State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

No Check							nd 12:120)	**				. i	$\overline{}$]
Date of Notification (1) 0	4/04/2014	1		ame of E ettinaro l		Owner/	Operator (2)							
Agencies Notified		tion Type		reet Ado 4 North		s St		4	APR 16	2014			* 1	
☐ EPA ☐ DEP X DOL	Initial x			ty, State										
□ DOH	☐ Eme	ergency (Including	N:	ame of (Contac	t			Tolonhone Nu	mho	~~	`		j
DCA		cellation	В	rian As	ster									
				FACIL	ITY IN	FORMA	TION							
Name of Facility Where A	(3) Eag	le Plaza	Shopp	oing Cent	ter	Type of Facility ☐ School (K-	5 (000)00							
Street Address 700 Haddonfield-Berlin R	Rd. Unit #3	35						☐ Subchapte	apter 8 (other than K-12) (i.e. private & commercial buildings,					
City (5) Voorhees	S							Square Feet 2500	# of Floors		Bldg 65	. A	ge	
County (6) Camden		×				unty Cod E ONLY)	e (7) (STATE	Current Use (p Commercial	e (prior if being demolished) al					
Name of Monitoring Firm			A	SCM No	o.		of Contractor (9) y Environmer	ntal						
Harvard Environme			7	Street A	Address									
760 Pulaski Highwa City, State, Zip Code					ew Churchma te, Zip Code	ans Ka.		-				-		
New Castle, DE 197				New C	Castle, DE 19	720	I () N					4		
Project Manager for Mor Wesley Morrison	elephor 302) 3	ie No. 26-233	33		one Number 322-8946		License Numl 00578	per						
Scheduled Start Date (10 04/22/2014	4	Scheduled Comp 04/23/2014	1	Date			of OSHA Monitor by Environmer							
Occupancy Status Durin	ne)		9		Address ew Churchma	ans Road								
 ☐ Facility Closed/Vacat Abatement Performed ☐ Other – Describe: 	ed During d Outside	Entire Period of A of Normal Facility	Abatem / Hours	ent -		City, St	ate, Zip Code Castle, DE 19							
Scope of Work (Check a	Il that app	ply)					X Full Contai	nment with Nega	ative Pressure					
$X \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxed{\boxtimes} \ge 160 \text{ sf or } \ge 260 \text{ lf}$				-	Rend	ovation olition	☐ Mini-Enclo	osure Glove npted (*) and No	ebag Procedure on-Friable Proced	ure				
			4,000	Locatio							Abatement Type			0270
			Use	Normally d Solely	by	Asbes	Description stos Containing N	Material (ACM)	Amount					
Loca Asbestos-Contair	tion of ning Mate	rial (ACM)		intenan Custodia		(i.e	thermal systems surfacing, VA	T, or	(Specify SF or LF)	1	Removal	Day	Enclosure	
	ABATED cility (13)			Staff? (12)			other miscellar	neous)		2	oval	Donair	Sure	
			Yes	No	N/A									
Rear of store				X		Floor	mastic		400 SF		X	+	+	_
										-	-	+	1	
Name of Reg. Waste Ha Service Transport			1000000	DEP Wa No.2099		uler	Cubic Yards of Waste	Name of R Minerva	eg. Landfill					
City, State New castle DE							Disposal Date TBA	City, State Waynesbu	rg OH		¥ ⁸	4		
Completed by Ben Hodgdon	Title PN						Signature	S CYCHI D ATMA	Da	te 4/	1,,	/	14	

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

No Chack	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												_	
Date of Notification (1) 4/15/14				Building C Enterpr				O, Americ	an Develor	oment		F	any	
Agencies Notified Type Notifica	tion	11 8	Street Ad 1105 In	_{dress} dustrial	Highw	ay			APR. 1	6 21)14			
∠ EPA │ Initial │ DEP │ X Amende │ Amendr			City, State, Zip Code Southampton, PA 18966											-
	ncy (including		Name of					1	Telephone N	lumber			, de	-
DCA Cancella			Dan Ble											7
Name of Facility Where Abatement is T)	FACIL	ITY INFO	RMATIC	ON	Туре	of Facility (4)						
Former Pathmark Supermarket	Building							chool (K-12)	(Other than K	12\				
Street Address 2881 Mt. Ephraim Avenue							×	other (i.e. privite.)	vate & comme	ercial bu	uildi	ngs,	nome	s,
City (5) Camden							Square 150,0		# of Floors 2		Blo 50	ig. A	ge	
County (6) Camden			County C	ode (7) SE ONLY)		_		nt Use (Prior il shopping	if being demo g center	lished)				
Name of Monitoring Firm Hired by Build Environmental Management In		ASCM	No.				ement Contres, LLC	actor (9)						
Street Address 34 E. Germantown Pike, #204						Street /		PRO TO THE RESERVE THE TAXABLE PROPERTY.	way, Suite	500				
City, State, Zip Code E. Norriton, PA 19401	City, State, Zip Code						City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Ray Giordano	- 1	Telephon			Teleph 484-8	one No).	License 01161	nse No. 61					
Start Date (10) 4/28/14	start Date (10) Scheduled					Name of EMS		IA Monitor						
Occupancy Status During Abatement (-		Street	Addres	s 130 North	,						
Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: Work limited to	Normal Facility	Hours	ours City,					ty, State, Zip Code Sinnaminson, NJ 08077						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	nt with Negativedure	ive Pressure Friable Procedure						
	le le	Is Location					1401	LXCIIIpted	() and Home		Abatement			
Location of	Line	Normal	ly			escription of			200	-		Ту		
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Ma Ma	intena	nance/ al Staff? (i.e. therma			ntaining Material (ACM) al systems insulation, acing, VAT, or · miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Eliciosole
	Yes	No	N/A	0.1		A.T	J	.t:_	25 000 85	-				-
First floor on concrete			X	3	layer V			SUC	35,000 SF	-	-			-
First floor on tile			X	-		er cera	_		2,000 SF 700 SF	X				-
2nd floor mezzanine			X		1 18	yer V	1 1		700 31	Δ				
Name of Registered Waste Hauler		1 2	JDEP W lauler ID		Cubic of Was			Name of R	Registered Landfill					1
Service Transport					80	-15 :								
City, State New Castle, DE					TBD	al Date		City, State Waynes	burg, OH					
Completed by Jack Bally	Title Sr. F	roiec	t Mana	ger	8	ignature	1/	200.	60	Date 4/15	/14			
ASB-41 (R-06-08)		-,				Don	w/_	this form for	asbestos licer	ISIII A	vem	nted	activ	itios

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1) 04 15 14 Agencies Notified Type of Notified		(PURSUAN	T TO NJAC	BESTOS ABATEMENT 8:60-7 AND 12:120-7		<u>U</u>	Her	KT	196			
Agencies Notified Type of Notifi			Name of Building Owner / Operator (2) INFINEUM									
Agencies Notified Type of Notifi			Street Add				1	1 1 7 9	3 5			
			1900 EAST LINDEN AVE									
EPA Init	tial nended		LINDEN, N	, Zip Code								
	ienaea iendment #		Name of C			Telephor	ne-Numb	per				
DOL Em		justification		PULSFORT	- f			5 2014				
	Toomat.or.	F	ACILITY IN	FORMATION		*						
Name of Facility Where Abatement	ic Taking I	Place (3)		Type of Facility (4)		**						
NFINEUM	lace (5)			40)			*					
				School (K-	er 8 (Other	than K-13	2)		- 1			
Street Address 1900 EAST LINDEN AVE				private &								
City (5)		County Code	(7)		# Of Floor		Buildir	na Aae				
City (5) County (6) UNION		County Code	(1)	100,000	5			(E. 154				
				Current Use (Prior if OFFICE	being dem	olisnea)		40 +				
Name of Monitoring Firm Hired by	Bldg. Own	er (8)	ASCM NO	1					()			
AET				LVI Demolition Service	es Inc.			S:				
Street Address 907 Doolittle Drive				Street Address								
City, State, Zip Code				32 Williams Parkway		7.17.		1 54				
Bridgewater, NJ 08807				City, State, Zip Code								
Project Mngr. For Monitoring Firm		Telephone Nu	mber	East Hanover, NJ 079	36							
Eric Houseknecth	had Comp	908-218-1108 letetion Date (1	11)	Telephone Number License Number								
Sheduled Start Date (10) Sc 04	04	29/	14	relephone Number		License						
//		/		973-884-8682 Name of OSHA Monit	4			00860				
Occupancy Status During Abatem Facility Closed/Vacated	ent (Check During Ent	Only 1) ire Period of		LVI Demolition Service					- 1			
Abatement	During Lin			Street Address								
☐ Abatement Performed C	outside of N	lormal Facility		22 Milliama Darlovav								
Hours - Describe: 5:0	O DM EDID	E-OODM SLIN		32 Williams Parkway City, State, Zip Code								
		- 5,00FW 30W		East Hanover, NJ 07936								
Scope of Work (Check All That Ap	ply)											
☐ Demolition	~	Renovation		Full Containment wit	th Negative	Pressure	9		7 1			
≥3sf or≥3lf				Mini - Enclosure		1						
≥160 sf or ≥260 lf				Glovebag Procedure Non-Exempted (*) an		hle Proce	dure		- 1			
			L L	Non-Exempled () an	iu Non-i na							
Location of	ls Location	A .	Descript sbestos - C			Abateme R	nt Type	ļΕ	JE			
	Location Normally	A	Material	100 (100 (100 (100 (100 (100 (100 (100	Amount	E	R	N	N			
TO BE ABATED	Used	l a	.e., therma	1000 C C C C C C C C C C C C C C C C C C	(Specify	M	E	С	c			
in Facility	Solely			facing, VAT,	SF or LF)	0	P	Α	L I			
and the state of t	by Main-	or	other misc	ellaneous)		V	A	P	0			
C.	tenance/					A	l B	s U	S U			
	Custodial Staff (12)		30			L	R	L	R			
	ES NO N/A											
4TH FLOOR		VAT/CONCRE	TE DEBRIS	3	1200SF	V						
11111 60011												
						<u> </u>	1 -					
		N IDED Wests	Cubic	Name of Registered	andfill							
		NJDEP Waste		I.E.S.I.	Lanuilli							
Name of Registered Waste Hauler		Hauler ID No.										
Name of Registered Waste Hauler NEWARK CARTING			of Waste									
Name of Registered Waste Hauler NEWARK CARTING City, State				City. State BETHLEHEM, PA 181	105	1						
Name of Registered Waste Hauler NEWARK CARTING City, State NEWARK, NJ			of Waste Disposal	City. State	1-1	1		Date				
Name of Registered Waste Hauler NEWARK CARTING City, State		4509	of Waste Disposal Date	City. State BETHLEHEM, PA 181	1-1				/15/14			

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-148	2112	,	(i uisua	III to NoAO	3										
Date of Notification (1)	Na	me of Buildi	ng Owne	r/Operator (2)	0.0 V			a 2014		1					
0 4 / 1 1 / 1 4	E	lizabeth K	ing	1. 11			APR	1 6 2014	*						
Agencies Notified Type Notification EPA Initial	Stre	eet Address					李 ·			,					
DEP Amended		83 Richme				_	_	7_							
Amendment #:		y, State, Zip													
DOL Emergency (including	11 -	MAPLEW		IJ 0740	-	Telephone	Number								
justification)		ne of Conta					1								
☐ DCA ☐ Cancellation		Elizabeth 1	King		_										
			FACII	LITY INFORM	IATION					-					
Name of facility where abatement is t	taking plac	e (3)					Type of Facility (4) (K - 12)							
Elizabeth King								pter 8 (Other		12)					
Street Address								Private/Comm Homes, etc.	ercial						
483 Richmond Avenue								# of Floors	В	ldg. Ag	je				
City (5)	Count	y (6)				nty Code (7)									
Oity (5)					(Stat	e use only)	Current Use (Pri	or if being de	molished)						
MAPLEWOOD	ESS:			ASCM No.	<u>. </u>	Name of Abatemen	Contractor (9)								
Name of Monitoring Firm Hired by BI	dg. Owner	(8)		ASCIVI NO.		D & S RESTOR									
						Street Address	GATION, INC.								
Street Address					- 11	20 California A	ve.								
City, State, Zip Code						City, State, Zip Code	9								
			Paterson, NJ 0	7503	License Nur	abor									
Project Manager for Monitoring Firm	er		Telephone Number 973-345-8020)	0116										
						Name of OSHA Monitor									
Start Date (10)	Sched	Completion	n Date (1	1)		D & S Restora	tion, Inc.		-						
04/23/14	05/09					Street Address									
Occupancy Status During Abatement						20 California A City, State, Zip Cod			_						
Facility closed/vacated during e	entire perional f	acility hours	nent. 3-			City, State, Zip Cod	е								
Describe:NORMAL HO		-			-	Paterson, NJ (7503								
Scope of Work (check all that apply)							Full Containment w	/negative pre	ssure						
	Renovatio	n					Mini-enclosure Glovebag procedu	re							
	Demolition	1					Non-Exempted (*)	and Non-friat	ole pro	cedur	е				
Location of	Is location	n normally u	sed sole	y				e e	2.00	100	E				
asbestos-containing	by mainte staff(12)	enance/cust	odial			sbestos-containing	Amount (Specify S	SF or o	1	С	n				
material (acm) to be abated in facility (13)	Yes	No	N/A	- materia	I (ACM)		ĹF)	v	Ĩ	a p	L				
,				PIPE INS	TILAT	ION	115 L FT	e 		$d \Box$	10				
BASEMENT BOILER & REC. ROOM		_X_		PIPE INS	ULAT	ION	110.2.1		ite	言					
			-	-											
				1											
Registered Waste Hauler		EP Hauler I	D#	Cubic Yards o	of Waste	Name of Register	ed Landfill N, RESOURCE R	FCOVERY							
D & S RESTORATION, INC.	133	506	Disposal	2 yds Date		City, State	A, RESCURCE R	DOO TENT		-					
City, State PATERSON, NJ 07503			04/24/			TULLYTOW	N, PA								
Completed by (Print or Type)	Title			Signature		0		Date 04/11/1/	1						
BOGDAN JOLDZIC	PRESII			otoc licensure		-d activition		04/11/14	+	-					

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-146	040		75		8:60	and 12:120)		*31 1 ₈₈		1 3					
Date of Notification (1) 0 4 / 1 0 / 1 4		me of Build	2001 - 012-009000	Operator (2)				APR 1	6 20	14		. 1			
Agencies Notified Type Notification		eet Address										T			
EPA Initial Amended	8	HICKOR	RY STRE	ET			120				٠,	1			
DEP Amendment #:	_	y, State, Zij													
DOL Emergency	- III ,	CRANFO	RD, NJ 0												
DOH (including		me of Conta		Telephone	Number										
justification) DCA Cancellation		MARILY	- d'	£											
			FACIL	ITY INFORM	ATION			(F. W. (A)							
Name of facility where abatement is	taking plac	e (3)						ype of Facility (4) School		14					
MARILYN MATTHEWS								Subchap	oter 8 (O	ther th	an K-	12)			
Street Address					1		71	Other (P Bldgs./H			cial				
8 HICKORY STREET							_ -	A STATE OF THE PARTY OF THE PAR	of Floor		Blo	lg. Ag	e		
City (5)	Count	y (6)				ty Code (7) e use only)] <u>-</u>	Current Use (Price	or if hein	n demo	olishe	d)	_		
CRANFORD	UNI	ON			(Olul	5 dos 5,,		Odirent Osc (i ne	or in Doilly	g dom	,,,,,,,,	-,	1187-00		
Name of Monitoring Firm Hired by E			T	ASCM No.	ΉП	Name of Abatem	ent Co	ntractor (9)							
•						D & S REST	ORAT	TION, INC.							
Street Address				Street Address											
				20 California	a Ave.										
City, State, Zip Code				City, State, Zip Co	ode										
				Paterson, N.											
Project Manager for Monitoring Firm		Pho	ne Numbe	er		Telephone Numb			License		er				
						973-345-8020 01169 Name of OSHA Monitor									
Start Date (10)	Sched.	Completion	n Date (11)		D & S Resto	0.000								
04/24/14	05/09/	/14			- 11	Street Address	Tation	i, mc.							
Occupancy Status During Abatemen					-1	20 California	Aver	nue							
Facility closed/vacated during Abatement performed outside	entire perio	d of abaten				City, State, Zip C									
Describe:		zomity mount			11	Paterson, N.	T 0750	13							
Other-Describe: NORMAL H					- Ц	Paterson, N.							_		
Scope of Work (check all that apply							=	II Containment w/	negative	piess	ure				
≥3 sf or ≥3 lf	Renovation	1					☑ GI	ovebag procedure							
≥160 sf or ≥260 lf	Demolition							on-Exempted (*) a	and Non-	friable					
Location of	Is location	normally u	sed solely odial	ı				Amount		е	R	E n	E		
asbestos-containing material (acm) to be	staff(12)		1	Descripti material		sbestos-containin	ig	(Specify SF	or or	m	p a	c a	n c		
abated in facility (13)	Yes	No	N/A	matorial	(, (0, , ,)			LF)		v	i	p	L		
BASEMENT			-	PIPE INSU	ЛАТІ	ON		115 L FT		e	\Box				
		\Q		PIPE INSU			_	501ft		X					
BASEMENT CRAWL SPACE								1							
	===														
Registered Waste Hauler		P Hauler II	D# C	ubic Yards of	Waste	Name of Regist	ered L	andfill							
D & S RESTORATION, INC.	135	06	2	YDS			VN, R	ESOURCE RE	COVE	RY	_				
City, State PATERSON, NJ 07503			Disposal D 05/09/1			City, State TULLYTO	WN, I	PA					13		
Completed by (Print or Type)	Title			Signature					Date						
BOGDAN JOLDZIC	PRESID	ENT	-						04/10	/14					

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj. #: 2014-147		8:60	and 12:120)														
(IN DOV # MANO	39								n 1 0	001	1						
Date of Notification (1)	Na	me of Buil	ding Owne	r/Operator (2)				Ai	n 10	LU1-	1						
0 4 / 1 0 / 1 4		SAUL ME	EMORIA	L FUNERAL								j.	1				
Agencies Notified	on Str	eet Addres	SS					# 191			- 1	1					
DEP Amended	11 -			D AVENUE	Ε												
Amendment #:	Cit	ty, State, Z	ip Code														
Emergency	1	HAMILT		08609				Telephon	one Number								
justification)	Na	me of Con	tact					Telephone	- Torie Number								
DCA Cancellation		DAWN							*								
			FACII	LITY INFORMA	ATIO	N .											
Name of facility where abatement is	taking plac	ce (3)						ype of Facility (4	4) (K - 12)								
SAUL MEMORIAL FUNERA	AL.								apter 8 (O	ther th	an K-	12)					
Street Address							7	Other (Private/Co	mmer							
1740 GREENWOOD AVENU	TE.						1		Homes, et		Blo	dg. Ag	ge				
City (5)	Count	ty (6)			Co	unty Code (7)	=				4						
					(Sta	ate use only)		Current Use (Pr	ior if bein	g demo	olishe	lished)					
HAMILTON		RCER		ACCM No	_	Name of Abatem	nent Co	ntractor (9)									
Name of Monitoring Firm Hired by E	siag. Owner	(0)	- 1	ASCM No.				2002									
Street Address		-			_	D & S REST Street Address	ORAI	ION, INC.									
Street Address			20 Californi	a Ave.													
City, State, Zip Code	_	City, State, Zip C	ode														
			Paterson, N		3												
Project Manager for Monitoring Firm	one Numb	er		Telephone Numb			License	Numb 1169	er								
		_				973-345-8 Name of OSHA				1109							
Start Date (10)	Sched.	Completic	n Date (11)		D & S Resto											
05/20/14	05/30	/14				Street Address											
Occupancy Status During Abatemer			25(0)			20 California	a Aven	iue .									
Facility closed/vacated during Abatement performed outside						City, State, Zip C	Code										
Describe:					-	Paterson, N	1 0750	13									
Other-Describe: NORMAL H						1 atcison, 14		I Containment w	/negative	nress	ure						
Scope of Work (check all that apply >3 sf or >3 If) Renovation	1					_	ni-enclosure	meganve	prooc	uio						
≥160 sf or ≥260 lf	Demolition							ovebag procedu		friabla	proo	oduro	·				
		normally i	used solely	1			∐ NC	n-Exempled ()	and Non-	R	R	E	1				
Location of asbestos-containing	by mainte	nance/cus	odial		on of	asbestos-containir	ng	Amount	_	e m	e	n c	E n				
material (acm) to be abated in facility (13)	staff(12)		T	material ((ACM)	(75)	(Specify S	SF or	o v	a	а	C				
abated in facility (10)	Yes	No	N/A							е	r	р	Ļ				
BASEMENT		X		BOILER II	NSU	LAITON		50 SQ FT			부	부	부				
										ዙ	片	ዙ	묶				
										낚	片	片	+				
										片	片	片	+				
Registered Waste Hauler	INJDE	P Hauler I	D# C	ubic Yards of	Waste		tered La	andfill		.[
D & S RESTORATION, INC.	135			YD		TULLYTOV	WN, R	ESOURCE RI	ECOVE	RY							
City, State			Disposal D 05/21/1			City, State TULLYTO	W/NI D	۸									
PATERSON, NJ 07503 Completed by (Print or Type)	Title		03/21/1	Signature		- TOLLTIO	WIN, P	Λ	Date	_							
BOGDAN JOLDZIC	PRESID	ENT				,			04/10	/14							
ACD 44	Do not use	e this form	for asbest	os licensure ex	kempt	ed activities.						0					