

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

CK# 3213

Date of Notification (1) 2-25-14		Name of Building Owner/Operator (2) Stell Environmental Enterprises, Inc 2014	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 E. Main St.	
		City, State, Zip Code Elverson, PA 19520	
		Name of Contact Darlene Stringos	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Patco		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Block 69 Lots 13 and 14		Square Feet 450	# of Floors 1
City (5) Collingswood		Bldg. Age +/-50	
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) Batta Environmental		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc
Street Address 6 Garfield Way		Street Address 2251 Fraley Street	
City, State, Zip Code Newark, DE 19713		City, State, Zip Code Philadelphia, PA 19137	
Project Manager for Monitoring Firm Todd Zeisloft	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	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 6 Garfield Way	
		City, State, Zip Code Newark, DE 19713	

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

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Exterior southwest corner, nw corner of section 3			X	transite pipe	14SF	X		
section 3 exterior at door			X	building caulk	20LF	X		
section 1 center of E wall			X	window caulk	408LF	X		
section 3 behind counter, S. wall			X	floor tile	160SF	X		
Roof at S. edge, Roof at Skylight, Roof at NE vent			X	flashing	410 SF	X		

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	City, State Libson, OH	
Completed by Jennifer Niven	Title Dir. of Operations	Signature 	Date 2-25-14

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

No Check

Date of Notification (1) 2-25-14		Name of Building Owner/Operator (2) Stell Environmental Enterprises, Inc.	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 E. Main St. FEB 27 2014	
		City, State, Zip Code Elverson, PA 19520	
		Name of Contact Darlene Stringos	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Patco		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Block 69 Lots 13 and 14		Square Feet 4500	# of Floors 1
City (5) Collingswood		Bldg. Age +/-50	
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant	
Name of Monitoring Firm Hired by Building Owner (8) Batta Environmental		ASCM No.	Name of Abatement Contractor (9) Pepper Environmental Services, Inc
Street Address 6 Garfield Way		Street Address 2251 Fraley Street	
City, State, Zip Code Newark, DE 19713		City, State, Zip Code Philadelphia, PA 19137	
Project Manager for Monitoring Firm Todd Zeisloft	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	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 6 Garfield Way	
		City, State, Zip Code Newark, DE 19713	

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

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

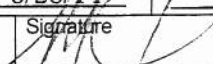
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Encapsulate	Repair
			x	see attached sheet				

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	City, State Libson, OH
Completed by Jennifer Niven	Title Dir. of Operations	Signature 	Date 2-25-14

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

CK 25414

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

Date of Notification (1) <u>2/26/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> FEB 27 2014							
		City, State, Zip Code <u>Montclair, NJ 07042</u>							
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Retail Stores</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>1-9 Main Street</u>		Square Feet <u>9000</u>	# of Floors <u>1</u>						
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>80</u>							
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Retail Stores</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>							
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>							
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>						
Start Date (10) <u>3/10/14</u>	Scheduled Completion Date (11) <u>3/28/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>							
		City, State, Zip Code <u>Matawan, NJ</u>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>Roof</u>			X	<u>Roofing/Flashing</u>	<u>9600 SF</u>	X			
Name of Registered Waste Hauler <u>Carnavale Disposal</u>	NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>40 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>						
City, State <u>Hamilton, NJ</u>		Disposal Date <u>3/28/14</u>	City, State <u>Morrisville, PA</u>						
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/26/14</u>						

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CK # 25913

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

Date of Notification (1) <u>2/25/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u> FEB 27 2014	
		City, State, Zip Code <u>Montclair, NJ 07042</u>	
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>33 Washington, Rd</u>		Square Feet <u>3000</u>	# of Floors <u>3</u>
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>75</u>	
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residential</u>	

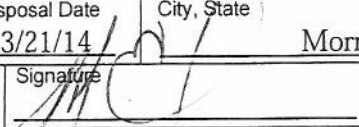
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>		ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>		
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>		
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>	

Start Date (10) <u>3/7/14</u>	Scheduled Completion Date (11) <u>3/21/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>		
		City, State, Zip Code <u>Matawan, NJ</u>		

Scope of Work (Check all that apply)


<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> 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? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<u>1st and 2nd floors</u>			<input checked="" type="checkbox"/>	<u>Linoleum Flooring</u>	<u>300 SF</u>	<input checked="" type="checkbox"/>			
<u>Exterior Siding</u>				<u>Transite Siding</u>	<u>2500 SF</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler <u>Carnavale Disposal</u>		NJDEP Waste Hauler ID No. <u>17292</u>	Cubic Yards of Waste <u>10 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>	
City, State <u>Hamilton, NJ</u>		Disposal Date <u>3/21/14</u>	City, State <u>Morrisville, PA</u>		
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/25/14</u>		

CK# 25412

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

Date of Notification (1) <u>2/25/14</u>		Name of Building Owner/Operator (2) <u>Pleasantville Mixed Income L.P</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>77 Park Street</u>						
		City, State, Zip Code <u>Montclair, NJ 07042</u>						
		Name of Contact <u>Joel Wallace</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Commercial Building</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>117 Washington Rd.</u>		Square Feet <u>10000</u>	# of Floors <u>2</u>					
City (5) <u>Pleasantville, NJ</u>		Bldg. Age <u>60</u>						
County (6) <u>Atlantic</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Office Building</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>Environmental Tactics</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
Street Address <u>64 Broad Street</u>		Street Address <u>P.O. Box 322</u>						
City, State, Zip Code <u>Matawan, NJ 07747</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Project Manager for Monitoring Firm <u>Tom Geiger</u>	Telephone No. <u>(732) 290-2534</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>					
Start Date (10) <u>3/7/14</u>	Scheduled Completion Date (11) <u>3/21/14</u>	Name of OSHA Monitor <u>Environmental Tactics</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>64 Broad Street</u>						
		City, State, Zip Code <u>Matawan, NJ</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> 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? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Men's Room</u>		<input checked="" type="checkbox"/>	<u>VAT</u>	<u>120 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>3/21/14</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>2/25/14</u>					

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