State of New Jersey

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

|   |  |          |   |                  |               |                   |   | l los  | ) E P P                                    | 0.07         | 772          | THE REAL PROPERTY. | -         |
|---|--|----------|---|------------------|---------------|-------------------|---|--|--|--------------|--------------|--------------------|-----------|
| 8/26/2016   |  |          |   | e of Bu<br>Mutch |               | wner/Operator (2) |   | and the state of t | ) EGEI                                     | $\mathbb{W}$ |              |                    |           |
| Agencies<br>Notified                                  | Type Notificati  | ion      |   | t Addre          |               |                   |   |  |  | 0040         | 1            |                    |           |
| □ EPA   | ☐ Amended  | Ì        |   |                  | Zip Code      | ):                |   |  | U OEF Z                                    | 2016         | 1            | 9                  |           |
| □ DEP   | Amendment#:  |          | Trent                                   | on, NJ           | 08618         |                   |   |  |  |              |              |                    |           |
| <b>₽</b> DOL  | □ Emergency  |          | 100000000000000000000000000000000000000 | e of Co          |               |                   |   | Telep  | ho <del>ng Number:</del>                   | AITED        |              |                    |           |
| d DOH<br>□ DCA  | (including<br>justification)<br>□ Cancellation           |          | Brian                                   | Mutch            | 1             |                   |   |  | LIOLNS!                                    | NTR(<br>VG   | JL &         |                    |           |
| DCA   |  |          |   |                  |               | FACILITY INFO     | ORMA                                    | TION   |  |              |              |                    |           |
| Name of I   | Facility   |          |   |                  |               |                   | Тур                                     | e of Facility (4):   |  |              |              |                    |           |
| 500 Perry   | Street   |          |   |                  |               |                   | 100000000000000000000000000000000000000 | thool (K-12)<br>behapter 8 (Other th   | an K-12)                                   |              |              |                    |           |
| City/ (5)   |  | County   | v (6).                                  |                  | Coun          | ty Code (7):      |   |  | ommercial buildings, he                    | mes, e       | tc.)         |                    |           |
| Trenton   |  |          | r Coun                                  | itv              | 08618         |                   |   | 5. B   |  |              |              |                    |           |
| 7.5.7.11.2.11   |  |          |   |                  |               |                   | Squ                                     | are Feet:  | # of Floo                                  | rs:          |              |                    |           |
|   |  |          |   |                  |               |                   |   | g. Age<br>rent Use:  |  |              |              |                    |           |
| Name of N   | Monitoring Firm  | n Hired  | by Bu                                   | ilding           | Owner:        | ASCM No.:         | _                                       | ne of Abatement C  | Contractor (9):                            |              |              | 177                |           |
|   | ironmental Serv  |          |   |                  |               |                   | 200000000000000000000000000000000000000 | ex Development   |  |              |              |                    |           |
| Street Add  |  | 9        |   |                  |               |                   | -                                       | et Address:  | ,,   |              |              |                    |           |
| 202 Hunt  | terdon Street 2  | end Flo  | or                                      |                  |               |                   | (50                                     | n a ni   |  |              |              |                    |           |
| City State  | 7 in Code  |          |   |                  |               |                   |   | Rutgers Pla<br>, State, Zip Code:  | ce   |              |              |                    |           |
| City, State, Zip Code:<br>Newark, NJ 07103            |  |          |   |                  |               |                   |   |  |  |              |              |                    |           |
| Newark, NJ 07103 Project Manager for Monitoring Firm: |  |          |   |                  |               | Telephone No.:    |   | phone No.:   | License No.:                               |              |              |                    | -         |
| Gloria Pet  |  | normg    | i mii.                                  |                  |               | 862-452-9874      |   | 3) 350-0101  | 01215                                      |              |              |                    |           |
| Start Date  | (10):  | S        | chedul                                  | ed Con           | npletion      | Date (11):        | -                                       | ne of OSHA Monit   |  |              |              |                    |           |
| 08/26/16  | 12 h (6)   | 0        | 8/29/1                                  | 6                | 2             | 15 15<br>         | Met                                     | ro Analytical Labo   | oratories                                  |              |              |                    |           |
|   | Status During Ab   |          |   |                  |               |                   |   | et Address:<br>West 36th Street,   | Suite 203                                  |              |              |                    |           |
|   | Closed/vacated Du<br>nt Performed Outs                   |          |   |                  |               | t                 |   | , State, Zip Code:   | Suite 200                                  |              |              |                    |           |
| Describe:   |  |          | . 10111101                              |                  | 110010        |                   |   | York, New York   | κ, 10018                                   |              |              |                    |           |
| □ Other   |  |          |   |                  |               |                   |   |  |  |              |              |                    |           |
| Describe:   |  |          |   |                  |               |                   |   |  |  |              |              |                    |           |
| Scope of W  | ork (Check all tha                                       | at apply | ):                                      |                  |               |                   |   | ПБ   | all Containment with                       | Negat        | ive Pr       | scenra             |           |
| $\square > 3$ sf or                                   | $5 \ge 3$ lf or $\ge 260$ lf                             |          |   |                  | □ Keno        | vation            |   | ₽M   | lini-Enclosure 🦿 🔾                         | - Con        | The state of | SSUIC              |           |
| ₽≥ 160 sf   | $rac{1}{2}$ or $rac{2}{2}$ or $rac{1}{2}$ or $rac{1}{2}$ |          |   |                  | □ Demo        | olition           |   | $\square$ G  | lovebag Procedure<br>on-Exempted (*) and N |              |              | rocedi             | ire       |
|   |  |          | Ie                                      | Locat            | ion           |                   |   |  | on-Exempted ( ) and !                      | TOII-11      | Abate        |                    |           |
| I   | ocation of   |          |   | Vormal           |               | De                | escripti                                | ion of   |  |              |              | ре                 | 5         |
|   | Containing Mate  | erial    |   | d Sole           |               | Asbestos Cont     | aining                                  | Material (ACM  | )  |              |              |                    |           |
|   | (ACM)  |          | Ma                                      | intena           | nce/          | (i.e., therma     | il syste                                | ems insulation,<br>VAT, or   | Amount                                     | R            | 7            | Encapsulat         | 田田        |
| TO  | BE ABATED  |          | C                                       | ustodi           |               |                   |   | laneous)   | (Specify                                   | Removal      | Repair       | cap                | Enclosure |
| I   | N Facility   |          |   | Staff?           | )             | other             | miscei                                  | nancous)   | SF or LF)                                  | 07           | aii          | nsc                | usc       |
|   | (13)   | -        | Yes                                     | (12)<br>No       | N/A           |                   |   |  | Sr Oi Lr)                                  | =            |              | lat                | l.e.      |
| 1 <sup>ST</sup> FLO                                   | OR   |          | 1 03                                    | X                | 19/75         | DEBRIS            | -                                       |  | 60 SF                                      | *            |              |                    |           |
|   |  |          |   |                  |               |                   |   |  |  |              |              |                    |           |
|   |  |          |   |                  |               |                   |   |  |  |              |              |                    |           |
|   |  |          |   |                  |               |                   |   |  |  |              |              |                    |           |
|   | Registered Wast  |          | er:                                     |                  | NJDE<br>19551 | P Waste Hauler ID | No.:                                    | Cubic Yards<br>of Waste: 30  | Name of Regis<br>MINERVA EN                |              |              |                    | 0         |
| City, State   | YRNE TRUCK   | ING      |   | Dien             | osal Date     |                   |   | City, State:   | MINERVAE                                   | NICK         | KISE         | o, in              | U.        |
| Bronx, NY 10474                                       |  |          |   |                  |               | 6±2               |   | Waynesburg, Ol   | H 44688                                    |              |              |                    |           |
| Completed   |  |          |   |                  | Title:        |                   | Signa                                   | ture:  | Date:                                      |              |              |                    |           |
| Sylvester (   | Oraegbunam   |          |   |                  | Presid        | ent               | -                                       | : 10   | 08/26/20                                   | 16           |              |                    |           |

|  |  | (1. cu    |                    | 16 00    | **.        |                                       |                                | 7                                       |                   |         |                    | 4         |
|--|--|-----------|--------------------|----------|------------|---------------------------------------|--------------------------------|---|-------------------|---------|--------------------|-----------|
| Date of Notification (1)   | 1/10                                   |           | N                  | ame of   | S. 1       | Owner/Operator                        | E188                           | JU SEP                                  | 2 2               | 016     | Annual of the same |           |
| Agency Notified  | Type Notification                      |           | SI                 |          | ddress     |                                       | 1 24 1                         | 1                                       |                   |         | -                  |           |
| □ EPA  | 2 Initial                              |           |                    |          |            |                                       |                                | SBESTO                                  | S CON             | TRO     | )L &               |           |
| DEP<br>DOL   | ☐ Amended                              |           | C                  | ity, Sta | te, Zip C  | ode .                                 | NJ. do                         | 628 LIC                                 | ENSIN             | 3       |                    |           |
|  | Amendment #                            | EQ.       | _                  |          |            |                                       |                                | . Tabahana Man                          | -6                |         |                    |           |
| DOH DCA  | justification)  Cancellation           | 3         | N                  | ame o    | f Contact  | NEISS                                 |                                |   |                   |         |                    | _         |
|  |  |           |                    | FACIL    | ITY INFO   | RMATION                               |                                |   |                   |         |                    |           |
| Name of Facility Where   | Abatement is Taking Place              | œ (3)     |                    |          |            |                                       | Type of Facility               | (4)                                     |                   |         |                    |           |
|  | MS. WET                                | SS        |                    |          |            |                                       | School (K-12                   | 2)                                      | 2                 |         |                    |           |
| Street Address   |  |           |                    |          |            | ;                                     | Subchapter                     | 8 (Other than K-1)<br>rivate & commerci | 2)<br>al buildino | ıs.     |                    |           |
|  |  |           |                    |          |            |                                       | homes, etc.                    | )                                       |                   |         |                    |           |
| City (5) .   |  |           |                    |          | 1777       | .,                                    | Square Feet                    |   | Bidg. /           |         |                    |           |
|  | THOM                                   |           |                    |          |            | *                                     | 2000.                          | \ Z                                     | 1                 | 45      |                    |           |
| Coumby (6)   |  |           | Ic                 | county   | Code (7)   | (STATE USE                            | Current Use (P                 | nor if being demo                       | lished)           |         |                    |           |
| R.   | ENCEN                                  |           | 0                  | DNLY)    | •          |                                       | - 10                           | ZESIDEN                                 | Œ                 | 7225    | - 2022/05          |           |
| the same of the sa | n Hired by Building Owne               | r A       | SCM N              | No.      | - 1        | Name of Abatem                        | nent Contractor (              | 9)                                      |                   |         |                    |           |
| (8)  | ************************************** |           |                    |          |            | Best Ren                              | moval In                       | c                                       |                   |         |                    |           |
| Street Address   |  |           |                    |          |            | Street Address                        | *                              |   |                   |         |                    |           |
|  |  |           |                    |          |            |                                       | th River                       | St                                      |                   |         |                    | _         |
| City, State, Zip Code  |  |           |                    |          |            | City, State, Zip C                    |                                |   |                   |         |                    |           |
|  |  |           |                    |          |            |                                       | ack, N.J                       | . 07601                                 |                   |         |                    |           |
| Project Manager for Mo   | nitoring Firm                          | Tel       | ephone             | e No.    |            | Telephone No.                         | Σ                              | License No.                             |                   |         |                    |           |
|  | 1                                      |           | 719-               |          |            | 201-329                               |                                | 00388                                   |                   |         | AT A STATE         |           |
| Start Date (10)  | Scheduled Co                           | projetio  | 1                  |          |            | Name of OSHA                          |                                | 07+01                                   |                   |         |                    |           |
| 9 8 16   |  | 19        | 113                | <u> </u> |            | Street Address                        | Environm                       | ental                                   |                   |         |                    |           |
| Occupancy Status Durit   | ng Abatement (Check onl                | y one)    | (37)               |          |            |                                       | uyler St                       |   |                   |         |                    |           |
| ☐ Facility Closed/Vacat  | ed During Entire Period                | of Abate  | ment               |          |            | City, State, Zip                      |                                |   |                   | 4       |                    |           |
| Abatement Performer  | d Outside of Normal Faci               | Ely Hou   | SP                 | M        |            |                                       |                                | ,N.J. 0                                 | 7606              |         |                    |           |
| Scope of Work (Check   |  | 7.        |                    |          | لــــــا   |                                       |                                |   |                   |         |                    |           |
|  | an ante approx                         |           |                    | 7 600    | ovation    |                                       | Containment will<br>-Enclosure | h Negative Pressu                       | ire               |         |                    |           |
| 23 stor≥3 #<br>□ ≥ 160 stor≥ 260 #   |  |           |                    |          | notition   | PGlev                                 | ehad Procedure                 |   |                   |         |                    |           |
| 921000000  |  |           |                    |          |            | □ Non-                                | -Exempted (*) ar               | nd Non-Friable Pro                      | cecure            | Aba     | teme               | ent       |
|  |  | 0. 171700 | Locatio            |          |            |                                       |                                |   |                   |         | Гуре               | _         |
| Locat  | ion of                                 | 10.00     | ormaliy<br>I Soleh |          | -          | Description                           | of                             | N N                                     |                   |         | -                  |           |
| Asbestos-Containi  |  | Mair      | ntenan             | ce/      | Asioes     | sos Containing M<br>, thermal systems | saturial (ACM)<br>sinsulation. | Amount<br>(Specify                      |                   | Re      | Encapsulate        | Enclosure |
| TO BE A  |  |           | ustodia<br>Staff?  | ì.       | (200       | serfacing, VA                         | T, or                          | SF or LF                                | )                 | Removal | Raphir             | 180       |
| (1   | 3)                                     |           | (12)               |          |            | other miscellan                       | eous)                          |   |                   | 8       | ate                | 10        |
|  |  | Yes       | No                 | N/A      |            |                                       |                                |   |                   |         | 1                  |           |
| BASEME   | NT                                     |           |                    |          | 14=0       | MAL SYSTE                             | =4 NSUKIN                      | U 551                                   | CF                | ×       |                    |           |
|  |  |           |                    |          |            |                                       |                                |   | Section 1         |         |                    |           |
|  |  |           |                    |          |            |                                       |                                |   | `                 |         | 1                  | 1         |
|  | *)                                     | 1         |                    |          |            |                                       |                                |   |                   | 1       |                    |           |
| Name of Registered Wa  | aste Hauler                            | NJI       | DEP W              | laste l  | tauter     | Cubic Yards of                        | Name of Reg                    | istered Landfill                        |                   |         |                    |           |
| Best Remo  |  | 0.000     | No.                | 109      |            | Waste /2c                             | Minerv                         | a Enterp                                | rises             | ,       | LLC                | ı         |
| City, State  |  |           |                    |          | - 1        | Disposal Date                         | City, State                    |   |                   |         |                    |           |
|  | ck , N.J. 07                           | 601       |                    |          |            | 9/9/16                                | Wayne                          | sburg, 0                                | h,446             | 88      |                    |           |
| Completed by   | Title                                  |           |                    |          |            | Signature                             |                                |   | 4 1               | 30      | lik                | >         |
| J.Maiorano   |  | imat      |                    |          |            | 1 11                                  | 20101                          | >                                       | 1 01              | 7       |                    |           |
| ASS-41   | * Do no                                | t use th  | is form            | for as   | sbestos li | censure exempted                      | d-activates.                   |   |                   |         |                    |           |

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

| Date of Notification              | (1)          | (Purs     |              |       |                  |   | Owner/Operator   |                                 |                          |         |       |      |  |
|-----------------------------------|--------------|-----------|--------------|-------|------------------|---|--|---------------------------------|--------------------------|---------|-------|------|--|
| 8/30/2016                         |              |           | 1            |       |                  | p We                                    | , 기능, 140명 (1987년 1987년 전 1987년 <b>) - 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | IF                              | ) E C                    | E       | W     | G í  | 7  |
| Agencies Notified                 | Type Notifi  | cation    | Str          | eet   | Addr             | ess                                     |  |                                 |                          | 5 (     | 17/   | 5    | All  |
| [ ]EPA                            | [X]Initial   |           |              |       |                  |   |  |                                 |                          |         |       |      |  |
| [ ]DEP                            |              | cation    | Cit          | v     | State            | , Zip                                   | Code   |                                 | J SEP                    | -2-2    | 018   |      | Ш  |
|                                   | [ ]Amended   | i         |              |       |                  |   | ,NJ,07656  | 1                               | 1                        | E 100   |       |      | 7  |
| [X]DOL                            | Notifi       | cation    |              |       |                  |   | 77   |                                 | ASBESTOS                 | CON     | TOO   |      |  |
| [X]DOH                            | [ ]EMERGEN   | ICY       |              |       | of Con           | rtact<br>p <b>We</b>                    | 116  | Telephor                        | ie Namberos              | CON     | IHU   | - å  |  |
| [ ]DCA                            | [ ]Cancell   | Lation    | -            | ***   |                  | p we                                    | -15  |                                 |                          |         | -     |      |  |
| ·                                 |              |           |              |       | FACI             | LITY :                                  | INFORMATION  |                                 |                          |         |       |      |  |
| Name of Facility Whe              | re Abatemen  | t is Tak  | ing 1        | Pla   | ce (3)           | )                                       |  | Type of Facil                   | ity (4)                  |         |       |      |  |
| Phillip Wells                     |              |           |              |       |                  |   |  | [ ]School                       |                          |         |       | -2   |  |
| Street Addres                     |              |           |              |       |                  |   |  |                                 | ter 8 (Other i.e., priva |         |       |      |  |
|                                   |              |           |              |       |                  |   |  |                                 | uildings, h              |         |       |      |  |
|                                   |              |           |              |       |                  |   |  | Square Feet                     | # of Floo                | ors E   | ldg.  | Age  |  |
| City (5                           |              | County    | (6) E        | Esse  | ex               | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | nty Code (7)   | 1800                            | 2                        |         | 73    |      |  |
| Park Ridge                        |              |           |              |       |                  | (31                                     | ALE USE UNEI)  | Current Use (                   | Prior if be              | eing de | emoli | shed | .)   |
|                                   |              |           |              |       |                  |   |  |                                 |                          |         |       |      |  |
| Name of Monitoring F<br>Owner (8) | irm hired by | y Buildin | ng 2         | ASC   | M No.            |   |  | ment Contracto                  |                          |         |       |      |  |
| N/A                               |              |           |              |       |                  |   |  | ANAGEMENT                       | , inc.                   |         |       |      |  |
| Street Address                    |              |           |              |       |                  |   | Street Address   |                                 |                          |         |       |      |  |
|                                   |              |           |              |       |                  |   | topher St  | •                               |                          |         |       |      |  |
| City, State, Zip Cod              |              |           |              |       |                  | Montclai                                | r, NJ 070  | 42                              |                          |         |       |      |  |
| Project Manager for N             | Monitoring E | Firm Te   | eleph        | one   | e Numb           | er                                      | Telephone Numb   | per                             | į.                       | Licens  | e Nun | ber  |  |
|                                   |              | N         | /A           |       |                  |   | (973)744   | -8800                           |                          | 003     | 71    |      |  |
| Scheduled Start Date              | 1            | ned. Comp |              | on    | Date             | (11)                                    | Name of OSHA N   | Monitor                         |                          |         |       |      |  |
| 9/8/16                            | 11 133       | /10/1     |              |       |                  | (4)                                     | N/A  |                                 |                          |         |       |      |  |
| Month Day Ye Occupancy Status Dur |              |           | Day<br>c onl | Ly    | Year<br>one)     | -                                       | Street Address   | 3                               |                          |         |       |      |  |
| [X]Facility Clos<br>of Abatement  |              | During E  | ntir         | e P   | eriod            |   |  |                                 |                          |         |       |      |  |
| [ ]Abatement Per                  |              | ide of N  | orma         | l F   | acili            | ty                                      | City, State, 2   | Zip Code                        |                          |         |       |      |  |
| Hours - Descr<br>[ ]other - Descr |              |           |              |       | int              |   |  |                                 |                          |         |       |      |  |
| Scope of Work (Check              |              |           | y De.        | 301   | TDC»             |   |  |                                 |                          |         |       |      |  |
| Scope of Mork (check              | arr mac ap   | ,DTA1     |              |       |                  |   | [ ]Full (  | Containment wi                  | th Negative              | Press   | ure   |      |  |
| [X]>3 sf or []>160 sf or          |              |           |              |       | vatior<br>Litior |   |  | Enclosure                       |                          |         |       |      |  |
| [ ]2100 31 0                      | 2200 11      | 9.1       | r lbe        | amo.  | LT CTOI          | 1                                       |  | bag Procedure<br>riable Procedu | re                       |         |       |      |  |
| Location                          | o.f          |           | I.<br>Loca   |       | n                |   | D  |                                 |                          | Al      | atem  | _    | The state of the s |
| Asbestos-Con                      |              |           | Norm:<br>Use | all   |                  |   | Descriptio<br>Asbestos-Cont  |                                 | Amount                   | R       |       | E    | E  |
| Material (                        |              |           | Sole<br>By M | ely   |                  |   | Material (   | ACM)                            | (Specify                 |         | E     | CA   | L  |
| TO BE ABA                         |              |           | tena         | nce   | /                | in                                      | (i.e., thermal sulation, surfa   | 1977 Haller 19                  | SF or<br>LF)             | V       | 1 7   | PS   | 0  |
| (13)                              | -            | S         | usto<br>taff | (1    | 2)               | 1                                       | or other miscel  |                                 |                          | A       |       | U    | U<br>R   |
| Basement                          |              | Yes       | N:           |       | N/A              | D== = 4                                 | Dondo  |                                 | 10 -5                    | 32      | -     | 1.   | E  |
| Dasellell                         |              | -         | -            | X     | Duct             | Dands                                   |  | 12 sf                           | X                        | +       | -     | -    |  |
|                                   |              | -         |              |       |                  |   |  |                                 | -                        | -       |       |      |  |
| Name of Registered Wa             | - by         | JDEP      | TuT-         | ste   | (211)            | oic Yards                               | Name of Regi   | stered Tand                     | lfill                    |         |       |      |  |
| AZTECH MANAGE                     | NC H         |           | rI           | D No. | 100000           | Waste 1.5                               | Minerva  |                                 |                          | IN      | C     |      |  |
|                                   | City, State  |           |              |       |                  | D:                                      | enogal Data  |                                 | /                        |         |       |      |  |
| Montclair, NJ                     | 07042        |           |              |       |                  |   | sposal Date<br>0/12/16   | City, State Waynesb             | urg, Oh                  | io 4    | 468   | 8    |  |
|                                   |              |           |              |       |                  |   | 1  | /                               |                          |         |       |      |  |
| Completed By (Print of            | itle         | 1         |              |       |                  | Signature                               | 1111   | -                               | Date                     |         |       |      |  |
| Constantine Vi                    | reside       | ent       |              |       |                  | l lu                                    | Newfull  |                                 | 8/30                     | )/201   | Ö     |      |  |

|                                    |                          |         |                  |         |            | STOS ABATEMENT                 |                               | Security .                 |         |        |        |        |
|------------------------------------|--------------------------|---------|------------------|---------|------------|--------------------------------|-------------------------------|----------------------------|---------|--------|--------|--------|
| Date of Notification               | n (1)                    | (Pursi  |                  |         |            | 7 and 12:120-7                 |                               | 117) [5                    | G 1     | FI     | W      | 厚 i    |
| 8/30/2016                          |                          |         | 100              |         | mpol       |                                | (                             | 112/                       |         | D 11   | 1)     | 5      |
| Agencies Notified                  | Type Notifica            | tion    | Stre             | et Add  | ress       |                                |                               |                            | 000     |        |        | - 1    |
| [ ]EPA                             | [X]Initial               |         |                  |         |            |                                |                               | 14 4                       | SEP     | 2 1    | 2016   |        |
| [ ]DEP                             | Notifica                 | tion    | City             | Stat    | e, Zip     | Code                           |                               | 1                          |         |        |        | -      |
| [X]DOL                             | [ ]Amended               |         | 400004           |         |            | J,07463                        |                               | ASB                        | ESTOS   | CON    | TRO    | 11 2   |
| [X]DOH                             | Notifica                 | tion    |                  |         |            |                                |                               | -                          | LICE    | NSIM   | 3      | )L Q   |
| [ ]DCA                             | [ ]EMERGENCY             | :       |                  | of Co   | mpol       | 0                              | Telepho                       | ne Number                  |         |        |        |        |
| [ ]DCA                             | [ ]Cancellat             | ion     | 50               | 11 00   | шрот       | 0                              |                               |                            |         |        |        |        |
|                                    |                          |         |                  |         |            | INFORMATION                    |                               |                            |         |        |        |        |
| Name of Facility Whe               | re Abatement i           | ls Taki | ng Pl            | ace (3  | 3)         |                                | Type of Faci                  | lity (4)                   |         |        |        |        |
| Don Campolo                        |                          |         |                  |         |            |                                | [ ]School                     |                            |         |        |        |        |
| Street Addres                      |                          |         |                  |         |            |                                | [                             | pter 8 (Oth<br>(i.e., priv |         |        |        |        |
|                                    |                          |         |                  |         |            |                                |                               | ouildings,                 |         |        |        |        |
| City (5                            |                          |         | 16\ D-           |         | - la       |                                | Square Feet                   | # of Flo                   | ors E   | Bldg.  | Age    |        |
| Waldwick                           |                          | county  | (0) Be           | rgen    | 6000000    | nty Code (7)                   | 1450                          | 2                          |         | 65     |        |        |
|                                    |                          |         |                  |         |            |                                | Current Use                   | (Prior if h                | eing d  | emoli. | shed   | )      |
| Name of Monitoring F               | irm hired by B           | uildin  | g As             | CM No.  |            | Name of Abatem                 | ent Contracto                 | r (9)                      |         |        |        |        |
| Owner (8)<br>N/A                   |                          |         |                  |         |            |                                | ANAGEMENT                     |                            |         |        |        |        |
| Street Address                     |                          |         |                  |         |            | Street Address                 | 1                             |                            |         |        |        |        |
|                                    |                          |         |                  |         |            | 86 Chris                       | topher St                     | : <b>.</b>                 |         |        |        |        |
| City, State, Zip Code              | e                        |         |                  |         |            | City, State, 2                 |                               | W-1141                     |         |        |        |        |
|                                    |                          |         |                  |         |            |                                | r, NJ 070                     | 42                         |         |        |        |        |
| Project Manager for N              | Monitoring Fir           | m Te    | lephor           | ne Num  | ber        | Telephone Numb                 | er                            |                            | License | e Numl | oer    |        |
|                                    |                          | N,      | A                |         |            | (973) 744                      | -8800                         |                            | 003     | 71     |        |        |
| Scheduled Start Date               |                          | . Comp. |                  | Date    | (11)       | Name of OSHA M                 | Monitor                       |                            |         |        |        |        |
| 9/9/16                             |                          | 10/10   |                  |         |            | N/A                            |                               |                            |         |        |        |        |
| Month Day Ye Occupancy Status Duri | ar Mon-<br>ing Abatement |         | Day<br>onlv      | Yea:    | r          | Street Address                 |                               |                            |         |        |        |        |
| [X]Facility Clos<br>of Abatement   | ed/Vacated Dur           | ing En  | tire             | Period  | L          | Direct Address                 |                               |                            |         |        |        |        |
| [ ]Abatement Per                   | formed Outside           | of No   | rmal             | Facili  | ty         | City, State, Z                 | in Code                       |                            |         |        |        |        |
| Hours - Descr<br>[ ]other - Descr  | ibe: «OffHours           | Descri  | pt»              |         | -          | Dady, back, 2                  | ip code                       |                            |         |        |        |        |
| Scope of Work (Check               | and the second second    |         | Desc             | ript»   |            |                                |                               |                            |         |        |        |        |
| boope of Mork (check               | arr diac appr            | Ϋ́      |                  |         |            | [ ]Full C                      | ontainment wi                 | th Negativ                 | e Press | ure    |        |        |
| [X]>3 sf or 2<br>[ ]>160 sf or     |                          |         |                  | vatio   |            | [ ]Mini-E                      | nclosure                      |                            |         |        |        |        |
| 1 12200 02 03                      | 2200 11                  |         | 1 Demo           | 11 010. | .1         |                                | ag Procedure<br>iable Procedu | re                         |         |        |        |        |
| Location                           | of                       | L       | Is<br>ocati      | on      |            | Dogganishier                   |                               |                            | Ab      | ateme  |        | -      |
| Asbestos-Cont                      |                          | N       | ormal.<br>Used   | Ly      |            | Description<br>Asbestos-Cont   |                               | Amount                     | R       | R      | E      | E<br>N |
| Material ()<br>TO BE ABA           |                          |         | Solely<br>y Main |         |            | Material (A                    | 7//                           | (Specif                    | - 1.7   | E      | C<br>A | L<br>C |
| In Facili                          |                          | t       | enance<br>istodi | ≘/      | ins        | (i.e., thermal sulation, surfa |                               | SF or<br>LF)               | V V     | PA     | P<br>S | o<br>s |
| (13)                               |                          |         | aff (            |         |            | or other miscel                | laneous)                      | ¥.                         | A<br>L  | R      | T<br>T | U<br>R |
| Basement                           |                          | 100     | 110              | X       | Pipe       | insulatio                      | n                             | 32 lf                      | X       |        | -      | E      |
|                                    | 6                        |         |                  |         | <u>F</u> - |                                |                               | 02 22                      |         |        |        |        |
|                                    |                          |         |                  |         |            |                                |                               |                            |         |        |        |        |
| Name of Registered Wa              |                          |         | DEP W            | aste    | Cub        | oic Yards                      | Name of Regi                  | stered Land                | dfill   |        |        |        |
| AZTECH MANAGE                      | MENT, INC                | . 1     | uler<br>7040     | ID No.  | of         | Waste 1.0                      | Minerva                       | Enterp                     | rise    | INC    | ;      |        |
| City, State                        |                          |         | . 5 10           |         | Dis        | posal Date                     | City, State                   |                            |         |        |        |        |
| Montclair, NJ                      | 07042                    |         |                  |         | 9          | /12/16                         | Waynesb                       | urg, Oh                    | io 4    | 4688   | E<br>E |        |
| Completed By (Print o              | r Type) Title            |         |                  |         |            | di                             |                               | /                          |         |        |        |        |
| Constantine Vi                     |                          | side    | nt               |         |            | Signature                      | 711/                          |                            | Date    | /2016  |        |        |
|                                    |                          |         |                  |         |            | en                             | allu/1/                       |                            | 0,50    | ,      |        |        |

-Space 1470 on hold, all

State of New Jersey

| State of New Jersey                        | 100  | 1.4        |
|--|------|------------|
| NOTIFICATION OF ASBESTOS ABATEMENT Officer | Work | 15 cm plat |
| (Pursuant to NJAC 8:60 and 5:16)           | 112  | CIL OF ICO |

| Date of Notification (1)                                       |  |   | _           | Nam               | a of Buildin      | g Owner/Opera                   | ator (   | 2)                 | N                                    | $\sim$ 1     | _      |             |           |
|--|--|---|-------------|-------------------|-------------------|---------------------------------|----------|--------------------|--------------------------------------|--------------|--------|-------------|-----------|
| 8 /  | 29 /   | 16                                      |             |                   |                   | wth Propert                     |          |                    | ECEI                                 | $\mathbb{V}$ | E      | n           |           |
| Agencies Notified<br>⊠ EPA                                     | Type Notificatio   | n                                       |             |                   | t Address  N. Wha | cker Drive                      |          |                    | 0.00                                 | 0040         |        |             |           |
| □ DOLWD  |  |   |             | City,             | State, Zip (      | Code                            |          |                    | SEP 2                                | 2016         | 1 10   | 9           |           |
| ⊠ DOH  | Amendment  | _                                       |             | 100               | icago, IL         |                                 |          |                    |                                      |              |        |             |           |
| ☐ DCA<br>(NJAC 5:23-8)   | ☐ Emergency justification)   |   | 3           |                   | e of Contac       |                                 |          | AS                 | BEOGNACO                             | niñas (      | 1 2    |             |           |
| * 12 12 12 12 16   | ☐ Cancellation   |   |             | Ke                | Ily Webb          |                                 |          |                    |                                      |              |        | DOWN COMME  |           |
|  |  |   |             | FA                | CILITY IN         | FORMATIO                        | N        |                    |                                      |              |        |             |           |
| Name of Facility Where A                                       | Abatement is Tak   | ing Place                               | (3)         |                   | OILII I           | ii OliliA1101                   | •        | Type of Facility   | (4)                                  |              |        | -0-0        |           |
| Woodbridge Center  |  |   | 1.7         |                   |                   |                                 |          | School (K-1)       |                                      |              |        |             |           |
| Street Address   |  |   | - \- =      |                   |                   |                                 |          | ☐ Subchapter       | 8 (Other than K-1                    |              |        |             |           |
| 250 Woodbridge Ce  | enter Drive  |   |             |                   |                   |                                 |          | homes, etc.        |                                      | ercial b     | uildin | gs,         |           |
| City (5)   |  |   |             |                   |                   |                                 |          | Square Feet        | # of Floors                          | E            | ldg. A | ge          |           |
| Woodbridge, NJ 07  | 095  |   |             |                   |                   |                                 |          | 1,633,000          | 2                                    |              | 45     |             |           |
| County (6)   |  |   |             | Cou               | nty Code (7       | )(STATE USE ON                  | VLY)     | W                  | rior if being demo                   | lished)      |        |             |           |
| Middlesex  |  |   |             |                   |                   |                                 |          | Commercia          |                                      |              |        |             |           |
| Name of Monitoring Firm  |  | g Owner                                 | (8)         | ASCN              | No.               |                                 |          | ent Contractor (9) |                                      |              |        |             |           |
| Criterion Laborator  | ies, Inc.  |   |             |                   |                   |                                 |          | onmental, LLC      |                                      |              |        |             |           |
| Street Address   |  |   |             |                   |                   | Street Addres                   |          |                    |                                      |              |        |             |           |
| 3370 Progress Drive  | e, Suite J   |   |             |                   |                   | 623 Cutle                       |          |                    |                                      |              |        |             |           |
| City, State, Zip Code  |  |   |             |                   |                   | City, State, Z                  |          |                    |                                      |              |        |             |           |
| Bensalem, PA 1902  |  |   | , .         |                   |                   |                                 |          | , NJ 08052         |                                      |              |        |             |           |
| Project Manager for Monit                                      |  |   | 300         | lephone           |                   | Telephone N                     |          |                    | License No.                          |              |        |             |           |
| Michael Panepresso   |  |   |             | 215-244           |                   | 856-755-0                       | 19702.00 | ·                  | 00842                                |              |        |             |           |
| Start Date (10)<br>08 / 22 /                                   |  | eduled C<br>09 /                        |             |                   | 20, 32            | Name of OSI                     |          |                    |                                      |              |        |             |           |
|  |  |   |             | 0 /               | 10                | E CONTROL SOLVE                 |          | oratories, Inc.    |                                      |              |        |             |           |
| Occupancy Status During  | 0 (0.53)   | 1000                                    | 30.5        |                   |                   | Street Addres                   |          |                    |                                      |              |        |             |           |
| ☐ Facility Closed/Vacate ☐ Abatement Performed                 |  |   |             |                   | cribo             |                                 |          | s Drive, Suite     | J                                    |              |        |             |           |
| Time of Abatement:   |  |   |             |                   |                   | City, State, Zi<br>Bensalem     |          |                    |                                      |              |        |             |           |
| Scope of Work (Check all                                       | that apply)  |   |             |                   |                   | _                               |          |                    | 1000 0000                            |              |        |             |           |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> |  | ⊠ Re<br>□ De                            |             |                   |                   | ☐ Mini-<br>☐ Glov               | Encl     | Procedure          | gative Pressure<br>on-Friable Proced | ure          |        |             |           |
|  |  | Is                                      | Loca        | ation             |                   |                                 |          |                    |                                      |              | atem   | ent T       | vne       |
| Location   | 74Bana-2000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000  | 1                                       | Norm        | ally              |                   | Descripti                       | on of    | f                  |                                      |              |        | 1           |           |
| Asbestos-Containing N<br>TO BE ABA                             |  |   |             | lely by<br>ance/  |                   | stos Containing                 |          |                    | Amount                               | (em          | Repair | nca         | ncle      |
| IN Facility  | Management of the Control of the Con | 1 | odia        | Staff?            | (i.e              | , thermal syste<br>surfacing, \ |          |                    | (Specify<br>SF or LF)                | Removal      | =      | Encapsulate | Enclosure |
| (13)   |  | Yes                                     | (12<br>No   | T                 |                   | other miscel                    |          |                    | .,                                   |              |        | late        | e e       |
| Tenant Space 1470  |  |   | $\boxtimes$ |                   | Wall Ca           | ulk                             |          |                    | 10 LF                                | $\boxtimes$  |        |             |           |
| Tenant Space 2035  |  |   |             |                   | Carpet            | Mastic                          |          |                    | 100 SF                               |              |        |             |           |
| Tenant Space 2080  |  |   |             |                   | Floor Ti          | le                              |          |                    | 345 SF                               | $\boxtimes$  |        |             |           |
| Tenant Space 2360  |  |   | $\boxtimes$ |                   | Floor Ti          | le & Mastic/\                   | Wall     | Caulk              | 609 SF/20 LF                         |              |        |             |           |
| Name of Registered Waste                                       | e Hauler   |   |             | NJDEP             |                   | Cubic Yards o                   | of       | Name of Regis      | tered Landfill                       |              | -      |             |           |
| Freehold Cartage   |  |   |             | Hauler II<br>0226 | 200               | Waste<br>10                     |          | Cumberlar          | nd County Lan                        | dfill        |        |             |           |
| City, State  | 300 (SA) (SA) (SA)   |   |             | 0220              |                   | Disposal Date                   | :        | City, State        |                                      |              |        |             |           |
| Freehold, NJ   |  |   |             |                   |                   | 09/16/2016                      |          | Newburg,           | PA                                   |              |        |             |           |
| Completed By (Print or Typ                                     | pe) Tit  | tle                                     | 7746        |                   |                   | Signature                       | 8        |                    | ID                                   | ate          |        |             |           |
| Christina Lynch  |  | Vice Pr                                 | esid        | ent of            | Operation         | 111 0                           | M        | alt                |                                      | 7/20         | 1/1    | 0           |           |
| SR 41  |  | - moseta ve ve                          |             |                   |                   | MIE                             | 1        |                    |                                      | 1100         | 1. 1   | 1           |           |

CK 3723

| Date of Notification (1)   | £)         | 1   |                    |                     | Owner/Operator  |  |  |                                     |      |             |           |
|--|------------|---|--------------------|---------------------|---|--|--|-------------------------------------|------|-------------|-----------|
| Agency Notified Type Notification  | -          | 1   |                    | Address             | ,0 0-,  |  | MEG  | E:II W                              |      | 3           |           |
| D EPA Z Initial  |            | 71,   |                    |                     |   | I jept tale  |  | = 6 0                               |      |             |           |
| □ DEP □ Amended  | †#         | -   | City, St           | tate, Zip (         | LAWN.   | NT   | 5210   |                                     |      |             |           |
| DOL Amendment # ☐ Emergency (inch  | rding      | _   |                    |                     |   | 177. 3   | Telephone Num                                  | <u> 2 201</u>                       | 6    | +           |           |
| DOH justification)   |            | - [1  |                    | of Contac           | :<br>HELDER   | ľ  | Leightone man                                  | BC1                                 | 53   | 1           |           |
| DCA Cancellation   |            |   |                    |                     | ORMATION  |  | ASBESTO  | SCONT                               | 301  | 8           |           |
|  | M /M       |   | FACI               | TILA INP            | URBATION  | Type of Facility   |  | ENSING                              | 10.  |             | _         |
| Name of Facility Where Abatement is Taking                                   |            |   | ··.                | _                   |   | School (K-1)   | 2)   | and the second second second second |      |             |           |
| Street Address   |            |   |                    |                     | is<br>V   | 2 Other (i.e. p<br>homes, etc.   | 8 (Other than K-12)<br>rivate & commercia<br>) | l buildings,                        |      |             |           |
| City (5)   |            |   | <del></del> -      |                     | ***   | Square Feet  |  | Bidg. Age                           |      |             |           |
| FAIR LAWN  | )          |   |                    | 1.10                |   | 1800.  |  | 193                                 | 3    |             |           |
| County (E)   |            |   |                    |                     | (STATE USE  |  | nior if being demois                           |                                     |      |             |           |
| BERGEN   |            | 1   | ONLY)              |                     |   | (be  | 510 AN CE                                      |                                     |      |             |           |
| Name of Monitoring Firm Hired by Building O                                  | vner /     | ASCM  | No.                | 4                   | Name of Abatem  |  | 1.00   |                                     |      |             |           |
| (8)  |            |   |                    |                     | Best Rei  | noval In   | c  |                                     |      |             |           |
| Street Address   |            |   |                    |                     | Street Address  |  |  |                                     |      |             |           |
|  |            |   |                    |                     |   | th River   | St   |                                     |      |             | .0        |
| City, State, Zip Code  | 4          |   |                    |                     | City, State, Zip C  |  | 07/01  |                                     |      |             |           |
|  |            |   |                    |                     | Hackensa  | ack, N.J   |  |                                     |      | -           | _         |
| Project Manager for Monitoring Firm  | Te         | lephon  | e No.              |                     | Telephone No. 201-329   | - <del>7</del> 444 -   | 1 License No. 00388                            |                                     |      |             |           |
| Start Date (10) Scheduled  |            |   | e (11)             |                     | Name of OSHA  |  | ···  |                                     |      |             |           |
| 8/9/10   | 5/10/      | 16  |                    |                     |   | Environm   | ental  |                                     |      |             |           |
| Occupancy Status During Abatement (Check                                     | only one)  |   |                    |                     | Street Address  | 1 0.   |  |                                     |      |             |           |
| ☐ Facility Closed/Vacated During Entire Perio                                |            |   |                    |                     | City, State, Zip C  | yler St  |  |                                     |      | _           |           |
| D Abatement Performed Outside of Normal F                                    | S: OD      | CH  | 7                  |                     |   |  | ,N.J. 07                                       | 606                                 |      |             |           |
| Scope of Work (Check all that apply)   |            |   |                    | ovation<br>notition | A Mini-   | Enclosure<br>ebag Procedure  | n Negative Pressure                            | W.                                  |      |             |           |
|  | T le       | Locatio                                       | 20                 |                     |   |  |  | A                                   | bate |             | nt        |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Use<br>Mai | d Solei<br>ntener<br>ustodi<br>Staff?<br>(12) | y by<br>cos/<br>al | Asber<br>(Le        | Description stoc Containing M., thermal systems surfacing, VA7 other miscelland | aterial (ACM)<br>insulation,<br>, or   | Amount<br>(Specify<br>SF or LF)                | Removal                             | Ĥ    | Encapsulate | Enclosure |
|  | Yes        | No  | N/A                |                     |   |  |  |                                     |      |             |           |
| BASEMENT   |            |   |                    | THEN                | TAL SYSTEM IN   | SUSTON   | 15L  |                                     | Ц    |             |           |
| BASEMENT   |            |   |                    | THER                | MAR SURVACI   | WE   | 465  | FP                                  | Ц    |             |           |
| A  |            |   |                    |                     |   |  |  | -                                   |      |             | -         |
|  |            |   |                    |                     | 620   |  |  |                                     |      |             |           |
| Name of Registered Waste Hauter<br>Best Removal Inc                          | 100000     | No.   | 109                | lauler              | Cubic Yards of Waste 2 +/2c)  |  | stered Landfill<br>a Enterpr                   | ises                                | LI   | C           |           |
| City, State  | L_         | 11.   |                    |                     | Disposal Date   | City, State  |  |                                     |      | -           | _         |
| Hackensack , N.J. (  | 7601       |   |                    |                     | 9/12/16   |  | sburg, Oh                                      | ,44688                              | 3    |             |           |
| Completed by Title   |            |   |                    |                     | Signature (2  | سم داره  |  | Date 8/3                            |      | 16          | ,         |
|  | timat      | 1511  |                    |                     | ensure exempted   | The state of the s |  |                                     | /-   | . *         | _         |

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2579 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 29 08 Amid Shah Agencies Notified Type Notification Street Address ☐ EPA X Initial **⊠** DOLWD Amended City, State, Zip Code Amendment # X DHSS Jersey City, NJ 07306 ASBESTOS CONTROL & □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephona Manharata Cancellation Vincent Carlucci **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Jersey City, NJ 07306 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 16 09 / 11 / 16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/ PM\_\_\_AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If 2 160 sf or 260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Remova Repair Encapsulate Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A $\boxtimes$ First floor Ceiling plaster 150 SF

Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City. State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 08/29/16

NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill

Name of Registered Waste Hauler

|                       |  |   | 1                   |  | CATION        | ate of Nev<br>I OF ASBI<br>to NJAC | ESTOS                      | ABATE   |                         | NT                                      | 0                    | K                                 | E         | 7       | 1            | 0             | 7         |
|-----------------------|--|---|---------------------|--|---------------|------------------------------------|----------------------------|---|-------------------------|---|----------------------|-----------------------------------|-----------|---------|--------------|---------------|-----------|
| Date 8/29             | of Notification (1)<br>9/16  |   |                     |  |               | f Building (<br>ohnson F           |                            |   |                         | 110000000000000000000000000000000000000 |                      | E C I                             |           | V       | 7_E          |               |           |
| ×                     | cies Notified<br>EPA<br>DEP  | Type Notification    X                            |                     |  |               | ate, Zip Co                        |                            |   |                         |   |                      | SEP                               | 2         | 20      | 15           | 200           |           |
| ×                     | DOL<br>DOH<br>DCA  | Amendment Emergency ( justification) Cancellation |                     |  | 1000          | Beach To<br>f Contact              | wp No                      | J 08008   | 3                       |   | A                    | Telephone                         | Nemb      | erT     | ROL          | . &           | 0.00      |
|                       |  | ouriconation                                      |                     |  | 70789885738   | LITY INFO                          | ORMAT                      | TION  | _                       |   |                      |                                   |           | -       |              | _             |           |
| Eric                  | of Facility Where A<br>Johnson Privat<br>t Address                   | Abatement is Taking<br>te Home                    | g Place (3          | )  |               |                                    |                            |   | Ту                      |   | l (K-12)             | Other then                        | V 12)     |         |              |               |           |
|                       |  |   |                     |  |               |                                    |                            |   | ×                       | Other etc.)                             | (i.e. priva          | Other than ate & comm             | nercial   |         | -            |               | es,       |
|                       | g Beach Twp N  | J 08008   |                     |  |               |                                    |                            |   | 10                      | quare Fee                               |                      | # of Floors<br>2                  | (S        | 3       | ldg. A<br>5+ | ge            |           |
| Coun                  |  |   |                     |  |               | Code (7)<br>USE ONLY)              |                            | -   |                         | urrent Use<br>ome                       | e (Prior i           | f being dem                       | nolished  | 1)      |              |               |           |
| Name<br>N/A           | e of Monitoring Firm   | Hired by Building (                               | Owner (8)           |  | ASCN          | /I No.                             |                            |   |                         | Abatemen<br>o Inc.                      | nt Contra            | ctor (9)                          |           |         |              |               |           |
| Stree                 | t Address  |   |                     |  |               |                                    |                            | Street<br>PO E  |                         |   |                      |                                   |           |         |              |               |           |
| City,                 | State, Zip Code  |   |                     |  |               |                                    |                            |   |                         | e, Zip Cod<br>erlin NJ                  |                      |                                   |           |         |              |               |           |
| Proje                 | ct Manager for Mor   | nitoring Firm                                     |                     |  | Telepho       | ne No.                             |                            | Teleph<br>856-  |                         | e No.<br>3-9800                         |                      | Licens<br>0072                    | se No.    |         |              |               |           |
| Start<br>9/12         | Date (10)<br>2/16  |   | Schedule<br>9/16/16 |  | npletion      | Date (11)                          |                            | Name<br>Sam   |                         | OSHA Mo                                 | nitor                |                                   |           |         |              |               |           |
| Occu                  | pancy Status Durin   | g Abatement (Chec                                 | k Only Or           | ne)  |               |                                    |                            | Street  | Add                     | iress                                   |                      |                                   |           |         |              |               |           |
|                       |  | cated During Entire F<br>ned Outside of Norm      |                     |  |               |                                    |                            | City, S   | State                   | e, Zip Cod                              | le                   |                                   |           | _       |              |               |           |
| Scope                 | e of Work (Check A   | All That Apply)                                   |                     |  |               |                                    |                            |   |                         |   |                      |                                   |           |         |              |               |           |
|                       | ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                                 |   | processes.          | Renova<br>Demolit                                |               |                                    |                            | ×   |                         | Mini-Encl                               | losure<br>g Proced   | with Negati<br>ure<br>) and Non-F |           |         |              | e             |           |
|                       |  |   | Is                  | Locati   | on            |                                    |                            |   |                         |   |                      | fix                               |           |         | Abate        | ment          |           |
| A:                    | Location<br>sbestos-Containing<br><u>TO BE AB</u><br>In Faci<br>(13) | g Material (ACM)<br>B <u>ATED</u><br>ility        | Use<br>Ma           | Normal<br>od Sole<br>intenar<br>todial S<br>(12) | ly by<br>nce/ |                                    | tos Cor<br>therma<br>surfa | escription<br>ntaining M<br>al system<br>acing, VA<br>miscellar | Mate<br>is ins<br>AT, o | or                                      | 1)                   | Amount<br>(Specify<br>SF or LF)   |           | Removal | Ty<br>Repair | e Encapsulate | Enclosure |
|                       |  |   | Yes                 | No   | N/A           |                                    |                            |   |                         |   |                      |                                   |           |         |              | le l          |           |
|                       | Exterior Siding  |   |                     |  |               |                                    | Exte                       | erior Si  | ding                    | g                                       | -                    | 1600 SF                           | =  2      | c       |              |               |           |
|                       |  |   |                     |  |               |                                    |                            |   |                         |   |                      |                                   |           |         |              |               |           |
| Namo                  | of Pagistarad Ma   | eto Haulor  | l Ki                | JDEP W   | lasto         | Cubi                               | Yards                      |   | No-                     | an of De                                | giotorod I -         | ndfil                             |           |         |              |               |           |
|                       | Name of Registered Waste Hauler United Containers                    |   |                     |  |               | No.                                | of Wa                      |   |                         |   | R.O.W.               | gistered Lar<br>S.                | riullií   |         |              |               |           |
| City, State<br>Elm NJ |  |   |                     |  |               |                                    | Dispo<br>9/16/             | sal Date<br>/16   | ,                       |   | , State<br>rrisville | PA 1906                           | 67        |         |              |               |           |
|                       | oleted by<br>Ony T Perna   |   | Title<br>Presi      | dent   |               |                                    |                            | Signature   | ē/                      | -                                       | ~                    |                                   | Date 8/29 |         |              |               |           |

| Date of Notification (1)   | 1                             |                              | _                            |                | . (   | 1   | _                        | 14                              | 4                  | /           | )           |           |
|--|-------------------------------|------------------------------|------------------------------|----------------|---|---|--------------------------|---------------------------------|--------------------|-------------|-------------|-----------|
| 8/30/16  |                               | Br                           | me of Building<br>endan Mal  | g Owr<br>Ion F | er/Operato<br>Private Ho                                      | me (2)  | In                       | EG                              | E                  | 1 W         | 7 IE        |           |
| Agencies Notified Type Notification  |                               | Stre                         | eet Address                  |                |   |   | 113                      |                                 |                    | 1 (7)       |             | M         |
| ▼ EPA     □ DEP     □ Amended     □ Amendment  | #                             |                              | y, State, Zip (<br>anahawkin |                | 18050   |   |                          | SEP                             | - 2                | 201         | 6           |           |
| Emergency ( justification)   |                               |                              | me of Contac                 |                | ,000  |   | 1                        | delephon                        | Alrenh             | ~-          | -           |           |
| DCA Cancellation   |                               |                              | andan                        |                |   | 1   |                          |                                 | LIVOII             |             | - &         | - 1       |
| Name of Facility Where Abatement is Taking   | g Place (3)                   |                              | FACILITY IN                  | FORN           | IATION  | Type of Fac   | cility (4)               |                                 |                    |             |             |           |
| Brendan Mallon Private Home  |                               |                              |                              |                |   | Posterior Control of the Control of | I (K-12)                 |                                 |                    |             |             |           |
| Street Address   |                               |                              |                              |                |   | Subch Other etc.)   | apter 8 (<br>(i.e. priva | Other than ate & comn           | K-12)<br>nercial b | uildin      | gs, hon     | nes,      |
| City (5)<br>Manahawkin NJ 08050  |                               |                              |                              |                |   | Square Fee<br>1000  |                          | # of Floors                     | i                  | Bldg<br>35+ | . Age       |           |
| County (6)<br>Ocean  |                               |                              | Inty Code (7)                |                | _   | Current Use<br>Home   | (Prior if                | being dem                       | nolished           | )           |             |           |
| Name of Monitoring Firm Hired by Building C<br>N/A   | Owner (8)                     | Ā                            | SCM No.                      |                |   | of Abatemen<br>aco Inc.   | t Contrac                | ctor (9)                        |                    |             |             |           |
| Street Address   |                               |                              |                              |                | 100000000000000000000000000000000000000                       | Address<br>Box 329  |                          |                                 |                    |             |             |           |
| City, State, Zip Code  |                               |                              |                              |                |   |   | e<br>08091               | 11                              |                    |             |             | 7-7-6     |
| Project Manager for Monitoring Firm  | Tele                          | phone No.                    |                              | Teleph         | one No.<br>753-9800   |   | Licens                   |                                 |                    |             |             |           |
|  |                               |                              |                              |                |   |   | nitor                    | 10072                           |                    |             |             |           |
| Occupancy Status During Abatement (Check   | Only One)                     |                              |                              |                | Same  | Address   |                          |                                 |                    |             |             | -         |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: | eriod of Aba<br>al Facility H | atement<br>ours              |                              |                | City, S   | tate, Zip Code  | 9                        |                                 |                    |             |             |           |
| Scope of Work (Check All That Apply)   |                               |                              |                              |                |   |   |                          |                                 |                    | -           |             |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf   |                               | ovation<br>nolition          |                              |                | ×   | Full Conta<br>Mini-Encid<br>Glovebag<br>Non-Exem  | sure<br>Procedu          | re                              |                    |             | uro         |           |
|  |                               | cation                       |                              |                | - Francisco   | THOIT EXCIT   | ipica ( )                | and Non-i                       | TIADIC I           | 10200       | atemen      | t         |
| Location of<br>Asbestos-Containing Material (ACM)  |                               | mally<br>Solely by           | Aches                        |                | Description   |   |                          | 12000000000000                  | -                  |             | Гуре        |           |
| TO BE ABATED In Facility (13)  | Custodi                       | enance/<br>ial Staff?<br>(2) | /i o                         | thern          | ontaining ivi<br>nal systems<br>rfacing, VAT<br>er miscelland | Γ, or   |                          | Amount<br>(Specify<br>SF or LF) | Zeriova            | Repair      | Encapsulate | Enclosure |
| F. J. J. O. F.   | Yes N                         | 10 N/                        | /A                           |                |   |   |                          |                                 |                    |             | te          | (D        |
| Exterior Siding  |                               | X                            |                              | Ex             | terior Sid  | ing   | -                        | 1100 SF                         | x                  | +           |             |           |
|  |                               |                              |                              |                |   |   |                          |                                 |                    |             |             |           |
| Name of Registered Waste Hauler  | N.IDE                         | P Waste                      | Cub                          | oic Yards      | Nome  | of Pagi   | stored ! ==              | 4611                            | 1                  |             |             |           |
| United Roll Off  |                               | ID No.                       |                              | Vaste          |   | O.W.S   | stered Lan               | uIIII                           |                    |             |             |           |
| City, State<br>Elm NJ  |                               |                              |                              |                |   | City, S<br>Morr   |                          | PA 1906                         | 7                  |             |             |           |
| Completed by<br>Anthony T Perna  | NJ<br>leted by Title          |                              |                              |                |   | 2   | No.                      |                                 | Date 8/30/         | 16          |             |           |

CH = 4294

| Date of Notification (1) 08/26/16              |   |            | of Building                     |                  |   |                     |           | E C   | F                       | 7 П  | 7 1              |              |          |  |  |
|--|---|------------|---------------------------------|------------------|---|---------------------|-----------|---|-------------------------|--|------------------|--------------|----------|--|--|
| Agencies Notified                              | Type Notification                       |            |                                 | Street           | Address<br>ellevue A                    |                     |           |   |                         | <u>L</u>   | <u>E</u>         |              | <u> </u> |  |  |
| X EPA<br>X DEP<br>X DOL                        | Initial Amended Amendment               |            |                                 | City, St         | tate, Zip C                             | ode                 |           |   |                         | SEP  | 2                | 2(           | 116      | Comment of the commen | #  |
| DOH DCA  | Emergency ( justification) Cancellation | including  |                                 | Name o           | of Contact<br>Renton/V                  |                     | Bros,I    | nc  |                         | Telenhon   | e Niin           | her          |          | 10   | and the same of th |
|  |   |            |                                 |                  | ILITY INF                               |                     |           |   | 1 7                     |  | ENS              | ING          |          | &  | -  |
| Name of Facility Where A<br>Rumson County Da   | Abatement is Taking                     | Place (3   | 3)<br>r's ho                    |                  |   |                     |           | Type of F   | acility (4)             | N. 254.50-340-440-1                                |                  |              |          |  | - broken f   |
| Street Address<br>101 Ridge Road               | ,                                       | arridoto   | 7 0 110                         |                  |   |                     |           | X Sub   | er (i.e. priva          | Other than   | n K-12<br>mercia | )<br>Il buil | dings    | , hom  | es,  |
| City (5)<br>Rumson                             |   |            | 2                               |                  |   |                     |           | etc.)<br>Square F   |                         | # of Floor   | s                | E            | Bldg. i  | Age  |  |
| County (6)<br>Monmouth                         |   |            |                                 |                  | Code (7)<br>USE ONLY                    | n                   |           | Current U   | se (Prior it            | f being der  | nolish           | ed)          |          |  |  |
| Name of Monitoring Firm<br>TTI Environmental,I | Hired by Building C                     | wner (8)   |                                 | ASCI             | M No.                                   |                     |           | of Abateme  |                         | ctor (9)   |                  |              |          |  |  |
| Street Address<br>1253 North Church            | Street                                  |            |                                 |                  |   |                     |           | Address<br>McBride  | Avenue                  |  |                  |              |          |  |  |
| City, State, Zip Code<br>Moorestown, NJ 080    | 057                                     |            |                                 |                  |   |                     |           | tate, Zip Co  |                         | 7424   |                  |              |          |  |  |
| Project Manager for Moni<br>Michael Stocku     |   | Telepho    | ne No.                          |                  | Teleph                                  | one No.<br>225-8400 |           |   | nse No                  |  |                  |              |          |  |  |
| Start Date (10)<br>08/31/16                    |   |            | ite (11)                        |                  | 0.0000000000000000000000000000000000000 | of OSHA M           |           | oratorie  | s                       |  |                  |              |          |  |  |
| Occupancy Status During                        | Abatem , Jinoon                         | only on    | ie)                             |                  | -                                       |                     | Street    | Address   |                         |  |                  |              |          |  |  |
| X Facility Closed/Vaca<br>Abatement Performe   | ed Outside of Norma                     | eriod of A | Abatem<br>Hours                 | nent             |   |                     |           | Route 2:<br>tate, Zip Co  |                         |  |                  |              |          |  |  |
| Other - Describe: _ Scope of Work (Check All   |   |            |                                 |                  |   |                     | Unio      | n,NJ 070  | 83                      |  |                  |              |          |  |  |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf             | (тиск грргу)                            | -          | enova                           |                  |   |                     | ×         | Mini-En<br>Gloveba  | closure<br>ag Procedi   | with Negat<br>ure<br>and Non-                      |                  |              |          | 0  |  |
|  |   | , Is       | Locati                          | on               |   |                     |           | 14011-LA  | empted ( )              | and Non-   | FIIable          |              | Abate    | ement  |  |
| Location Asbestos-Containing N                 |   |            | lormall<br>d Solel              |                  | Ashaa                                   |                     | scription |   |                         | 77 <b>4</b> - 70 - 70 - 70 - 70 - 70 - 70 - 70 - 7 |                  |              | Ту       | ре   |  |
| TO BE ABA<br>In Facilit<br>(13)                | TED                                     |            | ntenar<br>odial S<br>(12)<br>No |                  |   | thermal<br>surface  |           |   |                         | Amount<br>(Specify<br>SF or LF)                    |                  | Removal      | Repair   | Encapsulate  | Enclosure  |
| First floo                                     | or                                      | 100        | 140                             | X                |   | Pine                | Insulat   | tion  | -                       | 140 LF   |                  | ×            |          |  |  |
| Baseme   | nt                                      |            |                                 | X                |   |                     | Insulat   | TANK TANK   | -                       | 8 LF   |                  | x            |          |  |  |
|  |   |            |                                 |                  |   |                     |           | P to the district of the same |                         |  |                  |              |          |  |  |
| Name of Registered Waste                       | l NI                                    | JDEP W     | laste                           | Cubic            | Varde                                   | I M-                | ma af D   | lata 1  | . 460                   |  | 3                |              |          |  |  |
| Lilich Corporation                             |   |            |                                 | auler ID<br>3724 |   | of Was              |           |   | me of Reg<br>ROWS,L     | istered La<br>andfill                              | natiil           |              |          |  |  |
| City, State<br>Noodland Park,NJ                |   |            |                                 |                  |   | Dispos              | al Date   |   | y, State<br>orrisville, | PA   |                  |              |          |  |  |
| Completed by<br>Momo Glavatovic                | mpleted by Title                        |            |                                 |                  |   | S                   | ignature  | (95)  |                         |  | Date 08/:        | 26/1         | 6        |  |  |

|    |        |   |   |   |   |      |   | -         |
|----|--------|---|---|---|---|------|---|-----------|
| NT | O      | \ | , | ( | 1 | -    | 1 | _         |
|    |        | X |   |   | 7 |      |   | $\supset$ |
|    | 10     | E | P | ß | П | 7\// | C |           |
|    | 111)], | 5 | U | E | U | W    | E |           |

| Date of Notification (1)                   |  |                                       | Name o          | f Building          | Owner/                   | nerato        | r (2)                     |            | _   |           |                  |          |         |             |           |
|--|--|---------------------------------------|-----------------|---------------------|--------------------------|---------------|---------------------------|------------|---|-----------|------------------|----------|---------|-------------|-----------|
| 08-29-2016                                 |  |                                       |                 |                     | ry Lomb                  |               | operato                   | 1 (2)      | ME  | P         | EIV              | V [      |         | 7           |           |
| Agencies Notified                          | Type Notification                        | 7                                     |                 | Street A            | ddress                   |               |                           |            |   | U         | La U             | <u> </u> | -11     |             |           |
| × EPA<br>× DEP<br>× DOL                    | Initial Amended Amendmen                 |                                       | _               |                     | ate, Zip Co<br>nfield NJ |               | 3                         |            |   | SEP       | 2 20             | )16      |         |             |           |
| DOH DCA                                    | Emergency justification Cancellation     | · · · · · · · · · · · · · · · · · · · |                 |                     | f Contact<br>ory Lomb    | oardy         |                           |            | <u>L</u><br>ASBI  |           | ephone Nu        | ımber    |         |             |           |
|  |  |                                       |                 | FACI                | LITY INF                 | ORMAT         | ON                        | i          |   |           | LINOUAG          |          |         | コ           |           |
| Name of Facility Where A Private Dwelling  | Abatement is Takir                       | ig Place (3)                          | )               |                     |                          |               |                           |            | of Facility (4<br>School (K-1)                            |           |                  |          |         |             |           |
| Street Address                             |  |                                       |                 |                     |                          |               |                           | ×          | Subchapter<br>Other (i.e. p<br>etc.)                      |           |                  |          | ildings | , hom       | es,       |
| City (5) Bloomfield NJ 0700                | )3                                       |                                       |                 |                     |                          |               |                           |            | re Feet   |           | Floors           |          | Bldg. / | Age         |           |
| County (6)                                 |  |                                       |                 |                     | Code (7)                 | )             |                           | Curre      | ent Use (Prio   | r if beir |                  |          | INIA    |             |           |
| Name of Monitoring Firm                    | Hired by Building                        | Owner (8)                             |                 | ASCN                | 4 No                     | -             | Namo                      |            | ate Dwelli  | _         | (0)              |          |         |             |           |
| Bioterra Solution                          | Timed by Building                        | Owner (o)                             |                 | AGUN                | 71 110.                  |               | Ama                       | ax Cor     | ntracting L   |           | (9)              |          |         |             |           |
| Street Address<br>1130 W Chestnut S        | it                                       |                                       |                 |                     |                          |               |                           | t Addres   |   |           |                  |          |         |             |           |
| City, State, Zip Code<br>Union NJ 07083    | Union NJ 07083                           |                                       |                 |                     |                          |               | 87.03                     |            | ip Code<br>I Park nj 0                                    | 7424      |                  |          |         |             |           |
| Project Manager for Mon                    | Т  | Telepho                               | ne No.          |                     |                          | hone N        |                           |            | License I   | Vo.       |                  |          |         |             |           |
| Rick Eustaquio                             |  |                                       |                 |                     |                          | -692-6        |                           |            | 01266   |           |                  | <u> </u> |         |             |           |
| Start Date (10)<br>09-08-2016              | d Cor<br>2016                            |                                       | Date (11)       |                     | 100 mag (200 m)          |               | HA Monitor<br>ntracting L | LC         |   |           |                  |          |         |             |           |
| Occupancy Status During                    |  |                                       |                 |                     |                          |               |                           | Addres     |   |           |                  |          |         |             |           |
| Facility Closed/Vaca     Abatement Perform | ated During Entire<br>ed Outside of Norr | Period of A                           | baten           | nent<br>s           |                          |               | 3 777 3765 3              | BOX 7      | ip Code   |           |                  |          |         |             |           |
| Other – Describe: _                        |  |                                       |                 |                     |                          | _             | 7.00                      |            | Park NJ   | 07424     | 1                |          |         |             |           |
| Scope of Work (Check A                     | II That Apply)                           |                                       |                 |                     |                          |               | -                         | _          |   |           |                  |          |         |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf       |  |                                       | enova<br>emoli  | 200                 |                          |               | 2                         | Mir<br>Glo | I Containme<br>ni-Enclosure<br>ovebag Proce<br>n-Exempted | edure     |                  |          |         |             |           |
|  |  | le l                                  |                 |                     |                          |               |                           | _ NO       | II-Exempled   | ( ) and   | I NOII-FIIA      | Die Fi   | 72707 6 | emen        | t         |
| Location                                   | of                                       | N                                     | Locat<br>orma   | lly                 |                          | De            | scription                 | n of       |   |           |                  |          | T       | /ре         |           |
| Asbestos-Containing                        | Material (ACM)                           | 10.00000                              | d Sole<br>ntena | ely by<br>nce/      |                          | tos Cont      | aining N                  | Material   |   |           | nount            | _        |         | Щ           | m         |
| TO BE ABA<br>In Facili                     |  | Custo                                 |                 | Staff?              | (I.e.                    | thermal surfa | system<br>cing, VA        |            | ition,  |           | pecify<br>or LF) | Remova   | Repair  | icap        | Enclosure |
| (13)                                       |  | -                                     | (12)            | 1                   |                          | other n       | niscella                  | neous)     |   |           |                  | oval     | air     | Encapsulate | sure      |
| D  |  | Yes                                   | No              | N/A                 |                          |               |                           |            |   |           |                  | 100      | -       | CD.         |           |
| Baseme                                     | ent                                      | -                                     |                 | X                   |                          | Pipe          | Insula                    | ation      |   | 14        | 0 LF             | X        | -       |             |           |
|  |  | -                                     |                 |                     |                          |               |                           |            |   |           |                  |          |         |             |           |
|  |  |                                       |                 |                     |                          | 28            |                           |            |   | -         | -                |          |         |             |           |
| Name of Registered Was                     | IN                                       | JDEP W                                | aste            | Cubic               | Yards                    |               | Name of R                 | Register   | red Landfi  |           |                  |          |         |             |           |
| Amay Contracting LLC                       |  |                                       |                 | lauler ID<br>036184 | No.                      | of Was        |                           |            | GROWS   | 100       | ou Euriun        |          |         |             |           |
| City, State<br>Woodland Park NJ 07424      |  |                                       |                 |                     |                          | Dispos        | al Date                   |            | City, State<br>Morrisvi                                   |           |                  |          |         |             |           |
| Completed by                               |  |                                       |                 |                     |                          |               | ignature                  | -/         | 1   |           |                  | ate      |         |             |           |
| Tome Maslarkov                             |  |                                       |                 |                     |                          |               | _                         | 1/1        |   | _         | / 0              | 8-29     | -2016   | 3           |           |

| Date of Notification (1)  Name of Building Owner/Operator (2)  |               |
|--|---------------|
| 8/30/16 Eric Franzen   | 1             |
| Agencies Notified Type Notification Street Address   | [             |
| × EPA NIIII NIIII STEET AGGIESS  | $\Pi$         |
| DEP Amended City, State, Zip Code  |               |
| Amendment # Asbury Park, NJ 07112  Emergency (including  |               |
| ☑ DOH     justification)       ☐ DCA     ☐ Cancellation         Name of Contact       Eric Franzen   |               |
| FACILITY INFORMATION  ASSESTOS CONTROL   | 2             |
| Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)  ASSESTOS SONTHOL   | α             |
| house School (K-12)  |               |
| Street Address  Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, ho  | nes,          |
| City (5) Square Feet # of Floors Bldg. Age   |               |
| Asbury Park 2300 2 62  |               |
| County (6)  Monmouth  County Code (7) (STATE USE ONLY)  Current Use (Prior if being demolished)  |               |
| Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  ABS Environmental Services, LLC   |               |
| Street Address Street Address PO Box 483, 4 E Gate Drive   |               |
| City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418   |               |
| Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703   |               |
| Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/13/16 11/10/16   |               |
| Occupancy Status During Abatement (Check Only One)  Street Address   |               |
| Facility Closed/Vacated During Entire Period of Abatement  |               |
| Abatement Performed Outside of Normal Facility Hours  Other – Describe: basement  City, State, Zip Code  |               |
| Scope of Work (Check All That Apply)  Wrap & Cut Method  |               |
| ≥3 sf or ≥3 lf    Renovation    Full Containment with Negative Pressure  |               |
| × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure  |               |
| Non-Exempted (*) and Non-Friable Procedure   | -1            |
| Is Location Abatement Type  Normally Description of Type   | III.          |
| Asheste Containing Metarial (ACM) Used Solely by Asheste Containing Metarial (ACM)   |               |
| Maintenance/ Custodial Staff?   Surfacing, VAT, or   SF or LF   S of the staff of | End           |
| Maintenance/ Custodial Staff? (13)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Assessos Containing Material (ACM) (i.e. thermal systems insulation, specify by a popular of the miscellaneous)   | Enclosure     |
| Yes No N/A   | 9             |
| basement x pipe insulation 95 LF x   |               |
| basement x boiler insulation 60 SF x   |               |
|  |               |
|  | 1 2 2 2 2 2 2 |
| Name of Registered Waste Hauler  NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste  | - A           |
| Freehold Cartage TBD Western Berks Landfill  |               |
| City, State Disposal Date City, State TBD Birdsboro, PA  |               |
| Completed by Title Signature Date A. Scott Higgins President 8/30/16   |               |

|   | 1   | A   |   |       |   |
|---|-----|-----|---|-------|---|
| Γ | 0   | 1   | n | 0     | _ |
|   | 1 0 | Lon | A | INDIX |   |
|   |     | Me. |   | 1200  |   |

| Date of Notification (1)                   |                                   |              |                 | Namo       | of Building          | Owno    | rlOnorata                | - (2)      |                                   | ree  | 1                  | 1                      |        | 7            | 7            |           |  |  |
|--|-----------------------------------|--------------|-----------------|------------|----------------------|---------|--------------------------|------------|-----------------------------------|--|--------------------|------------------------|--------|--------------|--------------|-----------|--|--|
| 8/29/16                                    |                                   |              |                 | Kyle       |                      | Owne    | nOperato                 | r (2)      |                                   |  |                    |                        |        |              |              |           |  |  |
| Agencies Notified                          | Type Notification                 |              |                 | Street     | Address              |         |                          |            |                                   |  | C A                | g [c                   | . П    | 7\/7         | F            |           |  |  |
| EPA<br>DEP                                 | × Initial Amended                 |              |                 | City St    | tate, Zip Co         | nde     |                          |            |                                   | Щ)),   |                    | 9 [                    |        | $\mathbb{V}$ | E            | M         |  |  |
| ⊠ DOL                                      | Amendmen                          |              |                 |            | ewood, N             |         | 040                      |            |                                   | M  |                    |                        |        |              | and the same |           |  |  |
| ▼ DOH                                      | Emergency justification           |              | h l             |            | of Contact           |         |                          |            |                                   | ШШ   | Telepho            | ne Nu                  | mber   | 2016         | 11           | U         |  |  |
| ☐ DCA                                      | Cancellation                      | 1            |                 | Kyle I     |                      | 20114   | T1011                    |            |                                   |  |                    |                        |        |              |              |           |  |  |
| Name of Facility Where A                   | Abatement is Takir                | ng Place (   | 3)              | FAC        | CILITY INFO          | ORMA    | TION                     | Туре       | e of Facil                        | lity (4)   | SBES               | TOS                    | CON    | VTR(         | DL &         |           |  |  |
| house                                      |                                   |              |                 |            |                      |         |                          |            | School                            |  |                    | ICE                    | -      | IG_          |              |           |  |  |
| Street Address                             |                                   |              |                 |            |                      |         |                          | ×          | Subcha<br>Other (i.               |  |                    |                        |        | ildinas      | . hom        | es        |  |  |
| City (5)                                   |                                   |              |                 |            |                      | -       | -                        |            | etc.)<br>are Feet                 | (85)   | # of Flo           |                        |        | Bldg.        | -            |           |  |  |
| Maplewood                                  |                                   |              |                 |            |                      |         |                          | 220        |                                   | 100  | 2                  | 013                    | 11     | 64           | nge          |           |  |  |
| County (6)<br>Essex                        |                                   |              |                 | County     | Code (7)<br>USE ONLY |         |                          | Curr       | ent Use                           | (Prior if  | being d            | emolis                 | hed)   |              |              |           |  |  |
| Name of Monitoring Firm                    | Hired by Building                 | Owner (8     |                 |            | M No.                |         | Nome                     | of Ab      |                                   | Control  |                    |                        |        |              |              |           |  |  |
|  | i mod by building                 | Owner (o     | 10              | 730        | IVI INO.             |         |                          |            | atement<br>ironmei                |  |                    | s, LLC                 | )      |              |              |           |  |  |
| Street Address                             |                                   |              |                 |            |                      |         | Street                   |            |                                   |  |                    |                        |        |              |              | -         |  |  |
| City, State, Zip Code                      |                                   |              |                 |            |                      |         |                          | 50000-1100 | 83, 4 E                           |  | Drive              |                        |        |              |              |           |  |  |
| Oity, Otate, Zip Oode                      |                                   |              |                 |            |                      |         | 27.00                    |            | Zip Code<br>d, NJ 0               |  |                    |                        |        |              |              |           |  |  |
| Project Manager for Moni                   | toring Firm                       |              | Telepho         | one No.    |                      | Teleph  | none N                   | 10.        |                                   | Lice   | ense N             | lo.                    |        |              |              |           |  |  |
| Start Data (10)                            | art Date (10) Scheduler           |              |                 |            |                      |         | 973-                     |            | TRAINED ON O                      |  | 70:                | 3                      |        |              |              |           |  |  |
| 9/6/16                                     | tart Date (10) Scheduled 10/31/16 |              |                 |            |                      |         | Name                     | of OS      | HA Moni                           | tor  |                    |                        |        |              |              |           |  |  |
| Occupancy Status During                    | Abatement (Chec                   | k Only Or    | ne)             |            |                      |         | Street                   | Addre      | ss                                |  |                    |                        |        |              |              |           |  |  |
| Facility Closed/Vaca                       | ted During Entire                 | Period of    | Abater          | nent       |                      |         |                          |            |                                   |  |                    |                        |        |              |              |           |  |  |
| Abatement Performe  X Other – Describe: ba | ed Outside of Norn<br>asement     | nal Facility | Hour            | S          |                      |         | City, S                  | tate, Z    | ip Code                           |  |                    |                        |        |              |              |           |  |  |
| Scope of Work (Check All                   | That Apply)                       |              |                 |            |                      |         |                          |            |                                   |  |                    |                        |        |              |              |           |  |  |
| ≥3 sf or ≥3 lf                             |                                   |              | enova           |            |                      |         |                          |            |                                   |  |                    | vith Negative Pressure |        |              |              |           |  |  |
| × ≥160 sf or ≥260 lf                       |                                   |              | emoli           | tion       |                      |         | ×                        | 10,000     | Mini-Enclosure Glovebag Procedure |  |                    |                        |        |              |              |           |  |  |
|  |                                   | T            |                 |            |                      |         |                          |            | n-Exemp                           |  |                    | n-Friab                | le Pro | -            |              |           |  |  |
| Location                                   | of                                |              | Locat<br>Iormal |            |                      | -       | V 10                     |            |                                   |  |                    |                        |        |              | emeni<br>vpe |           |  |  |
| Asbestos-Containing N                      | Material (ACM)                    | Use          | d Sole          | ly by      |                      | os Cor  | escription<br>ntaining M | lateria    |                                   |  | Amour              | nt                     |        |              | m            |           |  |  |
| TO BE ABA                                  |                                   |              | odial 8<br>(12) | 1310000000 | (i.e. t              |         | al systems<br>acing, VA  |            | ation,                            |  | (Specif<br>SF or L |                        | Remova | Repair       | ncap         | Encl      |  |  |
| (13)                                       |                                   |              |                 |            |                      | other   | miscellan                | eous)      |                                   |  |                    |                        | oval   | pair         | Encapsulate  | Enclosure |  |  |
| b  |                                   | Yes          | No              | N/A        |                      |         |                          |            |                                   |  |                    |                        |        |              | e            |           |  |  |
| baseme                                     |                                   | X            |                 | pipe       | e insulat            | tion    |                          |            | 30 LF                             |  | x                  |                        |        |              |              |           |  |  |
|  |                                   |              |                 |            |                      |         |                          | 1          |                                   |  |                    |                        |        |              |              |           |  |  |
|  |                                   | -            |                 |            |                      |         |                          |            |                                   |  |                    |                        |        |              |              |           |  |  |
| Name of Registered Waste                   | e Hauler                          |              | N               | JDEP W     | laste T              | Cubic   | Yards                    |            | Name                              | of Posi  | etered!            | anden                  |        |              |              |           |  |  |
| reehold Cartage                            |                                   |              | Н               | auler ID   | (6)(8)(5)(5)         | of Wa   |                          |            |                                   | Name of Registered Landfill Western Berks Landfill |                    |                        |        |              |              |           |  |  |
| City, State                                |                                   |              | 13              | 5939       |                      | TBD     | sal Date                 |            |                                   |  |                    |                        |        |              |              |           |  |  |
| reehold NJ                                 |                                   |              |                 |            | Dis<br>TB            |         |                          |            |                                   | y, State<br>rdsboro, PA                            |                    |                        |        |              |              |           |  |  |
| Completed by<br>A. Scott Higgins           |                                   |              |                 |            |                      |         | Signature / Date         |            |                                   |  |                    |                        |        |              |              |           |  |  |
| Jook riiggilis                             |                                   | ient         |                 |            |                      | 8/29/16 |                          |            |                                   |  |                    |                        |        |              |              |           |  |  |

|  |  |                  |                     |                      |                 |  |              | 75                          |              | 1 ~        | 1        |         |             |           |
|--|--|------------------|---------------------|----------------------|-----------------|--|--------------|-----------------------------|--------------|------------|----------|---------|-------------|-----------|
| Date of Notification (1)<br>08-29-2016   |  |                  |                     | f Building<br>ew Mas |                 | Operator   | (2)          |                             |              | CE         | 1 1      | 7 6     | In          | 1         |
| Agencies Notified Type No  | tification   | -                | Street A            | ddress               |                 |  |              |                             | -6           | 0 5        | Ц        | -       | -11         | 1 1       |
|  | anoution   |                  | Oli CCt 7           | taar coo             |                 |  |              | 1133                        |              |            |          |         |             |           |
| EPA Initi  |  |                  | City Ct             | 4- 7:- C             |                 |  |              |                             |              | SEP        | 2 20     | 16      | 41          | 4         |
|  | ended<br>endment#  |                  |                     | ate, Zip Co          |                 |  |              | U L                         | i '          | المال      |          |         |             | 1         |
|  | ergency (including   |                  | 1.97-22-15 to 1.100 | Girt NJ 0            | 8750            |  |              |                             |              |            |          |         | 1           | 1         |
|  | tification)  |                  | Name of             | f Contact            |                 |  |              |                             | -Jele        | -phope 41  | mber     | ROL     | . &         |           |
| DCA Car  | ncellation   |                  | Matthe              | ew Mas               | troilli         |  |              |                             | 1            |            |          |         |             |           |
|  | ASSOCIATION AND ASSOCIATION ASSOCIATIO |                  | FACI                | LITY INF             | ORMAT           | ON   |              |                             |              | -          |          | 9%      |             |           |
| Name of Facility Where Abatemen  | t is Taking Place (  | 3)               |                     |                      |                 | -  | Type         | of Facility (4              | 1)           |            |          |         |             |           |
| Private Dwelling   |  |                  |                     |                      |                 |  | - Interest - |                             |              |            |          |         |             |           |
| Street Address   |  |                  |                     |                      |                 |  |              | School (K-12                |              |            | 2)       |         |             |           |
| Street Address   |  |                  |                     |                      |                 |  | -            | Subchapter<br>Other (i.e. p |              |            |          | Idinae  | home        | 20        |
|  |  |                  |                     |                      |                 |  |              | etc.)                       | ivate 6      | Commerc    | iai bui  | iunigs  | HOHI        | 55,       |
| City (5)   |  |                  |                     |                      |                 |  |              | re Feet                     | # of         | Floors     |          | Bldg. A | Age         |           |
| Sea Girt NJ 08750  |  |                  |                     |                      |                 |  | N/A          |                             | N/A          | 4          |          | N/A     |             |           |
| County (6)   |  |                  | County              | Code (7)             |                 | -  |              | nt Use (Prio                | r if hoir    | a damalia  |          |         |             | _         |
| Monmouth   |  |                  |                     | USE ONLY             | )               |  |              | ate Dwelli                  |              | ig demons  | neu)     |         |             |           |
|  |  |                  |                     |                      |                 |  |              |                             | -            |            |          |         |             |           |
| Name of Monitoring Firm Hired by   | Building Owner (8)   |                  | ASCN                | ΛNo.                 |                 | the second secon |              | tement Cont                 |              | (9)        |          |         |             |           |
| Bioterra Solution  |  |                  |                     |                      |                 | Ama  | x Con        | tracting L                  | .LC          |            |          |         |             |           |
| Street Address   |  |                  |                     |                      |                 | Street   | Addres       | SS                          |              |            |          |         |             |           |
| 1130 W Chestnut St   |  |                  |                     |                      |                 | POE  | 30X 7        | '34                         |              |            |          |         |             |           |
| City, State, Zip Code  |  | -,               |                     |                      |                 |  |              | .B. 8                       |              |            |          |         |             |           |
| Union NJ 07083   |  |                  |                     |                      |                 | 100000000000000000000000000000000000000  |              | p Code                      | 7404         |            |          |         |             |           |
| A TO CONTRACTOR AND THE CONTRACTOR OF A CONTRA |  |                  | Telepho             |                      |                 |  |              | Park nj 0                   | 7424         | 1          |          |         |             |           |
| [ - ^ ] [ - [ ] [ - ] [  | ect Manager for Monitoring Firm  |                  |                     |                      |                 | Teleph   | none No      | ).                          |              | License N  | Vo.      |         |             |           |
| Rick Eustaquio   |  |                  |                     |                      |                 | 973-692-6298 01266   |              |                             |              |            |          |         |             |           |
| Start Date (10)  | Schedul  | ed Con           | npletion I          | Date (11)            |                 | Name   | of OSH       | IA Monitor                  |              |            |          |         |             |           |
| 09-10-2016   | 09-12-   |                  |                     |                      |                 | Ama  | x Con        | tracting L                  | I C          |            |          |         |             |           |
| Occupancy Status During Abateme  |  |                  |                     |                      |                 |  | Addres       |                             |              |            |          |         |             |           |
|  | ent (Check Only Of   | ie)              |                     |                      |                 |  |              |                             |              |            |          |         |             |           |
| Facility Closed/Vacated During Abatement Performed Outside   | g Entire Period of   | Abaten           | nent                |                      |                 |  | 30X 7        |                             |              |            |          |         |             |           |
| Abatement Performed Outside Other – Describe:  | e of Normal Facility   | / Hours          | 3                   |                      |                 | City, State, Zip Code Woodland Park NJ 07424   |              |                             |              |            |          |         |             |           |
| Other – Describe:  |  |                  |                     |                      |                 | Woo  | dland        | Park NJ                     | 07424        | 1          |          |         |             |           |
| Scope of Work (Check All That App  | oly)   |                  |                     |                      |                 |  |              |                             |              |            |          |         |             |           |
| × ≥3 sf or ≥3 lf   | X c  | Renova           | tion                |                      |                 | ×  | 1            | Ct-:                        | مادار در د م | NI         | <b></b>  | 122     |             |           |
| ≥160 sf or ≥260 lf   |  | emova<br>Demolit |                     |                      |                 | ×  |              | Containme<br>i-Enclosure    | nt with      | Negative i | ressu    | ire     |             |           |
|  |  |                  |                     |                      |                 |  |              | vebag Proce                 | edure        |            |          |         |             |           |
|  |  |                  |                     |                      |                 |  |              | n-Exempted                  |              | Non-Frial  | ole Pro  | cedu    | е           |           |
|  | le   | Locati           | ion                 |                      |                 |  |              |                             |              |            |          | Abat    | ement       |           |
| l continue of  |  | Vormal           |                     |                      | 5               |  |              |                             |              |            |          | Ty      | ре          |           |
| Location of<br>Asbestos-Containing Material (A   | Llos   | d Sole           |                     | Achoo                | tos Cont        | scription  |              | (A C N A)                   | ۸            | nount      |          |         |             |           |
| TO BE ABATED   | IVIa   | intena           |                     |                      | thermal         |  |              |                             |              | pecify     | R        | 1       | Encapsulate | ш         |
| In Facility  | Cus  | todial S         | Staff?              | (                    |                 | cing, VA   |              |                             |              | or LF)     | Remova   | Repair  | зар         | Enclosure |
| (13)   |  | (12)             |                     |                      | other n         | niscellar  | reous)       |                             |              |            | OV       | oair    | lus         | nsc       |
|  | Yes  | No               | N/A                 |                      |                 |  |              |                             |              |            | <u>m</u> |         | ate         | Те        |
|  | 103  | 140              | IVA                 |                      |                 |  |              |                             |              |            | _        |         |             |           |
| Basement   |  |                  | X                   |                      | Duct            | Insula   | tion         |                             | 20           | SF         | X        |         |             |           |
|  |  |                  |                     |                      |                 |  |              |                             |              |            |          |         |             |           |
|  |  |                  | -                   |                      |                 |  |              |                             |              |            | -        | -       |             |           |
|  |  |                  |                     |                      |                 |  |              |                             |              |            |          |         |             |           |
|  |  |                  |                     |                      |                 |  |              |                             |              |            |          |         |             |           |
| Name of Registered Waste Hauler  |  | - N.1            | IDED W              | lants                | Colti           | Vard   |              | No                          | log!-!-      | nall 101   |          | 1       |             |           |
| 257.2  |  |                  | JDEP W auler ID     |                      | Cubic<br>of Was |  |              | Name of R                   | egister      | ea Landfil | 9        |         |             |           |
| Amax Contracting LLC   |  | 132.52           | 036184              |                      | 2 cy            | ,,,  |              | GROWS                       | 3            |            |          |         |             |           |
| City State   |  |                  | 000104              |                      | -               | ol Dete  |              | City Ct-1                   |              |            |          |         |             |           |
| City, State<br>Woodland Park NJ 07424  |  |                  |                     |                      | 9.5             | al Date  | A            | City, State                 |              |            |          |         |             |           |
| The state of the second |  | 09               |                     |                      | -2016           | //   | Morrisvi     | ie PA                       |              |            |          |         |             |           |
| Completed by   | Title  | 950,000          |                     |                      | S               | ignature   | /            |                             |              |            | ate      |         |             |           |
| Tome Maslarkov   | Proje  | ct Ma            | anager              |                      |                 | -111   | 1 ~          |                             |              | 0          | 8-29-    | 2016    | ,           |           |

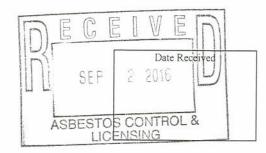
### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

|  |  |  |                           |              |             |                      |                          | 52                                      | Statement Colores  |                                     |           |        |           |        |
|--|--|--|---------------------------|--------------|-------------|----------------------|--------------------------|---|--|-------------------------------------|-----------|--------|-----------|--------|
| Date of Notification (1)                     | August 29, 201                           | 6  |                           |              | Name o      | of Building (        | Owner/Oper<br>Bevin      |   | 21111  | ECE                                 |           | 履      | R         | 1      |
| Agencies Notified  [ X ] EPA  [ DEP          | 1 5 5                                    | l Notifi   | cation<br>otification     |              | Street A    | Address              |                          |   | A STATE OF THE STA | SEP 2                               | 201       | 6      |           |        |
| [x] DOL                                      | Ame                                      | ndment   |                           |              | City, St    | ate, Zip Coo         |                          | ırst, N                                 | J 07755 AS   | BESTOS CO                           |           | -      |           |        |
| [x] DOH [ ] DCA                              | justif                                   | ication)<br>ellation   | ľ                         |              | Name o      | of Contact           | Bevin                    | Irvin                                   | Te   | lephdne Number                      | NG<br>NG  | OL &   |           |        |
|  |  |  |                           | FA           | CILITY      | INFORM               | ATION                    |   |  |                                     |           |        | -         |        |
| Name of Facility Where Ab                    | natement is Taking<br>itfield Hotel      | Place (  | 3)                        |              |             |                      |                          | Туре                                    | of Facility (4)  | School (k-12)                       |           |        |           |        |
| Street Address                               | 20 Surf Avenu                            | e  |                           |              |             |                      |                          |   | [ ]<br>[x]   | Subchapter 8 (of Other (i.e., priva |           |        | ial build | dings, |
| City   |  | Cour   | ity (6)                   |              | County C    | Code (7)<br>USE ONLY | 7)                       | 100000000000000000000000000000000000000 | re feet<br>7000 sf   | homes, etc.) # of Floors 4          | Bld       | g. Age | 00        |        |
| Ocean Grove                                  |  |  | nmouth                    |              |             |                      |                          |   | ent Use (Prior if I<br>Hotel   |                                     | )         |        |           |        |
|  | Hired by Building (<br>ardian Contract   | The state of the s | 1000                      |              | ASCM N      | lo.                  |                          |   | nent Contractor (<br>Guardia   | 9)<br>n Contracting,                | Inc.      |        |           |        |
|  | 9 Route 9, Uni                           | t 61   |                           |              |             |                      | Street Ad                |   |  | ute 9, Unit 61                      |           |        |           |        |
|  | ns River, NJ 08                          | 3755   |                           |              |             | п                    | City, Stat               | te, Zip (                               |  | ver, New Jers                       | ey 08     | 755-1  | 271       |        |
| Project Manager for Monito<br>Nicholas Fern  |  |  | Telephone<br>732-349      |              |             |                      | Telephon<br>732-349      |   |  | License N<br>00624                  | Jumber    |        |           |        |
| Scheduled Start Date (10)<br>9/9/16          |  |  | Scheduled<br>9/14/        |              | ion Date (1 | 1)                   | Name of                  | OSHA                                    |  | . Analytical                        |           |        | 200012    |        |
| Occupancy Status During A  [ X ] Facil       | batement (Check of<br>ity Closed/Vacated | -  |                           | od of Aba    | itement     |                      | Street Ad                | ldress                                  |  | lton Road                           |           |        |           |        |
|  | ement Performed (<br>r – Describe        | Outside  | of Normal I               | acility H    | ours        |                      | City, Stat               | te, Zip (                               |  |                                     | 24,04,04  |        |           |        |
| 550 530                                      |  |  |                           |              |             |                      |                          |   | Piscataw   | ay, New Jerse                       | ey 088    | 54     |           |        |
| Scope of Work (Check all the                 | nat apply)                               |  |                           |              |             |                      | [ ]                      |   | Ill Containment w<br>ini-Enclosure   | vith Negative Pres                  | sure      |        |           |        |
| 2 1  | or ≥3 lf                                 |  | [ x ]                     | Renova       |             |                      | [x]                      | GI                                      | ovebag Procedur  |                                     |           |        |           |        |
| [ ] 2160                                     | sf or ≥260 lf                            |  | L J                       | Demol        | ition       |                      | l J                      | No                                      | on-Exempted (*)  | and Non-Friable                     | Procedu   | ге     |           |        |
|  |  |  | т т                       | X20          |             |                      |                          | C                                       |  |                                     | Abat      | ement  | Гуре      |        |
| Location o                                   | f  |  | Is Location<br>Normally ι |              |             |                      | Description<br>estos-Con |   | g  | Amount                              | R         | R<br>E | E<br>N    | E      |
| Asbestos-Containing M                        |  |  | Solely b                  |              |             | M                    | laterial (A              | CM)                                     |  | (Specify SF                         | E<br>M    | P      | C         | N<br>C |
| TO BE ABAT in facility                       |  | Mair   | ntenance/C<br>Staff       | ustodial     |             |                      | thermal s<br>lation, sur |   |  | or LF)                              | 0         | A      | A<br>P    | L      |
| (13)   |  |  | (12)                      |              |             |                      | VAT, or                  | r                                       |  |                                     | V         | R      | S         | S      |
|  |  | MO   | 210                       | 3.714        |             | othe                 | r miscella               | neous                                   | )  |                                     | A         |        | U<br>L    | U<br>R |
|  |  | YES  |                           | N/A          |             |                      |                          |   |  |                                     | L         |        | E         | E      |
| Basement                                     |  |  | X                         |              | Asbes       | stos pipe            | insulatior               | n                                       |  | 250 lf                              | X         |        |           |        |
|  |  |  |                           | -            |             |                      |                          |   |  |                                     |           |        |           |        |
|  |  |  |                           |              |             |                      |                          |   |  |                                     |           |        |           |        |
| Name of Registered Waste H                   | lauler                                   | -  | NJDEP Was                 | te Hauler    | ID No. I    | Cubic Var            | ds of Waste              | e I N                                   | ame of Registere   | d Landfill                          |           |        |           |        |
| Guardian Con                                 |  |  |                           | 20223        |             | 5                    |                          |   | T.R.R.F.   | a Dundiiii                          |           |        |           |        |
| City, State Toms River, 1                    | New Jersev                               |  |                           | Dispo. 9/15/ | sal Date    |                      | City, Star               |   | ennsyl <b>y</b> ania   |                                     |           |        |           |        |
| Completed by (Print or Type<br>Nicholas Fern | )  | Title<br>Proje   | ect Manag                 |              | Signatu     | ire                  | , runye                  | , vi 11, f                              | Janay I Palila   |                                     | Date 8/29 | /2016  | <u> </u>  |        |

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755

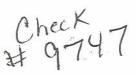


### DEMOLITION / RENOVATION NOTIFICATION

| Oper  | ator Project #:  | Postmark           |                      | Notificat  | ion:                  |           |                     |
|-------|--|--------------------|----------------------|------------|-----------------------|-----------|---------------------|
| I.    | TYPE OF NOTIFICATION (O - Original R - Revised                               | C - Cancelled):    | 0                    | II.        | IS ASBESTOS PRESENT?  | (Yes/No): | Y                   |
| III.  | FACILITY INFORMATION (identify owner, removal co                             | ntractor and other | er operator)         |            |                       |           |                     |
|       | OWNER NAME: Bevin Irv  | in                 |                      |            |                       |           |                     |
|       | Address:   |                    |                      |            |                       |           |                     |
|       | City: Oakhurst St  | ate: New           | Jersey               | Zip:       | 07755                 |           |                     |
|       | Contact: Bevin Irvin   |                    |                      | Tel:       |                       |           |                     |
|       | REMOVAL CONTRACTOR: Guardian   | Contracting,       | Inc.                 |            | NJ License: 006       | 24        |                     |
|       | Address: 1889 Rou  | te 9, Unit 61      |                      |            |                       |           |                     |
|       | City: Toms River Sta   | ate: New.          | Jersey               | Zip:       | 08755                 |           |                     |
|       | Contact: Nicholas I  | Fernicola          |                      | Tel:       | 732-349-9932          |           |                     |
|       | OTHER OPERATOR (if different)  |                    |                      |            | NJ License:           |           |                     |
|       | Address:   |                    |                      |            |                       |           |                     |
|       | City: Ste  | nte:               |                      | Zip:       |                       |           |                     |
|       | Contact:   |                    |                      | Tel:       |                       |           |                     |
| IV.   | TYPE OF OPERATION (D - Demo O - Ordered Demo                                 | R - Renovati       | on E - Emergency Ren | novation): | R                     |           |                     |
| V.    | FACILITY DESCRIPTION (Including building name, nur                           | mber and floor o   | r room number)       |            |                       |           |                     |
|       | Building Name: Hotel   |                    |                      |            |                       |           |                     |
|       | Address: 18-20 Surf Avenue   |                    |                      |            |                       |           |                     |
|       | City: Ocean Grove Sta  | ite: New J         | ersey                | County:    | Monmouth              |           |                     |
|       | Site Location: Basement  |                    |                      |            |                       |           |                     |
|       | Building Size: 7000 sf # o   | f Floors:          | 4                    | Age in Ye  | ears: 100             |           |                     |
|       | Present Use: Residence Hotel   |                    | Prior Use:           | Residence  | e Hotel               |           |                     |
| VI.   | PROCEDURE, INCLUDING ANALYTICAL METHOD,                                      | IF APPROPRIA       | ATE, USED TO DETEC   | T THE PRES | ENCE OF ASBESTOS MATE | RIAL:     |                     |
|       |  |                    |                      |            |                       |           |                     |
| VII.  | IS MATERIAL ASSUMED TO BE ASBESTOS?  APPROXIMATE AMOUNT OF ASBESTOS INCLUDIN | G: T               |                      |            |                       | Nont      | friable             |
|       | Regulated ACM to be removed  |                    | RACM                 |            |                       | Asbestos  | s Material<br>To Be |
|       | <ol><li>Category I ACM not removed</li></ol>                                 |                    | To Be<br>Removed     |            | LOCATION              | 2000      | noved               |
|       | Category II ACM not removed  |                    |                      |            |                       | Cat I     | Cat II              |
|       | Pipes (Linear feet): 250 lf  | Asbes              | tos pipe insulation  |            | Basement              |           |                     |
|       | Surface Area (Square feet):  |                    |                      |            |                       |           |                     |
|       | RACM Off Facility Component (Cubic feet):                                    |                    |                      |            |                       |           |                     |
| VIII. | SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY                                    | ) Start:           | 9/9/16               |            | Complete: 9/1         | 4/16      |                     |

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

| X.     | DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION   | ON WORK, AND METHOD(S) T   | O BE USED  |
|--------|---|--|--|
|        |   |  | IDECEIVED)   |
| xi.    | DESCRIPTION OF WORK PRACTICES AND ENGINEERING (AND RENOVATION SITE:   | CONTROLS TO BE USED TO PI  | REVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION   |
|        | Removal to take place using negative pressure glove-bag method. Prior to re with a surfactant/water mix. All waste to be double bagged, sealed and affix surfaces where removal took place. All materials to be kept wet during the e | emoval, work area to be isolated, negati<br>ked with appropriate warning labels and<br>entire operation. Final cleaning will con | ve air units to be put in place. All asbestos insulation will be saturated placed in closed/locked companies for disposal Enfancialism of all sist of HEPA vacuuming and or wer wiping of all surfaces |
| xii.   | WASTE TRANSPORTER #1 Name: Guardian Contrac   | cting, Inc.  |  |
|        | Address: 1889 Route 9, Ur   |  |  |
|        | City: Toms River Sta  |  | Zip: 08755   |
|        | Contact Person: Nicholas Fernico  |  | 1  |
|        | WASTE TRANSPORTER #2 Name:  |  |  |
|        | Address:  |  |  |
|        | City: Stat  | ite:   | Zip:   |
|        | Contact Person:   |  |  |
| xiii.  | WASTE DISPOSAL SITE Name: T.R.R.F.  |  |  |
|        | Location: Bordentown Road   | d  |  |
|        | City: Tullytown Stat  | te: Pennsylvania   | Zip: 19007   |
|        | Telephone: 215-943-9732   | Permit #:  | 101494   |
| xiv.   | IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY,   | PLEASE IDENTIFY THE AGEN   | CY BELOW AND ATTACH COPY OF ORDER  |
|        | Name:   | Title:   |  |
|        | Authority:  |  |  |
|        | Date of Order (MM/DD/YY):   | Date Ordered to Begin  | (MM/DD/YY):  |
| XV.    | FOR EMERGENCY RENOVATIONS   |  |  |
|        | Date and Hour of Emergency (MM/DD/YY):  |  |  |
|        | Description of the Sudden, Unexpected Event:  |  |  |
|        | Explanation of how the event caused unsafe conditions or would cau  | use equipment damage or an unrea   | sonable financial burden:  |
| xvi.   | DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED  | E EVENT THAT UNEXPECTED A<br>ED, OR REDUCED TO POWDER  | ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE   |
| xvii.  | I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVIS<br>THE DEMOLITION OR RENOVATION AND EVIDENCE THAT<br>AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS   | T THE REQUIRED TRAINING H  | AS BEEN ACCOMPLISHED BY THIS PERSON WILL BE  |
|        | Nicholas Fernicola / Project Manager (Printed Name/Title)   | (Signature of Owner/C  | August 29, 2016 (Date)   |
| xviii. | I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  |  |  |
|        | Nicholas Fernicola / Project Manager (Printed Name/Title)   | (Signature of Owner/C  | August 29, 2016 (Date)   |
|        |   |  |  |



| F   |                                |              |                     |          |                      |          |   |  | 11       |             |          |         |              |           |
|---|--------------------------------|--------------|---------------------|----------|----------------------|----------|---|--|----------|-------------|----------|---------|--------------|-----------|
| Date of Notification (1)                      | 8-38                           | -16          | 0                   | Name     | of Building          | Owner    | Operator (  | Jack   | 5        | Ele         | 福        | ho      | nK.          | 7 -       |
| Agencies Notified                             | Type Notification              | 1911         |                     | Street / | Address              |          |   | 0-101  |          | _LU         | 1        | 1       | /\ E         | 3         |
| □ EPA   | Initial .                      |              |                     | 14-4     |                      |          |   |  |          |             |          |         |              |           |
| DEP DOL                                       | ☐ Amended<br>Amendment         | #            |                     | City, St | tate, Zip C          |          |   | + /  | 四世       | - SEP       | 280      | C-88    | 13           | . [[]     |
| ≥ DOH   | ☐ Emergency (                  |              | -                   | Name o   | of Confact           |          | egai  | 1  |          | elephone N  |          |         |              | - ' _     |
| D DCA   | justification)  □ Cancellation |              |                     | I        | aKK                  | ie:      | Jake  | 1 tide   | Ā        | Spran       | 240      | 15.7    | 1=           |           |
| Name of Facility Where                        | Abatament is Taking            | Place (      | 2)                  |          | ILITY INF            |          | TION  |  | (4)      | LIC         | ENS      | NG      |              |           |
|   | e Fan                          |              |                     | م ( ر    | lling                |          |   | Type of Facility                                   | -        |             | -        |         |              |           |
| Street Address                                | 2 19071                        | 14           | V                   | <u> </u> | 11115                | <u> </u> |   | <ul><li>□ School (K-</li><li>□ Subchapte</li></ul> |          | her than K- | 12)      |         |              |           |
|   |                                |              |                     |          |                      |          | 1   | Other (i.e. etc.)                                  | private  | & commer    | cial bu  | ildings | , hom        | es,       |
| City (5)                                      |                                | /            |                     | 940 000  | 200                  | 2        |   | Square Feet  | #        | of Floors   |          | Bldg.   | Age          |           |
| balne   | 2 gat                          | N            | 7                   | _ (      |                      | 05       |   |  |          | 2           |          | 6       | 0+           | -         |
| County (6)                                    | ean                            |              |                     |          | Code (7)<br>USE ONLY | )        | '   | Single   |          |             | · (11)   | 1.      | 1 - <i>i</i> | /.        |
| Name of Monitoring Firm                       |                                | wner (8)     | )                   | ASCI     | M No.                |          | Name of   | Abatement Co                                       | -        | QM1         | 14       | Du      | jel          | line      |
| EPC TE  | chnole                         | Sie          | \$                  |          | N/A                  |          | E   | ST 29  | ch       | nole        | qie      | S       | Ir           | 36        |
| Street Address                                | 30x 3                          | 37           |                     |          |                      |          | Street A  | ddress<br>D. Box                                   | 3        | 37          | J        |         |              |           |
| City, State, Zip Code                         | - Avat                         | NJ           | 5                   | 08       | 53                   | 3        | City, Sta   | te, Zip Code                                       | 104      | LIA         | 0        | 2       | 53           | 3         |
| Project Manager for Mon                       | - 4 9 4                        | 4 4 -        | 1                   | Telepho  |                      |          | Telepho   | - U  | +        | License     | No.      | 2 6     | 8 8          |           |
| Stene 2                                       | then ken                       | <u> </u>     |                     |          | 758-                 |          |   | <i>5</i> 8-33                                      |          |             | 0,       | בכ      | 1            |           |
| Start Date (10)                               | 2016                           | Scriedul     |                     |          | Date (11)            |          | (1) - Marie (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | OSHA Monitor                                       |          | مانمما      | . 7      | · .     |              |           |
| Occupancy Status During                       |                                | Only Or      | ne)                 | 0/0      | × 1 10               |          | Street Ad   | idress   | _1       | 210716      | > -      | nc      |              |           |
| Facility Closed/Vaca                          |                                |              |                     |          |                      |          |   | O. Box   | 3        | 37          |          |         |              |           |
| ☐ Abatement Perform ☐ Other – Describe: _     | ed Outside of Norma            | al Facility  | / Hours             | ٠,       |                      |          |   | te, Zip Code                                       |          |             | ~ ~      | ~ ~     | _            |           |
| Scope of Work (Check Al                       | I That Apply)                  |              |                     |          |                      |          | 1000  | u Egypt  | /        | <u> </u>    | 08.      | 33      | 5            | -         |
| Se ≥3 sf or ≥3 lf                             | FF.3,                          |              | Renova              | tion     |                      |          |   | Full Containm                                      | nent wit | h Negative  | Pressi   | ıre     |              |           |
| ≥160 sf or ≥260 lf                            |                                | 2            | Demoliti            |          |                      |          |   | Mini-Enclosur<br>Glovebag Pro                      | re       |             |          |         |              |           |
|   | 21                             |              |                     |          |                      |          |   | Non-Exempte  |          |             | ble Pro  | cedur   | e            |           |
|   |                                |              | Locati              |          |                      |          |   |  |          |             |          |         | ement<br>pe  | t         |
| Location<br>Asbestos-Containing               |                                |              | Normall<br>d Solel  |          | Ashes                |          | escription of                                       | f<br>terial (ACM)                                  |          | Amount      |          | T       |              | Г         |
| TO BE ABA                                     | TED                            | 1 . THE 2 TH | intenar<br>todial S |          |                      | therma   | l systems ir  | nsulation,   | (        | Specify     | Re       | Re      | пса          | Enc       |
| In Facili<br>(13)                             | ty                             |              | (12)                |          |                      |          | cing, VAT,<br>miscellaned                           |  | 0        | F or LF)    | Remova   | Repair  | Encapsulate  | Enclosure |
| 124   |                                | Yes          | No                  | N/A      |                      |          |   |  |          |             | 2        |         | ate          | 9,        |
| exterior                                      | Walls                          |              |                     | *        | Sid                  | ins      | Shi   | clas   | 10       | 500 SF      | ΞX       |         |              |           |
| CATOPOLY .                                    | EX-CITS.                       |              |                     | 1        | .)(0                 |          | 0 (11   | 7  | 1        | 7000        |          | T       |              |           |
|   |                                |              |                     |          |                      |          |   |  |          |             |          |         |              |           |
|   |                                |              |                     |          |                      |          |   |  |          |             |          |         |              |           |
| Name of Registered Wasi                       | te Hauler ,                    |              |                     | JDEP W   |                      |          | Yards   | Name of  | Regist   | ered Landfi | II       |         |              |           |
| FPC TOC                                       | hnologies                      |              | H                   | auler ID |                      | of Wa    | ste (o  | Was  | teN      | lanage      | men      | +       | c P          | A         |
| City, State                                   |                                | 24           |                     | 1 /0     |                      | Dispo    | sal Date  | City, Sta  | te       |             |          | - 3     |              | •         |
| New Ea  | ypt 1                          | VJ           | Ś                   |          |                      | 4-       | 9-16  | Morn   | li'syt   |             | PA       |         |              |           |
| City, State  New Eg  Completed by  Sheve Sche | Kon                            | Title        | sid                 | +        |                      | 18       | Signature   | 2500   | 1        | D           | ate<br>Q | 98      | -11          | ^         |
| THE WILLIE                                    | I VEAL                         | TIC          | DION                | ni       |                      | 1        | JARRE .   |  | NP       | ~           | ()"      | OL      | LY           | U         |

|   |  |               | 55%                                  |                  |                       |                             |   | 1112                          | -  | _           | -                          | - 1         | v             | _           |  |
|---|--|---------------|--------------------------------------|------------------|-----------------------|-----------------------------|---|-------------------------------|--|-------------|----------------------------|-------------|---------------|-------------|--|
| Date of Notification (1)                                  | 8/30/16  |               |                                      | TI               | Building C            | wner/C                      | perator                                     | · (2)<br>WC                   | 14/10                                      | )[          | C E                        |             | 7 15          | In          | N  |
| Agencies Notified   | Type Notification  |               | 5                                    | Street A         | ddress                | 0                           | lleo te                                     |                               | IIn  |             |                            |             | A 100 100 100 | 111         |  |
| EPA DEP DOL   | Initial Amended Amendment # Emergency (ir justification) |               | - <u>U</u>                           | JPS+<br>Name of  | Contact               | le<br>19 (                  | 300   | nun                           | MJ   | ASTAIL      | SEP<br>) ] 7               | 2 201<br>64 | 8             | D           | Contraction of the Contraction o |
| DCA   | Cancellation   |               |                                      | Eric Pl          | lackis                |                             |   |                               | <u></u>                                    | +           |                            | ONTO        |               |             | -  |
|   |  |               |                                      | FACI             | LITY INFO             | RMATI                       | ON  |                               |  |             |                            | 1           |               |             | 1  |
| Name of Facility Where Street Address                     | Abatement is Taking                                      | Place (3)     |                                      |                  |                       |                             | 024 (2011)                                  |                               | of Facility (<br>School (K-1<br>Subchapter | 2)          | er than K                  | -12)        |               |             |  |
|   |  |               |                                      |                  |                       |                             |   | X                             | Other (i.e. p<br>etc.)                     | rivate 8    | & comme                    | rcial build |               |             | s,   |
| City (5) WISH L   | ong Bri  | ind           | $\cap$                               |                  |                       |                             |   | 18                            | re Feet                                    |             | Floors                     |             | dg. A         |             |  |
| County (6)  | Min  |               |                                      |                  | Code (7)<br>JSE ONLY) |                             |   | Curre                         | ent Use (Prid                              |             | ng demol                   | ished)      |               |             |  |
| Name of Monitoring Firm                                   | Hired by Building O                                      | wner (8)      |                                      | ASCN             | 1 No.                 |                             |   |                               | atement Con<br>ustries Inc                 | tractor     | (9)                        |             |               |             |  |
| Street Address  |  |               |                                      |                  |                       |                             |   | Addre                         |  | ,           |                            |             |               |             |  |
|   |  |               |                                      |                  |                       |                             |   |                               |  |             |                            |             |               |             |  |
| City, State, Zip Code                                     |  |               |                                      |                  |                       |                             |   |                               | Cip Code<br>w Jersey (                     | 08723       |                            |             |               |             |  |
| Project Manager for Mor                                   | nitoring Firm  |               | 1                                    | elepho           | ne No.                |                             |   | hone N<br>2)899-              |  |             | License<br>01196           |             |               |             |  |
| Start Date (10) \$   3                                    | 116  | Schedule      | d Com                                | pletion          | Date (11)             |                             | Name  | of OSI                        | HA Monitor                                 |             |                            |             |               |             |  |
| Occupancy Status Durin                                    | a Abatement (Check                                       | Only On       | e)                                   | 10               |                       |                             | Street                                      | Addre                         | SS   |             |                            |             |               |             |  |
| Facility Closed/Vac<br>Abatement Perform                  | ated During Entire Pened Outside of Norma                | eriod of A    | batem                                | ent              |                       |                             | City, S                                     | State, Z                      | ip Code                                    |             |                            |             |               |             |  |
| Other - Describe:   |  |               |                                      |                  |                       | _                           |   |                               |  |             |                            |             |               |             |  |
| Scope of Work (Check A  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | III That Apply)  | Tonoscopies . | enovat<br>emoliti                    |                  |                       |                             |   | Mi                            | II Containmeni-Enclosure                   | e<br>cedure | 3.70                       |             |               | e           |  |
|   |  | la.           | Lanatio                              |                  |                       |                             |   |                               |  |             |                            |             | Abate         |             |  |
| 1   | a of   | 1             | Location<br>lormally                 |                  |                       | Do                          | scription                                   | n of                          |  |             |                            |             | Ту            | ре          |  |
| Location Asbestos-Containing TO BE AB In Faci (13)        | Material (ACM)<br>ATED<br>lity                           | Mai           | d Solel<br>ntenan<br>odial S<br>(12) | ce/              | Asbest<br>(i.e.       | os Cont<br>thermal<br>surfa | taining f<br>system<br>cing, V/<br>miscella | Materia<br>ns insul<br>AT, or | -  | (5          | mount<br>Specify<br>or LF) | Removal     | Repair        | Encapsulate | Enclosure  |
|   |  |               |                                      |                  | 000                   | c'- c                       | 10  | -c-T                          | -10  | 300         | 100                        | X           |               |             |  |
|   |  |               |                                      |                  | Asbe                  | Stos                        | 410   | 01 1                          | 110  | 000         | SF                         |             |               |             |  |
|   |  |               |                                      |                  |                       |                             |   |                               |  |             |                            |             |               |             |  |
|   |  |               |                                      |                  |                       |                             |   |                               |  |             |                            |             |               |             |  |
| Name of Registered Wa                                     | ste Hauler   |               | 50000                                | JDEP W           |                       |                             | Yards                                       |                               | Name of                                    | Registe     | ered Land                  | dfill       |               |             |  |
| Brick Industries Inc.                                     |  |               | 2000                                 | auler ID<br>1602 | INU.                  | of Wa                       | 6   | )                             | GROW                                       |             |                            |             |               |             |  |
| City, State<br>Brick, New Jersey                          |  |               |                                      |                  |                       | Dispo                       | sal Date                                    | ) ,                           | City, Stat                                 | e           |                            |             |               |             |  |
| Completed by  |  | Title         | 200                                  |                  |                       | 5                           | Signatur                                    | e//                           | 11   |             |                            | Date /      | 145           | 1/          |  |
| Eric Plackis  |  | Presi         | dent                                 |                  |                       |                             |   | 71                            | PC_  |             |                            | 810         | 10(           | 16          |  |

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

| Date of Notification (1)                            |                                |                       |                           |                                      | Building C<br>Makormi              |                             | perator               | (2)                             |  | Ē G           |                            | $\mathbb{V}$      | 5                     |               |           |
|---|--------------------------------|-----------------------|---------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------|---------------------------------|--|---------------|----------------------------|-------------------|-----------------------|---------------|-----------|
| Agencies Notified  EPA                              | Type Notification Initial      |                       |                           | Street Ad                            |                                    |                             |                       |                                 |  | SE            | P 2                        | 2016              |                       | שש            |           |
| DEP<br>DOL  | Amended Amendment Emergency    |                       | - L                       | Titusvi                              | te, Zip Coo<br>Ille, NJ C          | 18560                       |                       |                                 | L  | SBES          | TOS C                      | ONTR              | OL 8                  |               |           |
| DOH DCA   | justification) Cancellation    |                       |                           | john N                               | Contact<br>lakormic                |                             | 2)                    |                                 |  | 1 010         | nn/na.n                    | - IMPAT           |                       |               |           |
| Name of Facility Where                              | Abatamant in Takin             | a Place /2\           |                           | FACIL                                | LITY INFO                          | RMATI                       | ON                    | Type                            | of Facility (4                                     | 1)            |                            |                   |                       |               |           |
| Street Address                                      | Abatement is Takin             | y Flace (5)           |                           |                                      |                                    | ,                           |                       | SSS                             | chool (K-12<br>ubchapter<br>other (i.e. pr         | 2)<br>8 (Othe | er than K-                 | ·12)<br>·cial bui | ldings,               | home          | es,       |
| City (5)<br>Titusville, NJ 08560                    | 0                              |                       |                           |                                      |                                    |                             |                       | Square<br>1500                  |  | # of<br>2     | Floors                     |                   | 3ldg. <i>A</i><br>+50 | \ge           |           |
| County (6)<br>Mercer                                |                                |                       |                           |                                      | Code (7)<br>JSE ONLY)              |                             |                       | Currer                          | t Use (Prio  | r if beir     | ng demoli                  | ished)            |                       |               |           |
| Name of Monitoring Firm                             | Hired by Building              | Owner (8)             |                           | ASCM                                 | l No.                              |                             |                       |                                 | ement Con<br>vironmer                              |               |                            |                   |                       |               |           |
| Street Address                                      |                                |                       |                           |                                      | - 200-04 50 700 70                 |                             |                       | Address<br>-Lafaye              | s<br>ette Stree                                    | et            |                            |                   |                       |               |           |
| City, State, Zip Code                               |                                |                       |                           |                                      |                                    |                             |                       | State, Zip<br>rark, N           | Code<br>J 07105                                    |               | 19094 10.82                |                   |                       |               |           |
| Project Manager for Mor                             | nitoring Firm                  |                       |                           | Telephor                             | ne No.                             |                             |                       | hone No<br>-491-0               |  |               | License<br>01240           |                   |                       |               |           |
| Start Date (10)<br>9/3/16                           | Com                            | pletion [             | Date (11)                 |                                      |                                    |                             | A Monitor<br>onment C | orp.                            |  |               |                            |                   |                       |               |           |
| Occupancy Status Durin  Facility Closed/Vac         |                                |                       |                           | Street Address<br>2333-Route 22 West |                                    |                             |                       |                                 |  |               |                            |                   |                       |               |           |
| Abatement Perform Other – Describe:                 | ed Outside of Norr             | nal Facility I        | Hours                     |                                      |                                    | _                           |                       | State, Zip<br>on, NJ            |  |               |                            |                   |                       |               |           |
| Scope of Work (Check A                              | II That Apply)                 | - ,                   |                           |                                      |                                    |                             |                       |                                 |  |               |                            |                   |                       |               | -         |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                |                                |                       | novat<br>moliti           |                                      |                                    | e in                        | 2                     | Mini<br>Glov                    | Containme<br>-Enclosure<br>vebag Proc<br>-Exempted | edure         | \$                         |                   |                       | e.            |           |
|   |                                | le I                  | ocatio                    | nn l                                 |                                    |                             |                       |                                 |  | 17.           |                            |                   | Abat                  | ement         |           |
| Location Asbestos-Containing TO BE AB In Facil (13) | Material (ACM)<br>ATED<br>lity | Used<br>Main<br>Custo | ormall<br>Solel<br>itenar | y<br>y by<br>ice/                    |                                    | os Cont<br>thermal<br>surfa |                       | Material<br>s insulat<br>AT, or |  | (S            | mount<br>specify<br>or LF) | Removal           | Repair                | e Encapsulate | Enclosure |
|   | No                             | N/A                   |                           |                                      |                                    |                             |                       |                                 |  |               |                            | 0                 |                       |               |           |
| Basem   | ent                            |                       |                           | Х                                    |                                    | Pipe                        | Insula                | ation                           |  | 12            | 20 LF                      | X                 |                       |               |           |
|   |                                |                       |                           |                                      |                                    |                             |                       |                                 |  |               |                            |                   |                       |               |           |
|   |                                |                       |                           |                                      |                                    |                             |                       |                                 |  |               |                            |                   |                       |               |           |
|   |                                |                       |                           |                                      |                                    |                             | X3                    |                                 |  |               |                            |                   |                       |               |           |
| Name of Registered Was<br>Newark Carting            | ste Hauler                     |                       |                           |                                      |                                    | Cubic<br>of Was             |                       |                                 | Name of F  |               |                            |                   |                       |               |           |
| City, State<br>P.Box 5670                           |                                |                       |                           |                                      | Disposal Date City, State 2335-App |                             |                       |                                 | e<br>Applebutter Rd. Betgleham, PA                 |               |                            |                   | A                     |               |           |
| Completed by<br>Carlos Gomes                        | Signature                      |                       |                           |                                      |                                    | 1                           | Date 8/22/16          |                                 |  |               |                            |                   |                       |               |           |

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

CK# 0135

| Date of Notification (1)  |                              | T                       |                      | Building C<br>Makormic                                    |                  | perator                          | (2)                     | m   | E (       | GE                 | N N       | 7                     | 10  | 7         |
|---|------------------------------|-------------------------|----------------------|---|------------------|----------------------------------|-------------------------|---|-----------|--------------------|-----------|-----------------------|---|-----------|
| Agencies Notified Type Notification   |                              |                         | Street A             | ddress  |                  |                                  |                         | IK.   |           |                    | U 1./     |                       | - Common of the |           |
| DEP Amended Amendment:  |                              | _                       | City, Sta<br>Titusvi | te, Zip Coo<br>ille, NJ 0                                 | de<br>8560       |                                  |                         |   |           | EF 2               |           | Ó                     | 世   | 1         |
| DOH Emergency (injustification) DCA Cancellation  | ncluding                     |                         | john M               | Contact<br>Nakormic                                       |                  |                                  |                         |   | 13        | phone Nu           |           |                       | 1   |           |
| Name of Facility Where Abatement is Taking  | Place (3)                    |                         | FACI                 | LITY INFO   | RMATI            | ON                               | Туре                    | of Facility (4  | 1)        |                    |           |                       |   |           |
|   |                              |                         |                      |   |                  |                                  |                         | School (K-12<br>Subchapter                            |           | rthan K-           | (2)       |                       |   |           |
| Street Address  |                              |                         |                      |   |                  |                                  | V                       | Other (i.e. pretc.)                                   | rivate &  | commerc            | cial bui  |                       |   | es,       |
| City (5)<br>Titusville, NJ 08560  |                              |                         |                      |   | 1160             |                                  | 150                     |   | 2         | Floors             |           | 81dg. <i>A</i><br>+50 | ige   |           |
| County (6)<br>Mercer  |                              |                         | County (<br>(STATE L | Code (7)<br>JSE ONLY)                                     |                  |                                  | Curre                   | ent Use (Prio   | r if bein | g demolis          | shed)     |                       |   |           |
| Name of Manitoring Firm Hired by Building C   | Owner (8)                    |                         | ASCN                 | l No.   |                  |                                  |                         | tement Con<br>nvironmer                               |           |                    |           |                       |   |           |
| Street Address  |                              |                         |                      |   |                  |                                  | Addre:<br>Lafay         | ss<br>ette Stree                                      | et        |                    |           |                       |   |           |
| City, State, Zip Code   | 4.                           |                         |                      |   |                  |                                  |                         | ip Code<br>NJ 07105                                   |           |                    |           |                       |   |           |
| Project Manager for Monitoring Firm   |                              | 1                       | Telephor             | ne No.  |                  |                                  | none N<br>491-(         |   |           | License I<br>01240 | No.       |                       |   |           |
| Start Date (10)<br>8/11/2016  | Com                          | pletion i               | Date (11)            |   |                  |                                  | HA Monitor<br>Conment C | orp.  |           |                    | -         |                       |   |           |
| Occupancy Status During Abatement (Check  |                              |                         |                      |   |                  |                                  | Addres                  | ss<br>ite 22 Wes                                      | st        |                    |           |                       |   |           |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | eriod of At<br>al Facility I | atem                    | nent                 |   |                  | City, S                          | tate, Z                 | ip Code<br>J 07803                                    |           |                    | - 1/05/05 |                       |   |           |
| Scope of Work (Check All That Apply)  |                              |                         |                      |   |                  | Offic                            | 711, 140                |   |           |                    |           |                       |   |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |                              | nova<br>moliti          |                      |   | - 194            | ×                                | Mir                     | I Containme<br>ni-Enclosure<br>ovebag Procon-Exempted | edure ·   | -                  |           |                       | e   |           |
|   | Is L                         | ocati                   | on                   |   |                  |                                  |                         |   | 1 / 2     | 13211.1.110        |           | Abate                 | ement   | t         |
| Location of<br>Asbestos-Containing Material (ACM)   | Used                         |                         | ly by                | Asbesto   |                  | scription                        |                         | (ACM)   | An        | nount              |           | 1)                    | pe  |           |
| TO BE ABATED In Facility (13)   | Custo                        | tenar<br>dial S<br>(12) |                      | (i.e. t   | hermal<br>surfac | systems<br>cing, VA<br>niscellar | s insula<br>T, or       | ation,  | (Sp       | pecify<br>or LF)   | Removal   | Repair                | Encapsulate   | Enclosure |
| D   | Yes No                       |                         |                      |   |                  |                                  |                         |   |           | =                  |           |                       | te  | LU .      |
| Basement  | X                            |                         | Pipe                 | Insula  | tion             |                                  | 120                     | 0 LF  | X         |                    |           |                       |   |           |
|   |                              |                         |                      |   |                  |                                  |                         |   |           |                    | +         |                       |   |           |
|   | -                            |                         |                      |   |                  |                                  |                         |   |           |                    | +         | -                     | _   |           |
| Name of Registered Waste Hauler   |                              | 1.1                     | JDEP W               | 200   | Cubic '          |                                  | -11-2500.111            | Name of R   | 100       |                    |           |                       |   |           |
| Newark Carting  | auler ID I<br>4509           | INU.                    | of Was               | ole.  |                  | ISES Be                          | ethleha                 | am Lan  | dfill     |                    |           |                       |   |           |
| City, State<br>P.Box 5670   |                              |                         | Dispos               | Disposal Date City, State 2335-Applebutter Rd. Betgleham, |                  |                                  | m, P                    | A   |           |                    |           |                       |   |           |
| Completed by<br>Carlos Gomes  | dent Signature Date 8/22/    |                         |                      |   |                  |                                  |                         |   |           |                    |           |                       |   |           |

|     | _  |    |       |    |  |
|-----|----|----|-------|----|--|
| - 1 | ٦r | in | <br>0 | rm |  |
|     |    |    |       |    |  |

|   |                             |   | (Pu   | rsuant to  | NJAC 8:  | 60 and                           | 12:120                                  | )                               |                                      |                         |                    | D/I                | P      | -           | T             |  |
|---|-----------------------------|---|---|--|--|----------------------------------|---|---------------------------------|--------------------------------------|-------------------------|--------------------|--------------------|--------|-------------|---------------|--|
| Date of Notification (1)<br>8/25/2016                                 |                             |   |   | Name of Building Owner/Operator (2) Private Property |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Agencies Notified   | Type Notification           |   | 5   | Street Address SEP 2 201                             |  |                                  |   |                                 |                                      |                         | 0                  |                    |        |             |               |  |
| □ EPA   | × Initial                   |   |   | D E  |  |                                  |   |                                 |                                      |                         |                    | 0                  |        | 4           |               |  |
| DEP   | Amended                     | ш   | - 3 8   | City, State, Zip Code                                |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| × DOL   | Amendment<br>Emergency (    |   | Guttenberg NJ ASBESTOS CONTROL &  Name of Contact |  |  |                                  |   |                                 |                                      |                         |                    | ζ                  | +      |             |               |  |
| DOH   | justification) Cancellation |   | 1 .   |  |  | ^                                |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| DCA   |                             | Benny Fontenece FACILITY INFORMATION      |   |  |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Name of Facility Where  | Abatament is Takin          | n Place (3)                               |   | FACIL  | ITY INFO   | RMAII                            | ON                                      | Type                            | e of Facility (4                     | )                       |                    |                    |        |             | $\overline{}$ |  |
| Private Property  |                             |   |   |  |  | School (K-12)                    |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Street Address  |                             |   |   |  |  |                                  | Subchapter 8 (Other than K-12)          |                                 |                                      |                         |                    |                    |        |             |               |  |
| Oli Got / Marioo  |                             | Other (i.e. private & commercial bu etc.) |   |  |  |                                  |   |                                 |                                      | l build                 | illdings, homes,   |                    |        |             |               |  |
| City (5)  |                             |   |   |  |  |                                  |   |                                 |                                      |                         | f Floors Bldg. Age |                    |        |             |               |  |
| Guttenberg NJ   |                             |   |   |  |  |                                  | 2400                                    |                                 |                                      |                         | +5                 | +50                |        |             |               |  |
| County (6)  |                             |   | T   | County C   | -  |                                  | ng demolish                             | ished)                          |                                      |                         |                    |                    |        |             |               |  |
| Hudson  |                             |   | 1   | STATE U  | -  | — houses                         |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Name of Monitoring Firm   | n Hired by Building         | Owner (8)                                 |   | ASCM   |  | Name of Abatement Contractor (9) |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| N/A   |                             | N/A                                       |   | Dinago Environment LLC                               |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Street Address  |                             |   |   | Street Address                                       |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| N/A   |                             |   |   |  |  |                                  | 100000000000000000000000000000000000000 |                                 | ette Street                          |                         |                    |                    |        |             |               |  |
| City, State, Zip Code   |                             |   |   |  |  |                                  |   |                                 | Zip Code                             |                         |                    |                    |        |             |               |  |
| N/A   |                             |   |   |  |  | Newark NJ 07105                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Project Manager for Mo  |                             | Telephor                                  |   | Telephone No. License No. 973-491-0877 01240         |  |                                  |   |                                 |                                      |                         |                    | -                  |        |             |               |  |
| 1 1000000000000000000000000000000000000                               | d Corr                      | pletion D                                 |   | Name of OSHA Monitor                                 |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Start Date (10)<br>9/5/2016   | 16                          | thierion r                                |   | J&S Environmental Corp                               |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Occupancy Status Durin  |                             |   |   |  | Street Address   |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
|   | 2333 6                      |   |   |  |  | Route 22 West                    |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| X Facility Closed/Vac<br>Abatement Perform                            |                             |   |   |  | City, S  | City, State, Zip Code            |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Other – Describe:   |                             |   |   | _  | Unio   | on NJ 07803                      |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Scope of Work (Check /  | All That Apply)             |   |   | ****   |  |                                  |   | van in                          |                                      |                         |                    |                    |        |             |               |  |
| ≥3 sf or ≥3 lf  | enova                       |   |   | Full Containment with Negative Pressure              |  |                                  |   |                                 |                                      |                         |                    | 1                  |        |             |               |  |
| ≥160 sf or ≥260 lf  |                             |   |   | ion  |  |                                  |   |                                 | Mini-Enclosure<br>Glovebag Procedure |                         |                    |                    |        |             |               |  |
|   |                             |   |   |  | Non-Exempted (*) and Non-Friable Procedure   |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
|   | Locati                      | ดก  |   |  | Description of<br>Containing Material (ACM)<br>rmal systems insulation,<br>urfacing, VAT, or<br>ner miscellaneous) |                                  |   |                                 |                                      |                         | Abatement          |                    |        |             |               |  |
| Locatio   | ormal                       |   |   | De   |  |                                  |   | Amount<br>(Specify<br>SF or LF) |                                      | Туре                    |                    |                    |        |             |               |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  Custon |                             |   | d Sole<br>ntenar                                  |  |  |                                  |   |                                 |                                      |                         |                    | 70                 |        | En          | ш             |  |
|   |                             |   |   | Staff?   |  |                                  |   |                                 |                                      | (i.e.                   | surfa              | Remova             | Repair | caps        | Endosure      |  |
|   |                             |   | (12)  |  |  |                                  |   |                                 |                                      |                         | other i            | oval               | air    | Encapsulate | sure          |  |
|   |                             | Yes                                       | No  | N/A  |  |                                  |   |                                 |                                      |                         |                    |                    |        | е           |               |  |
| Exterior  |                             |   |   | х  |  | shin                             | gles si                                 | ding                            |                                      | 30                      | 000SF              | X                  |        |             |               |  |
|   |                             |   |   | 1  |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
|   |                             | +   |   | +  |  |                                  |   |                                 |                                      |                         |                    | +                  |        |             |               |  |
|   |                             |   |   |  |  |                                  |   |                                 |                                      |                         |                    | -                  |        | -           |               |  |
|   |                             |   |   |  |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Name of Registered Waste Hauler                                       |                             |   |   |  |  |                                  | Yards<br>aste                           |                                 |                                      |                         |                    |                    |        |             |               |  |
| Newark Carting Inc  |                             |   |   | 4509   |  | 20Yr                             | I ICL                                   |                                 |                                      | ISES Bethleham Landfill |                    |                    |        |             |               |  |
| City, State   |                             |   | Dispo   | osal Date City, State                                |  |                                  |   |                                 |                                      |                         |                    |                    |        |             |               |  |
| Po Box 5670   |                             |   |   |  |  |                                  |   |                                 |                                      |                         |                    | er Rd Bethleham PA |        |             |               |  |
| Completed by Title  |                             |   |   |  | 1  | Signature                        |   |                                 | 6                                    |                         | Date               |                    |        |             |               |  |
| Carlos Gomes  |                             | lent                                      |   |  |  | 1 181                            |   |                                 |                                      | 25/2016                 |                    |                    |        |             |               |  |

ASB-41 (R-06-08)

Print Form

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

CK 0137

| Date of Notification (1)<br>8/25/2016  |   | lame of Bui  |  | ner/Operato                                     | r (2)  |                     |                                      | •                |                   | 200         |          |      |  |  |
|--|---|--|--|---|--|---------------------|--------------------------------------|------------------|-------------------|-------------|----------|------|--|--|
| Agencies Notified    PA   Initial   Amended   Amendmen   Emergency   justification   | t #                                     | S C C  | Street Addressity, State, 2<br>Suttenber | ess<br>Zip Code<br>g NJ                         |  | SEP 2 2016          |                                      |                  |                   |             |          |      |  |  |
| DCA Cancellation  Name of Facility Where Abatement is Takin  | E                                       | FACILITY   |  | IATION  |  | 110Fh2000           |                                      |                  |                   |             |          |      |  |  |
| Private Property Street Address  | ng Place (3)                            |  |  |   |  | Type of Facili      | K-12)<br>oter 8 (Oth                 | ner than k       | (-12)             |             | s, hon   | nes, |  |  |
| City (5) Guttenberg NJ County (6)  |   | ounty Code   | (7)                                      |   | Square Feet 2400   | of Floors           |                                      | Bldg. Age<br>+50 |                   |             |          |      |  |  |
| Hudson  Name of Monitoring Firm Hired by Building  | (S                                      | ASCM No.   | ONLY) _                                  |   | Current Use (Prior if being demolished) houses   |                     |                                      |                  |                   |             |          |      |  |  |
| N/A Street Address   |   | N/A  |  | Dinag   | e of Abatement Contractor (9) ago Environment LLC et Address   |                     |                                      |                  |                   |             |          |      |  |  |
| N/A City, State, Zip Code N/A  |   |  |  | afayette Stre<br>tate, Zip Code<br>irk NJ 07105 | ode  |                     |                                      |                  |                   |             |          |      |  |  |
| Project Manager for Monitoring Firm N/A  |   | lephone No   |  |   | Telephone No. License No. 973-491-0877 01240   |                     |                                      |                  |                   |             |          |      |  |  |
| Start Date (10)<br>9/5/2016  | 6                                       | etion Date   | (11)                                     |   | Name of OSHA Monitor J&S Environmental Corp  |                     |                                      |                  |                   |             |          |      |  |  |
| Occupancy Status During Abatement (Chec  Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | atemer                                  | it   |  | 2333<br>City, St                                | Address Route 22 West tate, Zip Code n NJ 07803  |                     |                                      |                  |                   |             |          |      |  |  |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf   | ovation                                 | 37.0   |  | ×   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                     |                                      |                  |                   |             |          |      |  |  |
| Location of  | cation<br>mally                         | ly Description ly by Asbestos Containing Manager (i.e. thermal systems |  |   |  |                     |                                      |                  | Abatement<br>Type |             |          |      |  |  |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Used S<br>Mainte<br>Custod<br>(*        |  |  |   | aterial (ACM)<br>insulation,<br>Γ, or  |                     | Amount<br>(Specify<br>SF or LF)      |                  | Repair            | Encapsulate | Endosure |      |  |  |
| Exterior   |   |  | Х  | sh  | ingles sidi  | ng                  | 30                                   | 3000SF           |                   |             |          |      |  |  |
|  |   |  |  |   |  | ******************* |                                      |                  |                   |             |          |      |  |  |
| Name of Registered Waste Hauler Newark Carting Inc   | 100000000000000000000000000000000000000 | EP Waste<br>er ID No.<br>9   | of V<br>20Y                              |   | ISES Be  | ethlehan            | egistered Landfill<br>leham Landfill |                  |                   |             |          |      |  |  |
| City, State Po Box 5670  | Title                                   |  |  | Disp  | osal Date  | City, Sta<br>2335 A |                                      | ter Rd B         | ethleh            | am P        | A        |      |  |  |
| Completed by<br>Carlos Gomes   | t                                       |  |  | Signature                                       | wy   | Date 8/25/2016      |                                      |                  |                   |             |          |      |  |  |