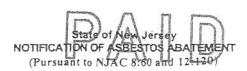
CK# 4608



| | C | E | | \mathbb{V} | E | In |
|--|-----|---|---|--------------|---|----|
| | SEP | _ | 7 | 2018 | | |

| Date of Notification (1) | -18 | | | Na | ame of Build | sing Owner/Operato | or (2) | | ASBES | STO | 0.20 | CNI | |
|--|---------------------------------------|------------|--|---------|------------------------|---|--|---------------------------------|--|---------|--------------|-------------|-----------|
| Agencies Notified | Type Notificat | ion | | St | reet Addres | is | 322 | -cares communications | Marca de para con | 4 7 15 | 400 1 4 4 | TING | |
| Ø DOF | Amended Amendmer | | lina | Cit | ty, State, Zip | | | 087 | 203 | | | - 44 | _ |
| ⊠ DOH □ DCA | Emergency justification Cancellation | n) | ling | Na | me of Cont | | 1413 | Telephone | | | | | |
| | - | | | J | | IFORMATION . | | | | | == | | |
| Name of Facility Where A | Abatement is Tal | | ice (3) | | | | Type of Facility School (K-1 | 2) 8 (Other than | n K-12) | | | - San | |
| | | | | | | | Other (i.e., homes, etc | .) | | | -0-2 | | |
| City (5) SE | A ISLE | (| ITY | | | | Square Feet | # of Floor | | 5 | lidg . | | _ |
| County (6) CAPE | MAY | | | | ounty Code SE ONLY) | (7) (STATE | Current Use (P | rior if being de | emolish | ned) | | | |
| Name of Monitoring Firm (8) | Hired by Building | Owne | r | ASC | M No. | 1 97.8 | nent Contractor (S | NC | | | | | |
| Street Address | | | | | | Street Address | | | AU | == } | | | |
| City, State, Zip Code | | | 4 | | | City, State, Zip C | ode | HADE V | 11 7 | - | 08 | 705 | 7 |
| Project Manager for Monit | oring Firm | | Tel | ephon | e No. | Telephone No. | | License N | 0.77 | 1 | 20 | | _ |
| Start Date (10) 9-11-18 | Sch | eduled | Comple 7-/ | etion C |)ate (11) | Name of OSHA N | | | | | | | |
| Occupancy Status During | | | | <u></u> | | Street Address | | | | | | | |
| Facility Closed/Vacated Abatement Performed C Other - Describe: | | | | | | City, State, Zip Co | ode | | | = | | | |
| Scope of Work (Check all I ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | that apply) | | enovati emolitio | | | ☐ Mini-Enc ☐ Gloveba | tainment with Neg Josure g Procedure mpted (*) and No | i de la | | | | | |
| | | N | _ocatio | | | | | | | A | bater Typ | ment e | |
| Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13) | | Mair Ct | Solety ntenan- istodia staff? (12) | œ/ | | Description of os Containing Mate thermal systems in surfacing, VAT, o other miscellaneou | sulation, or | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| 0.10 | | Yes | No | N/A | -+1/ | ZANSITE | | (1500 5 | - | / | - | - | _ |
| SIDING | | | | X | 1 1 1 1 | MANO 2116 | | 4500 s | <u>) </u> | X | - | \dashv | \dashv |
| | | - | - | | | | | | | 1 | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste | Hauler TNC | | - 0 | IDEP V | No, | Cubic Yards of Waste | Name of Regis | CU A . | | | | | |
| City, State | ADE N | .5 | | | | Disposal Date | City, State S | SANTU | ille | = | 9 | | |
| Completed By MICHAEL KLEW | Title | | FS | | | Signature | On | Date | | -1 | 8 | | |

CK # 4608

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

| D)r | E G | E | | 国们 |
|-----|-----|-----|------|----|
| | SEF | - 7 | 2018 | |

| | | | | | | | | 1 | | | | - 1 |
|---------------------------|------------------------|-------------|--------------------|-------------|----------|--|-------------------------------|----------------------|--------|--------------|-------------|-----------|
| Date of Notification (1) | 1-18 | | | Name of I | Buildi | ng Owner/Operator | MINOR | ASBEST | OS C | ON | TRO | L. & |
| Agencies Notified | Type Notification | en . | | Street Ad | dress | | LMONT ! | DR. UNI | ıΤ | A | HAVI DE NO | umain_e |
| | ☐ Amended | | - | City, State | e, Zip | Code | | | | 230 | | _ |
| Ø DOL | Amendment Emergency | | - | | (| CAPT MK | AY COUR | T HOUSE | N | 1, | 10 | 521 |
| ₩ рон | justification |) | Ť | Name of 0 | Conta | ct | | Telephone Numb | per | | | |
| □ DCA | ☐ Cancellation | | - | | | | | | | | _ | |
| | | | | FACILIT | TY IN | FORMATION | | | | | | |
| Name of Facility Where A | | | e (3) | | | | Type of Facility | | | | | |
| | tSIDTM | t | | | <u> </u> | | School (K-1) Subchapter | 8 (Other than K-12 | ?) | | | |
| Street Address | | | | | | | Other (i.e., p homes, etc. | rivate & commercia | | | | |
| City (5) | ` | i 1.0 | 10 - | 0 | | | Square Feet | # of Floors | - 1 | ldg. A | | |
| | OWE | HAK | 1201 | <u>K</u> | -1-7 | 7) (0747/ | 1500 | ior if being demolis | | 50 | _ | = |
| County (6) | MAY | | _ | USE ONL | | 7) (STATE | VI | ACAMT | ineu) | | | |
| Name of Monitoring Firm | Hired by Building | Owner | A | SCM No. | | 1 | ent Contractor (9 | | | | | |
| (8) N | IA | | | | | | tuco | INC | | | | _ |
| Street Address | %- | | | | | Street Address | 2 5 5 0 | RICE AL | | | | |
| | | | | | | City, State, Zip C | | ICLLE MIL | C | | _ | = |
| City, State, Zip Code | | | | | | MAP | LE SHA | DE WIJ | 0 | 80 | 52 | _ |
| Project Manager for Monit | toring Firm | | Telep | hone No. | | Telephone No. | 9 11177 | License No. | 71 | | | |
| | | | | 5 4 74 | - | Name of OSHA N | | 1 - 01 | | | | = |
| Start Date (10) | Sche | eduled Co | ompletik | on Date (1 | 1) | Name of OShA N | IV. | 1A | | | | _ |
| Occupancy Status During | Abatement (Che | eck only | one) | | - | Street Address | | | | | | |
| X Facility Closed/Vacated | d During Entire P | eriod of | Abatem | ent | | | 1 | | | | | = |
| Abatement Performed | Outside of Norma | al Facility | Hours | | | City, State, Zip Co | ode | | | | | |
| Other - Describe: | | | | | | | | | | _ | | = |
| Scope of Work (Check all | that apply) | | | | | Full Con | tainment with Neg | gative Pressure | | | | |
| ≥3 sf or ≥3 ff | | | novation | n | | ☐ Mini-End | dosure g Procedure | | | | | |
| ≥160 sf or ≥260 lf | | Der | nolition | | | | | n-Friable Procedur | е | | | |
| | | 1737337 | ocation | | | | | | A | bater Typ | | |
| . Location of | | | rmally Solely t | | | Description of | | | - | - 71 | | \dashv |
| Asbestos-Containing Ma | iterial (ACM) | Maint | tenance stodial | / A | | os Containing Mate thermal systems in | | Amount (Specify | 71 | | Enc | ū |
| TO BE ABATE IN Facility | D | E 27070 | taff? | | (i.e., | surfacing, VAT, | or | SF or LF) | Remova | Repair | aps | Enclosure |
| (13) | | (| 12) | | | other miscellaneo | us) | | oval | air | Encapsulate | sure |
| | | Yes | No | N/A | | | | | | | 6 | |
| SIDINI | } | | | X | T | RAWSIT | E | 1500SF | X | | | |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste | Hauler | | 1 | EP Waste | | Cubic Yards | Name of Regis | | 1 | 1 A | | |
| KLTMCO | INC | | Hau | 1984 | | of Waste | (, V | 4. C, M. | U. | H | | _ |
| City, State | \.A.\A' | Al T | | 8 | | Disposal Date- | City State | O'D BINE | - | | | |
| Completed By | HANE Title | 111. | | | | Signature | 1 1 | Date | 1 | .19 | - | |
| MICHAIN VI | THIM S | SUP | | | | Well | un | | 1- | 10 |) | |

CK 14 4108

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



| Date of Notification (1 | 118 | | | N | | ding Owner/Operato | 1 | ASBES | TOS | | | OL. & |
|--|------------------|-------------|--|---------|------------------------|---|-------------------------------|---|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notifica | tion | | Si | reet Addres | | | AUE | | | | |
| Ø DOF | Amended Amendme | y (inclu | ding | L | ty, State, Zij | code Ctam C | 174 | | 82 | 2 | 6 | |
| M DOH □ DCA | justificatio | | | Na — | ame of Cont | act HWE | | Telephone Nu | mber | | | |
| | | | | | FACILITY II | FORMATION | | | | | | |
| Name of Facility Where | Abatement is Ta | | ace (3) | | | | Type of Faci | | | | | |
| Street Address | | | | | | | Subchapt Other (i.e. homes, e | er 8 (Other than K- , private & commer | 12) cial bu | ilding | gs, | |
| City (5) | CCAN | (1 | 77 | • | | | Square Feet | # of Floors | | _ | Age 5 + | |
| County (6) | PE MA | 4 | | U. | ounty Code SE ONLY) | (7) (STATE | - NAC | Prior if being demo | lished | | | _ |
| Name of Monitoring Firm (8) | Hired by Buildin | g Owne | er . | ASC | M No. | Name of Abatem | 0.0020 | | | | | |
| Street Address | (| | | | | Street Address 369 S | SPRIX | E AUE | | | | |
| City, State, Zip Code | Påe | | | | | City, State, Zip C | SHAPE | 0.00 | 805 | 72 | | |
| Project Manager for Mor | nitoring Firm | | Tei | lephon | e No. | Telephone No. 856-77 | 9-0472 | License No. | 37 | | | |
| Start Date (10) | Sch | eduled G | Compl | etion D | Date (11) | Name of OSHA N | Monitor N/A | | | = | | |
| Occupancy Status Durin | g Abatement (Ch | eck on | y one) | | <u></u> | Street Address | - 5,7 | | | | | |
| Facility Closed/Vacate Abatement Performed Other - Describe; | | | | | | City, State, Zip Co | ode | 2 | | | | |
| Scope of Work (Check a | I that apply) | | | | | | | | - | | | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ,,,, | | enovat emolitic | | | ☐ Mini-Encl | losure g Procedure | egative Pressure on-Friable Procedu | re | | | |
| | | N | Location lornally | 1 | | | 7.5. | | 1 | Abate | ment | |
| Location o Asbestos-Containing M. TO BE ABATE IN Facility (13) | aterial (ACM) | Mai C | d Solet ntenan ustodia Staff? (12) | œ/ | | Description of os Containing Mate thermal systems in surfacing, VAT, o other miscellaneou | sulation, | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Υes | No | N/A | | | | 000 | | | te | <u> </u> |
| SLDING | <u>}-</u> | | | X | I | RAWSITE | = | 2750 50 | X | | | \vdash |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| lame of Registered Waste | Hauler WC, | | H | IDEP V | No. | Cubic Yards of Waste | Name of Regi | stered Landfill C, M, U | . V | 4 | | |
| ity, State | ADE N | J | | | | Disposal Date | City, State - | DBINE | | ŭ. | | |
| ompleted By | Title | SUP | | | | Signature | Da | Date _ | 1- | -18 | } | |

Print Form (Pursuant to NAG Date of Notification (1) alu Type Notification Agencies Notified Initial EPA City, State, Zip Code Amended DEP DOL Amendment# Emergency (including Name of Contact Telephone Number justification) DOH Cancellation rank DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Townsh. School (K-12) Subchapter 8 (Other than K-12) Street Address etc.) Square Feet # of Floors Bldg. Age City (5) 01-500 gton County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Fire namaged ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Ace. Street Address Street Address City, State, Zip Code

ASBESTOS CONTROL & LICENSING Other (i.e. private & commercial buildings, homes, Telephone No. Project Manager for Monitoring Firm Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) 9/13 9/3/8 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code AM-7pm Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance! Enclosure (i.e. thermal systems insulation, (Specify Removal TO BE ABATED **Custodial Staff?** surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) N/A No Yes N Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Cubic Yards Hauler ID No. of Waste NJD05412616 City, State Disposal Date 17-11 tree ho Completed by Signature Date

| CK# 1818 | | IFICAT (P.J. | lokb | How Jersey Elegantes A HIAC 3:65 and | BATES 12:120) | SENT) | | B | C | E | | / E |
|--|---|---|-----------------|--|---|--|---|-----------------------|-----------------------------|--|--------------|----------|
| Cale of Notification (1) | CONTRACTOR OF THE PERSON | Marr | 18 S S | Oisenwo Balbiu | note: se | (2) | - | | SEP. | - 7 | 20 | 10 |
| 9-4-2018 | | - 1 S S S S S S S S S S S S S S S S S S | lpro l | | | 1 | | 0吨坪0 | DAY | 1 | ΣŲ | 10 |
| Spencies Notified Type Notification | TARREST D | Section 1 | at Ado | | - | - | | | | | | |
| | | | | ບໃສ ອີວີ | | | 1 | ASI | BESTO | SCC | NITE | 3 1101 |
| DEF Manded | | 7,000,000 | | , Zip Code | | | | | <u> </u> | ENSI | NG | - |
| DOL Ameniment & Emergency (in | estation. | | - | e NJ 08535 | - | | | T Teleplana 80 | | _ | - | - |
| E DOH [Juegication) | dinen 93 | | | Contact | | | 1 111 | VIA854286-9 | IDEN! | FD | . [| Ì |
| DOM juetification) Ganesilation | - | 100 | T. 22 (175) (5) | olchin | 2.31 | - | - <u> </u> | alassistia | 11111 | 1-10 | | \dashv |
| | Manage Mal | | acil | ty informati | C196 | Type p | Facility (4 | 1 | | - | | \neg |
| Name of Facility Where Abstement is Taking | LINOR (9) | | | | (| funers. | 100 (K-12 | | | | | |
| Commercial Property Unoccupied | | | | - Andrews of the second | | F S | achiester! | 8 (Other than K- | 12) | | | |
| Street Address 140 Circle Drive | 0.4 | | | | | C | i ver li.e. pi | ivale & commen | cial butt | निवृत्त, रे | ome | h. |
| The second secon | | | | | and the same of the same of | Squan | Feet | # of Floors | 181 | dg. Ar | 8 | - |
| City (8) Piscataway | | | | | | 25,0 | | 1 | 5 | 0+ | | |
| County (8) | | Col | IFWIY C | ode (Y) | ****** | | | r if being demol | | | | |
| Middlesex | | (37) | até u | se onin | personalised | | | Inoccupied P | ropert | 1 | | |
| Name of Monitoring Firm Hired by Bullding C | earlies (8) | - | SCM | No. | | | nant Con | | | | | |
| r√s | | 1 | va. | | | | aniresti | ng | , depois o proprie a regula | | (Additional) | |
| Street Address | | - | | A COLUMN TO THE | 1 -0 | Addres | | | | | | |
| n/s | | | | | | | le Ave. | | | منتشخر يسوعون | | \dashv |
| City, Etate, Zip Code | | | | | | Siste, Z | | | | | | 1 |
| rva | | | | | | - | 107026 | Limense | No | | | |
| Project Manager for Monitoring Firm | | 1 0.00 | ephon | e No. | | hone N-: -460-6 | | 01255 | | | | Í |
| n/a | Sphedulad | N Comple | - Oct | tela (141 | 1 30 7 30 7 15 | | Manitor | | | | | - |
| 9/5/2018 · | 9/12/201 | | -10011 L | ration () () | 2000 | | iontracti | ng | | | | |
| Decupancy Status During Abatement (Chac | | | | | 1 | Addres | - | | | | | |
| | | | c | | 360 | Palist | de Ave | | | | | |
| Facility Oliced/Vecated During Entire F Abstament Performed Outside of Norm | al Facility f | lours | | | City. | State, Zi | Cride | | | | | |
| Other - Describs: | | | | _ | Ga | rfield, I | 17026 |) | | - | | |
| Scape of Work (Check All Thet Apply) 25 of or 23 if 2160 of or 2250 if | | novation molition | | | AND GOOD STATE OF THE PARTY OF | M | -Endoeun | cecture | | | • | |
| | - | Carconomic | | City the said of t | E | N/O | -Elismore | d (°) and Non-Fr | MARI PIC | | emani | |
| * | | ocation emaily | | | | | | | | | pa | |
| Asbestos-Contening Meterial (ACM) | Used | Solely I | | Ashesios Cor | escription resining | Materia | CALLAN) | Amount | | | m | m |
| TO BE ABATED | | denonça digi Siz | | (i.s. tharms | il ayeler eding, V | | edon, | (Specify BF of LF) | RECORDER | Repair | Encapsulate | Enthouse |
| in Finality (13) | | (13) | 1 | | | enesus) | | | B | 189 | Suiza | Charle |
| | Yes | No I | NIA | | | | | | 1 | | le | 19 |
| AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | 100 | | | VII med 1 | abode. | os Tili | | 3,000 SF | × | 1 | 1 | - |
| · Ground Floor Areas | | | × | Allihi | -5055 | | ~ · · · · · · · · · · · · · · · · · · · | ning A. | - 1 | - | - | - |
| | | | | management on passeng life was recommended and a partie | | and the second of | upper, prome memori | | | - | - | |
| The second secon | | T | | | | | | | | - | | 1 |
| Overstade of the second | 1 | 1 | | | | | | | | | | |
| Name of Registered Waste Hauler | L | | SEP W | | c Yeards | ! | Mame of | Registered Lan | dill | | | |
| Newark Carting | NA MARIA AND AND AND AND AND AND AND AND AND AN | | uler ID 509 | TBI | | | issi La | | | | | |
| City, State | | | | . Disp | osai Da | 110 | Dity, Sta | ite iham, PA | 544 | | | |
| Newark, NJ | | Non-standard Co. | | 101 | Diameter | A PERSON NAME OF THE PARTY OF T | Define | alam, FR | Deto | And in column 2 is not the original or the ori | | |
| Completed by | Tide | Mary | | | SA SA | · · · · | 元 | > 1 | 9/4/2 | 018 | | |
| E. Cirovic | Sacre | atest à | | | (| 100 | - | | - | - | | |



| | الا | | ursuant | to NJAC | 8:60 and | d 12:120 | 0) | G | lee | L/ | 80 | 12 | 4 | |
|---|---------------|---------------------------------------|----------------|------------------------|---------------|-----------|--------------------|--|-----------------------|---|-----------------|-------------|-------------|-----------|
| Date of Notification (1) 9/4/18 | | | | f Building Davis Re | | | r (2) | | | O F (| | 1 | \// | E |
| Agencies Notified Type Notification | | - | Street A | ddress | | | | | 111 |) - 5 " | 7 1 | 3 | W | 느 |
| X EPA X Initial | | | 1 Fras | ssetto W | /ay, Su | ite K | | | II | 3 | | | | |
| DEP Amended | | | 27.00 | ate, Zip Co | | | | | $\parallel \parallel$ | III SE | P - | - 7 | 2018 | 8 |
| Emergency | | - | | n Park, | NJ 070 | 135 | | | legi | Bark I | | | | |
| DOH justification) DCA Cancellation | | | | f Contact a Down | | | | | | ephone Nun 3-8 32-2 159 | | 00 | VITRO | 2 10 |
| _ Caricellation | | | | LITY INFO | ORMATI | ON | | | 131 | 3-0 <i>9</i> 2-910- | LIGE | NSII: | iG. | |
| Name of Facility Where Abatement is Takin | g Place (3 | 3) | 1 70 | LIII IIII | ORMATI | OII | Туре | of Facility (4) | Lenserte | *************************************** | rice on make or | ZZZ TORONO. | | |
| home | | SIC | | | | | | School (K-12) |) | | | | | |
| Street Address | | | | | | | X C | Subchapter 8 Other (i.e. prietc.) | | | | dings, | home | es, |
| City (5) | | | | | | | Squar | e Feet | # of | Floors | В | ldg. A | ge | |
| North Haledon | | | | | | | 2100 | <u> </u> | 1 | | | 0 | | |
| County (6) Passaic | | | | Code (7) USE ONLY | | | Curre | nt Use (Prior e | if bei | ng demolish | ed) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCN | ЛNo. | | I | | ement Contr onmental | | (B) (B) | X | | | |
| Street Address | | | | | | | Addres | | an 2000 | Sie | | | | |
| 01 01 7 0 | | | | | | 0.000 | | 33, 4 E Ga | te D | rive | | | | |
| City, State, Zip Code | | | | | | | State, Zi Iwood | p Code , NJ 0741 | 8 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | 7.0 | hone No | | | License No |). | | | |
| Start Date (40) | | | | <u> </u> | | | 764-2 | | | 703 | | | | |
| Start Date (10) 9/14/18 | 9/21/1 | | npletion | Date (11) | | Name | of OSH | IA Monitor | | | | | | |
| Occupancy Status During Abatement (Chec | k Only Or | ne) | | | | Street | Addres | S | | | | | | |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: | Period of A | Abatem Hours | nent ; | | | City, S | State, Zi | p Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Property land | Renova Pemolit | | | | × | Min Glo | Containmen i-Enclosure vebag Proce n-Exempted (| dure | | | | 8 | |
| | Is | Locati | on | | | | | | | | | | ment | t |
| Location of | 190000 | Normal | • | | Des | scription | of | | | | | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | d Sole intenar todial S (12) | nce/ | | | | s insula T, or | | (S | mount specify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | _ | | ate | Ф |
| basement | | | X | | flo | oor tile | 9 | | 20 | 00 SF | Х | | | |
| kitchen | | | X | | flo | oor tile | 9 | | 10 | 00 SF | X | | | |
| 2.00 | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 5355 | JDEP Wauler ID | | Cubic of Was | | | Name of Re | egiste | red Landfill | | | | |
| Tonys Cleanup & Hauling | | 200 | 7787 | | TBD | ,,,, | | Chrin Bro | other | s Sanitar | y Lar | ndfill | | |
| City, State Bridgewater, NJ | | | | | Dispos TBD | sal Date | | City, State Easton P | ۸ ۸ | | | | | |
| Completed by | Title | | |) | | ignature | e | Easion P | А | Dat | e | | | _ |

A. Scott Higgins

President

Date

9/4/18

Signature

| | | Property | · Com | Λ Ι | п. г | | | | | 7 [| E (| a | E [] | 7\/7 | Pr | nt-F |
|---|---------------------|--|---------------------|----------------------------------|---------------------|-------------|--------------------|---|-------------|---------|--------------------------|-------------------|--|----------------|---------------|-----------|
| 3h 6979 | N | | CATION | ate of Nev OF ASBE to NJAC | STOS | ABATE | | | | | <u> </u> | <i>y</i> 1 | <u> </u> | U | <u>L</u> | |
| Date of Notification (1) 9/4/18 | | | Mark 9 | f Building (Sullivan | | | 15 (15 (1) to | | Beses | | SE | .1 | -/- | 2016 | 3 | L |
| Agencies Notified Type Notification EPA Initial Amended | | | Street A | ddress | do | | | | | A | | | S COL | | DL & | |
| DEP Amended Amendment Emergency | | - | | hawkin N | | 50 | | | | | | | | | | |
| □ DOH | | | Mark | f Contact | | - 105-1314 | | | | Tele | ephon | e Mii | mhar | | | |
| Name of Facility Where Abatement is Takin | g Place (3) |) | FACI | LITY INFO | RMATI | ON | Туре | e of Facility | y (4) | | | | | | | |
| Mark Sullivan Private Home | | | | | 1150-500 HA | | | School (K | | | | | 0) | | | |
| Street Address | | | | | | | X | Subchapt Other (i.e etc.) | | ate 8 | com | merc | ial bui | | 10. | es, |
| City (5) Manahawkin NJ 08050 | | | | 0 1 (=) | | | 100 | are Feet 00+ | | 1 | Floor | | | 35+ | Age | |
| County (6) Ocean | | | | Code (7) USE ONLY) | - | | | ent Use (F use | rior | ıt beli | ng dei | molis | ned) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCN | /I No. | | | of Ab | atement C | ontr | actor | (9) | | | | | |
| Street Address | | | | | | Street | Addre Box : | | 1.200.00 | | | | | | | |
| City, State, Zip Code | | | | | | City, S | state, | Zip Code rlin NJ 0 | 809 | 1 | | - 1111 | | | - 8 | |
| Project Manager for Monitoring Firm | | T | Telepho | ne No. | | Teleph | none l | | | | Lice 007 | | No. | | | |
| Start Date (10) 9/14/18 | Schedule 9/21/18 | | pletion | Date (11) | | Name | | SHA Monit | or | | | | | | | |
| Occupancy Status During Abatement (Chec | k Only On | e) | | | | Street | Addre | ess | | | | | | 175 <u>2.4</u> | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | | | | | | City, S | State, 2 | Zip Code | | | | | | | | |
| Scope of Work (Check All That Apply) | 777 (A S | | | | | | _ | | | | | | | | | |
| 23 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emoliti | | | | Ŀ | M G | ull Contain lini-Enclos lovebag P | ure roce | dure | | | | | | |
| | - | | | | | 2 | S N | on-Exemp | ted (| *) and | l Non | -Fria | ble Pro | | re temen | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Use Mai | Location of the control of the contr | ly iy by nce/ | | tos Cont thermal | | /lateria s insu | al (ACM) lation, | | (8 | moun specify or LF | / | Remova | Repair | e Encapsulate | Enclosure |
| (13) | Yes | No No | N/A | | other n | niscellar | neous | ·) | | | | | oval | air | ulate | sure |
| Exterior Siding | Exterior Siding | | | | | | | | | 12 | 008 | F | х | | | |
| | | | | | | X.(2-1-1-1) | | ************************************** | + | | | | | - | - | |
| 1 | | | | | | | | | 1 | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | Н | JDEP Wauler ID 2459 | | Cubic of Was 3 | | | G.R. | | 225000 | red L | andfi | | | | | |
| City, State Elm NJ | | | | | | sal Date | | City, S | | le P | 4 19 | 067 | | | | |
| Completed by Anthony T Perna | Title Presi | dent | | | S | ignatur | e7 / | > | | | | 1 20 | ate 0/4/18 | 3 | | |

| Data of Notification (4) | | (| | it to NJAC | | | 35 | | K | 201 | | l | U | 土 | 5 |
|--|-----------------------|--|------------------------|-----------------------|----------------------|---|---------------------------|---|---|----------------------------|-----------------|--------|----------------|-------------|-----------|
| Date of Notification (1) 9/4/18 | | | | of Building | | Operato | r (2) | | T | E (| a [| = | 7 1 | ПГ | 2 1 |
| Agencies Notified Type Notification | n | | | pe Realty | y inc. | | | | | E | G E | 1 1 1 | 1 | <u> </u> | 3 |
| ☐ EPA Initial | 16.75 | | | Millburn | Avenu | ıe | | | 114 | | | | | | |
| DEP Amended | | | | tate, Zip Co | | | | | +++ | 1 5 | EP | | 7 20 | 118 | - |
| X DOL Amendme ☐ Emergence | | | Mapl | ewood, N | NJ 070 |)40 | | | 1111 | 4 | LI | | | , 10 | 1 |
| DOH justification | n) | g | Electron Grand College | of Contact | | | | | Te | lephone | Numb | er | Name of Street | | |
| DCA Cancellation | on | | | Sharpe | | | | | 9 | 73A378 | 800 | \$ C | INO: | ROI | & |
| Name of Facility Where Abatement is Tak | ing Place | (3) | FAC | CILITY INFO | ORMAT | ION | T | 6 F 111 | Lowers | area transmirt | Lib | 95.14 | | pur svenor. | no de |
| home | ing racc | (0) | | | | | Тур | e of Facility | | | | | | | |
| Street Address | | | | | | | × | School (K- Subchapte Other (i.e. | r 8 (Oth | ner than I & comm | K-12) ercial | build | dings, | hom | es, |
| City (5) | | | | | | | Squ | etc.) are Feet | # 0 | of Floors | | Тв | ldg. A | age | |
| Newark | | | | | | | 210 | | 1 | | | 350 | 0 | .90 | |
| County (6) Essex | | | County (STATE | Code (7) USE ONLY) | | | Curr | ent Use (Pri | ior if be | ing demo | olished | i) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8 | 3) | ASCI | M No. | | Name | of Ab | atement Co | ntractor | (9) | | | | | _ |
| | | | | | | E. C. | | ironmenta | | | LC. | | | | |
| Street Address | | | 710 | | | Street | | | | | | | | | |
| City, State, Zip Code | | | | | | | | 183, 4 E C | ate D | rive | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code | 2072 | | | | | | |
| Project Manager for Monitoring Firm | | | Talasta | | | | | d, NJ 074 | 118 | | | | | | |
| reject manager for Monitoring Fifth | | | Telepho | one No. | | Teleph 973- | | | | License | e No. | | | | |
| Start Date (10) | Schedu | led Cor | mpletion | Date (11) | | | | HA Monitor | | 703 | | | | | |
| 9/13/18 | 9/21/1 | | p.ouorr | Date (11) | | ivaille | 0,03 | HA MONITO | | | | | | | |
| Occupancy Status During Abatement (Che | ck Only O | ne) | | | | Street | Addre | SS | | | | | | | _ |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period of mal Facilit | Abater y Hour | ment s | | | City, S | tate, Z | ip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | |
| 23 sf or ≥3 lf | | | - Announce | | | _ | 7 | | | | | | | | |
| ≥ 160 sf or ≥260 lf | Security of | Renova Demolii | | | | × | Mi | II Containme ni-Enclosure ovebag Prod | e cedure | | | | | | |
| | 10 | Locat | ion | | | | 140 | n-Exempted | ı () anı | J NON-FI | lable F | | edure Abate | | 9 |
| Location of | | Normal | lly | | Dec | cription | of | | | | | | Тур | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole aintena todial S (12) | nce/ | (i.e. ti | os Conta hermal s | aining M systems ing, VA | ateria insula T, or | I (ACM) ation, | (S | mount specify or LF) | i volitova | Remove | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | - | 1 | | ate | G. |
| basement | | | Х | | pipe i | insulat | ion | | 14 | 10 LF | х | | | | |
| | | | | | | | | | | | - | - | | | |
| Name of Registered Waste Hauler | | IN | JDEP W | aste | Cubic Y | /ards | | Nome of F | 2 | | | | | | |
| Freehold Cartage | | Н | auler ID | No. | of Wast | | | Name of F | vn 1 (7 (7 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 | | | | | | |
| City, State | | 1 | 5939 | | TBD | | | Westerr | | s Land | TIII | | | | |
| Freehold, NJ | | | | | Disposa | al Date | | City, State | | | | | | | |
| Completed by | Title | | | | TBD | | | Birdsbo | ro PA | | | | | | |
| A. Scott Higgins | Presi | ident | | | Sig | gnature | | 11 - | 1 | | Date 9/4/1 | 8 | | | |

| | P | | NOT | TCATIO | tate of Ne N OF ASE t to NJAC | BESTOS | ABATE | MENT 0) | | la | a le | 18 | 30 | 18 | 7 |
|---|-------------------------------|-----------------------------|---------------------------|----------------------------|---|--------------------|------------------------------------|-----------------|---|---------------|---|---------|----------------------|--------------|------------|
| Date of Notification (1) 9/4/18 | | | | | of Building | | | (2) | | | EG | E | 7 | | 2 1 |
| Agencies Notified T | ype Notification | 1 | - | | Address | JUOIT LL | _0 | | | | | | <u> </u> | | |
| X EPA | Initial | | | | Chapel | | | | | $ \Pi $ | CEL |) - | 7 20 | 140 | |
| DEP X DOL | Amended Amendmen | t # | | | ate, Zip C h Plains | | 7076 | | | | DET | | 1 21 | 118 | |
| ⊠ DOH |] Emergency justification | (including | | | of Contact | | 17076 | | | Tel | enhone Ni | mher | 20117 | DOL | 1 |
| DCA [|] Cancellation | | | Mike | Nizolak | | | | | 90 | ealoge N 8-358-3 | 103 (| SING | HUL | . či |
| Name of Facility Where Aba | tement is Taki | ag Place (| 21 | FAC | ILITY INF | ORMAT | ION | _ | | Sunda ana ana | THE RESERVE TO SERVE THE PARTY OF THE PARTY | | e atractica fra the | | MICH COLOR |
| Mavis Tire Supply | itement is rakii | ig Flace (3 | 9) | | | | | Type | of Facility (| | | | | | |
| Street Address | | | | | | | | H | School (K-1 Subchapter | | er than K-1 | 12) | | | |
| 547 Durie Avenue | | | | | | | | × | Other (i.e. petc.) | | | | ldings | hom | es, |
| City (5) Closter | | | | | | | | Squa 300 | are Feet | # of | f Floors | | Bldg. <i>F</i> 60 | Age | |
| County (6) Bergen | | | | | Code (7) USE ONLY |) | | Curre | ent Use (Prid ne | or if bei | ng demolis | hed) | | | |
| Name of Monitoring Firm Hi | red by Building | Owner (8) | - 1 | ASC | И No. | | | | atement Cor | | | _ | | | |
| Street Address | | | | | | | ABS | | ronmenta | Serv | ices, LL |) —— | | | |
| | | | | | | | | | .83, 4 E G | ate D | rive | | | | |
| City, State, Zip Code | | | | | | | | | Zip Code | | | | | | |
| Project Manager for Marita | | | | | | | | | d, NJ 074 | 18 | | | | 400 | |
| Project Manager for Monitor | ing Firm | | | Telepho | ne No. | | Teleph 973- | | | | License N 703 | 10. | | | |
| Start Date (10) | | Schedule | ed Cor | npletion | Date (11) | | | | HA Monitor | | 703 | | | . | |
| 9/7/18 | | 9/30/18 | 3 | | , | | | | | | | | | | |
| Occupancy Status During At | | | | | | | Street | Addre | SS | | | | | | |
| Abatement Performed (Other – Describe: | During Entire Outside of Norn | Period of A nal Facility | Abaten Hours | nent S | | | City, St | tate, Z | ip Code | | | | | | |
| Scope of Work (Check All Th | nat Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Entering | enova emolit | | | | × | Mir Glo | Il Containme ni-Enclosure ovebag Proc n-Exempted | edure | • | | | 9 | |
| | | 2550 | Locati | | | | | | | | | | Abate Ty | | |
| Location of Asbestos-Containing Mar | terial (ACM) | Used | lormal d Sole | ly by | Ashes | | scription aining M | | (ACM) | ۸۰ | navet | - | l y | | |
| TO BE ABATE In Facility (13) | | | ntenar odial S (12) | | | thermal surface | systems sing, VAT niscellane | insula Γ, or | | (S | nount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | ,,,,,,,,,,, | | | | | | | Ö | 1.55% |
| entire store | 1 | | | X | | fl | oor tile | | | 40 | 0 LF | Х | | | |
| | | 1 | | Х | | windo | ow glaz | ing | | 19 w | indows | х | | | |
| | | 1 | | | | | | | | | | | | | |
| Name of Registered Waste H | lauler | | K1 | IDED !!! | | 0 | | | | | | | | | |
| Tonys Cleanup & Haulin | | | Н | JDEP W auler ID 7787 | CONTRACTOR OF THE PARTY OF THE | of Was | | | Name of R Chrin Br | | ed Landfill s Sanitar | | ndfill | | |

Disposal Date

Signature

TBD

Title

President

Completed by

Bridgewater, NJ

A. Scott Higgins

City, State

Date

9/4/18

City, State

Easton PA

| | Sand Sand | <i>₩</i> | (F | | to NJAC | | | | (0 | 16 | oh | 18 | 30 | 19 | |
|---------------------------------|-------------------------|--------------|------------------|------------------|-------------|---|---------------------|---|---------------------------------|--------|--------------------------|----------------|-----------------|----------------|-----------|
| Date of Notification (1) 9/4/18 | | | | | of Building | Owner/ | Operator | (2) | | Г | | 0 | | 7 0 | пг |
| Agencies Notified | Type Notification | 1 | | Al Fic | | | | | | | ME | C | E | | V |
| | | 1 | | Street A | Address | | | | | | | | - | | |
| EPA DEP | X Initial Amended | | ŀ | City, Sta | ate, Zip C | ode | | | | - | | CED | _ | 7 00 | 140 |
| × DOL | Amendmen | | | | Plains | | 950 | | | - 1 | ЦЦ | SEP | 1 | 21 | 18 |
| ≥ DOH DCA | Emergency justification | | | Name o | f Contact | | | | | TAI | enhorie Ni | mher | | | |
| ☐ DCA | Cancellatio | | | Al Fic | co | | | | | | | Pe | - | TNC | ROL |
| Name of Facility Address | A1 | | | FACI | ILITY INF | ORMAT | ION | | | L | Notice and the second | الا | ۱۲۱۶۰ دستوند | SING ST TEN | u parent |
| Name of Facility Where home | Abatement is Taki | ng Place (| 5) | | | | | Туре | of Facility (4) |) | | | | | |
| Street Address | | | | | | | | | School (K-12 | | th 1/ d | 2) | | | |
| Oli dot Address | | | | | | | | × | Subchapter 8 Other (i.e. pri | vate | er than K-1 & commerc | 2) ial buil | dings, | hom | es, |
| City (5) | | | | | | | | | etc.) | | | | - 2 2 | | |
| Morris Plains | | | | | | | | 2000 | re Feet) | 1 | f Floors | 1 3 | 8ldg. A 82 | ige | |
| County (6) | | | | County | Code (7) | | | 100000000000000000000000000000000000000 | nt Use (Prior | | na demolie | | | | |
| Morris | | | | | USE ONLY |) | | hom | | II Dei | rig derrions | neu) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCN | Л No. | 777-1-12 | Name | of Aba | tement Contr | actor | (9) | | | | |
| | | | | | | | | | onmental | | | 0 | | | |
| Street Address | | | | | | | | Addres | | | | | | | |
| | | | | | | | POE | 30x 48 | 33, 4 E Ga | te D | rive | | | | |
| City, State, Zip Code | | | | | | | 8.0 | | ip Code | | | | | | |
| Desired Message 6 M | | | | | | | | | , NJ 0741 | 8 | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telepho | ne No. | | 100 100 100 100 | none No | | | License N | 10. | | | |
| Start Date (10) | | Schadul | od Cor | nolation l | Date (11) | | | 764-2 | | | 703 | | | | |
| 9/26/18 | | 10/5/18 | | npiedoni | Date (11) | | ivame | of USF | IA Monitor | | | | | | |
| Occupancy Status Durin | g Abatement (Che | | To | | | | Street | Addres | 25 | | | | | | |
| | | | | oont | | | Olicot | riduice | | | | | | | |
| Abatement Perform | ed Outside of Norr | nal Facility | Hours | S | | | City, S | tate, Zi | p Code | | | - | | | |
| | | | | | | | | | *********** | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | - | |
| ≥3 sf or ≥3 lf | | X. F | enova | ition | | | | Full | Containmen | t with | Negative f | Pressu | re | | |
| × ≥160 sf or ≥260 lf | | | emolit | ion | | | × | Min | i-Enclosure | | J | | | | |
| | | | | | | | | 9 010 | vebag Proce n-Exempted (| | d Non-Friat | ole Pro | cedur | е | |
| | | Is | Locati | ion | | | | | | | | | Abate | ment | |
| Location | | | lormal | | | De | scription | of | | | | | Ту | ре | |
| Asbestos-Containing TO BE AB | | | d Sole Intena | | | tos Cont | taining M | 1aterial | | | mount | | | ш | m |
| In Facil | | Cust | odial S | Staff? | (i.e. | | systems cing, VA | | tion, | | pecify or LF) | Ren | Re | ıcar | ncl |
| (13) | | | (12) | | | | niscellan | | | ٠. | J. L. / | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | ate | e. |
| basem | ent | | | X | | nine | insulat | tion | | 10 | 00 LF | x | | | |
| Avocan maj distribiti | | | | | | p.p0 | ourut | | | 10 | J LI | ^ | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | 0.000 | JDEP W | | Cubic | | | Name of Re | giste | red Landfill | | | | |
| Freehold Cartage | | | 1 6990 | auler ID 5939 | No. | of Was | ste | | Western | Berk | s Landfil | I | | | |
| City, State | | | 1000 | | | 0.0000000000000000000000000000000000000 | sal Date | | City, State | | | _ | | - | - |
| Freehold, NJ | | | | | | TBD | | | Birdsboro | PA | | | | | |

Completed by

A. Scott Higgins

Title

President

Date

9/4/18

Signature

| | | | natives (Illino | 60 | en 1 | NAME OF TAXABLE PARTY. | | | Inimis | | | | 7 7 | - Pr | int F |
|--|------------------------|---|-----------------|----------------------------------|-------------------------------|------------------------|--------------------------|---|----------|---------------------------|------------------------|---------|--------|-------------|--|
| 0512004791 | 7 | NOTIF | ursuan | talenof Ne NOE ASB TO NJAC | ESTOS 8:60 an | ABATE d 12:120 | | т | | E | C | | | | |
| Date of Notification (1) 09/04/2018 | | | | of Building Ayton | Owner/0 | Operator | (2) | | | | JEP | 1 | 20 | 118 | The state of the s |
| Agencies Notified Type Notification EPA Initial | n | | Street A | Address | | | | | | ASB | ESTO | S C | ONT | ROL | 8 |
| X DEP Amended X DOL Amendme | | | | ate, Zip Co | | | | | | tot St. Statement | The section of the sec | | | | |
| × DOH Emergenci justification DCA Cancellation | 1) | 1 | | of Contact Ayton | | | | | Tel | ephon | e Num | ber | | | |
| Sunoman | | | | ILITY INFO | ORMAT | ON | | | | _ | | | | | |
| Name of Facility Where Abatement is Tak House | ing Place (| 3) | | | OT CHILD | | Тур | e of Facility (| - 50 | | | | | | |
| Street Address | | | | | | | × | School (K-1 Subchapter Other (i.e. p | 8 (Oth | | | | dinae | hom | 96 |
| City (5) | | | | | | | Squ | etc.) lare Feet | | f Floor | | | ldg. A | | |
| Woodcliff Lake County (6) | | | County | Code (7) | | | N/A | rent Use (Pric | N/A | 88 | nolieh | | I/A | | |
| Bergen | | | (STATE | USE ONLY, | | | Но | use | | | HOHSH | cu) | | | |
| Name of Monitoring Firm Hired by Building N/A | g Owner (8 |) | ASCI | M No. | | | | atement Cor atement, In | | (9) | | | | | |
| Street Address | | | | | | Street 11 R | | ess ngren Aver | nue | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | one No. | | Teleph 973-3 | one l | No. | | | ise No |). | | | |
| Start Date (10) | | | npletion | Date (11) | | Name | of OS | SHA Monitor | | 0131 | 11 | | | 4 | |
| 09/14/2018 | 09/15/ | | | | | | | tement, In | C. | | | | | | |
| Occupancy Status During Abatement (Che | | 50 | | | | Street | | ess ngren Aver | aue. | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Occupied | Period of mal Facility | Abatem y Hours | nent | | | City, S | tate, | Zip Code NJ 07512 | | | 11000 | | | | |
| Scope of Work (Check All That Apply) | | | | | | 1010 | , , | 110 07012 | | | | | | | _ |
| × ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | M G | ull Containme ini-Enclosure lovebag Proc on-Exempted | edure | | | | | 9 | |
| Location of | 30000 | Locati Normal | 0.500.000 | | Do | scription | | ov monptos | () 3.1. | 2 11011 | , nabi | | Abate | ement pe | Ž. |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole aintenar todial S (12) | nce/ | Asbesi (i.e. | tos Cont thermal surfac | | lateria insu T, or | | (S | mount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| D | Yes | No | N/A | | | | | | | | | _ | | ate | .e |
| Basement | - | Х | | | Pipe | nsulat | ion | | 11 | 10 LF | | X | | | |
| | | | | | | | | | | | | | | | |
| lame of Registered Waste Hauler | | N | JDEP W | Vaste | Cubic | Yards | | Name of F | Registe | red La | ndfill | | | | |
| &S Abatement, Inc. | auler ID 0996 | No. | of Was | ste | | Waste N | | | | PA | | | | | |
| ity, State otowa, NJ | | | | | Dispos TBD | al Date | | City, State Morrisvi | | Α | | | | | |
| Completed by led Joksimovic | Title Proje | ect Ma | ınager | | S | ignature | | IR/ | | | Date | | 018 | | |

| 4 2018 03:36PM NJ Asbesto | s Contro | 1 6 | 09.6 | 33,06 | 64 | pag | e 1 | | | | | | - |
|---|--|------------|-------------------|--|-----------------------------|--|---------------------|--|---|--------------|--------------|------------|-----------|
| 18-09-04 10:21 | | | | invi _l | remen | tel 1 >> 6 | | 055 | 4 | E | C , 1 | E 2/4 | 1 / |
| Date of Notifipation (1) | No | OTI | FICA (Pu | reuen | of asi | ESTOS ABAT C 8:00 and 5:1 | | | | | SEP | | |
| 09 / 04 | 18 | - | | | iald Bick | OwnariOperator Ling, Jr. | 4 | 001 | <u>- 10 DA</u> | YASB | ESTO | SC | ON |
| Agencies Notined Type No ⊠ EPA ⊠ Initiat ⊠ DOLWD □ Amer | | | | | Address | | | - | Loneston | 3/ | LIC | EN | SING |
| ⊠ DOH Amen | dment # | dl | 1 | | itale, Zip C Prv Hill, 1 | VJ Q 8034 | | ζ, ι. | 11 | / | | | |
| | gency (İnclu Çêtiçn) Bilation | oing | | Name | of Contact | | 1 | PIVIAL | Taleshana Nu | Pide/ [. | ñ | 1 | \exists |
| | | | | FAC | CILITY IN | FORMATION | | biodujona | | | | | - |
| Name of Facility Where Abatement Bloking Residence Street Address | is Taking Pi | lace · | (3) | | | | Sch | acility (| 4) (Other than K- ivate and comm | (2) | | | |
| | | | | - | | | hon | 15, etc.) | | MALENS! D | unoing | h, | |
| City (5) Cherry Hill County (6) | | | | Tour | tv Code (7 | STATE USE ONLY) | 2,30 | | # of Floors | | BO BO | 6 | |
| Camden | | | | | ay would to | Howar our every | | lense | as is marish marist | - marriaga / | | | |
| Name of Monitoring Firm Hired by I | | | S 1 | AŞÇM | No. | Name of Abatame | | | | 200000 | | | |
| Eagle Industrial Hygiene As Street Address | sociates. | ino. | | | | Shade Environ | onmen! | I, I-LC | | | | | |
| . 159 Dresher Road | | | | | | 623 Cutter A | VPP112P | | | | | | |
| Olty, State, Zip Ocde | | | | | | City, State, Zip Ci | | Delay Internation | | | | AL STREET | - |
| Horsham, PA 19044 | | | | | | Maple Shade | 80 LM , | 52 | 241 | | | | |
| Project Manager for Monitoring Fire | 71 | 15 | | phone | | Telephone No, | | | License No. | | | | |
| Larry Negelberg Start Date (10) | Schedule | 36. | | 5-768 | | 856-755-0099 Name of OSHA N | | hands American | 00842 | | | | |
| _09 / _07 / _18 | | | | { | 100 | EMSL Analyt | | | | | | | |
| Occupancy Status During Abeterna | | | | | | Street Address | fadedra à we t- | STREET-SERVICES | | D. Miles | - | | _ |
| ☐ Facility ClosedNacated During | Entira Porla | d of A | bater | | | 200 Route 13 | i Nort | | | | | | |
| ☐ Abmement Performed Outside of Time of Abatement:AMAMAMAMAMAM | | | | | | City, State, Zip C | | | | | | - | |
| Scope of Work (Check all that apply | | Wasse | _ | | | Cinnaminson | h, NJ OE | 377 | | | di sectioni | | |
| © £3 sf or ≥3 ¥ □ ≥160 af or ≥350 if | | Rei Der | novati nolitic | on In | | ☐ Mini-End | elesure a Pracei | JIB . | olive Pressure n-Priable Proce | dure | | | |
| | | | | | | | | | ***** | | beteme | nt Ty | уре |
| Location of Asbestss-Contelling Material (# TO BE ABATED IN Facility (15) | Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) | | | nally Descriptoring Asbestos Containing (i.e., thermal system) | | | | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Encloquire | |
| Lower Level Sathroom | /es | No. | N/A | Joint C | ompound | | | 8 SF | Z | | | | |
| | | _ | | | | | TOTAL PROPERTY. | - | 4.41 | | - | | |
| , | | - | | | | Market Street, | - | - | - Comments of the last of the | | - | | - |
| | Name and Address of the Owner, where | 5 | | | | | | | | 1 | | 님 | |
| Name of Registered Waste Hauter Freehold Cartage | | ائي | N | JDEP I | D No. | Cubic Yards of Waste | 200 | of Regis | tered Lendfill | | <u> </u> | | |
| City, State | | | | 15939 | | Disposal Date | City. | Italia | | | - | | - |
| Frechold, NJ | - T | | | | | 09/08/2018 | Mi | rrieville | , PA | | | | |
| Completed By (Print or Type) Christina Lynch | Title Vice | o Pro | pside | nt of | Operation | ns Chose | 1 | > | | Date 9/ | 4/19 |) | |
| ADD.41 | | | | | | - | | The sand of the last of the la | | - | | - | |

| Ch 12 | 40 | Ŋ | | CATIO | tite NJAC | ESTOS 8:60-an | ABATEME (12:120) | | D)r | E C | EI | \mathbb{V} | E | M |
|--|---|----------------------------|-------------------|----------------------------------|---------------------------|-------------------------------|---|--------------------------------------|---|-------------------------|------------------|--------------|---------------------|-----------|
| Date of Notification (1) 09/03/2018 |) | | | | of Building field Boar | | Operator (2) lucation |) | heck I | No. 1240 SEP | 0 - 7 | 2019 | and shadow displays | IU, |
| Agencies Notified | Type Notification | | | | Address oad Stree | et | | | ted to | ULI | | | | |
| □ EPA ☑ DEP ☑ DOL | ☑ Initial☐ AmendedAmendment # | | | City, St Bloom | ate, Zip Confield, Nev | ode w Jerse | y 07003 | | n-manual mass | ASBEST Li | OS COI CENSIN | | 1. & | en, ander |
| ⊠ DOH □ DCA | ☐ Emergency (ir justification)☐ Cancellation | cluding | | Name of Bert Pe | of Contact etrik | | | | | enhone N 3-680 | | x20 | 18 | |
| | | | | FAC | ILITY INFO | ORMATI | | | | | | | | |
| Name of Facility Wher Bloomfield Board of | e Abatement is Takin Education Adminis | g Place (3) stration Bu | uilidn | g | | | 0.0 | Facility (4) ool (K-12) | | | | | | |
| Street Address 155 Broad Street | | | | | | | ☐ Sub | chapter 8 (Other (i.e. private 8 | | | dings, ho | mes, | etc.) | |
| City (5) Bloomfield, New Jer | rsey 07003 | | | | | | Square F 50,000 | Feet | # 0 | f Floors | | dg. A)+ | ge | |
| County (6) Essex | | | | | Code (7) USE ONLY |) | Current | Use (Prior if be Adm | | nolished) tion Build | ding | | | |
| Name of Monitoring Fi Briggs Associates | rm Hired by Building | Owner (8) | | ASCI | M No. | | | Abatement Corporation | ntractor | (9) | | | | |
| Street Address 3 Crosswicks Street | ĺ | | | | | | Street Ad 606 McE | ldress Bride Ave | | | | | | |
| City, State, Zip Code Bordentown, New J | ersey 08505 | | | | | City, Stat Woodlar | e, Zip Code nd Park, New | Jersey | / | | | | | |
| Project Manager for M Michael Hoodak | onitoring Firm | | Telepho 609-29 | one No 8-5520 | | Telephon 973-225 | | | License 01104 | No. | | | | |
| Start Date (10) 09/14/2018 | | Schedule 09/17/20 | | npletion | Date (11) | | | OSHA Monitor ronmental La | oorator | ries, LLC | | | | |
| Occupancy Status Dur | ring Abatement (Chec | k Only One | e) | | | | Street Ad | dress oute 22 West | | | | | | |
| ☐ Facility Closed/Va☐ Abatement Perfort Other – Describe: | cated During Entire F med Outside of Norm 4 PM Start Friday | al Facility H | lours | ment S City, State, Zip Code | | | | | | | | | - | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | ⊠ Re | enovat emoliti | olition ☐ Mini-Enc ☑ Glove Ba | | | | | inment with Negative Pressure sure Procedure / Limited Containment &Tent oted (*) and Non-Friable Procedure | | | | | - |
| | | 100 | _ocati | | | | | | 1 3 | Amount (Specify | | Abate Ty | | |
| Locati Asbestos-Containii <u>TO BE</u> A In Fa (13 | ng Material (ACM) BATED cility | Used | Sole Sole | ly by nce/ | | estos Co e. therm: surf | escription of ntaining Ma al systems facing, VAT miscellane | aterial (ACM) insulation, , or | | SF of LF) | Kemova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | 9 | |
| Boiler Room | | X | Boiler In | sulation | ĺ | | Und | der 10 SI | FX | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered W Lilich Corporation | /aste Hauler | | Н | JDEP W auler ID 18724 | | Cubic of Was 5 | | Name of Fairless | 1071 | | fill | | | |
| City, State Woodland Park, New Jersey | | | | | | Dispos | sal Date /2018 | City, Stat Morrisvil | | | | | | |
| Completed by Adriana Olejarova | sident | t | | S | ignature | (Q) | | [| Date 09/03/ | 2018 | | | | |

| | | | | | | | | | | | | <u></u> | | 0 07 | 7 12 | | |
|---|-----------------------------|-----------|------------------|---|--|-----------------------------|-----------------------|-----------|------------------------------|---------------------|--------------------|------------------|--------|----------------|--|--|--|
| Ch431 | 28 | | NOTII I) | ICATION Pursuant | ate of Ne OF ASB | w Jerse ESTOS 8:60 an | у АВАТЕ d 12:12 | MENT | г | Engineering Company | | C | E | | | | |
| Date of Notification (1) | | | | Name o | f Building | Owner/ | operator | (2) | | | | SEP | - 7 | 201 | 8 | | |
| 8/21/2018 | | | | | rojects | | | | | l hed | land i | 0.0 | , | 201 | o | | |
| Agencies Notified Ty | ype Notification | | | Street A | | | | | | - | - Lauren | Talenton Company | | - | virginia de la constanta de la | | |
| ₹ EPA | Initial | | | | Broady | | | | | | ASE | BESTO | SC | JNIR | OL & | | |
| DEP DOL | Amended Amendment | # 1 | | | ate, Zip Co | | 001 | | | human. | arrendent en en en | Balant Land | | erin tuturus | MENDATION | | |
| Assessed I B | Emergency (| | _ | | York, N | 1 10 | 001 | | | Tal | anhana N | VI. mah ar | | | | | |
| ✓ DOH ✓ DCA | justification) Cancellation | | | | Tomla | n & B | rian R | enn | ington | | ephone N 5-533- | | | | | | |
| | | | | | LITY INF | | | Cilii | ington | 21 | 0-000- | 1200 | | | | | |
| Name of Facility Where Aba | | | | | | | | Тур | e of Facility (| 4) | | | | | | | |
| Former Henry Bons | sall Elemen | tary S | choc | ol | | | | | School (K-1 | | | | | | | | |
| Street Address | Δ | | | | | | | | Subchapter Other (i.e. p | | | | ildina | e hom | 200 | | |
| 1575 Mt. Ephraim | Ave | | | | | | | | etc.) | | | | | .151. | ics, | | |
| City (5) Camden, NJ | | | | | | | | 2000 | are Feet | # 0 | f Floors | | | Age | | | |
| County (6) | | | | Country | Code (7) | | | |),000 | | 4 | P-11 | 75 | + | | | |
| Camden | | | | | USE ONLY |) | | | ent Use (Pri | or it bei | ng aemo | iisnea) | | | | | |
| Name of Monitoring Firm Hir | red by Building (| Owner (8) | 1 | ASC | / No | | Name | 27.000.00 | atement Cor | ntractor | (9) | | | | | | |
| Whitman | ,3 | V. | | 001 | | | | | ed Spec | | | actino | | | | | |
| Street Address | | | | | | | Street | | | | | | | | - | | |
| 7 Pleasant Hill Rd. | | | | | | | 98 La | acru | e Ave, S | uite | 110 | | | | | | |
| City, State, Zip Code | | | | | | | Zip Code | | | | | | | | | | |
| Cranbury, NJ 0851 | | | | | | | 1 | | s, PA 1 | 9342 | | | | | | | |
| Project Manager for Monitor | ing Firm | | | Telepho | | 0 | Teleph | | | | License | | | | | | |
| Kevin T. Lovely Start Date (10) | | Cahadul | od Co | | 90-585 | 0 | | | -9622 | | 01 | 103 | | | | | |
| 9/17/18 | | 10/30/ | | Completion Date (11) Name of OSHA Monito O18 Criterion Labs | | | | | | | | | | | | | |
| Occupancy Status During Al | | | | Street Address | | | | | | | | | | 4.77 | | | |
| Facility Closed/Vacated | | | | 2270 Dragraga | | | | | | rive | | | | | | | |
| Abatement Performed | | | | torriorit o | | | | | | | | | | | | | |
| Other – Describe: | | | | Bensalem, PA 1 | | | | | | | | | | | | | |
| Scope of Work (Check All Ti | hat Apply) | | | | | | Г | 7 | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | | | | | 1 | FL | ull Containme | ent with | Negative | e Press | ure | | | | |
| ≥160 sf or ≥260 lf | | П | Demol | tion | | | | IVI | ini-Enclosure ovebag Prod | | | | | | | | |
| | elio | Т | | | | | | No | on-Exempted | d (*) an | d Non-Fri | iable Pr | 100 | | | | |
| 720 60 60 | | | Loca | | | | | | | | | | | itemen Type | ıt | | |
| Location of Asbestos-Containing Ma | | | Norma | | Aches | | scription | | al (ACM) | ۸ | mount | | T | T | П | | |
| TO BE ABATE | | 0.000 | intena todial | nce/ Staff? | | thermal | systems | s insu | | (8 | Specify | Re | 7 | Enca | E | | |
| In Facility (13) | | Ous | (12) | | | | cing, VA niscellar | | | SF | or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| 1,000 | | Yes | No | N/A | | ou.or , | | 10000 | | | | la la | = | late | lre | | |
| BASEMEN | 140 | × | | Boile | r Insula | ation | | 2,0 | 000 Sf | x | | + | | | | | |
| BASEMEN | | x | | Pipe | Insula | ation | | 3 | 00 Lf | x | | | | | | | |
| BASEMEN | | x | | Sales - | h Insu | | , | 200 | 500 Sf | x | 1 | 1 | | | | | |
| | | 1 | | | | | | 1.55 | 00001 | - A | + | + | + | | | | |
| Name of Registered Waste I | Hauler | | 1 | NJDEP W | l /aste | Cubic | Yards | | Name of | Registe | red Land | Ifill | _ | | 4 | | |
| Mercer Group | al ' | Hauler ID | No. | of Wa 160 | | | Tulleyto | wn Re | | | ove | y Lar | ndfill | | | | |
| City, State | Trons | on NII | 00627 | 7.0 | sal Date | | City, State | | DΛ | | | | | | | | |
| 1519 Rev S. Howard Woodson Jr. Way, Tren Completed by Title | | | | | Trenton, NJ 08637 As Required Tulleytown, PA | | | | | | | | | | | | |
| Jack Tomasura | stim | ator | | | Ira A | | mary | IN | | 3/30/ | /8 | | | | | | |
| | | 1 | men accident | | | | MIMI | 11 | 1-0 | 0 | ` | | - | | | | |

| Aug | 29 2018 03:56PM NJ Asbestos C | ontrol | 609.6 | 533,066 | 54 | | pa | age 1 | | | | | | | |
|-----|---|----------------------|----------------------|--|--------------------------------|-----------------------------------|--------------|------------------|----------------|--|--|-------------------|--|--|--|
| | 88/29/2018 11:54 201252 | 8321 | | 9/ | | AMA | D | | | | | 9 [| | PAG | E 82/ |
| | CK 1134 | | odera D | FIGATIO | m of as | lew Jepan Militor O R:80 en | ASATE | MEHT 4) | | | ASBES | Ch | ack : | 2018 | 3/4 |
| | Casto of Northurson (1) / 8 / 8-9 / 1 8 | | | Name | STEVI | Ouner | Operato | K (2) | VC . | - | DOL - | | | | - CC |
| | Agencies Notified Type Notification | majori - y finite | - | Street | Address | | and the same | - Charles | | - | | - | | | - |
| | C EPA Initial Amendment Amendment | | | Cay, M | ale. Zip (| | | | ┢. | - | AUG | + 9 | 2018 | ,1 | |
| | - Statement | Onchuchn | | | AL FA | nck | L | 工 | 0 | 7 | 63 _ | 77 | 1 | 7. 1 | |
| | DCA Cancellation |) | | زي | TRUK | WAS | | erc + | - | 111 | A I | 44.00 | onine. | | |
| | Harne of Facility Whete Abeterment is Take | o Place | (8) | PAC | ALTY IN | E_{0} ', 0 | DH | 1 4 | 7.5 | - | | | | | |
| | House Street Address | | , | | | | | - | * | | | | | | |
| , | ATT STOLL PAINT STOLL | | | | | * 100 STORES STORE 4 500 | | | BUEN Y | mar side | E BOTHER No. | en K-t | | ldkinin k | erenan. |
| | WALANICA | THE REAL PROPERTY OF | 1+7-mm | - | Timolo II des hi ne | - | | Equa | | 1 | i di Fian | | - | - | |
| | | | | Cambi | Cu.d. 100 | | | | 71 | | 1 7 | | [| | (2) I |
| | BRIGAN | | The second second | COUNTY PATATE | Code (7) LISE ONE. | n | - | Curren | mit 1.) g b | 2 | tor if being de | ATT COME | mad) | | |
| | Name of Municiping Farm Hand by Building of | Dwywe (E |) | ASC | H No. | - | Name | of Aber | | i Ç | mirsolor (B) | - | | | |
| | Street Address | | | | | | Store | Address | erionerio a | | · Workshamm | | | | |
| | City, State, Zic Code | | | | - | | | Vreele | | | | | | V-2 | _ |
| | | | | City, State, 25 Midland Fe | | | | | | ⊨ 4.√. | | | | | |
| | Project Manager by Hardoring Fun | | | interprene No. Telephone No. 201-262-56 | | | | | | moiste ne | | | a. | | |
| | Start Date (10) | School | न देव | Selection Date (11) Name of OSH S / / S Denotes En | | | | | | MAY | ملسمال اسفح | | | - Philippine | |
| | Occupancy Status During Abstendard (Chec | | (4) | | ** | | (Street | Address | £ . | 4300-00 | unin Sielas | es in | G. | Constant of | - |
| | Fedfity Closed/Veneted During Erritor F Absorbert Performed Quintitle of North | eriod of | A baten | nwrst E | | | | Huyler | | | | Out have a street | | | |
| τ. | Ottor - Describe: | | T-0145 | | | J | | in, Zi; Sheec | | | 7606 | | | | |
| | Scope of Work (Check All Thet Apply) | П. | | | - | | gile | • | 100 mar | | AND THE CONTRACTOR OF THE CONT | Little | - COMMOUND | | |
| | 100 mag or 5500 h | | lemak Komek | | | | | Mint Glov | en la | Production of the control of the con | is Salatitutais | | | - | |
| | | | Locati | | | | - | 177836 | OM: N | | C.L. Delies Libers | A A Minch | | Abaiane | |
| | Libitation of Astronomy-Contacting Material (ACAN) | Line | d Gots desire | Solety by Asbestos Completing Material | | | | | ac r | G-registers | å men må | | - | | |
| | TO BE ARATED in Facility | | (12) | | (I.E. | thermal i | Ng, VAT | Braudest | OT! | | Christeer (8) irig Inc. Literal No. 00156 Idea of the Companion of the | | | | STATE OF THE PARTY |
| | (18) | | | | older m | is ostiana | ecte) | | | | * | BMOR | aparties of the same of the sa | Thomas we will be a fine of the control of the cont | |
| | OUTSIME HOUSE | Yes | No | NA | - | | | | Scottered Bell | | | u | | | |
| , | U GAMARK | | | X | - ALGUNESTIN- | 6110 | est c | البيك | - | -+ | 8º 00 | عريه حري | 1 | 4 | + |
| | | | | 1 | - | | - | | | | 700 | - F | ~ | + | + |
| | | | | | | | SP-Y-0E-USEN | | neter a | T | | | | 1 | +1 |
| | Name of Registered Wage Heater Newark Carting, Inc. | • • | 196 | AN EDGE | | Cubito Y of Wast | arde arde | | | | egiological La | | | | |
| | City, 6 may | [04 | 500 | | Después | more . | . 1 | | | Artiral Ser | HMIY | Lan | Jivi | | |
| | Newerk, N.J. 07105 | | | | 8/10 | 4/13 | - | Pi i | Arg | yi. Pa 060 | 72 | | | dillor till o | |
| | Completed by R. McDonald | dent | Person CD and Date / | | | | | | | | | | | | |

| | | | | | | | | - B 6 | | П | пπ | Pr | |
|--|----------------------|---|------------------|-----------------|-------------|---|----------------------------------|---------------------------------------|-------------|--------|---------------------|--------------|--|
| 000 | | NOTI | | TION | OF ASE | ew Jersey BESTOS ABAT C 8:60 and 5:16 | | REC | | C) | | | |
| Date of Notification (1) | | | 200 | Mana | of Duildin | - O | 2) | III LI SE | P - | 1 6 | 010 | | |
| | / 18 | | | | co Asso | g Owner/Operator (: ciates | 2) | | | | ema o man | - | |
| Agencies Notified Type No | | _ | | Stroot | Address | | | ASBES | | | | . & | |
| ⊠ EPA | | | | | avne Hil | le Mali | | La promoto some site a Papa (Tra) and | LIGEN | SIN | 2 | and the same | |
| ☑ DOLWD ☑ Amer | | | | E. 1153.0 | tate, Zip C | | | | | | | \dashv | |
| | ndment # | | | | ne, NJ 0 | | | | | | | | |
| | gency (in cation) | cluding | | | of Contact | | | Telephone Num | ber | _ | | \dashv | |
| Canc | | | | B. 355. | hael Fee | | | 973-471-239 | | | | | |
| | | | | FAC | CILITY IN | FORMATION | | | | | | \neg | |
| Name of Facility Where Abatement | is Taking | Place | (3) | | | | Type of Facility (4 | 4) | | | | - | |
| Vacant Former Wayne Hills | | | | | | | ☐ School (K-12) | | | | | | |
| Street Address | | | | | | | Subchapter 8 | | | ildina | | | |
| 1 Wayne Hills Mall | | | | | | | Other (i.e., pri homes, etc.) | vate and comme | rciai bu | nung | 5, | | |
| City (5) | | | | - H - 7 : 10° 1 | | | Square Feet | # of Floors | Blo | dg. Ag | je | \neg | |
| Wayne | | | | | | | 103,000 | 1 | 1 | 34 | | | |
| County (6) | | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Price | or if being demoli | shed) | | | | |
| Passaic | | | | | | 5.0 | Vacant Retai | I Mall | | | | | |
| Name of Monitoring Firm Hired by I | Building C | Owner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | |
| Health and Safety Services, | Inc. | | | 0011 | 7 | SAI Environn | nental Services | LLC | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| CPO Box 365 | | | | | | 277 Fairfield | Road, Suite 102 | 2 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | Control Towns (To) | | |
| Berlin, NJ 08009 | | | | | | Fairfield, NJ | 07004 | | | | | | |
| Project Manager for Monitoring Firm | n | | | phone I | | Telephone No. | | License No. | | | | | |
| Jim Proctor | | | | 6-452 | | (973) 852-344 | | 01349 | | | | | |
| Start Date (10) | | | 28 | tion Dat | 10.30 | Name of OSHA M | | | | | | | |
| 9 / 05 / 18 | | | | _ / - | 18_ | SAI Environn | nental Services | LLc | | | | | |
| Occupancy Status During Abateme | | | | | | Street Address | | | | | | 1 | |
| Facility Closed/Vacated During | | | | | | | Road, Suite 102 | 2 | | | | | |
| Abatement Performed Outside of Time of Abatement:AM- | | | | | | City, State, Zip Co | | | | | | | |
| | | | | | | Fairfield, NJ | 07004 | | | | | | |
| Scope of Work (Check all that apply | y) | | | | | | tainment with Nega | ative Pressure | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ☐ Re ☑ De | | | | | losure g Procedure | | | | | 1 | |
| | | 08.101 | | | | Non-Exe | mpted (*) and Non | -Friable Procedu | ire | | | | |
| | | | Locat Norma | | | | | | Ab | atem | ent Ty | ре | |
| Location of Asbestos-Containing Material (A | ACM) | Use | d Sole | ely by | Asbe | Description of stos Containing Ma | | Amount | Re | Re | Enc | En | |
| TO BE ABATED | | 100000000000000000000000000000000000000 | intena todial | | | ., thermal systems | insulation, | (Specify | Removal | Repair | Encapsulate | Enclosure | |
| IN Facility (13) | | Cusi | (12) | otan: | | surfacing, VAT other miscellane | | SF or LF) | <u>a</u> | | sula | ure | |
| () | | Yes | No | N/A | | | , | | | | е | | |
| Exterior | | | | \boxtimes | Stucco | | | 350 SF | \boxtimes | | | | |
| Exterior | | | | | Roofing | g materials | | 103,800 SF | | | | | |
| Interior | | | | | Floor T | ile/Mastic | 21 | 6,806 SF | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | N | JDEP \ | Vaste | | | | | | | | |
| Service Transport Group, Ir | nc | | H | lauler II | | Waste | Minerva La | ndfill | | | | | |
| City, State | | | | SW21 | 17 | 1800 Disposal Date | City, State | | | - | | \neg | |
| New Castle, DE | | | | | | 10/31/18 | Waynesbur | burgh, OH | | | | | |
| Completed By (Print or Type) | Title | e | | | | Signature Date 9/05/18 | | | | | | | |
| Mary Petrovski | | reside | ent | | | -/// | UN VIINI | 9/05/18 | | | | | |

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

| | | | | (Pursuant to NJAC 8:60 and 5:16) | | | | | | | - | - | | | | | | |
|------------------------------------|----------------------|----------|---------|----------------------------------|-------------------------------|--------------|----------|---|----------------------------|--------------|----------------------------|---------|--------------------|-------------|------------|--|--|--|
| Date of Notification (1) | | | | | Name | e of Buildin | a Ov | wner/Operator | (2) | +HH- | SEP | - | 7 0 | 010 | | | | |
| | 24 / | 18 | _ | | 1000 | vco Asso | | | | | OLI | | 1 6 | Ulö | - | | | |
| Agencies Notified | Type Notific | ation | | | Stree | t Address | | | | - | - Personal School | | Tr. Press | | | | | |
| ⊠ EPA | Initial | | | | | Vayne Hil | ls N | /lall | | AS | BEST | 08 (| NOX | TRO | L& | | | |
| ☑ DOLWD | ☐ Amende | | | | | State, Zip (| | | | - | LIL | i EN | SING | Z Z | The second | | | |
| ☑ DHSS | Amendm | _ | | | | yne, NJ (| | | | | | | | | | | | |
| DCA (NJAC 5:23-8) | ☐ Emerger justificat | | uding | 1 | | of Contac | | 70 | | I Talantan | | | | | | | | |
| (NOAC 5.25-6) | ☐ Cancella | | | | | chael Fee | • | 1 | | Telephon | e Numbe ' 1-2394 | | | | | | | |
| | | | | | FA | CILITY IN | IFO | RMATION | | 010 41 | 1-2004 | | - 1, 1, 6 : | | | | | |
| Name of Facility Where A | batement is | Taking F | Place | (3) | | | | | Type of Facility | (4) | | _ | | | | | | |
| Vacant Former Way | | | | • • | | | | | School (K-1) | | | | | | | | | |
| Street Address | | | | | | | | | ☐ Subchapter | 8 (Other tha | n K-12) | | | | | | | |
| 1 Wayne Hills Mall | | | | | | | | | Other (i.e., p | rivate and c | ommerc | ial bu | ilding | js, | | | | |
| City (5) | | | | | | | | | homes, etc. Square Feet | # of Floo | | TDI | ما مر ۸ | | _ | | | |
| Wayne | | | | | | | | | 100,000 | 1 | ns . | | dg. A 34 | ge | | | | |
| County (6) | | | | | Cour | ntv Code (7 | VSTA | ATE USE ONLY) | | | lemolish | 100 | - | | | | | |
| Passaic | | | | | | ,(| /\ - · · | | Vacant Ret | | | | | | | | | |
| Name of Monitoring Firm | Hired by Buil | dina Ow | mer (| 8) | ASCM | No | Na | me of Ahatem | ent Contractor (9) | | I Mail | | | | | | | |
| Health and Safety S | | | | , | 001 | | | | nental Service | | | | | | | | | |
| Street Address | | | | | | 5/3/ | | reet Address | | 5 220 | | | | | | | | |
| CPO Box 365 | | | | | 277 Fairfield Road, Suite 102 | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | Cit | y, State, Zip Co | ode | | | | | | | | | |
| Berlin, NJ 08009 | | | | | | | | airfield, NJ | | | | | | | | | | |
| Project Manager for Monit | oring Firm | | | Tele | phone | No. | Tel | lephone No. | | License | No. | | | | | | | |
| Jim Proctor | | | | 85 | 6-452 | -1311 | (| 973) 852-344 | 14 | 01349 |) | | | | | | | |
| Start Date (10) | | Schedul | ed Co | mple | tion Da | ite (11) | Na | me of OSHA M | lonitor | | | _ | | | | | | |
| 9 / 05 / | 18 | _10 | _ / | 31 | / | 18 | 8 | SAI Environn | nental Service | s LLc | | | | | | | | |
| Occupancy Status During | Abatement (| Check o | nly o | ne) | | | Str | eet Address | | | | | _ | | | | | |
| □ Facility Closed/Vacated | d During Enti | re Perio | d of A | Abater | ment | | 2 | 77 Fairfield | Road, Suite 10 | 2 | | | | | | | | |
| Abatement Performed | Outside of No | ormal Fa | acility | Hour | s - Des | cribe | | y, State, Zip Co | | | 3000 | | | | | | | |
| Time of Abatement: | | PM/_ | | _PM- | | AM | F | airfield, NJ | 07004 | | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | | | | | | | | |
| ☐ ≥3 sf or >3 lf | | Г | 7 Rer | novatio | on | | | | ainment with Neg | gative Press | ure | | | | | | | |
| ≥160 sf or ≥260 lf | | | | nolitio | T-277 | | | ☐ Glovebag | Procedure | | | | | | | | | |
| | | | | | | | | Non-Exe Non-Exe | mpted (*) and No | n-Friable Pr | ocedure | | | | | | | |
| Location of | · f | | | Locati ormal | | | | 5 | | | | Ab | ateme | ent Ty | уре | | | |
| Asbestos-Containing M | | 1) | Used | Sole | ly by | Asbes | stos | Description o Containing Ma | | Amou | nt | Re | Re | <u>n</u> | 四四 | | | |
| TO BE ABAT | | | | ntena | nce/ Staff? | (i.e. | , the | ermal systems i | nsulation, | (Speci | fy | Removal | Repair | cap | Enclosure | | | |
| IN Facility (13) | 0 | | Ousi | (12) | Juli: | | | surfacing, VAT, her miscellane | | SF or L | .F) | /al | | Encapsulate | ure | | | |
| X / | | 1 | res | No | N/A | 1 | Oti | nei miscenanei | Jusi | | | | | te | 2000 | | | |
| Exterior | | | 5 | | \boxtimes | Stucco | | | | 350 S | F | | П | П | | | | |
| Exterior | | П | Roofing | ma | terials | | 6.806 | | | | | | | | | | | |
| Interior | | Г | 5 | | П | Floor Ti | CHE LIVE | 200 Det (100 PE) | | 103,80 | | | | | | | | |
| 2000 E | | | 5 | $\overline{\Box}$ | | | | | | 100,00 | ,,, | | | | | | | |
| Name of Registered Waste | Hauler | | | | JDEP V | Vaste T | Cur | oic Yards of | Name of Regis | tered Lands | II. | ш | Ш | | П | | | |
| Service Transport G | | | | Ha | auler IE | No. | Was | ste | Minerva La | | П | | | | | | | |
| City, State | | | | | SW21 | 1/ | | 800 posal Date | City, State | | | | | | | | | |
| New Castle, DE | | | | | | | | 10/31/18 Waynesburgh, OH | | | | | | | | | | |
| Completed By (Print or Type) Title | | | | | | | - | Signature / | | / Date | | | | | | | | |
| Mary Petrovski | nt | | | | | Jul Vitu | 8/24/18 | | | | | | | | | | | |

ASB-41 MAY 11

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

| Ch2504 | | NOTIFICATION OF ASAESTOS ABATEMENT (Pursuant to NAC 8:60 and 12:120) | | | | | | | | | | | |
|---|--------------------|--|--|-------------------------------|---|---|-------------|-------------------------------|--------------|----------------------|-------------|-----------|--|
| Date of Notification (1) 08/27/2018 | | | Name o | of Building Owner | Operator | (2) | | | SEP | -7 | 201 | 8 | |
| Agencies Notified Type Notification EPA Initial | | | Street A | | | | | ASI | BESTC LIC | S CC | ONTF ING | OL & | |
| EPA DEP Amended Amendment Emergency (iii Emergency (iiii) | | | | ate, Zip Code son NJ 07029 | | | *urbe | # mile of the colonial law as | | and trial | | | |
| DOH justification Cancellation | iciuding | | Name of Tong | of Contact Yu | | | Tel | enhone N | ıımhar | | | | |
| Name of Facility Where Abatement is Taking | Place (| 3) | FAC | ILITY INFORMAT | ION | Type of Facility (4) |) | | | - | _ | | |
| Residence Street Address | | | | | | School (K-12 Subchapter 8 |) 3 (Oth | | | Idinas | hom | 00 | |
| City (5) | | | | · · | | etc.) | | | | | | es, | |
| Harrison | | | | | | Square Feet 2,500 | 3 | f Floors | 9 | 3ldg. <i>1</i> 95 | Age | | |
| County (6) Hudson | | | | Code (7) USE ONLY) | | Current Use (Prior | if bei | ng demoli | shed) | | | | |
| Name of Monitoring Firm Hired by Building O A. Seine Lighthouse Solutions | wner (8) |) | ASC | M No. | | of Abatement Contr s Tank Services | | (9) | | | | | |
| Street Address PO Box 354 | | | | | 100000000000000000000000000000000000000 | Address Liberty Avenue |) | | | | | | |
| City, State, Zip Code South Orange, NJ 07079 | | | | | | state, Zip Code de, NJ 07205 | | | | | | | |
| Project Manager for Monitoring Firm Sarah Calandra | | | Telepho 201-3 | ne No. 19-2666 | 100000000000000000000000000000000000000 | none No. 462-7465 | | License 01316 | No. | | | | |
| | Schedul 10/01/2 | | npletion | Date (11) | | of OSHA Monitor eine Lighthouse | Solu | ıtions | | | | | |
| Occupancy Status During Abatement (Check | 0.00 | 10 | | | 12/20/20/20 | Address | | | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: | riod of A | Abatem y Hours | rs PO Box 354 City, State, Zip Code South Orange, NJ 07079 | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | Sout | ii Orange, NJ 07 | 7079 | V/ | | | | - | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoliti | | | × | Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (| dure | | | | _ | | |
| | Is | Locati | on | | | 1 Non-Exempled (|) and | NON-FIR | IDIE PIO | Abat | ement | : | |
| Location of Asbestos-Containing Material (ACM) | | Normall ed Sole | | De Asbestos Con | scription | | ٨ | mount | | | /pe | Н | |
| TO BE ABATED In Facility (13) | (25.257) | intenar todial S (12) | | (i.e. therma surfa | | s insulation, T, or | (S | Specify or LF) | Remova | Repair | Encapsulate | Enclosure | |
| | Yes | No | N/A | | | | 11-5-25 | | | | ite | Ф | |
| Basement | | X | | P | pe wra | р | 13 | 30 LF | Х | | | | |
| | | | | | | | | | - | _ | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | Н | JDEP Wauler ID 1509 | | Yards ste | Name of Re Waste M | | | | II | | | |
| City, State East Orange, NJ | | | | Dispo | sal Date | City, State Penn Arg | yle. | /le, PA | | | | | |
| Completed by Alison Lamers | Title Office | e Man | ager | | Signature Date 08/27/2018 | | | | | | | | |

| 011 | nni ma | 1-10 |
|------|--------|-------|
| (h | 006974 | IX IX |
| 00 8 | 0000. | 110 |



| | C | E | 4 | Vir | Th |
|--|-----|---|---|------|----|
| | SEP | _ | 7 | 2018 | |

| Date of Notification (1) 09/05/2018 | Name of Building Owner/Operator (2) The Chemours Company | | | | | | | | 3 | | | | | | |
|---|--|-----------------------------|--------------------------------|---------------------------|-------------------|----------------------------------|----------------------|--|------------|-------------------|------------|----------|---------------|-------------|-----------|
| Agencies Notified Type Notification | 1 | | Street A | ddress Market S | treet | | | | | ASE | BESTO | SIEN | CON | ITRO |)L& |
| ▼ EPA □ DEP □ Amended □ Amendmen | | | | ate, Zip Coo ngton, DE | | 9 | | | Literatura | | | WATER OF | Articles, see | To hack the | |
| □ Emergency justification □ DCA □ Cancellation |) | | Name o Jim La | f Contact acey | | | | | 100 | ohone N -540-2 | | | | | |
| | | | FAC | ILITY INFO | RMATI | ON | | | | | | | 22257 | | |
| Name of Facility Where Abatement is Tak Chemours Chamber Works Facili | | | l Pipe | Alley | | | | of Facility (4 School (K-12 | !) | | Service of | | | | |
| Street Address Canal Road | | | | | | | X | Subchapter 8 Other (i.e. pri etc.) | | | | ıildi | ngs, | home | es, |
| City (5) Deepwater | • | | | | | | | re Feet | # of F | loors | | 35 | lg. A | ge | |
| County (6) Salem | | | | Code (7) USE ONLY) | | | | nt Use (Prior mical Plan | | g demo | lished) | | | | |
| Name of Monitoring Firm Hired by Building Harvard Environmental Inc. | Owner (8) | | ASCN | M No. | | | | tement Cont | | | Comp | an | V | | |
| Street Address 760 Pulaski Highway | | | | | | Street | Addres | | | | | | • | | |
| City, State, Zip Code Bear, DE 19701 | | | | | | City, S | tate, Zi | p Code n, PA 1801 | | | | | | | |
| Project Manager for Monitoring Firm JT Morrison | | Telepho | ne No. 26-2333 | | Teleph | | o. | | License | | | | | | |
| Start Date (10) | ed Com | State and Septiment | Date (11) | | Name | of OSH | A Monitor | | 30721 | | | | | | |
| 09/24/2018 | 11/30/1 | 5.0 00 1 | | | | | denbu | | | | | | | | |
| Occupancy Status During Abatement (Che | | 100.70 100 - 1000 | Street Address 2217 Spillman D | | | | | | | | | | | | * |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: DEMO - 10/15/18- | mal Facility | Abatem Hours | urs City, State, Zip Code | | | | | | | | | | | | |
| | 1/30/10 | | | PA 1801 | 5 | | | | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renovat Demoliti | | | | | | | | | | | | | |
| | | | | | | | | n-Exempted | | Non-Fri | iable P | roce | edure |) | |
| | | Location | | | | | | | | | | Δ | bate Ty | ment ne | |
| Location of Asbestos-Containing Material (ACM) | | Normall d Solel | | Ashaat | | scription aining M | | (ACNA) | Λ | ount | - | T | | | |
| TO BE ABATED In Facility (13) | 201-721 777 | intenan todial S (12) | | | thermal surfac | systems cing, VA niscellan | insula T, or | | (Sp | ecify or LF) | Kemoval | 3 | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | | o. | |
| Pipe Alley | | X | | | Insula | | | | 0 LF | X | | | | | |
| Pipe Alley | | X | | Ga | albesto | S | | 145 | 0 SF | X | + | - | _ | | |
| | | | | | | | | | | | 1 | | | | |
| Name of Registered Waste Hauler Brandenburg Industrial Service Co | Ha | JDEP W auler ID 838 | 100 | of Was | | | Name of R Salem C | | | | ur | s Or | nsite | | |
| City, State Bethlehem, PA | | | 000 | | Dispos | al Date 18-11/3 | 30/18 | City, State Alloway | | | | - | | | |
| Completed by | | | | ignaturé | 10.00 | 1 | | - 0/ | Date | | | | | | |
| Stephen Carne | onme | ntal M | anager | + | I | | (| | _ | 09/05 | /20 | 018 | | | |

OTHEICATION OF ASBESTOS ABATEMENT Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 9/4/18 Wells Fargo Bank Agencies Notified Type Notification Street Address **EPA** One South Broad Street SEP - 7 2018 DEP Initial City, State & Zip Code X DOL Amended Philadelphia, PA 19107 \boxtimes DOH Emergency Name of Contact ASBESTOS COTTEIBALORE Number DCA LICENS 732-565-4504 Cancellation Gordon McGill FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Wells Fargo NBOC School (K-12) Street Address Subchapter 8 (Other than K-12) 100 Fidelity Plaza Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 75,000 45+ North Brunswick Middlesex Current Use (Prior if being demolished) Banking Offices Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/14/18 9/15/18 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00PM to 1:30AM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Maintenance or Remova (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Cafeteria X Pipe insulation 56 LF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 1 CU YD Minerva Landfill City, State Disposal Date City, State New Castle, DE 9/15/18 Waynesburg, Ohio Completed By (Print or Type) Title Signature Date

Project

Manager

9/4/18

State of New Jersey

Gino Pizzigoni

B & G proj. #: 2018-177



Check # 9177

| Date of Notification | 1 (1) | IIN | Jame of Buil | dina Own | er/Operator (2) | | W. A. D. M. V. J. E. W. M. S. M. P. J. L. M. A | | | | | | | | |
|--|-------------------|---------------|-----------------------|--------------------|------------------------|-------------|--|--|--------------------------|---------|---------|--------|---|--|--|
| 10 19 1/10 15 | 1/11 18 | 11. | Lainie Sa | | ciroperator (2) | | | | EG | | | | | | |
| Agencies Notified | Type Notificat | ion | Street Addres | | | | | | | | | | ₩ | | |
| X EPA | ▼ Initial | | | | | | | A STATE OF THE PARTY OF T | SEP | - 7 | 20 | 18 | | | |
| ☐ DEP | | | City, State, Z | ip Code | | | | | <u> </u> | | | 10 | | | |
| ₩ DOL | Amend | ment | Ramsey | , NJ 074 | 146 | | | | A CDECT | 10.0 | ONIT | 201 | 2 | | |
| ₩ DOH | П | | ame of Con | tact | | | | Telephor | ne Number | ÈNS | ING | | | | |
| ☐ DCA | ☐ Cancell | ation | Lainie S | aint | | | | | | | | | | | |
| | | | | FAC | ILITY INFORM | ATION | | | | | | | | | |
| Name of facility wh | nere abatement | is taking pla | ace (3) | | | | | Type of Facility | (4) ol (K - 12) | | | | | | |
| Lainie Saint | | | | | | | | = | apter 8 (O | ther th | nan K | -12) | | | |
| Street Address | | | | | | | - | | (Private/Co | | | / | | | |
| | | | | | | | | Bldgs. | /Homes, et # of Floor | | RI | dg. Ag | ne. | | |
| City (5) | | Cou | nty (6) | | | Cou | nty Code (7) | Square reet | # 01 11001 | 5 | Di | 19. M | 30 | | |
| Ramsey, NJ | 07446 | P.O | raon | | | 100 100 100 | te use only) | Current Use (P | rior if being | g dem | olishe | ed) | | | |
| Name of Monitorin | | | rgen | | | Ĺ.,, | Name of Abote and A | Residential | | | | | | | |
| Name of Monitonin | g riim nired by | bidg. Own | er (o) | | ASCM No. n/a | | Name of Abatement (| 9.0 | | | | | | | |
| Street Address | | | | | | | B & G Restorati | on, Inc. | | | | | | | |
| ou cor ridaress | | | | | | | 105 Ryerson R | oad | | | | | | | |
| City, State, Zip Coo | e | | | | | | City, State, Zip Code | | | | DOM: NO | | manus de la compansa | | |
| | | | | | | | Lincoln Park, N | NJ 07035 | | | | | | | |
| Project Manager fo | r Monitoring Firn | n | Pho | one Numb | er | | Telephone Number (973)696-6869 | 9 | License | Numb | er | | | | |
| 0.1.1.1.01.10 | 1- (10) | I Caba | | - D-t- // | | _ | Name of OSHA Monit | | | 070 | 77.0 | | | | |
| Scheduled Start Da | ite (10) | | d. Completio | n Date (1 | 1) | | B & G Restorati | | | | | 4 | (A) 4 | | |
| 09/19/2018 | | | 22/2018 | | | | Street Address | | | | | | 2.1 | | |
| Occupancy Status Facility close | | | | ment | | | 105 Ryerson Ro | oad | | | | | | | |
| Abatement pe | erformed outside | | | | | | City, State, Zip Code | 2 | | | | | | | |
| Describe: Other-Descri | be: | | | | | - | LincolnPark, NJ | 07035 | | | | - | | | |
| Scope of Work (ch | | y) | | | | _ 11 | | | | | | -1 | - | | |
| ☐ Demolition | X | Renovation | on | | | X F | ull Containment w/neg | ative pressure | Gloveb | ag pr | ocedu | ıre | | | |
| $\square > 3 \text{ sf or } > 3 \text{ if}$ | X | ≥160 sf or | ≥260 If | | | \square N | fini-enclosure | | ☐ Non-fr | iable p | oroce | dure | | | |
| Location of | | | n normally u | | 1 | | | | | R | R | E | E | | |
| asbestos-cor material to be | - | staff(12) | enance/cust | oulai | Description material (| | sbestos-containing | Amount (Specify S | SF or | m | р | n c | n | | |
| abated in fac | | Yes | No | N/A | materiar | (ACIVI) | | LF) | | O V | a i | a p | L | | |
| back bedroom | | | | × | l vermiculité | e w/ fi | berglass batting | 154 sf | | e | r | П | in | | |
| back bedroom | | | | × | | | bestos joint comp | | | X | | | T | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Basistana Wassal | laulas | | | | ubic Yards of \ | Monto | IN of Barrietand | 1 | | | | | | | |
| Registered Waste F B & G Restora | | | EP Hauler II 19563 | | 3 | vasie | | ntral Landfill | | | | | | | |
| City, State Lincoln Park, N | NJ | | | Disposal D 09/2 | 22/2018 | | City, State Pen Argyle | , PA | | | -3-2- | - 1 | | | |
| Completed by (Print or Type) Title Si Gordana Luna Secretary/Treasurer | | | | | | (| Gordana Luna | | Date | 5/204 | 0 | | | | |
| | | Secreta | ry/rreasu | 161 | | | Junior Services | | 09/05 | 0/201 | 0 | | | | |