VO CK

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

0533-07

| Date of Notification (1) | 7 / | 15 | | | | of Building | Owner/Operator (2 | 2) | | | | | | |
|--|----------------|------------------|--------|---|---|-------------|---------------------------------------|--------------------|-----------------|-----------------|----------|--------|-------------|-----------|
| | | | - | | Visitedia | | | | | 10 <u>-</u> | | | | |
| | pe Notificatio | on | | | 250000000000 | Address | OAD SUITE 3 | | | | | | | |
| Control of the Contro | Amended | | | - | 100000 | | | | | 8) - | | - | | |
| ☑ DHSS | Amendment | t #1 | | | | tate, Zip C | | | | | | | | |
| | Emergency | | ıding | - | 100000000000000000000000000000000000000 | W | NJ 08053 | | Toloph | ne Numi | 00r = 3 | | - | |
| (NJAC 5:23-8) | justification) | | | | | of Contact | | | relepri | me Mugit | Del S | , | 1 | * |
| | Cancellation | n | | | | GIORDA | | | | | | 4 | | |
| | | | | | FAC | CILITY IN | FORMATION | | | do | ري. | 1 | | 1 |
| Name of Facility Where Abat | tement is Tak | king P | lace | (3) Type of Facility (4) School (K-12) | | | | | | | 30 | 0 | | de la |
| VIRTUA | | | | | | | | nan K-12 | CO | 1 | 3 | B | | |
| Street Address | | | | | | | ivate an | commer | dal bu | lding | s,o | | | |
| 120 CARNIE BLVD | | | | | | | | homes, etc.) | | | 2 | 1 | ک | 2 |
| City (5) | | | | | | | | Square Feet | # of F | oors | 100000 | 9: A | ge 💃 | - |
| VOORHEES | | | | | | | | >50,000 | 1 | | | 10 | | |
| County (6) | | | | | Coun | ty Code (7) |)(STATE USE ONLY) | | j demolis | shed) | | | | |
| CAMDEN | | | | | | | | MEDICAL O | 00.000.0000.000 | | | | | |
| Name of Monitoring Firm Hir | ed by Buildin | ng Ow | ner (8 | 3) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | |
| VERTEX ENVIRONME | NTAL | | | | | | DELTA/BJDS | s, INC | | | | | | |
| Street Address | | | | | Street Address | | | | | | | | | |
| 700 TURNER WAY, SU | JITE 105 | | | | | | 1345 INDUST | RIAL BLVD. | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | | |
| ASTON, PA 19014 | | | | | | | SOUTHAMPT | TON, PA 18966 | - | | | 44- | | |
| Project Manager for Monitori | ing Firm | | | Tele | phone | No. | Telephone No. | | Licer | se No. | | | | |
| DON HIEM | | | | 61 | 0 558 | -8902 | 215 322-2900 | ĺ | 00 | '83 | | | | |
| Start Date (10) | Sc | hedule | ed Co | omple | tion Da | te (11) | Name of OSHA N | Monitor | | | | | | |
| 12 /28 / | 15 | 01 | _ / | _ 22 | <u> </u> | 16 | CRITERION I | LABS | | | | | | |
| Occupancy Status During Ab | batement (Ch | neck o | nly o | ne) | Street Address | | | | | | | | | |
| ☐ Facility Closed/Vacated I | During Entire | Perio | d of A | Abate | ment | | 3370 PROGR | ESS DRIVE | | | | | | |
| ☐ Abatement Performed Ou | | | | | | cribe | City, State, Zip C | | | | | | | |
| Time of Abatement: 7AM | 1PM/ | 11PM | I | AN | /1 | | BENSALEM, | | | | | | | |
| Scope of Work (Check all the | at apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | N | 7 Rai | novati | ion | | ☐ Full Con | tainment with Neg | gative Pr | ssure | | | | |
| ≥3 \$1 61 ≥3 11 ≥160 \$f or ≥260 If | | | | molitic | | | Gloveba | g Procedure | | | | | | |
| | | | | 177 | | | ☑ Non-Exe | empted (*) and No | n-Friabl | Procedu | | - | 959-1 | |
| | | | | Local | | | 0 10 10 | 2 | | | Ab | _ | ent T | ype |
| Location of | torial (ACM) | | | lorma d Sole | ely by | Asho | Description of estos Containing Ma | | Aı | ount | Re | Re | En | En |
| Asbestos-Containing Ma TO BE ABATE | | | Mai | intena | ince/ | | a., thermal systems | insulation, | (S | ecify | Removal | Repair | caps | Enclosure |
| IN Facility | | | Cust | odial (12) | Staff? | | surfacing, VAT other miscellane | | SF | or LF) | <u>a</u> | | Encapsulate | ure |
| (13) | | Ι, | Yes | No | N/A | | Other miscellane | sous) | | | 1: | | fe | |
| CUITE C DATUDOOM | | | | | | MASTIC | <u> </u> | | 6 | SF | | | П | П |
| SUITE 6 BATHROOM | | - | | 23 07 | 4500 | | | | | | | | | - |
| SUITE 7 BATHROOM | | -+ | | | | MASTI | <u> </u> | | - 0 | SF | | | | |
| | |] [| | | | | | | | | | | Ш | |
| | | [| | | | | | | | | | | | |
| Name of Registered Waste | Hauler | | | 1000 | NJDEP | | Cubic Yards of | Name of Regis | | | | | | |
| SERVICE TRANSPOR | | 1auler I 2099 | | Waste | MINERVA | LAND | ILL | | | | | | | |
| City, State | | 2000 | | Disposal Date | City, State | | | | | | | | | |
| 58 PYLES LANE, NEW CASTLE DE. 19720 | | | | | | | | WAYNESE | BURG, |)H 4468 | 8 | | | |
| Completed By (Print or Type) Title | | | | | | - | Signature | | | D | ate | | | |
| DAMIAN LAVELLE PROJECT | | | | | | | (1) | 1. | 01 | 0 | 1 - 1 | - | 2.5 | 116 |
| | | | | | 1100 | mient a | rel | 1 | 1 - 1 | 1 | X | 11 6 | | |

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| | | | | | | | | | | | | | . 4 | Cr | 1 | |
|--|--|---------------------|---|--|-------------------------------|---------------------------------|--|--|--------------------------------------|-------------------|-------------------------|-------------------|--------------------|------------|-------------|-----------|
| Date of Notification (1) 1-11-2016 | | | | Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton Un Street Address EA McMillan Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Bob Ortega | | | | | | | | 2016 | 181 | , | 61 | VE. |
| | Type Notification | | | Street A EA Mo | ddress Millan B | uildin | g | | | | 4 | ight. | M | 13 | AM | _ |
| EPA DEP DOL | Initial Amended Amendment | # | | City, Sta Prince | ate, Zip Co | de 08544 | 1 | | | | | & 1/2 | (A) | 200 | 41. | 9. 3 |
| ▼ DOH DCA | Emergency (i justification) Cancellation | ncluding | | Name o | f Contact rtega | | | | | Tele | hone | Numbe | or / | 3/4 | GA | 01 |
| | | | | | LITY INFO | RMAT | ION | | | | | | | | | |
| Name of Facility Where At Princeton University | patement is Taking | Place (3) |) | | | | | | of Facility (School (K-1 | | | | | A) F == 4. | | |
| Street Address 32 Maclean Circle | | | | | | | | × | Subchapter Other (i.e. p etc.) | 8 (Othe private & | than comm | K-12) ercial t | uild | ings, | home | s, |
| City (5) Princeton, NJ | | | | | | | | | re Feet | # of 3 | loors | | Bldg. Age 50 +- | | | |
| County (6) Mercer | | | | | Code (7) USE ONLY) | | | | nt Use (Pricant Resid | | dem | olished |) | | | |
| Name of Monitoring Firm F Pennoni Associates | lired by Building C | wner (8) | | ASCN | I No. | | HO-MARKETON THATE | Name of Abatement Contractor (ecoservices, LLC | | | | | | | | |
| Street Address 515 Grove Street, Su | iite 1B | | 112 | | | | Street 407 | lighwa | , Sui | ite 50 | 0 | | | | | |
| City, State, Zip Code Haddon Heights, NJ | 08035 | | | | | | | ip Code 19341 | | | | | | | | |
| Project Manager for Monitor | | Telepho 856-65 | ne No. 56-2875 | | Telephone No. 484-872-8884 | | | | | se No. | | | | | | |
| Start Date (10) 1-25-2016 | | ompletion Date (11) | | | | Name of OSHA Monitor EMSL | | | | | | | | | | |
| Occupancy Status During | | | 10100000 | 1, 1973 | | | | Addres | SS | | | | 077 | - | | |
| | | | 2016 2016 | ent | | | 200 1 | Route | 130 Nor | th | | | | | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: | | | | | | _ | (F) (A) | | ip Code son, NJ | | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | Ollill | arriirie | 5011, 140 | | - | | _ | - | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | enova emoliti | | | | | Full Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) and | | | | | | | | |
| | | la la | Loooti | | | | Balle | 140 | LXCITIPLO | a () and | 10111 | 110010 | | | ment | |
| Location o | f | N | Locati ormall | у | | De | escription | of | | | | | | Ту | oe | |
| Asbestos-Containing M TO BE ABAT In Facility (13) | laterial (ACM) ED | Maii Custo | d Solei ntenar odial S (12) | ice/ taff? | | os Cor therma surfa | ntaining N il system: acing, VA miscellar | faterial s insula T, or | | (S | ount ecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| 1st & 2nd Floors - | Throughout | Yes | No | N/A X | Dna | Mall / | Joint C | omno | und | 7.5 |)0 sf | | x | | | |
| Exterior Storm V | | | | X | Diy | wali / | Caulk | ompo | unu | | 8 If | X | | _ | | |
| | erior Windows & Doors | | | | | | Caulk | | | | O If | X | | | | |
| Name of Desires 1997 | 1 | 1055 | | 0.11 | V | | NI . | Decision | al 1 - | ale:II | | | | | | |
| Name of Registered Waste Waste Management of | 22/85 | JDEP W auler ID | (F. 1. C. | of Wa | Yards aste | | Name of GROW | | | IQIIII | | | | | | |
| City, State Trenton, New Jersey | | Disposal Date TBD | | | | Date City, State Morrisville, P | | | | | | | | | | |
| Completed by | TERRINA PA | Sig | | | | Signature | | | | Date 1/11/2416 | | | | | | |
| Joe White | t Ma | nager | | | May W. White | | | | | 1 | 11/ | 120 | 16 | | | |

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| | Print | Form |
|-----|----------|---------|
| 1 4 | 1 111116 | 1 01111 |

| 4498 | | | FICATIO | State of Ne N OF ASB It to NJAC | ESTOS | ABATE | | ī | | 1 | 20 | [] | | rint Form | | |
|--|-----------------------|--|--------------------|---------------------------------------|--------------------------------|---|-------------------------------------|---|-------------------------|----------------|-----------|---|--------------|-----------|--|--|
| Date of Notification (1) 1/11/16 | | | Name Value | of Building Industr | Owner/0 | Operator | (2) | | | - 4 | 306 | · C. | 13 | | | |
| Agencies Notified Type Notification | | | Street | Address | | | | | | _ | \$ 1 | 100 | Sm | 9.5 | | |
| EPA Initial Amended | | | | Avenue V | | | | | | | | E | 50 | N/ | | |
| DOL Amendment | | _ | | klyn, NY | | 3 | | | | | | | 10 | G TOL | | |
| DOH justification Cancellation | | | | of Contact Turkieh | | | | | Telepl | ne Number | | | | | | |
| | | | | CILITY INF | ORMAT | ION | | | _1 | | | | - | | | |
| Name of Facility Where Abatement is Takir Former Reichhold Chemical | ng Place | (3) | | | | | property. | e of Facility | 10000 | | | | | | | |
| Street Address 400 Doremus Avenue | 400 Doremus Avenue | | | | | | | School (K-12) Subchapter 8 (Other 1 Other (i.e. private & c | | | | 1 Ian K-12) mmercial buildings, homes, | | | | |
| City (5) Newark | | | | | | | etc.) Square Feet # of FI 120,000 5 | | | | 100 | Bldg. 50+ | Age | | | |
| County (6) Bergen | | 271833 | | Code (7) USE ONLY |) | _ | Curr | ent Use (Pri emical pla | or if being | emolisl | ned) | | | | | |
| Name of Monitoring Firm Hired by Building Accredited Environmental Technol | Owner (8 ogy |) | ASC | M No. | | | | atement Co es, LLC | ntractor (9) | | | | | | | |
| Street Address 28 Pennell Road | | | Street A | Suite | 500 | | | | | | | | | | | |
| City, State, Zip Code Lima, PA | | -71-1 | | | City, St Extor | Suite | | | | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknecht | | | Telepho | one No. | | Teleph 484-8 | ense N | 0. | | | | | | | | |
| Start Date (10) 1/25/16 | Schedu 2/5/16 | | mpletion | Date (11) | | Name of OSHA Monitor EMSL | | | | | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | | Street / | | 7.7 | | | | | | | | |
| Facility Closed/Vacated During Entire Facility Closed/Vacated During Entire Facation Abatement Performed Outside of Norm Other – Describe: | Period of nal Facilit | Abaten | nent s | | | 200 F | - | | | | | | | | | |
| | | | | | - | Cinna | | | | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolif | | | | × | Mi | ni-Enclosure ovebag Prod | e cedure | ative Pressure | | | | | | |
| Location of | | Locati Normal | | | | | | | | | | | ement rpe | t | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma Cus | ed Sole intenai todial S (12) | nce/ Staff? | Asbest (i.e. | tos Conta thermal surfac | scription of aining Ma systems bing, VAT niscellane | ateria insula , or | I (ACM) ation, | Amoi (Spec SF or | fy | Removal | Repair | Encapsulate | Enclosure | | |
| Building 13 Roof | Yes | No | N/A X | | Roof | Flashi | na | | 560 (| | v | | τυ | | | |
| Guard Shack Roof | | | X | | | ng Mate | | | 300 (| _ | X | | | | | |
| Building 32/31 | | | X | | | Caulk | | | 200 \$ | _ | X | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Vaste Management | | 12070 | JDEP W auler ID | | Cubic Yof Was | | | | Registered S Landfil | .andfill | | | | | | |
| City, State renton, NJ | | | | | | posal Date City, State | | | | | | | | | | |
| Completed by ack Bally | Title Sr. P | roject | Mana | ger | Si | gnature | 1 | | | Dat 1/1 | e 1/16 | 3 | | | | |
| \SB-41 (R-06-08) | | | | | | Do not | use t | nis form for | asbestos li | ensure | exem | npted | activit | ies. | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

HECK# 18/0/

| Date of Notification | (1) | | | Name of Building Owner / Operator (2) | | | | | | | | | | | | | | |
|------------------------------|--------------------------|------------------|-------------|---------------------------------------|------|--------------|--------|-----------------------------------|---------------------------|--------|----------------|--------------|----------|-------------|-----------|--|--|--|
| Date of Notification | 1-12-16 | N | | | | | | Liability Trans | | | | | | | | | | |
| Agencies Notified | Type Notific | ation | - | Stree | | | | | | | - | | + | | | | | |
| | | | | 165 | 0 D | es F | Peres | Rd., Suite 306 | 3 | | | | | | | | | |
| ☐ DEP | Initia | 1 | | City, | Sta | ate & | Zip C | ode | | | | | | | | | | |
| □ DOL | Ame | nded | | St. I | _ou | is, | MO 6 | 3131 | | | 2 | | | | | | | |
| □ DOH | | rgency | | Nam | e of | f Co | ntact | | | | - T | elepho | ne N | umb | er | | | |
| ☐ DCA | ☐ Cano | cellation | | Ada | m F | Peer | tz, EL | .T | | | So LL 3 | | | | | | | |
| | | | | | /CI | LIT | Y INF | ORMATION | | | 80 m | | | | | | | |
| Name of Facility Wh | nere Abatem | ent is Taking Pl | ace | (3) | | | | Type of Facili | | | CES W | | | | | | | |
| Building #12, Per | rth Amboy | 1160, LLC, | | | _ | | | School (I | n-12) oter 8 (Other th | 1 | ZO 0 < | | | | | | | |
| Street Address | | | | | | | 7 | | | | | | M | 4-1 | | | | |
| 1160 State Street | | × 50 | | | | | | 1 | e. private & co | | | dg. Age | - | (C.) | | | | |
| O:t. (5) | | 10 | 10 | | | | -\ | Square Feet | # of Flo | | | = | | | | | | |
| City (5) | | County (6) | 1000 | ounty | Co | ae (| 1) | NA | (D.:: if I: | | (8) | | | | | | | |
| Perth Amboy | | Middlesex | N | Α | | | | Current Use (| ilished) | | | | | | | | | |
| N | | 1 | | | | | | None | | | (6) | | | | | | | |
| Name of Monitoring | Firm Hired b | y Building Own | er (8 | 6) | 1 | ASC | M No. | | 1. No. of Co. | actino | . Ú | _ | 5 | | | | | |
| Street Address | | | | | | | | Street Addres | Network Res | OIL | tions contr | acung | , LL | | | | | |
| Oli Col 7 ladi Cos | | | | | | | | | lollow Road | P(| Box 70 | | | | | | | |
| City, State & Zip Co | de | | | | | -52,000 | | City, State & | | _ | | | | | | | | |
| | | | | | | | | | ew Jersey 0 | 809 | 09; | | | | | | | |
| Project Manager for | Monitoring F | irm | Tele | phon | e N | umb | er | Telephone No | | | License Number | | | | | | | |
| | | | | | | | | 609-567-060 | 00 | _ | | 0126 | 3 | | | | | |
| Scheduled Start Dat | te (10) | Scheduled Con | plet | ion D | ate | (11) | | Name of OSHA Monitor | | | | | | | | | | |
| 1-13-16 | | 3-25-16 | | | | | | EMSL Analy | | _ | | | | | | | | |
| Occupancy Status D | Ouring Abate | ment (Check or | ly or | ne) | anta | mar | -4 | Street Addres | | | | | | | | | | |
| | | During Entire Po | | | | | | City, State & 2 | | | * | | | | | | | |
| Describe: | renonnea O | utside of Norma | 11 110 | ours – | - /a | III LO | 3pm | Westmont, | | | | | | | | | | |
| | upied During | Abatement | | | | | | westilloni, | 143 00 100 | 20 | | | | | | | | |
| Scope of Work (Che | | | 2/2 | | | 10 | | | | _ | - | | | | | | | |
| orașe el trent (ene | on an inat ap |)) | | | | | | | Full Cor | ntai | ment with Ne | gative | Pres | sure | | | | |
| ≥3 sf or ≥3 lf | f | | | Re | nov | atio | n | | Mini-En | clos | ıre | | | | | | | |
| X ≥160 sf ≥260 | O If | | \boxtimes | De | mol | lition | 1 | | Glove E | Bag | rocedures | | | | | | | |
| | | | | | | | | | Non-Ex | emį | ted and Non- | | | | | | | |
| | cation of | | 200 | Loca | | | | Description | | | Amount | Aba | teme | ent T | уре | | | |
| | os-Containin | g | | rmally Solely | | ed | | Asbestos-Con | | | (Specify | | | ш | | | | |
| | erial (ACM) BE ABATED | | | intena | | or | | Material (AC (i.e., thermal sy | | | SF or LF) | Re | R | nca | Enc | | | |
| | Facility | | Cus | todial | | ff? | i | nsulation, surfac | | | | Remova | Repair | sde | Enclsoure | | | |
| | (13) | - | Yes | (12) No | | I/A | | or other miscella | | | | Val | Ξ. | Encapsulate | ure | | | |
| | | | 165 | INO | | | | - | | _ | | 5-7 | | (0 | _ | | | |
| Floor | | | | | | | | Tiles | | | 000 s.f. | | | Ц | 님 | | | |
| Roof | | | Ц | \perp | - | | | Flashing | | _ | 0 l. f. | | \vdash | H | 님 | | | |
| Boiler | 닏 | Щ | _ | | | r Insulation | | _ | s. f. | X | Η | 님 | 님 | | | | | |
| Piping Basement | 닏 | | 12 | X | Pipe | Air Cell | | 20 | l. f. | X | ⊢ | 님 | 님 | | | | | |
| | 닏 | Щ | 1 | 4 | | | | _ | | 井 | 님 | H | 井 | | | | | |
| N(D | | AVA | Ш | <u> </u> | | | | 0 1: 1/ 1 | N | | | | | | | | | |
| Name of Registered | Waste Haul | er | | | | | | Cubic Yards of Waste | Name of Reg | iste | ed Landfill | | | | | | | |
| Bull Waste & Rec | velina Inc | | | // | 143 | | INU. | 60 | Salem Cour | ntv | andfill | | | | | | | |
| City, State | , Jg, 1110. | | | _ | 70 | _ | | Disposal Date City, State | | | | | | | , | | | |
| Berlin, NJ | | | | | | | ***** | 3-25-16 | ersey | | | | | | | | | |
| Completed By (Print or Type) | | | | | | | | | Alloway | - 44 | СТЭСУ | Date | | | * | | | |
| Theodore S. Bud | | 100000 | tle resi | ideı | nt | | | | | | | | | | | | | |
| | J | | | 1.5 | | | | /// | | | | WALL SHEET ! | NO.00071 | | | | | |

| Date of Notification (1) 1-12-16 | | Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST | | | | | | | | -73 | 201 | | 700 | | | |
|--|--|---|--------------------|--|--|----------------------------|--|------------|---------------------------|---------------|---------------|----------|--------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | S | treet Ad | ldress | | | | | | - | , CO. | (| | - | 5 |
| | X Initial | | | 1626 E | AST JE | FFERS | SON S | STRE | ET | | ç | 200 | 7 | 1 | 4 | 1 |
| EPA DEP DOL | Amended | | 792 | | e, Zip Coc | | | | | | | 5 | -, | w | | - |
| X DOL | Amendment # Emergency (ir | | | | VILLE, N | /ID 208 | 352 | | | | | Si | 70 | 4 | 3 | int. |
| DOH DCA | justification) | loldding | 13 | | Contact | | | | | Telen | One h | (lumbo | 6 | - | _ | |
| ⋉ DCA | Cancellation | | | Company server | OODIE | DILLETIC | | | | 1 | ,00° | 0100 | | 4 | - | _ |
| Name of Facility Where | Abatement is Taking | Place (3) | | FACIL | ITY INFO | RMAIR | JN | Туре | of Facility (4 | 4) | | , | | 0 | 6 0 | |
| BRICK PLAZA - S | | | | | | | | - | School (K-1) | 107. 1010. | | | | | | |
| Street Address | | - C22 | | | | | | | Subchapter | 8 (Other | | | | | | |
| 100 CEDARBRIDO | GE AVENUE | | | | | | | | Other (i.e. p etc.) | rivate & | omme | erciai d | ullai | ngs, i | iome | 5, |
| City (5) | | | | | | | | | re Feet | # of F | oors | | | ig. Ag | | |
| BRICK | - Appendix | | | | | | | 100 | | 1 | | | | - 10 | J | |
| County (6) OCEAN | | | | | Code (7) ISE ONLY) | | | | ent Use (Prid TAIL STO | 7 | demo | olished |) | | | |
| Name of Monitoring Fire | m Hirad by Building O | wner (8) | | ASCM | No | | Name | | atement Con | | | | | | | |
| THE VERTEX CO | | wilei (o) | | AGGIVI | 110. | | | | ENVIRON | | ERV | ICE | S, II | VC. | | |
| Street Address | | | | | | | Street | | | - | | | | | | |
| 700 TURNER WA | Υ | | | 2251 | | | | | ALEY STR | | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code | | | | | | | | |
| ASTON, PA 1901 | | | | | PHIL | | | | | | | | | | | |
| Project Manager for Mo DON HEIM | | Telephone No. 610-558-8902 | | | | Telephone No. 215-533-5155 | | | | | icense No. | | | | | |
| Start Date (10) | | Schedule | d Com | pletion [| Date (11) | | Name | of OS | HA Monitor | | | | | -11-52 | | |
| 1-25-16 | 20 | 2-5-16 | | THE STATE OF THE PARTY OF THE P | | | | | RTEX CON | S | | | | | | |
| Occupancy Status Duri | ng Abatement (Check | Only On | e) | Street | | | | | | | | | | | | |
| Facility Closed/Val Abatement Perform | cated During Entire P med Outside of Norm | eriod of A | batem | ent | | | 100014490 | | NER WAY Zip Code | - | | | | | | |
| Other – Describe: | | ai Facility | Hours | | | | 7.5 | | ир Собе РА 19014 | | | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | 7101 | 0.11 | | | | | | | | |
| ≥3 sf or ≥3 lf | and the second s | X R | enovat | ion | | | | ent with I | h I egative Pressure | | | | | | | |
| ≥160 sf or ≥260 lf | | - | emoliti | | | | - | | ini-Enclosure | | | | | | | |
| | | | | | | | Glovebag Procedure Non-Exempted (*) an | | | | | riable | Proc | edur | 9 | - |
| 7 | | Is | Location | on | | | | | | | | | | | ment | |
| Location | on of | | lormall d Solel | | | | scription | | | | | - | | ıy | pe | |
| Asbestos-Containin TO BE A | | Mai | intenar | ice/ | | tos Cont thermal | | | al (ACM) | 7.35 | ount ecify | | Z | _ | Enc | Щ |
| In Fac | cility | Cust | odial S (12) | taff? | (| surfa | cing, VA | AT, or | - | | r LF) | | Remova | Repair | aps | Enclosure |
| (13 | 3) | | 786 18 | | | otner r | niscella | neous | , | | | | val | Ŧ | Encapsulate | ure |
| 00040 | E 00 | Yes | No | N/A X | NAAC | STIC B | EL OW | VCAI | DDET | 220 |) SF | | ζ | _ | | |
| SPAC | | | | X | | 2X12 | | | | 3.00000 | SF | | ζ. | | | |
| | | | | X | | | | | | | LF | _ | ζ. | | V-5-11-11 | |
| SPACE 29-LC | 510 DE 1000 NOVE - 100 | - | | ^ | | OVEB | ASE I | VIAO | 110 | 20 | LF | | 7 | | | |
| DOLLAR Name of Registered W | | | N1 | JDEP W | lasta | Cubio | Varde | 3 | Name of | Register | dlar | ndfill | | | | |
| | | auler ID | | 149401000 | Cubic Yards Name of Register Name of Name of Register Name of Nam | | | 100 | | | | | | | | |
| | SERVICE TRANSPORT GROUP | | | | | | | MINERVA L | | | | | | | | |
| City, State NEW CASTLE, DE | | Disposal Date | | | | | Date City, State WAYNESBU | | | | UF G. OH | | | | | |
| Completed by | | Signature | | | | | San Trivoration Control Control | | | | Date | | | | | |
| JENNIFER NIVEN | СТО | TOR OF OPERATION | | | | | WA / | | | | 1-12-16 | | | | | |

CKII 6864

| Date of Notification (1) | | Name of Building Owner/Operator (2) | | | | | | | | | | |
|--|---------------------|-------------------------------------|-----------------------|-------------------------|------------------------------|---------------------------------------|--|---------|----------|-------------|-----------|--|
| 1/12/16 | | P.S.E | E.G. | • | | | E. | 1 | Ú |) | | |
| Agencies Notified Type Notification | | | Address | | | | | ~ | 20 | | A, | |
| □ EPA ⋉ Initial | | | HADLEY RO | AD | | | | | R. | 0 | - | |
| DEP Amended Amendment | # | | tate, Zip Code | | | | | | 1 | | | |
| Emergency (| | | TH PLAINFIE | LD, NJ (| 07080 | | | | 1 | 3: 5 | 2 | |
| DOH justification) DCA Cancellation | | | of Contact | 11 | 11' | Tel | phone Nu | mber | | | - | |
| | | | KE C | 166 | ENSK! | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (3) | | MEITT HEFOREIA | TION | Type of Facility | (4) | | | | | | |
| PSE VG | | | | | School (K- | 100 | | | | | | |
| Street Address | 0 | | | | Subchapte | r 8 (Oth | r than K-1 | 2) | | | | |
| 751 CLIFF | KOA | A | | | Other (i.e. etc.) | private (| commerc | ial bui | ldings | , hom | ies, | |
| City (5) | | | | | Square Feet | # 01 | Floors | 1 | Bldg. | Age | | |
| SEWAREN | | | | | 4000 | | 2 | 1 | | 2.50 | IRS | |
| County (6) | | County | Code (7) USE ONLY) | | Current Use (Pri | ior if bei | | hed) | ///- | . 00 | IRS | |
| Name of Monitoring Firm Hired by Building C | h.max (0) | 1 | | | Suzi | TO F | 5 | | 7: | on |) | |
| ENVIRONMENTAL TACTICS | Wilei (0) | 004 | M No. | Name | of Abatement Co | ntractor | 9) | | | | | |
| Street Address | | | | - | Address | SUFI | MERICA | | | | | |
| 64 BROAD-STREET | | | | | WHITEHEAD | AVF | | | | | | |
| City, State, Zip Code | ***** | | | | tate, Zip Code | | - | | | | | |
| MATAWAN, NJ 07747 | | | | | TH RIVER, N. | J 0888 | 8. | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | Telepho | | | ione No. | 1 | License N | 0. | - | | | |
| | | | 92-2217 | 732- | 432-8350 | 01111 | | | | | | |
| 1/21/16 | Scheduled C | ompletion | Date (11) | | of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check | Only One) | 12/ | 16 | | QUE SYSTEM: | S OF F | MERICA | 4 | | | | |
| Facility Closed/Vacated During Entire Po | oriod of Ab-4 | omont | | | Address WHITEHEAD | Δ\/E | | | | | | |
| Apatement Performed Outside of Norma | I Facility Ho | IIS A | | | tate, Zip Code | | | | | | | |
| 77 | oteles | once | | | TH RIVER, N. | 0888 | | | | | 1 | |
| Scope of Work (Check All That Apply) | | | | | | | | 9 | | | \dashv | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | family 1 | vation | | | Full Containme | ent with | legative P | ressu | re | | | |
| 1100 01 01 2200 11 | Demo | lition | | × | Mini-Enclosure Glovebag Proc | 9 | - | | | | 1 | |
| | | | | | Non-Exempted | d (*) and | Von-Friab | le Pro | cedur | е | 1 | |
| | Is Loc | | | | | | | | Abate | ement | | |
| Location of Asbestos-Containing Material (ACM) | Norm Used So | lely by | Ashastas Car | escription | of | | | - | Ту | ре | - | |
| TO BE ABATED In Facility | Mainten Custodia | | (i.e. therma | l systems | aterial (ACM) insulation, | 9937.0 | ount ecify | N N | | En | _ | |
| (13) | (12 | | surfa | acing, VAT miscellan | r, or | | r LF) | Removal | Repair | caps | Enclosure | |
| | Yes No | N/A | ouic. | miscenari | eous) | | | val | 2 | Encapsulate | sure | |
| BATHROOMS - 1 ST & 2ND FIR. | | - 1000 | 0 7 | | | | | <u></u> | | Φ | | |
| DITITIOOMS - 1 4 2 FIR. | X | | Pipe 7 | Si | | 20 | LE | X | | | | |
| | | | - | 12-60-60 20020 200 | | | | | | | | |
| | | | | | | | i de la companya de l | | - | | | |
| N- CS | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | \neg | |
| Name of Registered Waste Hauler | 1 | NJDEP W Hauler ID | | Yards | Name of F | Register | d Landfill | | | | - | |
| WASTE MANAGEMENT | | 1125 | No. of Wa | 2 | GROWS NOR TH | | | | | | | |
| City, State | | Dispo | sal Date | City, State | 1 | 2000 | | | | | | |
| ELIZABETH, NJ | | 113 | 3 1 | MORRIS | | .PA | | | | | | |
| Completed by CAROL RAIMO | MCD | 5 | 11. | | Dat | e / | - | | \dashv | | | |
| | OFFICE | VIGK. | | are | I Kais | Na) | | 1/10 | 2/1 | 6 | | |

(K 00 6099

D&S Proj. #: DSR - 16003

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

| | | | | | | | | CA. | (373 | | | |
|---|--|-----------------|------------------------|----------|-----------------------------------|------------------------|------------|--------------------|---------|--|----------|--------------------|
| Date of Notification (1) | Name o | of Building Owr | ner/Operator (2) |) | | - | Sells | IS JAN | 9 | () | | |
| 10 11 / 10 7 / 11 6 | HUD | SON TEA B | UILDING CO | OND | OMINIUMS ASSO | C INC | | - U: | | - | 100 | Ĭ. |
| Agencies Notified Type Notificat | Street A | | old division of | 0110 | OMINIONIS ABBO | oc. nvc. | | Fre | 3 | <u>w</u> | 1 | Mary |
| DEP Amended | 1500 | WASHING | TON STREE | Т | | | | ENS | | 7 | 8 | Eraburi Ladiu J |
| Amendment #: | | ate, Zip Code | | | | | - | 7 | | 0.0 | | 2.4 |
| ☑ DOL ☐ Emergency | HOF | BOKEN, NJ (| 07030 | | | | | G | N | 40 | 9 | |
| DOH (including | Name | f Contact | | | | | Tel pho | ne Numbe | 7 | 4 | 150 | |
| DCA justification) | | O LANOTTI | | | | Ţ | | | | | | |
| Caricellation | 1 1 711 | | | | | | == | 119 | | | _ | |
| N// "": | | | ILITY INFORM | ATIO | V | | | | | | | |
| Name of facility where abatement | is taking place (3) | | | | | Type of | | (4) ol (K - 12) | | | | |
| HUDSON TEA BUILDING | CONDOMINIU | MS ASSOC | . INC. | | | 1 7 | | hapter 8 (C | ther t | nan K | -12) | |
| Street Address | | | | | | | (ther | (Private/C | omme | | / | |
| 1500 WASHINGTON STRE | ET | | | | | Square | | ./Homes, e | | Bl | dg. Ag | 20 |
| City (5) | County (6) | | | Cou | unty Code (7) | Oquare | . 1 (51 | # 01 1 100 | 5 | Di | ag. A | ge |
| WOD OWEN | | | | (Sta | ate use only) | Currer | it U ie (f | Prior if bein | g den | olishe | ed) | |
| HOBOKEN Name of Monitoring Firm Hired by | HUDSON | N | | <u> </u> | | | | | | | | |
| wante of worldoring Fifth Fifted by | biag. Owner (8) | | ASCM No. | | Name of Abatement | | | | | | | |
| Street Address | | | | | D & S RESTOR | RATION, | IN : | | | | | |
| Officer Address | | | | | Street Address 20 California Ave. | | | | | | | |
| City, State, Zip Code | | | | _ | City, State, Zip Code | | | | | | _ | |
| | | | | | Paterson, NJ 0' | | | | | | | |
| Project Manager for Monitoring Firm | | Phone Numb | er | | Telephone Number | 7505 | | License | Numb | er | | |
| | | | | | 973-345-8020 | | _ | 0 | 1169 | | | |
| Start Date (10) | Sched, Com | pletion Date (1 | 1) | | Name of OSHA Mor | | | | | | | |
| 01/18/16 | 11/30/2016 | , | | | D & S Restorat | ion, Inc. | | | | | | |
| Occupancy Status During Abatemen | | | | | 20 California A | | | | | | | |
| Facility closed/vacated during | entire period of a | batement. | | | City, State, Zip Code | | | | | | | |
| Abatement performed outside Describe: | | hours- | | | | 30) | | | | | | |
| Other-Describe: NORMAL H | The state of the s | | | - | Paterson, NJ 07 | 7503 | | | | | | |
| Scope of Work (check all that apply | | | | | | Full Conta | | w/negative | press | ure | | |
| □ > <u>3</u> sf or > <u>3</u> lf | Renovation | | | | | Mini-enclo Glovebag | | | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | | |) and Non- | friable | proce | edure | |
| Location of | Is location norm by maintenance | | / | | | | | Ü | R | R e | Е | Е |
| asbestos-containing material (acm) to be | staff(12) | | Description material (| | sbestos-containing | 0.000 | mo int | SF or | m | р | n c | n |
| abated in facility (13) | Yes No | N/A | material | AOIVI) | | | F) | | o v | a i | a | C L |
| BUILDING EXTERIOR/GROUND | | | ACM - CLI | EAN | IID | 0.200 | s ft | | е | - | — | - |
| DOIDDING EXTERIOR GROUND | | | ACM - CLI | SAIN- | Or | 9,200 | J S II | | 片 | 井 | 屵 | H |
| | | | | | | | | | Ħ | 屵 | + | H |
| | | | | | | | | | Ħ | | 一 | |
| | | | | | | | | | | | | |
| Registered Waste Hauler D & S RESTORATION, INC. | NJDEP Hau 13506 | | ubic Yards of V | Vaste | Name of Registered | | 20.12 | FOOT | M | | | - |
| City, State | | Disposal D | (YDS) | | TULLYTOWN, City, State | KESUUI | KC : R | ECOVER | Y | Alexander of the same of the s | | |
| PATERSON, NJ 07503 | | | US DATES | | TULLYTOWN | , PA | | | | | | |
| Completed by (Print or Type) | Title PRESIDENT | | Signature | | | lines the second | | Date | | _ | 1000 | |
| BOGDAN JOLDZIC | 01/07/16 | | | | | | | | | | | |
| | · ATTENDED THE TO | "" I'll achaete | I IICANCIITA AVA | mnta | DOMINITOR D | | | | | | | |

CK 6629

D&S Proj. #: 16-14

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

| | | | | | | | | | তু:o | 50 | | 0 | |
|--------------------------------|--------------------------------------|-----------------|----------------------|------------|--|-------------------|--|------------------------------|-----------------------|-------------------|---------|---------------|--------|
| Date of Notification | | | ame of Buil | | er/Operator (2) |) | | | | 200 | در | in the second | in. |
| Agencies Notified | Type Notification | | reet Addres | | The state of the s | | | | | in c | | 1 | , many |
| ☐ EPA | Initial Amended | | | | | | | | | 7 | | | |
| ☐ DEP | Amendment #: | Ci | ty, State, Z | ip Code | | | | | | 0 | Fini | 3 | |
| DOL | | | NEPTUN | IE, NJ 0 | 7753 | | | | | P. | | | |
| ☑ DOH | (including justification) | Na | me of Con | tact | | | | Tele | phone Nu | ımber | | | |
| ☐ DCA | Cancellation | | SEAN D | ORAN | | | | | | 7.780 | | | |
| | | | | FACI | LITY INFORM | IATION | | | | | | | |
| Name of facility wi | nere abatement is | s taking plac | ce (3) | | | | T | Type of Fa | ility (4) chool (K | 12) | | | |
| SEAN DORAN | 1 | | | | | 131 | | | 21 | r 8 (Other t | han K- | 12) | |
| Street Address | | | | | | | | | | ate/Comme | | | |
| | | | | | | | | Square Fe | | Floors | Blo | ig. Ag | je |
| City (5) | | Coun | ty (6) | | | | ity Code (7) | | | | | | |
| NEPTUNE | | 732- | 272-7703 | i | | (State | e use only) | Current U | e (Prior i | f being den | iolishe | ed) | |
| Name of Monitorin | g Firm Hired by E | Bldg. Owne | r (8) | | ASCM No. | П | Name of Abatement | Contractor (S | | | | | |
| _ | | | | | | | D & S RESTORA | ATION, IN | 2 | | | | |
| Street Address | | | | | | | Street Address 20 California Av | | | | | | |
| City, State, Zip Coo | le | | | | | — ₀ | City, State, Zip Code | /e. | | | | | |
| ,, , | | | | | | | Paterson, NJ 07 | 503 | | | | | |
| Project Manager fo | r Monitoring Firm | | Pho | one Numb | er | | Telephone Number | | Lic | cense Num | oer | | |
| | | | | | | | 973-345-8020 | | | 01169 | | | |
| Start Date (10) | | Sched. | Completio | n Date (1 | 1) | | Name of OSHA Moni | | | | | | |
| 01/12/16 | | 01/30 | /16 | | | 11 | D & S Restoration Street Address | on, Inc. | | | | | |
| Occupancy Status | During Abatemen | | | 1.00 | | | 20 California Av | renije | | | | | |
| Abatement p | d/vacated during erformed outside | | | | | | City, State, Zip Code | - Circle | | | | | |
| Other-Descri | be: NORMAL H | OURS | | | | =11 | Paterson, NJ 07 | 503 | | | | | |
| Scope of Work (ch | (07)(2) 07 | /) | | | | | Comments of the Comments of th | Full Containr | | gative pres | sure | | |
| ≥ 3 sf or >3 If | \boxtimes | Renovation | n | | | | garage. | Mini-enclosu Glovebag pro | | | | | |
| ≥160 sf or ≥2 | 260 If | Demolition | | | | | | Non-Exempt | | Non-friable | e proce | edure | |
| Location of | | | normally unance/cust | | y | | | | | Re | R | E n | Е |
| asbestos-co material (acr | | staff(12) | 1101100/0031 | | Descripti material | | sbestos-containing | Ame (Sp | unt cify SF o | r m | р | c | n |
| abated in fac | | Yes | No | N/A | material | (AOIVI) | | LF) | | v | a | a p | Ľ |
| BASEMENT | | | X | | pipe insula | tion | | 100 l fi | | e | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 旦 |
| Poglotored Wood | Jouler | | D.U | D# 17 | Jubio Varda si | Masta | INlama of Daniet | Londill | | | | | |
| D & S RESTOR | | 135 | P Hauler I 06 | | cubic Yards of 1 YD | vvaste | Name of Registered TULLYTOWN, | | E RECO | OVERY | | | |
| City, State | ** 0==0= | | | Disposal [| | | City, State | | | | | | |
| PATERSON, N | | | | 01/13/1 | | | TULLYTOWN | , PA | | Note | - | - | _ |
| Completed by (Print BOGDAN JOL | | Title PRESID | ENT | | Signature | | | | | Date 01/06/201 | 5 | | |
| 100 11 | | | | for ashest | os licensure e | xempted | activities. | | | | | | |