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



Date of Notification (1)	18-19		Name	of Buildin	Owner/Operator	(2) S CON	STROCTIO	Moinio	1 12.8	in the
9-	Type Notification		Stree	Address					E 5529	
Agencies Notified	Type Houlicator				300 77	770 21			=	=
	☐ Amended		City. S	State, Zip (	Code	0.70	V 7 08	243		
IX DOL	Amendment #	ncluding		SEA	ISLE	CIT			=	=
Ø DOH ☐ DCA	justification)  Cancellation	•	Name	of Contact	2 AMIC		Telephone Number		=	_
	L		FAC	ILITY IN	ORMATION					
Name of Facility Where	Abatement is Takin	ng Płace (3)	31.07			Type of Facility				
R	ESIDEALC	E				School (K-1	2) 8 (Other than K-12) private & commercial	huikfinas		
Street Address			1-			homes, etc.		Bldg. A		-
·City (5)	CTAN C	174				1500	1	50	· = =	=
County (6)			Cour	ity Code ( ONLY)	7) (STATE		nor if being demolish A CAN T	<del></del>	_	
CAPE	WAY	Owner	ASCM	No.	1 /	ent Contractor (9	-			
Name of Monitoring Firm (8)	Hired by Bulking	Owner				MICO	INC		:=	ᅱ
Street Address	1				Street Address	S. SPK	RUCE AUG		: ==	_
					City, State, Zip C	ode CII	110 × 11 T	087	12	
City, State, Zip Code					MAP	LE SH	License No.	000	==	=
Project Manager for Mor	nitoring Firm	Tel	ephone	No.	Telephone No. 856-22	9-0472	013	7.1	=	_
	Scho	duted Comple	etion Da	te (11)	Name of OSHA	Vonitor /	_			
Start Date (10)	9 5	1-8-	-19		Street Address	N/	<u> </u>		=	=
Status Digis	Ahatement (Che	ck only one)			300000000000000000000000000000000000000				=	-
	ad Dumna Entire Pe	SIMO OL LOCK			City, State, Zip C	ode				
Abatement Performed	d Outside of North	a rooms,							: =	=
Other - Describe:						ntainment with Ne	enative Pressure			
Scope of Work (Check a	all that apply)		9121210		Mini-End	closure	,900.0			
		☐ Renova ☑ Demoliti	tion on		Clayeba	an Procedure	on-Friable Procedur	e		
≥160 sf or ≥260 lf					Non-Ex	empled () and it	OFF TRUE T TOOCS	Abate	e ent	
		Is Locati	200					Ту	1	_
		Used Sole	ly by		Description of tos Containing Mat	f terial (ACM)	Amount		m l	Е
Location Asbestos-Containing	or Material (ACM)	Maintena		Asbes	thermal systems i	nsulation,	(Specify	Rer Re	Encapsulate	Enclosure
TO BE ABA	TED	Staff?		(1.0.	surfacing, VA1,	or	SF or LF)	Removal	lusc	SUI
IN Facility (13)	1	(12)			other miscellaned	XS)		a ·	ale	Э
(10)		Yes No	N/A					1	- +	
	^		X		TRANSI	TE	2520 SE	1	- +	
SIDIM	b	-	1					-		_
			+							_
			+-							
	1 Unided	1	NUDEP	Waste	Cubic Yards	Name of Reg	pistered Landfill			
Name of Registered Wa			159	DNG DV	of Waste	_ ( N	C.M.O.A.		==	=
ICLEMO	) THE				Disposal Date-	City, State	OBNIE 1	IT		
City. State  W.AtP LE	SHAVE	MI. J	08	052	Signature -	1000	Date	18-1	(	- T-
Completed By	Titk	SUV	7.		Mu	MIL		ILF I	: =	=
MICHAG	CLOMM _					anted activities				

## State of New Jersey NOTH-CATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1)	10 10		Name	of Buildin	NN ACCE	COW ST	RUCTION	APPROPRIEST PROPERTY	SHACE	constant .
Agencies Notified	Type Notification		Stree	Address		ST AVE				-
□ \$PA □ \$P\$	Initial Amended		City.	State. Zip	Code	. "	J 082	776		=
⊠ DOL	Amendment a Emergency (injustification)	ncluding	Name	OCE of Contac		1 14.	Telephone Numb			
DOH DCA	Cancellation			S1	EVE			_	=	=
i i	•	(0)		CILITY IN	ORMATION	Type of Facility	(4)			-
Name of Facility Where	Abatement is Takin SIDEW (E	g Place (3)				School (K-12	2) 8 (Other than K-12	) a build	inves	
Street Address			-			homes, etc. Square Feet	rivate & commercia ) # of Floors		ig. Ag€	
City (5)	EAN CI	TY	Cor	nty Code (	7) (STATE		ior if being demolis	-	0 1	=
County (6) CAPL	= MAY		USE	ONLY)		VA( nent Contractor (9	CANT		==	=
Name of Monitoring Firm	Hired by Building	Owner	ASCM	NO.	K	LEMCO	IMC		_	=
Street Address	18				Street Address	S. SPR	UCE HIE			_
City, State, Zip Code					City, State, Zip C	OCE SH	ADE N.J	080	520	_
		TT	elephone	No.	Telephone No.		License No.			
Project Manager for Mon					856-779 Name of OSHA N	4-04 1 C	4.013		=	=
Start Date (10)		tuled Comp	oletion Da - 19	te (11)		NA			==	=
21 - 21 - 21 - 21 - 21 - 21 - 21 - 21 -	a Absternent (Che	only one	9)		Speet Address		· ·			=
Facility Closed/Vacate  Abatement Performed	J D. MINA HORRED FO	100			City, State, Zip C	ode				_
Other - Describe:						ntainment with Ne	cative Pressure			
Scope of Work (Check a	it that apply)	Renov	ation		Mani-End	dosure		na		-
23 sf or ≥3 lf 2160 sf or ≥260 lf		Demo			Non-Ext	empted (*) and No	on-Friable Procedur	A	batem	ι
		Is Local Normal Used So	ely by		Description of tos Containing Mat	erial (ACM)	Amount	$\vdash$	Type	Te
Location of Asbestos-Containing M	laterial (ACM)	Mainten	ance/ dial	Asbes (i.e.,	thermal systems in	or	(Specify SF or LF)	Removal	Repair	Enclosure
TO BE ABAT	EU	Staf (12			other miscellaneo	xus)		Val.	5	0.0
(13)		Yes N	o N/A		RANSITE		2000 SF	X	士	
SIDING			- X-		KNNJIIL				+	+
								+	+	+
					Cubic Yards	Name of Regi	stered Landfill			
Name of Registered Was	le Hauler		NUDEP !	No.	of Waste	Ci			_	=
KLEMCO	INC		1790	14	Disposal Date	City State	DBINIE M	45	<u>.</u>	==
	NOE W. J				Signature	M.	1 State	18-	-19	=
Completed By	1100	PRES			- Mell	2/2				

OKITUB PAU			ICATIO	tate of New Je N OF ASBEST to NJAC 8:60	OS ABATE			) E C	BE		Printer	nt Forn
Date of Notification (1) 4/22/19				of Building Own Managemer		r (2)		III AF	PR 2	5 201	_	世
Agencies Notified Type Notification  EPA Initial	1 (			30x 196				ASSE	3109 HCFb	CORTE	1.8	1
DEP Amended Amendment Emergency justification)		-	Living	ate, Zip Code ston NJ070 of Contact	39			Telephone N	Number	A Commence of the Time	#2600	
DCA   Cancellation				ge Cohen				973-809-	9191		_	
Name of Facility Where Abatement is Takin	g Place (	3)	FAC	ILITY INFORM	ATION	Type of	Facility (4)				-	
Residential						☐ Sch	hool (K-12)					
Street Address						X Oth	bchapter 8 (0 ner (i.e. priva			ildings,	me	s,
City (5) Weehawken NJ					1	Square I	Feet	# of Floors	Í	Blog. Ac	10	
County (6) Hudson	13.	. )		Code (7) USE ONLY)			Use (Prior if ential	being demo	lished)			
Name of Monitoring Firm Hired by Building to Turningpoint Contracting Corporati			ASCA	∄No.	- 6		nent Contracti t Contracti	100 100			_	
Street Address 1125 cranbury Road						Address cranbu	ıry Road					
City, State, Zip Code Union NJ 07083					E 6	state, Zip (					-	
Project Manager for Monitoring Firm Emeka Okeke			Telepho 201-9	ne No. 27-6225		none No. 372-217	77	License 01238			-	
Start Date (10) 5/2/19	Schedul 5/6/19		mpletion	Date (11)	7	of OSHA	Monitor tical labora	atories			-	
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street	Address			<del>() -                                     </del>		-	_
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Home not occupied	Period of A	Abatem / Hours	nent		City, S	tate, Zip C	ode Y 10018	Suite 101			F	-
Scope of Work (Check All That Apply)					New	TOIKIN	1 10018				-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti			×	Mini-E Glovel	ontainment v inclosure bag Procedu ixempted (*)	ire				
Location of	1 0	Location Normalit	У		Description	of	- And - Control			Abater Typ	nt	
Asbestos-Containing Material (ACM)  TO BE ABATED  in Facility  (13)	Ma	id Solel intenar fodial S (12)	ice/	St	containing N mal system infacing, VA er miscellar	s insulation T, or	CM)	Amount (Specify SF or LF)	Femova	Repair	1	Enclasure
	Yes	No	N/A						_			w
Basement			X	Pi	pe insula	tion		7 LF	Х		+	
											1	
Name of Registered Waste Hauler		N	JDEP W	/aste Cu	bic Yards	N	lame of Regi	istered Land	Ifill		_	
Tri-state Transfer Associates		29	auler ID W1898	0.2		Ñ	vienerva E			ociates		
City, State Bronx NY 10474				posal Date 3/19		ity, State Vaynesbu	ra OH 446	688				
Completed by Emeka Okeke	ident			Signature	1 1 1	Rest	5	Date 4/22/	19	-		

NOOK PAID	NOTIFICA (Pursu	State of Ne ATION OF ASE ant to NJAC 8	BESTOS ABA	TEMENT		EC	; [		
Date of Notification (1)	`		of Building C	Owner/Operator	(2)			- Annie Control	
4 / 17 /19		Street	Address			AF	R 2	5 2	<del>(</del> )
Agencies Notified Type Notificati	on	178 FI	RST AVENUE	i .	Suri, here's				
	tification d Notification #2		State, Zip Code NTIC HIGHLAN	NDS, NJ 07716	- Inc	ASI.	::01	: SUN	7 5 28
X DOL Cancella X DOH On Hold	tion					transcriptored by	LIVE	1/10/11/11	
	ENCY NOTIFICA		of Contact PH HANLEY		Telephone Nun 929-308-1398	nber			
Name of Facility Where Abatement is Ta	dia - Dia - (0)	FACILITY INF	ORMATION	T=					
VERIZON	aking Place (3)			Subchan		K-12)			
Charact Addition				X Other (ie	. private & commo	cl. bldg:			tc
Street Address 224-240 LYONS AVENUE				Square Feet 17,600	# of Floors			g. Age 60	
City (5) County (	6)		/ Code (7)	The second secon	Prior if being demo	olished)		7.70	5.
NEWARK ESSEX  Name of Monitoring Firm Hired by Build	ling Owner (8)	(STATE I	ASCM No.	COMMUNICA:	TION				
ESIS/CHUBB	illig Owner (6)		17	PAR ENVIRO	ement Contracto NMENTAL CORP	or (9) ORATI	ON		
Street Address 10 EXCHANGE PLACE				Street Address	3				7 7
City, State, Zip Code				313 SPOOK R City, State, Zip			-		
JERSEY CITY, N				SUFFERN, NE	W YORK 10901				
Project Manager for Monitoring Firm BRIAN KINGSBURY	Telephor 201-388-	ne Number		Telephone Nur		ense N	umbe	r	
Expected State Date (10)	Sched. Comp		1)	845-369-7500 Name of OSH	A Monitor	)1	_		
3 / 25/ 19	4 /	17	/19		IRONMENTAL				
Month Day Year  Occupancy Status During Abatement (Che	Month eck only one)	Day	Year	Street Address					
Facility Closed/Vacated During	Entire Period of	Abatement		1376 ROUTE					
Abatement Performed Outside  X Other - Describe: MONDAY	of Normal Facilit ′ - FRIDAY 7AM		cribe:	City, State, Zip	Code				
	11110/11 //1111	0.00 i wi		WAPPIN	IGERS FALLS, N	EW YO	RK 1	2590	
Scope of Work (Check all that apply)  Demolition	Renovation		Criticals w Mini-Enclo	ith Negative Pre	essure				
>3SF OR LF		-		Procedure					
X >160 SF OR 260 LF		X	Non-Friab	le Procedure					
Location of Asbestos-containing	Is Location normally used	F100460	scription of As taining Materia		Amount		atem	ent Typ	
Material (ACM)	solely by		e. Thermal sys		(Specify	REMOV	南	ENCAP	ENCLO
TO BE ABATED	Maint/Custodia	al insu	lation, surfacir	ng, VAT,	SF or LF)		REPAIR	AP	È
in Facility (13)	Staff (12) Yes No N/A		other miscella	neous)		AL		SUL	HUS
EXTERIOR NORTHSIDE	X		WINDOW CAL	JLK	386 LF	X			7 1
EXTERIOR SOUTHSIDE	X			OR, LOUVER	386 LF	X			-
EXTERIOR EASTSIDE	X		DOOR CAULK		35 LF	X			- 1
EXTERIOR WESTSIDE	X		DOOR & WINE		193 LF	X			- 1
				0.102.1	100 E	1			
								$\vdash$	
						1			
		10				1		$\vdash$	
						1			
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yards		Name of Regis	tered Landfill				
NEWARK CARTING	Hauler ID No. 913	4	40	GRAND CENT	RAL SANITARY L	ANDF	LL	_	7 1
City Ctata									
City, State	1 010	Disposal Dat	е	City, State					
NEWARK, NJ 07105  Completed by (Print or Type)   Title	-	03/26-06/30/		City, State BLAIMFIELD TO	OWNSHIP, PA				_

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)		Name of Building On VERIZON	wner/Operator	(2)	C		W	- :
3 / 11 /19		Street Address						
Agencies Notified Type Noti	fication	178 FIRST AVENUE		110				
EPA X Initia	al Notification	City, State, Zip Code			APR	25	201	<u>g</u> .
	ended Notification	ATLANTIC HIGHLAN	IDS, NJ 07716					
	cellation							
	RGENCY NOTIFICAT	Name of Contact ION JOSEPH HANLEY		Telephone/Nur	nber	ENSI	M/C	
		ACILITY INFORMATION		929-308-1398	LA	r Allin ( Nord S entrope and the	erono ribitare	affron 1
Name of Facility Where Abatement	is Taking Place (3)	ACILITY INFORMATION	Type of Facili	ty (4)				
			School (K	(-12)				
VERIZON				ter 8 (Other than	K-12)			
Street Address			X Other (ie.	private & commo	cl. bldg			
224-240 LYONS AVENUE			Square Feet 17,600	# of Floors			. Age	3
City (5)	nty (6)	County Code (7)		rior if being demo	lichad		50 m 1	<u>-</u> -
NEWARK ESS	EX		COMMUNICAT	TON	nsneu	) Pilai	III. Lè	4D
Name of Monitoring Firm Hired by E ESIS/CHUBB	Building Owner (8)	ASCM No.	Name of Abate	ement Contracto	or (9)			-
Street Address				IMENTAL CORP	ORATI	ON		
10 EXCHANGE PLACE			Street Address 313 SPOOK Re					
City, State, Zip Code			City, State, Zip		- D. W. W. W.		-	
Project Manager for Monitoring Firm	Y, NEW JERSEY 0730	02	SUFFERN, NE	W YORK 10901				
BRIAN KINGSBURY	Telephone		Telephone Nun	nber Lic	ense N	lumbe		
Expected State Date (10)	201-388-06 Sched. Complet	27/7/	845-369-7500	110	)1			
3 / 25/ 19	6 /		Name of OSHA QUALITY ENV					
Month Day Year	Month	Day Year	CONCINCT ENT	TOMMENTAL				
Occupancy Status During Abatement Facility Closed/Vacated Du	(Chack only one)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street Address					
Abatement Performed Outs	ide of Normal Facility F	Hours - Describe:	1376 ROUTE 9					
X Other - Describe: MON	DAY - FRIDAY 7AM-3:		City, State, Zip	Code				
Scope of Work (Check all that and )	**		WAPPIN	GERS FALLS, N	EW YO	DRK 12	2590	
Scope of Work (Check all that apply)  Demolition	X Renovation	Criticals with Mini-Enclo	h Negative Pre	ssure				
>3SF OR LF	X Tieriovation	Glovebag P						
X >160 SF OR 260 LF		X Non-Friable	Procedure					
Location of	Is Location	Description of Asbe			At	ateme	ent Ty	ומע
Asbestos-containing Material (ACM)	normally used solely by	Containing Material	(ACM)	Amount				
TO BE ABATED	Maint/Custodial	(ie. Thermal syste insulation, surfacing		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLUSUR
in Facility (13)	Staff (12)	or other miscellane		SF or LF)	Š	Ē	PS	C
	Yes No N/A				-		=	도
EXTERIOR NORTHSIDE	X E	EXTERIOR WINDOW CAUL	_K	386 LF	X			$\Gamma$ 1
EXTERIOR SOUTHSIDE	X E	EXTERIOR WINDOW, DOO	B LOUVER	386 LF -	×			
EXTERIOR EASTSIDE		EXTERIOR DOOR CAULK	.,,===,=.,	35 LF				- 1
EXTERIOR WESTSIDE			2111 211111		X		_	
		EXTERIOR DOOR & WINDO	JW CAULK	193 LF	X		_	
			*					
			200.000					_ i
				10 - 11 - S - 10 - 10 - 10 - 10 - 10 - 1		$\neg$		- 1
					+		-	
					$\vdash$	-	_	
94								
Name of Registered Waste Hauler	NJDEP Waste	tubio Voude - £147 - 1						
NEWARK CARTING	Hauler ID No.	Cubic Yards of Waste N	lame of Registe	ered Landfill AL SANITARY L	ANDE		1	_ ]
	913	40	ALIAND CENTR	AL SANTIARY L	ANDE	LL		
City, State NEWARK, NJ 07105		isposal Date C	City/State LAMFIELD TO	<del> </del>				
	10	3/26-06/30/19	AMEGEID TO	WNICHID DA				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	Signature	V VILLED TO	Date		,	. /23	- 1

CK5040	PAN	OTIF	ICATIO (Pursu	ON OF A	New Jersey SBESTOS ABA AC 8:60 and 5:	TEMENT	D)EC	EI	Ī		7
Date of Notification (1)			Nai	ne of Buildi	ng Owner/Operator	(2)	11171				4
04/19/	19				alty Associates,		III III AP	R 25	20		-
Agencies Notified Type Noti	fication		Stre	et Address				- ST.		_	len
☑ EPA ☑ Initial			1	36 Old Yo			New Pharmachers				į
☑ DOLWD ☐ Amend			-	, State, Zip			ASEGS	rotico: Joensin		16	
	lment #			201 CAN 201-1019-1019 (CAN 1811-1811)	n, PA 19046		E	10111011	V And	water	
DCA Emerg	ency (inclu	ding	_	ne of Conta							
☐ Cancel	32		0.000	im Willian	575 C		Telephone Nu			15	
					NFORMATION		267-414-9	309			_
Name of Facility Where Abatement is	s Taking Pl	ace (3)	)	ACILITI	MOUNTAIN	T of E - 101	740			_	
Unoccupied Residence		(0)	<i>r</i> :			Type of Facility					
Street Address						School (K-1)	<sup>2)</sup> 8 (Other than K-	12)			
415 South Lenola Road						Other (i.e., p	orivate and comm	nercial bui	ldin		
City (5)						homes, etc.	)				
Moorestown						Square Feet	# of Floors	Bld	g. A	;	
						960	1	7	9		
County (6)			Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	rior if being demo	lished)			-
Burlington	16					Residence					
Name of Monitoring Firm Hired by Bu		er (8)	ASCI	ЛNo.	Name of Abatem	ent Contractor (9)					_
Indoor Environmental Conce	ots, LLC				Shade Enviro	onmental, LLC					
Street Address					Street Address				-	-	_
286 Sunset Road					623 Cutler A	venue					
City, State, Zip Code					City, State, Zip C	510000 FR-78			_	_	_
Barrington, NJ 08007					Maple Shade						
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.	, 110 00002	I transaction				_
Michael Menz			856-54		856-755-0099	)	License No. 00842				
Start Date (10)	Scheduled	Comp	letion D	ate (11)	Name of OSHA M	Ionitor	00042		-	_	_
05 /02 /19			10_/		EMSL Analyt						
Occupancy Status During Abatement	(Check onl	y one)			Street Address						_
Facility Closed/Vacated During Ent	ire Period	of Abat	tement		200 Route 13	0 North					
☐ Abatement Performed Outside of N	lormal Faci	lity Ho	urs - De	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/	PI	Λ	_AM	Cinnaminson						
Scope of Work (Check all that apply)					CililatiiiisOii	, NJ 00077					_
≥3 sf or ≥3 If		Onnove	tion.		☐ Full Cont	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf		Renova Demoli			☐ Mini-Encl	losure					
					⊠ Non-Exer	npted (*) and Nor	-Friable Procedu	Ire			
		Is Loc						Abat		T	20
Location of Asbestos-Containing Material (ACM	n 116	Norm	ally lely by	35 70	Description of	f				Туре	_
TO BE ABATED	N N	lainten	ance/	Asbes	stos Containing Mat	terial (ACM)	Amount	Removal	Repair	Enclosure	
IN Facility	Cu		Staff?	(1.6.	, thermal systems in surfacing, VAT,		(Specify SF or LF)	VOL	<u>a</u> .	lost	
(13)		(12		-	other miscellaned	ous)	or or Er)	<u>_</u>		·   Te	
Kitchen Bathroom and Classic	Yes	-	_								
Kitchen, Bathroom, and Closet  Exterior				Floor Ti	le		173 SF			] [	]
				Siding			2,400 SF			] [	1
Basement				Flue Pag	cking		1 SF		]	1 🗆	1
								ПГ	7	ПП	
Name of Registered Waste Hauler			NJDEP I	2000 TO THE RESERVE T	Cubic Yards of	Name of Registe	ered Landfill			-	-
Freehold Cartage		1	dauler II 15939		Waste 3	Fairless Lar					
City, State					Disposal Date	City, State					-
Freehold, NJ					05/10/2019	Morrisville,	PA				
Completed By (Print or Type)	Title				Signature						_
Margie Muller	Admin	istrat	ive Ma	nager	W 1/19/1/	1/1/00		te	11		
ASD 44	100000000000000000000000000000000000000			901	VVVV	NIM	_   4	4-19-	10		1

Date of N 04	otification	(1) / 19						wner / Ope			G	EIW	Ein
/	/ — ,	/				Street Ac		QOIDD, INC		<del>H)   </del>	<u>.</u> (0)		느니
Agencies	Notified	Type of N	otificatio	n		ONE SQL	JIBB DRIVE	Ε	į	m			
	EPA		Initial				e, Zip Cod		40		APR	2 5 201	TIU
	DEP DOH		Amende			NEW BR	UNSWICK,	NJ 08903		U W			- I have
	DOL				// justification	PHIL DES				Telepho 732-227-		ber	
			Cancella									S COMIN	_&
					F	ACILITY I	NFORMATI	ION		17 to the super		CIACHAC.	BANK AND THE RESERVE
Name of I BRISTOL	Facility Who MYERS SC	ere Abaten QUIBB	nent is Ta	king	Place (3)		Type of F	acility (4)					i de la companya de l
Street Ad	draga						<b>-</b>	School (K					
	JIBB DRIVE								er 8 (Other t , private & c mes. etc.)				
City (5)		County (6	)		County Code	(7)	Square F	The Control of the Co	# Of Floors		Buildin	na Age	
NEW BRU	JNSWICK	MIDDLES	EX			8 (8)		N/A	N/	A		.55-	
		<u> </u>							being demo	lished)	Ī	N/A	
Name of I	Monitoring	Eirm Hirod	by Dida	Overn	or (9)	TACCIA NO	DEMOLIS	HED					
ivallie of I	wioriitoring	ririii Hired	by Blag.	Own	er (8)	ASCM NO	1						
ENVIRONN	MENTAL HEA	LTH INVEST	TIGATIONS	S, INC.		0104	NORTHS	TAR CONTR	RACTING GR	OUP. INC	;		
Street Ad							Street Ad						
	T SHORE T	100000000000000000000000000000000000000											
	e, Zip Code						_	is Parkway					
							City, State	e, Zip Code					
		onitoring F	ırm		Telephone Nu	mber	East Hans	over, NJ 079	26				
	AM KERBEL 973-729- illed Start Date (10) Sched. Completetion D					1)		e Number	30	License	Number		
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/	//	/		_/	/		973-88	84-8682			(	00860	
	cy Status D	uring Abat	ement (Cl	heck	Only 1)		The second second	OSHA Monit					
			ted Durin	g Ent	tire Period of		and the last of th		ACTING GR	OUP, INC	4		
	Abatemen	-	d Outcide	of N	lormal Facility		Street Add	dress					
	Hours - De		u Outside	e oi iv	ioillai Facility		32 William	s Parkway					
<b>V</b>	Other - De	scribe:	7:00 AM-	3:30	PM			, Zip Code					
Scope of	Work (Chec							ver, NJ 079	36				Vi-
осорс от	work (once	ok All Illat	Apply)										
	Demolition	n	V		Renovation		Full Conta	ainment wit	h Negative F	ressure			
	≥3sf or_≥3						Mini - End						
V	≥160 sf or	≥260 If						Procedure	111 211 11	. 923			
						✓	Non-Exem	npted (*) and	d Non-Friab	le Proced	ure		
	Location of	f	Is		T	Descript	ion of			Abateme	nt Type		
	estos Conta		Locati	ion	As	bestos - C				R	I	ΙE	
			Norma	ally		Material	(ACM)		Amount	E	R	N	
TO	O BE ABAT		Used			e., therma			(Specify	M	E	С	
	in Facility		Sole				facing, VAT		SF or LF)	0	P	Α	
	(13)		by Ma tenan		ord	other misc	ellaneous)			V	A.	P	1
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	YES NO N/A											+	
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BLDG 53/6	65											1 5	
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NORTHST	IORTHSTAR CONTRACTING GROUP INC Hauler ID No.					Yards		Registered L ANAGEMEN	.andfill NT - FAIRLES	SS HILL L	ANDFILL	-	
City, State	9				30534	of Waste Disposal	City State						
	NOVER, NJ					Disposal	City. State MORRISV			_1			
Complete	d by (Print	or Type)			Title			Signature	/	7		Date	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1						- guature	V	0		Date	
Steve Stile	es				Project Manage	r		100	N SI	un		04/	/10

A/18/19   Macerich	Date of Notification (1)	40.00		Name o	f Building	Owner/Oper	rator (2)		世世	APR	-2-	5 2	01
Part	4/18/19		ĺ	Mace	rich								
City   State   Zip Code   City   State   Zip Code   Santa Monica   Cancellation	Agencies Notified Type Notification								Luna	<u> </u>			
DOP			Į				vd. Su	ite 700	Ph	aciio A LK	JO C Sems	SINC	17
DOH		,,	***************************************				101		The State of the S	and the state of t	Mark Carrier		thren, o
Decoration   Cancellation   Cancellation   FACILITY INFORMATION   FACILITY INFORMATION   Type of Facility (4)   School (K-12)   Subchapter 6 (Other than K-12)   Other (Le. private & commercial buildings etc.)   School (K-12)   Subchapter 6 (Other than K-12)   Other (Le. private & commercial buildings etc.)   Other (Le. private & commercial bu	Emergency (		<del>-</del>			a CA 904	401						Printer-ser
Name of Facility Where Abatement is Taking Place (3)						fari							
Name of Facility Where Abatement is Taking Place (3)									1727 2	220 00	01		
Street Address		g Place (	(3)	***************************************			Тур	e of Facility	(4)	(i - 141)			
City (5)   Square Feet   # of Floors   Square Feet   Square Feet   # of Floors   Square Feet   Squ													
Deptford Township  County (6)  County (7)  County (8)  Name of Monitoring Firm Hired by Building Owner (8)  Tabbara Corporation  Street Address  Street Address  3.7 Morgan Hill Street  City, State, Zip Code  Simi Valley CA 93065  Project Manager for Monitoring Firm  Mike Tabbarra  Star Date (10)  Scheduled Completion Date (11)  Asbestos-Containing Material (ACM)  Cother - Describe:  Copy Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  I Caunty Code (7)  (712)  Yes No N/A  Name of Registered Vaste (Dust)  Auto Center Roof  Auto Center sales area  X Name of Registered Waste Hauler  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Apple Vaste (Dust)  And Cubic Insulation  And Roof Registered Landfill  Name of Registered Landfill		1										inas	hai
Deptford Township		1						etc.)					
County (6)    Caunty Code (7)									100.0	oors			ge
STATE USE ONLY   Vacant				County	Code (7)					domolisho		) T	
Name of Monitoring Firm Hired by Building Owner (8)  Tabbara Corporation  Street Address 317 Morgan Hill Street  City, State, Zip Code Simi Valley CA 93065  Project Manager for Monitoring Firm Mike Tabbarra  Stat Date (10) 5/7/19  Scheduled Completion Date (11) 6/28/19  Scope of Work (Check All That Apply) 23 st or 23 if 2160 st or 2260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Auto Center Roof  Auto Center Roof  Auto Center Roof  Auto Center Roof  Auto Center sales area  Main Building  Main Building  Main Building  Mane of Abatement Contractor (9) Ascociated Speciality Contracting Inc Street Address 98 LaCrue Ave City, State, Zip Code Glen Mills Pa. 19342  Telephone No. B05-484-3388 610-364-9622 01103  Name of S9HA Monitor Synertech Sy	500mg (0)					)			or ir beilig (	Jennonsne	,0)		
Tabbara Corporation  Street Address 317 Morgan Hill Street  City, State, Zip Code Simi Valley CA 93065  Project Manager for Monitoring Firm Mike Tabbarra  Street Address  98 LaCrue Ave  City, State, Zip Code Glen Mills Pa. 19342  Project Manager for Monitoring Firm Mike Tabbarra  Start Date (10) 5/7/19  Occupancy Status During Abatement (Check Only One)  Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure N	Name of Monitoring Firm Hired by Building (	Öwner (8	)	ASCN	1 No	Na	200		ntractor (9)				
317 Morgan Hill Street	17 / ST 17 / S		**************************************			40.00				ontracti	ing	Inc	
City, State, Zip Code   Simi Valley CA 93065   City, State, Zip Code   Glen Mills Pa. 19342					<del></del>	10000				<del>*************************************</del>			
Simi Valley CA 93065  Project Manager for Monitoring Firm Mike Tabbarra  Start Date (10) Start Date (10) Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 lf Enaction Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Auto Center Roof  Auto center sales area  X Name of Registered Waste Hauler  Note of Sha Monitor Synertech Street Address 2206 S Broad St City, State, Zip Code Philadelphia Pa 19145  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Y Non-Exempted (1) and Non-Friable Procedure  Non-Exempted (1) and Non-Friable Procedure  Y Specify Spe	[4] 5명과 육시 경 (프로카디일 14급 연방병 기교 회 기업 전체 (2) 전체												
Project Manager for Monitoring Firm Mike Tabbarra    Start Date (10)									242				
Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor	[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[[			Tolopho	no No	Literature and Child				nonna Na	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a anadoparto trans	
Start Date (10) 5/7/19 6/28/19 Scheduled Completion Date (11) 6/28/19 Scheduled Completion Date (11) 6/28/19 Synertech Street Address 2206 S Broad St City, State, Zip Code Philadelphia Pa 19145  Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2260 lf  Renovation Demolition  Cocupancy Status During Abatement (Check Only One)  Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Auto Center Roof Auto center sales area  X  Vat  Main Building X  Main Building X  Name of OSHA Monitor Synertech  Street Address 2206 S Broad St City, State, Zip Code Philadelphia Pa 19145  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Surfacing, VAT, or other miscellaneous)  Abaterial (ACM) Amount Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Auto Center Roof  Auto Center Roof  Auto Center sales area  X  Vat  400sf  X  Main Building X  Duct Insulation  90sf X  Name of Registered Waste Hauler  NJDEP Waste  Cubic Yards  Name of Registered Landfill									1,00355		**		
Synertech   Synertech   Street Address   Street Addres	그리는 가게 되는 것이 되었다면 하는 것이 없는 것이 되었다면 하는 것이 없는 것이 없었다.	Schedul								. 100			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥250 lf  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and No						Sy	nertec	:h					
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Philadelphia Pa 19145  Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2250 lf  Demolition  Renovation Demolition  Performed Outside of Normal Facility Hours  City, State, Zip Code Philadelphia Pa 19145  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and	Occupancy Status During Abatement (Check	k Only O	ne)			100.000							and traces
Cher - Describe:   Philadelphia Pa 19145													
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf    Renovation		al Facility	y Hours	5					10115				
Example 23 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation Demolition    Full Containment with Negative Pressure						- IFI	mauen	ЛПага	19143				
Demolition	——————————————————————————————————————		Danaum	ution			V .	II Containm	ant with Na	anlius Pro	neeur/		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Auto Center Roof Auto Center sales area  Main Building  Main Building 1st and 2nd  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF  Abate  Amount (Specify SF or LF)  Abate (Specify SF or LF)  And Amount (Specify SF or LF)  Auto Center Roof  Auto Center Roof  Auto Center sales area  Auto Center sales a	<u></u>	-					N M	ini-Enclosure	е	gative Fie	255010		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Auto Center Roof X  Auto Center sales area X  Main Building 1st and 2nd X  Normally Used Solely by Maintenance/Custodial Staff?  X  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  About Insulation Specify SF or LF)  About Insulation Specify SF or LF or Insulation Specify SF or LF or Insulation Specify SP or LF or Insulation Specify SF or LF or In							1 0			on-Friable	Proc	edure	3
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Auto Center Roof x No N/A  Auto center sales area x vat 400sf x Main Building 1st and 2nd x No Registered Waste Hauler No Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Amount (Specify SF		Is	s Locati	ion					and observer or	Personal designation of the Control	-	Abate	me
Asbestos-Containing Material (ACM)   Maintenance/ Custodial Staff?   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF	Location of		Normal	ly		Descrip	tion of					Тур	)e
In Facility (13)		119732				os Containin	ng Materia			155 FA 15	22		En
Yes         No         N/A         roofing         8400 sf         x           Auto Center Roof         x         roofing         8400 sf         x           Auto center sales area         x         vat         400sf         x           Main Building         x         Duct Insulation         90sf         x           Main Building 1st and 2nd         x         floor mastic         23500sf         x           Name of Registered Waste Hauler         NJDEP Waste         Cubic Yards         Name of Registered Landfill	In Facility	Cus		Staff?	(1.6)	surfacing,	VAT, or				emo	Rep.	Sdec
Auto Center Roof         x         roofing         8400 sf         x           Auto center sales area         x         vat         400sf         x           Main Building         x         Duct Insulation         90sf         x           Main Building 1st and 2nd         x         floor mastic         23500sf         x           Name of Registered Waste Hauler         NJDEP Waste         Cubic Yards         Name of Registered Landfill	(13)		(12)	T		other misce	ellaneous				leve	3	Encapsulate
Auto center sales area         x         vat         400sf         x           Main Building         x         Duct Insulation         90sf         x           Main Building 1st and 2nd         x         floor mastic         23500sf         x           Name of Registered Waste Hauler         NJDEP Waste         Cubic Yards         Name of Registered Landfill		Yes	No	N/A									sD.
Main Building x Duct Insulation 90sf x  Main Building 1st and 2nd x floor mastic 23500sf x  Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Auto Center Roof	X		-	Abana da herriani	roof	ing				x		
Main Building 1st and 2nd x floor mastic 23500sf x  Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Auto center sales area	X									х		
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Main Building	×			0.0400000000000000000000000000000000000	Duct Ins	ulation		90s	f	х		
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Hauler ID No of Waste	Name of Registered Waste Hauler		L			Cubic Yard of Waste	is						
Mercer Group International 200 Tulleytown Resources Recovery		4:	31 I	aulei ID				Tulleyto	wn Reso	urces R	eco	very	La

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Date of Notification (1) 4/24/19 Agencies Notified Type Notification			Mac	erich		/Operator	(2)		PR 2	5	201	9	世
EPA Initial Amended Amendme	nt #		401 City, 8	State, Zip	Monica Code	a Blvd.	Suite 700	LASE	LICE:	VSIP	vG	Newson .	No. 1
DOH Emergenc justification Cancellation	1)	ng	Name Alad	of Contaction Gh	<sub>ct</sub> afari			Telepho 424-2	one Num 29-33				
Name of Facility Where Abatement is Tak Former Sears Store Street Address	ing Place	(3)	- ra	CILITIN	IFORIVIAT	ION	Type of Facility  School (K		20 K 12)				
1750 Deptford Center Roa	id						Other (i.e. etc.)  Square Feet	private & cor	mmercia	l buil	dings		nes,
Deptford Township County (6)	***************************************		County	/ Code (7)	)		150000 Current Use (Pr	2	emolishe	3	0+	_	
Name of Monitoring Firm Hired by Building	Owner (	R)		M No.	.Y)		vacant		51110113110	,			
Tabbara Corporation Street Address	owner (		1	/W NO.			f Abatement Co		ntract	ing	Inc	;	
317 Morgan Hill Street City, State, Zip Code						98 La City, Sta	Crue Ave	-					
Simi Valley CA 93065  Project Manager for Monitoring Firm Mike Tabbarra			Telepho	one No.	88	Telepho	Mills Pa. 19 ne No. 64-9622	Lice	ense No.				
Start Date (10) 5/15/19	7/5/19	9	mpletion	Date (11)	)	Name of Syner	f OSHA Monitor tech						
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abater	ment s		THE CONTRACT OF THE CONTRACT O	City, Sta	S Broad St te, Zip Code	10445					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	promotes	Renova					Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	ent with Nega				e	
Location of		Locat Norma			Dec	cription of				,	Abate Ty	pe	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Solel Maintenar Custodial S (12)						erial (ACM) nsulation, or ous)	Amount (Specify SF or LF		Removal	Repair	Lincabaniate	Enclosure
Main Store Roof	Yes	No	N/A		го	oofing		71,000s	sf	x			
					A. (1.0)								
Name of Registered Waste Hauler		N	JDEP W	'aste	Cubic Y	f 'ards	Name of F	Registered La	ndfill				
Mercer Group Interna	auler ID		of Wast			wn Resour		eco\	very	Lŧ	dfill		
City, State 1519 Rev S. Howard Woodson Jr.	Way, T	rento	n, NJ	08637	Disposa as ne		City, State Tulleyto	own, PA		0.000			
Completed by Jack Tomasura		Sig	ud a	vadura		Date 4/24	/19						

Print Form

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Date of Notification (1)  4 / 22	/ 1	9		Na		ing Owner/Operator	1100	) ECI	3	$\mathbb{V}$		7
Agencies Notified Type No	tification				eet Address		100	7)				
☐ EPA ☐ Initia				100000		ontgomery Place	I oway I avail	LI APR	25	2019		
□ DOLWD     □ Amer					, State, Zip		, Lower Level	- Table				
	idment i		_	G 89		, PA 15212	Ť.	ASSESTO		e Mar	G	j.
DCA Emer (NJAC 5:23-8) justifi	gency (i cation)	includi	ng	100	ne of Conta				THEIR	ig.	å.	
Cano					nthony P			Telephone Nur		mir Hidungsing	4.417	
								412-633-40	21			
Name of Facility Where Abatement	is Takir	na Plac	12)		ACILITY	INFORMATION	1=					
Verizon - Pleasantville Gara							Type of Facility (	500				
Street Address	ge wo	ik ce	inter				School (K-12) Subchapter 8	(Other than K 1	2)			
2546 Fire Road							Other (i.e., pri	ivate and comme	ح) ercial b	uildin	8 10	
City (5)							homes, etc.)					
							Square Feet	# of Floors	В	Ildg. A	9	
Egg Harbor Twp												
County (6) Atlantic				Co	unty Code	(7)(STATE USE ONLY)		or if being demol	ished)		_	
							Office					
Name of Monitoring Firm Hired by E		Owner	(8)	ASC	M No.	Name of Abatem	ent Contractor (9)				-	
USA Environmental Manage	ment					BRISTOL EN	IVIRONMENTAL	, INC.				
Street Address				3.72		Street Address					i kana	
8436 Enterprise Ave		D. women C-4 SQ/				1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode				_	
Philadelphia, PA 19153						BRISTOL, PA	19007					
Project Manager for Monitoring Firm			Te	lephon	e No.	Telephone No.		License No.			_	
Mark Jenkins			2	215-36	5-5810	215-788-6040	)	00509				
Start Date (10)	Sched	duled (	Compl	letion D	ate (11)	Name of OSHA M	lonitor				-	
5/2/19	-	5	/:	3/	19	BRISTOL EN	VIRONMENTAL	. INC.				
Occupancy Status During Abatemer	it (Chec	k only	one)			Street Address					_	_
☐ Facility Closed/Vacated During E	ntire Pe	riod of	Abate	ement		1123 BEAVE	RSTREET					
Abatement Performed Outside of	Normal	I Facilit	у Ног	ırs - De	escribe	City, State, Zip Co					_	
Time of Abatement:AM	PI	M/ <u>5:00</u>	PM-1	1:30AN	Λ	BRISTOL, PA						
Scope of Work (Check all that apply				-		DitiotoL, 17	13007				_	
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			enova emolit			☐ Mini-Enc	Procedure					
		Is	Loca	ation	T	⊠ Noll-Exe	mpted (*) and Non-	-Friable Procedu			_	
Location of			Norm:	ally		Description of	f		-	atem	_	уре
Asbestos-Containing Material (A) TO BE ABATED	CM)	1		lely by ance/	Asbe	estos Containing Mai	terial (ACM)	Amount	Remova	Repair	Encanculate	Enclosure
IN Facility		1 7		Staff?	(1.€	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Von	air	ú	losi
(13)			(12)			other miscellaned		SF OI LF)	<u> </u>		=	иге
		Yes	No	N/A							Ď	
Shop Office, Tool Shop and St	orage		$\boxtimes$		Floor ti	le and mastic		10 SF				П
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lame of Registered Waste Hauler BRISTOL ENVIRONMENTAL	NC.			dauler l		Cubic Yards of Waste	Name of Registe	red Landfill	TY Δ1	UTHO		
City, State				1870	0	Disposal Date	City, State					
BRISTOL, PA						- TP TT DUIL	EGG HARBO	R TW/D NII				
Completed By (Print or Type)				Signature	LOG HARBO							
	Title					Signature		Da	te			

Start Date (10)   State Address   Scheduled Completion Date (11)   Start Address   Start Address   Start Date (10)   Start Date (10)   Start Address   Start Date (10)   Start Address   Start Date (10)	S LEGOTA	PA)			CATION	tate of New N OF ASB to NJAC	ESTOS	ABATE		V - may be man and a second and	M	G G				
Agencies Notified    FIPA							Owner/C	Operator	(2)			— APR	2 5	20	1	E.
DEP   Amended   Amended   City, State, 20 Code   Trenton, NJ   Emergency (including)   Emergency (in	Agencies Notified	Type Notification			Street A	Address	. C4			<u>F</u>	L.	496.200		1,1	- di	
DOH	DEP	Amended		-	value sage					ħ.	15.00	LILE CONTRACTOR	IVSIII	vG_		-
DOH	☑ DOL			_											_	
Name of Facility Where Abatement is Taking Place (3)   Type of Facility (4)   School (K-12)   School (K-12)   School (K-12)   School (K-12)   Subchapter 8 (Other than K-12)   School (K-12)   Sch		justification)														
School (K-12)   Subchapter 8 (Other than K-12)   School (K-12)   Subchapter 8 (Other than K-12)	Name of Facility Where	Abatement is Takin	a Place (2	)				ON	-	-55 -224 /4			12		_	
Sireet Address 36 Reid St.    Subchapter 8 (Other than K-12)   South (Re private & commercial building etc.)											500 					
City (5)   South River, NJ   Square Feet   # of Floors   Bidg   2,000   2,112   50+										Subchapter 8	(Oth	er than K-12	) d buil	dina	hom	00
South River, NJ  County (6) Middlesex  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Street Address  135 Kinnelon Rd.  City, State, Zip Code  Kinnelon, NJ 07405  Street Address  135 Kinnelon Rd.  City, State, Zip Code  Kinnelon, NJ 07405  Start Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  Yannuzzi Group, Inc.  Street Address  135 Kinnelon Rd.  License No.  908-218-0880  01228  Start Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  Yannuzzi Group, Inc.  Street Address  135 Kinnelon Rd. Suite 102  City, State, Zip Code  Kinnelon, NJ 07405  Scope of Work (Check All That Apply)  Scope of Work (										etc.)						55,
Middlesex Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Name of Monitoring Firm Street Address Street Address 135 Kinnelon Rd. City, State, Zip Code Kinnelon, NJ 07405  Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 135 Kinnelon Rd. Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 135 Kinnelon Rd. Suite 102 City, State, Zip Code Kinnelon, NJ 07405  Step Start Date (10) Street Address 135 Kinnelon Rd. Suite 102 City, State, Zip Code Kinnelon, NJ 07405  Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Start or ≥30 If Stop Start Date (10) Scope of Work (Check All That Apply) Start or ≥260 If Stop Start Date (10) Scope of Work (Check All That Apply) Start Date Adates 135 Kinnelon Rd. Suite 102 City, State, Zip Code Kinnelon, NJ 07405  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Proced Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Proced Non-Exempted (1) and Non-Friable Proced Abbastos Containing Material (ACM) (13) To BE ABATED In Facility (13) Yes No N/A  Interior  X PLASTER WALLS 3,000 sf x  Basement  Name of Registered Landfill Vanuazi Group, Inc  Name of Registered Landfill Vanuazi Group Inc  Name of Registered Landfill Vanuazi Group Inc  Name of Registered Land	South River, NJ										1 2 2	[] 유리 (10 Table 10 T	100		ge	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) Yannuzzi Group, Inc.  Street Address  Street	1						)						ed)			
Street Address	Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCI	И No.		Name						_	-	
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Kinnelon, NJ 07405  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  908-218-0880  01228  Start Date (10)  \$\$Cheduled Completion Date (11)  \$\$Scheduled Completion Date (11)  \$\$Name of OSHA Monitor  \$\$Streat Address  \$\$135 Kinnelon Rd. Suite 102  City, State, Zip Code  Kinnelon, NJ 07405  Scope of Work (Check All That Apply)  \$\$\$23 ef or \$21 ff  \$\$Scheduled Completion Date (11)  \$\$\$Scheduled Completion Date (11)  \$\$\$Name of OSHA Monitor  \$\$\$Chilling Address  \$\$\$Corporation of Asbestos-Containing Material (ACM)  \$\$\$Is Location of Asbestos-Containing Material (ACM)  \$\$\$In Facility (12)  \$\$\$Yes No N/A  Interior  \$\$\$Interior  \$\$\$\$Nomelly Used Solely by Maintenance Containing Material (ACM)  \$\$\$\$(Specify and Non-Friable Proceed)  \$\$\$\$Abestos-Containing Material (ACM)  \$\$\$\$(City, State All Non-Exempted (1) and Non-Friable Proceed)  \$\$\$\$\$Abestos-Containing Material (ACM)  \$\$\$\$(Specify and Non-Friable Proceed)  \$\$\$\$\$Abestos-Containing Material (ACM)  \$\$\$\$(Specify an											). 				_	
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  1 Telephone No.  908-218-0880  01228  Start Date (10)  5/23/19  Scheduled Completion Date (11)  6/5/19  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Wacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Telephone No.  908-218-0880  01228  Start Date (10)  5/23/19  Name of OSHA Monitor  Yannuzzi Group, Inc.  Street Address  135 Kinnelon Rd. Suite 102  City, State, Zip Code  Kinnelon, NJ 07405  City, State, Zip Code  Kinnelon, NJ 07405  Street Address  135 Kinnelon Rd. Suite 102  City, State, Zip Code  Kinnelon, NJ 07405  Scope of Work (Check All That Apply)  2 3 sf or 23 if  2 1	Street Address									7.7						
Project Manager for Monitoring Firm	City, State, Zip Code							8.700								
Start Date (10) 5/23/19  Scheduled Completion Date (11) 6/5/19  Name of OSHA Monitor Yannuzzi Group, Inc.  Street Address 135 Kinnelon Rd. Suite 102  City, State, Zip Code Kinnelon, NJ 07405  Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2560 lf  Renovation Demolition  Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2560 lf  Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2560 lf  Scope of Work (Check All That Apply)  24 sf or 25 lf 25 sf or 25 lf 26 sf or 25 lf 27 sf or 25 lf 28 sheets of Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Steff? (12)  Yes No N/A  Interior  Renovation Description of Asbestos Containing Material (ACM) (i.e. suffracing, VAT, or other miscellaneous)  Normally SF or LF)  27 sf or LF)  28 sheets Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  29 street Address Scope of Work (Check All That Apply)  About	Project Manager for Mon	itoring Firm			Telepho	ne No.				MORNING PROPERTY.		License No	)			
Scope of Work (Check All That Apply)   Facility (13)   Facility (14)   Facility (15)   Faci	20 12 10							908-	218-0	0880						
Street Address   135 Kinnelon Rd. Suite 102				ed Con	npletion	Date (11)					,					
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Kinnelon, NJ 07405  Code Kinnelon, NJ 07405  City, State, Zip Code Kinnelon, NJ 07405  Code Kinnelon, NJ 07405  City, State, Zip Code Kinnelon, NJ 07405  City, State, Xip Code Kinnelon, NJ 07405  City, Stat	Occupancy Status During	g Abatement (Chec	k Only On	ie)												
City State Kinnelon, NJ 07405   Scope of Work (Check All That Apply)   Scope of Work (Check A		ated During Entire F	Period of A	Abatem	nent				100		uite 1	02			-	
Salid of significant   Salid of significan	Other – Describe: _		ar r donity	riours	2		-			-						
Demolition    Secondarian   Miniteriol   Mi		ll That Apply)							7							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Interior  Basement  X  PLASTER WALLS  X  Thermal Pipe insulation  Yannuzzi Group, Inc  City, State Kinnelon, NJ  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME of Registered Waste Hauler  Yannuzzi Group, Inc  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  PLASTER WALLS  3,000 sf x  Thermal Pipe insulation  100 lf x  Interior  Name of Registered Landfill  Grows Fairless  Disposal Date  6/6/19  Completed by  Title  Signature  Date			patrician and a second					×××	Mir Glo	ni-Enclosure ovebag Proce	dure				3	
Location of Asbestos-Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A   N/A   PLASTER WALLS   3,000 sf x   Thermal Pipe insulation   100 lf x   Yannuzzi Group, Inc   NJDEP Waste Kinnelon, NJ   Title   Signature   O4 a box   Date			11 01000		73,50									West and		
Interior	Asbestos-Containing	Material (ACM)	Use	d Sole	ly by		tos Cont	aining M	fateria				_	Π		E
Interior	In Facili		Cust		Staff?	(1.0.	surfac	cing, VA	T, or	ation,			Remo	Repa	capsı	nclos
Basement X Thermal Pipe insulation 100 If X  Name of Registered Waste Hauler Yannuzzi Group, Inc  City, State Kinnelon, NJ  Completed by  Title  X Thermal Pipe insulation  100 If X  Name of Registered Landfill  Grows Fairless  Cubic Yards of Waste 80  Grows Fairless  City, State Morrisville, PA  Date	,,,,,		Yes	No	N/A		outer it	nocenar	icous				val	=	ılate	ure
Name of Registered Waste Hauler Yannuzzi Group, Inc  City, State Kinnelon, NJ  Completed by  NJDEP Waste Hauler ID No. 17467  Disposal Date 6/6/19  Cubic Yards of Waste 80  Grows Fairless  City, State Morrisville, PA  Signature  Date	Interio	or			х		PLAST	ER W	ALLS	3	3,0	000 sf	х			
Yannuzzi Group, Inc  Hauler ID No. 17467  of Waste 80  Grows Fairless  City, State Kinnelon, NJ  Completed by  Title  Hauler ID No. 17467  of Waste 80  Grows Fairless  City, State Morrisville, PA  Date	Baseme	ent			х	Th	ermal l	Pipe in	sulat	ion	1	00 If	х			
Yannuzzi Group, Inc  Hauler ID No. 17467  of Waste 80  Grows Fairless  City, State Kinnelon, NJ  Completed by  Title  Hauler ID No. 17467  of Waste 80  Grows Fairless  City, State Morrisville, PA  Date																
Yannuzzi Group, Inc  Hauler ID No. 17467  of Waste 80  Grows Fairless  City, State Kinnelon, NJ  Completed by  Title  Hauler ID No. 17467  of Waste 80  Grows Fairless  City, State Morrisville, PA  Date	Name of Registered Was	te Hauler		l N	IDEP W	/aste	Cubic '	Varde		Name of Pr	agisto	red Landfill		L	_	
City, State Kinnelon, NJ Completed by  City, State City, State Morrisville, PA  Signature  Disposal Date Signature  City, State Date				Н	auler ID		of Was				100					
Completed by Title Signature Date							Dispos			The state of the s				-		
	Completed by		Title							Morrisvill	e, P/		e	-	-	
	John Mucha		AHEF	RA Pr	oject [	Designer			W.	Which				9		

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

THILL OHIL

		) )	Pursuar	ON OF ASBESTO to NJAC 8:60	OS ABATI and 12:12	EMENT 20)	In	EG	EI	7		
Date of N tification (1)			Name NJDI	of Building Own	er/Operato	or (2)	M		Comment of the comment			I Commence
Agencies Notified Type Notifica	tion		A CONTRACTOR OF THE PARTY OF TH	Address			1 La	APR	75	-20	_	1
EPA Initial			33 W	est State St.			The state of the s					-
DEP Amende			The second second	tate, Zip Code		ب -	1	4SEESE	39.00	10.1	11.8	1
Emerger	ncy (including	_		ton, NJ					DENSI	AG.	man y	
justificat	on)			of Contact			F 1	lephone N			0.000	
L DCA Cancella	tion			na Bruno			60	09-433-8	3745			
Name of Facility Where Abatement is Tormer residence, BLUE ACRE	aking Place (3	3) TION		CILITY INFORMA	ATION	Type of Facility	(4)					
Street Address	DEMOLI	1101	V			School (K	-12)					
14 Reid st						Subchapte Other (i.e. etc.)	er 8 (Oth private	er than K- & comme	-12) rcial bu	ildinį	hom	ies,
City (5) South River, NJ						Square Feet 2,600		f Floors 1/2		Bldg 50+	ige	
County (6) Middlesex			County (STATE	Code (7) USE ONLY)		Current Use (Pr	rior if be	ing demoli	shed)	301		
Name of Monitoring Firm Hired by Buildi	na Owner (8)			M No.		Abandoned,			3			
n/a	ing Owner (o)		ASCI	W NO.		of Abatement Co nuzzi Group, I		(9)				
Street Address						Address	HC.					
						Kinnelon Rd.						
City, State, Zip Code					City, S	State, Zip Code	-			_	<del></del>	
Project Manager for Monitoring Firm		-	Telepho	ne No		elon, NJ 0740	)5					
			relepho	nie ivo.		218-0880		License 01228	No.			
Start Date (10)	Schedule	d Cor	npletion	Date (11)		of OSHA Monitor		01220				
5/23/19	6/5/19					nuzzi Group, I						
Occupancy Status During Abatement (Cl						Address						
Facility Closed/Vacated During Enti	re Period of A	baten	nent		135	Kinnelon Rd. S	Suite 1	02				
Abatement Performed Outside of No Other – Describe:	ormal Facility	Hours	S		The second second	tate, Zip Code						
Scope of Work (Check All That Apply)					Kinn	elon, NJ 0740	5					
TOTAL PORCE	П -					7						19
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		enova			×	Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				b	
	ls l	ocati	on				u ( ) une	Tron-ina	DICTIO		ment	
Location of		ormal		D	escription	of				_1	Эе	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility		Sole ntenar dial S	nce/	Asbestos Co (i.e. therma	ntaining M al systems	laterial (ACM) insulation,	(S	nount pecify	Re	, I	Encapsulate	En
(13)		(12)			acing, VA miscellan		SF	or LF)	Remova	Repair	apsu	Enclosure
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Roof			х		Roofing	1	13	50 sf	x			
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					160							
Name of Registered Waste Hauler		N	JDEP W	aste Cubi	Yards	None	Davis					
annuzzi Group, Inc		Ha	auler ID I 7467	No. of Wa		Name of I			E			
City, State		+07	80 Dispo	sal Date								
Kinnelon, NJ		6/6/1	/	City, State Morrisv		v.						
Completed by	Title				Signature/	1 0 /	1	Da	ito		_	_
ohn Mucha	AHER	A Pr	oject D	esigner		a Ma	d		17/19	)		

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

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Date of Notification	17. 1 A 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.		Name of	C 1 M	FIX								
04_ /24	/19			_	BRISTOL MYERS SQUIBB, INC.								
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Agencies Notified	500000000000000000000000000000000000000	otification		-	JIBB DRIVE			III			-1111		
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✓ DOH ✓ DOL		Amendment # Emergency w	-	Name of PHIL DES			1	732-227	ne Numb	per	-		
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			r	ACILITI	NEORWAII	ON		The second second	ethnoces Til detail et publication of		tion and the second		
Name of Facility Wh	ere Abaten	nent is Taking	Place (3)		Type of Fa	acility (4)							
BRISTOL MYERS SO		ione io railing i	.000 (0)		1,750 0111	admity (4)							
						School (K	-12)						
Street Address					1 🗆		er 8 (Other t	han K-12)	1				
ONE SQUIBB DRIVE				V	Other (I.e.	, private & c	mmercial						
						bldgs., ho	mes, etc.)						
City (5)	County (6	T10-1-1-1	County Code	(7)	Square Fe	eet	# Of Floors		Buildin	ig Age			
NEW BRUNSWICK	MIDDLES	EX				I/A	N/A	205/					
							being demo	lished)	Ī	N/A			
					DEMOLIS	HED							
Name of Monitoring	Firm Hired	by Bldg. Own	er (8)	ASCM NO	) (								
END/IDONIMENTAL LIE				0404	LICOTURE								
ENVIRONMENTAL HEA	LIH INVES	HGATIONS, INC.		0104	STREET, SQUARE, SQUARE	The second secon	RACTING GR	OUP, INC	i.				
Street Address 655 WEST SHORE T	DAII				Street Add	aress							
City, State, Zip Code					20 14/303	- DI							
SPARTA, NJ 07871						s Parkway							
Project Mngr. For Me	nitoring E	irm	Tolonbono Nu	mbor	City, State	, Zip Code							
WILLIAM KERBEL	Jilloring F	11111	Telephone Nu 973-729-5649	mber	Fast Hann	ver, NJ 079	36						
	neduled Start Date (10) Sched. Completetion Date (1					Number	30	License	Number		-		
05 / 06	,*/	relephone	: Number		License	Number							
\ <del></del> / <del></del> /	/19		//		973-88	34-8682			(	00860			
Occupancy Status D	uring Abat	ement (Check	Only 1)			SHA Moni	tor						
		ted During Ent			NORTHST	AR CONTR	ACTING GR	OUP, INC	).				
Abatemen	t				Street Add	dress							
		ed Outside of N	ormal Facility										
Hours - De					32 William	THE RESERVE THE PARTY OF THE PA							
☑ Other - De	escribe: _	7:00 AM-3:30 I	<u>PM</u>		City, State								
0 (1)		Maria Maria Maria	2020		East Hano	ver, NJ 079	36						
Scope of Work (Che	ck All That	Apply)											
□ Demolitio	n	C7	Renovation		Full Canta		h Na 4: 1						
☐ >3sf or >3	Sec.	$\overline{\mathcal{A}}$	Renovation	H	Mini - Enc		h Negative F	ressure					
≥160 sf or					Glovebag								
							(*) and Non-Friable Procedure						
						.p.o ( / a	u 11011 1 11uu						
Location o	f	ls		Descript	ion of			Abateme	nt Type				
Asbestos Conta	aining	Location	As	bestos - C	ontaining			R	I	E			
HENCE AND THE WARREN TO LOCAL COMPANY		Normally		Material			Amount	E	R	N			
TO BE ABAT		Used		e., thermal			(Specify	M	E	С			
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(13)		by Main-	ord	other misc	ellaneous)			V	Α	Р	1		
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		Custodial						L	R	U			
		Staff (12)								L			
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EXTERIOR UNDERG BLDG 53/65	KOUND		TRANSITE DU	CIBANK			300 LF	<b>V</b>	1	1-4-	4		
DEDG 33/03									<del>                                     </del>	1 4	-		
									<del>                                     </del>		-		
Name of Registered	Wasta Har		NJDEP Waste	Cubic	Name of D	Registered	andfill						
NORTHSTAR CONTR			Hauler ID No.	Yards			Landilli NT - FAIRLE	SS HILL I	ANDEILI				
2	5 / (			of Waste	I WILLIAM	, at to LIVIE	AIT I AIRLE	OO THEE L	MINDFILL	-			
City, State				Disposal	City. State								
EAST HANOVER, NJ				Date	MORRISV								
						//		/)			to the second		
Completed by (Print	or Type)		Title			Signature	1	/		Date			
01 0:11						X	· L	0.					
Steve Stiles			Project Manage	er		120	en sin	111		04/	1/19		

19944	93 P	AU		FICATION	N OF ASE	W Jersey BESTOS AB 8:60 and 1		т		0 [	3	W
Date of Notification (1) 4/18/19				Name o Mace		Owner/Ope		THE AF	R Z	15	2019	
Agencies Notified	Type Notification				anta N	lonica B	lvd. Su	iite 700	ASEES	HOS LICE	CON MINISTRA	. H(
DEP DOL	Amended Amendmen				ate, Zip Co		1404		To the second property of the second property	or or other sections.	reterior (menuncial pro-	ud Mikrosucsu
I V	Emergency	(including	)		f Contact	a CA 90	7401		Telephone No	ımhar		
DOH DCA	justification) Cancellation				in Gha				424-229-3			
						ORMATION	ı					
Name of Facility When		ig Place (	3)				Typ	e of Facility	(4)			
Former Sears S	tore						——日	School (K-	12) r 8 (Other than K-	12)		
1750 Deptford	Center Road	d						Other (i.e. etc.)	private & commerc	cial bu	-44	
City (5) Deptford Towns	hip						15	uare Feet 0000	# of Floors	ŀ	Bldg. A 30+	Age
County (6)					Code (7) USE ONLY	)		rent Use (Pr cant	ior if being demolis	shed)		
Name of Monitoring Fire		Owner (8	)	ASCN	/ No			patement Co			,	
Tabbara Corpor	ation								iality Contra	cting	g Inc	
Street Address 317 Morgan Hill	Stroot		Street Address 98 LaCrue Ave									
City, State, Zip Code	Sileet					1		Zip Code				
Simi Valley CA	93065							lls Pa. 19	9342			
Project Manager for Mo	T	Telepho		eren and the second	elephone		License					
Mike Tabbarra						17 Mariana (1878)	10-364		01103			***********
Start Date (10) 5/7/19		6/28/1	9	mpletion	Date (11)	S	ynerte				,	A
	cated During Entire med Outside of Norn	Period of	Abater			2: C	treet Address 206 S Broad St ity, State, Zip Code hiladelphia Pa 19145					
						IP	niladei	pnia Pa	19145			
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ан тпат Арріу)	-	Renov Demoli				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Mini-Enclosur Blovebag Pro				'e
1 2 2 - 10		8	Loca Norma			Donori	ption of	anner er enne en e			Abateme Type	
Asbestos-Containin TO BE A In Fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		aintena	alely by Asbestos Con (i.e. therma			ing Materi	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
	Yes						<i>f</i> :		D400 -f		-	e e
Auto Cen		×					fing		8400 sf	X		-
Auto center	sales area	X					at		400sf	X	-	-
Main Bu	uilding	×				Duct In	sulation		90sf	X	_	ļ
Main Building		×		1			mastic		23500sf	X		<u></u>
Mercer Gro		ationa		NJDEP W Hauler ID				Name of Registered Landfill Tulleytown Resources Recovery La				/ La
City, State			-			Disposal	D-1-	City, Stat				

CK44198		NOT	TIFICATI	State of N ON OF AS int to NJA	BESTO	SABATE	EMENT (10)	Dr.	EG			7	The same of the sa
Date of Notification (1) 4/24/19				Name of Building Owner/Operator (2)  Macerich  APR 2 5 2019									
Agencies Notified Type Notification	n	77.10	Street	t Address			0.0						- pessors
✓ EPA Initial			401	401 Santa Monica Rlvd Suito 700									
✓ DEP Amended			-	City, State, Zip Code  ASSESSION SOLUTION  ASSESSION SOLUTION  LICENSING									
✓ DOL Amendme			Sant	a Moni	ca CA	9040	1		Annual Marie Control of Control			Bhair a	11.
DOH Emergence		ıg	Name	of Contac	et			ΙŦ	elephone N	umber			
DCA Cancellation			Alad	din Gha	afari			100000	24-229-3				
No. 15 W. Maria			FA	CILITY IN	FORMA	TION						_	
Name of Facility Where Abatement is Tak Former Sears Store	ing Place	(3)					Type of Facility	(4)					
							School (K	-12)					
Street Address							Subchapte	er 8 (Ot	her than K-	12)			
1750 Deptford Center Roa	id						etc.)	private	& commerc	cial bu	ilding	s, hi	es,
City (5)							Square Feet	#	of Floors	T	Bldg.	Age	
	Deptford Township						150000	2			30+		
County (6)	County (6)						Current Use (Pr	ior if be	eing demolis	shed)			-
			STATE	E USE ONL	r)		vacant						
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abatement Co	ntracto	r (9)				***************************************
Tabbara Corporation						Asso	ciated Spec	ciality	Contra	cting	g Ind		
Street Address						Street	Address						
317 Morgan Hill Street		98 LaCrue Ave											
City, State, Zip Code						City, State, Zip Code							
Simi Valley CA 93065						Glen	Mills Pa. 19	9342					
Project Manager for Monitoring Firm		one No.		Teleph	one No.		License N	No.					
Mike Tabbarra	805-4	184-338	38	610-3	364-9622		01103						
Start Date (10)	mpletion	Date (11)		Name o	of OSHA Monitor	Te termina	1	Almad Alle			-		
	5/15/19 7/5/19												
Occupancy Status During Abatement (Che	ck Only O	ne)				Street /	Street Address 2206 S Broad St						
Facility Closed/Vacated During Entire	Period of	Abate	ment			2206							
Abatement Performed Outside of Norr Other – Describe:	nal Facilit	y Hou	rs			City, St	ate, Zip Code	***************************************					***************************************
						Philad	delphia Pa	1914	5				
Scope of Work (Check All That Apply)													-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	Renov Demol					Mini-Enclosure Glovebag Pro		gative Pressure				
	T			1			Non-Exempted	d (*) an	d Non-Friab	ole Pro	systems		
	1	Loca: Vorma									Abat		
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Ashas		scription o	of aterial (ACM)	۸	mount		T	T	
TO BE ABATED	1000000	intena	nce/ Staff?				insulation,		Specify	R	77	Enc	g
In Facility (13)	003	(12)				cing, VAT niscellane		SF	or LF)	Remova	Repair	aps	Enclosure
V 587	.,		T		Other ii	nscenario	ous)			Val	=	Encapsulate	He
Main Store Poef	Yes	No	N/A							-	-	-	
Main Store Roof	X		-		r	oofing		71	,000sf	X	-		
Total Control of the										-	-		
						f							
Name of Registered Waste Hauler		1000	JDEP W	770 7 mm	Cubic \		Name of F	Registe	red Landfill	L			-
Mercer Group Interna	tiona	al	Hauler ID	No.	of Was 400	te	Tulleyto	wn Re	sources	Reco	very	La	llift
City, State					Dispos		City, State			HKXXIII-			
1519 Rev S. Howard Woodson Jr.	Way, T	rento	on, NJ	08637	as ne	eded	Tulleyto	own,	PA				
Completed by	Title	1199			Si	gnature			Dat	te 24/1:			
Jack Iomasura	ack Tomasura SR Estimator							Davade a					

rint Form

DIVOTE S	TO) A T	NO	TIFI	CATIO	ON OF A	New Jersey SBESTOS ABA	TEMENT	du	# 3	35	, 0			
UK SOLOC	) I AU		(	Pursu	ant to N.	JAC 8:60 and 5:	16)		[] [	D.77	22			
Date of Notification (1)	22 / 1	9		1 20	ne of Build erizon	ing Owner/Operator	(2)	) E C			1			
Agencies Notified	Type Notification	n		Stre	et Address	3	1		0		-			
-	Initial					ontgomery Place	U APR	25	2019	arteripune.				
[12] [12] [12] [12] [12] [12] [12] [12]	Amended				, State, Zip		,				1			
☑ DHSS ☐ DCA ☐	Amendment Emergency (	_	_			, PA 15212	4	ASEES: O	s doi:	9. Hij	قسد چ			
(NJAC 5:23-8)	justification)	iriciuuli	ig	100000000000000000000000000000000000000	ne of Conta		-	ASEES OS CONTROL  HOENSING  Telephone Number						
	Cancellation				nthony P			412-633-4021						
						NFORMATION		712-033-40	121					
Name of Facility Where Aba	atement is Takir	ng Plac	e (3)		AOILII I I	INI OKWATION	Type of Facility	(4)						
Verizon - Pleasantvill							School (K-12	* 1 * 1						
Street Address							→ Subchapter 8	(Other than K-1	2)					
2546 Fire Road							Other (i.e., pr	ivate and comm	ercial b	uilding				
City (5)			-				homes, etc.)	1			_			
Egg Harbor Twp							Square Feet	# of Floors	В	ldg. A				
County (6)				10-	untu Cada	/7\/OTATE LIGE ON: : 1								
Atlantic				100	unty Code	(7)(STATE USE ONLY)		or if being demo	ished)		V			
Name of Monitoring Firm Hi	rod by Duilding	0	(0)	1000			Office							
USA Environmental N		Owner	(8)	ASCI	vi No.		ent Contractor (9)		-000-11-					
Street Address	lanagement					BRISTOL EN	IVIRONMENTAL	AL, INC.						
						Street Address								
8436 Enterprise Ave					Secretary and the secretary an	1123 BEAVE								
City, State, Zip Code						City, State, Zip Code								
Philadelphia, PA 1915						BRISTOL, PA	19007							
Project Manager for Monitor	ing Firm		Te	lephone	e No.	Telephone No.		License No.						
Mark Jenkins			1 2	215-36	5-5810	215-788-6040	)	00509						
Start Date (10)		duled (	Comp	letion D	ate (11)	Name of OSHA N	Monitor	<u> </u>			-			
5/2/	19	5	/	3_/	19	BRISTOL EN	VIRONMENTAL	. INC.						
Occupancy Status During Al	patement (Chec	k only	one)			Street Address		•			-			
Facility Closed/Vacated [	During Entire Pe	eriod of	Abat	ement		1123 BEAVE								
☐ Abatement Performed Ou	utside of Norma	I Facilit	y Hou	urs - De	scribe	City, State, Zip Co		- Company			_			
Time of Abatement:	AMP	M/ <u>5:00</u>	)PM- <u>'</u>	1:30AN	1	BRISTOL, PA								
cope of Work (Check all that	at apply)					Dialoto E, 17	13007				_			
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		⊠ Re	enova emolit				ainment with Nega losure g Procedure	ative Pressure						
						Non-Exe	mpted (*) and Non	-Friable Procedu	ıre					
Location of		9.5	S Loca Norma			31			Ab	ateme	Ту			
Asbestos-Containing Mat	erial (ACM)	Use	ed So	lely by	Ashe	Description o estos Containing Ma		Amount	R	D	1			
TO BE ABATE	D			ance/ Staff?		e., thermal systems i	nsulation.	(Specify	Removal	Repair	1			
IN Facility (13)		Ous	(12			surfacing, VAT, other miscellane		SF or LF)	Val	-				
X /		Yes	No	N/A		other miscellane	ous)							
hop Office, Tool Shop	and Storage	П		ĪП	Floor ti	le and mastic		40.05	-	-	+			
· · · · · · · · · · · · · · · · · · ·	arra otorago			12	1 1001 11	ie and mastic		10 SF			1			
		Ш		Ш							]			
							10.00		ТП		1			
									+-	-	+			
ame of Registered Waste H	lauler			NJDEP	Macta	Cubic V	The 1				1			
BRISTOL ENVIRONME				Hauler I		Cubic Yards of Waste	Name of Registe				10000			
	MIAL ING.			1870				COUNTY UTIL	ITY A	JTHC	IT			
ty, State						Disposal Date	City, State				-			
BRISTOL, PA							EGG HARBO	OR TWP, NJ						
Completed By (Print or Type) Title						Signature								
ompleted By (Print or Type)	Title		Brian Scafiro Estimator					I Da	ate					

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

W COO AT A	PAD	D		ICATION ursuant	ate of Ne I OF ASB to NJAC	8:60 and	ABATE d 12:12	0)	en e	R	E G	5		Ŀ	
Date of Notification (1) 4/17/19					Name of Building Owner/Operator (2)  NJDPMC										
Agencies Notified Ty	ype Notification		Street Address 33 West State St.							Asia Di C					
DEP DOL	Amended Amendment			City, Sta	ate, Zip Co on, NJ	ode		112-20-2				Sec. of Sections	The street	(France)	
DOH DCA	Emergency (i justification) Cancellation	including		Name of Contact Regina Bruno							ephone Nur 19-433-87		3 <del>1</del>		
Name of Facility Where Aba	tement is Taking	Place (3	3)	FACI	LITY INF	ORMATI	ON	Туре	of Facility (	4)				_	
Street Address 36 Reid St.	TION					×		8 (Oth	er than K-12 & commercia		dings	nome	∋s,		
City (5) South River, NJ							re Feet	1 1000	Floors 1/2	10.55	Bldg. 50+	je			
County (6) Middlesex				County (	Code (7) USE ONLY	)		1	ent Use (Prio		ng demolish ACRES	ed)			
Name of Monitoring Firm His		ASCM	l No.			of Aba	tement Cor Group, Ir	tractor							
Street Address					Street	Addre						-			
City, State, Zip Code		City, State, Zi													
Project Manager for Monitor		Telephor	ne No.		Teleph	none N	0.	)	License N	).		-			
Start Date (10)	ed Cor	mpletion [	Date (11)		Name	3-218-0880 01228 se of OSHA Monitor						( <u>)</u>			
5/23/19 Occupancy Status During Al	5/23/19 6/5/19 Occupancy Status During Abatement (Check Only One)							nuzzi Addre	Group, In	C.				1	
Facility Closed/Vacated Abatement Performed	Abaten	ment					lon Rd. S	Suite 1	02			<u> </u>			
Other – Describe:		ar r aciirty	riour	City, State, Zip Code Kinnelon, NJ 074						5				900	
Scope of Work (Check All Ti ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	hat Apply)		Renova Demolii	The state of the s					Full Containment with Negative I Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frial						
Loopling of			Locat	3,000									Aba T	nent e	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  In Facility (13)				ely by nce/ Staff?	Description Asbestos Containing M (i.e. thermal systems surfacing, VA other miscellar				I (ACM) ation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Interior		Yes	No	N/A		PLAST	TED W	/// / C		2 /	200 of	x	_	Ф	
Basement	:			X		ermal					3,000 sf				
							,84d					X		_	
Vannuzzi Group, Inc.					NJDEP Waste Hauler ID No. 17467  Cubic Yard of Waste			Grows Fa			egistered Landfill				
Kinnelon, NJ		Disposal Date 6/6/19					City, State Morrisv					_			
John Mucha	roject D	Designe		ignature	Jel-	Much	~	4/*	e 17/19	9					

4050	Bul	AII	NOTIF	<b>FICATIO</b>	State of New Jers N OF ASBESTO t to NJAC 8:60 a	SABATE	EMENT (0)		E G (	E 1	$\overline{\mathbb{V}}$		j.,
Date of Notification (1) 4/17/19 Agencies Notified	Type Notification			NJDF	- (VA TE)	M	APR	2 F	201				
EPA	_	l			Address est State St.		had had g	7		701		Lames	
DEP	Initial Amended			City, St	tate, Zip Code			o A	_&				
DOL	Amendmen Emergency	(including	-		on, NJ			dG_	44 . 11				
DOH DCA	justification Cancellation				of Contact na Bruno		Te						
					ILITY INFORMA	TION		10	09-433-87	40		_	
Name of Facility Where former residence, E	Abatement is Takir	ng Place (3	3) TION				Type of Facility	(4)					
Street Address	DEOL ACINES I	JEMOLI	HON	1			School (K	-12)		0.1			
14 Reid st							Other (i.e.	private	ner than K-1. & commerci	z) ial bui	lding	hom	es,
City (5)						etc.) Square Feet				3ldg.	је		
South River, NJ County (6)					Code (7)		2,600 2 1/2						
Middlesex	Middlesex						Current Use (Pr Abandoned,			ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.		of Abatement Co	ontracto			_	-	
Street Address			11-2-3				nnuzzi Group, Inc.						
						2	Kinnelon Rd.						
City, State, Zip Code	A Charles			77.75	State, Zip Code	-				-			
Project Manager for Mon	Т	Telepho	one No.		elon, NJ 0740 none No.	)5	License N			_			
					218-0880		01228	0.					
Start Date (10) 5/23/19	d Cor	npletion	Date (11)		of OSHA Monitor		1			-			
Occupancy Status During	Abatement (Chec	6/5/19 k Only On	e)				nuzzi Group, I	nc.					
	nent			Kinnelon Rd. Suite 102									
Facility Closed/Vaca Abatement Performed Other – Describe:	ed Outside of Norn	nal Facility	Hours	3			State, Zip Code						
Scope of Work (Check Al	That Apply)					Kinn	elon, NJ 0740	15					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processor.	enova emolit			×	Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pr						
Location	of	0.000	Locati ormal						( ) and North Hable Fit			nent	
Asbestos-Containing TO BE ABA	Material (ACM)	Maii	Sole otenar	nce/	Asbestos Cor (i.e. therma	escription Itaining M I systems	aterial (ACM)		Amount (Specify			En	_
In Facilit (13)	ty	Cusic	(12)	otani	surfa	ncing, VA miscellan	T, or		or LF)	Remova	Repair	Encapsulate	Enclosure
-		Yes	No	N/A						/al	₹.	ılate	ure
Roof				х		Roofing		13	350 sf	x		-	
									х				
Name of Devices 1187	di Diversioni												
Name of Registered Wast Yannuzzi Group, Inc	e Hauler		H	JDEP Wauler ID	No. of Wa	Yards ste	Name of Grows		red Landfill				
City, State			17	7467	80 Dispo	sal Date	City, Stat						
Kinnelon, NJ					6/6/1	/	Morrisv		A				
Completed by John M <mark>uc</mark> ha		Title AHER	A Pr	oject D	)esigner	Signature		d	Date	e 7/19	)	1.	
	-					//	1. 1.						

T THILL OTTE