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

Date of Notification (1)  
2-25-14

Name of Building Owner/Operator (2)  
Stell Environmental Enterprises, Inc

Agency Notified  
DEPA  
DEP  
DOL  
DOH  
DOCA

Type Notification  
□ Initial  
□ Amended  
□ Amendment #  
□ Emergency (including justification)  
□ Cancellation

Street Address  
25 E. Main St.

City, State, Zip Code  
Elverson, PA 19520

Name of Contact  
Darlene Stringos

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Patco

Street Address  
Block 69 Lots 13 and 14

City (5)  
Collingswood

County (6)  
Gloucester

Type of Facility (4)  
□ School (K-12)  
□ Subchapter 8 (Other than K-12)  
□ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet  
450

# of Floors  
1

Bldg. Age  
+/-50

Current Use (Prior if being demolished)  
vacant

Name of Monitoring Firm Hired by Building Owner (8)  
Batta Environmental

Name of Abatement Contractor (9)  
Pepper Environmental Services, Inc

Street Address  
6 Garfield Way

City, State, Zip Code  
Newark, DE 19713

Project Manager for Monitoring Firm  
Todd Zeislof

Telephone No.  
302-737-3376

Telephone No.  
215-533-5155

License No.  
01166

Start Date (10)  
3-7-14

Scheduled Completion Date (11)  
3-14-14

Name of OSHA Monitor  
Batta Environmental

Street Address  
2251 Fraley Street

City, State, Zip Code  
Philadelphia, PA 19137

Scope of Work (Check all that apply)*  
abatement prior to demo  
□ Abatement

□ Full Containment with Negative Pressure  
□ Renovation

□ Mini-Enclosure  
□ Demolition  
□ Glovebag Procedure

□ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)  
TO BE ABATED
IN Facility

(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff?  
Yes  
No  
N/A

Description of Asbestos Containing Material (ACM)  
(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)  
Removal  
Repair  
Encapsulate  
Endorse

Location  
Exterior southwest corner, ne corner of section 2

transite pipe  
14SF

Building caulk  
20LF

Window caulk  
40LF

Flashing  
410 SF

Name of Registered Waste Hauler  
Service Transport

Waste Hauler ID No.  
NDEP Waste Hauler

Cubic Yards of Waste  
A & L Salvage

Name of Registered Landfill

Disposal Date  
City, State  
Morrisville, PA  
Libson, OH

Completed by  
Jennifer Niven

Title  
Dir. of Operations

Signature  
Date  
2-25-14

* Do not use this form for asbestos license exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

State of New Jersey

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>2-25-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner/Operator (2)</td>
<td>Stell Environmental Enterprises, Inc.</td>
</tr>
<tr>
<td>Agency Notified</td>
<td>DEPA</td>
</tr>
<tr>
<td>Type Notification</td>
<td>Initial</td>
</tr>
<tr>
<td>Street Address</td>
<td>25 E. Main St.</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Elverson, PA 19520</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Darlene Stringos</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Patco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block</td>
<td>69 Lots 13 and 14</td>
</tr>
<tr>
<td>City (5)</td>
<td>Collingswood</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
<td>Gloucester</td>
</tr>
<tr>
<td>Current Use (Prior if being demolished)</td>
<td>vacant</td>
</tr>
<tr>
<td>Name of Monitoring Firm Hired by Building Owner (8)</td>
<td>Batta Environmental</td>
</tr>
<tr>
<td>ASCM No.</td>
<td>Pepper Environmental Services, Inc</td>
</tr>
<tr>
<td>Street Address</td>
<td>6 Garfield Way</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Newark, DE 19713</td>
</tr>
<tr>
<td>Project Manager for Monitoring Firm</td>
<td>Todd Zeisloft</td>
</tr>
<tr>
<td>Telephone No.</td>
<td>302-737-3376</td>
</tr>
<tr>
<td>Start Date (10)</td>
<td>3-7-14</td>
</tr>
<tr>
<td>Scheduled Completion Date (11)</td>
<td>3-14-14</td>
</tr>
<tr>
<td>Occupancy Status During Abatement (Check only one)</td>
<td>Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
</tbody>
</table>

Scope of Work (Check all that apply) * abatement prior to demo

- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

x see attached sheet

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (12)

Amount (Specify SF or LF) |

Abatement Type

<table>
<thead>
<tr>
<th>Abatement Type</th>
<th>Removal</th>
<th>Repair</th>
<th>Encapsulate</th>
<th>Enclosure</th>
</tr>
</thead>
</table>

Name of Registered Waste Hauler Service Transport

NJDEP Waste Hauler ID No. |

Cubic Yards of Waste

Name of Registered Landfill

A & L Salvage

City, State |

Morrisville, PA |

Disposal Date |

Libson, OH |

Completed by |

Jennifer Niven |

Title |

Dir. of Operations |

Signature |

Date |

2-25-14

* Do not use this form for asbestos adherence exempted activities.
# NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 6:16)

**Date of Notification (1)**
2/26/14

**Name of Building Owner/Operator (2)**
Pleasantville Mixed Income L.P.

**Street Address**
77 Park Street

**City, State, Zip Code**
Montclair, NJ 07042

**Name of Contact**
Joel Wallace

**Telephone Number**

### FACILITY INFORMATION

**Name of Facility Where Abatement Is Taking Place (3)**
Retail Stores

**Street Address**
1-9 Main Street

**City (5)**
Pleasantville, NJ

**County (6)**
Atlantic

**Name of Monitoring Firm Hired by Building Owner (8)**
Environmental Tactics

**Type of Facility (4)**

**Current Use (Prior to if being demolished)**

**Square Feet**
9000

**# of Floors**
1

**Bldg. Age**
80

**Name of Abatement Contractor (9)**
Stevens Environmental Services, Inc.

**Street Address**
64 Broad Street

**City, State, Zip Code**
 Matawan, NJ 07747

**Project Manager for Monitoring Firm**
Tom Geiger

**Telephone No.**
(732) 290-2534

**Start Date (10)**
3/10/14

**Scheduled Completion Date (11)**
3/28/14

**Occupancy Status During Abatement (Check only one)**

**Scope of Work (Check all that apply)**

- [X] 33 ft or ≥ 33 ft
- [ ] 160 ft or ≥ 260 ft
- [X] Renovation
- [X] Demolition

### Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

- Roof

- [X] Roofing/Flashing

**Amount (Specify SF or LF)**
9600 SF

**Abatement Type**

- [X] Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Fiable Procedure

**Name of Registered Waste Hauler**
Carnavale Disposal

**Disposal Date**
3/28/14

**City, State**
Hamilton, NJ

**Name of Registered Landfill**
GROWS Landfill

**City, State**
Morrisville, PA

**Completed By**
Mahlon E. Stevens

**Title**
Project Manager

**Signature**

**Date**
2/26/14

---

* Do not use this form for asbestos licensure exempted activities.
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>Name of Building Owner/Operator (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/25/14</td>
<td>Pleasantville Mixed Income L.P.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
<th>Name of Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>X EPA</td>
<td>Initial</td>
<td>Joel Wallace</td>
</tr>
<tr>
<td>X DEP</td>
<td>Amended</td>
<td></td>
</tr>
<tr>
<td>X DOL</td>
<td>Amendment #</td>
<td></td>
</tr>
<tr>
<td>X DOH</td>
<td>Emergency (including Justification)</td>
<td></td>
</tr>
<tr>
<td>X DCA</td>
<td>Cancellation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>77 Park Street</td>
<td>Montclair, NJ 07042</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place (3)</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City (5)</td>
</tr>
<tr>
<td>County Code (7) (STATE USE ONLY)</td>
</tr>
<tr>
<td>Square Feet</td>
</tr>
<tr>
<td># of Floors</td>
</tr>
<tr>
<td>Bldg. Age</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Facility (4)</th>
<th>Current Use (Prior to being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>Residential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Facility Where Abatement is Taking Place (3)</th>
<th>Type of Facility (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>Residential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner (8)</th>
<th>Name of Abatement Contractor (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Tactics</td>
<td>Stevens Environmental Services, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>P.O. Box 322</td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>Allentown, NJ 08501</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager for Monitoring Firm (10)</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Geiger</td>
<td>(732) 290-2534</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date (19)</th>
<th>Scheduled Completion Date (11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/7/14</td>
<td>3/21/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement (Check only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Facility Closed/Vacated During Entire Period of Abatement</td>
</tr>
<tr>
<td>X Abatement Performed Outside of Normal Facility Hours</td>
</tr>
<tr>
<td>□ Other - Describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work (Check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 23 sf or &gt;3 if</td>
</tr>
<tr>
<td>X 160 sf or &gt;260 sf</td>
</tr>
<tr>
<td>□ Renovation</td>
</tr>
<tr>
<td>X Demolition</td>
</tr>
<tr>
<td>□ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>□ Min-Enclosure</td>
</tr>
<tr>
<td>□ Groovebag Procedure</td>
</tr>
<tr>
<td>X Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carnavale Disposal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ABATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN Facility (13)</td>
</tr>
<tr>
<td>1st and 2nd floors</td>
</tr>
<tr>
<td>Exterior Siding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linoleum Flooring</td>
</tr>
<tr>
<td>Transite Siding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 SF</td>
</tr>
<tr>
<td>2500 SF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROWS Landfill</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahlon E. Stevens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td></td>
<td>2/25/14</td>
</tr>
</tbody>
</table>

* Do not use this form for asbestos licensure exempted activities.
# State of New Jersey
## NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:16)

**Date of Notification (1):** 2/25/14  
**Name of Building Owner/Operator (2):** Pleasantville Mixed Income L.P.

**Agencies Notified:**  
- [X] EPA  
- [X] DEP  
- [X] DOL  
- [X] DOH  
- [ ] DCA

**Type Notification:**  
- [X] Initial  
- [X] Amended  
- [ ] Amendment #  
- [ ] Emergency (including justification)  
- [ ] Cancellation

**Street Address:** 77 Park Street  
**City, State, Zip Code:** Montclair, NJ 07042

**Name of Contact:** Joel Wallace  
**Telephone:**

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place (3):** Commercial Building

**Street Address:** 117 Washington Rd.  
**City (5):** Pleasantville, NJ  
**County (8):** Atlantic  
**County Code (7):** [STATE USE ONLY]

**Square Feet:** 10000  
**# of Floors:** 2  
**Bldg. Age:** 60  
**Type of Facility (4):** 
- [ ] School (K-12)  
- [ ] Subchapter 8 (Other than K-12)  
- [X] Other (i.e., private & commercial buildings, homes, etc.)

**Current Use (Prior if being demolished):** Office Building

### Name of Monitoring Firm Hired by Building Owner

**Name:** Environmental Tactics

**Street Address:** 64 Broad Street  
**City, State, Zip Code:** Matawan, NJ 07747

**Name of Abatement Contractor (9):** Stevens Environmental Services, Inc.

**Street Address:** P.O. Box 322  
**City, State, Zip Code:** Allentown, NJ 08501

**Telephone No.:** (609) 259-9688  
**License No.:** 00493

**Name of OSHA Monitor:** Environmental Tactics

**Street Address:** 64 Broad Street

**City, State, Zip Code:** Matawan, NJ

**Occupancy Status During Abatement (Check only one):**  
- [X] Facility Closed/Vacated During Entire Period of Abatement  
- [ ] Abatement Performed Outside of Normal Facility Hours  
- [ ] Other - Describe:

**Start Date (10):** 3/7/14  
**Scheduled Completion Date (11):** 3/21/14

**Scope of Work (Check all that apply):**  
- [X] ≥ 3 sf or ≥3 if  
- [ ] ≥160 sf or ≥260 if  
- [ ] Renovation Demolition  
- [ ] Full Containment with Negative Pressure  
- [ ] Mini-Enclosure  
- [ ] Glovebag Procedure  
- [X] Non-Exempted (*) and Non-Fragile Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13):**  
- Men's Room [X]

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**  
- Yes [ ]  
- No [X]  
- N/A [ ]

**Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous):**

**Amount (Specify SF or LF):** 120 SF

**Abatement Type:**
- [ ] Removal  
- [ ] Repair  
- [ ] Encapsulate  
- [ ] Enclosure

**Name of Registered Waste Hauler:** Stevens Environmental

**Hauler ID No.:** 18292

**Cubic Yards of Waste:** 1 CU  
**Name of Registered Landfill:** GROWS Landfill

**City, State:** Allentown, NJ  
**Disposal Date:** 3/21/14

**Completed By:** Mahlon E. Stevens  
**Title:** Project Manager

**Signature:**

**Date:** 2/25/14

---

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