| THAGT | A | |
|-------|-------------------|-------------------------|
| FALL | IJ. | |
| J | CHECK H | 7799 |
| | of I montant both | 1 Par 1 1 Par 1 1 Par 1 |

| Date of Notification (1) | | <u> </u> | | Namo | of Building | Oumor | Operate | - (2) | 1 1 |) E | G 1 | 3 1 | W | 7 1 | ļ-w | 51 |
|--|--|------------------------|-----------------------------|------------------|----------------------|--------------------|--|-------------------------|--|-------------|---------------------------|--------------|---------|-------------|--------------|-------------------|
| 9/5/2017 | | | | | mont Co | | | | Inc. | | 0 1 | == !! | U | | - | The second second |
| Agencies Notified X EPA | Type Notification | | | | Address oute 202 | 2, PO B | ox 80 | 8 | Street Charles | | SEP ' | 1 5 | 20 | 17 | | 排 |
| X DEP X DOL | Amended Amendmen | t # | | | ate, Zip C | | | | | 5 | | The I see at | | 71.0 | 1 | oblinitation and |
| X DOH | Emergency justification) | | 9 | Name o | of Contact | | | | A STATE OF THE STA | AŞL | كيابيه | CO | NTI | OL. | & | THE PERSON |
| ☐ DCA | Cancellation | 1 | | | ominic S | | | Pres | sident | | | | | · | _ | - |
| Name of Facility Where Commercial Office | | ng Place (| (3) | 1 40 | ILIT IN | UNIVIAI | ION | - | of Facility | A000000 | | | | | | |
| Street Address | | * | | | | | | | School (K- Subchapte | er 8 (Othe | er than | K-12) | | | | |
| 389 Main Street City (5) | | | | | | | | | Other (i.e. etc.) | | | ercial | | C. Nessus | | es, |
| Hackensack | | | | | | | | 12,0 | are Feet 000 | # of 2 | Floors | | | ldg. A 0 | ige | |
| County (6) Bergen | | | | | Code (7) USE ONLY |) | | | ent Use (Pr nmercial | rior if bei | ng dem | olishe | d) | | | |
| Name of Monitoring Firm TBD | Hired by Building | Owner (8 |) | ASC | M No. | | | | atement Co acting, L | | (9) | | | | | |
| Street Address | | | | | | | Street 1385 | | ss ey Road, | Suite | K | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code ew Jerse | ev 0747 | 70 | | | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | ne No. | | Teleph | none N | | | Licens | | | | | |
| Start Date (10) 9/20/2017 | | led Cor 2017 | npletion | Date (11) | | Name | of OSI | HA Monitor acting, L | | | | | | | | |
| Occupancy Status During | g Abatement (Chec | k Only O | ne) | | | | Street | | 1000 | | | | | | SELECTION OF | |
| Facility Closed/Vaca Abatement Perform | ated During Entire I ed Outside of Norn | Period of nal Facility | Abaten y Hours | nent | | | | | ey Road, ip Code | Suite l | < | | | | | |
| Other - Describe: _ | II That A L A | | | | | _ | Wayı | ne, N | ew Jerse | y 0747 | 70 | | | | | |
| Scope of Work (Check Al ≥3 sf or ≥3 lf | іі і пат Арріу) | П | Renova | tion | | | | 1 5 | II Cantaine | | | _ | | | | |
| ≥160 sf or ≥260 lf | | - | Demolit | | | | × | Mir Glo | I Containm ni-Enclosur ovebag Pro | e cedure | | | | | | |
| | | Is | Locati | on | | | 12. | 1 NO | n-Exempte | d (") and | Non-Fi | nable | - | Abate | - | |
| Location | | | Normal ed Sole | ly | | Des | scription | of | | | | - | | Ту | ре | |
| Asbestos-Containing TO BE ABA In Facili (13) | TED | Ma | intenar todial S (12) | nce/ | | thermal surface | aining M systems cing, VA niscellan | insula T, or | | (S | nount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| See Attac | ched | Yes | No | N/A | | | | | | | | 4 | | | fe | |
| | | | | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | l NI | JDEP W | aeto | Cubia | Vordo | | Nama of | Daniston | | 1611 | | | | |
| Service Transport Gr | | | Н | auler ID 1990 | | of Was | | | Name of Minerva | | | | | | | |
| City, State New Castle, Delawar | e | | | | | Dispos TBD_ | al Date | | City, Stat Waynes | | Ohio | | | | | |
| Completed by | | Title | Dresid | dent | | | ignature | .> | - Tayrio | obuly, | T | Date | 20.4 | 7 | | |
| Todiug Galley | drag Sarcev Vice Pre | | | | | | ? | | | | - | 9/5/2 | 201 | 1 | | |

| Location of | | Locati Normal | ly | Description of | | | | emen /pe | t |
|---|-----|--|------|--|---------------------------------|--------|--------|-------------|-----------|
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intenar todial S (12) | nce/ | Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | - | | ite | Ф |
| Basement - Room #1 & #2 (office suite) | | X | | 9"x9" Floor Tiles w/mastic | 1,188 SF | X | | | |
| Basement - Room #3 | | X | | 9"x9" Floor Tiles w/mastic | 567 SF | Х | | | |
| Basement - Room #4 & #5 (office suite #203) | | Х | | 9"x9" Floor Tiles w/mastic | 560 SF | X | | | |
| Basement - Room #6 | | Х | | 9"x9" Floor Tiles w/mastic | 308 SF | × | | | |
| Basement - Room #7 | | × | | 9"x9" Floor Tiles w/mastic | 1,120 SF | X | | | |
| Basement - Room #8 | | X | | 9"x9" Floor Tiles w/mastic | 875 SF | X | | | |
| Basement - Room #9 (office suite #210) | | Х | | 9"x9" Floor Tiles w/mastic | 1,225 SF | X | | | |
| Basement - Room #10 (office suites) | | X | | 9"x9" Floor Tiles w/mastic | 1,050 SF | X | | | |
| Basement - Room #11 | | Х | | 9"x9" Floor Tiles w/mastic | 980 SF | X | | | |
| Basement - Room #12; #13 & #14 (office suites) | | X | | 9"x9" Floor Tiles w/mastic | 1,360 SF | Х | | | |
| Basement - Room #15 (suite #215) | | Х | | 9"x9" Floor Tiles w/mastic | 720 SF | Х | | | |
| Basement - Corridors & Hallways | | Х | | 6"x24" Border Tiles w/mastic | 182 SF | × | | | |
| Basement - Corridors & Hallways | | Х | | 9"x9" Floor Tiles w/mastic | 1,112 SF | Х | | | |
| Roof - Penetrations; Skylights & Equipment | | Х | | Penetration Roof Flashing Materials | 352 SF | Х | | | |



PAID

(HECK# 2386

| Date of Notification (1) 9/5/2017 | | | of Building | | | | Inc II | | 6 | 12 | 7 77 |) [= | protection | |
|---|--|---------------------------|---------------------|-------------------------------------|---------------|----------------|---|---|---------------------------|---------------|---------|---------|-------------|--|
| Agencies Notified Type Notification | | | Street A | Address | | | | 100000000000000000000000000000000000000 | 別。區 | <u> </u> | 區 | | | 7 |
| ▼ EPA ▼ DEP ▼ DOL ▼ DOL ▼ Emergency (i | | _ | City, Sta Far Hi | ute 202 ate, Zip Co Ils, NJ 0 | ode | OX 808 | 3 | | | SEP | 1 5 | 20 | 17 | 1 |
| DOH justification) Cancellation | | | | f Contact ominic S | Sciaretta | a, Vice | Pres | sident | 1 | | | | | 0 |
| Name of Facility Where Abatement is Taking | Place (3 |) | FACI | LITY INF | ORMATI | ON | Туре | of Facility (4 | | LIC | EN5 | ING | | - Control of the Cont |
| Residential Building Street Address | | | | | | | | School (K-12 | | | 0. | | | |
| 400 State Street | | | | | | | × | Subchapter of Other (i.e. prefc.) | | | | dings | , hom | es, |
| City (5) Hackensack | | | | | | | Squa 1,35 | re Feet 0 | # of Flo | ors | 192 | 3ldg. A | Age | |
| County (6) Bergen | | | | Code (7) USE ONLY |) | | | ent Use (Prio nmercial | r if being d | emolis | hed) | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCN | I No. | | | | tement Cont acting, LL | | | | | | |
| Street Address | | | | | | Street 1385 | | ss ey Road, S | Suite K | | | | | |
| City, State, Zip Code | | | | | | | | ip Code ew Jersey | 07470 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph | none N | | Lic | ense N 874 | lo. | | | |
| | Schedule 12/31/2 | | npletion I | Date (11) | | | | HA Monitor acting, LL | C | | 1 (| | | |
| Occupancy Status During Abatement (Check | 0.74 | | 51 | | | Street | | | Puito K | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: | eriod of A al Facility | baten Hours | ent | | | City, S | tate, Z | ey Road, S ip Code ew Jersey | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | vvayı | 110, 14 | ew Jersey | 07470 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | enova emolit | | | | × | Mir | ll Containmen ni-Enclosure ovebag Proce | edure | | | | | |
| | ls l | Locati | on | | | 1.5 | I NO | n-Exempted | (") and No | n-Friad | le Pro | Abate | ement | |
| Location of Asbestos-Containing Material (ACM) | | ormali Sole | | Ashas | | cription | | (40.14) | | | - | Ty T | ре | |
| TO BE ABATED In Facility (13) | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | ntenar odial S (12) | 505000 No. 1 | | | | s insula T, or | | Amou (Speci SF or I | fy | Removal | Repair | Encapsulate | Enclosure |
| Basement | Yes | No | N/A | | Nuct \A/r | on Inc | ulotio | _ | 10.0 | | - | | Ф | |
| Exterior | | X | | | ouct Wr | • | | | 16 S 1,608 | | x | | | |
| | | | 770 | TIONE OF | ang (| Orming | 103) | 1,000 | 01 | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | aste | Cubic \ | Yards | | Name of R | egistered l | _andfill | | | | |
| Service Transport Group, Inc. | | | auler ID 1990 | No. | of Was 5 | te | | Minerva | | | | | | |
| City, State New Castle, Delaware | | | | | Dispos TBD | al Date | | City, State Waynest | ourg, Oh | io | | | | |
| Completed by Predrag Sarcev | Presid | dent | | < TSI | gnature | | 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | Da 9/ | te 5/201 | 17 | | | |

CHECK# 2387

| Date of Notification (1) 9/5/2017 | | Name | of Building emont Co | Owner/C | Operato tion Gr | r (2) roup, Inc. | m | - C | E | | W | E |
|--|-------------------------|-------------------------------|-------------------------|---------------------|--------------------|--|------------------------------|---------------------------|---------|----------------|--|--|
| Agencies Notified Type Notification EPA DEP Amended | | Street 49 R | Address oute 202, | , PO Bo | | • | | SEP | 1 | and the same | 2017 | And the state of t |
| ▼ DOL Amendme ▼ Emergence justification □ DCA Cancellation | y (including n) | Name | of Contact Oominic S | | a, Vice | e President | | | | | 5 | JL 8 |
| Name of Facility Where Abatement is Tak Commercial Office Building Street Address | ing Place (3) | FA | CILITY INFO | ORMATI | ON | Type of Facility School (K- | S 30 | 423 miles (23) miles (23) | اسال | *· <u>/ ··</u> | Section Confession Con | Section 1 |
| 395 Main Street City (5) Hackensack | | | | | | Other (i.e. etc.) Square Feet 27,000 | private & cor | mmercial | В | ldg. A | | es, |
| County (6) Bergen | | County (STATE | Code (7) USE ONLY |) | | Current Use (Pri Commercial | or if being de | emolishe | d) | | | |
| Name of Monitoring Firm Hired by Building TBD Street Address | Owner (8) | ASC | M No. | | Sky | of Abatement Cor Contracting, LI Address | | | | | | |
| City, State, Zip Code | | | | | 1385 City, S | Valley Road, tate, Zip Code ne, New Jerse | | | | | | |
| Project Manager for Monitoring Firm | * | Teleph | one No. | | Teleph (973) | one No. 928-5040 | Lice | ense No. 374 | | | | |
| Start Date (10) 9/20/2017 Occupancy Status During Abeliance (Ch. | Scheduled 12/31/20 | | Date (11) | | Sky (| of OSHA Monitor Contracting, LL | _C | | | | | |
| Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period of Aba | itement ours | | | 1385 City, S | Address Valley Road, tate, Zip Code ne, New Jerse | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ovation nolition | | | x x | Full Containme | ent with Neg | | | | e | |
| Location of Asbestos-Containing Material (ACM) | Non | cation mally solely by | | | cription | | | | | Abate Ty | ment pe | |
| TO BE ABATED In Facility (13) | Mainte Custodi (1 | enance/ al Staff? 2) | (i.e. t | thermal s | systems ing, VA | | Amoun (Specif SF or LI | | Removal | Repair | Encapsulate | Enclosure |
| See Attached | Yes N | lo N/A | | | | | | | | | Ф | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group, Inc. | | NJDEP V Hauler ID 20990 | No. | Cubic Y of Waste | | The state of the s | Registered L Enterpris | | | | | |
| City, State New Castle, Delaware | | 20990 | | Disposa | al Date | City, State | #i 20 | | | | 19255 | |
| Completed by Predrag Sarcev | Title Vice Pre | esident | | | nature | Viayiles | org, Om | Date 9/5/2 | 2017 | 7 | | |

| Location of | | Normal | ly | Description of | | | Abat Ty | emen /pe | ıt |
|---|--------------|---|---|--|---------------------------------|---------|------------|-------------|-----------|
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole aintenar todial S (12) | nce/ | Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | - | | ate | , e |
| Basement - Throughout (within enclosed soffits, etc.) | | X | | Compressed Paper Pipe & Joint Insulation | 70 LF | Х | | | |
| Basement - Throughout (within enclosed soffits, etc.) | | X | | 4" Corrugated Pipe & Joint Insulation | 105 LF | Х | | | |
| Basement - Throughout (within enclosed soffits, etc.) | | X | | 6" Corrugated Pipe & Joint Insulation | 115 LF | × | | | |
| Basement - Rear Entrance Stairs | | X | | 9"x9" Floor Tiles w/mastic | 42 SF | × | | | |
| First Floor Front - Entrance | | х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 152 SF | X | | | |
| First Floor Front - Corridor # 1 (by Consul Rooms) | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 335 SF | X | | | |
| First Floor Front - Consul Room-A | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 120 SF | X | | | |
| First Floor Front - Consul Room-B | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 130 SF | х | | | |
| First Floor Front - Supply Room | | х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 60 SF | X | | | |
| First Floor Front - Consul Room #1 | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 88 SF | x | | | |
| First Floor Front - Consul Room #2 | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 130 SF | x | | | |
| First Floor Front - Consul Room #3 | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 108 SF | x | | | |
| First Floor Front - Consul Room #4 | | × | | 12"x12" & 9"x9" Floor Tiles w/mastic | 130 SF | × | | | |
| First Floor Front - Consul Room #5 | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 117 SF | х | | | |
| First Floor Front - Consul Room #6 | | х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 130 SF | x | | | |
| First Floor Front - Consul Room #7 | | × | | 12"x12" & 9"x9" Floor Tiles w/mastic | 132 SF | x | | | |
| First Floor Front - Consul Room #8 | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 132 SF | х | | | |
| First Floor Front - New Directions-1 | | × | | 12"x12" & 9"x9" Floor Tiles w/mastic | 182 SF | x | | | |
| First Floor Front - Corridor #2 (by Kitchen) | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 390 SF | х | | 1 | |
| First Floor Front - Kitchen | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 234 SF | × | | 1 | |
| First Floor Front - Lunch Room & Canteen | | × | | 12"x12" & 9"x9" Floor Tiles w/mastic | 748 SF | x | | | |
| First Floor Front - Fire Alarm Panel Room | \mathbb{V} | S I | | 12"x12" & 9"x9" Floor Tiles w/mastic | 104 SF | x | | | |
| First Floor Front Pharmacy | 2017 | X | Set sensitionment Productions of the | 12"x12" & 9"x9" Floor Tiles w/mastic | 316 SF | × | | | |

ASELU, US CONTROL & LICENSING

| Location of | | s Locati Normal | ly | Description of | | | 200 | emen /pe | t |
|---|----------------------|--|------|--|---------------------------------|--------|--------|-------------|-----------|
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole aintenar stodial S (12) | ice/ | Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | te | Ф |
| First Floor Front - Pharmacy (within column) | | × | | Compressed Paper Pipe & Joint Insulation | 14 LF | X | | | |
| First Floor Front - Corridor #3 (between Lunch Rm & Sec Office) | | х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 140 SF | X | | | |
| First Floor Front - Corridor #3 (between Lunch Rm & Sec Office) | | Х | | Compressed Paper Pipe & Joint Insulation (within column) | 14 LF | х | | | |
| First Floor Front - Dr. Office | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 132 SF | X | | | |
| First Floor Front - Closet by Dr. Office | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 130 SF | Х | | | |
| First Floor Front - Reception Area | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 330 SF | X | | | |
| First Floor Front - Sec Office-A | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 270 SF | X | | | |
| First Floor Front - Sec Office-B | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 189 SF | Х | | | |
| First Floor Front - Medical Records | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 279 SF | X | | | |
| First Floor Front - Corridor #4 (by Activity Room 4 & 5) | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 225 SF | X | | | |
| First Floor Front - Adult PC Staff Office-1 | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 330 SF | х | | | |
| First Floor Front - Activity Room #4 & #5 | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 540 SF | X | | | |
| First Floor Front - Nurses Office | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 226 SF | × | | | |
| First Floor Back - Corridor #5 (center by Rec Room) | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 378 SF | × | | | |
| First Floor Back - Adult PC Office-2 | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 336 SF | × | | | |
| First Floor Back - Core Room | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 300 SF | × | | | |
| First Floor Back - Maintenance / Supply Room | | X | | 9"x9" Black Floor Tiles w/mastic | 132 SF | X | | | |
| First Floor Back - New Directions-2 | | х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 207 SF | X | | | |
| First Floor Back - Room #10 & Storage | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 374 SF | X | | | |
| First Floor Back - Room #11 | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 374 SF | X | | | |
| First Floor Back - Corridor #6 (by Ward Street Entrance) | | X | | 12"x12" & 9"x9" Floor Tiles w/mastic | 245 SF | Х | | | |
| First Floor Back - Office | | | | 12"x12" & 9"x9" Floor Tiles w/mastic | 192 SF | Х | | | |
| First Floor Back - Recreation Room SEP 1 5 2017 | Con your Consultance | | | 12"x12" & 9"x9" Floor Tiles w/mastic | 758 SF | X | | | |

ASSESSION CONTROL & LICENSING

| Location of | i | Locati Normal | ly | Description of | | | - | emen /pe | t |
|---|-----|---|------|--|---------------------------------|--------|--------|-------------|---------|
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole iintenar todial S (12) | rce/ | Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosu |
| | Yes | No | N/A | | | a a | | ate | ure |
| First Floor Back - Storage Room / Med Room | | Х | | 9"x9" Black Floor Tiles w/mastic | 255 SF | Х | | | |
| First Floor Back - Storage Closet | | Х | | 12"x12" & 9"x9" Floor Tiles w/mastic | 8 SF | X | | | |



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| OK# IIlel | P | | | OF ASBE | | | | | - | | | | | | |
|---|--------------------------|-----------------------------|-----------------|---|------------------|---|-------------------|----------------------------------|-------------|---|--------|---------|---|---------------|-----------|
| Date of Notification (1) 09-10-17 | | | Name of | f Building (| Owner/C | Operator | (2) | the second | 10 | E | G | 5 | | | |
| Agencies Notified Type Notification | | 3 | Street A | ddress | | | | | | - | | | | V 20 20 20 10 | |
| EPA Initial Amended Amendment # | | | | ite, Zip Co | |)6 | | | | | EP | | 200000000000000000000000000000000000000 | Hereave a co | |
| Emergency (ir justification) DCA Emergency (ir justification) Cancellation | cluding | 1 | | Contact tt Melfi | | | | | · | \SEL. | -11 | i E M | IAPT | 9/1 <u>-</u> | & - |
| Name of Facility Where Abatement is Taking | Place (3 | 1) | FACI | LITY INFO | RMATI | ON | Type | of Facility (| 4) | | | | | | |
| Private Home | i idoc (o | '/ | | | | | process; | School (K-1 | | | | | | | |
| Street Address | | | | | | | | Subchapter Other (i.e. petc.) | 8 (Othe | | | build | ings, | home | es, |
| City (5) Jersey City | | | | | | | | re Feet | # of | Floors | | Ble | dg. A | ge | |
| County (6) Hudson | | 0 | | Code (7) USE ONLY) | 200 | | | nt Use (Pri | | | olishe | d) | | | |
| Name of Monitoring Firm Hired by Building On N/A | wner (8) | | ASCN | No. | | 1 | | tement Cor tracting L | | (9) | | | | | |
| Street Address | | | | | | | Addres | | | | | | | | |
| City, State, Zip Code | | | | | | City, S | tate, Z | ip Code NJ 0708 | 37 | | | | | | |
| Project Manager for Monitoring Firm | | T | elepho | ne No. | | | none No 216-9 | | | Licens 0120 | | | | | |
| | Schedule 09-25- | | pletion I | Date (11) | | | | HA Monitor tracting L | LC | | | | | | |
| Occupancy Status During Abatement (Check | Only On | ne) | | <i>-</i> | | 70000000000000000000000000000000000000 | Addres | | | *************************************** | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: | eriod of A I Facility | Abateme Hours | ent | | _ | City, S | | ip Code NJ 0708 | 37 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | \neg |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renovat Demolitic | | | | 4 | Mir Glo | I Containment-Enclosure | e cedure | | | | | | |
| | İs | Locatio | n | | | | 1 1101 | n-Exempte | u () and | u NOII-F | Tiable | | Abate | ment | |
| Location of | 1 | Normally d Soleh | / | | | scription | | | | | - | | Ту | pe | - |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | intenan todial S (12) | ce/ | | thermal surfa | taining N systems cing, VA niscellar | s insula T, or | | (8 | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Roof | | х | | | Ro | oof Fel | ts | | 10 | 00 SF | | ζ | | | |
| Exterior | X | | | Tran | site Si | ding | | 20 | 00 SF | | X | | | | |
| Basement | | X | | | | VAT | | | 17 | 70 SF | | K | | | |
| Basement | | Х | | | Pipe | Insula | tion | | 1 | 0 LF | 1 | K | | | |
| Name of Registered Waste Hauler | | 1 2.555 | DEP W | | Cubic of Wa | Yards ste | | Name of | | | | | | ••• | |
| Delfa Contracting LLC | | | 3524 | 100000000000000000000000000000000000000 | | 20 | | Tullyto | | source | Red | cove | ry F | acili | ty |
| City, State Union City, NJ | | and the same contents | A-Thyr-co-Thyr- | | 09-2 | sal Date 25-17 | | City, Stat | | ١ | | | | | |
| Completed by Jaime Delgado | Title Proj. | Mana | ger. | | | Signature | 1 | 4 | | | Date | | 7 | | |

| | | | | | | | ew Jersey | | Check N | 0. 44 | 408 | } | | |
|--|---------------------------------|-----------------|---|-------------|---------------------|--------------------|---|--|----------------------------------|-------------|-------------|-----------|------------------------|-----------|
| | | NO ⁻ | | | | | BESTOS ABAT 8:60 and 12-1 | | DE C | | | V | E | |
| Date of Notification (1) | | | | Т | Name | of Buildin | g Owner/Operator | (2) | TIM | | | | | 111 |
| January 11, 2017 | | | | | PA o | f NY & | NJ | | IIIII SE | P 15 | 2 | 017 | | 111 |
| Agency Notified | Type Notification | n | | | Street | Address | | | 14 9 90 | 1 0 | -<1 | J11 | - 18 | 1 |
| □ EPA | □ laikial | | | | Goet | hals B | ridge, 2777 G | ethal Road | North | | | | | |
| HOEP Not conjused per State Plan 10/2004 | ☐ Initial ☑ Amended | | | | | tate, Zip | | | ASEES, | US CC | TVI | RO | L 8 | A |
| ⊠ DOL | Amendment | | | | State | n Islan | d, NY 10303-8 | 3413 | L | CENSI | NG | Whetenian | NAME OF THE PERSONS IN | Omenana |
| ⊠ DOH | ☐ Emergency (justification) | • | | | A A III DOWN TO THE | of Contac | | revision according | Telephone Nur | nher. | | | v.c.u/es | |
| □ DCA | ☐ Cancellation | | | | Uday | Mehta | l - | | * | | | | | |
| 1 | | | | | | | ORMATION | | -3 | | | | | |
| Name of Facility Where A | batement is Tak | ing Place | 3) | | | | | Type of Facility | / (4) | | | | | |
| Goethals Bridge - N | New Jersey | Side of I | 3rido | e | | | | ☐ School (K-1 | 2) | | | | | |
| Street Address | | | | | | | | | 8 (Other than K-12 | | | | | |
| 2777 Goethals Roa | d North | | | | | | | homes, etc. | rivate & commercia | ai bullain | gs, | | | |
| City (5) | | | | | | | | Square Feet | # of Floors | Bldg. | Age | 9 | | |
| Staten Island, NY 1 | 0303-8413 | | | | | | | 440,758 | 1 | 88 4 | -/- | | | |
| County (6) | | | | T | County | Code (7 |) (STATE USE | Current Use (P | rlor if being demol | ished) | | | - | |
| Union | | | | | ONLY) | , | | Bridge | 3 | | | | | |
| Name of Monitoring Firm I | Hired by Building | o Owner | AS | CM | No. | | Name of Abatem | | 9) | | _ | | | - |
| (8) Creative Environment S | 950 | - | N/ | | | | B&N&K. Res | one comme again | 10.70 | | | | | |
| Street Address | olutions (OLO) | оогр. | 14/ | _ | | | Street Address | storation co | imparry, mo. | | | | | - |
| 39 West 37th Street | t. 14th Floor | | | | | | 223 Randolp | h Avenue | | | | | | |
| City, State, Zip Code | ., | | | - | | | City, State, Zip C | | | | | | | \neg |
| New York, NY 1001 | 8 | | | | | | Clifton, NJ 0 | | | | | | | |
| Project Manager for Monito | | | Telep | hon | e No. | | Telephone No. | | License No. | | | | | |
| Dmitry Khusidman | | | 201000000000000000000000000000000000000 | | 0 632 | 3 | 973-478-468 | 1 | 00120 | | | | | |
| Start Date (10) | Schedi | uled Comp | | | | | Name of OSHA I | Monitor | | | | | | |
| January 23, 2017 | Janu | ary 21, | 2018 | | E07 % | | McCabe Env | ironmental: | Services, L.L. | C. | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | | | |
| □ Essility ClasedNesstad | During Entire D | oriod of A | aatam | nnt | | | 464 Valley B | rook Avenu | е | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed C | Outside of Norma | al Facility | Hours | em | | | City, State, Zip C | ode | | | | | | |
| ☑ Other - Describe: Nor | n-friable exte | erior wo | rk | | | | Lyndhurst, I | NJ 07071 | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | Manadia Dassan | _ | | | | |
| ≥ 3 sf or ≥ 3 If | | | | ĺ | ☐ Rend | ovation | | Containment with Enclosure | n Negative Pressur | е | | | | |
| ≥ 160 sf or ≥ 260 lf | | | | 1 | □ Dem | olition | ☐ Glove | ebag Procedure | | | | | | |
| | | | | 201 | | | ⊠ Non- | Exempted (*) an | d Non-Friable Prod | eaure | Δ | bate | mer | nt |
| | | | Is Lo | | \$1.115.75 | | | | | | | Ту | | |
| Location | | l | sed S | | | | Description of | | | | | | | |
| Asbestos-Containing TO BE ABA | | | Mainte | | 0.700.700 | | stos Containing Ma , thermal systems | | Amount (Specify | | æ | _ | Enc | ᇤ |
| IN Facili | | | Cust | odia ff? | 31 | (1.0. | surfacing, VAT | , or | SF or LF) | 6 | emo | Repair | aps | Enclosure |
| (13) | 2 | | | 2) | | | other miscellane | ous) | | | Removal | air | Encapsulate | sure |
| | | | | | | | | | | | e | 5.00 | | |
| West Bound Bridge o | ver N.I Turnn | ike Ye | s I | 0 | N/A | | Encased Transite Pipe (Para | apet) - North & South | 90 | 00 In ft | X | | 1 | |
| East of Rail Road T | | | \rightarrow | | | Side Concrete E | Encased Transite Pipe (Para | apet) - South Side | | 50 In ft | | | | |
| NJ Abutment Room | | -+ | \rightarrow | | | 10.200 | Panel (Trans | | | 0 sq ft | () | | | |
| | | idaa (| > | - | | | Encased Transite Pipe | and the second second | | 06 In ft | | \vdash | \dashv | \neg |
| East Bound NJ approach Name of Registered Waste | | - / | NIDE | D 1/1 | aste H | | Cubic Yards of | Name of Regis | | וו ווו סכ | \triangle | | | - |
| Horwith Truck Inc. | e naulei | | ID No. | | | aulei | Waste | And the second of the second of the second | | | | | | |
| Tri-State Transfer | | | Solid Wa 19551 (T | ste: | 16227 | | 155 | Minerva Ente | aste Management erprises, Inc | 6 6 8 | | | | |
| City, State | | | | | -7 | | Disposal Date | City, State | • 1155557 | | _ | | | |
| Northampton, PA / | Bronx | | | | | | 01/23/2017 - 01/21/2018 | Emelle, Al | . / Waynesbur | g, OH | | | | |
| Completed by | Title | | | | | | Signature | 1// | | Date | | | | |
| G Roger Woodman | Proje | ect Mana | ner | | | - 1 | 1/1 | // | | 9/12/ | 201 | 7 | | |



CHECK # 5970

| | | | | | | | | | | 1 (100) | 5 10 | | | \mathbb{M} | C | 1 |
|--|---|------------------------|---------------------------------------|---------------------|-------------------------|-------------------------------|-------------------|--------------------------|--|--|------------------------------|----------|---------|--------------|-------------|---|
| Date of Notification (1) 09-11-17 | | | | Name of Con E | of Building dison | Owner/ | Operato | (2) | Physiolizabeth municipal | | 5 9 | | U | 77 | 15 | A COLUMN TOWNS OF THE PARTY OF |
| Agencies Notified Typ | e Notification | | | Street A 4 Irvin | Address ig Place | | | | Participation of the Participa | The statement of the st | SE | 1 | 5 | 2017 | 0807 | IJ |
| DEP DOL | Initial Amended Amendment | | _ | | ate, Zip Co York, NY | | | | The state of the s | S prince | ** ****** *** | - | | and the same | | |
| × DOH □ | Emergency justification) Cancellation | • | | novigenment and | f Contact Fullum | | | | | AS | be: | 051 | I IN | 111-16 |)[](| necessary and |
| | | | | FACI | ILITY INFO | ORMAT | ION | | | - | | _ | | | _ | |
| Name of Facility Where Abate Pole #61020/35894 | ment is Takir | g Place (| 3) | | | | | Тур | e of Facility School (K | | | | | | | |
| Street Address 52 Briarwood Avenue | - | | | | | | | × | Subchapte Other (i.e. | er 8 (Oth | | | | dings | home | es, |
| City (5) Norwood, NJ | | | | | | | | Squ | etc.) are Feet | # 0 | of Floors | S | Е | Bldg. A | \ge | |
| County (6) Bergen | | | | | Code (7) USE ONLY |) | | | rent Use (Pi | rior if be | ing den | nolishe | ed) | | | |
| Name of Monitoring Firm Hired | d by Building | Owner (8 |) | ASCN | / No. | | | of Ab | eatement Co Environn | | | | | | | |
| Street Address | | | | | | | Street | Addr | | Torritar | оогр. | | | | | |
| City, State, Zip Code | | | | | | | City, S | state, | Zip Code | 70 | | | | | | |
| Project Manager for Monitoring | n Firm | | Т | Telepho | ne No | | Teleph | | , NJ 0707 | | Licen | se No | _ | | | |
| 5. SE | y | | | | | | 201- | 939- | 6565 | | 0075 | | | | | |
| Start Date (10) 09-21-17 | | 10-31- | 17 | npletion | Date (11) | | | | SHA Monitor alytical, I | | | | | | | |
| Occupancy Status During Abai | | | | | | | Street | | ess t 38th Str | aat | | | | | | |
| Facility Closed/Vacated D Abatement Performed Ou Other – Describe: | Ouring Entire I utside of Nom | Period of all Facility | Abaten / Hours | nent S | | | City, S | tate, | Zip Code K, NY 100 | | | | | | | |
| Scope of Work (Check All That | t Apply) | | | | | | | 7 | | | | · | | - | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | , | - | Renova Demolit | | | | × | Fu M G | ntact Remo ull Containm ini-Enclosur lovebag Pro on-Exempte | nent with e cedure | | | | | 2 | |
| | | le | Locati | on | | | | 1 140 | JII-Exemple | u () an | u Non- | riiabie | | Abate | | |
| Location of | | | Vormal | ly | | Des | scription | of | | | | | | Ту | ре | |
| Asbestos-Containing Mater TO BE ABATED In Facility (13) | rial (ACM) | Ma Cus | d Sole intenar todial S (12) | nce/ Staff? | | tos Cont thermal surfac | | lateria insu T, or | and a constant | (5 | mount Specify F or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | | (D | |
| Exterior: Pole #61020 | : Pole #61020/35894 | | | | | Т | ransite | 1: | | 2 | 20LF | | Х | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Har | ulor | | 1 4 | IDED III | anta I | Contribution | Vasi- | | l Nia | D | | 16" | | | | |
| ATC, Inc. / JBT (50071) | Н | JDEP Wauler ID 1310 | R08000 | of Was | | | Name of Minerv | | | | | | | | | |
| City, State Shirley, NY / Bronx, NY | | | | | | Dispos | al Date | 11 | City, Sta Wayne | | OH 4 | 4688 | | | | |
| Completed by Kevin Moriarty | pleted by Title | | | | | | | | P.P. | 6 | | Date | | 7 | | |

Check # 3044

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

| GAC Project # 060-17 | | | | | | | | | TO A | A TITE | The state of the s |
|--|-----------------------|----------------------------|--------------------|-------------------------------------|---|-----------------------------|----------------|----------|--|----------|--|
| Date of Notification (1) | | | | | Name of Building Owne | r/Operator (| 2) | | AL | LLE | |
| Septemb | er 12, | | | | RUTGERS, THE S | STATE U | HVER | SITY-0 | F-NJ | - | |
| Agencies Notified EPA DCA | | | Notificated No | ation tification # (including | Street Address ENVIRONMENTAL 27 ROAD 1, BLDG | | | | DEPT. | s | M |
| 区 DOL 区 DEP- No Longer REQUIRE | D | justific | cation) | | City, State, Zip Code PISCATAWAY, NJ | 08854 | I S | EP 1 | 5 201 | 7 | Ш |
| M DOH | | □Cance | lled | | Name of Contact MICHAEL SMITH, | | L | | | 1 | - |
| | | | - 6 | | HEALTH & SAFET | Y | 1 | LIČEN | ICINO | | |
| Name of Facility Where Abatemen | nt is Taki | na Place (3) | | FACILITY IN | FORMATION Type of Facility (4) | Detamentones | | | OHAC | | - |
| SCOTT HALL, BLDG# 3 | 038 | rig r lace (5) | | | School (K-12) | | | | | | |
| Street Address | | | | | Subchapter 8 (other that | | | | | | |
| COLLEGE AVENUE CA | MPUS | 2 | | | Other (i.e. private & co | ommercial bu # of Floors | | | | ears | |
| | ounty (6) MIDDL | ESEX | | y Code (7) Use Only) | Current Use (prior if beir | ng demolish | ed): AC | ADEMIC | C RESID | ENCE | |
| Name of Monitoring Firm Hired by ATC | Bldg. Ov | wner (8) | ASCM 0098 | | Name of Contractor (9) | | | | | - | |
| Street Address | | | | | GREENWOOD ABA Street Address | TEMENT | CONS | JLTAN | TS, INC |) | |
| 3 TERRI LANE | | | | | 268 MAIN STREET | | | | | | |
| | 016 | | | | City State, ZipCode BUTLER, NJ 07405 | | | | | | |
| Project Manager for Monitoring Fir BRIAN KEARNY | <u>m</u> | Telephone N 609-386 | | | Telephone Number | | Licen | se Numb | ber | | |
| | | STREET, MARKET | | | 973-492-0477 | | 0084 | 40 | | | |
| Scheduled Start Date (10) 09/22/17 | | 09/25/17 | Completion | on Date (11) | Name of OSHA Monitor 1 ENVIROVISION, IN | C | | | | | |
| Occupancy Status During Abate | ment (C | heck only or | ne) | | Street Address | o | | | | | |
| □ Facility Closed/Vacated Durin □ Abatement Performed Outside | g Entire e of Norr | Period of Atmal Facility I | oatemer Hours - | nt | 20-21 WARGARAW | ROAD | | | | | |
| Describe Other – Describe: | | | | | City, State, Zip Code | | | | | | |
| Schedule: 5PM - 5AM (24 H | OURS 8 | & WEEKE | NDS AS | S NEEDED) | FAIRLAWN, NJ | | | | | | |
| Scope of Work (Check all that app | ly) | | | | | | | | | lii- | |
| ⊠ ≥ 3 sf or ≥ 3 lf | | | | ⊠ Renovation | | Full Conta | | vith Neg | ative Pre | ssure | |
| □≥ 160 sf or ≥ 260 lf | f | | | ☐ Demolition | | Glove ba | | ure / Wr | ap & Cut | | |
| Location of Asbestos-Containing | I la Lace | ation Normall | . I lood | I D (| | ☐ Non-Exe | | | | | dure |
| Material (ACM) in Facility (13) | | by Maint./Cu | | | pestos Containing Material al systems insulation, surfac | ing, (Spe | unt cify SF | Abater | ment Type | ! | |
| | Staff? | | NA | VAT, or other mis- | cell.) | or LF | | Remove | e Repair | Encap | Enclose |
| 343 MER | X | T | | TSI | | <25 | SF | X | 1 | | |
| | | | | | | - 120 | 0. | Parent . | | | |
| | | | | | | | | | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | | | | | | | | tered Lar North L | | II |
| Hauler #1) Greenwood Abatemen NJDEP # 12561 | t Consul | tants, Inc | Butler, N | NJ 07405 | | Disposal D | ate | | City, Stat | | |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | | | | | 09/25/20 | 17 | | 100 New Rd. Morr 19067 215-736- | sville, | (C)(C)(C) |
| Completed by (Print or Type) Title | | | | | Signature | | Date | | mere steri | or5(057) | |
| RAYMOND C. PEDALING | SE | ENIOR PR | OJEC | T | Raymond C. Pe | dalino | - | embe | r 12, 20 | 17 | |
| | 1411 | TIMMOLK | | | 37.FC | | 1 | | | | 1 |

CK 4261PAID

| | | | | | 10 12 | | | - | | | | | |
|--|-------------|--------------------|-----------|----------------|-----------------------------|------------|----------------------------|---|-----------------|---------|------------|-------------|-----------|
| Date of Notification (1) 9/12/17 | | N | ame of E | Building Owner | Operator (2 | n 4 | JE | PAR | I HEA | 30 | П | 7\// | Ic! |
| Agencies Notified Type Notification | | St | reet Ado | | INFIEC | D /3 | | 1.1300 | TIE U | | - [] | W | 塩 |
| | | | | 7 NORT | HFIEL | 0 | AJE | | 3 | | | | |
| ☐ EPA ☐ Initial ☐ Amended | | C | | 7 in Code | | | | _111 | III SE | P 1 | 5 | 2017 | |
| DOL Amendment #_ | | - | | West | 0 RANK | 23 | , N. | 7 15 | 705Z | | | | |
| DOH Emergency (included in justification) | uding | N | ame of C | | | | | lm . | * 1 55 5 | | | | |
| ☐ DCA ☐ Cancellation | | | | TOMAS | | | | 1 | | 17.00 | TC+1K | 17: | _ |
| The Die | - (2) | | FACIL | ITY INFORM | ATION | Type o | f Facility (4 |) | <u> </u> | IUE | VSIN | 11.7 | - |
| Name of Facility Where Abatement is Taking Place 97 NORTH FIELD A | c(3) | 00- | 1=0 | 2 | | | - Di | | | | | | |
| Street Address | 00 71 | | 100- | | | TI S | chool (K-12 ubchapter 8 | (Other t | than K-12) | 100 CD | | | |
| 97 NORTHELECT | AUS | | | 3.* | | 0 | ther (i.e. pr | ivate & | commercial bu | iilding | s, hon | nes, etc | c.) |
| 97 NORTHFLECT City (5) WEST ORANGE | 1,100 | | | · | | Square | Feet | 100000000000000000000000000000000000000 | Floors | Bl | dg. Ag | ge | |
| WEST OPANCE | • | | | | | N 1950 | 200 | | 3 | | 17 | 20 | > |
| County (6) | | C | ounty C | | | Current | | | demolished) | _ | | | |
| ESSEX | | (5 | TATE U. | SE ONLY) | | | | | OFFIC | | | | _ |
| Name of Monitoring Firm Hired by Building Own | er (8) | | ASCM | No. | Name | of Abates | ment Contra | actor (9) | | | | | |
| | | | | | Bes | t Re | moval | Inc | | | | | - |
| Street Address | | | | | 22.000 | Address | . L D: | | C+ | _ | | | |
| | | | | | | tate, Zip | | ver | Stree | | | | \neg |
| City, State, Zip Code | | | | | | | | NT T | 7601 | | | | |
| D. Maritaging Firm | | T | elephone | - No | | one No. | ack, | NJ CM | License No. | | | | |
| Project Manager for Monitoring Firm | | 1 | cicpiloin | 5110. | 1 | | 71.1.1 | | 00388 | 2 | 104 | | |
| Start Date (10) | Scheduled (| Comple | etion Da | te (11) | | | -7444 Monitor | | 00.200 | 1 | | | |
| 9/22/17 | 4 | W | 3/17 | | Ome | ra E | nviro | nmer | ntal | | | | |
| Occupancy Status During Abatement (Check Only | One) | | | | Street | Address | | | | | | | |
| ☐ Facility Closed/Vacated During Entire Period | d of Abater | nent | | | | | ler S | tree | et | | | | |
| Abatement Performed Outside of Normal Fa | cility Hour | S | | | 1 | tate, Zip | | | | | A STATE OF | | |
| Other - Describe: 7 Au To (: 5 | | | | | Sou | th H | acken | sacl | c, NJ (|)76 | 06 | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | novatio molitio | | | - 4 | | Containme i-Enclosure | | Negative Press | ure | | | |
| ☐ ≥160 sf or ≥260 lf | <u> Б</u> | monde | ,,, | | | Glo | vebag Proce | dure | Non Erichle E | rosad | ira | | |
| | | | | | |] Non | -Exempted | (+) and | Non-Friable P | 10000 | | ement | |
| | | ocatio | | | | | | | | | Ту | ре | |
| Location of | | ormally Solely | | A abactos (| Description Containing M | | ACM) | А | mount | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | 1 7.7 | ntenano | 2777 | (i.e. thermal | systems insu | lation, st | irfacing, | | Specify | Rer | Re | Encapsulate | Enclosure |
| In Facility | | dial St (12) | an: | of | VAT, or her miscella | | | SI | For LF) | Remova | Repair | psul | losu |
| (13) | | 1 | N7/4 | | not inisocna | neous) | | | | = | | ate | ē |
| | Yes | No | N/A | | | | <u> </u> | | | X | | | \vdash |
| GROUND FLOOR | | | | THERMAL | SULFA | IN C | <u> </u> | | SSSF | 1 | | | - |
| | | | | | | | | | | | | | |
| | | | | | 1 | | | 10 | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | DEP W | | abic Yards | | Name of | Register | ed Landfill | | | | |
| | | | uler ID | | Waste 7 | 207 | W : | | Pata. | وب | | | TT |
| Best Removal Inc | | | 1710 | | isposal Date | - | Mine City, Stat | <u>rva</u> | Enter |)rı | ses | ـــــ | المادادا |
| City, State | | | | | | 17 | Wayn | | ira OI | Ţ /ı | 468 | 8 | |
| Hackensack, N.J. 07601 | Title | | - | | Signatur | | | | Dat | | 1. | 1 | |
| J. Maiorano | Est | ima | tor | | | 11. | عاديه | سند | > | 4 | 112 | 117 | |
| 0. 1101010110 | 1 200. | | - O I | | | 1- | | | 20 E.W. | | | | |
| ASB-41 (R-06-08) | | | | | (| Do not | use this for | rm for as | sbestos licensu | ire exe | mpted | activi | ities. |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 Verizon Communications SEP 15 2017 Type Notification Agencies Notified Street Address **⊠** EPA 323 North Harding Highway . US CONTROL & □ DOLWD City, State, Zip Code LICENSING Amendment #1 - 9/11/17 **⊠** DOH Buena, NJ, 08326 □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon - Landisville Central Office ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 323 North Harding Highway homes, etc.) City (5) Square Feet # of Floors Bldg. Age Buena 6,297 2 +-50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Atlantic Verizon Communications Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Inc BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8346 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA, 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 02 / 17 9 / 27 / 17 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 Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/5:00PM-2:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ⇒3 sf or >3 If Mini-Enclosure □ Renovation ≥ 160 sf or > 260 lf ☐ Demolition ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Removal Encapsulate Enclosure Used Solely by Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Diesel Room \boxtimes 9x9" Vat & mastic X 265 SF 1st Floor Diesel Room X 9x9" Vat & Mastic X П 50 SF 1st Floor Diesel Room \boxtimes X Vibration Damper Cloth 3 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Bristol Environmental, Inc. ACUA Haneman Environmental Park 18706 1 City, State Disposal Date City, State Bristol, PA TBD Egg Harbor Township, NJ Completed By (Print or Type) Title Signature Date Dillan DeCaro Estimator

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| ⊠ DOH | | dment # | | | iy, State, Zij Buena, NJ | | | ASLEC | US (| CON | TRO | 1L & |
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| Atlantic | | | | | | | | ommunications | | | | |
| Name of Monitoring Firm | Hired by Bu | ilding Own | er (8) | ASC | M No. | Name of Abater | ment Contractor (| | Dune | anig | | |
| USA Environmental | Inc | | | | | | NVIRONMENT | | | | | |
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| 8346 Enterprise Ave | | | | | | 1123 BEAV | ER STREET | | | | | |
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| Philadelphia, PA, 19 | | | | | | BRISTOL, P | A 19007 | | | | | |
| Project Manager for Monito | oring Firm | | 7 | elephor | | Telephone No. | | License No. | | 100 | | |
| Mark Jenkins | | | | | 55-5810 | 215-788-604 | .0 | 00509 | | | | |
| Start Date (10)9 / 19 / | 17 | Scheduled | | | | Name of OSHA | | | | | | |
| | | | | | 17 | BRISTOL EI | NVIRONMENTA | AL, INC | | | | |
| Occupancy Status During | | | | | | Street Address | | | | | | |
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| | nat apply) | | | | | ⊠ Full Cor | tainment with Ne | native Pressure | | | | |
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| Bristol, PA | | | | | | Disposal Date | City, State | | | | | |
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ASB-41 NDIDASA

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| Agencies Notified Type N | | | | | | Scripts Inc. | Chec | k#4 | 946 \$200 | = (| 0 1 | | |
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| | | | | | Mark Men | | | | 4 | | | | |
| Name of Facility Where Abatemen | it is Takir | n Pla | 20 (3) | | ACILITY | INFORMATION | | | *************************************** | | - | ****** | |
| (Former) Express Scripts I | lno | ig i ia | 36 (3) | | | | Type of Fac | ility (4) |) | - | | | A., |
| Street Address | | | | | | | School (F | <-12) | | | | | |
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| Bergen | | | | | , | MOTHER OOL ONLY) | Durient Use | (Prior | if being demol | ished |) | | |
| Name of Monitoring Firm Hired by E | ame of Monitoring Firm Hired by Building Owner (8) The Whittman Companies | | | | | | Private C | omm | ercial Build | ing | | | |
| The Whittman Companies | | / | N/ | M No. | Name of Abateme | | (9) | | | | | | |
| treet Address | | | L N/ | | Lilich Corpor | ation | | | | | | | |
| 7 Pleasant Hill Drive | | | | | Street Address | | | | | | | | |
| ity. State, Zip Code | | | | | | 606 McBride | | | | | | | |
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| Cranbury, New Jersey 08512 | | | | | | Woodland Pa | | SAV N | 7424 | | | | |
| roject Manager for Monitoring Firm | 1 | | Tel | ephon | e No. | Telephone No. | | | | | | | |
| Kevin Lovely | | | 7 | 32-39 | 0-5858 | 973-225-8400 | | 1 | License No. | | | | |
| tart Date (10) | Schedi | uled C | | | ate (11) | Name of OSHA Mo | | | 01104 | | | | |
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| Committee of the commit | otification | | | | treet Addre | | Check | < # 4946 \$200 | 0 | | | - |
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| | fication) cellation | | | - 1 | ame of Con | | | Telephon | | | | - 0 |
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| Name of English IAII AL | | | | | FACILITY | INFORMATION | | | | | | |
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| | | | | | | 3. 15 S. | 1 | minerala! | emplishe | d) | | |
| Name of Monitoring Firm Hired by E | Building C | wne | (8) | ASC | M No. | Name of Abatem | ent Contractor (| ommercial Bi | uilding | | | |
| The Whittman Companies | | | | N/ | Ά | Lilich Corpo | ration | 9) | | | | |
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| City, State, Zip Code | | - | | | | | | | | | | |
| Cranbury, New Jersey 08512 | | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Monitoring Firm | 1 | | Te | lephon | e No | Woodland Pa | rk, New Jers | ey 07424 | | | | |
| Kevin Lovely | | | | | 0-5858 | Telephone No. | | License N | 0. | | m.ea | |
| Start Date (10) | Schedu | led C | compl | etion [| Date (11) | 973-225-8400 | | 01104 | | | | |
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| Facility Closed/Vacated During Er | ntire Devis | only | one) | | | Street Address | | | | ***** | | |
| Abatement Performed Outside of | Normal F | acilit | Abate | ment | | 2333 Route 22 | 2 West | | | | | |
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| Scope of Work (Check all that apply) | | | | | | Union, NJ 070 | | | | | | |
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (Name of Building Owner/Operator (2) 09 Express Scripts Inc. Check # 4947\$200 SEP Agencies Notified Type Notification Street Address LIEPA 1900 Pollitt Drive ☑ DOLWD ☐ Amended ASLECTOS CONTROL & City, State, Zip Code 1 DHSS Amendment #_ LICENSING [] DCA Fair Lawn, New Jersey 07410 Emergency (including (NJAC 5:23-8) justification) Name of Contact ☐ Cancellation Mark Meneghin FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) (Former) Express Scripts Inc. School (K-12) Street Address Subchapter 8 (Other than K-12) 1900 Pollitt Drive Other (i.e., private and commercial buildings, City (5) homes, etc.) Square Feet Fair Lawn, New Jersey 07410 # of Floors Bldg. Age 10.000 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) 50 yrs. Bergen Private Commercial Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The Whittman Companies N/A Lilich Corporation Street Address Street Address 7 Pleasant Hill Drive 606 McBride Avenue City, State, Zip Code City, State, Zip Code Cranbury, New Jersey 08512 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. Kevin Lovely License No. 732-390-5858 973-225-8400 Start Date (10) 01104 Scheduled Completion Date (11) Name of OSHA Monitor 09 / 18 / 17 09 / 29 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe 2333 Route 22 West Time of Abatement: ____AM-___PM/7PM-1AM City, State, Zip Code Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure [] >3 sf or >3 lf □ Renovation ☑ Mini-Enclosure ≥ 160 sf or >260 lf Demolition ☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Aspestos Containing Material (ACM) Remova TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? TCICS IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) è Yes No N/A Computer Area D \boxtimes Pipe Insul incl Elbows & Joints Approx 155 L.F X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Lilich Corporation Hauler ID No. Waste G.R.O.W.S. Landfill 18724 5 City, State Disposal Date City, State Woodland Park, New Jersey 09/30/2017 Morrisville, Pennsylvania Completed By (Print or Type) Title Signature Adriana Olejarova President ASB-41

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 09 08 17 Express Scripts Inc. Check # 4948 \$200 Agencies Notified Type Notification Street Address [] EPA 1900 Pollitt Drive ⊠ DOLWD ☐ Amended ASLLUIUS CONTROL & ☑ DHSS City, State, Zip Code Amendment # LICENSING FIDCA Fair Lawn, New Jersey 07410 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Tolonhone Mumber ☐ Cancellation Mark Meneghin FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) (Former) Express Scripts Inc. School (K-12) Street Address Subchapter 8 (Other than K-12) 1900 Pollitt Drive Other (i.e., private and commercial buildings. homes, etc.) City (5) Square Feet Fair Lawn, New Jersey 07410 # of Floors Bldg. Age 10,000 County (6) 1 50 yrs. County Code (7)(STATE USE ONLY) Current Use (Prior if being dem-plished) Bergen Name of Monitoring Firm Hired by Building Owner (8) Private Commercial Building ASCM No. Name of Abatement Contractor (9) The Whittman Companies N/A Lilich Corporation Street Address Street Address 7 Pleasant Hill Drive 606 McBride Avenue City, State, Zip Code City, State, Zip Code Cranbury, New Jersey 08512 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. Kevin Lovely License No. 732-390-5858 973-225-8400 Start Date (10) 01104 Scheduled Completion Date (11) Name of OSHA Monitor 09 / 18 / 17 09 / 29 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-___PM/7PM-1AM City, State, Zip Code Union, NJ 07083 Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 If □ Renovation ≥ 160 sf or ≥260 If Mini-Enclosure ☐ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Location of Abatement Type Asbestos-Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) Repair Maintenance/ Removal Encapsulate TO BE ABATED Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) a Yes No N/A Computer Area L \boxtimes Pipe Insul incl Elbows & Joints Approx 155 L.F X П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Lilich Corporation Hauler ID No. Waste G.R.O.W.S. Landfill 18724 City, State 5 Disposal Date City, State Woodland Park, New Jersey 09/30/2017 Morrisville, Pennsylvania Completed By (Print or Type) Title Signature Adriana Olejarova Date President ASB-41 MAY 11

State of New Jersey

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

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

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| podland Park, New Jerse | У | | | | | | | | | | | | |
| oodland Park, New Jerse | | | | | | 09/30/2017 | TW | lorrisville, | Pennsylvania | | | | |
| oodland Park, New Jerse pleted By (Print or Type) Iriana Olejarova | Title | esider | | | | 09/30/2017 Signature | TO N | lorrisville, | Pennsylvania | | ran era | tid a | |

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

Initial Friable Notification PATD Check #: 7023

| | | | | | | | | | | | | - | 11, 1/4 | 12.10. | |
|--|--------------------------------------|---|---------|---|------------|-------|-------------------------------|--|-------------------------|---|---------------------------------------|---------|----------------------|-----------|------------|
| Date of Notification | | | Na | me of | Bui | ldin | g Own | er/Operato | or | (2) | INE | G | E, [| | 7 E |
| 0 9 1/10 | 18 1/11 | 1 | | | | | tute o | f Technolo | ogy | у | | (b) | F) [| U | |
| Agencies Notified | Type Notifi | cation | St | reet | Addr | ess | | | | | | | | | |
| [X]EPA | [X]Initia | 1 | 133 | 33 Ma | artin | Luthe | er King | g Blvd. | | | | SEP | 15 | 20 | 17 |
| [X] DEP | Notifi | cation | Ci | ty. S | State | e, Zi | p Cod | e | | | | | | | |
| ₩100L | []Amende Notifi | | N | ewark | k, NJ | 0710 | 02 | | | | ASL | | sõ | TIAL | BOL |
| [X] DOH | 3 | | Na | me of | Cot | ntact | | | | Tele | phone Numbe | FLIC | ENS | ING | |
| ⋉]DCA | []Cancel | Tation | II A | mit D | esai | | | | | 1 | | | a deplication of the | | |
| A Services | L | | 11. | | | T YTI | NFORM | MOITA | | | | - | | | |
| Name of Facility W | nere Abateme | nt is Ta | king | | | | | | T | Type of Facili | ty (4) | 12-11-1 | | | |
| New Jersey Institute | of Technolog | ıv - Colto | n Ha | ااد | | | | į | | X1School | (K-12) pter 8 (Oth | or t | han ' | K-12 | 4 |
| Street Address | Of Technolog | gy - Conc | 711 116 | 211 | | | | | | []Other | (i.e., priv | rate | & CO! | mmer | - |
| 1E4 Cummit Ct | | | | | | | | Į. | 3 | Square Feet | uildings, h | BI | dg. | Age | |
| 154 Summit St. | | County | 7 (6) | | | Cot | inty C | ode (7) | | 40000 | 4 | | 50- | | |
| | | _ | | | | (57 | CATE U | JSE ONLY) | 1 | Current Use (P | rior if be | ing c | lemol | ishe | d) |
| Newark, NJ 07102 | Firm Hired | Essex | | IASC | M No | 1_ | Name | of Abate | eme | School ent Contractor | (9) | | | | |
| Owner (8) | TILM MILCO | o, bair | 9 | | | | | | | | 27- 14 | | | | |
| Omega Environment | al Services, I | nc. | | 001 | 20_ | | | r Strong Bu | | | | | | | |
| 280 Huyler Street | | | | | | | 180 | Sargeant | A١ | venue | | | | | |
| City. State. Zip C | ode | | | | | | | . State. | | | | | | | |
| South Hackensack, I | NJ 07606 | Firm " | Tele | phone | Num | ber | | on, NJ 070 | | | Lice | nse N | lumbe | r | |
| Farjado Geiser | | 2 | 201-4 | 189-8 | 700 | | | -614-0377 | | | 0080 | 7 | | | |
| Scheduled Start Da 0 9 / 1 9 / Month / Day / Occupancy Status D | 1 7 | hed Composite of the control of the | 1 0 | 1/11 | 17 Year | 1 | Fou | r Strong B | Buil | lders, Inc. | | | | | |
| []Facility Clos of Abatement []Abatement Fer Hours - Descr X]Other - Descr | ed/Vacated D formed Outsi ibe: | Ouring E | ntire | e Per | iod | | City | Sargeant | 2: | ip Code | · · · · · · · · · · · · · · · · · · · | | | | |
| Scope of Work (Che | | | | | | | Cilit | on, NJ 070 | UI | 3 | | | _ | | |
| []Demolit []>3 sf o | ion | | × |]Reno | vati | on | | []Mini []Glov | i-l | Containment w Enclosure bag Procedure riable Procedu | | e Pr | essui | e | |
| | | | | Is | | | | | | | | Aba | temer | E E | ype |
| Asbestos- Materia | ABATED ility | | No. | catio rmal1 Used olely Main nance stodi aff(1 | Y | i | Asbe Ma (i.e. nsulat | Description estos-Contactorial (7, thermal tion, surfactorial contactorial : ACI s: fai | ining M) ystems cing. VAT. | Amount (Specify SF or LF) | REMOVAL | REPAIR | NCAPSUL . | NCI. OSURE |
| Basement Boiler Ro | oom | | X | | | Pipe | insula | ation | | | 140 LF | X | | | |
| Basement Boiler Ro | oom · | | X | | | Boile | r Insu | lation | | | 600 SF | X | | | T |
| Basement Boiler Ro | | | X | | | Rope | e, gasl | ket, door in | nsı | ulation | 235 SF | ΪX | | | |
| Basement Boiler Ro | | | X | 1 | | Caul | | | | | 36 LF | X | | | 1 |
| Name of Registered | | er | | JDEP | Wast | e | Cubi | c Yards | T | Name of Regis | tered Landf | in | | | |
| N 10 " 0 | | | | auler | . 10 | NO. | of W | aste | , | Grand Control | Sanitary Lar | dfill | | | |
| Newark Carting, Co | •0 | | | 509 | | | Disp | osal Date | - | Grand Central | Sariitary Lai | IUIIII | | - | |
| | | | | | | | | | | | 10070 | | | | |
| Newark, NJ 07105 Completed By (Prin | t or Type) | Title | | | | | <u> </u> | Signature | é | PenyArgyl, PA | 100/2 | Th | ate | | |
| | 15.70 | | | | | | | JESX. | A | Lin | - | | | | |
| Bilyana Kulakovska | | Office A | dmir | nistrat | or | | | 14/2 | الر | | | 9 | /8/17 | | |
| ASB-41 JUN 95 | | | | | | | | | | | / | | | | - 6 7 |

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

Check #: 7023 | | | | | | | |

Initial Friable Notification

| Date of Notificatio | p /11 | | 1 (%) | of 1 | 1 42 | 00 | non/Onomak | 731 | | _G_ | 6 | 15 | <u> </u> | <u>L</u> |
|--|----------------------|---------------------|---------|------------------|--------|------------|--------------------------|---|--|-------------|--------|---------|--|---------------------|
| 0 9 / 0 | | . 7 . | II. | ame or : | sullai | ng Ow | ner/Operat | or (2) | | i i i | | | | Partition of the |
| | | | 11 | lew Jers | ey Ins | titute | of Technolo | ogy | | <u> </u> | FP | 15 | 201 | 7 |
| Agencies Notified | Type Notif | ication | S | treet A | ldress | | | | ful ha | | (4) | , 0 | 201 | 1 |
| [X]EPA | [X]Initi | al | 3 | 33 Marti | n Luth | ner Kir | ng Blvd. | | ATTICLE OF THE PARTY OF THE PAR | | | | - | |
| (X) DEP | | ication | 0 | ity. Sta | ite, Z | ip Co | de | | 1 | 4SEE | HO | 5 Cl | ONTA ING | iOL & |
| [X] DOL | []Amend Notif | ed ication | II | lewark, | NJ 071 | 102 | | | Francisco | THE STANSON | | -1 40 | 1140 | THE SALES CONTINUES |
| (X) DOH | []Cance | | N | ame of (| ontac | ŧ | | Tel | Lephone Num | ber | | - 10.00 | | |
| | []bance | 11011011 | II A | mit Des | ai | | | | | | | | | |
| | | | -11 | FAC | LLITY | INFOR | MATION | | | | | | | |
| Name of Facility Wh | ere Abatem | ent is T | akin | g Place | (3) | | | Type of Faci. | lity (4) | | | | | |
| New Jersey Institute | of Technolo | av - Colta | n H | all | | | | X]Schoo | ol (K-12) | | | | | |
| Street Address | or recimolo | gy - Colle | 11111 | all | | | | []Other | hapter 8 (0) | ivate | € 50 | omme | | |
| 1F4 C | | | | | | | 1 | cial Square Feet | buildings. | home | s, et | Age | | |
| 154 Summit St. | | Count | v (6 | 1 | ICo | untv | Code (7) | 40000 | 4 | | 50 | | | |
| | | | • | 5 | | | USE ONLY) | Current Use | (Prior if b | eing | demo | lish | ed) | |
| Newark, NJ 07102 | F: 11: 1 | Essex | | I NOCH | , | | | School | 765 | | | | | |
| Owner (8) | rirm mired | by Bull | aing | ASCM | vo. | Nam | e or Abate | ment Contracto | or (9) | | | | | |
| Omega Environmenta | al Services, | Inc. | | 00120 | | Fou | ur Strong Bi | uilders, Inc. | | | | | *** | |
| Street Address | | | | | | Str | eet Addres | S | | | | | | |
| 280 Huyler Street | | | | | | | Sargeant / | | | | | | | |
| City. State. Zip Co | ae | | | | | Cit | y, State, | Zip Code | | | | | | |
| South Hackensack, N Project Manager for | J 07606 Monitorin | g Firm [| rele | phone N | ımber | | ton, NJ 070 | | Lic | ense | Numbe | er | | |
| Farjado Geiser Scheduled Start Dat | e (10) S | | | 489-870 | | 973 Nam | 3-614-0377 e of OSHA | Monitor | 008 | 07 | | | | |
| 0 9 / 1 9 / 1 Month / Day / | 7 | 1 0 / Month / | 1 (| 1/11/Ye | 71 | Fou | ur Strong Bu | | | | | | | |
| Occupancy Status Du []Facility Close | | | | | 15 | | | | | | | | | |
| of Abatement []Abatement Perf | | | | | | 180 | Sargeant A | Avenue | | | | | | |
| Hours - Descri | be: | | | | | 11010 | i, scace, | arb core | | | | | | |
| | | | | | | Clif | ton, NJ 070 | 113 | | | | | | |
| Scope of Work (Chec | | abbīA) | | | | | | Containment : | with Negati | ve Pr | essu | ce | 21 | |
| []Demoliti []>3 sf or [X]∑160 sf | >3 1f | | × |]Renovat | ion | | []Glov | -Enclosure ebag Procedure Friable Proce | | | | | | |
| | | | | Is | T | | | | T | Aba | teme | | | |
| Locati | | | No | cation rmally | | | Descriptio | n of | | R | | E | E | |
| Asbestos-C Material | | | | Jsed olely | | M | estos-Cont aterial (A | CM) | Amount (Specify | E | R | CA | C T. | |
| TO BE A | BATED | | | Main- mance/ | 1 | (i.e. | . thermal | systems acing, VAT, | SF or LF) | 0 0 | P A | PS | 0 5 | |
| . (13 | | | Cu | stodial aff(12) | | or | other misc | ellaneous) | 527 | A | I | Ü | Ü | |
| | | | | No N/ | _ | | | | ļ | - | , a | | E | |
| Basement Boiler Roo | | | X | | 1 . | insula | | | 140 LF | X | | | | |
| Basement Boiler Roo | m · | | X | | Boile | er Insu | lation | | 600 SF | X | | | | |
| Basement Boiler Roo | om | | X | | Rope | e, gas | ket, door in | sulation | 235 SF | X | | | | |
| Basement Boiler Roo | | | X | | Caul | | | | 36 LF | X | | | | |
| Name of Registered | Waste Haul | er | | JDEP Was | | | c Yards aste | Name of Regis | stered Land | Fill | | | | |
| Newark Carting, Co. | | | 4 | 509 | | | | Grand Central | Sanitary La | ndfill | | | | |
| City. State | | | | | | Disp | osal Date | City, State | | | | | | |
| Newark, NJ 07105 | | | | | | | | Peny Argyl, PA | 18072 | | | | | |
| Completed By (Print | or Type) | Title | | | | 1 | Signature | 701 | 1 | D | ate | | | |
| Bilyana Kulakovska | | Office Ad | dmin | istrator | | | 100 | tri | -/ | | 1014 | , | | |
| ASB-41 | | Office At | A111111 | Juliator | | | | | | 19. | /8/17 | | | |
| JUN 95 | | | | | | | | | / | | | | | |

1 KU 4310



State of New Jersey E NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2017 + ACCIDEY Type Notification Street Address Agencies Notified M Initial 700 CONTROL & ☐ BPA DEP Amended City, State, Zip Code DOL. Amendment # OCEAN 085 Emergency (including **⊠** DOH justification) Name of Contact Telephone Number ☐ DCA Cancellation SAME FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RESIDENCE School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 1000 50 + County Code (7) (STATE Current Use (Prior if being demolished) County (6) USE ONLY) MACANT Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) KLEMCO INC Street Address Street Address PRIXE City, State, Zip Code City, State, Zip Code MAPCE Telephone No. Project Manager for Monitoring Firm Telephone No. License No 856-779-04 004 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 50-Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure]≥3 sf or ≥3 lf Renovation Demotition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Custodial (Specify TO BE ABATED Remova Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A RAWSITE SOO SE SIDING

Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauter ID No of Waste KLUMGO City, State Disposal Date City, State WOODBINE

MAPLE Title Completed By SUP

CAM

Signature

Date

MICHAEL

CC# 4310



| | | | (1 0.0 | | C 0.00 HII 12.1- | 111 111 | | | | | 11 |
|------------------------------------|-------------------------|--------------------|----------|------------------|---------------------------------------|--|-----------------------------|--------|--------|---------------|-----------|
| Date of Notification (1) | 11-17 | | | Name of Buik | ling Owner/Operator | | SEP 15 MTRIACTIV | 2017 | | L | / |
| Agencies Notified | Type Notificati | on | | Street Addres | ss | 1 1 | | | | | 1 |
| □ BPA | [X] Initial | | | | 155 RT | 50 A | SLUCTUS CON | TRO | 1 8 | | L |
| i i oe | Amended | | | City, State, Zip | | The state of the s | JULIVEIN | G : | - | | T |
| Ø DOL | Amendmen | | | G | RELIMFIE | D ML | 5 30 T | 30 | | - Chicago Car | real. |
| ⊠ DOH | Emergency justification | | | Name of Cont | | | Telephone Num | | | 1 | |
| □ DCA | ☐ Cancellation | | - 1 | | LUCE | | | | | | |
| | | | | | | | | == | | | _ |
| | | | | FACILITY | NFORMATION | T (F 10) | - 775 | | | | |
| Name of Facility Where | | | (3) | | | Type of Facilit | | | | | |
| K | ESIDEN(| = | | | | School (K- | 12) r 8 (Other than K-12 | 21 | | | |
| Street Address | | | 100 | | | | private & commerci | | dings | | 3 |
| City (5) | | | | | | Square Feet | # of Floors | BI | dg. A | ge | |
| | CTAUL (| ITY | | | | 2000 | 2 | | 50 |) + | |
| County (6) | | | T | County Code | (7) (STATE | Current Use (F | rior if being demolis | shed) | | | |
| | MAY | ** | | USE ÓNLY) | 25 10020 | MA | CAWT | | | | |
| Name of Monitoring Firm | | Owner | - L | SCM No. | Name of Abatem | | | | | | = |
| (8) | . 1 | y Omnor | ' | | | MCO I | | | | | |
| ` | 114 | | | | Street Address | VVICO 1 | TVC | | | | = |
| Street Address | | | | | 369 | C SDIPI | ICE ALE | | | | |
| | | | | | City, State, Zip C | | occ mic | | | | - |
| City, State, Zip Code | | | | | | E SHAD | E M.J | 080 | 75 |) | |
| | | | Talanh | one No. | Telephone No. | CARNO | License No. | | | | - |
| Project Manager for Moni | itoring Firm | | reiepn | one No. | 856-77 | 9-0472 | 004 | V L | | | |
| | | | | 5 | Name of OSHA N | | 1 00 1 | | | | = |
| Start Date (10) | 7 Sch | eduled Cor | npietioi | Date (11) | Name of USHA N | NA | | | | | _ |
| Occupancy Status During | Abatement (Ch | eck only or | ne) | | Street Address | | | | | | |
| A Facility Closed/Vacate | | | | nt | | | 7 | | | | |
| Abatement Performed | | | | | City, State, Zip Co | ode | | | | | |
| Other - Describe: | | | | | | | | | | | |
| Scope of Work (Check all | that apoly) | | | | | | | | | | |
| | | _ | | | | | egative Pressure | | | | |
| ≥3 sf or ≥3 lf | | Reno | ovation | | ☐ Mini-Enc | osure g Procedure | | | | | |
| ∑≥160 sf or ≥260 lf | | Ø oeπ | OI DOX I | | | | on-Friable Procedu | e | | | |
| | | Is Loc | cation | | | | | A | bate | | |
| | | Nom | | . 1 | D | | | | Typ | е | |
| Location of | | Used Se Mainter | | | Description of tos Containing Mate | erial (ACM) | Amount | | | ш | |
| Asbestos-Containing Ma TO BE ABATE | | Custo | odial | | , thermal systems in | sulation, | (Specify | Re | R | Encapsulate | Enclosure |
| IN Facility | - | Sta | | | surfacing, VAT, other miscellaneous | | SF or LF) | Remova | Repair | psı | losi |
| (13) | | (1: | 2) | | Other Hisserianeon | 15) | | val | = | ilate | a.r. |
| | | Yes 1 | NO N | /A | | | | | | LD | |
| 610111 | , | | 1 | 7. | TRANSITI | 5 | 1500 Si= | X | | | |
| SIDIMI | 9 | - | -1/ | `- | 110-114 3 1 11 | | 1100 | 1 | _ | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste | e Hauler | | | P Waste | Cubic Yards | Name of Reg | istered Landfill | | | | |
| | TNC | | Hauk | 904 904 | of Waste | CIA | 1 C IM U- | A | | | |
| (Ctmco | LIUL | | 11/ | 107 | Disposal Date | City, State | ···· 01.0- | | | | |
| City, State | 40= 11 | T | | | 2.77.00. 2.010 | | DBINE | | | | |
| MAPLE SHO | | | | | Signature | - 0000 | Date _ | , . | | _ | _ |
| Completed By | Title | SU | ,0 | | Signature | 02 | | -/1 | -1 | 7 | |
| MICHAU KL | CMM _ | 20 | g . | | - Mul | | | | | | |

CK #4310

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| | | | (P | ursua | nt to NJA | C 8:60 and 12:12 | 20) | | SEP 1 | 5 5 | 2017 | 1 | L |
|---|--|-----------|--|------------|------------------------|---|---|---------------|-------------------------|-------------|-----------|-------------|-----------|
| Date of Notification (1) | (-17 | | | Na | | ing Owner/Operato | T (2) | NIE D | . OCI | | | | |
| Agencies Notified | Type Notificat | tion | | Str | eet Addres | s | | ASL | LICE! | 001 VSIN | VIH VG | OL: | - |
| M DOF | Amended Amendmen | | | City | , State, Zip | | ナケ | NI T | 0.5 | 52 | 76 | | _ |
| Ø DOH □ DCA | ☐ Emergence justificatio ☐ Cancellatio | n) | ling | Nar | ne of Conta | | | Telep | phone Num | | | | |
| | | | | 1= | | | | | | = | | _ | _ |
| Name of Facility Where A | hatement is Ta | king Pla | ce (3) | | ACELITYIN | FORMATION | Type of Facili | ity (4) | | | | | _ |
| | SIDENC | | 00 (0) | | | | School (K- | O-80 X0-0-0-0 | | | | | |
| Street Address | | | | | | A | Subchapte Other (i.e., homes, et | private & | | | ldings | S, | |
| City (5) | CtHAI (| 114 | , | | | | Square Feet | | Floors | В | SO | | |
| County (6) | | | | | unty Code (E ONLY) | 7) (STATE | Current Use (| | | hed) | | | _ |
| Name of Monitoring Firm (8) | | | _ | ASCA | I No. | Name of Abatem | nent Contractor | (9) | | | | | |
| Street Address | H | | <u></u> -l | | | Street Address 369 5 | SPRIX | | IVE | | | | _ |
| City, State, Zip Code . | | | | | | City, State, Zip C | | E M | o e | _ | | | = |
| ony, one, or | | | | | | MAPLE | SHAPE | M. | 7 08 | 05 | 2 | | |
| Project Manager for Monit | oring Firm | | Tel | ephone | No. | Telephone No. 856-77 | 9-0472 | | nse No. | 4 4 | | | |
| Start Date (10) 9-71-17 | Sch | eduled (| Comple 7 8 | etion D | ate (11) | Name of OSHA N | Monitor N I A | | | | | | |
| Occupancy Status During | Abatement (Ch | eck on | y one) | | | Street Address | | | | | | | |
| Facility Closed/Vacated Abatement Performed C | During Entire F Outside of Norm | Period of | f Abate ity Hou | ment rs | | City, State, Zip Co | ode | | | | | | _ |
| Other - Describe: | | | | | | | | | | | | | _ |
| Scope of Work (Check all to | hat apply) | | enovat emolitic | | | Mini-Enc | tainment with No losure g Procedure | egative Pi | ressure | | | | |
| 2 2 100 St 01 2200 II | | ÒC - | | | | | mpted (*) and N | on-Friable | e Procedur | 1 | | | |
| | | N | Location Loc | , | | Description of | | | | | Typ | | _ |
| Location of Asbestos-Containing Mat TO BE ABATEI IN Facility (13) | | Mai | ntenan ustodia Staff? (12) | œ/ | | os Containing Mate thermal systems in surfacing, VAT, other miscellaneou | isulation, or | (Spe | ount ecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | . , | | 0 | |
| SIDING | | | | X | <u>T</u> | RAWSITE | <u> </u> | 225 | OSF | X | | | |
| | | \vdash | | | | | | | | | \dashv | | _ |
| | | \vdash | | | | | | | | | | \neg | |
| Name of Registered Waste | Hauler | | TN | JDEP V | Vaste | Cubic Yards | Name of Reg | istered La | andfill | | | | |
| | NC, | | - H | 790 | Ng | of Waste | C.M | C | M.U | . 1 | 1 | | _ |
| City, State MAPLE SHI | ADE N | LJ | | | | Disposal Date | City, Stafe , | DBI | | (1) | | | _ |
| Completed By MICHAEL KUCH | Title | SUP | | | | Signature | Da | _ | Date | 1- | D | | _ |



UC# 32635

| | | | (F | ursua | nt to NJA | C 8:60 and 5:1 | 6) | MEG | 厚几 | nn | FE.I | journ. | | | |
|---|---------------------|--------------|--------|--------------------|--------------|---|-------------------------------|--|-------------|--------------|--------------|------------|--|--|--|
| Date of Notification (1) | | | | Name | of Buildin | g Owner/Operator (| (2) | | 国业 | \mathbb{V} | 6 | In | | | |
| | 12 / | 17 | | Ro | bert Bati | С | | IN 3: | 11. | 3 3 | 5 | | | | |
| | Type Notifica | ation | | Stree | t Address | | | H L SEP | 15 | 2017 | | 14 | | | |
| I San Control Annual Control of the | ⊠ Initial | | | | | | and the second | and the same of th | | | 10000 | Irreman | | | |
| ☑ DOLWD | ☐ Amended Amendm | | | City, | State, Zip 0 | Code | - Secondary | ASLEL, US | SOON | TO | VI 0 | | | | |
| | ☐ Emergen | | g g | Мо | ntville, N | J 07045 | L | LICE | ENSIN | iini G | JL & | | | | |
| (NJAC 5:23-8) | justification | | | | of Contac | | | Telephone Nun | nber | and shipping | - Walterfree | ed and you | | | |
| | ☐ Cancellat | tion | | | bert Batio | | | | | | | | | | |
| Name of Facility Where Ab | atamant in 7 | Falsian Diag | - (0) | FA | CILITY IN | IFORMATION | r | | | | | | | | |
| Residence | atement is i | aking Plac | e (3) | | | | Type of Facility School (K-1 | | | | | | | | |
| Street Address | | | | | | | | r 8 (Other than K-1) | 2) | | | | | | |
| Street Address | | | | | | | Other (i.e., | private and comme | | ilding | s, | | | | |
| City (5) | | | | | | _ | homes, etc | # of Floors | RI | dg. A | 70 | - | | | |
| Lavallette | | | | | | 1100 sf | 1 | | 65 | 30 | | | | | |
| County (6) | | | | Cour | nty Code (7 |)(STATE USE ONLY) | | Prior if being demol | | | | - | | | |
| Ocean | | | | li cons | | ., | Residence | | | | | | | | |
| Name of Monitoring Firm H | lired by Build | ding Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9 | 9) | | | | _ | | | |
| N/A | | | | | | Guardian Co | ntracting, Inc | | | | | | | | |
| Street Address | | | | | | Street Address | | | | | 2. | | | | |
| | | | | | | 1889 Route 9 | , Unit 61 | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | | | | |
| Design t Manager for Manager | | | - | | | Toms River, | New Jersey 0 | | | | | | | | |
| Project Manager for Monito | iring Firm | | 1e | lephone | No. | Telephone No. 732-349-9932 | | License No. | | | | | | | |
| Start Date (10) | | Scheduled (| `omp | letion Da | to (11) | Name of OSHA M | | 00624 | | | | | | | |
| 09/25/ | | 09 | | | 500 | E.M.S.L. Ana | | | | | | | | | |
| Occupancy Status During A | | | | | | Street Address | - Julious | | | | | _ | | | |
| □ Facility Closed/Vacated | | | | ement | | 1056 Stelton | | | | | | | | | |
| ☐ Abatement Performed C | outside of No | ormal Facili | у Но | urs - Des | scribe | City, State, Zip Co | ode | | | | | | | | |
| Time of Abatement: | AM | PM/ | PN | Λ | _AM | Piscataway, I | | 8854 | | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | | (75) P20 | | | - | | | | |
| ≥3 sf or ≥3 lf | | □Re | enova | ation | | ☐ Full Cont | | egative Pressure | | | | | | | |
| ≥160 sf or ≥260 lf | | ⊠ De | | | | ☐ Glovebag | g Procedure | | | | | | | | |
| | | | | -4: | - | | mpted (*) and N | on-Friable Procedu | | | | | | | |
| Location of | | | Norm | ation ally | | Description o | ıf | | | atem | | 1 | | | |
| Asbestos-Containing M | aterial (ACM | 1/ | | olely by nance/ | | stos Containing Ma | terial (ACM) | Amount | Removal | Repair | Enc | Enclosure | | | |
| TO BE ABAT IN Facility | | | todia | I Staff? | (i.e | thermal systems surfacing, VAT, | | (Specify SF or LF) | DOVA | air | apsı | losu | | | |
| (13) | | | (12 | | | other miscellane | | Or or Ery | - | | Encapsulate | ē | | | |
| | | Yes | No | N/A | | | | | | | | | | | |
| exterior | | | | | asbesto | os siding | | 1050 sf | \boxtimes | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | П | П | П | П | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste | Hauler | | | NJDEP | Waste | Cubic Yards of | Name of Reg | istered Landfill | | | П | | | | |
| Guardian Contracting | | | | Hauler II | D No. | Waste | T.R.R.F. | | | | | | | | |
| City, State | | | | 20223 | 3 | 3 Disposal Date | City, State | | | | | | | | |
| Toms River, New Jer | sey | | | | | 09/27/17 | | n, Pennsylvania | | | | | | | |
| Completed By (Print or Typ | | Title | | | | Signature | 1 | | ate | <i>j</i> | 1 | | | | |
| Nicholas Fernicola | 201 | Projec | t Ma | nager | | 2.5.10.00 | | 1 | 9 | 11> | 1 | 7 | | | |
| A SR 41 | | | | | | | | ell | | 1 | 11 | 1 | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 09 17 Tradewinds Builders, LLC Agencies Notified Type Notification Street Address 34 West Sailboat Lane □ DOLWD ☐ Amended City, State, Zip Code ASSES, US CONTROL & **⊠** DOH Amendment # Peahala Park, NJ 08008 LICENSING ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Travis Leply **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Long Beach Twp. 2000 65 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 26 / 17 __09__ / __27__ / __17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-_ Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Repair Asbestos Containing Material (ACM) Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A exterior X asbestos siding 2300 sf \boxtimes

Completed By (Print or Type)
Nicholas Fernicola

ASB-41 JAN 13

City, State

Name of Registered Waste Hauler

Guardian Contracting, Inc.

Toms River, New Jersey

Cubic Yards of

Disposal Date

Signature

9/28/17

Waste

3

Name of Registered Landfill

Tullytown, Pennsylvania

T.R.R.F.

City, State

Date

Title

Project Manager

П

NJDEP Waste

Hauler ID No.

20223

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

| | | | | 1. | u. 0 | uui | 10 1107 | | J.00 and J.1 | 0) | Her K | # 1 | 7 | 1 | 54 | - |
|---|--|------------------|----------|-------------|---------|-------|-------------|---------------------------------------|---|--------------------|--|---------|-------------|---------------------|-------------|-------------|
| Date of Notification (1) | 5.00 | | | | | | | 0.750 | wner/Operator | 7 (5) | 加度 | 6 | | | E | I |
| 9 / _ | 8 / | 17 | | | | Ha | ddonfiel | d Pu | blic Schools | s Board of Ed | ucation | | | | - Level | |
| Agencies Notified | Type Notific | cation | | | St | ree | t Address | | | | | | | | | 111 |
| [1] [1] [1] [1] [1] [1] [1] [1] [1] [1] | | | | | | 1 L | incoln A | ve. | | | II LI S | EP 1 | 5 | 201 | 7 | |
| | | | | | Ci | ty, S | State, Zip | Code | 9 | | | | | | | - |
| | | 72.72.33 | | •0 | | | ddonfiel, | | | | ASLL | 111 | 00 | ALTE | 01 | ļ |
| 18-18-19-19-19-19-19-19-19-19-19-19-19-19-19- | | | cludin | g | | | of Contac | | | | Telephone | | | | IUL. | O. |
| (110/10/0.20/0) | The state of the s | 10 00 m 1 m 10 m | | | 1,000 | | n Deser | 22 | <u> </u> | | - Tolephone | NUMBE | | 11 1-1 | WC04SURA | no-complisi |
| | | | | | | | | | RMATION | | | | | | | 2 |
| Name of Facility Where A | Abatement is | Takino | Place | (3) | | FA | CILITI | NFO | RIVIATION | Type of Facilit | (4) | | | | | _ |
| | | 1/2 | | 45. 50 | | | | | | School (K- | | | | | | |
| | mai migni oc | 511001 | - 0 1 | ring | | | | | | Subchapter | r 8 (Other than | K-12) | | | | |
| | Fact | | | | | | | | | Other (i.e., | private and cor | mmercia | al bu | ilding | IS, | |
| | Last | | | | | | | | | homes, etc | 20.00 | | | | | |
| Hadonfield | | | | | | | | | | Square Feet 26,000 | # of Floors | S | 1. | dg. Aq 50 | ge | |
| County (6) | | | | | C | our | ity Code (7 | Prior if being de | molishe | ed) | | | _ | | | |
| Camden | | | | | | | | | | school | _ | | ~#.: | | | |
| Name of Monitoring Firm | Hired by Build | ding C | wner | (8) | ASC | СМ | No. | Na | me of Abatem | ent Contractor (9 | 9) | | | | | _ |
| Epic Environmenta | l Services, | LLC | | | | | | 1 | | vironmental (| 77.0 | | | | | |
| Street Address | | | | | - | | | | eet Address | | | | | | | |
| 1930 Brown Road | | | | | | | | 9 | 23 Haws Av | e. | | | | | | |
| 9 / 8 / 17 Agencies Notified □ EPA □ DOLWD □ DOH □ DCA □ (NJAC 5:23-8) □ Street Address 401 Kings Highway East City (5) Hadonfield County (6) Camden Name of Monitoring Firm Hired by Building Owner Epic Environmental Services, LLC Street Address 1930 Brown Road City, State, Zip Code Newfield, NJ 08344 Project Manager for Monitoring Firm James Eberts Start Date (10) 9 / 11 / 17 9 / 9 / Occupancy Status During Abatement (Check only of Abatement Performed Outside of Normal Facility Time of Abatement: 7:00 AM-3:30 PM/P Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Pes B-Wing Bldg. exterior steel beams □ □ Name of Registered Waste Hauler Robinson Waste Haulers City, State Newark, NJ | | | | | | | | | y, State, Zip Co | | | | | | | |
| Newfield, NJ 08344 | | | | | | | | 5-6350 | Norristown, I | | | | | | | |
| 9 / 8 / 17 Agencies Notified □ EPA □ DOLWD □ DOH □ DCA □ (NJAC 5:23-8) □ Cancellation □ Cancel | | | | | elepho | ne | No. | _ | lephone No. | | License N | 0 | _ | | | - |
| | J | | | | | | -1077 | 33 | 310-239-9920 | Ì | 00398 | 0. | | | | |
| Start Date (10) | 15 | Sched | uled C | | | | 0,335000 | 1 8 | me of OSHA N | | 00000 | | | | | |
| | | | | | | | 80 (8) | | | vironmental (| Co. Inc | | | | | |
| | | | | | | _ | | | | Vironinientar | Jo., IIIC. | | | | | |
| | | | | | | | | 100 | eet Address | | | | | | | |
| Abatement Performed | Outside of No | ormal | Facility | Abat Hot | urs - [| ne. | crihe | - 17 | 23 Haws Av | | | | | | | |
| Time of Abatement: 7 | :00AM-3:30F | PM/ | P P | M | U13 - L | AM | CIDE | 11 189 | y, State, Zip Co | | | | | | | |
| | | | | | | | | ı | Norristown, F | A 19401 | | | | | | |
| □ >2 -f>2 /f | | | | | | | | | | ainment with Ne | egative Pressur | e | | | | |
| | | | | | | | | ☐ Mini-Enclosure ☐ Glovebag Procedure | | | | | | | | |
| | | | 23 00 | 1110111 | uon | | | | Non-Exe Non-Exe | mpted (*) and N | on-Friable Prod | cedure | | | | |
| | | | | | ation | | | | | | | | Aba | ateme | ent Ty | уре |
| 276 376 226 2267 File 1976 1976 1976 | | | | Norm | | | | | Description o | | | - | 9/25 | | | |
| | | 1) | | | nance | | | | Containing Ma ermal systems i | | Amount (Specify | | em | Repair | nca | nclo |
| IN Facilit | | | Cus | | I Staf | f? | (, | | surfacing, VAT, | | SF or LF | | Removal | =- | Encapsulate | Enclosure |
| (13) | | - | ., | (12 | | | | ot | her miscellane | ous) | | | | | late | е |
| | | | Yes | No | 200 | /A | | | | | | | | | | |
| B-Wing Bldg. exterior | steel beam | ns | | | | | tar | | | | 320SF | | \boxtimes | | | |
| | | | | | |] | | | | | | | | | | |
| | | | | | |] | | | | | | | | | | |
| | | | | | |] | | | No. | | | | | П | П | П |
| Name of Registered Wast | e Hauler | | | T | NJDE | PV | Vaste | Cut | oic Yards of | Name of Regi | stered Landfill | | | | | - |
| Robinson Waste Haulers Hauler ID No. | | | | | | | | Wa | | GROWS | unum enemumente in televis PARTERIS (1900) | | | | | |
| City, State | | | | | | | _ | OCY posal Date | City, State | City State | | | | | | |
| | | | | | | | /18/17 | Morrisville | e. PA | | | | | | | |
| | | | | | | | | Signature | | -, | Data | _ | 7 | 1 | | |
| James M. Kelly | F 0/ | 0000000 | ce Pr | اعم | lent | | | | Signature | | | Date | 91 | 01 | /_ | |
| CD 44 | | VI | 00 1 1 | Jaiu | CIII | | | | 1/// | | | | 1/ | 0/ | 1/ | |

| VIC # 1110 | n | N | | ICATION | ate of Nev | ESTOS | ABATE | | | Para Carrier |) E (| C E | - | \mathbb{W} | E I | | |
|--|-------------------------------------|--|--------|-------------------------------|-----------------------|-----------------------------|---|--------------------------------|----------------------------------|---|-------------------------------|---------------|--|--------------|------------------------------|--|--|
| UC#1478 | X | | (P | ursuant | to NJAC | 8:60 and | d 12:120 | 0) | | | | <u>U</u> | | U | | | |
| Date of Notification (1) 09/11/2017 | | | | Name of Drew V | Building (Nirkus | Owner/C | Operator | (2) | | | 5 | FP 1 | 5 % | 017 | And the second second second | | |
| Agencies Notified | Type Notification | | | Street A | ddress | | | | | Sed 1 | T. Comments | | | | han | | |
| X EPA X DEP X DOL | Initial Amended Amendment Emergency | The second secon | _ | | te, Zip Co NJ 070 | | | | | | ASLEC | LICE | | | L & | | |
| X DOH | justification) | , | | Name of Drew V | | | | | | Tel | ephone N | lumber | _ | | | | |
| DCA | Cancellation | 1 | | | LITY INFO | ORMATI | ON | | | | | - Hipolita | | | | | |
| Name of Facility Where A House | Abatement is Takir | ng Place (3 |) | | | | | | of Facility (| | | | | | | | |
| Street Address | | <u> </u> | | | | | | | School (K-1 Subchapter | 8 (Oth | | | **** ******************************** | ■CONT 5.000* | | | |
| | | | | | | | | | Other (i.e. petc.) | rivate | & comme | rcial bu | ldings | home | es, | | |
| City (5) Union | | | | | | | | Squar N/A | re Feet | # o N// | f Floors A | 100 | Bldg. / N/A | Age | | | |
| County (6) Union | | | | County C | Code (7) USE ONLY) | | _ | Curre | nt Use (Prid Se | or if be | ing demol | ished) | | | | | |
| Name of Monitoring Firm N/A | Hired by Building | Owner (8) | | ASCM | 1 No. | | 350000000000000000000000000000000000000 | | tement Cor ement, In | | (9) | | | | | | |
| Street Address | | | | | | 1 | | Addres | ss gren Aver | nue | | | | | | | |
| City, State, Zip Code | | | | | | | 199000000000000000000000000000000000000 | | ip Code J 07512 | | | | | | | | |
| Project Manager for Mon | itoring Firm | | | Telephor | ne No. | | 5.09(0)1000(300) | none No 345-8 | | | License 01311 | No. | | | | | |
| Start Date (10) 09/21/2017 | | Schedule 09/22/2 | | | Date (11) | | 0.033.00 | 80 888 | HA Monitor ement, In | C. | | | | | | | |
| Occupancy Status During | g Abatement (Che | ck Only Or | ne) | | | | | Addres | | | | | | | | | |
| Facility Closed/Vaca Abatement Perform Other – Describe: | ed Outside of Norr | | | | | | City, S | State, Z | gren Aver ip Code IJ 07512 | nue | | | | | | | |
| Scope of Work (Check A | II That Apply) | - | | | | | 1000 | | 0.0.2 | | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | Renov | olition | | | | | | | | | | | | | |
| | | | Loca | | | | | | LXCIII | 1/0 | | | Aba | ement | t | | |
| Location Asbestos-Containing TO BE AB, In Facil (13) | Material (ACM) ATED | Use Ma | d Sol | ely by ance/ Staff? | | tos Con thermal surfa | escription taining M I system icing, VA miscellar | Material s insula AT, or | | (| Amount Specify F or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| | | Yes | No | N/A | | | | | | | | | | ite | Ф | | |
| Basem | ent | | X | | | Pipe | Insula | ation | | | 35 LF | X | | | | | |
| | | | | | | | | | | | | | | | | | |
| N | A-11-1 | | | NIDES: | loot- | Louis | Vent | | News of | Dea!- | orod I | 16II | | | | | |
| Name of Registered Was D&S Abatement, Inc | | | | NJDEP W Hauler ID 20996 | | of Wa | : Yards iste | | 20 10 Marie 20 10 | of Registered Landfill te Management of PA | | | | | | | |
| City, State Totowa, NJ | | 10000 | | | | Dispo TBD | sal Date | ; // | City, Stat Morrisv | | PA | | | | | | |
| Completed by | | Title | ot NA | anager | | | Signatur | e # / | /_ | | | Date 09/11 | /201 | 7 | | | |
| Oliver Heaedis | | 1 Proje | CL IVI | anager | | 1 | | 11 / 1 | 1 | | | 11160 | 1201 | AN . | | | |

Print Form

| UC#1150002515 | <u>,</u> | | CATION | tate of New N OF ASBE to NJAC 8 | STOS AE | | 101 100 | Approximate of the second | | i C | <u> </u> | 5 21 | 7 | Fint Fo |
|--|------------------------------|---------------------------------------|--------------------------------|---------------------------------------|-------------------------------------|--|--------------------|---------------------------|--|---------|-------------|--------------|----------------|---------|
| Date of Notification (1) 09/11/2017 |) | | | of Building Co ia Vargas | | erator | (2) | A.A.A. | A COLUMN TO A COLU | SEF | | | | |
| Agencies Notified Type Notification | n | 7 | Street A | Address | | | | 1 | AS | SELE! | ICEN | NO: | TRO | _&_ |
| X EPA X Initial | | | | | | _05550 | | L | | L | IUEIV | 211/11 | A) | |
| X EPA X Initial X DEP Amended X DOL Amendmen | nt# | | | ate, Zip Cod nfield, NJ | | | | | | | | | | |
| □ Emergence □ justification | y (including | _ - | | f Contact | | | | | Teler | nhone N | lumher | 4 | | |
| DCA Justinication | | | Patrici | ia Vargas | 5 | | | | | | | | | |
| Name of Facility Where Abatement is Tak | ing Place (| 3) | FAC | ILITY INFO | RMATION | И | Tyne | of Facility (4) | | | | | | |
| House | mg r lace (| -, | | | | | | School (K-12) | | | | | | |
| Street Address | | | | | | | П | Subchapter 8 | (Other | | | | | |
| | | | Other (i.e. private & co etc.) | | | | | | | | rcial bu | lding | s, hon | ies, |
| City (5) Bloomfield | | | | | | | N/A | re Feet | # of F N/A | | | Bldg. N/A | Age | |
| County (6) Essex | | | (STATE | Code (7) USE ONLY) | (St.) | Current Use (Prior if being demolished) House | | | | | | | | |
| Name of Monitoring Firm Hired by Building N/A | g Owner (8) | 95 | ASC | И No. |] | Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | | | |
| Street Address | | | | 279 | | | Addre: osen | ss gren Avenu | ie | | | | | |
| City, State, Zip Code | | | | | | | ip Code J 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | | | | one N 345-8 | | 11 3 | License 01311 | No. | | | | |
| Start Date (10) 09/22/2017 | Schedul 09/23/2 | | npletion | Date (11) | | | | HA Monitor ement, Inc. | | | | | | |
| Occupancy Status During Abatement (Che | eck Only Or | ne) | | | | | Addres | 7070 | 10 | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Occupied | | | | | C | 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | . 0.0 | , ru | 007012 | | | | | -1-2- | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of | | Locat Normal | ly | | Descr | rintion | | | | | | Aba | teme | nt |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intena todial ((12) | nce/ | (i.e. t | os Contair hermal sy surfacin | escription of taining Material (ACM) I systems insulation, (Specify acing, VAT, or SF or LF) miscellaneous) | | | | Repair | Encapsulate | Enclosure | | |
| Basement | Yes | No X | N/A | | Pipe In | reula | tion | | 110 |) LF | X | | te | - |
| Basement | | | | 1 ipe iii | iouia | tion | | | , LI | A | + | + | + | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | IDEDIA | Jacto | Cubic Ya | rdo | | Name of Re | ngiotar | ad Land | 6II | | | |
| D&S Abatement, Inc. | IJDEP W lauler ID 0996 | No. | of Waste | | | Waste M | - | | | E | | | | |
| City, State Fotowa, NJ | | | Disposal TBD | Date | | City, State Morrisvill | e, PA | R | | | | | | |
| Completed by Ned Joksimovic | anager | | Sigr | Signature Date 09/11/2017 | | | | | 7 | | | | | |

| ()/ # 147) | | | CATION | ate of New J N OF ASBES to NJAC 8:6 | TOS ABATE | | Proposed Series | | C E | | W | Pr | nt Eo | | |
|---|-------------------------|---|---|---|---|---|--|--------------------------------|-----------------|-----------------|---------------|-------------|-----------|--|--|
| Date of Notification (1) 09/11/2017 | | | | f Building Ow Somervill | | r (2) | And described | 5 | EP 1 | 5 | 201 | 7 | | | |
| Agencies Notified Type Notification E EPA Initial | | | Street A 2 Gree | ddress en Street | | | | ASL | LICEN | | | ROL | 8. | | |
| X DEP Amended X DOL Amendmen | | | | ate, Zip Code rville, NJ 0 | | | Micro | | | one of the last | L No. | | | | |
| Emergency justification) DCA Cancellation | 7 | | Name o Luis V | f Contact aello | | | 9 | Telephon | e Numb | er | | | | | |
| Name of Facility Where Abatement is Takir | ng Place (3 | 3) | FACI | LITY INFOR | MATION | Typ | e of Facility (4) |) | | | | - | | | |
| YMCA | , | 5. 5 ()). | | | | | School (K-12 |) | | | | | | | |
| Street Address 2 Green Street | | | | | | × | Subchapter 8 Other (i.e. pri etc.) | ivate & com | mercial | build | dings, | home | es, | | |
| City (5) Somerville | | | | | | N/A | | # of Floor N/A | | N | ldg. A I/A | \ge | | | |
| County (6) Somerset | | | | Code (7) USE ONLY) | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCM No. Name of Abatement Contractor (9) D&S Abatement, Inc. | | | | | | | | | | | | |
| Street Address | | | Street Address 11 Rosengren Avenue | | | | | | | | | | | | |
| City, State, Zip Code | C | | | | | | Zip Code NJ 07512 | | | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | 1.000 | hone 1 | No. 8685 | Licer 013 | nse No. 11 | | | | | | | |
| Start Date (10) 09/23/2017 | Schedul 09/24/2 | | npletion | Date (11) | | | SHA Monitor atement, Inc | | | | | | | | |
| Occupancy Status During Abatement (Cher | k Only Or | ne) | Street Address 11 Rosengren Avenue | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of a | Abaten / Hours | nent i | | City, 8 | State, | Zip Code | ue | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | 100 | owa, | NJ 07512 | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | () () () () () () | Renova Demolit | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of | 50,000 | Locati | | | | | OII-EXCITIPIOU | () and ivon- | TIADIC | - | Abate | ement pe | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole iintenai todial S (12) | nce/ | (i.e. the | Description Containing I ermal system surfacing, VA ther miscella | Materia ns insu AT, or | ilation, | Amount (Specify SF or LF | | Remova | Repair | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | | | | | | _ | | ate | e) | | |
| Basement | X | | | Pipe Fittir | ngs | | 60 LF | | X | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc. | | Н | JDEP W auler ID 0996 | No. o | Cubic Yards f Waste BD | | Alleren se see | egistered La | | PA | | | | | |
| City, State Totowa, NJ | | | isposal Date BD |) | City, State Morrisvill | le, PA | | | | | | | | | |
| Completed by Ned Joksimovic | Title Proje | ect Ma | ınager | | Signatur | e ~ | The | | Date 09/11/2017 | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| UV#101 | | | | | N OF ASE t to NJAC | | | | | 100 | | | | | | | |
|--|-------------------------------|------------------------|--|------------------------|-------------------------|------------------------------|--|--------------------------------|--|----------------|---|---------|---------|--------|----------|-----------|--|
| Date of Notification (1) 09/11/2017 | | | | | of Building cca Balk | | Operato | r (2) | | | | <u></u> | 15 | | <u> </u> | | |
| Agencies Notified | Type Notification | | | Street / | Address | | | | | | and and the | ED | 1 [| -) | 017 | 7 | |
| X EPA X DEP X DOL | Initial Amended Amendment | | | | ate, Zip Co | | 052 | | | and the second | and and and and and and and and and and | (Marie) | 50 7 | | | 1 0 | |
| × DOH | Emergency (justification) | including | | | of Contact | | | | | Tel | ASUL ephone | Num | ie N | SINC | inu | L Ct | |
| DCA | Cancellation | | | | cca Balk | | | | | | | | | Appres | | | |
| Name of Facility Where | Abatement is Taking | Place (| 3) | FAC | ILITY INF | ORMAT | ION | Type | of Facility (| 4) | | | | | | | |
| House Street Address | | | | | | | | | School (K-1 Subchapter Other (i.e. p | 2) 8 (Oth | | | | lings, | home | es, | |
| City (5) West Orange | | | | | | | | Squar N/A | e Feet | 10 | | | | | ge | | |
| County (6) Essex | | | | | Code (7) USE ONLY |) | | | | or if bei | ng dem | olishe | d) | | | | |
| Name of Monitoring Firm N/A | Hired by Building C |) | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | 77. | nue | | | | | | | |
| City, State, Zip Code | | | | | | | | | | | | | | | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | one No. | | Teleph | hone No |). | | | | | | | | |
| Start Date (10) 09/25/2017 | | Schedul 09/26/ | | npletion | Date (11) | | | | | C. | | | | | | | |
| Occupancy Status During | g Abatement (Check | Only O | ne) | | | | | | | | | | | | | | |
| Facility Closed/Vaca Abatement Perform | ed Outside of Norm | eriod of al Facilit | Abaten y Hours | nent | | | (| | | ue | | | | | | | |
| Other – Describe: | | | | | | | Toto | wa, N | J 07512 | | | | | | | | |
| Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If | Il That Apply) | Section 1999 | Renova Demolit | | | | × | Mini Glov | i-Enclosure vebag Proc | edure | | | | | е | | |
| | | | Locati | | | | Telephone Numbre Strong Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homesetc.) Square Feet N/A N/A Current Use (Prior if being demolished) House Name of Abatement Contractor (9) D&S Abatement, Inc. Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Telephone No. 973-345-8685 Name of OSHA Monitor D&S Abatement, Inc. Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure City State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Mini-Enclosure Scription of Intaining Material (ACM) If systems insulation, adaptive Amount City, State, Zip Code Totowa, NJ 07512 Full Containment with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Abatement Type | | | | | | | | | | |
| Location Asbestos-Containing TO BE AB/ In Facili (13) | Material (ACM) ATED | Use Ma | Normal ed Sole aintena todial S (12) | ly by nce/ | | tos Cont thermal surfa | taining M systems cing, VA | Material s insulat T, or | | (S | pecify | | Removal | | | Enclosure | |
| | | Yes | No | N/A | | | | | | | anada edak | | | | (D) | | |
| Garag | e | | X | | | Pipe | Insula | ation | | 3 | 5 LF | - | X | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Barrier | | | | | | | | | | | | | | | | | |
| Name of Registered Was D&S Abatement, Inc. | | | Н | JDEP Wauler ID 0996 | | of Was | | | | | | | PA | | | | |
| City, State Totowa, NJ | | | | | | Dispos TBD | sal Date | | | | A | | | | | | |
| Completed by Ned Joksimovic | * | Title Project Manager | | | | | ignature | 3 | A | Date | | | | | | | |

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

| Date of Molification (1) | | | | Name of Buildin | na Owner/Operator (2) | 1/21/2 11 0 15 1 |
|--|--------------------|---------------------------|----------------|------------------------------------|--|----------------------------|
| 7 | | | | WEST ORA | ng Owner/Operator (2) NGE SENIOL GITIZENS | 5 MUSING A 33N. |
| 17/1/ | T 11 110 11 T | | | CHARN S | GIB R. P. MARZOU | -NC |
| Agencies Natified | Notification Ty | pe | | Street Audress | 40 K. F. MARCACO | -61 Co. |
| (EPA | Initial Notifi | ication | | 264 B | ELLEVILLE AVE_ | |
| (JOEP | () Amended | Certification | n | City, State, Zip | / | |
| (XDOL (XDOH | () Cancelled | | | BLOOMP | VEW NJ 070 | 103 |
| () DCA | | | | Name of Conta | | Transact - |
| () | | | - | DAN KITC | 1754 | 4 |
| | | | FACILITY IN | FORMATION | State and the state of the stat | |
| Name of Facility Where Abatement is 1 | Faking Place (3) | | | Type of Facility () School (K-1) | | GEIVEN |
| JOHN P. RENNA HOL | 00 | 3 | | () Subchanter | 8 (other than K-12) | |
| Street Address | MIE | | | (-) Other (i.e. p | private & commercial bidgs, hor | mes, etc. |
| 50.20.7150.505 | | | | Sq. Feet | A C C | SEP 1 5 2017 14 |
| | | Carrete Ca | do (71) | Sq. reet | # of Floors | 311 3 2011 |
| City (5) County (6) | | County Co (State Use | | Bldg. Age | 5445 | |
| SET UNANGE FSSTX | | rotate ou | _3(11) | Current Use (p | rlor if being demolished) | CONTROL & |
| Name of Monitoring Firm Hired by Bldg | . Owner (8) | ASCM No | • | | Name of Contracto | IF OF LICENSING |
| | | | | | GCC ENTE | RBNSES. |
| Clarat Address | | | | Street Address | | |
| Street Address | | | | 1 | 13 | -11 |
| | | | | 216 KITTE | ETALLS AD. UNI | T 5 x 6 |
| City, State, Zip Code | | | | City State, Zing | Code | |
| | | | | CEDAN (> | MOVE, NJ 0700 | 9 |
| Project Manager for Monitoring Firm | Telephone Nu | ınıber | | | | se Number |
| Fingest Marager for Monkofing , find | TOTO DITTO I TO | | | Telephone Nur 973-418-6 | 378 (131) | 406938200 |
| 1 | | | | 573-319-8 | 440 (00010) 17-11 | 406730200 |
| Scheduled Start Date (10) | Scheduled Co | noilelana | Date (11) | Name of OSH | A MONHOR | |
| | | | | | | |
| Occupancy Status During Abatement (| (Check only one) | 1 | | Street Address | | |
| (Facility Closed/Vacated During Ent | ire Period of Aba | atement | | | | |
| () Abatement Performed Outside of N | iormai Facility Hi | ours - | | City, State, Zip | Code | |
| De scribe | | | | | And the second s | |
| E.W. | | | | | | |
| Other - Describe | | | | | | |
| Source of Work (Check all that apply) | | | | | | |
| Obditor of Violet (Original and Supply) | | | | | | |
| () Demolition (Renovation | | 1.05.40 | 0.05 10.40 | CO E A COM) / | Minor Proj. (<25 SF or <10 L | E ACM) |
| () Large Proj. (>160 SF or >260 LF A () Full Containment with Negative Pro | CM) () SM Proj | i, (>Z5<16 lini-Enclos | ura 1.X Gli | ovebag Procedur | | . 7007 |
| Location of Asbestos- Is Loc | cation Normally | Used | Description of | | Amount (Specify SF or LF) | Abatement Type |
| | y by Maint./Custo | | thermal syste | | | |
| Facility (13) Staff? | 100 miles | NIA. | surfacing, VA | T, or other | | Rem, Rep. Encap Enci |
| First Floor Flooring YES | NO | NA | miscell.) | | 1400 37 | X X |
| | | | | | | |
| | | 4 | | | | |
| F 22 2 A 2 mm 22 4 12 4 | | | | | | |
| Name of Revision Revi | NJDEP Wast | e Hauler I | <u>D#</u> | Cubic Yards o | | ne of Reg. Landfill |
| 450 Bergen Avenue | 1 04 | 33 | \circ | | 30 UR | and lentral |
| City, State FO Box #440 | | | | | Disp. Date | City, State / |
| Kearny, NJ 07032 | | | | | | Bin AGUI 1 |
| Completed by (Delal as Tone) | Tille | | | Signalure | / / P Date | |
| Completed by (Print or Type) | 1 100 | | | 2000 (3000) | | |
| 1 Dis Co (Minar- | 1 1/100 | 1 | 07 | 1 1 Was \ | 1/12 1 | 1111/2017 |
| | T DY WIX | TILL | <u>C</u> | INTUR | | /-/ |
| | Taleo Acine 30 | 10.021.66 | na . | | 5-18 | / /c/=04//0009143943708 |
| ** 51 5 N.DER 23HV38RRTP Wild State St. 20 4 J | is a number of | _3~=u+-03 | | | | |
| | | | | A | | |

PAID Print Form

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

CHECK# 2389

| | 200 | | C 8:60 and 1 | | | | | | | - | |
|---|--|--|----------------------------|-----------------------|--|---------------|--|------------|--|--|-----------|
| ate of Notification (1) | Cla | remont C | g Owner/Ope Constructio | erator (2 n Grou | ip, Inc. | | EGEL | W E | | 1 | |
| gencies Notified Type Notification | 49 | | 2, PO Box | 808 | and the second s | | S EP 15 2 | 2017 | The state of the s | \mathcal{H} | |
| EPA Initial Amended Amendment # | Fai | , State, Zip r Hills, No | J 07931 | | 1 | and have to | | | | S STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF T | |
| DOL Emergency (including justification) Cancellation | Mr | ne of Conta . Dominio | : Sciaretta | , Vice | President | | | | A | | |
| DCA Caricciation | | FACILITY I | NFORMATIO | ON | Type of Facil | ity (4) | | | | | |
| Name of Facility Where Abatement is Taking Place Commercial Office Building | (3) | | | | School Subcha | (K-12) | other than K-12) le & commercial bu | ıildings, | home | s, | |
| Street Address 383-387 Main Street | | | | | etc.) Square Feet | | # of Floors | Bldg. A | | | |
| City (5) Hackensack | 10 | ounty Code | (7) | | 8,000 Current Use | (Prior if | being demolished) | | | | |
| County (6) | (S | TATE USE | ONLY) | _ | Commerc | | 1 (0) | | | | 1 |
| Bergen Name of Monitoring Firm Hired by Building Owner | (8) | ASCM No | | Sky | of Abatemer Contractin | g, LLC | ctor (9) | | | | - |
| TBD Street Address | | | | Stree 138 | t Address 5 Valley Ro | oad, Su | iite K | | | | - |
| | | City, State, Zip Code Wayne, New Jersey 07470 | | | | | | | | | |
| City, State, Zip Code | | Telephone I | No. | Tele | phone No. | | License No. | | | | |
| Project Manager for Monitoring Firm | | | | Nam | 3) 928-504 ne of OSHA M | lonitor | | | | | 1 |
| Start Date (10) | eduled Com /31/2017 | npletion Dat | te (11) | Sk | y Contracti | ng, LLC | 2 | | | | - |
| 9/20/2017 | nly One) | | | 13 | eet Address 85 Valley F | | suite K | | | | - |
| Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Formal Formal Period Other – Describe: | | nent s | | City | y, State, Zip C ayne, New | ode Jersey | 07470 | | | | - |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | Renov Demol | | | | Mini-E | nclosure | ent with Negative P sedure d (*) and Non-Friab | ole Proc | edure | | |
| | | tion | / | | | | | / | Abatem | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Loca Norm Used So Mainter Custodia (12 | ally blely by nance/ al Staff? | (i.e. the | Containi ermal sys | ption of ing Material (/ stems insulati g, VAT, or cellaneous) | ACM) on, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| (10) | Yes N | o N/A | | | | | | | | | _ |
| See Attached | | | | | | | | - | | | _ |
| | | | | | | | | | - | | |
| | | | | Cubic Y | ards. | Name | of Registered Land | fill | | | |
| Name of Registered Waste Hauler | | NJDEP I | D No. | of Wast | | Miner | va Enterprises | , LLC | | | |
| Service Transport Group, Inc. | | 20990 | | Disposi | al Date | City, S | tate nesburg, Ohio | | | | |
| City, State New Castle, Delaware | L envi | | | TBD- | ignature | - vayı | 10000.91 | Date 9/5/2 | 017 | | |
| Completed by Predrag Sarcev | Vice P | resident | | 1 | | | o for ashestos licer | _ | | d act | iviti |

| | | | | | | Α | bate Typ | ment oe | |
|---|------------------|--|-----------|---|---------------------------------|---------|-------------|-------------|-----------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | N Used Mai | Location ormally d Solely ntenand odial St (12) | by ce/ | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| (13) | Yes | No | N/A | 3" Pipe Fitting Insulation | 20 each | X | | | |
| Basement - Classroom #3 & | | × | | | 18 SF | X | - | - | + |
| HVAC Closet | | × | | 12"x12" Beige Floor Tiles w/mastic | 10 31 | | | | 1 |
| Basement - Classroom #3 & HVAC Closet | | | | Transite Panels | 2 SF | X | | | |
| Basement - Classroom #3 & | | × | | 12"x12" Beige Floor Tiles | 143 SF | × | | | |
| HVAC Closet Basement - Classroom #4 | | X | | w/mastic | | | - | + | + |
| | | | - | 3" Pipe Fitting Insulation | 2 each | × | | | |
| Basement - Classroom #5 | | X | | 3" Pipe Fitting Insulation | 2 each | X | | | |
| Basement - Mechanical Chase | | X. | | | | - | + | + | + |
| (West) | | X | | Corrugated Pipe Insulation (at | 2 LF | × | | | |
| Basement - Mechanical Chase (West) | | | | wall penetration) 3" Pipe Fitting Insulation | 4 each |) | < | | |
| Basement - Storage/Mechanical | | × | | | 3 each | 1 | x | | |
| Room (East) Rasement - Storage/Mechanical | | X | | 3" Pipe Fitting Insulation | 1,026 SF | + | x | + | |
| Poom (Fasi) | _ | > | (| Perimeter Roof Flashing Material | | | 1 | - | |
| Roof - Perimeter & Parapet Wall | | | | Penetration Roof Flashing | 95 SF | | X | | |
| Roof - Penetrations & Equipmen | t | 1 | × | Material | | | | | |

| A !! Was | State of New Jersey |
|--------------|---|
| 09/04/08/553 | State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) |

| STO | A n | TIT |
|-------|------|-----|
| 11/12 | 16 | |
| Д. | III. | 110 |

| Date of Notification (1) | | | | Name | of Building | g Ow | vner/Operator (| 2) | - T | | W | E | 1 | - | |
|--|------------------|----------|---------------|-------------------|--|--------------|--------------------------------|----------------|----------------------|-------------------|---------|---------|-------------------------|---------------|--|
| 9 / 14 / | 17 | | | PE | NNSVILL | E S | CHOOL DIST | TRICT |)上 | . W 5 1 | VI_ | | The second second | ma-delitizadi | |
| Agencies Notified Type Notifi | cation | | | Street | Address | | | 100 | 111 | | | | | П | |
| ⊠ EPA ☐ Initial | | | | 30 | CHURCH | ST | REET | And the second | | SEP 15 8 | 201/ | 1 | السا | | |
| ☑ DOLWD ☑ Amende | | | | City, S | State, Zip C | Code | | | 1 | | | | | 1 | |
| ☑ DOH Amendr ☐ DCA ☐ Emerge | | udina | | PE | NNSVILL | E N. | J 08070 | 1 | | | recent | 21 8 | | 1 | |
| (NJAC 5:23-8) justifica | | uuiiig | | Name | of Contac | t | | | | Telephone Numb | | 11-0 | | 1 | |
| ☐ Cancell | | | | | | | | L | position I . | ,FTOF140114 | | wan | ale of Casal Sufficient | peril | |
| N | | | | FA | CILITY IN | IFO | RMATION | 40 | | | | | | | |
| Name of Facility Where Abatement is | Taking I | Place | (3) | | | | | Type of Fa | |) | | | | | |
| PENNSVILLE HIGH SCHOOL | | | | | | | | School | | Other than K-12) | | | | | |
| Street Address | | | | | | | | | | ate and commerc | ial bu | iilding | ıs, | | |
| 110 S BROADWAY | | | | | | | | homes | , etc.) | | | | | | |
| City (5) | | | | | | | | Square Fe | et | # of Floors | BI | dg. A | ge | / | |
| PENNSVILLE | | | | | | | | >50,000 |) | 1 | | 75 | | | |
| County (6) | | | | Cour | nty Code (7 |)(STA | TE USE ONLY) | Current Us | e (Prior | if being demolish | ned) | | | | |
| SALEM | | | | | | | | SCHOO |)L | | | | | | |
| Name of Monitoring Firm Hired by Bu | lding Ov | vner (| 8) | ASCM | No. | Na | me of Abateme | ent Contract | or (9) | | | | | | |
| HEALTH AND SAFETY SERVI | CES | | | | | _ E | DELTA/BJDS | , INC | | | | | | | |
| Street Address | | | | | | Str | eet Address | | | | | | | | |
| 318 12 TH STREET | | | | | | 1 | 345 INDUST | RIAL BLV | D | | | | | | |
| City, State, Zip Code | | | | | | City | y, State, Zip Co | ode | | | | | | - 23 | |
| HAMMONTON, NJ 08037 | | | | | | S | SOUTHAMPT | ON, PA 18 | 8966 | | | | | | |
| Project Manager for Monitoring Firm | | | Tele | phone | No. | | ephone No. | | | License No. | | | | | |
| AL OSWALD | | | 60 | 9 704 | -8850 | 2 | 15 322-2900 | | | 00783 | | | | | |
| Start Date (10) | Schedul | led Co | mple | tion Da | te (11) | Nar | me of OSHA M | lonitor | | | - | | | | |
| 6 /13 /17 | 9 | / | 30 | _ / _ | 17 | C | RITERION L | ABS | | | | | | | |
| Occupancy Status During Abatement | Check of | only o | ne) | | | Stre | eet Address | | 8071R-1-1075 | | | | | | |
| ☐ Facility Closed/Vacated During En | | | | ment | | 11.5-3.54.55 | 00 STREET | ROAD | | | | | | | |
| ☐ Abatement Performed Outside of N | Hour | s - Des | | | | | | | | | | | | | |
| Time of Abatement: 7AMP | M/ <u>4:30</u> F | PM | / | AM < | | | | | | | | | | | |
| Scope of Work (Check all that apply) | |) | ,,,, | | ************************************** | | | . = | | | | | | | |
| ≥3 sf or ≥3 lf | D | ☑ Rer | novati | on | | | | | | | | | | | |
| ⊠ ≥160 sf or ≥260 lf | | Der | | | | | Glovebag | Procedure | | | | | | | |
| | | | | | | | ☐ Non-Exe | mpted (*) ar | nd Non-l | Friable Procedure |) | | | | |
| | | | Locat orma | | | | | | | | Ab | atem | ent T | ype | |
| Location of Asbestos-Containing Material (ACI | 4) | | | ly by | Asha | etac | Description o Containing Ma | | | Amount | Re | Re | m | m | |
| TO BE ABATED | ", | | ntena | | | | ermal systems i | | | (Specify | Removal | Repair | cap | clos | |
| IN Facility | | Custo | (12) | Staff? | 70 | | surfacing, VAT, | | | SF or LF) | val | 3.0 | Encapsulate | Enclosure | |
| (13) | Ι, | Yes | No | N/A | | oth | her miscellane | ous) | | | | | ate | | |
| ADMINISTRATION AREA | | | \boxtimes | | | | E (PLEASE S | SEE | | 12 SF | | | | | |
| ADMINISTRATION AREA | | | SHELV | | CONVECTO | RS | | 12 | | | | | | | |
| ADMINISTRATION AREA | 1 | 5 | \boxtimes | | SELECT | ΓIVE | FLOOR TIL | E BY UV'S | 5 | 108 SF | | | | | |
| ADMINISTRATION AREA | [| | \boxtimes | | ACM FI | TTIN | IGS (ASSUM | IED) | | 24 SF | | | | | |
| Name of Registered Waste Hauler | | | N | JDEP V | Vaste | Cub | oic Yards of | Name of I | Register | red Landfill | | | | | |
| SERVICE TRANSPORT GRP | | | Н | auler ID 20990 | | Was | ste | | | NDFILL | | | | | |
| City, State | | | | | | Disp | posal Date | City, State | | | | | | | |
| 58 PYLES LANE NEW CASTLE | DE 19 | 720 | | | | | | WAYN | WAYNESBURG, OH 44688 | | | | | | |
| Completed By (Print or Type) | Title | | | | | | Signature | | ~ // | Date | - | | | | |
| MICHAEL PARSON | PRO | OJE | CT M | ANAG | ER | | ML | charl | Dic | neur | 9- | -14 | -20 | 017 | |

| LOCATION OF | DIOCATION | | | | | | |
|----------------------------------|---|--|----------|---------|--|--|-----------|
| ASBESTOS-CONTAINING | NORMALLY | ASBESTOS CONTAING MATERIAL (ACM) | SPECIFY | REMOVAL | REPAIR | ENCAPSULATE ENCLOSURE | ENCLOSURE |
| TO BE ABATED IN FACILITY | USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF? | (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR | SF OR LF | | | | |
| | YES NO N/A | OTHER WIJSCHERMEOUS) | 1 | | | | |
| ADMINISTRATION AREA | × | EXTERIOR CAULK | 24 LF | × | | | |
| LIBRARY CLOSET | × | DUCT WITH BLACK MASTIC (CUT AND WRAP) | 40SF | × | | | 1.8 |
| 1ST FL PRINCIPLES OFFICE CLOSET | × | PIPE (CUT AND WRAP) | 10 LF | × | : n vn I | | CONTRO |
| 1ST FL VICE PRINCIPLES OFFICE | × | PIPE (CUT AND WRAP) | 10 LF | × | | CEP 1 | SLL |
| BACK ENTRANCE BY ELEVATOR | × | PIPE (CUT AND WRAP) | 12 LF | × | Decimando | Committee of the control of the cont | |
| COMMUNICATION ROOM | × | PIPE (CUT AND WRAP) | 5LF | × | | | |
| NURSES OFFICE | × | PIPE (CUT AND WRAP) | 5LF | × | | | |
| 2nd FLOOR LIBRARY | X | TRANSITE | 65 SF | X | And the second s | | |
| Autorum | × | Pipe | 7017 | X | | | |
| ; | × | | | | | | |

| NOCK | | NO | | | | | ESTOS ABA 8:60 and 5:1 | | n | ECE | | \mathbb{W} | E | In | |
|---|----------------|----------|--------------------|-------------------|-------------|--------|-------------------------------------|-----------------------------------|--------------------------|--|-------------|--------------|--------------------|-----------|--|
| Date of Notification (1) | | | | Nan | ne of Build | ling (| Owner/Operator | (2) | 141 | | | | | | |
| | 17 | | | | | | SCHOOL DIS | | | SEP 1 | 5 2 | 017 | | | |
| Agencies Notified Type Notif | fication | Ĺ | | Stre | et Address | s | | - | 1 | | | | | | |
| ☐ EPA ☐ Initial ☐ Initial | | | | 30 | CHURC | HS | TREET | | L | | | | | | |
| ☑ DOLWD☑ Amend☑ Amend | | | , | City | State, Zip | Co | de | to gette | AS | linera titi (| ON | THO |)L 8 | 4 | |
| □ DCA □ Emerge | | | | PI | ENNSVIL | LE | NJ 08070 | Lecture | PARTICULAR ACTION OF THE | LICEN | ZHAL | 3 | es et esté minérie | HILIPORT | |
| (NJAC 5:23-8) justifica | ation) | iciuuli | ng | Nam | e of Conta | act | | | Tel | ephone Num | per | | | | |
| | | | | FA | ACILITY I | INF | ORMATION | | | | | | - | | |
| Name of Facility Where Abatement is | Takin | g Plac | ce (3) | | | | | Type of Facilit | ty (4) | | | | | | |
| PENNSVILLE HIGH SCHOOL | | | | | | | | School (K- | 12) | | | | | | |
| Street Address | | | | | | | | Subchapte | r 8 (Oth | ner than K-12 |) | | | | |
| 110 S BROADWAY | | | | | | | | Other (i.e., homes, etc | private | and commer | cial D | ullain | gs, | | |
| City (5) | | | | | | | | Square Feet | | of Floors | IB | ldg. A | Age. | | |
| PENNSVILLE | | | | | | | | >50,000 | 1.550.2 | 1 | | 75 | igo | | |
| County (6) | | | | Cou | inty Code | (7)(S | TATE USE ONLY) | Current Use (F | 1 | | 1 | | | | |
| SALEM | | | | | , | (· //- | 502 01121) | SCHOOL | noi ni t | being demons | ileu) | | | | |
| Name of Monitoring Firm Hired by Bu | ildina C | Owner | (8) | ASCN | 1 No | IN | lame of Abateme | | 0) | | | | | | |
| HEALTH AND SAFETY SERVI | 300 Jan 1900 | J 111101 | (0) | AGGIN | i ido. | " | DELTA/BJDS | | 9) | | | | | | |
| Street Address | 010 | | | | | - | | , INC | | | | | | | |
| 318 12 TH STREET | | | | | | 3 | treet Address | DIAL DIAD | - | | | | | | |
| City, State, Zip Code | | | | | | 1 | 1345 INDUST | | | | | | | | |
| HAMMONTON, NJ 08037 | | | | | | 1 | ity, State, Zip Co | | | | | | | | |
| | | | 1 | | | | SOUTHAMPT | ON, PA 1896 | 6 | | | | | | |
| Project Manager for Monitoring Firm AL OSWALD | | | 1 | ephone | | 1 | elephone No. | | Lic | cense No. | | | | | |
| | | | | | 1-8850 | | 215 322-2900 | | | 00783 | | | | | |
| | Sched | uled C | Comple | etion Da | ate (11) | 1 | ame of OSHA M | | | | | | | | |
| 6/13/17 | | | | 0/_ | 17 | | CRITERION L | ABS | | | | | | | |
| Occupancy Status During Abatement | | | | | | St | treet Address | | | | | | | | |
| ☐ Facility Closed/Vacated During Ent | ire Per | iod of | Abate | ment | | 8 | 400 STREET I | ROAD | | | | | | | |
| Abatement Performed Outside of N | lormal | Facilit | y Hou | rs - Des | scribe | Ci | ity, State, Zip Co | | | | | | | | |
| Time of Abatement: 7AMP | W/ <u>4:30</u> | PM | | AM | | | BENSALEM P | A 19020 | 19020 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | | | | |
| □ >3 sf or >3 lf | | Ø D. | | | | | | entainment with Negative Pressure | | | | | | | |
| ≥160 sf or ≥260 lf | | | enovat emolitic | | | | | Enclosure Bag Procedure | | | | | | | |
| | | _ | | | | | | | on-Frial | ble Procedure | 9 | | | | |
| | | 10. | Loca | 0.5 | | | ☐ Non-Exempted (*) and N | | | Non-Friable Procedure | | | ent T | vne | |
| Location of | | | Norma | | | | Description of | | | | _ | | _ | - | |
| Asbestos-Containing Material (ACN TO BE ABATED | A) | | ed Sole intena | | Asbe | stos | Containing Mat | erial (ACM) | 1 22 | Amount | Removal | Repair | Encapsulate | Enclosure | |
| IN Facility | | | todial | Staff? | (1.6 | | ermal systems in surfacing, VAT, | | | Specify F or LF) | OVE | air. | psu | nso | |
| (13) | - | 515 | (12) | | 1 | | ther miscellaneo | | | . 0. 1. | - | | ılatı | re | |
| | | Yes | No | N/A | | | | | | | | | ω | | |
| ADMINISTRATION AREA | | | \boxtimes | | ATTAC | H | E (PLEASE S | | | 12 SF | \boxtimes | | | | |
| ADMINISTRATION AREA | | | | | SHELV | ING | CONVECTO | RS | | 12 | \boxtimes | | | | |
| ADMINISTRATION AREA | | | | | SELEC | TIV | E FLOOR TILE | BY UV'S | 1 | 08 SF | \boxtimes | | | | |
| ADMINISTRATION AREA | | | \boxtimes | | ACM FI | TTII | NGS (ASSUMI | ED) | | 24 SF | \boxtimes | | | | |
| Name of Registered Waste Hauler | | | | JDEP V | | Cu | bic Yards of | Name of Regis | stered I | andfill | | | | | |
| SERVICE TRANSPORT GRP | | | H | auler ID 20990 | | Wa | aste | MINERVA | | | | | | | |
| City, State | | | | _0000 | | Dis | posal Date | City, State | | | | | | | |
| 58 PYLES LANE NEW CASTLE | DE 19 | 9720 | | | | | | | BURG. | JRG. OH 44688 | | | | | |
| Completed By (Print or Type) | Title | | | Signature (7) | | | | | RG, OH 44688 | | | | | | |
| MICHAEL PARSON | | OJE | СТ М | ANAG | ER | | 21 | D.V. | | A STATE OF THE PARTY OF THE PAR | | · | \sim | | |
| ASB-41 | | | | | V25042 | | Much | well a | Ros | 2 18 | 2 | 7 | 25 | 17 | |

| 0 1 - | 260) | | '^TIL | | State of | New Jersey | | | | | | | | |
|---|----------|--------------------|--------------------|----------|----------------------|---|--|---|-------------------|-------------|-------------|-----------|--|--|
| Date of Notification (1) | N | CY | ا 101م | (Purs | FION OF A suant to N | SBESTOS AB JAC 8:60 and 5 | :16) | E C.E | | <u> </u> | E | n | | |
| 7 / 27 | - | 17 | _ | 1 | | ding Owner/Operate | | SEP 1 | 5 2 | 017 | - 0 | | | |
| Agencies Notified Type No. □ EPA □ Initia | | tion | | S | Street Address | | | | 25 | ~ | - | bee | | |
| ☑ EPA ☐ Initial ☑ DOLWD ☒ Ame | | 135 | | | 30 CHURC | H STREET | | ASLEGIUS | 000 | กลั | 1 8 W | Ł | | |
| 23 / 11/10 | | nt:#45. | | | ity, State, Zip | | | LICE | NSIN | G | - | | | |
| □ DCA □ Eme | rgenc | y (inclu | ding | | PENNSVIL | LE NJ 08070 | I | Marie Control of the | market market and | September 1 | | | | |
| (NJAC 5:23-8) justif | ication | ר) | | N | ame of Conta | act | | Telephone N | umber | | | | | |
| | CHALL | 711 | | | FACILITY I | NICODII I III | | _1 | | | | | | |
| Name of Facility Where Abatement | is Ta | king Pi | ace (3 |) | PACILITY | NFORMATION | Type of Facility | , (4) | | | | | | |
| PENNSVILLE HIGH SCHOO | L | | | | | | School (K-1 | | | | | | | |
| Street Address | | | | | | | ─ Subchapter | 8 (Other than K- | -12) | | | | | |
| 110 S BROADWAY | | | | | | | homes, etc. | private and comr | nercial | buildi | ings, | Ì | | |
| City (5) | | - 20 | | | | | Square Feet | # of Floors | | Bidg. | Δπε | | | |
| PENNSVILLE | | | | | | | >50,000 | 1 | | 75 | | 3 | | |
| County (6) SALEM | | | | C | ounty Code (| 7)(STATE USE ONLY) | Current Use (P | rior if being demo | olished | | | | | |
| Name of Monitoring Firm Hired by B | 11 -11 | _ | (0) | | | | SCHOOL | | | * Table | | | | |
| HEALTH AND SAFETY SERV | //CE | g Own | er (8) | ASC | CM No. | Name of Abatem | |) | | | | | | |
| Street Address | I I C L. | | | 1 | | DELTA/BJDS | S, INC | | | | | | | |
| 318 12 TH STREET | | | | | | Street Address | FDIAL DIAG | | | | | | | |
| City, State, Zip Code | | | | | | 1345 INDUST | | | | | | | | |
| HAMMONTON, NJ 08037 | | | | | | 19 0.54 | ode FON, PA 18966 | | | | | | | |
| Project Manager for Monitoring Firm | | | Te | lephor | ne No. | Telephone No. | OIL, 1 A 10900 | License No. | | | | | | |
| AL OSWALD | | | | | 04-8850 | 215 322-2900 | | 00783 | | | | | | |
| Start Date (10) | | | | | Date (11) | Name of OSHA M | Ionitor | 10.00 | | | | | | |
| 6 / 13 / 17 | | | | 1_ / | | CRITERION L | ABS | | | | | | | |
| Occupancy Status During Abatement | (Che | ck only | one) | 68 | | Street Address | | | | - | | | | |
| ☐ Facility Closed/Vacated During Er☐ Abatement Performed Outside of | Norm: | enod o al Facil | it Abate | ement | oooribe | 400 STREET | | | | | | | | |
| Time of Abatement: 7AMF | M/4: | 30PM- | ity i loc | AM | escribe | City, State, Zip Co | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | BENSALEM P | A 19020 | | | | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | | enovat emoliti | | | ✓ Full Containment with Negative Pressure ✓ Mini-Enclosure ✓ Glovebag Procedure | | | | | | | | |
| | | 1 1 | s Loca | fion | 1 | ☐ Non-Exen | npted (*) and Nor | -Friable Procedu | ıre | | | | | |
| Location of | | | Norma | lly | | Description of | | | Ab | atem | ent 7 | Гуре | | |
| Asbestos-Containing Material (ACI TO BE ABATED | M) | Us | ed Sole sintens | ely by | Asbest | tos Containing Mate | erial (ACM) | Amount | Rer | Repair | Enc | En | | |
| IN Facility | | | stodial | Staff? | (i.e., | thermal systems in surfacing, VAT, of | sulation, | (Specify | Removal | pair | aps | Enclosure | | |
| (13) | 90 323 | V | (12) | 1 | | other miscellaneo | | SF or LF) | 1 2 | | Encapsulate | are are | | |
| DMINISTRATION AREA | - | Yes | No 🖂 | N/A | | TILE (PLEASE S | - | | | | | | | |
| DMINISTRATION AREA | | | | - | ATTACH | | | 12 SF | | | | | | |
| DMINISTRATION AREA | | | | | | NG CONVECTOR | | 12 | | | | | | |
| DMINISTRATION AREA | | | | | | VE FLOOR TILE | | 108 SF | | | | | | |
| ame of Registered Waste Hauler | | | | IDEBY | | TINGS (ASSUME | | 24 SF | | | | | | |
| SERVICE TRANSPORT GRP | | | Ha | auler II | D No. V | Cubic Yards of Vaste | Name of Registe | | | | | | | |
| ty, State | | | | 20990 | | Disposal Date | MINERVA LA | RINDFILL | | | | | | |
| 58 PYLES LANE NEW CASTLE | DE 1 | 9720 | | | | isposal Date | The second secon | VAYNESBURG OH MESS | | | | | | |
| ompleted By (Print or Type) | Title | | | | | Signature | WAYNESBURG, OH 44688 | | | | | | | |
| MICHAEL PARSON | PF | ROJE | CT MA | NAG | ER | 71.12 | Sture Date 7-27-20 | | | | 1 | | | |
| B-41 | | | | | | INNIN | all I In | ADD 1 | -d | 1-1 | XU | 111 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 14 17 PENNSVILLE SCHOOL DISTRICT Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 30 CHURCH STREET **⊠** DOLWD 4⊠ Amended 4 ASSECTUS CONTHOL & City, State, Zip Code **⊠** DOH Amendment #3 LICENSING PENNSVILLE NJ 08070 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENNSVILLE HIGH SCHOOL School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 110 S BROADWAY homes, etc.) City (5) Square Feet # of Floors Blda. Aae PENNSVILLE >50,000 1 75 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HEALTH AND SAFETY SERVICES DELTA/BJDS, INC Street Address Street Address 318 12TH STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HAMMONTON, NJ 08037 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. AL OSWALD 609 704-8850 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __6__ / __13 / _17 8 / 31 / 17 CRITERION LABS Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-PM/4:30PM- AM BENSALEM PA 19020 Scope of Work (Check all that apply) ☑ Full Containment with Negative Pressure ☐ >3 sf or >3 lf □ Renovation ☐ Mini-Enclosure ≥ 160 sf or ≥ 260 ff ☐ Demolition Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Used Solely by Repair Encapsulate Removal Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A FLOOR TILE (PLEASE SEE ADMINISTRATION AREA M П 12 SF X П ATTACH ADMINISTRATION AREA X SHELVING CONVECTORS 12 X ADMINISTRATION AREA П M П SELECTIVE FLOOR TILE BY UV'S 108 SF X П ADMINISTRATION AREA X ACM FITTINGS (ASSUMED) 24 SF M П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GRP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type)

MICHAEL PARSON

PROJECT MANAGER

Signature

JAN 13

| | | | | | | × | - |
|--|-----------------------|--------|---------|-------------------------------|---|---|---|
| | | | | 7 | | × | |
| | | | | | | × | |
| 1 | | | × | 5LF | PIPE (CUT AND WRAP) | X | NURSES:OFFICE |
| The Control of the Co | | | × | 5LF | PIPE (CUT AND WRAP) | X | COMMUNICATION ROOM |
| ASLL | SER | | × | 12 LF | PIPE (CUT AND WRAP) | × | BACK ENTRANCE BY ELEVATOR |
| US CONT CENSING | 1 5 20 | e I W | × | 10 LF | PIPE (CUT AND WRAP) | × | 1ST FL VICE PRINCIPLES OFFICE |
| ROL & | 7 | EM | × | 10 LF | PIPE (CUT AND WRAP) | × | 1ST FL PRINCIPLES OFFICE CLOSET |
| | | | × | 40SF | DUCT WITH BLACK MASTIC (CUT AND WRAP) | × | LIBRARY CLOSET |
| | | | × | 24 LF | EXTERIOR CAULK | × | ADMINISTRATION AREA |
| ENCLOSURE | ENCAPSULATE ENCLOSURE | REPAIR | REMOVAL | AMOUNT SPECIFY SF OR LF | DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS) | IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF? VFS NO N/A | LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY |

| | MI | | | | State of | New Jersey | T _F | F 6 | F=2 F1 | 7.0 | F.22 | fearer | |
|---|----------------------|----------------|------------------|----------------------|--------------|--|------------------------------|--|-----------|------------------|-------------|-----------------------|--|
| 0914-02 | CK | NO | TIFIC | Pursu | ON OF AS | New Jersey SBESTOS ABA AC 8:60 and 5: | TEMENT | | 51 | <u>W</u> | E | Section of the second | |
| Date of Notification (1) 7 / 12 / | 17 | 7 | | | | ng Owner/Operator LE SCHOOL DIS | 1.1 | SEP SEP | 1 5 | 2017 | , | Luc | |
| Agencies Notified Type Not | ification | | | Stre | eet Address | | | | | | _ | - | |
| | | | | 3 | 0 CHURC | H STREET | - 00.00 | ASLL | AS CON | VTH(| 3 LC | 3 | |
| ⊠ DOH Amend | ment# | 2 | | | , State, Zip | | | | Livon | 10 | | | |
| □ DCA □ Emerg | ency (in | =₩₩ ncludir | na | P | ENNSVIL | LE NJ 08070 | | | | | | | |
| (NJAC 5:23-8) justific | ation) | | | Nan | ne of Conta | ct | | Telephone I | Vumher | | | | |
| | | | | F | ACILITY II | NFORMATION | | | | | | - | |
| Name of Facility Where Abatement i | 133345 | g Plac | e (3) | | | | Type of Facili | ty (4) | | | | | |
| PENNSVILLE HIGH SCHOOL | - | | | | | | School (K- | | | | | | |
| Street Address | | | | | | | | er 8 (Other than I , private and corr | | h. dlala | | | |
| 110 S BROADWAY | | | | | | | homes, et | | IIIIEIGZI | DUNGII | igs, | | |
| City (5) | | | | | | | Square Feet | # of Floors | | Bldg. A | Age | - | |
| PENNSVILLE | | | | | | | >50,000 | 1 | | 75 | - | | |
| County (6) | | | | I Cor | untv Code (| 7)(STATE USE ONLY) | | Prior if being den | nolished | | | | |
| SALEM | | | | | , | , Novine does divery | SCHOOL | r nor ir being den | ionsiled, | tii | | | |
| Name of Monitoring Firm Hired by Bu | ildina O |)wner | (8) | ASCN | 4 No | Name of Abateme | | .07 | | | | _ | |
| HEALTH AND SAFETY SERV | | | (0) | 71001 | | 1 | | 9) | | | | | |
| Street Address | | | | | | DELTA/BJDS | , INC | | | | | | |
| 318 12 TH STREET | | | | | | Street Address | | | | | | | |
| City, State, Zip Code | | | | | | 1345 INDUST | | | | | | | |
| | | | | | | City, State, Zip Co | | | | | | | |
| HAMMONTON, NJ 08037 | | | _ | | | SOUTHAMPT | ON, PA 1896 | 6 | | | | | |
| Project Manager for Monitoring Firm | | | 1 | phone | | Telephone No. | | License No | | | | | |
| AL OSWALD | 32 | | 1 | | 4-8850 | 215 322-2900 | | 00783 | | | | | |
| Start Date (10)6 /13 /17 | Schedu | | | | | Name of OSHA M | | | | | 2000 | | |
| | | | 287 | _ / | 17 | CRITERION L | ABS | | | | | | |
| Occupancy Status During Abatement | | | | | | Street Address | 7 | | | | | | |
| Facility Closed/Vacated During En | tire Peri | od of | Abate | ment | | 400 STREET | ROAD | | | | | | |
| Abatement Performed Outside of N Time of Abatement: 7AMP | M/ <u>4:30</u> | PM- | y Hour | s - De: AM | scribe | City, State, Zip Co | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | BENSALEM P | | | | | | | |
| ☐ >3 sf or >3 lf | F | M Da | novati | | | | | nment with Negative Pressure sure | | | | | |
| | Ě | | molitio | | | | nclosure pag Procedure | | | | | | |
| 1 | | | | | | | | on-Friable Proce | dure | | | | |
| 28 | | | Locati | | | | | | A | Abatement | | | |
| Location of | | | lormal d Sole | | | Description of | | | | T | T | - | |
| Asbestos-Containing Material (ACN TO BE ABATED | VI) | | intenar | | | tos Containing Mat , thermal systems in | | Amount | Removal | Repair | Encapsulate | Eliciostica | |
| IN Facility | | Cust | odial S | Staff? | (i.e. | surfacing, VAT, | | (Specify SF or LF) | ova | = | psu | uso | |
| (13) | | | (12) | | | other miscellaneo | | 0.0.2.7 | - | | late | 0 | |
| | | Yes | No | N/A | FLOOD | | | | | | 9 | | |
| ADMINISTRATION AREA | | | | | ATTACH | | | 12 SF | | 1 | | Е | |
| ADMINISTRATION AREA | | | | | | NG CONVECTO | | 12 | | 1 | | L | |
| ADMINISTRATION AREA | | | | | | IVE FLOOR TILE | A residence of entire of the | 108 SF | | | | L | |
| ADMINISTRATION AREA | | | | | | TINGS (ASSUMI | ED) | 24 SF | | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GRP | | | 1 (2000) | DEP V | 0.000 | Cubic Yards of Waste | Name of Regi | | | 4 | | | |
| | | | 100000 | 20990 | | | MINERVA | LANDFILL | | | | | |
| City, State 58 PYLES LANE NEW CASTLE | DE 40 | 720 | | | | Disposal Date | City, State | | | | | | |
| | A SERVICE MANAGEMENT | 120 | | WAYNESBURG, OH 44688 | | | | | | | | | |
| Completed By (Print or Type) | Title | | | Signature Date | | | | | | 2 2 | | | |
| MICHAEL PARSON | PRO | OJEC | TMA | NAG | ER | MANA | rol HI | noon | 7-10 | ite 1-12-2017 | | | |
| SB-41 | | - | | | | The state of the s | -und | · NAW () | | | | | |

| | AMOUNT REMOVAL REPAIR ENCLOSURE SPECIFY SF OR LF | 24 LF X | RAP) | TOTE TO THE PROPERTY OF THE PR | X X X X X X X X X X X X X X X X X X X | 12.UF | | | | | | |
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| DESCRIPTION OF | ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS) | EXTERIOR CAULK | DUCT WITH BLACK MASTIC (CUT AND WRAP) | PIPE (GUT-AND WRAP) | PIPE (CUT XND XVRAP) | PIPE (CUT AND WRAP) | | | | | | |
| IS LOCATION | SOLEY BY FENANCE/ DDIAL STAFF? | YES NO N/A | X | X | X | | × | × | × | × | × | |
| LOCATION OF | ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY | ADMINISTRATION AREA | UBRARY CLOSET | * 15Trel Principles Office Gloset | TISTARUVICEPRINCIPLES OFFICE | BAGREINTRANCE BY ELEVATOR | E T | | SEP LUIG | 152 | 017 PROL 8 | The control of the co |

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-0974-02 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 6 19 / 17 PENNSVILLE SCHOOL DISTRICT Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 30 CHURCH STREET 1 5 2017 ☑ DOLWD ⊠ Amended 1 City, State, Zip Code **⊠** DOH Amendment#1000 PENNSVILLE NJ 08070 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENNSVILLE HIGH SCHOOL School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 110 S BROADWAY homes, etc.) City (5) Square Feet # of Floors Bldg. Age PENNSVILLE >50,000 1 75 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) SALEM SCHOOL Name of Monitoring Firm Hired by Building Owner (8) 4 | ASCM No. Name of Abatement Contractor (9) HEALTH AND SAFETY SERVICES DELTA/BJDS, INC Street Address Street Address 318 12TH STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code HAMMONTON, NJ 08037 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. AL OSWALD 609 704-8850 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 13 / 17 8 / 31 / 17 **CRITERION LABS** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 STREET ROAD Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement 7AM- PM/4:30PM- AM BENSALEM PA 19020 Scope of Work (Check all that apply) ≥3 sf or >3 ff ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Asbestos-Containing Material (ACM) Repair Removal Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A FLOOR TILE (PLEASE SEE ADMINISTRATION AREA X 12 SF ATTACH ADMINISTRATION AREA П X SHELVING CONVECTORS 12 X П П ADMINISTRATION AREA X SELECTIVE FLOOR TILE BY UV'S 108 SF X П ADMINISTRATION AREA X ACM FITTINGS (ASSUMED) 24 SF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. SERVICE TRANSPORT GRP Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Signature Date MICHAEL PARSON PROJECT MANAGER

NOTIFICATION OF ASBESTOS ABATEMENT

| | ENCLOSURE | | | | | | | | | | |
|------------------------------------|--|--|---------------------|------|---|--|---|------|-----------------------|---|---|
| | ENCAPSULATE ENCLOSURE | 1/ | | | | | | | | | • |
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| | KEMOVAL REPAIR | | | × | | | | | | | |
| TALLONA | SPECIFY SF OR LF | | | 24LF | , | | | | | | |
| | RIAL (ACM) LATION | | 2 CALLEY | | | | | | | | |
| Z | Control of the last of the las | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | EXTERIOR CALLE | | | | | | | . | |
| IS LOCATION | NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF? | YES NO N/A | | | | | | | | | |
| LOCATION OF ASBESTOS-CONTAINING | MATERIAL (ACM) TO BE ABATED IN FACILITY | | ADMINISTRATION AREA | | | | - | EP 1 | 5 20 CONT NSING | | |

NO CK 8974-02

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) | | | | I N | ame of Buildi | ing Owner/Operator | (2) | - | | | | |
|--|-------------|----------------|------------------|---------------|--|---|--|--------------------------|----------------|---------|-------------|-----------------|
| | ' <u>'</u> | 17 | | | | LE SCHOOL DIS | | NEGI | EI | M | TE | 100 |
| Agencies Notified Type Not | ificatio | n | | St | reet Address | 3 | | 1 11 | | 17 | L | 1 |
| ☑ EPA ☑ Initial | | | | | 30 CHURC | H STREET | 200 | | | | | 111 |
| ☑ DOLWD ☐ Amen | | | | | y, State, Zip | | | LI SED | 4 5 | 204 | 7 | 111 |
| ☑ DOHAmend | | | | 1.15 | | | 1 | 1 001 | 10 | ZUI | 1 | سا ا |
| DCA Emerg | ency (| includ | ing | - | | LE NJ 08070 | and the same of th | | | | | 1 |
| (NJAC 5:23-8) justific | | | | Na | me of Conta | ct | | IZT C | | | | |
| Cance | llation | | | Ш, | TAOU ITS | | | | | | | All of the Land |
| Name of Facility Where Abatement i | s Taki | na Pla | ce (3) | | -ACILITY I | NFORMATION | Time of Facility | (4) | | | | |
| PENNSVILLE HIGH SCHOOL | | 9 | (-) | | | | Type of Facility | | | | | |
| Street Address | | | | | | | School (K-1 | 12) 8 (Other than K-1 | 2) | | | |
| 110 S BROADWAY | | | | | | | Other (i.e., | private and comm | ∠) ercial ' | huildi | nae | |
| | | | | | | | homes, etc | .) | Di Oldi i | Juliuli | ıyə, | |
| City (5) | | | | | | | Square Feet | # of Floors | Ti | Bldg. | Age | |
| PENNSVILLE | | | | | | | >50,000 | 1 | İ | 75 | -5- | |
| County (6) | 700 | | | Co | ounty Code (| 7)(STATE USE ONLY) | | rior if being demol | ichod | 5.000 | | _ |
| SALEM | | | | | | | SCHOOL | nor it being demoi | Sileu) | | | |
| Name of Monitoring Firm Hired by Bu | ilding | Owne | r (8) | ASC | M No. | Name of Abateme | ent Contractor (9 |) | | | | |
| PENNONI ASSOCIATES, INC | | | | 10 | 2 | DELTA/BJDS | | , | | | | |
| Street Address | | | | | | Street Address | , 1110 | | | | | |
| 515 GROVE STREET SUITE B | 3 | | | | | CONTRACTOR CONTRACTOR CONTRACTOR | DIAL DI VD | | | | | |
| City, State, Zip Code | | | | | | 1345 INDUST | | | | | | |
| HADDON HEIGHTS, NJ 08035 | | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Monitoring Firm | - | | 17. | | | SOUTHAMPT | ON, PA 18966 | 5 | | | | |
| 101 11 | | | | ephon | | Telephone No. | | License No. | | | | |
| Start Date (10) | | | RS | 6-6 | 56-2875 | 215 322-2900 | | 00783 | | | | |
| _6_ / _13 / 17 | | | | | Date (11) | Name of OSHA M | | | | | | |
| | | | | 1_/ | 17 | CRITERION L | ABS | | | | | |
| Occupancy Status During Abatement | (Check | k only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Ent☐ Abatement Performed Outside of N | ure Pe | riod of | Abate | ement | | 400 STREET F | ROAD | | | | | |
| Time of Abatement: 7AMP | M/4.3 | Lacili UDM- | ty Hou | Irs - De | escribe | City, State, Zip Co. | de | | - | | | |
| | | | | .Alvi | BENSALEM PA 19020 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | M R | enovat | ion | □ Full Containment with Negative Pressure □ Mini-Enclosure | | | | | | | |
| ≥160 sf or ≥260 If | | | emoliti | | | ☐ Glovebag | Sure Procedure | | | | | |
| | | 0.04.45.0 | | | | n-Friable Procedu | re | | | | | |
| | | | Loca | | | | | | | atem | ent T | V/DO |
| Location of Asbestos-Containing Material (ACN | | | Norma ed Sole | | | Description of | | | | | | _ |
| TO BE ABATED | (l) | Ma | intena | ince/ | Asbes | tos Containing Mate | Material (ACM) Ims insulation, (AT, or SF or LF) Amount (Specify or an or | | | nc | 100 | |
| IN Facility | - 1 | | | Staff? | (I.e., | , thermal systems in surfacing, VAT, o | sulation, | (Specify | VOL | air | Encapsulate | Enclosure |
| (13) | 1 | | (12) | | | other miscellaneou | I, or SF or LF) D | | | | | ure |
| | | Yes | No | N/A | | | | | te | | | |
| ADMINISTRATION AREA | | | | | FLOOR | TILE (PLEASE SI | EE | 12 SF | | | | |
| ADMINISTRATION AREA | | | \boxtimes | | | NG CONVECTOR | RS | 12 | \boxtimes | | | |
| ADMINISTRATION AREA | | | | | SELECT | IVE FLOOR TILE | BY UV'S | 108 SF | | П | | |
| ADMINISTRATION AREA | \boxtimes | | ACM FIT | TINGS (ASSUME | :D) | 24 SF | | П | | | | |
| Name of Registered Waste Hauler | | | N | JDEP | 1 | | Name of Regist | | | ш | | ш |
| SERVICE TRANSPORT GRP | | | Н | auler II | D No. 1 | Waste | MINERVA L | | | | | |
| City, State | | | | 20990 | | Disposal Data | | THE ILL | | | | |
| 58 PYLES LANE NEW CASTLE | DE 19 | 9720 | | | 1 | Disposal Date | City, State | IDC CIL trace | | | | |
| Completed By (Print or Type) | Title | | | | | | WAINESBU | JRG, OH 44688 | | | | |
| MICHAEL PARSON | | 015 | T 14 | ABLAC | ED | Signature | Ω | Dat | e _l | | | |
| SB-41 | PK | OJE(| ۱ Mi | ANAG | EK | Mucha | el faso | DEDV 5 | 131 | 50 | 17 | |
| N 13 | * ^ | | | | | | - | | 1-1 | w | - | |

| LOCATION OF | IS LOCATION | DESCRIPTION OF | | | l | | |
|---|--|--|-------------------------------|----------------|-----------|-----------------------|-----------|
| ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY | NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF? | ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS) | AMOUNT SPECIFY SF OR LF | REMOVAL REPAIR | | ENCAPSULATE ENCLOSURE | ENCLOSURE |
| | | 12 | | | | | |
| | YES NO N/A | | | | 1 | 1 | |
| ADMINISTRATION AREA | × | EXTERIOR CAULK | 24LF | × | | | |
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| AV# MI | 107 | | | | TION OF A | NEW JERS SBESTOS | | EMEN | NT | AL | ~ 1 | 5 11 | V 7/ |) |
|---|--------------------|-----------------|--------------------------|---------------------------------------|----------------|---------------------------------------|-----------------------|---------|------------------|---------------------|----------|--|---------|--|
| U 99 | TL | | | | | AC 8:60-7 A | | | 5050 | THE | a (mi | THE | TIME | 10 |
| Date of Notification (| 1) 17 | | | | VERIZO | | Owner | / Ope | erator (2) | IID)r | <u> </u> | <u>'5 U</u> | V L | The state of the s |
| Aganaiaa Natifiad | / T(N | - 4151 | | | Street A | | | | | | | | | 111 |
| Agencies Notified EPA | Type of N | Iotifica | | | _ | AMS STRE | M 25.7 - 4 C/L | | | | SEF | 15 | 2017 | 11- |
| ☐ DEP | V | | nded | | NEWARI | | ie | | | | | | | |
| ☑ DOH | _ = | | ndment | | | Contact | | | | 12 ' | | .00 | NTROL | 8 |
| ☑ DOL | | | rgency v | w/ justification | JEFF RU | ISSO | | | | | | UENS! | NG | |
| | | Carro | eliation | | ACILITY II | NFORMATI | ON | | | L | | and an order | | potostavybas |
| | | | | | AOILITTI | VI OKWATI | ON | | | | | | | |
| Name of Facility Whe | ere Abaten | nent is | Taking | Place (3) | | Type of F | acility | (4) | | | 1 | TO A T | A B B | |
| VERIZON | | | | | | | Sch | ool (F | (12) | | Ji. | I AL | LED | |
| Street Address | | | | | | 1 | | - 3 | ter 8 (Other | than K-1 | 2) | | | |
| 95 WILLIAMS STREE | T | | | | | | Othe | er (I.e | ., private & | | | | | |
| O(+ : /5) | 0 1 10 | , | | 1 | | | | s., ho | omes, etc.) | | | | | |
| City (5) NEWARK | County (6 ESSEX |) | | County Code | (7) | Square F | eet 5,000 | | # Of Floor | rs 8 | Buildin | ig Age | | |
| | LOOLX | | | 1 | | | | rior if | being dem | trace of the second | + | 50 | + | |
| | | | | | | Telephon | | | 209 00 | ionioniou | | | | |
| Name of Monitoring I | Firm Hired | by BI | dg. Owr | ner (8) | ASCM NO | 9 | | A-1 | | | | | | |
| ATC | | | | | | NOPTHS | TARC | ONITI | RACTING G | POUR IN | 0 | | | |
| Street Address | | | | | | Street Ad | _ | | VACTING G | ROUP. IN | C. | | | |
| 104 EAST 25TH STRE | ET | | | | | | | | | | | | | |
| City, State, Zip Code | • | | 77. | | | 32 Willian | | | | | | | | |
| NEW YORK, NY 1001 Project Mngr. For Mo | | l man | | Training N | | City, Stat | e, Zip | Code | | | | | | |
| PAVEL MASHENKO | mitoring F | irm | | Telephone Nu 212-353-8280 | ımber | East Hand | over N | .1.070 | 136 | | | | | |
| Sheduled Start Date (| 10) | Sche | d. Comp | eletetion Date (| 11) | Telephon | | | ,00 | License I | Number | | | |
| 09_//19/ | <u> 17 </u> | - | 10 | 06 | / <u>17</u> | 1 | | | | | | | | 9 |
| Occupancy Status Du | ring Abat | | /Chaok | / / / / / / / / / / / / / / / / / / / | | | 84-868 | | | | | 00860 | | |
| Facility Clo | osed/Vaca | ement ted Du | rina En | tire Period of | | Name of | | | tor RACTING G | ROUP IN | C | | | |
| Abatement | : | | | | | Street Ad | | 01111 | 0.0711100 | 1001.11 | 0. | | | |
| | | d Outs | side of N | Normal Facility | | | | | | | | | | |
| Hours - De Other - Des | | | 32 William | | | | | | | | | | | |
| Other - Des | ld. | | City, State East Hand | | | | | | | | | | | |
| Scope of Work (Chec | k All That | Apply) |) | | | | Andrew or other teams | - | | | | The state of the s | | |
| D | | | | _ | | | | 1411 BW | | 423 | | | | |
| Demolition >3sf or >3l | | | V | Renovation | | Full Conta Mini - End | | | th Negative | Pressure | | | | |
| | | | | | H | Glovebag | | | | | | | | |
| | | | | | V | Non-Exen | npted | (*) an | d Non-Fria | ble Proce | dure | | | |
| Location of | | | ls | | Descript | ion of | | | | A 6 - 4 | - A T | | | - |
| Asbestos Contai | 4 45 | Loc | cation | As | bestos - C | | | | | Abatemer R | l | İΕ | ΙE | |
| | | No | rmally | | Material | | | | Amount | E | R | N | N | |
| TO BE ABATE | <u>D</u> | 72.5 | sed | | e., therma | | _ | | (Specify | M | E | C | C | |
| in Facility (13) | | 1993 | olely Main- | | | facing, VA ⁻ ellaneous) | | | SF or LF) | 0 V | P A | A P | L | |
| () | | | ance/ | | other mise | chancous | | | | A | î | s | s | |
| | | 100,000 | todial | | | | | | | L | R | U | U | - 1 |
| | | | ff (12) NO N/A | | | | | | | | | L | R | _ |
| 9TH FLOOR AC ROOM | VAT | | - | | | 3 SF | 7 | | | - | \dashv | | | |
| 9TH FLOOR AC ROOM | MASTIC | | | | $\overline{}$ | 460 SF | <u> </u> | | $+$ \dashv | 十片 | \neg | | | |
| 9TH FLOOR AC ROOM | TAR | | | | | 12 SF | V | | | | | | | |
| OTH FLOOR AC ROOM | | | 7 | SEEM CAULKI | | | | | 108 SF | V | | | | |
| Name of Registered W NEWARK CARTING | vaste Haul | er | | NJDEP Waste Hauler ID No. | Cubic Yards | Name of F | Registe | ered l | _andfill | | | | | |
| NEW WAY OF THE | | | | | of Waste | I.E.S.I. | | | | | | | | |
| City, State | | | | | Disposal | City. State | | | | | | | | \neg |
| NEWARK, NJ | | | | | Date | BETHLEH | EM, PA | A 181 | 05 | | | | | |
| Completed by (Print o | r Type\ | | | Title | | | Rinn | tura | n | | | IDet: | | _ |
| - Imploted by (Fillit 0 | · 13be) | | | Title | | | Signa | ure | 1 | | | Date | | |
| Steven Stiles | | | | Project Manage | er | | Sandalana. | 1 | 7 | | | 0 | 9/14/17 | |

CK#8455

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

| | | | | | | -1 | | | 1 1 1- | | | * | je | |
|--|------------|--|----------|----------------------|-------------------------------|------------|-------------------------------|--|--------------------------|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) | | | Name o | of Building | Owner/0 | Operator | (2) | And the best of the control of the c | | | | | | |
| Agencies Notified Type Notification Type Notification Type No | | | Street A | Address HADLE | Y ROA | D | | and the second s | | SEP 1 | 5 8 | 2017 | 1 | IJ |
| EPA Initial Amended Amendment: | # | | | ate, Zip C H PLAI | |) N.I.(| 7068 | O Services P | 10 | خالت، بان | COA | ITR | 11 8 | |
| Emergency (i | | , | Name o | f Contact | | | | Į. | -h- | 1 1/1/2 | CICII | | , _ 0 | |
| DCA Cancellation | | | | RIS | OPMAT | 10R | EK | 00 | 1 | | | | | |
| Name of Facility Where Abatement is Taking | Place (| 3) | 1 70 | ILIT IN | ORWATI | ON | Туре | of Facility | (4) | | | | | |
| PSE+G | | | | | | | | School (K- | | | | | | |
| Street Address 155 RAYMON | ٥ | BL | VD. | | | | × | Subchapte Other (i.e. etc.) | er 8 (Other private 8 | er than K-12 commerci | 2) al build | dings, | home | es, |
| County (6) ESSEX | | | | | | | Squa | re Feet | 1000000000 | Floors | | ldg. A | | YRS |
| County (6) | | | | Code (7) USE ONLY | n | | | ent Use (Pr | ior if bei | ng demolish | ned) | , | 10 | 7~ |
| Name of Monitoring Firm Hired by Building C | | 1.0 | | | | | | SwiT | | 57A | 17, | 0 ~ | | |
| ENVIRONMENTAL TACTICS | wher (o |) | 0045 | | | | | tement Co SYSTEM | | (9) AMERIC | A | | | |
| Street Address 64 BROAD STREET | | | | | | | Addres WHIT | ss EHEAD | AVE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | | | ip Code IVER, N | J 0888 | 2 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | 100 | Telepho | | | Teleph | none N | 0. | | License N | 0. | | | |
| | Schedul | | 7 | 90-2217 Date (11) | | | 432-8 of OSF | HA Monitor | | 01111 | | | | |
| 9/28/17 | 12 | /31 | 117 | 7 | | UNIC | QUES | SYSTEM | S OF A | AMERICA | A | | | |
| Occupancy Status During Abatement (Check | | | • | | | | Addres | ss EHEAD | AVE | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: Meessary open | al Facilit | y Hours | | TDOOR | 2 | City, S | tate, Zi | ip Code | | 2 | | | | |
| Scope of Work (Check All That Apply) | | / | , - | | | | | IVER, N | | 2 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renova Demoliti | | | | | Ful Mir Glo | ni-Enclosur ovebag Pro | ent with e cedure | Negative P | | | | |
| | 1. | . 1 41 | | | | | d Not | n-Exempte | d (*) and | l Non-Friab | | | ement | |
| Location of | | Location Normall | у | | Des | scription | of | | | | | Ту | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Solel aintenar todial S (12) | ice/ | Asbes (i.e. | tos Cont thermal surfac | aining M | laterial s insula T, or | (ACM) ation, | (S | mount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
|) | Yes | No | N/A | | | | | | | | <u>a</u> | 7 | ate | re |
| Pump House | | X | | TRA | N5,7 | EP | AN | s L | 3: | 2 SF | X | | | |
| outsidE | X | | TRAI | USITE | Co | NDu. | 17 | 100 | O LF | X | | | | |
| outside | X | | w; | RE | Soc | K | | 60 | 00 LF | X | | | | |
| Name of Degistered W | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | H | JDEP W auler ID 125 | | of Was | te / | \sim | Name of GROW | | red Landfill RTH | | | | | |
| City, State ELIZABETH, NJ | | | Dispos | al Date | 0 | City, Stat | | F PA | | | | | | |
| Completed by | | | | | | | | | | | te 🧷 | , | , | |
| CAROL RAIMO | GR | | , | ignature | .0 | La. | | 5 | te 9/ | 141 | 17 | | | |

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|--|---|-------------------------------------|-----------------|---|----------------------------------|-------------------------|-------------------------------|-----------------|--|----------------------------|--------------------|---------|-------------|-------------|-------|
| QC#554° | 1 | r | | ICATION | ate of Ne I OF ASB to NJAC | ESTOS | ABATE | | Ī | E | GE | | | | 7 |
| Date of Notification (1) 9/14/17 | | | | | f Building Superr | | | (2) | A STATE OF THE STA | the second second | SEP 1 | 5 20 | 17 | 777 | |
| Agencies Notified Ty | pe Notification | | | Street A 510 Va | ddress alley Ro | ad | | | | | | | | | |
| DEP N DOL | Amended Amendment # | | _ | | ate, Zip Co lair, NJ | | | | O'C CAMP | ASU | LICENS | 174.4.1 | 11.00 | _ &_ | |
| Ĭ DOH □ | Emergency (in justification) Cancellation | ncluding | | N. S. S. S. S. S. S. S. S. S. S. S. S. S. | f Contact Turotsy | | | | |) — | | | _ | | |
| | | | | FACI | LITY INFO | ORMAT | ION | | | | | | 11. | | |
| Name of Facility Where Abat ACME Supermarket | ement is Taking | Place (3 |) | | | | | | of Facility (4 School (K-1 | | | | | | |
| Street Address 510 Valley Road | | | | | | | | × | Subchapter Other (i.e. p etc.) | 8 (Oth | | | dings, | home | es, |
| City (5) Montclair, NJ | | | | | | | - | | are Feet | # 0 | f Floors | | ildg. A | ge | |
| County (6) Essex | | | | County (| Code (7) USE ONLY | , | | | ent Use (Prionmercial | or if bei | ing demolish | ned) | | | |
| Name of Monitoring Firm Hire Vertex | ed by Building O | wner (8) | | ASCM | l No. | | | | atement Con es, LLC | tractor | (9) | | | | |
| Street Address 700 Turner Way, Suite | 105 | | | | | | | Addre B Nat | ss tional Roa | d | | | | | |
| City, State, Zip Code Aston, PA 19014 | | | | | | | | | Zip Code 19341 | | | | | | |
| Project Manager for Monitorin Office Manager | ng Firm | | | Telephor | ne No. 58-8902 | | Teleph | none N 872-8 | lo. | | License N 01161 | 0. | | | |
| Start Date (10) 9/28/17 | | 1 | ed Con | | Date (11) | | Name EMS | | HA Monitor | | l | | | | |
| Occupancy Status During Ab | atement (Check | | - 0 | | | | Street | | | | | | | | |
| Facility Closed/Vacated Abatement Performed C Other – Describe: | During Entire Poutside of Norma | eriod of A al Facility | batem | nent S | | | City, S | state, Z | 130 Nort | h | | | | | |
| Scope of Work (Check All The | ot Annly | | | | | | Cinn | amin | son, NJ | | | | | - | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ат Арріу) | - | enova emolit | | | | × | Mir | II Containme ni-Enclosure ovebag Proc n-Exempted | edure | | | | e | |
| Location of | | 0.000 | Locati | ARCON T | | Б- | | | | | | | | ement pe | t |
| Location of Asbestos-Containing Mate TO BE ABATEL In Facility (13) | | d Sole ntenar odial S (12) | ly by nce/ | | tos Cont thermal surfa | | faterial s insula T, or | | (8 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure | |
| Basement | | Yes | No X | N/A | F | lbow P | ine Ins | sulatio | nn | | 6 LF | X | | e | |
| Datement | | | | | | | .po iris | Julatil | 0.11 | | Z L1 | 127 | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste H | auler | | 10,500 | JDEP W auler ID | | Cubic of Was | | | Name of F | | red Landfill | | | | |
| City, State Exton, PA | Total Control | | Dispos | sal Date | | City, State Morrisvi | 1 | State Co. | | | | | | | |

Title Sr. Project Manager

Signature

Completed by Jack Bally

Date

9/14/17



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

| CC# 5548 | | | | ICATIO | N OF ASB t to NJAC | ESTOS | ABATE | | ļ | | | | | | |
|---|--|---------------------|---------------------------------------|-------------------------|--------------------------|-------------------------------|--|-------------------------------|------------------------------|-------------|----------------------------|---------------|----------------------|------------------------------|-----------|
| Date of Notification (1) 9/14/17 | | | | | of Building er Friend | | | | wner: Mi | pal Re | alty Co. | | \mathbb{V} | | n |
| Agencies Notified | Type Notification | | | | Address Grand Av | enue | | | P + 1 | | SEP 1 | 5 2 | 017 | And the second second second | |
| DEP X DOL | Amended Amendment | | _ | | ate, Zip Co wood, N | | 31 | | The second second | | | | .011 | - | |
| DOH DCA | Emergency (i justification) Cancellation | ncluding | | | of Contact Schmidt, | Jr. | | | | ASI- | | <u> </u> | | Material | |
| N | | | | FAC | ILITY INF | ORMATI | ION | | | | | | | | |
| Name of Facility Where Former Friendly's I | | Place (3 | 3) | | | | | | of Facility (School (K-1 | 12) | or then 1/ 1 | 2) | | | |
| 1098 Mantua Pike | | | | | | | | × | Other (i.e. petc.) | orivate 8 | er than K-1 & commerc | zial buil | dings, | home | es, |
| City (5) Deptford Township |) | | | | | | | Squar 4,042 | re Feet 2 | # of | f Floors | | 3ldg. <i>A</i> 36 | lge | |
| County (6) Gloucester | | | | | Code (7) USE ONLY |) | | | nt Use (Pri aurant (F | | ng demolis | hed) | | | |
| Name of Monitoring Firm Oxford Engineering | | wner (8) | | ASCI | M No. | | | | tement Cor es, LLC | ntractor | (9) | | | | |
| Street Address 336 Point Street | | | | | | | | Addres B Nati | s onal Roa | ad | × | | | | |
| City, State, Zip Code Camden, NJ 0810 | 2 | | | | | | 10-300-300-000 | | p Code 19341 | | | | | | |
| Project Manager for Mor Wayne Moran | nitoring Firm | | | Telepho 856-5 | one No. 41-0700 | | 100000000000000000000000000000000000000 | none No 872-8 | | | License N 01161 | No. | | | |
| Start Date (10) 10/2/17 | | Schedule 10/3/17 | | npletion | Date (11) | | Name EMS | | IA Monitor | | | | | | |
| Occupancy Status Durin | THE CONTRACTOR OF THE CONTRACT | | | | | | | Addres | s 130 Nor | th | | | | | |
| Facility Closed/Vac Abatement Perforn Other – Describe: | cated During Entire Poned Outside of Norma | Abaten Hours | nent | | | City, St | tate, Zi | | - | | CO mis- | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | Ollille | arriiris | 011, 140 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | , | | Renova Demolit | | | | × | Min Glo | i-Enclosure vebag Prod | e cedure | Negative | | | e | |
| | | | Locati | | | | | | | | | | | ement pe | |
| Asbestos-Containing TO BE AB In Faci (13) | g Material (ACM) <u>ATED</u> lity | Use Ma Cusi | d Sole intenar todial S (12) | ly by nce/ Staff? | | tos Cont thermal surfac | scription taining M systems cing, VA niscellan | laterial s insula T, or | | (8 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Desta | | Yes | No | N/A | | | | | | | | | | | |
| Roof flas | shing | X | | | Fla | ashing | @ exh | aust f | an | 6 | 4 SF | X | | | |
| | | | | | | | | | | 19-10-1-1-1 | | | | | |
| Name of Registered Was | ste Hauler | N | JDEP W | Vaste | Cubic | Yards | | Name of | Registe | red Landfil | 1 | | | | |
| ecoservices, LLC | - 20 | Н | auler ID | No. | of Was | | | GROW | S Lan | | | | | | |
| City, State Exton, PA | | | | | TBD | sal Date | | City, State Morrisv | | | | | | | |
| Completed by Jack Bally | | Sr. P | roject | Mana | ger | S | ignature AC | k P | ally | (W) | 1000 | ate /14/17 | 7 | | |

| CK#1081 | | NOTIF (P | ICATIO | tate of Nev N OF ASB t to NJAC | ESTOS | ABATE | MEN 0) | AID | 1 | E G | E | | // [| |
|--|------------------------------|---------------------------------------|-------------------|--------------------------------------|------------------------------|--|--------------------------|--|-----------------|----------------------------|-------------------|---------|--------------|-----------|
| Date of Notification (1) 09/13/2017 Agencies Notified Type Notification | | | Phil 7 | of Building Fretola | Owner/0 | Operator | (2) | | | SEF | 1 5 | 20 | 117 | - |
| EPA DEP DDP DOL Amended Amendment Emergency justification) | (including | _ | City, St Bloor | Address ate, Zip Confield, No | | 03 | | The state of the s | Ā | SDECTO LK | JS CA DENS | ONT | FIOT | 38 |
| DCA Cancellation | K. | | (K. 1965)//K | retola | | | | | | | | | | |
| Name of Facility Where Abatement is Takin Private Home Street Address | g Place (| 3) | FAC | ILITY INFO | DRMAT | ION | Тур | e of Facility School (K- Subchapte Other (i.e. etc.) | 12) r 8 (Oth | ner than K- & commer | ·12) rcial bui | ldings | , hom | es, |
| City (5) Bloomfield | | | | | | | Squ | are Feet | # 0 | f Floors | | Bldg. / | \ge | |
| County (6) Essex | | | | Code (7) USE ONLY) | | | Curi | rent Use (Pri | or if be | ing demoli | shed) | | | |
| Name of Monitoring Firm Hired by Building Street Address | Owner (8) | | ASC | M No. | | | iova | atement Co | | · (9) | | | | |
| City, State, Zip Code | | | | | | 8 Cro | osby tate, | Ave Zip Code | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph | one l | n, NJ 0750 No. -8711 | 12 | License 01332 | | | | |
| Start Date (10) 09/22/2017 | 09/23/ | 2017 | npletion | Date (11) | | Name | of OS | SHA Monitor Safety LL | _C | 01002 | | | | |
| Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8:00am-4:30pm | Period of | Abatem | nent | | _ | | osby tate, 2 | | 12 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | tion ion | | | × | Ft M G | ull Containm ini-Enclosure lovebag Procon-Exempted | ent with | 1975 | | | e | | | |
| Location of | 1 | Locati Vormali | ly | | Des | scription | of | | | | | | ement /pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma Cus | d Sole intenar todial S (12) | nce/ | | os Cont thermal surfac | | lateria insu T, or | | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Basement | Yes | No | N/A | | Dina | Insulat | | | | | - | - | te | |
| Basement | Basement X | | | | | | | | 8 | 0 LF | × | | Х | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Removal Safety LLC | JDEP W auler ID 037007 | No. | Cubic of Was | | | Name of GROW | | ered Landfi rth | ill . | | | | | |
| City, State Paterson, NJ | | | | | Dispos TBD | al Date | | City, State Morrisv | | Α | | | | |
| Completed by Lasko Veskov | Title Pres | | | ignature | 1 | 160 | low | D | ate 09/13/ | 2017 | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Cl # 326A TT)

| Date of Notification (| 1) | | THE PARTY | Na | me | of B | uilding | Own | er / Operate | or (2) | | | CICTI | - 4.6 | K III.JI | المتعالم | |
|---------------------------------------|---------------------|-----------------|-----------|---|---------|----------|-----------|-------------|-------------------------------|----------|------------|--|--|--------------|--------------------|------------------|-----------|
| | 9/13/17 | | | | | | | | ctory | (-) | | Divini | | | | | |
| Agencies Notified EPA | Type Notific | ation | | 100000000000000000000000000000000000000 | | Add | | | (F) (S) | | | | EG |) E | N | 7 6 | |
| □ DEP | | pe . | | | | | | | North | | | | | 1 '5 | 0 6 | _ 15_ | \square |
| □ DOL | Amei | | | | | | & Zip | | | | | IIM | | | | | |
| ⊠ DOH | _ | gency | | | | | ontact | | 0 | | | | SEI | Tele | hh20 | Klum | |
| DCA | | ellation | | 11 (5-31-55.00) | | Woo | | | | | | سا اسا |) OL | LIPIR | en manue | · Num | ner / |
| | | | | | DOMES! | | | EODI | MATION | | | | 0.05 | - | | | <u>B</u> |
| Name of Facility Whe | ere Abateme | ent is Taking F | Place | | AC | /ILI | I IINI | | ype of Faci | lity (4) | | - 4 | ASDEC. | US C | ONTE | 30L8 | Å |
| Burlington Coat F | | | | / | | | | | School (| | | THE RESIDENCE OF THE PERSON OF | Programme to the Contract of t | | HINC | -chausty product | |
| Street Address | | | | | | | | \neg [| Subcha | | | | | | | | |
| 651 Route 17 Suite | e 2 | | | | | | | | Other (i. | | | | cial build | | | , etc.) | |
| City (5) | | 0 1 (0) | | | _ | | | | quare Feet | | # of Flo | oors | | Bldg. | Age | | |
| City (5) | | County (6) | 10 | Count | у С | ode | (7) | | 2500 | /n | <u> </u> | 1, | | | 5 | 0 | 1 |
| Paramus | | Bergen | | | | | | | urrent Use | (Prior i | f being (| demo | lished) | L. | | \mathbb{W} | E |
| Name of Monitoring F | irm Hired h | v Building Ow | ner (| 8) | | IASI | CM No | | ame of Aba | tomon | t Contro | otor (| Olean | | | | 1 |
| WCD Group LLC | | y Danianing OW | ,,,,, | 0, | | / 101 | JIVI IVO | 9.72 | RISTOL | | | | | CED | 15 | 204 | 79 |
| Street Address | | | | | | | | | treet Addre | | | | U'U | DEF | 1-5 | 2017 | 1 |
| 1350 Broadway, S | uite 1904 | | | | | | | | 123 BEAV | | | 1 | There | | | | |
| City, State & Zip Cod New York, NY | е | | | | | | | | ity, State & | | | - Contract | ASL | دلند د د | | | OL & |
| Project Manager for N | Annitoring F | irm | Tol | epho | no l | Mum | hor | | RISTOL, I elephone N | | 307 | | License | | ENS | NG_ | |
| Eric Telemaque | normormig r | | | 2-63 | | | Dei | | 15-788-60 | | | | Licerise | |)509 | | |
| Scheduled Start Date | | Scheduled Co | | | | |) | | ame of OSI | | nitor | | | | | | |
| September 27, | | | | r 11, | 20 | 17 | | В | RISTOL E | NVIR | ONME | NTAL | . INC | | | | |
| Occupancy Status Du Facility Close | ring Abaten | nent (Check o | nly o | ne) | \ h = . | | _1 | 10000 | treet Addre | | | | | | | | |
| Abatement Pe | | | | | | | | _ | 123 BEAV ity, State & | | | | | - | | | |
| Describe: (| | | iai ii | ours | - 1 | aiii t | o apin | | RISTOL, I | | | | | | | | |
| Facility Occup | | | | | | | | ٦ | INIOTOL, I | A 130 | 707 | | | | | | |
| Scope of Work (Chec | k all that ap | ply) | 1777 | | | // 10/10 | | | | | | | - | | | | |
| | | _ | | | | | | \boxtimes | | | nent with | Negat | ive Pr | essure | е | | |
| ≥3 sf or ≥3 lf ≥160 sf ≥260 | X | S (20) | | vatio | | | | Ц | Mini-En | | | | | | | | |
| 2 100 SI 2200 | 11 | | | D | em | olitio | n | | | | | | rocedures ed and No | | hlo D | rocodi | uro |
| Loc | ation of | | Is | s Loc | atio | n | | | Description | | NOII-LX | | Amount | | | ment 7 | |
| | s-Containing | 3 | | rmall | | | | | bestos-Con | taining | | | (Specify | | | | 7 |
| | ial (ACM) ABATED | | | Solel inten | | | | | Material (A | | | , | SF or LF) | | д ₋ | _ E | m |
| | acility | | | todia | | | | | ., thermal s ation, surfac | | | | | | Remova | Encapsula | Enclsoure |
| | (13) | | | (12 | | | | | ther miscell | | | | | | oval | ulat | oure |
| | | | Yes | No | 0 | N/A | | | | | 92 | | | | | 0 | |
| Phase 4 (see attac | | | | L | | \sqcup | | | | | | | | | | | |
| THROUGI | HOUT MEI | N'S AREA | H | | | <u> </u> | | | Floor Ti | le | | 1 | 4,000 SF | F | | | |
| | | | 님 | ┼┾ | ₩ | 井 | | | | | | | | L | 믞늗 | | 닏 |
| | H | ++ | + | Η | | | | | | <u> </u> | | - L | ╣┝ | HH | H | | |
| | Н | ++ | ╁ | H | | | | | | | | - | ╡┟╴ | ㅐ믐 | ++ | | |
| Name of Registered V | | 1 | NJD | EP I | Vaste | Cubi | ic Yards | Name | of Reg | istere | d Landfill | | | 110 | | | |
| CEDVICE TO ALCO | | F | Hau | ler II | No. | | aste | | - | | | | | | | | |
| SERVICE TRANSP | | 2 | 209 | 90 | | - | | | RVA L | AND | FILL | | | | | | |
| City, State NEW CASTLE, DE | | | | | | Disp | osal Date | City, S | | IDC | OH 446 | 99 | | | | | |
| Completed By (Print o | | | | Т | itle | | | | ature | VVAI | NESDI | JING, | OH 440 | Da | to | | |
| PATRICK T. DeCAI | | | | | | imat | or | -/ | | 0 11 | NA | | 1 . | | те 1 317 | | |
| | | | | | | | uctival i | Pa | trick ! | 1.0 | Tlas | ed/ | Il | 0, | | | |
| PD17058 D | | | | | | | | 7 - 2 - 2 | | | 1 | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| OX#186 | I | | Sta FICATION Pursuant | | ESTOS | ABATE | | | A | | E | n n | 0 5 | |
|---|---|----------------------|--|-----------------------------|--------------|------------------------|------------------------|----------------------------|---------------------|------------------------|----------------|---------------|-------------|-----------|
| Date of Notification (1) 09/13/2017 | | | Name of New E | f Building Brunswi | Owner/0 | Operator an Rer | r (2) newal, l | LLC | | E G | - 15 | | 15 | 1 |
| Agencies Notified Type Notification PA Initial | | | Street A | ^{ddress} Brunsw | ick Ave |) | | | | SEP | 15 | 20 | 17 | |
| DEP Amended Amendment | | | City, Sta Lawre | ate, Zip Co enceville | ode NJ 08 | 648 | | | L | SLEU. | JS CC | NTF | OL & | 3 |
| DOH justification) DCA Cancellation | - | | | Contact Stanko | vic, Pr | oject N | Manage | , L er | | | i i | NG_ | - Automora | |
| | | | FACI | LITY INF | ORMAT | ION | | | | | | | | |
| Name of Facility Where Abatement is Takir North Brunswick Crescent Apartm | ig Place (3 ients | 3) | Maria de la companya de la companya de la companya de la companya de la companya de la companya de la companya | | | | ☐ s | f Facility (chool (K-1 | 12) | | | | | |
| Street Address 800 Crescent Court, Building 800 | | | | | | | V 0 | | | er than K- & commer | | dings | , home | es, |
| City (5) North Brunswick | | | | | | | Square 10,00 | | 2 | f Floors | | Bldg. 7 57 | Age | |
| County (6) Mercer | | | County C | Code (7) JSE ONLY |) | | | t Use (Pri cupied | or if bei | ng demoli | shed) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM | No. | | | | ement Cor c Indust | | (9) | | | | |
| Street Address | | | | | | | Address Heritag | ge Lane | | | | | | |
| City, State, Zip Code | | | | | | | State, Zip nburg, I | Code NJ 0741 | 9 | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | | none No. -570-26 | | 1 | License 01334 | | | | |
| Start Date (10) 09/26/2017 | Schedule 10/3/2 | ed Co | mpletion [| Date (11) | | 0.000 | | A Monitor (Industi | rial | | | | | |
| Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire | | | mont | | | | Address Heritag | ge Lane | | | | | | |
| Abatement Performed Outside of Norr Other – Describe: | Hour | 'S | | | | State, Zip | Code NJ 074 | 19 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | _ | Renova Demoli | | | | | Mini- Glov | Enclosure ebag Pro | e cedure | Negative | | | - | |
| | | | | | | | □ NON- | -Exemple | u () an | d Non-Fria | able Pro | - | e ement | |
| Location of | 0.00.7 | Loca: Norma | 78/15/2003 | | D- | | e | | | | | | /ре | |
| Location of Asbestos-Containing Material (ACM) | Use | d Sole | ely by | Asbes | | scription taining N | ı oı Aaterial (. | ACM) | А | mount | | | m | |
| TO BE ABATED In Facility | 100000000000000000000000000000000000000 | intena todial | Staff? | (i.e. | | system: cing, VA | s insulati | ion, | | Specify or LF) | Rer | Re | nca | Encl |
| (13) | | (12) | 2 | | | niscellar | | | Si | OI LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | = | | ate | 6 |
| Exterior Building | | X | 7.554104 | | Windo | ow Cau | ulking | | 40 | 00 LF | X | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | Х | | | | |
| Name of Registered Waste Hauler Atlantic Carting | | NJDEP W Hauler ID | | Cubic of Wa | Yards ste | | | | red Landf gement | ill | | | | |
| City, State Wayne, NJ | | | | | Dispos | sal Date | | City, Stat | | Ą | | | | |
| Completed by Corey Stankovic | Title CEO |) | | | S | Signature | lank | Kovie | | | Date 09/13/ | 2017 | 7 | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20)

al# 1026

| | | | | | | | | | stationing pro-y | 45.00 | | | |
|---|--|-----------------------|--------------------|------------------|--------------------------------|-------|----------------------------------|--------------|--|-------------|-------------------|--|-----------|
| Date of N 9/9/17 | otification (1): | | | uilding O | wner/Operator (2): | | | | 11) 匿 | (6) | 围 | \mathbb{V} | E |
| Agencies Notified | Type Notification | | et Addr | | | | | | | NA-STORY | 79 8899 | - 12-12-12-12-12-12-12-12-12-12-12-12-12-1 | 400 |
| () EPA | () Initial Notification | | | Zip Code | | | | | | SEP | 1-5 | 201 | 7 |
| (X) DEP (X) DOL | () Amendment Notification | | OSPECT ne of Co | | NJ 07508 | | | Talankana | NI I | | | 3 | - |
| (X) DOH | (X) Emergency () Cancellation | # 11 / White 2001 6 0 | SSAM | лиаст. | | | | Telephone | Numbe | | 75 UC ENSI | | OL & |
| () DCA | | | | | El CH Imiliano | | | | | | | | |
| Name of F | Facility Where Aba | tamant i | . Takin | n Dlago (2 | FACILITY INFO | | N. ASSESSOR ASSESSOR | 45 | | | | | |
| rvaine of f | activity where Aba | terrent is | s rakin | g Flace (3 |). RESIDENTAL | | pe of Facility (School (K-12 | . 8 | | | | | |
| Street Add | lrace: | | | | - | () | Subchapter 8 | Other than K | | | | | |
| Street Add | itess. | | | | | | Other (i.e., promes, etc.) | ivate & comn | nercial buildings, | | | | |
| City & Sta | ite (5): PROSPECT | PARK, | NJ | | | Sq | uare Feet: N | A | # of Floors: 3 | | Bldg. | Age: | NA |
| County (6) | | | | ounty Cod | | Cu | rrent Use (Pr | ior if being | demolished): | | | | 7 |
| PASSAIC | | | (5 | STATE U | SE ONLY) | VA | ACANT | | | | | | |
| | Monitoring Fire | n Hired | d by | Building | ASCM No.: | Na | me of Abate | ment Contra | ctor (9): | | | | |
| Owner:(8) ENVIRON | MENTAL CONS | ULTING | GROU | JP. INC. | NA | S/I | M Enterpris | e of NJ, Inc | 2 . | | | | |
| Street Add | | | | 1 | | Str | eet Address: | | | | | | |
| РО ВОХ | 8466 | | | | | 33 | 9 North 6 th | Street | | | | | |
| City, State | , Zip Code: | | 200 | | | Cit | y, State, Zip | Code: | | | | | |
| | N, NJ 07538 | | | | | Pre | ospect Park | NJ 07508 | | | | | |
| | nager for Monitori | ng Firm: | | | Telephone No.: | Te | lephone No.: | | License No.: | | | | |
| FERNAN | | | | | 973-418-4036 | | 3) 595-6955 | | 00641 | | | | |
| Start Date 9/9/17 | (10): | Schedu 9/10/1 | | npletion I | Date (11): | 97 83 | me of OSHA M Enterpris | | ersey, Inc. | | | | |
| | Status During Abaten | | | | | 0.00 | eet Address: | | West of the second | | | | |
| (X) Facility () Abatem | Closed/vacated Durin ent Performed Outsid | ng Entire | Period o | f Abateme | nt | | D. Box 8265 | 0 1 | | | | | |
| () Other – | Describe: | 0111011 | iai i acii | nty mours | | | y, State, Zip ledon, NJ 07 | | | | | | |
| Scope of Wo | ork (Check all that ap | ply): | | | | | | | | | n 12 | | |
| $(X) \ge 3 \text{ sf}$ $(X) \ge 160$ | or ≥ 3 lf sf or ≥ 260 lf | | | (X) R () De | enovation emolition | | | () Mini E | ontainment with inclosure pag Procedure lable Procedure | i Neg | ative P | ressur | e |
| L | ocation of | 1 | Norma | lly | De | scrip | tion of | | | | Ty | ре | |
| | Containing Material | Use | ed Sole | ly by | Asbestos Cont (i.e., therma | ainin | g Material (tems insulat | ACM) | | | T | | |
| | (ACM) BE ABATED | | aintena Custodi | | surfa | cing, | VAT, or | 1011, | Amount | Rer | Re | Encapsulat | Enclosure |
| | N Facility | | Staff | ? | other | misce | ellaneous) | | (Specify | Removal | Repair | ısdı | losı |
| | (13) | Yes | (12) No | N/A | | | | | SF or LF) | a | - | at | lre |
| BASEME | NT | | X | | PIPE INSULAT | ION | | | 150 LF | X | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| N. C. IV. IV. IV. IV. IV. IV. IV. IV. IV. IV | | | | | | | | | | | | | |
| Name of Registered Waste Hauler: SERVICES TRANSPORT GROUO, INC. NJDEP W Hauler ID 20990 | | | | | | | of Waste: | rds | Name of Regis IESI | tered | landfil | 1: | |
| City, State: NEW CAS | | | Dispe 9/14/ | osal Date: 17 | | | City, State: WAYNESB | URG, PA 19 | 7720 | \$16 *** | | | |
| Completed MIKE ALT | By: `ADOUKA | | 1 | Title: PRESII | DENT | Sign | ature: | 2 | Date: 9/9/17 | | The second second | | |

| OK#185 | 5 | 1 | | CATION | OF ASB | ESTOS | ABATE | | | Y. | LLA | y | | | |
|---|--|--------------------|---|----------------------|-----------------------------------|------------------------------|---------------------|---------------------------------|--|-------------|----------------------------|------------|----------------------|--|-----------|
| Date of Notification (1) 09/13/2017 | | | | Name of Jeff K | f Building rawitz | Owner/0 | Operator | (2) | The property of | m | E C | E [| \mathbb{V} | E | n |
| Agencies Notified PA DEP DOL | Type Notification Initial Amended Amendment | | | | ddress ate, Zip Co norne No | | 6 | | See the see and emberging of probability probability probability | | SEP | 1 5 | 2017 | The second of th | - |
| DOH DCA | justification) Cancellation | | | | f Contact Stanko | vic | | | To the state of th | 1 30 1 | 3 E | | |)L & | |
| | Cariocilation | | | FACI | LITY INFO | ORMATI | ION | | | | | | | | |
| Name of Facility Where Krawitz Residents Street Address | Abatement is Takin | g Place (3 | 3) | 17.0. | | | | | of Facility School (K- Subchapte | 12) | arthan K | -12\ | | | |
| | | | | | | | | | Other (i.e. petc.) | orivate a | & comme | rcial buil | | | es, |
| City (5) Hawthorne | | | | | | | | Squa 150 | re Feet 0 | 2 | f Floors | | 81dg. <i>A</i> 70 | ige | |
| County (6) 07506 | | | | County ((STATE) | Code (7) USE ONLY |) | | | ent Use (Pri occupied | or if bei | ng demol | lished) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | No. | | | | tement Co rk Indust | | (9) | | | | |
| Street Address | | | | | | | | Addres Herita | ss age Lane | | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code NJ 074 | 19 | | | | | |
| Project Manager for Mon | itoring Firm | -(1 | | Telepho | ne No. | | | none N -570-2 | | | License 01334 | | | | |
| Start Date (10) 09/14/2017 | | Schedule 09/18/ | | npletion I | Date (11) | | | | HA Monitor rk Indust | | L | | | | |
| Occupancy Status During | | | | | | | | Addres | ss age Lane | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | | | | | | | ip Code , NJ 074 | 19 | | | | | | | |
| Scope of Work (Check A | Il That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | and the second s | | Renova Demolit | | | | _ | Mir Glo | I Containm ni-Enclosur ovebag Pro n-Exempte | e cedure | | | | e | |
| | | Is | Locati | on | | | - | | T EXCITION | <u> </u> | | | Abate | ement | |
| Location Asbestos-Containing <u>TO BE AB</u> In Facil (13) | Material (ACM) ATED | Use Ma | Normal d Sole intenar todial S (12) | ly by nce/ | | tos Cont thermal surfa | | /laterial s insula .T, or | | (5 | mount Specify or LF) | Removal | Repair | e Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | = | | ate | e |
| Basem | ent | | X | | | 9x9 | Floor 7 | Tiles | | 22 | 25 SF | Х | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | X | | | | |
| Name of Registered Was Weigle Trucking Co. | | | 10.000 | JDEP W auler ID | | Cubic of Was 6 | Yards ste | | Name of Minerv | | ered Land dfill | | 1 | | |
| City, State Linden, PA | | - | | | 10000 | Dispos | sal Date | | City, Stat Minerv | | 0 | | | | |
| Completed by Corey Stankovic | |) | | | S | Signature | fn i | Dov | zi. | | Date 09/13/ | 2017 | | | |