State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1 Name of Building Owner/Operator (2) 1 19 Millennial Partners LLC Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2 Riverside Drive Suite 500 ☑ DOLWD City, State, Zip Code ASBESTOS CONTROL & **⊠** DOH Amendment #8 Camden NJ 08103 LICENSING ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation 1 800 971-6773 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 201 N. Front Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 90.000 100 + County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni DELTA/BJDS, INC Street Address Street Address 515 Grove Street, Suite 1B 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alan Lloyd 856-656-2875 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 1 / 19 __11__ / __30__ / _19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/ PM-Bensalem Pa 19020 Scope of Work (Check all that apply) ☐ >3 sf or >3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Office \times Pipe insulation 160 LF X П 1st Floor X Radiator Insulation 75 SF \boxtimes Basement Pipe Ins. above Plaster Ceiling X 600 LF \boxtimes Basement X Contaminated Plaster Ceiling 12.000 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP MINERVA LANDFILL 20990

Completed By (Print or Type)
CHRISTINE DEL VISCIO

58 PYLES LANE NEW CASTLE DE

City, State

ASB-41 JAN 13 ASST. ADMINISTRATOR

Disposal Date

Signature

City, State

WAYNESBURG, OHIO

Date

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

	×	1,275 sf	Residual 12 x 12 Mastic	X in the control of t	Ist II,entryway to stairs and into walk-in freezers
	×	600 sf	9x9 Floor Tile	XX A CALL COLOR CO	walls and mastic
CAS STEELS	AND THE PERSON NAMED IN				floor tile continues under
	×	600 sf	Mastic on bottom of drywall	X	Side
	×	50 If	cove base mastic	X	cafeteria
	×	360 sf	9x9 Gray Floor Tile and Mastic	×	1st Fl. in pile clehric in
	×	3 lf	Block Pipe Insulation	X	and floor 100l Shop Closet
	×	35 lf	Block Pipe Insulation	X	2nd floor Tool Shop
	×	50 lf	Block Pipe Insulation	×	Above Large Storage 1' dia
	×	50 If	Block Pipe Insulation	X	Above Large Storage 4" dia
	×	840 sf	Duct Tar	X	Above Ceilings and Old Roof
	×	60 sf	Residual 9x9 Mastic	×	2nd Fl Large Rm entry-stairway
CONCENTRY OF THE STATE OF THE S	×	600 sf	Residual 9x9 Mastic	×	concrete floor
	-	THE RESIDENCE AND PROPERTY OF THE PERSON NAMED IN COLUMN NAMED	A SEPARATION OF THE PROPERTY OF A SEPARATION OF THE PROPERTY O	erchine etc.	2nd Fl Large Rm 40sf under
Contract to the Contract of Co	×	100 SF	Residual 9 X 9 Mastic	Y TOTAL	1st fl small office
THE PROPERTY OF THE PROPERTY O	×	150 SF	Residual 9 X 9 Mastic	X	1st-1l Cafeteria
	×	500 LF	Wire Insulation	×	Through out
And the second s	×	32,000 sf	Old Roof below newer roof	×	Victor Bullding Warehouse
			N/A	YES NO N/A	Victor Building Warehouse
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O sf	Pipe insulation above plaster ceiling	X	8th Floor
Sf	Pipe insulation above plaster ceiling	×	7th Floor
,420 lT 2,000 sf	Contaminated Plaster ceiling	X	7th Floor
-	Roofing Material	X	
	Exterior Window Glazing	×	T. S. D. S. G.
2250 If X	Exterior Window Caulk	X	Exterior
32 If X	Door Frame Caulk	×	EXTEGO
sheet flooring 1,350 sf X	Mastic associated with non-ACM Kitchen sheet flooring	×	1.StII-Kitchen
600 sf ×	9x9 Red floor tile and Mastic	X	1st fl Superintendent's Office
		YES NO N/A	Victor Building Warehouse
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Haddon Heights, N.						SOUTHAMPT	ON PA 18966					
Project Manager for Moni	toring Firm			ephone		Telephone No.		License No.				
Alan Lloyd		A			3-2875	215 322-2900		00783				
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□ Facility Closed/Vacate □ Abatement Performed Time of Abatement: 7/ Scope of Work (Check all □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of Asbestos-Containing North To BE ABAT IN Facility (13) □ st Floor Office □ Sasement □ Sasement □ Sasement □ Sasement □ In Facility (13) □ St Floor Office □ Sasement □ Sasement □ Sasement Users	Abatement (in Ab	Check only re Period cormal Facil PM-	rone) of Abate ity Hou AM denovate demoliti s Loca Norma ded Solia aintena stodial (12) No	ion on tion on Staff?	Asbes (i.e. Pipe ins Radiato Pipe Ins Contam	Street Address 400 Street Ro City, State, Zip Co Bensalem Pa Full Cont Mini-Enci Solon-Exer Description of stos Containing Main, thermal systems if surfacing, VAT, other miscellaned sulation r Insulation sulation r Insulation cubic Yards of Waste	pad ode 19020 ainment with Neglosure g Procedure mpted (*) and No ferial (ACM) nor ous) Ceiling eiling Name of Regis MINERVA	Amount (Specify SF or LF) 160 LF 75 SF 600 LF 12,000 SF	Removal 🛛 🖂	-	1	T
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* Do not use this form for asbestos licensure exempted activities.

FC(38.40 FR.53.2000-076).	N. CHARLES THE RESERVE THE PROPERTY OF THE PRO			
Technical residence and the second se	1,275 sf x	X Residual 12 x 12 Mastic	X	1st fl,entryway to stairs and into walk-in freezers
X	600 sf x	x 9x9 Floor Tile		walls and mastic
				floor tile continues under
	600 sf x	x Mastic on bottom of drywall		Side
X The substitute of Contract Contraction (Contraction Contraction	50 If	X COVE base mastic	>	List Floor Cafeteria/Kitchen
THE RESIDENCE AND THE PROPERTY OF THE PROPERTY	with the state of the state of	на при		1st Fl , in pile debris in
X	360 sf	x 9x9 Gray Floor Tile and Mastic	,	2nd floor office after bathrm
X	3 If	X Block Pipe Insulation		2nd floor Tool Shop Closet
	35 If	X Block Pipe Insulation		2nd floor Tool Shop
X	Proposition of the last	X Block Pipe Insulation		Above Large Storage 1' dia
X	50 If	X Block Pipe Insulation	The second secon	Above Large Storage 4" dia
	840 sf	X Duct Tar		Above Ceilings and Old Roof
X	The second second	X Residual 9x9 Mastic		2nd Fl Large Rm entry-stairway
NOTIFICATION AND A STATE OF THE	600 sf	X Residual 9x9 Mastic		concrete floor
		COMMODINATION OF THE PROPERTY		2nd FI Large Rm 40sf under
		Residual 9 X 9 Mastic		1st fl small office
X STATE OF THE PROPERTY OF THE	The same of the sa	X Residual 9 X 9 Mastic		1st Fl Cafeteria
X and the second		X Wire Insulation	Cambro	Through-out
	32,000 sf	X Old Roof below newer roof		Victor-Building-Warehouse
		N/A	YES NO	ng Warehouse
				2 DS 1051
	Olivano y	A TOTAL COLUMN	CUSTODIAL STAFF?	FACILITY
	SF OR LF	NCE/ SURFACING, VAT, OR	MAINTENANCE/	BE ABATED EG
	SPECIFY	ittra servicio	NORMALLY	ASBESTOS-CONTAINING
REMOVAL REPAIR ENCAPSULATE ENCLOSURE	AMOUNT	DESCRIPTION OF		and the supposed to the suppos

San Lawrence								The state of the s	1	E C	EIVER
8th Floor	7th Floor	7th Floor		Top Roof	Exterior	Exterior	Exterior	<u>lstfl-Kitchen</u>	1st-ft-Superintendent's Office	Victor Buildiប្តីខ្ល Warehouse	ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATEDE IN FACILITY SEE
		TUES								YES	IS NO USED S MAINT
×	×	×		×	×	×	×	×	×	NO N/A	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?
Pipe insulation above plaster ceiling	Pipe insulation above plaster ceiling	Contaminated Plaster ceiling	ACTION TO THE STATE AND ASSESSMENT OF THE STATE AND ASSESSMENT OF THE STATE AS	Roofing Material	Exterior Window Glazing	Exterior Window Caulk	Door Frame Caulk	Mastic associated with non-ACM Kitchen sheet flooring	9x9 Red floor tile and Mastic		DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)
8 LF	200LF	1500 SF	CONTRACTOR MANAGEMENT	32,000 sf	1,420 lf	250 lf	32 lf	1,350 sf	600 sf		AMOUNT SPECIFY SF OR LF
×	×	×		×	×	×	×	×	×		REMOVAL
AND DESCRIPTION OF THE PERSON	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN NA						-Axrix				AMERICAN DESCRIPTION OF THE PROPERTY OF THE PR
PETROLENS COM CONTROL SECURIOR SECURIOR CONTROL SECURIOR SECURIOR CONTROL SECURIOR SECURIO	THE SECOND STREET PARTY AND ADDRESS OF VALUE AND AD	er af year man taken a myangat siyp	Mar Polity e construction of the state of th	ALL AND DESCRIPTION OF THE PERSON OF THE PER	THE PERSONNEL PROPERTY OF THE PERSONNEL PROP	Cast Section of the s	CONTRACTOR AND		AND ADDRESS OF THE PARTY OF THE		ENCAPSULATE
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1370-03	147				BESTOS ABA			E P	F	П	ПП	FEE
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Date of Notification (1)					ng Owner/Operator	(2)	ilro				-	
//	19		Mi	illennial F	Partners LLC			All	- 2	9 /	010	
Agencies Notified Type Notif	fication		Stree	et Address			14 1	AUG		4 7	1119	
☐ EPA			21	Riverside	Drive Suite 500							
☑ DOLWD ☑ Amend ☑ DOH Amend	led	wo :	City,	State, Zip	Code		+	AGBEST	03 (ÜİV	HO	光
	ment #5 ency (includ		Ca	amden NJ	08103		L	LI	DEN!	SING		
(NJAC 5:23-8) justifica		ing	Nam	e of Contac	ct		Telenh	one Numb	or			
☐ Cancel	lation							0 971-67				
			FΔ	CHITY	NFORMATION		1 00	0 37 1-07	13			
Name of Facility Where Abatement is	Taking Pla	ice (3)	.,	OLLITT II	AL OKNIA HOM	Type of English	(4)					
The Victor Bldg	•					Type of Facility School (K-1)						
Street Address						☐ Subchapter	8 (Other t	han K-12)				
201 N. Front Street					#	Other (i.e., p	private and	d commer	cial b	uildin	gs,	
City (5)						homes, etc.			- 15			
Camden						Square Feet	# of F	loors	-	dg. A	777	
County (6)			Cou	inty Code (7)(STATE USE ONLY)	90,000	7		- 1	100	+	
Camden	¥0		000	inty Code (MOTATE USE ONLY)	Current Use (Pr	nor if bein	g demolisi	ned)			
Name of Monitoring Firm Hired by Bu	ildina Owne	er (8)	LASCM	I No.	Name of Abatama	nt Cantan 1 - 10						
Pennoni	g o	,, (0)	7.001	i NO.	Name of Abateme)					
Street Address					Street Address	, INC						-
515 Grove Street, Suite 1B					1345 INDUST	DIAL BLVD						
City, State, Zip Code		-							Will			
Haddon Heights, NJ 08035					City, State, Zip Co	ON PA 18966						
Project Manager for Monitoring Firm		Tel	lephone	No		ON PA 18966						
Alan Lloyd			356-656		Telephone No. 215 322-2900		Licens	n and a second				
Start Date (10)	Scheduled				Name of OSHA M		007	83				
2/1/19				19_	Criterion Lab							
Occupancy Status During Abatement						5						
☐ Facility Closed/Vacated During En			omont		Street Address							
☐ Abatement Performed Outside of N	Normal Faci	lity Hor	ırs - Des	scribe	400 Street Ro							
Time of Abatement: 7AM-4PM/	PM	AM	i	301.00	City, State, Zip Co							
Scope of Work (Check all that apply)					Bensalem Pa	19020						
					⊠ Full Cont	ainment with Neg	native Pre	SCUE				
≥3 sf or ≥3 if≥160 sf or >260 if)	Renova			☐ Mini-Encl	osure	gative i re	SSUIE				
≥ 100 St 01 ≥ 200 II	Цι)emoliti	ion		☐ Glovebag	Procedure npted (*) and No	- Frakts	D				
		Is Loca	ation	T	□ NOII-EXE	inpled () and No	n-Friable	Procedure	1			
Location of		Noma			Description of	f			-		ent T	ype
Asbestos-Containing Material (ACI TO BE ABATED		sed Sol lainten:		Asbe	stos Containing Mat	erial (ACM)		ount	Ren	Repair	Enc	Enc
IN Facility		stodial	Staff?	(I.e	., thermal systems in surfacing, VAT,	nsulation,		ecify r LF)	Removal	pair	aps	Enclosure
(13)		(12)			other miscellaned	ous)	310	(LF)	<u>a</u>		Encapsulate	Ire
	Ye	No	N/A								fe	
1 st Floor Office		\boxtimes		Pipe ins	sulation		160	LF			П	Г
1 st Floor			10	Radiato	r Insulation		75					-
Basement			10		s. above Plaster	Ceiling		LF				_
Basement					inated Plaster C						ᆜ	_
Name of Registered Waste Hauler			WDEP /		Cubic Yards of		12,00			Ш	Ц	L
SERVICE TRANSPORT GROU	Р	100	Hauler IE	110000000000000000000000000000000000000	Waste	Name of Regis						
City, State			20990)	6:	MINERVA	LANDHI	_L				
58 PYLES LANE NEW CASTLE	DE				Disposal Date	City, State						
Donation 1000 W. College Indiana College Colle			12-22-14-0-5			WAYNESB	URG, OI	HIO				
Completed By (Print or Type)	Title				Signature	, ~	/	Date	9			
CHRISTINE DEL VISCIO	ASST	ADM	INISTR	ATOR	1 100	To De	VAn	201	4_	iL-	20	10
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MOCATION OF	STANDARD CONTRACTOR STANDARD STANDARD	NAMES NEED OF THE CONTRACT OF	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	A December of the state of the	And the financial	Coloris imparamentaria de la coloris a del coloris de la colorista del coloris del coloris de la colorista de la colorista del coloris del coloris de la colorista del coloris de la colorista del coloris de la colorista del coloris	A BRITE ALL SELECTION OF STREET, STREE
ASBESTOS-CONTAINING	NORMALLY	ASBESTOS CONTAING MATERIAL (ACM)	AMOUNT	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
MATERIAL LACMIO			SPECIFY				
PO BE ABATED SG	MAINTENANCE/	(IE, THERMAL SYSTEMS INSULATION SURFACING, VAT. OR	SF OR LF				
N-FACILITY2 2 2 2 2 5 6 CO DENSI	CUSTODIAL STAFF?	OTHER MISCELLANEOUS)					
Victor Building Warehouse	YES NO N/A		ACT TO STATE OF THE PARTY.		A STATE OF		Marsh Sandreal
Victor Building Warehouse	×	Old Roof below newer roof	32,000 sf	X			
Through out	×	PROTESTICALISMOST SECTION SECTIONS OF THE PROTESTICAL SECTION	500 LF	X		THE RESERVE THE PERSON NAMED IN	
1st Fl Cafeteria	×	Mastic	150 SF	×		And in case of the	William State Open State of St
1st fl small office	×	Residual 9 X 9 Mastic	100 SF	×		The same of the sa	The state of the s
2nd Fl Large Rm 40sf under		CONTRACTOR OF THE PROPERTY OF	act diversely agent agents of			CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN 2	
concrete floor	×	Residual 9x9 Mastic	600 sf	×			-
2nd Fl Large Rm entry-stairway	×	Residual 9x9 Mastic	60 sf	×	AND DESCRIPTION OF	Name of the Party	Comment And Council of the State of the Stat
Above Ceilings and Old Roof	×		840 sf	X		AND PARTY AND PA	
Above Large Storage 4" dia	×	Block Pipe Insulation	50 lf	×	- Franchiston Company	AND DESCRIPTION OF THE PERSON NAMED IN	The state of the s
Above Large Storage 1' dia	×	Block Pipe Insulation	50 lf	X	The second secon	SECURITY SALES AND ADDRESS OF THE PERSON SECURITY SALES AND ADDRESS AND ADDRESS OF THE PERSON SECURITY SALES AND ADDRES	
2nd floor Tool Shop	×	Block Pipe Insulation	35 lf	×		direction in the last of the l	TOTAL STREET, SOCIAL
2nd floor Tool Shop Closet	×	NE PARA LES MANAMENTANTA EXPERIMENTANTA ANTIGOTA PARA PARA PARA PARA PARA PARA PARA PA	3 If	×	OFF OF		
2nd floor office after bathrm	×	nd Mastic	360 sf	×		-	The same of the sa
1st Fl , in pile debris in		Mindress which are described annuals described and area and are described and describe	Per January Community of the Party Community		-		
cafeteria	×	cove base mastic	50 lf	×			
1st Floor Cafeteria/Kitchen		МАН МЕНЕН МЕНЕН АН МЕНЕН М	Name of Parties	-		THE CONTRACTOR OF STREET, SALVED BY	and the second party of the second
Side	×	Mastic on bottom of drywall	600 sf	×	e e te un object		and the last of th
1st fl Cafeteria /kitchen side		O COMMUNICATION OF A PRODUCT IN TAL A COMMUNICATION OF MAIN COMMUNICATION OF THE COMMUNICATIO		1	-		
floor tile continues under				hendicaczo	-		ONUSS
walls and mastic	×	9x9 Floor Tile	600 sf	×			
1st fl,entryway to stairs and		SEP NE METER PROMENDING TO THE THE SEPTEMBER OF THE THORSE AND AND A SEPTEMBER OF THE SEPTE	MALE PROPERTY OF THE PERSON NAMED IN COLUMN 1		CONTRACTOR DESCRIPTION AND ADDRESS OF THE PERSON NAMED AND ADD	-	
into walk-in freezers	×	Residual 12 x 12 Mastic	1,275 sf	×	Name of Street, or other Designation of Street, or other Desig	o breeze	

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IN FACILITY 2019 AT ROL & NTG 8th Floor ASBESTOS-CONTAINING Exterior Vietor Building Warehouse **LOCATION OF** 7th Floor 7th Floor Exterior Exterior Top Roof 1st fl Superintendent's Office VIATERIAL (ACM) st fl-Kitchen YES NO N/A CUSTODIAL STAFF? OTHER MISCELLANEOUS) MAINTENANCE/ USED SOLEY BY NORMALLY IS LOCATION × SURFACING, VAT, OR ASBESTOS CONTAING MATERIAL (ACM) Exterior Window Glazing 9x9 Red floor tile and Mastic (IE, THERMAL SYSTEMS INSULATION Pipe insulation above plaster ceiling Pipe insulation above plaster ceiling Roofing Material Exterior Window Caulk Door Frame Caulk Mastic associated with non-ACM Kitchen sheet flooring Contaminated Plaster ceiling **DESCRIPTION OF** 8 LF 32 If 600 sf SPECIFY 1500 SF 250 lf 1,350 sf 200LF 32,000 sf SF OR LF AMOUNT 1,420 lf × REMOVAL REPAIR ENCAPSULATE ENCLOSURE × × ×

Alberton.

1310-03

State of New Jersey

1310-03		NO	TIFIC	CATIC	N OF A	New Jersey SBESTOS ABA JAC 8:60 and 5:	ATEMENT (16)	DECE		\mathbb{V}	E	1
Date of Notification (1)	20 .			Nan	ne of Build	ing Owner/Operato	11	111 AU(5 /	2 7	2019		1
/	22 / _	19		M	lillennial	Partners LLC	[]	1 4	-		}	l lur
Agencies Notified	Type Notifica	ation		Stre	et Address	3						1
⊠ EPA ⊠ DOLWD	☐ Initial			2	Riverside	e Drive Suite 500)	ASBESTOS)L.8	4
⊠ DOH	Amended Amendme			City	, State, Zip	Code		LICE	HOM:	10		
□ DCA	☐ Emergend		20	C	amden N	J 08103						
(NJAC 5:23-8)	justification	on)	•9	Nam	ne of Conta	act		Telephone Num	hor			
	☐ Cancellati	ion						1 800 971-6				
	V /			F	ACILITY I	NFORMATION		1.000 07 1-0	10			
Name of Facility Where At	patement is T	aking Plac	e (3)			The state of the s	Type of Facilit	v (4)				
The Victor Bldg							School (K-	5 80050				
Street Address							→ Subchapte	r 8 (Other than K-12)			
201 N. Front Street						•	Other (i.e., homes, etc.)	private and comme	rcial b	uilding	js,	
City (5)							Square Feet	# of Floors	16	N 1		
Camden							90,000	7	P	3ldg. Ag		
County (6)			-	Cou	inty Code (7)(STATE USE ONLY)		Prior if being demolis	المعطع	100 1		
Camden						.,		nor it being demons	neuj			
Name of Monitoring Firm H	lired by Buildi	ing Owner	(8)	ASCN	1 No.	Name of Abatem	ent Contractor (9	2)				
Pennoni						DELTA/BJD:		7				
Street Address						Street Address	,,,,,,					
515 Grove Street, Su	ite 1B					1345 INDUS	TRIAL BLVD.					
City, State, Zip Code						City, State, Zip C						
Haddon Heights, NJ							TON PA 18966	5				
Project Manager for Monito	ring Firm		Tele	phone	No.	Telephone No.		License No.				
Alan Lloyd			8	56-656	5-2875	215 322-2900)	00783				
Start Date (10)		cheduled C				Name of OSHA N	Monitor	00700			-	
/ / /			1,1	_ /	_19_	Criterion Lab	ns					
Occupancy Status During A	batement (Cl	heck only	one)			Street Address			22			-
☐ Facility Closed/Vacated	During Entire	Period of	Abate	ment		400 Street Ro	oad					
Abatement Performed O Time of Abatement: 7AM	utside of Nor	mal Facilit	y Hou	s - Des	scribe	City, State, Zip Co	ode					
			_AIVI			Bensalem Pa						
Scope of Work (Check all th	at apply)					1						
≥3 sf or ≥3 lf		⊠ Re	novati	on			tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf			molitic				Procedure					
		1 12	1 1			☐ Non-Exe	mpted (*) and No	on-Friable Procedure	е			
Location of			Locat Vorma						Ab	ateme	nt Ty	уре
Asbestos-Containing Ma		Use	d Sole	ly by	Asbe	Description o stos Containing Ma		Amount				
TO BE ABATE IN Facility	D		intena todial		(i.e	., thermal systems i	nsulation.	(Specify	Removal	Repair	ncal	nclo
(13)			(12)	Juli :]	surfacing, VAT, other miscellane		SF or LF)	val	-	Encapsulate	Enclosure
		Yes	No	N/A		ottici illiscellariei	ousj				ate	LO
1 st Floor Office					Pipe ins	sulation		160 LF			П	П
i st Floor			\boxtimes		Radiato	r Insulation		75 SF			H	
Basement			\boxtimes		Pipe Ins	s. above Plaster	Ceiling	600 LF	\boxtimes		H	$\overline{\Box}$
Basement			\boxtimes		Contam	inated Plaster C	eiling	12,000 SF			긁	一
Name of Registered Waste I			100000	JDEP V	200000	Cubic Yards of	Name of Regis		EZ			
SERVICE TRANSPOR	T GROUP			auler II 20990	2009200200	Waste	1	LANDFILL				
City, State	22590387307					Disposal Date	City, State					
58 PYLES LANE NEW		E					And the second s	URG, OHIO				
Completed By (Print or Type	58 II **	Title				Signature		Date	el	,		-
CHRISTINE DEL VISCI	0	ASST. A	DMI	VISTR	ATOR	(Mul	no Del	Man 4	18	120	ic	3
, L. T.								-	1	1	1.7	.50

Victor Building Warehouse YE NO IV/N NO Float Residual State No IV/N	LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL REPAIR	A COLUMN CONTRACTOR CO	
AMS 5 2 5 5016 AND 5 5 5 50 16 AND 6 5 5 50 16 AND 7 5 50 16 AND 8 5 10 5 50 16 AND 8 5 10 5 50 16 AND 9 5 10 5 50 16 AND 10 5 1		os de la constante de la const		100 N			
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X Residual 9x9 Mastic 60 sf x x 20 lf x x x 20 lf x x x x x x x x x	2nd Fl Large Rm 40sf under	×	Residual 9x9 Mastic	600 sf	×		
Nout Tar Suck Pipe Insulation Solf X Substitute Substitute Solf X Substitute Substi	2nd Ellarge Rm entry-stairway	×	Residual 9x9 Mastic	60 sf	A CONTRACT OF THE PARTY OF THE		
Solick Pipe Insulation Solid X Solid	Above Collings and Old Boof	×	buct Tar	840 sf	×	The second secon	
Solution Solid X Solid X Solid X Solid Solid X Solid Solid X Solid Solid Solid X Solid Solid Solid X Solid Solid Solid X Solid S	Above Cellills and old 1000	×	Block Pipe Insulation	50 lf	X X	On the section of the	
X Block Pipe Insulation 3.5 lf X X Block Pipe Insulation 3.60 sf X X X Sove base mastic So If X X X X X X X X X	Above Large Storage 1' dia	×	Block Pipe Insulation	50 lf	X X		
Nation 3 1 1	Above Large Storage & Storage	×	Block Pipe Insulation	35 lf	X	Annual Company of the Party of	
The sidual 12 x 12 Mastic and Mas	2nd 11001 1001 3110[5	×	Block Pipe Insulation	3.lf	X	Co. Circles of the Control of the Co	
And 5 50 lf x Amastic on bottom of drywall A Mastic on botto	Zna 11001 1001 3110p Closes	×	9x9 Grav Floor Tile and Mastic	360 sf	×	and the second second second second	
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eteria/Kitchen side x Mastic on bottom of drywall 600 sf x	cafeteria	×	COVE DASE MASTIC	Carried Street, or other Persons Street, or ot			
Cafeteria /kitchen side	1st Floor Cafeteria/Kitchen Side	×	Mastic on bottom of drywall	600 sf	×		La place and a second and particular and a state of the second and second and second and second and second and
The state of the s	1st fl Cafeteria /kitchen side						
irs and x Residual 12 x 12 Mastic x 1,275 sf x x Residual 12 x 12 Mastic x 1,275 sf x	floor tile continues under walls and mastic	×	9x9 Floor Tile	600 sf	SECURIOR AND SECURIOR	ASB	
x Residual 12 x 12 Mastic T,2/5 ST X Second	1ct fl entryway to stairs and			A Total Commence of the Commen		STO LIC	
2019	into walk-in freezers	×	Residual 12 x 12 Mastic	1,2/5.51	X	S CC	
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IN FACILITY	CUSTODIAL STAFF?	FF?	OTHER MISCELLANEOUS)	s senson company					
							Maria Robert		
Victor Building Warehouse	YES NO N	N/A	THE REPORT OF THE PROPERTY OF		ALCENTAL STATES	1			
1st fl Superintendent's Office	×		9x9 Red floor tile and Mastic	600 sf	×		Sections (Asset Libert) Survey Co. Co. Co.		
1st fl Kitchen	×		Mastic associated with non-ACM Kitchen sheet flooring	1,350.sf	×	Constitution in the last of th	MATERIAL PROPERTY OF THE PERSONS AND ADDRESS AND AD		
Exterior	×		Door Frame Caulk	32 lf	×			CAREFORD AND ADDRESS OF THE PERSONS	
Exterior	×		Exterior Window Caulk	250 lf	×		Printer range Summers Renner	Administration and property of the section	
Exterior	×		Exterior Window Glazing	1,420 lf	X ×				
Top Roof	×		Roofing Material	32,000 sf	×				
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7th Floor	X	1.	Gontaminated Plaster celling.	1500 SF	×		-		
7th Floor	×	Pi	Pipe insulation above plaster ceiling	200LF	×		ACCUMENTATION STATEMENT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN T		
				The second secon		1			
				ANT SALTERED SOMETHINGS AND SALES	Name of Street, or other Persons		AND REAL PROPERTY OF THE PERSON NAMED IN COLUMN 1	CONTRACTOR AND ADDRESS.	
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Date of Notification (1) 1 / 22	/ 1	9		Na	me of Build	ing Owner/Operator	(2)	11 9 A	200			-
Agencies Notified Type No	tification			-			1	AU: 22	2019		-	1
⊠ EPA ☐ Initia					eet Address		-					
☑ DOLWD ☑ Amei	nded			-		e Drive Suite 500	<u> </u>	SBESTOS CO	NTR	3.10	3	
	ndment#				, State, Zip amden N		1	LICENSI	VG	-,700-47607-0	ngar yaynang ar'ya	
DCA Emer	rgency (ii ication)	ncludi	ing	-	ne of Conta							
☐ Canc				IVal	ne or Conta	ICI		Telephone Nur				
1=								1 800 971-6	3773			
Name of Facility Where Abatement	ic Takin	a Dia	25 (2)	F.	ACILITY I	NFORMATION						
The Victor Bldg	is rakiri	y ria	ce (3)				Type of Facility					
Street Address		-					School (K-12	()	12.0			
201 N. Front Street							Other (i.e., p	(Other than K-1 rivate and comme	2) ercial l	mildir	200	
City (5)							homes, etc.)	rrate and commi	Ci Ciai	Juliuli	iys,	
Camden							Square Feet	# of Floors	E	Bldg.	Age	
County (6)							90,000	7		100		
Camden				Co	unty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
200 TO STATE THE									,			
Name of Monitoring Firm Hired by B Pennoni	Building C	Owner	(8)	ASCN	I No.	Name of Abatem	ent Contractor (9)					
						DELTA/BJDS						
Street Address						Street Address						_
515 Grove Street, Suite 1B						1345 INDUST	RIAL BLVD.					
City, State, Zip Code						City, State, Zip Co			EUT COOK			_
Haddon Heights, NJ 08035						SOUTHAMPT	ON PA 18966					
Project Manager for Monitoring Firm	10 10 10		Tele	ephone	No.	Telephone No.		License No.				
Alan Lloyd			8	56-65	6-2875	215 322-2900		00783				
Start Date (10)					ate (11)	Name of OSHA M	onitor					
_2 / _1 / _19	3	3	/ _ 3	/	19	Criterion Lab						
Occupancy Status During Abatemen	t (Check	only	one)			Street Address						
☐ Facility Closed/Vacated During En	ntire Peri	iod of	Abate	ment		400 Street Ro	ad					
	Normal I	Facilit	V Hou	s - De	scribe	City, State, Zip Co						
Time of Abatement: 7AM-4PM/_	PM		AM			Bensalem Pa						
cope of Work (Check all that apply)						Delisalem Fa	19020					
] ≥3 sf or ≥3 if		57.5				□ Full Conta	ainment with Nega	tive Pressure				
≥ 160 sf or ≥260 lf			enovati emolitic				osure					
	,		AO			⊠ Glovebag □ Non-Exen □ Non-Exen	Procedure npted (*) and Non-	-Friable Procedu				
2)			Locat				-pica () and I ton	Triable Trocedu	_			_
Location of Asbestos-Containing Material (AC	NA)		Normal d Sole			Description of			-	atem	1	-
TO BE ABATED	JIVI)	Ma	intena	nce/	Asbes	stos Containing Mat , thermal systems in	erial (ACM)	Amount	Ren	Repair	Enc	
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st Floor Office											e	
et Floor					Pipe ins			160 LF				1
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ame of Registered Waste Hauler				П П		inated Plaster Ce	- 1	12,000 SF				1
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	ار 			20990		TY45lE	MINERVA LA	NDFILL				
ty, State						Disposal Date	City, State				S	
58 PYLES LANE NEW CASTLE	E DE						WAYNESBU	RĢ, OHIO				
		_		10.00				1.				
ompleted By (Print or Type) CHRISTINE DEL VISCIO	Title					Signature		Dat	0	_		_

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ng Warehouse	×	Old Roof below newer roof	32.000 sf	×	OCCUPATION AND TRANSPORT OF THE PERSON OF TH	-		
		Wire Insulation	500 LF	X	Contract Opposite Contract Contract Contract	And the second second second second		
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1st fl small office		Residual 9 X 9 Mastic	Page 1800	American manufacture described	THE REAL PROPERTY AND PERSONS ASSESSED.	THE OWN THE PROPERTY AND PROPERTY.		
2nd Fl Large Rm 40sf under	The state of the s	ALTONOMINE TO THE PROPERTY OF	- STATES	CONTRACTOR	Harrison of the class of the contract of the c	O CHARLES AND ADDRESS OF THE PARTY OF THE PA		
	×	Residual 9x9 Mastic	600 sf	×	-	- Contract of the contract of		
/ay	×	Residual 9x9 Mastic	200700	X	THE PERSON NAMED OF TAXABLE PARTY.	A COURT OF THE PARTY OF THE PAR		
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e 1' dia	×	Block Pipe Insulation	Management of the last of the	X	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE	CONTRACTOR		
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athrm	×	9x9 Gray Floor Tile and Mastic	cf	SAMPLE A CHANGE A CATABOLISM	CHARLE AND PROPERTY OF THE PERSON NAMED IN COLUMN 1	A CONTRACTOR DESCRIPTION OF THE PERSON OF TH		
1st FI , in pile debris in	The second secon	TOUCH A SHIP COMMERCED IN TAKEN OF ANY SHIP COMPANIES OF ANY SHIP COMPANIES OF A SHIP	National Property and Publishers	MANUAL PROPERTY OF THE PROPERT	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO	The same of the sa		
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1st fl,entryway to stairs and into walk-in freezers		Residual 12 x 12 Mastic	1,275 sf x			CONTI NSING	222	E I

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 1370-03 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 22 / 19 Millennial Partners LLC Agencies Notified Type Notification 2019 Street Address **⊠** EPA ☐ Initial 2 Riverside Drive Suite 500 **⊠** DOLWD City, State, Zip Code **⊠** DOH Amendment #2 ASBESTOS CONTROL & Camden NJ 08103 ☐ DCA ☐ Emergency (including LICENSING (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation 1 800 971-6773 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) 201 N. Front Street Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Camden Bldg. Age 90,000 7 County (6) 100 + County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pennoni DELTA/BJDS, INC Street Address Street Address 515 Grove Street, Suite 1B 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 SOUTHAMPTON PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. Alan Lloyd License No. 856-656-2875 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 1 / 19 3 / 31 / 19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/___PM-__AM City, State, Zip Code Bensalem Pa 19020 Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal Repair Maintenance/ Encapsulate Enclosure TO BE ABATED Amount (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or (13)(12)SF or LF) other miscellaneous) Yes No N/A 1st Floor Office X Pipe insulation 160 LF M 1st Floor П X Radiator Insulation 75 SF M П П Basement \boxtimes Pipe Ins. above Plaster Ceiling 600 LF X Basement

ASB-41 **JAN 13**

City, State

Name of Registered Waste Hauler

Completed By (Print or Type)

CHRISTINE DEL VISCIO

SERVICE TRANSPORT GROUP

58 PYLES LANE NEW CASTLE DE

Contaminated Plaster Ceiling

Cubic Yards of

Disposal Date

Signature

Waste

12,000 SF

2-15-2019

Name of Registered Landfill

MINERVA LANDFILL

WAYNESBURG, OHIO

City, State

X

NJDEP Waste

Hauler ID No.

20990

ASST. ADMINISTRATOR

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 22 / Millennial Partners LLC Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2 Riverside Drive Suite 500 ☑ DOLWD City, State, Zip Code ASDESTOS CONTROL & **⊠** DOH Amendment #1 LICENSING Camden NJ 08103 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation 1 800 971-6773 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) 201 N. Front Street Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 90,000 7 100 +County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex DELTA/BJDS, INC Street Address Street Address 700 Turner Way Suite 105 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Aston Pa 19014 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. David Brown 610-558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 1 / 19 3 / 31 / 19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-___AM Bensalem Pa 19020 Scope of Work (Check all that apply) ≥3 sf or >3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Removal Encapsulate Enclosure Maintenance/ Amount TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Office X Pipe insulation 160 LF X 1st Floor П X Radiator Insulation 75 SF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Signature CHRISTINE DEL VISCIO ASST. ADMINISTRATOR 2-6-2010

State of New Jersey

ASB-41 JAN 13

1370-03N	100	N N	OTIF	ICAT	ION OF	of New Jersey ASBESTOS AB	ATEMENT					
Date of Notification (1)				(Furs	uant to N	NJAC 8:60 and 5	:16)	IN E	C	E	7	// [
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(NJAC 5:23-8) justif	fication)		9	Na	me of Con	tact		Tolophone N			A 27.5	
☐ Cano	cellation							Telephone Nu 1 800 971				
NI-					FACILITY	INFORMATION		1 000 97 1	-0113			
Name of Facility Where Abatement	t is Takir	ng Pla	ace (3)				Type of Facility	(4)				
The Victor Bldg							School (K-12					
Street Address		115					→ □ Subchapter 8	(Other than K-	12)			
201 N. Front Street							Other (i.e., pr homes, etc.)	ivate and comm	ercial	build	ngs,	
City (5) Camden							Square Feet	# of Floors		Dida	A	
							90,000	7		10(Age	
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Camden							1 200 (1 1)	n being demo	iisnea)		
Name of Monitoring Firm Hired by E Vertex	Building (Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
		License - Control				DELTA/BJDS						
Street Address						Street Address						
700 Turner Way Suite 105 City, State, Zip Code						1345 INDUST	RIAL BLVD.					
Aston Pa 19014						City, State, Zip C						
						SOUTHAMPT	ON PA 18966					
Project Manager for Monitoring Firm David Brown				lephon		Telephone No.		License No.		_		
Start Date (10)					8-8902	215 322-2900		00783				
_2 / _1 / _19	10				ate (11)	Name of OSHA M		10.00				
Occupancy Status During Abatemen	_		/_3	1 /	19	Criterion Lab	s					
Facility Closed/Vacated During Er	t (Uneck	conly	one)			Street Address						-
Abatement Performed Outside of	Normal	Facili	ty Hor	ro De	scribo	400 Street Ro						
Time of Abatement: 7AM-4PM/_	PM	1	AM	13 - DC	scribe	City, State, Zip Co						
Scope of Work (Check all that apply)						Bensalem Pa	19020					
☐ ≥3 sf or ≥3 If						⊠ Full Cont	ainment with Negat					
⊠ ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-Encl	osure	ive Pressure				
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			Loca		T	LI NOTI-LAGI	npted (*) and Non-F	-riable Procedu	-			
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TO BE ABATED	IVI)	Ma	intena	nce/	Asbe	stos Containing Mate	erial (ACM)	Amount	Rer	Repair	E	E
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(15)		Yes	(12) No	N/A	-	other miscellaneo	us)	SF or LF)	<u>n</u>		Encapsulate	ure
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4st Floor	-				Pipe ins			160 LF				
1001	- 1				Radiato	r Insulation		€75 SF ~		П	П	
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	1		П								Ш	
Name of Registered Waste Hauler			N.	JDEP V	Naste T	Cubic Yards of	N- (D)					
SERVICE TRANSPORT GROUP	P		Ha	auler II	No.	Waste	Name of Registere					
City, State				20990		D:15	MINERVA LAI	NDFILL				
58 PYLES LANE NEW CASTLE	DE					Disposal Date	City, State	- v company	=277.55			
Completed By (Print or Type)	Title						WAYNESBUR	G, OHIO				
CHRISTINE DEL VISCIO		ST A	DIMIA	IISTD	ATOR	Signature		Dat		,		
ASB-41			- iatil	OIR	ATUK	1 Cm	nalely	Lear!	Zn	6-5	101	4

ASB-41 JAN 13

NOTIFICATION OF ASBESTOS ABATEMENT 1370-03 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 / 22 / Millennial Partners LLC 2 2 2019 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 2 Riverside Drive Suite 500 **⊠** DOLWD ☐ Amended ASSESTOS CONTROL & City, State, Zip Code ☑ DOH Amendment #_ LICENSING ☐ DCA Camden NJ 08103 ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation 1 800 971-6773 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg School (K-12) Street Address Subchapter 8 (Other than K-12) 201 N. Front Street Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Camden Bldg. Age 90,000 7 County (6) 100 ÷ County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex DELTA/BJDS, INC Street Address Street Address 700 Turner Way Suite 105 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Aston Pa 19014 SOUTHAMPTON PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. David Brown License No. 610-558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __2 / __1 / 19 3 / 31 / 19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/____PM-___AM City, State, Zip Code Bensalem Pa 19020 Scope of Work (Check all that apply) Full Containment with Negative Pressure $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Repair Encapsulate Removal Enclosure TO BE ABATED Maintenance/ Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A 1st Floor Office X Pipe insulation 160 LF П П П П Name of Registered Waste Hauler П NJDEP Waste Cubic Yards of Name of Registered Landfill SERVICE TRANSPORT GROUP Hauler ID No. Waste MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Signaturé CHRISTINE DEL VISCIO Date ASST. ADMINISTRATOR

State of New Jersey

ASB-41 **JAN 13**

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

no CK	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												
Date of Notification (1)			Building Owner/G t. of Treasury	The second second					AUG	2	2 2	019	A CONTRACTOR OF THE PARTY OF TH
Agencies Notified Type Notification EPA Initial DEP Amended	2		iress t State Stree , Zip Code	t, 3rd F	loor	0		ASBI			CON		. 8
DOL Amendment #	3		, NJ 08625				Talas	N.					
DOH justification) DCA justification Cancellation		Michael	O'Reilly				1000-000	hone Nu 3) 273-3					
Name of Facility Where Abatement is Taking Pl	ace (3)	FACILI	TY INFORMAT	ION	Type of F	acility (4)							-
Edna Mahan Correctional Facility						ool (K-12)							
Street Address 30 Route 513	-				Othe etc.)	chapter 8 er (i.e. priv)	(Other rate &	than K-1	(2) Sial bu	ıildin	gs, ho	mes,	
City (5) Clinton					Square F	eet	# of F	Floors		Bldg	, Age		
County (6) Hunterdon		County Co (STATE US				Jse (Prior ional fac		g demolis	shed)				
Name of Monitoring Firm Hired by Building Own Environmental Connection	ner (8)	ASCM 00030			of Abatem /R/Save		actor (9)				(0)	
Street Address 120 N. Warren Street					Address Somerset	Place							
City, State, Zip Code Trenton, NJ 08608	1800			5000	State, Zip Con, NJ 07				17.202.041				
Project Manager for Monitoring Firm Jordan Reed		Telephone (609) 39	e No. 92-4200	975-00-10-00	hone No. 3) 470-02	200		License 00357	No.				
X ON 4000	heduled Co	mpletion D	Pate (11)	Name	of OSHA	Monitor		-					
Occupancy/Status/During Abatement (Check C		/ /		Stree	t Address			4				10	
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Abate Facility Hour	ment rs	2	City,	State, Zip (Code		60	-				\dashv
Scope of Work (Check All That Apply)				1									-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renov Demoi				Mini-E Glove	Containment Enclosure Lebag Proce Exempted	edure						
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Norm Used So Mainten Custodia (12	lely by nance/ Il Staff?	Asbestos Co (i.e. therm sur	nal syste rfacing, \	Material (A		(5	mount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
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Building I main gate	X		small	ab/e	remo	val	32	CF		7			
Boiler Room		-	small ,	fron	a re				-				
									-	-			
Name of Registered Waste Hauler Progreen		NJDEP V Hauler ID 22051		bic Yard Waste	s	Name of Grows		ered Lan					
City, State East Brunswick, NJ		1	Dis	sposal D	ate	City, Stat		PA					
Completed by Sharon Hendee	Title Preside	ent		Signa		hr N	4	8	Dat	eg	12	19	

Date of Notification (1)	19	1	Name of B	Building Ov t. of Trea	wner/Operator	(2) IC		1	AUG	2 8	2 20	119	
Agencies Notified Type Notification EPA Initial DEP Amended	3	2			treet, 3rd F	Floor			ASBEST	OS C			&
DOL Amendment # Emergency (in justification)		- -	Trenton	, NJ 086 Contact	25			Tel	ephone Num	ber	2		
DCA Cancellation		I		O'Reilly				(60	09) 273-35	61			
Name of Facility Where Abatement is Taking Edna Mahan Correctional Facility	Place (3)				and the state of t	prompt.	f Facility (4)				-		
Street Address 30 Route 513				-		St	ther (i.e. pri	(Oth	er than K-12) & commercia	l buildi	ings, h	omes	
City (5) Clinton						Square	c.) Feet	#0	f Floors	Blo	dg. Ag	е	
County (6) Hunterdon			County Co	ode (7) SE ONLY)			t Use (Prior ctional fac		ing demolishe	ed)	-		
Name of Monitoring Firm Hired by Building On Environmental Connection	wner (8)		ASCM 00030		Name Pow	of Abate	ement Contr e Inc	actor	r (9)				
Street Address 120 N. Warren Street City, State, Zip Code					15 5		et Place			VTT 2 3 (1840)			
Trenton, NJ 08608						State, Zip on, NJ				44			
Project Manager for Monitoring Firm Jordan Reed		(92-4200		hone No. 3) 470-0			License No 00357),			
NO CAT 190CI	Scheduled Can Ca		pletion D	Date (11)			A Monitor						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	eriod of Ab	atem	/ ent			t Address State, Zip							
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		ocati ormal			45-21 VA 51							ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Sole Itenai	ly by nce/ Staff?		Description See Containing Thermal system Surfacing, \ other miscell	Material ms insula /AT, or			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
01/2	Yes	No	N/A		/					-		te	
VISTO CENTER	1			non	Small	Cen	nova)	3.	2 CF	+	1		\dashv
Boiler Room				9	JMIOII	Jin	a W						
Name of Registered Waste Hauler Progreen		1	NJDEP V Hauler ID 22051		Cubic Yard of Waste	S	1000		stered Landfil th/Fairless				
City, State East Brunswick, NJ					Disposal D	ate	City, Stat		PA				
Completed by Sharon Hendee	Title Pres	ident	t		Signa	ture	n My	7		ate		8	الما

Date of Notification (1)	, ,		Nome of	Dullalia a					1					
(8/12/19			Building Ov pt. of Trea)		AU	G 2	2	2019)	此
Agencies Notified	Type Notification		Street A	ddress st State S	troot 2rd	Ela.	-	Windshipper (c)	100000		-	Name of the last	Marine Co.	
EPA DEP DOL	Initial Amended Amendment #1	3	City, Sta	ite, Zip Code in, NJ 086)	LIO	OI ,		ASBEST L	ICEN	SOI	VTRC)L &	NI TURNING S
and the second s	Emergency (inclustification)	luding	1	Contact				TT	elephone Nu	ımhor				
DOH DCA	Cancellation		III III KASAN KANONAN	el O'Reilly				100	609) 273-					
Name of Facility Where A	hatement is Taking F	Diane (3)	FACI	LITY INFOR	MATION	1 -								
Edna Mahan Correct		lace (3)					ype of Facility (4)							
Street Address 30 Route 513							School (K-12) Subchapter 8 Other (i.e. pri	(0	her than K-	12) cial bu	ildir	igs, ho	mes,	
City (5) Clinton						S	etc.) Square Feet	#	of Floors		Bld	g. Age		
County (6) Hunterdon				Code (7) USE ONLY)		0	Current Use (Prior correctional fac	if b	eing demoli	shed)				
Name of Monitoring Firm	Hired by Building Ow	mer (8)	ASCN	Λ No.	Nam		Abatement Contr							_
Environmental Conr	nection		0003	0	Pov	w/R	/Save Inc							
120 N. Warren Street	et .				100000000000000000000000000000000000000		ddress merset Place							
City, State, Zip Code Trenton, NJ 08608		*					te, Zip Code , NJ 07012							
Project Manager for Moni	toring Firm		Telepho		Tele	pho	ne No.		License	No.				\dashv
Start Date (10)	S	cheduled C		392-4200 Date (11)		05.	470-0200 f OSHA Monitor		00357					_
2 Phases (5			***											
Occupancy Status During	ated During Entire Pe		tomont		Stre	et A	ddress							
Facility Closed/Vaca Abatement Performe Other – Describe: _	ed Outside of Normal	Facility Ho	urs		City	, Sta	ate, Zip Code							-
Scope of Work (Check Al	II That Apply)													_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Santaneon .	ovation nolition				Full Containme Mini-Enclosure Glovebag Proc	edu	re					
		lala	cation				Non-Exempted	(*)	and Non-Fr	iable F		edure Abater	nont	
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Asbestos-Containing TO BE AB	Material (ACM) ATED	Mainte	Solely by enance/		os Containin thermal syst		aterial (ACM)		Amount (Specify		Z		En	ш
In Facil	lity		ial Staff? 12)		surfacing, other misce	VAT	Γ, or		SF or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No N/A								/al	=	llate	ure
Bldg 4 Edne	9 Mahan	X		89	liting	5			178 L	F	X			
	ment			425	LF D.	PI	19		425 L		У			
(Two Phases)			Wra	p + Cu	VT								
Name of Registered Wa	ete Hauler		NJDEP	10/	10151									
Progreen	Sie Hadiei		Hauler I		Cubic Yar of Waste	as		0.0000	gistered Landrick orth/Fairle					
City, State East Brunswick, NJ					Disposal I	Date	City, Star Morris		, PA					
Completed by Sharon Hendee		Title Presid	ent		Sign		///	,		Date		2/	. /.	a
ASB-41 (R-06-08) * /	15+ phase	ine de	v 7/2	1,0		-	4/Mm 1/4 9	_			0	118	41	7
ASB-41 (R-06-08)	nd phase	ON	101.D		/	Do n	ot use this form fo	or as	sbestos lice	nsure	exe	mpted	activ	ities.
<i>~</i>			1000	8/12	2/19 Ca	ne	re/				**			

Date of Notification (1)	12/19		uilding Owner/O . of Treasury,			L AUG	22	2019	Constitution of the consti	¥
Agencies Notified Type	Notification	Street Add 20 West	ress State Street	3rd Fl	оог	ASBESTO	S CON	NTRO	- &	-
DEP X	Amended Amendment #1	City, State Trenton,	, Zip Code NJ 08625		ļ _e	form to find the second	L18011	non-seven	COOKINES	E rec
DOH DCA	Emergency (including justification) Cancellation	Name of C Michael				Telephone Numb (609) 273-356				
		FACILI	TY INFORMATION	ON						\dashv
Name of Facility Where Abatel Edna Mahan Correction					Type of Facility (4					
Street Address 30 Route 513	*				Subchapter Other (i.e. p	8 (Other than K-12) rivate & commercial	buildin	gs, hor	nes,	
City (5) Clinton					etc.) Square Feet	# of Floors	Bldg	g. Age		1
County (6) Hunterdon		County Co	ide (7) E ONLY)		Current Use (Pric	 or if being demolishe	ed)			\exists
Name of Monitoring Firm Hired Environmental Connecti		ASCM 1	0.73		of Abatement Con R/Save Inc	150				+
Street Address 120 N. Warren Street		100000		Street	Address omerset Place					\exists
City, State, Zip Code Trenton, NJ 08608				City, S	tate, Zip Code on, NJ 07012					+
Project Manager for Monitoring Jordan Reed	g Firm	Telephone (609) 39		Teleph	none No.) 470-0200	License No).			-
Start Date (10) TWO PHASES	Scheduled C	1 2000	ate (11)	104105050000	of OSHA Monitor	00337				\dashv
Occupancy Status During Aba	tement (Check Only One)	- /	ohase-	Street	Address					+
Facility Closed/Vacated Abatement Performed O Other – Describe:	During Entire Period of Aba utside of Normal Facility Ho	tement ours		City, S	State, Zip Code					+
Scope of Work (Check All The	× Ren	ovation nolition			Mini-Enclosur Glovebag Pro					
	is Lo	cation						Abatem	ent	
Location of Asbestos-Containing Mat	Nor erial (ACM) Used S	mally Solely by		escription ntaining	n of Material (ACM)	Amount		Туре	-	\dashv
TO BE ABATE In Facility (13)	Custod (enance/ ial Staff? 12)	surf	al system acing, V miscella		(Specify SF or LF)	Removal	Repair	Encansulate	Enclosure
Building 10	Yes	No N/A	75 F.	Ying 5		150 LF	V		0	
Sevith hall	~		Wrap	tr	<i>t</i>	130 LF	1			
basement			,							
None of Devision (1877)		1								
Name of Registered Waste Progreen	Hauler	NJDEP W Hauler ID 22051		ic Yards /aste		of Registered Landfi s North/Fairless				
City, State East Brunswick, NJ		- Land	Disp	oosal Da		ate sville, PA		1000-010		
Completed by Sharon Hendee	Title Presid			Signati	5/hnv	le :	Date 8/	12/	19	
ASB-41 (R-06-08)	T Phase I day	7/5/1 1 #0 L	9. D 8/12/1,	• Do	not use this form	for asbestos licensu	ure exe	mpted :	activit	ies.

Date of Notification (1)	8/2/19				ding Owner/ of Treasur					A	UG 1	2-2	2019	
	Type Notification			t Addre	ss State Stree	et, 3rd F	loor			ASBE				L &
EPA DEP DOL	Initial Amended Amendment #	3			Tip Code NJ 08625						LICE	NOII	10	
DOH DCA	Emergency (includi justification) Cancellation	ng		e of Cor nael C	ntact D'Reilly			1000	elephone 609) 273					
Name of Francisco Albanda			FA	CILITY	INFORMA	TION								1
Name of Facility Where Al Edna Mahan Correct		e (3)					-	ol (K-12)						
Street Address 30 Route 513							Subch Other etc.)	napter 8 (Ot (i.e. private	her than & comm	K-12) ercial bi	ullding	s, hor	nes,	
City (5) Clinton							Square Fee	et #	of Floors		Bldg.	Age		
County (6) Hunterdon				nty Cod TE USE				e (Prior if b		iolished)				
Name of Monitoring Firm Environmental Conr		r (8)		SCM No 0030).		of Abateme		or (9)					1
Street Address 120 N. Warren Street	et				E2	NA 627 003	et Address Somerset F	Place					*	
City, State, Zip Code Trenton, NJ 08608					20		State, Zip Co ton, NJ 07			<u> </u>				
Project Manager for Mon Jordan Reed	itoring Firm			ephone 19) 39:	No. 2-4200	200000000000000000000000000000000000000	phone No. 3) 470-020	00	Licer 003	nse No. 57				
Start Date (10) , 1	TBD 7	(ample an	tion De	te (11)	Nam	ne of OSHA N	Monitor -						
Occupancy Status Durin			/	17		Stre	et Address							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Perioned Outside of Normal F	d of Abat acility Ho	emen urs	t 		City	, State, Zip C	ode						-
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Mini-E Glove	ontainment inclosure bag Proced exempted (*	lure										
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b 951	ment					70	1-(0)		<i>y J</i> 1					
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City, State East Brunswick, N	NJ.					Disposa		City, State Morrisv						
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Date of Notification (1)	8/12/19				ilding Owner of Treasur					UG 2	2	201	9	
Agencies Notified EPA	Type Notification			et Addre West	ess State Stree	et, 3rd F	Іоог		ASBE	STOS	CO	NTR	OL 8	N. Carrier
DEP DOL	Amended Amendment #		100000000000000000000000000000000000000		Zip Code NJ 08625			L		LICE	HOH	NG	productive a	nice description
DOH DCA	justification) Cancellation	ung		ne of Co chael (ntact D'Reilly			100	Telephone No (609) 273-					
Name of Facility Where A		ce (3)	F	ACILIT	Y INFORMA	TION	Type of F	acility (4)	4			ing ma		7
Edna Mahan Correct Street Address 30 Route 513	ctional Facility		-		************		Subt Othe	er (i.e. priva	Other than Kate & commer	12) cial bui	ding	s, hor	nes,	
City (5) Clinton							etc.) Square F		# of Floors		Bldg.	Age	-	_
County (6) Hunterdon				unity Cot ATE USE	ie (7) ONLY)			lse (Prior if onal faci	f being demol	ished)		-		4
Name of Monitoring Firm Environmental Con		er (8)	10/11/53	ASCM N 00030	0.		of Abatem R/Save		actor (9)	-				
Street Address 120 N. Warren Stre	eet					100000000000000000000000000000000000000	t Address Somerset	Place						
City, State, Zip Code Trenton, NJ 08608						500000000000000000000000000000000000000	State, Zip Con, NJ 07							
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Facility Closed/Va	ng Abatement (Check O cated During Entire Peri med Outside of Normal	od of Aba	atemer	nt			et Address State, Zip	Code			*			
Scope of Work (Check ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)	Management	novatio				Mini-	Enclosure ebag Proce	nt with Negati edure (*) and Non-F					
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None of Doniston d	Of-stalland													
Name of Registered Progreen	vvdste nauter		H	IJDEP V Hauler II 2051	17 (2007) T T T (1)	Cubic Yar of Waste	as	The same	Registered L North/Fair					
City, State East Brunswick,	NJ					Disposal	Date	City, Sta	ate ville, PA					
Completed by Sharon Hendee		Title Pres	sident	ŧ		Sign	5 /M	1/4		Da	te 8/	12/	19	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Check# 2/139// Date of Notification (1) Name of Building Owner / Operator (2) August 19, 2019 Ron Pagano Agencies Notified Type Notification Street Address AUG 22 2019 EPA DEP DOL Initial City, State & Zip Code ASBESTOS CONTROL & ⊠рон Amended Manahawkin, NJ 08050 LICENSING Amendment # DCA Cancellation Name of Contact Telephone NI... Ron Pagano **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors City (5) Bldg. Age 616 Manahawkin 54 years Current Use (Prior if being demolished) Residence County (6) County Code (7) Ocean USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 Scheduled Start Date (10) 00817 Scheduled Completion Date (11) Name of OSHA Monitor September 3, 2019 October 3, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or > 3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Asbestos-Containing Material (ACM) Abatement Type Solely by Maintenance or Asbestos-Containing Amount (Specify SF TO BE ABATED Custodial Staff? (12) Material (ACM) or LF) IN Facility (i.e., thermal systems (13)insulation, surfacing, VAT Encapsulate Enclosure Remova or other miscellaneous) Repair Yes No N/A Residence X Siding 1,100 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ October 4, 2019 Morrisville, PA Completed By Title Signature Date Diane Aloia **Executive Administrator** litre August 19, 2019

State of New Jersey

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Date of Notification (1)					Name of Bu	ilding O	wner/Operator (2)						
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Name of Facility Where Ab	atement is T	aking	Place /	3)	FACILITY IN	VFORIVI	ATION	I=	****				
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MONMOUTH													
Name of Monitoring Firm Hi	red by Buildi	ng Ov	vner (8)		ASCM No.	Name	of Abatement Cor	ntractor (9)					
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Street Address							Address						
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City, State, Zip Code							tate, Zip Code						-
CROSSWICKS, NJ						1	ton, NJ 08691						
Project Manager for Monitor	ing Firm	Tele	ohone I	No.			one No.			Lice	nse N		
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Date of Notification (1) 08/17/19	Check #3434				of Building		Operator	(2)		14		AU	G 2	2 (2019	
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Name of Facility Where		ng Place (3))	FAC	LITY INF	ORMAT	ION	Туре	of Facility (4)						
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Project Manager for Mor N/A	nitoring Firm			Telepho N/A	ne No.		Teleph 201-2				Lice 010	nse N 74	0.			
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State of New Jersey NOTIFICATION OF ASSESTOR ABJETMENT (Pulspamylor NJAC & solphard (to 130) Date of Notification (Pulspamy													
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Project Manager for Monit	oring Firm	_	Tel	ephone	No.	Telephone No. 856 -77	9-0472	License		71		_	_
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Name of Earth, Un Al		W. 721	FACILITY	INFORMATION					
Name of Facility Where Abatem	ent is Taking EWLE	Ptace (3)				acility (4)			
Street Address City (5)				***	School Subch	apter 8 (Other than i.e., private & comi i, etc.)	mercial		
County (6)	1 CH	٢	~		1500	7		Bldg.	1000
	UAY Building Ow	ner A	USE ONLY)	(7) (STATE	Current Us	e (Prior if being de ACAWT	molishe	d)	
(8) N/A					KLFMCC				
Street Address					29 S. S	PRUCE A	ut-		
City, State, Zip Code						HADE N.	JO	805	 Z
Project Manager for Monitoring Fire		-	one No.	Telephone No. 856-77		License No	137	1	
Start Date (10) 9 - 5 - 19	9-	Completion	1 Date (11)	Name of OSHA	NI	A			
Occupancy Status During Abateme Facility Closed/Vacated During B Abatement Performed Outside o Other - Describe:	Entire Period	of Abatemer	ור	Street Address City, State, Zip (A .			_
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	R	enovation emotion		☐ Mini-En	closure ag Procedure	Vegative Pressure	ure		
Location of	User	Location formally I Solely by		Description of				bateme Type	nt
Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	7 0	ntenance/ ustodial Staff? (12)	(i.e., th	s Containing Mate lermal systems in surfacing, VAT, ther miscellaneou	nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Enclosure
	Yes	No N/A		1.2.55		2	1,1	-	\dashv
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	= $+$ $+$	-					1	+	\Box
ome of Registered Waste Hauler KLEMCO JAIC		Hauter D	No. of	ubic Yards Waste	Name of Regis				
Y. State MAPLE SHUWE W.	I.			sposal Date	City. State	DBINIE N	5.	` 	
Tipleted By ICHIATT VICTURE	Title PRES			Signature	n_	- 3-1	9-10	Ì	

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IN# 130	ana										Р	rint F
UK3041.	PAID		ICATIO	tate of New Jerse N OF ASBESTOS t to NJAC 8:60 ar	ABATE		DE	GE		<u> </u>	111111111111111111111111111111111111111	
Date of Notification (1) 08.16.19				of Building Owner/ ERT & ASHLE			And the second of the second o	AUG 2	2 20)19	A Distance of the Party of the	الا
MINISTER CONTRACTOR	tification		Street A	Address								
X EPA X Init	ial iended	L	City, St	ate, Zip Code			AS	BESTOS (8	are and
	endment #1 ergency (including	- [MIDD	LESEX, NJ 08	846			LIOLIY	Ollvo		phonone in the	
DOH jus	tification) ncellation			of Contact ERT BELFORD)		Te	lephone Nu	mber .'			
Name of Facility Where Abatemen	t is Taking Place (3	3)	FAC	ILITY INFORMAT	ION	Type of Fa	cility (4)					
	3 (,					ol (K-12)					
Street Address						Subch	napter 8 (Oth (i.e. private			dings	, hom	ies,
City (5) MIDDLESEX				84		Square Fee	et # c	of Floors	E	Bldg. A	Age	
County (6) MIDDLESEX			County (STATE	Code (7) USE ONLY)		Current Us PRIVATE	e (Prior if be E RESIDE	ing demolis	hed)			
Name of Monitoring Firm Hired by A SEINE LIGHTHOUSE SC	Building Owner (8) DLUTIONS, LLO		ASCI	M No.		of Abatemer			191			
Street Address PO BOX 354						Address LIBERTY	'AVE					
City, State, Zip Code SOUTH ORANGE, NJ 0707	79					State, Zip Coo SIDE, NJ						
Project Manager for Monitoring Fire SARAH CALANDRA	n		Telepho 201-34	ne No. 49-2666	200	hone No. 462-7465		License N 01316	lo.			
Start Date (10) 09.04.19	09.09.1	9	npletion	Date (11)		of OSHA Mo EINE LIGH		SOLUTI	ONS,	LLC	;	
Occupancy Status During Abateme						Address BOX 354		V				
Facility Closed/Vacated Durin Abatement Performed Outside Other – Describe: PRIVATE F	e of Normal Facility	Abatem Hours	ent		City, S	State, Zip Coo JTH ORAN		7070				
Scope of Work (Check All That App	oly)				000	/III OIVAIN	IOL, 143 U	1013	-			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	The second secon	enovat emoliti			×	Mini-Encl Glovebag	ainment with losure g Procedure mpted (*) an				•	
	Is	Locatio	on			THOM EXC	Inpice () ari	a North Hac	1	Abate	ement	t
Location of Asbestos-Containing Material (990000	lormall d Solel		De Asbestos Con	scription			v		Ту	ре	
TO BE ABATED In Facility	Ivial	ntenan odial S		(i.e. thermal	systems	s insulation,	(5	mount Specify	Re	Z.	Enca	Enc
(13)		(12)			cing, VA niscellar		SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						_		ate	αi
BASEMENT			Х	PIP	E WR	AP	5	0 LF	X			
							-					
Name of Registered Waste Hauler		80000	JDEP W			Nam	e of Registe	red Landfill				-
NEWARK CARTING			suler ID 509	No. of Was	ste	WA	STE MAN	IAGEMEN	NT LA	ANDI	FILL	
City, State EAST ORANGE, NJ				Dispos	al Date		State N ARGYLI	E, PA				
Completed by ALISON LAMERS	Title OFFI0	CE M	ANAG		ignature	and	D .	Da	te	10	7	

W#-13907 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) 08/17/2019 Dan Reichard Agencies Notified Type Notification Street Address **EPA** Initial × DEP City, State, Zip Code Amended × ASBESTOS CONTROL & DOL Amendment # Plainfield, NJ 07060 Emergency (including LICENSING Name of Contact × DOH justification) Telephone Number DCA Cancellation Dan Reichard **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Plainfield N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union House Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. N/A D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 9733458685 01311 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/28/2019 08/30/2019 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure

≥160 sf or ≥260 lf		Demolit	ion		×	Mini-Enclose Glovebag Pr Non-Exempt		le Pro	cedur	·e		
Location of	1	Locati Normal	ly		Description of			Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole eintenar todial S (12)	nce/		estos Containing Mat e. thermal systems ir surfacing, VAT, other miscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A				<u>a</u>		ate	re		
Basement		X			Pipe Insulation	on	390 LF	Х				
				aste	Cubic Yards	Name o	f Registered Landfill					
D&S Abatement, Inc. Hauler II 20996				No. of Waste			ss Landfill					
City, State Totowa, NJ					Disposal Date TBD /	City, Sta	State isville, PA					

Project Manager

Signature

Oliver Hegedis

Completed by

08/17/2019

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TAINT	3780		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT								y. [
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Date of Notification (1)		direction of the second		Name o	f Building	Ownerl	nerator	(2)				AUG	2 .	20	10	-	
08/19/19	Check # 3435				ady of M			(2)		L L	7	HUU		- 40	19	l la	
Agencies Notified	Type Notification			Street A	ddress						Loomeron		+		-	\perp	
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DEP X DOL	Amended				te, Zip Co					- Shandarday	Per direction of the second	***************************************	A. A. S. A.	11-4-63		Welterway	
X DOL	Amendment Emergency		-		y, NJ, 0	7670											
DOH DCA	justification) Cancellation			Ed Mc	f Contact Elv						lephon						
					LITY INFO	ORMAT	ION			1-					- M W		
Name of Facility Where		g Place (3	3)					Тур	e of Facility (4)							
our Lady of Mt Carr Street Address	nei							×	School (K-1			14.40					
10 County Road									Subchapter Other (i.e. p etc.)					dings,	home	es,	
City (5) Tenafly								767711771	uare Feet ,000	3	of Floor	S	175000	ldg. A 0+	ge		
County (6) Bergen	(6)			County (Code (7) USE ONLY)		100,77573	rrent Use (Prio	or if be	ing der	nolish	ed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN N/A	No.		Name EA S		batement Cor	tracto	r (9)						
Street Address N/A		-		1			Street 426	Add	ress	1,000							
City, State, Zip Code							_ /**:::::::::::::::::::::::::::::::::::		Zip Code	-						-	
N/A Project Manager for Mon	itorina Firm			Talaaba	N-		Gutte	enbe	erg, NJ, 07	022	Tir						
N/A	illoring Firm			Telephone No.							010	nse No 74					
Start Date (10) 08//30/19		09/02/	19	npletion I	Date (11)		Name N/A	of O	SHA Monitor								
Occupancy Status During	g Abatement (Che	k Only Or	ne)		ress												
Abatement Perform Other – Describe:	ed Outside of Norr	Period of A	Abatem Hours	nent				state,	Zip Code								
Scope of Work (Check A							N/A										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,		Renova Demolit				×	1	full Containme Mini-Enclosure Glovebag Prod	edure	-				27		
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Location	n of	1	Vormal	ly		De	scription	of							ре		
Asbestos-Containing	Material (ACM)	5000026	d Sole intenar			tos Cont	taining N	/later	ial (ACM)		mount		_		Ē	Е	
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(13)			(12)	,	3		niscellar						oval	oair	Encapsulate	Enclosure	
	No	N/A									le	***					
Boiler Ro	X		AC	CM Ins	ulation	& E	Ends		8 LF			Χ					
											es e elinic						
Name of Registered Was	JDEP Wauler ID		Cubic of Wa	Yards		0.0000000000000000000000000000000000000	of Registered Landfill										
EA Services Corpora	ation			01278		N/A	J.C		Tri-State	e Tra	nsfer	Asso	ciate	es			
City, State Guttenberg, NJ						Dispos TBD	sal Date		City, State Bronx, NY								
Completed by		Title	000708	50		S	Signature	9	/	Date							
Completed by Title Signature Date Michael Fajardo Office Clerk																	

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Date of Notification (1) 8/9/2019 Check#3	430			Building O		perator	(2)	1	A	JG 2	2 2	n19	A CONTRACTOR OF THE PERSON OF
Agencies Notified Type Notification			Street A	ddress				leef le	1	, ,	- 6	UIJ	-
☐ EPA 🗵 Initial			131 Ea	ast Fort L	ee Ro	oad			1000	2200	2011		
DEP Amended			95	te, Zip Code					ASSE	STOS (SING	HUL	- Čt
DOL Amendment Emergency		-		a, NJ 076	03								
DOH justification) DCA Cancellation			Name of	Contact Scarano				Tel	ephone N	lumher			
BCA Caricellation			15-30-0000000000000000000000000000000000	LITY INFOR		ON		1			in .		
Name of Facility Where Abatement is Takin	g Place (3	3)	1 AOII	LITT IN O	WATE	ON	Type of Facilit	y (4)					_
St Joseph School							School (F	<-12)					
Street Address							Subchap	ter 8 (Oth	er than K-		حددال	la a	
131 East Fort Lee Road							etc.)	e. private	& comme	ciai buii	aings	nome	38,
City (5) Bogota							Square Feet 20,000	# o	f Floors	1 3	3ldg. <i>F</i> 50+	Age	
County (6) BERGEN			County C	Code (7) ISE ONLY)			Current Use (F School	Prior if be	ng demol	ished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		Name	of Abatement C	Contractor	(9)				
N/A Street Address							ervices Cor	poration	1				
						426 6	9th Street						
City, State, Zip Code							ate, Zip Code enberg, NJ 0	7093					
Project Manager for Monitoring Firm			Telephor	ne No.			one No. 295-1700		License 01074				
Start Date (10) 8/21/19	Schedule 8/23/2		mpletion [Date (11)		Name	of OSHA Monit	or					
Occupancy Status During Abatement (Chec													
Facility Closed/Vacated During Entire			ment			Street							
Abatement Performed Outside of Norm Other – Describe: 8 AM	nal Facility	/ Hour	s		_ [City, St							
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Mini-Enclos Glovebag P						
						×	Non-Exemp	ted (*) an	d Non-Fri	able Pro		e ement	
		Locat Norma					3					/ре	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Asbesto		scription aining M	of aterial (ACM)	A	mount			П	
TO BE ABATED In Facility		intena todial	Staff?	(i.e. th			insulation,		Specify or LF)	Rer	Re	Encapsulate	Enclosure
(13)		(12)				ing, VA [*] niscellan		Sr.	OI LF)	Remova	Repair	psul	nso
	Yes	No	N/A							<u>n</u>		ate	ē
Boiler Room						Insula	tion		1 LF		Х		
Pre-K 4	Х			Clean	-up de	bris	1	2 SF	X				
Kitchen	х			Pipe	Insulat	tion		1 LF		Х			
First Floor/Gym Stage			Pipe	Insula	tion		1 LF		Х				
Name of Registered Waste Hauler		14733	JDEP W	aste	Cubic Yards Name of Registered Landfill								
EA Services Corporation			lauler ID I 01278	1	of Was N/A		- District Control		nsfer As	ssoc.			
City, State Guttenberg, NJ					Dispos tbd	al Date	City, Si						
Completed by Gina Betances	Title Office Manager							uS		Date 8/5/20	19		

IN # 13910 State of New Jersey												int Fo					
(K) 250 PA			CATION	ate of Nev N OF ASBI to NJAC	ESTOS	ABATE		IT		E	C	E		7 6			
Date of Notification (1) 08.16.19				f Building OF TRE				F HOUSIN	IG		AUG	2 2	20	19	A CONTRACTOR OF THE PARTY OF TH		
Agencies Notified Type Notification X EPA X Initial			Street A 319 E	ddress AST ST	ATE S	TREET	Г		leri io								
X EPA X Initial Amended Amendment	#1			ate, Zip Co TON, No		8				ASB		OS C CENS		ROL	â		
DOH justification) DCA Cancellation	including	1.0	Name o	f Contact ROACH		A _{rtio} —			1 2 2 3 3	elephon							
				LITY INFO	ORMATI	ON				00-000	J-33	10		- 7			
Name of Facility Where Abatement is Taking 794-796 STUYVESANT AVE	g Place (3	5)					Ту	pe of Facility									
Street Address 794-796 STUYVESANT AVE							×	School (K- Subchapte Other (i.e. etc.)	r 8 (Otl				dings,	home	es,		
City (5) TRENTON								uare Feet 85	2	of Floor	s	1.00	ildg. A 9	ge			
County (6) MERCER				Code (7) USE ONLY)				rrent Use (Pr RIVATE RE			nolish	ied)	i)				
Name of Monitoring Firm Hired by Building (A SEINE LIGHTHOUSE SOLUTIO)	ASCN	/ No.				batement Co S TANK SE									
Street Address PO BOX 354						Street 1256		ress BERTY AV	VE								
City, State, Zip Code SOUTH ORANGE, NJ 07079								, Zip Code E, NJ 072	05								
Project Manager for Monitoring Firm SARAH CALANDRA			Telepho 201-34	ne No. 19-2666		Teleph 844-4		No. -7465		Licer 013	nse N 16	0.					
Start Date (10) 08.30.19	Schedule 09.10.1		pletion	Date (11)				SHA Monitor E LIGHTH		SOL	UTIO	ONS.	LLC				
Occupancy Status During Abatement (Chec	c Ońly On	e)	Street Address PO BOX 354														
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A al Facility	Nbatem Hours	ment														
Scope of Work (Check All That Apply)									:, NJ 07079								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				×	N	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	1							
	200	Locati						TOTT EXCHIPTE	4 () 41	10 14011	THUD	T	Abate	ment			
Location of Asbestos-Containing Material (ACM)	Use	lormali d Solel	y by	Asbest		scription aining M		rial (ACM)	١,	Amount			1 y	ре	П		
TO BE ABATED In Facility	2000000	ntenar odial S (12)			thermal surfac	systems cing, VA	s ins	ulation,		Specify F or LF		Remova	Repair	Encapsulate	Enclosure		
(13)	Yes	No	N/A		other n	niscellan	eou	s)				oval	air	sulate	sure		
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LIVIING/DINING ROOM			Х	FLOOF	RTILE	S BEI	GE/	GRN/BL	16	600 SI	F	Х					
Name of Degistered Wests Haules		LM	NJDEP Waste Cubic Yards Name of Registered Landfill														
Name of Registered Waste Hauler NEWARK CARTING		H	auler ID 1509	SECTION 1	of Was			WAST				NT LA	ANDI	FILL			
City, State EAST ORANGE, NJ					Dispos	al Date	4	City, Sta PEN A		E, PA							
Completed by ALISON LAMERS Title OFFICE MANAGER Signature Date 6 10 19																	

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

CK 5212

FP 1 0 100		(P	ursua	INT TO	NJAC	8:60 and 12:1	20)	O I O I	u n	n		Dritation
Date of Notification (1)	9/19		P			g Owner/Operator	(2) HEL		3 U V			-
- / ·	//		-		MAG	DA MIC	HEL II	}}		N.	-H	11
Agency Notified	Type Notification		1	Street A	Address		. 111	IIIh AUG 2	2 201	Q		U
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DI DEP ZI DOL	Amended Amendment#		1	, C.	Salt	H ERANIC	25 NJ	- ASBESTOS	2	-		
	D Emergency (includi	ng	-		of Contac			Telephone Num	DONTA	OL	. લે	
DOH DCA	justification) D Cancellation				MS	MICHEL	-		-0.0		-	r Swimber,
				FACIL	JTY INF	ORMATION					٠,	
Name of Facility When	e Abatement is Taking Pla	ice (3)					Type of Facility	(4)				
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Street Address		_					Subchapter	8 (Other than K-12 rivate & commercia	.) al buildino	s.		
				,			homes, etc.					
City (5) .				;		٠.,	Square Feet	# of Floors	Bidg. A	100		
Sout	4 ORANGE						1800.	. 2	1	0	+ 7	Me
County (6)) (STATE USE		rior if being demol	ished)			
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(8)							moval In	.c				
Street Address				14 g		Street Address						
				20			th River	St				
City, State, Zip Code						City, State, Zip C		07601				
							ack, N.J	License No.				
Project Manager for M	lonsioning Firm	le	lephon	e No.		Telephone No. 201-329	-7444 :	00388				
Start Date (10)	Scheduled C	omolefi	ion Dat	p (11)		Name of OSHA		1 00300		_=		_
8/30/19	81		9	~ (11)			Environm	ental				
	ring Abatement (Check on					Street Address						
D Facility Classed for	ated During Entire Period	of Abot	omont			280 H	uyler St	77.5				
☐ Abatement Perform	ed Outside of Normal Fac	thy Ho	urs			City, State, Zip (Code	*	8			
	8:00 but TO 5:0	12 6t	4	1.0		S. Had	ckensack	, N.J. 07	606			
Scope of Work (Check	k all that apply)					D Full	Containment with	Negative Pressu	æ			
DE≥3sfor≥3lf				☑ Ren ☑ Den	ovation	2 Mini	Enclosure rebag Procedure					
□ ≥ 160 sf or ≥ 260 lf			e e	u Desi	IORROH			d Non-Friable Pro	cedure			-0.00
		ls	Location	on						Ab	Type	
l a m	ation of		Vormali	y	1	Description	of			-	.,,,,	T
	ning Material (ACM)		d Solel intenar			stos Containing M	atorial (ACM)	Amount	Ī	-	3	
TO BE	ABATED Facility	9	ibotas:		(i.e	thermal systems surfacing, VA	s insulation,	(Specify SF or LF)		Removal	Repair	Enclosure
		İ	(12)		1	other miscellan				Val	al ula	enre
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21564	1—	Yes	No	N/A				151	=	×	+	+
BASEME	\$10-1	-	-	V	HERM	M SYSTEM IL	SS LATION	151	- (-	7	+	+
<u>i</u>		-			-					\dashv	+	+
		-	-	-	-				7	+	+	+
Name of Registered V	Maste Hauter	I NL	DEP V	baste I	lauter	Cubic Yards of	Name of Reg	istered Landfill				1
	noval Inc		No.			Waste /					•	
**			17	109		11/20	3 CUNBERL	AND COUN	Y LA	VD	FIL	L
City, State	.1					Disposal Date	City, State	. 0.	1		20	
	ick , N.J. 07	601				9/3/19	NEWBUR	GH, PA.	17240	2-	T	
Completed by	1	ima	t a =			Signature	سوم د م	2	Date 8/1	9	119	
J. MAIORI	THE LST	ima		a for an	hactae li	censure/exempted	Cactivities		1	_	+	-
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1W#19	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT SECTIVE TO SECTIVE																
MOQUET	7620	116	TON		ATIO	N OF AS	BES			DE	C) 					
Date of Notification (1)	_	1			Nam	e of Buildin	g Ow	ner/Operator (2)	IIIII.		2 0					
08 / 19	9 / 2	2019	_		Kel	ly Franc	cfor	t			AUG ?	4 2	20	19			
Agencies Notified	Type Notifica	ation			Stree	t Address									i		
☑ EPA	☑ Initial	.a								ASBI	ESTOS	SC	ONT	ROL	. &		
☑ DOH	Amended Amendm					State, Zip (LICE	ENS	ING				
□ DCA	☐ Emergen		cluding	3				tation, NJ	08889								
(NJAC 5:23-8)	justification	11.50				e of Contac			- Ax	Telephone N	Number						
	☐ Cancellat	tion			Kel	y Franc	cfor	t		_							
					FA	CILITY IN	NFO	RMATION									
Name of Facility Where A		Taking	Place	(3)					Type of Facility								
Francfort Residence	ce								School (K-1	2) 8 (Other than F	<-12\						
Street Address									☑ Other (i.e., p	orivate and com		l bu	ilding	s,			
City (E)									homes, etc.	5/1		-					
City (5) Whitehouse Statio	n								Square Feet	# of Floors		1253	ig. Ag	je			
County (6)	11				Cou	nhi Codo /	7) /CT/	ATE USE ONLY)	1,824 Current Use (P	3	maliaha	11	9				
Hunterdon					102		1)(317	TIE USE UNLT)	Residence	nor ir being der	nonsne	hed)					
Name of Monitoring Firm	Hired by Ruilo	ding O	wner /	(8)	ASCN		Ma	me of Ahatema	ent Contractor (9	1							
N/A	rinea by bane	anig C	WIII ((0)	N/A	140.	10000		sional Servi	511							
Street Address		-			1.07			eet Address	Siorial Colvi	000 001p					-		
N/A								0 Rifle Car	mp Rd								
City, State, Zip Code						·		y, State, Zip Co									
N/A							-500		ark, NJ 07	424							
Project Manager for Moni	toring Firm			Tel	ephone	No.		ephone No.	,	License No).						
N/A				N/	Α		86	2-276-102	4	02003							
Start Date (10)	8	Sched	uled C	ompl	etion Da	ate (11)	Nai	me of OSHA M	lonitor								
08 / 29 /	2019	09	/	05	/	2019	Ar	senije Ada	mov								
Occupancy Status During	Abatement (0	Check	only o	ne)		Street Address											
☐ Facility Closed/Vacate							55	0 Rifle Car	mp Rd								
Abatement Performed Time of Abatement:							1000	, State, Zip Co		V240							
			"		-	-Alvi	W	oodland Pa	ark, NJ 0742	.4							
Scope of Work (Check all	that apply)							☐ Full Containment with Negative Pressure									
≥3 sf or ≥3 lf			☑ Re	nova	tion			☑ Mini-Enc		gative Pressure	=						
≥160 sf or ≥260 lf			☐ De	molit	ion				g Procedure mpted (*) and No	an Friable Bros	oduro						
			le	Loca	ation	1		□ INOII-Exe	impled () and No	III-FIIADIE FIOC	edure	۸hr	tomo	ent Ty	/DO		
Location	of		١	Norm	ally			Description of	f		F						
Asbestos-Containing N		1)			lely by ance/			Containing Ma		Amount		Removal	Repair	Encapsulate	Enclosure		
TO BE ABA					Staff?	(1.6		ermal systems surfacing, VAT.		(Specify SF or LF)	,	ova	#	nsqu	osur		
(13)	,			(12	1	_		her miscellane	M(S)///	0. 0. 1.		_		late	е		
			Yes	No	N/A												
Detached Exterior Garage							Fran	site Siding		200 SF		X					
				П								П	П	П			
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Name of Pagistared Mark	o Haulas			닉	N IDEB	Masta	Cut	oio Vordo of	Name of Desi	atorod Landell		Ц	Ш				
Name of Registered Wast		0-			NJDEP Hauler I	D No.	Wa	oic Yards of ste		stered Landfill							
Acme Professional	Services	Corp)	(0038176	3	4 yards Fairless Landfill										
City, State	r						1	posal Date	City, State	D.4							
Woodland Park, N.				08	/30/2019	Morrisville											
Completed By (Print or Ty	rpe)	Title		Some 2				Signature	in Al	Men	Date	_					
Arsenije Adamov		Pre	side	nt				XYUSER	nije Adamov 08/19/2019								

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 21 19 Bayfront Redevelopment LLC Street Address Agencies Notified Type of Notification 115 Tabor Road **EPA** 1 Initial City, State, Zip Code 2019 DEP Amended Morris Plains, NJ 07950 DOH 1 Telephone Number Amendment # Name of Contact 1 DOL Emergency w/ justification William Hague 973-455-2175 Cancellation ASBESTOS CONTROL & **FACILITY INFORMATION** LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 550 Route 440 H Building School (K-12) Street Address Subchapter 8 (Other than K-12) Other (I.e., private & cmmercial 550 Route 440 bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** N/A Current Use (Prior if being demolished) Jersey City Hudson N/A VACANT Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NON NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 28 Pennell Road City, State, Zip Code 32 Williams Parkway Media, PA 19063 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Eric Sutherland 610-891-0114 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 09_ / 03 09 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP, INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway 1 Other - Describe: 7:00AM - 3:30PM City, State, Zip Code MON - FRI East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Full Containment with Negative Pressure Renovation >3sf or >3lf Mini - Enclosure $\bar{\Box}$ 1 >160 sf or >260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) N Amount E R TO BE ABATED C Used (I.e., thermal systems (Specify M E C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 (13)by Main-0 or other miscellaneous) ٧ A tenance/ S A S Custodial R U 111 Staff (12) R YES NO N/A H BUILDING SLAB VAT/MASTIC 1 675 SF H BUILDING SLAB VAT/MASTIC 370 SF H BUILDING SLAB VAT/MASTIC 90 SF H BUILDING SLAB VAT/MASTIC 80 SF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC. Hauler ID No. Yards FAIRLESS LANDFILL 30534 of Waste City, State Disposal City. State EAST HANOVER, NJ MORRISVILLE, PA Date Completed by (Print or Type) Title Signature Date Steve Stiles Project Manager 08/21/19 ASB-41

STATE OF NEW JERSEY

T 1112016 = 1 =	- Contraction	NOTI	St FICATION	Check # 25951											
IN1#13918 PAI	D		Pursuant					In	F	ا تو	F			- [
Date of Notification (1) 8/21/2019			Name o	f Building	Owner/0		r(2) rdetsky		Charles bear bearing	9) 1			- Land	7	
Agencies Notified Type Notification	1		Street A	Address					٨١	UG	20	201	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
× EPA × Initial									A	UU	- 4	CUI	IJ	h=	
DEP Amended Amendmer	nt#		City, Sta	ate, Zip C		ahtsto	wn, NJ 08520		ASBE	STO	S C	INTE	ioi.	2	
Emergency		3	Name o	f Contact		9	, 110 00020		lephone	NIM A	TNS	ING			
DCA justification Cancellatio					l Morde	etsky			NO PLOUIS						
Name of Facility Where Abatement is Taki	na Place (3)	FACI	ILITY INF	ORMAT	ION	Type of Facility	. (4)							
Residential	ing i lace (3)					Type of Facility								
Street Address				200 Set 5 14 (1997)			School (K Subchapt Other (i.e	er 8 (Oth	ner than & comn	K-12 nercia	?) al buil	dings,	hom	es,	
City (5) Hightstown, NJ 08520							etc.) Square Feet 3000	# 0	of Floors	\$	1000	8ldg. A	-		
County (6)	-			Code (7)			Current Use (P	rior if be	0.70	nolish		30 .			
Mercer				USE ONLY	o				530		(A):				
Name of Monitoring Firm Hired by Building MECS	Owner (8)	ASCN	/ No.			of Abatement C ens Environn			es, I	nc.				
Street Address PO Box 341			. : : · · · · · · · · · · · · · · · · ·				Address Box 322								
City, State, Zip Code Chesterfield, NJ 08515							State, Zip Code stown, NJ 085	501							
Project Manager for Monitoring Firm Bill Weisgarber			Telepho	ne No. 98-4070		Teleph	none No. 259-9688		Licen 0049		٥.				
Start Date (10) 9/11/2019	Schedul		mpletion 1	Date (11)		Name	of OSHA Monito	or	0040						
Occupancy Status During Abatement (Che	ck Only O		10/2018	9		MEC Street	Address								
Facility Closed/Vacated During Entire	Period of	Abater	PO Box 341												
Abatement Performed Outside of Nor Other – Describe: 8 am - 4 pm	mai Facilit	y Hour	'S				tate, Zip Code sterfield, NJ 0	8515							
Scope of Work (Check All That Apply)															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Renova Demoli				×	Mini-Enclosu Glovebag Pr	Procedure							
							Non-Exempt	ed (*) an	id Non-F	riabl	e Pro	Cedure Abate		+	
Location of		s Locat Norma	illy		De	scription	of					Ту			
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena			stos Cont	aining N	faterial (ACM)		Amount		_		Щ	_	
In Facility	Cus	todial (12)	Staff?	(I.e.	surfa	cing, VA			Specify F or LF)		Remova	Repair	сар	Enclosure	
(13)		(12)			other n	niscellan	neous)				oval	air	Encapsulate	sure	
Decement/Cross-I areas	Yes	No	N/A	71		D: 1	1 (1		400 15				Ф		
Basement/Crawl space	ement/Crawl space X						sulation	-	100 If		X				
			+					-							
Name of Registered Waste Hauler			NJDEP W		40000 Carlo Carlo	Yards	Name o	f Registe	ered Lar	ndfill					
Stevens Environmental Services		ŀ	Hauler ID 18292		of Was	ste 2	Commence and a service and	ss Land							
City, State Allentown, NJ						sal Date 2019		ité ville, P	'A						
Completed by Mahlon E. Stevens	Title Proje	ect Ma	anager		S	ignature		/	Date 8/21/2019						

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

L#3625

Date of Notification (1) Name of Building Owner/Operator (2) 20 8 Verizon Communications Agencies Notified Type Notification Street Address 2 2 2019 ☐ EPA M Initial AUG 15 East Montgomery Street **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Pittsburgh PA 15212 ☐ Emergency (including ☐ DCA ASBESTOS CONTROL & (NJAC 5:23-8) Name of Contact justification) Telephone Number SING ☐ Cancellation Anthony Porta 412-633-4021 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Dennisville Central Office School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1021 Fiddler Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Woodbine +-10,000 2 +-50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Cape May Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental, Inc. BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 8436 Enterprise Ave 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Philadelphia, PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Jenkins 215-365-5810 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 3 / 19 9 / 6 / 19 BRISTOL ENVIRONMENTAL, INC Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-_ PM/5:00PM-1:30AM BRISTOL, PA 19007 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 lf ⊠ Renovation Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Used Solely by Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Generator Room \boxtimes 12x12 VAT/Mastic 145 SF X Generator Room M Caulk 30 LF X Outside Generator Room П M 12x12 VAT/Mastic 25 SF \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 City, State Disposal Date City, State YARDLEY, PA WAYNESBURG, OH TBD Completed By (Print or Type) Title Signature Dillan DeCaro 8-20-19 Estimator

Inv#	1392	8		s	tate of No	ew Jerse	ev							Р	rint F		
Date of Notification (1)	Le PA			Ursuani	N OF ASE t to NJAC of Building	BESTOS 8:60 ar	ABATE nd 12:12	0)	Annahaman on a de la Caraca de		EC	E	\mathbb{V}	E	In		
8-19-19 Agencies Notified	Type Notification	1		Street A	Hudson				Official States of the Control of th		AUG	2 2	2010	The same of the sa	Name of the last o		
☑ EPA ☑ DEP ☑ DOL	Initial Amended Amendmen	nt #		City, St	I Michig ate, Zip C go, IL 6	ode	, Suite	1630	0 /-					NATI AND DESCRIPTION OF THE PERSON OF THE PE			
DOH DCA	Emergency justification Cancellatio	(including		Name o	of Contact				1	I.E	BESTO	Numbe	VTA()L&	d'artetare		
Name of Facility Where	Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type	e of Facility								
Hudson Generating Street Address Dutfield Avenue	Station	-						×	School (K Subchapte Other (i.e. etc.)	-12) er 8 (Oth	her than & comm	K-12) nercial b	uilding	s, hon	nes,		
City (5) Jersey City								100	are Feet ,470	10	of Floors)		Bldg 55	Age			
County (6) Hudson		11111			Code (7) USE ONLY)		Curr	ent Use (P ver Plant	rior if be	eing dem	olished)					
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASC	M No.				atement Co Environr			any					
Street Address					a Maried to		Street 5500		ess Brecksvi	ille Rd							
City, State, Zip Code									Zip Code ence, Oh	io 441	121						
Project Manager for Moni	toring Firm		Telepho	ne No.		Teleph 216-6	none N	lo.	110 44 1	Licens 0121				2011-0-20			
Start Date (10) 9-3-19		Schedule 12-20-		npletion	Date (11)		Name	of OS	HA Monitor Environr								
Occupancy Status During							Street	Addre	ss								
Facility Closed/Vaca Abatement Performe Other – Describe: _	ted During Entire ed Outside of Norr	Period of A	Abaten Hours	ment rs 5500 Old Brecksville Rd City, State, Zip Code Independence, Ohio 44131								_					
Scope of Work (Check All	That Apply)						mue		erice, Or	110 44 1							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				××××	Fu Mii Gle	II Containm ni-Enclosur ovebag Pro	e cedure	ŭ						
Location		N	Locati Iormali	ly			scription	of	n-Exempte	ed (*) an	d Non-F	riable P	Aba	temen ype	t		
TO BE ABA	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Main Custor						aining M systems cing, VA niscellan	insula T, or		(5	Amount Specify F or LF)	Kemova	Repair	Encapsulate	Enclosure		
055 177101	No	N/A									,	ate	Ге				
SEE ATTACH										- 4	-						
Name of Registered Wast	e Hauler		I N	JDEP W	aste	Cubic	Yards	_	Name of	Registe	ered Land	dfill					
Delaware Valley Con	tainer		1000000	auler ID 2838	No.	of Was	ste		Cumbe	1,000			ill				
City, State Redding, PA					Dispos	al Date		City, Stat									
Completed by John Savage		Presid	Signature Sohn Savaçu 8-19-19														

Hudson Generating Station										
Building	Square Feet	No. of Floors								
Bottom Ash Transport Intake Structure	720	1								
Barge Unloader	900	1								
Conveyor & Transfer House	300	1								
	150	1								
P1 - Storage Building	1,900	1								
P2 - Coal Conveyor	7,500	1								
P2 - Coal Handling Structure	2,000	1								
P3 - Service / Office Building	15,500	2								
P3 - Locker Room Building	7,500	2								
P3 - Turbine Building	6,000	1								
P3 - Unit 1	215,000	10								
P3 - Unit 2	370,000	10								
Bottom Ash Transport No Asbestos Reported	QTY	Category								
Intake Structure No Asbestos Reported										
Barge Unloader No Asbestos Reported										

Conveyor & Transfer House

No Asbestos Reported

P1 - Storage Building

No Asbestos Reported

P2 - Coal Conveyor

No Asbestos Reported

P2 - Coal Handling Structure

No Asbestos Reported

D3 - Cor	vico /	Office	Building
P - 20-1	WIL 63 /	UNTICE	Kumana

Duct Insulation	200 SF	RACM
Floor Tile & Mastic	1,800 SF	Cat I
Pipe Fittings	460 LF	RACM
Galbestos Siding	12,600 SF	Cat II
Pipe Insulation	3,600 LF	RACM
Cement Board	16 SF	Cat II

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT																
1491						TOS ABAT :60 and 5:1		NT	n	ECEI	\mathbb{V}			1		
Date of Notification (1)								ner/Operator (-	W.L	and the second s	on or other the	-	111	
07 / 03	3 / 2	2019						aceuticals		The second		AUG 22	2010		THE PARTY OF	$\parallel \parallel$
Agencies Notified	Type Notifica	ation				Address	arri	accuticais	, 1110	16		700 - 2	4019		L	4
☑ EPA	☐ Initial					Route	202)		Contraction of the Contraction o						
☑ DOLWD	☑ Amended					State, Zip C		•		-		ASBESTOS CON	TAC	La	•	-
☑ DOH	Amendme					tan, NJ				L	o equipment of	LICENSIN	G_	NOT LINE OF		
DCA (NJAC 5:23-8)	☐ Emergene justification		Jaing			of Contac	t					Telephone Numb	er			10/1-2
(110/10 0.20-0)	☐ Cancellat					old Mars						908 927-691				
					DE DESCRIPTION			RMATION				1000 021 0011				
Name of Facility Where A	batement is T	aking P	lace	(3)					Туре	of Fa	acility ((4)		_	77.79	
JANSSEN PHARM					hnsc	n & Joh	nsc	on	☐ Sc	hoo	(K-12)				
Street Address				•			30-36-26					(Other than K-12)	ial bu	ildina		
1000 ROUTE 20:	2			-045					ho	mes	, etc.)	rivate and commerc	iai pu	lidirig	5,	
City (5) RARITAN									Squar >50.			# of Floors	Blo	dg. Ag	ge	
County (6)					Cour	aty Codo /7	VCTA	TE USE ONLY)		15 10 10	·	or if being demolish	04/			
Hunterdon					Cour	ity Code (/	NOTA	TE USE CIVET)	Currer	il U	se (PII	or it being demolisr	iea)			
Name of Monitoring Firm	Hired by Build	lina Ow	ner (8)	ASCM	No	Nar	me of Abateme	ent Con	trac	tor (9)			- 100	-	-
Environmental Hea	- 6	1000	100	,				Ita/BJDS,			(0)					
Street Address		3				Street Address										
655 West Shore	5 West Shore Trail							45 Indust	rial B	lvc	ł					
City, State, Zip Code	State, Zip Code							, State, Zip Co	ode			1000				D-1 - 1
Sparta, NJ 07871							So	uthamptor	n, Pa	189	966					
Project Manager for Moni	toring Firm			Tele	phone	No.	Tele	ephone No.				License No.				
						9-5649	21	5 322-290	00			00783				
Start Date (10)		Schedule		- 20		30 %	Nar	ne of OSHA M	onitor			Walter Victoria Walter				
7 / 18 /	2019	9	_ /	30	_ / :	2019	N/	A								
Occupancy Status During					000000000000000000000000000000000000000		Stre	et Address								
☐ Facility Closed/Vacate	-					-26-2										
Abatement Performed Time of Abatement: 7							City	, State, Zip Co	ode							
Scope of Work (Check all	that apply)															
			7.0							nt wi	th Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf		K		novatio				✓ Mini-End		dure	9					
												n-Friable Procedure)			
	2			Locat Iormal				200	02				Ab	ateme	ent T	уре
Location Asbestos-Containing I		0		d Sole	3 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Ashe	stas (Description of Containing Ma		CM	, 1	Amount	Re	Re	E	En
TO BE ABA	TED			ntena			., the	rmal systems	insulatio		'	(Specify	Removal	Repair	caps	Enclosure
IN Facilit (13)	ty		Cust	odial ((12)	stan?			urfacing, VAT ner miscellane				SF or LF)	/al		Encapsulate	ure
(10)		1	Yes	No	N/A	1	Ou	ici illiscellarie	ous)						te	
Bldg B Floors 1-3	3			Х		Windo	w P	anel Caulk	king			3,500LF	×			
				South 12000												
			5													
Name of Registered Was	te Hauler			N	NJDEP Waste Cubic Yards of Name of Registered Landfill											
Service Transpor	t Group I	nc		724272	auler II 1990	D No.	Was	ste	Min	erv	a lar	ndfill				
City, State							Disp	osal Date	City,	Sta	te					
58 Pyles Lane Ne		DE							Wa	yn	esbu	ırg, Ohio				
Completed By (Print or Type) Title								Signature		7	\	Date	9			
Christine Del Viscio Asst. Admin								Chi	In e Del V/sc 8/21/2019							

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

Date of Notification (1)					Name of Building Owner/Operator (2)											
07 / 03 / 2019					Janssen Pharmaceuticals, Inc											
Agencies Notified	Notified Type Notification					Street Address										
☑ EPA	✓ Initial			100	0 Route	202										
☑ DOLWD	☐ Amended	i			State, Zip (AND AND THE RESERVE OF THE PARTY OF THE PART										
☑ DOH	Amendme			100000000000000000000000000000000000000		Joue										
	☐ Emergen	cy (includin	g		tan, NJ											
(NJAC 5:23-8)	justification Cancellat				e of Contac		Telephone Number									
		Hard	Harold Marsan 908 927-6912													
			FA	FACILITY INFORMATION												
Name of Facility Where Al							Type of Facility	(4)								
JANSSEN PHARM	ACEUTIC	CAL, INC	; (J	ohnso	on & Joh	nnson	School (K-1	School (K-12)								
Street Address					☐ Subchapter 8 (Other than K-12)											
1000 ROUTE 202								e., private and commercial buildings,								
City (5)							homes, etc.	,	151							
RARITAN							Square Feet	# of Floors	BIG	dg. Aç	je					
County (6)			-	10-	-1 0 1 /		>50,000	6								
Hunterdon				Cou	nty Code (/	()(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)							
Name of Monitoring Firm F		377	(8)	ASCM	No.	Name of Abateme)								
Environmental Hea	Ith Investi	gations				Delta/BJDS,	Inc									
Street Address						Street Address										
655 West Shore T	rail					1345 Indust	rial Blvd									
City, State, Zip Code						City, State, Zip Co										
Sparta, NJ 07871						Southampton, Pa 18966										
Project Manager for Monito	Tel	ephone							-							
Company of the Compan					9-5649	215 322-290	20	00783								
Start Date (10) Scheduled Complet						Name of OSHA M		00763								
7 / 18 / 2019 9 / 30					The Control of the Co											
Occupancy Status During						Street Address										
☐ Facility Closed/Vacated	During Entire	e Period of	Abate	ment												
Abatement Performed Outside of Normal Facility Hour- Time of Abatement: 7:00 AM-4:00 PM/ PM-					scribe	City, State, Zip Co	ode									
Scope of Work (Check all t	that apply)					7-10										
☐ ≥3 sf or ≥3 lf		Ø R	enovat	ion	✓ Full Containment with Negative Pressure on ☐ Mini-Enclosure											
≥160 sf or ≥260 lf			emoliti				pag Procedure									
						☐ Non-Exe	empted (*) and Non-Friable Procedure									
			Loca									tement Type				
Location o		23010	Norma ed Sol			Description of		1	R	R	т	m				
Asbestos-Containing M TO BE ABAT	iateriai (ACM)		aintena			stos Containing Ma		Amount	em	Repair	nca	nd				
IN Facility		Cus	todial	Staff?	(1.6	 thermal systems surfacing, VAT 		(Specify SF or LF)	Removal	=	sdı	Enclosure				
(13)			(12)	1	4	other miscellane		0. 0. 2. 7	-		Encapsulate	re				
		Yes	No	N/A							LD.					
Bldg B Floors 1-4			X		Windo	w Panel Caulk	kina	3,500LF	X	П	П	П				
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		$\dashv \vdash$	1=		-				1	Ш	Ш	Ш				
Name of Registered Waste	Hauler		1992	NJDEP !		Cubic Yards of	Name of Regi	stered Landfill								
Service Transport Group Inc					D No.	Waste						1				
City, State				- F. F.		Disposal Date	City, State									
58 Pyles Lane Ne	w Castle	DF				**************************************	Waynesb	ura Obio								
Completed By (Print or Typ		Title				Signature	vvaynesb		to							
Christine Del Viscio Asst. Admin						1/1//	/	Ov/, Da								
ACD 41	_ Kithal	leneLR	IV last 71	3/20	19											



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

PAIL) N		CATION	OF ASBEST	TOS ABATI			0	k ‡	+	2	7	31		
Date of Notification (1)	1	Vame of B	Building Ow	$\frac{1}{1}$		6	Ē		W.	固					
8/18/19			Kent C	ourt Asso		Vr			-univers	400-400-444-4					
Agencies Notified Type Notification		Street Ad		W			0	0	0040						
T EPA I Initial		4	15 Norwood Ave							AUG	.5	2	2019		
DEP Amended	28		e, Zip Code		į										
DOL Amendment Emergency (Summi			100	XE ST	08		HAC	1 8				
DOH justification Cancellation		Name of I	Contact			relephone Number & CONTROL &									
			FACIL	ITY INFOR	MATION			1							
Name of Facility Where Abatement is Taking	Place (3)			particular activistic control of the second		Type	of Facility (4)	1							
Kent Court Apartments / Boiler Ro	om						School (K-12								
Street Address				THE RESERVE OF THE PARTY OF THE		1	Subchapter 8 Other (i.e. pri	(Othe	r than K	-12)	uildi	nas i	omes		
15 Norwood Ave							etc.)	vale d	COMME	i Ciai L	andii	195, 1	.011100		
City (5)				and the second second second		Squa	re Feet	# of	Floors		0.000	ig. Ag	е		
Summit					1,00		1			50)+				
County (6)			County C	ode (7) se anly			nt Use (Prior		a - a side a facilitation and			V			
Union			(SIMIE U	SE UNLT) .			rtment Co	Ave.		den .	Apa	nme	ents		
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			tement Cont		18 99						
n/a			n/a				Contractin	ig inc	j inc						
Street Address						et Addre	ss ade Ave								
n/a															
City, State, Zip Code	City, State, Zip Code Garfield, NJ 07026														
n/a	¥-11	- N-						License No.							
Project Manager for Monitoring Firm		Telephone No.			973460.6026			01255							
n/a	7 600		Date (11)		Name of OSHA Monitor										
Start Date (10) 8/19/19	ia Can 9	npieuon i.	1910 (11)			Contractir	ng Inc								
Occupancy Status During Abatement (Chec			Street Address												
		360 Palisade Ave													
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	Hours	retuent												
Other - Describe:				1		ld, NJ 07026							a e consecuo		
Scope of Work (Check All That Apply)															
Takana and the same and the sam	X P	lenova	ition			Fu	Il Containme	nt with	Negativ	e Pre	SSUT	8			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	emoli	tion			Mini-Enclosure Glovebag Procedure										
					Non-Exempted (*) and Non-Friable Procedure										
	19	Locat	Management of the Albert of th										ment		
Location of	h	Vorma	lly		Descript	Description of				-		Ту	pe	appearance (m)	
Asbestos-Containing Material (ACM)		d Sole intens			s Containin	g Materia			mount		*67		g	FTI	
TO BE ABATED In Facility	(b) 0.000000	todial	Staff?	(i.e. tr		al systems insulation, acino, VAT, er			Specify or LF)		Remova	Repair	Encapsulate	Enclosurs	
(13)		(12)			other misce)				ova	air.	รเสล	Sur	
	Yes	No	N/A								_		ě	CQ.	
Boiler Room	-		Х		Pipe Ins	ulation	lation		100 LF		<				
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			+	1						+			*****		
										-+				removed and	
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Name of Registered Waste Hauler			NJDEP W Hauler ID		Cubic Yard of Waste	eta				dtill					
Harmony Contracting INc		54 8	33085	140.	TBD	GROW			ndfill			Photogra (1901-1) car			
City, State					Disposal D	ate	City, State				8				
Garfield, NJ					TBD		Morrisv	ille, F	-A				-		
Completed by	Title	retary			Signa					Date	8/1	Ď.			
E. Cirovic	y E. Ciny				nmin.					5					

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

		TION OF AS	BESTOS ABAT		C1C	521	1							
PAI	(Purs	mant to NJA	C 8:60 and 12:	[20]			l W E							
Date of Notification (f)		1	ing Owner/Operator											
Agency Notified Type Notifie	cation	Street Addres	YICHELE S	SAMPEIC	A	UG 22	2019							
D EPA D Initial					i i le		1000000000							
DEP DAmende		City, State, Zi	p Code .	05110	ASBESTOS CONTROL &									
☐ Emerger	ncy (including	Name of Cont	EY, NJ.	07/10	1	THUENC	1000							
DCA justificat		MS	SAMPER											
FACILITY INFORMATION														
Name of Facility Where Abatement is	(150) (150)		10	(4)										
MS. MICHELL Street Address	E SEMPE	FYC			☐ School (K-12) ☐ Subchapter 8 (Other than K-12)									
Screet Address			ř.	Other (i.e. pr homes, etc.)	ivate & commerci	al buildings	•							
City (5) .		1 20		Square Feet	# of Floors									
NUTC	EY C	7711C)	1800 -	. 2	1	78NG							
County (6)		County Code ONLY)	(7) (STATE USE		rior if being demol									
Name of Monitoring Firm Hired by Bu	ilding Owner ASC	M No.	Name of Abates	nent Contractor (S										
(8)			Best Re	moval In	с									
Street Address		5 3	Street Address											
City, State, Zip Code			450 Sou	ith River St										
ony, outer, asp over	×			ack, N.J	. 07601									
Project Manager for Monitoring Firm	none No.	Telephone No.	•	License No.										
Start Date (10) So	heduled Completion	Date (11)	201-329 Name of OSHA											
3/29/19	ναα (11)		Environm	ental										
Occupancy Status During Abatement	(Check only one)	: ::	Street Address											
Facility Closed/Vacated During Eni Abatement Performed Outside of N		ent	Z80 H	uyler St										
DOTher-Describe: 8:00AH	TO Stool	·	1		, N.J. 0	7606								
Scope of Work (Check all that apply)		_	□ Full	Containment with	Negative Pressu	re								
Æ23401≥3# □≥160401≥260#		☐ Renovation ☐ Demolition	- total	-Enclosure rebag Procedure		54								
			☐ Non-Exempted (*) and Non-Friable Procedure Abaten											
	, is Loc	ation naily				-	Туре							
. Location of Asbestos-Containing Material (A	CM) Used S Mainte		Description bestos Containing M	laterial (ACM)	Amount	I.	m Z							
TO BE ABATED		odial (i.e., thermal system surfacing, VA		(Specify SF or LF)		Enclosure Encapsulate Repair							
(13)	. (1		other miscellan	eous)		Val	unte une							
	Yes N	o N/A	•	'										
BLEMENT		THER	MAIL SYSTEM IN	SUATION	<i>5</i> 5.		4++							
		1 1 1 1	-			* +	+++							
		++-				- '+	+++							
Name of Registered Waste Hauler		P Waste Hauler	Cubic Yards of	Name of Regin	stered Landfill	-	-							
Best Removal In	.c ID No.	7109	Waste 7/207	27 CUNBERLAND COUNTY LANDFILL										
City, State			Disposal Date	City, State	_	,								
Hackensack , N. Completed by			Signature A	NEWBUR	6H, 17H.	1724Q	<u>'`</u>							
J. MAIORANO	Estimato	r	1 R	سمصاد	2	8	19/19							
ASB-41	* Do not use this f	orm for asbestos	Scensure exempted	i activities.		4	***							
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Check #2534

u u u u	(P)	ursu	ant t	o <u>N.</u> .	J.A.	<u>C.</u> 8:60 and	12:1	20)		Ē	C	EI	1///	E	1					
Date of Notification (1)	Name	of Build	ding	Owner / Operato	+ +	i ita	U.9	LE U	<u> </u>	15										
08/14/201	9			ellevue Plaza Apts																
Agencies Notified Type Notified		Addres				1	1	AUG	22	201	9									
⊠ EPA	12		Ben -																	
□ DEP □ Initia □ DOL □ Ame				tate & 2		Code					United to			42.1714.000.000						
	ended	j-co		on, NJ			ASBESTUS CONTROL &													
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	Cellation	-	ary r	Hofing	3															
	ORMATION																			
Name of Facility Where Abatem	3)			Type of Facility (4)																
Bellevue Plaza Apts Street Address			School (K-12) Subchapter 8 (Other than K-12)																	
447 Bellevue						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)														
THE DELICANCE						Square Feet # of Floors Bldg. Age														
City (5)	County (6)	ICor	inty Co	ode (7)	`	20,000		# 01 F1C	6		DIC	ig. Ag	homes, etc.) Age 60+ ber 11222 Abatement Type Removal Removal							
Trenton	Mercer		~~e1	: ~/	,	Current Use		f being d	-	ished)										
			XIC	XI		Apartments		, boiling t	20111011	sileuj										
Name of Monitoring Firm Hired I	y Building Own	er (8)	0 0	ASCN	I No.			t Contra	ctor (9)	-	-	-	-						
		, ,				Alpha Envi				,										
Street Address						Street Addres														
0: 0: 0 7: 0						PO Box 829					Distance 1									
City, State & Zip Code							City, State & Zip Code													
Project Manager for Monitoring Firm Telephone					-	Trenton, NJ 08650 Telephone Number License Number														
i roject Manager for Monitoring i	HOHE I									2										
Scheduled Start Date (10) Scheduled Completion Date (11)						Name of OSHA Monitor														
8/23/2019	8/26/2019	<u> </u>		(, ,		EMSL Analytical														
Occupancy Status During Abatement (Check only one)						Street Addres	SS													
Facility Closed/Vacated						200 Route 130 North														
Abatement Performed O Describe:	utside of Norma	I Hou	rs – 7a	am to 3	3pm															
Facility Occupied During	Abatament					Cinnaminson, NJ 08077														
Scope of Work (Check all that a																				
onook all that a	, p.y/						П	Full Cor	ntainme	ent wit	h Ne	rative	Pres	sure						
≥3 sf or ≥3 lf		X	Reno	vation				Mini-En				,	-							
≥160 sf ≥260 lf			Demo	olition				Glove B	ag Pro	cedures										
							☐ Non-Exe					riable	Pro	cedu	re					
Location of		ls L	ocatio	n T		Description of Amount Abatement Type														
Asbestos-Containin	g		ally Us			Asbestos-Containing				Specify										
Material (ACM) TO BE ABATED	1		lely by			Material (ACM)			S	F or LF	-)	D Z		E	Щ					
in Facility	18	20,5-1-0	dial Sta	3000000	ir		(i.e., thermal systems usulation, surfacing, VAT					emo	Rep	aps	ıclsı					
(13)	L		(12)			or other miscella						oval		ula	oure					
		Yes		N/A										é						
Basement Mechanical Room						Pipe Insulat	ion		60lf											
Name of Decision 186, 4, 11, 1			1																	
Name of Registered Waste Hauler				EP Was	30%	Cubic Yards of Waste	Cubic Yards of Name of Regis			andfill										
ALPHA ENVIRONMENTAL				33330																
City, State			3000			2 Disposal Date	City,		41111											
						Dispusai Dale	Oity,	Jiaie												
Trenton, NJ					,	various Morrisville, PA														
Completed By (Print or Type)		-1300-000	Title			Signature						Date								
Rod Richardson			Proj			Rod Richardson						08/1	4/20	119						
			Man	ager								1								
						May the walled														
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