Date of Notification (1)	Name of Building Owner/Operator (2)  Severino Construction Co., Inc.															
12 /	19 / _	16			Sev	erino Co	nstr	uction Co.,	Inc.							
Agencies Notified	Type Notifica	tion			Street	Address		1000			ASBES	STOS	CON	ITA	B JC	
	☐ Initial				492	Abbott A	ven	ue				LICE	4SIN	<u>G</u> _		
□ DOLWD   □	Amended				City, S	tate, Zip C	ode									
☑ DOH	Amendme		dina		Ridg	gefield, N	IJ 07	657								
☐ DCA (NJAC 5:23-8)			ung	h	Name	of Contact					Telephone Num	ber				
, ,	Cancellati				Ang	elo Seve	rino	W.				-1531 				
					FAC	ILITY IN	FOR	MATION								
Name of Facility Where A	batement is T	aking Pl	ace (3)	)					Type of Fa	cility (4)	)					
Residence									School		Oth th 1/ 1/	21				
Street Address									Other (i. homes,	e., priv	Other than K-12 rate and comme	z) ercial bu	ilding	S,		
City (5)									Square Fee		# of Floors	Blo	ig. Ag	ie		
Fairview									2000		2		35			
County (6)					Coun	ty Code (7)	(STA	TE USE ONLY)	The state of the s	e (Prior	or if being demolished)					
Bergen					000	., 0000 (.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Resider			,				
Name of Monitoring Firm	Hired by Build	ina Owr	ner (8)	Δ	SCM I	Vo.	Nan	ne of Abateme	11/1/2023/19/202							
N/A	rilled by build	ing Owi	101 (0)		(OOIVI I	<b>VO.</b>		uardian Co								
Street Address								et Address	intracting,							
Street Address							100010-0000	889 Route 9	Unit 61							
City, State, Zip Code						_		, State, Zip Co	35							
City, State, Zip Code								oms River,		v 087	55					
Project Manager for Moni	toring Firm	-,1,	Т	alar	hone I	No.		ephone No.	INCW OCISC	9 0070	License No.					
Project Manager for Mon		cich	mone i	<b>1</b> 0.	200,000,000	32-349-9932			00624							
Start Date (10)	ed Com	nleti	on Dat	a (11)	15500	ne of OSHA N			00024							
12 / 20 /	Automotive Control of the Control		_ / _	1		- 3 10	2000	.M.S.L. Ana								
Occupancy Status During	Abatement (C	Check or	nly one	)			Stre	et Address						175		
☐ Facility Closed/Vacate	d During Entir	e Period	of Ab	atem	nent		10	056 Stelton								
☐ Abatement Performed							City	, State, Zip Co	ode							
Time of Abatement: _	AM	PM/_	F	PM		ΑM	Р	iscataway, l	New Jerse	y 0885	54					
Scope of Work (Check all	that apply)															
≥3 sf or ≥3 lf			Reno	vatio	n.			☐ Full Con		h Nega	tive Pressure					
≥ ≥ 160 sf or ≥ 260 lf			Demo					☐ Gloveba	g Procedure							
								Non-Exe	mpted (*) ar	nd Non-	Friable Proced	ure				
			Is Lo						***			Ab	atem	ent T	уре	
Location Asbestos-Containing I		,	Used S	mall Solel		Asha	etne (	Description of Containing Ma			Amount	Re	Re	En	En	
TO BE ABA			Mainte					rmal systems			(Specify	Removal	Repair	cap	Enclosure	
IN Facilit			Custod	ial S 12)	itaff?	100		urfacing, VAT			SF or LF)	<u>/a</u>		Encapsulate	ure	
(13)			- 1	No.	N/A		oth	ner miscellane	eous)					te		
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Guardian Contracting, Inc.						No.	Was		T.R.R.	F.						
City, State								oosal Date	City, Stat		121					
Toms River, New Jersey							1:	2/22/16	Tullyte	own, F	Pennsylvania					
Completed By (Print or Ty	ype)	Title						Signature	//		Date					
Nicholas Fernicola		Pro	Project Manager										16			

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Date of Notification (1) 12/19/16					Owner/Op ONS TRI		100	E		Introduction of					
Agencies Notified Type Notification	n		Street Ad 354 EA	ddress AST 7TH	H ST					ASBI	ESTO LIC	S CO ENS		ROL	
EPA Initial DEP Amended Amendme	nt#			te, Zip Co VOOD N											
			Name of	Contact			- <del></del>		Tele	ephone N	lumber	5 N			
			FACIL	LITY INFO	ORMATIO	N									
Name of Facility Where Abatement is Tak Street Address	ing Place (3				5-17-5 Will			of Facility ( school (K-1 subchapter other (i.e. p tc.)	2) 8 (Othe	er than K- & commer	-12) rcial bui	ldings	, home	∋s,	
City (5) LAKEWOOOD								e Feet	# of	Floors		Bldg.	Age		
County (6) OCEAN			County C		)		Currer	nt Use (Pri	or if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	l No				ement Cor PROFE							
Street Address							Addres	s OOVE CO	DURT						
City, State, Zip Code							State, Zi EWOC	Code DD, NJ 0	8701						
Project Manager for Monitoring Firm			Telephor	ne No.			none No 668-90			License 1200	ense No. 00				
Start Date (10) 12/19/16	Schedule 12/21/1		mpletion [	Date (11)	Name of OSHA Monitor AAA LEAD PROFES					NALS		-			
Occupancy Status During Abatement (Ch					11.000		Addres	s OOVE CO	DURT	ăi					
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:					_	1	State, Zi	o Code OD, NJ 0	8701	-					
Scope of Work (Check All That Apply)						_7160077	0=			444					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit						i-Enclosure vebag Pro	e cedure				re		
	ls.	Locat	ion									Aba	ement		
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EXTERIOR					SI	IDING	3		20	000SF	x				
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		<u> </u>										-	-		
Name of Registered Waste Hauler		NJDEP Waste Cubic Yards Name of Register Hauler ID No. of Waste				Registe	ered Land	Ifill			-				
NEWARK CARTING			4509	.10.	8			IESI							
City, State NEWARK, NJ					Disposa 12/21/	16		City, Stat BETHL							
Completed by JOSEPH PERLSTEIN	Title OWN	Title Signature Date OWNER						=							

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Date of Notification (1)	*		Nam	ne of Bui	lding Owne	r/Operato	or (2)				0.10	not	1
12/19/16 Agencies Notified	Type Notification		Stre	et Addre	ess	/F			ASBEST L	OS C	SING	HUL	- α
.gc//oles (/e					ESIDE AV Zip Code	/E							
DOL .	initial Amended Amendment #	- duding	OF	RANGE	E NJ				Telephone Numl	oer			-
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DCA I				FACILIT	Y INFORM	ATION	Type of F	acility (4)					1
Name of Facility Where A	batement is Taking	Place (3)					Sch Sub	ool (K-12)	(Other than K-12)	l buildin	gs, ho	mes.	
Street Address							Other.	)	# of Floors		, Age		$\dashv$
City (5) ORANGE							2500		3	ed)			-
County (6)			Co (S1	unty Co	de (7) E ONLY) _		HOME		if being demolish				
ESSEX Name of Monitoring Firm	Hired by Building (	Owner (8)	1	ASCM N	No.	Na A/	me of Abaten	nent Contr PROFES	actor (9) SSIONALS				
Street Address						6	eet Address WHITE DO		URT				
City, State, Zip Code						L	y, State, Zip AKEWOO[	Code D, NJ 08					
Project Manager for Mor	nitoring Firm		Te	elephone	e No.	7:	lephone No. 32-668-90		License N 1200				
Start Date (10) 12/22/16		Scheduled 12/26/16		oletion D	ate (11)	A		PROFE	SSIONALS				
Occupancy Status Durin	g Abatement (Che	ck Only One	)			St	reet Address WHITE D	OVE CC	URT				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Nor	Period of Ab	ateme	ent	<u> </u>	C	ty, State, Zip AKEWOO	Code					
Scope of Work (Check									ent with Negative	Pressur	e		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novati emolitic				× Mini	-Enclosure	9			e	
							L Non	-Exempte	a ( ) and Non-i ne	1	Abate	ement	
Location Asbestos-Containin TO BE A In Far (13)	ng Material (ACM) BATED cility	Used Mai	Location ormall Sole! Note nare odial Sole! (12)	y ly by nce <i>i</i>	(i.e. th	s Contair hermal sy surfacir	iption of hing Material estems insula ig, VAT, or scellaneous)	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	-)	Yes	Yes No N/A							X	-		
			Disa le				aculation		100 LF	X			
INTE	RIOR					Pipe I	nsulation						
				-						4611			_
Name of Registered V			1	NJDEP V Hauler III 04509		Cubic Y of Wast 3		IESI	f Registered Land	J1111		00 00 00 00 00 00 00 00 00 00 00 00 00	
City, State NEWARK, NJ			L			Disposi	16	City, St BETH	ate LEHEM PA	Date			
Completed by	Title												



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Date of Notification (1) 12/19/16				Name of MR M	Building	Owner/0	Operator	(2)		Nintranse of the Park			has "	CUI	0		
Agencies Notified	Type Notification			Street A	ddress			m		- Commercial Commercia	ASBE	STOS LICE			IOL		
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× DOH □ DCA	Emergency justification Cancellation	)	54.5		Contact OCHA	В	1 122			Tel	ephone Nui	mber					
Name of Facility Where	Abstament is Takir	an Diago (2)		FACI	LITY INFO	ORMAT	ION	Tuna	of Facility (4	1)							
Name of Facility Where Street Address	Abatement is Takii	ig Place (3)	<u> </u>			-	6 6		School (K-12 Subchapter Other (i.e. pretc.)	2) 8 (Oth			dings,	home	s,		
City (5) NORTH PLAINFIE	LD								re Feet	# 0	f Floors	В	ldg. A	ge			
County (6) SOMERSET					Code (7) JSE ONLY	)		Curre	nt Use (Prio ИЕ	r if bei	ng demolis	ned)					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.			ne of Abatement Contractor (9) A LEAD PROFESSIONALS									
Street Address			Street Address 6 WHITE DOVE COL							OURT							
City, State, Zip Code									ip Code OD, NJ 08	3701							
Project Manager for Mo	nitoring Firm			Telephor	ne No.			none N 668-9			License N 1200	lo.					
Start Date (10) 12/29/16		Schedule 01/02/1		npletion (	Date (11)				HA Monitor D PROFE	SSIO	NALS						
Occupancy Status Durir	ng Abatement (Che	ck Only On	e)						ddress								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nor	Period of A mal Facility	batem Hours	nent		_	City, S	tate, Z	DOVE CC ip Code OD, NJ 08								
Scope of Work (Check A	All That Apply)		M. C.											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	75.77			×	Mir Glo	ll Containme ni-Enclosure ovebag Proc n-Exempted	edure	**************************************			e			
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Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Mai	lormal d Sole ntenar odial S (12) No	ly by nce/		tos Con thermal surfa	scription taining M I systems cing, VA miscellar	faterial s insula T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
INTER	IOR	Tes	140	IN/A		Pipe	Insula	ition		1	00LF	х					
Name of Registered Wa			H	JDEP W lauler ID 4509		Cubic of Wa	Yards este		Name of F	Registe	ered Landfil	1					
City, State NEWARK, NJ		Disposal Date City, State 01/02/17 BETHLEHEM PA															

Date 12/19/16

Signature

Rrint Form

Completed by

JOSEPH PERLSTEIN

Title

OWNER



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The state of the s	DEC 23 2016 U
	SBESTOS CONTROL & LICENSING

Date of Notification (1) 12/19/16					Building Owner/Operator (2)  RD MCGARY											
Agencies Notified Type Notification		1	Street A	ddress		- 5		4		ASB			CO		OL	
EPA   X   Initial   Amended   Amendmen   Emergency   justification   Cancellation	(including	_	PLAIN Name o	ate, Zip Co IFIELD, f Contact ARD MC	NJ 070	060			Tel	enhone				vu		
Cancenation				LITY INF									•			
Name of Facility Where Abatement is Takin PLAINFIEL Street Address		)					×	etc.)	2) 8 (Otherivate &	& comm		l build			es,	
City (5) PLAINFIELD							50,000	uare Feet 500	# 01	Floors		В	ldg. A	ige		
County (6) SOMERSET				Code (7) USE ONLY	)			rrent Use (Prid ESIDENCE	r if bei	ng dem	olishe	ed)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	Л No.		(A. 10.10 (A. 10		batement Con AD PROFE								
Street Address						Street 6 Wh		lress E DOVE CO	URT	9						
City, State, Zip Code								, Zip Code OOD, NJ 08	Zip Code DOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. Telephone No. 732-668-9078							Licens 1200		e No.					
Start Date (10) 12/29/16	Schedule 12/30/1		mpletion	Date (11)				SHA Monitor AD PROFE	SSIO							
Occupancy Status During Abatement (Che	ck Only On	e)		*3*-35-755		Street				8			-77			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:					_	City, S	State	E DOVE CO , Zip Code OOD, NJ 08		-						
Scope of Work (Check All That Apply)							8590									
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	Is	Locat	ion			Non-Exemple							Abate	ement		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntena odial ( (12)	lly ely by nce/		tos Cont thermal surfa		Mate is ins AT, o	r	(5	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure	
	Yes	No	N/A											œ.		
INTERIOR					FI	oor Til	le			50SF		X				
INTERIOR		Pipe Insulation 65 LF						x								
			-							T-100						
Name of Registered Waste Hauler			JDEP W		Cubic			Name of I	Registe	red Lar	ndfill					
NEWARK CARTING			lauler ID 4509	No.	of Was			IESI						20224		
City, State NEWARK, NJ					12/30	150 150 Tool		City, State		1 PA		55.00				
Completed by JOSEPH PERLSTEIN	Title OWN	ER			S	Signature	е					Date 12/19/16				

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				FICATIO	State of N ON OF AS the NJA	BESTO	ABATE	MENT	eh 326			
Date of Notification (1)	20/16			Name	of Buildir	ng Owner	- AMERICAN	es 1.7.1	) ECE			7
Agencies Notified	Type Notification			Street	Address	4 5		Annual Control of State of Sta	THE DEC 23	3 20	16	Characteristics
D EPA D DOL	Amended Amended Amendmen	#		City, S	tate, Zip	Code		6708	2-3400			
DOH	☐ Emergency justification) ☐ Cancellation	(including	]	Name	of Contact	*	300S		Telephone N	ONT umber	ROL	&— <b>S</b>
			31	FAC	MITTE	Company of the second party of the second	-		6.70			_
Name of Facility Where Ab	atement is Takir	g Place (	3)					Type of Facilit  School (	K-12)			
Street Address						>		Subchar Other (i.e	oter 8 (Other than K- e. private & commen	cial bu		
CIN (5) 418 0114A1	rrison	CIVI	١.					Square Feet	# of Floors		Bldg.	
County (6) E55					Code (7)			Current Use (	Prior if being demolis	shed)		
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)  NOVALECTO INC.												
Street Address Street Address P.O. Box 814												
City, State, Zip Code			***********		and the second s		City, S	tate, Zip Code		125	257	-
Project Manager for Monito	ring Firm			Telepho	one No.		Teleph 220	one No.	License I			
Start Date (10)   29	16	Scheduk			Date (11 7	)		of OSHA Monito	The second residence is not the second residence in the second residence in the second residence in the second residence is not the second residence in the second residence i	<u> </u>		
Occupancy Status During A		c Only Or		1			Street	Address				
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F Outside of Norm	eriod of / al Facility	Abater Hour	nent s			City, St	ate, Zip Code	E N.O. 0	88	(5)	
Scope of Work (Check All T	hat Apply)	-		***************************************			010	CHOCK	2 10107 0	00	91	
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Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	d Sole	plefy by nance/ al Staff? Asbestos Contain (i.e. thermal sy				aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate		
		Yes	No	N/A								· 6
BASEMENT		H		X	PIP	F 18	1501	ÁTION	85 YF	X		
D.DETTEINT					111		- 000	111010	00/1			
Name of Registered Waste H	lauler		I N	JDEP W	aste	Cubic	ards	Name of	Registered Landfill			
110 T 1	INC			auler IDI	No.	of Was		1 _	2.0.W.5			
City State	11.00			100	<u> </u>	Disnos	al Data	City Sta	7			

Name of Registered Waste Hauler NOVALE City, State OID Completed by Signature Date 120 MESIDENT CARIGE

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Date of Netification (1) 12/8/2018		Na Co	ounty of	uilding Owner/O	perator	(2)		ASBEST	OS	CO	/F	OL	8
Agencies Notified Type Notification		Str	bbA rest		80H8		Ĺ		SEI I	1011	<u> </u>		7
EPA Minital Amended		CI	ly, State	, Zip Code 3, NJ 07503				1	V.	1			
	uding	Ne	ame of C	onlect				Telephone N	umbe	nr .			$\neg$
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Name of Facility Where Abstement is Taking Pil Vault Room Street Address 71 Hamilton Street	ace (3)					\$ 50 \$ 0	Facility (4) chool (K-12 ubchapter 5 ther (i.e. pri c.)		-13) rcial t	bulldir	nga, h	omes	<b>s</b> .
City (5)						\$quare 48,00	Feet	of Floors		10	g. Ag 0	9	
Paterson County (6) Passaic			ounty Co	ode (7)	_	Curren		r If being demoi	lished	1)			
Name of Monitoring Firm Hired by Building Own LANGAN Environmental Services, Inc.	ner (8)		A5CM 1		Sky	Contra	ment Cont cting, LL						
Street Address 300 Kimball Drive Street Address 1385 Valley Road, Suite K													
City, State, Zip Code Parsippany, NJ 07054  City, State, Zip Code Wayne, New Jersey 074  Telephone No. Telephone No.											_		
Project Manager for Monitoring Firm Vijay Patel		(		50-4900	(973	3) 928-	5040	DO874					
12/8/2016	heduled 2/8/201	8	pletion D	ete (11)	Sky	Contra	A Monitor Icting, LL	C					
Occupancy Status During Absternent (Check C Facility Closed/Vacated During Entire Per Absternent Performed Outside of Normal Other - Describe:	lod of Ab	ateme	ent	a .	138 City,	Siste, Zi	y Road,	100-100-000-00				S-141	
Scope of Work (Check All That Apply)  23 at or 23 if 2180 at or 2260 if	10000	novati	35500			Mir S Glo	i-Enclosure						
		Locatio										ment pe	fil.
Location of  Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Location of  Used Solely by Maintenance/ Custodial Staff? (12)  Normally  Used Solely by Maintenance/ Custodial Staff? (12)  Description of  Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or surfacing, VAT, or other miscellansous)									Removal	Repair	Encapsulate	Endosure	
	Yes	Na	NVA	Dine	laine le	rsulatio	n	8 LF		×	-	10	-
Vault Room		×	-	Pipe .	JOINE IF	13UIQIIQ	-			-		-	-
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Name of Registered Waste Hauler Service Transport Group, Inc.		H	1JDEP V 1suler ID 0990	No. of V 300			Miner	a Enterprise		LC			
City. State New Castle, Delaware				Dist IBt		>	City, \$1s	ite esburg, Ohlo					
Completed by Predrag Sarcev	Title Vice i	Presi	ident	7	Sidha	STOP STOP	2		12	le 26/2	016		

APPROVED. TOM VOORHEES, NIDOL

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	e of Buildin	g Owner/Operator	F	C I	3-11	W	E				
12	16	6				Medical Center	(~)		(J) (E	<u> </u>					
Agencies Notified Type Noti	fication			Stree	t Address				5 # 6	an	aai	P			
☐ EPA ☐ Initial				60	1 Hamilto	n Ave			DEC	60	EUI	0			
☑ DOLWD ☐ Amend	Water to the			City.	State, Zip (	Code									
	lment #		21	1,500	enton NJ			ASBE	CTO	200	MITE	301 /			
DCA Emerging justific		ncludin	g	12000	e of Contac			Telephone Nur	nhat	-NS	NG	101_			
Cance				402,700,000,000	a Gelli			relephone ival	Tibelo		-				
						IFORMATION				-					
Name of Facility Where Abatement	s Takin	g Place	e (3)	- ' '	OILIT I	II ORMATION	Type of Facility (	(4)							
St Francis Medical Center		9 . 100	0 (0)				School (K-12)	)							
Street Address							Subchapter 8			مناطنه	~~				
601 Hamilton Ave							Other (i.e., pr homes, etc.)	ivate and comm	erciai D	ullairi	gs,				
City (5)							Square Feet	# of Floors	В	ldg. A	\ge				
Trenton							70,000	3		60+					
County (6)				Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Prid	or if being demol	lished)						
MERCER							Hospital								
Name of Monitoring Firm Hired by B	uilding (	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)								
Environmental Connection						BRISTOL EN	VIRONMENTAL	., INC.							
Street Address						Street Address		***							
120 North Warren Street						1123 BEAVE									
City, State, Zip Code						City, State, Zip C	ode				7				
Trenton, NJ 08010						BRISTOL, PA	19007								
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.									
Brian Holbig			6	09-392	2-4200	215-788-6040									
Start Date (10)	Sched	luled C	omple	tion Da	ite (11)	Name of OSHA N	lonitor								
12 /19 /16	1	2_ /	_ 19	_ /	12	BRISTOL EN	VIRONMENTAL	, INC.							
Occupancy Status During Abatemen						Street Address									
☐ Facility Closed/Vacated During En						1123 BEAVE	R STREET								
					scribe	City, State, Zip Co BRISTOL, PA									
Scope of Work (Check all that apply)					II-1										
≥3 sf or ≥3 lf		⊠ Re	novat	on		☐ Full Cont	tainment with Nega losure	ative Pressure							
☐ ≥160 sf or ≥260 lf		☐ De	molitic	on		☐ Glovebag	g Procedure	Eigh Bood							
		T	1			□ Non-Exe	mpted (*) and Non	-Friable Procedi							
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TO BE ABATED		29.00 6 63	intena todial			, thermal systems	insulation,	(Specify	Vom	) air	aps	Enclosure			
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										П	П				
Name of Registered Waste Hauler		an <del>-1</del> ci		JDEP V		Cubic Yards of	Name of Registe	ered Landfill							
BRISTOL ENVIRONMENTAL,	INC.		Н	auler II 18706		Waste		NORTH LAND	FILL						
City, State			-			Disposal Date	City, State								
BRISTOL, PA 19007							MORRISVIL	LE, PA 19067							
Completed By (Print or Type) Title						Signature	7	, , <sub>D</sub>	ate	/	/	-			
Gino Pizzigoni	Es	stimat	tor			Low F.	mzegoni	/pl	12/	19	16				

ASB-41 MAY 11 GI 16205

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

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Date of Notification (1)			Name PSE8	of Building O	wner/C	Operator	(2)		Pn	ח	FN	03	20.	10			
Agencies Notified Type Notification  EPA Initial				Address HADLEY I	ROAI	D				- 1	LU	<u> </u>	-20	10			
DEP Amended Amendment				tate, Zip Code		n F.	EIN	N					ONTI	ROL			
□ Emergency (			Name	of Contact HARD					Telephone			William W. C.	No. of the last of	P			
Name of Facility Where Abatement is Taking	g Place (	(3)		ILITY INFOR				f Facility (4	1)				, <u> </u>	•			
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Street Address 64 BROAD STREET		Colores					Address VHITE	HEAD A	VE.								
City, State, Zip Code MATAWAN, NJ 07747							tate, Zip TH RIV	Code /ER, NJ	08882								
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217		Teleph	one No.		Licens 0111		).						
Start Date (10) 12/12/16	Schedul	ed Cor	,	Date (11)			of OSHA		OF AMER		INC	•					
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and as A stall	Yes	No ×	N/A	÷0		Λ							te	е			
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City, State FLANDERS, NJ	3 Personal Control of the Control of							ity, State  //ORGA	NTOWN, P.	Α							
Completed by CAROL RAIMO	Title OFFI	CE M	GR			nature	0 k	1.		Date	1,	2	1,6				
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Date of Notification (1)			Name of	Building C	)wner/O	perator	(2)			D	EC	23	201	6
Agencies Notified Type Notification  EPA Initial		1 1	Street A 4000 F	ddress HADLEY	ROAD	)			and will disperse	ASBES	STOS	3.00	INTE	
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Street Address 64 BROAD STREET							Address VHITE	HEAD A	VE.					
City, State, Zip Code MATAWAN, NJ 07747							ate, Zip TH RIV	Code ER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER			elephor	ne No. 90-2217			one No. 132-835	50	- 4	icense N 01111	0.			
Start Date (10)	Scheduled	d Com	pletion	Date (11)			of OSHA	Monitor STEMS	OF AN	MERICA	4			
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Street Address 64 BROAD STREET				Street A	ddress HITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747			•		ate, Zip Code H RIVER, N.	J 08882	2				
Project Manager for Monitoring Firm		Telephor		Telepho	ne No. 32-8350		License No	).			
TOM GEIGER Start Date (10),	Scheduled Co		00-2217 Date (11)		f OSHA Monitor		UTTT				
12/12/16	12/	19/	16		UE SYSTEM	S OF A	AMERICA				
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Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Medical Adams	al Facility Hou	rs	nly	City, Sta	ate, Zip Code H RIVER, N		2				Annual Principle
Scope of Work (Check All That Apply)	,,										
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Name of Registered Waste Hauler	11	NJDEP W	/aste   Cubic	Yards	Name of		red Landfill	-			
WASTE MANAGEMENT		Hauler ID 1125	No. of Wa  And ➤	ste 20	, GROW	S NOF	RTH				
City, State ELIZABETH, NJ		1	18 ispo	sal Date	City, Sta MORR		E. PA				
Completed by	T Title			Bignature			Da	te	,		
CAROL RAIMO	OFFICE	MGR	2	ara	l Rais	no	1 200	22	//	6	
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Print Form

						N	Print Form
(	CK# 7528	NOTIFICATION	ate of New Jersey OF ASBESTOS ABA to NJAC 8:60 and 12	ATEMENT (:120)		E G	EIWE
	Date of Notification (1)	Name of PSEG	Building Owner/Oper	rator (2)	and the second s	,UE (	2016
	Agencies Notified Type Notification  EPA Initial	Street Ad 4000 H	ddress HADLEY ROAD		A		OS CONTROL CENSING
	DEP Amended Amendment#	SOUT	ite, Zip Code H PLAINFIELD, N	NJ 07068			
	Emergency (in justification)  DCA  Cancellation	Name of	Contact HARD FA	mularo	Telephone	Number	
t		FACI	LITY INFORMATION				
	Name of Facility Where Abatement is Taking	Place (3)		Type of Facility (	(4)		
	PSE46			School (K-1	2)	16.40\	
	Street Address 1801 TONNELL	E AVE.		Other (i.e. petc.)	8 (Other than private & comm	K-12) nercial bui	ldings, homes,
	City (5).			Square Feet	# of Floors		Bldg. Age
-	NORTH BER	GEN		Appx 600		/	Appx 60 yrs
	County (6) HUDSON		Code (7) USE ONLY)	Current Use (Pri	or if being dem		)
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	Street Address 64 BROAD STREET			treet Address 396 WHITEHEAD	AVE.		
	City, State, Zip Code MATAWAN, NJ 07747			city, State, Zip Code SOUTH RIVER, N	J 08882		
	Project Manager for Monitoring Firm TOM GEIGER	Telepho 732-29		elephone No. 732-432-8350	Licen 011	se No. 11	
	Start Date (10)	Scheduled Completion		lame of OSHA Monitor JNIQUE SYSTEM		RICA	
	Occupancy Status During Abatement (Check	Only One)	1007	Street Address 396 WHITEHEAD	AVE.		
	Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	al Facility Hours		City, State, Zip Code SOUTH RIVER, N			
	Scope of Work (Check All That Apply)	./		, , ,			
	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition		Mini-Enclosus Glovebag Pro			
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	Location of	1	Desci	ription of	1		

≥160 sf or ≥260 lf	M	Demolit	tion		Glo	ni-Enclosur ovebag Pro n-Exempte		ole Pro	cedur	8	
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N.E. OF CONTROL HOUSE		×		TRAN	SITE PANEL	S	32 SF	X			
CONTROL HOUSE		×		ACM	CAUIK		40 LF	X			
ROOF		X		ROOF	NG MATERIALS		300 SF	X			
ROOF		×	-	Roo	F FlASHING	2	300 SF	×			
Name of Registered Waste Hauler		- 172	JDEP V		Cubic Yards	Name of	Registered Landfil	1			
WASTE MANAGEMENT			fauler ID I 125	No.	of Waste App x 20	GROV	VS NORTH				
City, State ELIZABETH, NJ					Bisposal Date	City, Sta MORR	ite RISVILLE, PA				
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CAROL RAIMO	OFF	ICE N	ЛGR		Caral	Kais	no 11	/11	11	6	

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

Clet 1074

Date of Notification (1) 12/19/2016					of Building			r (2)						******	
Agencies Notified	Type Notification		1		Address										
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	road Str ate, Zip Co eth NJ	Haranan									
DOH DCA	Emergency justification) Cancellation	,			of Contact rd Dunn					Te	ephone Nu	mber			
Name of Facility Where Private Property	Abatement is Takir	g Place (3)		FAC	ILITY INF	ORMAT	ION		of Facility (4	(S)					
Street Address 869 Broad Street							1		School (K-1: Subchapter Other (i.e. p. etc.)	8 (Oth			dings	, hom	es,
City (5) Newark NJ									re Feet	# 0	f Floors		3ldg. <i>A</i> -50	\ge	
County (6) Essex				County (STATE	Code (7) USE ONLY	)		Curre	nt Use (Pric	or if be	ng demolish	ned)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN N/A	M No.				tement Con tions Sen						
Street Address N/A								Addres 51st	ss Street						
City, State, Zip Code N/A									p Code Jen NJ 07	047					
Project Manager for Mon N/A	itoring Firm			Telepho N/A	ne No.			none No 552-9			License N 01320	0.			
Start Date (10) 12/29/2016		Scheduled 1/27/20		npletion	Date (11)				IA Monitor nmental L	.abor	atories				
Occupancy Status During								Addres	s e 22 Wes	t					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of All nal Facility I	lours	nent			City, S	tate, Zi			<del></del>				
Scope of Work (Check A	Il That Apply)						Orno	11110							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova molit				××××	Min Glo	Containme i-Enclosure vebag Proci i-Exempted	edure	-			•	
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		1 1													
Name of Registered Was	te Hauler		LN	JDEP W	lacto	Cubic	Varda		Name of D	logiato	red Landfill				
Newark Carting Inc	to Hadiei		Н	auler ID 1509		of Was				-0.1 <del>7</del> .0-0.40.	em Rd La	andfil	-		
City, State Po Box 5670			I			Dispos	al Date		City, State 2335 Ap		tter Rd B	ethle	hem	PA	
Completed by Marcos Regato		Title Presid	ent			S	ignature Mai	nee	7/4	_	₄ Da				



acmsolutionsservicesllc@gmail.com Asbestos DOL # 01320

#### ASBESTOS ABATEMENT SCOPE OF WORK

Date: 12/19/2016

Re: Asbestos Abatement @ 869 Broad street Newark NJ

#### Scope of work.

Type of Asbestos	Location	Quantities
Door frame caulk	exterior door	34 LF
Stair first floor	stair covering	90SF
Black cove base glue	2 <sup>nd</sup> floor throughout lobby	50SF
Yellow ceramic glue tile	3 <sup>rd</sup> floor throughout	200SF
Grey 4' wall covering	3 <sup>rd</sup> floor throughout	200SF
Pipe insulation	2 <sup>nd</sup> floor throughout	450LF
Pipe insulation	3 <sup>rd</sup> floor throughout	450LF
Pipe insulation	4th floor throughout	50LF
Duct insulation	4th floor throughout	16SF

Marcos Regato

President

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) SETON HALL UNIVERSITY 12 /16 Street Address Type Notification Agencies Notified 400 SOUTH ORANGE AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification #1 SOUTH ORANGE, NEW JERSEY 07079 ASBESTOS CONTROL & DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION VICTORIA PIVOVARNICK **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) SETON HALL UNIVERSITY Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER 60.000 40+ City (5) Current Use (Prior if being demolished) County (6) County Code (7) SOUTH ORANGE ESSEX (STATE USE ONLY) UNIVERSITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI ENVIRONMENTAL INC. 3 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1253 NORTH CHURCH STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEFF SEAMAN 856-889-5182 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / /16 11 / 30/ 17 QUALITY ENVIRONMENTAL SOLUTIONS & TECH. Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY- SATURDY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation X Mini-Enclo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount REPAIR REMOVAL ENCAPSULE ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A KITCHEN PIPE FITTINGS X 15 LF X **BACK HALL** Х PIPE FITTINGS 35 LF BACK HALL SPRAY ON INSULATION 500 SF X DISHWASHING AREA & ASSOCIATED X HALL X PIPE FITTINGS 85 LF RECEIVING AREA X PIPE FITTINGS 15 LF X RECEIVING AREA X SPRAY ON INSULATION 1,530 SF **BOARD DINING** PIPE FITTINGS 25 LF X SEVERY BAY 1 PIPE FITTINGS 15 LF X SEVERY BAY 1 X SPRAY ON INSULATION 760 SF X HALLWAY BETWEEN SEVERY BAYS X PIPE FITTINGS 15 LF X SEVERY BAY 2 X PIPE FITTINGS 15 LF KITCHEN FIRE WALL 40 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING INC. Hauler ID No. 200 GRAND CENTRAL SANITARY LANDFILL 369 RAYMON BLVD. 913 City, State Disposal Date NEWARK, NEW JERSEY 07105 PLAINF (ELD TOWNSHIP, PA 12/23-11/30/2017 Completed by (Print or Type) Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)	WE
Name of Building Owner/Operator (2)	U 13
Date of Notification (1)  SETON HALL UNIVERSITY	
12	2016
Agencies Notified Type Notification 400 SOUTH ORANGE AVENUE	1
EPA x Initial Notification City, State, Zip Code  DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079  ASPESTOS CO	
DEP Amended Notification SOUTH ORANGE, NEW JERSEY 07079 ASBESTOS CO	
X DOH On Hold Name of Contact Telephone Number	INC
X DCA EMERGENCY NOTIFICATION VICTORIA PIVOVARNICK	
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)	
Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)  School (K-12)	
SETON HALL UNIVERSITY X Subchapter 8 (Other than K-12)	
Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address         Square Feet         # of Floors         Bldg. Age           400 SOUTH ORANGE AVENUE - UNIVERSITY CENTER         60,000         3         40+	
City (5) County (6) County Code (7) Current Use (Prior if being demolished)	
SOUTH ORANGE ESSEX (STATE USE ONLY) UNIVERSITY	
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)	
TTI ENVIRONMENTAL INC.  3 PAR ENVIRONMENTAL CORPORATION  Street Address  Street Address	
Street Address  1253 NORTH CHURCH STREET  313 SPOOK ROCK ROAD	
City, State, Zip Code City, State, Zip Code	
MOORESTOWN, NEW JERSEY 08057 SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm Telephone Number Telephone Number License Number  JEFF SEAMAN 856-889-5182 845-369-7500 1101	
JEFF SEAMAN         856-889-5182         845-369-7500         1101           Expected State Date (10)         Sched. Completion Date (11)         Name of OSHA Monitor	
12 / 23 /16 11 / 30/ 17 QUALITY ENVIRONMENTAL SOLUTIONS & TECH.	
Month Day Year Month Day Year	
Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9	
Abatement Performed Outside of Normal Facility Hours - Describe:	
X Other - Describe: MONDAY - FRIDAY 7AM-3:30PM City, State, Zip Code	
Scope of Work (Check all that apply)  WAPPINGERS FALLS, NY 12590  X Full Containment with Negative Pressure	
Demolition X Renovation X Mini-Enclo ,	
>3SF OR LF	
Location of Library Design Procedure	
Abatement Type	
Asbestos-containing normally used Containing Material (ACM)  Material (ACM)  Solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF)	
Asbestos-containing from all used solely by (ie. Thermal systems (Specify SF or LF)  TO BE ABATED Maint/Custodial in Facility (13)  Staff (12)  Yes No N/4	
Asbestos-containing normally used solely by Material (ACM) (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial in Facility (13) Staff (12) (Staff (12) (Sta	
KITCHEN X PIPE FITTINGS 15 LF X	
BACK HALL X PIPE FITTINGS , 35 LF , X	
BACK HALL X SPRAY ON INSULATION 500°SF X	
DISHWASHING AREA & ASSOCIATED X X X	
HALL X PIPE FITTINGS 85 LF X	
RECEIVING AREA X PIPE FITTINGS 15 LF X	
RECEIVING AREA X SPRAY ON INSULATION 1,530 SF X	
BOARD DINING X PIPE FITTINGS 25 LF X	
SEVERY BAY 1 X PIPE FITTINGS 15 LF X	
SEVERY BAY 1 X SPRAY ON INSULATION 760 SF X	
SEVERY BAY 2 X PIPE FITTINGS 15 LF X	
HALLWAY BETWEEN SEVERY BAYS X PIPE FITTINGS 15 LF X	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill	
NEWARK CARTING INC. Hauler ID No. 200 GRAND CENTRAL SANITARY LANDFILL  913	
369 RAYMON BLVD. 913  City, State Disposal Date City, State	
NEWARK, NEW JERSEY 07105 12/23-11/30/2017 PLATNFIELD TOWNSHIP, PA	
Completed by (Print or Type)  BENJAMIN SANCHEZ  Title  Director of Operations  Signature  Date	

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-16 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIMERSITY DOF NO 3 2016 December 20, 2016 Agencies Notified Notification Type ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. **□**EPA 27 ROAD 1, BLDG 4086, LIVINGSTONSCAMPUSITROL & ■ Amended Notification # DCA ■ Emergency (including City, State, Zip Code LICENSING X DOL PISCATAWAY, NJ 08854 justification) ☑ DEP- No Longer REQUIRED Telephone Number □Cancelled Name of Contact X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) STARKEY APTS, BLDG# 6293 ☐ School (K-12) ☐Subchapter 8 (other than K-12) Street Address MOTHER (i.e. private & commercial buildings, homes, etc.) COOK CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC (State Use Only) **NEW BRUNSWICK** MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01/05/17 01/09/17 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 8AM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ > 3 sf or > 3 lf □ Renovation
 □ Renovation ■ Mini-Enclosure X ≥ 160 sf or ≥ 260 lf □ Demolition ☐ Glove bag Procedure / Wrap & Cut Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA 1,2,3, Corridors X VAT X 650 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 15 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State 100 New Ford Mill NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 01/07/2017 19067 NJ DEP # 4509 215-736-1700 Completed by (Print or Type) Signature Date RAYMOND C. PEDALINO SENIOR PROJECT Raymond C. Pedalino December 20, 2016 MANAGER

State of New Jersey - Notification of Asbestos Abatement

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Print Form

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Date of Notification (1) 12-21-16				of Building Owr		r (2)			i DEL	2	- 2	016	i in
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Agencies Notified Type Notification				Address	. 5	<u> </u>			ASBEST				L &
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DEP Amended Amendment	w 0	ſ		ate, Zip Code	202020020								
Emergency (		[	and the second	monton, NJ	08619								
DOH justification)	. roidding	'		of Contact				Tel	ephone Nu	mber			
➤ DCA Cancellation			Gilber	rto Bosque									
Name of Facility Mileson About and in T. U.	DI /	-	FAC	ILITY INFORM	IATION								
Name of Facility Where Abatement is Taking County Route 530 Improvement Pr		3)				Тур	e of Facility (	4)					
COUNTRY FIRE CONTROL CONTROL CONTROL NO.	oject						School (K-1						
Street Address County Route 530 (various lot loca	tions)					×	Subchapter Other (i.e. p				ldings	, hom	es,
City (5)						Sar	etc.) iare Feet	# 01	Floors		Bldg. /	Age	-
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Name of Monitoring Firm Hired by Building C Health and Safety Services	wner (8	)	ASCN	VI No.			atement Con Environme			nc			
Street Address					Street			itai O	01 11000, 1	110			
P.O. Box 365							ley Street						
City, State, Zip Code							Zip Code						
Berlin, NJ 08009							ohia, PA 19	1137					
Project Manager for Monitoring Firm			Telepho	ne No	Teleph			7107	License N				
Jim Proctor				39-2432	1000000		·5155		01166	0.			
	Schadul	ed Con		Date (11)			SHA Monitor		01100				-
12-13-16	3-31-1		ipiction	Date (11)			nd Safety S	Servic	95				
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Other – Describe:		Tioure					J 08009						
Scope of Work (Check All That Apply)					DCIII	11, 14	3 00003						
≥3 sf or ≥3 lf					×	1 -			Acres management				
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf	-	Renova Demolit			×	M	ull Containme ini-Enclosure		Negative F	ressu	ire		
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Service Transport Group		1.6	GUIGI ID	1,10.	114316		A&LS	alvage	Э				
City, State				Dis	posal Date		City, State						-
Morrisville, PA					7		Libson,						
Completed by	Title	7.00			Signature	-	1	- continue	Da	te			-
Jennifer Niven	Dir. c	of Ope	rations	3	//h -	_ /	/				21	-//	_

ш	LOCATION OF MATERIAL	Code**	Code***	Code ****
	flat roof above motel rooms (under O.S.B. board)	9000 SF	REM	PCM
	small parapet roof	100 SF	REM	PCM
111111111111111111111111111111111111111	roof parapet wall	100 SF	REM	PCM
NF2 roofing material	sub-roof below motel room flat room		REM	PCM
Property #2 - Block 101, LOT 3				
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount Code**	Code***	Code ****
FRI plaster	throughout the building	OO SE	DEM	DOM
	Basbemane		REM	PCM
Property #3 - Block 101, Lot 10				
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount Code**	Code***	Code ****
FRI linoleum	back porch	SOSE	REM	PCM
FRI linoleum-brick pattern	first floor -kitchen	L L	RFM	D G
THE REAL PROPERTY.	2nd floor - kitchen	SF	REM	PCM
NF1 9x9 brown floor tile	2nd floor - kitchen	SF	REM	DOM.
NF2 rolled asphalt	main house roof	SF	REM	PCM
Property #4 - Block 101, LOT 8				
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount   Code**	Code***	Code ****
NF1 9x9 brown floor tile	office and bathroom	52 SF	RFM	PCM
NF2 transite siding/shingles	exterior	SF	REM	PCM
Property #5 - Block 100.01, LOT 5				
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount  Code**	Code***	Code ****
NF1 floor tile and mastic	kitchen	44 SF	REM	PCM
Property #7 - Block 100, LOT 16				
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount   Code**	Code***	Code ****
FRI plaster skim coat	Apartment #2 throughout	30 SF	REM	PCM
NF2 window glazing	exterior	SF	REM	PCM
Property #8 - Block 100, LOT 11.01				ASE
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount Code**	ode***	Code ****
NF2 transite wall board	furnace room	100 SF REM	REM	PCM-
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ASBESTOS CONTROL &
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Property #11 - Block 101, LOT 2 and 2.01					
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Amount Code** Code***		Code ****
NF1 sheet rock and joint compound	mechanical room	100	100 SF RE	REM	PCM
Property #14 - Block 794, Lot 2.02					
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Amount Code** Code***	ode***	Code ****
FRI pipe insulation	basement	20	20 LF RE	REM	PCM
Block 101 Lot 3				が	
CODE DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Amount Code** Code*** Code ****	ode***	Code ****
NF2 transite shingles	outside	4000 SF		REM	PCM

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☐ DHSS	Emergency (i			1	Jaho	rn, MA	0180	/				
(NJAC 5:23-8)	justification)	ricidaling		Name	of Contac	t		Telephone N	lumber			
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IA VOH							CA6					
Name of Facility Where	Abatament is Tabia	- Dlass	(2)	FA	CILITYIN	FORMATION	T of Facility (	4)				
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Street Address		/					Other (i.e., pr			uilding	gs,	
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VAMES 6	1-9						110	/		50	_	
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Name of Monitoring Fir	m Hired by Building	Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
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City, State, Zip Code  ASTON,  Braingt Manager for Ma	D1 /	190,	10			Oity, State, Zip Oi	PA	19341				
Project Manager for Mo	/-/7 /	,0,	1		NI-	EX 101V	PA 1	/ J / /				
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Start Date (10)	Sche	duled C	omple	etion Da	te (11)	Name of OSHA IV	TOTHLOT					
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☐ ≥160 sf or ≥260 lf			novat moliti			☐ Mini-Enc	g Procedure					
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-----NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 23 2016 VERIZON COMMUNICATIONS 12/7/16 Agencies Notified Type Notification Street Address EPA 213 S. 3rd Street ASBESTOS CONTROL &  $\boxtimes$ DEP Initial City, State & Zip Code LICENSING DOL Amended R#1-12/20/16 | Hammonton NJ  $\boxtimes$ DOH Name of Contact Telephone Number Emergency DCA Cancellation ALEX BAYLOR **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Hammonton Central Office Street Address Subchapter 8 (Other than K-12) 213 S. 3rd Street Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age # of Floors Square Feet City (5) County (6) County Code (7) 70 24011 Current Use (Prior if being demolished) Hammonton Atlantic COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code BRISTOL, PA 19007 PHILADELPHIA PA 19153 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number 215-365-5810 215-788-6040 00509 MARK JENKINS Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC December 19, 2016 December 30, 2016 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code X Describe: 5:00 PM - 1:30 PM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ≥3 sf or ≥3 If Renovation ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Abatement Type Location of Is Location Description of Amount (Specify Asbestos-Containing Normally Used Asbestos-Containing Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclsoure Remova Repair (i.e., thermal systems TO BE ABATED Maintenance or Custodial Staff? insulation, surfacing, VAT in Facility or other miscellaneous) (13)(12)Yes N/A No Equipment room and Boiler Room Pipe insulation 240 LF NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste 10 ATLANTIC COUNTY UTILITY AUTHORITY 18706 BRISTOL ENVIRONMENTAL INC Disposal Date City, State City, State TBD EGG HARBOR TWP, NJ BRISTOL, PA Completed By (Print or Type) Signature Date Title 12/7/16 PATRICK T. DeCARO Estimator

#### (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 12/7/16 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address EPA 213 S. 3rd Street SBESTOS CONTROL & DEP Initial City, State & Zip Code $\overline{\boxtimes}$ DOL 0881 Amended Hammonton NJ DOH 0850 X Emergency Name of Contact Telephone Number DCA Cancellation ALEX BAYLOR **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Hammonton Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 213 S. 3rd Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 24011 70 Hammonton Atlantic Current Use (Prior if being demolished) COMMUNICATIONS Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA ENVIRONMENTAL MANAGEMENT, INC. BRISTOL ENVIRONMENTAL INC Street Address Street Address 8436 ENTERPRISE AVE 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code PHILADELPHIA PA 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MARK JENKINS 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor December 19, 2016 December 23, 2016 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET M Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5:00 PM - 1:30 PM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation X Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Asbestos-Containing Normally Used (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or (i.e., thermal systems Removal in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A quipment room and Boiler Room Pipe insulation 240 LF ame of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste RISTOL ENVIRONMENTAL INC 18706 10 ATLANTIC COUNTY UTILITY AUTHORITY ty, State Disposal Date City, State RISTOL, PA TBD EGG HARBOR TWP, NJ ompleted By (Print or Type) Title Signature Date ATRICK T. DeCARO Estimator Patrick D. DeCars/-12/7/16

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NOTIFICATION OF ASBESTOS ABATEMENT

#### 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) 9 19 / Sears Holdings Type Notification Agencies Notified Street Address **⊠** EPA ☑ Initial 3333Beverly Road **⊠** DOLWD City, State, Zip Code **⊠** DHSS Amendment #4-12/20/16 Hoffman Estates IL 60179 □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears #1434 (Willowbrook Mall) School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) City (5) Square Feet # of Floors Bldg. Age wayne 300000 2 76 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passaic Department Store Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Creative Environmental Solutions BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code New York NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Amarr Soler 212-290-6323 215-788-6040 00509 Start Date (10) ON SITE 1/3/17 Scheduled Completion Date (11) Name of OSHA Monitor 16 / 20 / 17 1 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_ PM/9:00PM-8:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) >3 sf or >3 lf Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Encapsulate Enclosure Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A New Stock Room Area-2<sup>ND</sup> Floor $\boxtimes$ Spray-on Fireproofing 980 SF $\boxtimes$ Middle Area of 2nd Floor X Spray-on Fireproofing 1560 SF $\boxtimes$ Outside New Stock Room Area-2nd X Spray-on Fireproofing X 480 SF Middle area of first floor П $\boxtimes$ Spray-on Fireproofing 3000 SF $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 30 City, State Disposal Date City, State

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Title

Estimator

NEW CASTLE, DE 19720

Completed By (Print or Type)

Pat Decaro

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Signature

WAYNESBURG, OH 44688

12/20/16

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Creative Environmental Solution	s					IVIRONMENTA					
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39 West 37th Street, 14th Floor					1123 BEAVE	RSTREET					
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Amarr Soler		-	elephone		Telephone No.	·	License No.				
			212-290		215-788-6040		00509				
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Elevator Area (1st floor)				Mastic			20 SF				
1st Floor Hallway				Vat/mas	stic		150 SF				
!st Floor Stockroom				Vat/mas	stic		700 SF				
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ASB-41 PO 16 [1]

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

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						FACILITY	INFORMATION						
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Street Address								Subchapter	8 (Other than K	(-12)	4020 200	320	
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	intal Soli	utions			1		BRISTOL EN	IVIRONMENTA	L, INC.				
Street Address							Street Address				7.7		
39 West 37th Street,	14 <sup>th</sup> Floo	or					1123 BEAVE	R STREET					
City, State, Zip Code				2000			City, State, Zip C	ode ·					
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vator Area (1st floor)		-				Mastic			20 SF				
Floor Hallway						Vat/mast	tic		150 SF	$\boxtimes$			
Floor Stockroom					$\boxtimes$	Vat/mast			700 SF	$\boxtimes$			1
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ERVICE TRANSPORT	GROUP	, INC	•	1	20990		30	MINERVA LA	NDFILL				
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ASB-41 MAY 11

PD16111

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 19 9 16 Sears Holdings Type Notification Agencies Notified Street Address **⊠** EPA 3333Beverly Road ☑ DOLWD City, State, Zip Code Amendment #3-11/4/16 **⊠** DHSS Hoffman Estates IL 60179 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears #1434 (Willowbrook Mall) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) City (5) Square Feet # of Floors Bldg. Age wayne 300000 2 76 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Passaic Department Store Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Creative Environmental Solutions BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code New York NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Amarr Soler 212-290-6323 215-788-6040 00509 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor ON HOLD 10 / 3 / 16 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/9:00PM-8:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) ⇒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 Repair Encapsulate Used Solely by Removal Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A 1st Floor Women's Clothing X Fireproofing 360 SF  $\boxtimes$ 1st Floor Women's Clothing/Shoes X Fireproofing  $\boxtimes$ 500 SE П П Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 30 City, State Disposal Date City, State NEW CASTLE, DE 19720 tbd WAYNESBURG, OH 44688 Completed By (Print or Type) Title Signature

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

Estimator

Pat Decaro

PD16111

### State of New Jersey

				(P	ursuant to	NJAC 8:60 and	5:16)	1	03		C = 2		201
Date of Notification (1)					Name of B	uilding Owner/Oper	rator (2)		9	-			
9 /	19 /	16			Sears H	loldings		,	ASE	EGT	700	co	WE
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(NJAC 5:23-8)	justificat	on)			Name of Co	ontact		Tel	ephone f	Vumb	er		
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Sears #1434 (Willowb	prook Mai	1)					Scho	ol (K-12)					
Street Address							☐ Subc	hapter 8 (Other (i.e., private	er than K	-12)	ial b	:1-21	
50 US Highway 46							home	es, etc.)	and com	merc	ai bu	laing	S,
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Project Manager for Monitoring	) Firm				one No.	Telephone No.		Licer	nse No.				
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t Decaro	Title	imate				Signature	000	1- 1	Date	1	,		

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

Pat

PD 16/11

#### 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) 9 19 / 16 Sears Holdings Agencies Notified Type Notification Street Address Ø EPA M Initial 3333Beverly Road Ø DOLWD M Amended City, State, Zip Code Amendment #2-10/28/16 DHSS. Hoffman Estates IL 60179 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sears #1434 (Willowbrook Mall) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 50 US Highway 46 homes, etc.) City (5) Square Feet # of Floors Bldg. Age wayne 300000 2 76 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Passaic Department Store Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Creative Environmental Solutions BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 39 West 37th Street, 14th Floor 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code New York NY 10018 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Amarr Soler 212-290-6323 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_10\_\_ / \_\_3\_\_ / \_\_16\_\_ 3 / 21 / 17 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_\_PM/9:00PM-8:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☐ >3 sf or >3 lf ⊠ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal 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)other miscellaneous) Yes No N/A 2nd floor M П Vat/mastic 8000 SF  $\boxtimes$ Elevator Area (1st floor) П X Mastic 20 SF X П П Vat/mastic 1st Floor Hallway X 150 SF X !st Floor Stockroom M Vat/mastic 700 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 30 City, State Disposal Date City, State NEW CASTLE, DE 19720 tbd WAYNESBURG, OH 44688 Completed By (Print or Type)

SR-41 SB-41 PP /6///

Pat Decaro

Title

Estimator

Signature

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TO BE ABATED IN Facility			stodial		(i.	.e., t	hermal systems surfacing, VAT		ation,		pecify	Removal	Repair	cap	Enclosure
(13)			(12)	_	_		other miscellane		1	51	or LF)	<u> 80</u>		Encapsulate	ure
		Yes	No	N/A	·									e	
Floor Women's Clothing				Ø	Firepro	oofii	ng			360	) SF				
															П
												П	П	П	
e of Registered Waste Hauler			28 700000		Vaste	100000	bic Yards of	Nar	ne of Registe	ered Lan	dfill				믝
RVICE TRANSPORT GROUP	, INC.		1	uler IE 20990		Wa	ste 0	N	IINERVA L	ANDFIL	L				1
State							posal Date	City	, State						$\dashv$
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eleted By (Print or Type)	Title				1		Signature				Date	/			-
Decaro	Est	imato	r				Patrick	1.	DeCar	Let	10	120	14	,	
								Patrick J. DeCare fel 10/5							

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Pa 2	DEC	23	2016

Date of Notification (1)			- 1	Name of Bui	Iding Owner/Operato	r (2)	1					
9 / 19	16			Sears Holdings ASBESTOS CONT								
Agencies Notified Type Not	ification			Street Addres	SS		-			OF	VIS!	110
⊠ EPA ⊠ Initial				3333Beve	erly Road							
☑ DOLWD ☑ Amen				City, State, Z								
	dment #		0/16		Estates IL 60179							
DCA Emerg		cluding		Name of Con	1177		Talash					
(NJAC 5:23-8) justific			1	reallie of Coll	iaci		relepr	none Nur	mbei	r		
				FACILITY	INFORMATION							
Name of Facility Where Abatement i	-	Place	(3)			Type of Faci			67472			
Sears #1434 (Willowbrook M	all)					School (K	(-12)					
Street Address						Other (i.e	ter 8 (Other t	han K-12	2)	Lbuil	din a	
50 US Highway 46						homes, e	tc.)	Comme	ICIA	Dulk	Jings	5,
City (5)						Square Feet	# of FI	oors	Т	Bldg	. Ao	e
wayne						300000	2			76	첫 표	
County (6)			1	County Code	(7)(STATE USE ONLY)	Current Use (	(Prior if being	demolis	hed	0.00		
Passaic					, ,,,	Departme		Comone	31100	1		
Name of Monitoring Firm Hired by Bui	ldina Ov	ner (8)	AS	CM No.	Name of Abateme				-			_
Creative Environmental Soluti		(0)	1	01111101	BRISTOL EN	38						
Street Address	0110				Street Address	VIICONIILA	AL, INC.					
39 West 37th Street, 14th Floor					1123 BEAVER	SCTDEET						
City, State, Zip Code					City, State, Zip Co							
New York NY 10018					BRISTOL, PA	19007						
roject Manager for Monitoring Firm		1	elepho		Telephone No.		License	- 15.00 (= 100				
Amarr Soler				90-6323	215-788-6040		00509	8				
1978 P. (1978 P. 1988				Date (11)	Name of OSHA Mo							
10 / 3 / 16	3_	/_	21_	Date (11) /17	Name of OSHA Mo BRISTOL ENV		L, INC.					
1978 P. (1978 P. 1988	3_	/_	21_				L, INC.					
10 / 3 / 16	3 Check on	/ _ ly one)	21	/17	BRISTOL ENV	IRONMENTA	L, INC.					
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10 / 3 / 16  ccupancy Status During Abatement (C Facility Closed/Vacated During Entire Abatement Performed Outside of No Time of Abatement:AM-  ope of Work (Check all that apply)	3 Check on Period rmal Fac PM/9:0	ly one) of Aba ility Ho DPM-8	tement urs - D :00AM	/ 17 escribe	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1	STREET e 9007		re				
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ccupancy Status During Abatement (C) Facility Closed/Vacated During Entire Abatement Performed Outside of No Time of Abatement:AM  ope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)	3 Check one Period rmal Fac PM/\$:0  Us M Cus Yes	ly one) of Aba of Aba ility Ho OPM-8 Renova Demolit Is Loca Norma ed Sol aintena stodia! (12) No	tement urs - D:00 AM  tion ion  tion ally ely by ance/ Staff?  N/A	Asbestic Vat/mastic Va	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contain Mini-Enclos Glovebag F Non-Exemp  Description of os Containing Material systems insistent surfacing, VAT, or other miscellaneous  bic Yards of aste	STREET e 9007 nment with Neg sure Procedure ated (*) and Nor sal (ACM) Julation, )	Amount (Specify SF or LF)  8000 SF  20 SF  150 SF  700 SF	cedure	Removal	Repair	Encapsulate	-
ccupancy Status During Abatement (C) Facility Closed/Vacated During Entire Abatement Performed Outside of No Time of Abatement:AM  ope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)	3 Check one Period rmal Fac PM/\$:0  Us M Cus Yes	ly one) of Aba of Aba ility Ho OPM-8 Renova Demolit Is Loca Norma ed Sol aintena stodia! (12) No	tement urs - D:00 AM tion ion ally ely by ance/ Staff?	Asbestic  Vat/mastic  Vat/mastic  Vat/mastic  Vat/mastic  Vat/mastic  Vat/mastic	BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA 1  Full Contain Mini-Enclos Glovebag F Non-Exemp  Description of os Containing Material systems insistermal systems insistermal systems containing thermal systems insistermal systems in the system of the system	STREET e 9007  Imment with Neg sure Procedure ofted (*) and Nor ital (ACM) ulation, )	Amount (Specify SF or LF)  8000 SF  20 SF  150 SF  700 SF	cedure	Removal	Repair	Encapsulate	-
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				(P	ursuant to	NJAC 8:60 a	nd 5	:16)	10 1	PIT		2011
Date of Notification (1)					1	uilding Owner/O	perato	or (2)		19 1		
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pe Noti	ficatio	n		Street Add	ress			<del></del>	1 (	CENS	IN G
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11 222	Emerge		1115		Hoffmar	Estates IL 6	0179					
(NJAC 5:23-8)	justifica	ation)	110/001	9	Name of Co	ontact			Telepho	ne Numb	er	
	Cancel	lation									<i>.</i> ,	
Name of Facility Where Abate	mont in	Tabia	- 01	- (6)	FACILIT	Y INFORMATI	ON					
Sears #1434 (Willowbro			g Plac	e (3)				Type of Facility				
Street Address							-uu-	School (K-1	2) 8 (Other th	55 K 40)		
50 US Highway 46								Other (i.e.,	private and	en K-12) commercia	al buildi	nos
City (5)								nomes, etc.	)			3-1
wayne								Square Feet	# of Flo	ors	Bldg.	Age
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Passaic				1	County Cour	e (1)(31A1E 03E 0	IVL I)	Current Use (Pr		demolishe	ď)	
Name of Monitoring Firm Hired I	by Build	ding O	wner /	8) A	SCM No.	Name of Ab	otomo	Department nt Contractor (9)	Store			
Creative Environmental S				, , , ,	00,1110.			/IRONMENTAL	""			
Street Address						Street Addre		TKO MIENT I A	., INC.			
39 West 37th Street, 14th F	loor					1123 BEA		STREET				
City, State, Zip Code						City, State, Z						
New York NY 10018						BRISTOL	E					
Project Manager for Monitoring F	irm		-	Telepho	one No	Telephone No		15007				
Amarr Soler			1		290-6323	215-788-6			License N	10.		
tart Date (10)	Sc	hedule	ed Cor		Date (11)	Name of OSH		nitor	00509			
10/3/16					/_17			RONMENTAL,				
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Facility Closed/Vacated During	200000000000000000000000000000000000000				6	1		**************************************				
Abatement Performed Outside						1123 BEAV						
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TO BE ABATED	CIVI	M	ainter	ance/		tos Containing M thermal systems			Amount (Specify	(em	Encap	nc
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(13)		Yes			1	other miscellane	eous)			1-1	Encapsulate Repair	9
Stock Room Area-2 <sup>ND</sup> Floor	ır			⊠	Spray-on	Fireproofing						
lle Area of 2 <sup>nd</sup> Floor									980 SF			
ide New Stock Room Area-	2nd		=	-		Fireproofing		1	560 SF		10	
						Fireproofing			180 SF			
le area of first floor of Registered Waste Hauler				IDEB W		Fireproofing	144		000 SF			
RVICE TRANSPORT GROUP	O INIC		1,022	JDEP Wauler ID		ubic Yards of aste		ne of Registered L				
	, INC.	•	100	20990		30		INERVA LAND	FILL			
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V CASTLE, DE 19720						tbd	W	AYNESBURG,	OH 44688			
eted By (Print or Type)	Title					Signature		a pec.	n Dat	e / /		-
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19	. I			

Date of Notification (1)				Name of B	uilding Owner/C	perato	or (2)					
	_ /	16		Name of Building Owner/Operator (2)  Sears Holdings  ASBESTOS CC LIGENSI								
	Notification	n		Street Addr	ess					- AT SECULAR SECULAR		
Ø EPA 1062 Ø in	tial			3333Be	verly Road							
12	nended			City, State,								
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	nergency ( tification)	тсша	ng	Name of Co				Tolont	none Blow			
	ncellation							relept	none Nur	nper		
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Name of Facility Where Abateme		ng Plac	e (3)				Type of Facility					-
Sears #1434 (Willowbrook	(Mall)						School (K-1	2)				
Street Address							Subchapter	B (Other ti	han K-12	2)		
50 US Highway 46							Other (i.e., p homes, etc.)	ilvate and	comme	LCIS1	build	ings,
City (5)							Square Feet	# of Flo	oors		Bldg.	Ana
wayne							300000	2	September 1	1	76	80
ounty (6)				County Code	(7)(STATE USE C	ONLY)	Current Use (Pri		demotis	hed		
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ame of Monitoring Firm Hired by E	Building O	wner (	B) A	SCM No.	Name of Ab	ateme	nt Contractor (9)					
Creative Environmental Sol	1000						IRONMENTAL	INC				
reet Address					Street Addre			, 11(0.				
39 West 37th Street, 14th Floo	or				1123 BE		STREET					
y, State, Zip Code					City, State, Z							
lew York NY 10018					BRISTOL							
ject Manager for Monitoring Firm			Telenh	one No.	Telephone No		5007					
marr Soler				290-6323	A months of the contract of th		1	License f				
t Date (10)	Schodule	od Con		Date (11)	215-788-6			00509				
10 / 3 / 16				/ _17	Name of OSH BRISTOL		inor RONMENTAL, I	NC.				
upancy Status During Abatement	(Check or	nly one	)		Street Address	5					_	
acility Closed/Vacated During Ent	ire Period	of Aba	temen	it .	1123 BEAV	/ER S	TREET					
batement Performed Outside of N				Describe	City, State, Zip							
ime of Abatement:AM	_PM/9PI	MAB-N		1	BRISTOL, I		007					
e of Work (Check all that apply)				1	51110102,1		001					
3 sf or ≥3 lf 60 sf or ≥260 lf		Renova Demolit	ion		Mini-Ei     Gloveb	nclosui sa Pro						
2 00002000 NW		Is Loca Norma			189				At	paten	nent '	Tyne
Location of bestos-Containing Material (ACM)		ed Sol	ely by	Achasta	Description A		(8006)	•	-	_	1	-
TO BE ABATED	M	aintena	ance/		s Containing M hermal systems			Amount Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	Cus	stodial (12)	Staff?		surfacing, VAT	r, or	1	F or LF)	ova	air	sde	USO
(13)	Yes	No	N/A		other miscellane	eous)			1=1		lat	ře.
lock Room Area-2 <sup>ND</sup> Floor			⊠	Spray on I	Fireproofing				1_		e	Щ
Area of 2 <sup>nd</sup> Floor	15				ireproofing			BO SF	-			
New Stock Room Area-2nd					ireproofing			60 SF				
area of first floor				Spray-on F		-		0 SF		믜		
Registered Waste Hauler			DEP W			144-		00 SF				
CE TRANSPORT GROUP, IN	IC.	Ha	uler ID	No. Wa			e of Registered La NERVA LANDFI					
			0990	Dist	oosal Date	City,						_
ASTLE, DE 19720				tb	Constitution of the Consti		YNESBURG, O	H 44688				
By (Print or Type)	е				Signeture/	1/1	110					-
caro	stimato	r			1/17	1/2 ]	X / /	0	e lin la	,		1

Ch # 3095 DEC 20 2016

Pq. 2

Date of Notification (1)  9 / 19 /	16		Name of Bu	uilding Owner/Op oldings	perato	or (2)		ASBE	STO LIC	S C ENS	ONTROL
Agencies Notified Type Noti	fication		Street Addr							-	
⊠ EPA ⊠ Initial				erly Road							
☑ DOLWD ☐ Amend			City, State, 2								
	ment #	_	The second secon	Estates IL 60	179						
DCA Emerge (NJAC 5:23-8) Justifica	ency (includination)	ig	Name of Cor				17-1				
Cancell				11201			releph	one Nur	nber		
			FACILITY	'INFORMATIC	NC				-		
Name of Facility Where Abatement is		(3)				Type of Facili					
Sears #1434 (Willowbrook Ma	111)					School (K-	12)				
Street Address						Subchapte Other (i.e.,	r 8 (Other th	ian K-12	2)	لمانيط	
50 US Highway 46						homes, etc	:.)	Comme	Clai	DUIIG	ings,
City (5)						Square Feet	# of Flo	ors	E	Bldg.	Age
wayne						300000	2			76	- 3-
County (6)			County Code	(7)(STATE USE OF	NLY	Current Use (P	rior if being	demolis	hed)		
Passaic		- 1			- 1	Departmen	f Store				
Name of Monitoring Firm Hired by Build	ing Owner (8	) AS	SCM No.	Name of Aba	teme	nt Contractor (9	)				
Creative Environmental Solutio	ns			BRISTOL	ENV	"IRONMENTA	L, INC.				
Street Address				Street Addres	SS						
39 West 37th Street, 14th Floor				1123 BEA	VER	STREET					
City, State, Zip Code			V-20-1	City, State, Zip	р Соб	ie					
New York NY 10018				BRISTOL,	PA 1	19007					
Project Manager for Monitoring Firm	7	elepho	one No.	Telephone No.			License N	10.			
Amarr Soler	-	212-2	290-6323	215-788-60	140		00509				
Start Date (10) Sch	neduled Com			Name of OSHA	Mon	nitor					
10 / 3 / 16	3 / _	21_	/	BRISTOL E	HVIF	RONMENTAL	INC.				
ccupancy Status During Abatement (Che	eck only one)			Street Address							
Facility Closed/Vacated During Entire F				1123 BEAV	ER S	TREET					1
Abatement Performed Outside of Norm		urs - D	escribe	City, State, Zip	Code						
Time of Abatement:AMPI	W/SPM-BAM		1	BRISTOL, P							
ope of Work (Check all that apply)					-						
>3 sf or >3 lf	⊠ Renovat	lion			ntainn	nent with Negati	ve Pressure				
≥160 sf or ≥260 lf	☐ Demoliti			⊠ Gloveba	a Pro	cedure					1
				☐ Non-Exe	empte	d (°) and Non-F	riable Proced	dure			1
	Is Locat							At	atem	nent '	Type
Location of Asbestos-Containing Material (ACM)	Used Sole	ly by	Acheeto	Description of s Containing Ma		(600)	A Section Company and Company				
TO BE ABATED	Maintena	nce/		nemal systems			Amount (Specify	Removal	Repair	nce	Enclosure
IN Facility	Custodial S (12)	Staff?		surfacing, VAT,	or		SF or LF)	ova	=	psu	nso
(13)	Yes No	N/A	0	ther miscellaned	ous)		\$	-		Encapsulate	6
loor		×	Vat/mastic				****	-	_		
			Mastic				3000 SF				
		$\equiv$	Vat/mastic		-		20 SF	Ø			
		-		· · · · · · · · · · · · · · · · · · ·	-		150 SF			4	
of Registered Waste Hauler		EP W	Vat/mastic	:- V3: 2 1			00 SF			]   [	
VICE TRANSPORT GROUP, INC.		iler ID I		oic Yards of		e of Registered L					
		990	30	)		NERVA LAND	FILL				
ate					City,						$\dashv$
CASTLE, DE 19720	11		tb	d / 1	WA	YNESBURG,	OH 44688				
ted By (Print or Type) Title			1	Signature //	76	1/2/	Date		j	-	-
Decaro Estir	nator			fuhul.	1/	Id aril	19	liai	11		1

## NOTIFICATION O (Pursuant to

NOTI	State of New Jersey	- C	E	
NOTI	FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)	DEC	9 3	201
	Name of Building Owner/Operator (2)	H W V	- Amar	

Date of Notification (1)				Name of Building Owner/Operator (2)				UID						
					St	1								
Agencies Notified	Type Notific	cation			Stree	t Address				ASBEST				DL &
☐ EPA					60	1 Hamilto	on Ave			[_]	CEL	ISIN	<u> </u>	
□ DOLWD		37-360			City.	State, Zip	Code	_					-	
□ DHSS     □	Amenda					enton NJ								
DCA			cluding	1		of Conta				Telephone Numb	201			-
(NJAC 5:23-8)	Cancella					a Gelli	ot.			relephone Numi				
					FA	CILITY II	NFORMATION							
Name of Facility Where Al	batement is	Taking	Place	(3)					Type of Facility (4	4)				
St Francis Medical (	Center								School (K-12)					
Street Address									Subchapter 8	(Other than K-12)	cial h	uildin	00	
601 Hamilton Ave									homes, etc.)	vate and commen	te and commercial buildings,			
City (5)		0.000							Square Feet	# of Floors	В	ldg. A	ge	
Trenton									70,000	3		60+		
County (6)					Cour	nty Code (	7)(STATE USE ONL	(Y)	Current Use (Pric	r if being demolis	hed)			
MERCER								0.00	Hospital		insome <b>s</b> o			
Name of Monitoring Firm Hired by Building Owner (8)					ASCM	No.	Name of Abate	eme	ent Contractor (9)				_	
Finog Environmental Hazards							A CONTRACTOR OF THE PARTY OF TH		VIRONMENTAL	, INC.				
Street Address							Street Address	s			-			
617 Stokes Road, St	uite 4-318						1123 BEA\	VEF	RSTREET					
City, State, Zip Code							City, State, Zip	Co	ode					
Medford, NJ 08055							BRISTOL,	PΑ	19007					
Project Manager for Monito	oring Firm	777		Tele	phone	No.	Telephone No.			License No.				17 70 1
Mark Rubnitz				60	09-868	-1676	215-788-60	040		00509				
Start Date (10)				83		on Date (11) Name of OSHA Monitor								
12 /19 / _	16	12	_ /	_19	_ / _	16	BRISTOL	ΞN\	/IRONMENTAL,	INC.				
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address	5					t v Letter A	
☐ Facility Closed/Vacated							1123 BEAV	/ER	STREET					
Abatement Performed ( Time of Abatement:						cribe	City, State, Zip	Co	de			in visuality		
		UPIVII 3	<u>.00</u> PN	/1	Aivi		BRISTOL,	PA	19007					
Scope of Work (Check all t	hat apply)						□ FII C		sinmont with None	tiva Deserves				
≥3 sf or ≥3 If		D	⊠ Rer	novati	on		☐ Mini-E		ainment with Nega osure	tive Pressure				
☐ ≥160 sf or ≥260 lf		3	] Der				⊠ Glovel	bag	Procedure					
							☐ Non-E	xen	npted (*) and Non-	Friable Procedure	, ,			
2015 Principle Co.				Locat orma							Ab	atem	ent T	уре
Location of		45		d Sole		A-6-	Description stos Containing I			A	R	Re	щ	m
Asbestos-Containing Ma TO BE ABAT		1)		ntena			thermal system			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Custo		Staff?	(,,,	surfacing, VA			SF or LF)	va	7	nsc	Sur
(13)		-	V	(12)	NI/A		other miscella	neo	us)	50 2-00-00 W-0 0 <del>5</del>			late	(D
Basement A Building		_	Yes	No	N/A	Pine Inc	sulation			10 LF			П	
Dasement A Dunding		_				r ipe iii.	Sulation			10 L1				
													ᆜ	
		- 1		Ц							Ш		Ш	Ш
		] [												
Name of Registered Waste Hauler N.					JDEP V		Cubic Yards of		Name of Registe	red Landfill				
BRISTOL ENVIRONMENTAL, INC.					auler ID 18706		Waste		G.R.O.W.S. N	NORTH LANDF	ILL			
City, State						Disposal Date		City, State						
BRISTOL, PA 19007								MORRISVILL	E, PA 19067					
Completed By (Print or Type) Title						Signature		0	Date	9 /	1			
Gino Pizzigoni Estimator						Levo		(marioni.	1 1/ 12	120	1/6	,		
Gino Pizzigoni Estimator							Janes		Af Ar	1.70		1'		

ASB-41 GI 16205

#### APPROVED: TOM EVER RHEES, RIDOL State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

10 m				
(2)	-4-	-	17	1
1 4	74	31	13	5

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Date of Notification (1)	16				ing Owner/Operator Medical Center	(2)					
Agencies Notified Type Notificat	ion		Str	eet Address			ASF	EST			
☐ EPA				001 Hamilt				1.11	DEN	Dill.	3
☑ DOLWD ☐ Amended				v. State, Zip					-		
□ DHSS Amendmen	-			renton N.							
□ DCA		ding		me of Conta			Talashass M				
(NJAC 5:23-8) justification   Cancellatio			100000	Rita Gelli	ici		Telephone N	umber			
	11						t	1			
				ACILITY	NFORMATION						
Name of Facility Where Abatement is Ta	king Pl	ace (3)				Type of Facility (4	1.50				
St Francis Medical Center						School (K-12)					
Street Address						Subchapter 8  Other (i.e., pri	(Other than K-	-12) nercial	build	inas	
601 Hamilton Ave						homes, etc.)	rate and com	nor olai	50	go,	
City (5)						Square Feet	# of Floors	T	Bldg.	Age	
Trenton						70,000	3	1	60	+	
County (6)			Co	unty Code (	7)(STATE USE ONLY)	Current Use (Prio	r if being dem	olished	)		
MERCER						Hospital	3		•		
Name of Monitoring Firm Hired by Building	o Owne	er (8)	ASC	M No.	Name of Abatem	ent Contractor (9)					
Environmental Connection					그리 아직하지 않았다. 근무하다면 가입하다면 하다.	VIRONMENTAL,	INC				
Street Address					Street Address	, , ,	iito.		_		
120 North Warren Street					1123 BEAVE	RSTREET					
City, State, Zip Code											
Trenton, NJ 08010					City, State, Zip C						
		17.	laabaa	- NI-	BRISTOL, PA						
Project Manager for Monitoring Firm		1	lephon		Telephone No.		License No.				
Brian Holbig				2-4200	215-788-6040		00509				
The state of the s				ate (11)	Name of OSHA M						
12 /19 /16	12	/	9 /	12	BRISTOL EN	VIRONMENTAL,	INC.				
Occupancy Status During Abatement (Che	ck only	one)			Street Address						
☐ Facility Closed/Vacated During Entire P					1123 BEAVER	RSTREET					
Abatement Performed Outside of Normal Time of Abatement:AM-1:00PM					City, State, Zip Co		***************************************				
	The state of the s				BRISTOL, PA	19007					
Scope of Work (Check all that apply)					☐ Full Conta	ainment with Negati	ve Pressure				
≥3 sf or ≥3 lf		enova			☐ Mini-Encl	osure					
≥160 sf or ≥260 lf		emoliti	on		☐ Glovebag	Procedure					
	Т.		At	1	□ Non-Exer	npted (*) and Non-F	riable Procedu				
Location of	20	s Loca Norma			Description of			At	atem	ent T	ype
Asbestos-Containing Material (ACM)	Us	ed Sol	ely by	Asbes	Description of tos Containing Mate		Amount	Re	Repair	E	En
TO BE ABATED	100000000000000000000000000000000000000	aintena			, thermal systems in	nsulation,	(Specify	Removal	pair	cap	Enclosure
IN Facility	Cus	(12)	Staff?		surfacing, VAT,		SF or LF)	/ <u>a</u>		Encapsulate	ure
(13)	Yes	No	N/A	1	other miscellaneo	us)				ite	
A P. W. P.	-		1_	D: :				-	_	_	=
asement A Building				Pipe Ins	ulation		10 LF	$\boxtimes$	Ш	Ш	
ame of Registered Waste Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Registere	d Landfill				$\neg$
BRISTOL ENVIRONMENTAL, INC.		Н	auler II 18706		Waste	G.R.O.W.S. NO	RTH LAND	FILL			
ty, State			.0100		Disposal Date	City, State					
BRISTOL, PA 19007					77	MORRISVILLE	, PA 19067				1
empleted By (Print or Type) Title		-			Signature		, Da	e	/	/	$\dashv$
	stimat	or			Line P	zzegoni /	L So	12/1	19/	16	

Date of Notification (1)				I Manage	- ( D . ) - ! - !	0 10	(0)		0.71	004		Ш			
	12 / 20 / 16					g Owner/Operator ( mmunications	(2)	U LL DEC	2 d	2016	)				
Agencies Notified  EPA	Type Notificati	on			t Address erizon W	lav		ASBESTOS	S CO		OL 8	&			
□ DOLWD	☐ Amended				State, Zip (	•	L	LIUL	11/011	ING					
□ DOH	Amendmen	t #				dge, NJ 07920									
DCA	☐ Emergency	(includin	g		of Contac			Talashana Nivasi							
(NJAC 5:23-8)	justification  Cancellation			100-70-000		titus		Telephone Num	ber						
	☐ Caricellatio			_	x Baylor		1								
				FA	CILITY IN	NFORMATION									
Name of Facility Where A			e (3)				Type of Facility (4)								
Verizon - Tom's Riv	er Work Cent	er					School (K-1)	2) 8 (Other than K-12	V.						
Street Address 58 Terrace Avenue								private and commercial buildings,							
City (5)			2512110				Square Feet	# of Floors	BI	dg. A	ne .	-			
Tom's River							6100	1	11	80	, ,				
County (6)				Cour	ntv Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demolis	hed)						
Somerset					, (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Communica								
Name of Monitoring Firm	Hired by Buildin	a Owner	(8)	ASCM	No	Name of Abateme									
USA Environmental		·	(0)	7100III	110.		VIRONMENTA								
Street Address	anagomon					Street Address	VIICONNIENTA								
8436 Enterprise Ave	nue					1123 BEAVE	D STREET								
City, State, Zip Code	71140		-			City, State, Zip Co									
Philadelphia, PA 19	153					BRISTOL, PA									
Project Manager for Monit			Tol	ephone	No	Telephone No.									
Mark Jenkins	oning r inn			15-365		215-788-6040	00509								
Start Date (10)	Sch	neduled (	1			Name of OSHA M	×	00303							
01 / 03 /		01					VIRONMENTA	LINC							
Occupancy Status During							VIICONIVILIVIA	L, INC							
☐ Facility Closed/Vacate				mont		Street Address	DOTDEET								
□ Pacifity Closed/Vacate     □ Abatement Performed					crihe	1123 BEAVE									
Time of Abatement:	AM					City, State, Zip Co									
Scope of Work (Check all	that apply)														
≥3 sf or ≥3 lf		⊠ Re	enovat	ion		☐ Full Cont	tainment with Neg	gative Pressure							
≥160 sf or ≥260 lf			moliti				g Procedure								
					T	☐ Non-Exe	mpted (*) and No	n-Friable Procedur	е						
ī		38	Loca Norma						Ab	ateme	ent Ty	/pe			
Location of Asbestos-Containing N			ed Sole		Ashe	Description o stos Containing Ma		Amount	Re	Re	Ē	Ē			
TO BE ABA	ΓED		intena			., thermal systems		(Specify	Removal	Repair	cap	Enclosure			
IN Facility (13)	/	Cus	todial (12)	Starr?		surfacing, VAT, other miscellane		SF or LF)	/al		Encapsulate	ure			
(13)		Yes	No	N/A		other miscellane	ous)				ite				
Conference Rm, Brea	k Rm,		$\boxtimes$		Pipe Ins	sulation		175 LF							
Storage Rm, Hallway															
									ПП	П	П				
Name of Registered Waste	e Hauler		IN	JDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill							
SERVICE TRANSPO	RT GROUP, I	NC.	H	lauler II		Waste	MINERVA	LANDFILL							
City, State				20990		Disposal Date	City, State								
NEW CASTLE, DE							WAYNESB	URG. OH							
Completed By (Print or Type	ne)   T	itle				Cignoture			to.		-				
						Signature	UTOC	Dat Dat	ie 12/5	1.	,				
Patrick T. DeCaro Estimator					A see ye	ravua	CI. DeC	grofyr !	ala	0//	b				
SB-41 PN16154								10							

	Date of Notification (1)					Name of Building Owner/Operator (2)									
12 /20 /	-		de Nemours	<b>⊼</b> ∮○		EC 2		010							
Agencies Notified Type Notification				et Address		ASPESTOS CONTROL S									
☐ EPA ☐ Initial					quake Road	ASBESTOS CONTROL 8									
□ DOLWD     □ Amend     □ Amend				State, Zip					101110						
	dment #	-		arlin, NJ 0											
DCA Emerg (NJAC 5:23-8) Emerg		e of Contac			Telephone N	loss bass									
(NJAC 5.23-8) Justine	11 100000000000000000000000000000000000	chol Rein													
Name of Facility Where Abatement i	is Taking E	Place (3)	FA	ACILITY II	NFORMATION	T	(4)								
DuPont Parlin Facility - Power						Type of Facility									
Street Address	uer Coat	iiig	☐ School (K-12) ☐ Subchapter 8 (Other than K-12)												
250 Cheesequake Road				Other (i.e., private and commercial buildi											
City (5)					homes, etc.)										
Parlin						Square Feet # of Floors Bld									
County (6)			Cou	inty Code (7	7)(STATE USE ONLY)	Current Use (P	(Prior if being demolished)								
Middlesex						·									
	ame of Monitoring Firm Hired by Building Owner (8)					ment Contractor (9)									
Cardno ATC			BRISTOL EN	L, INC.											
05% (VIIII)	Street Address					Street Address									
3 Terri Lane					1123 BEAVE	RSTREET									
City, State, Zip Code					City, State, Zip Co	de									
Burlington, NJ 08016		BRISTOL, PA 19007													
Project Manager for Monitoring Firm Telephone N					Telephone No.										
John Lutz	09-386	6-8800	215-788-6040		00509										
Start Date (10)		ate (11)	Name of OSHA M	Monitor											
_1_/_4_/_17_	1	_ /4	1/	17	BRISTOL EN	/IRONMENTA	L, INC.								
Occupancy Status During Abatement	t (Check o	nly one)			Street Address										
☐ Facility Closed/Vacated During Entire Period of Abatement															
☐ Abatement Performed Outside of	rs - Des	scribe	City Ctata 7ia Oa	Code											
T: (1) . T 00 0 0	Normal Fa	cility Hot			Uity, State, Zip Co	de									
Time of Abatement: 7:00 AM-3:30	Normal Fa	PM	AM		City, State, Zip Co BRISTOL, PA										
Time of Abatement: 7:00AM-3:30 Scope of Work (Check all that apply)	<u>0</u> PM/	PM	AM		BRISTOL, PA										
Time of Abatement: 7:00AM-3:30 Scope of Work (Check all that apply)	<u>0</u> PM/	PM	AM		BRISTOL, PA	19007 ainment with Neg	gative Pressure								
Time of Abatement: 7:00AM-3:36  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If	<u>0</u> PM/	PM	AM		BRISTOL, PA	19007 ainment with Negosure	gative Pressure								
Time of Abatement: 7:00AM-3:36  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If	<u>0</u> PM/	PM	AM		BRISTOL, PA	19007 ainment with Negosure									
Time of Abatement: 7:00AM-3:30 Scope of Work (Check all that apply)	<u>0</u> PM/	PM	AM		BRISTOL, PA	19007 ainment with Negosure Procedure		dure	hateme	ent Type					
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of	<u>0</u> РМ/	PM	AM		BRISTOL, PA	ainment with Negosure Procedure npted (*) and No		dure	1	ent Type					
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (AC	<u>0</u> РМ/	PMPM	AM	Asbe	BRISTOL, PA	ainment with Negosure Procedure npted (*) and No	n-Friable Proce Amount	dure	1						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of	<u>0</u> PM/	Renoval Demoliti Is Loca Norma Used Sol Maintena	AM tion on tion ally ely by ance/ Staff?	Asbe	BRISTOL, PA	ainment with Negosure Procedure npted (*) and No	n-Friable Proce  Amount (Specify	dure	1						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (AC TO BE ABATED	<u>О</u> РМ/	Renoval Demoliti Is Loca Norma Used Sol Maintena Custodial (12)	AM	Asbe	BRISTOL, PA	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Proce Amount	dure	1						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACTOBE ABATED IN Facility (13)	<u>О</u> РМ/	Renoval Demoliti Is Loca Norma Used Sol Maintena	AM tion on tion ally ely by ance/ Staff?	Asbe	BRISTOL, PA	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Proce  Amount (Specify	dure	1						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility	<u>О</u> РМ/	Renoval Demoliti Is Local Normal Used Sol Maintena Custodial (12) (es No	AM	Asbe	BRISTOL, PA    Full Conta   Mini-Encl   Glovebag   Non-Exer    Description of stos Containing Mat auriacing, VAT, other miscellaneous	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Proce  Amount (Specify	dure	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACTOBE ABATED IN Facility (13)	OPM/	Renoval Demoliti Is Loca Norma Used Sol Maintena Custodial (12) es No	AM tion on tion ally ely by ance/ Staff?	Asbe: (i.e	BRISTOL, PA    Full Conta   Mini-Encl   Glovebag   Non-Exer    Description of stos Containing Mat auriacing, VAT, other miscellaneous	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Proce Amount (Specify SF or LF)	Removal	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACTOBE ABATED IN Facility (13)	OPM/	Renoval Demoliti Is Loca Norma Used Sol Maintena Custodial (12) es No	AM	Asbe: (i.e	BRISTOL, PA    Full Conta   Mini-Encl   Glovebag   Non-Exer    Description of stos Containing Mat auriacing, VAT, other miscellaneous	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Proce Amount (Specify SF or LF)	Removal	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACTOBE ABATED IN Facility (13)	0PM/	Renoval Demoliti Is Loca Norma Used Sol Maintena Custodial (12) es No	AM tion on tion ally ely by ance/ Staff?	Asbe: (i.e	BRISTOL, PA    Full Conta   Mini-Encl   Glovebag   Non-Exer    Description of stos Containing Mat auriacing, VAT, other miscellaneous	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Proce Amount (Specify SF or LF)	Removal	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility (13)	0PM/	Renoval Demoliti Is Loca Norma Used Sol Maintena Custodial (12) es No	AM	Asbe: (i.e	BRISTOL, PA    Full Conta   Mini-Encl   Glovebag   Non-Exer    Description of stos Containing Mat auriacing, VAT, other miscellaneous	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	n-Friable Proce Amount (Specify SF or LF)	Removal	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (AC  TO BE ABATED  IN Facility  (13)  HVAC Unit	0PM/	Renoval Demoliti  Is Local Normal Used Sol Maintena Custodial (12) (12) (12)	AM  tion on  tion ally ely by ance/ Staff?	Asbe: (i.e	BRISTOL, PA	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (AC  TO BE ABATED  IN Facility  (13)  HVAC Unit	<u>О</u> РМ/	Renoval Demoliti  Is Local Normal Used Sol Maintena Custodial (12) (12) (12)	AM  tion on  tion ally ely by ance/ Staff?	Asbe: (i.e  Fittings	BRISTOL, PA	ainment with Negosure Procedure npted (*) and No erial (ACM) nsulation, or us)	Amount (Specify SF or LF)	Removal	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥ 3 sf or ≥ 3 lf  ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Material (ACTOBE ABATED IN Facility (13)  HVAC Unit  Idame of Registered Waste Hauler  BRISTOL ENVIRONMENTAL,	<u>О</u> РМ/	Renoval Demoliti  Is Local Normal Used Sol Maintena Custodial (12) (12) (12)	AM  tion on  tion ally ely by ance/ Staff?	Asbe: (i.e  Fittings	BRISTOL, PA	ainment with Negosure Procedure Inpted (*) and No Insulation, or I	Amount (Specify SF or LF)	Removal	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACTOBE ABATED IN Facility (13)  HVAC Unit  Rame of Registered Waste Hauler BRISTOL ENVIRONMENTAL,  Eity, State	<u>О</u> РМ/	Renoval Demoliti  Is Local Normal Used Sol Maintena Custodial (12) (12) (12)	AM  tion on  tion ally ely by ance/ Staff?	Asbe: (i.e  Fittings	BRISTOL, PA	ainment with Negosure Procedure Inpted (*) and No  erial (ACM) Insulation, or Insulation, or Insulation Insula	Amount (Specify SF or LF)  12 EA	Removal	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACTOBE ABATED IN Facility (13)  HVAC Unit  Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL,  City, State BRISTOL, PA 19007	©PM/	Renoval Demoliti  Is Local Normal Used Sol Maintena Custodial (12) (12) (12)	AM  tion on  tion ally ely by ance/ Staff?	Asbe: (i.e  Fittings	BRISTOL, PA    Full Conta     Mini-Encl     Glovebag     Non-Exer     Description of stos Containing Mat     thermal systems in surfacing, VAT, other miscellaned     Cubic Yards of Waste	ainment with Negosure Procedure Inpted (*) and No Insulation, or I	Amount (Specify SF or LF)  12 EA	Removal 🖺 🗆	Repair						
Time of Abatement: 7:00AM-3:30  Scope of Work (Check all that apply)  ≥ 3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACTOBE ABATED IN Facility (13)  HVAC Unit  Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL,  City, State	OPM/	Renoval Demoliti  Is Local Normal Used Sol Maintena Custodial (12) (12) (12)	AM  tion on  tion ally ely by ance/ Staff?	Asbe: (i.e  Fittings	BRISTOL, PA	ainment with Negosure Procedure Inpted (*) and No  erial (ACM) Insulation, or Insulation, or Insulation Insula	Amount (Specify SF or LF)  12 EA	Removal	Repair						

## Check # 3188.

Date of Notification (1)					Building C		perator	(2)	T 20	- North		a	= n	0.7	-	le sonne		
12/15/16				2011	n Dyke, L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	E (	7 I	-	$\mathbb{W}$	E						
Agencies Notified  EPA	Type Notification  Initial Amended Amendment #2			Street Address 52-64 Van Dyke Street						KI						Control of Control		
X DEP X DOL				City, State, Zip Code Wallington, NJ 07057					And the state of t		DI	EC	23	2016	5			
DOH DCA	justification)  Cancellation				Contact			TO A STATE OF THE	Tel	ephone	e Num	ber		OL (	8.			
L Cancellation					LITY INFO	ON	- LIGHTOING											
Name of Facility Where Abatement is Taking Place (3) 52 Van Dyke LLC				1 AGILITY IN GRAINATION					Type of Facility (4)									
Street Address 52 Van Dyke					School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)													
City (5) Wallington, NJ							Squar	# 0	f Floors	S	Bldg. Age							
County (6) Bergen				County C	Code (7) JSE ONLY)		Curre	nt Use (Prid	or if be	eing demolished)								
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental				ASCM	l No.		e of Abatement Contractor (9) Der, LLC											
Street Address 2200 Paterson Plank Road									et Address Belmont Ave									
City, State, Zip Code North Bergen, NJ 07047							City, State, Zip Code Haledon, NJ 07508											
Project Manager for Monitoring Firm  Carmelo Altomonte				Telephone No. Tele				phone No. License No. 1 336-0477 01196										
Start Date (10) Scheduled Co 11/10/16 2/25/16				#411 Profession - Transfer VV 18				ne of OSHA Monitor Stor Tech										
Occupancy Status During Abatement (Check Only One)    X   Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Hour Other – Describe:								et Address										
				ement				59 Jackson State, Zip Code										
								NY 11101										
Scope of Work (Check A	II That Apply)	5 500.00						_										
≥3 sf or ≥3 lf Renor x ≥160 sf or ≥260 lf x Demo				vation lition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
							n-Exempted	d (*) an	ia ivon-	-Friab	Abatement							
Location of Is Loc				acily			scription of						Туре					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)		Used Solely by Maintenance/ Custodial Staff? (12)			Asbestos Containing Note of the first of the			Material (ACM) is insulation, AT, or		Amount (Specify SF or LF)		,	Removal	Repair	Encapsulate	Enclosure		
	D: 4401 E	Yes	No	N/A X		0110	540	000 0	-	40	000.0	<u></u>	ļ		9700			
Roof 16,000 SF & Pipes 146LF					ACM Roof 16					000 5	70	X						
	-			Pipes 146			) LF		1	46LF		X						
	25 + PE 60																	
Name of Registered Waste Hauler			1000				/aste			ne of Registered Landfill								
Super, LLC			1100000	WH16329 of Waste TBD				Waste Management										
City, State 203 Belmont Ave									City, Stat Tullytov	State ytown, PA								
Completed by Title Tailor Dominguez Project Manager				S	Signature Date 12/15/16													