

Date of Notification	(1)			Name	of E	Building	yO r	vner / Operato	or (2)		NAME OF THE OWNER OWNER OF THE OWNER OWNE	acon de			
	7/10/18			Burli	ngt	on Co	at F	actory		PFI	WEL				
Agencies Notified	Type Notific	ation		Street	Add	dress			Jin 1			111			
⊠ EPA								0 North	1		And the second s				
DEP	Initia		September 115	Andrew Street,		& Zip				110 16	2010	11			
⊠ DOL		nded R#3-8/10/				on NJ		016	! "	UG 16	2010	201			
□ DOH □ DCA		rgency cellation				contact		4	1		į	Telepho	one N	umb	er
	☐ Cano	ellation		Mike	Wo	ods		-	45.01	31,43,00	KTROL 8	917-83	8-43	14	
				FA	CILI	TY IN	FOF	RMATION	A Tooler	LICENSII	√3		-	-	
Name of Facility Wh			ace (3	3)				Type of Facil	ity (4)	A STATE OF THE PARTY OF THE PAR	No come!) (President Street or Control of Street or				- 10
Burlington Coat	Factory Sto	re #226	151	***				School (
Street Address								☐ Subchap	oter 8 (0	Other than	K-12)				
2495 Route 1, Su	ite 1							Other (i.e	e. priva	te & comm	ercial buildir	igs, hom	ies, e	tc.)	
								Square Feet		# of Floors		Bldg. Ag			
City (5)		County (6)	Co	unty C	ode	(7)		72500			1		50		
Lawrenceville		Mercer						Current Use ((Prior if	being den	nolished)				
							- 1	Retail		- A. Maria					
Name of Monitoring ESIS	Firm Hired b	y Building Own	er (8)		AS	CM No	0.00	Name of Aba BRISTOL E							
Street Address								Street Address		NAIRIE IA IV	AL INC				
436 Walnut Street	t							1123 BEAVI		REET					
City, State & Zip Coo Philadelphia, PA								City, State & 2	Zip Cod	de					
Project Manager for		irm T	Talan	hone	Num	hor	-	BRISTOL, P Telephone Nu		07	Tr:				
Frank Westfall	ormornig i			340-5		ibei		215-788-60 4			License N				
Scheduled Start Dat	e (10)	Scheduled Com				1)		Name of OSH	2.5	itor		0050	9		
7/24/18	528 (15)	(Back on si	te 8/	12/18				BRISTOL E			AL INC				
Occupancy Status D	uring Abater	nent (Check onl During Entire Pe	ly one	f Abo	tom	nnt		Street Addres							
		itside of Norma						1123 BEAVE							
		6:00 AM) Sun					- 1	City, State & 2							
Facility Occu	pied During	Ahatement	uay -	Huis	ouay		- 1	BRISTOL, P	'A 190	07					
Scope of Work (Che						34410									
			_							Full Contai	nment with N	legative	Pres	sure	
≥3 sf or ≥3 lf	16		\boxtimes	Rend						Mini-Enclos					
≥160 sf ≥260	IT			Dem	olitic	n					Procedures				
											oted and Nor				
	cation of s-Containing			ocation			۸	Description	of .		Amount	Aba	teme	nt T	ype
	rial (ACM)	'		lely b			А	sbestos-Cont Material (AC	_		(Specify SF or LF)				
	EABATED			enanc			(i.	.e., thermal sy			SF OI LF)	R	70	nc	Ē
in	Facility		Custo	dial S	taff?		insu	lation, surfaci	ing, VA	T		Remova	Repair	aps	clso
	(13)	_	-	(12)		4	or	other miscella	aneous))		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	₩.	Encapsulate	Enclsoure
			Yes		N/A	*.								Ф	
Rear Offices								Mastic			512 SF				П
Break Room, Men						Mastic			1,575 SF				口		
Ladies Room, Cor	ridor & Sa	es Floor		\boxtimes				Mastic			900 SF				口
													市	T	百
													T	Ħ	T
												Ti	而	口	Ħ
Name of Registered	Waste Haule	r					100000		Name	of Registe	red Landfill	,			
SERVICE TRANSF	OPT CPO	IID INC				D No.		Waste	FAIDI	F00 !!!!	LOLANDE				
City, State	OKT GRO	OF, INC.		209	90		_				LS LANDFI	LL			
NEW CASTLE, DE	19720						TB		City, S MORE	tate RISVILLE	, PA				
Completed By (Print				Title				nature				Date			
PATRICK T. DeCA	RO			Est	ima	tor	1 2	/ /	9 .0	00	1.0	8/10/1	18		
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Date of Notification				Name	e of	Buildi	ng C	wner / Operato	or (2)	GE	TWE					
A	7/10/18			Burl	ing	ton C	oat	Factory								
Agencies Notified EPA	Type Notific	ation				ddress			1.1				1			
DEP		r						30 North		AUG 1	6 2018	1111	/			
□ DOL		ı nded R#3-8/10				te & Zi										
☑ DOH		rgency	- L			ton N Conta		3016		Line - House - 113		1	1			9.
DCA		ellation	1			oods	Cl	:	AG1	LICEN	JONTAOL 8 ISING		7-83			per
				FA	CIL	ITY II	NFC	RMATION		the Street Control of		٠.	1-00	0-4,	,,,,	
Name of Facility Wh	nere Abatem	ent is Taking PI	ace (3	3)				Type of Facil	itv (4)				-			
Burlington Coat	Factory Sto	re #226		•				School (
Street Address								Subchar	oter 8 (Other tha	n K-12)					
2495 Route 1, Su	ite 1										mercial buil	dings	, hom	es.	etc.)	
								Square Feet		# of Floo			g. Ag		,	
City (5)		County (6)	Co	unty (Cod	le (7)		72500			1		3. 3	50		
Lawrenceville		Mercer						Current Use	(Prior i	f being de	emolished)			-		
								Retail		_						
Name of Monitoring ESIS	Firm Hired b	y Building Own	er (8)		A	SCM N	Vo.	Name of Aba BRISTOL E	temen	Contract	tor (9)					
Street Address			_					Street Address		DIVINICIA	TAL INC					_
436 Walnut Stree								1123 BEAV	ER ST							
City, State & Zip Coo Philadelphia, PA								City, State & BRISTOL, F								
Project Manager for		irm	Telep	hone	Nu	mber		Telephone No		,,,,	Licens	e Nun	nher			
Frank Westfall			215-6					215-788-604			2.00.10		0050	9		
Scheduled Start Dat	e (10)	Scheduled Com						Name of OSH	A Mor	nitor						
7/24/18		(Back in s	te 8/	12/18	3) 8	/20/18	3	BRISTOL E	NVIR	DNMENT	TAL INC					
Occupancy Status D Facility Close	uring Abater ed/Vacated [nent (Check on Juring Entire Pe	ly one	e) of Aba	aten	nent		Street Addres		DEET						
		itside of Norma					m	City, State & 2		1.10.12.12.12.12.12						
	(10:00 PM -				· uii	i to op		BRISTOL, P								
Facility Occu								BKISTOL, F	A 150	107						
Scope of Work (Che									_	20 80 80 8						
\ \ ≥3 sf or ≥3 lf				Ren		4:					ainment witl	n Neg	ative	Pres	sure	1
≥160 sf ≥260			X			7717 C.C.C			_	Mini-Encl						
_ = 100 31 E200			Ш	Dem	IOIIL	1011					g Procedure			3 <u>00</u> 00		
1.00	cation of		le I	ocati	on			Dogarintian			mpted and N					
	s-Containing	,	Norm			d		Description Asbestos-Cont			Amount (Specify		Aba	tem	ent I	ype
Mate	rial (ACM)		So	lely b	y			Material (AC			SF or LF				m	_
	E ABATED		Mainte				((i.e., thermal sy	/stems			′	Rer	R	nca	Enc
ın	Facility (13)	1	Custo		staff	?		sulation, surfac					Remova	Repair	Encapsulate	Encisoure
	(10)			(12) No	N//	A	0	r other miscella	aneous	,			<u>a</u>	-	late	ıге
Receiving Area			П	\boxtimes	Г			Mastic			4,000			П		
Aisle Way C-D @	Column 4		Ħ		T	il		Mastic			436 SF			Η	ዙ	H
	isle Way C-D @ Column 2							Mastic			436 SF			片	屵	H
	isle Way D-E @ Column 1-2							Mastic			300 SF			H	Η	H
Vestibule G-H @ 0			Ħ		T	il		Mastic	-		1100 SF			片	H	H
Vestibule J & Cas			Ħ	X	T	il		Mastic	elise volum		900 SF			片	片	H
Name of Registered	Waste Haule	r		Parameter 1	DEP	Wast	e C	ubic Yards	Name	of Regis	tered Landfi				Ц	
SERVICE TRANSF	OPT GPO	IID INC		Нац	ıler	ID No	. of	Waste								
City, State	JICT GICO	01,1110.		209	90		_	0 Cu Yd			LLS LAND) FILL				
NEW CASTLE, DE	19720							isposal Date BD	City, S MOR	State RISVILL	E, PA					
Completed By (Print				Title	9		Si	ignature					ate			
PATRICK T. DeCA	RO			Est	im	ator		Patrick :	PI	I Car	ED /- R	8	/10/1	8		
							,				//					

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

Date of Notification (1)			Na	me	of Bu	ildina	Owner / Opera	tor (2)	No IE	11 17 15	=			
	/10/18		Bu	ırlir	gtor	1 Coa	at Factory	(2)				September 1		
	pe Notification		Str	eet.	Addre	ess			AUG 16	3 2018				
	⊠ Initial		18	30 (JS R	oute	130 North	11 11	MON IN	/ 23/10	1 ment			
	Initial Amended R#2-8/	6140				Zip (ř		
⊠ DOH [Emergency	0/10				ntact	08016	AG	<u>arement</u>		8.			
DCA	Cancellation		100 m		Noo				11, 64	11 V.J	Teleph 917-8:			ber
			F	AC	ILIT	Y INF	ORMATION				011		017	
Name of Facility Where	Abatement is Taking	Place	(3)				Type of Fac	cility (4)						
Burlington Coat Fac Street Address	tory Store #226						School	(K-12)						
2495 Route 1, Suite	4						Subcha	apter 8 (Oth	ner than K-	12)				
2433 Route 1, Suite	35						Other (i	i.e. private	& commerce	cial buildir	ngs, hor	nes,	etc.)	
City (5)	County (6)	10	ount		ode (7	7)	Square Fee	t #	of Floors	1	Bldg. A	ge		
Lawrenceville	Mercer		ount	y Co	oue (7	()	72500	/D: :::	1			50		
	Mercer						Current Use Retail	(Prior if be	eing demoli	shed)				
Name of Monitoring Firr	n Hired by Building O	vner (8	3)	1	ASCI	M No.		atomont C	ontro et e . (C	· ·				
ESIS Street Address			·)		71001	WI 140.	BRISTOL	ENVIRON	IMENTAL	INC				
436 Walnut Street							Street Addre		FFT				3.303	
City, State & Zip Code Philadelphia, PA 191	06	***************************************					City, State &	Zip Code				-		
Project Manager for Mor		Tele	nhor	e N	umbe	ar	BRISTOL, Telephone N							
Frank Westfall			-640			J1	215-788-60		=	License N		00		
Scheduled Start Date (1	0) Scheduled Co	mpleti	on D	ate	(11)		Name of OS		r		0050	JS		
7/24/18		ONF	HOLI	D			BRISTOL E			INC				
Occupancy Status Durin	g Abatement (Check of acated During Entire	only on	ne)	L - 4 -			Street Addre	SS						
Abatement Perfo	ormed Outside of Norn	nal Ha	OI A	Date	ment	2	1123 BEAV		ET				- Jacobson	
	:00 PM - 6:00 AM) Su	ındav	The	- 1a ired	iii io .	opm	City, State &							
Facility Occupied	During Abatement	arrady		ıısu	ay		BRISTOL, I	PA 19007						
Scope of Work (Check a	Il that apply)							NV						
≥3 sf or ≥3 lf			Da		ation			∑ Ful	I Containm	ent with N	egative	Pres	sure	
≥160 sf ≥260 lf		\bowtie			ation ition				i-Enclosure					
		Ш	00		mon				ve Bag Pro		.	_	10	
Location		Is	Loca	tion	T	24. H-47	Description	n of	n-Exempted	mount				
Asbestos-C		Norr	nally	Use			Asbestos-Con	taining	1 100	Specify	ADS	teme	enti	ype
Material of TO BE AB		Main	olely		05		Material (A	CM)		F or LF)	-		Ш	m
in Fac		Custo				in	(i.e., thermal susulation, surface	ystems sing VAT			Remova	Repair	cap	ncle
(13)	Ĺ		(12)			(or other miscella	aneous)			ova	air	Encapsulate	Enclsoure
D 045		Yes	No	N	/A						-		te	е
Rear Offices		Ш		ļĻ	4		Mastic		5	12 SF		П	П	П
Break Room, Mens R Ladies Room, Corrido		H		11	4		Mastic		1,	575 SF	X			Ħ
Laules Room, Cornuc	r & Sales Floor	H	X	+	4		Mastic		9	00 SF	\boxtimes			
		H	+	+	╬									
		H	H	1	+									
Name of Registered Was	te Hauler		N.	JDF	P Wa	ste C	Cubic Yards	Name of	Registered	Londell		Ш		
			Ha	aule	r ID N	lo. o	of Waste							
SERVICE TRANSPOR	I GROUP, INC.		20	990)		0 Cu Yd		SS HILLS	LANDFI	LL			
City, State NEW CASTLE, DE 197	'20						Disposal Date	City, State						
Completed By (Print or Ty			Tit	lo			BD	MORRIS	VILLE, PA	4				
ATRICK T. DeCARO	F-/		1000000		ator		Signature		0 -	27.4	Date			
			-				Patrick	1/1	ye Cars	1:0	8/6/18	í		
D 10055								, ,	(2000)	111				



Pg 2

Date of Notification (1)		Name	of Buildin	g Owner / Opera	itor (2)				
7/10		Burli	ngton Co	oat Factory	The IE	P P P	The same of the sa		
Agencies Notified Type N	lotification		Address		111115	15 16 11 W	EIN		
□ DEP □	Initial			e 130 North	1 med	The second secon			
□ DOL □	Amended R#2-8/6/1	1225	State & Zip			***	Marketon Company		-
⊠ DOH □	Emergency		of Contact		11111	AUG 1.6 2018			
DCA	Cancellation		Woods	il.	1		Telephone		oer
					1 4000	and the second section of the second section is an experimental section of the second section is a second section of the second section is a second section of the second section of the second section is a second section of the section of the second section of the section of the second section of the sect	917-838-4	314	
Name of Facility Where Ab	stoment in Takina Di	FAC	CILITY IN	FORMATION	1 7.00%	LICENSING	16.		
Burlington Coat Factor	v Store #226	ace (3)		Type of Fac		and the same of th			
Street Address	9 01010 11220			School Subobs					
2495 Route 1, Suite 1				Other (apter 8 (Other t	nan K-12)		27 27	
				Square Fee	t # of F	ommercial build		etc.)	
City (5)	County (6)	County C	ode (7)	72500	7 011	ioors #	Bldg. Age	8	
Lawrenceville	Mercer				(Prior if being	demolished)	50		
				Retail	(i fiel ii beilig	demonstred)			
Name of Monitoring Firm Hi	red by Building Owne	er (8)	ASCM N	CU TO THE PARTY OF	atement Contr	actor (9)			
ESIS				BRISTOL	ENVIRONME	NTAL INC			
Street Address				Street Addre	ess				
436 Walnut Street City, State & Zip Code					ER STREET	•			
Philadelphia, PA 19106				City, State &					
Project Manager for Monitor	ing Firm	Tolophono N	lumbar	BRISTOL,					
Frank Westfall	153	Telephone N 2 15-640-5 3		Telephone N 215-788-60		License			
Scheduled Start Date (10)	Scheduled Com			Name of OS			00509		
7/24/18		H NOLD	(, ,)		ENVIRONME	NTAL INC			
Occupancy Status During Al	patement (Check onl	y one)		Street Addre		INTAL INC			
Facility Closed/Vaca	ted During Entire Pe	riod of Abate	ement	1123 BEAV	ER STREET				
Abatement Performe	d Outside of Normal	Hours – 7a	am to 3pm						
Describe: (10:00 Facility Occupied Du				BRISTOL, I	PA 19007				
Scope of Work (Check all the									
Pe or Troin (official diff	ас арріу)				⊠ Full Co	ntoin-ma-till-			
≥3 sf or ≥3 lf		Renov	vation		Mini-Fr	ntainment with I	vegative Pres	ssure	
≥160 sf ≥260 lf		Demo				Bag Procedures			
						cempted and No		codur	
Location of		Is Location		Description		Amount	Abatem		
Asbestos-Conta Material (ACI		Normally Us		Asbestos-Con		(Specify	, societiii	Sill 1	he
TO BE ABATI	The state of the s	Solely by laintenance		Material (A		SF or LF)		Щ	т
in Facility	The state of the s	Sustodial Sta		(i.e., thermal s insulation, surface	ystems ring VAT		Repair	cap	ncl
(13)		(12)		or other miscell	aneous)		Remova	Encapsulate	Enclsoure
	Y	es No N	N/A		•			ate	e e
Receiving Area				Mastic		4,000		\Box	П
Aisle Way C-D @ Column				Mastic		436 SF		H	Ħ
isle Way C-D @ Column				Mastic		436 SF		H	H
isle Way D-E @ Column	1-2			Mastic		300 SF		Ħ	Ħ
estibule G-H @ Column				Mastic		1100 SF		Ħ	Ħ
estibule J & Cashwraps				Mastic		900 SF		Ħ	Ħ
lame of Registered Waste H	auler			Cubic Yards	Name of Reg	istered Landfill			
ERVICE TRANSPORT G	ROUP, INC.	2099		of Waste 40 Cu Yd	EAID! ESS				
ity, State	,	2000		Disposal Date		HILLS LANDF	ILL		
IEW CASTLE, DE 19720				TBD	City, State MORRISVIL	I F DA			
ompleted By (Print or Type)		Title		Signature		······································	Deta		
ATRICK T. DeCARO			nator	Q+ . 0	J. 00	0.1.0	Date 8/6/18		
				lamek	1.00	ow/p	0,0,10		
D 10055						/	1		- 1

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

Date of Notification	(1)			No	ma .	of Duild	i 0					CLA	346	0		
	7/10/18			Bu	rlin	aton (ing o	wner / Oper Factory	ator (2)G E	1 1	/ EF	1		W/mane	
Agencies Notified	Type Notific	cation		Stre	eet /	Address	S	ractory	1	152 IS	U I					
⊠ EPA								30 North	1							
☐ DEP ☐ DOL	☐ Initia Ame					ate & Z			1	AUG 1	6 20	18 11	H			
Ø DOH	100-100	ended R#1-7/ ergency	20/18	Bu	rling	gton N	IJ 08	016	1			Las	1			
DCA	Can	cellation		12.950		of Conta		14	L				Telepl	none	Nun	nber
				1	2000 000	SOURCE STATE OF THE			/43/5	ESTOS (JONTE	IOL &	917-8	38-	1314	
Name of Facility Wi	acro Abatam	ont in Talia	DI	F	ACI	LITY I	NFO	RMATION	1 - 1 1 A - 1 A - 1	and the same of th		the same with the same properties on the same in				
Burlington Coat	Factory St	ent is Taking	Place	(3)				Type of Fa							- 31.75	
Street Address	actory co	OIC IIZZO			-		-	Schoo			N- 10	40)				
2495 Route 1, Su	ite 1							⊠ Other	lie nr	8 (Other	inan K	-12) raial bullullu	Date West		0.000	
								Square Fee	et :	# of F	loore				etc.)
City (5)		County (6)	0	ounty	/ Co	de (7)		72500	•	1, 011	4	1	3ldg. A		_	
Lawrenceville		Mercer		Cescocest <u>a</u>				Current Use	e (Prio	r if being	demo	lished)		5	0	
								Retail	- (demo	iisiieu)				
Name of Monitoring	Firm Hired b	y Building O	wner (8	3)	1	ASCM N	No.	Name of At	pateme	ent Contr	actor (9)				
ESIS Street Address								BRISTOL	ENVI	RONME	NTAL	INC				
436 Walnut Street								Street Addr								
City, State & Zip Cod								1123 BEA	VER S	STREET						
Philadelphia, PA								City, State & BRISTOL,								
Project Manager for	Monitoring F	irm	Tele	phone	e Nu	ımber	-	Telephone I				License N				
Frank Westfall								215-788-60			,	LICEIISE IV	005			
	(10)	Scheduled Co			ate ((11)		Name of OS					000			
7/24/18 Occupancy Status D	uring Abeter		8/20	0/18	-	-		BRISTOL		RONME	NTAL	INC				
Facility Close	d/Vacated D	nent (Check) Juring Entire	only or Period	ne) of Δh	ator	mont		Street Addre								
Abatement P	erformed Ou	tside of Norr	nal Ho	ure –	7an	n to 3ni		1123 BEAV								
Describe:	(10:00 PM -	6:00 AM) St	ındav	- Thu	rsda	av		City, State 8 BRISTOL,								
Facility Occu	pied During /	Abatement	,			~,	-	DINISTOL,	ra i	7007						
Scope of Work (Chec	k all that app	ply)									_			-		
≥3 sf or ≥3 lf									\boxtimes	Full Co	ntainm	ent with N	egative	Pre	SSUF	е
≥3 \$1 01 ≥3 11 ≥160 sf ≥260	I F		\bowtie			ation	Ŧ			Mini-Er	rclosur	е		W.198.5		
2100 31 2200	н			Der	nolit	tion			Ц	Glove E	Bag Pro	ocedures				
Loc	ation of		le	Locat	ion			Description	M	Non-Ex		d and Non-	-Friable	Pro	cedi	ıre
Asbestos	-Containing			nally l		d	Α	Descriptio sbestos-Cor		o.		Amount	Aba	atem	ent 7	уре
	ial (ACM)		S	olely I	by			Material (A	CM)		S	Specify F or LF)			m	
	ABATED			tenan			(i.	e., thermal s	system	s	_	,	Re	D	Encapsulate	LUC
	(13)		Cusio	odial (12)	Stan	1	insu	lation, surfaction	cing, \	/AT			Remova	Repair	psu	Encisoure
50			Yes	No	N/A	A	01 (other miscell	iarieot	15)			<u>a</u>	7	late	lre
ear Offices			П	X	Г	1		Mastic			E	12 05	NA			-
reak Room, Mens				X		il		Mastic				12 SF 575 SF		뷰	H	H
adies Room, Corr	idor & Sale	es Floor		X				Mastic				00 SF		井	H	H
												00 01	18	片	H	ዙ
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ome of Desisters 116													H	H	H	片
ame of Registered W	aste Hauler						0.000	oic Yards	Nam	e of Reg	istered	Landfill				
ERVICE TRANSPO	ORT GROU	IP. INC			990	ID No.		Vaste Cu Yd								
ty, State		, ,		20:	000		-				TILLS	LANDFIL	.L			
EW CASTLE, DE	9720						TBI	posal Date		State RRISVIL	IE P	A				
ompleted By (Print or	Type)			Title	9			nature	INIOI	MASAIT	LE, P	K	_		20000	
ATRICK T. DeCAR	0			125000000		ator			0 0	, ac	N	1.	Date	0		
10							1	Patrick	e A	.00	ow	/K	7/20/1	Ö		
18055				-1	-					-						



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Date of Notification (1	1)		164						Cl #	-340	6		
Date of Notification (1	7/10/18		Nar	ne of Bu	uilding	Owner / Oper t Factory	ator (2)	E C	EIW	EF	N		
Agencies Notified T	ype Notific	cation	Stre	et Addr	ess	ractory		5 0					
⊠ EPA						130 North	HrM			- Annual	or services		
DEP			City	State 8	& Zip C	ode		AU	G 1 6 2018		111		
Ø DOL		nded R#1-7/20/	18 Bur	lingto	n NJ 0	8016	14 14	119	3 : 9 :010	- North	1		
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			F	ACILIT	Y INF	ORMATION		(ICENSING		1).
Name of Facility When	re Abatem	ent is Taking Pl	ace (3)			Type of Fa	cility (4)						-
Burlington Coat Fa Street Address	ctory Sto	ore #226				Choo	l (K-12)						
2495 Route 1, Suite	. 4					Subch	apter 8 (Other th	an K-12)				
2455 Noute 1, Suite	# I					Other	(i.e. priva	te & co	mmercial build	ings, ho	mes,	etc.))
City (5)		County (6)	10	0 1 "		Square Fee	et	# of Flo	oors	Bldg. A	ge		
Lawrenceville		CONTROL OF THE PARTY OF THE PAR	County	Code (/)	72500			1		50)	
Latticitectine		Mercer				Current Use	e (Prior if	being o	demolished)				2010
Name of Monitoring Fir	m Hired h	y Building Own	77 (0)	1400		Retail							
ESIS	r med b	y building Owne	ei (o)	ASC	M No.	Name of At	atement	Contra	ctor (9)				
Street Address						BRISTOL Street Addr	ENVIRO	NIME	ITAL INC				
436 Walnut Street						1123 BEA		REET					
City, State & Zip Code	121212					City, State 8							
Philadelphia, PA 19	106					BRISTOL,			(#)				
Project Manager for Mo Frank Westfall	onitoring Fi		Telephone		er	Telephone I			License	Number	,		
Scheduled Start Date (10) [0		215-640-			215-788-60				005			
7/24/18	10)	cheduled Comp	oletion Da 8/ 20/1 8	te (11)		Name of OS	HA Moni	itor					
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☐ Facility Closed/	Vacated D	uring Entire Per	riod of Aba	atement	t	Street Addre		DEET					
Abatement Perf	formed Ou	tside of Normal	Hours -	7am to	3pm	City, State &	Zin Cod	e C					
Describe: (10	0:00 PM -	6:00 AM)				BRISTOL,							
Facility Occupie	d During A	batement				,							
Scope of Work (Check a	all that app	oly)											
≥3 sf or ≥3 lf		,	∇ D	x:			⊠ F	ull Con	tainment with h	Vegative	Pre	ssure	9
≥160 sf ≥260 lf		Ī		ovation olition				Ilini-Enc	losure				
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EW CASTLE, DE 197	720				TE	posal Date	City, Sta		E DA				
ompleted By (Print or Ty	/pe)		Title			nature	MORK	SVILL	E, PA	1-			
ATRICK T. DeCARO				mator	Joig	0 - 1	00	۸ ۵	4	Date	0		
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10055								200	110				1

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Dete of Notification (1) Provided in the Notification (1) Dete of Notification (1) Detection (1) Detecti	1,000		64-4							
Called of Notification (1) Mare of Building Owner (2) AUG 16 2018 Mare of Building Owner (2) AUG 16 2018 Mare of Building Owner (3) Agencies Notified Mare of Building Owner (4) Agencies Notified Mare of Building Owner (5) Mare of Building Owner (6) Stoke Address 1830 US Route 130 North Mare of Contact Mile Woods	, All	OTIFICA	Stat	eofh	lew Jers	еу				
Agencies Notified Type Notification Street Agencies Street	~	(Pursu	ant to	N.J.A.	.C. 8:60	S ABATI and 12:	EMENT	E CN	# 3	400
Pagencies Notified Type Notification Street Address			Name of	Buildina	Owner / Or	erator (2)		Oron		-
Separation Sep			Burlingt	on Coa	t Factory	crator (2)		AUG	1 6 2018	1171
DoU-1957							free hard			1
DOL49572	☐ DEP ☐ Initial		1830 US	Route	130 North			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	CONTROL	
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Street Address 2498 Route 1, Suite 1 Stochool (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapt	Name of Facility Where Abatement is Takir	ng Place (3))							
Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12)	Street Address				Scho	ool (K-12)				
City (5) Lawrenceville County (6) Mercer					Sub	chapter 8 (Other than k	(-12)	20	.65
County (6) County (7) County (8) Cou					Cause 5	r (i.e. priva	te & comme	rcial build	ings, homes,	etc.)
Lawrenceville Mercer Ascard As	(O)	Cou	nty Code	(7)	_lodanic i	eet	# of Floors		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (6)	1 4 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		,	(,)		se /Drier if	haine I		50	1
Service Address ASCM No. ASCM No. ASTOR ASCM No. ASTOR ASCM No. ASTOR ASTO	N.				Retail	36 (1 1101 11	being demo	lished)		
Street Address 436 Walnut Street City, State & Zip Code Philadelphia, PA 19106 Project Manager for Monitoring Firm Frank Westfall Scheduled Start Date (10) Fracility Cocycled During Abatement (Check only one) Facility Cocycled During Abatement Abatement Performed Outside of Normall Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement Scope of Work (Check all that apply) 23 sf or 23 if Scheduled Start Date (10) Facility Cocycled During Abatement Scope of Work (Check all that apply) Abatement Performed Outside of Normall Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement Scope of Work (Check all that apply) Scope of Work (Check all that apply) Abatement Performed Outside of Normall Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement Scope of Work (Check all that apply) Scope of Work (Check all that apply) Abatement Performed Outside of Normall Visit of Solely by In Bacility (Coucybed Indiana) Material (ACM) To Be ABATED In Facility (13) Yes No N/A Sales Floor Mastic A,300 Masterial (ACM) Name of Registered Landfill Mini-Endosure Mini-Endosu	Name of Monitoring Firm Hired by Building C	Owner (8)	ASC	CM No.	The second secon	Abatement	Contractor	(0)		
Street Address Stre					BRISTO	L ENVIRC	NMENTAL	- INC		
Philadel phia, PA 19106 Project Manager for Monitoring Firm Frank Westfall 215-640-5320 Scheduled Start Date (10) 7/24/18 Scheduled Start Date (10) 7/24/18 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours − 7am to 3pm Describe: (10:00 PM − 6:00 AM) Facility Cocupled During Abatement Scope of Work (Check all that apply) Scope of Work (Check all that apply) Location of Asbestos-Containing Material (ACM) To BE ABATED Maintenance or in Facility (13) Sales Floor Name of Registered Waste Hauler Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Completed By (Print or Type) PATRICK T. DeCARO Scheduled Start Date (10) Title Estimator Telephone Number 215-788-6040 Name of OSHA Monitor BRISTOL, PA 19007 Telephone Number 215-788-6040 Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC Street Address 1123 BEAVER STREET City, State & Zip Code BRISTOL, PA 19007 Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedure Abatement Type Abatement Type (Specify Material (ACM) To BE ABATED Maintenance or Custodial Staff? (12) (13) Name of Registered Waste Hauler Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Service Transport Group, INC. Signature Date 7/10/18					Street Add	dress				
Project Manager for Monitoring Firm Telephone Number 215-640-5320 215-640-5320 215-640-5320 215-640-5320 215-640-5320 215-788-6040 215-78	City, State & Zip Code				City State	AVER ST	REET			
Telephone Number 215-640-5320 216-640-5320 216-788-6040 Cleanse Number 215-788-6040 Cleanse Number 215-788-6	Philadelphia, PA 19106				BRISTO	PA 1900	e 17			
Scheduled Start Date (10) 7/24/18 Scheduled Completion Date (11) 8/20/18 Scheduled Campletion Date (12) 8/20/20 Scheduled Campletion D	Frank Weeffell	Telepho	ne Numb	er	Telephone	Number	<i>J</i> 1	License	Marine I.	
Size		215-64	0-5320					License		
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Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement	Occupancy Status During Abatement (Check	only one)			Street Add	ENVIRO	NMENTAL	INC		
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Facility Occupied During Abatement Scope of Work (Check all that apply)	Describe: (10.00 PM = 6.00 AM)	mal Hours	7am to	3pm	City, State	& Zip Code	9			
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥160 sf ≥260 if □ Demolition □ Glove Bag Procedures □ Non-Exempted and Non-Friable Procedure □ Solely by □ Material (ACM) □ SeabateD □ in Facility □ (13) □ (13) □ (12) □ Yes No N/A □ In	Facility Occupied During Abatement				BRISTOL	, PA 1900	7		19	
≥3 sf or ≥3 if	Scope of Work (Check all that apply)									
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Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A Sales Floor Mastic 4,300 Signature Non-Exempted and Non-Friable Procedure Abatement Type Material (ACM) (Specify (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. Disposal Date TBD Name of Registered Waynesburg, OH 44688 Date TBD Non-Exempted and Non-Friable Procedure Abatement Type Abatement Type Material (ACM) (Specify (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (Specify (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (Specify (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (I.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Material (ACM) (I.e., thermal systems insulation, surfacing, VAT or other miscel	2 2700 01 1200 11	∐ Do	emolition			G	love Bag Pro	cedures		
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Solely by Maintenance or Custodial Staff? (13) Solely by Maintenance or Custodial Staff? (12) Yes No N/A Sales Floor Mastic Mastic 4,300 Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Completed By (Print or Type) PATRICK T. DeCARO Solely by Maintenance or Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Mastic 4,300 Completed By (Print or Type) PATRICK T. DeCARO Mastic Mastic 4,300 Mastic 4,300 Mastic 4,300 Mastic 4,300 Mastic 4,300 Mine of Registered Landfill Mine VA LANDFILL City, State WAYNESBURG, OH 44688 Signature Date 7/10/18	Asbestos-Containing			Α	Descriptions-Co		F	Amount	Abateme	nt Type
Custodial Staff? (12) Yes No N/A Sales Floor Mastic 4,300 Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Completed By (Print or Type) PATRICK T. DeCARO Custodial Staff? (12) Yes No N/A Mastic 4,300 Mastic 4,300 Mastic 4,300 Mastic 4,300 Mine of Registered Landfill Cubic Yards of Waste Mine of Registered Landfill Mine of Registered Landfill City, State May Nessel City, State WayNesburg, OH 44688 Signature Patrick T. DeCARO Date 7/10/18	TO BE ARATED	Solely	by		Material (A	ACM)				
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City, State NEW CASTLE, DE 19720 Completed By (Print or Type) PATRICK T. DeCARO Disposal Date TBD City, State WAYNESBURG, OH 44688 Signature Patrick T. Decard Date 7/10/18	SERVICE TRANSPORT GROUP, INC.	Ha	uler ID N	o. of V	Vaste					
Completed By (Print or Type) PATRICK T. DeCARO TBD WAYNESBURG, OH 44688 Signature Patrick T. DeCARO Title Estimator Title Fatrick T. DeCARO T	City, State	20	220	Dia	neel D.			LL		
PATRICK T. DeCARO Estimator Patrick T. DeCARO Date 7/10/18	NEW CASTLE, DE 19720					WAYNE	e SRUDO O			
Estimator Patrick T. DeCara / Ok 7/10/18	Completed By (Print or Type)		(T) (1)			FEATRE	OBUKG, O			
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	PD 18055			10	NUGL	1,000	an/	Jr		

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

Date of Notification (1) 7/10/18		Name of Bui	ilding (Owner / Operato	or (2)			11- 11	T. (2)	And the second s	Afficiant of the control of the cont
Agencies Notified Type Notification	,	Burlington Street Addre		ractory			A1173	16	Wild -		1
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☐ DEP ☐ Initial		City, State &			1			1000	and the second s	1	100
	R#4-8/10/18	Burlington	NJ 0	8016			ASBEST	os co	NTROL 8	¢.	7
DOH Emergence	cy [Name of Cor			-		L	CENSII	Telepho	ne Nu	mber
☐ DCA ☐ Cancellati	on	Mike Wood	ds			, - to at the section 200			917-838		
		FACILITY	Y INFO	DRMATION					1		
Name of Facility Where Abatement is	Taking Place (3	3)		Type of Facil		92-12-					
Burlington Coat Factory Store # Street Address	226	****		School (
				Subchar	oter 8 (C	Other t	than K-12)			
2495 Route 1, Suite 1				Other (i.							.)
City (5) Cou	nty (6) Co	unty Code (7	7)	Square Feet 72500		# of F	loors	77	Bldg. Age		
Lawrenceville Mer	0.000 Menorals	,	' /	Current Use	(Prior if	heina	demolish) od)		50	
	00.			Retail	(1 1101 11	being	demonsi	ieu)			
Name of Monitoring Firm Hired by Bui	Iding Owner (8)	ASCI	M No.	Name of Aba	tement	Contr	actor (9)				
ESIS				BRISTOL E				1C			
Street Address 436 Walnut Street				Street Addres	3070		20				
City, State & Zip Code				1123 BEAV							
Philadelphia, PA 19106				City, State &							
Project Manager for Monitoring Firm	Telen	hone Numbe	er	BRISTOL, F		07	li :	22222	le contra a		
Frank Westfall		640-5320		215-788-604				cense N	00509	٩	
	duled Completio	n Date (11)		Name of OSH		itor			0000.		
7/24/18 (B	ack on site 8/	19/18) 9/28	8/18	BRISTOL E	NVIRO	NME	NTAL IN	IC			
Occupancy Status During Abatement Facility Closed/Vacated During	(Check only one	e) of Abatemen	4	Street Addres	59753						
Abatement Performed Outside				City, State & 2							
Describe: (10:00 PM - 6:00			opin	BRISTOL, P							
Facility Occupied During Abate				Braid TOL, T	A 1500	01					
Scope of Work (Check all that apply)											
\ \ \ ≥3 sf or ≥3 lf	57	D					ontainmer	nt with N	legative I	Pressu	ire
≥160 sf ≥260 lf	×	Renovation Demolition	1				nclosure				
Z = 100 01 = 200 11		Demonition					Bag Proc		F	_	
Location of	ls I	ocation		Description	<u></u>	NOII-E	xempted a	and Nor			
Asbestos-Containing		ally Used		Asbestos-Cont				pecify	Abat	ement	Type
Material (ACM)		olely by		Material (AC	CM)			or LF)			
TO BE ABATED in Facility		enance or		(i.e., thermal sy		_		#180 LATO	Ren	Re	incl
(13)		dial Staff? (12)	ını	sulation, surfactor other miscella	ing, VA	1	1		Remova	Repair	Enclsoure Encapsulate
,	Yes	No N/A		a other miscelle	ancous	Ŷ.			<u>m</u>	1 1	ਬੇਰ ਫ
Rear Offices				Mastic			51	2 SF		ПT	$\forall \Box$
Break Room, Mens Room & Corr				Mastic		111		75 SF		FIF	해범
Ladies Room, Corridor & Sales F	loor			Mastic				0 SF		計片	터는
										FIF	ĦĦ
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Date of Notification	A			Name	e of B	uilding	Owne	r / Operation	or (2)			O WE	Park	1		
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Date of Notification	and the second s			Nai	me c	f Buildir	ng Owner / Ope	erator (2)		5 FL FL FL	rai in				
Agencies Notified	7/10/18 Type Notific	nation.					oat Factory	1-7 1	FRE		E 1	$\cap M$			
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Project Manager for Frank Westfall	Monitoring F	irm	- 1	ephon			Telephone		-	Lice	ense Nu	mber			
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Pg I

Date of Notification	⁽¹⁾ 7/10/18	-		Na	me	of Build	ding O	wner / Ope	erator	(2)	II W	/ [5]	71			
Agencies Notified	Type Notific	cation		BL	ırıın	igton (Coat	Factory	1		TT /2/					
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Name of Facility Wh	ere Abatem	ent is Taking	Place	(3)	70	121111	IIVI OI	Type of F		(4)						
Burlington Coat I	actory St	ore #226		(0)				Scho	ol (K-1	(4)						
Street Address										8 (Other	then K	40)				
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Street Address								BRISTOL	- ENV	IRONM	ENTAL	INC				
436 Walnut Street								Street Add								
City, State & Zip Cod								1123 BEA			1					
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Project Manager for N	Monitoring F	irm	Tele	nhon	e Ni	ımber		BRISTOL								
Frank Westfall	ank Westfall							Telephone 215-788-6		er	4.	License				
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7/24/18	7/24/18					,		BRISTOL			IATIAL	1110				
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Facility Close	d/Vacated D	uring Entire	Period	of At	ate	ment	11	123 BEA		STDEET	r					
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	ition of		Is	Locat	ion	1		Description	on of	NON-L	vembre	d and Nor	n-Friable	e Pro	cedu	re
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18055							Fo	trick	. 1	De	Caro	lis	8/6/18)		



Pg 2

Date of Notification				Na	me of Bu	uilding	Owner / Oper	rator (2)			Contract Secretaria	71		
Agencies Notified	7/10/18	2011-		Bu	rlingto	n Coa	t Factory	1	1.1 (P	16 1	W	FIR	ì		
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Burlington Coat I	actory Sto	ore #226		. ,			Schoo	ol (K-12)	,						
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436 Walnut Street							1123 BEA		TREET						
City, State & Zip Cod							City, State 8	& Zip C	ode						
Priliadelphia, PA 1	niladelphia, PA 19106 Dject Manager for Monitoring Firm						BRISTOL,	PA 19	007						
Froject Manager for N	ank Westfall						Telephone I			[1]	cense l	Number			
	ank Westfall 21						215-788-60	040			001100 1	0050			
	heduled Start Date (10) Scheduled Compl						Name of OS	SHA Mo	nitor						
Occupancy Status Du	ring Abotam		OH	NOLD)		BRISTOL	ENVIR	ONME	NTAL IN	IC				
Facility Close	Macated D	uring Entire	only o	ne)	-t		Street Addre								
Abatement Pe	rformed Ou	tside of Norm	al L	ouro	Zom to 1	n	1123 BEAV	VER S	TREET						
Describe: (10:00 PM –	6:00 AM)	iai II	ours –	ram to 3	spm	City, State &					100			
Facility Occup	ied During A	hatement					BRISTOL,	PA 19	007						
Scope of Work (Check	all that app	oly)													
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≥3 sf or ≥3 lf	,		\boxtimes		novation			Ħ	Mini-En	closure	e with 1	ecyative	ries	sure	l.
≥160 sf ≥260 l				Der	nolition					ag Proce	dures				
								$\overline{\boxtimes}$	Non-Exe	empted a	and Nor	-Friable	Pro	odu.	150
	tion of -Containing			Locat			Description	n ot			ount		teme		
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TO BE	ABATED		Mair	Solely Internan	oo or	/:	Material (A	CM)		SF	or LÉ)			ш	_
in F	acility		Cust	todial S	Staff?	ine:	.e., thermal sulation, surfac	systems				Ren	R	пса	nc
(13)			(12)		or	other miscell	laneous	1			Remova	Repair	Encapsulate	Enclsoure
			Yes	No	N/A				'			<u>a</u>	7	late	лге
eceiving Area					П		Mastic			A (100	NA			
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ty, State				1-00	55.50		posal Date			ILLS LA	ANDFI	LL			
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mpleted By (Print or	Type)			Title	1			MORI	/ISVILI	LE, PA					
TRICK T. DeCAR	o ′			100000000000000000000000000000000000000	imator	Sig	nature	0	.001	r /	.0	Date			
				1		1	atrick	1.	Du	ne /	K	8/6/18			
12055										'/					



Date of Notification (1)			Name of B	uilding	Owner / Ope	-14-1701(0)	CL#	- 34	06		
	/10/18		Burlingto	n Coa	t Factory	rator (2)	EIVE				
	e Notification		Street Addr	ress	Li dotoly:	7.	to had been				
⊠ EPA	-		1830 US F	Route	130 North	A COLUMN TO THE PERSON TO THE	1	President of the second of the			
DEP DEP DOL			City, State	& Zip C	ode	iji AUG	16 2018 11	1 111			_
□ DOL □		7/20/18	Burlington	n NJ 0	8016	• 1	11	- t			
DCA	Emergency Cancellation		Name of Co			Inc.	719-10 management	Telen	hone	Num	ho
	Caricellation		Mike Woo	200	į.		CONTROLS NSING	917-8	38-4	314	De
Name of Facility Where	Abstament in Table	- DI	FACILIT	YINF	ORMATION		731113			-	
Burlington Coat Fact	ory Store #226	g Place	(3)		Type of Fa	icility (4)					
Street Address	ory Clore waze					ol (K-12)					
2495 Route 1, Suite 1					Subcr	hapter 8 (Othe	r than K-12)				
					Square Fe	(i.e. private &	commercial build	lings, ho	mes,	etc.)	
City (5)	County (6)	Co	ounty Code (7)	72500	et # of	Floors	Bldg. A	ge		
Lawrenceville	Mercer		ounty oode (')		o (Deine if hei	1		50		
	1				Retail	e (Prior it bein	g demolished)				
Name of Monitoring Firm	Hired by Building C	wner (8)	ASC	M No.		hotomost Cos	4 1 (2)				
ESIS		(0)	, ,,,,,,,	W 140.	BRISTO	eatement Con ENVIRONM	tractor (9)			Asset In Vision	
Street Address		1,457			Street Addr	ess	ENTAL INC				
436 Walnut Street						VER STREE	Т				
City, State & Zip Code	•				City, State		•			-	_
Philadelphia, PA 1910 Project Manager for Moni	toring Firm	T= :			BRISTOL,	PA 19007					
Frank Westfall	toning Firm		hone Numbe	er	Telephone	Number	License	Number		-	
Scheduled Start Date (10	Scheduled C		640-5320		215-788-6			005			
7/24/18) Correquieu C	8/20	n Date (11)		Name of OS	SHA Monitor	14				
Occupancy Status During	Abatement (Check	only one	1	-1100	Street Addre	ENVIRONMI	ENTAL INC				
Facility Closed/Va	cated During Entire	Period o	of Abatement			ess /ER STREE	np-				
Abatement Performance	med Outside of Nor	mal Hou	irs - 7am to	3pm	City, State 8	Zin Code	1				
Describe: (10:0	0 PM - 6:00 AM) S	unday -	Thursday	as • ssea	BRISTOL,						
Facility Occupied	During Abatement		•		,						
cope of Work (Check all	that apply)										
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≥160 sf ≥260 lf			Renovation	10		☐ IVIINI-E	nclosure	Ü		,,,,	
Z = 100 01 2200 11			Demolition			Glove	Bag Procedures				
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TO BE ABA		Mainte	enance or	(i	.e., thermal s	vstems	SF or LF)	70	_	E	П
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					Mastic		900 SF				
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TRICK T. DeCARO	*)		Title	Sign	nature			Date			500
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18055							. /	1			

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

Pg 2

Date of Notification	(1)			INI	ome of	D. Hall	- 0 15	and the second	and the same particular and the	CL 31	-34	06		
	7/10/18						oat Factory	erator (2)	(C) IE	I W E	TW			
Agencies Notified	Type Notifi	cation		St	reet Ac	dress	oat ractory;	1						
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□ DOH		ergency		Na	me of	Contac	et	l _{amento} .			Teles			
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				F	ACIL	ITY IN	FORMATION	V	Litera	14-114-7	011-0	000-	13 14	*
Name of Facility Wh	nere Abatem	ent is Taking	Place	e (3)				acility (4)						
Burlington Coat	ractory St	ore #226			u-120m)		Scho	ool (K-12)						
							☐ Subc	hapter 8 (Other th	an K-12)				
2495 Route 1, Su	ite 1						Othe	r (i.e. priva	ate & co	mmercial build	inas ho	mee	O†C	١
City (5)		[C(0)					Oquale F	eet	# of Flo	ors	Bldg. A	lae	elc.)
Lawrenceville		County (6)	1	Count	y Code	e (7)	72500			1	g. /	5	n	
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Name of Monitoring	Firm Hirad b	v Duitdin - O		(0)	-		Retail			ž.				
ESIS	i iiii iniied D	y Building O	wner ((8)	AS	CM N		Abatement	Contra	ctor (9)	-			
Street Address							BRISTOL	ENVIRO	DNMEN	TAL INC				
436 Walnut Street							Street Add		-	100				
City, State & Zip Cod				-			1123 BE/ City, State	& Zin Co	KEEI					
	niladelphia, PA 19106 Dject Manager for Monitoring Firm						BRISTOL	PA 190	16 07					
Project Manager for I	ank Westfall					ber	Telephone	Number	01	llioonaa	h I I.			
	ank Westfall						215-788-6	6040		License				
	heduled Start Date (10) Scheduled Cor 7/24/18)	Name of O	SHA Mon	itor		005	09		
Occupancy Status Du	ring Abotem		8/2	0/18			BRISTOL	ENVIRO	NMEN	TAL INC				
Facility Close	d/Vacated D	uring Entire	only of	ne)		4	Street Add							-
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Describe: (10:00 PM -	6:00 AM)	iai m	ours –	· /am t	o spm								
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	tion of -Containing			Locat			Description	01101		Amount	Ah	atem	opt T	ire
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	acility		Cust	odial S	Staff?	i	nsulation, surfa	acing, VAT	-		\center \text{em}	Re	ıcap	Enclsoure
()	13)		\/	(12)			or other misce	llaneous)			Remova	Repair	Encapsulate	nos
eceiving Area			Yes	No	N/A						-		ate	6
isle Way C-D @ Co	Name of A			\boxtimes	Ш		Masti	С		4,000				
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TRICK T. DeCARO)				imato) a	0 0		,	Date			
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18055							•		Nº C	M				

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

JUNE 3400	
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Date of Notification	(1)		IN			1000	The state of the s	CIO	, , ,	3	
	7/10/18		Bu	me of Buildi	ng Owner / Ooat Factory	perator (2)	EGE	1 W	Fi	T	
Agencies Notified EPA 9975	Type Notif	fication	Stre	eet Address	oat ractory	1121	to the content of the				
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D DCA		nergency ncellation		ne of Contac	t .	T to		* · · · · · · · · · · · · · · · · · · ·			
	L Cai	ricellation	Mik	e Woods		730	Balleria in	P1110	Tele	ephone	e Numb
			F	ACII ITY IN	FORMATIC			ivd.	917	-838-	4314
Name of Facility Whe	ere Abaten	nent is Taking	Place (3)	101211111	Type of	Facility (4)					
Burlington Coat F Street Address	actory St	tore #226			□ Sch	ool (K-12)	22				
					□ Sub	chanter 8	(Other than K				90
2495 Route 1, Suit	te 1				☑ Oth	er (i e priv	otte & com-	-12)			
City (5)					Square I	eet	ate & comme	rcial bui	ldings, h	nomes	, etc.)
		County (6)	County	Code (7)	72500	001	* OI Floors		Bldg.	Age	
Lawrenceville		Mercer			Current I	Ise (Prior i	f being demo			5	0
Nome of the "					Retail	1 101 1	being demo	lished)			
Name of Monitoring Fi ESIS	irm Hired b	by Building Own	ner (8)	ASCM No	THE REAL PROPERTY.	Abatement	Contractor (12000	
Street Address						L ENVIR	ONMENTAL	9)		-	THE REAL PROPERTY.
436 Walnut Street					Street Ad	aress		INC			
City, State & Zip Code					1123 BE	AVER ST	REET			*	
hiladelphia, PA 19	106				City, State	& Zip Coo	de				
Project Manager for Mo	onitorina Fi	irm	T-1-1		BRISTO	L, PA 190	07				
rank Westfall	- moning i		Telephone 215-640-5	Number	Telephone	Number		License	Numbe		
cheduled Start Date (*	10) Is	Scheduled Com	210-040-3	320	215-788-			~1001136		er 509	
7/24/18	, -		thierion Date	e (17)	Name of C	SHA Moni	tor	-	00,	003	-
1124110			BIZINAR		PPIRME		101			-120/2	
ccupancy Status Durin	ng Abatem	ent (Check on	8/20/18 ly one)		BRISTOL	ENVIRO	NMENTAL	INC	180.00		
ccupancy Status Durir Facility Closed/	vacated D	Unno Entire Pe	ly one)	tement	Street Add	ress	NMENTAL	INC			
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Cocupancy Status Durin Facility Closed/N Abatement Perficuses (10 Facility Occupied Cope of Work (Check at 23 sf or ≥3 lf 2160 sf ≥260 lf Location Asbestos-Compared (13) Sales Figure 1 (13) Sales Figure 2 (13)	on of ontaining (ACM) BATED illity	uring Entire Petside of Normal 6:00 AM) Abatement M Ci Ye	Renor Demo Is Location Normally Use Solely by Isintenance ustodial Sta (12) Solely Isintenance ustodial Sta (12) Is No	vation lition or ins old A P Waste Cu	Description Asbestos-Co Material (Aire, surfar i.e., thermal ulation, surfar other misce	F. A. C.	REET e 07 ull Containme ini-Enclosure love Bag Pro- on-Exempted Al (S SF	ent with cedures and No mount pecify or LF)	Ab:	e Proc	edure nt Type
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Cocupancy Status Durin Facility Closed/N Abatement Performance Describe: (10 Facility Occupied Cope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location Asbestos-Common Material (10 BE AB in Faci (13) Sales FI	on of ontaining (ACM) BATED illity GROUP,	uring Entire Petside of Normal 6:00 AM) Abatement M Ci Ye	Renove Demo	vation lition or ff? ins or A Dis TB	Description Asbestos-Co Material (/ i.e., thermal ulation, surfactother misce bic Yards Vaste posal Date D mature	VER STF & Zip Code , PA 1900 Final Management of MINERV City, State WAYNES	REET e 17 ull Containme ini-Enclosure love Bag Pro on-Exempted A (S SF A Registered L A Registered L S SBURG, OF	ent with cedures and No mount specify or LF) 300	Removal	e Proc	edure nt Type
Cccupancy Status Durin Facility Closed/ Abatement Perfice Describe: (10 Facility Occupied Cope of Work (Check at ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location Asbestos-Compared Material (10 BE AB in Facility Close File of Registered Waster (13) Sales File CASTLE, DE 1972 Cleted By (Print or Type Cl	on of ontaining (ACM) BATED illity GROUP,	uring Entire Petside of Normal 6:00 AM) Abatement M Ci Ye	Renove Demo	vation lition or ff? ins or A Dis TB	Description Asbestos-Co Material (/ i.e., thermal ulation, surfactother misce bic Yards Vaste Dosal Date D	VER STF & Zip Code , PA 1900 Final Management of MINERV City, State WAYNES	REET e 17 ull Containme ini-Enclosure love Bag Pro on-Exempted A (S SF A Registered L A Registered L S SBURG, OF	ent with cedures and No mount specify or LF) 300	Removal	e Proceateme	edure nt Type

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

Name of Building Owner/Opension

				of Building Ov ALLEY HOSPI	vner/Operator (2		G E		\mathbb{W}	15 1
Date of Notification (1)			3.0.00000000000		171	1150			Maria Company	-11
8 I 10 /2018 Agencies Notified Type Notifica	ition			Address ORTH VAN DIE	N AVENUE		10 1	6 0	010	and the state of t
EPA Initial N DEP X Amend	otification ed Notification	n #3	City, St RIDGE	tate, Zip Code WOOD, NEW	JERSEY 07652			- L	VIO	,
On Hol			GEOR	of Contact GE GANCSOS		Telephone Numb 201-447-8141	LICEN	GUN. ISING	HUL.	č.
			CILITY INFO	ORMATION		(4)			_	\dashv
Name of Facility Where Abatement is	Taking Place	(3)			Type of Facility School (K-	12)				
VALLEY HOSPITAL				,	X Other (ie. p	r 8 (Other than K private & commcl	. bldgs.	, hom	es, etc	5.)
Street Address					Square Feet 50,000	# of Floors		Bldg. 40		
640 WINTER AVENUE	(0)		County	/ Code (7)		or if being demol	ished)			\neg
City (5) Count				USE ONLY)	ABANDONED					
Name of Monitoring Firm Hired by Bu		r (8)		ASCM No.	Name of Abate	ment Contractor MENTAL CORPO	r (9)	M		
COLDEN CORPORATION					Street Address	VIENTAL CORF	MATIC	-		
Street Address					313 SPOOK RC	OCK ROAD				
131 VARICK STREET, SUITE 1022 City, State, Zip Code	K, NEW YOR	K 10013			City, State, Zip	Code N YORK 10901				
Project Manager for Monitoring Firm	T T	elephone	Number		Telephone Num		ense Nu	umber		
JIM MIADES		47-435-35			845-369-7500	110	1	_		-
Expected State Date (10)	Sched		tion Date (1	11)	Name of OSHA EMSL #11506	Monitor				
7 / 6 /18	Mon	8 th	10 Day	/18 Year						
Month Day Year Occupancy Status During Abatement (Check only on	e)			Street Address	0.TDEET				
V Facility Closed/Vacated Dur	ina Entire Per	lod of Ada	tement	n .	307 WEST 38T	HSTREET				
Abatement Performed Outsi	de of Normal DAY -FRIDAY	Facility Ho	ours - Desci	ribe:	City, State, Zip	Code NEW YORK, NEV	N YOR	ĸ		
			r	Full Conf	l tainment with Neg		1 1011			
Scope of Work (Check all that apply)	X Renov	ation		Mini Enc						
Demolition	X IKENOV	auon		Gloveba	g Procedure					
X >160 SF OR 260 LF					ble Procedure	T		natem	ent Ty	me
Location of		ocation		escription of A ontaining Mate	sbestos-	Amount	_	70		
Asbestos-containing		ally used lely by		(ie. Thermal s		(Specify	REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
Material (ACM) TO BE ABATED		Custodial	in	sulation, surface	cing, VAT,	SF or LF)	18	\mathref{\pi}	PS	SO
in Facility (13)		aff (12)		or other miscel	laneous)		1		F	듀
	Yes					5,300 SF	×			
1ST FLOOR-THROUGHOUT		X	FLOOR M			60 SF	X			
1ST FLOOR-PERIMETER	Note		WINDOW	GLAZING		00 01	1	1		
ADDITION TO SCOPE:				TILE / FLOOR	MASTIC	29,700 SF	×			
1ST FLOOR-THROUGHOUT		X			WASTIC	160 SF	X			
ROOF OVERHANG		X	ROOF/FL	ASHING		100 31		\top		
		_	-							
	NUDE	P Waste	Cubic Yar	ds of Waste	Name of Regi	stered Landfill		2200000		
Name of Registered Waste Hauler NEWARK CARTING		er ID No.		30	GRAND CEN	TRAL SANITARY	LAND	HILL		
369 RAYMOND BLVD		913		Data	City, State					
City, State			Disposal 07/06 - 12		PLAINFIELD	TOWNSHIP, PA		1		
NEWARK, NEW JERSEY Completed by (Print or Type)	Title			Signature	11.0	P	ate (2/1	0/	18
RENIAMIN SANCHEZ	DIRECTOR	OF OPER	RATIONS		1000		-	1 1	-/	12

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

CK 323811

			Name of Building O	wner/Operator (2)				
Date of Notification (1)			THE VALLEY HOSP	ITAL		= M	[F] [I MI	E
7 / 5 /2018			Street Address			56	[j	j W	트
Agencies Notified Type Notification	on		223 NORTH VAN DI	EN AVENUE					
X DOL Cancella	d Notification	#2	City, State, Zip Code RIDGEWOOD, NEW		la la		18	201	8
X DOH On Hold	NOV NOTI	-ICATI	Name of Contact		Telephone No 201-447-814				
DCAEMERGE	ENCY NOTIF		Carrie Carrier		201-447-614	ACREST	08.0	ONTE	ROLE
Name of Facility Where Abatement is Ta	aking Place		ACILITY INFORMATION	Type of Facilit	v (4)	11	CFNS	MU	
	aking r lace	(3)		School (K		n K-12)			
VALLEY HOSPITAL					private & com	mcl. bldg:		nes, e	tc.)
Street Address 640 WINTER AVENUE				50,000	1	°		0+	
City (5) County ((6)		County Code (7)	Current Use (P	rior if being der	molished)			\neg
PARAMUS BERGEN	1		(STATE USE ONLY)	ABANDONED					
Name of Monitoring Firm Hired by Build COLDEN CORPORATION	ding Owner	(8)	ASCM No.	Name of Abate PAR ENVIRON	ement Contraction	ctor (9) RPORATI	ON		
Street Address				Street Address					
131 VARICK STREET, SUITE 1022				313 SPOOK RO					$\overline{}$
City, State, Zip Code NEW YORK, N	NEW YORK	10013		City, State, Zip SUFFERN, NE)1			
Project Manager for Monitoring Firm	Tele	phone	Number	Telephone Nun	nber L	License N	umbe	r	
JIM MIADES	0.0011177	435-35		845-369-7500		1101			_
Expected State Date (10)			tion Date (11) 30 /18	Name of OSHA EMSL #11506	Monitor				
7 / 6 /18 Month Day Year	Month 12	i i	30 /18 Day Year	EWISE #11506	*:				
Occupancy Status During Abatement (Ch X Facility Closed/Vacated During Abatement Performed Outside	Entire Perio	d of A acility	Hours - Describe:	Street Address 307 WEST 381 City, State, Zip	H STREET				
A Journal Describer				1	NEW YORK, N		K		
Scope of Work (Check all that apply) Demolition >3SF OR LF X >160 SF OR 260 LF	Renovation	n	Mini Encl	ainment with Neg o , Procedure ble Procedure	gative Pressure	•			
Location of	Is Loca	tion	Description of As			A	batem	ent Ty	/pe
Asbestos-containing	normally	77.77	Containing Mater		Amount	곱	R	E	E
Material (ACM)	solely	200 TO 1	(ie. Thermal sy		(Specify	10	REPAIR	ENCAPSUL	ENCLOSUR
TO BE ABATED	Maint/Cus Staff (insulation, surfact or other miscella		SF or LF) \(\)	고	PS	SO
in Facility (13)	Yes No	N/A	Of Other Hiscens	arieous)		-		1	৯
1ST FLOOR-THROUGHOUT	1100	х	FLOOR MASTIC		5,300 SF	X			
1ST FLOOR-PERIMETER			WINDOW GLAZING		60 SF	×			
ADDITION TO SCOPE:									
1ST FLOOR-THROUGHOUT		х	CARPET TILE / FLOOR N	MASTIC	29,700 SF	×			
ROOF OVERHANG		X	ROOF/FLASHING		160 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD	NJDEP V Hauler ID 913	No.	Cubic Yards of Waste 30	Name of Regis	RAL SANITAR	2010/10/2007	FILL		
City, State NEWARK, NEW JERSEY			Disposal Date 07/06 - 12/30/18	City State	OWNSHIP, PA	A	1	1	
Completed by (Print or Type) Ti	tle RECTOR OI	OPF	Signature //	-XX		Date	15	77	X
DEINJAIVIIIN SAINCHEZ DI	T.LOTOR O	OI L	To the last	11/17	,	-11	-		-

369 RAYMOND BLVD

BENJAMIN SANCHEZ

NEWARK, NEW JERSEY

Completed by (Print or Type)

City, State

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) THE VALLEY HOSPITAL Date of Notification (1) Street Address /2018 223 NORTH VAN DIEN AVENUE Type Notification Agencies Notified City, State, Zip Code Initial Notification FPA RIDGEWOOD, NEW JERSEY 07652 Amended Notification DEP Cancellation DOL Telephone Number On Hold #1 Name of Contact DOH 201-447-8141 GEORGE GANCSOS **EMERGENCY NOTIFICATION** DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) VALLEY HOSPITAL Other (ie. private & commcl. bldgs., homes, etc.) Bldg. Age Square Feet # of Floors Street Address 40+ 50.000 640 WINTER AVENUE Current Use (Prior if being demolished) County Code (7) County (6) City (5) ABANDONED (STATE USE ONLY) BERGEN **PARAMUS** Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION COLDEN CORPORATION Street Address Street Address 313 SPOOK ROCK ROAD 131 VARICK STREET, SUITE 1022 City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 NEW YORK, NEW YORK 10013 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 1101 845-369-7500 347-435-3561 JIM MIADES Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) EMSL #11506 30 /18 12 /18 29 Day Year Month Day Year Month Street Address Occupancy Status During Abatement (Check only one) 307 WEST 38TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM NEW YORK, NEW YORK Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo. Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Is Location Location of ENCLOSUR ENCAPSUL Containing Material (ACM) Amount REMOVAL REPAIR normally used Asbestos-containing (ie. Thermal systems (Specify Material (ACM) solely by insulation, surfacing, VAT, SF or LF) Maint/Custodial TO BE ABATED Staff (12) or other miscellaneous) in Facility (13) Yes No N/A 5,300 SF X FLOOR MASTIC X 1ST FLOOR-THROUGHOUT 60 SF WINDOW GLAZING 1ST FLOOR-PERIMETER Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Name of Registered Waste Hauler GRAND CENTRAL SANITARY LANDFILL Hauler ID No. 30 **NEWARK CARTING**

City, State

PLAINFIELD TOWNSHIP, PA

913

DIRECTOR OF OPERATIONS

Title

Disposal Date

5/29/18 - 12/30/18

NEWARK, NEW JERSEY

BENJAMIN SANCHEZ

Completed by (Print or Type)

Title

DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) THE VALLEY HOSPITAL Date of Notification (1) /2018 Street Address AllG 16 Type Notification 223 NORTH VAN DIEN AVENUE Agencies Notified City, State, Zip Code Initial Notification **EPA** Amended Notification RIDGEWOOD, NEW JERSEY 07652 DEP ASSECTOS CONTROL& DOL Cancellation Name of Contact Telephone Number .. DOH On Hold **EMERGENCY NOTIFICATION** GEORGE GANCSOS 201-447-8141 DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) VALLEY HOSPITAL Other (ie. private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age Square Feet Street Address 50,000 1 40+ 640 WINTER AVENUE County Code (7) Current Use (Prior if being demolished) City (5) County (6) (STATE USE ONLY) ABANDONED BERGEN **PARAMUS** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION COLDEN CORPORATION Street Address Street Address 313 SPOOK ROCK ROAD 131 VARICK STREET, SUITE 1022 City, State, Zip Code City, State, Zip Code NEW YORK, NEW YORK 10013 SUFFERN, NEW YORK 10901 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 845-369-7500 1101 347-435-3561 JIM MIADES Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) 12 30 /18 EMSL #11506 /18 29 5 / Day Year Month Day Year Month Occupancy Status During Abatement (Check only one) Street Address 307 WEST 38TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM NEW YORK, NEW YORK Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini Enclo Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR 260 LF Is Location Description of Asbestos-Abatement Type Location of ENCLOSUR Containing Material (ACM) Amount ENCAPSUL Asbestos-containing normally used REMOVAL REPAIR (ie. Thermal systems (Specify solely by Material (ACM) insulation, surfacing, VAT, SF or LF) Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 5,300 SF X Х FLOOR MASTIC 1ST FLOOR-THROUGHOUT X 60 SF WINDOW GLAZING 1ST FLOOR-PERIMETER Cubic Yards of Waste Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler GRAND CENTRAL SANITARY LANDFILL Hauler ID No. 30 NEWARK CARTING 369 RAYMOND BLVD 913 Disposal Date City, State City, State PHAINFIELD TOWNSHIP, PA

5/29/18 - 12/30/18

Signature

Rd. Morrisville, Pa

19067

09/10/2018

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) August 10, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type □Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS. ■ Amended Notification #1 – ☐ DCA New Start Date City, State, Zip Code LICENSING X DOL PISCATAWAY, NJ 08854 ☐ Emergency (including X DEP- No Longer REQUIRED Name of Contact Telephone Number justification) X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **□**Cancelled **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LOUIS BROWN ATHLETIC CENTER, BLDG# 4156 School (K-12) ☐Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS Sq. Feet: N/A # of Floors: N/A Bldg. Age: 60+ years City (5) County Code (7) County (6) Current Use (prior if being demolished): Exterior Trench Duct Bank **PISCATAWAY** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/20/18 09/10/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } > 3 \text{ lf}$ ▼Renovation ☐ Mini-Enclosure **⊠**≥ 160 sf or > 260 if Demolition ☐ Glove bag Procedure / Wrap & Cut XX Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Conduit Duct Bank (Exterior X Transite 400 LF X Trench) Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 200 CY See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561

215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT August 10, 2018 Raymond C. Pedalino MANAGER

Hauler #2) Newark Carting, Inc., Newark, NJ 04509

NJ DEP# 4509

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-18 Date of Notification (1) Name of Building Owner/Operator (2) August 1, 2018 RUTGERS, THE STATE UNIVERSITY OF NJ 6 2010 Agencies Notified Notification Type Street Address ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) ☐ EPA ☐ Amended Notification # 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS ☐ DCA ■ Emergency (including City, State, Zip Code LICENSING X DOL PISCATAWAY, NJ 08854 justification) X DEP- No Longer REQUIRED □Cancelled Name of Contact Telephone Number X DOH MICHAEL F. SMITH, ENV. 848-445-2550 **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LOUIS BROWN ATHLETIC CENTER, BLDG# 4156 School (K-12) Subchapter 8 (other than K-12) Street Address X Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS # of Floors: N/A Bldg. Age: 60+ years Sq. Feet: N/A County (6) County Code (7) Current Use (prior if being demolished): Exterior Trench Duct Bank **PISCATAWAY** (State Use Only) MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 00098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 511 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN R. KEARNEY 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/10/18 09/10/18 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, BLDG# 35E ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: FAIRLAWN, NJ 07410 ☑ Other- Describe: Schedule: 3PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) Scope of Work (Check all that apply) ☐Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } > 3 \text{ lf}$ **X** Renovation ☐ Mini-Enclosure X > 160 sf or > 260 lf Demolition ☐ Glove bag Procedure / Wrap & Cut X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Conduit Duct Bank (Exterior X Transite 400 LF X Trench) NJDEP Waste Hauler ID # Name of Reg. Waste Hauler 200 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City. State NJDEP # 12561 100 New Ford Mill Hauler #2) Newark Carting, Inc., Newark, NJ 04509 Rd. Morrisville, Pa 09/10/2018 NJ DEP# 4509 19067 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino August 1, 2018 MANAGER

State of New Jersey - Notification of Asbestos Abatement

OK 1639

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

Date of Notification (1) 08-10-18	(h) .6x .	S. S. A. E.			Building Developi			(2)	1	AUG	1 0 20)18	1	卅	
Agencies Notified	Type Notification			Street Ad 1213 A	ddress anderso	n Ave.			AS	BEST	os com	ROL	3	and committee and a second	
DEP DOL	Initial Amended Amendment				te, Zip Co e, NJ 0				1		CENSING				
DOH DCA	Emergency justification) Cancellation	**************************************		Name of Mun C	Contact ha Kin						ephone Nu 11) 224-7				
Name of Facility Where Private Home	Abatement is Takin	g Place (3)		FACII	LITY INFO	ORMATIC	ON		of Facility (4 School (K-12	2)					
Street Address									Subchapter of Other (i.e. prestc.)	rivate 8	commerc	al build	57,1151 100-100		es,
City (5) Palisades Park									e Feet		Floors		ldg. A	ge	
County (6) Bergen				County C (STATE L	Code (7) ISE ONLY		_	Curre	nt Use (Prio	r if bei	ng demolis	ned)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.				ement Cont racting Ll		(9)				
Street Address								Addres	_						
City, State, Zip Code							325		p Code NJ 0708	7					
Project Manager for Mor	nitoring Firm		Telephor	ne No.			one No 216-96			License N 01206	lo.				
Start Date (10) 08-13-18		Com	npletion [Date (11)				IA Monitor racting Ll	_C						
Occupancy Status Durin							Street 522 7	Addres	5.73						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility h	lours	ient		_			p Code NJ 0708	7					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)	-	noval moliti					Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				e	
			ocatio										Abate		t
Asbestos-Containing TO BE AB In Faci	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)						cription aining M systems sing, VA niscellan	faterial s insula T, or		(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										TO.	
All Flo	ors		Х			Wal	II Plast	ter		37	00 SF	X			
Name of Davids						0.1.	Vacili		No	Dagist.	red Landfil				
Name of Registered War Delfa Contracting LL	200	JDEP W auler ID 35240	No.	Oubic of Was					source R		ery F	acili	ty		
City, State Union City, NJ							al Date 17-18		City, State Tullytow						
Completed by Jaime Delgado		Title Proj. N	lana	ager.		Si	ignature	10	1		10000	ate 3-10-	18		



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Date of Notification (1) 08/08/2018				Name of Reside	f Building ence	Owner/0	Operator	(2)		ā	HG 16	2018			A THE PERSON NAMED IN COLUMN N
Agencies Notified	Type Notification			Street A	ddress	•				A	Uls D	2018		1,00	and
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▼ DOH DCA	iustification) Cancellation			The state of the s	f Contact na Marti	nez				Те	lephone Nu	mber			
	Cancellation		_	0.0000000000000000000000000000000000000	LITY INF		ION			1				_	
Name of Facility Where A	Abatement is Takir	g Place (3	3)					Туре	of Facility (4)					
Street Address						sant of the	-		School (K-1 Subchapter		er than K-1	2)			
							**	×			& commerc		dings	home	es,
City (5) Newark					· 6			Squar	e Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6) Essex				County (Code (7))		Currer	nt Use (Pri	or if be	ing demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	200 300 100 100 100 100 100 100 100 100 1		Name	of Abat	ement Cor	ntractor	(9)				
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Street Address PO Box 354							17.00.00.00	Addres Liber	s ty Avenu	ie					
City, State, Zip Code South Orange, NJ (07079							tate, Zij de, No	Code J 07205						
Project Manager for Mon Sarah Calandra	itoring Firm			Telephoi 201-34	ne No. 19-2666			none No 462-74			License N	No.			
Start Bath (10) 18		Schedule 08/27/2		mpletion I	Date (11)				A Monitor ghthous	e Soli	utions				
Occupancy Status During	g Abatement (Chec	k Only Or	ne)					Addres						7,16,15-1	
Abatement Perform Other – Describe:	ed Outside of Norn						City, S	tate, Zi	o Code	07070		- 1134-0			
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(13)		Yes	No	N/A		other r	niscellar	neous)				oval	air	ulate	sure
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Name of Registered Was	ata Haular			NJDEP W	lasta	Cubio	Yards		Name of	Dogiat	ered Landfi				
Newark Carting	ste i laulei			Hauler ID 04509		of Wa				100	gement L		II		
City, State East Orange, NJ						Dispos	sal Date		City, Stat Penn A		PA				
Completed by Alison Lamers		Title Office	e Ma	ınager		5	Signature	la	nux)	D	ate 8/08/	2018		

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 08 /	13 / _	18				Owner/Operator (2 relopers, LLC		1 0 2010	, He	Contract Con	1	
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notificati ☐ Initial ☐ Amended	on			Address Ocean A ate, Zip Co		AUG	SA CONTROL	2	The state of the s		
⊠ DOH	Amendmen	nt #			wood, N		ASBEST	OS CONTROLA CENSING				
☐ DCA	☐ Emergency		-		of Contact	0 00701	3	Telephone Numb	er			-
(NJAC 5:23-8)	justification Cancellatio	·			dip Patel			732-364-1900		5		
	Dancellatio					FORMATION						
Name of Facility Where	Abatament is Ta	king Place	(3)	FAC	ILII T IINI	ORMATION	Type of Facility (4))			-	-
	Abatement is Ta	ikiliy Flace	(3)				☐ School (K-12)	,				
Building Street Address							Subchapter 8 (Other than K-12)	*** L	ul:		
40 E Park Street							Other (i.e., priv	ate and commerc	iai buli	aings	,	
City (5)							Square Feet	# of Floors	Bldg	g. Ag	е	
Newark							10,000 sf	4	7	0		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Prior	r if being demolish	ned)			
Essex				The second second		•	Building					
Name of Monitoring Firm	Hired by Buildi	ng Owner (8)	ASCM N	No.	Name of Abateme	ent Contractor (9)					
Guardian Contract			1			Guardian Co	ntracting, Inc.					
Street Address	<u> </u>				-	Street Address						
1889 Route 9, Unit	61					1889 Route 9	, Unit 61					
City, State, Zip Code						City, State, Zip Co	ode					
Toms River, New	Jersey 08755					Toms River,	New Jersey 087	55				
Project Manager for Mo	nitoring Firm		Tele	phone !	No.	Telephone No.		License No.				
Nicholas Fernicola	a		7:	32-349-	9932	732-349-9932	2	00624				
Start Date (10)	S	cheduled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor					
08 /27 /	18_	09 /	_ 07	_ / _	18	E.M.S.L. Ana	lytical					
Occupancy Status Durin	ng Abatement (C	check only of	one)			Street Address						
☐ Facility Closed/Vaca						1056 Stelton					VI	
Abatement Performe	ed Outside of No	rmal Facilit	y Hou	rs - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	AIVI	PIVI/	PIVI		HIVI	Piscataway,	New Jersey 088	54				
Scope of Work (Check :	all that apply)	□ Re				☐ Mini-End ☐ Gloveba	g Procedure					
					1	⊠ Non-Exe	empted (*) and Non	I-Friable Procedu		o to m	ont T	vmo
·			S Loca Norma			Description	of			atem	1000	_
Location Asbestos-Containin		Use	ed Sol	ely by		stos Containing M	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE A				ance/ Staff?	(i.e	e., thermal systems surfacing, VA		(Specify SF or LF)	ova	=	psu	DSUI
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Name of Registered W	asta Usular		14	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill		_		
Guardian Contrac			2010	Hauler I	D No.	Waste 15	T.R.R.F.					
City, State	lersey					Disposal Date 09/07/18	City, State Tullvtown.	Pennsylvania				
Toms River, New		Titl-				Signature			ate		ı	
Completed By (Print or Nicholas Fernico	CONTRACTOR CONTRACTOR	Title Project	t Ma	nager		Signature	11.	1	8/1	3	/1 8	2

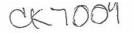


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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

FALL	NOT		ATION C	e of New J OF ASBES NJAC 8:6	TOS	ABATEN		T	匠(CE		\mathbb{V}	E		and the same of
Date of Notification (1) 8/9/18				Building Ov Construc					A	JG 1	6	2018			No. of Concession, Name of
Agencies Notified Type Notification		St	reet Add	iress	-97.5			11 11					01	(Acoustic CE)	go a majorita
EPA DEP Amended Amendment #_ Emergency (inclusification)	uding	N		e, Zip Code uth Junc Contact		NJ 088	352	disposition of the state of the	Tele	STOS LICEN	umbe	IG_	OL &		Total Control
DOH justification) DCA Cancellation									732	2-221-4	711				
Name of Facility Where Abatement is Taking Pl	ace (3)		FACILI	ITY INFOR	RMAT	ION	Ту	pe of Facility (4)						\neg
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Otherivate 8	commer	12) cial l				5,
City (5)								uare Feet 60	# of	Floors		Bld	g. Ag	е	1
Spring Lake County (6)		C	ounty Co	ode (7)	707 TE			rrent Use (Pri		ng demoli	ished	li)			\neg
Monmouth		(S	STATÉ US	SE ONLY)	_	_	14.65	ome							
Name of Monitoring Firm Hired by Building Own	ier (8)		ASCM	No.				Abatement Cor AD PROFE					27-2		
Street Address						Street 6 Wh		dress E DOVE CO	OURT						
City, State, Zip Code								e, Zip Code /OOD, NJ 0	8701						
Project Manager for Monitoring Firm		T	elephon	e No.		Teleph 732-		e No. 3-9078		License 1200	No.				
	heduled 28/18	Comp	oletion D	ate (11)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		OSHA Monitor EAD PROFE	ESSIO	NALS			-010		
Occupancy Status During Abatement (Check C	nly One)					Street 6 WI		dress E DOVE C	OURT						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal X Other – Describe:	od of Ab Facility H	ateme lours	ent		_	City, S	State	e, Zip Code VOOD, NJ 0							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				pur pur	×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					9	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenan dial S (12)	y by ce/ taff?		os Co therm surf		Matens in AT,	erial (ACM) sulation, or	(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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INTERIOR						Floorin	_			005F	-	x			
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Name of Registered Waste Hauler		T N	JDEP W	/aste	Cub	ic Yards		Name o	f Regist	ered Lan	dfill				
NEWARK CARTING		H	auler ID 1509		15	/aste		IESI							
City, State NEWARK, NJ	- 50					osal Dat 3/18	e	City, Sta BETH		М РА					
Completed by JOSEPH PERLSTEIN	Title OWNE	ER				Signatu	re	1			Dat	е			

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

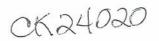


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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rall		NOTIF (F	ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE	MENT		EC					M		
Date of Notification (1) 8/13/18				of Building i Waxma		Operator	(2)		AUG	16	20	18	and the same of the	l		
Agencies Notified Type Notifica	tion		Street /	Address				121 14	7.00	76 80	75.5		1	network		
EPA X Initial									ASBEST	30.00	7817	DOL	2	(II) Process		
DEP Amende X DOL Amende			City, St	ate, Zip C vood, N	ode	1			ASDLOTE LIC	DENS	ING	HOL	. 0.			
Emerge	ncy (including			of Contact				factoring are	Tolonhan	. Ni						
DOH justificat			Shimi						Telephone	e ivijimi	ber					
N. C. W. M. C.			FAC	ILITY INF	ORMAT	ION					_					
Name of Facility Where Abatement is T	aking Place (3)					Type of	Facility (4))							
Street Address							Sul × Oth	ner (i.e. pri) (Other than vate & comm	K-12) nercial	build	dings,	hom	es,		
City (5) Lakewood							Square I		# of Floors	3	В	ldg. A	lge	•		
County (6) Ocean				Code (7) USE ONLY	· · · · ·		Current	Use (Prior	if being den	nolishe	d)					
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASC	M No.		Name		ment Contr	actor (9)		- 1					
Ctroot Address							Indicates traces ex	PROFES	SIONALS	3						
Street Address							Address HITE DC	OVE COL	URT							
City, State, Zip Code							tate, Zip (WOOD	Code), NJ 087	701							
Project Manager for Monitoring Firm			Telepho	ne No.			one No.	'8	Licen 1200	se No.						
Start Date (10) 8/23/18	Schedule 8/28/18	ed Completion Date (11) Name of OSHA Monitor														
Occupancy Status During Abatement (C			AAA LEAD PROFESSIONALS Street Address													
Facility Closed/Vacated During Ent	ire Period of A	Abaten	nent					VE COL	JRT							
Abatement Performed Outside of N Other – Describe:	lormal Facility	Hours							701							
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mini-E Glovet	nclosure pag Proced	t with Negati dure *) and Non-F							
		Locati				7	, audio		Abate	ment						
Location of	1100	lormal d Sole				scription				H		Ту	pe			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/		tos Containing Material (A thermal systems insulation surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
EXTERIOR	Yes	No	N/A			D: 1:			056				fe .			
EXTERIOR					Siding		-	2500SF	×	+						
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic	Yarde	- NI-	ame of Do	nistered Lea	dfill						
NEWARK CARTING		Н	auler ID 1509	ID No. of Waste			Name of Registered Landfill									
City, State NEWARK, NJ					Dispos 8/28/1	al Date		ity, State ETHLEH	HEM PA							
Completed by JOSEPH PERLSTEIN	Title OWN	ER				ignature				Date						
				100				-								



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

	AID				OF ASB				IT		\ E	C	E		W	E	
Date of Notification (1) 8/10/2018					of Building SON BC				ATION	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		A 11/	1 1	Б	2018		
Agencies Notified Type	e Notification			Street A		ND D	045					AUL	7	0	2010	avii Childre	
X EPA X	Initial				VOODLA ate, Zip Co		OAD				-						
DEP DOL	Amended Amendment #				SON, N		0				AS	BEST	OS ICEN	CON 1SIN	ITAC G	16	
⊠ DOH	Emergency (in justification)	cluding	F		f Contact					0.0000000000000000000000000000000000000	ephone	Numl	per			and the second be	
DCA DCA	Cancellation				S KECH					908	3-872	-3558	3				
Name of Facility Where Abate	ment is Taking	Place (3	3)	FAC	ILITY INF	ORMAT	ION	Tv	pe of Facility (4)				-			
MADISON HIGH SCHO								×	School (K-1	6150) 1490)							
Street Address 170 RIDGEDALE AVEN	IUE								Subchapter Other (i.e. p etc.)	8 (Othe			build	ings,	home	es,	
City (5) MADISON								Sq	uare Feet	# of	Floors		BI	dg. A	ge		
County (6) MORRIS					Code (7) USE ONLY	,		Cu	rrent Use (Prid	or if beir	ng dem	olishe	d)				
Name of Monitoring Firm Hired RK OCCUPATIONAL &				ASCN	M No.		100220000000000000000000000000000000000		batement Con ROTHERS			TING	, IN	С.			
Street Address 401 ST. JAMES AVENU	JE						Street 11 V		ress ELAND AVI	ENUE							
City, State, Zip Code PHILLIPSBURG, NJ 08	865								, Zip Code 'A, NJ 0751	2							
Project Manager for Monitoring JON GILBERT	g Firm			Telephone No. Telephone No. License 1 908-454-6316 973-956-8700 00494								No.					
Start Date (10) 8/20/2018		Schedule 3/31/20		Completion Date (11) Name of OSHA Monitor SAME AS (9) ABOVE													
Occupancy Status During Aba	tement (Check	Only Or	ne)				Street	Add	ress								
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: LIMITE	itside of Norma	I Facility															
Scope of Work (Check All Tha	t Apply)										1		- 17		-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		Renova Demolit				×	1	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					9		
		Is	Locati	on					Ton Examples	() 00		, idb/c		Abate	ment		
Location of			Normal ed Sole				scription					-	-	Ту	pe		
	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Us M Cu					thermal surfa		s ins	r l	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									=		ate	e.	
WRESTLING RO	OM		Х		Wood	Floorin	ng, Cor	k, T	ar & Felt	2,9	00 SF	=	Х				
MUSIC ROOM H	ALL	ii.	Х			Pipe	Insula	ation	ı	3	LF		Х				
	10																
Name of Registered Waste Ha			0 999	JDEP Wauler ID		Cubic of Wa	Yards ste		Name of F								
TWO BROTHERS CON	IRACTING		1	8743		40			WASTE		IAGE	MEN	1 G	.K.C).VV.S	s.	
City, State TOTOWA, NJ						8/31/	1	05-340	City, State		.E, P/	4					
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINAT	55	Sighature	e 	de X	2-		Date 8/10		18			

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

Date of Notification (1) 7/23	/2018			Name o	f Building	Owner/0			School			AUG	1 (5 21	018	Course listed	
Agencies Notified	Type Notification			Street A	Address		1 (Devolute) Collinea				1	100	1		0,0	1 1	
× EPA	Initial						34 Ro	ossa A	Ave.			-285.0		000	מאַמ		
DEP X DOL	Amended Amendment	# 01		City, Sta	ate, Zip Co		wronce	Two	., NJ 08	610	ASB	LIC	ENS	SING	inor	. a	
	Emergency (_	Name o	f Contact	La	WIGIICE	, i wh	., 145 00	o Jacobski Ale	lephone	Numb	or		VOTION THY		
DOH DCA	justification) Cancellation				Don So	hramk	æ			10000	609) 8						
				FAC	ILITY INF	ORMAT	ION										
Name of Facility Where	Abatement is Takin Inn's School	g Place (3)						Туре	of Facility	(4)							
Street Address	3 001001								School (K- Subchapte		or than	K 12)					
34 F	Rossa Ave.								Other (i.e. etc.)				build	dings	, hom	es,	
City (5) Lawrence	ce Twp., NJ 086	648							re Feet 25000	#0	f Floors 2		В	ldg. / 70+	-		
County (6) Mercer					Code (7) USE ONLY	,		Curre	nt Use (Pr	ior if bei	ing dem	olished	1)				
Name of Monitoring Firm Environment		Owner (8)		ASCN	Л No.				tement Co nvironm			oc Inc					
Street Address								2000000000		ciitai c	Jei vice	55, IIIC	<i>.</i> .			_	
64 Broad St	treet			Street Address PO Box 322 City, State, Zip Code Allentown, NJ 08501													
City, State, Zip Code Matawan, N	NJ 07747									01							
Project Manager for Mor Tom Geiger	nitoring Firm			Telepho (732) 2	ne No. 290-221	7											
Start Date (10) 8/1/2018		Schedule		npletion. /2018	Date (11)	City, State, Zip Code Allentown, NJ 08501 e No. Telephone No. License No. 00-2217 609 259-9688 00493											
Occupancy Status Durin	g Abatement (Check	k Only One	2)(2)(2)(2)		\rightarrow		Street	Addres	ss							-	
Facility Closed/Vac	ated During Entire F	eriod of A	baten	nent			POE	30x 34	11								
Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours	3													
Scope of Work (Check A							Ches	sterne	ld, NJ 08	3515							
≥3 sf or ≥3 lf	н тпас дрргу)	X D	enova	tion			Full Containment with Negative Pressure										
× ≥160 sf or ≥260 lf			emolit					Min	i-Enclosur	е	Negativ	ve Pres	ssur	е			
									vebag Pro n-Exempte		d Non-F	riable l	>roc	edur	e		
		Isl	ocati	on						. ()				Abate	ement		
Location			ormal	ly	50 75 0	De	scription	of				-		Ту	ре		
Asbestos-Containing TO BE ABA		Mair	ntenar	nce/			aining N systems				mount specify		,		Ē	ш	
In Facil (13)		Custo	dial 8 (12)	Staff?	(surfa	cing, VA	T, or			or LF)		Remova	Repair	caps	Enclosure	
(13)		Yes	No	N/A		othern	niscellan	leous)					val	Ť	Encapsulate	sure	
Boiler Ro	oom	X		1	Р	ipe Fitt	ting Ins	sulatio	n	1	00 If		Х				
Boiler Ro	oom	X			В	oiler/T	ank Ins	sulatio	n	2	40 sf		х				
Boiler Room X Bo		Boiler Breeching 100 sf X															
Boiler Ro	oom	X			S	pray-o	n Firep	roofin	ıg	8	50 sf	1	ζ				
Name of Registered Was	te Hauler		200.0	JDEP W		Cubic			Name of	Registe	red Lan	ıdfill					
Stevens Environmen	ntal Services		Н	auler ID 18292		of Was	ste 15 cu		Fairless	Land	lfill						
City, State Allentown, NJ 08501				Disposal Date City, State Morrisville, PA													
Completed by Mahlon E. Stevens		Title P							1/	/		Date 8/	13/	18			
							1111	11	1/								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NIAC 8:50 and 12:120)

Check	#	25643
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			(Pursua	nt to NJA	AC 8:60 a	nd 12:12	(0)		E.C.	E	Π,	1///	E			
Da e of Notification (1) 7/23/2018			Name	of Buildi	ng Owner		r (2) ann's School		56	39	0:10	\V/	<u>IC</u>			
Agencies Notified Type Notificatio	n		Street	Address		34	Rossa Aye.	111 111	JL 3 I	3 1	018 6 2	2018				
DEP Amended Amendmen Emergency justification Cancellatio	(includir)	ng		State, Zip	La		e Twp., NJ 08	Telep	SBEST	mbe	SINC		L &			
			FA	CILITY IN	FORMAT	ION										
Name of Facility Where Abatement is Taki St. Ann's School Street Address 34 Rossa Ave.	ng Place	(3)					Type of Facility School (K Subchapt Other (i.e etc.)	8,650	than K-1	2) ial bu	ilding	s, ho	mes,			
City (5) Lawrence Twp., NJ 0	8648						Square Feet 25000	# of F		T	Bldg.	Age +/-				
County (6) Mercer				Code (7)			Current Use (P			hed)	70	-1-				
Name of Monitoring Firm Hired by Building Environmental Tactics	Owner (8	3)		M No.	1	Name Steve	of Abatement Co	ontractor (9) vices	Inc						
Street Address 64 Broad Street						Street	Address ox 322		VICC3,	11:0.		**				
City, State, Zip Code Matawan, NJ							ate, Zip Code own, NJ 085	01								
Project Manager for Monitoring Firm Tom Geiger			Telepho		47	Teleph	one No.	L	icense N	0.						
Start Date (10)	Schedu		mpletion	290-22 Date (11)	33	Name o	59-9688 of OSHA Monitor		0493							
8/1/2018 Occupancy Status During Abatement (Chec	k Only O		15/2018 MECS Street Address													
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of	Abater	ment s	-		PO Bo	3515									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
Location of	1.4	Locati Vormal			6			4 / Julio 11	on i naoi		Abate	emen pe	t			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ма	d Sole intenar odial S (12)	nce/	Asbes (i.e.	tos Conta thermal s surfaci	cription of ining Ma systems ing, VAT, scellane	terial (ACM) nsulation, or	Amou (Spec SF or	ify	Remova	Repair	Encapsulate	Enclosure			
Boiler Room	Yes	No	N/A		·					_		ate	6			
Boiler Room	X				ipe Fittir ciler/Tar	-		100 240 s		X						
Boiler Room	X				Boiler I			100 9		X		_				
Boiler Room	X			S	pray-on			850 9		Х						
ame of Registered Waste Hauler		1	JDEP W	aste	Cubic Y	ards		Registered		Λ						
tevens Environmental Services	H	18292		of Waste	cu ō cu	The second secon	/Candfill									
ity, State Ilentown, NJ 08501					Disposa 8/15		City, State									
ompleted by ahlon E. Stevens	Title P	rojec	t Mana	ger	Sig	nature /		/	Date 7/23/18							

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

Date of Notification (1 08/13/2018)			Name Hacke	of Building	Owner/oard of Ed	Operator (2) ucation	ECE	Check No. 517	M			
Agencies Notified EPA DEP	Type Notification ☐ Initial ☑ Amended			191 Se	Address econd Stre			AUG	6 2018				
⊠ DOL	Amendment #				nsack, Ne		07601		and the state of t	Printer Bridge			
☑ DOH ☑ DCA	☐ Emergency (in justification) ☐ Cancellation	ncluding			of Contact Blanchard			ASBESTOS LICE	Telephane Nun 2014646-0363	nber			
Name of Facility When	re Ahatement is Takir	na Place /3	21	FAC	CILITY INF	ORMAT	NIPS (NO.)	ailit. (4)					
Hackensack Middle So	chool	ig Flace (c	")				Type of Fa	3 (1000) 3 (300) 10 (300)					
Street Address 360 Union Street							☐ Subch	ol (K-12) apter 8 (Other t (i.e. private & co	han K-12) ommercial buildin	gs, hon	nes, e	etc.)	
City (5) Hackensack, New Jers	sey 07601						Square Fe 15,000		# of Floors 2	50	ig. Aç	је	
County (6) Bergen					Code (7) E USE ON	ILY) _	Current Us	e (Prior if being Middle					
Name of Monitoring Fi The Whitman Compan		Owner (8)		ASC	M No.		Name of At	patement Contra pration	actor (9)				
Street Address 7 Pleasant Hill Drive							Street Addr 606 McBrid						
City, State, Zip Code Cranbury, New Jersey	08572						City, State, Woodland F	Zip Code Park, New Jerse	ә у	- 1.23-01			
Project Manager for M Kevin Lovely	onitoring Firm			Telepho 732-39			Telephone 973-225-84		License No 01104	1.			
Start Date (10) 07/23/2018		Schedule 08/20/20		mpletion	Date (11)			SHA Monitor mental Laborato	ories, LLC				
Occupancy Status Dur							Street Addre 2333 Route						
□ Abatement Perform☑ Other – Describe:	Occupied	Period of A al Facility I	batem Hours	ent			City, State, Union, NJ 0	Zip Code					
Scope of Work (Check	All That Apply)						•						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			enova emolit				□ M □ GI	ini-Enclosure ove Bag Proced	with Negative Produce / Limited Colorand Non-Friable	ntainme		Tent	
14		Is	Locat	ion				T Exempted ()	Amount (Specify		bater	ment	
Locati Asbestos-Containir			lormal d Sole		0-1-		escription of	: 1/4040	SF of LF)		Тур	e T	T
TO BE A In Fac	BATED cility	Mai	ntena odial ((12)	nce/	(i.	e. therma surf	ntaining Mate al systems ins acing, VAT, o miscellaneou	sulation, r		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			5:					е	
Boiler Room (Special Service	ces)	Х					skets, Fire Brid	ks & Mortar	800 SF	Х			
Boiler Room		X			Breech Ins	ulation			100 SF	Χ			
Boiler Room		X			Pipe Insula	ation Inc F	iberglass & Elb	ow & Joints	200 LF	Χ			
arge Boiler Room		Х			Boiler 1, 2	, End Cap	Insulation		800 SF	Х			
arge Boiler Room		X			Breech Ins	ulation			1000 SF	Х			
arge Boiler Room		X			Tank Insula	ation			1000 SF	Х			
arge Boiler Room		X			Pipe Insula	ition Inclu	ding Elbows &	Joints	500 LF	Х			
Name of Registered Wa	aste Hauler		Н	JDEP Wauler ID		Cubic `of Was			gistered Landfill				
Lilich Corporation City, State				18724		30	al Dat-	Fairless Lar	ndfill				
Woodland Park, New Je	ersey	T'''				08/20/2		City, State Morrisville, F					
Completed by Adriana Olejarova		Title Pres	ident			Si	gnature	1000	Date 08/	: 13/201	8		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 07/11/2018 Hackensack Board of Education Check No. 1171 Agencies Notified Type Notification Street Address 191 Second Street **EPA** Initial X DEP City, State, Zip Code Amended ASBESTOS CONTROL& X DOL Amendment # Hackensack, New Jersey 07601 LICENSING Emergency (including Name of Contact Telephone Number X DOH justification) Robert Blanchard 201-646-0363 ☑ DCA П Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hackensack Middle School School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 360 Union Street ☐ Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hackensack, New Jersey 07601 15,000 50+ County (6) Current Use (Prior if being demolished) County Code (7) Bergen (STATE USE ONLY) Middle School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) The Whitman Companies Lilich Corporation Street Address Street Address 7 Pleasant Hill Drive 606 McBride Ave City, State, Zip Code City, State, Zip Code Cranbury, New Jersey 08572 Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. Kevin Lovely 732-390-5858 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/23/2018 08/13/2018 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other − Describe: Occupied Union, NJ 07083 Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf Renovation X Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glove Bag Procedure / Limited Containment &Tent Non-Exempted (*) and Non-Friable Procedure Amount Abatement Is Location (Specify Туре Normally Location of Description of SF of LF) Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure Remova Custodial Staff? Repair In Facility surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A Boiler Room (Special Services) X Boiler Insulation, Gaskets, Fire Bricks & Mortar 800 SF X Boiler Room X Breech Insulation 100 SF X Boiler Room X Pipe Insulation Inc Fiberglass & Elbow & Joints 200 LF X Large Boiler Room X Boiler 1, 2, End Cap Insulation 800 SF X Large Boiler Room X Breech Insulation X 1000 SF Large Boiler Room X Tank Insulation 1000 SF X arge Boiler Room X Pipe Insulation Including Elbows & Joints 500 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 30 Fairless Landfill City, State Disposal Date City, State Woodland Park, New Jersey 08/13/2018 Morrisville, PA Completed by Signature Title Date Adriana Olejarova President

07/11/2018

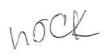


			ICATION	tate of New N OF ASB to NJAC	ESTOS	ABATE		France, and France	7	E C) [[N/	E	In		
Date of Notification (1) 08/03/2018				of Building rd Park	Owner/	Operator	(2)	the control of the co	The state of the s	All	C 1	5	2018		0000 010 010 010 010 010 010 010 010 01		
Agencies Notified Type Notification			Street A	Address		- Lessell			11	AU	3_1	()	2118		house		
X EPA X Initial								A. C.									
➤ DEP	122			ate, Zip Co					A	SBES				1.8.			
X DOL Amendment Emergency		_		nt, NJ 0	7628			1			ICE	ASIN	G	-	TO STATE SHAPE		
X DOH justification)	moidamiş	'		of Contact					Tel	enhone	Nim	nher		30,2			
DCA Cancellation				rd Park													
Name of Facility Where Abatement is Takin	n Place (3)	FAC	ILITY INFO	DRMAT	ION	Type	of Facility (4	1)			- 1 - 22					
House	,	-/					П		-50								
Street Address								School (K-1: Subchapter	8 (Oth								
							×	Other (i.e. p etc.)	rivate	& comn	nercia	al build	dings,	home	es,		
City (5) Dumont							Squa N/A	are Feet	# o	f Floors		Bldg. Age N/A					
County (6)			County	Code (7)			1012000000	ent Use (Pric	10000		nolish	1500	I/A				
Bergen				USE ONLY)		_	Hou		11 001	ng den	ionari	cu)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.				atement Con tement, Inc		(9)							
Street Address						Street 11 R		ss gren Aven	ue								
City, State, Zip Code								Zip Code NJ 07512									
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 973-				Licen:).					
Start Date (10) 08/15/2018	Schedul 08/16/		npletion	Date (11)				HA Monitor ement, Inc	,								
Occupancy Status During Abatement (Chec	Charles Con-					Street	Addre	ss									
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of	Abatem	nent					gren Aven ip Code	ue								
Other – Describe: Occupied		,			_			J 07512									
Scope of Work (Check All That Apply)										A.C							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demolit				×	Mi Gl	ni-Enclosure ovebag Proc	edure	nt with Negative Pressure edure (*) and Non-Friable Procedure							
	le	Locati	on			Emp	3 INC	in-Exempled	() arm	J NUII-I	Habit		Abate	98.			
Location of		Normal	ly		De	scription	of						Ту	ре			
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D&S Abatement, Inc.		Н	auler ID 1996		of Wa	Yards ste		Name of R Waste N				PA					
City, State Totowa, NJ																	
Completed by	Title				5	Signature Date											
Ned Joksimovic	Proje	ect Ma	nager				2	さん					018				



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

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Date of Notification (1) 08/03/2018					of Building Vallace	Owner/	Operator	r (2)	İ						-			
Agencies Notified	Type Notification	-0-10-02-		Street A							AU	6 1	4	2010				
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× DOL	Amendment				awn, NJ)		L	A	SBEST	OS O	NOC	TRO	- 8.			
X DOH	Emergency ((including	1	Name o	of Contact					Te	lephone			7	Company and	t was department.		
DCA	Cancellation			Tim V	Vallace					1								
Name of Facility Manager	AL		-	FAC	ILITY INFO	ORMAT	ION											
Name of Facility Where House	Abatement is Takin	g Place (3)					Ty	ype of Facility	(4)								
Street Address								Ļ	School (K-		or then	V 10\						
ou det / taal edd								×	Subchapte Other (i.e.				build	dings,	home	es,		
City (5)								-	etc.) quare Feet	1 # 6	f Floors		Тъ	Ida A	70			
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Name of Monitoring Firm	Hired by Building (Owner (8)	ASC	VI No.		Name	of A	Abatement Co									
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Street Address									ddress									
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City, State, Zip Code									e, Zip Code									
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r roject warrager for wor	illoring Firm			Telepho	ne No.		Teleph 973-		one No. License No. 01311									
Start Date (10)		Schedul	ed Con	npletion	Date (11)		1		OSHA Monitor		0101	1						
08/13/2018		08/14/		D&S Abat														
Occupancy Status During	g Abatement (Chec	k Only O	ne)				Street											
Facility Closed/Vac	ated During Entire F	Period of	Abaten	nent			11 R	ose	engren Ave	nue								
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							Toto	wa	, NJ 07512									
Scope of Work (Check A	II That Apply)							-										
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Name of Registered Was	te Hauler		N	JDEP W	l /aste	Cubic	Yards		Name of	Registe	ered Lar	ndfill						
D&S Abatement, Inc			Н	auler ID		of Wa							ΡΑ					
City, State	20	0996		TBD		Waste Management of PA												
Totowa, NJ				TBD	sal Date		City, Sta		Δ									
Completed by		Title				Principal Control	Signature	,		Morrisville, PA								
Ned Joksimovic		100000	ct Ma	nager			g. iatui C		The			08/0		018				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

NOTIFICATION OF ASBESTOS ABATEI (Pursuant to NJAC 8:60 and 12:120][[E (3 5	匠	U U	7 [5		7]	
Date of Notification (1) 08/03/2018				Name of Building Owner John Aaker					Operator (2)				se.	1 6 2010					
Agencies Notified Type Notification				Street Address						0 i	I I F	A.	Mt.	1 10	201	9	1	#	
X EPA X Initial				L						and the state of t	-						despera	4 Carried	
DEP Amended Amendment						ate, Zip Co					AS	ASBESTOS CONTROL &							
Emergency (i							THE STATE OF THE S					LICENSING							
DOH justification) Cancellation				John Aaker								Telephone Number							
Name of Facility Where Abatement is Taking Place (3) House										of Facili	ty (4)								
Street Address										School (K-12) Subchapter 8 (Other than K-12)									
									×	Other (i.e	e. priva	ivate & commercial buildings, homes,							
City (5)										etc.) re Feet	- 1	# of Floors				Bldg. Age			
Teaneck									N/A						N/A				
County (6) Bergen					County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) House										
Name of Monitoring Firm Hired by Building Owner (8) N/A									ne of Abatement Contractor (9) S Abatement, Inc.										
Street Address					1.563				et Address Rosengren Avenue										
City, State, Zip Code						City				State, Zip Code									
Project Manager for Monitoring Firm					Telepho		otowa, NJ 07512 elephone No. License No.												
								973-345-8685				01311							
				eduled Completion Date (11) 15/2018				Name of OSHA Monitor D&S Abatement, Inc.											
Occupancy Status During Abatement (Check Only One)									t Address										
Facility Closed/Vacated During Entire Period of Abatel					non.				osengren Avenue										
Abatement Performed Outside of Normal Facility Hou Other – Describe: Occupied									tate, Zip Code wa, NJ 07512										
Scope	of Work (Check A		_																
The state of the s				Renova Demolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
Is Lo					ation				1 1401	-Exemp	pted () and Non-Fria				Abatement				
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Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>			Ma	intenar	Asbestos Con			taining N	laterial				ount ecify		T T		En	ш	
In Facility			Custodiai Stail?				surfa	ermal systems insulation, surfacing, VAT, or ther miscellaneous)				(Specify SF or LF)			Remova	Repair	caps	Enclosure	
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Dascilletti			X			Pipe Insula			tion			220 LF			X				
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Name of Registered Waste Hauler				l NI	NJDEP Waste C			Vorda	Nome of Desistant Levis										
D&S Abatement, Inc.				Н	Hauler ID No. o			Yards ste		Name of Registered Landfill Waste Management of PA									
City, State					0996 TBD			al D. (anayement of FA						
Totowa, NJ					Dispos TBD			sal Date		y, State prrisville, PA									
Completed by Title							S	Signature			YE4 / 1				Date				
Ned Joksimovic				ct Ma	nager						08/03/2018								



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Date of Notification (1) 08/03/2018				f Building Lorenzo		Operator	(2)				AHC	4 (. 00	10	And the state of t	Principal and a second
Agencies Notified Type Notificat	ion		Street A	Address				142	1		4111		- 20	10	111	#
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DEP Amende Amendm				ate, Zip Co des Par		7650				ASB	ESTO	OS C ENS	ONTI	ROL	8.	Distance
Emerger	cy (including	_		f Contact	κ, Νο τ	77000				Tale	phon		*********			
DOH justificati				Lorenza	30				3	, reid	priori	C Mul	linei			
			FACI	ILITY INFO	ORMAT	ION										
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Street Address								hool (I bchap			er than	1 K-1	2)			
							x Oth	ner (i.e						dings,	home	es,
City (5)							Square I			# of	Floor	S	В	ldg. A	ge	
Palisades Park							N/A			N/A	i .		100	I/A		
County (6) Bergen			County (STATE)	Code (7) USE ONLY			Current House		Prior	if beir	ng der	nolish	ned)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8))	ASCN	ИNo.		173 H 3 - 174 - 174	of Abaten				(9)					
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City, State, Zip Code						899-596	osengre tate, Zip (/enu	e						
only, clate, zip oode							va, NJ (2							
Project Manager for Monitoring Firm			Telepho	ne No.		0.000,000,000	one No. 345-868	35			Licer 013	nse N 11	0.			
Start Date (10) 08/16/2018	Schedul 08/17/		npletion	Date (11)		10000000000000000000000000000000000000	of OSHA Abatem				100					
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Facility Closed/Vacated During Ent	ire Period of	Abaten	nent			11 R	osengre	en Av	/enu	е						
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Scope of Work (Check All That Apply)									17							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	MANAGEMENT .	Renova Demolit				×		nclos bag P	ure roced	dure					a	
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Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	intenar	ice/				laterial (A s insulatio				nount pecify		l R		En	Ū.
In Facility	Cus	todial S (12)	Staff?	(surfa	cing, VA	T, or	,			or LF		Removal	Repair	caps	Enclosure
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Basement					ripe	IIISula	tion		-	10	L		A			_
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Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic	Yards	IN	lame	of Re	aister	edla	ndfill				
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City, State Totowa, NJ		1			Dispos TBD	sal Date		ity, Si Norris		e, PA						
Completed by Ned Joksimovic	Title Proje	ect Ma	nager		S	ignature	N.	10				Da 08	te /03/2	2018		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) AlCheck No.71178 St. James AME Development Corp. 08/06/2018 Type Notification Street Address Agencies Notified 440 Washington St ASSESTOS CONTROL Initial E EPA City, State, Zip Code LICENSING X DEP Amended Newark, NJ 07102 Amendment # × DOL Emergency (including Telephone Number Name of Contact justification) DOH 973-643-3128 Evan Seltzer Cancellation □ DCA X **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) St. James AME Towers ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address ☑ Other (i.e. private & commercial buildings, homes, etc.) 440 Washington St # of Floors Bldg. Age Square Feet City (5) 50÷ High-rise Newark, NJ 07102 Current Use (Prior if being demolished) County Code (7) County (6) Act Blda (STATE USE ONLY) . Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Lilich Corporation 0045 Environmental Tactics, Inc. Street Address Street Address 606 McBride Ave 64 Broad Street City, State, Zip Code City, State, Zip Code Woodland Park, New Jersey Matawan, NJ 07747 License No. Telephone No. Telephone No Project Manager for Monitoring Firm 01104 973-225-8400 732-290-2217 Thomas P. Geiger Scheduled Completion Date (11) Name of OSHA Monitor Start Iris Environmental Laboratories, LLC CANCELE 08/06/2018 08/13/2018 Street Address Occupancy Status During Abatement (Check Only One) 2333 Route 22 West ☑ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Union, NJ 07083 Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation □ ≥3 sf or ≥3 lf X Mini-Enclosure Demolition E ≥160 sf or ≥260 lf Glove Bag Procedure / Limited Containment & Tent Non-Exempted (*) and Non-Friable Procedure Amount Abatement Is Location (Specify Type Normally SF of LF) Description of Location of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Enclosure Maintenance/ (i.e. thermal systems insulation, Remova Repair TO BE ABATED Custodial Staff? surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No X 1300 SF X Popcorn ceiling apartment-21B X VAT and Mastic 1300 SF X apartment-218 Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste 5 Fairless Landfill 18724 Lilich Corporation Disposal Date City, State City, State Morrisville, PA 08/13/2018 Woodland Park, New Jersey Date Signature Completed by President Adriana Olejarova 08/06/2018

ASB-41 (R-06-08)

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

Date of Notification (1 07/ 20 /2018)			Name o St. Ja	f Building C mes AME	Owner/ Deve	Operator (2) lopment Corp	S G E	Check	No 117	3			
Agencies Notified	Type Notification			Street A 440	ddress Washingt	ton St		AUG 1	S 2018					
⊠ EPA ⊠ DEP ⊠ DOL	☐ Initial ☐ Amended Amendment # ☐ Emergency (in				ate, Zip Coo k, NJ 0710		As	AFSTOS A	Chimon	The state of the s				
☑ DOH ☐ DCA	☐ Emergency (in justification) ☐ Cancellation	cidaling		Name o Evan S	f Contact eltzer		- 15	LICENS	Telephone 1 973-643-3	Number				
				FACI	LITY INFO	RMAT								
Name of Facility When St. James AME Tow		g Place (3)					Type of Facil							
Street Address 440 Washington St							☐ Subchap ☑ Other (i.e	oter 8 (Other t e. private & co	han K-12) mmercial bui	50.500.00				
City (5) Newark, NJ 07102							Square Feet		# of Floors High-rise	5	ldg. 0+	. Age	9	
County (6) Essex					Code (7) USE ONLY)	-	Current Use	(Prior if being Ac	demolished)					
Name of Monitoring F Environmental Tact	irm Hired by Building (ics, Inc	Owner (8)		ASCN	/I No. 0045		Name of Abat Lilich Corpo		actor (9)					
Street Address 64 Broad Street							Street Addres		-	8				
City, State, Zip Code Matawan, NJ 07747							City, State, Zi Woodland P	p Code Park, New Je	ersey					
Project Manager for M Thomas P. Geiger	lonitoring Firm			Telepho 732-29	ne No 0-2217		Telephone No 973-225-840		License 01104					
Start 08/06/2018		Schedule 08/ 13 /2		pletion	Date (11)		Name of OSH Iris Environr		ratories, LL	С				
Occupancy Status Du	ring Abatement (Chec	k Only One	e)				Street Addres							
☑ Facility Closed/V	acated During Entire F	eriod of Al	batem	ent			2333 Route							
☐ Abatement Perfor☐ Other – Describe:	med Outside of Norma	al Facility F	Hours				City, State, Zi Union, NJ 0	p Code 7083					×	
Scope of Work (Check	k All That Apply)													
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enovat emoliti				☐ Min	Containment ii-Enclosure ive Bag Proce -Exempted (*)	dure / Limite	d Contain	mei	nt &	Tent	
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apartment- 21B		X	VAT and	d Mas	stic		1300 SF	X						
Name of Registered V	H	JDEP V		Commence of the Commence of th	Yards aste 5	Name of Re	egistered Lan	dfill		Y				
Lilich Corporation City, State				18724			osal Date	City, State					A-CAR	-
Woodland Park, Ne	ew Jersey	Title					3/2018	Morrisville	, FA	Date				
Completed by Adriana Olejarova		Title Pre	siden	t			Signature	>()b		07/20/	20	18		

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Date of Notification (1) 06/26/18			Name 75 Je	of Building Oversey City, L	vner/Operato	or (2)		Land Company			The state of the s	Appropriate Control of the Control o
Agencies Notified Type Noti			Street	Address -exington A					16	018	proper explanation of the	
× DOL Ame	nded ndment # 02		City, S	tate, Zip Code York, NY 1			The state of the s	ASBESTO	S COP	ITRO G	<u>l</u> l. &	
DOH justif	rgency (includin ication)	g		of Contact	1.5.5.5		1	Telephone		- remaindress	N/CHARGE STORY	ALTERNATION OF THE PARTY OF THE
DCA Cand	cellation			ric Albanes				973-300				
Name of Facility Where Abatement Residential	is Taking Place	(3)	FAC	ILITY INFOR	MATION	Type of	Facility (4)					
Street Address							nool (K-12)) (Other than	K 12\			
						X Oth	er (i.e. priv	vate & comm	nercial b	uilding	js, hor	nes,
City (5)						Square F		# of Floors		Bldg	. Age	
Jersey City County (6)						20,000		6+		50 -		
Hudson			(STATE	Code (7) USE ONLY) _		Current (Jse (Prior	if being dem	olished			
Name of Monitoring Firm Hired by B	uilding Owner (8	3)	ASC	M No.	Name J.R.	of Abatem Contrac	ent Contra ting & Er	actor (9) nvironmen	ital Co	nsult	ina. I	nc.
Street Address			-		Street	Address Route 2						
City, State, Zip Code					City, S	State, Zip C	Code					
Project Manager for Monitoring Firm		-	Tolonha	na Na		ne, NJ 0	7470					
	.11		Telepho		20 Sec. 1987 (1987)	none No. 628-920	0	Licens 0040				
Start Date (10) 07/06/18	Schedu 09/24/		npletion	Date (11)		of OSHA		nvironmen	tal Co	neulti	na li	nc
Occupancy Status During Abatemen	t (Check Only O	ne)				Address	g & Li	TVII OTIITIOTI	tai oo	isuiti	ng, n	10.
Facility Closed/Vacated During Abatement Performed Outside of	Entire Period of of Normal Facilit	Abaten y Hours	nent			Route 2						
Other – Describe: Occupied					0 320/02	ne, NJ 0						
Scope of Work (Check All That Apply	")					_						
Li ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit			×	Mini-Er Gloveb	nclosure ag Proced	with Negativ dure and Non-F				
	ls	s Locati	on		beter	I NON-E	Complete (J and Non-F	Table P		temen	nt
Location of	10	Normal ed Sole			Description		1		-	1	уре	
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Ma Ma	aintenar stodial S (12)	nce/	(i.e. ther	Containing Normal systems urfacing, VA ner miscellan	s insulation T, or		Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
Danier 2004 - 1,004	Yes	No	N/A								te	Ф
Rooms 201 and 601			Х		or Tile & N			3,250 SF	x			
Room 501			X	Floo	or Tile & N	/lastic		1,800 SF	X			
									+	+		
Name of Registered Waste Hauler	.05 200.000 500 0	1000	JDEP W		bic Yards	Na	me of Reg	gistered Land	dfill			
.R. Contracting & Environmer	ntal Consul.,		auler ID 7819	No. of 40	Waste	G	rand Ce	ntral Land	fill			
City, State Vayne, New Jersey				Dis	sposal Date		y, State en Argyl,	, Pennsylv	/ania			
Completed by erry Bijelonic	Title Proje	ct Ma	nager		Signature	/	/		Date 08/10	/1º		
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Amendment #1 - Change & Waste transporter 8/14/1

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
MERCALMENT (Pursuant to N.IAC 8:60 and 5:16) in pero Maste Town 80 reter (Pursuant to NJAC 8:60 and 5:16) / Pu Name of Building Owner/Operator (2) Date of Notification (1) PPP SS 60 Goffle Rd, LLC. 18 31 07 Street Address Agencies Notified Type Notification 2018 3384 Peachtree Rd NE, 4th FI □ Initial **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DOH ASBESTOS CONTROL & Telepopres Number Atlanta, GA 30326 Emergency (including) □ DCA Name of Contact justification) (NJAC 5:23-8) 631-254-3680 Paul Tagliaferri Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Shopping Center ○ Other (i.e., private and commercial buildings, Street Address homes, etc.) 66 Goffle Rd Bldg. Age # of Floors Square Feet City (5) 55 10000 Hawthorne Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) **Shopping Center** Passaic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Microtech Contracting Corp. Arcturus Environmental Street Address Street Address 38 Kean St 1972 E 36th St City, State, Zip Code City, State, Zip Code West Babylon, NY 11704 Brooklyn, NY 11234 License No Telephone No Telephone No. Project Manager for Monitoring Firm 01021 631-243-5559 732-617-9279 Frank Trimargo Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same as Above 08 / 31 / 18 08 / 14 / 18 Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code ___PM/___PM-__ Time of Abatement: ____AM-__ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
 ☐ Mini-Enclosure ☐ Renovation ≥3 sf or ≥3 If ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure □ Demolition > 160 sf or ≥260 lf Abatement Type Is Location Enclosure Encapsulate Normally Description of Location of Amount Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or IN Facility other miscellaneous) (12)(13)Yes No N/A X 200 SF X Tar on Copings Roof 1 X 100 SF X Tar on Chimney Roof 1 & 2 X 400 SF Tar under Copings \boxtimes Roof 2 \boxtimes 200 SF Tar on Walls \boxtimes Name of Registered Landfill Orand CENTRA Roof 3 Cubic Yards of NJDEP Waste OROTECK Name of Registered Waste Hauler LANDFIL Minerva Enterprises Waste Hauler ID No Waynesburg, OH Tri State Transfer / St02/05 20 City, State Disposal Date TBD Bronx, NY 10474 Signature Title Completed By (Print or Type) President Vincent Arbucci

11/10/0)			(Purs	suar	it to NJA	C 8:60 and 5:1	6)	ME	7 9	3 1	n n	F
Date of Notification (1)				IN	Vame	of Building	Owner/Operator (2)	117) 5	6	3 1	-W	占
8/	15 /	18				A CONTRACTOR OF THE	thority of City o				-	***********	
Agencies Notified	Type Notifica	ation		5	Street	Address				AUG	16	2018	
	Initial				202	1 Watson	n Street 2 nd Floo	or	[4 17]	100	1 0	2010	1000
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⊠ DOH	Amendme	The state of the s	_		650	nden NJ			ASB	ESTOS			DL &
DCA (NJAC 5:23-8)	☐ Emergen justification		ng	N		of Contac	1		Telephone Nur		NSIN	IG_	
	☐ Cancellat				N/A		,		856-968-27				
					FAG	CILITY IN	FORMATION						
Name of Facility Where At	patement is T	aking Pla	ce (3))				Type of Facility (4	1)				
Branch Village Bldg	12				*			☐ School (K-12)					
Street Address								Subchapter 8			مانامان		
1800 South 9Th Stree	et							Other (i.e., priv homes, etc.)	vate and comm	erciai di	manig	is,	
City (5)								Square Feet	# of Floors	В	dg. A	ge	
Camden								>50,000	1	1	70		
County (6)				1	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Prior	r if being demol	ished)			
Camden													
Name of Monitoring Firm H	Hired by Build	ding Owne	r (8)	AS	SCM	No.	Name of Abateme	ent Contractor (9)					
A. Seine Light House	e Solutions	3					Delta/BJDS,	Inc					
Street Address				•		Indiana -	Street Address						
P.O. Box 354							1345 Industri	al Blvd					
City, State, Zip Code							City, State, Zip Co	ode					
South Orange NJ 07	079						Southamptor	n Pa 18966					
Project Manager for Monito	oring Firm		T	eleph	none	No.	Telephone No.		License No.				
Sarah Calandra				973	275	-5000	215 322-2900		00783				
Start Date (10)		Scheduled					Name of OSHA M	lonitor					
08 /29 / _	18	10	/_	31	- / -	18	Criterion Lab	S					
Occupancy Status During			A DESCRIPTION	n:			Street Address						
☐ Facility Closed/Vacated							400 Street Ro	ad					
Abatement Performed (Time of Abatement: 7A					- Des	cribe	City, State, Zip Co	ode					
			^	uvi			Bensalem, Pa	a 19020					
Scope of Work (Check all I	that apply)						⊠ Full Cont	ninmont with None	tive December				
≥3 sf or ≥3 If		⊠ F	Renov	ation	1		Mini-Enc	ainment with Nega losure	live Pressure				
≥160 sf or ≥260 lf)emo	lition				g Procedure	Fill B				
			le I o	cation	n		☐ Non-Exe	mpted (*) and Non-	Friable Proced				
Location o	of			mally			Description o	f			ateme		
Asbestos-Containing M	laterial (ACM	1		olely			stos Containing Ma	terial (ACM)	Amount	Remova	Repair	Enc	Enclosure
TO BE ABAT IN Facility				enanc		(i.e.	 thermal systems is surfacing, VAT, 		(Specify SF or LF)	Non	air	aps	losu
(13)				2)			other miscellane		SF (I LF)	<u>a</u>		Encapsulate	re
		Ye	s N	lo	N/A							е	
Bldg 12						INTERIO	OR SHAFT OF C	HIMNEY	100 SF				
BLDG 12 CRAWLSPA	CE					PIPING	BETWEEN BLD	GS	240 LF				
] [
] [
Name of Registered Waste	Hauler			2000		Vaste	Cubic Yards of	Name of Registe	red Landfill				
SERVICE TRANSPO	RT GROUP	INC		Hau	ıler IC	No.	Waste	MINERVA LA	ANDFILL				
City, State							Disposal Date	City, State					
58 PYLES LAND NEV	W CASTLE	DE 1972	0.0					WAYNESBU	RG OH				
Completed By (Print or Typ	oe)	Title					Signature	a %	, 10	ate			
CHRISTINE DEL VIS		ASST	. ADI	MIN			11 ho.	TON	01/0	9	15)	1.0
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Date of Notification (1)							g Owner/Operator		11111-1-9	9 <u>L</u>	<u> </u>		
8/	15 /	18	}		Но	using Au	thority of City o	f Camden					
Agencies Notified	Type Notific	ation			Stree	t Address			A A	JG I		2018	₹
⊠ EPA					202	21 Watso	n Street 2 nd Floo	or	12 14				
⊠ DOLWD	☐ Amende					State, Zip (
⊠ DOH	Amendm				The second second	mden NJ			ASBE				OL&
DCA (NJAC 5:23-8)	☐ Emerger justificati		ncludin	g		e of Contac		1	Telephone Num	LICE	- OIP	10	
(110710 0.20-0)	☐ Cancella				N/A	V/2			856-968-270				
					1		FORMATION		030-900-270	-		_	
Name of Facility Where A	Abatament is	Takin	a Diagr	(2)	FA	CILITYIN	IFORMATION	T	4)				
Branch Village Bldg		Iakiii	y Flace	: (3)				Type of Facility (4	377				
Street Address	y 19	-011		/2				School (K-12) Subchapter 8)			
1800 South 9 Th Stre								Other (i.e., pri			uilding	gs,	
	et							homes, etc.)					
City (5)								Square Feet	# of Floors		dg. A	ge	
Camden								>50,000	1		70		
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Prio	r if being demolis	shed)			
Camden													
Name of Monitoring Firm			Owner	(8)	ASCM	No.	Name of Abateme						
A. Seine Light Hous	se Solution	s					Delta/BJDS,	Inc					
Street Address							Street Address						
P.O. Box 354					379453		1345 Industri	al Blvd					
City, State, Zip Code							City, State, Zip Co	ode					
South Orange NJ 0				200	LANCOURT AND		Southamptor	n Pa 18966					
Project Manager for Moni	itoring Firm			Tele	ephone	No.	Telephone No.		License No.				
Sarah Calandra				9	73 275	-5000	215 322-2900		00783				
Start Date (10)	Control of the Contro					ite (11)	Name of OSHA M	lonitor					
08 /29 /	18	1	0 /	_3	1_ /	18	Criterion Lab	s					
Occupancy Status During	Abatement (Check	k only	one)			Street Address						
□ Facility Closed/Vacate							400 Street Ro	ad					
☐ Abatement Performed	Outside of No	ormal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	ode		A			
Time of Abatement: 7	AM- <u>4</u> PM/	PN	Λ	AM			Bensalem, Pa	19020					
Scope of Work (Check all	that apply)												
☐ >3 sf or >3 lf			⊠ Re	novat	ion			ainment with Nega	tive Pressure				
≥160 sf or ≥260 lf			⊠ De										
280							☐ Non-Exe	mpted (*) and Non-	Friable Procedu	re			
	2			Loca						Aba	atem	ent T	уре
Location Asbestos-Containing N		1)			ely by	Ashar	Description o			R	Z	Ш	Ш
TO BE ABA		')	Ma	intena	ince/		stos Containing Ma ., thermal systems i		Amount (Specify	Remova	Repair	nca	nclo
IN Facilit	ty		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)			Yes	No	N/A	1	other miscellane	ous)				ate	0
BLDG 19						INITES	ND 0111== == =			-	_	_	
						INTERIC	OR SHAFT OF C	HIMNEYS	100 SF		Ш		
BLDG 19 CRAWSPAC	E					PIPING	BETWEEN BLD	GS	240 LF				
											П	П	П
Name of Registered Wast	te Hauler			N	JDEP \	Waste	Cubic Yards of	Name of Registe	red Landfill				_
SERVICE TRANSPO	RT GROUP	INC		Н	auler II	O No.	Waste	MINERVA LA					
City, State			-				Disposal Date	City, State			100		
58 PYLES LANE NE	W CASTLE	DE 1	9720					WAYNESBU	RG OH				
Completed By (Print or Ty		Title					Signáture		• Da	to			
CHRISTINE DEL VIS	S. (S.)		SST.	ADMI	N		1/1/	- 1001			_	-	, _
ACD 44					1.1		Mode	Jeles VI	late!	3-1	5-	10	10

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Date of Notification (1)				Nam	e of Buildin	g Owner/Operator ((2)	In E G	E	1 1	1	5 1
8/15/	18	_		1		thority of City o	1.5		land	U (/ []	
Agencies Notified Type Notific	cation	100000		Stree	et Address			ALIC	10	200	10	5 1 1
☑ EPA ☑ Initial				20	21 Watso	n Street 2 nd Floo	or .	LI LI AUG	10	20	lo	11-
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DOH Amendm DCA Emerger		ıdina		Ca	mden NJ		İ	ASBESTO	S OC	NTE	ROL	and R
(NJAC 5:23-8) justificat		Juliy		Name	e of Contac	t		Telephone Num	FOR 2 . 4 ATS.	4.		<u></u>
☐ Cancella	ition			N/A	A			856-968-270			A De Toronto, Longo	***************************************
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is	Taking F	Place	(3)				Type of Facility ((4)				
Branch Village Bldg 15							School (K-12)				
Street Address							Subchapter 8	Other than K-12)	ــالمان	1000	
1800 South 9 Th Street							homes, etc.)	rivate and comme	ciai Di	ullain	ys,	
City (5)							Square Feet	# of Floors	В	dg. A	ge	
Camden							>50,000	1		70		
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Camden												
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8	()	ASCM	No.	Name of Abateme	ent Contractor (9)		7.50			-
A. Seine Light House Solution	s					Delta/BJDS,	Inc					
Street Address				142576100		Street Address	-ex-lines				<u> </u>	
P.O. Box 354						1345 Industri	al Blvd					
City, State, Zip Code						City, State, Zip Co	ode					-
South Orange NJ 07079						Southamptor						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Sarah Calandra					-5000	215 322-2900		00783				
Start Date (10)	Schedule	ed Co	mple	tion Da	ate (11)	Name of OSHA M	lonitor					_
08 /29 /18					18	Criterion Lab	s					
Occupancy Status During Abatement (Check o	nlv on	ie)			Street Address					======	-
☐ Facility Closed/Vacated During Enti				nent		400 Street Ro	ad					
☐ Abatement Performed Outside of N	ormal Fa	cility	Hour	s - Des	scribe	City, State, Zip Co						-
Time of Abatement: 7AM-4PM/	PM		AM			Bensalem, Pa						
Scope of Work (Check all that apply)												
☐ ≥3 sf or ≥3 lf		Ren	ovoti	on.		□ Full Cont □ Mini-Encl □ Min	ainment with Nega	ative Pressure				
⊠ ≥160 sf or ≥260 lf		Dem				⊠ Glovebag	osure Procedure					
Am 20 Mar 20							mpted (*) and Non	-Friable Procedu	е			
			ocati ormal						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN	1)	Used			Aches	Description of stos Containing Mat	f torial (ACM)	Amount	D.	R	Ш	ш
TO BE ABATED	*	Main			(i.e.	, thermal systems i	nsulation,	(Specify	Removal	Repair	ncap	nclo
IN Facility (13)	,	Custo	(12)	otan?		surfacing, VAT,		SF or LF)	val	-	Encapsulate	Enclosure
(13)	Y	es	No	N/A		other miscellaned	ous)				ate	
BLDG 15			<u> </u>		INTERIO	OR SHAFT OF C	HIMNEY	100 SF		П		
BLDG 15 CRAWLSPACE	T		\boxtimes			BETWEEN BLD		240 LF				
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			7									
Name of Registered Waste Hauler				JDEP V	Naste	Cubic Yards of	Name of Registe	ered Landfill				
SERVICE TRANSPORT GROUP	INC			auler II		Waste	MINERVA L					
City, State						Disposal Date	City, State					
58 PYLES LANE NEW CASTLE	DE 197	20					WAYNESBU	JRG OH				
Completed By (Print or Type)	Title					Signature		, Da	te	-		
CHRISTINE DEL VISCIO	ASS	T. AI	MIMC	V		(1/m =	toalol	VASON S	5-1	5-	201	18



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			(Pursua	ant to NJAC 8:60	and 12:1	20)	Last J	EGE	3 [W	E	[]
Date of Notification (1)			Name	e of Building Own genline Capita	er/Operat I c/o Na	or (2) tional Realty	Inves				- 1	The state of the s
Agencies Notified Type Notif			Stree	t Address 5 Paterson Pla				AUG) comments	
DEP Amer	ded dment#		City,	State, Zip Code aucus, NJ 070			<u> </u>	ASBESTOS	CON	ITRO	L&	
DOH justific	gency (includication)	ing	Name	of Contact		4		LICE Telephone N 201-805-8	lumbe	THE PERSON	~~~~	
N. 65			1	CILITY INFORMA	ATION			201-005-0	100			
Name of Facility Where Abatement is Abandoned retail space	Taking Place	(3)			1	Type of Faci						
Street Address 4901-4905 Bergenline Ave						Subcha X Other (i	pter 8 (C	Other than K- te & comme	-12) rcial b	uilding	gs, ho	mes,
City (5) West New York, NJ						Square Feet 22000	1 2	of Floors		Bldg	. Age	
County (6) Hudson			Count (STATE	y Code (7) E USE ONLY)		Current Use Abandon r	(Prior if I		shed)			
Name of Monitoring Firm Hired by Bui Finog Environmental Inc	lding Owner ((8)	ASC	CM No.	Name	of Abatement ve Environm	Contract	tor (9)				
Street Address 617 Stokes Rd Suite4-318					Street	Address Pine St	- Ital	ecinologi	65			
City, State, Zip Code Medford NJ 08055					City, S	State, Zip Code nt Holly NJ (
Project Manager for Monitoring Firm Rebecca Rubnitz	39.54			one No. '15-2211	Telepi	hone No. 702-1500	70000	License	No.	-	noca-onie	-
Start Date (10) 8/27/18	Schedi 9/27/			Date (11)		of OSHA Monit	tor	01299				
Occupancy Status During Abatement (The second second				Street	Address				-		
Facility Closed/Vacated During El Abatement Performed Outside of	ntire Period of Normal Facili	Abate	ment			tate, Zip Code					- 5	
Other - Describe:					Oity, O	tate, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	(Processor	Renov Demoli			×	Mini-Enclosi Glovebag P	ure rocedure	th Negative I			re.	
		s Locat					T			Abat	emen	it
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	I) Us	Norma ed Sole aintena stodial ((12)	ely by nce/	Asbestos Con (i.e. therma surfa	escription taining M I systems icing, VAT miscelland	aterial (ACM) insulation, r, or	(Amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A						-		ate	e e
Basement		X		9x9 floor	tiles and	d mastic	66	800 SF	x			
Basement		X			TSI		4	00 LF	x			
Roof		X		Roofi	ng Mate	erial	130	000 SF	x			
Name of Registered Waste Hauler			JDEP W			Name o	f Registe	ered Landfill				
Active Environmental Technologicity, State	es Inc		auler ID I 5704	40)	Cones	toga L					
Mount Holly New Jersey 08060	1			9/28/1	al Date	City, Sta Morga		PA				
Completed by Patrick Danria	Title Pro	7 200	t 1	larages /	ignature/	1		Dat	е			

OK 6827

			(Pursu	ant to NJ	AC 8:60 and 5:	16)	111) 5 6			W	
Date of Notification (1)				Na	me of Buildi	ing Owner/Operator	(2)	1151				
<u> </u>	13 / _	18				erty Holdings		AU AU	6 1	6	2018	
Agencies Notified	Type Notification	n		Stre	eet Address			1 me took			+141.45	
⊠ EPA				2	28 Cheste	er Ave						
⊠ DOLWD	Amended			City	, State, Zip	Code		ASBES				11 8
DOH DCA	Amendment					n, NJ 08057		L	JCEN	SING	i	
(NJAC 5:23-8)	☐ Emergency justification)		ing	-	ne of Conta			Tolophona Nu				
	☐ Cancellation				avid Ande			Telephone Nur 561-629-21				
				F	ACILITY I	NFORMATION		10. 020 2.				
Name of Facility Where A			ce (3)				Type of Facility	(4)				
Former Haddon Hou	ise Food Faci	lity					School (K-12	2)				
Street Address						95	Subchapter	8 (Other than K-1	2)			
250 Old Marlton Pike	е						homes, etc.)	rivate and comme	erciai	buildi	ngs,	
City (5)			1772				Square Feet	# of Floors	-11	Bldg.	Age	
Medford							50000	2		197		
County (6)				Co	unty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demol	ished)		_	
Burlington								Warehouse/O				
Name of Monitoring Firm F		Owne	r (8)	ASC	M No.	Name of Abateme						
Finog Environmenta	l Inc.					7.25	onmental Tech					
Street Address						Street Address						
617 Stokes Rd Ste4-	318					203 Pine Stre	et					
City, State, Zip Code						City, State, Zip Co	ode					
Medford, NJ 08055						Mount Holly,						
Project Manager for Monito	oring Firm	5 - 5 - 5	Te	ephone	No.	Telephone No.		License No.				
Rebecca Rubnitz						609-702-1500		01299				
Start Date (10)	Sche	duled (Compl	etion D	ate (11)	Name of OSHA M	onitor	01200				_
8/27/	18	9	/ _2	7_/	18		7:00:3750					
Occupancy Status During A	Abatement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated				ement		Olicet Address						
☐ Abatement Performed C Time of Abatement:	outside of Norma	I Facili	tv Hou	rs - De	scribe AM	City, State, Zip Co	de					
Scope of Work (Check all the												
☐ ≥3 sf or >3 If		□R	enovat	ion			inment with Nega	ative Pressure				
≥160 sf or ≥260 lf		⊠ De	emoliti	on								
		_				☐ Non-Exem	pted (*) and Non-	-Friable Procedur	e			
1		1 375	S Loca Norma						Ab	atem	ent 7	ype
Location of Asbestos-Containing Ma	terial (ACM)		ed Sol		Ashas	Description of tos Containing Mate	rial (ACAA)		Z	Z	ш	m
TO BE ABATE	<u>D</u>		intena		(i.e.	, thermal systems in	sulation.	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT, o	or	SF or LF)	Va.	7	lusc	sur
(70)		Yes	No	N/A	1	other miscellaneou	us)				ate	0
Roof (Warehouse)					Roofing	Material		22222 05	57		_	-
Roof (Gravel in Office A	rea)				Roofing			23000 SF				
oiler Room	,			П		Pipe Insulation		100SF				
					merma	ripe insulation		3 LF				
ame of Registered Waste H	lauler			JDEP V	Vacto	Cubia Vanda d	N					
R&B Debris	iduloi		H	JDEP V auler ID	No.	Cubic Yards of Waste	Name of Registe	red Landfill				
ity, State				29439			Conestoga					
Hainesport, NJ						Disposal Date 9/28/18	City, State	DA				
ompleted By (Print or Type)	Title						Morgantown					
Patrick Dauria			340	A		Signature /	4	Date		1		
3-41	1/2	150	ct	NUV	luser	1/ which	Mink	- 4	1/1	3/	18	



Date of Notification (1)			Name	of Duildi	ng Owner	10	(0)	1-7	E (2 5	П	\\//	E
8\14\18			pau	la diaz	ng Owner	/Operato	r (2)			5 1	Ш	77	
Agencies Notified Type Notifica	tion			t Address				11 1					
≥ EPA									A	UG 1	6	2018	
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DOH justificat	ion)	19		of Conta	ct			T	ASBE elephone	Numb	CON erstNi	<u>ITRO</u> G	_ (
☐ DCA ☐ Cancella	ation		paul		# 			-		has Na Class	3011		MI STATE
Name of Facility Where Abatement is T	aking Place	(3)	FA	CILITY IN	IFORMAT	TION	Time of E. 191						
residential home		, ,					Type of Facility						
Street Address							School (K Subchapt	-12) er 8 (Ot	her than	K-12\			
							X Other (i.e.	private	& comm	ercial b	uildin	gs, ho	me
City (5)							etc.) Square Feet	#	of Floors		Bldo	. Age	
dumont							240	1	01110013		60		
County (6) bergen			County	Code (7)		Current Use (P	rior if be	eina demo	olished			-
			TIBE	USE ONL	.Y)					303,			
lame of Monitoring Firm Hired by Buildi project manager	ng Owner (8	3)	ASC	M No.		Name	of Abatement Co	ontracto	r (9)				_
Street Address	ddress						ages abatem	ent					
10.000.00 10.000.000 000 000 000 000 000	Address ate, Zip Code						Address				e = =		
ity, State, Zip Code	V. 30 President						n midland						
							ate, Zip Code lebrook nj 076	262					
roject Manager for Monitoring Firm			Telepho	one No			one No.	203	Т				
	-						003184		License 01305				
tart Date (10)	Schedul	led Co	mpletion	Date (11)		of OSHA Monitor		01300	,	-		
3\16\18	8\21\1												
ccupancy Status During Abatement (Ch						Street A	Address						
Facility Closed/Vacated During Entir	e Period of	Abater	ment										
Abatement Performed Outside of No Other – Describe: 8-4 pm	rmal Facility	y Hour	S			City, Sta	ate, Zip Code						_
cope of Work (Check All That Apply)													
] ≥3 sf or ≥3 lf	[Z] _	_	12286 CV										
≥160 sf or ≥260 If		Renova Demolit				ř	Full Containme	ent with	Negative	Press	ure		
	_						Mini-Enclosure Glovebag Prod	cedure					
							Non-Exempted	d (*) and	Non-Fri	able Pr			
Location of		Locati Normal										temen ype	t
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbes	Dese tos Conta	cription o	f terial (ACM)	Λ-			T.	T	Г
TO BE ABATED In Facility	Cust	intenar todial S	nce/ Staff?	(i.e.	thermal s	systems i	nsulation,		nount pecify	고	_	Enc	
(13)		(12)			other mi	ng, VAT, iscellane	Or OUS)	SF	or LF)	Removal	Repair	aps	
	Yes	No	N/A				-			va va	=	Encapsulate	
basement		Х				4				1	_		
basement		^				vat		2	240	X			
Datement					m	astic				x			
ne of Registered Waste Hauler		N.	JDEP Wa	aste	Cubic Y	arde	Non	\! :					
stages			auler ID I		of Waste		Name of R	egister	ed Landfi	11			
. State													
dlebrook nj					Disposal	I Date	City, State						
npleted by	Title				Lo		7)						
y palumbo	presid	lent			Sigi	nature	/		11	ate			
	_ F. COIG				1/				8	11618			



CK Ode 253	534	PAII	NOTI	FICATION OF A	SBESTOS ABA .J.A.C. 7:26-2.12			-\ F	- A		N.O. G	
Date of Notification (1)				(i disdant to <u>iv</u>	Name of Buil		Operator (2)) [G		W E	= 1
08/14/2018					Transaction and the same	1000 0000	1	31				
Agencies Notified	-	Notification	Type		Novartis Pha Street Addres				AUG	16	2018	1111
(X) EPA		() Initial N	otification		1 Health Plaz		, fad	-1			2010	Lad
() DEP (X) DOL		(X) Amend		ation	City, State, Z	ip Code		L				1
(X) DOH		() Cancell	eu		East Hanove	r, New Jerse	y 07936	AS		OS CON ENSIN	ITROL &	¥
()DCA					Name of Con Glenn Milarca				Number 239-1902	·		«Эфентация» форм
				FACILITY IN	NFORMATION	Lyn		404-2	239-1902			
Name of Facility Where A	batement is 7	Taking Place ((3)		Type of Facili							
Novartis Pharmaceuticals	- Building 7	10			() School (K () Subchapte	er 8 (other th	an K-12)					
Street Address 1 Health Plaza					(X) Other (i.e.	private & co	ommercial blo	gs., hor	mes, etc			
City (5)	County (6)		County	Code (7)	Sq. Feet 5,00	0 # of Floo	ors 1					
Facilitation			(State U	The state of the s								
East Hanover	Morris				Bldg. Age_2 Current Use (5 prior if being	demolished)	Chem	ical Plan	t		
Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM N	lo.			Name of Co					
							Brandenbur	a Indus	trial San	vice Com	anany	
Street Address					Street Address 2217 Spillman		Diandenbai	y maus	trial Ser	vice Con	ipally	
City, State, Zip Code					City State, Zip		V-10-10-10-10-10-10-10-10-10-10-10-10-10-			- 18 TO 18 T	-	
					Bethlehem P	ennsvlvania	18015					
Project Manager for Monit	oring Firm	Telephone	Number		Telephone Nu 610-691-1800	ımber		Licen:	se Numb	per		11
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH			0072				
08/23/2018		09/21/2018			Brandenburg	Industrial Se	rvice Compa	ny				
Occupancy Status During (x) Facility Closed/Vacated	d During Entir	re Period of A	batement		Street Addres	<u>s</u>					9-20	
() Abatement Performed Standard Work Week: Mor	Outside of No	ormal Facility	Hours -		2217 Spillmar							
Describe_ Demolition - R	Removal of S	tacks, Bagho	ouse and I	Misc.	City, State, Zi	o Code						
Equipment(x) Scheduled Demo Start					Bethlehem, PA	A 18015						
Scheduled Demo Com Source of Work (Check all		/18										
(x) Demolition () Rend () Large Proj. (>160 SF or () Full Containment with plastic and into dumpste	vation >260 LF AC Negative Pre	M) (X) SM Pro	oj. (>25<16 Mini-Enclo	60 SF or >10 <26 sure (x) Glo	0 LF ACM) (vebag Procedur) Minor Pro e – Intact R	i. (<25 SF or emoval of D	<10 LF uct sec	ACM) tions wi	th gask	et, wrap	in
Location of Asbestos-		ation Normally	Used	Description of	ACM (i.e.	Amount (S	Specify SF or	IF)	Ahate	ment Typ	ne	
Containing Material (ACM) Facility (13)	in Solely Staff?	by Maint./Cus (12)		thermal system surfacing, VAT	ns insulation,	, (6	poonly or or	_, ,	/ toato	mone 1 y	20	
Building 710 1st Floor	YES	NO	X	miscell.) Gaskets on Inc	:	105.05			Rem.	Rep.	Encap E	Enclose
Loading Dock			^	Ductwork	inerator Stack	125 SF			X			
										-		-
			1									
Name of Dec. 101												
Name of Reg. Waste Haule Brandenburg Industrial Ser		NJDEP Was 21838	te Hauler I	D#	Cubic Yards of 30 cy	f Waste			of Reg. Connec		SI Landfi	ill
City, State 2217 Spillman Drive, Bethle	ehem, PA 18	015					isp. Date 3/27/18-09/20	/2018		City, State Bethleher		
Completed by (Print or Typ		Title			Signature /		5,21,10-03/20	Date		ounerie!	II, FM	
Stephen Carne		Environment	al Manage	r -	1	(//		08/14/	18			

B & G proj. #:

2018-160

(

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9158 Date of Notification (1) Name of Building Owner/Operator (2) 10 18 1/11 14 1/11 18 1 Robyn Pizzelli Agencies Notified Type Notification Street Address EPA. 2018 AUG Initial DEP City, State, Zip Code X DOL Amendment Linden, NJ 07036 ASBESTO - CONTROL & X DOH Name of Contact Telephone Number Cancellation ☐ DCA Robyn Pizzelli **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Robyn Pizzelli Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Linden, NJ 07036 Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) 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 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 08/24/2018 08/25/2018 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road 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) Demolition X Renovation Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure ≥160 sf or >260 lf Non-friable procedure Is location normally used solely Location of E E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) n m p material to be C (Specify SF or material (ACM) C 0 a abated in facility (13) a LF) Yes No N/A p basement transite boards 56 sf X basement pipe insulation 63 If X Registered Waste Hauler NJDEP Hauler ID# 19563 Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Grand Central Landfill City, State Disposal Date City, State Lincoln Park, NJ 08/25/2018 Pen Argyle, PA Signature Completed by (Print or Type) Date Gordana Luna Gordana Luna Secretary/Treasurer 08/14/2018

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Date of Notification (1)				114 12.12	.0)	III					
08/13/2018		Name Tre	e of Building Owner nton Rescues N	/Operato	or (2)		AUG	1.6	2018		
Agencies Notified Type Not			t Address Clinton Avenue				energy of the second second				hasa
X DEP Ame	ai ended endment #		State, Zip Code nton, NJ, 08609				ASBESTO LIC	DS COL	VTRC IG	1. 8.	ř
DOH Eme	ergency (including fication)	Name	of Contact	re			Telephon	e Numb	er		
E Gail	cellation		rets Young	21011			215-35	0-3128	3		
Name of Facility Where Abatement Private House	is Taking Place (3)	FA	CILITY INFORMA	TION	Type of Fa	acility (4)					
Street Address					Scho	ol (K-12)	(Other than	V 10\			
01. (8)					Other etc.)	(i.e. priv	ate & com	nercial b	uilding	s, ho	mes,
City (5) Trenton					Square Fe N/A	et	# of Floors	S	Bldg.	Age	
County (6) Mercer		County (STATE	y Code (7) E USE ONLY)		Current Us Private	e (Prior i	1505500050	nolished		-	
Name of Monitoring Firm Hired by B N/A	uilding Owner (8)	ASC	CM No.	Name	of Abateme	nt Contra	ctor (9)				
Street Address				Street	V ABATEN Address						
City, State, Zip Code					RANKLIN tate, Zip Coo		ET				
Project Manager for Monitoring Firm		Toloub	N-	PATI	ERSON,N	J,0752	4				
Start Date (10)			one No.	973-	one No. 333-5144		Licens 0127	se No. 74			
08/24/2018	Scheduled 0 08/25/20	Completion 18	Date (11)	Name EHW	of OSHA Mo ABATEN	nitor IENT LI	LC				
Occupancy Status During Abatemen				Street	Address						
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of Aba of Normal Facility Ho	tement urs		City, St	RANKLIN ate, Zip Cod	le					
Scope of Work (Check All That Apply)			PATE	ERSON,N.	J,07524	1				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	× Reno	ovation olition		×	Glovebag	osure Procedu	vith Negation			10000	
	is Loc			7	12005	aup)	and Non-F	riable Pr		re emen	t
Location of Asbestos-Containing Material (AC	M) Used So	olely by	Des Ashastas Cant	cription o	of	J	62W PS	_	T	уре	
TO BE ABATED In Facility (13)	Mainter Custodia (12	I Staff?	Asbestos Conti (i.e. thermal surfac other m	systems sing, VAT iscellane	insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A								ate	re
BASEMENT	X		PIPE IN	SULAT	ION	-	100 LF	X	-		
Name of Registered Waste Hauler		NJDEP W	facto Out 1	/							
EHW ABATEMENT LLC		Hauler ID 0037095	No. of Wast				tered Land				
City, State PATERSON,NJ			Disposa TBD	al Date	City, 8	State ONX,NY	,			-	\dashv
Completed by /ictor Espíritu	Title Project N	lanager	Sig	nature	/	_	TI	Date			
	1			wer	V W	1	/	08/13/	2018		

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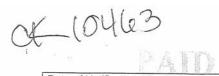
PA		NO	TIFICA	State of I	New Jer	sey	1	n) E	C.	E I	·W		F	Prin	
Date of Notification (1) 08/13/2018			(Fuis	me of Buildir	C 8:60 a	and 12:1	20)		AUG		0010	And Control of London	Transmissing and and		
			C	MM Mana	gemen	it LLC	ог (2)	11	AUU	1 1	LUIO		1		
Agencies Notified Type Notifi	cation		Stre	eet Address			+		Control of the same				-		
X EPA Initial Amen	Initial 324-328 Hope Avenue							ASI	BEST(JS CON	TROL	8.	Trends and		
7 0 10 10 11	Amended City, State, Zip Code Clifton, NJ,07011						10000	THE RESERVE OF THE PARTY OF THE		ENSIN	(i	*****			
lustific	ency (inclu	iding		ne of Contac											
DCA Cance			Ca	rlos	, L					Telepho	ne Numl 03-724	per			
Name of Facility Where Abatement is	Taking Pla	ce (3)	F	ACILITY IN	FORMA	TION					70-724	1			
ate i louse	· ····································	00 (0)					Тур	e of Facil	lity (4)						
Street Address							H	School	(K-12)	O##					
City (5)							×	Other (i.	e. priva	Other thate & com	n K-12) mercial	buildir	nas h	omae	
Clifton							Squa	etc.) are Feet		# of Floor					
County (6)			1.0				N/A	4		N/A	25/2	N/A	g. Ag A	9	
Passaic			(STAT	ity Code (7) TE USE ONLY	0		Cum	ent Use (vate Ho	Prior if	being der	nolished)			
Name of Monitoring Firm Hired by Build N/A	ding Owner	(8)		CM No.		Name	. 11	vale no	use			207			
Street Address						EHV	V AB	atement (NT LL	tor (9) .C	S=59/HC075				
oudot Addiess						Street Address									
City, State, Zip Code								KLIN S	TREE	T					
						City, St PATE	tate, Z	ip Code	7524						
roject Manager for Monitoring Firm			Telepl	PATERSON,NJ,07524 lephone No. License No.											
tart Date (10)				973-333-5144 License No. 01274											
08/23/2014	08/2	cheduled Completion Date (11) Name o					me of OSHA Monitor HW ABATEMENT LLC								
ccupancy Status During Abatement (C	heck Only	One)							VT LL	С					
Facility Closed/Vacated During Ent			noni			Street Address 89 FRANKLIN STREET									
Abatement Performed Outside of N Other – Describe:	ormal Facil	lity Houn	S		F	City, State, Zip Code									
cope of Work (Check All That Apply)					-	PATE	RSO	N,NJ,O	7524						
≥3 sf or ≥3 if	তা														
≥160 sf or ≥260 lf	Ê	Renova Demolit	on Full Containment with Negative Pressure							ure					
						Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
27am 44 2 55		s Location	on.			N.	Non-	Exempte	ed (*) ar	nd Non-Fr	iable Pro	ocedu	re		
Location of Asbestos-Containing Material (ACM)		Normali ed Solei	٧									Abatement Type			
TO BE ABATED	l M	aintenan	ce/	Asbesto	s Contai	ning Material (ACM) stems insulation,		ACM)) Amount	mount		Τ.	T	\vdash	
In Facility (13)	Cus	stodial S (12)	taff?		surfacin	IG. VAT	or I			(Specify SF or LF)	Rei	R	Enca	冒	
R1 78	Yes	No	Alla	0	other mis	cellaneo	us)		51	oi LF)	Removal	Repair	Encapsulate	Enclosure	
BASEMENT	103	X	N/A			450					=		ate	8	
CRAWL SPACE	-	X		VAT				2000			X			-	
	-	^		PI	PE INS	ULATIO	ON		5	OLF	X				
	-									-				-	
ne of Registered Waste Hauler											+			-	
W ABATEMENT LLC		Hai	DEP Wa	Vo.	Cubic Yar f Waste	rds		lame of F						_	
State		003	37095		I/A	dole I									
ERSON,NJ					isposal [Date	C	ity, State							
pleted by	Title				BD		E	BRONX	,NY	220					
or Espíritu		ct Man	ager		Signa	ature //	, ,	110	11		ate	045			
	and the second								1111	1 1					

CK 10462

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

Date of Notification (1)	7 14 11				Nam	ne of Ruildir	na C	Owner/Operator	(2)	Pine						
8 / 13 / 18						nelande l	ny C	vional Sabasi	District / Job	CEL	Da m					
							Keg	Jionai School	DISTRICT / JOB	#J808-5359	Check	#104	62			
Agencies Notified ☑ EPA	Type Notifi	cation			0.0000000000000000000000000000000000000	et Address	į		III			11 11	100			
⊠ DOLWD	☐ Initial			520 Nugentown Road					111 111 AI	10 10 -	-					
☑ DHSS	Amenda	-	4		City,	State, Zip	Cod	le	1 1	JG 1 6 20	18	11//				
□ DCA	☐ Emerge			_ na	Li	ttle Egg F	lark	oor, NJ			ļ					
(NJAC 5:23-8)	justifica		ioidaii	'9	Nam	e of Contac	ct		ASBES	Telephone	Number	- 6	1			
	☐ Cancella	ation			Ke	evin MacE	Don	ald	L	E856-662	-9500	Arriva Arriva				
		The state of the s		-												
Name of Facility Where Abatement is Taking Place (3)									Type of Facility	(4)						
Pinelands Junior Hi			9	- (-/					School (K-1)							
Street Address									Subchapter		K-12)					
590 Nugentown Road									Other (i.e., private and commercial buildings,							
City (5)		homes, etc.	W													
Little Egg Harbor, NJ									Square Feet	# of Floors		Bldg. /	Age			
County (6)																
Ocean					Cou	inty Code (7	7)(S7	TATE USE ONLY)	Current Use (Pr	ior if being der	molished)				
ASSESSMENT OF THE PARTY OF THE																
Name of Monitoring Firm I	Hired by Buil	lding (Owner	(8)	ASCN	l No.			ent Contractor (9)	17						
TTI Environmental								AbateTech, Ir	nc.							
Street Address	200 0						St	treet Address								
1253 North Church S	Street							30 Maple Ave	. PO Box 25							
City, State, Zip Code							Ci	City, State, Zip Code								
Moorestown, NJ 080								Lumberton, N	IJ 08048							
Project Manager for Monit	oring Firm			Tel	ephone	No.	Telephone No. License No.									
Jim Guilardi				8	56-840	0-8800	609-265-2107 00529									
Start Date (10) Scheduled Completion Date (Na	ame of OSHA M	onitor	33320			X			
<u>8</u> / <u>22</u> / <u>18</u> <u>8</u> / <u>31</u> / <u>18</u>								EMSL Analytical								
Occupancy Status During Alasta (C)																
☐ Facility Closed/Vacated					ment		192	reet Address) North							
Abatement Performed	Outside of N	ormal	Facilit	v Hou	rs - Des	scribe	-25	200 Route 130								
Time of Abatement:	AM	P	Λ/	PM		_AM	1 .	ty, State, Zip Co								
Scope of Work (Check all t	that anniv						,	Cinnaminson	, NJ 08077							
	mat apply)							☐ Full Conta	ainment with Neo	native Pressure						
☐ ≥3 sf or ≥3 lf			⊠ Re				☐ Full Containment with Negative Pressure ☐ Mini-Enclosure									
≥160 sf or ≥260 lf			☐ De	moliti	on	on ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
			lo	Loca	tion.		-5-24	⊠ Non-Exen	npted (*) and No	n-Friable Proce	edure					
Location o	f			Vorma				D			Α	batem	ent T	уре		
Asbestos-Containing M		1)	Use	d Sol	ely by	Asbes	stos	Description of Containing Mat		Amount	Re	Re	g	E		
TO BE ABAT				intena	ance/ Staff?		, the	ermal systems ir	nsulation,	(Specify	Remova	Repair	cap	clos		
IN Facility (13)			Ousi	(12)			surfacing, VAT, or			SF or LF)	Va Va		Encapsulate	Enclosure		
/			Yes	No	N/A		Ot	ther miscellaneo	ous)				ate			
Various Bathroom/Loc	kor Poom	_	П	10000		D //										
	Kei Kooiii	5	Ц			Bathroo	m 1	fixture caulk		600 LF						
Cafeteria				\boxtimes		Cove Ba	ase	Mastic	400 LF				П	П		
				П												
		-	_								_ _		Ш	Ш		
Name of Pagisters 1344	I I - I -					L .										
Name of Registered Waste	Hauler			3 623	IJDEP \ lauler I[bic Yards of	Name of Regist	tered Landfill						
AbateTech, Inc.				1	18750			ste 0	Fairless La	ndfill						
City, State								posal Date	City, State							
Lumberton, NJ							8	/31/18	Tullytown,	PA						
Completed By (Print or Type	e)	Title						Signature	1.		Date =	1	1	_		
Gwendolyn Trumbett	i	Or	erati	ons	Coordi	nator		COAA	1		Date	12	116	!		
SB-41		- 1						XW	<i>y j</i>		0	117	110)		

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



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

Date of Notification (1)			Nar	ne of Buildir	ng Ov	vner/Operator ((2)) E P P	R D	-	Carrier management	
8//	18							#1808-5359 Che	ck#	1046	3	
Agencies Notified Type Notified	cation		Stre	et Address							111	111
⊠ EPA ⊠ Initial			5	20 Nugent	towr	Road	. 111	Alte 1 (2016	2		III
☑ DOLWD☑ Amende☑ DHSSAmendn			City	, State, Zip	Code)		1	71111	1	Line	1
□ DCA □ Emerge		ina	L	ittle Egg F	larb	or, NJ	1	L			PA LODE OF	Í
(NJAC 5:23-8) justificat		ing	Nan	ne of Contac	ct		j	Telephone Num	ber)L &	-7	+
☐ Cancella	ation		K	evin Mac[Dona	ıld	Sentital Agency American	856-662-950	4.7002			
No. of The National Control			F	ACILITY II	NFO	RMATION						
Name of Facility Where Abatement is		ce (3)					Type of Facility	(4)				
Pinelands Regional High Scho	ool			School (K-1								
Street Address		□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,										
565 Nugentown Road						homes, etc.)	0.0.	-11-111	901		
City (5)						Square Feet	# of Floors	В	dg. A	ge		
Little Egg Harbor, NJ												
County (6)			Co	unty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Ocean												
Name of Monitoring Firm Hired by Buil	lding Owne	er (8)	ASCI	И No.	Na	me of Abateme	ent Contractor (9)				
TTI Environmental					1	AbateTech, II	nc.					
Street Address					Str	eet Address						
1253 North Church Street					3	30 Maple Ave	. PO Box 25					
City, State, Zip Code				City, State, Zip Code								
Moorestown, NJ 08057				Lumberton, NJ 08048								
Project Manager for Monitoring Firm			lephon		License No.	License No.						
Jim Guilardi				6-840-8800 609-265-2107 00529								
Start Date (10)		500		ion Date (11) Name of OSHA Monitor /18								
Occupancy Status During Abatement (eet Address						
☐ Facility Closed/Vacated During Enti			ement			00 Route 13	0 North					
☐ Abatement Performed Outside of N	ormal Faci	lity Ho	urs - De	- Describe City State Zin Code								-
Time of Abatement:AM	PM/	PN	Λ	_AM Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)					_							-
≥3 sf or ≥3 If	⊠ F	Renova	ition	☐ Full Containment with Negative Pressure ion ☐ Mini-Enclosure								
≥160 sf or ≥260 lf		emoli										
		2-10	701			Non-Exer	mpted (*) and No	n-Friable Procedur	е			
Location of		Is Loca Norm		dhe l						Abatement Type		
Asbestos-Containing Material (ACN	1/	sed So	lely by	Asbe	stos	Description of Containing Mat		Amount	Re	Re	En	回
TO BE ABATED			ance/ I Staff?	(i.e	., the	ermal systems i surfacing, VAT,	nsulation,	(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)		(12			SF or LF)	<u>a</u>		Encapsulate	ure			
	Ye	No.	N/A			her miscellaned	Jus ₂				te	
Exterior				Roof FI	ashi	ng/tar		8,000 SF				
15 Areas				End ca								
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
									П	П	П	П
Name of Registered Waste Hauler	41000		NJDEP	Waste	Cub	oic Yards of	Name of Regis	stered Landfill		_	_	
AbateTech, Inc.	Hauler 1875		Wa:	53553	Fairless La							
City, State			1010			posal Date	City, State					
Lumberton, NJ					1336	/28/18	Tullytown,	PA				
Completed By (Print or Type)	Title					Signature		Dại	te I	1		-
Gwendolyn Trumbetti	Opera	tions	Coord	dinator		(/	wt		SIL	311	8	

ASB-41 MAY 11

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