# NOCK

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

Date of Notification (1) 8/1/2016		Name of Building Owner/Operator (2) TWO CENTER STREET URBAN RENEWEL,LLC C/O DRANOFF PROP										)P			
Agencies Notified Type Notification	F	- 1 8	treet Ac 755 SC	ddress DUTH BO	ARD	STRE	ET				AUL		- 1	:015	
EPA Initial DEP X Amended Amendment #		100		te, Zip Code DELPHIA		19147					(II <del>III</del>	-			i
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	cluding			Contact IERMAN				7.00	Tele	ephone	Numl	oer			
			FACIL	LITY INFOR	MATI	ON									
Name of Facility Where Abatement is Taking ONE THEATER	Place (3)						☐ Se	f Facility (4 chool (K-1)	2)		K 40)				
Street Address 36 PARK PLACE								ubchapter ther (i.e. p c.)					ings,	home	s,
City (5) NEWARK NJ							Square >50,0		# of 2	Floors		1.335	dg. A 50	ge	
County (6) ESSEX				Code (7) ISE ONLY)			Curren	t Use (Pric	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building O PENNONI ASSOCIATES, INC	wner (8)		ASCM	l No.				ement Con DS, INC	tractor	(9)					
Street Address 515 GROVE STREET SUITE 1B							Address	STRIAL	BLVE	).					
City, State, Zip Code HADDON HEIGHTS, NJ 08035						*	tate, Zip THAM	Code PTON, F	PA 18	966					
Project Manager for Monitoring Firm RAYMOND ALAN LLOYD		1 225	elephor 356 54	ne No. 7-0505		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	one No.			Licens					
	Scheduled 10/31/20		pletion [	Date (11)				A Monitor N LABS							
Occupancy Status During Abatement (Check	Only One)						Address			_					
Facility Closed/Vacated During Entire Pond Abatement Performed Outside of Normal Other – Describe: MON-SAT. 7AM-11P1	I Facility H		ent			City, S	tate, Zip								
Scope of Work (Check All That Apply)			BENSALEM, PA 19020												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			vation  Full Containment wit  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) ar						e cedure					2	
	lala	ocatio					1 14011	-Excinples	1 ( ) an	a HOITT	nabi		Abate	ment	
Location of	No	rmally	/			scription							Ту	pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Maint Custoo	ed Solely by aintenance/ stodial Staff? (12) Asbestos Contain (i.e. thermal system) other miso					s insulat T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	No	N/A	PLEASE SEE ATT				:H						to		
				,	., (02	0227	11110								
Name of Registered Waste Hauler		T N.	IDEP W	/aste	Cubic	Yards		Name of	Registe	ered Lar	ndfill				-
SERVICE TRANSPORT GROUP	Ha	auler ID 990		of Wa	ste		MINER								
City, State 58 PYLES LANE, NEW CASTLE DE	19720				Dispo	sal Date		City, State WAYNE		RG, C	)H 4	4688			
Completed by DAMIAN LAVELLE/CDV	ECT	MANA	AGER		Signature	1211	1X	(ano	A Va	Dat 8/1	e /201	6			

			ELEVATOR HALLWAY X FLOOR TILE /MASTIC 180 SF X	1ST ELOOB BOTTOM AND X	SUILDING	AND FB LINES X PIPE FITTINGS 141 LF X	IROUGHOUT		AND	BASEMENT BOILER X PIDE INCLUSION CONTROL 4,280 SF X	NDER CARPET	ROOF, WEST AND SOUTH X PITCH POCKET TAR 27 SF X	YES NO N/A	CUSTODIAL STAFF? OTHER MISCELLANEOUS)	MAINTENANCE/	VI)  USED SOLEY BY  (IE, THERMAL SYSTEMS INSI II ATION	
								The second secon			The second secon	-					

ASBESTOS CONTROL & LICENCILIS



Date of Notification (1)	22 / 1	16		Name o	f Building ( n <b>Towns</b> l	Owner/	Operator (2 DE Job# 1	) 607-5037 Chec	k#8451 AU	G 3	3 20	)16	
Agencies Notified	Type Notification		,	Street A	ddress Morris A	ave.			ASBES	ros c	ONT	ROI	-1
	☐ Amended		-							1 1 1	HAC.		
☑ DHSS	Amendment	#			ate, Zip Co								
☑ DCA		(including			n, NJ 070	000			Telephone Num	ber			
(NJAC 5:23-8)	justification)				f Contact				releptione riam				
	☐ Cancellation	1		Tom	Wiggins						_		-
				FAC	ILITY INF	ORM	ATION						
Name of Facility Where	Abatement is Tak	ing Place	(3)					Type of Facility (					
Washington Scho								School (K-12)	Other than K-12	)			
Street Address								Other (i.e., pr	ivate and comme	rcial buil	dings	,	
301 Washington A	Ave.							homes, etc.)			2000		
City (5)								Square Feet	# of Floors	Bld	g. Ag	9	
Union, NJ 07083													
				Count	v Code (7)	(STATE	USE ONLY)	Current Use (Pri	or if being demoli	shed)			
County (6)				Count	, (-//		3.5	School					
Union	10 11 B. 11.		0)	ASCM N	lo I	Name	of Abatems	ent Contractor (9)			-		
Name of Monitoring Fire		ig Owner	0) /	43CIVI I	vo.		teTech, I						
Omega Environme	ental						Address	10.					
Street Address								e. PO Box 25					
280 Huyler STreet	t												
City, State, Zip Code							State, Zip C						
S. Hackensack, N	J 07606						nberton, l	4J 08048					
Project Manager for Mo	onitoring Firm		Tele	phone l	No.	Telepl	none No.		License No.				
Geiser Fajardo			20	1-489-	8700		-265-2107		00529		12.00		
Start Date (10)	Sci	heduled C	omple	tion Dat	e (11)	Name	of OSHA N	/lonitor					
7 / 25_	/ 16	7	29	_ / _	16	EM	SL Analyt	tical					
Occupancy Status Duri			45			Street	Address						
Facility Closed/Vaca	ated During Entire	Period of	Ahate	ment		200	Route 13	0 North					
☐ Abatement Perform	ated During Little	mal Facili	v Hour	s - Des	cribe		State, Zip C						
Time of Abatement:	:AM	_PM/	PM-		ΑM	0.5355		n, NJ 08077					
						011							
Scope of Work (Check	( all that apply)							tainment with Ne	gative Pressure				
		⊠R	enovati	on			Mini-En						
☐ ≥160 sf or ≥260 lf			emolitio	on			☐ Non-Exe	ig Procedure empted (*) and No	n-Friable Proced	ure			
			s Loca	lion				, ,			atem	ent Ty	ype
1		,	Norma			Г	Description	of		R	Z	Ш	Ш
Location Asbestos-Containing		1 1 1 1 1 1 1 1 1	ed Sol		Asbe	stos Co	ontaining M	aterial (ACM)	Amount	Remova	Repair	nca	Enclosure
TO BE A		IVI	aintena stodial		(i.e	., them	nal systems facing, VA	insulation,	(Specify SF or LF)	ova	=	psu	nus
IN Fa		Cu	(12)				r miscellan		01 01 21 7	_		Encapsulate	O
(13	3)	Yes	No	N/A		0.53.00.00		5				100	
1st Floor Bathroom	#113				Pipe Ins	sulatio	on		40 LF				
1 11001 Bathleen													
			1	17									
	V			NJDEP	Waste	Cubic	Yards of	Name of Reg	stered Landfill		1		
Name of Registered W	Vaste Hauler		1.00	Hauler I		Wast			S. Landfill				
AbateTech, Inc.				1875	0	8							
City, State						1 = 0.5	osal Date	City, State	. DA				
Lumberton, NJ						7/2	29/16	Tullytowr					
Completed By (Print o	or Type)	Title					Signature	¥		Date	١,	1.	
Gwendolyn Trum	A CONTRACTOR OF THE PARTY OF TH	Opera	tions	Coord	linator		(N	W		'//	dd	116	0

Date of Notification (1)			Name of Building Owner/Operator (2)									
7 / 22 /	16		Un	ion Tow	nship BOE Job#	1607-5037 Che	eck#8452					
Agencies Notified Type Notific	ation		Stree	t Address								
☑ EPA ☑ Initial			23	69 Morris	Ave.	İ					į	
☑ DOLWD ☐ Amended			City,	State, Zip	Code		ASBEST	OS C	TNC	ROL	-d -&	
☑ DHSS Amendm			Un	ion, NJ 0	7083	L	LIC	CENS	ING		_	
DCA Emergen (NJAC 5:23-8) Superification		ng	Name	e of Conta	ct		Telephone Nur	nber				
Cancella	0.0		219-20-2	m Wiggii			1					
			FA	CILITY II	NFORMATION			was re-				
Name of Facility Where Abatement is	Taking Plac	ce (3)				Type of Facility	(4)					
Washington School						School (K-12		2.50				
Street Address							8 (Other than K-1 rivate and comme		uildin	ae		
301 Washington Ave.						homes, etc.)		ordiar b	unum	gs,		
City (5)						Square Feet	# of Floors	В	ldg. A	Age		
Union, NJ 07083									- <u> </u>			
County (6)			Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)				
Union				150	350		e.ef					
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCM	ASCM No. Name of Abatement Contractor (9)								
Omega Environmental	3	X-7		AbateTech, Inc.								
Street Address					Street Address							
280 Huyler Street					30 Maple Ave	PO Boy 25						
City, State, Zip Code					City, State, Zip Co					_		
S. Hackensack, NJ 07606					Lumberton, N							
Project Manager for Monitoring Firm		To	lephone	No	Telephone No.	49 000-50	License No.					
Geiser Fajardo		- 1	201-489		609-265-2107		License No.					
	Scheduled				Name of OSHA M		00529					
	7				EMSL Analyti							
Occupancy Status During Abatement (	Check only	one)			Street Address							
☐ Facility Closed/Vacated During Entit			ement		200 Route 13	0 North						
☐ Abatement Performed Outside of No	ormal Facil	ity Ho	urs - Des	scribe	City, State, Zip Co					-	_	
Time of Abatement:AM	PM/	PN	Л	AM Cinnaminson, NJ 08077								
Scope of Work (Check all that apply)												
≥3 sf or ≥3 lf	⊠R	enova	ation		☐ Full Cont	ainment with Neg losure	jative Pressure					
≥160 sf or ≥260 lf		emoli			☐ Glovebag	Procedure						
					☐ Non-Exer	mpted (*) and No	n-Friable Procedu	ıre				
u		s Loca Norm						Ab	atem	ent T	уре	
Location of Asbestos-Containing Material (ACM	\ Us		lely by	Acho	Description of stos Containing Mar		Amount	Re	Re	m	E	
TO BE ABATED	.   M		ance/		., thermal systems i		(Specify	Removal	Repair	cap	clos	
IN Facility	Cu	stodia 12)	Staff?		surfacing, VAT,		SF or LF)	la la		Encapsulate	Enclosure	
(13)	Yes	1			other miscellaned	ous)				ate		
Hallway & Classrooms				Asbest	os dust (wet wip	e)	2,800 SF					
		П								П	П	
Name of Registered Waste Hauler		17	NJDEP \	Vaste	Cubic Yards of	Name of Regist	tered Landfill	1			-	
AbateTech, Inc.			Hauler II	No.	Waste							
City, State			18750 Waste G.R.O.W.S. Landfill									
Lumberton, NJ				Disposal Date City, State 7/29/16 Tullytown, PA								
Completed By (Print or Type)	Title											
Gwendolyn Trumbetti		iona	Coordi	nator	Signature	MIX	D	7	22	liv	2	
- Trondony ir Trumbetu	Operat	10118	Coordi	iiaiUi'		IVV		1/	5	110	/	

ASB-41 MAY 11

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) Union Township BOE Job# 1607-5037 Check#8453AUG 2016 7 / 25 16 Agencies Notified Type Notification Street Address ASBESTOS CONTROL **⊠** EPA ☐ Initial 2369 Morris Ave. **⊠** DOLWD LICENSING City, State, Zip Code Amendment #1 ☐ DHSS Union, NJ 07083 ☐ Emergency (including ☑ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Tom Wiggins **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Washington School ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 301 Washington Ave. homes, etc.) Square Feet # of Floors Bldg. Age City (5) Union, NJ 07083 Current Use (Prior if being demolished) County (6) County Code (7)(STATE USE ONLY) School Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AbateTech. Inc. Omega Environmental Street Address Street Address 30 Maple Ave. PO Box 25 280 Huyler STreet City, State, Zip Code City, State, Zip Code S. Hackensack, NJ 07606 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00529 Geiser Fajardo 201-489-8700 609-265-2107 Start Date (10) Schéduled Completion Date (11) Name of OSHA Monitor 7\_ / \_25\_ / \_16 8 / 5 / 16 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) □ Renovation ☐ Mini-Enclosure Glovebag Procedure ☐ Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Encapsulate Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A $\boxtimes$ 1st Floor Bathroom #143 $\times$ 40 LF Pipe Insulation $\boxtimes$ X 1st Floor Bathroom #113 Ceiling Tile 120 SF

Lumberton, NJ
Completed By (Print or Type)

Gwendolyn Trumbetti

AbateTech, Inc.

Name of Registered Waste Hauler

Title
Operations Coordinator

NJDEP Waste

Hauler ID No.

18750

Disposal Date 8/5/16 Signature

Cubic Yards of

Waste

8

G.R.O.W.S. Landfill
City, State

Name of Registered Landfill

Tullytown, PA

7)25/11

City, State

# State of New Jersey NOTIFICATION OF ASBESTOS ABA (Pure use to the control of the

FIFICATION OF ASBESTOS AE (Pursuant to NJAC 8:60 and	3ATEMEN 5:16)
(Fulsualité de	

				(C 8:60 and 5.10)		1117		0010 1111
	N	ame	of Buildin	ng Owner/Operator (2)	(5)23	. []]	AUG 3	3 2016
re of Notification (1)	1	PSE	&G / J	ob #1606-5024	Che	ck#J		-01.8
	5	Street	Address			1	ASBESTOS (	CONTROL
encies Notified Type Notification		400	0 Hadle	y Road			ASBESTUS LICEN	ISINU
EPA Amended		City, S	State, Zip	Code				
Amendment #2		Sol	uth Plai	nfield, NJ		To	lephone Number	
DHSS Fmergency (including	3		e of Conta			1,10	nephone	
(1110 5:23 8)			ark Dom			1		
(NJAC 5.23-6)				INFORMATION		(4)		
- I - Place	2 (3)	- 17	(0.12.		Type of Fa	acility (4)		(1)
ame of Facility Where Abatement is Taking Place	e (3)				School	n (K-12) apter 8 (C	other than K-12)	. I. ildings
PSE&G- Delair Substation		_			Other (	(i.e., priva	other than K-12) ate and commercia	al Dullulligs,
treet Address					homes	s, etc.)	# of Floors	Bldg. Age
576 June Road					Square Fe	eet	# 01 1 10010	1
City (5)						. (Dries	if being demolish	ed)
Pennsauken, NJ 08110		Co	ounty Coo	de (7)(STATE USE ONLY)			II being com-	
County (6)			ALLERA PL ARTICO		Subst			
n Unaton	er (8)	ASC	CM No.	Name of Abaten		ictor (9)		
Name of Monitoring Firm Hired by Building Owner	ei (0)	,		AbateTech,	Inc.			
Health and Safety Services				Street Address		0.5		
Street Address				30 Maple A	ve. PO Bo	0X 25		
PO BOX 365			-	City, State, Zip	Code	•		
City, State, Zip Code				Lumberton		8	License No.	
Berlin, NJ 08009	Te	elepho	one No.	Telephone No.			00529	
Project Manager for Monitoring Firm		856-	452-131	1 609-265-21	07		0002	
Jim Proctor Schedule				1) Name of OSH				
I Stan Date (10)	1	31	/ _16		lyticai			
6 / 29 / 10_				Street Address	S			
Occupancy Status During Abatement (Check of	only one	) ateme	ent	Street Address 200 Route	130 Nort	h		
Occupancy Status During Abatement (Checker Facility Closed/Vacated During Entire Perio	only one od of Ab	) ateme	ent - Describ	Street Address 200 Route City, State, Zi	130 Nort			
Occupancy Status During Abatement (Checker Facility Closed/Vacated During Entire Perio	only one od of Ab	) ateme	ent - Describ	Street Address 200 Route City, State, Zi Cinnamin	n Code son, NJ 0	8077		
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Perior Abatement Performed Outside of Normal F Time of Abatement:AMPM/	only one od of Ab	) ateme	ent - Describ	Street Address 200 Route City, State, Zi Cinnamin	p Code son, NJ 0	8077	egative Pressure	
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Former of Abatement: AMPM/ Scope of Work (Check all that apply)	only one od of Ab facility H	) ateme lours PM	ent - Describ AM	Street Address 200 Route City, State, Zi Cinnamin	2 130 North p Code son, NJ 0 Containmer -Enclosure	8077 nt with Ne	egative Pressure	
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Duri	only one od of Ab	ateme	ent - Describ AM	Street Address 200 Route City, State, Zi Cinnamin	2 130 North p Code son, NJ 0 Containmer -Enclosure	8077 nt with Ne		dure
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Former of Abatement: AMPM/ Scope of Work (Check all that apply)	only one od of Abdacility H	ateme	ent - Describ _AM	Street Address 200 Route City, State, Zi Cinnamin	2 130 North p Code son, NJ 0 Containmer -Enclosure	8077 nt with Ne	egative Pressure Ion-Friable Procec	Abdition
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period During Entire Period During Entire Period Dutside of Normal Facility of Abatement:AMPM/Scope of Work (Check all that apply)	only_one od of Ab acility H	ateme	ent - Describ _AM	Street Address 200 Route City, State, Zi Cinnamin    Full   Mini   Glov   Non	2 130 North p Code son, NJ 0 Containmer -Enclosure vebag Proce -Exempted	nt with Ne edure (*) and N		Abdition
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility of Abatement: AMPM/ Scope of Work (Check all that apply)    \( \geq 3 \text{ sf or } \geq 3 \text{ lf} \)   \( \geq 160 \text{ sf or } \geq 260 \text{ lf} \)	only_one od of Ab facility H  Reno Dem Is L No	atementours  PM  ovation olition ocation ormal	ent - Describ AM on n	Street Address 200 Route City, State, Zi Cinnamin  Glov Non  Descrip	n Code son, NJ 0 Containmer -Enclosure /ebag Proce -Exempted tion of	nt with Ne edure (*) and N	Amount (Specify	Abdition
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Duri	only one od of Ab acility H	atemento de la contra la c	ent - Describ _AM on n ion lly ely by ince/	Street Address 200 Route City, State, Zi Cinnamin  Glov Non  Descrip Asbestos Containir (i.e., thermal sys	2 130 North p Code son, NJ 0 Containmer -Enclosure vebag Proce -Exempted tion of ng Material tems insula	nt with Ne edure (*) and N	Ion-Friable Proced	Abdition
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility of Abatement: AMPM/ Scope of Work (Check all that apply)    \( \geq 3 \text{ sf or } \geq 3 \text{ lf} \)   \( \geq 160 \text{ sf or } \geq 260 \text{ lf} \)	only one od of Ab acility H	atemento de la contra la c	ent - Describ AM on n ion lly ely by nce/ Staff?	Street Address 200 Route City, State, Zi Cinnamin  Glov Non  Descrip	2 130 North p Code son, NJ 0 Containmer -Enclosure vebag Proce -Exempted tion of ng Material tems insula	nt with Ne edure (*) and N	Amount (Specify	Abdiomen
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Description    Abatement Performed Outside of Normal Facility of Abatement:AMPM/  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED	only one od of Ab acility H	atemelours PM ovationolition ocationmal I Sole ntena	ent - Describ AM on n ion lly ely by nce/ Staff?	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc	containmer -Enclosure -Enclosure -Exempted tion of ng Material tems insula , VAT, or ellaneous)	nt with Ne edure (*) and N	Amount (Specify SF or LF)	Removal [
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Dur	Rend Dem  Is L No Used Main Custo	ovation olition ocatii Sole No	ent - Describ AM on n ion Illy ely by ince/ Staff?	Street Address 200 Route City, State, Zi Cinnamin  Glov Non  Descrip Asbestos Containir (i.e., thermal sys	containmer -Enclosure -Enclosure -Exempted tion of ng Material tems insula , VAT, or ellaneous)	nt with Ne edure (*) and N	Amount (Specify	Removal [
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Dur	only_one od of Ab dacility H Reno Dem Is L No Used Main Custo	atemelours PM ovatio oolitior ocatii I Solee ntena odial (12) No	ent - Describ AM on n ion lly ely by ince/ Staff?	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc	containmer -Enclosure -Enclosure -Exempted tion of ng Material tems insula , VAT, or ellaneous)	nt with Ne edure (*) and N	Amount (Specify SF or LF)	Removal [
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period	Rend Dem  Is L No Used Main Custo	ovation olition ocatii Sole No	ent - Describ _AM on n ion lly sly by nce/ Staff?  N/A	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc	containmer -Enclosure -Enclosure -Exempted tion of ng Material tems insula , VAT, or ellaneous)	nt with Ne edure (*) and N	Amount (Specify SF or LF)	Removal [
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period	Rend Dem  Is L No Used Main Custo	atemelours PM ovatio oolitior ocatii I Solee ntena odial (12) No	ent - Describ AM on n ion lly ely by ince/ Staff?	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc	containmer -Enclosure -Enclosure -Exempted tion of ng Material tems insula , VAT, or ellaneous)	nt with Ne edure (*) and N	Amount (Specify SF or LF)	Removal [
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period	Is L No Used Mair Custo	atemelours PM ovatio oolitior ocatii I Solee ntena odial (12) No	ent - Describ _AM on n ion lly sly by nce/ Staff?  N/A	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc	can north production of management of the production of th	nt with Ne edure (*) and N	Amount (Specify SF or LF)	Repair
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Forme of Abatement: AMPM/ Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Rend Dem  Is L No Used Main Custo	ovatio	ent - Describ _AM on n ion lly ely by ince/ Staff?  N/A  N/A  NJDEP\	Street Address 200 Route City, State, Zi Cinnamin    Full   Mini   Glov   Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc  Excavated Transit	can north production of management of the production of th	nt with Ne edure (*) and N	Amount (Specify SF or LF)  2,500 LF	Repair
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Check all that apply)  Scope of Work (Check all that apply)  23 sf or 23 lf 2160 sf or 2260 lf  Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Exterior	Is L No Used Mair Custo	ovatio	ent - Describ _AM on n ion lly ely by nce/ Staff?  N/A  N/A  NJDEP \ Hauler II	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc  Excavated Transit  Naste O No.  Cubic Yard Waste O No.  Vaste Cubic Yard Waste Cubic Yard Waste Cubic Yard Waste	e 130 North p Code son, NJ 0 Containmer -Enclosure rebag Proce -Exempted tion of ng Material tems insula , VAT, or ellaneous)  de Pipe	nt with Ne edure (*) and N (ACM) tion,	Amount (Specify SF or LF)  2,500 LF  egistered Landfill  N.S. Landfill	Repair
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Forme of Abatement: AMPM/ Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Is L No Used Mair Custo	ovatio	ent - Describ _AM on n ion lly ely by ince/ Staff?  N/A  N/A  NJDEP\	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc  Excavated Transit  Naste O No. Usisposal I	a 130 North p Code son, NJ 0 Containmer -Enclosure rebag Proce -Exempted tion of ng Material tems insula , VAT, or ellaneous) re Pipe	nt with Ne edure (*) and N (ACM) tion,	Amount (Specify SF or LF)  2,500 LF  egistered Landfill  N.S. Landfill	Repair
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility of Abatement:    AM	Is L No Used Mair Custo	ovatio	ent - Describ _AM on n ion lly ely by nce/ Staff?  N/A  N/A  NJDEP \ Hauler II	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc  Excavated Transit  Naste O No.  Cubic Yard Waste O No.  Vaste Cubic Yard Waste Cubic Yard Waste Cubic Yard Waste	a 130 North p Code son, NJ 0 Containmer -Enclosure rebag Proce -Exempted tion of ng Material tems insula , VAT, or ellaneous) re Pipe	nt with Ne edure (*) and N (ACM) tion,	Amount (Specify SF or LF)  2,500 LF  egistered Landfill  N.S. Landfill	Removal 🗵 🗆 🗆
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Forme of Abatement:  Scope of Work (Check all that apply)  3 sf or 3 lf  10 160 sf or 260 lf  Location of Asbestos-Containing Material (ACM)  10 BE ABATED  IN Facility  (13)  Exterior  Name of Registered Waste Hauler  Waste Management  City, State  Camden, NJ	only_one od of Ab darility H Reno Dem Is L No Used Mair Custo	ovatio	ent - Describ _AM on n ion lly ely by nce/ Staff?  N/A  N/A  NJDEP \ Hauler II	Street Address 200 Route City, State, Zi Cinnamin  Street Address 200 Route Street Address 20	a 130 North p Code son, NJ 0 Containmer -Enclosure rebag Proce -Exempted tion of ng Material tems insula , VAT, or ellaneous) re Pipe	nt with Ne edure (*) and N (ACM) tion,	Amount (Specify SF or LF)  2,500 LF  egistered Landfill  N.S. Landfill	Repair
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility of Abatement:    AM	only_one od of Ab acility H Section Dem	ovation olition ocati solition olition	ent - Describ _AM on n ion lly ely by nce/ Staff?  N/A  N/A  NJDEP \ Hauler II	Street Address 200 Route City, State, Zi Cinnamin  Full Mini Glov Non  Descrip Asbestos Containir (i.e., thermal sys surfacing other misc  Excavated Transit  Naste O No. Disposal C 8/31/16 Sign	a 130 North p Code son, NJ 0 Containmer -Enclosure vebag Proce -Exempted tion of ng Material tems insula , VAT, or ellaneous)  The Pipe  The Date of the Code  The Code The Co	nt with Ne edure (*) and N (ACM) tion,	Amount (Specify SF or LF)  2,500 LF  egistered Landfill  N.S. Landfill	Removal 🗵 🗆 🗆

		NOT				C 8:60 and 5:16		IN E C			7 [	
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	117	-			
7 /	28 /	16			rdwalk H		b #1607-5040	Check #8454	3	20	16	
Agencies Notified	Type Notifica	tion		Street	Address			II L AUG	0	_///	10	1
⊠ EPA	☐ Initial			230	1 Boardv	valk						_
□ DOLWD	☐ Amended			City, S	tate, Zip C	ode		ASBEST	JS C	ONT	ROL	_&
□ DHSS     □	Amendme			Atla	ntic City	, NJ 08401		L LIS	CENS	MING		
DCA (NJAC 5:23-8)	justificatio		3	Name	of Contact			Telephone Numb	oer			
(1.0.10 0.00 0)	Cancellati	3750		Adn	ninistrati	on						
				FAC	CILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking Place	(3)	e (4)			Type of Facility	(4)				
Boardwalk Hall							School (K-12					
Street Address							Subchapter 8	3 (Other than K-12) rivate and commer	) cial bu	ildina	S.	
2301 Boardwalk							homes, etc.)		2,51		7.6	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
	3401											
County (6)	Atlantic City, NJ 08401  Junty (6)  Atlantic  June of Monitoring Firm Hired by Build  Environmental Design, Inc.  Teet Address  5434 King Avenue, Suite 101				ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Atlantic							Commercia	l Building				
Name of Monitoring Firm	ame of Monitoring Firm Hired by Buildin Environmental Design, Inc.				No.	Name of Abateme	ent Contractor (9)					
	Environmental Design, Inc.					AbateTech, I	nc.					
Street Address						Street Address						
5434 King Avenue	reet Address 5434 King Avenue, Suite 101 ry, State, Zip Code					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip C	ode						
Pennsauken, NJ 0	5434 King Avenue, Suite 101 ty, State, Zip Code Pennsauken, NJ 08109 oject Manager for Monitoring Firm					Lumberton, I	NJ 08048					
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Jay Murray			8	56-616	-9516	609-265-2107	7	00529				
Start Date (10)	S	Scheduled C	Comple	etion Da	te (11)	Name of OSHA N	Monitor					
8 /15 /	16	8	16	3_/_	16	EMSL Analyt	tical					
Occupancy Status Durin	g Abatement (0	Check only	one)			Street Address				ži.		
☐ Facility Closed/Vacat				ment		200 Route 13	30 North					
☐ Abatement Performe						City, State, Zip C	ode					
Time of Abatement:	AM	PM/	PM		AM	Cinnaminson	n, NJ 08077					
Scope of Work (Check a	all that apply)						2020 2 425,440					
M >3 of or >3 If		M R	enovat	ion		☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf			emoliti				a Procedure					
				2310 3-0	_	☐ Non-Exe	empted (*) and No	on-Friable Procedu				
7/47 997	20		s Loca Norma			D 1.0			Ab		ent T	
Location Asbestos-Containing		Lla	ed Sol		Asbe	Description of estos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE AB	ATED	IVI	ainten	ance/ Staff?		e., thermal systems	insulation,	(Specify	JOV	ar.	apsi	losu
IN Faci		Cus	(12)			surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	Te
(13)		Yes	No	N/A		otro: micoonari	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				CD	
West Boiler Room				Header	Insulation		>10 LF	$\boxtimes$				
West Boiler Room		П	П	Header	Insulation		20 LF					
West Boller Room									П	П	П	П
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				12:::::	T.,	-t			Ш			
Name of Registered Wa AbateTech, Inc.	iste Hauler			NJDEP I	D No.	Cubic Yards of Waste	G.R.O.W.S	stered Landfill    Landfill				
City, State		18750	J	Disposal Date	City, State							
Lumberton, NJ						8/16/16	Tullytown	, PA				
Completed By (Print or	Tyne)	Title				Signature			ate			
Gwendolyn Trumb			tions Coordinator									6

ASB-41 MAY 11

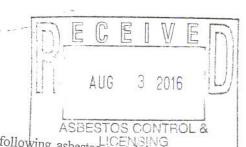
			(Pt	ırsuan	t to NJA	C 8:0	60 and 5:10	5)	177				
Date of Notification (1)				Name	of Building	g Own	er/Operator (	2)	AUG	ij	2016		
7 /	28 / _	16		Rob	ert Woo	d Jol	hnson Job#	1607-5041	Check#8455				
Agencies Notified	Type Notifica	tion		Street	Address			1	ASEESTO	s 001	ITRO	31 8	Ş
⊠ EPA				24 H	Hardenbe	erg S	treet	1	LIO	EMOIN			े
□ DOLWD	☐ Amended				State, Zip C					** ** ** *****************************			
□ DHSS	Amendme						NJ 08901						
DCA			3		of Contac				Telephone Num	ber	-		
(NJAC 5:23-8)	☐ Cancellati				sten Bell				1				
<u> </u>				FAC	CILITY IN	IFOR	MATION						
Name of Facility Where A	Abatement is T	aking Place	(3)					Type of Facility	y (4)				
RWJ Hospital		250 250						School (K-1		200			
Street Address								Subchapter	8 (Other than K-1) private and comme	2) arcial bu	ilding	0	
ONE RWJ Place								homes, etc		i olai bu	nung	٥,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	je	
New Brunswick					(3								
County (6)				Cour	nty Code (7	7)(STA	TE USE ONLY)	Current Use (F	Prior if being demol	ished)			
Middlesex					,	71		Hospital					
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Nan	ne of Abatem	ent Contractor (	9)				
Omega Environme			***			A	bateTech, I	nc.					
Street Address						Stre	et Address						
F-91-94-600-0-000 000 MoVMA 500	280 Huyler STreet 30 Maple Ave. PO Box 25												
City, State, Zip Code						City	, State, Zip C	ode					0.
S. Hackensack, NJ	07606					L	umberton,	NJ 08048					
Project Manager for Mon		<del></del>	Tel	ephone	No.	Tele	ephone No.		License No.				
Geiser Fajardo			2	01-489	-8700	6	09-265-2107	7	00529				
Start Date (10)	S	Scheduled (	Comple	etion Da	ite (11)	Nan	ne of OSHA N	Monitor					
7//	000000			0_/		E	MSL Analyt	tical					
Occupancy Status During	g Abatement (0	Check only	one)			Stre	eet Address						
☐ Facility Closed/Vacate						2	00 Route 13	30 North					
Abatement Performed					scribe	City	, State, Zip C	ode					
Time of Abatement: _	AM	PM/ <u>5</u> PN	1-1:30	MAM		С	innaminso	n, NJ 08077					
Scope of Work (Check a	Il that apply)						□ Full Cor	tainment with N	egative Pressure				
≥3 sf or ≥3 If		⊠ R	enova	tion			☐ Mini-En	12	egative i ressure				
☐ ≥160 sf or ≥260 lf			emolit				Gloveba	g Procedure	Non-Friable Proced	uro			
							⊠ Non-Exe	empted ( ) and r	Non-Friable Proced		atem	ont T	.vno
		1	s Loca Norm				Description	of			1		1
Location Asbestos-Containing	[설득] 전환 전	UM 0.755.75	ed So	lely by	Asbe	estos	Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	ATED	IVI	ainten	ance/ Staff?	(i.e		rmal systems		(Specify	SVOL	air.	sqe	nso
IN Facil	ity	Cus	(12			S oth	urfacing, VAT ner miscelland	or Rous)	SF or LF)	<u>=</u>		ulati	ē
(13)		Yes	1			Oti	ici illisocilari	5000)				Ф	
Office Room #220				П	FLoor	tile &	mastic		120 SF				
										П			
												П	
													믐
Name of Registered Was	ste Hauler			NJDEP		Cub	oic Yards of		gistered Landfill				
AbateTech, Inc.				Hauler I 1875		5			.S. Landfill				
City, State							posal Date	City, State					
Lumberton, NJ						7.	/30/16	Tullytow	n, PA				
Completed By (Print or T	ype)	Title					Signature	Y	[	Date	100	1	
Gwendolyn Trumb		Opera	tions	Coord	linator		( )	m		7)	28	111	0

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	2)			111	111	
	16		We	st Long	Branch BOE/ Jo	b #1603-4997	Check #8286	16		川	
Agencies Notified Type Notifica	tion			Address		THE STATE OF THE S					
	7		135	Locust A	Avenue				٦		
□ Amended □ Amended			City, S	tate, Zip C	Code	AS	BESTOS CONT	HOL	. a	1	7
□ DHSS Amendme     □ DCA □ Emergence	- /	.	Lon	g Brancl	h, NJ 07764		LICENSING	1			
		'	Name	of Contact	<u> </u>		Telephone Number	er			
☐ Cancellati	on		Bria	n Keesh	an						
			FΔC	II ITY IN	FORMATION						333
Name of Facility Where Abatement is T	aking Place	(3)	1 // 0	712(1111)	ORMATION	Type of Facility	(4)				
Frank Antonides Elementary Se		(0)				School (K-12	3.15				
Street Address	311001					Subchapter 8	(Other than K-12)				
135 Locust Avenue						Other (i.e., p homes, etc.)	rivate and commerc	ial bui	ilding	s,	
City (5)						Square Feet	# of Floors	TRIC	lg. Ag	10	
West Long Branch, NJ 07764						Square Feet	# 011 10015	Dic	y. As	30	
			C	h. Cada /7	)(STATE USE ONLY)	Current Hee (De	ior if being demolish	, cd/			
County (6)  Monmouth			Court	ty Code (7	NOTATE USE ONLY)	School	ioi ii beilig delliolisi	ieu)			
		(0)	10011		I Nie C Ale -i						
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM		Name of Abateme						
TTI Environmental			0026		AbateTech, I	nc.					
Street Address					Street Address						
1253 North Church Street					30 Maple Ave	Negro Production Production Code					
City, State, Zip Code					City, State, Zip Co						
Moorestown, NJ 08057					Lumberton, N	NJ 08048					
Project Manager for Monitoring Firm			phone	15	Telephone No.		License No.				
James Guilardi			6-840		609-265-2107		00529				
	cheduled C				Name of OSHA M						
_7_ / _5_ / _16_	8_ /	12	_ / _	16/	EMSL Analyt	ical					
Occupancy Status During Abatement (0	Check only_	one)	_		Street Address						
☐ Facility Closed/Vacated During Entire	e Period of	Abate	ment		200 Route 13	0 North					
☐ Abatement Performed Outside of No					City, State, Zip Co	ode					
Time of Abatement:AM	PM/	PM-		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that apply)						T	20 WA				
□ >3 of or >3 If	⊠ p.	neveti	on		☐ Full Con	tainment with Neg	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		enovati emolitio			1	g Procedure					
					☐ Non-Exe	mpted (*) and No	n-Friable Procedure	Э			
	100	Locat						Aba	atem	ent T	ype
Location of	1.144	Norma ed Sole			Description of			Re	Re	Щ	щ
Asbestos-Containing Material (ACM TO BE ABATED		aintena			stos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	ncap	ıclo
IN Facility	Cus	todial	Staff?	(1.0	surfacing, VAT	, or	SF or LF)	val	_	Encapsulate	Enclosure
(13)		(12)	T	-	other miscellane	eous)				ate	
	Yes	No	N/A				055				_
See Attached Scope of Work				SEE AT	TTACHED		SEE				
			100000000000000000000000000000000000000	-							
							<u></u>				
Name of Registered Waste Hauler		0.000	JDEP \		Cubic Yards of	Name of Regis					
AbateTech, Inc.			18750		Waste 40	G.R.O.W.S	S. Landfill				
City, State			10/30		Disposal Date	City, State					
Lumberton, NJ				(	8/12/16	Tullytown	, PA				
Completed By (Print or Type)	Title			,	Signature		Dat	te .		- /	
Gwendolyn Trumbetti	Operat	ions	Coordi	inator		MMT	-	1/1	ni	011	10
ASB-41	- porat					VIII		11	11	11	4
MAY 11	* Do no	t use th	nis form	for asbes	tos licensure exemp	oted activities.		1		1	

Frank Antonides Elementary School TTI Project Number 16-556 June 16, 2016 Page 5 of 43



As part of the abatement work, remove and dispose of the following asbestos contaming materials from the Frank Antonides Elementary School.

cation	Material	Estimated Quantities	Removal Method
	Pipe Fitting Insulation	60 fittings*	
Boiler Room	Boiler Breeching Pipe Insulation	400 sf*	Full Contain
	Tank Insulation	300 lf*	Full Containment
Crawlspace	Pipe Insulation	400 sf*	Removal Per NJAC
	D:	1,100 lf*	5:23-8.19 Occupied
mated only. P	Pipe Fitting Insulation  Not to be used for bidding I	120 fittings*	Building Conditions

\*Estimated only. Not to be used for bidding purposes. Contractor MUST field verify.

- A New Jersey Department of Labor and Workforce Development (DLWD) Licensed d. Asbestos Abatement Contractor shall perform all asbestos abatement work. ALL workers performing asbestos abatement shall hold a valid permit issued by the DLWD. The Contractor is advised that work under this contract shall be performed in accordance with the requirements that may be imposed by the New Jersey Department of Health and Senior Services (NJDHSS), New Jersey Department of Labor and Workforce Development (DLWD), New Jersey Department of Environmental Protection (D.E.P.), New Jersey Department of Education, United States Department of Labor, and the United States Environmental Protection Agency (E.P.A.).
- Remove and dispose as asbestos-containing, all boiler breech, tank insulations, pipe and pipe e. fitting insulation from the boiler room and crawlspace under full containment occupied
- f. All work is to be performed in an occupied building as per NJAC 5:23-8.19 utilizing full containment abatement procedures. The contractor shall provide a fully operational negative air system that maintains a negative pressure of -0.05 inches of water column (WC) at the decontamination unit. The negative air system shall include a digital recording manometer with a continuous printout, extra recording chart paper and a complete operation instruction booklet. The onsite supervisor shall be familiar with the complete operation of the manometer.
- The decontamination unit shall be attached directly to the work area and all means of egress g. shall be through the decontamination unit. All materials utilized in the construction of the containment will be fire rated in accordance with NJAC 5:23-8. Separation barriers shall be constructed by utilizing fire rated 2"x 4" or metal studs and ½ fire rated plywood. The studs will be 16 inch on center with the plywood being placed on both sides of the 2"x 4" and secured on to the studs. All seams shall be caulked with fire rated caulk or foam. Place 2 layers of 6 mil fire rated plastic on both sides of the barrier. The decontamination unit shall be considered as a separation barrier and constructed as such.
- The Contractor is responsible to complete applications for and secure all necessary permits, h. approvals, and inspections and pay all required fees. The Contractor is responsible for posting all such permits at the work site and has copies available in the business office.



CF 40-3	N	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)												
Date of Notification (1) August 1, 2016				Building Ov ton Unive				Princetor	n Unive	ersity				
Agencies Notified Type Notification  EPA   Initial			Street A	<sup>ddress</sup> Millan Bu	ilding			1		AUU	Ú	201	б	
DEP Amended  DOL Amendment				te, Zip Code ton, NJ C				of many	AS	BESTO	S CC	)NTF	OL.	<u>.</u>
Emergency (i justification)  DCA  Emergency (i justification)  Cancellation	ncluding		Name of Bob O	Contact rtega					Teler	ohone Nii	mher			
			FACI	LITY INFOR	RMATION									
Name of Facility Where Abatement is Taking Princeton	Place (3	3)						of Facility (4 School (K-1	2)					
Street Address 32 Maclean Circle							X (	Subchapter Other (i.e. p etc.)				dings,	home	s,
City (5) Princeton							Squar 3,80	re Feet 0	# of I	Floors	382	ildg. A	ge	
County (6) Mercer				Code (7) USE ONLY)				nt Use (Prid dential	or if bein	g demolis	hed)			
Name of Monitoring Firm Hired by Building C Pennoni Associates	wner (8)		ASCN	No.	10.7000			tement Con es, LLC	ntractor (	9)				
Street Address 515 Grove Street, Suite 1B							Addres V Lin	ss coln High	iway, S	Suite 50	0			
City, State, Zip Code Haddon Heights, NJ 08035				100000			ip Code 19341							
Project Manager for Monitoring Firm Alan Lloyd		Telepho 856-65	ne No. 56-2875			one N 372-8			License N 01161	No.				
Start Date (10) 8/15/16	Schedul 8/19/1		npletion	Date (11)	200102	ame MS		HA Monitor						
Occupancy Status During Abatement (Check	c Only Or	ne)			1		Addres		320					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:														
Scope of Work (Check All That Apply)					_   0	·11 11 10	annin	SOII, INJ						
23 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli	☐ Glovebag Pro						e cedure	Negative Non-Fria			e	
	41132	Locat Norma			<b>D</b>		- 6						ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintena todial ( (12)	ely by nce/ Staff?	(i.e. t	Descrip os Containin hermal sys surfacing other misc	ng Natems	Materia s insula T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
Exterior	No	N/A X	Caulk @	) wood s	idin	a & v	vindows	2,	250	X	-			
									-					
Name of Registered Waste Hauler		LIDED	Vaste	Cubic Yar	de		Name of	Register	red   andfi	II				
Waste Management of New Jersey	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NJDEP Waste Hauler ID No.  Cubic Yards of Waste 40					GROW			u				
City, State Trenton, NJ		Disposal Date City, State TBD Morrisville, PA												
Completed by Joe White	ect Ma	ect Manager Signa					Whi	to (		ate 8/1/16				

Do not use this form for asbestos licensure exempted activities.

NOCK

Print Form

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

0611-02				ON OF AS							2.15	
Date of Notification (1) 5/24/2016			Name TWC	of Buildir	ng Owner ER STF	/Operator	(2) IRBAN RENE	WAL,LLC C/O	DRA	NOF	201 F PF	SOP
Agencies Notified Type Notification	on		Street	Address								
EPA Initial DEP Amended				SOUTH		D STRE	ET	ASLES	i C	0		OL
X DOL Amendme	nt #1		PHIL	tate, Zip	Code HIA PA	19147		-			10	
■ Emergence     ■ justificatio		g	Name	of Contac	ct			Talanhana Ni	ımher			
DCA Cancellati	оп			SHERM			2000 Al 2					
Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY IN	FORMA'	TION	Type of Facility	(4)				
ONE THEATER							School (K					
Street Address 36 PARK PLACE							Subchapt	er 8 (Other than K- private & commer	12) cial bu	ilding	s, hon	nes,
City (5) NEWARK NJ							Square Feet >50,000	# of Floors		Bldg. >50	Age	
County (6) ESSEX			County (STATE	Code (7) USE ONL	n		Current Use (P	nor if being demolis	shed)			
Name of Monitoring Firm Hired by Building PENNONI ASSOCIATES, INC	Owner (8	3)	ASC	M No.			of Abatement Co					
Street Address 515 GROVE STREET SUITE 1B						Street	Address INDUSTRIA					
City, State, Zip Code HADDON HEIGHTS, NJ 08035							tate, Zip Code THAMPTON,	PA 18966	117			
Project Manager for Monitoring Firm Raymond Alan Lloyd			Telepho 856 54	one No. 47-0505	5	Teleph	one No. 322-2900	License I	No.			
Start Date (10) 3/29/2016	Schedu 08/31/	led Cor 2016	npletion	Date (11	)		of OSHA Monito					
Occupancy Status During Abatement (Che	ck Only O	ne)	2000	1			Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Monday-Saturday 7	mal Facilit	Abaten y Hours	nent S			City, St	PROGRESS ate, Zip Code					
Scope of Work (Check All That Apply)					-	BENS	SALEM, PA 1	9020				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	SUB-COVER 1	Renova Demolit				×	Mini-Enclosus Glovebag Pro				re.	
	ls	Locati	on							Abat	emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				scription (		S	-	T	ре	
TO BE ABATED In Facility (13)	(2000)	intenar todial S (12)			. thermal surfa	systems cing, VAT		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Sec. 4	No	N/A	other miscellaneous) N/A					val	=	Jiate	ure	
		****		PLE	EASE S	SEE AT	TACHED					
Name of Registered Waste Hauler		N.	JDEP W	aste	Cubic	Yards	Name of	Registered Landfil				
SERVICE TRANSPORT GROUP		1	auler ID 1990	No.	of Was	ste		VA LANDFILL				
City, State 58 PYLES LANE, NEW CASTLE D	E 19720				Dispos	al Date	City, Stat	e ESBURG, OH	14688	3		
Completed by	Title				S	ignature			ite			
DAMIAN LAVELLE/CDV	PRO	JECT	MANA	GER	1	dim	iandon	elle LOV 5/	24/20	16		

ASBESTOS CONTROL & LICLISING

		(	e sole	ยก	Н	3 01						
ENCLOSURE										T	T	T
ENCAPSULATE ENCLOSURE												
The second secon		T			$\forall$							_
REMOVAL REPAIR		×	×	×								
AMOUNT SPECIFY SF OR LF		22 SF	SF	10 S J	IT	110 CE		ZU SF X	180 SF X			
ASBESTOS CONTAING MATERIAL (ACM)  (IE, THERMAL SYSTEMS INSULATION  SURFACING, VAT, OR  TAFF? OTHER MISCELLANEOUS)	V/A PITCH POCKET TAB	П	FLOOR TILE /MASTIC PIPE INSULATION /BOILER BREECHING	TT	PIPE FITTINGS	EXTERIOR PLASTER OVER HANG	FLOOR TILE/MASTIC		FLOOR TILE /MASTIC			
NORMALLY USED SOLEY, BY MAINTENANCE/ CUSTODIAL STAFF?	YES NO N/A		××	×	×	×	××		×	+	+	1
MATERIAL (ACM) TO BE ABATED IN FACILITY		AND EXPOSED	BASEMENT BOILER BASEMENT BOILER AND	OINING R	AND FB LINES	OVER HANGS AT BUILDING ENTRANCES	ELEVATOR FLOOR	1ST FLOOR BOTTOM LAYER ELEVATOR HALLWAY				

LOCATION OF

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENTO IS CORE 3000 FE TO THE

						C. 8:60 and		1 1 1 1 11	- 6°E	1 1	ĮĖ,	- 1	
Date of Notification	(1) 7/27/16			ame o		Owner / Operato	r (2)		AUG	3 201	6	,	划
Agencies Notified  EPA	Type Notifica		S	treet A	Address iverfront				BESTOS		IOL	8 8	
☐ DEP ☑ DOL ☑ DOH		nded gency	N	ewar	ate & Zip ( k, NJ 07' of Contact					VSING Telephor	ne Ni	umbe	<del>-</del> er
☐ DCA	☐ Canc	ellation	R	osan	a Caputo	)							
Name of Facility VAII	ΛΙ	-: T-1: D	1 (0)		ILITY INF	ORMATION							
Name of Facility Wife Future NJ turnpi			lace (3)			Type of Facili							
Street Address	.to Houseque						ter 8 (Othe	r than K-	12)				
One Hess Plaza							e. private &					tc.)	
City (5)		County (6)	Соп	nty Co	ode (7)	Square Feet	# of	Floors	E	Bldg. Age	<del>)</del>		
Woodbridge		Middlesex		nty Oc	ode (1)	Current Use (	Prior if beir	na demoli	shed)		- K-1		
						School							
Name of Monitoring RJB Environmen		y Building Owr	ner (8)		ASCM No	Name of Aba Bristol Env			9)				
Street Address	tt					Street Addres							
56 East Bridge S City, State & Zip Co						City, State &							
Morrisville, PA 1	9067					Bristol, PA	19007						
Project Manager for Jim Frisbee	Monitoring F	irm	Teleph 267-9		Number	Telephone No (215)788-60			License N 00509	lumber			
Scheduled Start Da	te (10)	Scheduled Cor				Name of OSH			00303				
8/9/16			9/7/1			Bristol Env		al Inc.					
Occupancy Status I  Facility Clos		nent (Check o During Entire P			ement	Street Addres							
		utside of Norm				City, State &							
	7am to 3pm upied During	Abatement				Bristol, PA	19007						
Scope of Work (Che	eck all that ap	ply)									-		
≥3 sf or ≥3 l	f		$\boxtimes$	Reno	vation			Containn Enclosu	nent with N re	regative	Pres	sure	
☐ ≥160 sf ≥26				Demo	olition		Glov	ve Bag Pr	ocedures				
									ed and Nor				
	ocation of tos-Containin	a	Norm:	ocatio ally Us	S189 10	Description Asbestos-Con			Amount (Specify	Aba	teme	ent I	уре
Mat	erial (ACM)		So	lely by	/	Material (A	CM)		SF or LF)	70		En	Ш
	BE ABATED  n Facility		Mainte			(i.e., thermal sinsulation, surface				Remova	Repair	caps	Enclsoure
	(13)			(12)		or other miscell				val	air	Encapsulate	oure
			Yes	107/65	N/A							0	
1st Floor Hallway					H	Floor Tile & I			1700 SF				Щ
2 <sup>nd</sup> Floor Data Ce 13 <sup>th</sup> Floor Mech F	Service Control of the Control of th				H	Floor Tile & I Pin Mast			,900 SF		H	H	
1st Floor Building		Room		П	H	Mastic			450 SF		H	Ħ	П
1st Floor Telepho						Floor Tile & I			720 SF				
	1147 1 11 1					Ta	L		11 1511				
Name of Registered Service Transpor		er			ler ID No.	of Waste  55 Cu YD	Name of F	700					
City, State	i ilio.			203		Disposal Date	City, State	2015 (301,000,000,001,001,001,000,000,000,000,	97				
New Castle, DE						9/7/16	Waynes		Н				
Completed By (Print				Title		Signature				Date		-	
Gino Pizzigon	L			Pro	ject	11/1/				-	1	1	

GI 16099

1 160

D&S Proj. #: 16-230  Date of Notification (1)  O 7 / 2 7 / 1 6  Agencies Notified Type Notificat Initial DEP Amended Amendment #: DOL Emergency (including justification) DCA Cancellation	ition Married	ne of Buil arilyn F et Addres	(Pursuallynn) ss ip Code IDGE, N	eation of Asi ant to NJAC er/Operator (2	2 8:60	Abatement and 12:120)		ASI	AUG BESTO	S CON	2016 VTR	1	
			FACI	ILITY INFORM	MATION								
Name of facility where abatement of Marilyn Flynn Street Address	is taking place	e (3)					_ Ty	Subcl	(4) ol (K - 12 napter 8 ( (Private/ ./Homes,	Other to		-12)	
							So	quare Feet	# of Floo	ors	Bi	dg. A	ge
City (5)  GLEN RIDGE	County	(6)				nty Code (7) e use only)	0	urrent Use (F	Prior if bei	ng derr	olishe	ed)	
Name of Monitoring Firm Hired by		(8)	T	ASCM No.		Name of Abateme	ent Cont	ractor (9)				-	
		200				D & S RESTO							
Street Address						Street Address	700						
0' 0 7 0 1						20 California		19	-A				-0.00100
City, State, Zip Code						City, State, Zip Coo							
Project Manager for Monitoring Firm	1	I Pho	one Numb	or		Paterson, NJ Telephone Number			Licens	e Numb	per		
r rojooc wanagor for worldoning i iiii		1110	one ivanib			973-345-802			710000000000000000000000000000000000000	01169			
Start Date (10)	ISched, C	Completio	n Date (1	1)		Name of OSHA M	lonitor						
08/09/16			- Control Control	1		D & S Restor	ation, I	inc.	-				
Occupancy Status During Abateme	09/15/1	THE RESERVE OF THE PERSON NAMED IN				Street Address 20 California	Avanu	2					
Facility closed/vacated during	311 315	W	nent.		1	City, State, Zip Co							
Abatement performed outside Describe:	of normal fac	cility hours	S-										
Other-Describe: NORMAL F	IOURS				_	Paterson, NJ	07503						
Scope of Work (check all that appl	y)							Containment	w/negativ	e press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation					L		enclosure ebag procedi	Ire				
≥160 sf or ≥260 lf	Demolition					Ĭ		Exempted (*		-friable	proc	edure	1
Location of	Is location r by maintena			/						R	R	E n	E
asbestos-containing material (acm) to be	staff(12)			Descript material		sbestos-containing		Amount (Specify	SF or	m	р	С	n
abated in facility (13)	Yes	No	N/A	matorial	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			LF)		V	a i	a p	L
BASEMENT				PIPE INSU	ПАТІ	ON	-	100 L FT		e	H	П	$\vdash$
D'AUDINEIN I				1						H	ī	Ħ	盲
Registered Waste Hauler D & S RESTORATION, INC.		Hauler II	30333	ubic Yards of yd.	Waste	Name of Register TULLYTOW			ECOVE	RY			
City, State			Disposal D	-		City, State						-	MARKET AND ADDRESS OF THE PARTY
PATERSON, NJ 07503			08/10/1			TULLYTOW	N, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDE	VIT.		Signature					Date 07/2	7/16			
ASB-41			or asbesto	) os licensure e	xempted	activities.			0112	,,,,,,			

CK 6787

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

	- 1	*			of NJ	the state of the s			- r r	0 15	y : -	1	
Dec Brai #						Abatement	(m)	E G	E II V	匚	10	1.1	
D&S Proj. #: 16-229			(Pursu	ani io NJAC	0.00	and 12:120)			4.100	25.0			
						ļ		1110	3 00	10	1		
Date of Notification (1)		lame of Bu	ilding Own	er/Operator (2)	)	1	1	HUU	9 1.0	10	-		
0 7 / 2 6 / 1 6		kathy stoj	pherd								1		
Agencies Notified Type Notificati	on S	treet Addre	ess					ASBESTO	IS CON	FIUL	(3)		
DEP Amended								LIL	ENSING				
Amendment #:		City, State, 2	Zip Code										
DOL Emergency		NO. AR	LINGTO	N, NJ 07032									
DOH (including justification)	N	ame of Cor	ntact					Telepho	ne Numbe	er		-48%	
DCA Cancellation		kathy sto	pherd			98							
			FACI	LITY INFORM	IATION								
Name of facility where abatement is	s taking pla	ace (3)					Ту	pe of Facility	(4)		-		
	0.1	* 5						Scho	ol (K - 12	)			
kathy stopherd									hapter 8 (			-12)	
Street Address									(Private/C :./Homes,		ercial		
							S	quare Feet	# of Floo		ВІ	dg. A	ge
City (5)	Cour	nty (6)				nty Code (7)	_						
NO. ARLINGTON	RE	RGEN			(Stat	te use only)	C	urrent Use (	Prior if bei	ng dem	olish	ed)	
Name of Monitoring Firm Hired by E				ASCM No.	Щ	Name of Abatemen	t Cont	ractor (9)					
in control-control control con				7.100.11110.		D & S RESTOR							
Street Address				-		Street Address	CATIO	OIV, IIVC.					
						20 California A	ve.						
City, State, Zip Code						City, State, Zip Code	-						
						Paterson, NJ 0	7503						
Project Manager for Monitoring Firm		Ph	one Numb	er	_	Telephone Number			License	Numb	oer		
						973-345-8020	)		(	)1169	)		
Start Date (10)	Sched	I. Completic	on Date (11	)		Name of OSHA Mor							
08/10/16	09/15	5/16				D & S Restorat	tion, l	Inc.					
Occupancy Status During Abatemen					-	20 California A							
Facility closed/vacated during			ment.			City, State, Zip Code				_		_	
Abatement performed outside Describe:	of normal	facility hour	'S-			0.1.j, 0.10.10, 2.ip 0001							
Other-Describe: NORMAL H	OURS				_	Paterson, NJ 0	7503						
Scope of Work (check all that apply							Full C	Containment	w/negativ	e press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation	n				$\boxtimes$	Mini-	enclosure					
≥160 sf or ≥260 lf	Demolition	1				×		ebag proced -Exempted (*		friable	proo	oduro	
Location of	Is location	n normally i	used solely	1			INOIT	-Exempted (	) and ivon	R	R	E	1
asbestos-containing		enance/cus	todial	Descripti	on of as	sbestos-containing	1	Amount		e m	e	n	E n
material (acm) to be abated in facility (13)	staff(12)		T	material		3	-	(Specify LF)	SF or	0	a	c a	C
asatos in idolity (10)	Yes	No	N/A					/		v e	l i	р	-
BASEMENT		$\square X$		PIPE INSU	ЛАТІ	ON		30 L FT		X			
BASEMENT		X		BARE HEA	ATING	3 PIPES		105 L FT					
attic		X		attic	(4			350 sq ft					
					.,								
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler I 606		ubic Yards of YDS	Waste	Name of Registered TULLYTOWN			FCOVE	RY			
City, State			Disposal D			City, State	,	OCKEL N	CO VI		E = 20		
PATERSON, NJ 07503			08/11/1			TULLYTOWN	I, PA						
Completed by (Print or Type)	Title			Signature					Date				
BOGDAN JOLDZIC	PRESID								07/26	/16			
ΔSR-Δ1 *	Do not us	e this form	tor asbesto	s licensure ex	rempted	d activities.							

			St	ate of Ne	w Jersey	~ P	ignal chi	at	#	+8	269
NOCK	NOTI	FICA (Pu	TION	OF ASE	BESTOS ABAT C 8:60 and 5:16	EMENT OF	IGINAL CAN	27	16		7
Date of Notification (1)		7	Name	of Building	Owner/Operator (2	2)	7				+
8 / / /	16		City	of Camo	ien		):	00	110		]
Agencies Notified Type Notifica	ation		Street	Address			Li AUG 3	21	16	i i b	2
☑ EPA ☑ Initial			PO	Box 9512	20					j	
DOLWD Amended	4900-07573		City, S	tate, Zip C	ode		ASBESTOS CO	TMC	RO	- 84	
☑ DOH Amendme	and the same of th		Can	nden, NJ	08101		LICENS	ING	1		
(NJAC 5:23-8) justification			Name	of Contact			Telephone Number	er			
☐ Cancellat	tion		Joh	n Bond							
			FAC	ILITY IN	FORMATION						
lame of Facility Where Abatement is 1						Type of Facility	77,77,77		en se		
WEST STREET RESIDENCES	EXTE	no	110	545	4610	School (K-1					
Street Address							8 (Other than K-12) private and commerce	ial bu	ilding	S,	
(545)610)WEST Street Residence	es					homes, etc.					
city (5)						Square Feet	# of Floors	11	dg. A	ge	
Camden	-					varies	varies	88	50+		
ounty (6)			Coun	ty Code (7)	(STATE USE ONLY)		rior if being demolish				
CAMDEN					rs		DEEMED UNSAFE				
ame of Monitoring Firm Hired by Build	ding Owner (8	3)	ASCM	No.	Name of Abateme						
Health and Safety Services			117			nvironmental	Systems				
reet Address PO Box 365					Street Address	ehem Pike - S	i4- CO				
ity, State, Zip Code							Suite 60				
Berlin, NJ 08009					City, State, Zip Co						
roject Manager for Monitoring Firm		Tele	phone I	No	Telephone No.	s, FA 15411	License No.		_		
Jim Proctor			•	39-2432	215 542 7000		00847				
	Scheduled Co				Name of OSHA N		00047				
6 / 9 / 16	9 /		) /		CES	ionitoi					
ccupancy Status During Abatement (	Check only o				Street Address						
Facility Closed/Vacated During Enti		- 33	ment		POLYCLOS OF THE PROPERTY CLASS PROPERTY.	ehem Pike -Sı	uite 60				
Abatement Performed Outside of N				cribe	City, State, Zip Co						
Time of Abatement: 7:00AM-5:00F	PM/PM		AM		Spring House						
cope of Work (Check all that apply)		-	-								
] >3 sf or >3 lf	□Rer						gative Pressure				
25 st of ≥5 ti 2 ≥160 sf or ≥260 lf	☐ Rei				☐ Mini-Enc ☐ Gloveba	g Procedure					
							on-Friable Procedure				
		Locat orma			n <u>u</u> 2000			Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN	1 11		ely by	Ashes	Description of stos Containing Ma		Amount	Re	Re	En	En
TO BE ABATED	Mai	ntena	ince/ Staff?		, thermal systems	insulation,	(Specify	Removal	Repair	caps	Enclosure
IN Facility (13)	Cust	(12)	Stall!		surfacing, VAT other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(10)	Yes	No	N/A		other moodiane	043/				Te .	
EE Attached		П		SEE Att	ached		200 YD per res		П	П	
The second secon			1	- Au			200 10 poi 100		] [	]_[	1
		Ш			ereca e e e e e e e e e e e e e e e e e e			Ш	Ш	Ш	Ш
						7/					
ame of Registered Waste Hauler	100.78	1000	JDEP V		Cubic Yards of	Name of Reg	istered Landfill				
Waste Management of NJ		H	17273	,	Waste 200/residenc	GROWS					
ity, State			1/4/3		Disposal Date	City, State					
Fairless Hills, PA					9/30/16	Tullytown	PA				
ompleted By (Print or Type)	Title				Signature,	1	Date	9	,	1	-
Patricia Visco	Office N	lana	ger		Wate	1/1/2000	MAST	52	11	11	
3-41					17 au	The VIV		1	1/	16	

				St	ate of No	ew Je	ersev	0	1.16-	unal c	h	a l	( <del>4</del> )	-ic	802
NO CK	N	OTIF		TION	OF ASI	BES	TOS ABAT 60 and 5:16	EMENT <		on 5,				(r)	
Date of Notification (1)				Name	of Building	g Owr	ner/Operator (2	2)	-111	11-15-15-	E	1	10/	15	ir
8 / _1 /	16			City	of Cam	den			1:						
Agencies Notified Type Notifica	ation			Street	Address				11	i AUG		3	2016	)	1.
⊠ EPA ☐ Initial				PO	Box 951	20									
☑ DOLWD ☑ Amended	Marion Service			City, S	State, Zip C	Code			1	ACCEPTA	00.	201	1 = 1		
☑ DOH Amendme	_	ıdina		Can	nden, NJ	081	01			ASBEST	JS (	ON SIN	G H	UL 8	×.
☐ DCA ☐ Emergen (NJAC 5:23-8) ☐ justification		Jaing		Name	of Contac	t			T	elephone Nur			1,1		
☐ Cancellat	tion			Joh	n Bond				7						
				FAC	CILITY IN	IFOR	RMATION	7							
Name of Facility Where Abatement is T	Taking F	Place	(3)	<n-< td=""><td>1</td><td></td><td></td><td>Type of Faci</td><td></td><td>)  </td><td></td><td></td><td></td><td></td><td></td></n-<>	1			Type of Faci		) 					
	~10	nov	16	30				School (K		Other than K-1	2)				
Street Address								Other (i.e	., priva	ate and comm	2) ercia	al bu	ilding	S,	
410, 417, 507 PINE Street Resid	dences	3						homes, e							
City (5)								Square Feet		# of Floors		1	lg. Ag	ge	
Camden					t 0 : -	N/0.T.	TE 1/05 04" \ 1	varies	/D.:	varies	U_1		0+		
County (6) CAMDEN				Cour	ity Code (/	)(STA	TE USE ONLY)			if being demo		- 28			
Name of Monitoring Firm Hired by Build	dina O	mer (s	8)	ASCM	No	Nar	me of Abateme		STATE OF STATE OF	-14150 01434	NI E				
Health and Safety Services	ung Ow	nier (e	,	117	140.	1	ontrolled E			stems					
Street Address							eet Address	TVIII OTTITICITO	ui Oye	, como			-		
PO Box 365							121 N. Beth	ehem Pike	- Suit	e 60					
City, State, Zip Code							, State, Zip Co		= 500						
Berlin, NJ 08009							pring House								
Project Manager for Monitoring Firm			Tele	phone	No.	_	ephone No.	·		License No.					
Jim Proctor			С	609-8	39-2432	2	15 542 7000			00847					
Start Date (10)	Schedul	led Co	omple	tion Da	te (11)	Nar	me of OSHA N	lonitor							
5 /27 /16	_ 9	/	30	_ /	16	С	ES								
Occupancy Status During Abatement (	Check of	only o	ne)			Stre	eet Address			-					
☐ Facility Closed/Vacated During Enti						1	121 N Bethle	ehem Pike -	Suite	60					
Abatement Performed Outside of No Time of Abatement: 7:00AM-5:00F				s - Des	cribe	City	, State, Zip Co	ode			7				78.92
	- IVI/			_Aivi	- 300	S	pring House	e, PA 19477							
Scope of Work (Check all that apply)							□ Full Conf	ainment with	Negat	iva Praesura					
≥3 sf or ≥3 lf		Rer					☐ Mini-Enc	losure	ivogat	ive i lessuie					
≥160 sf or ≥260 lf	0	☑ Der	molitio	on			☐ Gloveba	g Procedure	Non-F	Friable Proced	lure				
	T	ls	Locat	ion			M MOII-EXC	inpled ( ) and	14011-1	TIADIC I TOCCO	Ture	Ah:	ateme	ent T	/ne
Location of		N	lorma	lly			Description of	f			ŀ				
Asbestos-Containing Material (ACM	/l)		d Sole	ely by			Containing Ma			Amount		Removal	Repair	nca	Enclosure
TO BE ABATED IN Facility			odial	Staff?	(1.6		rmal systems surfacing, VAT			(Specify SF or LF)		oval	Ŧ	Encapsulate	Sur
(13)		. 1	(12)	T	-	oth	her miscellane	ous)		350		200		late	Ф
NE 127101		Yes	No	N/A						00.1/=		<b>F</b> 2			_
SEE ATTACHED					SEE A	TAC	HED		2	00 YD per re	es		Ш	Ш	
	[						V.								
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	[														
Name of Registered Waste Hauler			1000	JDEP '		100000	oic Yards of	Name of R	egiste	red Landfill					
Waste Management of NJ			F	lauler II		Wa	ste 00/residenc	GROWS	S						
City, State			-	1141			posal Date	City, State							
Fairless Hills, PA						9	/30/16	Tullyto	wn PA	4					
Completed By (Print or Type)	Title						Signature	101		] [	Date		J		
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Date of Notification (1)	1 /	Z 16			7/4/4/5/5		Building		er/Operate	or (2	2)		AIIG 3	201	6		
Agencies Notified	Type Notifica					eet Add					įį		AUG 3	201	U	-	1
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☐ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		luaing		Nan	ne of C	Contact	t					Telephone Number	er			
(	Cancellati				J	ohn E	Bond	12									
									MATION								
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	RESIDENC	ES					EXCOMPONE			_	School (k		(Other than K-12)				
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County (6)					Co	ounty C	Code (7)	)(STAT	E USE ONL	Y)	Current Use	(Pric	or if being demolish	ned)			
CAMDEN											HOUSING	G DI	EEMED UNSAF	Ε			
Name of Monitoring Firm	Hired by Build	ding Ov	wner (	(8)	ASC	M No.		Nam	ne of Abate	eme	nt Contractor	r (9)					
Health and Safety S	Services				11	7		Co	ontrolled	d En	vironment	al S	ystems				
Street Address					7				et Address	201			20 222				
PO Box 365											ehem Pike	- Su	ite 60				
City, State, Zip Code								- 25	State, Zip								
Berlin, NJ 08009				T-		- N-		_			e, PA 19477		I Lianna Na				
Project Manager for Mon  Jim Proctor	itoring Firm			100		ne No. -839-		10000	phone No 15 542 70				License No. 00847				
Start Date (10)	To	Schodu	lod C			Date (		10000	ne of OSH	0200	onitor		00047		_		
		9				/		THE WAS INCOME.	ES	A IVI	ormor						
Occupancy Status During	Abatement (0	Check	only o	one)				Stree	et Address	S							
☐ Facility Closed/Vacate	ed During Entir	re Peri	od of	Abate	ement	t		11	121 N Be	thle	hem Pike -	-Sui	te 60				
Abatement Performed					ırs - D AM		e	City,	State, Zip	о Со	de						
Time of Abatement: 7	.00AM-5.00P	-IVI/	PIV	n	AIV	1		Sp	pring Ho	use	, PA 19477	,					
Scope of Work (Check al  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	I that apply)	I	□ Re ⊠ De	nova molit					☐ Mini-l	Encl ebag	osure Procedure		ative Pressure	e			
			ls	Loca	ation							T		Ab	ateme	ent T	уре
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Asbestos-Containing TO BE ABA		')	Ma	inten	ance/				mal syste		terial (ACM) nsulation,		(Specify	Removal	Repair	cap	Enclosure
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SEE ATTACHED						] S	EE AT	TAC	HED				200 YD per res	$\boxtimes$			
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Name of Registered Was	te Hauler				NJDE	P Was	ste	Cubi	ic Yards o	f	Name of R	legist	tered Landfill				
Waste Managemen					Haule 172	er ID No 273	0.	Was	ite 00/reside	enc	GROWS						
City, State									osal Date		City, State		202 n				
Fairless Hills, PA								9	130/16		Tullyto	wn F	PA				
Completed By (Print or Tree Patricia Visco	ype)	Title	fice I	Man	ager				Signature	9_	This.	an	Dat 🕟	e/,	lir		
		-			-901				run	16	evive	L	1	11/	10		



			(Pu	rsuant to	NJAC 8:	60 and	12:120)				1		0		
Date of Notification (1) 07-29-16					Building Ov inwood			(2)		F	Î. Â	106	3	2016	-
Agencies Notified	Type Notification		1000	Street Add	dress Irook Rd	ı				114	ASSE				5E
EPA DEP	Initial Amended			at the and the	e, Zip Code					1		LICE	* NA		=
DEP DOL	Amendment Emergency (		100		ton, NJ	07826	5			1					
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□ DCA	Cariccilation			FACIL	ITY INFOR	RMATIC	N								
Name of Facility Where		g Place (3)						Туре	e of Facility (4						
Commercial Buildir Street Address	19			-12-2			_	H	School (K-12 Subchapter 8	(Oth					
1 Flat Brook Rd.								E	Other (i.e. pretc.)	ivate	& commer		100		5,
City (5) Sandyston								Squ	are Feet	#0	f Floors	BI	dg. A	ge	
County (6)				County C	ode (7) SE ONLY)			Curr	ent Use (Prior	r if be	ng demoli	shed)			
Sussex		0(0)		ASCM			Name	of Ah	atement Cont	ractor	(9)				
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCIVI	INU.				ntracting LL		(0)				
Street Address							Street 522 7								
City, State, Zip Code									Zip Code		<u> </u>				
Oity, State, Zip Gode									ty NJ 07087	7					
Project Manager for Mo	nitoring Firm			Telephon	ne No.		Teleph 201 2				License 01206	No.			
Start Date (10)		Schedule		npletion D	Date (11)				SHA Monitor	_					
08-08-16		08-09-1					Delfa		ntracting Ll	_C	-				
Occupancy Status Durin	ng Abatement (Chec cated During Entire			nent			522 7								
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours	8		_ [			Zip Code ty NJ 0708	7					
Scope of Work (Check	All That Apply)	(4-2)					-	-							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Desarround	enova emolit				r	N	ull Containme lini-Enclosure Blovebag Proc			Pressui	e		
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Location Asbestos-Containin		Use	d Sole Intena	ely by		tos Cont		<b>Nater</b>	ial (ACM)		Amount	_		m	(7)
TO BE A		2000000	odial	Staff?	(i.e.	thermal surface	system cing, VA				Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
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Baser		X	-			nsite F		1		15 LF	X				
Baser	nent		X	-		IIdl	ISILE P	ihe			10 11	21			
Name of Registered Wa	aste Hauler		1	NJDEP W	/aste	25.500	Yards		Name of	Regis	tered Land	Ifill			
Delfa Contracting L		22.75	200	Hauler ID 35240	No.	of Wa	ste 3		Tullytov	vn R	esource	Recov	ery F	acili	ty
City, State Union City, NJ		×				Dispos 08-10	sal Date		City, State Tullytov		PΑ				
Completed by		Title					Signatur	е	A			Date 07-29-	16		
Jaime Delgado		Proj.	Man	ager.				1	18			01-20-	10		



Date of Notification (1)			1	Name of	Building C	Owner/Operator (2	)	n) E C E		W		-
	30 / 16				& Taylor		1		7_11	U		
Agencies Notified	Type Notification		1	Street Ad	ddress		İ.	ALIC	2 6	040		
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□ DHSS	Amendment #	Control to the Control		New '	York, NY	10022		ASBESTOS	COL	TOO		
☐ DCA	☐ Emergency (in	ncluding		Name of	Contact			Telephone Number	USINC	3	Lα	
(NJAC 5:23-8)	justification)  Cancellation			Mike	Ebel				100000000000000000000000000000000000000			
				FACI	LITY INF	ORMATION				700		
Name of Facility Where	Abatement is Takin	a Place (3	3)				Type of Facility (4	)				1
	Abatomentie	<b>3</b>					School (K-12)					
Lord & Taylor							Subchapter 8	(Other than K-12) rate and commerc	ial build	inas.		
Street Address Rt 17 & East Ridge	ewood Avenue						homes, etc.)					
City (5)							Square Feet	# of Floors	100	. Age		
Paramus, NJ 0765	2						100,000	2	35	1		_
County (6)				County	y Code (7)(	(STATE USE ONLY)	Current Use (Price	r if being demolish	ned)			
Bergen												_
Name of Monitoring Fire	m Hired by Building	Owner (8	)	ASCM N	lo.		ent Contractor (9)					4
DPV Consultants						JVN Restora	tion Inc					
Street Address						Street Address						
19 West 36th Stree	et / 9th Floor					47 Foster Ro	ad					
City, State, Zip Code	367 0 1.00.	-				City, State, Zip C	ode					
New York, NY 100	119					Staten Island	d NY 10309					
			Tele	phone N	lo.	Telephone No.		License No.				
Project Manager for Mo				18-701-		718-605-625	6	00774				
Michael Mc Maho		eduled Co				Name of OSHA	Monitor					
Start Date (10)		12_ /				Testor Tech						
08 /10						Street Address						
Occupancy Status Dur	ing Abatement (Che	eck only o	ne)			10 59 Jacks	on Avenue					
☐ Facility Closed/Vac	ated During Entire F	Period of A	Abate	ment re Desi	oribe							
Abatement Perform	ned Outside of Norm	PM/ <u>9:00</u>	PM- <u>5</u>	:30AM	CIIDE	City, State, Zip C			1760			
Scope of Work (Check	all that apply)					1222000-00-00	· · · · · · · · · · · · · · · · · · ·					
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	ion of		Norm	ally lely by		Description estos Containing N	of	Amount	Re	Repair	Encapsulate	Enclosure
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TO BE A		Cus		Staff?	(	surfacing, VA	T, or	SF or LF)	a		sula	ure
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						- <u></u>					Ш	Ш
Name of Registered V	Waste Hauler		1	NJDEP		Cubic Yards of		istered Landfill				
Newark Carting	(9			Hauler NJ-5		Waste 10	G.R.O.W.	S., Inc.				
City, State						Disposal Date	City, State					
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Completed By (Print		Title				Signature	11/1/1/	/ [	Date			*
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CK 60471

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 8/1/2016 LINCOLN TOWERS URBAN RENEWAL Agencies Notified Type Notification Street Address 500 BROAD STREET **EPA** Initial DEP City, State, Zip Code Amended × DOL ASBESTOS CONTROL & Amendment # NEWARK, NJ 07102 Emergency (including Name of Contact DOH justification) Telephone Number DCA ALICIA BIASOTTI BELOTTA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) LINCOLN TOWERS School (K-12) Street Address Subchapter 8 (Other than K-12) 66-99 LINCOLN TOWERS Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age **NEWARK** 750,000 12 County (6) County Code (7) Current Use (Prior if being demolished) **ESSEX** (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) LEWIS CONSULTING GROUP/BRIGGS DELTA/BJDS, INC Street Address Street Address 3 CROSSWICKS STREET 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code BORDENTOWN, NJ 08505 SOUTHAMPTON PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. MICHAEL HOODAK 1 609 298-5520 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/11/2016 12/31/2016 **CRITERION LABS** Œ Occupancy Status During Abatement (Check Only One) Street Address 3370 PROGRESS DRIVE Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: BENSALEM PA 19020 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? Remova Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A TELECOM ROOM X FLOORTILE AND MASTIC 150 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GRP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE, NEW CASTLE DE 19720 WAYNESBURG OH 44688 Completed by Signature Date CHRISTINE DEL VISCIO ADMINISTRATIVE ASST 8/1/2016

State of New Jersey

### State of NJ Notification of Ashestos

D&S Proj. #: 16-234		10. I				os Abatement 60 and 12:120)		F \ [			] \v/		
	- le"							11:57					
Date of Notification (1)			Building Own	ner/Operator (2) TE		17.			AUG	3	20	16	الكا
Agencies Notified Type Notifica	tion	Street Add						I Asi	BESTO	is co	DNTI	ROL	 &
Amendment #	:	City, State	, Zip Code	-						FNS	hiri-		
DOL Emergency		WEST	CALDWI	ELL, NJ 07000	6								
DOH (including justification		Name of C	ontact		7 11146			Telephon	e Numbe	er			
DCA Cancellatio	n	PETER	R COLLET	TTE					_				
Name of facility where the transfer			FAC	ILITY INFORMA	ATIO	N							
Name of facility where abatement	is taking p	lace (3)						Type of Facility (	4) I (K - 12	.)			
PETER COLLETTE							_	Subcha	apter 8 (	Other	than k	(-12)	
Street Address									Private/0 Homes,		ercial		
City (5)	I Cou	inty (6)		T	0-		=	Square Feet	# of Floo	ors	В	ldg. A	ge
		200.7				unty Code (7) ate use only)	-	Current Use (Pr	ior if bei	ng der	nolish	ed)	
WEST CALDWELL  Name of Monitoring Firm Hired by		SEX		ASCM No.		I Nome of Abote							
and a second sec	Blag. OW	ici (0)		ASCIVI NO.		Name of Abatem							
Street Address					-	D & S REST	UKAI	ION, INC.					
	2-11-11-11-11-11-11-11-11-11-11-11-11-11					20 California	a Ave.						
City, State, Zip Code						City, State, Zip Co	ode						
Project Manager for Monitoring Firm		In	lhana Numb		_	Paterson, N.		3			-		
1 10joot Manager for Monitoring 1 iiii		ļ.	hone Numb	er		Telephone Numb 973-345-80			License	9 Numl 91169			
Start Date (10)	Sche	d. Complet	ion Date (11	1)	_	Name of OSHA				/110)			
08/11/16	09/2			,		D & S Resto	ration	, Inc.					
Occupancy Status During Abatemer	nt (Check o	only one)			$\dashv$	20 California	Aven	110					
☐ Facility closed/vacated during ☐ Abatement performed outside Describe:	entire per of normal	iod of abat facility hou	ement. urs-			City, State, Zip Co		uc					
Other-Describe: NORMAL H					-	Paterson, NJ	0750	3					
Scope of Work (check all that apply >3 sf or >3 if				#1			Ful	Containment w/	negative	press	ure		
	Renovation						_	ni-enclosure vebag procedure	9				
≥160 sf or ≥260 lf	Demolitio							n-Exempted (*) a				edure	
Location of asbestos-containing		enance/cus	used solely stodial		n of a	sbestos-containing	1	Amount		e e	R	E n	E
material (acm) to be abated in facility (13)	Yes	No	N/A	material (A			1	(Specify SF LF)	or	o v	p a	c a	C
BASEMENT		X		PIPE INSUL	AT	ION		133 L FT		e	·	Р	<u> </u>
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										ī		盲	一
Registered Waste Hauler	INJIDI	EP Hauler	15# 1 6	this Varda of M									
D & S RESTORATION, INC.	135			ubic Yards of Wa yds.	aste	Name of Registe TULLYTOW		ndfill SOURCE REC	COVER	Y			
City, State			Disposal Da		-	City, State							ORDERSON.
PATERSON, NJ 07503  Completed by (Print or Type)	Tal		8/12/16	Cignotius	_	TULLYTOW	N, PA	1					
	Title PRESID	ENT		Signature					Date 07/27/	16		5-2-X-2-2-	
ASR-41 *	Do not us	e this form	for asbesto	s licensure exer	npte	d activities.			011211				

ASR-41

Data of Natification (4)							į	75.				
Date of Notification (1)	/2/16			Nam	e of Buildir	ng Owner/Operato East Wi		hool District	3	20	16	
Agencies Notified	Type Notifica	ation		Stree	et Address			1				1
□ EPA	Initial						25A Lesshin	Lane				لِ
DEP DOL	Amended			City,	State, Zip (			LICE	NOU	NIC	11.11	Č4
	Amendme Emergen		ia l			His	htstown, NJ	08520	1401	NG.		
<b>⊠</b> DOH	justificati	ion)	9	Nam	e of Contac			Telephone Num	ber			_
□ DCA	☐ Cancellat	ion			Mı	. Paul Hewin	S		37.77			
	L			FΔ	CILITY INF	ORMATION		_			_	_
Name of Facility Where	Abatement is T	Taking Plac	e (3)			OTTO TO TO	Type of Facility	ν (Δ)				
		reps Sch	100 000				School (K-1					
Street Address								8 (Other than K-1)	2)			
	5	Kent La	ine					orivate & commerci	ial bui	ldings	5,	
City (5)							homes, etc Square Feet	# of Floors	TE	ildg. /	Age	
	East Wi	indsor, N	JJ 08	520			15000	2	-		)+/-	
County (6)					inty Code (	7) (STATE		rior if being demoli	shed)	- 00	, , ,	
N	1ercer				E ONLY)			3	/			
Name of Monitoring Firm	Hired by Build	ling Owner		ASCM	No.	Name of Abater	nent Contractor (	9)				_
(8)	MECS							mental Service	es. I	nc.		
Street Address						Street Address						_
	PO Box	341					PO I	30x 322				
City, State, Zip Code	E7 84 85					City, State, Zip C	Code			_		_
	rosswick, N	NJ 08515	5				Allentow	n, NJ 08501				
Project Manager for Mor			Tele	phone	No.	Telephone No.		License Ne-				_
	isgarber		(60	9) 29	8-4070	(609) 2:	59-9688		049	3		
Start Date (10)	S	Scheduled (	Comple	tion Da	ate (11)	Name of OSHA	Monitor					
8/11/16			3/12/	16			M	ECS				
Occupancy Status Durin				340		Street Address		20 92400000				
Facility Closed/Vacate								30x 341				
Abatement Performed  Other - Describe: 4				S		City, State, Zip C			7.0			
		пашепт					Crosswick	s, NJ 08515				
Scope of Work (Check a	Il that apply)					□ Eull Cor	ntainment with Ne	activo Droceuro				
≥3 sf or ≥3 lf		<b>⋉</b> Re	enovati	on		Mini-En		gative Plessure				
≥160 sf or ≥260 lf			emolitio	n			ag Procedure					
		le l	Locatio	n	Т	I Non-Ex	empted (*) and No	on-Friable Procedu				
		N	omally						1	Abate Typ		
Location of Asbestos-Containing N			Solely		Achoot	Description of os Containing Mat		A				$\vdash$
TO BE ABAT		C	ustodia			thermal systems i		Amount (Specify	71	F12000	E	m
IN Facility (13)		1	Staff? (12)			surfacing, VAT,	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellaned	ous)		oval	air	sula	sure
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Maintence (	Office	X			Tł	nermal Pipe F	ittings	7 total	×			
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Name of Registered Was	te Hauler		I NI	JDEP \	N/asta T	Cubic Yards	Name of Regis	torod Landell				
870		· · · ·	H.	auler ID	No.	of Waste	I Name of Regis		202.7			
Stevens Environm	iental Servi	ices, Inc		182	292	1/2 CU		GROWS Lan	dfill			
City- State	A 11					Disposal Date	Citý, State	12002 920 SOUR	SECULAR			
Completed Pre	Allentowr					8/12/16	1/	Morrisville,	PA			
Completed By Mahlon E. Ster		Title D <sub>r</sub>	oicat	Man	0.000	Signature	1/	Date	0./0	11.		
SD 44	V C115		oject	ivian	lager	_ /_///	<u>V</u>		8/2	16		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

□ EPA ☑ Initial	n			£ Building				1111	- At	6-	2	00		
☐ EPA 🗵 Initial	r)		Street A	SAMU	EL	MOR	SAN	1 1	(1) (Philippings) in		J	20		
Emergenc	*********				iA TA	MON	ASE STOS CONTELIC VSHVG							
Name of Facility Where Abatement is Tak  ESIDED TIAL  Street Address	ing Place (	3)	FACI	LITY INFO	DRMATIO	The second second		0007 2004		ldings	hon	ies.		
SPARTA.							etc.) uare Feat 1, 750	# of Floors		Bidg Age				
County (6)  SUSSEX  Name of Monitoring Firm Hired by Buildin	1		Code (7) USE ONLYI			Current Use (Prior if being demalished)  ES,0 THT JAC.  ame of Abatement Contractor (9)								
Street Address			A MAC Contracting Inc											
City State Zip Code			<u> </u>			City State.		Partition of the State of the S						
Project Manager for Monitoring Firm		Telepho	ne No.		Midland Telephone (201)262									
Start Date (10)  8 12 15  Decurpancy Status During Abatement (Chi	8 / 3 ne)	6/16	Date (11)		Name of O Omega I Street Add	lame of OSHA Monitor  Dimega Environmental Services  treet Address 180 Huyler St.								
Facility Closed/Vacated During Entire Abatement Performed Outside of Noi Other – Describe:	Abater y Houn	nent s	7606	06										
cope of Work (Check All That Apply)  23 sf or ≥3 ff  ≥150 sf or ≥260 lf		Renova Demolit			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B S	ull Containm fm-Enclosure Revebag Pro	ent with Negative				ny 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
Location of Aspesins-Containing Material (ACM)	Local Vormal	ly		Descr	ription of	-	Z 1 3 SIN NOTETIS	IDSE PTO	Abatement Type					
TO BE ABATED In Facility (13)	Ma Cus	intena lodial 5 (12)	nce/ Staff?		thermal sy surfacin	ning Materi stems man g. VAT, or cellaneous	llation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure		
KITCHEN	Yes	No	N/A		VAT	11011		7085F	1./		re .			
BUSEMBUT KITCHEN	1		1	2.2.2.	VAT			42.SF	¥.			-		
ame of Registered Waste Hauler ewark Carting , Inc.	H	NJDEP Waste Cubic Yards Hauler ID No. of Waste 7			γ IESI PA Bethlehem Landfill Corp.									
ewark, NJ empleted by eseph Vocaturo	Tibe				Oisposal 2/12/1 Sign	ature ,	City, State Bethlehi	em PA	ale ;	3				
	1 Vice I	Presid	tent			f	1 lant			79/	1/_			

page 1

2012520321 PAGE 02/03 07/29/2016 13:48 DAMAC Blate of New Jersey CHECK# 9150 2016 NOTIFICATION OF ASSESTED ASATEMENT AUG (Pursuant to NLAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) INTROL & NREFII 7/29/14 ETPLEST Ananoins North Type Notification Street Address 53 MAKLE AUE InMet 四瓦 DEA City, State. Zip Code Amanded OTSEC ALVER DOL N.5 Antandrabri s MOLLISTOWN Emergency (including Marge of Consect DOH elè si die Numbe kvetification) Compelation RICH LEMONE ACILITY INFORMATION Harns of Facility Where Abeliament is Taking Place (3) Type of Facility (4) JLEF School (K+12) Subchaples 8 (Other than K-12) Other (i.e. private & commercial buildings, nomes, POLES etc) South Feet e of Floor Flog. Age 45,000 60 County (6) Coursy Code (7) Current Use (Prior if being demolished) Nemse of Maniforing Farm Hired by Building Owner (B) Marrie of Absternani Contradior (9) ABCM No A.MAC Contracting Inc. Street Address Straet Address 165 Vreeland Ave. City, Siste, Zip Code City. State, Zip Code Midland Park, NJ Project Manager for Mentioring Firm Telephone No. Telephone No. License No. (201)262-5841 00158 Start Dam (10) Schodland Completion Data (11) Name of OSHA Monitor 7 3 0 16 Coupency Status Ouring Abeternant (Check Dray One) 15 Omega Environmental Services Street Address Facility Closed/Vecated During Entire Parties of Absternant 280 Huyler St. Abstament Performed Outside of Normal Facility Hours City, Blate, Zip Code Other - Describe: Heckenesck, NJ 07608 Eggps of Work (Check Ali That Apply) Zi sf er 29 if Renevation Full Containment with Regative Pressure MIDDER TO THE DRIFE Min-Endours Demotson Glovebag Projecture
Non-Engmoted (\*) and Non-Englis Procedure is Location Abatement, Normety Used Solely by Location of Тура Description of Ashrotos-Crimeining Material (ACM) Aspestos Contenting Material (ACM) Amount Maintenence/ TO BE ABATED 6.a. thermal systems insulation, ourtsoing, VAT, or Custodial Starry in Packity SF or LFI (13) (12) priver miscellaneous) Yes No NA Burghoods PIPE INSULATION 96UF Name of Registered Waste Havier MANGE WHATE Cubic Yards Name of Registered Landill Newark Carting , Inc. of Waste ESI PA Bethishem Landfill Corp. 04509 Chy, State Disposal Quie CRY, State Newerk, NJ 7/20/11/00 Bethlahem, PA Completed by Signature Joseph Vocature Vice President A55-41 (N-00-08) use this form for asbestos koensure exempted activities.

CIC #25231

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

Date of Notification (1)			_		I Man	D		10		<del>*</del>					2 1	
8/1/16					INam	ne of Buildii	ng O	wner/Operato	Long		AUG	3 2	016			
Agencies Notified	Type Notif	ication	-		Stre	et Address	3			-	7,00	.) [	.010		-	
□ EPA	Initial															
DEP DEP	Amend				City,	State, Zip	Code	)	1	1	SRF <u>S108</u> (	-C#1	H	1 8		
	Amend		ludir	na		•	Skillman, NJ 08558 LICENSING									
DOH justification)						e of Conta	ct		Telephone Number							
☐ DCA ☐ Cancellation							Jai	ne Long	The second secon							
					F/	ACILITY IN	FOR	MATION					_		_	
Name of Facility Where	Abatement is	Taking	Plac	æ (3)			. 0		Type of Facil	ity (A)						
Residential									School (K							
Street Address							_		Subchapte	er 8 (0	Other than K-1	2)				
							Other (i.e., private & commercial buildings, homes, etc.)									
City (5)							Square Feet # of Floors   Bldg. Age									
		Skillm	an,	NJ			3500 2					327	)+/-	8		
County (6)					Cou	unty Code (	(7) (5	STATE	Current Use (Prior if being demolished)							
	merset				USI	E ONLY)			1 ( cos ( not it boiling definitioning)							
Name of Monitoring Firm	Hired by Bu	ilding Ov	vner		ASCN	1 No.	Na	me of Abaten	ment Contractor (9)							
(8)	MECS							Stev	vens Environmental Services, Inc.							
Street Address							Sti	reet Address							_	
	PO Bo	x 341							PO	Box	322					
City, State, Zip Code	200		14.755		71-27		Cit	y, State, Zip C								
Crosswicks, NJ 08515							Allentown, NJ 08501									
					ephone	No.	Te	lephone No.	License No.							
						98-4070	l _	(609) 25	59-9688		0	049	3			
Start Date (10) Scheduled Completion						ate (11)	Na	me of OSHA I	Monitor						_	
<u>8/12/16</u> <u>8/31/16</u>							_		N	<b>MEC</b>	CS					
Occupancy Status Durin							Str	eet Address								
☐ Facility Closed/Vacate	ed During En	tire Perio	od of	Abate	ment					Box	341			-		
☐ Abatement Performed  Other - Describe:	Outside of N	Normal F	acılı	ty Hou	rs		City	y, State, Zip C								
		hш					_		Crosswic	ks, l	NJ 08515					
Scope of Work (Check a	Il that apply)							□ Eull Cor	stainmant with N	o a a tiv	12 December					
≥3 sf or ≥3 lf		2		enovat												
≥160 sf or ≥260 lf					n			Glovebag Procedure								
				Locatio	n	Γ	Non-Exempted (*) and Non-Friable Procedure									
Y			N	ormally								Abatement Type				
Location of Asbestos-Containing M		1		l Solel ntenan		Achost		Description of			Amount (Specify					
TO BE ABAT		<b>'</b>	Cı	ustodia				ontaining Mate nal systems in						En	п	
IN Facility (13)		Staff? (12)				SUI	facing, VAT,	or	SF or LF)		Removal	Repair	Encapsulate	Enclosure		
(10)		-		2			OUTE	er miscellaneo	ous)			oval	air	sula	sur	
		)	r'es	No	N/A									te	(D	
Crawl Sp	ace	;	K			The	erm	al Pipe Ins	sulation		10 lf	X				
Crawl Space x						T	mi ini nii					X				
										-	1011	^				
		_	$\dashv$				_			-						
Name of Registered Waste Hauler NJD						Naste T	Cub	ic Yards	Name of Reg	ictore	d Landell					
Ctorros Daniero I I G Hauler ID No						No.	of V	Vaste	Ivallie of Reg			20.020				
Stevens Environmental Services, Inc. 18292						292	_	1 CU		GR	OWS Land	dfill				
City, State								oosal Date	City/State	200	2000					
Allentown, NJ Completed By   Title								/31/16/	1///	M	orrisville, l	PA				
3.5.1.						0.00	8	Signature	1		Date	0/1	11 1			
Mahlon E. Stevens Project Manager							_	/     /   \			_	8/1/	16			

Date of Notification (1) Name of Building Owner/Operator (2) 08 09 / 16 JoB# Check#42000830 IAT Project Development LLC Agencies Notified Type Notification Street Address D EPA Initial 746 E Winchester, Suite 150 ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment # ASBESTOS CONTROL & Murray UT 8107 ☐ DCA ☐ Emergency (including LICENSING (NJAC 5:23-8) Name of Contact justification) Telephone Number □ Cancellation Tammy Sweeris, VP-Construction **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) International Academy of Trenton (fka Trenton Times) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 500 Perry Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Trenton 65000 1-3 +/- 50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Former Newspaper Publisher Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Acer Northstar Contracting Group, Inc. Street Address Street Address 1012 Industrial Drive 32 Williams Parkway City, State, Zip Code City, State, Zip Code West Berlin, NJ 08091 East Hanover, NJ 07936 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Matthew DePalma 856-809-1202 973-772-3660 00860 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 23 / 16 09 / 30 / 16 Northstar Contracting Group, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 32 Williams Parkway Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_\_\_\_PM-\_ East Hanover, NJ 07936 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure ≥3 sf or ≥3 If □ Renovation ≥ 160 sf or ≥ 260 lf ☐ Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Asbestos-Containing Material (ACM) Remova Encapsulate 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 Roof X ACM Roofing & Transite Substrate 21000 SF X П П Name of Registered Waste Hauler Cubic Yards of NJDEP Waste Name of Registered Landfill Service Transport Group 58 Piles Lane Hauler ID No. Waste Minerva Landfill SW2117 TBD City, State Disposal Date City, State Newcastle DE TBD Waynesburg, OH 44688 Completed By (Print or Type) Signature Richard P Semega Jr Project Manager ASB-41 **MAY 11** \* Do not use this form for asbestos licensure exempted activities.

CK#25232

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

Date of Notification (1)  8/1/16				Name of Building Owner/Operator (2)  The Heller Group  AUG 3 2016											
Agencies Notified Type Notification				Street Address											
<b>⊠</b> EPA	Initial						180 Main St	reet ASBEST	OS C	ON	- ;	71 8			
DEP  DOL	Amended Amendment	. 41	İ	City,	State, Zip 0	,									
	Emergency		9			Madison, NJ 07940									
DOH DCA	justification Cancellation			Name	of Contac										
						Chris Hricko				_					
				FA	CILITY INF	ORMATION									
Name of Facility Where				_			Type of Facilit	ELLEVIK .							
Street Address	Post (			School (K-	12) r 8 (Other than K-1:	21									
	347 (	George	s Rd				Other (i.e.,	private & commerci	al buil	dings	,				
City (5)						homes, etc.) Square Feet # of Floors Bldg. Age									
	Da	yton, l	NJ_				3600	_  1							
County (6)	ddlesex				nty Code (	7) (STATE	Current Use (Prior if being demolished)								
Name of Monitoring Firm		a Owner		ASCM No. Name of Abatement Contractor (9)											
(0)	Berger Group	-		ASCIVI	Stevens Environmental Servi						es Inc				
Street Address	Jorger Group	, 1110.				Street Address	vens Environ	incital Service	ces, mc.						
10 2	Allen Street	Suite 1	Α				PO	Box 322	2						
City, State, Zip Code				City, State, Zip C		377.00504									
Toms River, NJ							Allentown, NJ 08501								
					No. 17-1391	Telephone No. License Ne. (609) 259-9688 00493									
Start Date (10)		neduled (	_			Name of OSHA Monitor									
9/3/16			0/11/		(11)	MECS									
Occupancy Status Durin	g Abatement (Ch				Street Address						=				
					***************************************	PO I	Box 341								
Abatement Performed			10/16												
Other - Describe: V		s-s and	1 10/8	<u>Crosswicks, NJ 08515</u>											
Scope of Work (Check a	II that apply)					Full Cor	ntainment with Ne	egative Pressure							
						Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
			Locatio						P	Abatement					
Location of Used Sol						Description of	f		Туре						
Asbestos-Containing N TO BE ABAT			ntenan ustodia			os Containing Mat		Amount			Ш				
IN Facility			Staff?		(i.e.,	thermal systems i surfacing, VAT,	, or	(Specify SF or LF)	Removal	Repair	ıcap	nclo			
(13)			(12)			other miscellaned	ous)		oval	)air	Encapsulate	Enclosure			
		Yes	No	N/A							te	10			
Sorting Area/		_ ×				VAT/Mast		2900 sf							
Sorting /Office/I	Bathrooms	_ X				Ceiling Ti	e 3350 sf		×						
SOTTIAL	PRIA X			_ Th	termon pi	FITTALS	_60_	X							
V (5		_													
Name of Registered Was		Naste No.	Cubic Yards of Waste	Name of Reg	istered Landfill	one-pare									
Stevens Environm	nental Servic	es, Inc	<u>.   _</u>	182	292	10 CU		GROWS Lan	dfill						
City, State	Allantarra	NIT				Disposal Date	City, State	3.6	D 4						
Allentown, NJ Completed By   Title						10/10/16 /   Signature	11//	Morrisville,	PΑ			_			
Mahlon E. Stevens Project Manager					ager	Signature	1/	Date	8/1/	16					
00.44					- Add										

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