Dawr | Dubovy | | | 1 | |
| | | | | | | IFORMATION | | | |
| Name of Facility Where A | batement is Takir | no Place | (3) | | OILII I | IT ORIVIATION | Type of Facility | (4) | |
| Private house | | | (0) | | | | School (K-1) | | |
| Street Address | | | - | | | | Subchapter | 4) 8 (Other than K | (-1 2) |
| 10 Burnett Terrace | | | | | | | Other (i.e., p | private and con | nmercial buildings. |
| City (5) | | | - | | | | homes, etc. | | |
| and the second s | | | | | | | Square Feet | # of Floors | Bidg. Age |
| West Orange, NJ 07052 | | | | 10 | 1 0 1 (7) | | | | |
| | | | | Cour | ity Code (7) | (STATE USE ONLY) | Current Use (P | rior if being de | molished) |
| Essex Name of Monitoring Firm | Hirad by Building | Owner | /01 T | 10011 | | | | | |
| reame of Monitoring Firm | rified by building | Owner | (0) | ASCM | No. | Name of Abateme | ent Contractor (9 |) | |
| Street Address | | | | | | Gr Tech LLC | | | |
| Otreet Address | | | | | | Street Address | | | |
| City State Zin Cada | | | | | | 576 Valley Rd# | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | |
| Project Manager for Moni | taring Fire | | 120 | | | Wayne, NJ 0747 | 70 | | |
| Project Manager for Moni | toring Firm | | Tele | ephone | No. | Telephone No. | | License No | 0. |
| Charl Data (40) | | | | | | 973-638-1777 | | 01127 | |
| Start Date (10) | | | | | ate (11) | Name of OSHA M | lonitor | | |
| | | | | /_ | 15 | Envirovision Co | nsultants,Inc | | |
| Occupancy Status During | | | | | | Street Address | | | |
| ☐ Abata and Burning | d During Entire P | eriod of | Abate | ment | | 20-21 Wagaraw | Road, Bldg .# | 35E | |
| Abatement Performed Time of Abatement: | Outside of Norma | al Facilit | y Hou PM | rs - Des | scribe | City, State, Zip Co | ode | | |
| | | 100 | | | AW | Fair Lawn, NJ 0 | 7410 | | |
| Scope of Work (Check all | that apply) | | | | *************************************** | Clean up | and decontamin | nation with neg | ative pressure |
| ≥ >3 sf or >3 lf | | X R | enovat | ion | | Full Cont Mini-Encl | ainment with Ne | gative Pressur | e |
| ≥ 160 sf or ≥260 lf | | | emolitic | | | Glovebag | Procedure | Tent with Neg | ative Pressure |
| | | | | | | Non-Exer | mpted (*) and No | on-Friable Proc | edure |
| , , , , | , | 100 | Loca | | | | | | Abatement Type |
| Location Asbestos-Containing N | | | Norma ed Sole | | Asha | Description o | | | a a m m |
| TO BE ABA | TED | Ma | intena | ince/ | (i.e | stos Containing Mat ., thermal systems i | terial (ACM) | Amount (Specify | Enclosu Encaps Encaps Repair |
| IN Facilit | У | Cus | todial (12) | Staff? | | surfacing, VAT, | or | SIF or LF | Enclosure Encapsulate Repair Removal |
| (13) | | | T | T | + | other miscellaned | ous) | | at e |
| | | Yes | No | N/A | | | | | |
| Basement | | | Ш | X | Pipe insu | ılation | | 115 LF | |
| | | | | | 450 | | | | |
| | | | П | TIT | | | | | |
| | | | H | 1 | | | | | |
| New of Bull | | | Ш | | | - II | | | |
| Name of Registered Wast | e Hauler | | NJ | DEP Wast | e Haufer ID No. | Cubic Yards of Waste | Name of Regis | stered Landfill | |
| Gr Tech LLC | | | (| 003378 | 35 | TBD | T.R.R.F. Inc | | |
| City, State | | | | | | Disposal Date | City, State | | |
| Wayne, NJ 07470 | | | | | | TBD | Tullytown, P. | Δ | |
| Completed By (Print or Ty | pe) Tit | le | | | | Signature / | I anytown, F. | | Date |
| N.Jevtic | | mer | | | | | 1 1 | 1 | |
| ASB-41 | JOW | ner | | | * | | who wena | d | 09/19/2015 |
| MAY 11 | | * Do no | i use i | his form | n for asbesi | tos licensure exempi | ted activities. | | |

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

Ch# 27155

| | | | | | | | | | CKLT | d l | 15 | 2 | |
|--|---|----------------------|-----------------------|-------------|-----------------------|--|--|--|--------------------------------------|---------------------------------|---|-------------------|-------------------|
| Date of Notification (1) Se | ptember 18, 20 |)15 | | | Name o | f Building | Owner/Ope Lertch | rator (2) Wrecking & I | Disposal | | | | |
| Agencies Notified [X] EPA [] DEP | Type of Notifica | ition I Notific | cation otification | | Street A | Address | | _ | REN SEP 22 A | .: i2: | 18 | | |
| [x] DOL | Ame [X] Emer | ndment gency (| | | City, St | ate, Zip Co | | NJ 07727 | a Lignia | 1. | () () () () () () () () () () | | |
| [] DCA | 20 20 | ication) ellation | | | Name o | f Contact Doug | | | Telephone Number | | | | |
| | | | | FACI | ILITY IN | IFORMA | TION | | | | | | |
| Name of Facility Where A Res | batement is Takin idence | g Place | (3) | | | | | Type of Facility | (4) School (k-12) Subchapter 8 (o | thar the | un le 12 | V. | |
| Street Address 5 E | ast New Street | | | | | | | [x | | ite & c | | | |
| City | | Coun | ity (6) | | County (| Code (7) USE ONL | Y) | Square feet 1728 sf | # of Floors | Bld | g. Age | 93 | |
| Sea Bright | | Mor | ımouth | | | | | Current Use (Pr | ior if being demolished | i) | | /5 | |
| Name of Monitoring Firm | | Owner | (8) | | ASCM 1 | No. | Name of | Abatement Contra | actor (9) ardian Contracting | Inc | | | |
| Street Address | | | | | | | Street Ac | idress | 9 Route 9, Unit 61 | | | | |
| City, State, Zip Code | | | | | City, Sta | te, Zip Code | 92 m 200 040 | 69 | 0.55 | 0.51 | | | |
| Project Manager for Monit | e Number | r | | Telephor | ne Number | ns River, New Jers License N 00624 | | | 2/1 | | | | |
| Scheduled Start Date (10) 09/21/201 | 5 | | Scheduled 09/22/2 | | tion Date (| 11) | Name of | OSHA Monitor E.M | I.S.L. Analytical | | | | |
| [] Abai | Abatement (Check lity Closed/Vacate tement Performed or – Describe | d Durin | g Entire Per | | | | Street Ac | idress 105 te, Zip Code | 6 Stelton Road | 0.04 | 254 | | - |
| Scope of Work (Check all | that apply()] | | | * | | | | | ataway, New Jerse | (T). | | | |
| Scope of Work (Check an | шас арргу)] | | | | | | | [] Mini-Er | | e Press | sure | | |
| [] <u>></u> 3 sf or ≥3 [X] ≥160 sf or 2 | | | [[x | Renova Demo | | | | (E S) | g Procedure empted (*) and Non-Fr | riable F | rocedu | ire | |
| | | | | | | | | | | Aba | tement | Type | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A | | | | | | Asl N (i.e ins | Descriptio pestos-Con faterial (A ,, thermal s ulation, sur VAT, o er miscella | taining CM) systems rfacing, r | Amount (Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Exterior X | | | | | Asbe | stos sidir | ıg | | 1200sf | Х | | | |
| | | | | 12 | | | | | | Т | | | |
| | | | | | | | | | | T | | | |
| 7: | | | | | | _ | | | | | | | |
| | Hauler ntracting, Inc. |] | NJDEP Was | 20223 | | Cubic Ya | rds of Wast | T.R.R.F | gistered Landfill | | | | |
| City, State Toms River, | | sal Date 3/2015 | | City, Sta | ite own, Pennsylva | ınja | | | | | | | |
| Completed by (Print or Typ Nicholas Fern | | Title Proje | ect Manag | ger | Signat | tire | \ | 1 / | | Date 9/13 | 8/15 | | |

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

Ch# 27754

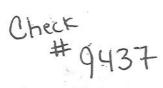
| D 011 (6 (1 (1) | | | | | NT4 | D!! | D | -oto- (2) | U L | - 1 | | - | |
|---|--|----------------|------------------------|---------------------|-------------------|-------------|--|--|------------------------------------|--------------|----------|------|--------|
| Date of Notification (1) | eptember 18, 20 | 15 | | | Name of | Building | Owner/Ope Kalian | Corporation | | | | | |
| W-1995 | | | | | | | National Control of the Control of t | | #15 SEP 22 | 1000 10 | 0. * 0 | | |
| Agencies Notified [X] EPA | | Notifica | | | Street A | ddress | 788 Sh | nrewsbury Avenue | EID OCT ZZ | 1.11 | - 18 | | |
| [] DEP | 5,000-0.00 | | ification | | City, Sta | te, Zip Coo | ie | in a | J I | w.f | 1.01 | | |
| [x] DOL [x] DOH | [x] Emer | | ncluding | | *** | | | Falls, NJ 07724 | å Licen | 140 | | | |
| [] DCA | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | cation) | | | Name of | Contact | | Т | elephone Number | | | | () |
| | [] Cance | ellation | | | | Lou B | ianchini | | . 277 | 1-003 | 4 | | |
| | | | | FACII | LITY IN | FORMA | TION | | | | | | |
| Name of Facility Where A | | Place (| 3) | | | | | Type of Facility (4) | | | | | |
| Re | sidence | | | | | | | | School (k-12) Subchapter 8 (oth | oer tha | n Ir 12) | | |
| Street Address | 67298200 720 | | | | | | | | Other (i.e., priva | | | | |
| 35 | 1st Avenue | | | | | | | [] | buildings, homes | | | | |
| City | 3000W 19 | Count | ty (6) | | County C | | | Square feet | # of Floors | Bld | g. Age | 0.5 | |
| Atlantic Hig | ghlands | Mon | mouth | | (STATE | USE ONL | Y) | 5017sf Current Use (Prior i | f heing demolished | | 1 | 25 | |
| | | IVION | mouth | | | | | Reside | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (| (8) | | ASCM N | lo. | Name of | Abatement Contractor | | | | | |
| | N/A Street Address City, State, Zip Code | | | | | | | | an Contracting, | Inc. | | | |
| Street Address | | | | | | Street A | | oute 9, Unit 61 | | | | | |
| City, State, Zip Code | | | | | | City, Sta | ite, Zip Code | oute of our or | | | | - | |
| 500 | | | | | | | | River, New Jers | | | 271 | | |
| Project Manager for Mon | | Telephone | Number | | | | ne Number | License N 00624 | umber | | | | |
| Scheduled Start Date (10) | | | Scheduled | Complet | ion Date (| 11) | | 9-9932 FOSHA Monitor | 00024 | | | | - |
| 09/21/20 | | | 09/22/2 | | ion Date (| , | I tume of | 트립트립트 (TOTAL TRIPELLE BOT) [10] (10] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1 | L. Analytical | | | | |
| Occupancy Status During | | | | | | Street A | | . I. D. I | | | | | |
| | | g Entire Per | | | | | 1056 S | telton Road | | | | | |
| | atement Performed ner – Describe | Outside | oi Normai i | raciiity r | lours | | City, Sta | ite, Zip Code | N. T | 000 | 0.5.4 | | |
| [] | | | | | | | | Piscata | way, New Jerse | y 088 | 334 | | |
| Scope of Work (Check all | that apply)] | | | | | | | 9 E S | nment with Negativ | e Press | ure | | |
| | 2.12 | | | 1 | | | | [] Mini-Enclos | | | | | |
| [] <u>></u> 3 sf or ≥ [X]≥160 sf or | | | [] | Renovat | | | | [] Glovebag P | rocedure oted (*) and Non-Fr | iable F | Procedu | re | |
| [X] 2100 SI 01 | 2200 II | | [^. | Demoi | ition | | | [A] I toli-Exemp | ned () and rion ri | - | 100000 | | |
| | | A. Seephel V. | | | | | | | | Aba | tement | Туре | |
| | | | Is Location | | | | Descriptio | | A | R | R | Е | E |
| Location Asbestos-Containing N | | ı | Normally u Solely b | | | | bestos-Co Material (A | | Amount (Specify SF | E | E P | NC | N C |
| TO BE ABA | | Main | itenance/C | | | (i.e | ., thermal | systems | or LF) | M | A | A | L |
| in facilit | y | - 1 | Staff | | | ins | ulation, su | | | O V | I R | PS | O S |
| (13) | | | (12) | | | oth | VAT, of the contract of the variable of the va | | | A | I K | U | U |
| | | YES | NO | N/A | | Ott | 01 111150011 | anoous) | | L | | LE | RE |
| | | | | | ~ | | | | 700sf | X | - | E | E |
| Exterior X | | | | | roofii | ng | | | 70081 | Λ | - | _ | - |
| | | | | | | | | | | | - | | - |
| | | | | | | | | | - | | - | | - |
| 41 | | | 1100000 | | ID | 0.12.44 | -1- C*** | L. INI | and I and Still | | | | |
| Name of Registered Waste | e Hauler ontracting, Inc. |]] | NJDEP Was | ste Haulei 20223 | ID No. | Cubic Ya | ards of Was | te Name of Registe T.R.R.F. | sied Paudiiii | | | | |
| City, State | | | | Dispo | sal Date | | City, St | tate | | | | | |
| Toms River | 09/23 | 3/2015 | | Tullyt | own, Pennsylvania | a | D-4 | | | | | | |
| Completed by (Print or Ty Nicholas Fer | | Title Proje | ect Manag | rer | Signat | ure | / | . 1 | | 9/1 | 8/15 | | |
| 1,10110103 1 01 | | 11010 | | , | | V | 1 | | | and a second | | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) Se | eptember 18, 20 | 15 | | | Name of B | Building O | | the King Paris | h | | 2 | $\neg \neg$ | 65 | |
|--|---|----------------------|-----------------------------|------------|-------------------------|-----------------------------|--|--|----------------------|--|---|----------------------------|-------------------|-----------|
| Agencies Notified [X] EPA | 15/ | Notific | | | Street Add | lress | 380 Di | 2015 SE vision Street | P 22 # | M 12: 17 | | | - k- | |
| [x] DOL [x] DOH | Amer | dment | tification # ncluding | | City, State | , Zip Code | | Branch, NJ 07 | 740 | -HIROL | | | | |
| [] DCA | | ication) ellation | | | Name of C | Contact Frank M | Muzzi | | Telepho | one Number | | j | | |
| | | | | FAC | ILITY IN | FORM | ATION | | | | | | | |
| Name of Facility Where Al Sta | batement is Taking r of the Sea Ch | |) | | | | | Type of Facility |] Scho | ool (k-12) | | 1 10) | | |
| Street Address | l Chelsea Aven | ue | | | | | | [x |] Othe | chapter 8 (oth er (i.e., privat nes, etc.) | | | al build | ings, |
| City | | Coun | ty (6) | | County Cod (STATE US | |) | Square feet 8000 sf | # c | of Floors | Bldg | . Age | 00 | |
| Long Branch | h | Mon | mouth | | | | | Current Use (Pr | ior if being arch | demolished) | | | | |
| Name of Monitoring Firm | Hired by Building (ardian Contract | | | | ASCM No. | | Name of | Abatement Contra | actor (9) | ontracting, | Inc | | | |
| Street Address | | | | Street Ad | dress | 1000 | 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | | | City, Stat | e, Zip Code | | | 002 | 755 1 | 71 | | | | |
| Project Manager for Monit | ms River, NJ 08 | 5/33 | Telephone | Number | | | Telephon | e Number | ns River, | New Jerse License N | _ | 33-1. | 2/1 | |
| Nicholas Ferr | 5. | | 732-349- | 9932 | | | 732-349 | 9-9932 | | 00624 | | | | |
| Scheduled Start Date (10) 10/1/15 | | | Scheduled 10/2/1 | | on Date (11) | | Name of | OSHA Monitor E.N | I.S.L. Ar | nalytical | v | | | |
| 1E075 4E - 1070 X | ility Closed/Vacated | d During | Entire Perio | | | | Street Ad | | 66 Steltor | n Road | | | | |
| 1 1 | er – Describe | Outside | of Normal F | acility Ho | urs | | City, Stat | e, Zip Code Pis | cataway, | New Jerse | y 088 | 54 | | |
| Scope of Work (Check all | that apply) | | | | | | [] | | | Negative Pres | sure | | | |
| [x] >3 s | sf or ≥3 lf | | [x] | Renova | tion | | [] [x] | Mini-Enclos Glovebag Pr | | | | | | |
| | 00 sf or ≥260 lf | | [] | Demoli | | | [] | A COMMON THE REAL PROPERTY OF | | Non-Friable I | Procedu | re | | |
| | | | | | | | | | | | Abat | ement | Гуре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodi Staff (12) | | | | sed ' | | Asbo M (i.e., insu | Description estos-Confectorial (A thermal station, sur VAT, our miscellar | taining CM) systems rfacing, r | 100 | Amount Specify SF or LF) | R E M O V A L | R E P A I R | E N C A P S U L E | ENCLOSURE |
| Basement | | | | Х | Asbesto | os pipe | insulation | n | 24 | 0 lf | X | | L | L |
| | | | 1 | | 1100001 | - P.PC | | | | | | | | |
| | | 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Name of Registered Waste Hauler NJDEP Waste H Guardian Contracting, Inc. 2022 | | | | | | ds of Wast | e Name of Ro | | andfill | | | | |
| City, State | | | | Dispos | sal Date | 3 | City, Sta | ite | 92 | | | | | |
| Toms River, Completed by (Print or Typ | New Jersey | Title | | 10/5/ | 15 Signature | 4 | Tullyto | own, Pennsylv | ania | | Date | | | |
| Nicholas Fer | | 10000000 | ect Manag | or | Signature | | - 1 | 1 | | | 100000000000000000000000000000000000000 | 3/201 | 5 | |



| | | | | | | 1 | | | | |
|--|-------------------------------|----------------------|---------------------|--------------|---------------------------------|---------------------------------|------------|------------|-------------|-----------|
| Date of Notification (1) | 15 | Name o | f Building Owner/Op | | midt | +1115Se | Sns | 67). | | į |
| Agencies Notified Type Notification □ EPA | | Street A | Address (a10 | Sta | ation | AUE | 1-4 | rii (| 2: 3: | 2 |
| DEP Amended Amendment | | City, Sta | ate, Zip Code | than | Heiol | nts N | 50 | 803 | 35 | ī. |
| DOH Emergency (i justification) DCA Cancellation | ncluding | Name o | ho Sch | imid | + | Telephone | Number | , | , | • |
| 9 1 | | FAC | ILITY INFORMATIO | | | | | | | |
| Name of Facility Where Abatement is Taking Single family Street Address | Dwdl | 1) | | | | | | ldings, | home | es, |
| City (5) 11 A C 11 | Koac | YY | | - | etc.) uare Feet | # of Eloors | | Bldg. A | | |
| Haddonfield | N7 | County | 18033 | | ment Head (Dei | | - tiob od) | 10 |)() f | F- |
| County (6) Canden | | | Code (7) USE ONLY) | - | | or if being demo | olisnea) | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) | ASC | N/A | EP | batement Cor | | ogie | S . | In | 16 |
| Ro. Box 3 | 37 | | | Street Add | . Box | 337 | 3 | #5 | | 5 |
| City, State, Zip Code | NZ | 80 | 533 | City State | Zip Code | At N | 50 | 85 | 53 | 3 |
| Project Manager for Month in gy-irm | _ | Telepho | | Telephone | No. 376 | Licens | e No. | 39 | 4 | |
| Start Date (10) 9-29-15 | Scheduled Co | | | Name of O | SHA Monitor | hnologia | oc T | `oc | - | |
| Occupancy Status During Abatement (Check | Only One) | <u> </u> | | Street Add | ress | ~ | | 710 | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: | | | | City, State, | | 35+ | Plos. | ~>_ | | _ |
| Scope of Work (Check All That Apply) | | - | | Ivew | Egypt | NJ | 08 | 53 | 3_ | 2 J |
| ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf | □ Renov □ Demoi | | | | Mini-Enclosure Glovebag Prod | | 1 | 22 | | |
| | Is Loca | tion | | <u> </u> | NOIT-Exemple | () and Non-F | TIADIE FIC | - | ement | |
| Location of | Norma Used Sol | ally | | cription of | -1/4010 | | _ | y | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Maintena Custodial (12) | ance/ Staff? | | | ulation, | Amount (Specify SF or LF) | Removal | S Repair | Encapsulate | Enclosure |
| 0.4 | Yes No | INIA | 1'a Du | 10. | | 2/1 / 1 | FX | - | | |
| Basement | X | - | Air Duc | t rap | esc wrap | 24 Li | FX | | | |
| | | | ti | | | | | | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP W Hauler ID | No. of Wast | | Wast | Registered Lan Manag | | t 01 | e P | Α' |
| City, State | NJ. | | Disposa G - | 30-15 | City, State | isville | PA | | | |
| Completed by Schen Kee | Presid | lent. | Sig | nature | Sch | h | Date 9 | -18 | 1-15 | 5 |

NO CK

| Date of Notification (1) September 18,2015 | | | | of Building Owner | /Operato | r (2) | 0-1- | EP 22 | | | | |
|--|------------------|------------------|--------------------|--------------------------|------------------------|----------------------------------|--------------------|--------------|-------------|---------|-------------|-----------|
| Agencies Notified Type Notification | | | Mill | Address | | | - | - 64 | 1 44 | 4: | 3 | |
| 7,50 | i. | | 1 | Address Inston Avenue | | | | | | | | |
| EPA Initial Amended | | | | tate, Zip Code | | | | | _ | 10.00 | | |
| DOL Amendmer | | | | ilton Township, | NJ 08 | 3609 | | | | | | |
| ■ DOH Emergency justification | | | | of Contact | | | Tele | phone Nur | nha- | | | |
| DCA Cancellation | n . | | Mr. J | ohn Barr | | | 1 1010 | | | | | |
| Nome of Early 145 | | | FAC | CILITY INFORMAT | TION | - | | | | | | |
| Name of Facility Where Abatement is Taki Isles Facility | ng Place (| 3) | | | | Type of Facility | (4) | | | | A. 100 | |
| Street Address | | | | | | School (K- | 12) | | | | | |
| 1 N Johnston Street | | | | | | Subchapte | | | | dinas | homo | |
| | | | | | | Other (i.e. petc.) | orivate & | commerci | ai buii | aings, | nome | es. |
| City (5) Trenton | | | | | | Square Feet | 55 | Floors | 1000 | 3ldg. A | ge | |
| County (6) | | | | | | 100,000+ | 3 | | 1007 | 30+ | | |
| Mercer | | | County (STATE | Code (7) USE ONLY) | | Current Use (Pri Admin / Com | | | ned) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASC | M No. | Name | of Abatement Cor | | | | | | |
| Vertex | | | | | | services, LLC | | / | | | | |
| Street Address | - 14 | | | | Street | Address | | | | 1-0-1-0 | | |
| 700 Turner Way | | | | | 407 | West Lincoln F | lighwa | y, Suite | 500 | | | |
| City, State, Zip Code Aston, PA 19014 | | | | | City, S | State, Zip Code | | | | | | |
| [| | | | | Exto | n, PA 19341 | | | | | | |
| Project Manager for Monitoring Firm Dave Turotsy | | Telepho 610-5 | one No. 58-8902 | 1.0 | none No. 872-8884 | | License N 01161 | 0. | | | | |
| Start Date (10) 9 28 15 | ed Co | mpletion | Date (11) | Name | of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Chec | 10/5 | 221 | 12 | | EMS | | | | | | | |
| | | | | | | Address Route 130 Nor | th | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Exterior Work | Period of A | bater | ment | | | | uı | | | | | |
| Other – Describe: Exterior Work | iar r dointy | rioui | | | | State, Zip Code aminson, NJ | | | | | | |
| Scope of Work (Check All That Apply) | | - | | | Onni | arrinisori, 145 | | | - | | | |
| ≥3 sf or ≥3 If | X p | enova | ation | | Г | 1 - " | | N | | | | |
| ≥160 sf or ≥260 lf | | emoli | | | | Full Containme Mini-Enclosure | | Negative F | ressu | re | | |
| | | | | | × | Glovebag Prod | | Nian Faial | In Dea | | 3 | |
| | 1 | | • | | Emi | Non-Exempted | ı () ano | Non-Friad | T | | ement | |
| Location of | | Locat ormal | | | 22 - 22 | | | | | | pe | |
| Asbestos-Containing Material (ACM) | Used | Sole | ly by | Asbestos Cont | scription taining M | | Ап | nount | | | m | |
| TO BE ABATED In Facility | Custo | ntena odial S | | (i.e. thermal | systems | insulation, | (Sp | ecify | Re | D. | Encapsulate | Enc |
| (13) | | (12) | | surfa other r | cing, VA | T, or | SF | or LF) | Remova | Repair | psu | Enclosure |
| | Yes | No | N/A | 001011 | i iioooiiai i | | | | 'al | = | late | ire |
| Window | 103 | 22/04/07/2 | INA | | | | | | 1 | | | |
| γγιτασγγ | | X | | Glaze | and C | aulk | 150 |) SF | X | | | |
| | | | | | | | | | | | | |
| | | 1500 | | | | | | | | | | |
|), in the second of the second | | | | | - | | | | \vdash | | | |
| Name of Registered Waste Hauler | | N | JDEP W | aste Cubic | Yards | Name of F | Register | ed Landfill | | | | |
| Vaste Management | | 11 23 33 | auler ID | No. of Was | | GROW | | ou Editallii | | | | |
| City, State | | | | 6 | 11 | | | | | | | |
| renton, NJ | | | | | al Date | City, State | | | | | | |
| completed by | THI | | | TBD | | Morrisvi | ile, PA | - | | | | |
| ack Bally | Title Sr. Pro | iect | Manaa | | ignature | 1. 22 a A | | Da | te epten | abor | 8 20 | 115 |
| | 01.110 | Jool | ivialiay |) | 101 | K 1 DOL V V. | 1 124 | 1 26 | hiel | mel | o, 20 | CIC |



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

| Date of Notification (1) | | | Name | of Building | g Owner/Operator | (2) | | | | | |
|---|-----------------|------------|----------------|--------------|--|--------------------|--|--------|--------|-------------|-----------|
| 9 / 21 / 15 | | | Cit | y of Cam | den | | 2015 | ÇED | 22 | | , |
| Agencies Notified Type Notification | | | Street | Address | | | | | | 14- | - • |
| ⊠ EPA ⊠ Initial | | | PO | Box 951 | 20 | | 45. | e i | | | |
| ☑ DOLWD ☑ Amended | | | City, S | State, Zip C | Code | | - M 1. | - 1-1 | 50 | | 1 1 |
| ☑ DOH Amendment # | | | 100 | nden, NJ | | | \$10 PM | | | | |
| DCA Emergency (ir (NJAC 5:23-8) igustification) | | | | of Contac | | | I = 1 | | | 31. | |
| Cancellation | 867 | | | n Bond | | | Telephone Numb | er | | | |
| _ Gariosilatori, | sueins suepe | 20 21 X | | | FORMATION | | | | | 9 | |
| Name of Facility Where Abatement is Takin | 7 | (0) | TEA | -1L1111N | IFORMATION | | | 847 | | | |
| FAIRVIEW ST RESIDENCES | Place | (0) | | | | Type of Facility (| | | | | |
| | | | | | | School (K-12 |) | | | | |
| Street Address | | | | | | Other (i.e. nr | (Other than K-12) | ial h | ildin | 7.0 | |
| 805,80,809,868,869,870,872,873,874 | Resid | enc | es 867 | Fairview | /-Burned | homes, etc.) | Trate and commerc | nai b | unum | 10, | |
| City (5) | | 24 | | | 70 44 63 63 | Square Feet | # of Floors | В | dg. A | ae | |
| Camden | | | | | 1 | varies | varies | - 1 | 50÷ | | |
| County (6) | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demolish | | | | |
| CAMDEN | | | | | , | | EEMED UNSAF | | | 1 | |
| Name of Monitoring Firm Hired by Building | Owner (8 | 3) | ASCM | No | Name of Abatam | ent Contractor (9) | LLMILD ONGAL | _ | | | |
| Health and Safety Services | | -/ | 117 | 140. | | (1470) | | | | | |
| Street Address | | | 111 | | | nvironmental S | ystems | | | T. | |
| PO Box 365 | | | | | Street Address | | | | | | |
| | | | | | N | lehem Pike - St | uite 60 | | | | |
| City, State, Zip Code | | | | | City, State, Zip C | ode | | | | 1 | |
| Berlin, NJ 08009 | | | | | Spring Hous | e, PA 19477 | | | | | |
| Project Manager for Monitoring Firm | | Tel | ephone | No. | Telephone No. | | License No. | | - | 1 | |
| Jim Proctor | | 0 | 609-8 | 39-2432 | 215 542 7000 |) | 00847 | | | | |
| Start Date (10) Sched | iuled Co | mple | etion Da | te (11) | Name of OSHA N | /ionitor | | | | | |
| 1 200 000 0000 000000 00 00000 01 00 00000 00 | 10 / | | | | CES | | | | | | - 0 |
| Occupancy Status During Abatement (Chec | | | | | | | | | | ii. | |
| ☐ Facility Closed/Vacated During Entire Pe | | | | | Street Address | 36.4 | | | | | |
| Abatement Performed Outside of Normal | Facility | Hou | ment re Dee | oribo | | ehem Pike -Sui | te 60 | | | | |
| Time of Abatement: 7:00AM-5:00PM/ | PM- | 1100 | AM | Clibe | City, State, Zip C | | | | | | |
| | 1. | | | | Spring Hous | e, PA 19477 | | | | | |
| Scope of Work (Check all that apply) | | | | | П | | TON THE TOTAL TO | | | | |
| ≥3 sf or ≥3 If | Rer | ovat | ion | | ☐ Mini-End | tainment with Neg | ative Pressure | | | | |
| ≥160 sf or ≥260 If | ⊠ Der | noliti | on | | ☐ Gloveba | g Procedure | | | | | |
| | | | | | ☑ Non-Exe | empted (*) and Nor | n-Friable Procedure | 9 | | | |
| | 170000 | Loca | | | 0 1 | | | Ab | atem | ent T | vpe |
| Location of Asbestos-Containing Material (ACM) | | orma | ally ely by | 10 | Description of | | | | _ | T . | T |
| TO BE ABATED | | | ance/ | | stos Containing Ma | | Amount | em | Repair | nce | nol |
| IN Facility | Custo | | Staff? | (1.6 | thermal systems surfacing, VAT | | (Specify SF or LF) | Remova | = | ps | Enclosure |
| (13) | Yes | (12) No | N/A | | other miscellane | | Of Si Li) | = | | Encapsulate | re |
| SEE ATTACHED | П | П | INA | SEE AT | TACHED | | 000.3/5 | | - | | |
| | | | 1 | SEE AT | TACHED | ~ | 200 YD per res | | Ш | Ш | |
| - 1 | | | | | | | | | | | |
| | | | | 77 114 | | | | | | | |
| | | | | | | | 70 400 00 10 10 10 10 10 10 10 10 10 10 10 1 | | | П | |
| Name of Registered Waste Hauler | - | 1 | JDEP 1 | Vaste | Cubic Yards of | Name of Regist | ered Landfill | | | | |
| Waste Management of NJ | | 1 | lauler IE | | Waste | GROWS | | | | į. | |
| City, State | | | 17273 | | 200/residenc | 18700355000 | | | | 1 | + 1 |
| Fairless Hills, PA | | | | | Disposal Date | City, State | | | | | |
| | 1 | | | 0.08 4 | 10/30/15 | Tullytown F | *A | | | | |
| Completed By (Print or Type) Title | | 8 800 | | | Signature | 7 | Date | e | 1 | | 1 |
| Patricia Visco O | ffice M | ana | ger | × 1 = 19 , | Patri | ua (Mac | 7 9 | 1/2 | VIS | 3 | |

ASB-41 JAN 13

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

CK 17394

| 1.5 | | | |
|-------|---|--|--|
| CHECK | # | | |

| D-1 - CN - (C - (- (4) | | 1 | (6 "" | | | 7575 000 | * | | | |
|--|------------------------|---|-----------------------------|---|---|----------------------------|--------------|--------|-------------|-----------|
| Date of Notification (1) 9/10/2015 | | Name | of Building | Owner / Operato PEPARTMENT | r (2) Of TDANSE | PORTATION | 22 AH | t: ; | 8 | |
| Agencies Notified Type Notifi | | | Address | LI AITIMEITI | OI IIIAIIOI | 7 | | | (0.75) | |
| Ĭ EPA | | | | AVENUE, CN | 600 | 7 15.0 | | | 1 | |
| ☐ DEP ☐ Initi | 76 15 | | tate & Zip C | | | 5 11 A | 13: | | | |
| | ended | | ITON, NJ | 09625 | | | | | | |
| | ergency acellation | | of Contact | | | | Telephor | ne Nu | mbe | er |
| Car | Cellation | LUIS | | ORMATION | | | | | | |
| Name of Facility Where Abaten | nent is Taking Place | | AILLI IINI | Type of Facili | ity (4) | | | | | |
| Route 7 Bridge | | (-) | | School (I | | | | | | |
| Street Address | | | - | ☐ Subchap | ter 8 (Other th | an K-12) | | | | |
| Route 7 Bridge | * | | | Name of the last o | | mmercial buildir | | | :.) | |
| | | | | Square Feet | # of Flo | oors | Bldg. Age | 9 | | |
| City (5) | | County C | Code (7) | n/a | | | n/a | | | |
| Kearny | Kearny Bergen r | | | | Prior if being | demolished) | | | | |
| Name of Monitoring Firm Hired | by Duilding Owner | (0) | ASCM No | Transporta | | -1 (0) | | | | |
| Name of Monitoring Firm Aired | by building Owner (| (8) | ASCIVI NO | A Complete of the agreement of the party of | tement Contra | ctor (9) solutions Con | tracting | 110 | | |
| Street Address | | | - | Street Address | | orations con | traoting | , | | |
| | | | | 874 Piney H | Iollow Road | , PO Box 70 | | | | |
| City, State & Zip Code | | | | City, State & | | | | | | |
| Project Manager for Monitoring | Cirm Tol | lanhana | Mirmalaan | | ew Jersey 0 | | M h | | | |
| Project Manager for Monitoring | lephone | Number | Telephone No 609-567-060 | | | | | | | |
| Scheduled Start Date (10) | Scheduled Comple | | e (11) | Name of OSH | A Monitor | ' | - | | | |
| 9/28/2015 | | 28/2105 | | EMSL Analy | | | | | | |
| Occupancy Status During Abate Facility Closed/Vacated | ement (Check only of | one) od of Aba | tomont | Street Addres | | 9 | | | | |
| Abatement Performed (| | | | 107 Haddor City, State & 2 | | | | | _ | |
| Describe: | ational of troilinal t | iouio i | am to opin | Westmont, | 0.7 | | 60 | | | |
| Facility Occupied Durin | g Abatement | | | Trocuire, | | | | | | |
| Scope of Work (Check all that a | apply) | | | | | | | | | |
| \ \ \ ≥3 sf or ≥3 lf | - | 7 0 | | | - | ntainment with I | Vegative | Press | ure | |
| ≥160 sf ≥260 lf | L | | ovation olition | | ✓ Mini-En✓ Glove B | iciosure Bag Procedures | | | | |
| | ^L | | iontion | | | empted and No | | Proce | dur | 'e |
| Location of | | Is Location | | Description | K-mark | Amount | | | | |
| Asbestos-Containi | ng N | ormally U Solely b | | Asbestos-Con | taining | (Specify | | | | |
| Material (ACM) TO BE ABATED | M | aintenanc | | Material (A0 (i.e., thermal sy | | SF or LF) | Re | Z) | Enca | En |
| in Facility | Cı | ustodial S | taff? | insulation, surfac | | | Remova | Repair | Encapsulate | Enclsoure |
| (13) | Ye | (12) s No | N/A | or other miscella | | | /al | = | ılate | ure |
| Pier sheet packing | | \Box | x Insul | ation packing | | 2800 | X | ПГ | 7 | П |
| | | | | , , | | | | | | |
| | | | | | | | | | | |
| 4 | | | | | | | | | | |
| | | | | | | | | | 4 | |
| Name of Registered Waste Hau | ulor. | INI IF | DED Marti | Cubic Varda | Nome of De- | intornal and a | | | | |
| ivallie of Negistered Waste Hat | HCI | | uler ID No. | Cubic Yards of Waste | Ivallie of Reg | istered Landfill | | | | |
| Bull Waste & Recycling, LL | .C | 100000000000000000000000000000000000000 | 135 | 30 | Salem Cou | nty Landfill | | | | |
| City, State | - | | | Disposal Date | City, State | | | | | |
| Berlin, New Jersey | | | | | Alloway , N | ew Jersey | | | | |
| Completed By (Print or Type) | | Title | | Signature | | | Daté 9/10 | 1 | - | |
| Theodore S. Budzynski | | Pre | sident | | | | 4/10 | 115 | | |
| STATE OF STA | | | | | | | | | | |

(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) | | | - | | Na | me | of Building | a Ow | ner/Operator (| 2) | THE P | 1 | 10 | >0 | <u> </u> | | |
|---|-----------------------|---------|--------------|------------------|-------------------|------------------------|--------------------|--------|-----------------------------------|---------------------------|------------------------|---------------------|---------|-------------|-----------|--|--|
| | _ / _ | 15 | | | | | of Cam | T | 75 5 | _, | 2815 S | EP 23 | 2 (1 | ٠.: | : 16 | | |
| ⊠ EPA . ⊠ Ini | Notifica itial | ition | | | Augst. | | Address Box 951 | 20 | | ± | # 1. P. | | | | | | |
| | mended | | | City, State, Zip | | | | | Code | | | | | | | | |
| | nendme | | | | 2000000 | | nden, NJ | | | | | | | | | | |
| DCA | mergeno stificatio | oy (ind | ciuain | g | | | of Contac | | | | | | | | | | |
| | ancellati | | | | J | loh | n Bond | | | | SEC - | 700.56 (170.75 (1)) | | | | | |
| | | | 3000 | | F | Δ | II ITV IN | IFO | RMATION | | | | | | | | |
| Name of Facility Where Abatem | ent is T | aking | Place | (3) | | AC | ZILIT III | ir Oi | RIVIATION | Type of Facility | (4) | | | | _ | | |
| TULIP STREET RESIDEN | | aiting | 1 1000 | - (0) | | | | | | School (K-1) | | | | | | | |
| Street Address | .020 | | | - | | - | | | | | 2) 8 (Other than K- | -12) | | | | | |
| 802, 804, 806, 808, 810, 8 | 840, T | ULIP | ST | | | | | | | Other (i.e., phomes, etc. | rivate and comr) | mercial | buildir | gs, | | | |
| City (5) | | | | | | | | | | Square Feet. | # of Floors | | Bldg. / | \ge | | | |
| Camden | | | | | | | | | | varies | varies | | 50+ | | | | |
| County (6) CAMDEN | | | | | C | oun | ty Code (7 |)(STA | ATE USE ONLY) | | ior if being dem | |) | | | | |
| Name of Monitoring Firm Hired I | by Build | ling O | wner | (8) | ASC | 1 M | Vo. | Na | me of Abateme | ent Contractor (9 | | | | | | | |
| Health and Safety Servic | | Ü | | | | 17 | | | | nvironmental | | | | | | | |
| Street Address | | | | | | | | | eet Address | | - | - | | | - | | |
| PO Box 365 | | | | | | | | 1 | | lehem Pike - S | uite 60 | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code | | | | | | | | | | | |
| Berlin, NJ 08009 | | | | | | | | | Spring House | | | | | | | | |
| | | | | | elephoi | ne N | No. | _ | ephone No. | -, | License No. | | | | | | |
| | | | | | | | 9-2432 | | 15 542 7000 | | 00847 | | | | | | |
| Start Date (10) Scheduled Comp | | | | | oletion | Dat | e (11) | Na | me of OSHA M | lonitor | | | | | | | |
| _10_ / _1_ / _15 | | | | | 30 | | 0.80 | (| CES | | | | | 3 | 1 | | |
| Occupancy Status During Abate | ment (C | Check | only o | one) | | | | Str | eet Address | | | | - K | | | | |
| ☐ Facility Closed/Vacated During | | | | | | t | | Amount | | ehem Pike -Su | ite 60 | | | | | | |
| ☐ Abatement Performed Outsid | de of No | rmal | Facilit | у Но | urs - D |)esc | cribe | | v. State, Zip Co | | | | | | | | |
| Time of Abatement: 7:00AM | l- <u>5:00</u> P | M/ | PN | Λ- <u></u> | AN | Spring House, PA 19477 | | | | | | | | | | | |
| Scope of Work (Check all that a | pply) | | | | | | | | | ainment with Ne | nativa Dasas wa | | | - | | | |
| ≥3 sf or ≥3 if≥160 sf or ≥260 if | | | □ Re 図 De | | | | | | ☐ Mini-Encl | losure | | dure | | | | | |
| | | | | | ation | | | | | | | Α. | baten | nent T | уре | | |
| Location of Asbestos-Containing Materia | 1 /A C N A) | | | | nally olely by | , | | | Description of | | | 3 | 7 70 | m | Ш | | |
| TO BE ABATED | ii (ACIVI) | 4 1 | Ma | inter | nance/ | | | | Containing Mar ermal systems i | | Amount (Specify | Kemova | Repair | Encapsulate | Enclosure | | |
| IN Facility | | | | todia (12 | al Staff 2) | ? | | | surfacing, VAT, | | SF or LF) | <u>a</u> | - - | Sul | sure | | |
| (13) | | | Yes | N | 1 | Ά | | oti | ner miscellaned | ous) | | | | ate | 1.2 | | |
| SEE ATTACHED | | | | | | | SEE AT | TAC | CHED | | 700 % - 73 | . 🗵 | П | П | П | | |
| | | | | | | | | | | | 250 JAZOS PO | _ | | | | | |
| | | | | | | | | | | | | Г | | П | П | | |
| | | | П | | | | | | | | | | | | | | |
| Name of Registered Waste Haul | er | | | 닉 | NJDE | PW | lasto | Cut | oic Yards of | Name of Regis | torod Landfill | | 1 _ | | | | |
| Waste Management of NJ | | | | | Haule | r ID | the second second | Wa | | GROWS | stereu Landilli | | | | | | |
| City, State | | | | | 172 | 73 | | _ | 00/residenc | | | | | | | | |
| Fairless Hills, PA | | | | | | | | | oosal Date 1/30/15 | City, State Tullytown | PA | | | | | | |
| Completed By (Print or Type) | | Title | | | | | | | Signature | / | | Date | , | | | | |
| Patricia Visco | | Of | fice I | Man | ager | | | | 7 / | ea Visco | | 9/ | 7.1 | | | | |
| 100 11 | | | | - 20 | J | - Ju | | | 1 auc | ea vove | | 1 | 01/ | 1) | | | |

| Date of Notification | 7.00 | | | | | | Owner / Opera | | | 1 | | | | | |
|---|---|-----------------|-------------|-------------|---------|---------------|-----------------|---|--|---|----------|-------------|--------|-------------|-----------|
| Agencies Notified | 9/18/15 | otion | | | t Add | | ship School I | Distri | 10t 7019 C | FP 22 AH | | C (VC-) | 22-14 | | |
| EPA | Type Notific | ation | 1 7 | | | ress ds Av | 10 | | rold of | -1 <4 1.11 | 4: i | 8 | | | |
| DEP | ☐ Initia | ı | - | | | & Zip | | | | | | | | | |
| □ DOL | ☐ Initia | | | | | | 08108 | | ** _1 1 _ 1 | 3 / 2 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / | 10 | | | | |
| □ DOH | _ | rgency | _ | | | ontact | | | 3/ | - 11 | | | ne N | umh | or |
| DCA | | cellation | | | | ert Dir | | | | | 100 | prio | : 0 | | 571 |
| | | | ` | | | | | | | | 1 | _ | : 0 | 00 | |
| | | | -200 | | CILI. | TY IN | FORMATION | | | | | | | | |
| Name of Facility W | here Abatem | ent is Taking P | lace (3 |) | | | Type of Fa | | | | | | | | |
| Stoy ES | | | | | | | | 100000000000000000000000000000000000000 | | B-CHAPTER | 8 | | | | |
| Street Address | | | | | | | Subch | napter | 8 (Other tha | an K-12) | | | | | |
| 206 Briarwood A | ve | | | | | | Other | (i.e. p | rivate & con | nmercial build | dings, l | nom | es, e | tc.) | |
| | | | | | | | Square Fe | et | # of Floo | ors | Bldg. | Ag | Э | | |
| City (5) | | County (6) | Cou | unty | Code | (7) | 60,0 | 00 | | 2 | | | 40+ | | |
| Haddonfield | 4 | Camden | | 11701 | | 10000 | | | or if being d | emolished) | 1 | | | | |
| | | | 1 | | | | School | , | J | | | | | | |
| Name of Monitoring | Firm Hired h | v Building Own | ner (8) | | AS | CM No | | haten | nent Contrac | tor (9) | | | | | |
| Epic Environme | | | 101 (0) | | 1, 10 | OW IN | | | nmental, l | | | | | | |
| Street Address | intai Ooi vioc | ,0 | | | | | Street Add | | minomai, ii | 110. | | | | | |
| 1930 Brown Roa | d | | | | | | 1123 Bea | | Street | | | | | | |
| City, State & Zip Co | | | | = 1 | | | City, State | Line Cold Colors | AND THE RESERVE OF TH | | | | | _ | |
| Newfield, NJ 083 | | | | | | | Bristol, P | | | | | | | | |
| Project Manager fo | | irm | Telep | hone | Num | her | Telephone | | | Licens | e Numi | ner | | | |
| James Eberts | . mormornig i | | 856-2 | | | | (215)788- | | | 00509 | | 00, | | | |
| Scheduled Start Da | ate (10) | Scheduled Cor | | | | | Name of O | | | 10000 | 0. | _ | | | |
| 9/28/15 | 300000000000000000000000000000000000000 | ocheduled Col | 10/2 | | 10 (1 | 1) | | | nmental In | ic. | | | | | |
| Occupancy Status | | ment (Check o | 75777 | 100000 | | | Street Add | | innental in | | | | | - | |
| | | During Entire F | | | atem | ent | 1123 Bea | | Street | | | | | | |
| 100 100 100 100 100 100 100 100 100 100 | | utside of Norm | | | | | | | | | | | | | |
| 8000 TOOLS | 7:00 AM - | | ai i ioc | 11.5 | rain | to opii | Bristol, P | | | | | | | | |
| | cupied During | | | | | | Diristor, 1 | A 10 | 001 | | | | | | |
| Scope of Work (Ch | | | | | | | | | | | | | | <u> </u> | |
| Coope of Work (Off | con an triat a | SP(9) | | | | | | | Full Con | tainment with | h Nega | tive | Pres | sure | |
| ≥3 sf or ≥3 | lf | | \boxtimes | Rer | novati | on | | - | Mini-End | | | | | | |
| ≥160 sf ≥26 | | | Ä | | nolitio | | | \boxtimes | | ag Procedure | es | | | | |
| | | | | | | 20.1 | | X | | empted and N | | able | Pro | edu | ire |
| 1 | ocation of | | Isl | ocat | ion | | Descript | | | Amount | | | | | |
| | tos-Containin | a | Norm | | | | Asbestos-C | | | (Specify | | 7 100 | | | 700 |
| | terial (ACM) | | | lely l | | | Material | | | SF or LF | | _ | | Ш | m |
| TO | BE ABATED | | Maint | enan | ice or | 8 | (i.e., therma | | | | | Removal | Re | Encapsulate | Enclsoure |
| i | n Facility | | Custo | | Staff? |) | insulation, sur | | | | | VOU | Repair | nsc | SOL |
| 9. | (13) | | V | (12) | 11/A | _ | or other misc | ellane | eous) | | | <u>a</u> | | late | l e |
| | | | Yes | No | N/A | | | | | | | | | | _ |
| Throughout | | | Ш | \boxtimes | | | Floor tile 8 | & Mas | stic | 1000 SI | | \boxtimes | | | |
| Custodial Storag | je | | \boxtimes | | | | Pipe Inst | ulatio | n | 2 LF | | \boxtimes | | | |
| | | | | | - | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered | d Waste Haul | er | | NJ | DEP | Waste | Cubic Yards | N | ame of Regi | stered Landfi | ill | | | | |
| | | | | На | uler l | D No. | of Waste | | J | | | | | | |
| Service Transpo | rt Inc. | | | 20 | 990 | | 6 Cu Yd | M | inerva Lar | ndfill | | | | | |
| City, State | | | | | | | Disposal Date | e Ci | ity, State | | | | | | |
| New Castle, DE | | | | | | | 10/2/15 | | aynesburg | g, OH | | | | | |
| Completed By (Prin | t or Type) | | | Tit | le | | Signature | | • | | D: | ate | | | _ |
| Gino Pizzigon | 2011 | | | 1270.300 | ojec | t | 1 | 2 | . / | | | | /15 | | |
| | . 0 | | | C7/20 | anag | | Lino F | Bec | gone / | il | 0, | | | | |
| | | | | 1 | - | | | 1111 | // | a . | | | | | |

| Date of Notification (1) 9 / 18 | / _ | 15 | | | 10000 | | 100 | wner/Operator (esearch and E | | 2015 05 | P 99 | | T t e | | |
|--|-----------|--------|--------|---------|-----------------------|----------------|----------------|--|---------------------------------|-----------------|----------|---------|--------|-------------|-----------|
| Agencies Notified Type I ☐ EPA ☐ Init | Notifica | ition | | | 10.000 | t Address | | 4 DJ | | ě . | 1 2 | | | | 8 |
| | nended | | | | |) Billing | | CALLED SELECT | | 1 - 1 | ja | | | | |
| | nendme | | | | City, | State, Zip | Cod | le | | | | | 4 | 100 | |
| | nergeno | | udina | | Pa | ulsboro, | NJ | 08066 | | | | | | | |
| (NJAC 5:23-8) jus | tificatio | on) | J | | Name | e of Conta | ct | 9 | | Telephone Nu | | | | | |
| ☐ Ca | ncellati | ion | | | En | il Szym | czal | K | | | · : | | | | |
| | | | | | FA | CILITY I | NFC | DRMATION | | | | | | | |
| Name of Facility Where Abateme | ent is T | aking | Place | (3) | | | | | Type of Facility (| (4) | | | | | |
| Outside Bldg. 18 | | | | | | | | | School (K-12 | | 46) | | | | |
| Street Address | | | | | | | | | Subchapter 8 Other (i.e., pr | | | huil | dina | e | |
| 600 Billingsport Rd. | | | | | | | | | homes, etc.) | | riciolai | Duii | unig | ٥, | |
| City (5) . | | | | | | | | | Square Feet | # of Floors | 1 | Bld | g. Ag | ae | |
| Paulsboro, NJ 08066 | | | | | | | | | N/A | In Groun | | | 0+ | | |
| County (6) | | | | | Cou | nty Code | (7) <i>(</i> S | TATE USE ONLY) | Current Use (Pri | or if being dem | olished |) | 616 | | |
| Gloucester | | | | | | | V /I = | , | Research | 3 | | | | | |
| Name of Monitoring Firm Hired b | v Build | lina O | wner (| 8) | ASCN | l No | I | lame of Abatem | ent Contractor (9) | | | | | | |
| Environmental Managem | | | | 0.000 | NA | 1140. | 1, | | ironmental Sys | tomo | | | | | |
| Street Address | CIIL III | terria | liona | | INA | | + | No. of the last of | ironinental Sys | | | | | | |
| 34 E. Germantown Pike # | 204 | | | | | | 0 | Street Address | 04 | | | | | | |
| | 204 | | | | | | | 550 East Uni | | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Code | | | | | | | | | | |
| E. Norriton, PA 19401 | | | | | | | | West Cheste | r, PA 19382 | | | | | | |
| | | | | lephone | | T | elephone No. | | License No. | | | | | | |
| | | | | 310-27 | | | 610-701-9000 |) | 00508 | | ** | | | | |
| Start Date (10) | | | | | letion D | ate (11) 15 | N | lame of OSHA N EMI | Monitor | | × | | | | |
| Occupancy Status During Abate | ment (0 | Check | only o | ne) | | | S | treet Address | 1117 | | | | | | |
| ☐ Facility Closed/Vacated Durin | | | 0.50 | | ement | | | 34 E. German | ntown Pike | | | | | | |
| | | | | | | scribe | C | ity, State, Zip C | | | | | | | |
| Time of Abatement: 7AM | PN | 1/3:30 | PM | %. | _AM | | | E. Norrington | | | | | | | |
| Scope of Work (Check all that ap | oply) | | | | | | | | | | | | | | - |
| ⊠ ≥3 sf or ≥3 lf | | | ⊠ Re | | | | | ☐ Mini-End | | gative Pressure | | | | | |
| ☐ ≥160 sf or ≥260 lf | | | _ De | moli | tion | | | | g Procedure mpted (*) and No | n-Friable Proce | dure | | | | |
| | | | ls | Loc | ation | | | | () | | | Aha | tem | ent T | vne |
| Location of | | | | | ally | | | Description of | of | | | | | | 1 |
| Asbestos-Containing Materia | I (ACM |) | | | lely by | | | s Containing Ma | aterial (ACM) | Amount | 1 | On l | Repair | nc | nc |
| TO BE ABATED IN Facility | | | | | I Staff? | (i | .e., t | hermal systems | | (Specify | 3 | Removal | air | aps | Enclosure |
| (13) | | | | (12 | 2) | | | surfacing, VAT other miscellane | | SF or LF) | 1 : | - | | Encapsulate | re |
| | | | Yes | No | N/A | | | | / | | | | | Ø | |
| Outside Bldg. 18, Under Gr | ound | | | | | Pipe I | nsu | lation | | 120 LF | D | 3 | | П | |
| | | | | П | | | | | | | | 7 | П | П | |
| | | - | | | | | | | | | | + | | | |
| | | | | | - | | | | | | | 4 | ᆜ | | |
| Non- (D-in-1W-1-11-1 | | | Ш | Ц | | | | | | | L | 4 | | Ш | Ш |
| Name of Registered Waste Haul Waste Management | er | | | | NJDEP Hauler | | 977 | cubic Yards of Vaste | Name of Regis | | | | | | |
| City, State | | | | | | | D | 1 Disposal Date | City, State | | | | | | |
| Paulsboro, NJ | | | | | | | | TBD | Swedesbo | ro, NJ | | | | | |
| Completed By (Print or Type) | | Title | | _ | | | | Signature | DA Me | | Date | | | - | |
| Mark Griffin | | 3,000 | tima | or | | | | 3.4 | ##J | | 9. | 1 | 8- | 13 | 5 |

CK 1399

| Date of Notification (1) | 35 | Nam | e of Building O | wner/Operator | (2) | | | | | | | | |
|---|---------------------------------------|--|--------------------------------|---|---|-------------|----------------------------|----------------|--|------|-----------|--|--|
| 09/18/2015 | | | ough of Bea | | 2 | 015 SI | P 22 1 | | | | | | |
| Agencies Notified Type Notification EPA Initial | | 1000000 | et Address Pelham Av | е. | <i>f</i> - | -3 | | | | | | | |
| DEP Amended Amendment # | | | State, Zip Cod ach Haven, N | | | ě | fili: | 11 | ΝJ | | | | |
| DOH justification) DCA Cancellation | ncluding | 1 57 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | e of Contact erry Mason | | | Tele | phone Num | ber | | | | | |
| | | F | ACILITY INFOR | RMATION | - | | | | | | | | |
| Name of Facility Where Abatement is Taking Beach Haven Municipal Building | Place (3) | | | | Type of Facility (School (K-1 | 2) | * | | | | | | |
| Street Address 300 Engleside rd. | | | | | Subchapter Other (i.e. p | | | | dings, | home | es, | | |
| City (5) Beach Haven, NJ | | | | Square Feet 5000 | # of | Floors 2 | | 3ldg. A 50+ | | | | | |
| County (6) ocean | Cour (STA | nty Code (7) TE USE ONLY) | | Current Use (Prid | or if beir | ng demolish | ed) | | | | | | |
| Name of Monitoring Firm Hired by Building On Ronald A. Sebring | wner (8) | AS | SCM No. | | of Abatement Cor nuzzi Environm | | | Inc. | nc. | | | | |
| Street Address 405 Richmond Ave | | | | 1,571,750,750 | Address Kinnelon Rd. S | Suite 1 | 02 | | | | | | |
| City, State, Zip Code Point Pleasant Beach | | | | | State, Zip Code elon , NJ 0740 | 5 | | | | | | | |
| Project Manager for Monitoring Firm Ronald A. Sebring | 0.70 30000 | phone No. -701-9444 | Telep | hone No. 218-0880 | | License No |). | | | | | | |
| Start Date (10) | | ion Date (11) | Name | of OSHA Monitor | ental : | | Inc | | | | | | |
| Occupancy Status During Abatement (Check | | | | | Address | icitai | 001 11003, | 1110. | | | | | |
| Facility Closed/Vacated During Entire Pe | eriod of Abat | ement | | | Route 206 Sou | ith | | | | | | | |
| Abatement Performed Outside of Norma Other – Describe: | l Facility Ho | urs | | | State, Zip Code borough, NJ 08 | 3844 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | _ | | | | -7 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | vation olition | | | Full Containme Mini-Enclosure Glovebag Prod | e cedure | 100 7 8000 e8 0 | | | | | | |
| | | | | E | → Non-Exempted | d (*) and | Non-Friabl | e Pro | National State | | F | | |
| Location of | Is Loc Norn | nally | | Description | of | | | | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used So Mainter Custodia (1) | nance/ al Staff? | (i.e. th | Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Non-Exempted (*) and Non-Friable Procedure Abatement Type Amount (Specify Remain approach of the procedure) Abatement Type Amount (Specify Remain approach of the procedure) | | | | | | | Enclosure | | |
| ů. | Yes N | o N/ | 'A | | | | | 파 | | ate | ē | | |
| | | | Se | e Survey A | ttached | | | | | | | | |
| r . | | | | | | | | | | | | | |
| | | | * | | | | | | | | | | |
| Name of Davidson 1997 | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Yannuzzi Group, Inc. | | | ID No. | Cubic Yards of Waste 40 | Grows | Registe | red Landfill | | | | | | |
| City, State Hillsborough, NJ | | | | Disposal Date 10/14/2015 | | | enn | | | | | | |
| Completed by Anna Bastos | Title | | Assistant | Signatur | VI Come | 2 | ∠ Dat | | 0015 | Ron | | | |

B SELL FOR

2.2 PROJECT IDENTIFICATION

A. Work on this project is defined as:

Pre-demolition Asbestos Abatement and Disposal Beach Haven Municipal Building 300 Engleside Road Beach Haven, New Jersey

2.3 SCOPE OF WORK

Base Bid - The following summarizes the asbestos abatement and disposal activities required by this Contract.

MUNICIPAL BUILDING PRE-DEMOLITION ABATEMENT

A. The Following is a listing of the materials which will require abatement in advance of the demolition of the Municipal Building facility:

| | Table 1 - Municipal Building | | | | | | |
|---|------------------------------------|--|--|--|--|--|--|
| Material | Location | Estimated Quantity Linear (LF) or Square (F) Footage | | | | | |
| Wall Plaster over CMU | Office 7, Ramp and Lower Hallway | 1,500 SF €> Freho | | | | | |
| Floor Tile and Mastic (Grey/White Speckled) | Vault Room | 175 SF | | | | | |
| Vault Door Insulation | Vault Room | 40 SF (NOX! | | | | | |
| Floor Tile and Mastic (Grey) | Entrance | 100 SF (FBIABLE | | | | | |
| Black Ebony Board Window Sills | Courtroom | 14 LF \ | | | | | |
| Roof Flashing | Upper Roof (with Stone Ballast) | 450 SF | | | | | |
| Roof Flashing | Upper Roof (without Stone Ballast) | 260 SF / | | | | | |

- B. The plaster shall be abated through the employment of full enclosure methodology as outlined in Section 2.9 of these Specifications.
- C. The vault door insulation shall be removed through the removal of the complete door, wrapping of the same and disposing of the complete door as asbestos waste.
- D. The floor tile and mastic shall be abated within general isolation in accordance with the Resilient Floor Covering Institute (RFCI) requirements. This shall be accomplished through the employment of heat for the tile and the use of a lower odor aqueous solution for the mastic removal and as outlined in Section 2.10 of these Specifications
- E. The black ebony sill boards shall be removed through the employment of wet methods and the careful release of the sill from the base via breaking the seal of the adhesive and removing the board intact. The sill board shall then be wrapped in two (2) layers of polyethylene sheeting affixed with OSHA and EPA labels and then properly disposed as asbestos waste.
- F. Roof flashing shall be removed through the employment of non-friable methodology as outlined in Section 2.11 of these Specifications.