| 00 | Ì | | | | | | ew Jersey | Г | | П п | 7.7 | F17 | |
|---|----------------|--------|-------------|--------|--------------------|--------------|---------------------------------------|---------------------------------|--------------------------------------|---|----------|-------------|-----------|
| no cre | | | NOTI | | | | BESTOS ABAT C 8:60 and 5:10 | | DEG | EU | <u>W</u> | | n |
| Date of Notification (1) | | | | | Name | of Building | g Owner/Operator (| 2) | | 1020 | | | |
| 7 / | 30 / | 18 | | | Ver | izon Con | nmunications | l | II II SEP | 24 | 2018 | | 100 |
| Agencies Notified | Type Notifica | ition | | | Street | Address | | | | | | | |
| | | | | | 51 (| Old Ledg | ewood Road | | ASBEST | 28 001 | mer | N.E. | |
| ⊠ DOLWD | | | 01001 | 40 | City, S | State, Zip C | Code | | | | 10 | | |
| ☑ DOH ☐ DCA | Amendme | | | | Flai | nders, N. | J 07836 | | | 100000000000000000000000000000000000000 | | | |
| (NJAC 5:23-8) | justification | | Siduling | | Name | of Contac | t | | Telephone Nur | mber | | | |
| | ☐ Cancellati | ion | | | Mai | rk Jenkin | IS | | 215-365-58 | 70 | | | |
| | | | | 8, | FAG | CILITY IN | IFORMATION | | | | | | |
| Name of Facility Where A | Abatement is T | aking | Place | (3) | | | | Type of Facility | (4) | | | | |
| Verizon Netcong C | .0. | | | | | | | School (K-12 | | | | | |
| Street Address | | | | | | | | | 8 (Other than K-1 rivate and comm | | ilding | | |
| 51 Old Ledgewood | Road | | | | | | | homes, etc.) | | ercial bu | liding | 3, | |
| City (5) | | | | | | | | Square Feet | # of Floors | Blo | dg. Ag | je | |
| Flanders, NJ 07836 | | | | | | | | +-10,000 | 1 | | +-50 | | |
| County (6) | | | | | Cour | ty Code (7 |)(STATE USE ONLY) | Current Use (Pr | ior if being demo | lished) | | | |
| Morris | | | | | | | | Verizon | | | | | |
| Name of Monitoring Firm | Hired by Build | ding C | wner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| USA Environmenta | l Manageme | ent, l | nc. | | | | BRISTOL EN | VIRONMENTA | L, INC. | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| 8436 Enterprise Av | е | | | | | | 1123 BEAVE | R STREET | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| Philadelphia, PA 19 | 153 | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Mon | itoring Firm | | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| Mark Jenkins | | | | | 15-365 | | 215-788-6040 |) | 00509 | | | | |
| Start Date (10) | 2.70% | | | | etion Da | | Name of OSHA M | lonitor | | | | | |
| 8 /13 / | 18 | | 9_ / | _2 | 0 / | 18 | BRISTOL EN | VIRONMENTA | L, INC | | | | |
| Occupancy Status During | g Abatement (0 | Check | only o | ne) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate | - | | | | | | 1123 BEAVE | R STREET | | | | | |
| Abatement Performed Time of Abatement: _ | | | | | | cribe | City, State, Zip Co | | | | | | |
| _ | | | <u>0.00</u> | 101 2 | | | BRISTOL, PA | 19007 | | | | | |
| Scope of Work (Check al | I that apply) | | | | | | ⊠ Full Con | tainment with Ne | native Pressure | | | | |
| ≥3 sf or ≥3 If | | | ⊠ Re | | | | ☐ Mini-End | closure | gative i ressure | | | | |
| ≥ 160 sf or ≥260 lf | | | ☐ De | moliti | ion | | | g Procedure mpted (*) and No | on Eriable Breeze | duro | | | |
| | | | le | Loca | tion | Т | □ I40II-EXC | impled () and No | Trable 1 100ec | | ateme | ent T | vne |
| Location | of | | N | lorm | ally | | Description of | of | | | _ | | |
| Asbestos-Containing | | 1) | 747773330 | | lely by ance/ | | estos Containing Ma | iterial (ACM) | Amount | Rem | Repair | nce | ncl |
| TO BE ABA | | | 1700.00 | | Staff? | (1.€ | e., thermal systems surfacing, VAT | | (Specify SF or LF) | Removal | ¥ | psu | Enclosure |
| (13) | ir) | | | (12 |) | 1 | other miscellane | | 0. 0. 2. 7 | _ | | Encapsulate | 9 |
| | | | Yes | No | N/A | | | | | | | 100 | |
| Ice #7 Fios Room | | | | | \boxtimes | VAT/Ma | astic | | 350 SF | | | | |
| Fios Maintenance Ro | oom #6 | | | | \boxtimes | VAT/Ma | astic | | 300 SF | \boxtimes | | | |
| SSADC Room #5 | | | | | \boxtimes | VAT/Ma | astic | | 250 SF | \boxtimes | | | |
| CFO Office #2 | | | | | \boxtimes | VAT/Ma | astic | | 300 SF | \boxtimes | | | |
| Name of Registered Was | ste Hauler | | | | NJDEP | | Cubic Yards of | Name of Regi | stered Landfill | | - | | - |
| SERVICE TRANSP | ORT GROUP | , INC | О. | | Hauler II 2099(| | Waste | MINERVA | LANDFILL | | | | |
| City, State | | | | | 2033 | | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE | | | | | | | TBD | WAYNESE | BURG, OH | | | | |
| Completed By (Print or T | ype) | Title | 9 | | | | Signature | 200 200 | . (| Date | | | |
| Dillan DeCaro | | E | stima | tor | | | Millan | Not ano | 11/21 | 9-7 | 11- | 18 | |

Pg.2

| EC | E | | EIN |
|-----|-----|------|-----|
| SEP | 2 4 | 2018 | |

| | | | (| | | | -/ | -3 | Ĭ | | | - 1 | |
|---------------------------------|----------------------------|---------------------|--------------|--------------------|-------------|--------------------------------------|---------------------------|--------------|---------------|-------------|---------|-------------|------------|
| Date of Notification (1) | | | | Name | of Building | g Owner/Operator (| 2) | 111 | CCD (| 2 4 0 | 0.10 | - | |
| 7 / | 30 / | 18 | | Ver | izon Con | nmunications | 1 | JL | SEP 8 | 24 6 | UIB | | 27 |
| Agencies Notified | Type Notifica | tion | | Street | Address | | | | | | | - | |
| ⊠ EPA | | | | 51 (| Old Ledg | ewood Road | 1 | | ASSESTOS | 100N | 301 | | |
| □ DOLWD | | | | | tate, Zip C | Mary Construction and Description | L. | 100 | 7 (V - 2) | ranga say | | | |
| ⊠ DOH | | ent # <u>6-9/20</u> | | | nders, N. | | | | | | | | L-1174 SCH |
| DCA (NJAC 5:23-8) | ☐ Emergeno justificatio | | | | of Contact | | | Te | lephone Num | ber | | | |
| (110710 3.23-0) | ☐ Cancellati | | Î | Mar | k Jenkin | ıs | | 1 | 215-365-587 | | | | |
| | 1- | | | | | IFORMATION | | | | | - | | - |
| Name of Facility Where | Abatement is T | aking Place | (3) | | JILIT III | II ORMATION | Type of Facility | (4) | | | | | -100-0-10 |
| Verizon Netcong C | | g | (-/ | | | | School (K-1 | | | | | | |
| Street Address | | | | | | | Subchapter | | | | | | |
| 51 Old Ledgewood | l Road | | | | | | Other (i.e., phomes, etc. | orivati) | e and comme | rcial bu | ilding | 5, | |
| City (5) | | | | | | (| Square Feet | 111 | of Floors | Ble | dg. Ag | e | |
| Flanders, NJ 07836 | 3 | | | | | | +-10,000 | | 1 | | +-50 | | |
| County (6) | | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (P | rior if | being demoli | shed) | | | |
| Morris | | | | | | , | Verizon | | | | | | |
| Name of Monitoring Firm | Hired by Build | ling Owner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9 |) | | | | | |
| USA Environmenta | al Manageme | nt, Inc. | | | | BRISTOL EN | VIRONMENTA | L, I | NC. | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| 8436 Enterprise Av | /e | | | | | 1123 BEAVE | R STREET | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | | |
| Philadelphia, PA 1 | 9153 | | | | | BRISTOL, PA | 19007 | | | | | | |
| Project Manager for Mor | nitoring Firm | | Tele | phone | No. | Telephone No. | | L | icense No. | | 981-90- | | |
| Mark Jenkins | | | 2' | 5-365 | -5870 | 215-788-6040 |) | | 00509 | | | | |
| Start Date (10) | S | cheduled C | omple | tion Da | te (11) | Name of OSHA M | Monitor | | | | | | |
| 8 / 13 / | 18 | 9 / | _20 | _ / _ | 18 | BRISTOL EN | VIRONMENTA | L, I | NC | | | | |
| Occupancy Status Durin | g Abatement (C | Check only o | one) | | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacat | ed During Entir | e Period of | Abate | ment | | 1123 BEAVE | R STREET | | | | | | |
| Abatement Performe | | | | | cribe | City, State, Zip Co | ode | | | | | | |
| Time of Abatement: | AM | PM/ <u>5:00</u> | PM- <u>2</u> | MA <u>00</u> : | | BRISTOL, PA | 19007 | | | | | | |
| Scope of Work (Check a | II that apply) | | | | | _ | | | | | | | |
| ☐ >3 sf or >3 lf | | ⊠ Re | novati | on | | | tainment with Ne | gativ | e Pressure | | | | |
| ≥160 sf or ≥260 lf | | | molitic | | | ☐ Gloveba | g Procedure | | | | | | |
| | | | | | | ☐ Non-Exe | empted (*) and N | on-Fr | iable Procedu | | | | |
| | | D 855 | Locat | | | D | | | | Ab | ateme | ent T | 1 |
| Location Asbestos-Containing | | Han | d Sole | | Asbe | Description of stos Containing Ma | | | Amount | Rei | Repair | Enc | Enclosure |
| TO BE AB | ATED | Ma Ma | intena | nce/ Staff? | | e., thermal systems | insulation, | 1 | (Specify | Removal | bair | aps | losi |
| IN Faci (13) | lity | Cus | (12) | | | surfacing, VAT other miscellane | | | SF or LF) | <u>a</u> | | Encapsulate | лe |
| (10) | | Yes | No | N/A | 1 | outer missenane | ,000 | | | | | Ю | |
| Room #1 | | | | \boxtimes | VAT/Ma | astic | | | 150 SF | | | | |
| Construction PPM R | Room #13 | | | | VAT/Ma | astic | | | 200 SF | | | | |
| Hallway | | | | \boxtimes | VAT/Ma | astic | | | 320 SF | | | | |
| Room 15 | , | | | \boxtimes | VAT/Ma | astic | | | 220 SF | \boxtimes | | | |
| Name of Registered Wa | ste Hauler | | 17.500 | JDEP \ | | Cubic Yards of | Name of Reg | istere | d Landfill | | - | | |
| SERVICE TRANSP | ORT GROUP | , INC. | | lauler II 20990 | | Waste | MINERVA | LAN | NDFILL | | | | |
| City, State | | | | | | Disposal Date | City, State | | 20 12 | | | | |
| NEW CASTLE, DE | | | | | | TBD | WAYNES | BUR | G, OH | | | | |
| Completed By (Print or 7 | Гуре) | Title | | | | Signature | 0 0 | 11 | | ate | | | |
| Dillan DeCaro | | Estima | tor | | | Dillan | 1 DeCaro | 11 | All 6 | 1-2 | 0- | 18 | |

State of New Jersey

| 19.5 | | NOTI | | | | BESTOS ABAT C 8:60 and 5:16 | | | EGE | | | To the same of the | |
|---|----------------------------------|---------------------------------------|---|------------------------------------|---|---|--------------------------------------|----------------------------|----------------------------------|-------------|------------------------|--|-----------|
| Date of Notification (1) | 30 / | 18 | | | | Owner/Operator (2 | 2) | | SEP 2 | 4 20 | 18 | | 1 |
| Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH □ DCA | ☐ Emergend | ent # <u>6-9/20/</u> by (including | | 51 C City, S Flan | Address Old Ledge tate, Zip Conders, NJ of Contact | 07836 | | | ACPESTOS | | | 8: 2 | , |
| (NJAC 5:23-8) | justificatio Cancellati | | | | k Jenkin | | | ' | elephone Num 215-365-587 | | | | |
| | | | 1. | FAC | ILITY IN | FORMATION | | | | | | | |
| Name of Facility Where A Verizon Netcong C. Street Address 51 Old Ledgewood | 0. | aking Place | (3) | | | | | -12) er 8 (0 , priva | Other than K-12 ate and comme | | ildings | δ, | |
| City (5) Flanders, NJ 07836 | | | | | | | Square Feet +-10,000 | | # of Floors 1 | 7.55 | lg. Ag - -50 | е | |
| County (6) Morris Name of Monitoring Firm | Hired by Build | ing Owner (| 8) | Coun | | (STATE USE ONLY) Name of Abateme | Verizon | | if being demolis | shed) | | | |
| USA Environmental | | | , | | | BRISTOL ENV | | | INC. | | | | |
| 8436 Enterprise Ave | Э | | | | | 1123 BEAVER | | | | | | | |
| City, State, Zip Code Philadelphia, PA 19 | 153 | | | | | City, State, Zip Co BRISTOL, PA | | | | | | | |
| Project Manager for Moni Mark Jenkins | | | 21 | 5-365- | -5870 | Telephone No. 215-788-6040 | | | License No. 00509 | | | | |
| Start Date (10)8 /13 / | 1100000 | cheduled C | | ion Dat /_ | | Name of OSHA M BRISTOL EN | | AL, | INC | | | | |
| Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: | d During Entire Outside of No | e Period of ormal Facility | Abaten y Hours | s - Desc | cribe | Street Address 1123 BEAVEF City, State, Zip Co BRISTOL, PA | de | | | | | | |
| Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | that apply) | | novatio molitio | | | | ainment with N osure Procedure | 8353 | ive Pressure | re | | | |
| Location Asbestos-Containing I TO BE ABA IN Facilii (13) | Material (ACM TED |) Use Ma | Locati Normal d Sole intenai todial S (12) | ly ly by nce/ | | Description o stos Containing Mai ., thermal systems i surfacing, VAT, other miscellane | terial (ACM) nsulation, or | | Amount (Specify SF or LF) | A Removal | Repair | Encapsulate | Enclosure |
| Room 12 | | | | | VAT/Ma | stic | | | 100 SF | | | | |
| LP Storeroom | | | | | VAT/Ma | stic | | | 180 SF | \boxtimes | | | |
| | | | | | | | ñ | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Was SERVICE TRANSPO | | , INC. | | JDEP V auler ID 20990 | No. | Cubic Yards of Waste | Name of Re | | red Landfill | | 120 | | |
| City, State | | | | | | Disposal Date | City, State | SRIII | RG OH | | | | |

Dillan DeCaro ASB-41 DD18060

Completed By (Print or Type)

Title

Estimator

Signature

Date 9-20-18

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| 19.0 | | | (P | ursua | nt to NJA | AC 8:60 and 5:1 | 6) | | 75 | l li | | 3 |
|---|-----------------------------|----------------|-------------------|-----------------------------|----------------|--|----------------------------------|----------------------|-----------|---------|-------------|------------|
| Date of Notification (1) | | | | Nam | e of Buildin | g Owner/Operator | (2) | | | | | 11 |
| 7 / 30 | /1 | 88 | | 100 | | mmunications | 100 m | SE SE | P 24 | 201 | 8 | |
| Agencies Notified Ty | pe Notification | 1 | | Stree | et Address | | . | | | | - | 1 |
| | Initial | | | 51 | Old Ledg | ewood Road | 44.4 | AGFFC | 10077 | | | J |
| | Amended | u= 014 | 1140 | | State, Zip (| | | P | | - | 4.6 | |
| ☑ DOH ☐ DCA ☐ | Amendment # Emergency (i | | | Fla | anders, N | J 07836 | | | | • | 745.5 | (S) (S(S)) |
| (NJAC 5:23-8) | justification) | iicidaiii | 9 | Name | e of Contac | t | | Telephone N | umber | | | |
| | Cancellation | | | Ma | rk Jenkir | ıs | | 215-365-5 | | | | |
| | | | | FA | CILITY IN | IFORMATION | | | | | | |
| Name of Facility Where Abat | ement is Takir | ng Place | e (3) | | | | Type of Facility | (4) | | | | |
| Verizon Netcong C.O. | | | | | | | School (K-12 | 2) | | | | |
| Street Address | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., pr | (Other than K | -12) | منامان. | | |
| 51 Old Ledgewood Ro | ad | | | | | | homes, etc.) | ivate and com | nerciai b | ullain | ys, | |
| City (5) | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | |
| Flanders, NJ 07836 | | | | | | | +-10,000 | 1 | | +-50 | | |
| County (6) | | | | Cou | nty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being dem | olished) | | | |
| Morris | | | | | | | Verizon | | | | | |
| Name of Monitoring Firm Hire | _ | | (8) | ASCM | No. | Name of Abateme | | | | | | |
| USA Environmental Ma | inagement, | Inc. | | | | | VIRONMENTAL | _, INC. | | | | |
| Street Address | - | | | | | Street Address | | | | | - 7.5 - 5.7 | |
| 8436 Enterprise Ave | | | | | | 1123 BEAVER | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | |
| Philadelphia, PA 19153 Project Manager for Monitorin | | | 1 | | | BRISTOL, PA | 19007 | | | | | |
| Mark Jenkins | g rim | | 1000 | ephone | | Telephone No. | | License No. | | | | |
| Start Date (10) | Cohor | dulad O | | 15-365 | 2012791919192 | 215-788-6040 | | 00509 | | | | |
| 8 / 13 / 1 | | | | | ite (11) 18 | Name of OSHA M | | 1110 | | | | |
| | | | | | 10 | | VIRONMENTAL | ., INC | | | | |
| Occupancy Status During Aba Facility Closed/Vacated During | //0 | | | | | Street Address | | | | | | |
| □ Pacinty Closed/Vacated Dit □ Abatement Performed Out | | | | | crihe | 1123 BEAVER | | | | | | |
| Time of Abatement: | _AMPI | M/ <u>5:00</u> | PM-2 | :00AM | CIDE | City, State, Zip Co | | | | | | |
| Scope of Work (Check all that | annly) | | | | | BRISTOL, PA | 19007 | | | | | |
| | upp.37 | | | | | | ainment with Nega | ative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or >260 lf | | ⊠ Re | novati molitic | | | | osure | | | | | |
| | | Пре | montic | 211 | | ☐ Non-Exer | Procedure mpted (*) and Non | -Friable Proce | dure | | | |
| | | 100000 | Locat | | | | | | | atem | ent T | vne |
| Location of | | | lorma d Sole | | | Description of | | | | _ | | |
| Asbestos-Containing Mate TO BE ABATED | | Ma | intena | nce/ | | tos Containing Mat , thermal systems in | | Amount (Specify | Removal | Repair | nca | nck |
| IN Facility | | Cust | odial | Staff? | (| surfacing, VAT, | or | SF or LF) | oval | = | Encapsulate | Enclosure |
| (13) | | Yes | (12) No | N/A | | other miscellaneo | ous) | 5-00 - 50-5-1400.353 | | | late | Ø |
| ce #7 Fios Room | | П | | N/A | VAT/Mas | stic | | 350 SF | | | | |
| Fios Maintenance Room | 46 | | | | VAT/Mas | | | | | | | |
| SSADC Room #5 | 70 | | | | | | | 300 SF | | Ш | | |
| CFO Office #2 | | | | | VAT/Mas | | | 250 SF | | | | |
| Name of Registered Waste Ha | lea | | | | VAT/Mas | | | 300 SF | | | | |
| SERVICE TRANSPORT | |) . | 100800 | JDEP V auler ID 20990 | No. | Cubic Yards of Waste | Name of Registe MINERVA L | | | | | |
| City, State | | | | 20000 | | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE | | | | | | TBD | WAYNESBU | JRG, OH | | | | |
| Completed By (Print or Type) | Title | | | | | Signature | 10000 | 10- | Date | | / ^ | |
| Dillan DeCaro | l Es | stimat | OF | | | 0.00- | 110000 | 1 / 3/ | 011 | (1 | 1/ | |

ASB-41 JAN 13 DD | 8060

| Date of Notification (1) | | | | | 1.61 | | | | | 1-1 | | | | | 111 |
|---|-------------------------|----------|------------|------------------|-------------|--------------------------|---------------------------------|--------------|---------------------------------|--------------|---------------|---------|----------|-------------|-----------|
| _ ` ` | 30 / | 1 | 88 | | | | ing Owner/Opera ommunication | | (2) | | SEP | 2 4 | 201 | 8 | 1.5 |
| | Type Notif ☑ Initial | fication | 1 | | 100000 | eet Address | igewood Road | 4 | | | estesto | 0.0 | eri. | | 1 |
| | ☐ Amend | led | | | | | | 2 | | F. | 100 | | | | |
| ⊠ DOH | Amend | | | | | , State, Zip | | | 1 | - | | | | Total Care | - |
| DCA | ☐ Emerge | | ncludii | ng | | landers, l | | | | | | - 47 | | | 2470 |
| (NJAC 5:23-8) | justifica Cancel | | | | | ne of Conta lark Jenk | | | | | none Num | | | Wenn't | |
| | Caricei | lation | | | | | | | | 215 | -365-587 | 0 | | | |
| Name of Facility Minary Ale | -4 | ~ | | (4) | F | ACILITY | NFORMATION | Ą | | | | | | | |
| Name of Facility Where Ab Verizon Netcong C.O. | | s lakir | ng Plac | e (3) | | | | | Type of Facility ☐ School (K-1 | 20070 | | | | | |
| Street Address | | | | | | | | | ☐ Subchapter | 8 (Other | than K-12 |) | | | |
| 51 Old Ledgewood R | load | | | | | | | | Other (i.e., | orivate ar | d comme | rcial b | uildin | gs, | |
| City (5) | | | | | | | | | homes, etc. | | | | | | |
| Flanders, NJ 07836 | | | | | | | | | Square Feet | 1 | loors | B | ldg. A | ATURES. | |
| County (6) | | | | | 10- | | 77 (07475 1105 011 | | +-10,000 | 1 | | | +-50 | | |
| Morris | | | | | 100 | unty Code | (7)(STATE USE ON | LY) | Current Use (P | rior if beir | ng demolis | hed) | | | |
| | ired by Du | | | (0) | 1000 | | 1 | | Verizon | | | | | | |
| Name of Monitoring Firm H | | | | (8) | ASCI | M No. | | | ent Contractor (9 | | | | | | |
| USA Environmental I | wanagen | nent, | inc. | | | | | | VIRONMENTA | L, INC. | | | | | |
| Street Address | | | | | | | Street Addres | | | | | | | | |
| 8436 Enterprise Ave | | | | | | | 1123 BEA | VE | R STREET | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zi | р Сс | ode | | | 31112 | - into - | | |
| Philadelphia, PA 1918 | | | | | | | BRISTOL, | PA | 19007 | | | | | | |
| Project Manager for Monito | ring Firm | | | 1 | ephone | | Telephone No |). | | Licen | se No. | | | | |
| Mark Jenkins | | | | | | 5-5870 | 215-788-6 | 040 | | 00 | 509 | | | | |
| Start Date (10) | 550 550 | | | | | ate (11) | Name of OSH | A M | lonitor | | | | | | |
| 8 /13 / | | | | | _ / | 18 | BRISTOL | EN۱ | VIRONMENTA | L, INC | | | | | |
| Occupancy Status During A | | | | | | | Street Address | s | | | | | | | |
| Facility Closed/Vacated | During Ent | tire Pe | riod of | Abate | ment | | 1123 BEA | VEF | RSTREET | | | | | | |
| Abatement Performed O Time of Abatement: | utside of N | Vormal | Facilit | y Hou | rs - De | scribe | City, State, Zip | Co | ode | | | | | | |
| | | | VI/3.00 | <u> </u> | .00AN | 1 | BRISTOL, | PA | 19007 | | | | | | |
| Scope of Work (Check all th | at apply) | | | | | | 57 = 11 6 | | | | | | | | |
| ≥3 sf or ≥3 lf | | | ⊠ Re | novat | ion | | ⊠ Full C | onta Encl | ainment with Neg | gative Pre | essure | | | | |
| ≥160 sf or ≥260 lf | | | | moliti | | | ☐ Glove | bag | Procedure | | | | | | |
| | | | | | | | ☐ Non-E | Exer | mpted (*) and No | n-Friable | Procedur | е | | | |
| 1 | | | | Loca: Norma | | | | | | | | Ab | ateme | ent Ty | уре |
| Location of Asbestos-Containing Ma | terial (ACI | VI) | | d Sole | | Ashe | Description estos Containing | | | ۸ | | Z, | Z, | Ш | Ш |
| TO BE ABATE | | , | | intena todial | | (i.e | ., thermal syster | ns in | nsulation, | | ount ecify | Removal | Repair | ıcar | Clo |
| IN Facility (13) | | | Cus | (12) | Stall? | | surfacing, V. other miscella | AT, | or | | or LÉ) | val | | Encapsulate | Enclosure |
| (10) | | | Yes | No | N/A | | other miscella | aneo | ous) | | | | | ate | |
| Room #1 | | | | | | VAT/Ma | stic | | | 150 |) SF | | | П | |
| Construction PPM Roor | m #13 | | | | | VAT/Ma | stic | | | 200 | SF | | | | |
| lallway | | | | | | VAT/Ma | stic | | | 320 | SF | | | | П |
| Room 15 | | | | | \boxtimes | VAT/Ma | stic | | | 220 | SF | | П | П | П |
| lame of Registered Waste H | | | | 11 17 17 2 | | Waste | Cubic Yards of | 8 | Name of Regis | tered Lar | dfill | | | | _ |
| SERVICE TRANSPORT | T GROUI | P, INC | : . | H | 2099 | | Waste | | MINERVA | ANDFI | LL | | | | |
| city, State | | | | | 2000 | 0 | Disposal Date | | City, State | | | | | | |
| NEW CASTLE, DE | | | | | | | TBD | | WAYNESB | URG O | Н | | | | |
| Completed Du (Driet or Turn) |) | Title | | | | | Signature | | | | Date | | | | |
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| completed By (Print or Type) Dillan DeCaro | <i>'</i> | 10000 | stimat | or | | | 0:10 | | N. D. | 1001 | | | 4-1 | 10 | 9 |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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| Date of Notification (1) | 30 / | 18 | | | | ing Owner/Operator ommunications | (2) | | Apple of the state | SEP | 2 1 | 4 2 | 2018 | The state of the s |
| Agencies Notified | Type Notificati | on | | Stre | et Address | 3 | | | 1 | | | | | |
| ⊠ EPA | | | | 51 | Old Led | lgewood Road | | | ASE | £871 | 2010 | etr. | 11.15 | Ö: |
| ⊠ DOLWD | | 0.4 | 4440 | | State, Zip | | | | | | 7 4 1 | 1 1 | | are Ar |
| □ DCA | Amendmen | | | 1 | | NJ 07836 | | | | | | | | |
| (NJAC 5:23-8) | ☐ Emergency justification | | ng | | e of Conta | | | | T-11- | | | | | |
| (1.0.10 0.20 0) | ☐ Cancellatio | 50 | | | ark Jenki | | | | Teleph | | | | | |
| | | | | | | | | | 215- | 365-5 | 870 | 1 | | |
| Name of Facility Where | Abatement is Tal | cina Dlac | 20 (2) | | ACILITY | NFORMATION | T= | | | | | | | |
| Verizon Netcong C | | Villy Flat | Je (3) | | | | Type of Faci | |) | | | | | |
| Street Address | .0. | | | | | | School (K | (-12) | O4b4 | h 10 | 4.0\ | | | |
| | Б | | | | | | Other (i.e | priva | ottler t | nan K- 1 comr | -12) nerci | al hi | uilding | e |
| 51 Old Ledgewood | Road | | | | | | homes, e | tc.) | ato and | 2 0011111 | ricion | ai bu | munig | 5, |
| City (5) | | | | | | | Square Feet | | # of F | loors | | BI | ldg. Ag | je |
| Flanders, NJ 07836 | 3 | | | | | | +-10,000 | - 1 | 1 | | | 1 | ÷-50 | |
| County (6) | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use | (Prior | if being | a demo | olishe | ed) | | |
| Morris | | | | | | | Verizon | | | | | , | | |
| Name of Monitoring Firm | Hired by Buildin | g Owner | (8) | ASCIV | No. | Name of Abateme | ent Contractor | (9) | | - | | | | |
| USA Environmenta | l Management | t, Inc. | | | | BRISTOL EN | | | INC | | | | | |
| Street Address | | | | | | Street Address | · II CONTINENT | , n., | 1140. | | | | | |
| 8436 Enterprise Ave | е | | | | | 1123 BEAVE | POTDEET | | | | | | | |
| City, State, Zip Code | | | | | | | | | | | | | | |
| Philadelphia, PA 19 | 153 | | | | | City, State, Zip Co | | | | | | | | |
| Project Manager for Moni | | | Tol | | NIa | BRISTOL, PA | 19007 | | | | | | | |
| roject manager for mon | torning Fillin | | rei | ephone | NO. | Telephone No. | | | Licens | e No. | | | | |
| Mark lonking | | | - | 4 - 001 | | 04= =================================== | | | | | | | | |
| Mark Jenkins | 10-1 | - 1 1- 10 | | | 5-5870 | 215-788-6040 | | | 005 | 09 | | | | |
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 2000

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| | | | | | | | | cations | | | | | | | |
| Agencies Notified | Type Notin | fication | 1 | | 2050830 | et Address | | | | THE SHARE STORES | AFREATE | 5 297 | e e e e | · · · · · · · · · · · · · · · · · · · | |
| | ☐ Initial ☐ Amend | led | | | | 1 Old Led | | Road | ř. | | Afterna in | 1 +4 m | | | |
| ☑ DOLWD | Amend | | #4-9/1 | 3/18 | | , State, Zip | | | | | | | | | 301 |
| □ DCA | ☐ Emerge | | | | F | landers, f | NJ 07836 | 6 | | | | | | 40 | |
| (NJAC 5:23-8) | justifica | ation) | | J | Nar | ne of Conta | ct | | | Tel | ephone Nur | mber | 20000 | | |
| | ☐ Cancel | llation | | | IV | ark Jenki | ins | | | 2 | 15-365-58 | 70 | | | |
| | | | | | F | ACILITY I | NFORM | ATION | | | | | | | |
| Name of Facility Where A | Abatement is | s Takir | ng Plac | e (3) | | | | | Type of Facility | y (4) | | | | | |
| Verizon Netcong C. | .0. | | | | | | | | School (K-1 | 12) | | | | | |
| Street Address | | | | | | | | | ☐ Subchapter ⊠ Other (i.e., | 8 (Oth | ner than K-1 | 2) | | | |
| 51 Old Ledgewood | Road | | | | | | | | homes, etc | .) | and comm | erciai b | ullaing | gs, | |
| City (5) | | | | | | | | | Square Feet | | of Floors | ТВ | ldg. A | ge | |
| Flanders, NJ 07836 | | | | | | | | | +-10,000 | | 1 | | +-50 | | |
| County (6) | | | | | Co | unty Code | (7)(STATE | USE ONLY) | Current Use (F | rior if b | peina demo | lished) | | | |
| Morris | | | | | | | | | Verizon | | onig donio | ionou) | | | |
| Name of Monitoring Firm | Hired by Bu | ilding | Owner | (8) | ASCI | Л No. | Name | of Abateme | ent Contractor (9 | 9) | | | | | |
| USA Environmental | | | | | | | 1 | | VIRONMENTA | * | C | | | | |
| Street Address | | | | | | | | Address | | , | | | | | _ |
| 8436 Enterprise Ave | 9 | | | | | | | | R STREET | | | | | | |
| City, State, Zip Code | | | | | | | | tate, Zip Co | | | | | | | |
| Philadelphia, PA 19 | 153 | | | | | | | STOL, PA | | | | | | | |
| Project Manager for Monit | | | • | Tel | lephone | - No | | one No. | 13007 | Tib | names Ms | | | | |
| Mark Jenkins | | | | 1 | - 35 American | 5-5870 | and the same | 788-6040 | | | cense No. 00509 | | | | |
| Start Date (10) | | Schei | duled (| | | ate (11) | | of OSHA M | Large and the second | | 00508 | | | | |
| 8/13/ | 18_ | | DIV | | OU | | | | /IRONMENTA | L. IN | С | | | | |
| Occupancy Status During | Abatement | (Chec | k only | one) | | | | Address | | | 75.0%. | | | | |
| ☐ Facility Closed/Vacate | | | | | ement | | 1123 | BEAVER | STREET | | | | | | |
| | Outside of I | Vorma | I Facili | у Ног | ırs - De | | 2002202 | ate, Zip Co | | | | - | | | |
| Time of Abatement: | AM | P | M/ <u>5:00</u> | PM-2 | 1A00:S | 1 | | STOL, PA | | | | :- | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | | | | | _ |
| ≥3 sf or ≥3 If | | | M D | enova | tion | | × | Full Conta | ainment with Ne | gative | Pressure | | | | |
| ≥ ≥160 sf or ≥260 lf | | | | emoliti | | | | | osure Procedure | | | | | | |
| | | | | | | | | Non-Exer | npted (*) and No | on-Fria | ble Procedu | ıre | | | |
| | | | M 300 | Loca | | | | | | | | Ab | ateme | ent Ty | vpe |
| Location of Asbestos-Containing N | | R // N | | Norma | ely by | A = b = | | scription of | | | | | T | | |
| TO BE ABAT | | ivi) | Ma | inten | ance/ | | | l systems i | erial (ACM) | 10 00 | Amount (Specify | Removal | Repair | nca | nclo |
| IN Facility | ′ | | Cus | todial (12) | Staff? | | surfa | cing, VAT, | or | | SF or LF) | oval | 7 | Encapsulate | Enclosure |
| (13) | | | Yes | No | N/A | + | other n | miscellaneo | us) | | | | | late | O |
| ce #7 Fios Room | | | | - | - | VAT/Ma | | | | | | - | | | |
| | 40 | | | | | | | | | | 350 SF | | | | |
| Fios Maintenance Roc | m #6 | | | | | VAT/Ma | | | | | 300 SF | \boxtimes | | | |
| SSADC Room #5 | | | | | | VAT/Ma | | | | : | 250 SF | | | | |
| CFO Office #2 | | | | | \boxtimes | VAT/Ma | | | | | 300 SF | | | | |
| Name of Registered Waste SERVICE TRANSPORT | | D INC | , | 1000 | NJDEP Hauler I | | Cubic Ya Waste | ards of | Name of Regis | | | | | | |
| | 01100 | . , 1100 | •• | | 2099 | 0 | Disassi | l Det- | MINERVA | LAIVL | / TILL | | | | |
| City Ctata | | | | | | | Disposa | Date | City, State | | | | | | |
| | | | | | | | The | | IRIA MOINTE | | | | | | |
| City, State NEW CASTLE, DE | | | | | | | TBD | | WAYNESE | BURG, | , OH | | | | |
| | pe) | Title | stima | | | | Sig | nature | DL MO | URG, | Da | ate 1 - (| | 1000 | |

| P9. | | | NO | | | | AC 8:60 and 5:1 | 3187-148000 TUNESTARA | MEG | EI | W | E | In |
|--|------------------|----------|----------------|----------------|-----------------|---------------------------------------|--|--|---|-------------------|--------|-------------|-----------|
| Date of Notification (1) | | | | | Nan | ne of Buildin | ng Owner/Operator | (2) | | April Company Com | | 7000000 | 7 |
| 7 / | 30 / | 1 | B | | | | mmunications | (-) | SEP SEP | 24 | 2018 | 2 | |
| Agencies Notified | Type Notifi | cation | | | Stre | et Address | | NAME AND ADDRESS OF THE PARTY O | 1 | - 1 | -010 | | |
| ⊠ EPA | | | | | 5 | Old Led | gewood Road | F | | | | | |
| ⊠ DOLWD | ⊠ Amende | - | 0.0144 | 0.14.0 | City | State, Zip | Code | | ACREATA | | F - 1 | 5.72 | |
| ⊠ DOH □ DCA | Amendr Emerge | | | | FI | anders, N | J 07836 | E . | *** | | | | |
| (NJAC 5:23-8) | justifica | | ICIUUIII | y | Nan | ne of Conta | ct | | Telephone Nun | nber | -1+ | | |
| | ☐ Cancell | ation | | | M | ark Jenki | ns | | 215-365-58 | | | | |
| | | | | | F | CILITY | NFORMATION | | | . • | | | |
| Name of Facility Where A | batement is | Takin | g Place | e (3) | | | ar orang trion | Type of Facility | , (A) | | | | |
| Verizon Netcong C. | | (00-e00) | J | - (-/ | | | | School (K-1 | | | | | |
| Street Address | | | - | | | | | ☐ Subchapter | 8 (Other than K-1: | 2) | | | |
| 51 Old Ledgewood | Road | | | | | | | Other (i.e., phomes, etc. | private and comme | ercial b | uildin | gs, | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | |
| Flanders, NJ 07836 | | | | | | | | +-10,000 | 1 | | +-50 | | |
| County (6) | | | | | Cot | inty Code (| 7)(STATE USE ONLY) | Current Use (P | rior if being demoli | shed) | | | |
| Morris | | | | | | | | Verizon | | 0 | | | |
| Name of Monitoring Firm I | Hired by Bui | lding (| Owner | (8) | ASCN | No. | Name of Abateme | ent Contractor (9 |) | | | | |
| USA Environmental | Managem | ent, l | nc. | | | | BRISTOL EN | VIRONMENTA | L, INC. | | | | |
| Street Address | | | | - | | | Street Address | | | | | | |
| 8436 Enterprise Ave | ı | | | | | | 1123 BEAVE | R STREET | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| Philadelphia, PA 191 | 153 | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monit | oring Firm | | | Te | lephone | No. | Telephone No. | | License No. | | | | |
| Mark Jenkins | | | | 2 | 15-36 | 5-5870 | 215-788-6040 | | 00509 | | | | |
| Start Date (10) | | Sched | luled C | ompl | etion D | ate (11) | Name of OSHA M | lonitor | | | | | - |
| 8 /13 / _ | 18 | 0 | N | TO | LL | | BRISTOL EN | VIRONMENTA | L, INC | | | | |
| Occupancy Status During | Abatement (| Check | c only c | ne) | | | Street Address | | × × • • • • • • • • • • • • • • • • • • | - | | | |
| ☐ Facility Closed/Vacated | | 5 | | | ement | | 1123 BEAVER | RSTREET | | | | | |
| | Outside of N | ormal | Facility | / Hou | ırs - De | | City, State, Zip Co | | | | | | |
| Time of Abatement: | AM | PN | // <u>5:00</u> | PM-2 | 2:00AM | | BRISTOL, PA | | | | | | |
| Scope of Work (Check all t | that apply) | | | | | | | 70001 | | | | | |
| | 1137 | | _ | | | | | ainment with Ne | gative Pressure | | | | 1 |
| ≥3 sf or ≥3 lf≥160 sf or >260 lf | | | ⊠ Re | nova moliti | | | | osure Procedure | | | | | |
| Z3 - 100 01 01 - 200 11 | | | | HOIL | 1011 | | | | n-Friable Procedu | re | | | |
| | | | ls | Loca | tion | | | | | | ateme | ent T | VDE |
| Location o | | | | lorma | ally lely by | | Description of | | | | 1 | | |
| Asbestos-Containing M TO BE ABAT | | 1) | | | ance/ | | stos Containing Mat , thermal systems i | | Amount | Removal | Repair | nce | Enclosure |
| IN Facility | | | Cust | | Staff? | (1.0 | surfacing, VAT, | | (Specify SF or LF) | ova | = | ıpsı | nso |
| (13) | | | | (12) | | - | other miscellaned | ous) | y 1480 1480 0570. * J | - | | Encapsulate | e l |
| Room #1 | | | Yes | No | N/A | VAT/Ma | ctic | | 450.05 | F7 | _ | _ | |
| Construction PPM Roc | nn #13 | | | | | VAT/Ma | | | 150 SF | | | | |
| Hallway | 7111 11 10 | | | | | VAT/Ma | | | 200 SF 320 SF | | | | |
| Room 15 | | | _ | _ | | I I I I I I I I I I I I I I I I I I I | | | | | | | |
| Name of Registered Waste | Haulor | | | | I IDEB | VAT/Ma | | Nows of D | 220 SF | | Ш | Ш | |
| SERVICE TRANSPOR | | , INC | | 1 (3) | Hauler II | D No. | Cubic Yards of Waste | Name of Regis | | | | | |
| City, State | | | | | 20990 | - | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE | | | | | | | TBD | WAYNESB | URG, OH | | | | |
| Completed By (Print or Typ | e) | Title | | | | | Signature | 1 | Da | te | | | |
| Dillan DeCaro | | Es | timat | or | | | Dillan | DeCaro | | 7-1. | 5-1 | 18 | |

State of New Jersey

| Pg |) | | NOI | | The real property | | BESTOS ABA AC 8:60 and 5:1 | | DEC | | | Ē | |
|---|-----------------------|-----------|--------|--------|--------------------|---------------|-----------------------------------|---|-------------------------|----------|---------|-------------|-----------|
| Date of Notification (1) | | | | | Nan | ne of Buildir | ng Owner/Operator | (2) | | | - | | 7 |
| 7 / | 30 / | 18 | | | | | mmunications | | SEP | 21 | 2019 |) | |
| Agencies Notified | Type Notific | ation | | | Stre | et Address | | | 7 001 | | 2010 | | 11 |
| ⊠ EPA | ☑ Initial | auo | | | | | gewood Road | - | | | | | |
| □ DOLWD | | d | | | | State, Zip | | and | ASSISTA | 100 | 10 | 1 1 | |
| ⊠ DOH | Amendm | | | | 1383 | anders, N | | 1 | | | | | |
| DCA | ☐ Emerger | | cludin | g | | ne of Contac | | | T= | - 6 | 4.4 | | |
| (NJAC 5:23-8) | justificati Cancella | | | | | ark Jenkir | 7.70 | | Telephone Nur | | | | |
| | | | | - | | | | | 215-365-58 | 70 | | | |
| Name of Facility Where A | hatement is | Taking | Dinor | (3) | | ACILITY IN | NFORMATION | T | (0) | | | | |
| Verizon Netcong C. | | aking | 1 lace | (3) | | | | Type of Facility ☐ School (K-1 | 7/07: | | | | |
| Street Address | v . | | | | | | | Subchapter | 2) 8 (Other than K-1 | 2) | | | |
| 51 Old Ledgewood | Pood | | | | | | | Other (i.e.,) | private and comme | ercial b | uilding | js, | |
| City (5) | Noau | | | | | | | homes, etc. | 53 | | | 140000 | |
| Flanders, NJ 07836 | | | | | | | | Square Feet | # of Floors | В | idg. A | 3 | |
| County (6) | | | _ | | 10- | | V/07475 1/05 01/1/4 | ÷-10,000 | 1 | | +-50 | | |
| Morris | | | | | Cor | inty Code (/ | ()(STATE USE ONLY) | William Committee on the William | rior if being demol | ished) | | | |
| | Ulina d hoo Dodle | O | | (0) | 1000 | | T | Verizon | | | | | |
| Name of Monitoring Firm I USA Environmental | | | | (8) | ASCN | 1 No. | Name of Abateme | | , | | | | |
| Street Address | Manageme | ant, m | C. | | | | | VIRONMENTA | L, INC. | | | | |
| 8436 Enterprise Ave | P | | | | | | Street Address | OTPET | | | | | |
| City, State, Zip Code | | - 211 210 | | | | | 1123 BEAVE | | | | | | |
| Philadelphia, PA 191 | 152 | | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Monit | | | | To | lanhana | Ma | BRISTOL, PA | 19007 | | | | | |
| Mark Jenkins | omig riim | | | | lephone 15-36 | | Telephone No. | | License No. | | | | |
| Start Date (10) | | `abadıı | 1ad C | 1 | | | 215-788-6040 | | 00509 | | | | |
| _ 8 / 13 / | | chedu | AN I | | etion Di | ate (11) | Name of OSHA M | | | | | | |
| | | | 1 | | | | | VIRONMENTA | L, INC | | | | |
| Occupancy Status During | | | | | | 8 | Street Address | | | | | | |
| ☐ Facility Closed/Vacated☑ Abatement Performed (| | | | | | !! | 1123 BEAVER | | | | | | |
| Time of Abatement: | | | | | | | City, State, Zip Co | | | | | | |
| | | | | - | | | BRISTOL, PA | 19007 | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | ⊠ Full Cont | ainment with Ne | notive Dressure | | | 1-1-2 | S-41-70 |
| ≥3 sf or ≥3 lf | | | ☑ Rer | nova | tion | | ☐ Mini-Encl | osure | gative Pressure | | | | |
| ⊠ ≥160 sf or ≥260 lf | | |] Der | moliti | on | | Glovebag | | 98.0 <u>—198</u> .000 | | | | |
| | | | le | Loca | tion | Т | ☐ Non-Exer | npted (*) and No | n-Friable Procedu | - | | | |
| Location of | f | | | lorma | | | Description of | | | Ab | ateme | ent T | уре |
| Asbestos-Containing M | aterial (ACM) |) | | | ely by | Asbes | stos Containing Mat | | Amount | Re | Re | En | E |
| TO BE ABAT IN Facility | | | | | ance/ Staff? | (i.e. | , thermal systems in | | (Specify | Removal | Repair | cap | Enclosure |
| (13) | | | | (12) | | | surfacing, VAT, other miscellaned | or ous) | SF or LF) | a a | | Encapsulate | ure |
| | | Γ, | Yes | No | N/A | | | | | | | te | |
| Room 12 | |] | | | | VAT/Mas | stic | | 100 SF | | | П | П |
| _P Storeroom | 1 | 1 | | | \boxtimes | VAT/Mas | stic | | 180 SF | | | П | П |
| | | | | | | | | | | | | П | П |
| | 10 | | | | | | | | | To | П | П | |
| Name of Registered Waste | Hauler | | | | JDEP I | | Cubic Yards of | Name of Regis | tered Landfill | 1 | | | _ |
| SERVICE TRANSPOR | RT GROUP, | INC. | | 1 | lauler II 20990 | 0.0 | Waste | MINERVA | LANDFILL | | | | |
| City, State | | | | | 20330 | | Disposal Date | City, State | | | | | _ |
| NEW CASTLE, DE | | | | | | | TBD | WAYNESB | URG, OH | | | | |
| Completed By (Print or Type | e) | Title | | | | | Signature | | . In | to | | | _ |
| Dillan DeCaro | | | imate | or | | | Dilla | DeCar | 1/01/ | 7-1 | 12 - | -/ 2 | > |
| SB.41 - 0: 000 c | | ASSESSED. | | | | | PUUN | 1 occ Con M | 1111 | 1-1 | 0 | 10 | |

| Luca A | E | (A) | F | П | 71.77 | r= | |
|--------|---|-----|---|---|-------|----|----|
| | E | 15 | E | | M | | In |
| 133 | | | | | | | |
| | | | | | | | |

| Data of Natification (1) | | | 1 11 | 6 D.::Id | | (6) | | | | | | |
|---|-----------------|------------------|--------------------|-------------------------|-------------------------------------|---------------------|----------------|----------------------|------------|--------|-------------|-----------|
| Date of Notification (1) / 30 / | 18 | | | | ing Owner/Operator ommunications | (2) | | 5EF 2 | 4 1 | 2018 | | |
| Agencies Notified Type Notifi ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende | | | 5 | CV TOOLS TO STORY | igewood Road | | | ASSESTOS | 004 004 | | 4.8. | |
| ⊠ DOH Amendr | nent #3-9/ | | 5 1 | , State, Zip | | | | | 100 | | - | |
| □ DCA □ Emerge | | ding | | | NJ 07836 | | | | | | | |
| (NJAC 5:23-8) justifica | | | 10000000 | ne of Conta ark Jenk | TI-TI-T | | T | elephone Numb | | | | 25-1-1 |
| | | | | | INFORMATION | | | 215-365-587 | 0 | | | |
| Name of Facility Where Abatement is | Taking Pla | ace (3) | | ACILITY | INFURINATION | Type of Facili | tu (A) | | | | | |
| Verizon Netcong C.O. | | | ' | | | School (K | | | | | | |
| Street Address | | | | | | Subchapte | er 8 (C | Other than K-12) |) | | | |
| 51 Old Ledgewood Road | | | | | | homes, et | , priva c.) | te and commer | cial b | uildin | gs, | |
| City (5) | | | | | | Square Feet | - | # of Floors | В | ldg. A | ae | - |
| Flanders, NJ 07836 | | | | | | +-10,000 | | 1 | | +-50 | | |
| County (6) | | | Cou | unty Code | (7)(STATE USE ONLY) | Current Use (| Prior i | f being demolis | hed) | | | |
| Morris | | | | | | Verizon | | | | | | |
| Name of Monitoring Firm Hired by Bui | | er (8) | ASCI | No. | Name of Abatem | | | | | | 2.772 | |
| USA Environmental Managem | ent, Inc. | | | | BRISTOL EN | VIRONMENT | AL, I | NC. | | | | |
| Street Address | | | | | Street Address | | | | | | | |
| 8436 Enterprise Ave | | | | | 1123 BEAVE | | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip C | | | | | | | |
| Philadelphia, PA 19153 Project Manager for Monitoring Firm | | 17 | | Ma | BRISTOL, PA | 19007 | | | | | | |
| Mark Jenkins | | - 1 | elephone 215-36 | | Telephone No. 215-788-6040 | | 1 | License No. | | | | |
| | Scheduled | | | | Name of OSHA N | | | 00509 | | | | |
| 8 / 13 / 18 | | | 1_/ | | BRISTOL EN | | AL, II | NC | | | | |
| Occupancy Status During Abatement (| Check onl | y one) | } | 0.5.0 | Street Address | | | | | | | |
| ☐ Facility Closed/Vacated During Enti | | | | | 1123 BEAVE | R STREET | | | | | | |
| Abatement Performed Outside of N Time of Abatement:AM | | | | | City, State, Zip Co | | | | | | 370 | |
| Scope of Work (Check all that apply) | | | 2.00/ (18) | | BRISTOL, PA | 19007 | | | | | | |
| | | | | | | ainment with N | egativ | e Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | ☐ Mini-Enc | losure Procedure | | iable Procedure | ì | | | |
| | | Is Loc | | | | | | | 1 | ateme | ent T | vne |
| Location of Asbestos-Containing Material (ACM | 0 U | Norm sed So | nally olely by | Ask- | Description o | | | ■ 2022 (1922) | | _ | | 1 |
| TO BE ABATED | " N | lainter | nance/ | | e., thermal systems i | | | Amount (Specify | Removal | Repair | nca | Enclosure |
| IN Facility (13) | Ci | istodia (12 | l Staff? | | surfacing, VAT, | | | SF or LF) | val | 7 | Encapsulate | sure |
| (10) | Yes | T | | 1 | other miscellane | ous) | | | | | ate | " |
| ce #7 Fios Room | | | | VAT/Ma | astic | | 1 | 350 SF | | | П | |
| Fios Maintenance Room #6 | | | | VAT/Ma | astic | | | 300 SF | | | | |
| SSADC Room #5 | | | | VAT/Ma | astic | | | 250 SF | | | | |
| CFO Office #2 | | | | VAT/Ma | astic | | | 300 SF | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP | , INC. | 100 | NJDEP Hauler II | D No. | Cubic Yards of Waste | Name of Reg | | | | | | |
| City, State | | | 20990 |) | Disposal Date | City, State | | | | | | |
| NEW CASTLE, DE | | | | | TBD | WAYNES | BURG | G, OH | | | | |
| Completed By (Print or Type) Dillan DeCaro | Title Estima | ator | | | Signature | 14 NO 0 | rol . | 10m a | | 1- | 1,0 | |
| SB-41 DD18060 | | | this form | for asbest | os licensure exemp | ted activities. | (S) | 14/4 | -11 | 9-1 | 8 | |

| (Junt 9 # 3933) | 1 | E | (M | E | П | η_{II} | F | - |
|-----------------|---|--------|-----|---|---|-------------|----|----|
| 以此时 葬5933 | 1 | E | 15/ | 5 | | \\\/ | G | |
| | | la die | q | , | 7 | 学ら | 43 | 15 |

| Data of Matification (4) | | | | | | | | | 1 Ou | PU | | 行 | 37- |
|--|---------------|--------------|----------------|---|--|--|--|--|--|------------------|----------------|---------|-------------|
| Date of Notification (1) | 30 / | | 18 | | 1 | | ing Owner/Operator ommunications | (2) | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | SEP | 2 4 | 201 | 8 |
| Agencies Notified ☑ EPA ☑ DOLWD ☑ DOH ☐ DCA | Type Noti | ded dment | # <u>3-9/</u> | | 5 City | eet Address 1 Old Lec , State, Zip landers, I | Igewood Road Code | | ASI | ENT | | 1 | 04.6 |
| (NJAC 5:23-8) | justific | ation) | | ···g | 1 0000 | ne of Conta | | | Telepho | ne Nun | nber | | |
| | ☐ Cance | llation | | | | lark Jenk | | | 215-3 | 65-58 | 70 | | |
| Name of Facility Where A | hatamant : | - T-1-1 | DI | (0) | F | ACILITY | NFORMATION | | | | | | |
| Verizon Netcong C. Street Address 51 Old Ledgewood | 0. | STAKE | ng Pia | ce (3) | | | | Type of Facility ☐ School (K-1 ☐ Subchapter ☑ Other (i.e., homes, etc.) | 12) 8 (Other th private and | an K-12 comme | 2) ercial b | uilding | js, |
| City (5) | | | | | | | | Square Feet | # of Flo | ors | В | ldg. A | ge |
| Flanders, NJ 07836 | | | | | | | | +-10,000 | 1 | | | +-50 | |
| County (6) Morris | | | | | Co | unty Code | (7)(STATE USE ONLY) | Current Use (P Verizon | rior if being | demolis | shed) | | |
| Name of Monitoring Firm | | | | (8) | ASCI | /I No. | Name of Abatem | ent Contractor (9 | 9) | | | | |
| USA Environmental | Managen | nent, | Inc. | | | | | VIRONMENTA | | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| 8436 Enterprise Ave | | | | | | | 1123 BEAVE | R STREET | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip C | ode | | | | | |
| Philadelphia, PA 19 | | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monit | oring Firm | | | Tel | ephone | No. | Telephone No. | | License | No. | | | |
| Mark Jenkins | | | | | - SIN - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1 | 5-5870 | 215-788-6040 | | 0050 | 9 | | | |
| Start Date (10) 8 / 13 / | | | | | | ate (11) 18 | Name of OSHA N | Nonitor VIRONMENTA | I INC | | | | |
| Occupancy Status During | Marie Control | | | | | | Street Address | THO HIS LIVER | L, 1190 | | | | |
| ☐ Facility Closed/Vacated | | | | | ment | | 1123 BEAVE | STREET | | | | | |
| Abatement Performed (| Outside of N | Vorma | Facili | y Hou | rs - De | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement: | AM | P | M/ <u>5:00</u> |)PM-2 | :00AN | l | BRISTOL, PA | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | 10 | action of the first | | | | | |
| _] ≥3 sf or ≥3 lf ⊴ ≥160 sf or ≥260 lf | | | = - | enovat emoliti | | | ☐ Mini-Enc | | | | re | | |
| | | | 1000 | Loca | | | | | | | | ateme | nt Tvr |
| Asbestos-Containing M TO BE ABAT IN Facility (13) | aterial (ACI | VI) | Use Ma | Norma d Sole intena todial (12) | ely by | Asbe (i.e | Description of stos Containing Mai , thermal systems i surfacing, VAT, other miscellaneo | terial (ACM) risulation, or | Amou (Spec SF or I | ify | Removal | | Encapsulate |
| laam did | | | Yes | No | N/A | | | | | | | | te |
| loom #1 | ma #44.5 | | | | | VAT/Ma | | | 150 S | | | | |
| onstruction PPM Roo | m #13 | | | | | VAT/Ma | | | 200 S | 100 | | | |
| oom 15 | | | | | | VAT/Ma | | | 320 S | F | | | |
| | | | | Ц | | VAT/Ma | | | 220 S | | | | |
| ame of Registered Waste SERVICE TRANSPOR | | P, INC | : . | H | JDEP I | O No. | Cubic Yards of Waste | Name of Regis | | | | | |
| ty, State | | | | | 20990 | 1 | Disposal Date | City, State | and the ba | | | | |
| NEW CASTLE, DE | | | | | | | TBD | WAYNESB | IIRG OU | | | | |
| ompleted By (Print or Type |) | Title | | - | | | Signature | | ond, on | 1= | | | |
| Dillan DeCaro | | | timat | or | | | | DeCaro | 1 m | Date | | -10 | P |
| | | 1 | | | | | WULLIN | POLL COUNTY | 1 4111- | 1 1 | -111 | - 81 | 1 |

| | | | | | 0.1- | f D -11 | 11 0 10 | | 1 | 71 (1 | I G | the state of the | 177 | 1. | 2 (III) |
|---|--|------------------------------|--|--|-------------------------------|----------------------------------|---|--|---|-------------------------|--|--------------------|---------|----------------|------------|
| Date of Notification (1) | 30 | / 18 | R | | | | ling Owner/Oper ommunication | | (2) | KI | 111111111111111111111111111111111111111 | Was and the second | 4.50- | | 7 |
| | | | | | | | | าร | | | 000 | | | | |
| Agencies Notified EPA | Type Not Initial | | | * | | et Addres | | | 1 | 3 14 | CEP | 24 | 2018 | | |
| ⊠ DOLWD | ⊠ Amen | | | | _ | | dgewood Roa | d | | | | | | | -direction |
| ⊠ DOH | Amen | dment # | 3-9/ | 10/18 | | , State, Zij | | | and the second | A | SEEATO! | Service | | 1 6 | - |
| DCA | ☐ Emerg | | nclud | ing | - | | NJ 07836 | | I. | , Promise | v-1 | to the second | | - 0.5 | |
| (NJAC 5:23-8) | Cance | cation) | | | | ne of Cont | 32.70% | | | Tel | lephone Nu | ımber | | | |
| | oanoc | Shation | | | | ark Jenk | | | | 2 | 215-365-5 | 870 | | | |
| Name of Facility Where A | \ h = 4 = = = = = 4 | 5- T-13 | DI | (0) | F | ACILITY | INFORMATIO | 4 | | | | | | | |
| Verizon Netcong C. | | is Taking | g Pla | ce (3) | | | | | Type of Facility | | | | | - 5 | |
| Street Address | .0. | | | | | | | | School (K- | 12) | | 401 | | | |
| 51 Old Ledgewood | Pond | | | | | | | | Other (i.e., | private | er than K- | 12) nercial l | huildir | าตร | |
| City (5) | Noau | | | | | | | | nomes, etc | c.) | | ,oroidi i | Dullan | igo, | |
| Flanders, NJ 07836 | | | | | | | | | Square Feet | # (| of Floors | E | Bldg. | Age | |
| County (6) | | | | | 10 | | | | +-10,000 | | 1 | | +-5 | 0 | |
| Morris | | | | | Col | unty Code | (7)(STATE USE ON | LY) | Current Use (F | Prior if b | peing demo | lished) | | | |
| Name of Monitoring Firm | Lliend h. D. | !!-!: 0 | | (0) | 1 | | 122 | | Verizon | | | | | | |
| | | | | (8) | ASCI | /I No. | | | nt Contractor (| | | | | | |
| USA Environmental Street Address | wanager | ment, ii | nc. | | | | | | VIRONMENT | AL, IN | C. | | | | |
| | | | | | | | Street Addres | Ŧ | | | | | | | |
| 8436 Enterprise Ave | | | | | | | | | STREET | | | | | | |
| City, State, Zip Code | 450 | | | | | | City, State, Zi | | | | | | | | - |
| Philadelphia, PA 191 | N. 1.10-12 | | | | | | BRISTOL, | | 19007 | | | | | | |
| Project Manager for Monit | oring Firm | | | 100000000000000000000000000000000000000 | phone | | Telephone No | | | Lic | ense No. | | | | |
| Mark Jenkins | | | | | | 5-5870 | 215-788-6 | | | (| 00509 | | | | |
| Start Date (10) | 10 | Schedu | | | | | Name of OSH | | | | | | | | |
| 8/13/ | 10 | _10 | <u>J</u> . | | / | 18 | BRISTOL | ENV | IRONMENTA | AL. INC | 2 | | | | |
| | | | | | | | | | | , | - | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | - | | | | _ |
| ☐ Facility Closed/Vacated | During En | ntire Peri | od of | Abate | ment | | Street Address | s VER | STREET | | | | | | |
| ☐ Facility Closed/Vacated ☑ Abatement Performed (| During En | ntire Peri Normal F | od of | Abate y Hou | s - Des | scribe | Street Address 1123 BEAN City, State, Zip | VER | STREET | | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (Time of Abatement: | During En Outside of IAM | ntire Peri Normal F | od of | Abate y Hou | s - Des | scribe | Street Address | VER | STREET | | | | | | |
| ☐ Facility Closed/Vacated ☑ Abatement Performed (| During En Outside of IAM | ntire Peri Normal F | od of | Abate y Hou | s - Des | scribe | Street Address 1123 BEAN City, State, Zip BRISTOL, | VER Coo | STREET de 19007 | | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ Scope of Work (Check all t) ☐ ≥3 sf or ≥3 lf | During En Outside of IAM | ntire Perio Normal F | od of Facility 5:00 | Abate y Hour PM-2: | rs - Des 100AM on | scribe | Street Address 1123 BEAV City, State, Zip BRISTOL, | VER O Coo | STREET de 19007 inment with Ne | | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ ☐ Scope of Work (Check all t | During En Outside of IAM | ntire Perio Normal F | od of Facility 5:00 | Abate y Hour PM-2: | rs - Des 100AM on | scribe | Street Address 1123 BEA City, State, Zip BRISTOL, Full C | VER O Coo | STREET de 19007 inment with Ne ssure Procedure | gative F | Pressure | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ Scope of Work (Check all t) ☐ ≥3 sf or ≥3 lf | During En Outside of IAM | ntire Perio Normal F | od of Facilit / <u>5:00</u> | Abate DPM-2: | rs - Des 100AM on on | scribe | Street Address 1123 BEA City, State, Zip BRISTOL, Full C | VER O Coo | STREET de 19007 inment with Ne | gative F | Pressure | Jre | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ Scope of Work (Check all t) ☐ ≥3 sf or ≥3 lf | During En Outside of I AM hat apply) | ntire Perio Normal F | od of Facility /5:00 | Abate by Hour PM-2: enovati emolitic Locat Normal | on ion ly | scribe | Street Address 1123 BEA' City, State, Zip BRISTOL, Full C Mini-E Glove Non-E | PA onta | STREET de 19007 inment with Ne ssure Procedure | gative F | Pressure | | patem | ent 7 | ур |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: Scope of Work (Check all to) ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma | During En Outside of IAM hat apply) f aterial (ACI | Normal F | od of Facilities | Abate y Hour PPM-2: enovati emolitic Locat Normal | on on ly ly by | Asbe | Street Address 1123 BEAV City, State, Zip BRISTOL, Full C Mini-E Glove Non-E | PA contaction of Mate | STREET de 19007 inment with Ne sure Procedure pted (*) and No | gative F | Pressure ble Procedu | Ab | | 1 | T |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: Scope of Work (Check all t ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Manual Pacatement: | During En Outside of IAM hat apply) f aterial (ACI | Normal F | od of acility. | Abate y Hour DPM-2: enovati emolitical Locat Normal d Sole intena | on on ly ly by nce/ | Asbe | Street Address 1123 BEAV City, State, Zip BRISTOL, Full C Mini-E Glove Non-E Descriptionstos Containing thermal system | PA Conta Con | STREET de 19007 inment with Ne sure Procedure pted (*) and No erial (ACM) sulation, | gative F | Pressure Dile Procedu Amount Specify | Ab | | 1 | T |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: Scope of Work (Check all to) ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Ma | During En Outside of IAM hat apply) f aterial (ACI | Normal F | od of acility. | Abate y Hour PPM-2: enovati emolitic Locat Normal | on on ly ly by nce/ | Asbe | Street Address 1123 BEAY City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing thermal system surfacing, W | PA Conta Conta | inment with Nessure Procedure apted (*) and No | gative F | Pressure ple Procedi | | Patem | 1 | T |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ Scope of Work (Check all t ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Management ☐ BE ABATI ☐ IN Facility | During En Outside of IAM hat apply) f aterial (ACI | ntire Peri Normal F PM | od of acility. | Abate y Hour PM-2: enovati emolitic Locat Normal ed Sole intenaited al | on on ly ly by nce/ | Asbe | Street Address 1123 BEAV City, State, Zip BRISTOL, Full C Mini-E Glove Non-E Descriptionstos Containing thermal system | PA Conta Conta | inment with Nessure Procedure apted (*) and No | gative F | Pressure Dile Procedu Amount Specify | Ab | | en Encapsulate | T |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ Scope of Work (Check all t ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Management ☐ BE ABATI ☐ IN Facility | During En Outside of IAM hat apply) f aterial (ACI | ntire Peri Normal F PM | od of Facility /5:00 | Abate y Hour PM-2: enovation Locat Normal d Sole intenaited (12) | on ly ly by nce/Staff? | Asbe | Street Address 1123 BEA City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing thermal system surfacing, V other miscella | PA Conta Conta | inment with Nessure Procedure apted (*) and No | gative F | Pressure Procedulation Procedulati | Removal | Repair | 1 | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ Scope of Work (Check all t ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Management | During En Outside of IAM hat apply) f aterial (ACI | ntire Peri Normal F PM | od of Facilities | Abate y Hour PM-2: enovati emolitic Locat Normal d Sole intena iodial S (12) No | on ly ly by nce/Staff? | Asbe (i.e | Street Address 1123 BEAV City, State, Zip BRISTOL, Street Address 1123 BEAV City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing thermal system surfacing, V other miscella | PA Conta Conta | inment with Nessure Procedure apted (*) and No | gative F | Pressure Die Procedo Amount Specify F or LF) | Removal | Repair | Encapsulate | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: | During En Outside of IAM hat apply) f aterial (ACI | Mormal F | od of facilities | Abate y Hour PM-2: enovati emolitic Locat Normal d Sole intena todial S (12) No | on ly ly by nce/ Staff? | Asbe: (i.e | Street Address 1123 BEAV City, State, Zip BRISTOL, Street Address 1123 BEAV City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing thermal system surfacing, V other miscella | PA Conta Conta | inment with Nessure Procedure apted (*) and No | gative F | Pressure Procedulation Procedulati | Removal | Repair | 1 | T |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: Scope of Work (Check all to) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Manual Facility (13) ☐ BE ABATI (13) | During En Outside of IAM hat apply) f aterial (ACI | mire Perin Normal F PM | od of of odd odd | Abate y Hour PM-2: enovati emolitic Locat Normal d Sole intena iodial \$ (12) No | on ly ly by nce/Staff? | Asbe (i.e | Street Address 1123 BEAV City, State, Zip BRISTOL, Street Address 1123 BEAV City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing thermal system surfacing, V other miscella | VER O Coo PA Conta Enclo bag Exem n of Mate | inment with Nessure Procedure apted (*) and No | gative F | Pressure Die Procedo Amount Specify F or LF) | Removal | Repair | Encapsulate | |
| □ Facility Closed/Vacated □ Abatement Performed (□ Time of Abatement: □ Scope of Work (Check all t □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of □ Asbestos-Containing Mia □ D BE ABATI □ IN Facility □ (13) □ Storeroom | During En Outside of IAM that apply) f aterial (ACI | mire Perin Normal F PM | od of facilities | Abate y Hour PM-2: enovati emolitic Locat Normal d Sole intena iodial \$ (12) No | on ly ly by nce/ Staff? | Asbe (i.e | Street Address 1123 BEAY City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing in, thermal system surfacing, V other miscella | PA onta enclo bag exem n of Maten AT, c | inment with Nessure Procedure apted (*) and No | gative F | Pressure Die Procedo Amount Specify F or LF) | A Removal | Repair | Encapsulate | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ Scope of Work (Check all to the second s | During En Outside of IAM hat apply) f aterial (ACI ED | M) | od of of odd odd | Abate by Hour PM-2: enovati emolitical Locat Normal ed Sole intensitodial S (12) No | on on ly ly by nce/ Staff? | Asbe (i.e VAT/Ma VAT/Ma | Street Address 1123 BEAY City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing in surfacing, V other miscella stic Cubic Yards of | VER OCOUTANT | inment with Nessure Procedure apted (*) and No | gative F | Pressure Procedulation Amount Specify F or LF) OO SF 80 SF | Removal | Repair | Encapsulate |] |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: ☐ Scope of Work (Check all to expect to expe | During En Outside of IAM hat apply) f aterial (ACI ED | M) | od of of odd odd | Abate y Hour PM-2: enovati emolitic Locat Normal do Sole intenat todial \$ (12) No | on on ly ly by nce/Staff? | Asber (i.e VAT/Ma | Street Address 1123 BEAY City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing in, thermal system surfacing, V other miscella | VER OCOUTANT | inment with Nessure Procedure apted (*) and No | gative Fon-Friab | Pressure Die Procedi Amount Specify F or LF) 00 SF 80 SF | A Removal | Repair | Encapsulate |] |
| Facility Closed/Vacated Abatement Performed (Time of Abatement: Scope of Work (Check all to the companies of the companie | During En Outside of IAM hat apply) f aterial (ACI ED | M) | od of of acilities | Abate y Hour PM-2: enovati emolitic Locat Normal do Sole intenat todial \$ (12) No | on on ly ly by nce/ Staff? | Asber (i.e VAT/Ma | Street Address 1123 BEAY City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing in surfacing, V other miscella stic Cubic Yards of | VER OCOO PA onta Enclo bag Exem n of Mateins in AT, coneou | inment with Nessure Procedure pted (*) and No | gative Fon-Friab | Pressure Die Procedi Amount Specify F or LF) 00 SF 80 SF | A Removal | Repair | Encapsulate | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed (☐ Time of Abatement: | During En Outside of IAM hat apply) f aterial (ACI ED | M) | od of of acilities | Abate y Hour PM-2: enovati emolitic Locat Normal do Sole intenat todial \$ (12) No | on on ly ly by nce/Staff? | Asber (i.e VAT/Ma | Street Address 1123 BEA¹ City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing thermal system surfacing, V other miscella stic Cubic Yards of Waste | VER OCOO PA onta Enclo bag Exem n of Mateins in AT, coneou | inment with Ne source Procedure apted (*) and No sulation, or Jus) Name of Regis MINERVA | gative F pn-Friab (% SI | Pressure Procedulation Amount Specify For LF) OO SF 80 SF | A Removal | Repair | Encapsulate |] |
| □ Facility Closed/Vacated □ Abatement Performed (□ Time of Abatement: □ Scope of Work (Check all to the companies of | During En Outside of IAM hat apply) f aterial (ACI ED Hauler | M) | od of of acilities | Abate y Hour PM-2: enovati emolitic Locat Normal do Sole intenat todial \$ (12) No | on on ly ly by nce/Staff? | Asber (i.e VAT/Ma | Street Address 1123 BEAY City, State, Zip BRISTOL, Full C Glove Non-E Description stos Containing in, thermal system surfacing, V other miscella Stic Cubic Yards of Waste Disposal Date | VER OCOO PA onta Enclo bag Exem n of Mateins in AT, coneou | inment with Ne source Procedure apted (*) and No sulation, or us) Name of Regis | gative F pn-Friab (% SI | Pressure Ole Procedo Amount Specify F or LF) OO SF 80 SF andfill FILL OH | A Removal | Repair | Encapsulate | |

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| 1 | 6 |
| 1100 | FL. |
| | Pa. |

| Dillan DeCaro | E | stima | tor | | | 10,00 | n De Car | 0/10 | 9/5 | -/ | , , | _, |
|--|--|----------|-------------------------|-----------------|----------------------|---|----------------------------------|---|-----------|--------|-------------|---------------------------------------|
| NEW CASTLE, DE ompleted By (Print or Typ | e) Title | e | | | | TBD Signature | WAYNESB | URG, OH | ite | | | |
| SERVICE TRANSPOR | | C. ' | 0.683 | dauler 2099 | ID No. | Waste Disposal Date | MINERVA L | | | | | |
| ame of Registered Waste | Hauler | | | NJDEP | Waste | Cubic Yards of | Name of Regist | ered Landell | | | | |
| | | | | | VAT/Ma | ISUC | | 320 SF | | | | 1 |
| allway | | | | | | | | 200 SF | | | | 1 |
| onstruction PPM Roo | om #13 | | H | | VAT/Ma | | | 150 SF | | | | 1 |
| oom #1 | | | | | VAT/Ma | etic | | 450.00 | - | | _ | 1 |
| IN Facility (13) | | Yes | (12) No |) | _ | surfacing, VAT, other miscellane | | SF or LF) | val | | Encapsulate | |
| Location of Asbestos-Containing M TO BE ABAT | aterial (ACM) ED | Us M: | Norm ed So ainten | ally lely by | (i e | Description o estos Containing Ma e., thermal systems | terial (ACM) nsulation, | Amount (Specify | A Removal | Repair | | У |
| ≥3 sf or ≥3 if ≤≥160 sf or ≥260 if | | D | enova emolit | ion | , | | Procedure | native Pressure | | | | |
| Facility Closed/Vacated Abatement Performed Time of Abatement: cope of Work (Check all | During Entire Per Outside of Norma AMP | eriod o | f Abat | urs - De | escribe Vi | 1123 BEAVE City, State, Zip Co BRISTOL, PA | ode | | | | | |
| 8 / 13 / | 18 ** | 10_ | / | | | | VIRONMENTA | L, INC | | 11 | | |
| Start Date (10) | Sche | duled | | | 35-5870 Date (11) | 215-788-6040 Name of OSHA N | | 00509 | | | | |
| Project Manager for Monit Mark Jenkins | oring Firm | | | lephon | | Telephone No. | | License No. | | | | - |
| Philadelphia, PA 19 | | | | | | BRISTOL, PA | 19007 | | | | | |
| City, State, Zip Code | 274G2G2 | | | | | City, State, Zip C | | | | | | _ |
| 8436 Enterprise Ave | 1 | | | | | 1123 BEAVE | R STREET | | | | | |
| Street Address | | | - | 1 | | Street Address | VINORIVIEN I A | L, INC. | - | | | _ |
| USA Environmental | | | (0) | ASC | IVI INO. | Name of Abatem | ent Contractor (9) VIRONMENTA | | | | | |
| Morris Name of Monitoring Firm | Hired by Ruildina | Owne | r /0\ | ACC | M No. | Nowf Al - | Verizon | | 58 | | | |
| County (6) | | | | Co | ounty Code | (7)(STATE USE ONLY) | 1 | rior if being demol | ished) | | | - |
| City (5) Flanders, NJ 07836 | | | | | | | Square Feet | # of Floors | E | ldg. A | | _ |
| 51 Old Ledgewood | Road | | | | | | Other (i.e., phomes, etc. | private and comme | ercial b | uildin | gs, | |
| Street Address | | | | | | | ☐ Subchapter | 8 (Other than K-1 | 2) | | | |
| Verizon Netcong C. | | ing Pia | ce (3) | | | | Type of Facility ☐ School (K-1) | | | | | |
| Name of Facility Where A | hatement is Taki | na Pla | 20 (2) | | ACILITY | INFORMATION | 1 | | | | | |
| | L Cancellation | | | | Mark Jenk | | | 215-365-58 | 70 | | | |
| (NJAC 5:23-8) | justification) Cancellation | | | | me of Cont | | | Telephone Nur | mber | | | - |
| ☐ DCA | ☐ Emergency | (includ | | | | NJ 07836 | | | | 1 | - I | |
| ☑ DOLWD ☑ DOH | Amended Amendment | #2-9/ | 5/1 R | | y, State, Zip | | | ASICALS | | | | e e e e e e e e e e e e e e e e e e e |
| ⊠ EPA | ☑ Initial | | | | | dgewood Road | 1 | A FERRAL PROPERTY AND | | | | |
| Agencies Notified | Type Notification | | | | reet Addres | | | SEP SEP | 24 | 201 | 8 | |
| | | 18 | | | | ommunications | | | | | | |

State of NOTIFICATION OF A (Pursuant to N.

ASCM No.

Telephone No.

Scheduled Completion Date (11)

PM/5:00PM-2:00AM

215-365-5870

| | | | | | | _ | | | |
|-------------|----------------------|--|------------------------|--|--------------------------------------|-------|--------|----------|--|
| TIOI | N OF AS | lew Jersey BESTOS ABA AC 8:60 and 5:1 | | | ECE | 9 | | | Control of the Contro |
| | | ng Owner/Operator | (2) | | 055.04 | 00 | 100 | 1 | 111 |
| Ve | rizon Co | mmunications | | 1. 4 | SEP 24 | 20 | 16 | | -/ |
| | t Address Old Led | gewood Road | the 603 lik lantageroo | a reconstruction of the same | Advisoro | ÇE. | | | |
| City, | State, Zip | Code | į | - | | | - 11 | | - 1 |
| Fla | nders, N | J 07836 | | | | | - | | |
| Name | of Contac | ct | | | Telephone Numb | er | | | |
| Ma | rk Jenkii | าร | | | 215-365-5870 |) | | | |
| FA | CILITY II | NFORMATION | | | | | | | |
| | | | Other (i homes, | (K-12) pter 8 (.e., priv etc.) | Other than K-12) rate and commerc | ial b | uildin | gs, | |
| | | | Square Fee | | # of Floors | В | ldg. A | ge | |
| | | | +-10,000 | | 1 | | ÷-50 | 1 | |
| Cour | nty Code (7 | ()(STATE USE ONLY) | Current Us Verizon | | if being demolish | ed) | | | |
| SCM | No. | Name of Abateme BRISTOL EN Street Address 1123 BEAVER | VIRONMEI | 2000 | INC. | | | | |
| | | City, State, Zip Co BRISTOL, PA | | | | | | | |
| hone | | Telephone No. | | | License No. | | | | |
| -365 | -5870 | 215-788-6040 | | | 00509 | | | | |
| on Dat | te (11) 18 | Name of OSHA M BRISTOL ENV | | VTAL, | INC | | | | |
| | | Street Address | | | | | - | | |
| ent | | 1123 BEAVER | STREET | | | | | | |
| - Des | cribe | City, State, Zip Co | de | | | | - | | |
| MA <u>0</u> | | BRISTOL, PA | 19007 | | | | | | |
| 1 | de . | □ Full Conta □ Mini-Encl □ Glovebag □ Non-Exer | osure Procedure | | ive Pressure | | | | |
| n | | egant to the street on | 20 | | | Ab | atem | ent T | уре |
| by | Asbes | Description of stos Containing Mat | erial (ACM) | | Amount | Rei | Rep | <u>m</u> | Enc |
| :e/ | | | | 1 | · ··········· | 3 | 0 | 0 | 10 |

| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | novati molitic | | | ☐ Mini-End | g Procedure | egative Pressure on-Friable Procedu | ure | | | |
|--|--------------|------------|-------------------------------------|------------------------------|------------|--|---|-------------------------------------|---------|--------|-------------|-----------|
| Location of | | | Locat | 255 | | | 5000 | | - | atem | ent T | уре |
| Asbestos-Containing Material (A TO BE ABATED IN Facility (13) | CM) | Use Mai | d Sole intena odial ((12) | ely by nce/ | Asb (i. | Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane | aterial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | te | |
| Ice #7 Fios Room |] | | | \boxtimes | VAT/M | astic | | 350 SF | | | П | In |
| Fios Maintenance Room #6 |] | | | | VAT/M | astic | | 300 SF | | | П | П |
| SSADC Room #5 |] | | | \boxtimes | VAT/M | astic | | 250 SF | | | П | П |
| CFO Office #2 | | | | | VAT/M | astic | | 300 SF | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, I | | | Н | JDEP V auler III 20990 | No. | Cubic Yards of Waste | | stered Landfill LANDFILL | 1 23 | T | | |
| City, State NEW CASTLE, DE | | | | 20000 | | Disposal Date TBD | City, State WAYNESE | BURG, OH | | | | |
| Completed By (Print or Type) Dillan DeCaro | Title Est | timat | or | | | Signature Dillan | DeCou | Did Di | ate 9/3 | 5/ | 18 | - |

JAN 13 DD / 8 0 6 0 XX - NOTE: BACK ON

Date of Notification (1)

Agencies Notified

(NJAC 5:23-8)

Verizon Netcong C.O.

Flanders, NJ 07836

8436 Enterprise Ave City, State, Zip Code

Philadelphia, PA 19153 Project Manager for Monitoring Firm

Time of Abatement: AM-

Scope of Work (Check all that apply)

51 Old Ledgewood Road

⊠ EPA

⊠ DOH

☐ DCA

⊠ DOLWD

Street Address

City (5)

County (6)

Morris

Street Address

Mark Jenkins

Start Date (10)

7

30

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

18 Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe

USA Environmental Management, Inc.

Type Notification

18

Amendment #2-9/5/18

☐ Emergency (including

justification) ☐ Cancellation

> * Do not use this form for asbestos licensure exempted activities. SITE 9/5/18

Pg.1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN

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|---|---|----------------|--------|-------------|---------------------|----------|
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| | Telephone Nu 215-365-5 | | i i | | | |
| Facilition (K- chapte r (i.e., es, etc | 12) r 8 (Other than K- private and comm | 12) nercial | buildi | ngs, | 9 | |
| Feet | # of Floors | | Bldg. | Age | | \dashv |
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| | AL, INC. | | | | | 4 |
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| | 350 SF | | | | | |
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| | tered Landfill | | | | _ | |
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| | | | | 1 | | JAC 8:60 and 5: | 10) | | | | | |
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| Date of Notification (1) | | | | | | ling Owner/Operator | (2) | 11 11 | SEP | 2/ | 201 | 8_ |
| 7 / | 30 / | 18 | _ | 1 | erizon C | ommunications | | | | | | |
| Agencies Notified | Type Notifi | ication | | Str | eet Address | S | | 17.3 | 7.15 | 271 | | |
| ⊠ EPA ⊠ DOLWD | ⊠ Initial | | | | 1 Old Led | igewood Road | | I make some | | | | 1767 |
| ⊠ DOLWD | ⊠ Amenda Amenda | ea ment # 1- | 3/20/1 | R Cit | y, State, Zip | Code | 3 | | | | | |
| □ DCA | ☐ Emerge | | | <u> </u> | landers, I | NJ 07836 | | | | | | |
| (NJAC 5:23-8) | justifica | tion) | | Na | me of Conta | act | | Telephone | e Numb | er | | |
| | ☐ Cancella | ation | | _ N | lark Jenki | ins | | 215-36 | | | | |
| | | | | F | ACILITY I | NFORMATION | | | | | | |
| Name of Facility Where | | Taking F | lace (3 |) | | | Type of Facility | (4) | | | | |
| Verizon Netcong C | ;.O. | | | | | | School (K-1 | 2) | | | | |
| Street Address | | | | | | | ☐ Subchapter ☐ Other (i.e., | 8 (Other than | 1 K-12) | | | |
| 51 Old Ledgewood | Road | | | | | | homes, etc. | .) | mmerc | ial bu | uilding | S, |
| City (5) | | | | | | | Square Feet | # of Floor | rs | BI | ldg. Ag | ne ne |
| Flanders, NJ 07836 | 3 | | | | | | +-10,000 | 1 | | - 1 | +-50 | ,- |
| County (6) | | | | Co | unty Code (| (7)(STATE USE ONLY) | Current Use (P | rior if being de | emolish | ied) | | |
| Morris | | | | | | | Verizon | - | | , | | |
| Name of Monitoring Firm | 1055 | | | ASC | VI No. | Name of Abateme | ent Contractor (9 |) | | | | |
| USA Environmenta | I Managem | ent, Inc | | | | BRISTOL EN | VIRONMENTA | L, INC. | | | | |
| Street Address | | | | | | Street Address | | | | | - | |
| 8436 Enterprise Ave | е | | | | | 1123 BEAVE | RSTREET | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | de | | | | | |
| Philadelphia, PA 19 | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monit | toring Firm | | | elephon | | Telephone No. | | License N | lo. | | | - |
| Mark Jenkins | | | 1 | 015 00 | | | | A Company of the Comp | | | | |
| | <u>E</u> | | | | 5-5870 | 215-788-6040 | | 00509 | | | | |
| Start Date (10) | | Schedule | Comp | pletion D | ate (11) | Name of OSHA M | | | | | _ | |
| Start Date (10)8 /13 / | 18 | ON | Comp | oletion D | ate (11) | | | | | | | |
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Pg. 2

| Date of Notification (1) | | | | Na | me of Build | ling Owner/Operator | (2) | SEP | 7) 7) | 201 |) | |
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| 7 / 30 | / | 18 | | | | ommunications | | IN OLI | C 4 | CUII | 3 | - |
| Agencies Notified Type N | otification | on | | Str | eet Addres | S | 1 | 1 | | | | |
| ⊠ EPA ⊠ Initi | al | | | 5 | 1 Old Led | dgewood Road | | ASSUME | 1.1 | | 17 1 | |
| ☑ DOLWD ☑ Am | | | | City | y, State, Zip | 177 | 1 | | | - | | |
| | endment | | | | landers, | | | ₩ | | | | |
| | ergency ification) | | ing | | ne of Conta | | | Tolonh | | | | |
| | cellation | | | | ark Jenk | | | Telephone Nu 215-365-58 | | | | |
| | POLINIL LINE | | | | | NFORMATION | | 215-365-58 | 370 | | | |
| Name of Facility Where Abatemen | nt is Tak | ing Pla | ce (3) | | | Grandinon | Type of Facility | (4) | | | | |
| Verizon Netcong C.O. | | | | | | | School (K-1 | | | | | |
| Street Address | | | | | | 7 | ☐ Subchapter | 8 (Other than K. | (2) | | | |
| 51 Old Ledgewood Road | | | | | | | Other (i.e., phomes, etc. | private and comm | ercial | buildir | ngs, | |
| City (5) | | | 10101 | | | | Square Feet | The second second second second | | | | |
| Flanders, NJ 07836 | | | | | | | +-10,000 | # of Floors | I | Bldg. | - | |
| County (6) | | | - | Co | unty Code | (7)(STATE USE ONLY) | | 1 | | +-5 | 3 | |
| Morris | | | | 100 | unity Code | (1)(STATE USE CIVLY) | Current Use (Pr | rior if being demo | ished) | | | |
| Name of Monitoring Firm Hired by | Ruilding | Owno | - /0\ | ASCI | 4.610 | Talama of Alast | Verizon | | | | | |
| USA Environmental Manag | | | (0) | ASU | VI NO. | Name of Abatem | | | | | | St. Harris |
| Street Address | ement, | mc. | | | | | VIRONMENTA | L, INC. | | | | |
| 8436 Enterprise Ave | | | | | | Street Address | | | | | | |
| | | | | | | 1123 BEAVE | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | 200 | | | |
| Philadelphia, PA 19153 | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monitoring Fire | n | | 1 | ephone | | Telephone No. | | License No. | | | | |
| Mark Jenkins | | | 1 | | 5-5870 | 215-788-6040 | | 00509 | | | | |
| Start Date (10) 8 / 13 / 18 | Sche | duled (| | | ate (11) | Name of OSHA M | | | | | | |
| | 7 | 1/0 | | tol | | BRISTOL EN | VIRONMENTAL | L, INC | | | | |
| Occupancy Status During Abateme | | | | | | Street Address | | | | C | | |
| Facility Closed/Vacated During I | Entire Pe | eriod of | Abate | ement | | 1123 BEAVER | STREET | | | | | |
| Abatement Performed Outside of Time of Abatement:AM | Norma P | M/5·0 | TOM-2 | ·nnan | scribe | City, State, Zip Co | de | | | | | |
| | | 10110.00 | 21 101-2 | .00/10 | la . | BRISTOL, PA | 19007 | | | | | |
| Scope of Work (Check all that apply | /) | | | | | M Full Cont | inmant with Ma | # PE | | | | |
| ≥3 sf or ≥3 lf | | ⊠ R€ | enovat | ion | | ☐ Mini-Encl | ainment with Neg | ative Pressure | | | | |
| ≥160 sf or ≥260 if | | ☐ De | emoliti | on | | ☐ Glovebag | Procedure | | | | | |
| | | т. | | | | ☐ Non-Exer | npted (*) and Nor | n-Friable Procedu | re | | | |
| Location of | | | Loca: Norma | | | 12 8 8 | | | Ab | atem | ent T | vpe |
| Asbestos-Containing Material (A | CM) | | d Sole | | Ashe | Description of stos Containing Mate | orial (ACM) | | 7/00 | _ | | T |
| TO BE ABATED | :::::::::::::::::::::::::::::::::::::: | 100000 | intena | | (i.e. | , thermal systems in | nsulation, | Amount (Specify | Removal | Repair | nca | nclo |
| IN Facility (13) | | Cus | todial (12) | Stan? | | surfacing, VAT, | or | SF or LF) | oval | 7 | psu | Enclosure |
| (10) | | Yes | No | N/A | | other miscellaneo | us) | | | | Encapsulate | 9 |
| Room #1 | | | | | VAT/Ma | stic | | 450.05 | - | _ | | |
| Construction PPM Room #13 | | | | | VAT/Ma | | | 150 SF | | | | |
| laliway | | | | | VAT/Ma | | | 200 SF | | | | |
| | | | = | | VAINNA | Stic | | 320 SF | | | | |
| ame of Decistored Maste Haules | | | | | <u> </u> | | | | | | | |
| ame of Registered Waste Hauler | ID | | 10333 | JDEP \ auler ID | | Cubic Yards of Waste | Name of Registe | | | | | |
| SERVICE TRANSPORT GRO | UP, INC | ·· | | 20990 | | Tuole | MINERVA L | ANDFILL | | | | |
| ity, State | | | | | | Disposal Date | City, State | | | | - | |
| NEW CASTLE, DE | | | | | | TBD | WAYNESBU | IRG, OH | | | | |
| ompleted By (Print or Type) | Title | | | | | Signature | | , Dat | te | | | |
| Dillan DeCaro | Es | timat | or | | | | De Caro | | -2 | ^ - | 10 | |
| B-41 | | | | | | 1 July | In Cova | 7 0 | d | 0- | 18 | |

| | , 1 | | NO | | | | SBESTOS ABA IAC 8:60 and 5:1 | | To alch | # | 3 | 4) | 14 | | | |
|---|--------------------|-----------|----------|---|---|----------------|--|---------------------------------------|--------------------------------------|---------|---|-------------|-----------|--|--|--|
| Date of Notification (1) | | | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | 127 | | -11 | | | |
| 7 / | 30 / | 18 | 8 | St. | | | | (2) | | 0.4 | 0046 | 1 | | | | |
| Agencies Notified | Type Notifi | ication | | | Stre | et Address | 1 | | SEP_ | 24 | 2018 | 5 | 11 | | | |
| Ø EPA 4395 | | | | | 5 | 1 Old Led | gewood Road | | Address to a | | | | Santage | | | |
| Ø DOLWD 9319 | ☐ Amende | | | | 1 | , State, Zip | 19 | | A ST ST ST | 10 A 10 | C | - 6 | - Altred | | | |
| Ø DOH \$206 | Amendr | | | | 1000 | anders, I | | | | | | | | | | |
| DCA (NJAC 5:23-8) | ☐ Emerge justifica | | ncludir | ng | - | ne of Conta | | · · · · · · · · · · · · · · · · · · · | 17.1.1 | | · • · · · · · · · · · · · · · · · · · · | | | | | |
| (140/10 0.20-0) | Cancella | | | | | ark Jenki | <u> </u> | | Telephone Nu | | | | | | | |
| | | | | | | | NFORMATION | | 215-365-5870 | | | | | | | |
| Name of Facility Where A | Abatement is | Taking | a Plac | e (3) | - 17 | CILITI | MINIMINIA LION | Type of Facili | cility (4) | | | | | | | |
| Verizon Netcong C. | | 1 4/1/1/2 | 9 . 100 | · (0) | | | | Type of Faciliti | | | | | | | | |
| Street Address | | | | | | | | ☐ Subchapte | r 8 (Other than K-1 | 12) | | | | | | |
| 51 Old Ledgewood | Road | | | | | | 9 | Other (i.e., | e., private and commercial buildings | | | | | | | |
| City (5) | 11000 | | | | | | | nomes, etc | C.) | | | | | | | |
| Flanders, NJ 07836 | | | | | Square F | | | | # of Floors | E | Bldg. A | \ge | | | | |
| County (6) | | - | | | 10- | b. O - d - 1 | 71/07/77 1/07 01816 | +-10,000 | 1 +-50 | | | | | | | |
| Morris | | | | | Col | inty Code (| 7)(STATE USE ONLY) | | Prior if being demo | lished) | | | (er. | | | |
| Name of Monitoring Firm | Liliand has Dadi | 1-1! 0 | | (0) | 1000 | | | Verizon | | | | | | | | |
| | | | | (8) | ASCN | No. | Name of Abateme | | \$1. 5 .7) | | | | | | | |
| USA Environmental | wanagem | ent, II | nc. | | | | BRISTOL EN | VIRONMENT | AL, INC. | | | | | | | |
| Street Address | | | | | | | Street Address | | | 84.6 | | | | | | |
| 8436 Enterprise Ave | | | | | | | 1123 BEAVE | | | | | | | | | |
| City, State, Zip Code | 450 | | | | | | City, State, Zip Co | | | | | | | | | |
| Philadelphia, PA 19 | | | | | | | BRISTOL, PA | 19007 | | | | | | | | |
| Project Manager for Monit | oring Firm | | | 1 | ephone | | Telephone No. | | License No. | | | | | | | |
| Mark Jenkins | | | | | | 5-5870 | 215-788-6040 | | 00509 | | | | | | | |
| Start Date (10) | C050567 | | | | | ate (11) | Name of OSHA M | | | | | | | | | |
| 8/13/_ | 18 | 8 | 3_ / | _3 | 1_/ | 18 | BRISTOL EN | VIRONMENTA | AL, INC | | | | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | - | | | | |
| ☐ Facility Closed/Vacated | During Entir | re Peri | iod of | Abate | ment | | 1123 BEAVER | STREET | | | | | | | | |
| Abatement Performed (| Outside of No | ormal F | Facility | y Hou | rs - Des | scribe | City, State, Zip Co | de | | | - | | | | | |
| Time of Abatement: | | PIVI | 1/5:00 | PIVI-Z | :UUAIVI | | BRISTOL, PA | 19007 | | | | | | | | |
| Scope of Work (Check all t | that apply) | | | | | | _ | | 1 | | | | | | | |
| ≥3 sf or ≥3 lf | | ī | ⊠ Re | novat | ion | | | ainment with Ne | egative Pressure | | | | | | | |
| ≥160 sf or ≥260 lf | | Ĩ | | molitic | | | Glovebag | Procedure | | | | | | | | |
| | | | | | | | ☐ Non-Exen | npted (*) and N | on-Friable Procedu | ire | | | | | | |
| 1 | , | | | Locat lorma | | | | | | Ab | ateme | ent T | ype | | | |
| Location of Asbestos-Containing Management | 53 | 0 | | | ely by | Ashes | Description of stos Containing Mate | | | | T 7 | _ | - | | | |
| TO BE ABAT | ED | ' | | ntena | | (i.e. | , thermal systems in | sulation, | Amount (Specify | Removal | Repair | nca | nclo | | | |
| IN Facility (13) | | | Cust | (12) | Staff? | | surfacing, VAT, | or | SF or LF) | oval | 5 | Encapsulate | Enclosure | | | |
| (13) | | | Yes | No | N/A | | other miscellaneo | us) | | | 1 1 | late | 6 | | | |
| ce #7 Fios Room | | _ | | П | | VAT/Ma: | stic | | 250.05 | F7 | | _ | | | | |
| ios Maintenance Rooi | m #6 | - | | | | VAT/Mas | | | 350 SF | | | | | | | |
| SSADC Room #5 | | - | | | - | | | | 300 SF | | Ш | | | | | |
| CFO Office #2 | | | | | ✓ VAT/Mastic 250 SF ✓ VAT/Mastic 300 SE | | | | | | | | | | | |
| lame of Registered Waste | 1 | | I N | JDEP V | | Cubic Yards of | Name of D | 300 SF | | | | | | | | |
| SERVICE TRANSPOR | , INC. | | Н | auler ID | No. | Waste | Name of Regis | stered Landfill LANDFILL | | | | | | | | |
| ity, State | | | | 20990 | | Disposal Date | City, State | | | | | | | | | |
| NEW CASTLE, DE | | | | | | TBD | WAYNESE | SURG OF | | | | | | | | |
| ompleted By (Print or Type | Title | | | | | Signature | | | | | | | | | | |
| Dillan DeCaro | ' | | imato | or | | | Dillana | DOPAR | 10/91 Da | te | 20- | 15 | > | | | |
| | | | | | | | 10 WWW | | 1 // / | 1 | 111 | 10 | | | | |

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) 30 / Verizon Communications Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 51 Old Ledgewood Road **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Flanders, NJ 07836 ☐ Emergency (including ☐ DCA justification) (NJAC 5:23-8) Name of Contact Telephone Number ☐ Cancellation Mark Jenkins 215-365-5870 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Netcong C.O. School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 51 Old Ledgewood Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Flanders, NJ 07836 +-10.000 1 +-50 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Morris Verizon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Management, Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 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 215-365-5870 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __8 / 13 / 18 8 / 31 / 18 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal 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 lf ⊠ Renovation 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 Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Encapsulate Remova Repair 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 Room #1 X VAT/Mastic 150 SF Construction PPM Room #13 П П X VAT/Mastic 200 SF X Hallway \boxtimes VAT/Mastic 320 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP, INC. Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State

Title

Estimator

NEW CASTLE, DE

JAN 13 DD 18060

Dillan DeCaro

Completed By (Print or Type)

TRD

Signature

WAYNESBURG, OH

| Chicy | 1 | 1 | ITON | | TION rsuan | TOF ASI | BESTOS ABAT 0 8:60 and 5:1 | 6) | DEC | | \mathbb{V} | | |
|---------------------------------|--------------------------|---------|--------|---------|---------------|------------------|--------------------------------------|----------------------------------|-----------------------|-----------|--------------|-------------|-----------|
| Date of Notification (1) 9 / | 14 / | 18 | | | | omilia mananasa. | Owner/Operator (Economic Deve | | SEF | 24 | 201 | 8 | |
| Agencies Notified | Type Notifica | 7-02-0 | | | | Address | | nop.none / tatal | | | | | |
| ⊠ EPA | ☐ Initial | 111011 | | | | | te Street, PO Bo | v 990 | ASSEST | OS GO | MIR | 01.8 | |
| ☑ DOLWD | ☐ Amended | | | | | State, Zip C | | X 330 | | ALM NEW | NITO. | | |
| □ DOH | _ Amendme | | | | | nton, NJ | | | | | | | |
| DCA | ☐ Emergend justification | | luding | | | of Contact | | | Telephone Nur | mher | - | | - |
| (NJAC 5:23-8) | ☐ Cancellati | | | | | n Catapa | • | | 609-858-66 | | | | |
| | | | | | 200000 | | FORMATION | | 000 000 00 | | | | _ |
| Name of Facility Where A | Ahatement is T | aking | Place | (3) | FAG | JILII I IN | FORMATION | Type of Facility | (4) | | | | |
| Myer Center - Lab I | | | | (0) | | | | ☐ School (K-12 | | | | | |
| Street Address | | | | | | | | Subchapter 8 | Other than K-1 | | | | |
| Corput Drive Plaza | | | | | | | | Other (i.e., pr homes, etc.) | | ercial bu | ilding | S, | |
| City (5) | | | | | | | | Square Feet | # of Floors | BI | dg. Ag | ae | |
| Tinton Falls | | | | | | | | 41,400 | 1 | | 48 Y | 9.5 | XI. |
| County (6) | | | | | Cour | ty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demo | lished) | | | |
| Monmouth | | | | | | | | Offices | | | | | |
| Name of Monitoring Firm | Hired by Build | ling Ov | wner (| 8) | ASCM | No. | Name of Abatem | ent Contractor (9) | | | *** | | \neg |
| T&M Associates | | | | | | | Tricon Enter | prises, Inc. | | | | | |
| Street Address | | | 1 | | | | Street Address | | | | | | |
| 40 Monmouth Park | Highway, S | uite 2 | 2 | | | | 322 Beers St | reet | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip C | ode | | | | | |
| West Long Branch, | NJ 07764 | | | | | | Keyport, NJ | 07735 | | | | | |
| Project Manager for Mon | itoring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | |
| Kevin Burns | | | | 73 | 32-676 | -1725 | 732-739-1200 |) | 1095 | | | | |
| Start Date (10) | 50000 | | | | tion Da | | Name of OSHA N | Monitor | | | | | |
| 9 / 24 / | 18 | 10 | _ / | 31 | _ / - | 18 | N/A | | | | | | |
| Occupancy Status During | Abatement (C | Check | only o | ne) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate | 2.77 | | | | | | | | | | | | |
| Abatement Performed | | | | | | | City, State, Zip C | ode | | | | | |
| Time of Abatement: _ | | FIVI | | F IVI- | | AIVI | | | | | | | |
| Scope of Work (Check al | I that apply) | | | | | | M Full Con | tainment with Neg | nativo Proceuro | | | | |
| ≥3 sf or ≥3 lf | | | Re | | | | ☐ Mini-End | | jative Flessule | | | | |
| ≥160 sf or ≥260 lf | | I | ⊠ De | molitio | n | | ☐ Gloveba | g Procedure empted (*) and No | n Frieble Dress | lusa | | | |
| | | T | le | Locat | ion | | M MOII-EXE | empted (*) and No | n-rhable Proced | | | ant T | |
| Location | of | | | lorma | | | Description | of | | - | atem | | T |
| Asbestos-Containing | Material (ACM | 1) | | d Sole | ely by | | stos Containing Ma | aterial (ACM) | Amount | Rem | Repair | inca | ncl |
| TO BE ABA | | | | | Staff? | (i.e | ., thermal systems surfacing, VAT | | (Specify SF or LF) | Removal | air | psu | Enclosure |
| (13) | ity . | | | (12) | _ | | other miscellane | | 01 01 21 7 | - | | Encapsulate | 9 |
| | | | Yes | No | N/A | | | | | | | | |
| See Attached | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | П | \Box | | | | | | | | |
| Name of Registered Was | ste Hauler | | | _ N | JDEP I | | Cubic Yards of | Name of Regis | stered Landfill | | | | |
| Olexion Rubbish H | auling, Inc. | | | H | 14042 | | Waste 1.000 | Waste Mar | nagement, Fai | rless | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| South Plainfield, N. | J | | | | | | 10/31/2018 | Morrisville | , PA 19067 | | | | |
| Completed By (Print or T | ype) | Title | | | | | Signature | 7 / | 7. | Date / | 1. | ~ | |
| Thomas Camarda | | Sr | . Proj | ect N | lanag | er | \ \ \ \ \ | 2 | Removed | 9/1 | 1// | 8 | |

DOL Asbestos Notification asb-41-unprotected State of New Jersey

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

SEP 2 4 2018

Name of Facility Where Abatement is Taking Place (3)

Myer Center - Lah Ruiding 2705

| Myer Center - Lab Building 2705 | i iacc (| -/ | | | - | | | | 1 | |
|--|----------|--|-----------|--|---|---------------------------------|---------|--------|-------------|-----------|
| | | Locati | | | | ASSESTED OF | | atem | | vpe |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Ma | mally Usolely be intenar todial S (12) | y nce/ | 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 |
| | Yes | No | N/A | | | | | | Ф | |
| First Floor Various Hallways (below carpeting) | | | х | Beige Marbled 12"x12" floor tile and associated black asphaltic mastic | | 3,400 SF (est.) | | | | |
| First Floor Room 603 (below former raised flooring system) | | | х | Tan marbled 12"x12" 'self-stick' floor tile | | 3,600 SF (est.) | A | | | |
| Main roofing level, below EPDM | | | х | Black asphaltic roofing tar | | 40,000 SF (est.) | | | | |
| Front Lower Roofing Level, below EPDM | | | х | Black asphaltic roofing tar | | 1,000 SF (est.) | Х | | | |
| Upper Roof Level at perimeters, penetrations and parapets | | | х | Black asphaltic roofing flashing/sealant compound | | 450 SF (est.) | Х | | | |
| | | | | | | | | | | |
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) SEP 2 4 2018 7/10/18 **Burlington Coat Factory** Type Notification Agencies Notified Street Address \boxtimes **EPA** 1830 US Route 130 North ASPESTOS CON DEP Initial City, State & Zip Code X X DOL Amended R#6-9/21/18 Burlington NJ 08016 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Current Use (Prior if being demolished) Mercer Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 10/5/18 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Maintenance or (i.e., thermal systems Remova in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Receiving Area Mastic 4,000 Aisle Way C-D @ Column 4 Mastic 436 SF Aisle Way C-D @ Column 2 Mastic 436 SF Aisle Way D-E @ Column 1-2 Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO Estimator Patrick T. De Carol 9/21/18

Pg. 2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 Burlington Coat Factory SEP 24 2018 Agencies Notified Type Notification Street Address X EPA 1830 US Route 130 North DEP Initial City, State & Zip Code $\overline{\boxtimes}$ $\overline{\boxtimes}$ DOL Amended R#6-9/21/18 **Burlington NJ 08016** X DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Coat Factory Store #226 School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blda. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 X BRISTOL ENVIRONMENTAL INC 10/5/18 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) Sunday - Thursday BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Remova Enclsoure (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rear Offices Mastic 512 SF Break Room, Mens Room & Corridor \boxtimes Mastic 1,575 SF Ladies Room, Corridor & Sales Floor Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO Estimator Patrick Ti DeCaro/Ju 9/21/18

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NOTIFICATION OF ASBESTOS ABATEMENT DE CEIVED

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| Name of Facility Where | Abateme | ent is Taking F | Place (3 | 3) | OILI | I I IIVI | Type of Fac | ility (4) | | | - | | | - | |
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| Street Address | | | | | | | | | Other tha | an K-1 | 12) | | | | |
| 2495 Route 1, Suite | 1 | | | | | | Other (i | i.e. priv | ate & cor | nmerc | cial buildir | ngs, hor | nes, e | tc.) | |
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| Lawrenceville | | Mercer | | | | | Current Use | (Prior i | f being d | emoli | shed) | | | | |
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| Philadelphia, PA 191 | 06 | | | | | | City, State & BRISTOL, | | | | | | | | |
| Project Manager for Mon | | irm | Telep | hone | Num | ber | Telephone N | | 301 | 1 | License N | Jumber | | X-7-6 | |
| Frank Westfall | | | 215-6 | 640-5 | 320 | | 215-788-60 | 40 | | | LICCIICC I | 005 | | | |
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| Completed By (Print or Ty | | | | Title |) | | Signature | | | | | Date | | | - |
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V5.2 (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address X EPA 1830 US Route 130 North DEP X Initial City, State & Zip Code ACRES $\overline{\boxtimes}$ DOL X Amended R#5-8/24/18 **Burlington NJ 08016** \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 ON HOLD BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm X City, State & Zip Code Describe: (10:00 PM - 6:00 AM) Sunday - Thursday BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Description of Is Location Amount Abatement Type Asbestos-Containing Asbestos-Containing Normally Used (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure TO BE ABATED Maintenance or Remova (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rear Offices Mastic 512 SF Break Room, Mens Room & Corridor Mastic 1,575 SF Ladies Room, Corridor & Sales Floor Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature, Date PATRICK T. DeCARO Estimator 8/24/18

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| City, State & Zip Code | | | | | 1123 BEAV | | ET | | | | |
| Philadelphia, PA 19106 | | | | | City, State & BRISTOL, I | | | | | | |
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| Facility Occupied During Abatement | | | | | | 10001 | | | | | |
| Scope of Work (Check all that apply) | | | | Joseph III | • | | | | | | |
| ≥3 sf or ≥3 lf | | D | | | | | Containme | | egative Pr | essure | Э |
| ≥ 160 sf ≥ 260 lf | X | | ovati nolitio | | | | i-Enclosure | 53 | | | |
| Z - 130 St - 1200 tt | Ш | Dell | TOTAL | JII | | | ve Bag Pro | | Field D | | 100000 |
| Location of | ls L | ocati | on | T | Description | | n-Exempted | mount | Abater | | |
| Asbestos-Containing | Norm | | | | Asbestos-Con | taining | 200 | Specify | Abatei | Tent | ype |
| Material (ACM) TO BE ABATED | Maint | olely b | | | Material (A | CM) | SF | F or LF) | 71 | E E | m |
| in Facility | Custo | | | | (i.e., thermal sy | ystems cina VAT | | | Remova | Encapsulate | ncls |
| (13) | | (12) | | | or other miscella | | | | oval | sula | Enclsoure |
| | Yes | No | N/A | | | 30 | | | | 6 | 100 |
| Receiving Area | | | | | Mastic | | | 4,000 | | | |
| Aisle Way C-D @ Column 4 | | | Ц | | Mastic | | 4 | 36 SF | | | |
| Aisle Way C-D @ Column 2 | H | | \vdash | - | Mastic | | | 36 SF | | | |
| Aisle Way D-E @ Column 1-2 Vestibule G-H @ Column 2-5 | | | 뭐 | - | Mastic | | | 00 SF | | | |
| Vestibule J & Cashwraps | | \boxtimes | H | - | Mastic | | | 00 SF | | Щ | 14 |
| Name of Registered Waste Hauler | | |)EP | Waste | Mastic Cubic Yards | | Registered | 00 SF | | | Ш |
| | | | | D No. | of Waste | Turne or r | registered | Lanuilli | | | |
| SERVICE TRANSPORT GROUP, INC. | | 209 | 990 | | 40 Cu Yd | FAIRLES | SS HILLS | LANDFI | LL | | |
| City, State | | | | | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE 19720 | | | | | TBD | MORRIS | VILLE, PA | A | | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title | | 4 | Signature | 60 0 | 4 | 1 -0 | Date | | |
| THORY I. DEORILO | | ESI | ima | LOT | Patrick. | 11:19 | Caro, | 1-1 | 8/10/18 | | |

| | | | | N O | F AS | BESTOS AE | | ECE | 1 Po | | 4 | 十 |
|---|-------------|-------|---|-----------|---------|--|--|--|-------------------|------------|-------------|-----------|
| Date of Notification (1) | | N | lame | of B | uilding | Owner / Operato | or (2) | Section 1 | | - | Call Park | No. |
| 7/10/18 | | В | Burli | ngto | n Coa | t Factory | | SEP 24 | 1 2018 | | | |
| Agencies Notified Type Notification | | 1 | 830 | | Route | 130 North | etert standarte | - Marie Caracter | | - Hamilton | ، البيات | No. |
| DEP Initial Amended R#3-8/1 | 0/18 | 1000 | | | & Zip | | and the second | Adeles | | | | Tarres. |
| □ DOH □ Emergency | 0/10 | | | | ontact | 08016 | (| * | Telepho | ne l | Juml | hor |
| DCA Cancellation | | 1000 | | Woo | | | | | 917-83 | | | Jei |
| AL CE WAY | | | FA | CILIT | TY INF | ORMATION | | | | ecconi. | | |
| Name of Facility Where Abatement is Taking Burlington Coat Factory Store #226 | Place | e (3) | | | | Type of Facil School (| | | | | | |
| Street Address | | | | | | | oter 8 (Other th | an K-12\ | | | | |
| 2495 Route 1, Suite 1 | | | | | | | | mmercial buildir | nas hom | nes | etc) | |
| | | | | | | Square Feet | | | Bldg. Ag | | 010.) | |
| City (5) County (6) | (| Cou | nty C | ode | (7) | 72500 | | 1 | 53 | 50 | | |
| Lawrenceville Mercer | | | | | | Current Use | (Prior if being | demolished) | | | | |
| Name of Manitorina Circu Hirad by Duilding O | | (0) | | Lan | | Retail | | 200-1110-1110-1110-1110-1110-1110-1110- | | | | |
| Name of Monitoring Firm Hired by Building Ov ESIS | vner (| (8) | | ASC | CM No | - 1 | tement Contra | | | | | |
| Street Address | | | | | | Street Addres | | | | | | |
| 436 Walnut Street | | | 2007 | | | | ER STREET | | | | | |
| City, State & Zip Code Philadelphia, PA 19106 | | | | | | City, State & BRISTOL, F | | | | | | |
| Project Manager for Monitoring Firm | | | | Num | ber | Telephone N | | License I | Number | - | | |
| Frank Westfall | | | 40-5 | | | 215-788-604 | Name and Address of the Address of t | THE CONTRACT OF THE CONTRACT O | 0050 | 9 | | |
| Scheduled Start Date (10) Scheduled Co 7/24/18 Scheduled Co (Back on | | | | | | Name of OSH BRISTOL E | HA Monitor NVIRONMEN | NTAL INC | | | | |
| Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire | only o | one) | | | | Street Addres | ss | | | | | 7 |
| Abatement Performed Outside of Norm | | | | | | City, State & | ER STREET | | | | | |
| Describe: (10:00 PM - 6:00 AM) St | | | | | o opiii | BRISTOL, F | | | | | | |
| Facility Occupied During Abatement | • | | | • | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | - | | 05 IAS | 998 | | |
| ≥3 sf or ≥3 lf | | 7 | Don | ovatio | | | | ntainment with N | Vegative | Pre | ssure | 9 |
| ≥160 sf ≥260 lf | | | | olitio | | | Mini-En | ciosure lag Procedures | | | | |
| | | | DOI!! | Ontio | | | | empted and No | n-Friahle | Pro | redi | Ire |
| Location of | 1 | s Lo | catio | on | | Description | | Amount | | | | уре |
| Asbestos-Containing | | | Illy U | | | Asbestos-Con | | (Specify | | | Т | Ī |
| Material (ACM) TO BE ABATED | | | ely b | y e or | | Material (AC (i.e., thermal sy | | SF or LF) | يح | -70 | Enc | m |
| in Facility | 11000000000 | | | taff? | | nsulation, surfac | | | Remova | Repair | aps | Enclsoure |
| (13) | | | 12) | | | or other miscella | aneous) | | val | air. | Encapsulate | oure |
| Dec. Office | Yes | | No | N/A | | | | | | | (D | |
| Rear Offices | 1 | | X | | | Mastic | | 512 SF | | | | |
| Break Room, Mens Room & Corridor | 1 | | X | H | | Mastic | | 1,575 SF | | Ц | Ц | Щ |
| Ladies Room, Corridor & Sales Floor | 1 | | | H | - | Mastic | | 900 SF | | H | H | ዙ |
| | + | | ₩ | H | | | | | -H | 님 | 님 | H |
| | ╁⊢ | | Ħ | H | | | | | ᠆ᡰᡰ | ዙ | H | 1 |
| Name of Registered Waste Hauler | | , , , | 0.0000000000000000000000000000000000000 | | Vaste | Cubic Yards | Name of Reg | istered Landfill | | Ш | | |
| SERVICE TRANSPORT GROUP, INC. | | | 209 | | O No. | of Waste 40 Cu Yd | FAIRLESS | HILLS LANDF | ILL | | | |
| City, State | | | | C.37775 | | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE 19720 | | | T | | | TBD | MORRISVIL | LE, PA | 1. | | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | | Est | imat | or | Signature fatrick; | n. De Car | o lil | Date 8/10/ | 18 | | |
| PD 18055 | | | | | | ************************************** | | 1 | | | | |

| NO. | TIFICATIO | ON OF A | SBESTOS A | BATEMEN | tr | | 0 | - 5 | 2 -1 |
|--|---|---------------------|------------------|--|--------------------|--------------|----------------|-------------|-----------|
| • | Pursuant | t to <u>N.J.</u> | A.C. 8:60 and | d 12:120) | NEGE | | 19 | d | 11 |
| Date of Notification (1) | Nam | on of Buildin | ng Owner / Opera | 4 (0) | 4 | * C + | (MEANY, may be | | |
| 7/10/18 | Bur | lington C | oat Factory | tor (2) | | | | | 11 |
| Agencies Notified Type Notification | | et Address | out ractory | 125 | SEP 2 | 1 2018 | | 1,2 | 4 |
| ⊠ EPA | 183 | 0 US Rou | te 130 North | | | | - Alleria | * ST.72 | - |
| DEP Initial | | State & Zi | | | ASEEMICE | 6.37 years | | 100 | - 1 |
| ☑ DOL ☑ Amended R#2-8/ | | lington N | | | # 30° = 1 + 1 | | 60 | | |
| □ DOH □ Emergency □ DCA □ Cancellation | 100000000000000000000000000000000000000 | e of Conta | ct | | | Teleph | one | Num | ber |
| ☐ DCA ☐ Cancellation | Mike | e Woods | | | | 917-8 | | | |
| Non-off-Walan | F/ | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Burlington Coat Factory Store #226 | Place (3) | | Type of Fac | ility (4) | | | | | |
| Street Address | | | School | The second secon | • | | | | |
| 2495 Route 1, Suite 1 | | | Subcha | pter 8 (Other t | han K-12) | | | | |
| - 100 Houte 1, oute 1 | | | Other (I | .e. private & co | ommercial buildir | | | etc.) |) |
| City (5) County (6) | County | Code (7) | Square Fee | t # of F | loors | Bldg. A | ge | | |
| Lawrenceville Mercer | County | Code (1) | 72500 | /D: ::: | 1 | | 50 | | |
| | | | | (Prior if being | demolished) | | | | |
| Name of Monitoring Firm Hired by Building O | wper (8) | ASCM N | Retail | | | | | | |
| ESIS | Wiler (b) | ASCIVITY | | atement Contra ENVIRONME | actor (9) | | | | |
| Street Address | | | Street Addre | | NIAL INC | | | | |
| 436 Walnut Street | | | | ER STREET | | | | | |
| City, State & Zip Code | | | City, State & | Zip Code | | | | | |
| Philadelphia, PA 19106 | | | BRISTOL, | PA 19007 | | | | | |
| Project Manager for Monitoring Firm Frank Westfall | Telephone | | Telephone N | | License N | lumber | | | |
| | 215-640- | | 215-788-60 | | | 005 | 09 | | |
| Scheduled Start Date (10) Scheduled Co | OH NOLD | | Name of OS | HA Monitor ENVIRONME | OLAL LATIA | | | | |
| Occupancy Status During Abatement (Check | only one) | | Street Addre | | NIAL INC | | | | |
| Facility Closed/Vacated During Entire | Period of Aba | atement | 1123 BFAV | ER STREET | | | | | |
| Abatement Performed Outside of Norr | nal Hours - | 7am to 3pn | City, State & | | | | | | |
| Describe: (10:00 PM – 6:00 AM) | | | BRISTOL, I | | | | | | |
| Facility Occupied During Abatement | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| ≥3 sf or ≥3 lf | N Don | | | Full Co | ntainment with N | egative | Pres | sure | Э |
| ≥160 sf ≥260 lf | R | ovation nolition | | | closure | | | | |
| | ☐ Dell | HORROTT | | | Bag Procedures | . 220. 100.0 | | | |
| Location of | Is Locati | ion | Description | Non-Ex | empted and Nor | | | | |
| Asbestos-Containing | Normally U | | Asbestos-Con | tainina | Amount (Specify | Aba | ateme | ent T | ype |
| Material (ACM) | Solely b | | Material (A | CM) | SF or LF) | | | m | |
| TO BE ABATED in Facility | Maintenan | | (i.e., thermal s | ystems | | Rer | Z. | nca | Enc |
| (13) | Custodial S (12) | stan? | or other miscell | ing, VAT | | Remova | Repair | Encapsulate | Enclsoure |
| | Yes No | N/A | or other miscen | arieous) | | <u>a</u> | 7 | late | лге |
| Receiving Area | | | Mastic | | 4.000 | | | | |
| Aisle Way C-D @ Column 4 | | H | Mastic | | 4,000 | | 늬 | | H |
| Aisle Way C-D @ Column 2 | | H | Mastic | | 436 SF | X | 님 | H | H |
| Aisle Way D-E @ Column 1-2 | | H | Mastic | | 436 SF | | 님 | 님 | H |
| Vestibule G-H @ Column 2-5 | | HI | Mastic | | 300 SF | | H | 님 | H |
| Vestibule J & Cashwraps | | Til | Mastic | | 1100 SF 900 SF | | H | 님 | H |
| Name of Registered Waste Hauler | | DEP Waste | | Name of Ren | istered Landfill | | | Ш | |
| SERVICE TRANSPORT CROSS INC. | | uler ID No. | of Waste | | | | | | |
| SERVICE TRANSPORT GROUP, INC. | 209 | 390 | 40 Cu Yd | | HILLS LANDFI | LL | | | |
| City, State NEW CASTLE, DE 19720 | | | Disposal Date | City, State | | | | - 17-10- | |
| Completed By (Print or Type) | Towns co. | | TBD | MORRISVIL | LE, PA | | | | |
| PATRICK T. DeCARO | Title | imator | Signature | 000 | 1.0 | Date | | | |
| | ESI | mator | tatrick | J. Dec | ow /x | 8/6/18 | 3 | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** SFP 24 2018 Agencies Notified Type Notification Street Address \boxtimes EPA 1830 US Route 130 North DEP Initial City, State & Zip Code X DOL 図 Amended R#2-8/6/18 Burlington NJ 08016 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 ON HOLD BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) Sunday - Thursday BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or (i.e., thermal systems Remova nclsoure in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rear Offices Mastic 512 SF Break Room, Mens Room & Corridor Mastic 1,575 SF Ladies Room, Corridor & Sales Floor X Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720

TBD

Signature

Title

Estimator

MORRISVILLE, PA

Patrick I De Caro/ji

Date

8/6/18

PD 18055

Completed By (Print or Type)

PATRICK T. DeCARO

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address 2 4 2018 \boxtimes EPA 1830 US Route 130 North DEP Initial City, State & Zip Code X DOL X Amended R#1-7/20/18 **Burlington NJ 08016** ASSESTOD OF \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Coat Factory Store #226 School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 8/20/18 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Description of Is Location Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclsoure (i.e., thermal systems Remova in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Receiving Area Mastic 4.000 Aisle Way C-D @ Column 4 Mastic 436 SF Aisle Way C-D @ Column 2 X Mastic 436 SF Aisle Way D-E @ Column 1-2 Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 FAIRLESS HILLS LANDFILL 40 Cu Yd City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date PATRICK T. DeCARO Patrick T. D'Con Lol Estimator 7/20/18

PD 18055

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

| Date of Notification | (1) | | | Na | me | of Build | ina O | wner / Opera | 1 (0) | | I E OLT | 鲁 34 | 06 | 1 | 77 |
|---------------------------------|----------------|---------------------|------------|---|-------------|----------|-------|----------------------------|------------|-----------|---|------------|--------|-------------|--|
| | 7/10/18 | | | Bu | rlin | aton C | ing U | Factory | ator (2) | 111 | 7 | | | - | 11 |
| Agencies Notified | Type Notific | ation | | | | Address | | actory | | -111 | 1 | | | | Ш |
| ⊠ EPA | 5 2 | 2 | | | | | | 30 North | | | W SFP 2 | 2 4 2011 | Q | HU | |
| □ DEP □ DOL | ☐ Initia Ame | | | | | ate & Z | | | | | | - 7 2011 | | | 4 |
| ☑ DOH | | nded R#1-7/2 | 20/18 | - | rlin | gton N | J 08 | 016 | ** | | 10000 | | | | Electric de la company de la c |
| DCA | | rgency cellation | | | | of Conta | ict | | | ţ | ALLES AND | Telep | hone | Num | iber |
| | | Schallon | | | eren ' | Voods | | | | 1 | | 917-8 | | | |
| Name of Facility Wh | nere Abatem | ent is Taking | Place | F. (3) | AC | ILITY I | NFO | RMATION Type of Fac | silito (A) | | | | | | |
| Burlington Coat | Factory Sto | ore #226 | | (0) | | | | School | | | | | | | A 11-5-76 |
| Street Address | | | | | | | | | | Other t | han K-12) | | | | |
| 2495 Route 1, Su | ite 1 | | | | | | | Other (| i.e. priva | ate & co | ommercial buil | dinas ha | maa | \ | č |
| | | | | | | | | Square Fee | t | # of F | loors | Bldg. A | mes, | etc., | |
| City (5) | | County (6) | (| County | Co. | de (7) | | 72500 | 55 | | 4 | Blug. F | | | |
| Lawrenceville | | Mercer | | | | 10.700 | | | (Prior i | f heina | demolished) | | 50 | | |
| | | | | | | | | Retail | (| · boiling | demonstred) | | | | |
| Name of Monitoring ESIS | Firm Hired b | y Building Ov | vner (| 8) | 1 | ASCM N | Vo. | Name of Ab | atemen | t Contra | actor (9) | | | - | |
| Street Address | | | | | | | | BRISTOL | ENVIR | ONME | NTAL INC | | | | |
| 436 Walnut Street | · | | | | | | | Street Addre | | | | | | | |
| City, State & Zip Coo | | | - | | | | | 1123 BEAV | | | | | | | |
| Philadelphia, PA | 9106 | | | | | | - 1 | City, State & BRISTOL, | DA 400 | ae | | | | | |
| Project Manager for | Monitoring F | irm · | Tele | ephone | e Nu | umber | | Telephone N | | 101 | lioone | - M 1 | | | |
| Frank Westfall | | | 215 | -640- | 532 | 20 | - 1 | 215-788-60 | | | License | Number | | | |
| Scheduled Start Date | (10) | Scheduled Co | mplet | ion Da | ate (| (11) | | Name of OS | | itor | <u> </u> | 005 | 08 | | |
| 7/24/18 | | | 8/2 | 0/18 | | | | BRISTOL E | ENVIRO | NME | NTAL INC | | | | |
| Occupancy Status Di | uring Abatem | nent (Check o | only or | ne) | | | | Street Addre | | | | | | | |
| Abatement P | erformed Ou | teide of Norm | elloc | OF AD | ate | ment | | 1123 BEAV | | | | | | | |
| Describe: | 10.00 PM _ | 6:00 AM) C. | nday | ours – | /ar | n to 3pr | | City, State & | | | | | | | |
| Facility Occup | pied During A | Abatement | Huay | - Inu | rsua | ay | | BRISTOL, I | PA 190 | 07 | | | | | |
| Scope of Work (Chec | k all that app | oly) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | | 1922 | | 172 | | | | Full Co | ntainment with | Negative | Pres | Sure | 4 |
| ≥3 \$1 61 ≥3 11 ≥160 sf ≥260 | lf . | | \bowtie | | | ation | | | | Mini-En | closure | | | | 5 |
| Z = 100 31 = 200 | 11 | | | Der | noli | tion | | | | Glove B | ag Procedure | S | | | |
| Loc | ation of | | le | Locat | ion | | | Deserte | N I | Von-Ex | empted and N | on-Friable | e Pro | cedu | re |
| | -Containing | | 125-255-25 | Locat mally l | | d | A | Description sbestos-Con | | | Amount | Aba | ateme | ent T | ype |
| | ial (ACM) | | S | olely b | by | | , | Material (A | | | (Specify SF or LF) | | | | |
| | ABATED | | Mair | itenan | ce c | or | (i. | e., thermal sy | ystems | | 01 01 [1] | R | 70 | Enc | П |
| | acility 13) | | Cust | odial 5 (12) | Staff | 1? | insu | lation, surfac | ing, VA | T | | Removal | Repair | aps | Encisoure |
| | , | | Yes | No | N/A | A | OI C | other miscella | aneous) | | | val | = | Encapsulate | ure |
| Rear Offices | | | П | X | | 1 | | Mastic | | | | | | Ф | |
| reak Room, Mens | Room & C | orridor | Ħ | | F | 1 | | Mastic | | | 512 SF | | | | |
| adies Room, Corr | idor & Sale | s Floor | Ħ | X | 十 | 1 | | Mastic | | | 1,575 SF | | | | Ц |
| | | | Ħ | n | 十 | 1 | | mastic | | | 900 SF | | | Ц | Ц |
| | | | n | П | 十 | il | | | | | | | 님 | | 닏 |
| | | | | | F | il | | | | | | | 님 | | 님 |
| ame of Registered W | aste Hauler | | | | | Waste | | oic Yards | Name | of Regi | stered Landfill | | Ш | | Ш |
| ERVICE TRANSPO | ORT GROU | P. INC | | 100000000000000000000000000000000000000 | uler 990 | ID No. | | Vaste | | | | | | | |
| ity, State | 0.100 | . , | | 208 | 550 | - | | Cu Yd | | | IILLS LANDI | FILL | | | |
| EW CASTLE, DE 1 | 9720 | | | | | | TBI | oosal Date | City, St | | E DA | (2) | | | (000 |
| ompleted By (Print or | Type) | | | Title | <u> </u> | | - | nature | INIOKK | JOVILI | LE, PA | | | | |
| ATRICK T. DeCAR | 0 | | | | | ator | olgi | 2- 1 | 0 | , a | r 1. | Date | | | |
| 2 | | | | | | | 1 | alrek | · No | DU | aw/jl | 7/20/ | 18 | | |
| 19055 | | | | | | | L | | | | 1/10 | | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

| | (1-0 | rsuant to N. | - ASBESTO . <u>J.A.C.</u> 8:60 | 2nd 12.1 | 20) | , H 01/07 |
|--|--------------------------|--|--|--|---|-----------------------------------|
| Date of Notification (1) | , | | | | 20) FOR | GH 3400 |
| 7/10/18 | | Burlington | ilding Owner / On Coat Factory | perator (2) | | (O) IL II W IE |
| Agencies Notified Type Notific | cation | Street Addre | ess | | | |
| ☐ DEP ☐ Initia | al | 1830 US R | oute 130 Nort | h | JU U S | EP 24 2018 |
| N DOLGERT E | ended | City, State & | Zip Code | | | |
| DOH9982 ☐ Eme | ergency | Burlington Name of Cor | NJ 08016 | | ASRE | STOS CONTROLLS |
| | cellation | Mike Wood | | | L., | Telephone Numb |
| | | | | | | 917-838-4314 |
| Name of Facility Where Abatem | ent is Taking Pla | FACILITY | INFORMATIO | | | |
| Durington Coat Factory Sto | ore #226 | Se (S) | Type of | Facility (4) | | |
| Street Address | | | | nool (K-12) | NAL O | |
| 2495 Route 1, Suite 1 | | | ⊠ Oth | er (i e privot | Other than K-12) | |
| 014 - 75 | | | Square | Feet Is | te & commercial buil # of Floors | dings, homes, etc.) |
| City (5) | County (6) | County Code (7) | 72500 | , , | # OI FIDORS | Bldg. Age |
| Lawrenceville | Mercer | | | Use (Prior if | being demolished) | 50 |
| Name of Monitoring F' | | | Retail | , ii | s demonshed) | |
| Name of Monitoring Firm Hired by | y Building Owner | (8) ASCM | | Abatement (| Contractor (9) | |
| Street Address | | | BRISTO | L ENVIRO | NMENTAL INC | |
| 136 Walnut Street | | | Street Ac | dress | | |
| City, State & Zip Code | | | City State | AVER STR | REET | |
| hiladelphia, PA 19106 | | | BRISTO | e & Zip Code L, PA 1900 | 9 | |
| Project Manager for Monitoring Filerank Westfall | 1 | lephone Number | Telephon | e Number | | |
| | | 5-640-5320 | 215-788- | -6040 | License | Number |
| 7/24/18 | cheduled Comple | | Name of | OSHA Monito | or | 00509 |
| ccupancy Status During Abatem | ent (Chook only a | 20/18 | BRISTO | L ENVIRON | MENTAL INC | |
| L racility Closed/Vacated Di | urina Entire Perio | d of Abstement | Street Add | dress | | |
| Abatement Performed Out | side of Normal H | ours - 7am to 3r | City State | AVER STR | EET | |
| Describe: (10:00 PM - 6 | 5:00 AM) | | | -, PA 19007 | | |
| Facility Occupied During A | batement | | 2.40101 | -, FA 15007 | | |
| cope of Work (Check all that appl | ly) | | | | | |
| ≥3 sf or ≥3 lf | | D | | ⊠ Fu | Il Containment with I | Venative Prosesses |
| ≥160 sf ≥260 lf | | Renovation Demolition | | ivin | II-LIICIOSUIE | rogative riessure |
| | | Demonitori | | I I GI | | |
| | | | | | ove Bag Procedures | |
| Location of | Is | Location | Descript | L No | n-Exempted and No | n-Friable Procedure |
| Asbestos-Containing | Nor | Location mally Used | Descript Asbestos-C | ion of | n-Exempted and No Amount | n-Friable Procedure |
| Asbestos-Containing Material (ACM) | Nor S | mally Used Solely by | Asbestos-C Material | ion of ontaining (ACM) | n-Exempted and No Amount (Specify | n-Friable Procedure Abatement Typ |
| Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility | Nor S Mair | mally Used Solely by Intenance or | Asbestos-C Material ((i.e., thermal | ion of ontaining (ACM) | n-Exempted and No Amount | n-Friable Procedure Abatement Typ |
| Asbestos-Containing Material (ACM) TO BE ABATED | Nor S Mair | mally Used Solely by | Asbestos-C Material ((i.e., thermal insulation, surf | ion of ontaining (ACM) systems facing, VAT | n-Exempted and No Amount (Specify | n-Friable Procedure Abatement Typ |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Nor S Mair | mally Used Solely by Itenance or odial Staff? | Asbestos-C Material ((i.e., thermal | ion of ontaining (ACM) systems facing, VAT | n-Exempted and No Amount (Specify | n-Friable Procedure Abatement Typ |
| Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility | Nor S Mair Cust | mally Used Solely by Intenance or odial Staff? (12) | Asbestos-C Material (i.e., thermal insulation, surf or other misce | ion of ontaining (ACM) systems facing, VAT ellaneous) | n-Exempted and No Amount (Specify SF or LF) | Abatement Typ Repair Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Nor S Mair Cust | mally Used Solely by Intenance or Intenance | Asbestos-C Material ((i.e., thermal insulation, surf | ion of ontaining (ACM) systems facing, VAT ellaneous) | n-Exempted and No Amount (Specify | n-Friable Procedure Abatement Typ |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Nor S Mair Cust | mally Used Solely by Intenance or Intenance | Asbestos-C Material (i.e., thermal insulation, surf or other misce | ion of ontaining (ACM) systems facing, VAT ellaneous) | n-Exempted and No Amount (Specify SF or LF) | Abatement Typ Repair Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Nor S Mair Cust | mally Used Solely by Intenance or Intenance | Asbestos-C Material (i.e., thermal insulation, surf or other misce | ion of ontaining (ACM) systems facing, VAT ellaneous) | n-Exempted and No Amount (Specify SF or LF) | Abatement Typ Repair Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Nor S Mair Cust | mally Used Solely by Intenance or Intenance | Asbestos-C Material (i.e., thermal insulation, surf or other misce | ion of ontaining (ACM) systems facing, VAT ellaneous) | n-Exempted and No Amount (Specify SF or LF) | Abatement Typ Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Sales Floor | Nor S Mair Cust | mally Used Solely by Internance or odial Staff? (12) No N/A | Asbestos-C Material (i.e., thermal insulation, surf or other misce | ion of ontaining (ACM) I systems facing, VAT ellaneous) | n-Exempted and No Amount (Specify SF or LF) | Abatement Typ Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Sales Floor The of Registered Waste Hauler | Nor S Mair Cust | mally Used Solely by Internance or odial Staff? (12) No N/A | Asbestos-C Material (i.e., thermal insulation, surf or other misco | ion of ontaining (ACM) I systems facing, VAT ellaneous) | n-Exempted and No Amount (Specify SF or LF) | Abatement Typ Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Sales Floor The of Registered Waste Hauler RVICE TRANSPORT GROUP | Nor S Mair Cust | mally Used Solely by Internance or odial Staff? (12) No N/A | Asbestos-C Material (i.e., thermal insulation, surf or other misce Mast | ion of ontaining (ACM) I systems facing, VAT ellaneous) ic | Amount (Specify SF or LF) 4,300 Registered Landfill | Abatement Typ Repair Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Sales Floor The of Registered Waste Hauler RVICE TRANSPORT GROUP State | Nor S Mair Cust | mally Used Solely by Internance or odial Staff? (12) No N/A No N/A No N/A NJDEP Waste Hauler ID No. | Asbestos-C Material (i.e., thermal insulation, surf or other misce Mast Cubic Yards of Waste | ion of ontaining (ACM) I systems facing, VAT ellaneous) Ic | Amount (Specify SF or LF) 4,300 Registered Landfill | Abatement Typ Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Sales Floor The of Registered Waste Hauler RVICE TRANSPORT GROUP State V CASTLE, DE 19720 | Nor S Mair Cust | mally Used Solely by Internance or odial Staff? (12) No N/A No N/A No N/A NJDEP Waste Hauler ID No. | Asbestos-C Material (i.e., thermal insulation, surf or other misco | ion of ontaining (ACM) I systems facing, VAT ellaneous) Ic Name of F | Amount (Specify SF or LF) 4,300 Registered Landfill | Abatement Typ Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Sales Floor Sales Floor RVICE TRANSPORT GROUP State V CASTLE, DE 19720 pleted By (Print or Type) | Nor S Mair Cust | mally Used Solely by Internance or odial Staff? (12) No N/A No N/A No N/A NJDEP Waste Hauler ID No. 20990 | Asbestos-C Material (i.e., thermal insulation, surf or other misce Mast Cubic Yards of Waste Disposal Date TBD | ion of ontaining (ACM) I systems facing, VAT ellaneous) Ic Name of F | Amount (Specify SF or LF) 4,300 Registered Landfill | Abatement Typ Removal |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Sales Floor The of Registered Waste Hauler RVICE TRANSPORT GROUP State V CASTLE, DE 19720 | Nor S Mair Cust | mally Used Solely by Internance or odial Staff? (12) No N/A | Asbestos-C Material (i.e., thermal insulation, surf or other misce Mast Cubic Yards of Waste Disposal Date TBD Signature | ion of ontaining (ACM) I systems facing, VAT ellaneous) IC Name of F MINERVA City, State WAYNES | Amount (Specify SF or LF) 4,300 Registered Landfill | Abatement Typ Removal |

| nn nh | | | St | tate of Ne | w Jersey | r | | | | E | C [| | \\#\ri | nE |
|---|-------------------|---------------------------------------|-------------------|-----------------------|------------------|--------------------|------------------------------|---|-----------------------|-----------------|-------------------|---------------|--------------|-----------|
| IU U I | | | ICATION | N OF ASB | ESTOS | ABATE | | | | Ş | SEP | 2 4 | 2018 |) |
| Date of Notification (1) 9/20/18 | | | Name of Jack N | of Building Vlarut | Owner/C | perator | (2) | | | | | katana ini na | | |
| Agencies Notified Type Notification EPA Initial | | | Street A | Address Highway | / 35 N | | | | Lux-11 | ASB | | | | - G: |
| DEP Amended Amendmen | t # | | | ate, Zip Co | | 0771: | 2 | | | | | | | |
| X Emergency justification Cancellation | • | | | of Contact | | | | | Teleph 646-7 | | lumber | | | |
| | | | FAC | ILITY INFO | ORMATI | ON | | | | - | | | | |
| Name of Facility Where Abatement is Takin 1127 Highway 35 N | ng Place (| 3) | | | | | Туре | of Facility (4) | | | | | | |
| Street Address 1127 Highway 35 N | | | | | | | × | School (K-12 Subchapter 8 Other (i.e. pri etc.) | Other t | han K- ommei | -12) rcial bui | ldings | , home | es, |
| City (5) Ocean Township | | | | | | | Squa 250 | ire Feet | # of Flo | oors | | Bldg. A | \ge | |
| County (6) Monmouth | | | | Code (7) USE ONLY |) | | Curre | ent Use (Prior ce | if being | demol | ished) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) |) | ASCA | M No. | | | | atement Contr | | | | | | |
| Street Address | | | | | | Street 6 Wh | | ss DOVE CO | URT | | | | | |
| City, State, Zip Code | | | | | | | | Cip Code OD, NJ 08 | 701 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph | | 0. | Li | cense 200 | No. | | | 100900 |
| Start Date (10) 10/05/18 | Schedul 10/08/ | | mpletion | Date (11) | | | 멋[(i) (는 ^() : 50 | HA Monitor | SIONA | ALS | | | | |
| Occupancy Status During Abatement (Chec | ck Only O | ne) | | | | Street | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of a | Abaten y Hours | nent S | | | City, S | itale, Z | DOVE CO ip Code OD, NJ 08 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | L/ (1/(| | OD, 140 00 | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | Fu Mi | Il Containmer ni-Enclosure ovebag Proce n-Exempted (| dure | . • | | | -a | |
| Location of | 0.00 | Locati Normal | | | Das | | | | / ama m | 011 1111 | | Abate | ement /pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intena todial S (12) | nce/ | | tos Conta | systems ing, VA | Materia s insula T, or | | Amo (Spec SF or | cify | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | Yes | No | N/A | | | • | | | | | | | ate | .е |
| INTERIOR | | | - | | FI | ooring | 3 | | 500 | SF | X | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | l N | JDEP W | /asta | Cubic ` | /orde | | Name of Re | agistoro - | Lond | 61: | | | |
| NEWARK CARTING | | H | lauler ID 4509 | | of Was | | | IESI | egistere0 | Land | 111) | | | |
| City, State NEWARK, NJ | | | | | Dispos 9/24/1 | | | City, State BETHLE | HEM P | Α | | | | **** |
| Completed by JOSEPH PERLSTEIN | Title | IER | | | Si | gnature | | L. | | | Date 9/17/1 | 8 | | |

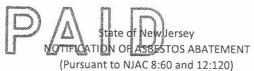
9/17/18

| Date of Notification (1) | 9/17 | /2018 | 9 8 | STATE OF A | Q. 8:60 AND 12 Name of Buil | :120) ding Owner | /Operator (2) | D | an magnification and | P 2 | [] | And the state of t |
|--|----------------|---------------------------------|-------------------|-------------------------------|--------------------------------|---------------------|-----------------------|----------------------------|----------------------|----------------------|-------------|--|
| | | | | | County of | Bergen | | | - | | - | |
| Agencies Notified | | Notification | Туре | | Street Addres | ss · | | - | 15885 | ros c jor y | ALLO I PLE | 71. 8 |
| X EPA | | Initial | | | 1 Bergen (| County P | laza 3rd Flr | · (1.00-0.000 - 1.00-0.000 | | | | |
| DEP DOL | | Amende | ed # | | City, State, Z | ip Code | | | | | | |
| ▼ DOL | | | ncy (includ | ding | Hackensad | ck, NJ 07 | 601 . | | | | | |
| ▼ DOH | | justifica Cancell | 00000 De 18.00 | | Name of Con | | | | lumber | | | |
| X DCA | | J Gariocii | | FACILITY IN | Mr. John T | erreri | | 201. | 336.68 | 23 | | |
| Name of Facility Where A | batement is T | aking Place (3 | 3) | TAOLETTI | Type of Facili | ty (4) | | | | | | |
| Conklin House | | | | | | | | | | | | |
| Street Address | | | | | School (| K-12) | | | | | | |
| 125 Essex St | | | | | X Subchap | oter 8 (Othe | r than K-12) | | | | | |
| City (5) | County (6) | | County (| Code (7) | Other (i. | .e., private | & commercial | buildings | i, | | | |
| Hackensack | Bergen | | (State U | | homes, | | | | | | | |
| Name of Monitoring Firm | _ | Owner (8) | ASCMIN | 10 | 1 | | | | ¥. | | | |
| Omega Environment | | | 00120 | | Name of Cont | | 4: | | | | | |
| Street Address | tai oeivice. | 3 | 00120 | | MTM Metro | | tion | | | | | |
| 280 Huyler St | | | | | Street Addres | _ | | | | | | |
| | | | | | 135-137 Mo | | /e | | | | | |
| City, State, Zip Code South Hackensack, NJ | 07606 | | | | City State, Zip | Code | | | | | | |
| | | | | | Paterson, N | | - | | | | | |
| Project Manager for Monit | oring Firm | Telephone I | are declarations. | | Telephone Nu | H1000000 | | Licens | e Numb | er | | |
| David Ekstrand | | 201.489.8 | 700 | | 973-742-50 | 030 | | 0080 | 9 | | | |
| Scheduled Start Date (10) | | Scheduled (| Completion | Date (11) | Name of OSH | | | | | | | |
| 09/28/2018 | | 10/05/18 | | | MTM Metro | Corpora | ition | | | | (4) | |
| Occupancy Status During | Abatement (C | heck only one | <u>e)</u> | | Street Address | S | | | | | | |
| | | | | | 135-137 M | cBride Av | /enue | | | | | |
| ▼ Facility Closed/Vacat | ted During En | tire Period of | Abatement | | City, State, Zip | o Code | | | | | | |
| Abatement Performe | d Outside of N | Normal Facility | Hours | | | | | | | | | |
| Other-Describe: | | | | | Paterson, N | IJ 07501 | | | | | | |
| Source of Work (Check all | that apply) | | | | | | | | | | | |
| × > 3 sf or > 3 lf | × | Renovation | | ☐ Full | Containment wit | th Negative | Pressure | X Mi | ni-Enclos | sure | | |
| > 160 sf or > 260 lf | | Demolition | | | | | | | vebag F | | Iro | |
| COLD COMMENTS CONTROL OF THE COLD COLD COLD COLD COLD COLD COLD COLD | | 1 | | لبسنا | n-Exempted(*) & | | | 1.31 | rvebag i | Toccut | | |
| Location of Asbestos- Containing Material (ACM) | | ation Normally by Maint./Cus | | Description of thermal system | | Amount (| Specify SF or | LF) | Abater | nent Ty | ре | |
| Facility (13) | Staff? | (12) | | surfacing, VAT | | | | | | -10000 | 42000000000 | |
| East and West Stairwell | YES | NO | N/A | miscell.) | | | | | Rem. | Rep. | Encap | Enclose |
| Edut and West Oldi Well | | × | | Pipe Insulation and | fittings | 34 LF | | | X | X | X | - |
| | | | | | | | | | | | | |
| Name of Reg. Waste Haul | er | NJDEP Was | te Hauler I | D# | Cubic Yards of | f Waste | | Name | of Reg. l | andfill | | |
| MTM Metro Corporation | _ | 26552 | .3 . /44/01 1 | | 20 | | | Tullytow | | anulli | | |
| City, State | | | | | | | Dien Data | - Gilytovi | | ih, Ct. | ato. | |
| Paterson, NJ 07501 | | | | | | | Disp. Date 10/5/18 | | 100 | ity, Sta ullytowr | | |
| | 20) | Title | | | Ci | | 10/0/10 | 15: | | mytowi | 1, E /A | |
| Completed by (Print or Typ |)e) | Title | | | Signature | | | Date | | | | |
| Mike Damevski | | Rusiness Adm | injetrator | | Mike Dan | nevski | | 0/17/20 | 10 | | | |

| CK3491 | 15 | N | ОТІ | | TION | | BES | ersey TOS ABAT :60-and 5:1 | | DEGI | | W | | |
|---|-------------|-------------|---------|----------------|-----------|--------------|--------|----------------------------------|-------------------|----------------------|----------|----------|-------------|-----------|
| Date of Notification (1) | | | | | Name | of Buildin | g Ow | ner/Operator (| 2) | ILL SEP | 24 | 2018 | | |
| 09/19 | <u> </u> | 18 | _ | | Мо | nmouth | Cour | nty Park Sys | stem | | 34 | 99 | 51 | |
| Agencies Notified Ty | pe Notifica | ation | | | Street | Address | | | | ASEESIO | 31.0 | | 1, 7 | 77. 1 |
| | Initial | | | | 805 | Newma | n Sp | rings Road | Į. | energy of the second | | , | | |
| | Amended | S PARTITION | | | | state, Zip (| | | | | | | | |
| ☑ DOH ☐ DCA ☐ | Amendme | | | | Lin | croft, NJ | 077 | 38 | | | | | | |
| (NJAC 5:23-8) | Emergeno | | aing | | | of Contac | | | | Telephone Num | ber | | | |
| Taken in the control of the control | Cancellat | | | | Joh | n Eisem | ann | | | 732-766-192 | | | | |
| | | | | | FA | CILITY IN | NFOR | RMATION | | | | | | |
| Name of Facility Where Abat | ement is T | aking P | lace | (3) | | | | (11) | Type of Facility | (4) | | | | |
| Residence | | | | | | | | | School (K-1 | | | | | |
| Street Address | | | | | | | | | | 8 (Other than K-12 | | 217.227 | | |
| | | | | | | | | | homes, etc. | orivate and comme | rcial bu | iilding | S, | |
| City (5) | | | | | | | | | Square Feet | # of Floors | RI | dg. A | Te er | |
| Millstone | | | | | | | | | 1000 sf | 1 | | 80 80 | 30 | |
| County (6) | | | | | Cour | ty Code (7 | 7)/STA | TE USE ONLY) | | rior if being demoli | | 00 | | |
| Monmouth | | | | | Jour | , oodo (. | ДОЛЛ | TE OOL ONET | Residence | nor ir being demon | sileu) | | | |
| Name of Monitoring Firm Hire | ed by Build | lina Ow | ner (| 8) | ASCM | No | Nar | me of Abatama | ent Contractor (9 | V | | - | | |
| Environmental Tactics | 0.26 | g O. | | , | 7100IVI | 140. | 1 | | ntracting, Inc. | | | | | |
| Street Address | | | | | | | | eet Address | niracting, inc. | 375 | | | | |
| 64 Broad Street | | | | | | | | | 11-14-04 | | | | | |
| City, State, Zip Code | | | | 100000 | | | | 889 Route 9 | | | | | | |
| Matawan, NJ 07747 | | | | | | | | , State, Zip Co | | | | | | |
| Project Manager for Monitorin | | | | 1 = 1 | | | | | New Jersey 0 | | | | | |
| Tom Geiger | ng Firm | | | | ephone | | | ephone No. | | License No. | | | | |
| | | | | | 32-290 | | | 32-349-9932 | | 00624 | | | | |
| Start Date (10) 10 / 03 / 1 | 1000 | Schedule | | | | | | ne of OSHA N | 0.000 | | | | | |
| | 8 | 10 | | | / | 18 | E | .M.S.L. Ana | lytical | | | | | |
| Occupancy Status During Ab | | | | | | | Stre | eet Address | | | | | | |
| ☐ Facility Closed/Vacated D | | | | | | | 1 | 056 Stelton | | | | | | |
| Abatement Performed Our Time of Abatement: | | | acility | | | | City | , State, Zip Co | ode | | | | | |
| | | FIVI/_ | | _PM- | | AM | P | iscataway, l | New Jersey 08 | 8854 | | | | |
| Scope of Work (Check all tha | t apply) | | | | 55 | | | | | | | | S1122 (503 | |
| ≥3 sf or ≥3 lf | | | l Rei | novati | ion | | | | tainment with Ne | gative Pressure | | | | |
| ≥160 sf or ≥260 If | | - | | nolitio | | | | Gloveba | Procedure | | | | | |
| | | | | | | 1 | | ☐ Non-Exe | mpted (*) and No | on-Friable Procedu | re | | | |
| 1 | | | | Local Iorma | 5305055 | | | | | | Ab | atem | ent Ty | уре |
| Location of Asbestos-Containing Mate | erial (ACM | 0 | | | ely by | Ashe | etne (| Description of Containing Ma | | Amount | Re | Re | Ē | E |
| TO BE ABATED | | | | ntena | | | | rmal systems | | (Specify | Removal | Repair | cap | Enclosure |
| IN Facility | | | Cust | (12) | Staff? | | | urfacing, VAT | | SF or LF) | Va | 2.33 | Encapsulate | sure |
| (13) | | | res | No | N/A | | oth | ner miscellane | ous) | | | | ate | |
| throughout | | - | | ⊠ | | asbesto | 00 fl | nor tile | | 204 - 5 | 57 | - | | |
| | | | | | 1 | | | D. W. C. DOLOW. | | 324 sf | | Ш | Ш | |
| throughout | | L | | \boxtimes | | wall pa | nelin | ng adhesive | | 1767 sf | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | 41 | | | | | | |
| Name of Registered Waste H | lauler | | | N | JDEP \ | Vaste | Cub | oic Yards of | Name of Regi | stered Landfill | | | | |
| Guardian Contracting, | | | | 1 | lauler II | | Was | | T.R.R.F. | | | | | |
| City, State | | | | | 20223 | | Disr | oosal Date | City, State | | | | | |
| Toms River, New Jerse | ev | | | | | | | 0/3/18 | | , Pennsylvania | | | | |
| Completed By (Print or Type) | • | Title | | | | | | | Tanytown | | -1 | | | |
| Nicholas Fernicola | | | ject | Man | ager | | | Signature | | V | ate | 01 | 10 | |
| | | | | | • | | | | 1 | | 4 1 1 | 1 6 | 250 | - |

| CH3496 | | NO | TIFIC | Pursu | N-OF A | New Jersey BESTOS ABA AG 8:60 and 5: | 16) | DE | G | E_ | | |
|--|-----------|---------|---------|---|--------------------------|---|-----------------------------|--|----------|---------|-------------|-----------|
| Date of Notification (1) 09 / 19 / | 18 | 3 | | - | ne of Buildi nna Gahr | ng Owner/Operator | (2) | | SEP | 24 | 20 | 18 |
| Agencies Notified Type Notified | - | _ | | | | | | | 2 | 74 | 7 | |
| ⊠ EPA ⊠ Initial | rication | | | Stre | et Address | | | ASB | ESTO | 9,00 | MITH | 01.8 |
| ☑ DOLWD ☐ Amend | | | | City | , State, Zip | Code | | Contract of the Contract of th | (11, r | | | receipt |
| ☑ DOH Amend | | | _ | 1 | | NJ 08735 | | | | | | |
| DCA Emerge (NJAC 5:23-8) | ency (in | rcludir | ng | 1 | ne of Conta | | | | | | | |
| ☐ Cancel | 40 | | | 100 | | | | Telephone Nu | mber | | | |
| | iation | | | - 4000 | nna Gahn | | | | | | | |
| Name of Facility Where Abatement is | s Takino | n Plac | e (3) | г | ACILITY | NFORMATION | T (5 | | | | | |
| Residence | o raining | g i iac | C (3) | | | | Type of Facility | | | | | |
| Street Address | | | | | | | School (K-12 |) 3 (Other than K-1 | 2) | | | |
| | | | | | | | Other (i.e., pr | rivate and comm | ercial b | uildir | igs, | |
| City (5) | | | | | | | Square Feet | # of Floors | E | Bldg. / | Age | |
| Lavallette | | | | | | | 900 sf | 1 | - | 60 | .50 | |
| County (6) | | | | Cou | inty Code (| 7)(STATE USE ONLY) | Current Use (Pri | or if being demo | lished) | - | | |
| Ocean | | | | | • | · · · · · · · · · · · · · · · · · · · | Residence | | | | | |
| Name of Monitoring Firm Hired by Bu | ilding C | Owner | (8) | ASCN | I No. | Name of Abatem | nent Contractor (9) | | | | | |
| N/A | | | | | | | ontracting, Inc. | | | | | |
| Street Address | | | | | | Street Address | madding, mc. | | | | | |
| | | | | | | 1889 Route 9 | 0 Unit 64 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | | | |
| | | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Te | ephone | No | | New Jersey 087 | - | | | | |
| | | | | | | Telephone No. 732-349-9932 | 2 | License No. 00624 | | | | |
| Start Date (10) | | | | | ate (11) | Name of OSHA N | Monitor | | | - | | |
| | | | | 8_ / | 18 | E.M.S.L. Ana | lytical | | | | | |
| Occupancy Status During Abatement | (Check | only | one) | | | Street Address | | | | | _ | |
| ☐ Absternant Performed Outside 1 | tire Peri | iod of | Abate | ement | | 1056 Stelton | | | | | | |
| Abatement Performed Outside of N Time of Abatement:AM | Normal I | Facilit | y Hou | rs - De | scribe | City, State, Zip Co | ode | | 1000 | | 47.00 | |
| Scope of Work (Check all that apply) | | " | | | _AIVI | Piscataway, I | New Jersey 088 | 54 | | | | |
| ☐ ≥3 sf or >3 If | ñ | ☐ Re | novo | ion | | ☐ Full Cont | tainment with Nega | ative Pressure | | | 7716 | |
| ≥160 sf or ≥260 lf | | ☐ Ne | | | | ☐ Mini-Enc | g Procedure | | | | | |
| | | | 1 | | | Non-Exe Non-Exe | mpted (*) and Non | -Friable Procedu | ire | | | |
| Location of | | | Loca | | | | | | Ab | atem | ent T | уре |
| Asbestos-Containing Material (ACN | (N | | | ely by | Ashe | Description o stos Containing Ma | torial (A CNA) | | Z. | ZD. | m | т |
| TO BE ABATED | | | intena | ance/ Staff? | (i.e | ., thermal systems i | insulation. | Amount (Specify | Removal | Repair | าса | nclo |
| IN Facility (13) | | Cus | (12) | | | surfacing, VAT, | or | SF or LF) | Val | = | Encapsulate | Enclosure |
| (13) | | Yes | No | N/A | | other miscellane | ous) | | | | late | œ. |
| exterior | | | | | asbesto | s siding | | 900 sf | | П | П | |
| | | | | | | | | | 1_ | | = | |
| | | П | | | | | | | 1 | | | |
| | | | | | | | | | 12 | | | |
| Name of Registered Waste Hauler | | | | JDEP V | Naste I | Cubic Yards of | NomfD | | | | Ш | |
| Guardian Contracting, Inc. | | | - 1.853 | lauler II 20223 | No. | Waste 3 | Name of Registe T.R.R.F. | ered Landfill | | | | |
| City, State | | | | | | Disposal Date | City, State | | | | | |
| Toms River, New Jersey | | | | | | 10/08/18 | Tullytown, P | ennsylvania | | | | |
| Completed By (Print or Type) | Title | -000 | | | | Signature | 1 1 | Da | ite / | -/ | | |
| Nicholas Fernicola | Pro | oject | Mana | ager | | | | | 9/1 | 1/1 | 8 | |

CHIMA



| \bigcap_{r} | E | C | | | \mathbb{V} | E | |
|---------------|----|-----|---|----|--------------|---|--|
| | | SEP | 2 | 4 | 2018 |) | |
| i i | rk | HI | 1 | 70 | 7 | | |

| | | | _ | | | | · · | 1 1/1 | 4 11 1 | ************ | 1 - | | |
|------------------------------|-----------------------------------|----------|---|----------------------|--------------------------|---------------------------|-----------------|------------------|----------------------|--------------|-------|-------------|-----------|
| Date of Notification 9/19/18 | (1) | | 103150 non-seg | f Building ne Ool | Owner/Operator (2) ie | | | ASP | 1 | | | 8 | |
| Agencies Notified | Type Notification | | Street A | ddress | | | | 1 | | | | | - |
| □ EPA | | | | | | | | | | | | | |
| □ DEP | ☐ Amended | | City Sta | te, Zip Co | | | | | | - | _ | - | _ |
| ⊠ DOL | Amendment # | | 100000000000000000000000000000000000000 | | | | | | | | | | |
| _ 500 | ☐ Emergency (including | - | | | IJ 07039 | | | Ι | | | _ | | |
| ⊠ DOH | justification) | | 1000 | f Contact | | | | Telephone Number | | | | | |
| □ DCA | Cancelation | | Caroli | ne Ool | ie | | | | | | | | |
| | Carrectation | | | FA | CILITY INFORMAT | ION | | | | | | _ | _ |
| Name of Facility Wh | ere Abatement is Taking Place (3) | | | | CILITI IIVI ONIVIAT | Type of Fa | acility (4) | | | | | | |
| Residence | | | | | | 17.500 (2.60-0-3.53) | | | | | | | |
| | | | | | | H | chool (K-12 | | | | | | |
| Street Address | | | | | | □ S | ubchapter | 8 (Other than K- | 12) | | | | |
| | | | | | | ⊠ C | other (i.e. p | rivate & Comme | rcial buildings, hon | nes, etc | :.) | | |
| City (5) | | | | | | - | | | Tarre v | | _ | | |
| Livingston, NJ | 08879 | | | | | Square Fe | et | # of Floors | Bldg. Age | | | | |
| | | | | Ict | C- 1- /7\ | 2309 | (0) (0) | 2 | 45+ | | | | _ |
| County (6) | | | | | Code (7) USE ONLY) | Common control of | se (Prior if be | ing demolished) | | | | | |
| Essex | | | | (SIAIL | | Home | | | | | | | |
| Name of Monitoring | Firm Hired by Building Owner (8) | | | | ASCM No. | Name of | Abatement Co | ontractor (9) | | | | | |
| | | | | | | Unicor | n Contract | ing Corp. | | | | | |
| Street Address | | | | | | Street Ad | -0. | | | | | | |
| | | | | | | | ow Way | | | | | | |
| City, State, Zip Code | | | | | | | | | | | _ | | _ |
| City, State, 21p code | | | | | | 1 march 200 march | e, Zip Code | NII 07424 | | | | | |
| | | | | 1 | | 1 | and Park, | NJ 07424 | | | | | - |
| Project Manager fo | Monitoring Firm | | | Telepho | ine No. | Telephon | e No. | | License No. | | | | |
| | | | | | | 973-33 | 3-9176 | | 01331 | | | | |
| Start Date (10) | | | Schedul | ed Compl | etion Date (11) | Name of 0 | OSHA Monitor | r | | | | | |
| 10/05/18 | | | 10/06 | /18 | | Enviro | ision Con | sultants, Inc. | | | | | |
| Occupancy Status D | uring Abatement (Check Only One) | | | | | Street Ad | dress | | | | | | |
| ☐ Facility C | losed/Vacated During Entire Perio | od of Ab | atemen | t | | 20-21 \ | Nagaraw F | Rd., Bldg. 35-E | | | | | |
| | nt Performed Outside of Normal | | | | | | , Zip Code | , | | | 77 | | |
| | | deinty | iours | | | | | 410 | | | | | |
| Scope of Work (Chec | escribe:7AM START | | | | | Trail ray | wn, NJ 07 | 410 | | _ | _ | _ | _ |
| I | | | _ | | | | | | | | | | |
| | 70.15 | | × | Renov | ation | ⊠ F | ull Contain | ment with Negat | ive Pressure | | | | |
| □ ≥160 sf o | r ≥260 If | | | Demol | ition | | /lini-Enclos | ure | | | | | |
| | | | | | | | ilovebag Pr | ocedure | | | | | |
| | | | | | | | lon-Exempt | ed (*) and Non-F | riable Procedure | | | | |
| | | | Is Locatio | n | | | | | | Al | bater | | |
| | Location of | | Normally | | | Descrip | tion of | | | - | Тур | e | |
| Asbesto | os-Containing Material (ACM) | | sed Solely | | | | ng Material (A | | Amount | | | ı | |
| | TO BE ABATED | 100 | laintenan stodial St | | (i.e. t | | ems insulatio | n, | (Specity | | | m l | _ |
| | In Facility (13) | | (12) | | | surfacing, other misce | | | SF or LF) | Rer | | caps | ncle |
| | (13) | Yes | No | N/A | 1 | ourer mise | chancous | | | Removal | 903 | Encapsulate | Enclosure |
| | CARACE | 163 | 155550000 | IN/A | | LICTING | LUATION | | 100.05 | | - | re | ro . |
| | GARAGE | | X | | U | OCT INS | ULATION | | 190 SF | X | + | - | |
| | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered | Waste Hauler | | NJDEP V | /aste Hau | iler ID No. | Cubic Yard | ds of Waste | | Name of Regustered | Landfill | | | |
| Unicorn Contra | acting Corp. | | 00358 | 44 | | 3 | | 1- | Fairless Hills Lar | ndfill | | | |
| City, State | | | | | | Disposal D | Date | 11 | City, State | | | | |
| Woodland Par | k, New Jersey | | | | | TBD | | /// | Morrisville, PA | | | | |
| Completed by | | Title | | | | Si | gnature | 1/ 6 | 1// | Date | | | |
| Zhivko Nikolov | | Presid | ent | | | | 0 | my, | 11 | 9/19 | /18 | | |

| | | | | | | | | | | | | | | | 245 | Pri | it Form |
|-----------|---|---|--------------------------|---------------------|-------------------|------------------------|----------------|--|---------------------------------------|--|-------------|--------|---------------------|--------|--------|-------------|-----------|
| | h 700 | 16 | N | OTIFIC | CATION | OF ASBES to NJAC 8: | STOS | ABATE | MENT | | | E | <u>C</u> | | | <u> </u> | |
| | e of Notification (1) | | | | | Building Ov | | Committee of the commit | | | | (| SEP | 2 | 4 21 |)18 | |
| | 20/18 Incies Notified | Type Notification | | - | Street A | as Belsky | Priv | vate H | ome | | | | | | | | - |
| | | 1 -21 | | li | Street A | uuress | | | | | | ASB | ERTO | 3 (| | HO! | 8 |
| × | EPA DEP | Initial Amended | | H | | te, Zip Code | | | | | | | 1 12 energy (40) | | 111016 | | |
| X | DOL | Amendment Emergency | | - | | ity NJ 0 | 8008 | 3 | | | | | | | | | |
| M | DOH DCA | justification) Cancellation | 3170 | | Name of Mariel | Contact | | | | | Telep | ohone | Numb | er | | | |
| Ш | | | | | | LITY INFOR | RMAT | ION | | | | | | | | | |
| | ne of Facility Where A nomas Belsky Pri | | g Place (3 |) | | | 1000 | | _ | of Facility (4) | | | | | | | |
| | eet Address | vale nome | | 1 | | AMERICAN PROPERTY. | | | | School (K-12 Subchapter 8 | | than k | K-12) | | | | |
| | | | | | | | | | | Other (i.e. pri | ivate & | comme | ercial l | build | ings, | home | s, |
| City | (5) | | | | | | | | | are Feet | # of F | Floors | | BI | dg. A | ge | |
| | urf City NJ 08008 | 3 | | - | | | | | | 00 + | 2 | | | | 0+ | | |
| | unty (6) cean | | | | | Code (7) JSE CNLY) | | | NEW CONTRACTOR | ent Use (Prior use Only | if being | g demo | olished | 1) | | | |
| Nar N/ | ne of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | No. | | | of Aba | atement Cont | ractor (| 9) | | | | | |
| | eet Address | | | | | | | | Addre | | | - | | | | | |
| | | | | | | | | PO | Box 3 | 329 | | | | | | | |
| City | , State, Zip Code | | | | | | | 1 | | Zip Code rlin NJ 0809 | 21 | | | | | | |
| Pro | ject Manager for Moni | toring Firm | | -1 | Telepho | ne No. | _ | | hone N | | | Licens | se No. | | | - | |
| -01- | 15.1.(10) | | 61-11 | 10 | 1.4. | D-1- (44) | | | (2,000) | 9800 | | 0072 | 7 | - | | | |
| 1,135,037 | rt Date (10) 0/2/18 | | 10/9/1 | | ipietion i | Date (11) | | San | | HA Monitor | | | | | | | |
| Occ | cupancy Status During | Abatement (Chec | k Only Or | ne) | | | | Street | Addre | ess | | | | | | | |
| X | Facility Closed/Vaca Abatement Performe Other – Describe: _ | ted During Entire led Outside of Norn | Period of Annal Facility | Abatem Hours | ent | | _ | City, S | State, Z | Zip Code | | | | | | .,, | - |
| Sco | ppe of Work (Check Al | That Apply) | | | | | | | | | | | | | | | |
| | ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | e e | | Renova Demolit | | | | | Mi Gl | ull Containment ini-Enclosure lovebag Proce on-Exempted | edure | | | | | _ | |
| | | | le | Locati | on | | **** | | <u> </u> | on-Exempled | () and | NOII-F | Tiable | | | ment | |
| | Location | of | | Normal | ly | | De | escription | n of | | | | - | | Ту | pe | |
| | Asbestos-Containing TO BE ABA | | Ma | ed Sole iintenai | nce/ | | | ntaining I | | al (ACM) lation. | | nount | | Z. | | Enc | m l |
| | In Facili (13) | | Cus | todial S (12) | Staff? | | surfa | acing, VA | AT, or | | | or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | (.5) | | Yes | No | N/A | | | - | | ' | | | | a | 7 | late | ıre |
| | Exterior Siding I | House only | 1 | | X | | Exte | erior Si | iding | | 200 | 00 SF | | x | | | |
| | | | | | | | | | | | | | | | | | |
| _00.00000 | | | | | | | | | | | | | | | | | |
| | | *************************************** | | | | | | | | | | | | | | | |
| 1956 F | ne of Registered Was | te Hauler | | 1 200 | JDEP W | | Cubic of Wa | Yards | | Name of R | 00000000 | ed Lar | ndfill | | | | |
| Un | ited Containers | | | | 2459 | .10. | 3 | 2010 | · · · · · · · · · · · · · · · · · · · | G.R.O.V | N.S. | | | | | | |
| | r, State | | | | | | Dispo | osal Date | Э | City, State Morrisvi | | 1061 | n | | | | |
| | mpleted by | | Title | | | | | Signatur | É | n ivioi118VI | me ra | . 1900 | Date | | | | |
| 1 11 123 | thony T Perna | | Pres | sident | | | | | | <u></u> | - | | 9/2 | 0/18 | 3 | | |

| CH34970 | NO. | ΓΙFIC (P | ATION | OF AS | BESTOS ABAT AC 8 60 and 5:1 | ΓEMENT 6) | DEC | E | | | - Figure 1 |
|--|------------------|-------------------------------|----------|--------------|---|---|--|------------|--------------------|-------------|------------|
| Date of Notification (1) | | | Name | e of Buildin | g Owner/Operator (| (2) | H H SEP | 24 | 20 | 18 | -11 |
| | 18 | | Ch | uck Ehrn | nann | | 1 30 | 19 | 7 | U | ĺ |
| Agencies Notified Type Notific | ation | | Stree | t Address | | | ASSEST | 39.00 | 17/1 | ini | ρ. |
| ⊠ EPA ⊠ Initial | | | | | | | 11 | The second | -10 | 1770B | |
| ☑ DOLWD ☐ Amended | | | City, | State, Zip | Code | | | | - T/1960 N 10- | | |
| ☑ DOH Amendm ☐ DCA ☐ Emerger | | - | Wa | yne, NJ | 07470 | | | | | | |
| (NJAC 5:23-8) justificati | | ig | Name | e of Contac | at | | Telephone Num | her | - | | |
| ☐ Cancella | tion | | Ch | uck Ehrn | nann | | - Coopiione Hair | | | | |
| | | | FA | CILITY IN | NFORMATION | | | | - | | |
| Name of Facility Where Abatement is | Taking Plac | e (3) | | | | Type of Facility | (4) | | | | |
| Residence | | | | | | School (K-12 | 3 1.5 | | | | |
| Street Address | | | | | | ☐ Subchapter 8 | Other than K-12 | 2) | | | |
| | | | | | | Other (i.e., property) homes, etc.) | rivate and comme | rcial bu | uilding | gs, | |
| City (5) | | | | | | Square Feet | # of Floors | 101 | da ^ | ac | |
| Lavallette | | | | | | 2,000 sf | # 01 F1001S | | dg. A 65 | ye | |
| County (6) | | | Cour | nty Code (7 | 7)(STATE USE ONLY) | | or if being demoli | - N | UJ | | |
| Ocean | | | Jood | nty code (| MOTATE OSE ONET) | Residence | or it being demoil | snea) | | | |
| Name of Monitoring Firm Hired by Build | ding Owner | (8) | ASCM | No | Name of Abateme | | | | | | |
| N/A | anig Omno. | (0) | 7100111 | 140. | III and the State of the state | ntracting, Inc. | | | | | |
| Street Address | | | | | Street Address | ntracting, inc. | | | | | |
| | | | | | Harmon Barrier | Umit Cd | | | | | |
| City, State, Zip Code | | - | | | 1889 Route 9 | | | | | | |
| - 1.57 State, 2.15 SSSS | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Monitoring Firm | | Tol | phone | No | | New Jersey 08 | | | | | |
| | | 100 | priorie | NO. | Telephone No. | | License No. | | | | |
| Start Date (10) | Scheduled (| 20001 | 4: D- | 1- (44) | 732-349-9932 | | 00624 | | | | 14 H |
| _10 / 04 / 18 | | | | 18 | Name of OSHA M | 100000000000000000000000000000000000000 | | | | | |
| | | | _ / - | 10 | E.M.S.L. Ana | lytical | | | | | |
| Occupancy Status During Abatement (| | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Entire☐ Abatement Performed Outside of No. | re Period of | Abate | ment | | 1056 Stelton | | | | | | |
| Time of Abatement:AM | PM/ | ly nou PM | s - Des | AM | City, State, Zip Co | | | | | | |
| | | | | | Piscataway, N | New Jersey 088 | 354 | | | | |
| Scope of Work (Check all that apply) | | enovat emolitic | | | ☐ Mini-Enc ☐ Glovebag | Procedure | | | | | |
| | 1. | s Loca | ion | | ⊠ Non-Exe | mpted (*) and Nor | n-Friable Procedu | | | | |
| Location of | | Norma | | | Description o | | | Ab | atem | ent T | уре |
| Asbestos-Containing Material (ACM <u>TO BE ABATED</u> IN Facility | / Ma | ed Sole aintena stodial | nce/ | Asbe (i.e | stos Containing Ma , thermal systems i surfacing, VAT, | terial (ACM) nsulation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| (13) | Yes | (12) No | N/A | + | other miscellane | ous) | toronia rigidata (149 🕬) | | | late | (D) |
| ovtorior | Tes | | - | | | | | 1 | | | |
| exterior | | | | asbesto | os siding | | 2000 sf | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | П | П | П | П |
| Name of Registered Waste Hauler | | N | JDEP V | Vaste | Cubic Yards of | Name of Regist | ered Landfill | | | | |
| Guardian Contracting, Inc. | | H | auler II | | Waste | T.R.R.F. | eminetro de creativa de la maria (CCC) | | | | |
| City, State | | | 20223 |) | 3 Disposal Date | City, State | | | | | |
| Toms River, New Jersey | | | | | 10/09/18 | | Pennsylvania | | | | |
| Completed By (Print or Type) Nicholas Fernicola | Title Project | . RA | | | Signature | 1 11 | Da | ite / | | į | |

| e e | | | | 20 0 200 | | | | | "OP | ENI | NO. | FIFE | CA | TIC |
|--|----------------------|------------------------|------------------|--------------------------------------|--------------------|------------------------------------|-----------------|--|--|----------|--------------------|------------------|-------------|-----------|
| anch | | NOTI (| FICATIO | State of N ON OF AS nt to NJA(| BESTOS | ABATE | MENT | | | E (| · - | | - | E |
| Date of Notification (1) 9/19/2016 | | | Name PSE | of Building &G | g Owner | Operator | r (2) | | Total Control | SE | P 2 | 2.4 | 2018 | |
| Agencies Notified Type Notification | on | | | Address HADLE | Y ROA | ND. | | | test level | | | pagestyre recept | | |
| DEP Initial Amended Amendme | nt # 1 | | City, S | State, Zip C | Code | | 7068 | | | ASPE | Transaction of the | NOT | | 1 R |
| ≥ DOH Emergence justificatio | y (includir n) | ng | Name | of Contac | t | D, 140 C | 7000 | ! | 11 11 11 11 11 11 11 11 11 11 11 11 11 | hone Nu | | | | |
| | | | 1 | REY GA | | ION | | | 856- | 628-24 | 177 | | | |
| Name of Facility Where Abatement is Tall PSE&G - ESSEX RR Street Address | ing Place | (3) 1 10 | B | of MH | /// | 8 | | of Facility (4 School (K-12 Subchapter | 2) | than K | 12) | | | |
| 183 KAY. n | 100 | 7 | BL | ND | | | × | Other (i.e. pr etc.) | ivate & c | ommer | ial bu | ildings | , hom | ies, |
| NEWARK | | | | | | | Squa N/A | re Feet | # of FI N/A | oors | | Bidg. N/A | Age | |
| County (6) ESSEX | | | County (STATE | Code (7) | Y) | | Curre N/A | nt Use (Prio | r if being | demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | g Owner (| 3) | ASC 004 | M No. 15 | | Name | of Aba | tement Cont | ractor (9) OF AN | MERIC | A IN | IC. | | |
| Street Address 64 BROAD STREET | | | | | | Street | Addres | | | | , , , , , | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | • | City, S | tate, Zi | p Code | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | one No. | | Teleph | one No | | | cense N | Vo. | | | |
| Start Date (10) 6/25/2018 | | | | 90-2217 Date (11) | | | of OSH | A Monitor | | 1111 | | | | |
| Occupancy Status During Abatement (Che | 11/30. eck Only C | | | | | UNIQ Street | | SYSTEMS | OF AM | IERIC. | Α | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor | Period of | Abater | ment s | | | 396 V City, St | | EHEAD A | VE. | | | | | |
| Other – Describe: OUTDOORS Scope of Work (Check All That Apply) | | | | | _ | | | VER, NJ | 08882 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolii | | | | | Glov | Containment -Enclosure vebag Proce | dure | | | | | |
| | Is | s Locati | ion | | | × | Non | -Exempted (| *) and No | on-Friab | le Pro | | e ement | |
| Location of Asbestos-Containing Material (ACM) | Use | Normal ed Sole | ly by | Asbes | Des | scription of | of , | (ACM) | Amou | ınt | | Ту | ре | |
| TO BE ABATED In Facility (13) | | todial S (12) | | (i.e. | thermal surface | systems cing, VAT niscellane | insulat , or | ion, | (Spec SF or I | ify | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | Yes | No | N/A | | | | | | | | <u>B</u> | | ate | Ire |
| 00100000 | | X | | | PIPE S | SOMAS | STIC | | 200 L | _F | X | | | |
| | | | | | | | | | | | | | - | |
| Name of Registered Waste Hauler | | l N | JDEP W | looto | O. bis | | | | | | | | | |
| NASTE MANAGEMENT | | Ha | auler ID 125 | | of Was | te | - 1 | Name of Re FAIRLES | | Landfill | | | | |
| City, State ELIZABETH, NJ | | | | , | Dispos | | | City, State MORRIS\ | /11 = 1 | DΛ | | | | \dashv |
| Completed by . CAROL RAIMO | Title OFFI | CE M | GR. | | | gnature | | Po | • | Dat | e 9/20 | 10 | | - |
| | 1 | | | | 1 | -191 | 7 - 1 | 1 0 | 1 - 1 - | 1 0/1 | JIZU | 10 | | - 1 |

CK#9014

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

| DOH justificat | ition | | JEF | e of Contac FREY G ACILITY IN | AZICI | | | | Teleph 856-6 | one Nun 328-247 | nber 77 | | | |
|--|----------------------------|------------------|--|-------------------------------------|-----------------|---------------------------------------|--------------|--|--------------------------------|--------------------|-------------|--------------|-------------|-----------|
| Street Address 183 RAYMO | R | 4 | | 10 | B, | MH 118 | × | s of Facility (4 School (K-12 Subchapter 8 Other (i.e. pri etc.) |) 3 (Other th ivate & co | mmercia |) ıl bui | ilding | s, ho | mes, |
| NEWARK County (6) | | | Count | y Code (7) | | | N/A | re Feet | # of Floo N/A | | 1 | Bldg. V/A | Age | |
| Name of Monitoring Firm Hired by Buildin | | | (STAT | E USE ONL | Y) | | Curre N/A | ent Use (Prior | if being d | emolishe | ed) | | | |
| ENVIRONMENTAL TACTICS | ng Owner | (8) | 00 | CM No. 45 | | Name UNIO | of Aba | tement Contr SYSTEMS | actor (9) | FRICA | INI | | | |
| Street Address 64 BROAD STREET | | | | | 1 | Street | Addres | | | | , IIV | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | City, S | tate, Zi | p Code | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Teleph | one No. 290-2217 | | Teleph | one No | VER, NJ 0 | | ense No. | 20.00 | | | |
| Start Date (10) 6/25/2018 | Schedi | uled Co | C10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | Date (11) | | | of OSH | A Monitor | 011 | | | | | |
| Occupancy Status During Abatement (Ch | 9/30/2 eck Only (| 2018 One) | | | | UNIQ Street A | | YSTEMS (| OF AME | RICA | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: OUTDOORS | e Period of rmal Facili | Abate ty Hou | ment rs | | | | VHITE | EHEAD AV | E | | | | | |
| Scope of Work (Check All That Apply) | | | | | _ | | | VER, NJ 0 | 8882 | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | 1.754 | Renovi Demoli | | | | × | Glov | Containment Enclosure ebag Procedu | ле | | | | | |
| Location of | | s Locat Norma | | | | | NOII | Exempted (*) | and Non- | -Friable | 100 | | ment | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Us | ed Sole | ly by | Asbest | os Con | scription o taining Ma | terial (| ACM) | Amount | | T | Тур | | |
| In Facility (13) | | todial (12) | | (i.e. | therma surfa | systems i cing, VAT, niscellane | nsulation | on, | (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | Yes | No X | N/A | | DIDE | | | | | | <u>n</u> | , | ate | ire |
| | | | | 1 | PIPE | SOMAS. | TIC | | 200 LF | 2 | 2 | | | |
| | | | | | | | | | | | + | 1 | + | |
| Name of Registered Waste Hauler WAST MANAGEMENT | | H | JDEP Wauler ID | No. | Cubic of Was | ste | 100 | Name of Regi | | ndfill | | | | |
| City, State ELIZABETH, NJ | | | 120 | | Dispos | al Date | | City, State | | | | | | |
| Completed by | Title | | | | TBD | gnature | 1 | MORRISVI | | Date | | 501-2 | | |
| CAROL RAIMO | OFFI | CE M | GR. | | | 4 | Na | l Lais | no | 6/13/2 | 201 | 8 | | |

| | | | | State of New Jers | ev | 27 | "(| OPEN | NO | TIF | ICA | λTI |
|--|-------------|---|------------------|--|---|---|-------------------|---------------------------|----------------|--|-------------|-----------|
| no ch | | NOT | IFICATION | ON OF ASBESTOS nt to NJAC 8:60 at | BABATE | EMENT (0) | | EG | E | | V | |
| Date of Notification (1) 9/19/2016 | | | Name PSE | of Building Owner &G | /Operato | r (2) | | | | The sale of the sa | | |
| Agencies Notified Type Notification | n | | 71.57 (0.00) | Address HADLEY ROA | ND | | 11.7 1 | SEI | 2 | 4 2 | 018 | - 11 |
| DEP X Amended Amendme | nt #1 | | City, S | State, Zip Code ITH PLAINFIEL | D, NJ (| 07068 | | ASPES | OS. | X2 | HOL | 8. |
| DOH Emergence justification Cancellation | 1) | ng | Name | of Contact FREY GAZICK | | | | elephone N 56-628-2 | | r | 2072 | 1 |
| Name of Facility Where Abatement is Tak | | | FAC | CILITY INFORMAT | ION | | | | | | | |
| PSERG - MIII . A | | (3) 1 <i>H</i> | 10 | | | Type of Facilit | (-12) | | | | | |
| RR TRACKS OFF | : B | LA | uc H | ARD ST | | Subchap | er 8 (Ot | her than K- & commer | 12) cial bu | uilding | s, hoi | nes, |
| NE WARK | | | | | | Square Feet N/A | N. | of Floors /A | | Bldg. N/A | Age | |
| ESSEX | | | County (STATE | Code (7) USE ONLY) | | Current Use (F N/A | Prior if be | eing demoli | shed) | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (| 8) | 004 | M No. 15 | Name UNIC | of Abatement C | ontracto IS OF | r (9) AMERIC | 11 .A: | NC. | | |
| Street Address 64 BROAD STREET | | | | | Street | Address VHITEHEAD | | | • | | | - |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | tate, Zip Code TH RIVER, N | JJ 088 | B2 | | | - | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Telepho 732-2 | one No. 90-2217 | Teleph | one No. | | License I | Vo. | | | |
| Start Date (10) 6/25/2018 | 11/30 | /2018 | mpletion | Date (11) | Name o | of OSHA Monito | | | ^ | | | |
| Occupancy Status During Abatement (Cher | | | | | Street A | Address VHITEHEAD | | AWEIG | | | | - |
| Abatement Performed Outside of Norr Other – Describe: OUTDOORS | nal Facilit | ty Hour | nent s | | City, Sta | ate, Zip Code | | energy and the second | | | | |
| Scope of Work (Check All That Apply) | | | | | SOU | TH RIVER, N | J 0888 | 32 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | re | |
| Location of | 1 | S Locati Normal | ly | Dos | cription - | | | | | Abat | emen /pe | t |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole aintenar todial S (12) | nce/ | Asbestos Conta (i.e. thermal s surfaci | cription of sining Ma systems i ing, VAT, iscellane | terial (ACM) insulation, or | (S | mount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| OUTDOORS | Yes | No | N/A | | | | | | 3 | | ate | le e |
| 3313331(0 | | X | | PIPE S | OMAS | TIC | 20 | 0 LF | Х | | | |
| | | | | | | | | | | | | |
| NI- | | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | · | | IDEP Wa | | | 1 | | ed Landfill | | | | |
| City, State | | | 125 | APPX | | FAIRLE | SS | | | | | |

Completed by CAROL RAIMO

ELIZABETH, NJ

Signature

City, State

Disposal Date

TBD

Title

OFFICE MGR.

MORRISVILLE, PA Date 9/19/2018

"OPEN NOTIFICATION"

CK# 9012

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

| Data of N. US | | | (Purs | uant to | NJAC 8:6 | 0 and 12:1 | 20) | ITT | PO | FEE | | | |
|---|--------------------------|---|----------------------------|--------------------|-----------------------------|---------------------------|---|--|----------------------|-----------------|--------------|------------------|-----------|
| 6/13/2018 | Type Notification PA | | | | | ner/Operat | | 113 | E C | | | \mathbb{V}_{-} | E |
| EPA Initial | | | 40 | | DLEY RO | DAD | | | SEP | > 2 | 4 2 | 018 | - |
| DOL Amend | lment #_ ency (includ | ing | . SC | OUTH P | Zip Code LAINFIE | ELD, NJ | 07068 | 1 A | SCEST | 337 | 7.3 A.V | 100 | 1 |
| DCA Justifica | ation) lation | | JE | | GAZICI | | | Tele | ephone N 6-628-2 | Vumb | er - | | |
| Name of Facility Where Abatement is | Taking Place | 9 (3) | F | ACILITY | INFORM | ATION | | | | -7// | | | _ |
| I I HIMA | 4 M+ | 41 | | | | | Type of Facil | lity (4) | | | | | |
| RR TRACKS OF, | F BI | | | 1 R D | ST. | | etc.) | (K-12) pter 8 (Othe e. private & | er than K- commer | -12) rcial b | uildin | gs, ho | me |
| County (6) | <u> </u> | | | ity Code | | | Square Feet N/A | N/A | | | N/A | J. Age | |
| ESSEX Name of Monitoring Firm Hired by Build | ing Oumor / | 0) | (STAT | TE USE O | (/) NLY) | | Current Use (N/A | Prior if bein | g demoli | shed) | | | -5.00 |
| ENVIRONMENTAL TACTICS Street Address | mg Owner (| 0) | | CM No. 045 | | Name UNIC | of Abatement 0 UE SYSTE | Contractor (S | 9) MERIC | CA. II | NC. | | |
| 64 BROAD STREET City, State, Zip Code | | | | | | Street | Address VHITEHEAD | | | - 1, (1 | | | |
| MATAWAN, NJ 07747 | | | | | | City, St | ate, Zip Code TH RIVER, N | | | | | | |
| TOM GEIGER Start Date (10) | | | 732-2 | none No. 290-22 | 17 | Telepho | one No. 32-8350 | L | icense N | No. | | | |
| 6/25/2018 | 1 9/30/2 | 018 | mpletio | n Date (1 | 1) | Name o | f OSHA Monito UE SYSTEN | or | | ^ | | | |
| Facility Closed/Vacated During Entil | | 2200 | ment | | | Street A | ddress /HITEHEAD | | VIERIC/ | Α | | | |
| Other – Describe: OUTDOORS Cope of Work (Check All That Apply) | mai i aciiit | y mour | 5 | | | City, Sta | te, Zip Code H RIVER, N | J 08882 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | nent with Ne | | | | | |
| Larry - | | Locati | | | | | 1.011.010 | - () drid M | UIT-FIIADI | Pro | Pro000 - 100 | emen | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Use Mai | lormall d Solel ntenan odial S | y by ice/ | Asbe (i.e | stos Cont thermal | systems in | erial (ACM) | Amou (Spec | | ZD. | Ту | /pe | |
| (13) | Yes | (12) No | N/A | | surfac other m | sing, VAT, niscellaneo | or us) | SF or I | | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | 1.00 | X | IN/A | | PIPE S | SOMAST | TC TC | 200 L | F | х | | ate | e) |
| | + | | | | | | | | | Λ | | | 0.000 |
| me of Registered Waste Hauler | | | | | | 1 | | | | | | | |
| AST MANAGEMENT | | Ha | DEP Wa uler ID 1 125 | aste No. | Cubic Y of Wast APPX. | е | Name of F | Registered L | andfill | | | | |
| y, State ZABETH, NJ | | | | | Disposa TBD | | City, State | | | | | | |
| mpleted by ROL RAIMO | Title OFFIC | E MG | R. | | | nature | 1 | SVILLE, F | Date | | | | |
| | | | | | | 54 | real La | ind | 6/13 | 3/201 | 8 | | İ |

| E . | | | | | | | | | OP | FINI | VU | III | ICA | 110 |
|--|-------------------------|--------------------|--------------------|----------------------------------|---------------------|-----------|-----------------|---|-----------------|-------------------------|-------------|-------------|-------------|-----------|
| MOCK | 1 | | CATION | ate of Nev OF ASBI to NJAC | ESTOS | ABATE | | | | E | G [| | V | |
| Date of Notification (1) 9/19/2016 | | | Name of PSE& | f Building (| Owner/C | perator | (2) | | Lanca and party | S | EP | 2 4 | 201 | 8 |
| Agencies Notified Type Notification EPA Initial | | | Street A 4000 l | ddress HADLEY | / ROAI |) | | | _ | | | -, | CITAC | |
| DEP X Amended Amendment | | _ | | ate, Zip Co H PLAIN | |), NJ 0 | 7068 | 3 | Lauren | AGE! | | | NG | |
| Emergency justification) | 17 | Ī | | f Contact REY GA | 7ICK | | | | 10 | hone N -628-2 | | | | |
| DCA Cancellation | | | | LITY INFO | | ON | 70m-71-71 | | 000. | -020-2 | 411 | | | |
| Name of Facility Where Abatement is Takin PSE&G - M H 9 | g Place (3 | 3) | | | | | Туре | of Facility (4 School (K-12 | 5 | | | | | |
| RR TRACKS ON | 31 1 | <u>_;</u> | BEL | LLA | 07 | 7. | × | Subchapter 8 Other (i.e. pretc.) | | | | uildin | gs, hor | nes, |
| City (5) NEWARK | | | | | | | Squa N/A | ire Feet | # of F N/A | loors | | Bldg N/A | . Age | |
| County (6) ESSEX | | | | Code (7) USE ONLY, |) | | Curre N/A | ent Use (Prio | r if being | g demoli | ished) | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8) | | ASCN 004 | | | | | atement Cont SYSTEMS | | | CA, II | VC. | | |
| Street Address 64 BROAD STREET | | | | | | | Addre | ss EHEAD A | VE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | | | ip Code RIVER, NJ | 08882 | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | 7,000 | | Telepho 732-29 | ne No. 90-2217 | | | hone N 432-8 | | 10.33 | License 01111 | | | | |
| Start Date (10) 6/25/2018 | Schedule 11/30/2 | | npletion | Date (11) | | | | HA Monitor SYSTEMS | OF A | MERIO | CA | | | |
| Occupancy Status During Abatement (Chec | | | | | | | Addre | ss EHEAD A | VE | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: OUTDOORS | Period of Anal Facility | Abaten / Hours | nent | | | City, S | State, Z | ip Code RIVER, NJ | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 000 | , , , , , | | 00002 | - | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | _ | Renova Demolit | | | | × | Mi | II Containme ni-Enclosure ovebag Proce on-Exempted | edure | | | | | |
| | Is | Locati | ion | | | | 1110 | n-Exempled | () and | NOII-FII | able P | - | ateme | nt |
| Location of Asbestos-Containing Material (ACM) | | Normal d Sole | | A-6 | Des | scription | of . | | | | - | _ | Туре | T |
| TO BE ABATED In Facility | 2.0 (Cont.) | intena todial S | | | tos Cont thermal | | s insul | | (Sp | ount ecify or LF) | 70 | | Encar | Encl |
| (13) | Yes | (12) No | N/A | | | niscellar | | | SF C | וו נר) | Kellioval | | Encapsulate | Enclosure |
| OUTDOORS | | X | | | PIPE : | SOMA | STIC | | 200 |) LF | X | + | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | LN | JDEP W | lasta | Cubic | Varda | | Nome of D | lo minto co | al 1 a a al | | | | |
| WASTE MANAGEMENT | | Н | auler ID 125 | | of Was | ste | | Name of R | | u Landi | ull | | | |
| City, State ELIZABETH, NJ | | Carlet 1 | | | Dispos TBD | al Date | | City, State MORRIS | | , PA | | | | |
| Completed by CAROL RAIMO | Title OFFI | CE M | IGR. | | S | ignature | 1 | o In | | - 1 | Date 9/19/2 | 2018 | } | |

| CK 17 9008 | | | | State | of New Je | reau | | | "OP | EN | TON | TFIC | CATIO |
|---|--------------------|-------------------|------------------|---------------|---------------------|-------------|--------------------|------------------------------|------------------------------|-------------------|--------|--------------|-----------|
| Date of Notification (1) | | NO | OTIFICA (Purs | TION OF | ASBESTO JAC 8:60 | OS ABAT | EMENT 20) | | ME | | E | | E |
| 6/13/2018 | | | Nar | me of Buil | ding Owne | er/Operate | or (2) | | 45 | | | | 12 |
| Agencies Notified Type Notifica | tion | | PS | E&G | | | | | | SEP | 24 | 201 | 8 |
| | don | | | eet Addres | ss LEY RO | 10 | | | 617 LIL | - | | | - |
| DEP Hintal | ď | | | , State, Zi | | AD | | | AC | MARIA CAR | 20.51 | | |
| X DOL Amendm | nent# | | SO | UTH PL | -AINFIE | ID NI | 07069 | | 344 | 11. | e (a) | | 11 100 |
| DOH Emerger justification | icy (inclui on) | ding | Nam | ne of Cont | act | LD, 140 | 07000 | - | | | - | | |
| DCA Cancella | | | | | GAZICK | 6 | | | Telepho | one Num 28-247 | ber | | |
| Name of Facility Where Abatement is Ta | king Dlag | 20 (2) | F. | ACILITY I | NFORMA | TION | | | 030-0 | 20-24/ | 7 | | |
| MHY | 9 | Je (3) | | | | | Type o | of Facility (4 | 4) | | | | |
| Street Address | | | | | | | □ s | chool (K-12 | 2) | | | | |
| RR TRACKS OF | 03 | 14 | ia. | Ella | 17 | _ | X O | ubchapter 8 ther (i.e. pr | 3 (Other that ivate & con | an K-12) | buildi | 1 | |
| City (5) | | | 100 | DIA | <u></u> | / | Square | | | | | | |
| NEWARK County (6) | | | | | | | N/A | reet | # of Floo | ors | | g. Age | |
| ESSEX | | | Coun | ty Code (| 7) | | | t Use (Prior | 11 (EAST) E-112 | molich - | d) N// | 4 | |
| Name of Monitoring Firm Hired by Buildin | n O | (0) | | É USE ON | LY) | | N/A | | | anonsne | u) | | |
| ENVIRONMENTAL TACTICS | y Owner | (8) | 1 6233 | CM No.)45 | | Name | of Abate | ment Contr | actor (9) | | | | |
| Street Address | | | 00 | 7+0 | | UNIC | UE SY | STEMS | OF AME | RICA, | INC | | |
| 64 BROAD STREET | | | | | | Street | Address | HEAD AV | | | | | |
| City, State, Zip Code | | | | | | | | | /E. | | | | |
| MATAWAN, NJ 07747 | | | | | | SOU | ate, Zip | Code ER, NJ 0 | 8882 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | none No. | | | one No. | | | nse No. | | | |
| Start Date (10) | T 6 1 . | | | 290-221 | | | 32-835 | 50 | 011 | | | | |
| 6/25/2018 | 9/30/ | uled Co 2018 | mpletion | n Date (11 |) | Name o | f OSHA | Monitor | | 00 00 | | | |
| Occupancy Status During Abatement (Che | ck Only (| One) | | | | | | STEMS (| OF AME | RICA | | | |
| Facility Closed/Vacated During Entire | D: | | mont | | | Street A | | EAD AV | _ | | | | |
| Abatement Performed Outside of Non Other – Describe: OUTDOORS | mal Facil | ty Hour | 'S | | - | | ite, Zip C | | C. | | | | |
| Scope of Work (Check All That Apply) | | | | | _ | | | ER, NJ 08 | 3882 | | • | | |
| ≥3 sf or ≥3 If | | | | 1 | | | | | | | | | |
| ≥3 51 07 ≥3 17 ≥160 sf or ≥260 If | × | Renova Demoli | ation tion | | | | Full Co Mini-Er | ontainment i | with Negati | ive Pres | sure | | |
| | | | | | | × | Gloveb | ag Procedu | ıre | 2020 AWA | | | |
| | 1 | s Locat | ion | | | | NOTE X | rempted (*) | and Non-F | riable P | 10000 | | |
| Location of Asbestos-Containing Material (ACM) | | Normal ed Sole | | | Desc | cription of | : | | | | | temen ype | t |
| TO BE ABATED | Ma | aintenai | nce/ | Asbes | tos Conta | ining Mat | erial (AC | (M) | Amount | | | | |
| In Facility (13) | Cus | todial S (12) | Staff? | (1.6. | thermal s | ng, VAT. | or | | (Specify SF or LF) | Z er | 7 R | inca | Enc |
| 5. 50 6 2 | V | | Τ | | other mi | scellaneo | us) | | 2. OI LI) | Kemoval | Repair | Encapsulate | Enclosure |
| OUTDOORS | Yes | No | N/A | | | | | | | = | | ate | Te |
| | | Х | | | PIPE S | OMAST | TIC | | 200 LF | X | - | | |
| | | | | | | | | | | - | - | - | |
| | | | | | | | | | | | | | |
| | | | | | | | aniles — | - | | | | | |
| ame of Registered Waste Hauler | | N. | IDEP W | aste | Cubic Ya | ards | Na | me of Regis | torod I | 4511 | | | |
| AST MANAGEMENT | | Ha | uler ID I 125 | No. | of Waste | | 1 | IRLESS | stereu Land | affili | | | |
| ty, State | | 1 | 120 | | APPX. Disposal | | | | | | | | |
| IZABETH, NJ | | | | | TBD | Date | | /, State | 15.54 | | | | |
| | | | | | | | 1 11/11 | JKK!~\/\! | | | | | |
| Impleted by | Title OFFI | | | | | nature | / | Pain | | Date | | | |

| | | | | State of | New Jers | ΔV | | | "OPEN | NO | TIF | ICA | ATIC | | | |
|--|----------------------|------------------------------|--------------------|-----------------------|------------------------------------|-----------------|---------------------------|---|---|-------------------|--|---------|-----------|--|--|--|
| DOCH | | NOT | (Pursua | ON OF A | ASBESTOS AC 8:60 a | SABATE | EMEN 20) | IT | Town P | | Dispersor Procedure Abate Type Removal | • | | | | |
| Date of Notification (1) 9/19/2016 | | | Name PSE | of Build | ling Owner | /Operato | or (2) | κ. | | =D (| ٦. ٨ | 0040 | 1000 | | | |
| Agencies Notified Type Notificati | on | | | t Address | s EY ROA | AD. | | | 5 | EP i | 24 | 2018 | | | | |
| DEP X Amended Amended Amendment | ent #_ 1 | | | State, Zip JTH PL | Code AINFIEL | D, NJ (| 0706 | 8 | ASSE | STOS HEE | 100 | | 17 10 | | | |
| X DOH DCA Emergence justification Cancellation | n) | ng | Name | of Conta | | | | | Telephone 856-628- | | r | | - | | | |
| Name of Facility Where Abatement is Tal | ring Place | (2) | FA | CILITY | NFORMAT | TON | | | | G. 111 | | | | | | |
| PSE&G- MH 9B | ang i lace | (5) | | | | | Тур | e of Facility | | | | | | | | |
| RR TRACKS NE | AR | 91 | , R | ANOI | KE 1 | AVE. | × | School (K- Subchapte Other (i.e. etc.) | 12) r 8 (Other than K private & comme | (-12) ercial b | uilding | ıs, hoi | nes, | | | |
| County (6) | | | | | | | Squ N/A | are Feet | # of Floors N/A | | | | | | | |
| ESSEX | | | Count (STATE | y Code (? E USE ON | 7) ILY) | | Curi N/A | rent Use (Pri | or if being demo | lished) | | | | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | g Owner (| 8) | Berry, F 2007, Ap. | CM No. | | Name | of Ab | atement Cor | ntractor (9) | | | | | | | |
| Street Address | | | 004 | 45 | | UNIC | _ | | S OF AMERI | CA, II | VC. | | | | | |
| 64 BROAD STREET City, State, Zip Code | | | | | | 396 \ | WHI | TEHEAD A | AVE. | | | | | | | |
| MATAWAN, NJ 07747 | | | | | * | SOU | tate, Z TH F | Zip Code RIVER, NJ | 08882 | | | | | | | |
| Project Manager for Monitoring Firm FOM GEIGER | | | | one No. 290-221 | 17 | Teleph 732-4 | one N | Vo. | License 01111 | | | | | | | |
| Start Date (10) 6/25/2018 | Schedu 11/30 | led Co /2018 | mpletion | Date (1 | 1) | Name | of OS | HA Monitor | | | | | | | | |
| Occupancy Status During Abatement (Che | | | | | | Street / | | | OF AMERIC | JA | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor | Period of mal Facili | Abate | ment | | | | | EHEAD A | VE. | | | | | | | |
| Other - Describe: OUTDOORS | | - | | | | | | ip Code IVER, NJ | 08882 | | | | | | | |
| cope of Work (Check All That Apply) ≥3 sf or ≥3 if | ा | | | | | | | | | | | | | | | |
| ≥160 sf or ≥260 lf | | Renova Demoli | | | | × | Glo | n-Enclosure ovebag Proce | nt with Negative | | | | | | | |
| | ls ls | s Locat | ion | | | | No | n-Exempted | (*) and Non-Fria | ble Pro | 100000000000000000000000000000000000000 | | | | | |
| Location of Asbestos-Containing Material (ACM) | | Norma ed Sole | lly | | Des | cription o | of | | | | | | | | | |
| TO BE ABATED In Facility (13) | Ma | aintena stodial ((12) | nce/ | Asbe (i.e | stos Conta thermal s surfaci | ining Ma | aterial insula . or | (ACM) | Amount (Specify SF or LF) | Remo | Rep | Encaps | Enclosure | | | |
| OUTDOODA | Yes | No | N/A | | | | | | | val | ¥ | ulate | sure | | | |
| OUTDOORS | | X | | | PIPE S | OMAS | TIC | | 200 LF | X | | | | | | |
| | 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | - | | | | | | |
| ime of Registered Waste Hauler ASTE MANAGEMENT | | | JDEP Wauler ID | | Cubic Y | | | Name of Re | egistered Landfil | | | | | | | |
| y, State | | | 125 | i . | of Waste | 10 | | FAIRLES | S | | | | | | | |
| ZABETH, NJ | | | | | Disposa TBD | l Date | | City, State MORRIS | VILLE, PA | | mber 777 2) ial buildings, hor Removal Remova | | | | | |
| mpleted by ROL RAIMO | Title | OE NA | CD. | | Sig | nature | 1 | // | 7 . Da | ite | | | | | | |
| | OFFI | OE IVI | GK. | | | 4 | Ero | el La | imo 91 | 19/20 | 18 | | | | | |

C./C # 9016

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N. 10.2 8:50 and 40.4 15.11)

| "OPEN | NOTIFICATION' |
|-----------|-----------------------|
| 0 0 0 0 U | 140 111 11 A I II III |

| Data of Nelis | | | (Purs | suant to | NJAC 8:60 | and 12:12 | 20) | ME | C | C O | i NA | i ii | |
|---|------------|-----------------------------|-----------------|---------------------|--|--|--------------------------------|--|-----------------|------------|--------------|-----------|--|
| Date of Notification (1) 6/13/2018 Agencies Notified Type Notification | | | Na PS | ame of Bu SE&G | uilding Own | er/Operato | r (2) | | | 5 | <u>-</u> | | |
| EPA Initial | | | | eet Addr | ess DLEY RO | DAD | | 1111 9 | EP | 24 | 2018 | 3— | |
| X DOL Amenda | | dina | City SC | y, State, DUTH F | Zip Code PLAINFIE | LD, NJ (| 7068 | ASEL | STO | CON | 11111 | 71 / | |
| DOH justificati | on) | ung | Nar | me of Co | ntact GAZICK | | | Telephone | Numb | per | 0 | | |
| Name of Facility Where Abatement is Ta | | | | | Y INFORMA | | | 856-628 | -247 | 7 | | | |
| Street Address | <u> </u> | | | | | | Type of Facilit | K-12) | | | | | |
| RR TRACKS N | EAR | 91 | Ro | DANO | KE I | AVE. | Subchap Other (i.e etc.) | ter 8 (Other than b. private & comm | <-12) ercial | buildir | igs, h | ome | |
| NEWARK County (6) | | | Cour | nty Code | (7) | | Square Feet N/A | # of Floors N/A | | N/A | g. Age | , | |
| Name of Monitoring Firm Hired by Buildin | a Owner | (9) | (STA | TE USE C | ONLY) | | N/A | rior if being demo | lished |) | | | |
| Street Address | | (0) | | 3CM No. 045 | | UNIQ | f Abatement Co UE SYSTEN | ontractor (9) //S OF AMERI | CA, I | NC | | | |
| 64 BROAD STREET City, State, Zip Code | | | | | | ddress /HITEHEAD | AD AVE. | | | | | | |
| MATAWAN, NJ 07747 Project Manager for Monitoring Firm | | | 1 | | | SOUT | ite, Zip Code H RIVER, N | J 08882 | | | | | |
| TOM GEIGER Start Date (10) | Cohod | 1.10 | 732- | hone No. 290-22 | 217 | Telephol 732-43 | ne No. 32-8350 | License 01111 | No. | | | | |
| 6/25/2018 | 9/30/ | 2018 | ompletio | n Date (| 11) | Name of | OSHA Monitor | | | | | _ | |
| Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside (Che | D | | | | | Street Ac | Idress | S OF AMERIC | CA | | | | |
| Other - Describe: OUTDOORS | mal Facili | ity Hou | ement | | | City, Stat | e, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 30011 | H RIVER, N. | J 08882 | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | Renov Demol | | | | × | Glovebag Proc | edure | | | | | |
| | 1: | s Local | tion | | | | Non-Exempted | (*) and Non-Fria | ble Pro | TV SAVELEN | | | |
| Location of Asbestos-Containing Material (ACM) | Use | Norma ed Sole | elv bv | | Des | cription of | | | | | temen ype | I | |
| TO BE ABATED In Facility (13) | Cus | aintena todial ((12) | Staff? | Asbe (i. | estos Conta e. thermal s surfaci other mi | aining Mate systems ins ing, VAT, o iscellaneou | sulation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | |
| OUTDOORS | Yes | No X | N/A | | | | | | val | = | ulate | ure | |
| OUTDOORS | | | PIPE S | OMASTI | С | 200 LF | Х | | | | | | |
| | | | | | | | | | | | | | |
| ame of Registered Waste Hauler | | | JDEP W | | Cubic Ya | ards | Name of Pe | egistered Landfill | | | | | |
| AST MANAGEMENT ty, State | | | auler ID 125 | No. | of Waste | 10 | FAIRLES | | | | | | |
| ELIZABETH, NJ Completed by | | | | | Disposal TBD | Date | City, State | VILLE, PA | | | | | |
| | | | | | | | | | | | | | |

| NA AL | | | | State of N | lew Jers | sev | | "(| PEN | NC | TIF | IC/ | ATI |
|--|---------------|------------------------------|---------------------------|--------------------------|-----------------------------|---------------------------------------|--|--------------------------|-------------------------|-----------------|---------|-------------|-----------|
| 110 Ch | | NO. | TIFICAT (Pursua | ION OF AS | BESTO | SARATE | MENT 0) | Famous | D)_E | C | E | 1 | V [|
| Date of Notification (1) 9/19/2016 | | | Nam PSE | e of Building E&G | g Owner | r/Operator | (2) | O'richt-Jepapas | | 0.00 | | 50000 | |
| Agencies Notified Type Notifica | ition | | | et Address 0 HADLE | Y ROA | AD. | | | | SEP | 2 4 | 1 20 |)18 |
| DEP X Amende | nent # 1 | | City, | State, Zip C JTH PLAI | Code | | 7068 | | ASE | SESTI 110 | 25 C | UNIT | ran. |
| DOH justificat | | ing | Name | of Contact | t | | | | lephone I | | er | 11 % S | |
| Name of Facility Where Abatement is T | aking Place | 2 (3) | | CILITY INF | | | | | 56-628-2 | 24// | | | |
| PSE&G - M H 9/5 | 1 | | | | | | Type of Facilit School (F | 2005 10 | | | | | |
| 34 MANUFAC | TURE | ERS | ; { | IAC | E | | Subchap Other (i.e etc.) | ter 8 (Oth e. private | er than K & comme | -12) rcial b | uilding | ıs, ho | mes, |
| County (6) | ۷ | | | | | | Square Feet N/A | N/ | | | N/A | . Age | |
| ESSEX | | | (STAT | y Code (7) E USE ONLY |) | | Current Use (F N/A | Prior if be | ing demol | ished) | | | |
| Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS | ng Owner | (8) | AS0 | CM No. 45 | | Name o | of Abatement C | ontractor | (9) AMFRI | CA II | VIC. | | |
| Street Address 64 BROAD STREET | | | | | | Street A | Address VHITEHEAD | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | City, St | ate, Zip Code TH RIVER, N | | 2 | | | _ | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | one No. 290-2217 | | Telepho | one No. | 17 0000 | License | | | | |
| Start Date (10) 6/25/2018 | Schedi | uled Co | mpletion | Date (11) | | Name o | 32-8350 f OSHA Monito | г | 01111 | | | | |
| Occupancy Status During Abatement (Ct | | 7/2018 One) | - | | | UNIQI Street A | JE SYSTEN | IS OF A | AMERIC | A | | | |
| Facility Closed/Vacated During Entity Abatement Performed Outside of No. | e Period o | f Abate | ment | | | 396 W | /HITEHEAD | AVE. | | | | | |
| Other - Describe: OUTDOORS | That I dom | ty rioui | | | _ | | ite, Zip Code H RIVER, N | J 0888 | 2 | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if | × | Renova | -47 | | | | | | | | | | |
| ☐ ≥160 sf or ≥260 lf | | Demoli | | | | × | Full Containm Mini-Enclosur Glovebag Pro | e cedure | | | | | |
| | 100 | s Locat | | | | <u> </u> | Non-Exempte | d (*) and | Non-Fria | ble Pro | 1500 | re emen | it |
| Location of Asbestos-Containing Material (ACM) | Us | Norma ed Sole | ly by | Ashestr | Des Os Conta | cription of | erial (ACM) | | | - | Ty | /pe | |
| TO BE ABATED In Facility (13) | | aintena stodial ((12) | | (i.e. ti | hermal s surfaci | systems ir ing, VAT, iscellaned | nsulation, or | (Sp | ount ecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | Yes | No | N/A | | | | | | | /a | = | ılate | ure |
| OSTBOOKO | +- | X | | F | PIPE S | OMAST | ric | 200 |) LF | Х | | | |
| | | | | | | | | | | - | | | |
| Name of Registered Waste Hauler | | l Ni | IDEDIA | | | | | | | | | | |
| WASTE MANAGEMENT | | H | JDEP W auler ID 125 | No. | Cubic Y of Waste APPX | е | Name of I | | d Landfill | | | | |
| City, State ELIZABETH, NJ | | | | | Disposa TBD | | City, State | | DΛ | | | | - |
| Completed by CAROL RAIMO | Title OFFI | CE M | GP. | | | nature | WORKI | VILLE | Da | | | | - |
| | OFFI | OE IVI | GK. | | | Car | sel X | um | 9/ | 19/20 | 18 | | |

CK# 9015 **OPEN NOTIFICATIO** State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 6/13/2018 PSE&G Agencies Notified SEP 2 4 2018 Type Notification Street Address EPA 4000 HADLEY ROAD Initial DEP Amended City, State, Zip Code X DOL Amendment # SOUTH PLAINFIELD, NJ 07068 Emergency (including × DOH Name of Contact justification) DCA Telephone Number Cancellation JEFFREY GAZICK 856-628-2477 Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION PSEG -Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) ANU FACTURERS PLACE × Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age N/A County (6) N/A N/A County Code (7) Current Use (Prior if being demolished) **ESSFX** (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 0045 UNIQUE SYSTEMS OF AMERICA, INC Street Address 64 BROAD STREET Street Address 396 WHITEHEAD AVE. City, State, Zip Code City, State, Zip Code MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. TOM GEIGER License No. 732-290-2217 732-432-8350 Start Date (10) 01111 Scheduled Completion Date (11) Name of OSHA Monitor 6/25/2018 9/30/2018 UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 396 WHITEHEAD AVE. Abatement Performed Outside of Normal Facility Hours Other - Describe: OUTDOORS City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation ≥160 sf or ≥260 lf Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Location of Normally Type Asbestos-Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount (i.e. thermal systems insulation, Encapsulate In Facility Custodial Staff? (Specify Remova Enclosure surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A **OUTDOORS** X PIPE SOMASTIC 200 LF X Name of Registered Waste Hauler Cubic Yards NJDEP Waste Name of Registered Landfill WAST MANAGEMENT Hauler ID No. of Waste 1125 **FAIRLESS** APPX. 10 City, State Disposal Date City, State ELIZABETH, NJ TBD MORRISVILLE, PA Completed by Title Signature CAROL RAIMO Date OFFICE MGR.

6/13/2018

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

"OPEN NOTIFICATION State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1 PSE&G 9/19/2016 Street Address Agencies Notified Type Notification 4000 HADLEY ROAD Initial **EPA** City, State, Zip Code Amended × DEP SOUTH PLAINFIELD, NJ 07068 Amendment #_1 × DOL Telephone Number Emergency (including Name of Contact justification) 856-628-2477 × DOH JEFFREY GAZICK Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) PSE&G - MH Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address AR MANUFACTURERS PL Bldg. Age # of Floors Square Feet City (5) N/A N/A N/A Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) N/A **FSSEX** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. UNIQUE SYSTEMS OF AMERICA, INC. 0045 **ENVIRONMENTAL TACTICS** Street Address Street Address 396 WHITEHEAD AVE. 64 BROAD STREET City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01111 732-432-8350 732-290-2217 TOM GEIGER Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) UNIQUE SYSTEMS OF AMERICA 11/30/2018 6/25/2018 Street Address Occupancy Status During Abatement (Check Only One) 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: OUTDOORS SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure × Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)No N/A Yes 200 LF X PIPE SOMASTIC X OUTDOORS Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. **FAIRLESS**

MORRISVILLE, PA

Date

9/19/2018

City, State

APPX 10

TBD

Disposal Date

Signature

1125

OFFICE MGR.

ELIZABETH, NJ

CAROL RAIMO

Completed by

City, State

WASTE MANAGEMENT

CK# 9017

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

| | (i disc | uant to NJAC | 0.00 a | nu 12:12 | U) | | | | | | | |
|--|--|--------------------------------|----------------------------|---|----------------------------|----------------------------|------------------------------|---------|---------------|---------|-------------|-----------|
| Date of Notification (1) 6/13/2018 | | ne of Building SE&G | Owner | /Operator | (2) | | | SE | P 2 | 4 | 2018 | |
| Agencies Notified Type Notification EPA X Initial | | eet Address 00 HADLE | / ROA | AD. | | | | CL LC | 703 | () | | - p |
| DEP Amended Amendment # Emergency (including | | r, State, Zip Co OUTH PLAIN | | .D, NJ 0 | 7068 | 3 | 1-11 | | | | | |
| DOH justification justification | 55,100 | ne of Contact FFREY GA | ZICK | | | | Telepho 856-62 | | | | | |
| | F | ACILITY INFO | ORMAT | TION | | | - | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSEG - M H 9 Street Address | | | | 2. | A | School (K-1 Subchapter | | an K-1: | 2) al buil | dingo | h | |
| City (5) | MAN | upactui | lers | 11 | Squa | etc.) ire Feet | # of Floo | | | Bldg. A | | es, |
| NEWARK | | | | | N/A | | N/A | | | I/A | | |
| County (6) ESSEX | | nty Code (7) ATE USE ONLY) | | | Curre N/A | | or if being de | emolish | ned) | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS | 1166.00 | SCM No. 1045 | | | | atement Cor SYSTEM | ntractor (9) S OF AME | RICA | A, IN | C | | |
| Street Address 64 BROAD STREET | | | | Street 396 \ | | ss EHEAD / | AVE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | ip Code IVER, NJ | 08882 | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | phone No. 2-290-2217 | | Teleph 732-4 | | | Lice 011 | ense N | 0. | | | |
| Start Date (10) Scheduled 0 6/25/2018 9/30/2018 | | ion Date (11) | | | | HA Monitor | OF AME | RICA | ١ | | | |
| Occupancy Status During Abatement (Check Only One) | | 2000 | | Street | Addre | SS | | | | | | |
| Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility Ho Other – Describe: OUTDOORS | tement ours | | | City, St | tate, Z | EHEAD A | | | | | | |
| Scope of Work (Check All That Apply) | | | _ | SOU | IHR | IVER, NJ | 08882 | | | | | |
| ≥3 sf or ≥3 If | ovation polition | | | × | Mir Glo | ni-Enclosure vebag Proc | ent with Neg | | | | Α | |
| Location of Norr | cation mally | | De | escription | | | 17 4114 1151 | 77100 | | Abate | 77.5 | i i |
| TO BE ABATED In Facility (13) Mainte Custodia (1) | olely by enance/ al Staff? 2) | Asbest | os Con thermal surfa | taining M I systems cing, VA miscellan | aterial insula r, or | (ACM) | Amoun (Specif SF or LI | y | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS X | lo N/ | | PIPF | SOMAS | STIC | | 200 LF | - | Х | | æ | - |
| | | | | | | | 200 Li | | Λ | | | |
| Name of Registered Waste Hauler | NIDE | 210/2015 | 0.11 | Vani | | | | | | | | |
| WAST MANAGEMENT | | Waste ID No. | of Wa | | | FAIRLE | Registered L SS | andfill | | | | |
| City, State ELIZABETH, NJ | | | Dispos | sal Date | | City, State | SVILLE, P | Α | | | | |
| Completed by Title CAROL RAIMO OFFICE | MGR. | | S | Signature | // | o la | , | Dat | e 3/20 | 18 | | |

| "OP | FN | NO. | TIFIC | ATI | ION' |
|-----|----|-----|-------|-----|------|
| | | | | | |

| 00 CV | 4 | 1 | | CATION | te of New OF ASBE to NJAC 8 | STOS | ABATE | | | Landerton | 7 | Ē (| G [| E' [] | \mathbb{V} | |
|---|--|-------------------|-------------------------------|---------------------|---|------------------|------------------------|------------------|---|-----------------|-------------------|-----------|-------------|--------|--------------|-----------|
| Date of Notification (1) 9/19/2016 | | | | Name of PSE&C | Building C |)wner/C | perator | (2) | | CO A CONTRACTOR | | 5 | EP- | 24 | 2018 | , |
| Agencies Notified | Type Notification | | | Street Ad 4000 F | idress IADLEY | ROAL |) | | | 1 | | 0 | ET | C 4 | CUT | 3 |
| DEP X DOL | ☐ Initial ☐ Amended ☐ Amendment # | | | | te, Zip Coo | |), NJ 0 | 7068 | 3 | | A | SEE | RTCH LYG | 3,0% | K + T I + | |
| DOH DCA | Emergency (ir justification) Cancellation | ncluding | 1.00 | | Contact EY GAZ | ZICK | | | | | ephone 6-628- | | | | | |
| | <u></u> | | | FACII | LITY INFO | RMATI | ON | - | | | | | 11 7/2 | | | |
| Name of Facility Where | Abatement is Taking LODRY | Place (3 | 3) T | | | | | Туре | of Facility (4 School (K-1) | | | | | | | |
| Street Address | 1 | 20 1 | レニ | Δ | VE. | | | | Subchapter Other (i.e. pretc.) | 8 (Oth | | | | lings, | home | s, |
| | EWARK | , | | | 10. | | | Squa N/A | are Feet | # of | Floors | | | ldg. A | ge | |
| County (6) | WITK | | | County (| Code (7) JSE ONLY) | | | Curr | ent Use (Pric | | | olish | | | | |
| ESSEX Name of Monitoring Firm | Hired by Building O | wner (8) | | ASCN | | | | | atement Con | | | | | | | |
| ENVIRONMENTAL Street Address | TACTICS | | | 0045 | 5 | | UNIC | 0.000 | SYSTEMS | OF. | AMER | RICA | , INC |). | Ă, | |
| 64 BROAD STREE | Т | | | | | | 396 | WHIT | ΓEHEAD A | VE. | | | | | | |
| City, State, Zip Code MATAWAN, NJ 077 | 747 | | | | | | | | Zip Code RIVER, NJ | 0888 | 2 | | | | | |
| Project Manager for Mor TOM GEIGER | itoring Firm | | | Telephoi 732-29 | ne No. 30-2217 | | Telepi 732- | none N 432-8 | | | Licens 011 | |). | | | |
| Start Date (10) 6/25/2018 | | Schedul 11/30/ | | pletion (| Date (11) | | - (10) 5 - (1) 5 - (1) | | HA Monitor SYSTEMS | OF. | AMER | RICA | | | | |
| Occupancy Status Durin | | | | | | | Street 396 | | ess TEHEAD A | VE. | | | | 8 | | |
| Abatement Perform Other – Describe: | ated During Entire P led Outside of Norma OUTDOORS | al Facility | y Hours | ient | | _ | 7,000 | | Zip Code RIVER, NJ | 0888 | 32 | | | | | |
| Scope of Work (Check A | II That Apply) | | | | 0000000 - 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | | | | | - C | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | Renova Demolit | | | | | M Gl | all Containme ini-Enclosure lovebag Procon-Exempted | edure | | | | | a | |
| | | | s Locati | | | | _ | | on Examples | () (1) | 0 110111 | 11001 | | Abate | ment | |
| Location Asbestos-Containing | | Use | Normal ed Sole | ly by | Ashest | De os Con | scription | of . | al (ACM) | Δ | mount | | | 1 9 | pe | \dashv |
| TO BE AB In Facil (13) | ATED lity | | aintenar stodial S (12) | | (i.e. | thermal surfa | system cing, VA | s insu AT, or | lation, | (8 | Specify or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | | te | Ф |
| OUTDO | ORS | | X | | | PIPE | SOMA | STIC | | 2 | 00 LF | | X | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | N | JDEP W | laste | Cubic | Yards | | Name of I | Renista | ered I a | ndfill | | | | |
| WASTE MANAGEM | | | Н | auler ID 125 | | of Wa | ste | | FAIRLE | | La | rsentill. | | | | |
| City, State ELIZABETH, NJ | | | | | | Dispo TBD | sal Date |) | City, State MORRI | | _E, PA | 4 | | | | |
| CAROL BAIMO | | Title | IOE N | IOD | | \$ | Signatur | e/ | | | | Da | | 140 | | |
| CAROL RAIMO | | UFF | ICE N | IGK. | | | | ar | al Xa | in | re) | 9/ | 19/20 | 778 | | |

CK# 9018

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

| "OPEN I | NOTIFI | CATI | ON' |
|---------|--------|------|-----|
|---------|--------|------|-----|

| | | 0) | In. |) E | C | E | 1 | W i | | 1 | | | | | |
|---|--------------------------------|----------------|---|------------------------|----------------|--|---------------|--|-----------------|---------------------------|----------------------|-----------|---------------|-------------|-----------|
| Date of Notification (1) 6/13/2018 | | | Name PSE8 | of Building (| Owne | r/Operator | r (2) | A CONTRACTOR OF THE PARTY OF TH | | <u> </u> | | | | | |
| Agencies Notified Type Notificatio | n | | | Address | 7.00 | 4.0 | | 7 | | SEP | 2 4 | -21 | 318 | | y |
| EPA Initial Amended | | - | | HADLEY tate, Zip Co | | AD ——— | | | | | Tellering a a Victor | Track the | vone la serie | T) Break | |
| DOL Amendmen | | _ | | TH PLAIN | | LD, NJ (| 706 | 88 | ASE | EST! | 78 G | | no. | A. | |
| DOH justification |) | | | of Contact | 71016 | | | | | phone | Num | ber | **** | D'all | |
| DCA Cancellation | n | | | REY GAZ | | | | | 856 | 628 | -247 | 7 | | | |
| Name of Facility Where Abatement is Tak | | i. | FAC | ILIT INFO | KWA | TION | Тур | e of Facility (4 | 1) | | | | | | |
| Street Address | ST. | | | | | | | School (K-12 | 2) | | | | | | |
| | YE / | 41 | 16 | | | | × | Subchapter Other (i.e. pretc.) | 8 (Otherivate & | comn | K-12) nercial | buil | dings, | hom | es, |
| City (5) NEWAR | K | | - | | | | Squ N/A | uare Feet | # of N/A | Floors | 1 | 3.00 | lldg. A | ige | |
| ESSEX | | | County | Code (7) USE ONLY) | | | Cur N// | rent Use (Prio | r if bein | ng dem | olishe | d) | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8) | | ASCI 004 | M No. 5 | | Name UNIC | of Al | SYSTEMS | ractor (| (9) AMEF | RICA. | ING | | | |
| Street Address 64 BROAD STREET | | | | | | Street | Addr | | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | 2 | | | | | Zip Code RIVER, NJ | 08882 | 2 | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Telepho 732-29 | one No. 90-2217 | | Teleph | one | | | | se No. | ā | | | |
| Start Date (10) 6/25/2018 | Scheduled 9/30/201 | | npletion | Date (11) | | Name | of OS | SHA Monitor SYSTEMS | | | | | | | |
| Occupancy Status During Abatement (Che | ck Only One |) | | | | Street | Addr | ess | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: OUTDOORS | Period of Ab mal Facility H | aten | nent | | | City, S | tate, | TEHEAD A | | 200 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | SOU | TH | RIVER, NJ | 08882 | 2 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - Constituting | nova molit | | | | × | M G | ull Containmer lini-Enclosure lovebag Proce on-Exempted | dure | | | | | | |
| | ls L | ocati | on | | | | | on Exemples | () and | 14011-1 | Habie | | Abate | | |
| Location of Asbestos-Containing Material (ACM) | No Used | rmall Sole | | A-1 | | escription | | | | 505345m375m | - | | Ту | oe | |
| TO BE ABATED In Facility (13) | | dial S (12) | 5.0000000000000000000000000000000000000 | (i.e. th | herma surfa | ntaining M al systems acing, VAT miscelland | insu T, or | lation, | (Sp | nount secify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| OLITDOODS | | No | N/A | _ | | | | | | | | | | ē | |
| OUTDOORS | | X | | F | PIPE | SOMAS | STIC | | 200 |) LF | - | Х | | | |
| | | | | | | | 10211 | | | | | | | | |
| Name of Registered Waste Hauler | | I N | JDEP W | /aste | Cubic | Yards | | Nome of D | | | 1611 | | | | |
| WAST MANAGEMENT | | Ha | auler ID 125 | No. | of Wa | | | Name of Re | | a Lan | unli | | | | |
| City, State ELIZABETH, NJ | | | | | | | | City, State MORRIS | VILLE | E, PA | | | | | |
| Completed by CAROL RAIMO | Title | | 00 | | 1 5 | Signature | 1 | 20 | • | | Date | | 500.004 | | \neg |
| OAKOL KAIIVIO | OFFICE | = IVI | GK. | | | Caral Rain | | | | 6/13/2018 | | | | | |

| Mich | | NOTI | FICATIO | tate of N N OF AS | BESTOS | ABATE | MEN | Т | In E | | E | | | E |
|---|---------------|-----------------------------|-------------------------|----------------------|--------------------|----------------------|----------------|--|------------------|----------|---------|----------------|-------------|------------|
| Date of Notification (1) | | (F | | t to NJA | | | | | | | | U | V/ | |
| 9/19/2016 | | | PSE8 | | y Owner | Operator | (2) | | | SEP | 2 | 4 2 | 018 | |
| Agencies Notified Type Notification | | | | Address HADLE | Y ROA | .D | | | | | | 27740 | | |
| EPA Initial DEP Amended Amendment | # 1 | | | ate, Zip C | | ח אור | 706 | 8 | ASI | REST | | SING | | .8. |
| Emergency justification) DCA Cancellation | 70 | 9 | Name o | of Contact | t | | | | Telephor | | | | | |
| | | | | ILITY INF | | ION | | | 856-62 | 8-24 | / / | | | |
| Name of Facility Where Abatement is Takin PSE&G - ESSEX SW Street Address | g Place (| (3) / 4 , | MH | 11 A | | | Тур | e of Facility (School (K-1 Subchapter | 3.5 | n K-12 | 2) | | | |
| 155 RAY MON | 7 | B | LVI | ١. | | | × | Other (i.e. p etc.) | rivate & com | mercia | al buil | dings | , hom | es, |
| NEWARK | | | | | | | Squ N/A | are Feet | # of Floo N/A | rs | 1000 | Bldg. / | Age | |
| County (6) ESSEX | | | | Code (7) USE ONL | Y) | | Curi N/A | ent Use (Prid | or if being de | molish | ed) | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8 | 3) | ASCI 004 | M No. | | | | atement Con | | RICA | IN | C. | -1-1185 | |
| Street Address 64 BROAD STREET | | | | | | Street | Addre | | 5 11/2 14/2 14/2 | | -, | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | City, S | tate, | Zip Code | - 50 | | | | | |
| Project Manager for Monitoring Firm | | 1 | Telepho | | | Teleph | | RIVER, NJ No. | | nse No |). | | - | |
| TOM GEIGER Start Date (10) | Schedu | led Cor | | 90-2217 Date (11) | | 732-4 | | 8350 HA Monitor | 01 | 111 | | | | |
| 6/25/2018 Occupancy Status During Abatement (Chec | 11/30/ | 2018 | | | (1) | UNIC | UE | SYSTEMS | OF AME | RICA | | | | |
| Facility Closed/Vacated During Entire F | Period of | Ahater | ment | | | Street 396 V | | ess FEHEAD A | VE. | | | | | 8550118-20 |
| Abatement Performed Outside of Norm Other – Describe: OUTDOORS | al Facilit | y Hour | S | | | | | Zip Code RIVER, NJ | 08882 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 000 | | | 00002 | | | | - | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | × | Mi Gl | Il Containme ni-Enclosure ovebag Proc | edure | | | | | |
| | | Locati | | | | | 1 140 | n-Exempted | (*) and Non- | -Friable | | cedur Abate | | |
| Location of Asbestos-Containing Material (ACM) | Use | Normal ed Sole | ly by | Asbes | Des stos Cont | scription | of , | I (ACM) | Amount | | | Ту | pe | |
| TO BE ABATED In Facility (13) | | intenar todial S (12) | | (i.e. | thermal. surfac | systems sing, VAT | insul F, or | ation, | (Specify | | Remova | Repair | Encapsulate | Enclosure |
| (13) | Yes | No | N/A | | other m | niscellane | eous) | | | , | loval | pair | sulate | osure |
| OUTDOORS | | X | | | PIPE S | SOMAS | STIC | | 200 LF | | Х | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | H | JDEP Wauler ID 1 125 | | Cubic `of Was | te | | Name of R | egistered La | ndfill | | | | |
| City, State ELIZABETH, NJ | | | | | Dispos | | | City, State | VILLE, PA | | | | | |
| Completed by CAROL RAIMO | Title OFFI | CE M | GR. | | | gnature | 1. | a La | | Date | 9/20 | 1.0 | | |

CKH 9019

"OPEN NOTIFICATION"

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

| CK 17019 | | | FICATIO | | BESTO | sey S ABATE nd 12:12 | | Т | [D), | EC | E | | / [| 200 | | |
|--|---|--|--|-------------|--|---|---------------------------|---|--|-----------------------|--|--------------|------------------------|------------------------|--|--|
| Date of Notification (1) 6/13/2018 | | | Name PSE | | g Owner | /Operator | r (2) | | | SEP | 2 4 | 20. | 10 | Contract of the second | | |
| Agencies Notified Type Notification | | | | Address | | | | | hat Life | ULI | CL | CU | lö. | The second | | |
| EPA X Initial | | | | HADLE | | AD . | | | | | ······································ | | (many) de la sergation | | | |
| DEP Amended Amendment Emergency | | | SOU. | | INFIEL | .D, NJ (| 706 | 8 | -rens. | CERTIC | 763 (7) 753 f 17 | | 01.8 | All my 1 | | |
| DOH justification) DCA Cancellation | *************************************** | 5 | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | of Contac | | | (major 3) | | | lephone N | | - | | | | |
| Gancellation | | | | ILITY IN | Olione Property Con- | | | | 85 | 6-628-2 | 4// | | | | | |
| Name of Facility Where Abatement is Takin | g Place | (3) | TAC | ALLI I IIV | FURIMA | IION | Тур | e of Facility | (4) | | | | | | | |
| Street Address 155 RAYMON | | 3 B | | | 1/A | | × | School (K- Subchapte Other (i.e. etc.) | r 8 (Oth | er than K- & comme | -12) rcial bu | ıilding: | s, hon | nes, | | |
| NEWARK | | | | | | | Squ N/A | are Feet | # of N/A | f Floors A | | Bldg. N/A | Age | | | |
| County (6) ESSEX | | | County (STATE | Code (7) | .y) | | Curr N/A | rent Use (Pr | ior if bei | ng demol | ished) | | - | - 31201000 | | |
| Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS | Owner (8 | 3) | ASC 004 | M No.' 5 | | Name | of Ab | atement Co SYSTEM | nent Contractor (9) STEMS OF AMERICA, INC | | | | | | | |
| Street Address 64 BROAD STREET | | | | | | Street Address 396 WHITEHEAD AVE. | | | | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telepho 732-2 | one No. 90-221 | 7 | Teleph 732-4 | | | License No. 01111 | | | | | | | | |
| Start Date (10) 6/25/2018 | 9/30/2 | 018 | mpletion | Date (11 |) | | | HA Monitor SYSTEM | S OF A | AMERIC | CA | 14.7 to 1 | | | | |
| Occupancy Status During Abatement (Check | k Only O | ne) | | | | Street | Addre | ess | | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm | eriod of al Facilit | Abate | ment | | | 396 WHITEHEAD AVE. City, State, Zip Code | | | | | | | | | | |
| X Other - Describe: OUTDOORS | | | | | | SOUTH RIVER, NJ 08882 | | | | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | Renov Demol | | | | × | Mi | ill Containment ni-Enclosure ovebag Prod on-Exempted | edure | | | | ure | | | |
| | 100 | Loca | | | | | | | | | | | emen | t | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | Norma ed Sole intena todial (12) | ely by ince/ Staff? | | stos Con therma surfa | escription taining M I systems cing, VAT miscelland | ateria insula r, or | ation, (Specify SF or LF) | | | Remova | Repair | e Encapsulate | Enclosure | | |
| OUTDOORS | Yes | No | N/A | | DIDE | | | | | | | | ate | Гe | | |
| 0010000 | X | | | PIPE | SOMAS | STIC | | 20 | 0 LF | X | - | | | | | |
| | | | | | 77-2 | | | | | | | | | | | |
| Name of Registered Waste Hauler | | IN | JDEP W | aste | Cubic | Yards | | Name of I | Renieter | ed ands | 11 | | | | | |
| registered waste Hauler | | 7.0 | NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste APPX. 10 Name of Register FAIRLESS | | | | | | | | | | | | | |
| WAST MANAGEMENT | | | 1125 | | 1411 | ·. 10 | | | | | | | | - 1 | | |
| | | | 1125 | | Dispos | sal Date | | City, State MORRIS | SVILLE | Е, РА | | | | | | |

| Jh 3054 | | NOT F | ursuant | tate of Nev NOF ASB to NJAC | ESTOS 8:60 an | ABATE d 12:12 | 0) | т | | | | O A | | | nt-F |
|--|-------------------|--|----------------------|-----------------------------------|------------------|----------------------------|----------|--|---------------------------|-------------------|------------------|--------------|-------------|-------------|-------------|
| Date of Notification (1) 09/19/18 | | | | f Building hn the B | | | | or Charte | Scho | | EP | 24 | 20 | 0 | |
| Agencies Notified Type Notification EPA IX Initial | ji se | | Street A | ddress Kennedy | / Boule | vard | | | | ASP | -870 110 | 3 C1 | 1111 | AL F | |
| DEP Amended Amendment | | _ | | ate, Zip Co / City, N | | 06 | | | | | | | | - | *1270 |
| □ DOH | | | | f Contact Mooney | | | | | | ephon | | | | | |
| N- (5 19 10 11 11 11 11 11 11 | | | FACI | ILITY INFO | ORMATI | ON | _ | | | | | | | | |
| Name of Facility Where Abatement is Takin Golden Door Charter School | g Place (| 3) | | | | | _ | e of Facility | | | | | | | |
| Street Address 3044 Kennedy Boulevard | | | | | 77-2-19-2-1 | | | School (K- Subchapte Other (i.e. etc.) | r 8 (Oth | er than & comi | n K-12 mercia |) Il buil | dings, | home | es, |
| City (5) Jersey City | | | | | | | 8.2 | uare Feet ,000+ | # o | f Floor | S | | Bldg. A | ge | |
| County (6) Hudson | | | | Code (7) USE ONLY) |) | | | rent Use (Pr hool | ior if be | ing der | nolish | ed) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCN N/A | Л No. | | Name EA S | | patement Co ices | ntractor | (9) | | | | | |
| Street Address N/A | | | | | | Street 426 | | | | | | | | | |
| City, State, Zip Code N/A | | | | | | | | Zip Code erg, NJ, 07 | 7093 | | | | | | |
| Project Manager for Monitoring Firm N/A | | | Telepho N/A | ne No. | | Telepl 201- | | No. -1700 | | Licer 010 | nse No 74 |). | | | |
| Start Date (10) 01/01/18 | Schedul 01/02/ | | mpletion | Date (11) | | Name N/A | of OS | SHA Monitor | 5 | | | | | | |
| Occupancy Status During Abatement (Chec | k Only Or | ne) | | | | Street | Addr | ress | 27-107 | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norn Other – Describe: 3:30pm | | | | | | N/A City, S N/A | State, | Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | A REPLACE | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renova Demoli | | | | | N G | full Containm Mini-Enclosur Movebag Pro Mon-Exempte | e cedure | | | | | 2 | |
| Location of | 1 2 2 2 2 | Locat Norma | | | D- | _ | | ion-Exemple | u () an | u ivon- | 1 Habi | - 10 | Abate | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | intena | nance/ al Staff? Asbestos Cor (i.e. thermal | | | | Materi s insu AT, or | ulation, | (5 | mount Specify or LF | , | Removal | Repair | Encapsulate | Enclosure | |
| | Yes | No | N/A | | | | | | | | | | | ite | Ф |
| Boiler Room | * | | | | ACM | Insula | ation | | | 3 SF | | | X | -5 | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Fri-State Transfer Associates | | 1000 | NJDEP W Hauler ID | | Cubic of Was | | | Name of | | | | | | | |
| City, State | | 1 | 9551 | | TBD | sal Date | | Minerv City, Sta | | chuse | | | | | |
| Bronx, NY | | | | | TBD | | | Wayne | | , OH | | | | | |
| Completed by Michael Fajardo | Title Offic | e Em | ployee | | S | ignatur | e | MA | _ | | Dat 09 | e /19/ | 18 | | |

| JH ITO | 7 | | NOTIF | CATIO | fate of Ne N OF ASE t to NJAC | ESTOS | ABATE | MEN. | T The state of the | | CEI | - | | 2010 | | A DESCRIPTION OF THE PROPERTY |
|---------------------------------------|------------------------------|-------------------|---------------------|-----------------------------|--|----------------------|--|----------|--|-------------|-------------------|--------------------------|----------|------------|-------------|--|
| Date of Notification (1) 9-17-2018 | | | | Name of MAA | of Building Lalita W | Owner/0 | Operator e, LLC | (2) | | 11 | 501 | 2 2 | 4 (| 2018 | | land de la constant d |
| Agencies Notified | Type Notification | | | | Address Kenned | v Blvd | | | | 1 | SBEST | OS O | ON | TRO | 8 | |
| DEP | Initial Amended | | ŀ | City, St | ate, Zip C | ode | | | - L | | Parket Comment | material and services of | | A LOCATION | Parian | t into som |
| ☐ DOL | Arnendment : Emergency (i | | _ | | y City, N | |)4 | | | | | | | | | |
| DOH DCA | justification) Cancellation | 0.7 | | | of Contact Ferraro | | | | *************************************** | | elephone | | | | | |
| | l — | | | | ILITY INF | ORMATI | ON | | | / | 32-991 | -11/ | 5 | | | |
| Name of Facility Where Commercial | Abatement is Taking | Place (| 3) | | | | | Тур | e of Facility | (4) | | | - | | | |
| Street Address | | | | | | | | R | School (K- Subchapte | | har than | V 10 | | | | |
| 271 Sip Avenue | | | | | | | | × | Other (i.e. | private | & comn | nercial | buile | dings, | hom | es, |
| City (5) Jersey City, NJ 073 | 206 | | | | | | | 1000 | etc.) are Feet | # | of Floors | 3 | В | ldg. A | ge | |
| County (6) | | | | County | Code (7) | | | 100 | | 2 | | | 1 | 0+ | | |
| Hudson | | | | | Code (7) USE ONLY | " | | Curr | ent Use (Pr | ior if b | eing dem | nolished | d) | | | |
| Name of Monitoring Firm | Hired by Building O | wner (8 |) | ASC | M No. | | Name Gree | of Ab | atement Co | ntracto | or (9) | | | | | |
| Street Address | | | | | | | Street | Addre | ess | | | , LLO | | | | |
| City, State, Zip Code | | - | | | | | and the same of th | | nia Avenu Zip Code | | | | | | | |
| | | | | | | | | | ty, NJ 07 | 304 | | | | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | ne No. | | Teleph 201-3 | | | | Licen: | se No. | | | | |
| Start Date (10) 9-18-2018 | | Schedul 9-21-2 | ed Con | npletion | Date (11) | | | | HA Monitor | | | | | | | |
| Occupancy Status During | 4 | | | | | | Street | | vironmer | | ervices | , LLC | | | | |
| Facility Closed/Vaca | ated During Entire Pe | eriod of | Abatem | nent | | | | | nia Avenu | ie | | | | | | |
| Other – Describe: _ | ed Outside of Norma | al Facility | y Hours | | | _ | | | Zip Code ty, NJ 07 | 304 | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | | 22400 | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | _ | Renova Demolit | | | | ××× | Mi Gl | ill Containm ni-Enclosur ovebag Pro on-Exempte | e cedure | 122 | | | | | |
| | | Is | Locati | on | | | | 140 | n-Exemple | u () ai | iu ivon-r | nable | | Abate | 7.2.3 | |
| Location Asbestos-Containing | | 1 | Normal ed Sole | | | Des | cription | of | | | | - | | Тур | oe | |
| TO BE ABA | ATED | ivia | intenar todial S | nce/ | Asbes (i.e. | tos Conta thermal | systems | insul | I (ACM) ation, | | Amount Specify | | æ | _ | Enc | Ē. |
| In Facili (13) | ıy | | (12) | | | | ing, VAT | | | S | F or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | <u>a</u> | | late | лге |
| Roof | | | х | | | Roofin | ng Mate | erial | | 32 | 200 SF | × | | | | |
| Through | out | | X | | | Trans | ite par | nels | | 4 | 00 SF | x | | | | |
| Baseme | ent | | х | | Pipe | insulat | tion/ wi | rap 8 | & Cut | 8 | 30 LF | × | | | | |
| Name of Registered Was | to Unides | | | | | | | | | | | | | | | |
| Green Environmenta | | | Н | JDEP W auler ID)3489 | Control of the Contro | Oubic \ of Was | 4 | | Name of G.R.O. | | | | 11 | | | |
| City, State 235 Virginia Avenue | | | | PC 0004 | | Disposa 9-21-2 | | | City, Stat | | PA | | | | | |
| Completed by Liliana Serrano | | Title Office | e Man | ager | | | gnature | | 1 | | | Date 9-17 | -20 | 18 | | |

Print Form

| | | growns . | 5 | 1 1 | | 1 | | | | | | _[| Pr | int Forr |
|--|---------------------|---------------------------------------|-----------------|----------------------|---------------------------------|----------------|-----------|---|--------------|---------------------------|--------------|---------|--------------|-----------|
| | | NOTIF (P | CATION | LOF ASE | w Jersey ESTOS / 8:60 and | BATE | MEN 0) | т | | EC | | | W | |
| Date of Notification (1) 09/19/2018 CHECK# 0062 | | | | f Building OS RIV | Owner/O /ERO | perator | (2) | | | SE | P 2 | 4 | 2018 | |
| Agencies Notified Type Notification | | | Street A | ddress | | | | | | ASEES | TOS | QÚ1 | | H. |
| X EPA X Initial Amended Amendment | | _ | | ate, Zip C EY CIT | ode Y, NJ 07 | 304 | | | C.Ourage.co. | | | # T 0 | <u></u> * | |
| DOH justification) Cancellation | | | | f Contact OS RIV | | | | | Tele | phone Nu | ımber | | | |
| Name of Facility Where Abatement is Takin | n Place / | 5/ | FACI | LITY INF | ORMATIC | N | Tun | oe of Facility (4 | \ | | | | | |
| Street Address | ig i lace (c | | 15-5-5-5-5- | | | | × | School (K-12 Subchapter 8 Other (i.e. pr |) 3 (Othe | | | ildings | s, hom | es, |
| City (5) | | | | | | | | etc.) uare Feet | # of | Floors | Т | Bldg. | Age | |
| JERSEY CITY | | | - | | | | | 0 x 100 | 2 | | | | ears | |
| County (6) HUDSON | - /- | | | USE ONL | n | _ | | rrent Use (Prior | | | shed) | | 7 | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCN | /I No. | | | | batement Cont _UTIONS C | | | G, IN | IC. | | |
| Street Address | | | | | | Street 24 C | | ress RCH STREE | EΤ | | | | | |
| City, State, Zip Code | | | | 100112 | | | | Zip Code OD PARK, | NJ 07 | 407 | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph (201 | | No. 3 - 9418 | | License N 01301 | Vo. | | | |
| Start Date (10) 09/20/2018 | Schedule 09/21/2 | | mpletion | Date (11) | | | | SHA Monitor LUTIONS C | ONTE | RACTIN | G, IN | IC. | | |
| Occupancy Status During Abatement (Chec | - 5 | | | 0_01_111110 | | Street | | ress RCH STREE | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: HOME | | | | | _ | City, S | state, | Zip Code OD PARK, | | 7407 | ********** | | | |
| Scope of Work (Check All That Apply) | | | | | | LLIVI | 740 | OD PARK, | 145 07 | 407 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | × | N G | Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted | edure | | | | iro | |
| | Is | Locat | ion | | | | <u> </u> | VOII-EXEMPLE | () and | NOII-FIId | DIE FI | Aba | temen | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Use Ma | Norma ed Sole iintena todial | ely by ince/ | | stos Conta thermals | | /lateri | ulation, | (S | nount pecify or LF) | Rer | T | ype | Enc |
| (13) | | (12) | | | other m | | | | SF | OI LF) | Removal | Repair | Encapsulate | Enclosure |
| BASEMENT | Yes | No | N/A | | PIPE IN | ISULA | ATIC | ON | 60 |) LF | Х | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | NJDEP W | /aste | Cubic | /ards | | Name of R | egister | red Landfi | | | | |
| ATLANTIC CARTING | | | Hauler ID | | of Was | | | GRAND | | | neset | | | |
| City, State PEN ARGYL PA 18072 | | | | | Disposa | al Date | | City, State PEN AR | GYL | PA 1807 | 72 | | | |
| Completed by LUIS ARCILA | Title PRE | SIDE | NT | | Si | gnature | | An | ~ | 1 23 | ate 9/18/ | /2018 | 3 | |
| | | | | | 7 | | | | | | | | | |

| 19 | AL | escatedado | Stat | e of 1 | New J | erséy | | | Check # | 16 | 381 | |
|--|--|------------|--|---|--------|-----------------------------|---|------------------------------|-----------------------------|----------------|------------------|------------------|
| | 1-7 II | | | | | TOS ABATEMENT | | - Provided | E @ | | 0 0 | |
| Date of Notification | (1) | (Pursu | | | | 7 and 12:120-7 | | | EG | -15- | 11 | ₩ E |
| | (1) | | Annual Control of the | | | David W. (| | and Suz | anne | | and the State of | |
| 9/20/2018 | | | Gill | | | | | TIME | | | | ** |
| Agencies Notified | Type Notifica | tion | Street | | | | | | SEP | 21 | 1 20 | 118 |
| | | | | | | | | Market Co. | | | | |
| []EPA | [X] Initial Notifica | tion | | 200000000000000000000000000000000000000 | | | | | A CAD DATE | 000 | | |
| []DEP | []Amended | | City, | -0.100000010.00000000000000000000000000 | - | | | 1 ' | ASBESTO | US C TEMP | ONT | 30L.8 |
| [X] DOL | Notifica | tion | nea | rny, | MO, | 07032 | | Extension and Assess | - | | -12-2-1 | ************* |
| [X] DOH | | | Name o | f Cont | act | | Telepho | ne Number | | | 3 | |
| []DCA . | []EMERGENCY | | Mal | colm | Mi | ller | | | | 4 | | |
| | []Cancellat | ion | | | | | | | | | | |
| | | | | 9500 00000000 | JITY : | INFORMATION | | | | | | |
| Name of Facility When | | s Taki | ng Plac | e (3) | | | Type of Facil | ity (4) | | | | |
| Malcolm Miller | 3 | | | | | | []School | 120 | | | | |
| Street Addres | | | | | | | | oter 8 (Othe (i.e., priva | | | | |
| | 207 | | ٩ | | | | TO 100 100 100 100 100 100 100 100 100 10 | ouildings, h | | | | |
| | | | | Fi | | | Square Feet | # of Floo | ors B1 | dg. | Age | |
| City (5 | c | ounty | (6) | | | nty Code (7) | | | | | | |
| Vonmer. | | | | | (ST | ATE USE ONLY) | Current Use (| Prior if be | eing der | molis | shed) | |
| Kearny | The state of the s | Iudso | | | | | | | | | | |
| Name of Monitoring Fi | rm hired by E | Buildin | g ASCM | No. | | | ment Contracto | | | | | |
| Owner (8) N/A | | | | | | AZTECH M | IANAGEMENT | , Inc. | | | | |
| Street Address | | | | | | Street Address | s | | | | | |
| | | | | | | 86 Chris | topher St | | | | | |
| City, State, Zip Code | 2 | | | | | City, State, | Zip Code | | | | | |
| 500 0 7 | | | | | | Montclai | r, NJ 070 | 42 | | | | |
| Project Manager for M | Monitoring Fir | m Te | lephone | Numbe | r | Telephone Num | ber | | License | Numl | per | |
| , | | | /A | | | (973) 744 | | | 0037 | 1 | | |
| Scheduled Start Date | (10) Cahod | | letion 1 | Data | (11) | Name of OSHA 1 | | | | -11.25-4.4 5-7 | | |
| | 8 1 | | 6 | 18 | (11) | N/A | MOIII COL | | | | | |
| Month Day Ye | | - | Day | Year | | 11/21 | | | | | | |
| Occupancy Status Duri | | | | | | Street Address | S | | | | | |
| [X] Facility Close of Abatement | ed/Vacated Du | ring En | itire Pe | eriod | | | | | | | | |
| []Abatement Per | formed Outside | e of No | rmal Fa | acilit | У | City, State, 2 | Zip Code | | | | | |
| Hours - Descr | | | | n+ | | | | | | | | |
| []other - Descr | | | Descri | pc» | | | | | | | | |
| Scope of Work (Check | all that appl | ·Y) | | | | []Full | Containment wi | th Negative | e Pressi | ure | | |
| [X]≥3 sf or 2 | | 35 | X]Renov | | | [X]Mini- | Enclosure | | | | | |
| []≥160 sf or | ≥260 lf | 1 |]Demol | ition | | | bag Procedure riable Procedu | ıre | | | | |
| | | 1 | Is | T | | []1(011 1 | | Ī | Aba | teme | nt I | ype |
| Location | | | ocation Tormally | | | Descriptio | | | R | | E | E N |
| Asbestos-Cont Material (| 1635-37100 | | Used Solely | | | Asbestos-Cont Material (| | Amount (Specify | E | R | C | C |
| TO BE ABA | | | y Main- | | | (i.e., thermal | | SF or | 0 | PA | A P | 0 |
| In Facili | ty | Ct | enance/ ustodia | 1 | | sulation, surfa | 10.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | LF) | VA | I | S | S |
| (13) | | Yes | aff (12 | N/A | 9) | or other miscel | Llaneous) | | L | I K | L | R E |
| Basement | | | 2 | | Pipe | Insulati | on | 50 LF | × | | | |
| | - | | | | т. | | ************************************** | | | | | |
| | | - | - | | | | | | - | | | |
| Name of Bosistand T | eto Vani | | TOED TO | etc | lo. | oic Yards | Name of Regi | stered Land | ifill | | | |
| Name of Registered Wa AZTECH MANAGE | | | DDEP Was | | 1 | Waste 1.5 | Tri - S | | and the sales and the sales | | | |
| 100100 | TIME TIME | | 7040 | ec.#168596 | | | | | | | | |
| City, State | 07040 | | | | | sposal Date | City, State | NT 104 | 71 | | | |
| Montclair, NJ | 07042 | | | |] | .0/7/18 | Bronx, | NI, IU4 | 14 | | | |
| Completed By (Print o | r Type) Titl | .e | | | | Signature | 1 / | | Date | | | |
| Constantine Vi | 77 | eside | ent | | | 1 | t1 1, | 11.10 | 9/20 | | 8 | |
| V | 1 1 1 | | | | | / Onsi | an hell | Ma | 10000 | | | 550.017 |
| | | | | | | | 1 | | | | | |

| | PERSONAL PROPERTY AND PROPERTY | Ms | tate c | f New | Jersey | | | Check | c # 1 | .6380 |) |
|---|---|-------------------|----------------|---------|----------------------------------|---|-----------------------------|---------------|-------------|-----------|------------|
| 12/A | | | | | STOS ABATEMENT -7 and 12:120- | | | e c | | П | N/I F |
| Date of Notification (1) | | | | | Owner/Operato | | | E (| | U | WE |
| 9/20/2018 | | 100 | | Nuger | 3-3 | No. Sec. 1 | | | - 3 | | |
| Agencies Notified Type Notifi | cation | Stre | et Ado | iress | 255-2400 | | | SF | P 2 | 1 21 | 018 |
| []EPA [X]Initial | cation | | | | | | 1-7 () | UL | | L-1 | 010 |
| []DEP | | | | ce, Zip | | | - | ASBES | 1000 | V \ 5 7 | TAFAL |
| | l .cation | Ma | ahwal | a,NJ, | 07430 | | | 10000 | IOSN: | TIMO | HILL.C |
| [X] DOH | 7017 | Name | of Co | ntact | | Teleph | one Number | | | | |
| []DCA []EMERGEN | | Jo | hn 1 | Nuger | it | k | | | | - | - |
| | | | | | INFORMATION | | | | | | |
| Name of Facility Where Abatement | is Tak | ing Pl | ace (| 3) | | Type of Faci | ility (4) | | | | |
| John Nugent | | | | | | []School | | 200 | | 172703 | |
| Street Addres | | | | | | [] Subcha | apter 8 (Oth (i.e., priv | er tha | an K-1 | 12) | |
| | | 9 | | | | cial | buildings, | homes | , etc. |) | |
| City (5 | Country | (6) P- | CON | la. | | Square Feet | # of Flo | ors | Bldg. | Age | |
| | County | (0)ES | sex | 100 | inty Code (7) FATE USE ONLY) | | | | | | |
| Mahwah | Berge | en | | - | | Current Use | (Prior if b | eing o | demoli | shec | 1) |
| Name of Monitoring Firm hired by | | | CM No | | Name of Abate | ment Contract | or (9) | | | | |
| Owner (8) N/A | | | | | | ANAGEMEN' | | | | | |
| Street Address | | | | | Street Addres | s | | | | | |
| | | | | | 86 Chris | stopher St | t. | | | | |
| City, State, Zip Code | | | | | City, State, | | 242 | | | | 4 |
| Project Manager for Monitoring F | irm To | lopho | ne Num | h | | r, NJ 070 | | r. — | | | |
| Jest samager real near colling r | 1000 | /A | ile Muni | ber | Telephone Num (973)744 | | | Licens 003 | | ber | |
| | ed. Comp | letion | Date | | Name of OSHA | Monitor | | | | | |
| Month Day Year Mo | onth | Dav | Yea | | N/A | | | | | | |
| Occupancy Status During Abatemen [X]Facility Closed/Vacated D | t (Check uring Er | only ntire | one) Period | i | Street Address | s | | | | | |
| of Abatement []Abatement Performed Outsi | de of No | rmal | Facili | tro | | | | | | | |
| Hours - Describe: «OffHour []other - Describe: «Other O | s Descri | .pt» | | . cy | City, State, 2 | Zip Code | | | | | |
| Scope of Work (Check all that app | | | - | | 1 | | | | | | |
| [X]>3 sf or >3 lf | | X1 Dom | ovatio | n | | Containment w | ith Negative | e Pres | sure | | |
| []≥160 sf or ≥260 lf | 100 | | olitio | | [X]Glove | Enclosure bag Procedure | | | | | |
| | | Is | | | []Non-F | riable Proced | ure | 7.1 | pateme | n+ - | The man of |
| Location of | | ocati | | | Description | n of | | AL | ,a ceme | E | E |
| Asbestos-Containing Material (ACM) | | Used | | | Asbestos-Cont | | Amount | F | K | N C | C |
| TO BE ABATED | | Solel y Mai | | | Material (| | (Specify | Z M | 1 E | A | L |
| In Facility | | enanc | | ins | (i.e., thermal sulation, surfa | | SF or LF) | V | 7 | PS | os |
| (13) | | aff (| | | or other miscel | | | A | D | T T | U R |
| Basement | 163 | NO | X | Pipe | Insulation | on | 235 LF | х | - | - | E |
| | | | | | | X. | | | | | |
| Name of Davids | | | | | | | | | | | |
| Name of Registered Waste Hauler AZTECH MANAGEMENT, IN | С На | DEP W | ID No. | 1 | ic Yards Waste 1.5 | Name of Regi | | fill | | | |
| City, State | 1-1 | 1040 | | Dis | posal Date | City, State | | | | | |
| Montclair, NJ 07042 | | | | | 0/11/18 | | NY, 104 | 74 | | | |
| Completed By (Print or Type) Tit | le | doj i prim na 111 | | | Signature | 1 , | 1 | h : | | | |
| | eside | nt | | | Cos | totinol | Ma | Date 9/20 | ≘ 0/2018 | 3 | |
| | | | | | | 1 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/ | HIV | | | 100 | |

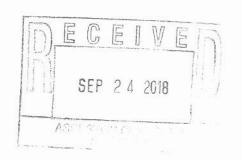
| h 2555 | | NOTH | ursuan | tate of Nev N OF ASBI | 8:60 and | 12:12 | 0) | r | The second of th |) <u>E</u> | | | 201 | int F |
|---|-------------------------------|---|----------------------------|----------------------------|--|-------------------|---------------------------|---|--|------------|---------------|--|-------------|-----------|
| Date of Notification (1) 09/13/2018 | | | Name Resid | of Building (dence | Owner/O | perator | (2) | | 12 1 | 4 | DEF | 24 | 201 | Ö |
| Agencies Notified Type Notificat X EPA X Initial | | | | Address | | | | | - Character and a second | ASE | ESTO: | 3 OC | arra G | 71 F |
| X EPA X Initial Amended Amendment Amendment | | | | tate, Zip Co vell NJ 07 | | | | | | | | | | |
| ■ DOH justificati □ DCA □ Cancellar | on) | 9 | | of Contact y Munoz | | | | | Telen | hone Nu | ımber | | | |
| Name of Facility Where Abatement is Ta | kina Dlass | (2) | FAC | ILITY INFO | ORMATIC | N | | | | | | | | - 1 |
| Residence . | iking Place | (3) | | | 19 | | Тур | of Facility (4 | 5 | | | | | |
| Street Address | | | | | | | × | School (K-12 Subchapter Other (i.e. pr | 8 (Other | | | ldings | , hom | es, |
| City (5) Caldwell | | | | | | | Squa 10,2 | etc.) are Feet 252 | # of F | loors | 1.0 | 3ldg. <i>1</i> | Age | |
| County (6) Essex | | | | Code (7) USE ONLY) | | | Curr | ent Use (Prio | r if being | demolis | shed) | | | |
| Name of Monitoring Firm Hired by Buildin A. Seine Lighthouse Solutions | ng Owner (8 | 3) | ASCI | M No. | | | | atement Cont nk Service | |) | | | | |
| Street Address PO Box 354 | | | | | | Street 1256 | | ss erty Avenue | 9 | | | | | |
| City, State, Zip Code South Orange, NJ 07079 | | | | | | | | Zip Code IJ 07205 | | | | | | |
| Project Manager for Monitoring Firm Sarah Calandra | | | Telepho 201-3 | ne No. 49-2666 | | Teleph 844-4 | | | 100 | icense N | No. | | | |
| Start Date (10) 09/24/2018 | Schedu 10/17/ | | npletion | Date (11) | 1 | | | HA Monitor Lighthouse | Solution | ons | | | | |
| Occupancy Status During Abatement (Ch | neck Only O | ne) | | | | Street / | Addre | ss | | | | | | |
| Facility Closed/Vacated During Entition Abatement Performed Outside of Notice - Describe: | re Period of ormal Facilit | Abater y Hour | nent s | | | | tate, Z | ip Code | 7070 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | South | 1 Ora | ange, NJ 0 | 7079 | | | | | |
| × ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | × | Mi Gl | Il Containmer ni-Enclosure ovebag Proce n-Exempted | edure | | | | | |
| Location of | 1,153 | s Locat Normal | 17.57.53 | | - | | | T Exempted | () and h | ion-i nai | 510 1 10 | Abate | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole aintena stodial ((12) | nce/ | (i.e. ti | os Contai hermal s surfacii other mis | ystems ng, VA7 | ateria insula F, or | | Amo (Spe SF or | cify | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | late | re |
| Basement | | X | | | pipe | e wrap |) | | 680 | LF | X T | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Jewark Carting | | Н | JDEP W auler ID 4509 | 200 E 20 | Cubic Y of Waste | | | Name of R Waste M | | | | <u> </u> | | |
| City, State East Orange, NJ | | | | | Disposa | Date | 1 | City, State Penn Arg | gyle. P | Α | | | | |
| Completed by Alison Lamers | Title | e Mar | nager | | Sig | nature | | MON | > | Da | ate 2/13/2 | 0010 | | |

CHECK # 2894

| D. L. (1) 05 0 0 | الما الما | | all bad | Eustanee-e- | | | | | | | - | | - | | 47 - MARIE MILE |
|--|----------------|----------------|------------------|------------------------|-----------------|---|---------------------|--------------------------|----------|----------|--------|--------|--------|-------------|-----------------|
| Date of Notification (1) 9/14/2018 | | | Name of | f Building outh 21s | Owner/0 | Operato et LLC | r (2) | | - | m_ | E | C | | | |
| Agencies Notified Type Notification | | | Street A | ddress | | 2-5-22-02-0 | | | | 123 | | | | | |
| X EPA X Initial | | | 1420 E | E Linder | Aven | ue | | | 1 | | | > m n | 2 | 1 00 | 140 |
| DEP | | | | ite, Zip Co | | | | | | UU | - 6 | oth | 2 | 6 60 | ið |
| X DOL Amendmen | | - | Linder | i, NJ 07 | 036 | | | | 1 | 1 | | | | | |
| | | - 1 | | f Contact | | | | | Tel | ephone | Num | ber (| 08.0 | ONT | -,71 |
| DCA Cancellation | 1 | | | seph Ka | | | rep) | | (7 | 32) 59 | 7-20 | 4610 | ENS | ING | i e |
| Name of Facility Where Abatement is Takir | ng Place (3) | | FACI | LITY INFO | DRMATI | ON | Туре | of Facility (4 | 1) | | | | | | |
| Commercial Building | | | | | | | П | School (K-1) | 2) | | | | | | |
| Street Address | | (i | | | | | | Subchapter | 8 (Oth | | | | | | |
| 671 South 21st Street | | | | | | | | Other (i.e. pr etc.) | rivate | & comm | nercia | build | lings, | home | s, |
| City (5) | | | | | | | | e Feet | # 0 | f Floors | | В | ldg. A | ge | |
| Irvington | | | | | | | 50,00 | 00 | 1 | | | 7 | 0 | | |
| County (6) | | | County (| Code (7) | | | Curre | nt Use (Prio | r if bei | ng dem | olishe | ed) | | | |
| Essex | | | (STATE I | JSE ONLY, | | | Ware | ehouse B | uildin | g | | | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM | 1 No. | | 800000000000000000000000000000000000000 | | ement Con | | (9) | - | | | | |
| TBD | | UTA-I | | | | Sky | Contra | acting, LL | С | | | | | | |
| Street Address | | | | | | | Addres | T | i4a | IZ . | | | | | |
| City, State, Zip Code | | | | | | | | y Road, S | Suite | n | | | | | |
| City, State, Zip Code | | | | | | | State, Zi ne. Ne | p Code ew Jersey | 074 | 70 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | _ | 17 | hone No | | | Licens | se No | | | | |
| • | | | | | | 15/97/19/50/2009 |) 928- | | | 0087 | | | | | |
| Start Date (10) | Scheduled | | npletion I | Date (11) | | 23.5 | | A Monitor | 2000 | | | | | | |
| 9/24/2018 | 11/15/20 | | | | | | | acting, LL | C | | | | | | |
| Occupancy Status During Abatement (Che | ck Only One |) | | | | | Addres | | Suito | V | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor | Period of Ab | atem | ent | | | | | y Road, S | suite | n. | 200000 | | | | |
| Abatement Performed Outside of Norr Other – Describe: | nai Facility F | 10Urs | | | | | State, Zi | p Code ew Jersey | , 074 | 70 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | vvay | iie, ive | ow Jersey | 7074 | 70 | | | | | - |
| ≥3 sf or ≥3 lf | X Re | novo | tion | | | Г | ٦ | Camtainma | | N1 | | | | | |
| × ≥160 sf or ≥260 lf | | nova moliti | | | | È | | Containme i-Enclosure | | Negati | ve Pr | essur | e | | |
| _ | _ | | | | | > | Glo | vebag Proc | edure | | | | | | |
| | | | | | | Ľ | 1 Nor | n-Exempted | (*) an | d Non-F | riable | | | | |
| | | ocati rmall | | | | | | | | | | | Ту | ment pe | |
| Location of Asbestos-Containing Material (ACM) | Used | | | Ashes | De: tos Cont | scription | | (ACM) | ۸ | mount | | | | | |
| TO BE ABATED | Main | | | | thermal | | | | | Specify | | R | 71 | Enc | Ξ. |
| In Facility (13) | Custo | uiai 3 (12) | otaii? | | | cing, VA | | | SF | or LF) | | Remova | Repair | aps | Enclosure |
| (13) | Ves | NI- | L NIZA | | outer it | niscella | neous) | | | | | val | Ŧ | Encapsulate | ure |
| Con Attacked | Yes | No | N/A | | | | - X-250- | | | | | | | | |
| See Attached | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | 75-00-00 | | 57-152-001-0 | | | | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | /aste | Cubic | Yards | | Name of F | Registe | red Lar | ndfill | | | | |
| Service Transport Group, Inc. | | | auler ID 0990 | No. | of Was | ste | | Minerva | | | | .C | | | |
| City, State | | | | | Dispos | sal Date | 1 | City, State | | LEGALES. | | | | | |
| New Castle, Delaware | | | | | TBD | - | | Waynes | burg, | Ohio | | | | | |
| Completed by | Title | | dont | , | S | ignatur | 9 | | | | Date | | 140 | | |
| Predrag Sarcev | Vice P | resid | uent | | < // | 4 | | | سيديو م | _ | 9/1 | 4/20 | 118 | | |

Commercial Building 671 South 21st Street Irvington, New Jersey

| Location of | 1 | Locati Normal | y | Description of | | | | emen ype | t |
|---|-----|--|------|--|---------------------------------|--------|--------|-------------|-----------|
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole intenar todial 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 | | | 1 | | te | Ф |
| Ground Floor (throughout) | | Х | | Floor Tiles Beige & associated floor tile/carpet mastic | 5,125 SF | X | | | |
| Ground Floor (throughout) | | Х | | Floor Tile/Carper Mastic Adhesive | 4,370 SF | X | | | |
| Ground Floor (Entrance Foyer) | | Х | | Grey Interior & Exterior Window Caulking | 10 LF | X | | | |
| Ground Floor (throughout) | | Х | | Fire Doors | 150 SF | Х | | | |
| Ground Floor (throughout) | | X | - | Black Mastic on Wall | 510 SF | Х | | | |
| Ground Floor (Safe & Mail Room) | | Х | | Duct Caulk | 100 LF | Х | | | |
| Ground Floor (Safe & Mail Room) | | Х | | Black Putty Pipe Wrap | 25 LF | х | | | |
| Ground Floor (Safe & Mail Room) | | X | | Safe & Security Door Materials | 100 LF | Х | | | |



| 14/18 03:57PM EDT GRE | AT REA | | | | | | | | | 6096 | 330 | 664 | | int |
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| : NIJUS | | NOT | FICATION Pursuant | n of asi | BESTOS : 8:66 er | ABATE | Men)) | r! | _0(| | | SE | P 2 | 4 |
| Date of Notificetion (1) | | | 1 | of Building | | Operator | (2) | | | | | | | _ |
| 09/14/2018 | | | | AG SH | AH | | | - 1 | | | ASI | BEST | 193 | CO |
| Agencies Notified Type Notifical | con | | Street A | Address | | | | 1 | | 1 | ~~ | Z | 11.94 | |
| EPA Initial DEP Amende | 4 | | City St | ate, Zip C | nda | W | - | 1 1 | | | 12 | | 1 | |
| DOL Amendin | ent# | | PARA | | ~~~ | | | 1 11 | M.H.E | 11 | F-11-2 | | | 1 |
| Enverger DOH Justificati DCA Cancella | | 7 | | of Contact | | | | | Tele | ohone Ni | ımhar | | | 7/3 |
| | | | FAC | ILITY INF | ORMAY | KON - | | | | | | | | |
| Name of Facility Where Abatement is Ta PRIVATE | iking Pisce (| 3) | | | | | Тура | of Fadility | (4) | | | | | |
| Street Address | | | | | | | A | School (K- Subchapte | | . //n V . | | | | |
| | | | | | | | E | Other (i.e. | ofvete & | COULDOUGH AIRTHURA | 12) del bui | ldings | . hor | les, |
| City (5) | | | | | | | | elc.) ere Feet | 1 22 ~ 3 | Floors | - 1 | Bldg. | 000 | |
| PARAMUS NJ | | | | | | | 200 | | 2 | .0013 | 1 | 88 88 | A. | |
| County (6) BERGEN | | | | Code (7) USE OME | | | Curt | ent Use (Pri | or if being | demolis | shed) | | | |
| Name of Monitoring Firm Hired by Suildi | ng Owner (8 |) | ASCR | VI No. | | | | atement Co | | | | | _ | 222-701 |
| N/A | | | | | | - | | EAST EN | VIRONI | MENTA | L LL | C. | | |
| Street Address | | | | | | Streat . | | st. STREE | T | | | | | 000000 |
| City, State, Zip Code | | | | _ | | | | Zip Code | | | | | | |
| | | | | | | | | BERGEN | NJ. 070 |)47 | | | | |
| Project Manager for Monitoring Firm | | | Telepho | na No. | | Telsph | one A | ło. | | Licensa P | Vo. | | | - |
| | | | | | | 201-7 | 776- | 0642 | | 1300 | | | | |
| Start Date (10) | | | mpletion | Date (11) | | | Market City | HA Monitor | | | | | | |
| 09/17/2018 Occupancy Status During Abatement (C | 09/18/ | | | 4 | | Street | | IRONME | NTALL | AB. | | | | |
| NO. 10 No. | 255 | | | | | | | rss UTE 22 W | /FST | | | | | |
| Abelement Performed Outside of N | ormal Facility | y Hou | rs rs | | | | | Ip Code | | | | | | |
| Other - Describe. | | | | | | UNIC | N N | J. 07083 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
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| Location of Asbestos-Containing Material (ACM) | Use | | ely by | Jahan | | scription teining M | | MACHE | A | cuni | - | 1) | | |
| TO BE ABATED | IVIS | intenie laibot | ence/ Staff? | (i.e | thermal | systems | insu! | ation, | (Sp | acify | Re | D | Епсарвијаји | E |
| In Facility (13) | | (12 | | | | dng, VAT niscelleni | | | SFo | rLF) | Remova | Repair | opsu | Encloaure |
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| EXTERIOR SIDING | | × | | | TRANS | SITE SI | DINI | G | 1.40 | 0 SF | × | | | |
| BASEMENT & DEN ROOM | | X | | | | RTILE | | - | | . SF | 1X | | | - |
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| Name of Registered Waste Hauler | | | NJDEP W Hauler ID | | Cubic of Was | | | Name of | Registere | d Lendfil | 1 | 200 | | - |
| TRI STATE | | 1000 | 19951 | | TB | 1000 | | MINER | VA EN | TERPR | ISE I | NC | | |
| City, State | | | | | 1 | sel Date | | City, State | 3 | | | | | |
| BRONX NY | | | | | TBI | | _ | WAYN | SBUR | G OHIO |) | | | |
| Completed by CARLOS ESQUIVEL | Title | ETV | SEASIAC | ED | S | igna tura | 2 | mentale | Wa | 0 | 216 | 20.00 | | |
| - INCOUNTED | JAC | -11 | MANAG | JER - | | L | 7 | 1 | - 7 | U | 9/14/ | 2018 | i | |

| | | | 1 | /\ m | September 1 | | | | | - | - | Print I |
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| CH 1310 | | NOT | (Bursua | State of New ON OF ASBES at 10 NUAC 8:6 | TOS ABATE 0 and 42:12 | 20) | | | <u> </u> | <u> </u> | \mathbb{V} | |
| Date of Notification (1) 9/15/2018 | | | Name | of Building Ow ardo L Rami | ner/Operato | or (2) | | | SEP | 24 | 2018 | |
| Agencies Notified Type Notificati | on | | | Address | | | | | | nyster (ve ince | | _ |
| EPA Initial Amended | | | City S | State, Zip Code | | | | AS | 955TO9 1107 | 3,001 | 17.Pr 10. | i e |
| × DOL Amendme | | | | saic NJ 0705 | | | | | S of the second | | | |
| DOH justification Cancellat | n) | 9 | | of Contact | | | | Telephor | ne Numbe | er | | |
| | | | | ardo L Ramii CILITY INFORI | | | | | | | | |
| Name of Facility Where Abatement is Tal Eduardo's Residental | king Place | (3) | | | III TON | Тур | pe of Facility (| 4) | | | | |
| Street Address | | | | | | H | School (K-1 | 2) 8 (Other thai | - 14 401 | | | |
| | | | | | | × | Other (i.e. p | rivate & com | n K-12) mercial b | uilding | gs, hor | nes, |
| City (5) Passaic NJ 07055 | | | | | | Squ | etc.) uare Feet | # of Floor | s | Bldg | . Age | |
| County (6) | | | County | / Code (7) | | C | | <u></u> | | | 982 | |
| Passaic | | | | USE ONLY) _ | | Cur | rrent Use (Prio | r if being der | nolished) | | | |
| Name of Monitoring Firm Hired by Buildin | g Owner (8 |) | ASC | M No. | | | batement Con aloski | tractor (9) | | | | |
| Street Address | | | | | Street | | | | | | - | - |
| City, State, Zip Code | | | Detect from Paris | | | | Riper Ave Zip Code | | | | | |
| | | | | | | | NJ 07011 | | | | | |
| roject Manager for Monitoring Firm | | | Telepho | one No. | Teleph 201- | | No. -9008 | Licen 0133 | ise No. | | | - |
| itart Date (10) 9/29/2018 | | | | Date (11) | | | SHA Monitor | 10100 | - | | | |
| Occupancy Status During Abatement (Che | 10/27/ | | | | Street | ۸ ما ما <u>-</u> | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe: | Period of | Ahater | ment s | | Street / | | Zip Code | | | | | |
| cope of Work (Check All That Apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | × | M Gl | ull Containmer ini-Enclosure lovebag Proce on-Exempted (| dure | | | re | |
| | | Locat | | | | | | / ===================================== | - Induiting | Abat | emen | t |
| Location of Asbestos-Containing Material (ACM) | Use | Normal d Sole | ly by | Asbestos C | Description ontaining Ma | of eterie | I (ACM) | A | - | 1 | уре | Н |
| TO BE ABATED In Facility | 100000000000000000000000000000000000000 | intenai todial S | | (i.e. therr | nal systems rfacing, VAT | insul | ation, | Amount (Specify | Re | R | Enca | Enc |
| (13) | Yes | (12) No | N/A | | er miscellane | | | SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Basement | | Х | | Pi | pe Insulat | on | | 98 LF | X | 1 | | |
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| me of Registered Waste Hauler | | N | JDEP W | aste Cut | oic Yards | | Name of De | gistered Lan | 4611 | | | |
| BD | | H | auler ID BD | | Vaste | | | gistered Lan I Company | | | | |
| y, State | | | | Disp | oosal Date | | City, State Melville N | IY 11747 | | | | |
| mpleted by arko Raloski | Title | | | | Signature | _ | Siville IV | , 11/4/ | Date | | | |
| aino Naiuski | Projec | ct Ma | nager | | 26 | / | | | 9/15/2 | 018 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 9-18-2018 24 2018 PNC Bank Agencies Notified Type Notification Street Address \boxtimes EPA 909 Bloomfield Avenue DEP Initial City, State & Zip Code \boxtimes DOL Amended West Caldwell, NJ 07006 X DOH Emergency Name of Contact DCA Cancellation Telephone Number Brian Havanki 856-251-9980 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PNC Bank School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 185 Ferry Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Blda. Age County (6) County Code (7) 6,139 Newark, NJ 91 Essex Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PT Consultants Resource Management Group, LLC Street Address Street Address 62 Creek Road 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Bellmaur, NJ 08031 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number Mr. Brian Havanki License Number 610-955-5841 609-914-4279 Scheduled Start Date (10) 01185 Scheduled Completion Date (11) Name of OSHA Monitor 9-20-2018 9-27-2018 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 4:30pm - 12:30am Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If X Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition X Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Asbestos-Containing Amount Abatement Type Normally Used Asbestos-Containing Material (ACM) (Specify Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsular (i.e., thermal systems Removal Enclosure Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement Pipe Insulation 500 LF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Mr. Brian Haney Date President 9-18-2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

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| Date of Notification | (1) 8-31-2018 | | 1 | Name | e of B | uilding | Owner / Operati | or (2 | 2) | | SEP 2 | 4- | 2018 | |
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| Agencies Notified | Type Notific | ation | | - | Bank | | | | | | | ****** | | |
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| □ DEP □ DOL | ☐ Ame | nded | l'i | Vest | Cald | well. N | J 07006 | | | | | 5 13 | 0.00 | |
| □ DOH | ☐ Eme | rgency | | | | ontact | | | | | Teleph | one i | dumh | or. |
| ☐ DCA | ☐ Cand | cellation | E | Brian I | Havan | ki | | | | | 856-25 | | | Ci |
| | | | | F | ACILI | TV INE | ORMATION | | | | | | | |
| Name of Facility W | here Abatem | ent is Taking P | Place (3 | 3) | ACILI | 1 1 1141 | Type of Faci | ility (| A) | | | | - | |
| PNC Bank | | g , | 1000 (0 | 7 | | | School | (K-1) | 2) | | | | | |
| Street Address | | | | | | | | | 8 (Other than I | K-12) | | | | |
| 185 Ferry Street | | | | | | | Other (i. | .e. pi | rivate & comm | ercial build | dinas, ho | nes. | etc.) | |
| 014.75 | | 7. | | - | | | Square Feet | | # of Floors | | Bldg. A | | | |
| City (5) Newark, NJ | | County (6) | Co | unty (| Code | (7) | 6,139 | | 1 | | | 91 | | |
| INGWAIN, INJ | | Essex | | | | | Current Use | (Pric | or if being dem | olished) | | | | |
| Name of Monitoring | Firm Hired h | y Building Ow | ner (8) | | IASI | CM No | Bank | 01000 | | (0) | | | | |
| PT Consultants | , militamed c | y banding ow | 1101 (0) | | ASI | CIVI IVO | Resource M | atem | ent Contractor gement Group, | (9) | | | | |
| Street Address | | | | | | | Street Addre | | jement Group, | LLC | | - | | |
| 62 Creek Road | | | | | | | | | ve, Suite 202 | | | | | |
| City, State & Zip Co | de | | | | | | City, State & | | | | | | | |
| Bellmaur, NJ 08031 | | | | | | | Trenton, NJ | | | | | | | |
| Project Manager for Mr. Brian Havanki | Wonitoring F | irm | Telep | | | ber | Telephone N | | er | License | Number | | | |
| Scheduled Start Da | to (10) | Cabadulad Ca | 610-9 | | | | 609-914-427 | - | | | 011 | 85 | | |
| 9-20-201 | | Scheduled Co. | mpietio 9-27-2 | | te (11 |) | Name of OS | | /lonitor tal Laboratorie | o Ino | | | | |
| Occupancy Status I | During Abate | ment (Check o | | | | | Street Addre | | lai Laboratorie | s, inc. | | | | |
| | sed/Vacated I | During Entire F | Period o | of Aba | ateme | ent | 2333 Route | | lest | | | | | |
| | Performed du | uring Normal H | lours: | | | | City, State & | | | | | | | |
| | 4:30pm - 12: | | | | | | Union, NJ 07 | | | | | | | |
| Scope of Work (Che | upied During | Abatement | | | | | | | | | | | | |
| Scope of Work (Cit | eck all that ap | opiy) | | | | | | | F " 0 | | | _ | | |
| ≥3 sf or ≥3 I | f | | \boxtimes | Ron | novatio | OB | | H | Full Contain Mini-Enclos | | n Negativ | e Pre | ssure | : |
| ☐ ≥160 sf ≥26 | | | | | nolitio | | | | Glove Bag | | | | | |
| | | | - | 50. | Homao | ** | | | Non-Exemp | | | o Dro | codu | ra |
| | ocation of | | ls L | ocat | ion | I | Descriptio | n of | | Amount | | | ent T | - |
| | os-Containin | 9 | Norm | | | | Asbestos-Cor | ntaini | ing | (Specify | | 1 | T | 700 |
| | erial (ACM) BE ABATED | | Sc | olely I | by | | Material (A | CM) | | SF or LF |) 7 | 1_ | m | Ш |
| | r Facility | | Maint | | | | i.e., thermal s (i.e., thermal s | syste | ms | | en | Re | Ca | 1CC |
| | (13) | | | (12) | Jan: | | or other miscel | lane | , VAI | | Removal | Repair | Encapsul | Enclosure |
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| Basement | | | IIIII | П | M | Pine | Insulation | | | 500 LF | | 1 | \vdash | П |
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| Name of Registered | | NJ | DEP V | Waste | Cubic Yards | Na | me of Register | red Landfi | 1 | 1 1-4 | | | | |
| Dogguego Marra | esource Management Group, LLC | | | | | | of Waste | | | | | | | |
| | ient Group, L | LC | | 00: | 35218 | 3 | TBD | Gr | ows Landfill | | | | | |
| City, State | | | | | | | Disposal Date | | y, State , | | | | | |
| Trenton, NJ 08619 | | | | | | | TBD | Mo | rrisville, PA/ | | | | | |
| Completed By (Print | or Type) | | | Titl | 337 64 | | Signature | | 1/1/2 | | Date | | | |
| Mr. Brian Haney | | | | Pre | esider | nt | 9 Y7 n. | | 1 1/1 | | 8-31 | -2018 | | |
| | | | | | | | 1/11/ | _ | 14/4/ | | | | | |

| -MERC | CNIC | Y | | , | integration. | | | | | | w. | | | | Pr | int F |
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| Ch2 | 100 | ſ | NOTIF (P | ICATIO | tate of Ne N OF ASE to NJAC | ESTIOS | ABATE | MEN 0) | | Entered Live | | Ē (| G [| | \mathbb{V} | |
| Date of Notification (1) 8/27/2018 | | | | | of Building 9th St L | | Operator | (2) | <i></i> | | | SI | Р | 24 | 2018 | 3 |
| Agencies Notified | Type Notification | | | | Address | LC | | | | + | 1 | | | | | |
| □ EPA | ☐ Initial | | | 400 6 | 9th ST | | | | | | A: | SEE | STO.5 | 100 | F13 31 | N F. |
| DEP DOL | Amended Amendment | # | | | ate, Zip C | | 12 | | | | - | | 1 | | Ţ., | - |
| | × Emergency | (including | - | | nberg N | | 13 | _ | | Tal | ephone | a Mur | nher | | | |
| DOH DCA | justification) Cancellation | | | | Jinonio | | | | | 2.55 | 1-492 | | | | | |
| Name of Facility Where A | hatement is Takin | a Place (3 | 5/ | FAC | ILITY INF | ORMAT | ION | T | of Fills // | | 227 | | | | | |
| 400 69th st LLC | batement is Takin | g r lace (c |) | | | | | T Y | pe of Facility (4 School (K-1) | | | | | | | |
| Street Address 400 69TH st | | | | | | | | × | Subchapter Other (i.e. pretc.) | 8 (Oth | | | | dings | , hom | es, |
| City (5) Guttenberg | | | | | | | | | uare Feet | # o | f Floors | 3 | - 1 | Bldg. A | - | |
| County (6) Hudson | | | | | Code (7) USE ONLY |) | | | rrent Use (Prio arehouse | r if bei | ng den | nolish | ed) | | | |
| Name of Monitoring Firm I | Hired by Building (| Owner (8) | | ASCI | M No. | | 100000000000000000000000000000000000000 | | batement Conf Demo & E | | | tal S | erive | es Ll | S | |
| Street Address | | | | | | | Street 6207 | | ress idson Ave | | | | | | | |
| City, State, Zip Code | | alle-Ventee alle | | | | | 0.0000000000000000000000000000000000000 | | Zip Code ew York | | | | | | | |
| Project Manager for Monit | oring Firm | | | Telepho | ne No. | | Teleph 201- | | No. -3820 | | Licen 013 | |). | | | |
| Start Date (10) 09/02/2018 | | Schedule 09/12/2 | | npletion | Date (11) | | Name | of O | SHA Monitor | | | | -2 | | | |
| Occupancy Status During | | | | | | | Street | Addı | ress | | | | | | | |
| Facility Closed/Vacat Abatement Performe Other – Describe: | d Outside of Norm | Period of A nal Facility | Abaten Hours | nent S | | | City, S | tate, | Zip Code | | | | | | | |
| Scope of Work (Check All | | | | | | | | | | | | | - | | | - |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | Renova Pemolit | | | | × | F N | Full Containme Mini-Enclosure Glovebag Proce Non-Exempted | edure | | | | | | |
| | | Is | Locati | ion | | | | - 1 | VOII-EXEMPLEU | () and | INOII- | Habi | E F10 | | ement | |
| Location | | l N | Normal d Sole | ly | | | scription | | | | | | | Ту | /pe | |
| Asbestos-Containing N TO BE ABAT In Facility (13) | TED | Ma | intenar odial S (12) | nce/ | | thermal surfa | taining M systems cing, VA niscellan | insu T, or | | (S | mount pecify or LF) | | Remova | Repair | Encapsulate | Enclosure |
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| | | | J | | | | | | | | | A CHARLES | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Rovic Transport | e Hauler | | Н | JDEP Wauler ID | | Cubic of Was | | | Name of R | 827 | | | | | | |
| City, State Riverdale,NJ | | | | 0700 | | | sal Date | | City State Morgant | | | | | | | |
| Completed by Dean Schaffer | | Title | | | | | ignature | = | Wigigant |) | Α | Dat | | 242 | | |
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| Date of Notification (1) 8/27/2018 | 100 | | T | | Building Co | | perator | (2) | | The state of the s | SE | EP. | 2 4 | 201 | 8 |
| | pe Notification | | | Street A | | | | | | | ASBES | eto: | 200 | VALVE 1 | (7) |
| DEP DOL | Initial Amended Amendment | # | | | ite, Zip Coo nberg NJ | | | | | - Provening | NOUSE - | LO | 316 | | 07 <u>1</u> 2 |
| DOH DCA | | (including | | Name of | f Contact Jinonio | | · · | | | Telephor 201-49 | | | | | |
| | Caricellation | | | A SECULO POPULATION | LITY INFO | RMATIC | N | | | 201-40 | 72-2000 | | | | |
| Name of Facility Where Aba 400 69th st LLC | tement is Takin | g Place (3 |) | TAGE | <u> </u> | TOWN THE | , iv | Тур | e of Facility (4 | | | | | | |
| Street Address 400 69TH st | | | | | | | | × | School (K-12 Subchapter 8 Other (i.e. pr | (Other tha | | build | ings, | home | es, |
| City (5) | | | | | | | | E 5.5 | etc.) are Feet | # of Floo | rs | | dg. A | 0.70 | |
| Guttenberg County (6) | | | | | Code (7) | | | 10.000000000000000000000000000000000000 | ent Use (Prior | 1 r if being de | molishe | | nkov | VII | |
| Hudson | and have Davillations | 0(8) | | | USE ONLY) | | - Name | | rehouse | | | - 12-2 | | | |
| Name of Monitoring Firm Hir | ed by Building | Owner (8) | | ASCN | A NO. | | | | atement Cont Demo & Er | | ntal Se | rive | s LL | .S | |
| Street Address | | | | | | | Street 6207 | | ess dson Ave | | | | | | |
| City, State, Zip Code | | | | | | | | | Zip Code w York | | | | | | |
| Project Manager for Monitor | ing Firm | | T | Telepho | ne No. | | Telepi | hone l | No. | | ense No. | 3 | | | |
| Start Date (10) | | Schedule | ed Con | npletion | Date (11) | | | | 3820 SHA Monitor | 013 | 354 | | | | |
| 09/02/2018 | | 09/12/2 | | | | | Ctrant | A 41 -1 - | | | | | | | |
| Occupancy Status During Al Facility Closed/Vacated | 7. | | | nent | | | Street | Addi | ess | | | | | | |
| Abatement Performed Other – Describe: | Outside of Norr | nal Facility | Hours | 3 | | _ | City, S | State, | Zip Code | | | | | | |
| Scope of Work (Check All Th | nat Apply) | | | | | | Г | 7 | 100000 | G 1905 5000 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enova emolit | | | | - - | M G | ull Containment ini-Enclosure lovebag Proce on-Exempted | edure | | | | ٥ | |
| Locality | | | Locati | | | | | | OII EXCITIFICA | () and ivor | TT TIABLE | | Abate | ement pe | |
| Location of Asbestos-Containing Ma TO BE ABATE In Facility (13) | | Use Ma | d Sole intena odial s (12) | ely by nce/ | | os Conta thermal s | system ing, VA | Materials insu AT, or | | Amour (Specif SF or L | fy | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | ite | Ф |
| Roofing | | | X | - | | | | | | 5000 S | SF | X | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste I | Hauler | | I N | IJDEP W | /aste | Cubic Y | /ards | | Name of R | tegistered L | .andfill | | | | |
| Rovic Transport | | | | lauler ID 0785 | No. | of Wasi | te | | 1 | oga Landf | | | | | |
| City, State Riverdale,NJ | | | | | | Disposa 8/31/2 | | | City State Morgant | | | | | | |
| Completed by Dean Schaffer | | Title | | - | | - | gnature | | K |) (| Date 9/1: | 3/20 |)18 | | |

Do not use this form for asbestos licensure exempted activities.

| MERGENC. | 1 | | | | | | | EG | E | | P | int |
|--|-----------------------|---|-----------------------------|---------------|------------------|--|--|---------------------------|---------|---------|---------------|--|
| Ch 2109 | | (Purs | State of No. | B:60 an | ABATE d 12:12 | 0)]] | The second secon | | 5.4 | 201 | | The state of the s |
| Date of Notification (1) 8/27/2018 | | | me of Building | | perator | (2) | 12 14 | 5LI' | 2 4 | -201 | Ū | 7 |
| Agencies Notified Type Notificatio | n | | eborah Sav | age | | | | A CANADA CANADA | 20.00 | | 251 | 1 |
| ☐ EPA ☐ Initial | | | 00171001000 | | | | 1 | ASEEST/ | | | 5 M. Z | |
| DEP Amended | 975 <u>27</u> | | y, State, Zip C | | | | E-consenses and a second | | 16. | | M | |
| X DOL Amendmen X Emergency | nt # / (including | | nion City 0 | | | 1 | | | | | | |
| DOH justification | 1) | | me of Contact eborah Sav | | | | Tele | ephone Nu | mber | | | |
| | | | FACILITY INF | | ION | | | | | | | _ |
| Name of Facility Where Abatement is Tak St. Francis Academy | ing Place (3) | | | | | Type of Facility | (4) | | | | | |
| Street Address | | | | 2 | | School (K | | er than K-1 | 2\ | | | |
| 1601 Central Ave | | | | | | Other (i.e. | | commerc | | dings, | hom | es |
| City (5) | | | | | | Square Feet | 100 | Floors | | 3ldg. A | | |
| Union City County (6) | | 100 | unty Code (7) | | | 5000 | 2 | na domelie | | unkov | vn | _ |
| Hudson | | (\$7 | TATE USE ONL | y) | | Current Use (P Church | noi ii bell | ng demoils | nea) | | | |
| Name of Monitoring Firm Hired by Building | g Owner (8) | 1 | ASCM No. | | 50 000 | of Abatement Co affer Demo & | | | Seriv | es | S | |
| Street Address | | | 7-3 | | Street | Address | | iontai | | | | |
| City, State, Zip Code | | | | | | 7 Hudson Ave | | | | | | |
| 5 · · · · · · · · · · · · · | | 12. | | | Wes | t New York | | | | | | |
| Project Manager for Monitoring Firm | | lei | ephone No. | | | none No. 304-3820 | | License N 01354 | 10. | | | |
| Start Date (10) 08/28/2018 | Scheduled 09/06/20 | | etion Date (11) |) | Name | of OSHA Monito | r | | | | 7.48 | |
| Occupancy Status During Abatement (Che | ck Only One) | | | | Street | Address | 20 | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | | | t | | City, S | State, Zip Code | | | | | <u> 204-6</u> | - (1) |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novatior nolition | | | × | Full Containr Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | Δ. | |
| | Is Lo | cation | | | - See - 11 - See | a mon exempt | l v dine | | 1 | Abate | ement | t |
| Location of | Nor | mally Solely b | ov l | | scription | | | | - | Ту | ре | Г |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Maint Custod | enance lial Staf 12) | / Asbe | thermal surfa | | | (S | mount pecify or LF) | Removal | Repair | Encapsulate | |
| | Yes | No 1 | N/A | | | | | | = | | ate | |
| Pipe Insulation | | X | | | | | 2 | 5LF | X | | | |
| | | | | | | 71110 | | | | | | - |
| | | + | | | 100 | | | | - | | | |
| Name of Registered Waste Hauler | | 200000000000000000000000000000000000000 | EP Waste er ID No. | Cubic of Was | Yards ste | | | red Landfil | ľ | | | _ |
| Rovic Transport City, State | | 2078 | 85 | 1 Dispos | sal Date | | toga La | anatili | | | | |
| Riverdale,NJ | | | | 8/31/ | | | ntown,I | PA | | | | |
| Completed by | Title | | | S | ignature | | 1 | Da | ate | | | _ |
| Dean Schaffer | PM | | | | 1/2 | M. | 4 | 8, | 27/2 | D18 | | |

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

| MERGENC | X | | | | | | | 100 | 7 6 | \ [= | | P | rint Fo |
|---|-------------------|--|------------------|-----------------------------------|--|----------------------------|--|-------------------------------|----------------|--------------|-----------|---------------|-----------|
| Ch2109 | [| NOTI | CATIO | State of New Je | S ABATE | EMEN | NT | | E (C | | | <u> </u> | |
| Date of Notification (1) 8/27/2018 | | U | | of Building Own | er/Operato | r (2) | | | SE | P 2 | 4 | 2018 | |
| Agencies Notified Type Notification | | | | orah Savage Address | | | | | - | | | | 1 |
| ☐ EPA ☐ Initial | Š | | Olleet | Hadress | | | | A.S | BRES' | 103 | CON | 190 | 1.8 |
| DEP Amended | | | | tate, Zip Code | | | | | 1. | 15.40 | |) | |
| X DOL Amendmen X Emergency | | _ | | n City 07087 | | | | | | | | | |
| DOH justification Cancellation | | | | of Contact orah Savage | | | | Telepho | ne Nur | nber | | | |
| | | | | ILITY INFORM | ATION | | | | | | | | |
| Name of Facility Where Abatement is Takin St. Francis Academy | ng Place (| 3) | | | | Тур | pe of Facility (4 | 4) | | | | | |
| Street Address | | ua de cara | | | | X | School (K-1) | | | | | | |
| 1601 Central Ave | | | | | | H | Subchapter Other (i.e. p | 8 (Other that rivate & con | nmerci | 2) al bui | ldings | , hom | es, |
| City (5) Union City | | | | | | | etc.) uare Feet | # of Floo | ors | 1 | Bldg. / | Age | |
| County (6) | | | 01 | 0 1 (7) | | | 100 | 2 | | | unko | wn | |
| Hudson | | | (STATE | Code (7) USE ONLY) | | Cur | rrent Use (Prio nurch | r if being de | emolish | ed) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8 |) | ASC | M No. | | | batement Cont Demo & El | | ntal S | eriv | ااعم | 9 | |
| Street Address | | | | | Street | Addr | ress | | intai C | CITY | C3 L1 | | |
| City, State, Zip Code | | | | | | | Zip Code | | | | | | |
| Desirat Manager | | | | | Wes | t Ne | w York | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | one No. | Teleph 201- | | No. -3820 | | ense No 354 |) . | | | |
| Start Date (10) 08/28/2018 | Schedul 09/06/ | | npletion | Date (11) | Name | of O | SHA Monitor | | | | 3 | | |
| Occupancy Status During Abatement (Chec | | | | | Street | Δddr | TOPE | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of | Δhaten | nent | | | | Zip Code | • | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | 2150-2006 | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | Renova Demolit | | | × | M G | ull Containmer fini-Enclosure Blovebag Proce Ion-Exempted | edure | | | | 9 | |
| | Is | Locati | on | | | | | (/ 4.14 / 1011 | 111001 | | Abate | ement | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | Normal ed Sole iintena todial S (12) | ly by nce/ | Asbestos Co (i.e. therm sur | Description ontaining Mal systems facing, VA miscellan | lateria s insu T, or | ulation, | Amoun (Specify SF or LF | y | Remova | Ty Repair | e Encapsulate | Enclosure |
| | Yes | No | N/A | | | | · | | | /al | - | late | лге |
| Pipe Insulation | | Х | | | | | | 25LF | | X | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | - | | | | |
| Name of Registered Waste Hauler | | 100000 | JDEP W | 19920 19920 | ic Yards | | Name of R | egistered La | andfill | | | | |
| Rovic Transport | | 75200 | auler ID 0785 | | /aste | | | ga Landfi | | | | | |
| City, State Riverdale, NJ | | | | Disp | osal Date | 1 | City, State | DA | | | | | |
| Completed by | Title | 291112-22 | | 8/3 | 1/2018 | _ | Morganto | own,PA | T 5 | | | | |
| Dean Schaffer | PM | | | | Signature | 1 | X(°) 2 | | 8/2 | e 27/20 |)18 | | |

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

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

| - 00 | DE | C E | | \mathbb{V} | E |
|--------------------------|---------------------------------|--------------|---------|--------------|-----------|
| | ASPE | STOS | 00 | 2010 | OL R |
| | Entertain a management of the | Settle Set . | | | VEH |
| | Telephone Num 917-559-930 | | | | |
| | 4 | | | | |
| | | | iilding | js, | |
| eet | # of Floors | Ble | dg. A | ge | |
| sf | 1 | | 65 | M17: | |
| Jse (Prid ence | or if being demolis | shed) | | | |
| ctor (9) | | | | | |
| , Inc. | * | | | | |
| | | | | | |
| sey 087 | 755 | | | | |
| | License No. | | | | |
| | 00624 | | 200 | | |
| | | | | | |
| | | | - | | |
| <u> </u> | | | | | |
| sey 088 | 354 | | | | |
| vith Neg | ative Pressure | | | | |
| | n-Friable Procedu | | | | |
| | | | atem | ent T | |
| M) | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | 1500 sf | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| of Regist | ered Landfill | | Ш | Ш | |
| R.F. | | | | | |
| ate | | | | | - |

| 09 / | 20 / | 18 | | | | | g Owner/Operator (. Contracting | 2) | hel hel |) LI (| _ ~ | LUI | , |
|---------------------------|----------------|----------|---------|-------------|----------------|--------------|-------------------------------------|---|---|---------------|----------|-------------|-----------|
| | | | | | | | ontracting | | 1 84 | 4 | <u> </u> | | - |
| Agencies Notified EPA | Type Notifica | ation | | | | Address | • | | ASE | :STOS | COI | 41.46 | H. A. |
| ⊠ DOLWD | ☐ Amended | 4 | | | Account to | Winant P | | | Proposition of the second of the second | ester sure se | | | #E |
| ⊠ DOH | Amendme | | | | H - 828 I | State, Zip (| | | | | | | |
| DCA | ☐ Emergen | cy (incl | luding | | | | d, NY 10309 | | | | | | |
| (NJAC 5:23-8) | justification | | | | Name | of Contac | t | | Telephone Nun | nber | | | |
| | ☐ Cancellat | tion | | | Jac | obson C | ontracting | | 917-559-93 | 09 | | | |
| | | | | | FA | CILITY IN | IFORMATION | | | | | | |
| Name of Facility Where A | batement is T | Taking I | Place | (3) | | | | Type of Facility (4 | 1) | | | | |
| Residence | | | | | | | | ☐ School (K-12) | | | | | |
| Street Address | | | | | | | | Subchapter 8 | | | مالدان | | |
| | | | | | | | | Other (i.e., priv homes, etc.) | vate and comme | erciai bu | illaing | S, | |
| City (5) | | | | | | | | Square Feet | # of Floors | BI | dg. A | ge | |
| Lavallette | | | | | | | | 1,500 sf | 1 | | 65 | | |
| County (6) | | | | | Cour | ty Code (7 |)(STATE USE ONLY) | Current Use (Prio | r if being demoli | shed) | | All K-= | - |
| Ocean | | | | | | | 300 | Residence | • | | | | |
| Name of Monitoring Firm | Hired by Build | ding Ov | vner (8 | 3) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | - |
| N/A | | | | | | | | ntracting, Inc. | * | | | | |
| Street Address | | | 77 | | | | Street Address | 3, | | | | | - |
| | | | | | | | 1889 Route 9 | . Unit 61 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | | | |
| 1 (53) | | | | | | | | New Jersey 087 | 55 | | | | |
| Project Manager for Moni | toring Firm | | | Tele | phone | No | Telephone No. | New delacy dur | License No. | | | | |
| , | 3 | | | 10.0 | priorio | | 732-349-9932 | | 00624 | | | | |
| Start Date (10) | 5 | Schedu | led Co | mnle | tion Da | te (11) | Name of OSHA M | | 00024 | | | | _ |
| _10_ / 04_ / | | | | 200 | | 18 | E.M.S.L. Anal | | | | | | |
| Occupancy Status During | | | | | | | | - Jucai | | | | | |
| ☐ Facility Closed/Vacate | | | | | ment | | Street Address | | | | | | |
| ☐ Abatement Performed | Outside of No | ormal F | acility | Hour | s - Des | cribe | 1056 Stelton | 4 | | | | | |
| Time of Abatement: _ | AM | PM/ | | _PM- | | AM | City, State, Zip Co | | | | | | |
| Scope of Work (Check all | | | | | | S | Piscataway, i | New Jersey 088 | 54 | | | | |
| Scope of Work (Check all | шат арріу) | | | | | | ☐ Full Cont | ainment with Nega | tive Pressure | | | | |
| ≥3 sf or ≥3 lf | | _ | Rer | | | | ☐ Mini-Enc | losure | auve i lessure | | | | |
| ≥160 sf or ≥260 lf | | | ☑ Den | nolitio | n | | | Procedure | F: // F // | | | | |
| | | | lo | Locat | ion | | ⊠ Non-Exe | mpted (*) and Non- | -Friable Procedi | | 100000 | | |
| Location | of | | | ormal | | | Description o | | | Ab | atem | | |
| Asbestos-Containing I | | 1) | Used | Sole | ly by | Asbe | stos Containing Ma | | Amount | Re | Repair | Enc | Enclosure |
| TO BE ABA | | | | ntena | nce/ Staff? | | ., thermal systems i | insulation, | (Specify | Removal | pair | cap | clos |
| IN Facilit (13) | У | | Oust | (12) | Jiaii : | | surfacing, VAT, other miscellane | | SF or LF) | <u>a</u> | | Encapsulate | ure |
| (10) | | | Yes | No | N/A | 1 | other miscellane | ous | | | | te | |
| exterior | | 1 | П | \boxtimes | l_{l} | achaeta | os siding | | 1500 sf | | | | |
| | | - 1 | 片 | | E | aspesie | os siuling | | 1300 51 | | | | |
| | | | ш | | | acres Europe | | | | | | Ш | Ш |
| | |] [| | | | | | | | | | | |
| | | | | П | П | | | | | | П | П | |
| Name of Registered Was | te Hauler | | | _ N | JDEP V | Naste | Cubic Yards of | Name of Registe | ered I andfill | | | | |
| Guardian Contraction | | | | 127074 | auler I | No. | Waste | T.R.R.F. | ord Editoriii | | | | |
| City, State | - | | | | 20223 | 3 | 3 Disposal Date | (A 2000/00/00/00/00/00/00/00/00/00/00/00/00 | | | | | |
| Toms River, New Je | reav | | | | | | 10/09/18 | City, State | | | | | |
| | | Lawre | | | | | | Tullytown, F | Pennsylvania | | | | |
| Completed By (Print or Ty | rpe) | Title | | | | | Signature | | / D | ate | â | | |
| Nicholas Fernicola | | Pro | oject | Mana | ager | | | 1 | 1 1 | 9/20 | 113 | 3 | |
| ASB-41 | | | | | | | | | | 1 | | | |

| - | | 105 | 15 |
|----|-----|------------------------|-----|
| NV | 127 | \mathcal{K}^{\prime} | (v) |
| | N | 101 | 1 |

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAG-8160 and 5-16)

| 10), | E | C | E | | \mathbb{V} | E | |
|------|---|-----|----|---|--------------|---|--------|
| 1 | | SEP | 2 | 4 | 2018 | | |
| | 2 | 1 | 12 | 2 | ~==== | | rent . |

| | | | | Un- | di directi | Samp day deposits | ************************************** | | ern ' |) A | 2010 | 1 |
|--|---------------|-----------------|----------|----------|--------------|-------------------------------------|--|-----------------|----------------|---------|-------------|-----------|
| Date of Notification (1) | 40 | | | | | g Owner/Operator (| 2) | 11 11 | OEF (| . 4 | 2010 | 1 |
| // | 18 | | | Dav | e Marrie | | | 150 | 19 | 25 | | |
| Agencies Notified Type Notif | ication | | | Street | Address | | | ASE | ES (0): | Ciji | 11-4 | IL E |
| ⊠ EPA ⊠ Initial | | | | | | | | Sween transport | 110 | | | |
| ☑ DOLWD ☐ Amend ☑ DOH Amend | | | | City, S | State, Zip C | Code | | | | | 3723 TIT | |
| | ency (include | dina | | Brid | ck, NJ 08 | 723 | | | | | | |
| (NJAC 5:23-8) justifica | | ung | | Name | of Contac | t | | Telephone Nu | mber | | | |
| ☐ Cancel | lation | | | Dav | e Marrie | | 1 | 1010 S110 S15 | | | | |
| | | | | FA | CILITY IN | FORMATION | | | | _ | | |
| Name of Facility Where Abatement is | Taking Pl | ace (3 |) | | | ii Ortinatiion | Type of Facility (4 | 1 | | | | |
| Residence | | • | • | | | | School (K-12) | , | | | | |
| Street Address | | | | | | | ☐ Subchapter 8 (| Other than K- | 12) | | | |
| | | | | | | | Other (i.e., priv homes, etc.) | ate and comm | nercial b | uilding | js, | |
| City (5) | | | | | | | Square Feet | # of Floors | I R | ldg. A | 00 | |
| Brick | | | | | | | 1600 sf | 1 | 1000 | 65 | ge | |
| County (6) | | | | Cour | ity Code (7 |)(STATE USE ONLY) | Current Use (Prior | | | 00 | | |
| Ocean | | | | | , | /(G///IL GOL G/IL/) | Garage | ii being deme | nisneu) | | | |
| Name of Monitoring Firm Hired by Bu | ildina Own | er (8) | TA | ASCM | No | Name of Abateme | | | | | | |
| N/A | | (0) | 150 | 100111 | . 40. | | ntracting, Inc. | | | | | |
| Street Address | | | 1 | | | Street Address | itracting, inc. | | | | | |
| | | | | | | 1889 Route 9 | Unit 64 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | |
| only state, hip sour | | | | | | | New Jersey 087: | | | | | |
| Project Manager for Monitoring Firm | | | olon | hone | Mo | | New Jersey 007 | _ | | 710071 | | |
| 1 Tojout Manager for Monitoring 1 min | | | eleh | none | INO. | Telephone No. 732-349-9932 | | License No. | | | | |
| Start Date (10) | Schedule | d Com | nloti | ion Do | to (11) | | | 00624 | | | | |
| 10 / _08 / _18 | 10 | | | | | Name of OSHA M E.M.S.L. Anal | | | | | | |
| | | | | - ' - | | | yucai | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During Er | | | | | | Street Address | | | | | | |
| ☐ Abatement Performed Outside of | | | | | cribe | 1056 Stelton | | | | | | |
| Time of Abatement:AM | PM/ | F | PM- | o - Des | AM | City, State, Zip Co | | | | | | |
| Scope of Work (Check all that apply) | | | | | | Piscataway, r | New Jersey 0885 | 94 | | | 100 | |
| Scope of Work (Check all that apply) | | | | | | ☐ Full Cont | ainment with Nega | tive Pressure | | | | |
| ☐ ≥3 sf or ≥3 lf | | Reno | | | | ☐ Mini-Encl | losure | 11000010 | | | | |
| ⊠ ≥160 sf or ≥260 lf | \bowtie | Demo | litior | n | | | Procedure mpted (*) and Non- | Eriabla Brass | dura | | | |
| | | Is Lo | catio | on | I | M NOII-LAC | inpled () and Non- | Filable Proced | | | | |
| Location of | | Nor | mall | у | | Description o | f | | | atem | | |
| Asbestos-Containing Material (AC | | Jsed S Maint | | | Asbe | stos Containing Ma | terial (ACM) | Amount | Ren | Repair | Enc | Enc |
| TO BE ABATED IN Facility | | Custod | | | (i.e | ., thermal systems i | | (Specify | Removal | ai. | aps | Enclosure |
| (13) | | (| 12) | | | surfacing, VAT, other miscellane | | SF or LF) | <u>m</u> | | Encapsulate | ле |
| | Y | es I | No | N/A | | | | | | | 0 | |
| exterior | | | a | | asbesto | s siding | | 1600 sf | | П | П | П |
| | Г | | | | | | | | | | | |
| | _ | | | | | | | | $ \mid$ \Box | Ш | П | |
| | |] [| J | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | 1 5 5 6 | IDEP V | | Cubic Yards of | Name of Registe | red Landfill | | | | |
| Guardian Contracting, Inc. | | | 100 | auler II | | Waste | T.R.R.F. | | | | | |
| City, State | | (14) | | 20223 | | 3 Disposal Date | City, State | | | | | _ |
| Toms River, New Jersey | | | | | | 10/10/18 | Tullytown, P | ennsylvania | 9 | | | |
| Completed By (Print or Type) | Title | | | | | Signature | 1 | . // | Date | / | | |
| Nicholas Fernicola | 15000 00 | ect M | ana | ger | | oignature | | | Date | | 10 | |
| ASB 41 | | 141 | | 301 | | V | 1. | | 1/ | 20) | 118 | |

| 4707 | 5 | F, | L (Pu | reuant | of ASBE to NJAC | STOS 3:60 an | ABATE d 12:120 | 0) | | hand former | | | 5 | | \V | | |
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| Date of Notification (1) 9/19/18 | | | | | Building (Dileonar | | | | | 1,1 | a control of the cont | SEP | 2 | 4 1 | 2018 | | |
| Agencies Notified | Type Notification | | | Street A | ddress | | | | | - | Δ | SBEST | OS. | | | 1 R | · |
| EPA DEP | ✓ Initial | | | | | | | | | 1_ | ^ | | | | 2 | | |
| DEP DOL | Amended Amendment # | | | 177.00 | ite, Zip Co ite NJ 08 | | | | | | | | | | | | |
| | ☐ Emergency (in | | | - | Contact | 7402 | | - | | | Tale | enhone | Mumi | ner | | | CHTS-08-11 |
| DOH DCA | justification) Cancellation | | | David | | | | | | | | | · wuitii | JC1 _ | | | |
| | | | | FACI | LITY INFO | RMAT | ION | 11-22 | | - | | | | | | | |
| Name of Facility Where | The state of the s | Place (3 |) | | | | | Ту | pe of Facil | lity (4) |) | | | | | | |
| David Dileonardo P | rivate Home | | | | | | | | School | | | | | | | | |
| Street Address | - | | | | | | | × | Subcha Other (i | | | | | | inas. | home | es. |
| City (E) | | | | | | | | | etc.) | | | | | | | | |
| City (5) Margate NJ 08402 | | | | | | | | | quare Feet 000+ | | 2 | Floors | | 1 | dg. A 5+ | ge | |
| County (6) | | | | County (| Code (7) | | | | urrent Use | (Prior | | na demo | olishe | | | | |
| Atlantic | * | | | | JSE ONĹY) | | | H | louse | | | | | • | | | |
| Name of Monitoring Firm N/A | Hired by Building O | wner (8) | | ASCN | 1 No. | | | | Abatement to Inc. | Contr | ractor | (9) | | | | | |
| Street Address | | | | | | | Street | | dress x 329 | | | | | | | | |
| City, State, Zip Code | | | | | | | | | e, Zip Code | | | | | | | | |
| | | | | | | | Wes | st B | Berlin NJ | 0809 | 91 | | | | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | ne No. | | Teleph 856- | | e No. 3-9800 | | | Licens 0072 | | | | | |
| Start Date (10) | | | | pletion | Date (11) | | Name | of (| OSHA Mon | itor | | | | - | | | |
| 9/28/18 | N | 10/6/1 | | | | | Sam | - | | | | | | | | | |
| Occupancy Status During Facility Closed/Vaca | g Abatement (Check ated During Entire Pe | | | ent | | | Street | Add | dress | | | | | | | | |
| | ed Outside of Norma | l Facility | Hours | | | _ | City, S | State | e, Zip Code | 9 | | | | | | | |
| Scope of Work (Check A | Il That Apply) | | | | | | | | | | | | | - | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demolit | | | | E | 3 | Full Conta Mini-Enclo | | | Negativ | ve Pr | essur | e | | |
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| Exterior S | Siding | | | х | | Exte | erior Si | din | g | | 18 | 300SF | | х | | | |
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| Name of Registered Was | ste Hauler | 1 | | JDEP W | | 200000000000000000000000000000000000000 | Yards | | Name | e of R | egiste | ered Lan | dfill | | | | |
| Pernaco Inc. | A constraint and the second | | 1 50 | auler ID 1787 | No. | of Wa | | | ACI | | | | | | | | |
| City, State West Berlin NJ | | | | | | 10/8 | sal Date /18 | Э | | State Har | | Twp. N | J 08 | 3234 | | | |
| Completed by | | Title | | | | 1: | Signatur | e/ | 7 | | | | Dat | е | | | |
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| 2018 03:54PM NJ Asbestos Con | trol 6 | 09.6 | 33.06 | 4 | | ge 1 | | | E | C | E | 7 |
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| | | | | | 8:60 and 6:18 | | Γ- | | - | - | | 1 21 |
| Date of Marifemental | | [N | eme of | Quilding | Owner/Operator (2 | 25 | +- | <u> 1101</u> | ± 10 | DA | <u>V</u> | |
| Date of Notification (1) 09 / 18 / 18 | | 1" | Erik V | | ownan opo are te | ** | İ | | ASE | :514 | 75 Ü | |
| | - | | traet Ar | refrace. | | - | +- | 1 100 | HOSPILINES I | | - | H- |
| Agencies Notified Type Natification | | 1 | uaurn | 151076 | | | | Siz | ا"سیس | 1 | | |
| ☑ DOLWD ☐ Amended | | C | ity, Sta | le, Zip Co | do | | +- | | 1 | f | | П |
| ☐ DCA Amendment #_ | uding | | | | i, NJ 08107 | | . <u>L</u> _ | MANUES | | | | |
| (NJAC 5:23-8) justification) | | N | | Contact | | | | Telephone Num | iper' | (11.) | | 1 |
| ☐ Canceliation | | | Erik \ | | | | | - 1000 AND 1000 - 100 | | | - | |
| | B1 | | FACI | LITY INF | ORMATION | Typo of I | mitters del | 0 | | | - | _ |
| Name of Facility Where Abatement is Taking | Flace (| 3) | | | | School | 500 00000000 | 4 | | | | |
| Villari Roside noe | | | | | | Subs | otal 8 | (Other than K-1) vate and commit | 2) | latte a. s | | |
| DIAMENONICOS | | | | | | | tel, pro | ARIG SUG COLLING | or Giail Dill | rangs | , | |
| City (5) | | | | | | Square l' | e! | # of Places | | g. Ag | İ | |
| Collingswood | | | | A | 18 H 1 H 2 1 H 2 1 1 1 1 1 1 1 1 1 1 1 1 1 | 2,100 | | 3 | | 0 | | _ |
| County (8) | | | County | Code (7) | STATE USE ONLY) | Resid | | r if being demol | ishig) | | | - |
| Name of Monitoring Firm Histor by Building C | R) tenu | 3 A | SCM N | a. | Name of Abatem | | | | | | | \dashv |
| USA Environmental Management, | | , . | 9911114 | ** | Shade Envir | | - 1 | | | | | |
| Street Address | | | | | Street Address | - | | **** | | | To The Co | |
| 344 West State Street | | | | | 623 Cutler A | | | | | | | |
| City. State, Zip Code | | | | 100000000000000000000000000000000000000 | City, State, Zip C | | • | | | | | |
| Trenton, NJ 08608 | | Talas | hand Al | ^ | Maple Shade Telephone No. | , 143 080 | | License No. | | | | - |
| Project Manager for Monitoring Firm | 1 | I I I SECTION | hone N | | 858-755-009 | à | | 00842 | | | | |
| John Duggan Start Date (10) School | uled Co | | | | Name of OSHA | | | | | | | |
| I make a mark of a my | 9_/ | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | EMSL Analy | tical, inc | | | | | | |
| Occupancy Status During Abatement (Chec | anly s | ne) | | | Street Address | | | | | | | |
| ☑ Pacifity Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Normal | riad of A | Lbater | ent - Perso | riba | 200 Route 1: City, State, Zip C | | | | | | | - |
| Time of Abatement:AMP | M_ | PM- | A | M | Cinnaminao | | 77 | | | | | |
| Scope of Work (Check all that apply) | The state of the s | | | | 53.00 | | | | | | | |
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| | I le | Locati | nn | | D Isali-Fy | dispersed ! | 7 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | NAME AND ADDRESS OF TAXABLE PARTY. | atem | nt Ty | De . |
| Location of | N | iormal d Sole | ly | | Description | | | A | | THE OWNER WHEN | STATE OF THE PERSON. | - |
| Asbestos-Containing Material (ACM) TO BE ABATED | Me | Interna | nce/ | | sios Containing N thermal system: | s insutation | | Amount (Specify | Regioval | Regain | Encapsuble | Enclusive |
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| (13) | Yes | No | NA | | | | | | | | | |
| Attic | | Ø | | Vermio | ullto | | | 165 SF | X | | | |
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| | | | | | | | white points | | | | O | |
| _ | 10 | | | | | - AME | | *************************************** | | and the last | | |
| Name of Registered Waste Hauter | | 1 | JDEP | Naste | Cubic Yards of | Name | of Real | atered Landfill | ļ lens | level | - | _ |
| Freehold Cartage | | | auler 10 | No. | Waste | 1 | 1083 L | | | | | |
| City. State | | | 15939 | | Disposal Date | City. | 100 | | | - | , | |
| . Freehold, NJ | | | | | 09/24/2018 | Mo | ristille | 1, PA | | | | |
| Completed By (Print or Type) Til | 170 | | 7 2 | | Slanetus | 70 | | ` | Pate | | _ | |
| Christina Lynch | FT PS. | contric | ne of | Operation | ALAN I BENE | Photo James | | 1 | UA | W 11 | V | - 1 |

| 10 Ch | | | NOT | | MOITA | OF AS | BESTOS ABAT AC 8:60 and 5:16 | | DE | CE | 3 3 | | <u> </u> | |
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| Date of Notification (1) 09 / | 19 / | 18 | | | in the second party | | g Owner/Operator (d Regional Schoo | | | SEP 2 | 2 4 | 20 | 18 | and the second second |
| Agencies Notified ⊠.EPA ⊠ DOLWD D DOH | Type Notification Initial ☐ Amended Amendm | d ent # <u>1</u> | - | | 65 City, | t Address Love Lar State, Zip (dgeton, | | ×4 | ASB | ESTOS LICE | O NO | ONT ULU | ROL | 8 |
| DCA (NJAC 5:23-8) | ☐ Emergen justificati | | ciuain | 3 | | of Contac | | | Telephone N | lumber | | | | _ |
| , | Cancella | tion | | | To | m Smith | | | 856-498-4 | | | | | |
| | | | | | FA | CILITY IN | NFORMATION | | | | | - 10/ | | |
| Name of Facility Where A Administration Buil Street Address 65 Love Lane | | Taking | Place | (3) | | | | Type of Facility (☐ School (K-12 ☐ Subchapter 8 ☐ Other (i.e., pr |) 3 (Other than K rivate and com | | bui | lding | s, | |
| City (5) | | | | | | | | homes, etc.) | | | 014 | - A. | | |
| Bridgeton | | | | | | | | Square Feet | # of Floors | | | g. Ag | je | |
| | | | Escille | | | -t - O - d - / | 7//07/475 //05 04// \0 | 20,000 | 2 | | | 0 | | |
| County (6) Cumberland | | | | | Cou | nty Code (| 7)(STATE USE ONLY) | Current Use (Pri | | |) | | | |
| Name of Monitoring Firm | Hirad by Build | dina C | hunor | /0\ | ASCM | No | Nome of Abeteur | Administration (0) | | | 250.60 | | | |
| PARS Environment | | unig C | WIICI | (0) | ASCIVI | INO. | Name of Abateme | nmental, LLC | •0 | | | | | |
| Street Address | ai, iiio. | | | | | | Street Address | minerital, LLC | | | _ | | | |
| 500 Horizon Drive, S | Suite 540 | | | | | | 623 Cutler Av | reniie | | | | | | |
| City, State, Zip Code | Juite 040 | | | - | | | City, State, Zip Co | | | | _ | | | 11.000 |
| Robbinsville, NJ 08 | 691 | | | | | | Maple Shade | | | | | | | |
| Project Manager for Moni | | | | Tel | ephone | No. | Telephone No. | | License No | 0 | | | 7504 | constant. |
| Rafael Torres | J | | | | 09-890 | | 856-755-0099 | | 00842 | | | | | |
| Start Date (10) | | Sched | uled C | S SS | etion Da | | Name of OSHA M | | | | | | | |
| 09/26/ | 18 | 0 | 9/ | 2 | 9 / | | EMSL Analyti | cal, Inc. | | | | | | |
| Occupancy Status During | | | - 37 | | | | Street Address | 2 12 12 12 12 12 12 12 12 12 12 12 12 12 | | | | | | |
| ☐ Facility Closed/Vacate☐ Abatement Performed | | | | | | aoribo | 200 Route 13 | | | | | | | |
| Time of Abatement: | | | | | | | City, State, Zip Co | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | ainment with Neg | ative Pressure |) | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ⊠ Re □ De | | | | | osure p Procedure mpted (*) and Nor | n-Friable Proce | edure | | | | |
| | | | | Loca | | | | | | | Aba | teme | ent Ty | /ре |
| Asbestos-Containing N TO BE ABA IN Facilit (13) | Material (ACM TED | 1) | Use Ma | inten | lely by ance/ Staff? | | Description of estos Containing Mar e., thermal systems i surfacing, VAT, other miscellane | terial (ACM) nsulation, or | Amount (Specify SF or LF) | 200 | Removal | Repair | Encapsulate | Enclosure |
| *** **** **** **** **** **** **** **** **** | | | Yes | No | N/A | | | | | | | | W | |
| Boiler Room | | | \boxtimes | | | Breech | ing Insulation | | 8 LF | | 3 | | | |
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| 1 to 100) 1 to 100) | | | | П | TIT | T | | 102-01-10-10-10-1 | | - $+$ c | 7 | П | П | П |
| Name of Registered Wast Freehold Cartage | e Hauler | | | | NJDEP NJDEP II | D No. | Cubic Yards of Waste | Name of Regist | | | -1. | | | _ |
| City, State Freehold, NJ | | | | | | | Disposal Date 09/29/2018 | City, State Morrisville, | PA | | | | | 700000000000000000000000000000000000000 |
| Completed By (Print or Ty Christina Lynch | pe) | Title Vi | | esid | ent of | Operatio | Signature ns Nota | | | Date Q / | 10 | 10 | , | |

| 2018 03:36PM NJ | Asbestos | Control | 609 | .633.0 | 0664 | pa | ge 1 | | | E | 3 (| g [| Ē [] |
|--|------------------------------|-------------------|--------------------|---|---|--|--|---------------------------|--|--|-----------|-------------|--------------|
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| h 511 | 0 | NC | meli | ATIO | State of MACE A and to N | New Jeredy SHESTOS ARA JAC 8:60 and 6: | TEMEN 16) | 17 | The state of the s | The state of the s | SE | Р | 242 |
| Date of Notification (1) | | THE RESERVE | | Nan | ne of Build | ing Owner/Operator | | | lu . | AS | Hit | | GON |
| 08 / | 20 / | 100 | | | effray Co | | | | Lastrana | | 2, 0 | HO | ALC: H |
| Agencies Notified | Type Notificat | lon | | Stra | et Addres | 3 | | | • | | _ | _ | / |
| S DOTMO | ☐ Amonded | | | - | | | | | ; | | _ |) | / |
| ₩ DOH | Amendme | | - | | State, Zip | 1d, NJ 08033 | | | | 1 | 1 | 7 | |
| DGA (NJAC 5:23-8) | ☑ Emergency justification | y (includ n) | ing | | e of Cont | | | | | 1 | 11 | | - pray march |
| | ☐ Cancellatio | | | 100000000000000000000000000000000000000 | ffrey Co | 1.77 | | | Telephono Nun | WOOT! | 1:11:1- | itU | 14.00 |
| | | - | | - Distance | MARKET PROPERTY. | INFORMATION | | - 844 | - | - | - | | |
| Name of Facility Where A | batement is Te | king Pie | ce (3) | tion and the second | | | Type of | i aciliby | (4) | | - | - | |
| Cook Residence | - | | | | | _ | ☐ Scho | (K-1 | 2) | | | | |
| Street Address | | A PERSON NAMED IN | | nette | or extremely and the second | | S Othe | H mptor | 2) 8 (Other than K-12 rivate and comme | 2) Iggini i | Bartlett. | T-PRINCE | |
| City (a) | | | - | | | | 11,000 | a .1 m. 60 | La company of the com | | | | |
| Haddonfield | | | | | | | Square 3,300 | | # of Floors | | Bidg. | Age | |
| County (6) | | | | Cou | inty Code | (7)(STATE USE ONLY) | | | or if being demail | Shark | 80 | | |
| Camdon | Date of the second | | 45. | | | _ | Resid | nca | | J. 144) | | | |
| Name of Mankering Firm Management & Env | | | | ASCN | 1 No. | Name of Abatam | | | | | | - | |
| Stiest Address | ITO. CONSUM | ng aen | 1008 | | - | Shade Enviro | onmente | LLC | <u> </u> | | | | |
| PO Box 341 | | 8 0 | | | | Street Address 623 Cutlor As | ADUA. | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | Control of the contro | | | | -majdal | | |
| Ohestorfield, NJ 065 | | | | | | Maple Shade | | (2 | | | | | 1 |
| Project Manager for Monk Bill Weisgarbor | toring Flan | | | aphono | | Telaphone No. | | | Licanas No. | | | - | - |
| Start Date (10) | Sel | 18duled | | | 8-4070 | 856-755-0099 Name of OSHA M | | * Burmers I tons | 00842 | | | | _ |
| 09 / 22 / | | | | 4 / | | EMSL Analyt | | | | | | | |
| Occupancy Status During | Abstement (Ch | eck only | one) | | | Street Address | Total Tito | | | | | | |
| ☐ Absternent Performed | During Entire | Period o | f Abuto | ment | | 200 Route 13 | D North | | | | | | |
| Time of Abolement: | AM | PM/_ | RY HOU PM | rs - Dig | scribe AM | City. State, Zip Co | | | | | | | |
| Scope of Work (Check all | | | | | *************************************** | Cinnaminson | , NJ DEC | 7 | | | | | _ |
| ⊠ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if | , | | enovat emoliti | | | ☐ Glovebac | Propertu | | ativa Prospura a-Friable Procedur | | 28 | | |
| | | | a Loca | | | man bull fair | | 10110 | HEDIO PICOSOMI | - | atem | Bol 4 | °vee |
| Location o Appeares-Containing M | storiel (ACM) | Us | Norma ed Soli | sly by | Asbe | Description of estos Containing Mat | ICACII | . | Amount | - | 7 | 1 | 1 |
| TO BE ABAT IN Facility | ED | | aintons Stodial | | (i.e | s, thermal systems in surfacing, VAT, | naviation. | . | (Bpecify | Renoval | Repair | Encapsulate | Enclosyra |
| (13) | | - | (12) | | - | other miscellanes | ous) | | SF or LF) | 2 | | legal. | 1 |
| Banamant. | | Yes | - | N/A | | | | | | | | 42 | |
| Basement | | 10 | × | | Vermic | ulito and Debria | | | 25 SF | X | | | |
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| | | | | | | | - | BERNESS ! Salar | | | 后 | | |
| | | | | | | | - | - | | | ō | - MINISTERN | - |
| Name of Registered Waste Freehold Cartage | Heuler | | JH | JOEP V auler IC | No. | Cubic Yards of Waste | | | ered Landfill | 1- | (ess) | Ξ. | |
| City, State | | | | 15939 | | Disposal Date | | 16 1.21 | ratif | | | | |
| Prophets Md | | | | | | 08/24/2018 | City, Sta | villo, | PA | | | | |
| Froohold, NJ | | | | | | | | s . Ach | | | | | 1 |
| Completed By (Print or Type Christing Lynch | | | | | peration | Signature | - | Military (September 1987) | Dat | (h | | | |