| 00CM   |                              | NOT        |                |        | ION (            | OF ASE     | w Jersey<br>BESTOS ABAT<br>C 8:60 and 5:16 |                                       | DEG                                   |           | W       | E                   |           |
|--|------------------------------|------------|----------------|--------|------------------|------------|--|---------------------------------------|---------------------------------------|-----------|---------|---------------------|-----------|
| Date of Notification (1)   |                              |            |                |        | lame o           | f Building | Owner/Operator (2                          | 2)                                    |                                       |           |         |                     |           |
| 09 /   | 27 /                         | 16         |                |        |                  |            | rprises, Inc d/b/                          |                                       | II II sEP                             | 25        | 1       |                     | 1         |
| Agencies Notified  | Type Notificat               | ion        |                | S      | Street A         | Address    | #  |                                       |                                       | 50.00     | - , ,   | 501                 | 1         |
| ☐ EPA  | ☐ Initial                    |            |                |        | 2620             | Broadw     | <i>r</i> ay                                |                                       | ASEES S                               |           |         | TUL                 | . 32      |
| □ DOLWD  |                              |            |                | C      | City, Sta        | ate, Zip C | ode  |                                       | ***                                   |           |         | and the contract of |           |
| □ DHSS     □ | Amendmen                     |            | _              |        | New              | York, N    | Υ  |                                       |                                       |           |         |                     |           |
| ☐ DCA<br>(NJAC 5:23-8)   | ☐ Emergency<br>justification |            | 9              | N      | lame o           | f Contact  |  |                                       | Telephone Numb                        | er        |         |                     |           |
| (140/10-0.20-0)  | ☐ Cancellation               |            |                |        | Jeet             | Gulati     |  |                                       |                                       |           |         |                     |           |
|  |                              |            |                |        | FAC              | ILITY IN   | FORMATION                                  |                                       |                                       |           |         |                     |           |
| Name of Facility Where   | Abatement is Ta              | aking Plac | e (3)          |        |                  |            |  | Type of Facility (                    | 4)                                    |           |         |                     |           |
| Residential Buildin  |                              |            | , ,            |        |                  |            |  | School (K-12)                         |                                       |           |         |                     |           |
| Street Address   | .9                           |            |                |        |                  |            |  |                                       | (Other than K-12)                     | أديط لمأد | dina    |                     |           |
| Officer Address  |                              |            |                |        |                  |            |  | homes, etc.)                          | vate and commerc                      | iai bui   | idirig: | >,                  |           |
| Cib. (5)   |                              |            |                |        |                  |            |  | Square Feet                           | # of Floors                           | Bld       | g. Ag   | е                   |           |
| City (5)   |                              |            |                |        |                  |            |  | 6.000                                 | 3                                     | 100       | 0+      |                     |           |
| Hightstown   |                              |            |                | -      | Count            | Codo /7    | )(STATE USE ONLY)                          |                                       | or if being demolish                  |           |         |                     |           |
| County (6)   |                              |            |                |        | Count            | y Code (r  | )(STATE USE ONLT)                          | Multi-family                          | 25                                    | icaj      |         |                     |           |
| Mercer   |                              |            | (0)            |        | 00111            | 1-         | Name of Abateme                            |                                       | Residentian                           |           |         |                     |           |
| Name of Monitoring Firm  |                              | ing Owner  | (8)            | A      | SCM N            |            |  | · · · · · · · · · · · · · · · · · · · |                                       |           |         |                     |           |
| Environmental Co   | nnection                     |            |                |        | 00030            | U          | Superior Aba                               | itement inc                           |                                       |           |         |                     |           |
| Street Address   |                              |            |                |        |                  |            | Street Address                             |                                       |                                       |           |         |                     |           |
| 120 North Warren   | St                           |            |                |        |                  |            | 2 Henderson                                |                                       |                                       |           |         |                     |           |
| City, State, Zip Code  |                              |            |                |        |                  |            | City, State, Zip Co                        |                                       |                                       |           |         |                     |           |
| Trenton, NJ 08608  |                              |            |                |        |                  |            | West Caldwe                                | ell, NJ 07006                         |                                       |           |         |                     |           |
| Project Manager for Mon  | nitoring Firm                |            | Т              | elep   | hone N           | No.        | Telephone No.                              |                                       | License No.                           |           |         |                     |           |
| Dominic Dercole  |                              |            |                | (60    | 9) 392           | 2-4200     | 973-808-1616                               |                                       | 00411                                 |           |         |                     |           |
| Start Date (10)  | S                            | cheduled   | Com            | pleti  | on Dat           | e (11)     | Name of OSHA N                             | Monitor                               |                                       |           |         |                     |           |
| 09 / 26  | 16                           | 09         | /_             | 29     | _ / _            | 16         | Superior Aba                               | atement Inc                           |                                       |           |         |                     |           |
| Occupancy Status Durin   | ng Abatement (C              | Check only | one            | )      |                  |            | Street Address                             |                                       |                                       |           |         |                     |           |
| ☐ Facility Closed/Vaca   |                              |            |                |        | ent              |            | 2 Henderson                                | Drive                                 |                                       |           |         |                     |           |
| ☐ Abatement Performe   | ed Outside of No             | rmal Faci  | lity H         | ours   | - Desc           |            | City, State, Zip C                         | ode                                   |                                       |           |         |                     |           |
| Time of Abatement:   | AM                           | PM/        | F              | PM     |                  | MA         | West Caldwe                                | ell, NJ 07006                         |                                       |           |         |                     |           |
| Scope of Work (Check a   | all that apply)              |            |                |        |                  |            |  |                                       | _                                     |           |         |                     |           |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>   |                              |            | Reno           |        |                  |            |  | g Procedure                           | gative Pressure<br>n-Friable Procedui | -e        |         |                     |           |
|  |                              |            | Is Lo          | catio  | on               |            |  |                                       |                                       | Ab        | atem    | ent Ty              | уре       |
| Locatio  |                              |            |                | mall   |                  |            | Description of                             |                                       |                                       | D         | D       | ш                   | Ш         |
| Asbestos-Containing  |                              |            | sed S<br>Naint |        |                  |            | estos Containing Ma<br>e., thermal systems |                                       | Amount<br>(Specify                    | Remova    | Repair  | Encapsulate         | Enclosure |
| TO BE AB<br>IN Fac   |                              |            |                |        | taff?            | (1.6       | surfacing, VAT                             |                                       | SF or LF)                             | oval      | =       | nsc                 | Sur       |
| (13)   |                              | 1          | -              | 12)    | l'annua          |            | other miscellane                           | eous)                                 |                                       |           |         | ate                 | CD        |
| w  |                              | Ye         | S              | No     | N/A              |            |  |                                       |                                       | -         |         | _                   | _         |
| Basement Boiler Ro   | oom                          |            |                |        |                  | Pipe Fi    |  |                                       | 15 LF                                 |           |         |                     |           |
| Basement Boiler Ro   | oom                          |            |                |        |                  | Clean      | up Boiler and De                           | ebris                                 | 140 SF                                |           | Ц       | Ш                   | Ц         |
|  |                              |            |                |        |                  |            |  |                                       |                                       |           |         |                     |           |
|  |                              |            |                |        |                  |            |  |                                       |                                       |           |         |                     |           |
| Name of Registered Wa  | aste Hauler                  |            |                |        | JDEP V           |            | Cubic Yards of                             | Name of Regis                         | stered Landfill                       |           |         | 100                 |           |
| Service Transport  |                              |            |                | 100000 | auler II<br>SW21 |            | Waste 3                                    | Minerva E                             | nterprises                            |           |         |                     |           |
| City, State  |                              |            |                | -      | 2 0 t Ma 1       |            | Disposal Date                              | City, State                           |                                       |           |         |                     |           |
| New Castle, DE   |                              |            |                |        |                  |            | 9/29/16                                    | Waynesbu                              | - 1                                   |           |         |                     |           |
| Completed By (Print or   | Type)                        | Title      |                |        |                  |            | Signature                                  | 7/                                    | // Di                                 | 9         | -       |                     | 1         |
| Nick Petrovski   |                              | Presi      | den            | t      |                  |            | 1  | 11/1/2/                               | May.                                  | 65 -      | -2      | 7-                  | 16        |



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

| 10                           | 9,  |            | 1,    |               |                |            |          | o dila orre                   |   | 11-47  |                | -                  |             |           |
|------------------------------|---|------------|-------|---------------|----------------|------------|----------|-------------------------------|---|--|----------------|--------------------|-------------|-----------|
| Date of Notification (1)     |   |            |       | N             | lame o         | f Building | Owne     | r/Operator (2                 | 2)                                      |  | h 6.6          | nr                 |             | 1         |
|                              | 16 /  | 16         |       |               | Satna          | am Ente    | rprise   | es, inc d/b/                  | a Satnam Inc                            |  | P 29           | 25                 |             |           |
| Agencies Notified            | Type Notificati   | on         |       | 5             | Street A       | ddress     |          |                               |   |  |                |                    |             | 1         |
| □ EPA                        | Initial     Initial |            |       |               | 2620           | Broadw     | ray      |                               |   | ASBES  | TOS O          | ON"                | TRO         | L 8       |
| □ DOLWD                      | ☐ Amended   | awanen     |       | C             | City, Sta      | ate, Zip C | ode      |                               |   |  | ولا ويتألب الس |                    |             |           |
| ⊠ DHSS                       | Amendmer  |            |       |               | New            | York, N    | Y        |                               |   |  |                |                    |             |           |
| DCA<br>(NJAC 5:23-8)         | ☐ Emergency justification   |            | 9     | 1             | Vame o         | of Contact |          |                               |   | Telephone Num                                    | ber            |                    |             |           |
| (140/10 0.25-0)              | ☐ Cancellation  | - D        |       |               | Jeet           | Gulati     |          |                               |   | l <del></del>                                    |                |                    |             |           |
|                              |   |            |       |               | EAC            | ILITY IN   | EOPI     | AATION                        |   |  |                |                    |             | _         |
| Name of Facility Where       | Abatament is Ta   | king Place | 2 (3) |               | FAC            | 11.11 1141 | FORI     | MATION                        | Type of Facility                        | , (A)  | -              |                    |             |           |
| Residential Buildi           |   | iking riao | = (3) |               |                |            |          |                               | School (K-1                             |  |                |                    |             |           |
| Street Address               | iiig  |            |       |               |                |            |          |                               | ☐ Subchapter                            | 8 (Other than K-12                               | 2)             |                    |             |           |
| Street Address               |   |            |       |               |                |            |          |                               |   | private and comme                                | rcial buil     | dings              | 3,          |           |
| O:L : (E)                    |   |            |       |               |                |            |          |                               | homes, etc                              |  | DIA            | g. Ag              | ^           |           |
| City (5)                     |   |            |       |               |                |            |          |                               | 6.000                                   | 3  | 1              | g. ∧y<br><b>0+</b> | C           |           |
| Hightstown                   |   |            |       | -             | 0              | 0-1-17     | VOTAT    | E LIDE ONLY                   |   |  |                | 0+                 |             | _         |
| County (6)                   |   |            |       |               | Count          | y Code (/  | MOTAL    | E USE ONLY)                   |   | Prior if being demoli<br>I <b>y Residentiali</b> | orieu)         |                    |             |           |
| Mercer                       | - Line J. D. T. T.  | n= 0       | (0)   |               | 20111          | lo         | NI=-     | o of Abotes                   | ent Contractor (                        |  |                | -                  |             | _         |
| Name of Monitoring Fire      |   | ing Owner  | (0)   | A             | SCM            | 5500       |          |                               | *************************************** | 9)   |                |                    |             |           |
| Environmental Co             | onnection   |            |       |               | 0003           | U          |          | •                             | tement Inc                              | **   |                | 4,500              |             |           |
| Street Address               | 2.  |            |       |               |                |            |          | et Address                    | Daire                                   |  |                |                    |             |           |
| 120 North Warren             | 1 St  |            |       |               |                |            |          | Henderson                     |   |  |                |                    |             |           |
| City, State, Zip Code        |   |            |       |               |                |            | 1 .50    | State, Zip C                  |   |  |                |                    |             |           |
| Trenton, NJ 0860             |   |            |       |               |                |            | 1        |                               | ell, NJ 07006                           |  |                |                    |             |           |
| Project Manager for Mo       | onitoring Firm  |            | T     |               | hone N         |            |          | phone No.                     |   | License No.                                      |                |                    |             |           |
| Dominic Dercole              |   |            |       |               |                | 2-4200     |          | 3-808-1616                    |   | 00411  |                |                    |             |           |
| Start Date (10)              | 30 000000   | cheduled   |       |               |                |            |          | e of OSHA                     |   |  |                |                    |             |           |
| 09 /26                       | / _16_  | 09         | / _   | 28            | _ / _          | 16_        | Sı       | perior Ab                     | atement Inc                             |  |                |                    |             |           |
| Occupancy Status Dur         | ing Abatement (C  | Check only | one   | :)            |                |            | Stree    | et Address                    |   |  |                |                    |             |           |
| ☐ Facility Closed/Vac        | _   |            |       |               |                |            | 2        | Hendersor                     | Drive                                   |  |                |                    |             |           |
| ☐ Abatement Perform          |   |            |       |               |                |            | City,    | State, Zip C                  | ode                                     |  |                |                    |             |           |
| Time of Abatement            | ::AM  | PM/        | t     | -IVI          |                | AIVI       | W        | est Caldwe                    | eII, NJ 07006                           |  |                |                    |             |           |
| Scope of Work (Check         | all that apply)   |            | 100   |               |                |            |          |                               |   |  |                |                    |             |           |
| ≥3 sf or ≥3 lf               |   | M          | Reno  | vatio         | nn.            |            |          |                               |   | legative Pressure                                |                |                    |             |           |
| □ ≥160 sf or ≥260 lf         |   |            | )emo  |               |                |            |          | ☐ Gloveba                     | g Procedure                             |  |                |                    |             |           |
|                              |   |            |       |               |                |            |          | ☐ Non-Ex                      | empted (*) and l                        | Non-Friable Proced                               |                |                    |             |           |
|                              |   |            | Is Lo | ocati<br>rmal |                |            |          | December"                     | of.                                     |  |                | _                  | ent T       |           |
| Locati<br>Asbestos-Containii |   | ) U        |       |               | ly by          | Ashe       | estos (  | Description<br>Containing M   | ot<br>aterial (ACM)                     | Amount   | Re             | Repair             | Enc         | Enclosure |
| TO BE A                      | BATED   |            |       |               | nce/<br>Staff? |            | e., ther | mal systems                   | insulation,                             | (Specify   | Remova         | pair               | aps         | losi      |
| IN Fa                        |   |            |       | 12)           | stair?         |            |          | urfacing, VA<br>ner miscellan |   | SF or LF)  | <u>a</u>       |                    | Encapsulate | re        |
| (1:                          | 3)  | Ye         |       | No            | N/A            | 1          | Ou       | iei illiscellari              | eous)                                   |  |                |                    | 6           |           |
| Basement Boiler R            | Room  |            |       |               |                | Pipe Fi    | itting   | s                             |   | 15 LF  |                |                    |             |           |
| Basement Boiler R            |   |            |       | _             |                |            |          | oiler and D                   | ebris                                   | 140 SF   |                |                    |             |           |
|                              |   |            | - 1-  | _             |                |            | -        |                               |   |  |                | П                  |             |           |
|                              |   |            | 1     | _             | ī              |            |          |                               |   |  |                | П                  |             | F         |
| Name of Registered V         | Vacte Hauler  |            | 1     | I N           | JDEP \         | Waste      | Cub      | oic Yards of                  | Name of Re                              | egistered Landfill                               |                |                    | 1           | _         |
| Service Transpo              |   |            |       | 1000          | auler II       |            | Was      |                               | M                                       | Enterprises                                      |                |                    |             |           |
|                              | rt Group inc  |            |       |               | SW21           | 117        | 3        |                               |   |  |                |                    |             |           |
| City, State                  |   |            |       |               |                |            | 100000   | posal Date                    | City, State                             | humb Oll   |                |                    |             |           |
| New Castle, DE               |   |            |       |               |                |            | 9,       | /28/16                        |   | burgh, OH  |                |                    |             |           |
| Completed By (Print o        | or Type)  | Title      |       |               |                |            |          | Signature                     | ///                                     |  | Date /         |                    | 11          |           |
| Nick Petrovski               |   | Presi      | den   | t             |                |            | 9        | de                            | Mh                                      | Bra-   | 9/1            | 6/                 | 16          | o         |

ASB-41 MAY 11 01/01/01/01/2

#### State of New Jersey

| Ch Luc                                      | 110                         | NOTI         |                  |                     |                        | C 8:60 and 5:16                          |                                  | m E G                | E       |            | <u> </u>    |           |
|---|-----------------------------|--------------|------------------|---------------------|------------------------|--|----------------------------------|----------------------|---------|------------|-------------|-----------|
| Date of Notification (1)                    |                             |              |                  | Name                | of Building            | Owner/Operator (                         | 2)                               |                      |         |            |             |           |
| 9 / _                                       | 28 /                        | 16           |                  | Ver                 | izon                   |  |                                  | SEF                  | 2 !     | 9 21       | )15         |           |
| Agencies Notified                           | Type Notificat              | ion          |                  | Street              | Address                |  |                                  |                      |         |            |             |           |
| ⊠ EPA<br>⊠ DOLWD                            |                             |              |                  |                     |                        | ain Street                               |                                  | ASBEST               |         |            |             | L&        |
| ⊠ DHSS                                      | Amendmen                    | nt #         |                  |                     | State, Zip C           |  |                                  |                      | CEN     | SHVC       |             |           |
| ⊠ DCA                                       | ☐ Emergenc                  |              |                  |                     | rville, NJ             |  |                                  | T=                   |         |            |             |           |
| (NJAC 5:23-8)                               | justification  Cancellation | 35.00        |                  |                     | of Contact<br>x Baylor |  |                                  | Telephone Numb       | per     |            |             |           |
|   | Cancellatio                 | JII          |                  |                     |                        | FORMATION                                |                                  |                      |         |            |             |           |
| Name of Facility Where A                    | hatement is Ta              | aking Place  | (3)              | FAC                 | JILII I IN             | FORMATION                                | Type of Facility                 | (4)                  |         |            |             |           |
| Verizon                                     | ibatorriorit io 10          | aking i idoo | (0)              |                     |                        |  | School (K-12                     |                      |         |            |             |           |
| Street Address                              |                             |              |                  |                     |                        |  | Subchapter 8                     | (Other than K-12)    |         | no process |             |           |
| 265 West Main Stre                          | et                          |              |                  |                     |                        |  | homes, etc.)                     | rivate and commer    | cial bu | illding    | S,          |           |
| City (5)                                    |                             |              |                  |                     |                        |  | Square Feet                      | # of Floors          | Ble     | dg. Ag     | ge          |           |
| Denville NJ                                 |                             |              |                  |                     |                        |  | 10000                            | 3                    |         | 75         |             |           |
| County (6)                                  |                             |              |                  | Coun                | nty Code (7            | )(STATE USE ONLY)                        | Current Use (Pr                  | ior if being demolis | hed)    |            |             |           |
| Morris                                      |                             |              |                  |                     |                        |  |                                  |                      |         |            |             |           |
| Name of Monitoring Firm                     | 11/200                      | ing Owner (  | (8)              | ASCM                |                        | Name of Abateme                          | A                                |                      |         |            |             |           |
| TTI Environmental,                          | Inc.                        |              |                  | 5744                | 15                     | JVN Restora                              | tion Inc                         |                      |         |            |             |           |
| Street Address                              | o                           |              |                  |                     |                        | Street Address                           |                                  |                      |         |            |             |           |
| 1253 North Church                           | Street                      | -            |                  |                     |                        | 47 Foster Ro                             |                                  |                      | -       |            |             |           |
| City, State, Zip Code<br>Moorestown, NJ     |                             |              |                  |                     |                        | City, State, Zip C<br>Staten Island      |                                  |                      |         |            |             |           |
| Project Manager for Mon                     | itorina Firm                |              | Tale             | phone               | No                     | Telephone No.                            | 1 141 10303                      | License No.          |         |            |             |           |
| Harold Balwin                               | itoring r iim               |              |                  | 6-840               |                        | 718-605-6256                             | 3                                | 00774                |         |            |             |           |
| Start Date (10)                             | So                          | cheduled C   | omple            | tion Da             | te (11)                | Name of OSHA N                           | Monitor                          |                      |         |            |             |           |
| 10 /03 /                                    | 16                          | _10_ /       | 14               | _ / _               | 16                     | Testor Tech                              |                                  |                      |         |            |             |           |
| Occupancy Status During                     | Abatement (C                | heck only o  | one)             |                     |                        | Street Address                           |                                  |                      |         |            |             |           |
| ☐ Facility Closed/Vacate                    |                             |              |                  |                     |                        | 10 59 Jackso                             |                                  |                      | *55-571 |            |             |           |
| Abatement Performed<br>Time of Abatement: 9 |                             |              |                  |                     | scribe                 | City, State, Zip C                       |                                  |                      |         |            |             |           |
|   |                             |              |                  |                     |                        | LIC, NY 1110                             | 1                                |                      |         |            |             |           |
| Scope of Work (Check al                     | that apply)                 |              |                  |                     |                        | ⊠ Full Con                               | tainment with Neg                | gative Pressure      |         |            |             |           |
| ☐ ≥3 sf or ≥3 lf                            |                             |              | novati           |                     |                        | ☐ Mini-End                               | closure                          | ,                    |         |            |             |           |
| ≥160 sf or ≥260 lf                          |                             | ∐ De         | molitic          | n                   |                        |  | g Procedure<br>empted (*) and No | n-Friable Procedu    | re      |            |             |           |
|   |                             | 0.00         | Locat            |                     |                        |  |                                  |                      |         | atem       | ent T       | ype       |
| Location                                    | · 5.1                       | 11           | Norma<br>ed Sole |                     |                        | Description                              | 500                              |                      | Z       | Z,         | ш           | m         |
| Asbestos-Containing<br>TO BE ABA            |                             | Ma           | intena           | nce/                |                        | stos Containing Ma<br>., thermal systems |                                  | Amount<br>(Specify   | Removal | Repair     | ncap        | Enclosure |
| IN Facili                                   |                             | Cus          | todial (<br>(12) | Staff?              |                        | surfacing, VAT                           | , or                             | SF or LF)            | Va.     | -          | Encapsulate | sure      |
| (13)  |                             | Yes          | No               | N/A                 | 1                      | other miscellane                         | eous)                            |                      |         |            | ate         |           |
| Basement                                    |                             |              |                  |                     | VAT                    |  |                                  | 378 SF               |         |            |             |           |
|   |                             |              |                  |                     |                        |  |                                  |                      | П       | П          | П           | П         |
|   |                             |              |                  |                     | -                      |  |                                  |                      | 17      |            |             |           |
|   |                             |              |                  |                     |                        |  |                                  |                      |         |            |             |           |
| Name of Desisters of Miss                   | t- 111                      |              |                  |                     | 10/                    | To the Venture                           | Marrie of David                  | -t1                  |         | Ш          | ш           | Ш         |
| Name of Registered Was<br>Newark Carting    | ite mauler                  |              | 17353            | JDEP \<br>lauler II | D No.                  | Cubic Yards of<br>Waste                  | Name of Regis                    | stered Landiiii      |         |            |             |           |
| City, State                                 |                             |              |                  | NJ-56               | 36                     | .Disposal Date                           | City, State                      |                      |         |            |             | -         |
| Newark, NJ                                  |                             |              |                  |                     |                        | 10/14/16                                 | Bethlehen                        | ı. PA                |         |            |             |           |
| Completed By (Print or T                    | vne)                        | Title        | 7172             |                     |                        | Signature                                | 25411011011                      |                      | ate     | -          |             |           |
| Ignatius Marraccino                         | 700                         |              | ect Ma           | anage               | r                      | Jighature —                              | 1. 12                            | 6                    | 9 -     | 22         | . /         | 1.        |

Ch3751

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

| 7 |   | C   |   | $\mathbb{V}$ | M |
|---|---|-----|---|--------------|---|
| K | ( | - 1 | 3 | 75           |   |

|   | <b>V</b>                |                      |                                       |  |                         | 2010    | +++    | 111        |
|---|-------------------------|----------------------|---------------------------------------|--|-------------------------|---------|--------|------------|
| Date of Notification (1)  | N:                      | orne of Built        | NO HANN T                             | ~ w  | 5EF 25 a<br>7           | 2010    |        | 7          |
| Agency Notified Type Notification   | S                       | reet Addres          |                                       | 7  | OS CON                  | mol     | 10     |            |
| /   |                         |                      |                                       |  | LISENON                 | G THOL  | · CX   | _          |
| DEP DAmended  |                         | ly, State, Z         | p Code                                | 177  | 07510                   | )       |        |            |
| Amendment #  □ Emergency (inclusion)  | ing _                   |                      | TERSON                                | , , , , ,  | Telephone Number        |         | -      |            |
| DOH justification)  | N                       | anne of Con          |                                       |  | 168pinotic road         |         |        |            |
| D DCA D Cancellation  |                         | 1                    | CMZ                                   |  |                         |         |        |            |
|   |                         | FACILITY I           | HFORMATION                            | Type of Facility   | (4)                     |         |        |            |
| Name of Facility Where Abatement is Taking P  |                         |                      | •                                     |  |                         |         |        |            |
| MS. CMZ   |                         | ·                    | <u> </u>                              | School (K-12)  Subchapter 8  | (Other than K-12)       | 2       |        |            |
| Street Address  |                         |                      | i .                                   | El Other (Le. pri  | vate à commercial buil  | dings,  |        |            |
|   |                         |                      | , ,                                   | homes, etc.) Square Feet   | # of Floors Bk          | dg. Age |        |            |
| CATERSON  |                         |                      | ir en                                 | 2800   | 2                       | 19:     | 35     |            |
| County (6)  |                         | County-Code<br>XNLY) | (7) (STATE USE                        | Current Use (Pr  | ior if being demolished | L       |        |            |
| Name of Monitoring Firm Hired by Building Ow  | mer ASCM I              | No.                  | Name of Abates                        | ment Contractor (S   | 9)                      |         |        | HALL SALES |
| (8)   |                         | -,-                  |                                       | moval In   | С                       |         |        |            |
| Street Address  |                         | SP.                  | Street Address                        |  |                         |         | 10.0   |            |
|   |                         |                      |                                       | th River   | St                      |         |        |            |
| City, State, Zip Code   |                         |                      | City, State, Zip                      |  | 07601                   |         |        |            |
|   |                         |                      |                                       | ack, N.J   | License No.             |         |        |            |
| Project Manager for Monitoring Firm   | Telephon                | e No.                | Telephone No. 201-329                 | -7444 -  | 00388                   |         |        |            |
| I come muse (ris)   | Completion, Oats        | - L                  | Name of OSHA                          | Mondor<br>Environm   | antal                   |         |        |            |
| / -/ - / - /  | 0/7/1                   | 6                    | Оше ga                                |  | EHLAL                   |         |        |            |
| Occupancy Status During Abatement (Check  | •                       | 9                    | 1                                     | uyler St   |                         |         |        |            |
| ☐ Facility Closed/Vacated During Entire Perio<br>☐ Abatement Performed Outside of Normal F. | d of Abatement          |                      | City, State, Zip                      | Code   |                         |         | 200-   |            |
| Cother - Describe: 8:00 AM TO   | 5:00 PM                 |                      | S. Ha                                 | ckensack   | ,N.J. 0760              | 6       |        |            |
| Scope of Work (Check all that apply)  |                         |                      | DEA                                   | Contrinment with   | Negative Pressure       |         |        |            |
| E ≥3sfor≥3ff  |                         | a Renovati           | on a Min                              | -Enclosure   |                         |         |        |            |
| ☐ ≥ 160 sf or ≥ 260 lf  | ļ                       | 2 Demoliio           | n 2 Gio                               | vebag Procedure<br>-Exempted (*) an  | d Non-Friable Procedu   | re      |        |            |
|   | Is Location             |                      |                                       |  |                         | Ab      | Type   |            |
|   | Normali                 | \$                   | Description                           |  |                         |         | T      | T          |
| Location of Asbestos-Containing Material (ACM)  | Used Solel<br>Maintenar |                      | exectos Containing I                  | faterial (ACM)   | Amount<br>(Specify      | 20      | Rephir | 1          |
| TO SE ABATED  | Custodi                 | al                   | (i.e., thermal system<br>surfacing, V |  | SF or LF)               | Removal | 900    | Enclosure  |
| (13)  | (12)                    |                      | other miscella                        | neous)   |                         | Va.     | Tale   | 6.11       |
|   | Yes No                  | N/A                  |                                       |  |                         |         |        |            |
| BASELLENT   | 1.00 180                |                      | ELMIL STSTEN                          | 4120105/00   | 35LF                    | ×       |        | -          |
| DA-DEIW IV  |                         | 3714                 | 3./3(0)                               |  |                         |         |        |            |
|   | 1                       | -                    |                                       |  |                         | ~·      |        | 17.        |
|   | ++                      | 1                    | 240                                   |  |                         |         |        |            |
| Name of Registered Waste Hauter   | NUDERY                  | Vaste Haule          |                                       | A STATE OF THE PARTY OF THE PAR | stered Landfill         |         | Casa a |            |
| Best Removal Inc  | ID No.                  | 109                  | Waste 2 e                             |  | a Enterpris             | es ,    | LLC    | 3          |
| City, State   |                         |                      | Disposal Date                         | City, State  | 1 01 /                  | 4600    |        |            |
| Hackensack , N.J.   | 7601                    |                      | 10/7/1                                | Wayne  | sburg, Oh, 4            | te ,    |        |            |
| Completed by Title  |                         |                      | Signature                             | محره م   | 2                       | 9/26    | 110    | ,          |
| J.Maiorano Es   | timator                 |                      | X                                     | 4 0/-  |                         | -       | 4      |            |

ASB-41

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

| 977  | - 0  |  | State of                          | New Je     | rsey                             |   |              | heck #   | 1567   | 79           |        |
|--|--|--|-----------------------------------|------------|----------------------------------|---|--------------|--|--------|--------------|--------|
| Ch 151   | 19   | (Pursua  | nt to NJAC                        | 8:60-7     | and 12:120-7)                    |   | DE           | G  |        | $\mathbb{V}$ |        |
| Date of Notification   | (1)  |  |                                   |            |                                  | (2)   |              |  |        |              |        |
| 9/26/2016  |  |  | Jo Ann                            | McG        | vern                             |   |              | SEP  | 29     | 2018         | 3      |
| Agencies Notified T  | ype Notific  | ation  | Street Addre                      | ess        |                                  |   |              |  |        |              |        |
| [ ]EPA   | [X] Initial  |  |                                   |            |                                  |   |              | FOTO   | 200    | NITO         | 01     |
| Street Address  []EPA [X]Initial Notification [X]DOL [Amended Notification [X]DOL [X]D |  |  |                                   |            |                                  |   |              |  |        |              |        |
|  | [ ]Amended   |  |                                   |            |                                  |   |              | LIVE   | 11041  | 10           | -      |
| [X] DOL  | 9/26/2016  Incies Notified Inc |  |                                   |            |                                  |   |              |  |        |              |        |
| [X] DOH  | [ ] EMERGEN  |  |                                   |            |                                  | TeTebuor  | e Number     |  |        |              |        |
| [ ]DCA   | Mane of Stotification (1)  9/26/2016  Mane of Stotification (2)  9/26/2016  Mane of Stotification (2)  1 SPA (XI Initial Notification (3)  1 STEET Address   |  |                                   |            |                                  |   |              |  |        |              |        |
|  | [ ]Cancell   | ation  | 73.07                             | T T M T    | ATTIONNA MIT ON                  |   |              |  |        |              |        |
| None of Bogility Whom  | a Thatamant  | ie Wakir   |                                   |            | NEORMATION                       | Type of Facil   | itv (4)      |  |        |              |        |
| 지하는 경기 가는 사람들이 가는 그릇이 되었다.   |  | LS TAKE  | ig Flace (3)                      |            |                                  | 100   |              |  |        |              |        |
| DO AIII MCGOVEL  | II   |  |                                   |            |                                  | 기   |              | r than   | K-12   | )            |        |
| Street Addres  |  |  |                                   |            |                                  | [X]Other (  | i.e., priva  | te & co  | mmer   | -            |        |
|  |  |  |                                   |            |                                  | cial b  | uildings, h  | omes, e  | etc.)  |              |        |
|  |  |  |                                   |            |                                  |   |              |  |        | Age          |        |
| (Pursuant to NUAC 8:50-7 and 12:120-7)  9/26/2016  Since Shotification (1)  9/26/2016  Street Address  Street Address  (I) IDEA (I) INDEA (I) Annancian (I) Annancian (I) Exp. (I) Annancian (I) Exp. (I) Annancian (I) Exp. (I) Annancian (I) IDEA (I) Exp. (I) Exp. (I) Annancian (I) IDEA (I) Exp. (I) Exp. (I) Annancian (I) IDEA (I) Exp. (I) Exp. (I) Annancian (I) Annancian (I) IDEA (I) Exp. (I) Annancian (I) Annancian (I) IDEA (I) Exp. (I) Annancian (I) Annancian (I) Annancian (I) Annancian (I) Annancian (I) Annancian (I) (I) Annancian (I)  |  |  |                                   |            |                                  |   |              |  |        |              |        |
| Belleville   |  |  |                                   | (SI        | MIE OSE ORDI)                    | Current Use (   | Prior if be  | ing der  | nolis  | hed)         |        |
|  |  |  |                                   |            |                                  |   |              |  |        |              | (5)(5) |
|  | rm hired by  | Building   | J ASCM No.                        |            |                                  |   |              |  |        |              |        |
| Owner (8)<br>N/A   |  |  |                                   |            | AZTECH M                         | IANAGEMENT  | , Inc.       |  |        |              |        |
| Street Address   |  |  |                                   |            | Street Addres                    | s   | ***          | THE TELEVISION OF THE PERSON O |        |              |        |
|  |  |  |                                   |            | 86 Chris                         | topher St   |              |  |        |              |        |
| City, State, Zip Code  |  |  |                                   |            | City, State,                     | Zip Code  |              |  |        |              |        |
| 0101, 00000, 000   |  |  |                                   |            |                                  |   | 42           |  |        |              |        |
| D  | anibaning T  | ai mo  | lanhana Niumh                     |            |                                  |   |              | icense   | Numb   | er           |        |
| Project Manager for M  | onitoring h  | and the same of th |                                   | ei         |                                  |   |              |  |        |              |        |
|  |  |  |                                   |            |                                  |   |              |  |        |              |        |
|  | The state of the s | 거리하고 없는 그런 이번 없어 그렇게   |                                   | (11)       |                                  | Monitor   |              |  |        |              |        |
|  |  |  |                                   |            | N/A                              |   |              |  |        |              |        |
|  |  |  |                                   |            | Street Addres                    | s   |              |  |        |              |        |
| [X] Facility Close   |  |  |                                   |            |                                  |   |              |  |        |              |        |
|  | Formed Outs  | ide of No  | rmal Facili                       | +xr        | Dita State                       | Zin Code  |              |  |        |              |        |
|  |  |  |                                   | ~ <u>Y</u> | City, State,                     | Zip code  |              |  |        |              |        |
| [ ]other - Descri  | ibe: «Other  | Occupancy  | Descript»                         |            |                                  |   |              |  |        |              |        |
| Scope of Work (Check   | all that ap  | oply)  |                                   |            | 520 2000222                      |   |              |  |        | S-17.25      |        |
| [V]/3 of or \  | 2 1 =  | Γ.   | Vl Panoratio                      | 2          |                                  |   | th Negative  | Press  | ure    |              |        |
|  |  | 677  | 님의 구시 이렇게 되었습니다. 그렇게 되었는데 그 없는데 그 |            |                                  |   |              |  |        |              |        |
|  |  |  |                                   | 1          | [ ]Non-F                         | riable Procedu  | ire          | 72-  |        |              |        |
| Location   | of   |  | Is<br>ocation                     |            | Description                      | on of   |              | AD   | teme   | E            | Ype    |
| Asbestos-Cont  |  | N  | ormally<br>Used                   |            | Asbestos-Con                     |   | Amount       | RE   | R      | N<br>C       | N      |
| Material (A  | ACM)   | _  | Solely                            |            | Material                         |   | (Specify     | M  | E      | A            | L      |
| TO BE ABA  |  |  | y Main-<br>enance/                |            | (i.e., thermal                   |   | SF or<br>LF) | 0  | P<br>A | PS           | o<br>s |
| In Facili<br>(13)  | ty   |  | ustodial<br>aff (12)              | 1          | sulation, surf<br>or other misce | 하더라 느라이트를 하나는 가게  | 115)         | A  | I      | U            | UR     |
| (13)   |  | Yes  | No N/A                            |            |                                  |   |              | 77   |        |              | E      |
| Basement   |  |  | X                                 | Pipe       | e insulati                       | on.   | 70 lf        | X  |        |              |        |
|  |  |  |                                   | _          |                                  |   |              |  |        |              |        |
|  |  |  |                                   |            |                                  |   |              |  |        |              |        |
| Name of Registered Wa  | ste Hauler   | N.   | JDEP Waste                        | Cui        | bic Yards                        | Name of Reg   | istered Land | fill   |        |              |        |
| AZTECH MANAGE  |  | NC H   | auler ID No.                      | 10000      | Waste 1.0                        | THE RESIDENCE OF THE PROPERTY | Enterp       |  | IN     | C            |        |
|  |  | 1  | 7040                              | -          |                                  |   | -            |  |        |              |        |
| City, State  | 07040  |  |                                   |            | sposal Date                      | City, State   | ourg, Oh.    | io 4   | 1689   | 3            |        |
| Montclair, NJ  | 07042  |  |                                   | -          | 10/1/10                          | Maynest   | /            |  |        | _            |        |
| Completed By (Print o  | r Type) F  | itle   | 7.                                |            | Signature                        | 1 11  |              | Date   |        |              |        |
| Constantine Vi   |  | reside   | ent                               |            | 1/- 1                            | 1   |              |  | /201   | 6            |        |
|  |  |  |                                   |            | ( 10115                          | Killing ///vi   | 1            |  |        |              |        |
|  |  |  |                                   |            |                                  | //  |              |  |        |              |        |

| 0102   | 3634   | N                   |                                      | CATION                       | of New<br>OF ASBE<br>ONJAC 8 | STOS AB                 |                               | ENT  |                | E C                       |         |             | <u> </u>    |            |
|--|--|---------------------|--------------------------------------|------------------------------|------------------------------|-------------------------|-------------------------------|--|----------------|---------------------------|---------|-------------|-------------|------------|
| Date of Notification (1) 09/22/2016                            |  |                     |                                      |                              | Building Cen Stenv           |                         | erator (2                     | 2)   |                | SEF                       | 2       | 9 2         | 016         |            |
| Agencies Notified  | Type Notification                                      |                     |                                      | Street Ac                    |                              |                         |                               |  |                | ASBEST                    | ns (    | CON         | TRO         | )L         |
| EPA DEP DOL  | Initial Amended Amendment Emergency                    |                     |                                      |                              | te, Zip Coo<br>wood, N       |                         |                               |  |                | LI                        | CEN     | SIN         | 3           | _          |
| X DOH<br>DCA   | justification) Cancellation                            | moduling            | 151 2                                | Name of<br>Maure             | Contact<br>en Stenv          | /age                    |                               |  | Telep          | hone Num                  | ber     |             |             |            |
|  |  |                     |                                      | FACIL                        | LITY INFO                    | RMATIO                  |                               |  |                |                           | 723     |             |             |            |
| Name of Facility Where<br>House<br>Street Address              | Abatement is Takin                                     | g Place (3)         | )<br>                                |                              |                              |                         |                               | School (K-1 Subchapter Other (i.e. p                           | 2)<br>8 (Other |                           |         | lings,      | home        | ès.        |
| City (5)<br>Maplewood  |  |                     |                                      |                              |                              |                         |                               | etc.)<br>Square Feet<br>V/A                                    | # of F<br>N/A  | loors                     |         | ldg. A      | ge          |            |
| County (6)<br>Essex  |  |                     |                                      | County C                     | Code (7)<br>USE ONLY)        |                         |                               | Current Use (Pri<br>House                                      | or if being    | g demolish                | ed)     |             |             |            |
| Name of Monitoring Firm<br>N/A                                 | m Hired by Building                                    | Owner (8)           |                                      | ASCM                         | l No.                        |                         |                               | f Abatement Cor<br>Abatement, In                               |                | 9)                        |         |             |             |            |
| Street Address   |  |                     |                                      |                              |                              |                         | Street A<br>11 Ro             | ddress<br>sengren Avei   | nue            |                           |         |             |             |            |
| City, State, Zip Code  |  |                     |                                      |                              |                              |                         |                               | ate, Zip Code<br>a, NJ 07512                                   | -              |                           |         |             |             |            |
| Project Manager for Mo   | nitoring Firm  |                     |                                      | Telephor                     | ne No.                       | 1.0                     | Telepho<br>973-3              | ne No.<br>45-8685  |                | License No<br>01311       | ).      |             |             |            |
| Start Date (10)<br>10/03/2016                                  |  | Schedule<br>10/04/2 |                                      | npletion (                   | Date (11)                    | - 1                     |                               | f OSHA Monitor<br>Abatement, In                                | ic             |                           |         |             |             |            |
| Occupancy Status Durin   | ng Abatement (Chec                                     | k Only On           | e)                                   |                              |                              |                         | Street A                      |  |                |                           |         |             |             |            |
|  | cated During Entire<br>ned Outside of Norn<br>occupied |                     |                                      |                              |                              |                         | City, Sta                     | sengren Aver<br>ate, Zip Code<br>va, NJ 07512                  | nue            |                           |         |             |             |            |
| Scope of Work (Check /<br>≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf | All That Apply)  |                     | enova<br>emolit                      |                              |                              |                         | ×                             | Full Containm<br>Mini-Enclosure<br>Glovebag Pro<br>Non-Exempte | e<br>cedure    | 1770                      |         |             | 8           |            |
| Locatio  | on of  | 1                   | Locati<br>Iormal                     | ly                           |                              | Desc                    | cription o                    | nf   |                |                           |         | Abate<br>Ty | ment<br>pe  | Control of |
| Asbestos-Containing TO BE AB In Fac (13)                       | g Material (ACM)<br>BATED<br>illity                    | Ma                  | d Sole<br>intenar<br>odial S<br>(12) | nce/                         |                              | tos Contai<br>thermal s | ining Ma<br>ystems<br>ng, VAT | aterial (ACM)<br>insulation,<br>, or                           | (Sp            | nount<br>pecify<br>or LF) | Removal | Repair      | Encapsulate |            |
| basem  | nent   | Yes                 | No<br>X                              | N/A                          |                              | pipe ii                 | nsulati                       | on   | 100            | 0 LF                      | x       |             | CD          |            |
|  |  |                     |                                      |                              |                              |                         |                               |  |                |                           |         |             |             |            |
|  | -E-15-3  |                     |                                      | UDED !                       | loots                        | Ouki-V                  | 'arda                         | Nama   | Dagisto-       | ed Landfill               |         |             |             |            |
| Name of Registered Wa<br>D&S Abatement, In                     |  |                     | Н                                    | IJDEP W<br>lauler ID<br>0996 |                              | of Wast                 |                               |  |                | ed Landiiii<br>ement of   | PA      |             |             |            |
| City, State<br>Totowa, NJ                                      | 0  |                     |                                      |                              |                              | Disposa<br>TBD          | al Date                       | City, Stat   |                |                           |         |             |             |            |
| Completed by   |  | Title               |                                      |                              |                              | Sig                     | gnature                       | Ma/  |                | Da                        | te      |             |             |            |

09/22/2016

Print Form

Ned Joksimovic

PM

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

# 01/25

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| Ch 30                                 | 18                 | 1        | NOTIF   |                 |             |             | BESTOS ABAT<br>C 8:60 and 5:16        |                     | DIES                                 | B           | J. J.  |             | n h n     |
|---------------------------------------|--------------------|----------|---------|-----------------|-------------|-------------|---------------------------------------|---------------------|--------------------------------------|-------------|--------|-------------|-----------|
| Date of Notification (1)              |                    |          | 5000    |                 | Name        | of Building | Owner/Operator (                      | 2)                  | In                                   | 7.55        |        |             |           |
|                                       | 21 /               |          | _       |                 | Prin        | ceton U     | nivertsity - Offic                    | e of Design and     | Construction                         | 2.9         | 3 20   | 16          |           |
| Agencies Notified                     | Type Notific       | cation   |         |                 | Street      | Address     |                                       |                     |                                      |             |        |             | -         |
| ☐ EPA                                 |                    |          |         |                 | 200         | Elm Dr      |                                       |                     | ASBEST                               | os c        | ON     | TRO         | _&        |
| ☑ DOLWD<br>☑ DHSS                     | Amende Amendn      |          |         |                 | City, S     | tate, Zip C | Code                                  |                     | LI                                   | CENS        | SINC   | 1           |           |
| □ DCA                                 | ☐ Emerge           |          |         |                 | Prin        | ceton, N    | IJ 08544                              |                     |                                      |             |        |             |           |
| (NJAC 5:23-8)                         | justifical         |          |         |                 | Name        | of Contact  | t                                     |                     | Telephone Numb                       | er          |        |             |           |
|                                       | ☐ Cancella         | ation    |         |                 | Rob         | ert Orte    | go                                    |                     | · ·                                  | -           | 10000  |             | ours.     |
|                                       |                    |          |         |                 | FAC         | ILITY IN    | FORMATION                             |                     |                                      |             |        |             |           |
| Name of Facility Where A              | Abatement is       | Taking   | Place   | (3)             |             |             |                                       | Type of Facility (4 | 4)                                   |             |        |             |           |
| Princeton Universit                   | y- Enginee         | ering C  | Quadra  | angle           | )           |             |                                       | School (K-12)       | (Other than K 12)                    |             |        |             |           |
| Street Address                        |                    |          |         |                 |             |             |                                       | Subchapter 8        | (Other than K-12)<br>vate and commer | cial bu     | ildina | S.          |           |
| Olden St                              |                    |          |         |                 |             |             |                                       | homes, etc.)        |                                      |             |        |             |           |
| City (5)                              |                    |          |         |                 |             |             |                                       | Square Feet         | # of Floors                          | Blo         | dg. Ag | je          |           |
| Princeton                             |                    |          |         |                 |             |             |                                       |                     |                                      |             |        |             |           |
| County (6)                            |                    |          |         |                 | Coun        | ty Code (7  | )(STATE USE ONLY)                     | Current Use (Price  | or if being demolis                  | hed)        |        |             |           |
| MERCER                                |                    |          |         |                 |             |             |                                       |                     |                                      |             |        |             |           |
| Name of Monitoring Firm               | Hired by Bu        | ilding O | wner (8 | 8)              | ASCM I      | No.         | Name of Abateme                       | ent Contractor (9)  |                                      |             |        |             |           |
| Cardno ATC Assoc                      | iates Inc.         |          |         |                 |             |             | BRISTOL EN                            | VIRONMENTAL         | ., INC.                              |             |        |             |           |
| Street Address                        |                    |          |         |                 |             |             | Street Address                        |                     |                                      |             |        |             |           |
| Bromley Corporate                     | Center-Th          | ree Te   | rri La  | ne              |             |             | 1123 BEAVE                            | R STREET            |                                      |             |        |             |           |
| City, State, Zip Code                 |                    |          |         |                 |             |             | City, State, Zip C                    | ode                 |                                      |             | 17.    |             |           |
| Burlington, NJ 080                    | 16                 |          |         |                 |             |             | BRISTOL, PA                           | 19007               |                                      |             |        |             |           |
| Project Manager for Mon               | itoring Firm       |          |         | Tele            | phone I     | No.         | Telephone No.                         |                     | License No.                          |             |        |             |           |
| Michael Keehn                         |                    |          |         | 60              | 9-386-      | -8800       | 215-788-6040                          | )                   | 00509                                |             |        |             |           |
| Start Date (10)                       |                    | Sched    | uled Co | omple           | tion Dat    | te (11)     | Name of OSHA N                        |                     |                                      |             |        |             |           |
| _10_ / _3_ /                          | 16                 | 1        | 0_/     | 7               | / _         | 16          | BRISTOL EN                            | VIRONMENTAL         | ., INC.                              |             |        |             |           |
| Occupancy Status During               | Abatement          | (Check   | only o  | ne)             |             |             | Street Address                        |                     |                                      |             |        |             |           |
| ☐ Facility Closed/Vacate              |                    |          |         |                 | ment        |             | 1123 BEAVE                            | R STREET            |                                      |             |        |             |           |
| ☐ Abatement Performed                 |                    |          |         |                 |             | cribe       | City, State, Zip C                    | ode                 |                                      |             |        |             |           |
| Time of Abatement: 7                  | :00AM- <u>3:30</u> | )PM/     | PN      | Λ- <u> </u>     | AM          |             | BRISTOL, PA                           | 19007               |                                      |             |        |             |           |
| Scope of Work (Check al               | I that apply)      |          |         |                 |             |             | _                                     | 11                  |                                      |             |        |             |           |
|                                       |                    |          | ⊠ Rei   | novot           | on          |             | ☐ Full Con                            | tainment with Neg   | ative Pressure                       |             |        |             |           |
| ≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf |                    |          | -       | moliti          |             |             |                                       | g Procedure         |                                      |             |        |             |           |
|                                       |                    |          | 550     |                 |             |             | ⊠ Non-Exê                             | empted (*) and Nor  | n-Friable Procedu                    | re          |        |             |           |
|                                       |                    |          |         | Loca            |             |             |                                       |                     |                                      | Ab          |        | ent T       | уре       |
| Location                              |                    | T (1)    |         | lorma<br>d Sole | ely by      | Ache        | Description of<br>estos Containing Ma | 2832                | Amount                               | Re          | Repair | Enc         | Enc       |
| Asbestos-Containing<br>TO BE ABA      |                    | ivi)     | Mai     | intena          | ince/       |             | e., thermal systems                   |                     | (Specify                             | Removal     | oair   | caps        | Enclosure |
| IN Facili                             | ity                |          | Cust    | odial<br>(12)   | Staff?      | 7,33,500    | surfacing, VAT other miscellane       |                     | SF or LF)                            | <u>a</u>    |        | Encapsulate | ure       |
| (13)                                  |                    |          | Yes     | No              | N/A         | 1           | other miscellane                      | eous)               |                                      |             |        | e e         |           |
|                                       |                    | -        |         |                 |             | F1 41       | 11-                                   |                     | 12 SF                                |             | П      |             | П         |
| B409                                  |                    |          | Ш       |                 | 1           | Floor ti    | ile                                   |                     | 12 31                                |             |        |             |           |
|                                       |                    |          |         |                 |             |             |                                       |                     |                                      | Ш           | Ш      | Ш           | Ш         |
|                                       |                    |          |         |                 |             |             |                                       |                     |                                      |             |        |             |           |
|                                       |                    |          |         |                 | <del></del> |             |                                       |                     |                                      | П           | П      | П           | П         |
| Name of Desistered Mos                | te Heuler          |          | Ц_      |                 | JDEP /      | Nacto       | Cubic Yards of                        | Name of Regist      | tered Landfill                       |             |        |             |           |
| Name of Registered Was                |                    | INC      |         | 1.0             | lauler I    |             | Waste                                 |                     | NORTH LAND                           | FILL        |        |             |           |
| BRISTOL ENVIRON                       |                    |          |         |                 | 18706       | 3           | Disposal Data                         | City, State         |                                      |             |        |             |           |
| City, State                           | 7                  |          |         |                 |             |             | Disposal Date                         |                     | LE, PA 19067                         |             |        |             |           |
| BRISTOL, PA 1900                      |                    |          |         |                 |             |             | 1                                     | MORKISVII           |                                      | 2+0         | -      |             |           |
| Completed By (Print or T              | ype)               | Title    |         | errjeg voer     |             |             | Signature                             | l e                 | / - D                                | ate<br>7/21 | //     | 6           |           |
| Brian Scafiro                         |                    | E        | stimat  | tor             |             |             | Lucan                                 | · Scofero /         | 11 19                                | jai         | / '    | 0           |           |
| ASB-41                                | 0                  |          |         |                 |             |             |                                       | /                   | 0                                    |             |        |             |           |

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

| MO9340728L   | H N                 |   | CATION              | te of New<br>OF ASBE<br>o NJAC 8 | STOS                       | ABATE   |                               |  |          | ) <u>E</u>              | C        | E            |         | $\mathbb{V}$ |  |
|--|---------------------|---|---------------------|----------------------------------|----------------------------|---|-------------------------------|--|----------|-------------------------|----------|--------------|---------|--------------|--|
| Date of Notification (1)<br>09/23/2016   |                     |   | Name of<br>Victor F | Building C<br>erera              | Owner/C                    | perator   | (2)                           |  |          |                         | SF       | P 2          | 9 2     | 016          | The state of the s |
| Agencies Notified Type Notification  EPA Initial   |                     |   | Street Ad           |                                  |                            |   |                               |  |          | 486                     |          |              |         | TRO          | 1 8  |
| DEP Amended Amendment Emergency  |                     | _   |                     | te, Zip Coo<br>rd, NJ 0          |                            |   |                               |  |          | 700                     | L        | CEN          | ISIN    | G            | Lox  |
| DOH justification)  DCA Cancellation   |                     |   | Name of<br>Victor F |                                  |                            |   |                               |  | Tel      | ephon                   | ie Nui   | mber         |         |              |  |
|  |                     |   | FACIL               | ITY INFO                         | RMAT                       | ON  |                               |  |          |                         |          |              |         |              |  |
| Name of Facility Where Abatement is Takir House  | g Place (3          | )   |                     |                                  |                            |   | - Immed                       | of Facility (4                                       |          |                         |          |              |         |              |  |
| Street Address   |                     |   |                     |                                  |                            |   |                               | School (K-12<br>Subchapter<br>Other (i.e. pretc.)    | 8 (Oth   |                         |          |              | dings   | , home       | ∋s,  |
| City (5)<br>Crenford   |                     |   |                     |                                  |                            |   |                               | e Feet   | # o      | f Floor                 | rs       | 1000         | Bldg. A | Age          |  |
| County (6)<br>Union  |                     |   | County C            | Code (7)<br>ISE ONLY)            |                            |   | Curre                         | nt Use (Prio   | r if bei | ng de                   | molis    | ned)         |         |              |  |
| Name of Monitoring Firm Hired by Building N/A  | Owner (8)           |   | ASCM                | No.                              |                            | and the second second                                     |                               | ement Con<br>ement, Inc                              |          | (9)                     |          |              |         |              |  |
| Street Address   |                     |   | 1                   |                                  |                            |   | Addres                        | is<br>Iren Aven                                      | iue      |                         |          |              |         |              |  |
| City, State, Zip Code  |                     |   |                     |                                  |                            | City, S   | State, Zi                     | p Code<br>J 07512                                    |          |                         |          |              |         |              |  |
| Project Manager for Monitoring Firm  |                     |   | Telephor            | ne No.                           |                            | Teleph  | none No<br>345-8              | ).   |          | Lice<br>013             | nse N    | lo.          | 100     | 1411-07      |  |
| Start Date (10)<br>10/04/2016  | Schedule<br>10/05/2 |   | npletion [          | Date (11)                        |                            | Name  | of OSH                        | IA Monitor<br>ement, Inc                             | C.       |                         |          |              |         |              |  |
| Occupancy Status During Abatement (Che   |                     |   |                     |                                  |                            |   | Addres                        | s<br>Iren Aven                                       | ue.      |                         |          |              |         |              |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: occupied |                     |   |                     |                                  |                            | City, S   | state, Zi                     | p Code<br>J 07512                                    |          |                         |          |              |         |              |  |
| Scope of Work (Check All That Apply)   |                     |   |                     |                                  |                            | 1010  | wa, iv                        | 3 07 3 12  |          |                         |          |              |         |              |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                     | Renova<br>Demolit                               |                     |                                  |                            | ×   | Mir<br>Glo                    | Containme<br>i-Enclosure<br>vebag Proc<br>n-Exempted | edure    |                         |          |              |         | re           |  |
|  |                     | Locat   |                     |                                  |                            |   |                               | LXOTIPLO   | ( ) a    |                         | , ,,,,,, |              | Abat    | ement        |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                         | Use<br>Ma           | Normal<br>ed Sole<br>intena<br>todial (<br>(12) | ely by<br>nce/      | Asbest<br>(i.e.                  | os Con<br>thermal<br>surfa | scription<br>taining N<br>system<br>cing, VA<br>miscellar | Material<br>s insula<br>T, or | (ACM)  | (5       | moun<br>Specif<br>or Li | У        | Removal      | Repair  | Encapsulate  | Enclosure  |
|  | Yes                 | No  | N/A                 |                                  | 17670                      |   | 7000                          |  |          |                         |          |              |         | fe           |  |
| basement   | -                   | Х   |                     |                                  | pipe                       | insula  | ition                         |  | 3        | 30 LF                   |          | x            |         |              |  |
|  |                     |   |                     |                                  |                            |   |                               |  |          |                         |          |              |         |              |  |
| Name of Registered Waste Hauler  |                     | I N   | JDEP W              | aste                             | Cuhic                      | Yards   |                               | Name of F  | Reaiste  | ered I                  | andfil   |              |         |              |  |
| D&S Abatement, Inc.  |                     | H   | lauler ID<br>0996   |                                  | of Wa                      |   |                               | Waste N  | 100      |                         |          |              |         |              |  |
| City, State<br>Totowa, NJ  |                     |   |                     |                                  | Dispo<br>TBD               | sal Date  |                               | City, State<br>Tullytow                              |          | 4                       |          |              |         |              |  |
| Completed by<br>Ned Joksimovic   | Title<br>PM         |   |                     |                                  | 5                          | Signature   | Э                             | AN   |          |                         | 11 523   | ate<br>9/23/ | 2016    | ì            |  |

| Ch 45  |                          | I               |                  | ICATION        | ate of Nev<br>OF ASB<br>to NJAC         | ESTOS                                   | ABATE     |          | Common accounts and                          | <u></u>       | E C         | E                 |           | E           |           |
|--|--------------------------|-----------------|------------------|----------------|---|---|-----------|----------|--|---------------|-------------|-------------------|-----------|-------------|-----------|
| Date of Notification (1) 09/22/2016          |                          |                 |                  |                | Building<br>e Camp                      |   | perator   | (2)      | 4  |               | SEP         | 2 9               | 201       | 6           |           |
| Agencies Notified                            | Type Notification        |                 |                  | Street Ad      | ddress                                  |   |           |          |  | 1 11          | 0.51        | 2 0               | 201       | 0           | -         |
| I∑I EDA                                      | × Initial                |                 |                  |                |   |   |           |          |  | Ĺ             |             |                   |           |             |           |
| × EPA<br>× DEP<br>× DOL                      |                          |                 | Ī                | City, Sta      | te, Zip Co                              | ode                                     |           |          |  | A             | SBEST       |                   |           | ROL         | 8         |
| × DOL  | Amendment                |                 |                  | Prospe         | ect Park                                | NJ 07                                   | 508       |          | 1  |               | LIC         | ENS               | NG        | -           |           |
| ▼ DOH  | Emergency justification) |                 | 1                | Name of        | Contact                                 |   |           |          |  | Tel           | ephone Nu   | mber              |           | -           | -         |
| ☑ DOH DCA                                    | Cancellation             |                 |                  | Maxine         | e Camp                                  | bell                                    |           |          |  | -             |             | $\longrightarrow$ |           |             |           |
|  |                          |                 |                  | FACII          | LITY INFO                               | ORMATI                                  | ON        |          | 1.112  |               |             |                   |           |             |           |
| Name of Facility Where A                     | Abatement is Takir       | ng Place (3     | 3)               |                |   |   |           | Туре     | of Facility (4                               | 4)            |             |                   |           |             |           |
| Private Dwelling                             |                          |                 |                  |                |   |   |           |          | School (K-1                                  | 2)            |             |                   |           |             |           |
| Street Address                               |                          |                 |                  |                |   | 77                                      |           |          | Subchapter                                   |               |             |                   |           |             |           |
|  |                          |                 |                  |                |   |   |           | ×        | Other (i.e. p etc.)                          | rivate (      | & commerc   | al buil           | aings,    | nome        | es,       |
| City (5)                                     |                          |                 |                  |                |   |   |           | Squa     | are Feet                                     | # 0           | f Floors    | E                 | Bldg. A   | \ge         |           |
| Prospect Park NJ 0                           | 7508                     |                 |                  |                |   |   |           | N/A      |  | 3 F           | LOORS       | 1                 | N/A       |             |           |
| County (6)                                   |                          |                 |                  | County C       |   | 5                                       |           | Curre    | ent Use (Pric                                | or if bei     | ng demolis  | hed)              |           |             |           |
| Passaic                                      | 94                       |                 |                  | (STATE L       | JSE ONLY                                | )                                       |           | PR       | VATE DV                                      | /ELLI         | NG          |                   |           |             |           |
| Name of Monitoring Firm<br>Biottera Solution | Hired by Building        | Owner (8)       |                  | ASCM           | 1 No.                                   |   | 100       |          | atement Con<br>ntracting l                   |               | (9)         |                   |           |             |           |
| Street Address<br>1130 W Chestnut S          | treet                    |                 |                  |                |   |   |           | Addre    |  |               |             |                   |           |             | 21        |
| City, State, Zip Code                        |                          |                 |                  |                |   |   | City, S   | State, Z | Zip Code                                     |               |             |                   |           |             |           |
| Union NJ 07083                               |                          |                 |                  |                |   |   | Woo       | odland   | d Park NJ                                    | 0742          | 4           |                   |           |             |           |
| Project Manager for Moni                     | itoring Firm             |                 | T                | Telephor       | ne No.                                  |   | Telepi    | hone N   | lo.  |               | License I   | No.               |           |             |           |
| Rick Eustaquio                               |                          |                 |                  |                |   |   | 973-      | -692-    | 6298   |               | 01266       |                   |           |             |           |
| Start Date (10)                              |                          | Schedul         | ed Co            | mpletion [     | Date (11)                               |   | Name      | of OS    | HA Monitor                                   |               |             |                   |           |             |           |
| 10/01/2016                                   |                          | 10/03/          | 2016             |                |   |   | Ama       | ax Co    | ntracting L                                  | LC            |             |                   |           |             |           |
| Occupancy Status During                      | Abatement (Che           | ck Only Or      | ne)              | // Se-oulline- |   |   | Street    | Addre    | ss   |               |             |                   |           |             |           |
| ➤ Facility Closed/Vaca                       | ated During Entire       | Period of       | Abater           | nent           |   |   | P.O       | BOX      | 734  |               |             |                   |           |             |           |
| Abatement Performe                           | ed Outside of Norr       | mal Facility    | / Hour           | s              |   |   | City, S   | State, Z | Zip Code                                     |               |             |                   |           |             |           |
| Other - Describe: _                          |                          |                 |                  |                |   |   | Woo       | odlan    | d Park NJ                                    | 0742          | 4           |                   |           |             |           |
| Scope of Work (Check Al                      | II That Apply)           |                 |                  |                |   |   | 90-1      |          |  |               |             |                   |           |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf         |                          | and the same of | Renova<br>Demoli |                |   |   | >         | GI       | III Containme<br>ni-Enclosure<br>ovebag Proc | edure         |             |                   |           |             |           |
|  |                          |                 |                  |                |   |   |           | _ INC    | n-Exempted                                   | ( ) an        | d Non-Fria  | DIE Pro           | White was | e<br>ement  |           |
| 200  | 10                       |                 | Local<br>Norma   | 22.5           |   |   |           |          |  |               |             |                   |           | /pe         |           |
| Location<br>Asbestos-Containing              |                          |                 | ed Sole          |                | Achee                                   |   | scription |          | il (ACM)                                     | Λ             | mount       |                   | T         |             |           |
| TO BE ABA                                    |                          | 0.000           | intena           | 345 35 70 7    |   | thermal                                 |           |          |  |               | Specify     | 70                | 71        | Enc         | 四         |
| In Facili                                    | ty                       | Cus             | (12)             | Staff?         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | cing, VA  |          | 37   | SF            | or LF)      | Remova            | Repair    | aps         | Enclosure |
| (13)   |                          |                 | 13 6             |                |   | otner                                   | niscellar | neous,   |  |               |             | \ <u>\{\a}\</u>   | =         | Encapsulate | ure       |
|  |                          | Yes             | No               | N/A            |   |   |           |          |  |               |             |                   |           | Ф           |           |
| Baseme                                       | ent                      |                 |                  | X              |   | Boile                                   | r Insul   | ation    |  | 4             | 0 SF        | X                 |           |             |           |
|  |                          |                 |                  |                |   |   |           |          |  |               |             |                   |           |             |           |
|  |                          |                 |                  |                |   |   |           |          |  |               |             |                   |           |             |           |
|  |                          |                 |                  |                |   |   |           |          |  |               |             |                   |           |             |           |
| Name of Registered Was                       | te Hauler                |                 | 1,950            | JDEP W         | 200.00                                  | 0.0000000000000000000000000000000000000 | Yards     |          | Name of I                                    | Registe       | ered Landfi | II                |           |             |           |
| Amax Contracting LI                          | _C                       |                 | 1000             | Hauler ID      | INO.                                    | of Was                                  |           |          | GROW   | S             |             |                   |           |             |           |
| City, State                                  |                          |                 |                  |                |   |   | sal Date  | )        | City, State                                  | Э             |             | 2011              |           |             |           |
| Woodland Park NJ 0                           | 7424                     |                 |                  |                |   |   | 1/2016    |          | MORRI  |               | LE PA       |                   |           |             |           |
| Completed by                                 | -                        | Title           |                  |                |   | S                                       | Signature | e ///    | 1 -  | $\overline{}$ | D           | ate               |           |             | _         |
| Tome Maslarkov                               |                          | Proje           | ect M            | anager         |   |   |           | 112      | 2  | ~             | C           | 9/22/             | 2016      | ì           |           |

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2604 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 26 / 16 Wen Zhou Type Notification Agencies Notified Street Address SEF 29 2016 ☐ EPA ✓ Initial **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # ASBESTOS CONTROL Summit, NJ 07901 LICENSING T DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) elephone Number Cancellation Wen Zhou FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. homes, etc.) Square Feet City (5) # of Floors Bidg. Age Summit, NJ 07901 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 05 / 16 \_\_10\_\_ / \_\_06\_\_ / \_\_16 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If 5 160 sf or 2260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Enclosure Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Basement 95 LF Pipe insulation Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Date Signature/ N.Jevtic Owner 09/26/16 ASB-41

| Choll  | N                         |                                   | CATION                   | OF ASB<br>to NJAC     | ESTOS                       | ABATE  |                           | Г  | 0)-[        | E C I                      |                | $\mathbb{V}$   | E            | F         |
|--|---------------------------|-----------------------------------|--------------------------|-----------------------|-----------------------------|--|---------------------------|--|-------------|----------------------------|----------------|----------------|--------------|-----------|
| Date of Notification (1) 9/26/16   |                           |                                   | Name of<br>NJ Tra        | Building<br>nsit      | Owner/0                     | Operator   | (2)                       |  |             | SEP                        | 2 9            | 2016           |              |           |
| Agencies Notified Type Notified  | cation                    |                                   | Street Ad                | ddress<br>enn Pla     | za eas                      | t t  |                           |  |             |                            |                |                |              |           |
| EPA Initial Amen   | ded<br>dment #            |                                   | City, Sta                | te, Zip Co<br>k NJ 07 | ode                         |  |                           |  | AS          | BESTO:                     | S CO<br>ENSII: | 117            | <u> </u>     |           |
| □ Emerging justified     □ justified   | gency (including ation)   | -                                 | Name of                  | Contact               |                             |  |                           |  | Tel         | ephone Nu                  | ımber          |                |              |           |
| DCA Cance  | ellation                  |                                   |                          | Samar                 |                             |  |                           |  |             |                            |                | Ł              |              |           |
| Name of Facility Where Abatement is NJ Transit Maplewood GOB B                                     |                           |                                   | FACIL                    | LITY INFO             | ORMATI                      | ION  | Тур                       | e of Facility (  | -           |                            |                |                |              |           |
| Street Address<br>180 Boyden Avenue  |                           |                                   |                          |                       | 1                           |  | ×                         | Subchapter<br>Other (i.e. p                                    | 8 (Oth      |                            |                | dings          | home         | es,       |
| City (5)<br>Maplewood NJ 07040   |                           |                                   |                          |                       |                             |  |                           | are Feet   | # 0         | f Floors                   |                | 3ldg. <i>A</i> | ge           |           |
| County (6)<br>Essex  |                           | T                                 | County C                 | Code (7)<br>ISE ONLY  | )                           |  | Cun                       | rent Use (Pri  | or if bei   | ng demolis                 | shed)          |                |              |           |
| Name of Monitoring Firm Hired by Bu<br>TTI Environmental   | ilding Owner (8)          |                                   | ASCM<br>003              | No.                   |                             | Name<br>Pera   |                           | patement Cor   | ntractor    | (9)                        |                |                |              |           |
| Street Address<br>1253 N Church Street   |                           |                                   |                          |                       |                             | Street<br>PO E   | Addr                      | ess  |             |                            |                |                |              |           |
| City, State, Zip Code<br>Moorestown NJ 08057   |                           |                                   |                          |                       |                             | City, S  | State,                    | Zip Code<br>rlin NJ 080  | 01          |                            |                |                |              | -         |
| Project Manager for Monitoring Firm Jim Galardi  |                           |                                   | Telephor                 | ne No.                | ,                           | Teleph   | none                      |  | 13 1        | License 1                  | No.            |                |              |           |
| Start Date (10)  | Scheduled                 | d Con                             |                          |                       |                             | Name   | of OS                     | SHA Monitor  |             | 00727                      |                |                |              |           |
| 10/6/16 Occupancy Status During Abatement  | (Check Only One           |                                   |                          |                       |                             | Sam  |                           | ess  |             |                            |                |                |              |           |
| Facility Closed/Vacated During B  Abatement Performed Outside C  Other – Describe: after 5 night a | of Normal Facility        | baten<br>Hours                    | nent                     |                       |                             | City, S  | State,                    | Zip Code   |             |                            |                |                |              |           |
| Scope of Work (Check All That Apply  |                           |                                   |                          |                       | _                           |  |                           |  |             |                            |                |                |              |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                           | enova<br>emolit                   |                          |                       |                             | ×  | M<br>G                    | ull Containmo<br>lini-Enclosure<br>lovebag Prod<br>on-Exempted | e<br>cedure |                            |                |                | e            |           |
|  | 20000                     | _ocati                            | 2000000                  |                       |                             |  |                           |  |             |                            |                |                | ement<br>⁄pe |           |
| Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)                         | CM) Used<br>Mair<br>Custo | Sole<br>ntenar<br>odial S<br>(12) | ly by nce/<br>Staff?     |                       | tos Con<br>thermal<br>surfa | scription<br>taining N<br>systems<br>cing, VA<br>miscellar | Materi<br>s insu<br>T, or |  | (5          | mount<br>Specify<br>or LF) | Removal        | Repair         | Encapsulate  | Enclosure |
| Emergency OP Center Office   | Yes Area x                | No                                | N/A                      |                       |                             | Mastic   |                           |  | 55          | 00 SF                      | x              |                |              |           |
| Emergency Of Genter Office   | Alea A                    | <u> </u>                          |                          |                       |                             | Maslic   |                           |  |             | 00 31                      |                |                |              |           |
|  |                           |                                   |                          |                       |                             |  |                           |  |             |                            |                |                |              |           |
|  |                           |                                   |                          |                       |                             |  |                           |  |             |                            |                |                |              |           |
| Name of Registered Waste Hauler TBC Contracting  |                           | H                                 | JDEP Waller ID I<br>7512 |                       | Cubic<br>of Wa<br>40        | Yards<br>ste   |                           |  |             | ered Landfi<br>al Sanita   |                | dfill          |              |           |
| City, State<br>Totowa NJ   |                           |                                   |                          |                       | Dispos<br>10/10             | sal Date<br>0/16   |                           | City, State  |             | 18072                      |                |                |              |           |
| Completed by<br>Anthony T Perna  | Title<br>Presid           | lent                              |                          |                       | 5                           | Signature  | 0                         |  |             | 100                        | ate<br>/26//   | 0              |              |           |

|  |   |   |                                  |   |                       |  |         |                              |         | Pri     | nt Fo       |
|--|---|---|----------------------------------|---|-----------------------|--|---------|------------------------------|---------|---------|-------------|
| h 5718   | NOTIFI<br>(P  | CATION OF ursuant to N                            | ASBESTOS AB<br>JAC 8:60 and 6    | 12:120)                                 |                       |  |         |                              |         |         |             |
| ate of Notification (1)  |   | Name of Bu<br>Myles Ac                            | ilding Owner/Op<br>ken Private H | erator (<br>lome                        | (2)                   |  | Ц       | SEP 21                       | 9 20    | 115     | 냳           |
| gencies Notified Type Notification   | NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC site and 12-120)    Name of Building Owner/Operator (2)   Myles Acken Private Home |   |                                  |   |                       |  |         |                              |         |         |             |
|  |   | City, State,<br>Long Bea                          | Zip Code<br>ach Twp NJ (         | 8008                                    |                       |  |         |                              |         | 2       |             |
| Emergency (in justification)   | cluding   | Myles   |                                  |   |                       |  | Telep   | hone Number                  | ,       |         |             |
| State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:86 and 12:120)  STATE OF Notification (1)  Name of Studing Owner(Open and (2)  STRIP Address  ASSESTOS CONTROL & LICENSING  LINES ACKEN Private Home  OLI Initial Amended Amendment # LICENSING  Amended Amendment # LICENSING  Carcellation   Street Address  City, State, Zip Code  LONG Beach TWP NJ 08008  Name of Contact Myles  ACKEN Private Home  STRIP Address  City, State, Zip Code  LONG Beach TWP NJ 08008  Telephone Number   Justification   Justification   Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e. private & commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commercial buildings, homes, bidge and the state of Facility Active & Commerci |   |   |                                  |   |                       |  |         |                              |         |         |             |
| lame of Facility Where Abatement is Taking<br>Myles Acken Private Home<br>Street Address   | Place (3)   |   |                                  |   |                       | School (K-12)<br>Subchapter 8<br>Other (i.e. pri | (Otho   | r than K-12)<br>commercial b | uilding | js, hon | nes,        |
| City (5)   |   |   |                                  |   |                       | are Feet   |         | Floors                       | 1000 CO |         |             |
| Long Beach Twp NJ 08008 County (6)   |   | County Co   | ode (7)<br>SE ONLY)              |   | Cur                   | rent Use (Prior                                  | if beir | ng demolished                | )       |         |             |
|  | wner (8)  | 12.0  |                                  |   |                       |  | ractor  | (9)                          |         |         |             |
| N/A  |   |   |                                  | 100000000000000000000000000000000000000 |                       |  |         |                              |         |         |             |
| Street Address   |   |   |                                  |   |                       | 100  |         |                              |         |         |             |
| City, State, Zip Code  |   |   |                                  | We                                      | st Be                 | erlin NJ 080                                     | 91      | License No.                  |         |         |             |
| Project Manager for Monitoring Firm  |   |   |                                  | 856                                     | 5-753                 | 3-9800   |         |                              |         |         |             |
| Start Date (10)<br>10/7/16   | Scheduled 10/14/16  | Completion [                                      | Date (11)                        | Sa                                      | me                    |  |         |                              |         |         |             |
| Occupancy Status During Abatement (Chec  | ck Only One)  |   |                                  | Stre                                    | et Ad                 | ress   |         |                              |         |         |             |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr  | Period of Aba   | atement   |                                  | City                                    | , State               | e, Zip Code                                      |         |                              |         |         |             |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf  |   |   |                                  |   | X                     | Mini-Enclosur                                    | e       | 2                            | e Proc  | edure   | ment        |
|  | ls L  | ocation   |                                  |   |                       |  |         |                              |         |         |             |
| Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  | Used<br>Mair<br>Custo   | ormally<br>Solely by<br>atenance/<br>odial Staff? | Asbestos C<br>(i.e. therr        | ontainir<br>nal syst                    | ng Ma<br>ems i<br>VAT | terial (ACM)<br>nsulation,<br>or                 |         | (Specify                     | Removal | Repair  | Encapsulate |
|  | Yes   | No N/A  |                                  | 0:-"                                    |                       | uso only   | -       | 1800 SF                      | x       |         |             |
| Exterior Siding house only   |   | X   | Exterior                         | Sidin                                   | g no                  | use only   |         |                              |         |         |             |
|  |   |   |                                  |   |                       |  |         |                              | +       | -       |             |
|  |   |   |                                  |   |                       |  |         | Linear Londer                | 11      |         |             |
| Name of Registered Waste Hauler  |   | NJDEP<br>Hauler                                   | 4 40000                          | ubic Ya<br>Waste                        | rds                   | Name<br>G.R.0                                    |         | istered Landfi               | u.      |         |             |

Disposal Date

10/14/16

4

22459

Title

President

G.R.O.W.S

City, State

United Containers

Anthony T Perna

City, State

Completed by

Elm NJ

Morrisville PA 19067

Date Signature 9/26/16

| CHOTIC  | 1   | N           |  | CATION            | ate of Nev<br>OF ASB<br>to NJAC | ESTOS                        | ABATE  |                            |   | D)          |                                | <u>.</u> | <u> </u> |               |           |
|---|---|-------------|--|-------------------|---------------------------------|------------------------------|--|----------------------------|---|-------------|--------------------------------|----------|----------|---------------|-----------|
| Date of Notification (1) 9/26/16                              |   |             |  |                   | Building<br>Pietrza             |                              |  |                            |   |             | j SLP                          | L 3      | 20       | īŪ            | F         |
| Agencies Notified   | Type Notification                         |             |  | Street A          | ddress                          |                              |  |                            |   |             | ASBEST(                        | OS C     | ONT      | ROL           | &         |
| EPA DEP DOL   | Initial Amended Amendment                 | * #         |  |                   | ite, Zip Co                     |                              |  | -                          |   |             | LIC                            | CENS     | SING     |               |           |
|   | Emergency justification)                  | (including  | -  -   |                   | Contact                         |                              |  |                            |   | Te          | elephone Nu                    | mber     |          |               |           |
| DOH DCA   | Cancellation                              |             |  | John              | /                               |                              |  |                            |   |             |                                |          |          |               |           |
| Name of Facility Where  |   | ng Place (3 | )  | FACI              | LITY INFO                       | ORMATI                       | ON   | Туре                       | e of Facility (   | (4)         |                                |          |          |               |           |
| Daniel Pietrzak Pri<br>Street Address                         | vate Home                                 |             |  |                   |                                 |                              |  | ×                          |   | 8 (Oth      | ner than K-1<br>& commerce     |          | dinas    | home          | es.       |
| City (5)  | ~   |             |  |                   |                                 |                              |  |                            | etc.)<br>are Feet   |             | of Floors                      |          | Bidg. A  |               |           |
| Surf City NJ 08008  | 3   |             |  |                   |                                 |                              |  | 100                        | +0  | 2           |                                | 3        | 35+      | igo           |           |
| County (6)<br>Ocean   |   |             |  |                   | Code (7)<br>USE ONLY            | )                            |  |                            | ent Use (Pri<br>use & Gar                                 |             | eing demolis                   | hed)     |          |               |           |
| Name of Monitoring Firm                                       | Hired by Building                         | Owner (8)   |  | ASCN              | No.                             |                              | Name<br>Pera   |                            | atement Cor<br>Inc.                                       | ntracto     | г (9)                          |          |          |               |           |
| Street Address  |   |             |  |                   |                                 |                              | Street<br>PO E   |                            |   |             |                                |          |          |               |           |
| City, State, Zip Code   |   |             |  |                   |                                 |                              |  |                            | Zip Code<br>Iin NJ 080                                    | 91          |                                |          |          | 2             |           |
| Project Manager for Mor                                       | nitoring Firm                             |             |  | Telepho           | ne No.                          |                              | Teleph<br>856-   |                            |   |             | License N                      | √o.      |          |               |           |
| Start Date (10)<br>10/5/16                                    |   | Schedule    |  | npletion l        | Date (11)                       |                              |  | of OS                      | SHA Monitor   |             | 1                              |          |          |               |           |
| Occupancy Status Durin  | g Abatement (Ched                         |             |  |                   |                                 |                              | Street   |                            | ess   |             |                                |          |          |               | -         |
| Facility Closed/Vac<br>Abatement Perform<br>Other – Describe: | ated During Entire<br>ned Outside of Norr | Period of A | Abatem<br>Hours                                | nent              |                                 |                              | City, S  | tate, 2                    | Zip Code  |             |                                |          |          |               |           |
| Scope of Work (Check A  | II That Apply)                            |             |  |                   |                                 |                              |  |                            |   | -           |                                |          |          |               |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                        |   | parameter . | enova<br>emolit                                |                   |                                 |                              | X  | M<br>Gl                    | ull Containm<br>ini-Enclosur<br>lovebag Pro<br>on-Exempte | e<br>cedure | 2                              |          |          | e             |           |
|   |   | ls          | Locati   | on                |                                 |                              | -  |                            |   |             |                                |          | Abate    | ement         |           |
| Location Asbestos-Containing TO BE AB In Faci                 | Material (ACM)<br>ATED                    | Use<br>Ma   | Normal<br>d Sole<br>intenar<br>odial S<br>(12) | ly by<br>nce/     |                                 | tos Cont<br>thermal<br>surfa | scription<br>taining M<br>systems<br>cing, VA<br>niscellar | fateria<br>s insu<br>T, or |   | (           | Amount<br>(Specify<br>F or LF) | Removal  | Repair   | e Encapsulate | Enclosure |
| (15)  | (13) Yes                                  |             |  |                   |                                 |                              | moodiidi   | 10000,                     | ′   |             |                                | /al      | =        | late          | лге       |
| Exterior S  | Siding                                    |             |  | Х                 |                                 | Exte                         | rior Sid   | ding                       |   | 2           | 200 SF                         | x        |          |               |           |
|   | #/,                                       |             |  |                   |                                 |                              |  |                            |   |             |                                |          |          |               |           |
| Name of Registered Was  | eto Haulor                                |             | 1 81   | JDEP W            | lasta                           | Cubic                        | Varde  |                            | Nome  | Dogist      | torod I cade                   |          |          |               |           |
| United Containers   | ste nadier                                |             | H  | iauler ID<br>2459 |                                 | of Was                       | Yards<br>ste   |                            | G.R.O.  |             | tered Landfil                  | i .      |          |               |           |
| City, State<br>Elm NJ   |   |             |  |                   |                                 | Dispos<br>10/11              | sal Date<br>/16  |                            | City, Stat<br>Morrisv                                     |             | A 19067                        |          |          |               |           |

Completed by Anthony T Perna

Title

President

Date 9/26/16

Signature

THE PRINCESON ...

|  |  |   |   |            |  |   |  |                                      |         | L.      |             |           |
|--|--|---|---|------------|--|---|--|--------------------------------------|---------|---------|-------------|-----------|
| Ch 49  | 56   | N   |   | CATION     | te of New Jersey<br>OF ASBESTOS A<br>o NJAC 8:60 and | ABATEN                                  |  | ME                                   |         |         | V E         |           |
| Date of Notification (1)                                 |  |   | 1                                       | Name of    | Building Owner/C                                     | Operator                                | (2)                                      | 120                                  |         |         |             | 1         |
| 9/27/16  |  |   |   | Isaac S    | hulman   |   |  |                                      | ED 9    | a 2/    | 116         |           |
| Agencies Notified  | Type Notification                          |   | 5                                       | Street Ad  | dress  |   |  | bank tra-                            |         |         |             | 24        |
| □ EPA  | × Initial                                  |   |   |            |  |   |  |                                      |         |         |             |           |
| DEP  | Amended                                    |   | (                                       | City, Stat | e, Zip Code  |   |  | ASBES                                | STOS    | CON     | ROL         | _ &       |
| × DOL  | Amendment                                  |   |   | Bradley    | / Beach, NJ  |   |  |                                      | LICEN   | SiNe    | <u> </u>    | -         |
| ⊠ DOH<br>□ DCA   | justification)  Cancellation               |   | 1                                       | Name of    | Contact  |   |  | Telephone N                          | umber   | -       |             |           |
|  |  |   |   | FACIL      | ITY INFORMATI  | ION                                     |  | -                                    |         |         |             |           |
| Name of Facility Where                                   | Abatement is Takin                         | g Place (3  | )                                       |            |  |   | Type of Facility (                       | 4)                                   |         |         |             |           |
|  |  |   |   |            |  |   | School (K-1                              | 2)                                   |         |         |             |           |
| Street Address   |  |   |   | 79         |  |   |  | 8 (Other than K-<br>private & commer |         | dings,  | home        | S,        |
| City (5)   |  |   |   |            |  |   | Square Feet                              | # of Floors                          | E       | Bldg. A | ge          |           |
| Bradley Beach  |  |   |   |            |  | İ                                       | 4000                                     | 3                                    |         |         |             |           |
| County (6)<br>Monmouth                                   |  |   |   | County C   | lode (7)<br>ISE ONLY)                                |   | Current Use (Pri<br>home                 | or if being demol                    | ished)  |         |             |           |
| Name of Monitoring Fire                                  | m Hired by Building                        | Owner (8)   |   | ASCM       | No.  |   | of Abatement Cor<br>LEAD PROFE           |                                      |         |         |             |           |
| Street Address   |  |   |   |            |  |   | Address<br>HITE DOVE CO                  | OURT                                 |         |         |             |           |
| City, State, Zip Code                                    |  |   |   |            |  |   | tate, Zip Code<br>EWOOD, NJ 0            | 8701                                 |         |         |             |           |
| Project Manager for Mo                                   | onitoring Firm                             |   |   | Telephor   | ne No.   |   | none No.<br>668-9078                     | License<br>1200                      | No.     |         |             |           |
| Start Date (10)<br>10/07/16                              |  | Schedule<br>10/16/1   |   | npletion [ | Date (11)  |   | of OSHA Monitor<br>LEAD PROFE            |                                      |         |         |             |           |
| Occupancy Status Duri                                    |  |   |   |            |  | 1707/03/03/03                           | Address<br>HITE DOVE C                   | OURT                                 |         |         |             |           |
| X Facility Closed/Va Abatement Perform Other – Describe: | cated During Entire<br>med Outside of Norr | nal Facility  | Hours                                   | nent       |  | 100000000000000000000000000000000000000 | tate, Zip Code<br>EWOOD, NJ 0            | 98701                                |         |         |             |           |
| Scope of Work (Check                                     | All That Apply)                            |   |   |            |  | L                                       |  |                                      |         |         |             |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf                       |  | Total Control of the | Renova<br>Demolit                       |            |  | ×                                       | Mini-Enclosur<br>Glovebag Pro            |                                      |         |         | ·e          |           |
|  | -  | le  | Locati                                  | on         |  |   |  |                                      |         |         | ement       |           |
| Locatio  | on of                                      | 1   | Vormal                                  | ly         | De   | escription                              | of                                       |                                      |         | Ty      | /pe         |           |
| Asbestos-Containir<br>TO BE A<br>In Fac                  | ng Material (ACM)<br>BATED<br>cility       | Ma  | ed Sole<br>iintenai<br>todial S<br>(12) | nce/       | Asbestos Con<br>(i.e. therma<br>surfa                | ntaining N                              | Material (ACM)<br>s insulation,<br>T, or | Amount<br>(Specify<br>SF or LF)      | Removal | Repair  | Encapsulate | Enclosure |
|  |  | Yes   | No                                      | N/A        |  |   |  |                                      | -       |         | te          | (D        |
| inter  | rior                                       |   |   |            |  | Plaster                                 | •  | 4600 sf                              | x       |         |             |           |

NJDEP Waste

Hauler ID No.

04509

Title

OWNER

Cubic Yards

Disposal Date

Signature

10/16/16

of Waste

30

Date

Name of Registered Landfill

BETHLEHEM PA

**IESI** 

City, State

City, State

NEWARK, NJ

Completed by

Name of Registered Waste Hauler

NEWARK CARTING

JOSEPH PERLSTEIN

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

| CK# 2999   | (Purs      | TION (             | of ASE<br>o NJAC | w Jersey<br>ESTOS AB<br>8:60 and 12  |                           |                      | 1          | DE   | GEU  | W  | =        | 1  |
|--|------------|--------------------|------------------|--|---------------------------|----------------------|------------|--|--|--|----------|--|
| (, K#  | - 1 11     | of of              | Building         | Owner/Ope  | erator (2                 | )                    |            |  |  |  |          | SHIROTE  |
| of Notification (1)  | l Ms       | Ri                 | ch               | min  | na                        |                      |            |  | SEP 29   | 2016   |          | ᆀ  |
| 211101110  | 1 0        | 111                | ddress           | 1 1  |                           | Λ -                  |            | 17 1   | y <b>=</b> 1   |  |          |  |
| I I I A UK I I WE COTTON   | 3          | Jeer               | 1                | 1 . [-   |                           | $\Lambda_{10}$       |            |  |  | D. ITDO  | VI R     | 40,000   |
| ncies Notified Type Notification   | 1          | D. Cta             | te. Zip          | Jode   |                           | 2                    |            | - AS   | BESTOS CO  | ONTHU  | ) L O    |  |
| EPA Amended  | -          | 1/00               | 201              | 25,  | Nu                        | 5 P                  | رعور       | 1 1010   | phone Number   |  |          | No. of Concession, Name of Street, or other Persons, Name of Street, or ot |
| DEP Amendment #  | - \-       | tome (             | of Conta         | ct U   |                           |                      |            | 1  |  |  | 900      | and the second   |
| instification)   |            | m                  | -12              | 2  |                           |                      |            |  |  |  |          |  |
| DOH Cancellation   | -          | FAC                | MILLA            | NFORMATI   | ON                        | Temp (I              | Facility   | (4)  |  |  |          | 1  |
|  | (3)        |                    |                  |  | 1                         | -                    |            | 401  |  |  |          |  |
| ame of Facility Where Abatement is Taking Place  | <b>1-7</b> |                    |                  |  |                           | HS                   | chool (re  | er 8 (Oth  | er than K-12)  | -adinas  | home     | s.   |
| Micra Residence  |            |                    |                  |  | 4.01                      | D-0                  | ther (i.e. | private i  | er than K-12)<br>& commercial b  |  |          |  |
| treet Address  |            |                    |                  |  |                           | Square               | (c.)       | 1 # 0  | f Floors   | Bldg. A  |          |  |
|  |            |                    |                  |  |                           | 7.0                  | (10        | 1  | 2  | 55   | +        |  |
| ity (5)  | 63         |                    |                  |  |                           | Curre                | nt lige (f | Prior if be  | eing demolished  | 3)   |          |  |
| Keans burg   | 1          | Coun               | ty Code          | (7)  |                           | 17                   | os. A      | onle   |  |  |          |  |
| 103  |            |                    | TE USE           |  | 1 blom                    | n of Aha             | tement     | Contract   | or (9)   |  |          |  |
| Man muth   | (8)        | AS                 | SCM No           | -  | Nan:                      | o incui              | ation C    | o., inc  | T-040191-10191-  |  |          |  |
| Name of Monitoring Firm Hired by Building Owne   |            | Dept. and          |                  |  |                           | et Addre             |            |  |  |  |          |  |
|  |            |                    |                  |  | 95                        | Montro               | ose Rd     |  | 11-11-11   |  |          |  |
| Sireet Address   |            |                    |                  |  |                           |                      | Zip Code   |  |  |  |          |  |
|  |            |                    |                  |  | Co.                       | ils Ne               | k, Nev     | N Jerse  | У  |  |          |  |
| City, State, Zip Code  |            |                    |                  |  |                           | ephone f             |            |  | License ve   | 3.   |          |  |
| Name Carry   |            | Tele               | phone!           | No.  | 73                        | 2 294                | 1757       |  | 00029  |  |          |  |
| Project Manager for Monitoring Firm  |            | -                  |                  | (44)   | Na                        | me of O              | SHA Mo     | nitor  |  |  |          |  |
| Sc   | neduled (  | Comple             | etion Da         | te (11)  |                           |                      |            |  |  |  |          |  |
| Start Date (10)  | 0/12       | 111                | Q                |  | Sh                        | reet Add             | ress       |  |  |  |          |  |
| Occupancy Status During Abatement (Check C   | nly One)   |                    |                  |  |                           |                      |            |  |  |  |          |  |
| Occupancy Status Duning Abatomic Period Peri | od of Abi  | atemen             | ń                |  | Cit                       | ty, State            | , Zip Coi  | de   |  |  |          |  |
| Pacility Closed/Vacated During Entire Per Abatement Performed Outside of Normal  | Facility H | ours               |                  |  |                           |                      |            |  |  |  |          |  |
| Abatement Performed Outside of North Abatement P | 701        |                    |                  |  |                           |                      |            |  |  |  |          |  |
| Scope of Work (Check All That Apply)   |            |                    |                  |  |                           |                      | Full Con   | tsinmen  | t with Negative  | Pressure   | 2        |  |
| 1  | ☐ Re       | novatio            | n n              |  |                           |                      | Mini-En    | Closure  |  |  |          | e.   |
| 23 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | M De       | molitic            | 21               |  |                           | M                    | Non-Ex     | empted   | dure<br>(*) and Non-Frid   | able Proc  | Abate    | ment   |
| A since  |            |                    |                  |  |                           | - Party              |            | A Tabout P   |  | a lip-   | Ty       |  |
|  | Is         | Locatio            | on.              |  |                           |                      | £          | 4  |  | and the latest and th | i        | 177  |
|  | 1          | ormali             | У                | Asbestos   | Lmi                       | ription o            | TOTAL LAN  | CM)  | Amount<br>(Specify   | 70   | 7        | Encapsulate  |
| Location of Asbestos-Containing Material (ACM)   | BASI       | d Solei<br>intenan | ice/             | fi.e. th   | coma S                    | verenis i            | 115UIGIGG  | n, [   | SF or LF)  | Remova   | Repair   | psc  |
| TO BE ADATED   | Cusi       | odial S            | itaff?           | £.   | CHICETECT                 | ng, VAT,<br>scellane |            | 1  |  | Val  | -        | late   |
| In Facility  |            | (12)               |                  | 1  | Miss erm                  |                      |            | A STATE OF THE STA |  | A se se se se  | distant. |  |
| (13)   | Yes        | No                 | NYA              | and the same of th |                           |                      |            |  | isham  | X  | -        |  |
|  |            |                    | 1                | 1 <12  | incli                     | W Vin                | VI)        | - Parket   | 170017   | 10   | -        | 1  |
| putside  | 1          | 9                  | X                | 1 3.0  | JC                        | - 1                  | . ,        | 1  |  | -  | 1        | 1  |
| Duts 06  |            | 1                  | 1-               | 1  |                           |                      | January.   |  |  |  | -        | -  |
|  |            | a tara i reprinte  | as constitution  | -  |                           |                      |            |  | and the same of th | . Accounted  | -        |  |
|  |            | the a par          | a parameter      |  |                           | Marris               |            | Name of  | Registered La  | ndfill   |          |  |
|  |            | 1                  | NJDEP            | Waste  | Oubic<br>of Wa            | Yards<br>ste         |            |  | Landfill   |  |          |  |
| Name of Registered Waste Hauler  |            |                    | Hauter           |  |                           | 2                    |            |  |  |  |          |  |
| Ace Insulation Co., Inc.   |            |                    | 12086            |  | Dispo                     | sal Daje             | ,          | City, Sta  | ne<br>DA   |  |          |  |
|  |            |                    |                  |  | 10                        | 1 11                 | 10         | Easto  | n, PA  | 1 Date   | 1        |  |
|  |            |                    |                  |  | 1 1                       | -                    |            | Te Table   | 99.5F  |  | _ 1      |  |
| City State   |            |                    |                  |  | 4                         | Signatur             | e V        |  |  | 9  | 1101     | 10   |
|  | Title      | oroża              | ny Tres          | esurer   | West Contract to the same | B                    | . /        |  | for asbestos lic   |  | 26       |  |

CK# 2999

| CKT ZMI   |  |  | usuant   | to NJAC 8:60 an  | d 12:12   | (8)<br>(8)                    |                    | E A              | F  | n n          | 7 17        |              |
|---|--|--|--|--|-----------|-------------------------------|--------------------|------------------|--|--------------|-------------|--------------|
|   |  |  |  |  |           |                               |                    | E G              | E  | <u>U</u> W   |             |              |
| Date of Notification (1)                                |  |  |  | f Building Owner/  |           |                               | 11                 |                  |  |              |             | 711          |
| 9/26/10   |  |  | Jn   | ore Hum  | 16 15     | 1.1am,                        | Lnc                |                  | - 9 - 9  |              | 17-         | _111_        |
| Agencies Notified Type Notification                     |  |  | Street A   |  |           |                               | IL L               | UL!              | (a) J  | 20           | 10          |              |
| EPA Linitial  |  |  |  | W. Con   | 1 (0)     | Se                            |                    |                  |  |              |             |              |
| DEP Linitial Amended Amendment #                        |  | and the state of   | Orty, Sta<br>M. M  | te, Zip Code   | 10        | (                             | 27                 | SRESTO           | SC   | TAC          | 30L         | 2            |
| 1 Emergency (i  |  |  |  | the, A   | JUL       | 3 Dersey                      | 07                 | 7031C            | ENS  | NG           |             |              |
| DOH justification)                                      |  | and the same of th |  | f Centact  |           |                               | lei                | ephone Nur       | nber   | -            | _           |              |
| DCA Cancellation  |  |  | 1  | thony  |           |                               | _                  |                  |  |              | -           |              |
| Name of Equility Milean Abotement in Taking             | Dlana /  | 2)   | FAC  | LITY IMPORMAT  | ION       | Type of Facility              | FAS                |                  |  |              |             |              |
| Name of Facility Where Abatement is Taking              |  | 3)   |  |  |           | Type or racking               | (+)                |                  |  |              |             |              |
| Shore Homes Propert                                     | 7  |  |  |  |           | School (K-                    |                    | er than K-12     | 14.  |              |             |              |
| Λ   |  |  |  |  |           |                               |                    | k commercia      |  | dings,       | home        | 35,          |
| 502 baston Blud   |  |  |  |  |           | etc.)                         |                    |                  |  |              |             | 1011411      |
| City (5)  |  |  |  |  |           | Square Feet                   | ្រូវ មិន           | Floors           | 2  | ldg. A       |             |              |
| Sea birt  |  |  |  |  |           | 100                           | 1                  | $\prec$          |  | 2            | 7           |              |
| County (6)  |  |  |  | Code (7)<br>USE ONLY)  |           | Current Use (Pr               |                    | ng demolish      | ied)   |              |             |              |
| Mormacm   |  |  |  |  |           | Tes. der                      |                    |                  |  |              |             |              |
| Name of Monitoring Firm Hired by Building C             | wner (S  | 1  | ASC  | i No.  |           | of Abatement Co               |                    | (9)              |  |              |             |              |
|   |  |  | Ī  |  | 1         | Insulation Co                 | ., ###             |                  |  |              |             |              |
| Street Address  |  |  |  |  | 1         | t Address<br>Nontrose Rd      |                    |                  |  |              |             |              |
|   |  |  |  |  | 1         |                               |                    |                  |  |              |             |              |
| City, State, Zip Code                                   |  |  |  |  | \$        | State, Zip Code               |                    |                  |  |              |             |              |
|   |  | - F  |  |  | 1         | s Neck, New J                 | ersey              |                  |  |              |             |              |
| Project Manager for Monitoring Firm                     |  | 1  | Felepho  | ne No.   | 1         | hone No.                      | -                  | License No       | 3.   |              |             |              |
| Chart Date (50)   | Calanda  | lad Can  | 1-4  | D-I- (111)   | 1         | 294 1757                      |                    | 00029            |  |              |             |              |
| _ 1 / 1   | -  | 1  |  | Date (11)  | 149008    | of OSHA Monito                | F                  |                  |  |              |             |              |
| Occupancy Status During Abatement (Check                |  | 411  | 0  |  | Chro      | 4 6 4 4                       |                    |                  |  |              |             |              |
| Occupancy Status During Abatement (CiteOx               | Only U   | ne;  |  |  | ouee      | t Address                     |                    |                  |  |              |             |              |
| Facility Closed/Vacated During Entire Po                | eriod of   | Abaten   | ent  |  | 0.4       | 7-0-1                         |                    |                  |  |              |             |              |
| Abatement Performed Outside of Normal Other – Describe; | May  | y riours<br>) V~   |  |  | City, S   | State, Zip Code               |                    |                  |  |              |             |              |
| Scope of Work (Check All That Apply)                    | .,   |  |  |  |           |                               |                    |                  |  |              |             |              |
|   | F  |  |  |  | 2         | 7                             |                    |                  |  |              |             |              |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                    | VIII I   | Renova:<br>Demoliti  |  |  |           | Full Containn  Mini-Enclosur  |                    | Negative P       | ressu  | P            |             | 100          |
| Д =100 3. С. =250 я                                     | A.   | J 5 8 3 10 /14.  | 011  |  |           | Glovebag Pro                  | cedure             |                  |  |              |             |              |
|   | 1  |  |  | 2  | L         | J Non-Exempte                 | ed (*) an          | d Non-Friab      | le Pro   |              |             |              |
|   | 1  | s Locafi   |  | e-ca-ca-ca-ca-ca-ca-ca-ca-ca-ca-ca-ca-ca-  |           |                               | liai Ferrando      |                  | 1  |              | ement<br>pe |              |
| Location of   | 4  | Normal<br>ed Sole  | -  |  | escriptio |                               | -                  |                  | -  | ,,           | рс<br>      | 1            |
| Asbestos-Containing Material (ACM) TO BE ABATED         |  | aintenar   |  |  |           | Material (ACM) is insulation, | 2                  | mount<br>Specify | -  | To a comment | 9           | m            |
| In Facility   | Cus  | todial S   | taff?  |  | cing, VA  |                               |                    | or LF)           | Remaya   | Repair       | Encapsulate | Enclosure    |
| (13)  |  | (12)   |  | other r  | niscella  | neous)                        |                    |                  | QVB  | on i         | sula        | SUL          |
|   | Yes  | No   | N/A  |  |           |                               |                    |                  | ALAMAN T   |              | to l        | 8            |
| 200 57.   |  |  | 1  | 122-1  | 21010     | usa d                         | 100                | 间的               | ~  |              | 9           |              |
| <u> </u>  |  | -  | X.   | Noct in  | -1-10     | <u>~</u>                      | Ł                  |                  | X  |              |             |              |
| basement  | base ment  |  |  |  |           | 1:07                          | 1 40               | O(F              | X  |              |             |              |
|   | -1240-14   | and the same of th | The same of the sa | and any other states of the st |           |                               |                    |                  | ations in  |              |             |              |
|   | The state of the s |  | and the same of th |  |           |                               | 1                  |                  | Life de la constitución de la co |              |             |              |
| Name of Registered Waste Hauler                         | -  | 3  | JDEP N   | 1. P. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1  | Yards     | Name of                       | Registe            | red Landill      | 4  | L            | 1           |              |
| Ace Insulation Co., Inc.                                |  | 1  | auler ID   | No. of Wa  | ste       | Chrins                        | Landfi             | II               |  |              |             | 200          |
|   |  | 132  | 2086   |  | ~! D -:   |                               |                    |                  |  |              |             |              |
| City, State Colts Neck, New Jersey                      |  |  |  |  | sal Date  | City, Sta                     | - 1                | 1                |  |              |             | *******      |
|   | Title  |  |  | 1 10   |           | TO Easion                     | 111                |                  |  |              |             |              |
| Completed by<br>Bree McGuire                            | Title  | aton.  | Treasu   |  | ibiana    | Co. A                         | 3. <del>7</del> 37 | G                | 700  | 1.1          |             | nadorá do se |
| DIOC MOOGING  | OCUI   | Cialy  | 110000   | 101  | (,        | MUX                           |                    | 1 7              | al   | 111          | J.          | ļ.           |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 9/26/2016 Brookstone Management Street Address Agencies Notified Type Notification 1970 Swathmore Ave. EPA Initial LICENSING City, State, Zip Code DEP Amended × DOL Amendment # Lakewood, NJ 08701 Emergency (including Telephone Number Name of Contact DOH justification) DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Roselle Park NJ Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Union ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-668-9078 1200 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor AAA LEAD PROFESSIONALS 10/07/2016 10/09/2016 Street Address Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: LAKEWOOD, NJ 08701 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Full Containment with Negative Pressure Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify Enclosure (i.e. thermal systems insulation, TO BE ABATED Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A TSI 150 LF Basement NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste **IESI NEWARK CARTING** 04509 5 City, State Disposal Date City, State BETHLEHEM PA NEWARK, NJ 10/09/2016 Date Signature Completed by

State of New Jersey

JOSEPH PERLSTEIN

OWNER

Ch 4952

| 0 , ,   |   |                       | 380000                                |   |                       |   | 22-0                         |   | IIn'           |                           | 10              | 12      | 11 1   | V/_         | = 1           |
|---|---|-----------------------|---------------------------------------|---|-----------------------|---|------------------------------|---|----------------|---------------------------|-----------------|---------|--------|-------------|---------------|
| Date of Notification (1)<br>9/26/2016               | 79  |                       | 100                                   |   |                       | Owner/Operate<br>PARTMENT                 |                              |   |                |                           |                 |         |        |             |               |
|   | ype Notification                              |                       |                                       | Street Ac<br>2006 B   | idress<br>SEACH A     | AVE.                                      |                              |   |                |                           | SEF             | 23      | 3 2    | 016         |               |
| DEP DOL   | Initial Amended Amendment                     | #                     | 1000                                  | A COLUMN TO STATE OF THE STATE | te, Zip Coo<br>E PARK | de<br>(/ATLANTIO                          | CCITY                        | Y, NJ   |                | L<br>ASBE                 | STO             | SC      | ONT    | TROL        | _<br>_&       |
| ∑ DOH □ DCA □                                       | Emergency (<br>justification)<br>Cancellation | 8                     |                                       | Name of<br>Jose   |                       |   |                              |   | Tele           | phone-                    | Numb            | er      | SHVC   |             | _             |
|   |   |                       |                                       | FACIL   | ITY INFO              | RMATION                                   |                              |   | 1              |                           |                 |         |        | -           |               |
| Name of Facility Where Aba<br>Barlinvis Apts.       | atement is Takin                              | g Place (3)           | )                                     |   |                       |   | Туре                         | of Facility (4<br>School (K-12                    |                |                           |                 |         |        |             |               |
| Street Address<br>2006 Beach Apt. UNI               | T 2008A & UI                                  | VIT 2000              | )C                                    |   |                       |   | ×                            | Subchapter 8<br>Other (i.e. pr                    | (Othe          | r than h                  | <-12)<br>ercial | build   | ings,  | home        | es,           |
| City (5)<br>Atlantic City                           |   |                       |                                       | 0   |                       |   | Squ                          | etc.)<br>are Feet                                 | # of           | Floors                    |                 | BI      | dg. A  | ge          |               |
| County (6) Atlantic                                 |   |                       |                                       | County C  | Code (7)<br>ISE ONLY) |   | Curr                         | ent Use (Prior                                    | if bein        | ig demo                   | olished         | 1)      |        |             |               |
| Name of Monitoring Firm Hi                          | ired by Building                              | Owner (8)             |                                       | ASCM  | No.                   |   |                              | atement Cont                                      |                |                           |                 |         |        |             |               |
| Street Address                                      |   | <del></del>           |                                       |   |                       |   | et Addre                     | ess<br>DOVE CO                                    | URT            |                           |                 |         |        |             |               |
| City, State, Zip Code                               |   |                       |                                       |   |                       | City                                      | State,                       | Zip Code  |                |                           |                 |         |        |             |               |
| Project Manager for Monitor                         | ring Firm                                     |                       | Telephor                              | ne No.  | Tele                  | phone 1<br>2-668-                         | No.                          |   | Licens<br>1200 | e No.                     | (               |         |        |             |               |
| Start Date (10)<br>10/09/2016                       |   | Schedule              |                                       | npletion [  | Date (11)             | Nam                                       | ne of OS                     | SHA Monitor<br>D PROFES                           | SSION          |                           |                 | -10:0   |        |             |               |
| Occupancy Status During A                           | batement (Chec                                | 66.6000.0010.00000000 | 115/12/25/00/20                       |   |                       | 100 800                                   | et Addre                     |   |                |                           |                 |         |        |             | <u>nice d</u> |
| × Facility Closed/Vacate                            | d During Entire                               | Period of A           | baten                                 | nent  |                       |   |                              | DOVE CO   | URT            |                           |                 |         |        |             |               |
| Abatement Performed Other – Describe:               |   | nal Facility          | Hours                                 |   | -                     |   |                              | Zip Code<br>OOD, NJ 08                            | 701            |                           |                 |         |        |             |               |
| Scope of Work (Check All T                          | hat Apply)                                    |                       |                                       |   |                       |   | ভা                           |   |                |                           | 1020            |         |        |             |               |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf              |   | 200                   | lenova<br>emolit                      |   |                       |   | L M<br>G                     | ull Containme<br>lini-Enclosure<br>llovebag Proce | edure          |                           |                 |         |        | _           |               |
|   |   |                       |                                       |   |                       |   |                              | on-Exempted                                       | ( ) and        | NOII-F                    | Hable           |         |        | e<br>ement  |               |
| Location of   | f   | l N                   | Locati<br>Iormal                      | ly  |                       | Descripti                                 | on of                        |   |                |                           |                 |         |        | ре          |               |
| Asbestos-Containing March BE ABATI In Facility (13) | aterial (ACM)<br>ED                           | Ma<br>Cust            | d Sole<br>intenar<br>todial S<br>(12) | nce/<br>Staff?  |                       | thermal syste<br>surfacing, vother miscel | Materi<br>ms insu<br>/AT; or | ılation,  | (S             | mount<br>pecify<br>or LF) |                 | Removal | Repair | Encapsulate | Enclosure     |
| intorior  |   | Yes                   | No                                    | N/A   |                       | VAT                                       | -                            |   | 1.8            | 00 sf                     |                 | ς       |        |             |               |
| Interior  | interior                                      |                       |                                       |   |                       | VAI                                       |                              |   |                |                           |                 |         |        |             |               |
|   |   |                       |                                       |   |                       |   | 7 11-                        | 9   |                |                           |                 |         |        |             |               |
| +   |   |                       |                                       |   |                       | 1 1.7.5                                   | Ħ.                           | 1   |                |                           |                 |         |        |             |               |
| Name of Registered Waste NEWARK CARTING             | Hauler  |                       | H                                     | IJDEP W<br>lauler ID<br>4509  |                       | Cubic Yards<br>of Waste<br>10             | 3                            | Name of F   | Registe        | red Lar                   | ndfill          |         |        |             |               |
| City, State NEWARK, NJ                              |   |                       | 10.                                   | -505  |                       | Disposal Da<br>10/10/201                  |                              | City, State                                       |                | I PA                      |                 |         |        |             |               |
| Completed by JOSEPH PERLSTEIN                       |   | Title<br>OWN          | IFR                                   |   |                       | Signat                                    | 17.50 E-15.50 E              | J = 1110  |                |                           | Date            |         |        |             |               |
| SOULI HIT ENLOTEIN                                  |   | CVVIN                 | -11                                   |   |                       |   |                              |   |                |                           |                 |         |        |             |               |

| Date of Notification (1)<br>SEPT. 26, 2016  |                             | N  | lame of E<br>HARVE            | Building Ov<br>EY SHUL | wner/Op<br>TZ PR             | erator (       | 2)<br>RTY                 | 8   |                    | E C                          |                 |               |             |     |
|---|-----------------------------|--|-------------------------------|------------------------|------------------------------|----------------|---------------------------|---|--------------------|------------------------------|-----------------|---------------|-------------|-----|
| Agencies Notified Type Notification   |                             | S  | Street Add                    | dress                  |                              |                |                           |   |                    | SEP                          | 29              | 201           | 6           |     |
| EPA Initial Amended Amendment #   |                             | -  | City, State<br>MONM           | e, Zip Code<br>OUTH B  | e<br>BEACH                   | I, NJ (        | 775                       | 0   | H 1                | SBEST(                       | OS CC           | NTA<br>NG     | OL {        | 10% |
| DOH justification) DCA Cancellation   |                             |  | 5 00000000 1                  | CK GOLI                |                              | 2              |                           |   |                    |                              |                 | ~             |             |     |
| Name of Facility Where Abatement is Taking HARVEY SHULTZ PROPERTY  Street Address             | Place (3)                   |  | FACIL                         | ITY INFOR              | RMATIO                       | )N             | Туре                      | School (K-1<br>Subchapter<br>Other (i.e. p                    | 2)<br>8 (Othe      | r than K-1<br>commerc        | 2)<br>ial build | ings,         | nome        | S,  |
| City (5) MONMOUTH BEACH   |                             |  |                               |                        |                              |                |                           | are Feet<br>00 SF   | # of<br>1          | Floors                       |                 | dg. Ag<br>963 | je          |     |
| County (6)<br>MONMOUTH  |                             | (  | County C                      | ode (7)<br>SE ONLY)    |                              |                | Curr                      | ent Use (Pric   | or if beir         | ng demolis                   | hed)            |               |             |     |
| Name of Monitoring Firm Hired by Building (N/A  | Owner (8)                   |  | ASCM                          | No.                    |                              | Name<br>Finis  | of Ab<br>hing             | atement Cor<br>Touch As                                       | ntractor<br>bestos | <sup>(9)</sup><br>s Abaten   | nent C          | orp.,         | Inc.        | 1   |
| Street Address  |                             |  |                               |                        |                              | Street<br>17 T |                           | ess<br>ipson Stre   | et                 |                              |                 |               |             |     |
| City, State, Zip Code   |                             |  | -                             |                        |                              | City, S<br>Wes | tate,<br>t Loi            | Zip Code<br>ng Branch   | , NJ 0             | 7764                         |                 |               |             |     |
| Project Manager for Monitoring Firm   |                             |  | Telephon                      | ne No.                 |                              | Teleph<br>732. |                           | No.<br>.8372  |                    | License I                    | No.             |               |             |     |
| Start Date (10)<br>SEPT. 29, 2016   | Schedule<br>SEPT.           |  |                               | Date (11)              |                              | Name<br>N/A    | of OS                     | SHA Monitor   |                    |                              |                 |               |             |     |
| Dccupancy Status During Abatement (Chec   |                             |  |                               |                        |                              | Street         | Addr                      | ess   |                    |                              |                 |               |             |     |
| Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: | Period of A<br>nal Facility | batem<br>Hours                               | nent                          |                        |                              | City, S        | state,                    | Zip Code  |                    |                              |                 |               |             |     |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf                        |                             | enova  |                               |                        |                              |                |                           | Full Containm<br>Mini-Enclosur<br>Blovebag Pro<br>Non-Exempte | e<br>cedure        |                              |                 |               | e           |     |
|   | ls                          | Locat  | ion                           |                        |                              |                |                           | ton Exompte   |                    |                              |                 | Abate         | ement<br>pe |     |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                  | Use<br>Mai<br>Cust          | lorma<br>d Sole<br>intena<br>odial (<br>(12) | ely by<br>nce/<br>Staff?      |                        | os Cont<br>thermal<br>surfac |                | Mater<br>is ins<br>AT, or |   | (                  | mount<br>Specify<br>F or LF) | Removal         | Repair        | Encapsulate |     |
| EXTERIOR  | Yes                         | No   | N/A<br>X                      |                        | AC                           | SIDII          | VG                        |   | 14                 | 100 SF                       | X               |               |             | H   |
|   |                             |  |                               |                        |                              |                |                           |   |                    |                              |                 |               |             |     |
| Name of Registered Waste Hauler<br>Finishing Touch Asbestos Abateme                           | ent Corp.                   | 1 1  | NJDEP W<br>Hauler ID<br>12058 |                        | of Wa<br>5 CY                | ,              |                           | TRRF  | LAND               | ered Land<br>)FILL           | fill            |               | 1           | _   |
| City, State<br>WEST LONG BRANCH, NJ 07764   |                             |  |                               |                        | 10/3/                        | sal Dat<br>/16 | 9                         | City, Sta   | ate<br>TOWN        | I, PA                        |                 |               |             |     |
| Completed by<br>JOSEPH P. MILLER  | Title                       | SIDE   |                               | 2                      | 5                            | Signatu        | e /                       | ollil   |                    |                              | Date<br>9/26/1  | 6             |             |     |

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2016-145 B & G proj. #: Check # 8029 Date of Notification (1) Name of Building Owner/Operator (2) 10 19 1/12 16 1/11 16 1 John Eldridge ASBESTOS CONTROL & Type Notification Agencies Notified Street Address LICENSING EPA Initial DEP City, State, Zip Code DOL Amendment Cranford, NJ 07016 Telephone Number Name of Contact X DOH Cancellation DCA John Eldridge FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) John Eldridge Subchapter 8 (Other than K-12) X Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Union Cranford, NJ 07016 residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 10/06/2016 10/07/2016 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) X Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ★ Glovebag procedure Full Containment w/negative pressure Demolition X Renovation Non-friable procedure Mini-enclosure  $\times$  >3 sf or >3 lf >160 sf or >260 lf F Is location normally used solely E Location of e e n by maintenance/custodial Amount Description of asbestos-containing asbestos-containing m C staff(12) (Specify SF or C material to be material (ACM) 0 a abated in facility (13) No N/A n Yes X 90 If pipe insulation basement & crawl space Cubic Yards of Waste | Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center B & G Restoration, Inc. 19563 Disposal Date City, State City, State Tullytown, PA 10/07/2016 Lincoln Park, NJ Signature Date Completed by (Print or Type) Title Gordana Luna 09/26/2016 Secretary/Treasurer Gordana Luna

State of NJ

| CK 2484  | NC                    | (Pur                                     | ATION C       | e of New Jerse<br>OF ASBESTOS<br>NJAC 8:60 ar | ABATEI<br>nd 12:120                          | 0)                  |  |                  | ) E C                        | E         |        |             |   |
|--|-----------------------|--|---------------|---|--|---------------------|--|------------------|------------------------------|-----------|--------|-------------|---|
| Date of Notification (1) 9/22/16   |                       | N  |               | Building Owner/                               |  |                     | いいず  |                  | l se                         | P 20      | )_20   | 15          | 2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| Agencies Notified Type Notification  |                       | S  | treet Add     |   | m  | St                  |  |                  |                              |           |        |             | IT                                      |
| EPA Initial Amended  |                       | C  | ity, State    | , Zip Code                                    |  |                     | :271   | 1                | ASBEST                       | OS C      |        | ROL         | . &                                     |
| Amendment #_ Emergency (inc  | luding                | N  | ame of 0      | MARIA   | J.N  | $\square$           | 082  | Tele             | phone Nun                    |           | SIIVO  |             | =                                       |
| DOH justification) Cancellation  |                       |  | Eric Pla      |   | 8  |                     |  | 1.57             |                              |           |        |             |   |
|  | Nana (2)              |  | FACIL         | ITY INFORMA                                   | TION   | Type                | of Facility (4   | 1)               |                              |           |        |             | -                                       |
| Name of Facility Where Abatement is Taking P   | lace (3)              |  |               |   |  | Пя                  | School (K-1)   | 2)               |                              |           |        |             |   |
| Street Address 517 FoS+ F  | Jur                   | 15                                       | <del></del>   |   | 10   | N C                 | Subchapter<br>Other (i.e. p<br>etc.)                   | 8 (Othe rivate & | r than K-12<br>commerci      | al buildi |        |             | ٤,                                      |
| City (5) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | 000                   |  |               |   |  | Squar               | e Feet   | # of             | Floors                       | Blo       | 3 (    |             |   |
| County (6) Ollow lollow  |                       |  | County C      | ode (7)<br>SE ONLY)                           |  | Curre               | nt Use (Pric   |                  |                              | ned)      |        |             |   |
| WWOULU   | mar (0)               | -  | ASCM          |   | Name   | of Aba              | tement Con   | tractor          | _                            |           |        |             |   |
| Name of Monitoring Firm Hired by Building Ow   | mer (o)               |  | ASCIVI        | NO.   |  |                     | stries Inc   |                  |                              |           |        |             |   |
| Street Address   |                       |  |               |   |  | t Addres            |  |                  |                              |           |        |             |   |
| City, State, Zip Code  |                       |  |               |   |  |                     | ip Code  | 00700            |                              |           |        |             |   |
|  |                       |  | Telephon      | a No  |  | hone N              | v Jersey   | 08723            | License N                    | lo.       |        |             | -                                       |
| Project Manager for Monitoring Firm  |                       | '  | eleprior      | e No.   |  | 2)899-              |  |                  | 01196                        |           |        |             |   |
| Start Date (10) 9/73/16  | chedule               | d Com                                    | pletion D     | Date (11)                                     | Name   | e of OSH            | HA Monitor   |                  |                              |           |        |             |   |
| Occupancy Status During Abatement (Check   | Only On               | e)                                       |               |   | Stree  | t Addres            | SS   |                  |                              |           |        |             |   |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: | riod of A<br>Facility | batem<br>Hours                           | ent           |   | City,  | State, Z            | ip Code  |                  |                              |           |        |             |   |
| Scope of Work (Check All That Apply)   |                       |  |               |   |  |                     |  |                  |                              |           |        |             |   |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                       | tenovat<br>Demoliti                      |               |   |  | Mi                  | II Containm<br>ni-Enclosur<br>ovebag Pro<br>nn-Exempte | e<br>cedure      |                              |           |        | 9           |   |
|  | ls                    | Locati                                   | on            |   |  |                     |  |                  |                              |           | Abate  |             |   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED                                      | Use<br>Ma             | Normall<br>d Sole<br>intenar<br>todial S | ly by<br>nce/ | Asbestos C<br>(i.e. therr                     | Description ontaining nal system reacting, \ | Materia<br>ms insul | I (ACM)<br>ation,                                      | (5               | mount<br>Specify<br>F or LF) | Remova    | Repair | Encapsulate | Enclosure                               |
| In Facility (13)   |                       | (12)                                     |               |   | er miscell                                   |                     |  |                  |                              | loval     | pair   | sulate      | sure                                    |
|  | Yes                   | No                                       | N/A           | 200   | ~ /  |                     | 2.0  | 7~               | 701E                         | 18        |        | ,,,         |   |
|  |                       |  |               | DDDE21  | US E   | DICH                | ig,  | 30               | D01                          | 7         |        |             |   |
|  |                       |  |               |   |  |                     |  |                  |                              |           |        |             |   |
|  |                       |  | -             |   |  | ,                   |  |                  |                              |           |        |             |   |
| Name of Registered Waste Hauler Brick Industries Inc.  | H                     | IJDEP W                                  |               | bic Yards<br>Waste                            | 3人   | Name of GROV        |  | ered Landf       | ill                          |           |        |             |   |
| City, State  |                       | 2  | 1602          | Dis   | sposal Da                                    | te                  | City, Sta  | ite              |                              |           |        |             |   |
| Brick, New Jersey  |                       | 1  | Signati       | O<br>ure //                                   | PA   |                     | [  | Date /           | , _ 1                        | 1         |        |             |   |
| Completed by<br>Eric Plackis   | Title<br>Pres         | sident                                   |               |   |  | 4                   |  |                  |                              | 9/1       | 171    | 6           |   |

CK# 4061

| In. | C   |   |   | V    |   | n  |
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|  |                         | -        |                  |        |                      | -     |                          |        |   |                         |          |         |          |             | 1         |
|--|-------------------------|----------|------------------|--------|----------------------|-------|--------------------------|--------|---|-------------------------|----------|---------|----------|-------------|-----------|
| Date of Notification (1)                 | Y-16                    |          |                  | Na     | me of Build          |       | Owner/Ope                |        |   | USTR                    | UCTI     | 02      | NTF      | IOL         | J<br>&    |
| Agencies Notified                        | Type Notification       | n        |                  | Str    | eet Addres           | s _   | 300                      | 7      | 774 57                                  |                         | =====    | <u></u> | 1-1-1    |             |           |
| DE DEP                                   | Amended Amendment       | #        |                  | City   | v. State, Zip        | Coc   | ie                       |        | 1 31                                    |                         |          |         |          | 7           | =         |
| <b>⊠</b> DOH                             | Emergency justification | (includi | ng               | - Na   |                      |       | ISLE                     |        | CITY                                    | N. J                    |          | 58      | 24.      | <u> </u>    |           |
| □ DCA                                    | Cancellation            |          |                  | Nar    | me of Conta          | RU    | AMIC                     |        |   | l elep                  | hone Num | ber     |          |             |           |
|  | <u> </u>                |          |                  | F      | ACILITY IN           | if of | NOTTAMS                  |        |   |                         |          |         |          |             |           |
| Name of Facility Where A                 | batement is Taki        |          | ce (3)           |        |                      |       |                          |        | Type of Facili                          |                         |          |         |          |             |           |
| Street Address                           | 310000                  |          |                  |        |                      |       |                          | _      | Subchapte  Other (i.e., homes, et       | er 8 (Othe<br>private & |          |         | lding:   | 5,          |           |
| City (5)                                 | 4 CON                   |          |                  |        |                      |       |                          |        | Square Feet                             |                         | Floors   |         | ldg.     |             |           |
| County (6)                               |                         |          |                  |        | unty Code<br>E ONLY) | (7) ( | STATE                    |        | Current Use (                           | Prior if be             |          |         |          |             | ==        |
| Name of Monitoring Firm F                | fired by Building       | Owner    |                  | ASC    | M No.                | N     |                          |        | ent Contractor (                        |                         |          |         |          |             |           |
| Street Address                           | -                       |          |                  |        |                      | Si    | reet Addr                | ess    |   | RU(E                    |          |         |          |             |           |
| City, State, Zip Code                    |                         |          |                  |        |                      |       |                          |        | ode                                     | + ADE                   |          | _       | 87       | 25,         |           |
| Project Manager for Monito               | oring Firm              |          | Tel              | ephone | e No.                | Te    | elephone N               | ło.    | 9-0472                                  |                         | nse No.  |         |          |             |           |
| Start Date (10)                          | Sche                    |          |                  |        | ate (11)             |       | ame of OS                |        |   | 10                      |          |         |          |             |           |
| Occupancy Status During                  | Abatement (Che          | O -      |                  | 16     |                      | St    | reet Addre               | ess    | /                                       | 4                       |          |         |          | =           |           |
| Facility Closed/Vacated                  |                         |          |                  |        |                      | _     |                          | _      |   |                         |          |         |          |             | _         |
| Abatement Performed C  Other - Describe: | outside of Norma        | Facili   | y nou            | IIS    |                      | Crt   | y, State, Z              | ир Сс  | ode                                     |                         |          |         |          |             |           |
| Scope of Work (Check all t               | hat apply)              |          |                  |        |                      | -     | 广 Eull                   | Cont   | ainment with Ne                         | erative Pr              | accure.  |         |          |             | _         |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf     |                         |          | novat<br>molitic |        |                      |       | Mini Glov                | -Encl  | osure<br>p Procedure<br>mpted (*) and N | _                       |          | re      |          |             |           |
|  |                         | 2000     | ocatio           |        |                      |       |                          |        |   |                         |          | 1       | bate:    |             |           |
| Location of                              | (ACM)                   | Used     | Soleh            | y by   | Achaet               |       | Descriptio               |        | rial (ACM)                              | Amo                     | ount     |         | 171      |             |           |
| Asbestos-Containing Mate                 |                         | CL       | stodia           |        |                      | then  | mal syster<br>rfacing, V | ns in: | sulation,                               | (Spe                    | ecify    | Rer     | Re       | Encapsulate | Encl      |
| IN Facility<br>(13)                      |                         |          | (12)             |        |                      |       | nacing, v<br>er miscella |        |   | SFO                     | (LF)     | Remova  | Repair   | psula       | Enclosure |
|  |                         | Yes      | No               | N/A    |                      |       |                          |        |   |                         |          | -       |          | te          | Ф         |
| SIDING                                   |                         |          |                  | X      |                      | TVR   | AN S                     | ΙT     | E                                       | 150                     | OSE      | X       |          |             |           |
|  |                         |          |                  |        |                      |       |                          |        |   |                         |          |         | _        |             | _         |
|  |                         | -        | -                |        |                      |       |                          |        |   |                         |          |         | $\dashv$ | $\dashv$    | -         |
| Name of Registered Waste H               | Hauler                  | 1        |                  | JDEP V |                      | Cut   | oic Yards                |        | Name of Regi                            | stered La               | ndfill   |         |          |             |           |
| KLEMCO                                   | DUC.                    |          | 1                | 790    | No.                  | of V  | Vaste                    |        |   | C.MI                    | 2-A-     |         |          |             |           |
| City, State  MAPUE 51                    | HIDDE I                 | W(. 7    |                  | 080    | 052                  | Disp  | osal Date                |        | City, State                             | OBINI                   | EN       | 1. 7    |          |             |           |
| Completed By  M; CH LACL                 | Title                   | 51       | . حود            |        |                      | T     | Signature                | -      | Wi                                      |                         | Date _   | 74      | _        | 16          |           |
| MICHAEL ICL                              | CMM _                   | 31       | V.               |        |                      | -1    | -                        |        |   |                         |          | - 1     |          |             |           |

CK# 4061

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|--|------------------------------|-------------------|-------------------|----------|----------------|-------------------------------|--------|------------------|---------------------------|----------|--------|-------------|-------------------|
| Date of Notification (1)   | 2 / 1/                       |                   | N                 | lame     | of Building    | Owner/Opera                   | tor (2 | COAL             | STRUCTIO                  | a.l      |        |             | The second second |
| 9-   | 74-16                        |                   |                   |          |                | NECHA                         | U.     | 2 00.03          | ASBESTU                   | 500      | JIVI   | iOt         | 3                 |
| Agencies Notified  | Type Notification            |                   | S                 | treet    | Address        | 300                           | 7      | TH ST            | LIC                       | ENS      | NG     |             | _                 |
| □ BPA  | Initial                      |                   | _                 |          |                |                               |        | 31:              |                           |          | -      |             | -                 |
| DEP  | Amended Amendment #          |                   | 10                | city, St | tate, Zip C    | I SLE                         |        | ITY N            | 1.J 08                    | 15-      | 13     |             |                   |
|  | Emergency (ir                | ncluding          | L                 |          |                |                               | _      |                  | Telephone Number          |          |        |             | -                 |
| Ø DOH<br>□ DCA   | justification)  Cancellation |                   |                   | lame     | of Contac      | LANIC                         |        |                  |                           |          |        |             |                   |
|  | 1                            |                   |                   | FAC      | ILITY INF      | ORMATION                      |        |                  |                           |          |        |             |                   |
| Name of Facility Where   | Abatement is Takin           | g Place (         | 3)                |          |                |                               | - 1    | Type of Facility |                           |          |        |             |                   |
| IP.  | ESIDENC                      | E                 |                   |          |                |                               | ] !    | School (K-12     | ?)<br>8 (Other than K-12) |          |        |             |                   |
| Street Address   | IES MARK                     |                   | 857               | v 1      | AND13          | S DUE                         |        | Other (i.e., pi  | rivate & commercia        | l buildi | ngs,   |             |                   |
|  | IE) INTERC                   | -                 | 0 ) (             |          |                |                               | -      | Square Feet      | # of Floors               |          | g. Ag  | е           |                   |
| City (5) SEA   | ISLE C                       | ITY               |                   |          |                |                               | _   .  | 1500             |                           |          | 0 *    |             | _                 |
| County (6)   | 1 100                        |                   | T                 | Coun     | ty Code (      | ) (STATE                      |        |                  | ior if being demolis      | ned)     |        |             |                   |
| CIAPE  | MAY                          |                   |                   |          | ONLY)          |                               | .   .  |                  | ACHUT                     |          |        |             | _                 |
| Name of Monitoring Firm  |                              | Owner             | I A               | SCM I    | No.            |                               |        | nt Contractor (9 |                           |          |        |             |                   |
| (8)  | NIA                          |                   |                   |          |                |                               | - 10   | MCO              | INC                       |          | _      | _           | =                 |
| Street Address   | *   *                        |                   |                   |          |                | Street Addre                  |        | S. SPK           | PUCE AUG                  | -        |        |             |                   |
| O' Otata Tip Code  |                              |                   |                   |          |                | City State 7                  | in Co  | de               |                           |          | C-     |             |                   |
| City, State, Zip Code  | 3.                           |                   |                   | 7.515    |                | MA                            | PL     | ESH              | ADE M.J                   | 0        | SC     | 25          | =                 |
| Project Manager for Mo   | onitoring Firm               |                   | Telepl            | none l   | No.            | Telephone N                   | 9      | -0472            | License No.               | 44       |        |             |                   |
|  | Coho                         | duled Co          | moletic           | n Dat    | te (11)        | Name of OSI                   |        |                  |                           |          |        |             |                   |
| Start Date (10)  |                              |                   |                   |          | (( ( ) )       |                               |        | NI               | 4                         |          |        |             | _                 |
| 0ccupancy Status Duri  | on Abatement (Che            | 0-11<br>ck only o | ne)               | 10       |                | Street Addre                  | ess    |                  |                           |          |        |             |                   |
| Facility Closed/Vaca   | ated During Entire Pe        | eriod of A        | batem             | ent      |                |                               |        |                  |                           |          | _      |             | =                 |
| Abatement Performe   | ed Outside of Norma          | al Facility       | Hours             |          |                | City, State, Z                | їр Со  | de               |                           |          |        |             |                   |
| Other - Describe:  | 9.54 (9)                     |                   |                   |          |                |                               |        |                  |                           |          |        |             | ᅱ                 |
| Scope of Work (Check   | all that apply)              |                   |                   |          |                | الما ا                        | Cont   | ainment with Ne  | gative Pressure           |          |        |             |                   |
| The second secon |                              | □ Ren             | ovation           | n        |                | ☐ Mini                        | -Encl  | osure            |                           |          |        |             |                   |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                              | Den               |                   |          |                | Glo                           | vebag  | Procedure        | on-Friable Procedu        | re       |        |             |                   |
| \\ \( \)   |                              |                   | 41                |          |                | MINOR                         | FEXE   | ripled ( ) and ( | or more many              |          | bate   | nent        |                   |
|  |                              | 100000            | ocation<br>mally  |          |                |                               |        |                  |                           |          | Typ    | e           |                   |
| Location   |                              | Used S            |                   |          |                | Description<br>tos Containing | on of  | rial (ACM)       | Amount                    |          |        | п           |                   |
| Asbestos-Containing  |                              |                   | enance<br>stodial | B/       | Asbes<br>(i.e. | , thermal syste               | ms in  | sulation,        | (Specify                  | Re       | R      | Encapsulate | Enclosure         |
| TO BE ABA  |                              | 1 200             | aff?              |          | ,              | surfacing, \other miscell     | /AT, ( | or               | SF or LF)                 | Removal  | Repair | psu         | ost               |
| (13)   |                              | (                 | 12)               |          |                | other miscell                 | aneo   | 15)              |                           | /al      | _      | late        | re                |
|  |                              | Yes               | No                | N/A      |                |                               |        |                  |                           | 1        |        |             | -                 |
| SIDIN  | 1.6-                         | 1                 |                   | X.       |                | TRANS                         | SIT    | E                | 1250 SE                   | X        |        |             |                   |
| 21010  | 10                           | +                 | -                 |          |                |                               |        |                  |                           |          |        |             |                   |
|  |                              | +-+               | $\dashv$          |          |                |                               |        |                  |                           |          |        |             |                   |
|  |                              | -                 | -                 |          |                |                               |        |                  |                           | 1        |        |             |                   |
|  |                              |                   | I ALI             | DEP \    | Naste          | Cubic Yards                   | ===    | Name of Reg      | istered Landfill          |          |        |             |                   |
| Name of Registered W   |                              |                   |                   | uler I   | ) No           | of Waste                      |        |                  | C.M.U.A.                  |          |        |             |                   |
| ICLEMO   | O THE                        |                   | 1                 | 791      | 04_            | Disposal Da                   | te-    | City, State      |                           |          | _      |             |                   |
| City, State  MAP LE  | SHADE                        | M(                | 7                 | 08       | 520            |                               |        | W00              | DBINE 1                   | N.       |        |             |                   |
| Completed By   | I/ Tith                      | e                 |                   |          |                | Signatu                       | re -   | 100              | Date 9                    | -71      | 4-     | 16          |                   |
| MICHAEL  | Clown -                      | 21                | UP.               |          |                |                               | u      |                  |                           |          |        | -           |                   |



| Date of Notification (1) 24 116   | Name of                      | Building Owner/Operato                             |                                  | LPER   |        |              |             |           |
|---|------------------------------|--|----------------------------------|--|--------|--------------|-------------|-----------|
| Agencies Notified Type Notification   | Street Ac                    | Idress   |                                  | 7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1            |        | 10           | 50          |           |
| □ ₽A 🔀 Initial  |                              |  | IONA AL                          | LICENS   | HNO    |              | -           | _         |
| DEP Amended Amendment #   | City, State                  | HADDON F   | IN OUT                           | T 080  | 55     |              |             |           |
| ☐ Emergency (including justification)   | Name of                      |  | read in.                         | Telephone Numb                                     |        |              |             |           |
| DCA Cancellation  | Name of                      | TOM  |                                  | 1 Groph Rotte Harris                               | , ,    |              |             |           |
|   | FACILI                       | TY INFORMATION                                     |                                  |  |        |              |             |           |
| Name of Facility Where Abatement is Taking Place (3)  |                              |  | Type of Facility                 | y (4)  |        |              |             | -         |
| RESIDENCE   |                              |  | School (K-                       |  |        |              |             |           |
| Street Address  |                              |  |                                  | r 8 (Other than K-12<br>private & commercia<br>:.) |        | dings        |             |           |
| City (5)  | 3                            |  | Square Feet                      | # of Floors  | _      | ldg, A       |             |           |
| STONE HARBON  |                              | (7) (07) 75  | 1000                             | rior if being demolis                              | -      | 00           |             | _         |
| County (6) CAPE MAY   | USE ON                       |  | VAC                              | ANIT   | ineu)  |              |             |           |
| Name of Monitoring Firm Hired by Building Owner   | ASCM No.                     | 7.5 1 77.  | nent Contractor (                |  |        |              |             |           |
| (8) N/A   |                              | Street Address                                     | CO INC                           |  |        |              |             |           |
| Street Address  |                              |  | S SPRU                           | CE AUF   |        |              |             |           |
| City, State, Zip Code   |                              | City, State, Zip C                                 | Code                             | No. 100000   |        |              | _           |           |
|   |                              |  | E SHADE                          |  | 280    | 25           | 2           | _         |
| Project Manager for Monitoring Firm Te  | elephone No.                 | Telephone No.                                      | 9-0472                           | License No.  | 44     |              |             |           |
| Start Date (10) Scheduled Comp  |                              | 1) Name of OSHA                                    |                                  |  |        |              |             |           |
| 0 4 10 -11  |                              |  | NIA                              |  |        |              |             | _         |
| Occupancy Status During Abatement (Check only one   |                              | Street Address                                     |                                  |  |        |              |             |           |
| ☐ Facility Closed/Vacated During Entire Period of Aba ☐ Abatement Performed Outside of Normal Facility Ho | tement<br>ours               | City, State, Zip C                                 | code                             | 450-   |        |              |             | _         |
| Other - Describe:   |                              | _  |                                  |  |        |              |             |           |
| Scope of Work (Check all that apply)  |                              | T Evil Co  | ntainment with Ne                | agative Pressure                                   |        |              |             |           |
| >3 sf or >3 if Renova   | ation                        | ☐ Mini-En  | closure                          | sgauve Fressure                                    |        |              |             |           |
| ∑≥160 sf or ≥260 lf   | ion                          | ☐ Gloveba  | ag Procedure<br>empted (*) and N | on-Friable Procedur                                | е      |              |             |           |
| Is Local  |                              |  |                                  |  | 100    | bater<br>Typ |             |           |
| Norma Location of Used Soli   |                              | Description of                                     | f                                |  | _      | 1 71         |             |           |
| Ashestos-Containing Material (ACM) Maintena   | ince/ A                      | sbestos Containing Mai<br>(i.e., thermal systems i |                                  | Amount<br>(Specify                                 | 77     |              | Enc         | Ē         |
| TO BE ABATED Custoc Staff   |                              | surfacing, VAT,                                    | or                               | SF or LF)  | Remova | Repair       | aps         | Enclosure |
| (13)  |                              | other miscellaned                                  | ous)                             |  | oval   | #            | Encapsulate | nre       |
| Yes No  | N/A                          |  |                                  |  |        |              |             |           |
| SIDING  | Χ_                           | TRANSI   | TE                               | 2500 SF  | X      |              |             |           |
|   |                              |  |                                  |  | -      |              |             |           |
|   |                              |  |                                  |  | -      |              | _           |           |
|   |                              | I Out to Vood                                      | Name of Don                      | istered Landfill                                   |        |              |             |           |
|   | NUDEP Waste<br>Hauler ID No. | Cubic Yards<br>of Waste                            | Name of Reg                      |  | 11     |              |             |           |
| KLEMCO INC  | 17904                        | _   _3   | City, State                      | . ( M.D  |        | _            |             |           |
| City, State   |                              | Disposal Date                                      |                                  | ODBINE   |        |              |             |           |
| Completed By Tibe   |                              | Signature  | 1 0- 1                           | Date   | 2,     | 1            | 11          |           |
| MICHAEL KLEWM Title SUP.  |                              | Mui  | W 7a                             |  | - 21   | 4 -          | 10          |           |

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| m | E | C   | E | Ī | W      | E | 5 |
|---|---|-----|---|---|--------|---|---|
|   |   |     |   | L | land . |   |   |
|   |   | SEF | 2 |   | 20 8   |   | 1 |

|   |                           |  | (Pu    | rsuar  | nt to NJ  | AC 8:60 and 12:1                       | . 20)  |  |     |          |           | 1        |
|---|---------------------------|--|--------|--------|-----------|--|--|--|-----|----------|-----------|----------|
| Date of Notification  | 124/16                    |  |        | Nar    | ne of Bui |  |  | ASBESTO  | 9.0 | N.T      | 30        |          |
| Agencies Notified   | Type Notificat            | ion  |        | Stre   | eet Addre |  | 0x 37.2  |  |     |          |           |          |
| <b>1</b> 50€  | Amended Amendmen          |  | _      | City   |           | ip Code                                |  |  | 70  | 3        |           | _        |
| DOH DOA   | justificatio  Cancellatio | n)   | ing    | Nan    | ne of Cor | ntac!                                  | .11/4  |  |     | <u>~</u> | -         |          |
|   |                           | 3.7/   |        |        |           |  |  |  |     |          |           |          |
|   |                           | - D/   | (2)    | F      | ACILITY   | INFORMATION                            | Time of Facility   | : :  |     |          |           |          |
|   | SID ENIC                  |  | ce (3) |        |           |  |  | E 20 E   |     |          |           |          |
| Street Address  | JIW CHIC                  |  |        |        |           |  | Subchapte (i.e.,   | r 8 (Other than K-1<br>private & commerc   |     | ldings   | 5,        |          |
| City (5)  | 0 4 17 11                 | ı-   |        |        |           |  | Square Feet  |  |     |          |           | -        |
|   | GANTIN                    |  |        | I Col  | mry Code  | P (7) (STATE                           |  | rior if being demoli   |     | 90       |           | _        |
| County (6) ATLAN  |                           |  |        | US     | E ÓNLY)   | 1                                      | VACA   | T  |     |          |           | _        |
| Name of Monitoring Firm<br>(8)                                  | Hired by Buildin          | g Owner  |        | ASCN   | 1 No.     |  | Programmer a commercial contraction of the first of the contraction of | \$ <sup>16</sup> .00   |     |          |           |          |
| Street Address  | 4/-                       |  |        |        |           | Street Address                         |  |  | E E |          |           |          |
| City, State, Zip Code   |                           |  |        |        |           | City, State, Zip                       | Code   |  |     | 18/      | \ C       | 二<br>フ   |
| Project Manager for Mon   | itorina Eirm              |  | Teler  | ohone  | No        | Telephone No.                          | LE DAM   | License No.  |     | 200      | در        | <u>_</u> |
| Project Manager to Mor  |                           |  |        |        |           | 856-                                   | 179-047  | 2 0040   | 14  |          |           | _        |
| Start Date (10)   | 100                       |  |        | 3.4    | ate (11)  | Name of OSHA                           | Monitor .  |  |     |          |           | _        |
| Occupancy Status Durin  | g Abatement (Ch           | eck only   | (one)  |        |           | Street Address                         |  |  | 7   |          |           | 72-00    |
| Facility Closed/Vacate  | ed During Entire F        | Period of  | Abaten | nen!   |           | Cry State Zip                          | Code   |  |     |          |           | _        |
| Other - Describe:   | 0015406 01 140111         | 101 1 00   | .,     |        |           |  |  | += 'g' =   |     | 0        | -         |          |
| Scope of Work (Check at<br>≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf | li that apply)            |  |        |        |           | ☐ Min-Er<br>☐ Gloveb                   | nclosure<br>Lag Procedure  |  | re  |          |           |          |
|   |                           | Street Address  Chy, State, Zip Code Book (C, ANT IME M. J. 08703  Name of Contact:  Name of Registered Landfill  Name of Registered Landfill  Name of Contact:  Name of Registered Landfill |        |        |           |  |  |  |     |          |           |          |
| :<br>Location o   | f                         | U 000000000000000000000000000000000000   |        | Ьy     |           |  | Telephone Number    Street Address   City State. Zip Code   MAPLE SHADE N. T. Commenced and the surface and surfac |  |     |          |           |          |
| Asbestos-Containing M   | aterial (ACM)             | 2247277  |        | e/ .   |           |  |  | Telephone Number  of Facility (4)  chool (K-12) ubchapter 8 (Other than K-12) where (i.e., private & commercial building omes, etc.)  are Feet # of Floors Bldg  OD 2 4/ ent Use (Prior if being demolished)  ACAMT  Intractor (9)  INC  SPRUCE AVE  SHADE N. J 08  CHAT  Intractor (9)  INC  SPRUCE AVE  SHADE N. J 08  CHAT  Intractor (9)  INC  SPRUCE AVE  SHADE N. J 08  CHAT  Intractor (9)  INC  SPRUCE AVE  SHADE N. J 08  CHAT  Intractor (9)  INC  SPRUCE AVE  SHADE N. J 08  ANOUNT  (Specify SF or LF)  INC  SPECIFY  SF or LF)  INC  INC  INC  INC  INC  INC  INC  IN | 77  | Enc      | Enclosure |          |
| TO BE ABATI   | ΞD                        | 1000   | Staff? |        | (1.0      | surfacing, VAT                         | urlading, VAT. or SF or LF)  |  |     |          |           |          |
| (13)  |                           |  | (12)   |        |           | other miscellane                       | (200   |  | val | =        | late      | a.       |
| *   |                           | Yes  | No     | Ņ/A    |           | V (A C                                 | TE   | 1500 50  | T   |          |           |          |
| SIPIN   | 6                         |  |        | X      |           | KAN SI                                 | 15   | 100 SE   | 1   |          |           |          |
|   |                           |  |        |        |           |  |  |  |     |          |           |          |
|   |                           |  | -+     |        |           |  |  |  |     |          |           |          |
| Name of Registered Wast   | e Hauler                  |  | 1      |        |           | [H. H.M. G. P. 1977] [M. 1977] 1. 1977 | Name of Regis  | stered Landfill  |     |          |           |          |
| KLETUCO   |                           |  | - Hau  | uier D | NO.       |  | 1 AC   | UA   |     |          |           |          |
| City, State   |                           |  |        | -      |           | Disposal Date                          | City, State  | ASMAITI  | 11/ | ( F      | - 1       | 1.7      |
| MAPLE   | SHADE                     |  | 1,)    |        |           | Signature                              | 1-11-  |  | 15  | 111      | 1         |          |
| Completed By MICHAEL 1  | Utnur Y                   | P  |        |        |           | Min                                    | lette  | $=$ $\frac{9}{4}$  | 16  | 11       | 6         | =        |

| h 334   | 0   | NOTI           | FIC<br>(P | ATI<br>urs | ON O             | F ASBE            | 8:60 and 5:16                | EMENT<br>)   |                                    | ) E C E                              |        | $\mathbb{V}$ |             | n         |
|---|---|----------------|-----------|------------|------------------|-------------------|------------------------------|--|------------------------------------|--------------------------------------|--------|--------------|-------------|-----------|
| Date of Notification (1)  | 26 /  | 16             |           | N          |                  | Building (        | Owner/Operator (2<br>hlin    | )  |                                    | SEP 2                                | 9 2    | 016          |             |           |
| Agencies Notified  EPA DOLWD DOH  | Type Notification  ☐ Initial ☐ Amended Amendment                  |                |           |            |                  | te, Zip Co        | de<br>NJ 08052               |  |                                    | ASBESTOS<br>LICEI                    |        |              | La          |           |
| DCA<br>(NJAC 5:23-8)  | ☐ Emergency justification ☐ Cancellation                          | )              | 1         | N          | lame of          | Contact<br>McLaug |                              |  | IT                                 | elephone Numbe                       | r      |              |             |           |
|   |   |                |           |            | FACI             | LITY INF          | ORMATION                     |  |                                    |                                      |        |              |             |           |
| Name of Facility Where A<br>McLaughlin Reside<br>Street Address                                   |   | king Place     | (3)       |            |                  |                   |                              | Type of Facili School (K. Subchapte Other (i.e. homes, et  | -12)<br>er 8 (0<br>, priva<br>(c.) | Other than K-12)<br>ate and commerci |        |              |             |           |
| City (5)  |   |                |           | 20         |                  |                   |                              | Square Feet  |                                    | # of Floors                          |        | . Age        |             |           |
| Maple Shade   |   |                |           |            |                  |                   |                              | 1,600  |                                    | 2                                    | 80     | )            |             |           |
| County (6)  |   |                |           |            | County           | Code (7)          | (STATE USE ONLY)             | The state of the s |                                    | if being demolish                    | ed)    |              |             |           |
| Burlington  |   |                |           |            |                  |                   |                              | Residenc   |                                    |                                      |        |              |             | -         |
| Name of Monitoring Firm   | Hired by Buildi   | ng Owner       | (8)       | A          | SCM N            | lo.               | Name of Abatem               |  |                                    |                                      |        |              |             |           |
| Mgmt. & Enviro. C   | onsulting Ser   | vices          |           |            |                  |                   | Shade Envir                  | onmental, Li   | _C                                 |                                      |        |              |             | -         |
| Street Address  |   | Street Address |           |            |                  |                   |                              |  |                                    |                                      |        |              |             |           |
| PO Box 341  | 623 Cutler Avenue   |                |           |            |                  |                   |                              |  |                                    |                                      |        |              |             |           |
| City, State, Zip Code   |   |                |           |            |                  |                   | City, State, Zip C           |  |                                    |                                      |        |              |             |           |
| Chesterfield, NJ 08   |   |                |           | - 1        |                  |                   | Maple Shade                  | 9, NJ 00032  |                                    | License No.                          |        |              |             |           |
| Project Manager for Mor   | nitoring Firm   |                | T         |            | hone N           |                   | Telephone No.<br>856-755-009 | 9  |                                    | 00842                                |        |              |             |           |
| Bill Weisgarber   |   |                |           |            | 9-298-           |                   | Name of OSHA I               |  |                                    |                                      |        |              |             |           |
| Start Date (10)   |   | 10             |           |            |                  |                   | EMSL Analy                   |  |                                    |                                      |        |              |             |           |
| Occupancy Status Durin  | ng Abatement (C   | heck only      | one       | :)         |                  |                   | Street Address               | 00 11 - 41-  |                                    |                                      |        |              |             |           |
| <ul><li>☐ Facility Closed/Vaca</li><li>☐ Abatement Performer</li><li>Time of Abatement:</li></ul> | ed Outside of No  | rmal Faci      | ity H     | lours      | s - Desc         | cribe<br>AM       | 200 Route 1                  |  |                                    |                                      |        |              |             |           |
|   |   |                |           |            |                  |                   | Cinnaminso                   | 11, 145 00077  |                                    |                                      |        |              |             |           |
| Scope of Work (Check    ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  | all that apply)   |                | Reno      |            |                  |                   | ☐ Mini-Er                    | an Procedure   |                                    | ative Pressure -Friable Procedu      | -e     |              |             |           |
|   |   |                | Is Lo     | ocat       | ion              |                   |                              |  |                                    |                                      | Ab     | ateme        | ent Ty      | /ре       |
| Asbestos-Containin TO BE AB IN Fac  | TO BE ABATED IN Facility (13)  Maintenance/ Custodial Staff? (12) |                |           |            |                  |                   |                              | of<br>Material (ACM)<br>s insulation,<br>T, or<br>neous)   |                                    | Amount<br>(Specify<br>SF or LF)      |        | Repair       | Encapsulate | Enclosure |
|   |   | Ye             | -         | No         | N/A              |                   | 1.2.                         |  | +                                  | 40 LF                                |        | П            | П           | П         |
| Attic   |   |                | 1         | X          |                  | Pipe in           | sulation                     |  | -                                  |                                      |        |              |             |           |
|   |   |                | 1         |            |                  |                   |                              |  |                                    |                                      | 부      |              |             |           |
|   |   |                | 1         |            |                  |                   |                              |  |                                    |                                      | $\Box$ | Ш            | Ш           | Ш         |
|   |   |                |           |            | П                |                   |                              |  |                                    |                                      |        |              |             |           |
| Name of Registered W<br>Freehold Cartage  |   |                |           | 1000       | JDEP<br>lauler I | D No.             | Cubic Yards of<br>Waste      |  |                                    | tered Landfill<br>d County Land      | ifill  |              |             |           |
| City, State<br>Freehold, NJ   |   |                |           |            | 1593             | 3                 | Disposal Date<br>10/06/2016  | City, State  |                                    | PA                                   |        |              |             |           |
| 10000000000000000000000000000000000000  | Tunal   | Title          |           | _          |                  |                   | Signature                    | 1  |                                    | D                                    | ate    |              |             |           |
| Completed By (Print or<br>Christina Lynch   | (ype)   |                | atio      | ns         | Mana             | ger               | Onto                         | <u> </u>   | 2                                  | > 0                                  | 1/2    | Ce/1         | 0           |           |

|   | _   |              |            |        | 0  | tota of N                            | ou loroou                                    | T.                    | - PAG                                       | Tn 1        | 50          | P-F-      | 2    |  |  |  |  |
|---|---|--------------|------------|--------|--|--------------------------------------|--|-----------------------|---|-------------|-------------|-----------|------|--|--|--|--|
| CK93  | 19  | NC           |            |        | ION  | OF AS                                | ew Jersey<br>BESTOS ABA1<br>AC 8:60 and 5:10 |                       | DETAL                                       | 딕 -         | WC.         | 售         |      |  |  |  |  |
| Date of Notification (1)  |   |              |            | N      | ame  | of Building                          | g Owner/Operator (                           | (2)                   | III SEP 2                                   | 9 2         | 016         |           | U    |  |  |  |  |
| 9 /   | 26 / _  | 16           |            |        |  |                                      | es & Alexander C                             |                       | U U CLI Z                                   | 3 2         | 2010        |           |      |  |  |  |  |
| Agencies Notified   | Type Notifica                                       | ation        |            | S      | treet  | Address                              |  |                       | ASBESTOS                                    | CON         | ITRO        | L &       |      |  |  |  |  |
| ⊠ EPA<br>⊠ DOLWD  | ☐ Initial   |              |            |        |  |                                      |  |                       | LICEN                                       | ISIN        | <u>G</u>    |           |      |  |  |  |  |
| ⊠ DOH   | Amendme   | - 1500 to 10 |            | C      | ity, S                                       | State, Zip C                         | Code   |                       |   |             |             |           |      |  |  |  |  |
| □ DCA   | ☐ Emergen   |              | lina       |        | Moi  | rristown,                            | NJ 07960                                     |                       |   |             |             |           |      |  |  |  |  |
| (NJAC 5:23-8)   | justification                                       | on)          | 3          | N      | ame  | of Contac                            | t  |                       | Telephone Numb                              | er          |             |           |      |  |  |  |  |
|   | ☐ Cancellat   | ion          |            |        | Ale  | xander G                             | Sillespie                                    |                       | 1   |             |             |           |      |  |  |  |  |
|   |   |              | 0.00-04III |        | FAC  | CILITY IN                            | IFORMATION                                   |                       | a)  |             |             |           |      |  |  |  |  |
| Name of Facility Where A  | batement is T                                       | aking Pla    | ace (3)    | )      | 2011   |                                      |  | Type of Facility      | (4)   |             |             |           |      |  |  |  |  |
| Private Residence   |   |              |            |        |  |                                      |  | ☐ School (K-1         |   |             |             |           |      |  |  |  |  |
| Street Address  |   |              |            |        |  |                                      |  |                       | 8 (Other than K-12)<br>private and commerce | ial bu      | ilding      | 9         |      |  |  |  |  |
|   |   |              |            |        |  |                                      |  | homes, etc.           |   | nai ba      | indin ig    | Ο,        |      |  |  |  |  |
| City (5)  |   |              |            |        |  |                                      |  | Square Feet           | # of Floors                                 | Ble         | dg. A       | ge        |      |  |  |  |  |
| Morristown  |   |              |            |        |  |                                      |  | 3,000                 | 3   |             | 87          |           |      |  |  |  |  |
| County (6)  |   |              |            | 10     | Poun   | ty Gods (7                           | (STATE USE ONLY)                             | Current Use (P        | rior if being demolist                      | ed)         |             |           |      |  |  |  |  |
| New Jersey  |   |              |            |        |  |                                      |  | Residentia            | Marie Control                               |             |             |           |      |  |  |  |  |
| Name of Monitoring Firm   | Hired by Build                                      | ling Owne    | er (8)     | AS     | CM   | No.                                  | Name of Abateme                              | ent Contractor (9     | 9)  |             |             |           |      |  |  |  |  |
|   |   |              |            | 0      | 002  | 3                                    | Branch Rest                                  | oration, Inc.         | ***   |             |             |           |      |  |  |  |  |
| Street Address  |   | 1.500        | -          |        |  |                                      | Street Address                               |                       |   |             | - Variante  |           |      |  |  |  |  |
| 1600 Route 22 East  |   |              |            |        | 261 West 35 <sup>th</sup> Street, Suite 1408 |                                      |  |                       |   |             |             |           |      |  |  |  |  |
| City, State, Zip Code   |   |              |            |        |  | City, State, Zip Co                  |  |                       |   |             | -           |           |      |  |  |  |  |
|   |   |              |            |        |  |                                      | New York, N                                  |                       |   |             |             |           |      |  |  |  |  |
|   | orina Firm  |              | TT         | elepho | one l  | No.                                  | Telephone No.                                |                       | License No.                                 |             |             |           |      |  |  |  |  |
| 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3   | g   |              |            | •      |  | 8-7800                               | (212) 244-844                                | 11                    | 01189                                       |             |             |           |      |  |  |  |  |
|   | S   | cheduled     |            | 1      | -  |                                      | Name of OSHA N                               |                       |   |             |             |           | -    |  |  |  |  |
|   |   |              | 1          |        |  |                                      |  | nmental Corp.         | •   |             |             |           |      |  |  |  |  |
| Occupancy Status During   | Abatement (C  |              |            |        |  |                                      | Street Address                               | •                     |   |             |             |           |      |  |  |  |  |
|   |   |              | 7.0        |        | ni   |                                      | 2333 Route 2                                 | 2 West                |   |             |             |           |      |  |  |  |  |
|   |   |              |            |        |  | cribe                                | City, State, Zip Co                          |                       |   |             |             |           |      |  |  |  |  |
|   |   |              |            | M      |  | AM                                   | Union, NJ 07                                 |                       |   |             |             |           |      |  |  |  |  |
| Scope of Work (Check all  | that annly)   |              |            | -      |  |                                      | Official, 140 Ci                             |                       |   |             |             |           | -    |  |  |  |  |
|   | tilat apply)  |              |            |        |  |                                      |  | tainment with Ne      | egative Pressure                            |             |             |           |      |  |  |  |  |
| ☐ ≥3 sf or ≥3 lf  |   | -            |            |        |  |                                      | ⊠ Mini-Enc                                   | losure<br>g Procedure |   |             |             |           |      |  |  |  |  |
| ☑ ≥ 100 St Ot ≥200 II   |   |              | Jemoi      | поп    |  |                                      |  |                       | on-Friable Procedure                        | 9           |             |           |      |  |  |  |  |
|   |   |              | ls Loc     | cation |  |                                      |  |                       |   | Ab          | atem        | ent T     | уре  |  |  |  |  |
| Location of   | of  | 1            |            | nally  |  |                                      | Description of                               | of                    |   | R           | R           | т         | т    |  |  |  |  |
|   | Containing Material (ACM)  TO BE ABATED  Used Maint |              |            |        |  |                                      | stos Containing Ma                           |                       | Amount                                      | eme         | Repair      | nca       | nclo |  |  |  |  |
|   | 19  |              |            | 200    | (I.e.  | ., thermal systems<br>surfacing, VAT |  | (Specify<br>SF or LF) | Removal                                     | =           | Encapsulate | Enclosure |      |  |  |  |  |
| (13)  |   |              | (1:        | 2)     |  |                                      | other miscellane                             |                       |   |             |             | late      | O.   |  |  |  |  |
|   |   | Ye           | s N        | lo N   | I/A  |                                      |  |                       |   |             |             |           |      |  |  |  |  |
| 2nd Floor - Hallway   |   |              |            |        |  | Plaster                              | & Gray Coat                                  |                       | 380 SF                                      | $\boxtimes$ |             |           |      |  |  |  |  |
| 2 <sup>nd</sup> Floor - Master Bed  | room  |              |            |        |  | Plaster                              | & Gray Coat                                  |                       | 805 SF                                      | $\boxtimes$ |             |           |      |  |  |  |  |
| 2 <sup>nd</sup> Floor - Girl's Bedro  |   |              |            |        |  | Plaster                              | & Gray Coat                                  |                       | 420 SF                                      | $\boxtimes$ |             |           |      |  |  |  |  |
| 2 <sup>nd</sup> Floor - Guest Roor  | n   |              |            |        |  | Plaster                              | & Gray Coat                                  |                       | 695 SF                                      | $\boxtimes$ |             |           |      |  |  |  |  |
| Name of Registered Waste  | Hauler  |              |            | NJDI   | EP V   | Vaste                                | Cubic Yards of                               | Name of Regi          | istered Landfill                            | -           | -           |           | -    |  |  |  |  |
| Asbestos Transporta   | ation Co., In                                       | ic.          |            | Haul   |  | NC59523-24                           | Waste  | Minerva E             | nterprises, Inc.                            | ses, Inc.   |             |           |      |  |  |  |  |
| Morristown  County (6)  New Jersey  Name of Monitoring Firm Hired by Building Owner (8 Hillmann Consulting LLC)  Street Address  1600 Route 22 East  City, State, Zip Code  Union, NJ 07083  Project Manager for Monitoring Firm  Craig Abrams  Start Date (10)  10 / 10 / 16   10 /  Occupancy Status During Abatement (Check only or Abatement Performed Outside of Normal Facility Time of Abatement:AMPM/ |   |              |            | 24     | 310  |                                      | Disposal Date                                | City, State           |   |             | -           |           |      |  |  |  |  |
|   |   |              |            |        |  |                                      | 1  | Waynesbu              | urg, OH                                     |             |             |           |      |  |  |  |  |
|   | ne)   | Title        |            |        |  |                                      | Signature                                    | 1                     |   | e Q/        | /           | 1.        |      |  |  |  |  |
| Michael J Caputo President  |   |              |            |        |  |                                      | 1/   | )                     | 1/  | 26          | 116         |           |      |  |  |  |  |

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

ASB-41 JAN 13

|   |  |           |             | s                         | tate of N       | ew Jersey  |                                | PAG                                      | E 2     | 2.0    | F:          | 2          |
|---|--|-----------|-------------|---------------------------|-----------------|--|--------------------------------|--|---------|--------|-------------|------------|
| Ch To   | 319  | NOT       |             | ATION                     | OF AS           | BESTOS ABAT<br>AC 8:60 and 5:1   |                                | DEC                                      |         |        | 7 [         | 7          |
| Date of Notification (1)  |  |           |             | Name                      | of Buildin      | g Owner/Operator (   | SEP                            | 2 9                                      | 20      | 16     |             |            |
| Agencies Notified  EPA  | Type Notification Initial                    | 1         |             | Street                    | t Address       | ASBESTOS CO  |                                |  |         |        |             | 90         |
| ☐ DOH   | Amended Amendment                            |           |             | City, S                   | State, Zip (    | Code   |                                |  | ENSI    |        | 100         | <u>~</u>   |
| ☐ DCA<br>(NJAC 5:23-8)  | ☐ Emergency (i justification) ☐ Cancellation | including | g           | Name                      | of Contac       | t .  |                                | Telephone Numi                           | per     |        |             |            |
|   |  |           |             | FA                        | CILITY IN       | FORMATION  |                                |  |         |        |             |            |
| Name of Facility Where  | Abatement is Takir                           | ng Place  | (3)         |                           |                 | 32 AO  | Type of Facility  School (K-12 | 2)                                       |         |        |             |            |
| Street Address  |  |           |             |                           |                 |  | Other (i.e., p                 | 3 (Other than K-12)<br>rivate and commer | cial bu | ilding | s,          |            |
| City (5)  |  |           |             |                           |                 |  | Square Feet                    | # of Floors                              | Blo     | dg. Ag | ge          |            |
| County (6)  | -  | Cour      | nty Code (7 | 7)(STATE USE ONLY)        | Current Use (Pr | ior if being demolis   | hed)                           |  |         |        |             |            |
| Name of Monitoring Firm   | n Hired by Building                          | Owner     | (8)         | ASCM                      | No.             | Name of Abateme  | ent Contractor (9)             |  |         |        |             |            |
| Street Address  |  |           |             |                           |                 | Street Address   |                                |  |         |        |             | _          |
| City, State, Zip Code   | City, State, Zip Code                        |           |             |                           |                 | City, State, Zip C   | ode                            |  |         |        |             |            |
| Project Manager for Mor   | nitoring Firm                                |           | Tele        | phone                     | No.             | Telephone No.  |                                | License No.                              |         |        |             |            |
| Start Date (10)   | Sche   | duled C   | 'omnie      | tion Da                   | te (11)         | Name of OSHA N   | Monitor                        |  |         |        |             |            |
| / /   | - John                                       | /         | , on the    | /                         | LE (11)         | Name of Oot IA to  |                                |  |         |        |             |            |
| Occupancy Status Durin  |  | _         |             |                           |                 | Street Address   |                                |  |         |        | 8           |            |
| Facility Closed/Vacated Abatement Performe Time of Abatement:   | d Outside of Norma                           |           |             | rs - Des                  | cribe<br>AM     | City, State, Zip Co  | ode                            |  |         |        |             |            |
| Scope of Work (Check a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   | II that apply)                               | ⊠ Re      | enovat      | ion<br>on                 |                 | Mini-End<br>Gloveba  | g Procedure                    | gative Pressure                          | re      |        |             |            |
|   | Ádi  | 100       | Loca        | 7007000000                |                 |  | 2                              |  |         |        | ent Ty      | /pe        |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Norma Used Sole Maintena Custodial (12) |  |           |             | ely by<br>ance/<br>Staff? |                 | Description of<br>estos Containing Ma<br>e., thermal systems<br>surfacing, VAT<br>other miscellane | insulation,<br>or              | Amount<br>(Specify<br>SF or LF)          | Removal | Repair | Encapsulate | Litologaic |
| 2 <sup>nd</sup> Floor - Bathroom  |  | Yes       | No          | N/A                       | Plaster         | & Gray Coat  |                                | 355 SF                                   |         | П      | П           | Γ          |
| Basement - Stair Ca   |  |           | +           |                           | -               | & Gray Coat  |                                | 20 SF                                    |         |        |             |            |
|   |  |           |             |                           |                 |  |                                |  |         |        |             |            |
|   |  |           |             |                           |                 |  |                                |  |         |        |             |            |
| Name of Registered Was  | ste Hauler                                   |           |             | JDEP \<br>lauler II       |                 | Cubic Yards of<br>Waste  | Name of Regis                  | stered Landfill                          |         |        |             |            |
|   |  |           |             |                           |                 | Disposal Date  | City, State                    |  |         |        |             |            |
| City, State   |  |           |             |                           |                 |  |                                | / /                                      |         |        |             |            |