State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 1040 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) August 26, 2016 Ethicon, Inc. Agencies Notified Type Notification Street Address PO BOX 151 FPA Initial ASBESTOS CONTROL & DEP City, State, Zip Code Amended DOL Amendment #\_ LICENSING Somerville, NJ 08876 Emergency (including Name of Contact TelephoneNumber DOH justification) DCA Cancellation Project Manager FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ethicon Bldg G School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 737 US Route 22 etc.) City (5) Square Feet # of Floors Bldg. Age Bridgewater, NJ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Somerset Facility Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. PARS Environmental, Inc. The MACK Group, LLC. Street Address Street Address 500 Horizon Drive, Suite 540 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code Robbinsville, NJ 08691 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. Project Manager 800.959.1119 00781 (973) 759 - 5000 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/13/16 9/13/17 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply)  $\geq$ 3 sf or  $\geq$ 3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova ncapsulate Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No Basement Bathrooms VAT & mastic 2,000 s/f -11 500 l/f pipe \_"\_ 400 s/f duct insulation Name of Registered Waste Hauler NJ DEP Waste Name of Registered Landfill Cubic Yards Hauler ID No. of Waste Freehold / Newark Carting 22253 29 BFI Imperial Landfill City, State Disposal Date City, State Freehold / Newark, NJ 9/13/17 Imperial, PA 15126 Completed by Title Signature Date

8/26/16

Michael Cooper

President

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

2K 1008

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Date of Notification (1)				Name o	f Building	Owner/	Operator	(2)		lm		555	-			#
January	24, 2017			Ethicon	, Inc.						JA	N 5	7	201	1	
Agencies Notified Ty	ype Notification			Street A	Market In Charles			****								
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DEP	Amended			City, Sta	ate, Zip C	ode						ICEN			ا ا	Х
⊠ DOL	Amendment #			Somer	ille, NJ	08876			,		W. C.					
□ DOH □	<pre>Emergency (inc justification)</pre>	cluaing			f Contact					Te	lephone	Numbe	er			
DCA	Cancellation			Project	Manage	er				1						
					ILITY INF		ION			=				77 177		
Name of Facility Where Aba	atement is Taking F	Place (	3)					Туре	of Facility	(4)						
Ethicon									School (K-							
Street Address									Subchapte Other (i.e.				wile	lings	hom	00
737 US Route 22								$\boxtimes$	Other (i.e. etc.)	private	& COMM	erciai	Juno	ilings,	TOTTLE	38,
City (5)								Squa	re Feet	# 0	f Floors		В	ldg. A	ge	II.
Bridgewater, NJ											3					
County (6)					Code (7)			Curr	ent Use (Pr	ior if be	ing demo	olished	)			
Somerset				(SIAIE)	USE ONLY	,	_				Facilit	у				
Name of Monitoring Firm His	red by Building Ow	ner (8)	)	ASCN	ΛNo.		Name	of Aba	atement Co	ntractor	(9)					
AET, Inc.							The N	1ACK	Group, L	LC.						
Street Address							Street	Addre	SS	NI SOFT			- /			
220 Church Street							1500 1	Kings	HWY N,	STE	209					
City, State, Zip Code									Zip Code				1 1 7			
Bridgewater, NJ 08807							Chern	y Hill.	NJ 0803	34						
Project Manager for Monitor	ing Firm			Telepho	ne No.		Teleph		tain .	8	Licens	e No.				
Eric Houseknecht			(	(908) 29	96-1132	2	(973)	759 -	5000		00781					
Start Date (10)	S	chedul			Date (11)				HA Monitor							
9/13/16				9/13/1	7		The M	1ACK	Group, L	LC.						
Occupancy Status During Al	batement (Check (	Only O	ne)				Street				-				2	
Facility Closed/Vacated	d During Entire Per	riod of	Abate	ment			1500 H	Kinas	HWY N,	STE	209					
Abatement Performed (	Outside of Normal	Facility	Hour	s			-		ip Code							
Other - Describe:							Chern	v Hill.	NJ 0803	4						
Scope of Work (Check All Th	hat Apply)										+					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		POTENTIAL STATE OF	Renova Demoli					Mi Gi	II Containm ni-Enclosur ovebag Pro n-Exempted	e cedure						
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Name of Registered Waste H				J DEP W	laste		insula Yards	ILIUII	Name of		12 l/f	dfill	1			
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Newark Carting				222	53		29.1		BFI Imp	erial L	andfill					
City, State						Dispo	sal Date		City, Stat	te			FILE (C)			
Newark, NJ						9	9/13/17		Imperial	, PA 1	5126					
Completed by		Title				S	ignature		171	1		Date				
Michael Cooper	5	Presid	lent				1/2	-/_				1/24/	17			

Location of		Location Normall	ly	Description of				emen ype	ıt
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					te	(1)
Building M MBU4		X		pipe insulation & fitting	4 If	$\times$			
Bldg D/G Bas. Passageway		X		pipe insulation & fittings	17 If	$\times$			
ATC Building A1U2		X		pipe insulation & fittings	24 l/f	X			
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Date of Notification (1) 01/24/2017					f Building 3 DAVID			r (2)		A CONTRACTOR	3		<i>J</i>		The second secon
Agencies Notified	Type Notification			Street A	ddress					10	11 1	AN 2	7	2017	
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DOL	Amendment		- 1		RHEES		043				ASBES	TOS LICE			SL&
DOH DCA	justification)  Cancellation	17//		Name of	Contact				1141	Tel	ephone Nur				
				FACI	LITY INFO	ORMAT	ION						-	·	
Name of Facility Where RESIDENTIAL	Abatement is Takin	g Place (3)						Тур	oe of Facility (	- 50 					
Street Address								H	School (K-1 Subchapter		er than K-12	2)			
								~	Other (i.e. p etc.)	rivate 8	commerci	al buil	dings,	home	es,
City (5) VOORHEES									uare Feet 800	# of	Floors		ldg. A	ige	
County (6) CAMDEN					Code (7) JSE ONLY,	)		Cui	rrent Use (Prid ESIDENTIA	or if bei	ng demolish	ned)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	l No.				batement Cor ED ENVIR			RVI	CES	INC	
Street Address							Street 570		ress EMS RUN						
City, State, Zip Code									Zip Code A HILL NJ	08062	2				
Project Manager for Mon	itoring Firm		1	Telephor	ne No.		Teleph 610-		No. -4676		License N 01145	0.			
Start Date (10) 02/02/2017		Scheduled 02/03/20		pletion [	Date (11)		Name EMS		SHA Monitor						
Occupancy Status During	g Abatement (Chec	k Only One)	)				Street			11					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm			ent			City, S	State,	Zip Code		77				
Scope of Work (Check A							CIN	NAN	MINSON N	080	7				
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Name of Registered Was ASSURED ENVIRO		RVICES	Ha	DEP Waller ID 034895	No.	Cubic of Was 8					red Landfill NDFILL				
City, State MULLICA HILL NJ							sal Date 3/2017		City, State		RG, OH				
Completed by		Title	RΔI	MANIA	AGER	S	ignature	1	100h	rw06	Da Da	te	2017		

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

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Date of Notification (1) 01/17/17					f Building ( T9 LLC	Owner/C	perator	(2)		S. C.	OAN	( )		2017	***************************************	<u></u>
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Street Address 295 RT 9 SOUTH								V	Subchapte Other (i.e. etc.)	r 8 (Othe			ouilo	lings,	hom	es,
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Name of Monitoring Firm Hire	ed by Building O	wner (8)		ASCN	/ No.		Name ARIA		batement Co	ntractor	(9)					
Street Address							Street 144		lress LST							
City, State, Zip Code									, Zip Code SON NJ 07	7501						
Project Manager for Monitoring	ng Firm		1	Геlерho	ne No.		Teleph 973-		No. 3-9652		License 1257	No.				
Start Date (10) 01/27/17		Schedul 02/27/		pletion	Date (11)				SHA Monitor I IGEV							
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PATERSON,NJ						TBD	al Date	1	City, Star MORR							
Completed by GORAN IGEV		Title SEC	RETAI	RY		S	ignature	1				Date 01/1	7/1	7		

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Date of Notification (1	1)			Name of ECS H	Building Ow	vner/Opera	itor (2	?)	R					
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Street Address						1000000		ddress ox 483, 4 E	Gate Drive	Э				
City, State, Zip Code						City	y, Sta	ate, Zip Code /ood, NJ 0						
Project Manager for I	Monitoring Firm			Telephor	ne No.			ne No. 64-2276		cense No	o			
Start Date (10) 2/4/17		Schedule 2/28/17		pletion [	Date (11)	Nai	me o	f OSHA Monit	or					
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× Facility Closed/ Abatement Perf Other – Describ	Vacated During Entire F ormed Outside of Norm e:	eriod of A al Facility	Abatem Hours	ent		City	y, Sta	ate, Zip Code						
Scope of Work (Chec	ck All That Apply)													
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City, State Freehold, NJ				0303		Disposal D	Date	City, S Birds	tate boro, PA					
Completed by A. Scott Higgins		Title Pres	ident			Signa	ature	A		Da 1/	ite 23/1	7		
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Agencies Notified	Type Notification			Street A	ddress							J	AN	2	7 %	2017
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Street Address							777377	Addres	ss 83, 4 E G	ate D	rive					
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Project Manager for Mor	nitoring Firm			Telepho	ne No.		EAST-COURSE	one No 764-2			Licens 703	e No.				
Start Date (10) 2/1/17		Schedule 2/28/17		npletion I	Date (11)		Name	of OSH	IA Monitor							
Occupancy Status Durin	g Abatement (Che	k Only On	e)				Street	Addres	SS		- <del>1</del> 27					
Facility Closed/Vac. Abatement Perform Other – Describe:	ed Outside of Norr						City, S	tate, Zi	p Code			*****				
Scope of Work (Check A	II That Apply)												/==			=0=24
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City, State Freehold, NJ						300	al Date		City, State Birdsbo		Α		-			
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A. Scott Higgins	990	Presi	dent				104	1	2	$\overline{}$		1/23/	17			

CK 5204

Print Form

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Date of Notification (1) 1/24/17				of Buildin Construc		/Operato	r (2)		th		AN 2	7	2017	
Agencies Notified Type Notification	1		0.5353506	Address					14-	1	<u> </u>	1	CUII	
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Name of Facility Where Abatement is Taking	na Placo	2)	FAC	CILITY IN	FORMAT	TION	T =							
Lakewood	ng Flace (	3)					Тур	e of Facility	N					
Street Address							×	School (K- Subchapte Other (i.e. petc.)	8 (Oth	er than k & comme	(-12) ercial bu	ildings	s, hom	ies.
City (5) Lakewood							Squ	are Feet	# 0	f Floors		Bldg.	Age	
County (6) Ocean				Code (7) USE ONL			Curr	ent Use (Pri ne	or if bei	ng demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.				atement Cor D PROFE						
Street Address						Street 6 WH		ess DOVE Co	OURT					
City, State, Zip Code						City, S	State, 2	Zip Code OD, NJ 0						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 732-6	none N	10.		License	No.			
Start Date (10) 2/3/17	Schedul 2/6/17	ed Co	mpletion	Date (11)	)	100000000000000000000000000000000000000		HA Monitor D PROFE	SSIO	NALS	-			
Occupancy Status During Abatement (Chec	ck Only O	ne)				Street				- TO				
Facility Closed/Vacated During Entire	Period of	Abater	nent			6 WH	HITE	DOVE CO	DURT					
Abatement Performed Outside of Norm  Other – Describe:		/ Hour	s					Cip Code OD, NJ 0	8701					
Scope of Work (Check All That Apply)						L								
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Name of Registered Waste Hauler NEWARK CARTING		Н	IJDEP W lauler ID 4509		Cubic of Was		4	Name of F	Register	ed Landi	ill -			
City, State NEWARK, NJ					Dispos 2/6/17	al Date		City, State BETHLE		PA				
Completed by JOSEPH PERLSTEIN	Title	ER			Si	ignature		L			)ate			

State of New Jersey

LK 2460564

### State of New Jersey

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Date of Notification (1) 01/23/2017				of Building	owner/O	perator	(2)			<del>)</del>	AN 2	1-2	017	To be a second
Agencies Notified Type Notification	n		Street	Address						ASBES	STOS	COM	TRO	1 8
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Name of Facility Where Abatement is Tak House	ing Place (3	3)					Тур	e of Facility (	(4)					
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City (5) West Orange							Squ N/A	are Feet	# of	Floors		Bldg. N/A	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY	0	_	Curr	rent Use (Pri	or if bei	ng demo				APP KAR
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.			of Ab	atement Cor tement, In		(9)				
Street Address					-	Street								
						11 R	oser	ngren Aver	nue					
City, State, Zip Code								Zip Code NJ 07512						
Project Manager for Monitoring Firm			Telepho	one No.		Teleph 973-3				License 01311				
Start Date (10) 02/03/2017	Schedule 02/04/2		npletion	Date (11)				HA Monitor tement, In	C.					
Occupancy Status During Abatement (Che	ck Only On	e)				Street								
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied	Period of A	Abatem Hours	nent					gren Aver <sup>Zip Code</sup>	nue					
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Date of Notification 1/23/17 Name of Building Owner / Operator (2) Marina Ivanova AgenciesNotified Type of Notification Street Address П **EPA Emergency Notification** DEP Initial Notification City, State & Zip Code ASBESTOS CONTROL & DOL Amended Notification X Union, NJ 07083 LICENSING DOH Cancellation Name of Contact Telephone Number DCA Marina Ivanova **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2.500 +08 Current Use (Prior if being demolished) Union Union Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Tactics** N/A Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07716 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-290-2217 Tom Geiger 732-605-9062 00714 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition X Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure X Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Cut and Wrap Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet or Repair, Maintenance or (i.e., thermal systems Linear Feet) TO BE ABATED Encapsulation or in Facility Custodial Staff? insulation, surfacing, VAT Enclosure) (13)or other miscellaneous) (12)Basement N/A Pipe insulation 40 LF Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 **Cumberland County** City, State Disposal Date City, State Freehold, NJ 2/8/17 Newburg, PA Completed By (Print or Type) Title Signature Date Dominick Tringali Manager 1/23/17 Dominick Tringali

Jan 23 2017 04:43PM NJ Asbestos Control 609.633.0664

BEST REMOVAL INC

1K 3927

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AT alles a forest owner.					450	South River	Street			_	11
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MA' Manual City of common						msack, NJ 0	Licerse No.				_
Project Manager for Menikaing Pina		Tale	spaces	No.	Telephon	1-329-7444	0038	2			
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Date of Notification (1) 1/23/2017				Name o	of Building ence	Owner/0	Operator	(2)				IAN .	7 7	204	The second second
Agencies Notified	Type Notification			Street A	Address				-	11		IAN :	1	2011	
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City (5) Ridgefield Park									re Feet	# of 2	Floors		3ldg. <i>F</i>	\ge	
County (6) Bergen					Code (7) USE ONLY,	)		Curre	ent Use (Prio	r if beir	ng demoli	shed)			
Name of Monitoring Firm	Hired by Building (	Owner (8)	)	ASCN		98	100000000000000000000000000000000000000		tement Cont		(9)				
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Street Address							Street 1256		ss rty Avenue	Э					
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Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 844-4	none N 462-7			License 01316	No.			
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Facility Closed/Vaca Abatement Perform	ated During Entire P	eriod of	Abaten	nent			C. T. Desering	Box 35	54 ip Code						
Other – Describe: _		ai i doint	y mount			_			inge, NJ 0	7079					
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City, State East Orange, NJ				20004		Dispos 2/2/20	sal Date		City, State Penn Arg		 PA				
Completed by Ron Brink		Title Presi	ident			27-00-000-00	ignature		7		7 0	ate /23/20	)17		
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Date 1/23/2017

\*Do not use this norm for extension licensure exempled activities.

Completed by

Ron Brink

THIS

President

NOTIFICATION OF ABBESTOS BASTEMBRY  (Pursuaunt to NAIG Set year)  NOTIFICATION OF ABBESTOS BASTEMBRY  (Pursuaunt to NAIG Set year)  RELIANT REALTY SERVICES, ILC  ASSESTOS CONT  RELIANT REALTY SERVICES, ILC  RELIANT REALTY SERVICES, ILC  RELIANT REALTY SERVICES, ILC  RELIANT REALTY SERVICES,	2017 04:40PM NJ Asbestos Cont	rol 609,	633.0	0664		page	1		-	- married	FP	0	F	П	П
NOTIFICATION OF ABBRIDGE TOS ABATEMBANT (Passuants to MAG 6x8 and 41120)  Data of Notification (1) 01/26/2017  Name of Sulfine Diverge Operator (1) 02/26/2017  Name of Sulfine Diverge Operator (1) 02/26/2017  Name of Sulfine Diverge Operator (1) 02/26/2017  Name of Sulfine Diverge Operator (1) 03/26/2017  Name of Sulfine Diverge Operator (2) 03/26/2017  Name of Sulfine Diverge Operator (3) 03/26/2017  Name of Sulfine Diverge	1/23/2017 02:21PM 18562248	799			ASSURE	D SER	VICES		A STATE OF THE STA	$\mathbb{D}_{\Gamma}$	SF	AGE	-		
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Spendan Modified    Spendan Modified   Type Notification   Service Address   Service			N	iame of RELIA	Building Owner/C	Perator ERVI	(2) CES, L	LC				EST	as	CO	NT
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DOH DCA	DEP Amanded Amanded Amanded		C	NEW Y	OFK, NY 10	017		10/01	VED	1	P. C			1	
Name of Residence (Secretary Maria Assistance is Taking Place (3) CARVER HALL APARTMENTS  Street Address 512 NORTH SOUTH CAROLINA AVE,  Street Address 512 NORTH South Street device (1) ATLANTIC CITY  Catina' Code (7) ATLANTIC CITY  Catina' City Code (7) ATLANTIC CITY  Code (7) ATLANTIC CITY  Code (7) ATLANTIC CITY  Code (7)	DOH justication)	carnound						- 1777	Telep	Milde N	ATION OF	AV I			
Seried Address 512 NORTH SOUTH CAROLINA AVE,  Studentspier 5 (Other than K-12) Other (Le, private 8, complement) Studentspier 5 (Other than K-12) Other (Le, private 8, complement) Studentspier 5 (Other than K-12) Other (Le, private 8, complement) Studentspier 5 (Other than K-12) Other (Le, private 8, complement) Studentspier 5 (Other than K-12) Other (Le, private 8, complement) Studentspier 5 (Other than K-12) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other Abstreams (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Other (Le, private 8, complement) Studentspier 6 (Other than K-12) Other (Le, private 8, complement) Other (Le, private 9, complement) Other (Le, private 1) Other (Le, private 2) Other (Le, private 3) Other (Le, private 3) Othe	Name of Facility Whate Abatament is Taking	Place (3)		FACE	ITY INFORMAT	ON	Тура о	Facility (4	)	+		_	P.		·,
Squars Real Squars Real SQUAR Squars Real SQUAR Squars Real SQUAR Squars Real SQUAR	Street Address	/E.					B &	libohepter l ther (i.e. pr	(Other			bulle	ings,	home	ıs,
ATLANTIC (87476 USE 6ML 9) RESIDENTIAL APARTMENTS  Name of Mehidering Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (5)  ASCM No. Name of Abatement Contractor (5)  Street Address 570 OLEMB RUN  DEVELOPMENT BERLIN NJ 08091  Project Manager for Monitoring Firm Service Competition Date (11)  OLEMB RUN  Talesphore No. Street Address 570 OLEMB RUN  DEVELOPMENT BERLIN NJ 08092  Project Manager for Monitoring Firm Service Competition Date (11)  OLEMB RUN  Talesphore No. Street Address 570 OLEMB RUN  Talesphore No. Only 1900  Talesphore No. Only 1900  Street Address 570 OLEMB RUN  Talesphore No. Only 1900  Talesphore No. Only 1900  Talesphore No. Only 1900  Street Address 570 OLEMB RUN  Talesphore No. Only 1900  Talesphore No. Only 1900  Street Address 610-304-4576  Oll-304-4576  Oll-30	ATLANTIC CITY				-				# of F	ioors		5	dg. A	ge	
ACER ASSOC.  ASSURED ENVIRONMENTAL SERVICES INC.  Street Address Street Address STO CLEMS RUN  City, State, 25p Code WEST BERLIN NJ 08081  Project Manager for Monkoning Ferm MATT DEPALMA  SSR-B09-1202  SSR-B09-12	County (6) ATLANTIC		0	STATE L	ode (7) ISE ONLY)		RES	DENTIA	r if being L APA	SMTF	NT:	d) S			
Total   Nount   Stock   State   Stat	Name of Monitoring Firm Hired by Building O ACER ASSOC.	(8) 16nw		ASCM	No.	Name ASS	of Abate URED	ENVIRO	NMEN	TAL:	SEF	NK	ES	INC.	
WEST BERLIN NJ 06091  Frigorit Manager for Monitoring Parm MATT DEPALMA  Start Date (10) 01/28/2017  Schedulad Correlation Date (11) 01/28/2017  Cocupancy Status During Absternard (Chack Only One) Pacific Closed/Vascalled During Entire Period of Absternant Absternant Performed Outside of Normal Register Hauter Absternant Performed Outside Outside Normal Performed Outside Pressure Absternant Performed Outside	1012 INDUSTRIAL DRIVE					570	OLEM	3 RUN	e k						
MATT DEPALMA  858-809-1202 810-304-4876 D1145 Start Date (10) Start Date (10) D128/2017 Schedulad Completion Date (11) D128/2017 Social Status During Abetament (Check Only One) Facility Closed/Assisted During Entire Period of Abetament Abetament Performed Optation of Name (Pacility Hours Other - Describe: UNITS WAGAN DURING ABATEMENT  Scope of Work (Check All That Apply)  23 of or 23 if 2150 of or 2260 if  Renevation Demolition  Is Location Normally Used Soliny by Maintenanced Containing Material (ACM) TO BE ABATEM Cuebodial Statir (12) Yes No N/A  UNITS (18-28-28)  NJDEP Waste  NJDEP Waste Other - Describe: United States Other - Describes (Normal Pacific Hours (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Other - Describes (Normal Pacific Hours (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Other - Describes (Normal Pacific Hours (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Other - Describes (Normal Pacific Hours (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Other - Describes (Normal Pacific Hours (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Other - Describes (Normal Pacific Hours (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Other - Describes (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  NJDEP Waste Other - Describes (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  Other - Describes (Normal Pacific Hours (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  Other - Describes (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  Other - Describes (i.e. thereaf systems insulation, surfacing, VAT, or other miscellaneous)  Other - Describes (i.e. thereaf systems insulation, surfacing, VAT, or other - Describes (i.e. thereaf systems insulation, surfacing, VAT, or other - Descr						MUL	LICA	HILL NU (					-		
O1/25/2017  Cocupancy Status During Abstermant (Check Only One)  Facility Closed/Variated During Entire Period of Absterment Absterment Periodness Outside of Normal Registry Hours Other - Describe - White Wordan Burklat ABATEMENT  Check All That Apply)  23 of or 23 of or 23 of or 2260 if  Renevation Describe - White Containment with Negative Pressure Mini-Enclosure Non-Exempted () and Non-Friebis Procedure Non-Exempted () and Non-Friebis Procedur	MATT DEPALMA			85 <b>8</b> -80	9-1202	810-	304-48	376							
Facility Closed/Vacaled During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: UNITS VACANT BURING ABATEMENT  Scope of Work (Check All That Apply)  23 of or 23 if 2150 of or 2260 if  Renevation Demolition  Is Location Normally Used Sciety by Maintenance Custodial Statif (12)  Yes No N/A  UNITS (18-28-28)  Normally Vacant Registered Weste Hauter  ASSURED ENVIRONMENTAL SERVICES  Normally Huler ID No. CO34895  City, State City, State, Zip Code CINNAMINSON NJ 08077  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Normally Used Sciety by Maintenance (12)  Yes No N/A  NF1 FLOOR TILE  1062 SIF X  Name of Registered Landstill MINERVA LANDFILL  City, State MULL ICA HILL NJ  Completed by  Title  Signature  200 RT. 130 NORTH City, State MULL ICA HILL NJ  Completed by City, State City, State MULL ICA HILL NJ  Completed by City, State City, State City, State City, State City, State City, State MULL ICA HILL NJ  Completed by City City, State MULL ICA HILL NJ  Completed by City City, State City, St	01/25/2017	01/28/20	)17	ו הפינפוק	) DECE (11)	EMS	3L			_					
Scope of Work (Check All That Apply)  23 of or 23 if	Facility Closed/Vscsled During Entire Po Abatement Performed Outside of Normal	ariad of Ab.	Bidates	ent SNT		200 City, 8	RT. 13	O NORTI		7			-	_	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Ves No N/A  UNITS (18-28-28)  No N/A  Williams of Registered Weste Hauter ASSURED ENVIRONMENTAL SERVICES  No D/A  City, State MULLICA HILL NJ  Is Location Normally Lised Scienty by MeinMenance/ Custodial Shall? (12)  Yes No N/A  NF1 FLOOR TILE  Name of Registered Lands:  Name of Registered Lands:  Name of Registered Lands:  Minerva Landfill  Disposal Date O1/30/2017  WAYNESBURG, OH  Cornolated by  Is Location Normally Lised Scienty by Asbestos Containing Material (ACM) (2.5. thermal systems Insulation. (3.5. thermal systems Insulation. (4.5. thermal systems Insulation. (4.5. thermal systems Insulation. (5.5. thermal systems Insulation	Scope of Work (Check All That Apply)  ≥3 of or ≥3 if	☑ Re	nevet	ion		F	Full Mini	Containme Enclosure	nt with N	iegat ve					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No M/A  UNITS (18-28-28)  Number of Registered Waste Hauter ASSURED ENVIRONMENTAL SERVICES  MINDEP Waste Hauter ID No.  0034895  Disposal Date O1/30/2017  Certo  Signature  Asbestos Containing Material (ACM) Asbestos (Containing Material (ACM) (Specify SF or LF)  Other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Other miscellaneous)  Assurtacing, VAT, or other miscellaneous)  NF1 FLOOR TILE  Name of Registered Landth MINERVA LANDFILL  City, State MULLICA HILL NJ  Completed by  Title  Signature  Callo													Abst	ment	
UNITS (18-28-28)  X NF1 FLOOR TILE 1062 SIF X  Name of Registered Waste Hauter  ASSURED ENVIRONMENTAL SERVICES Disposed Date O1/30/2017 WAYNESBURG, OH  Gentliefed by Title Signature One One Date	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Main Custoc	Scien lenan Ilai Si	y by ce/ laff?	Asbastos Con (i.e. therms surfi	mining A I system icing, VA	esterial ( s insulat T, or		(Sp	ecity		Removal	Repair	Емозраціва	Enclosura
ASSURED ENVIRONMENTAL SERVICES Hauter ID No. OD34895 OT Waste 15 MINERVA LANDFILL  City, State O1/30/2017 OH WAYNESBURG, OH  Germaiered by Title Signature One One One One One One One One One On	UNITS (18-28-28)	Yes	No		NF1	FLOOR	TILE		,106	2 81	-	×			
ASSURED ENVIRONMENTAL SERVICES Hauter ID No. 0034895 OT Waste 15 MINERVA LANDFILL  City, State O1/30/2017 OT WAYNESBURG, OH  Completed by Title Signature O1/20/2017 One Date											-				_
City, State MULLICA HILL NJ  Completed by  Title  City, State  City, State  O1/30/2017  Completed by  Title  Completed by  City, State		1055								727		_			
Completed by Title Signature Cate	City, State	AICES	00	03489	5 15 Diago	sal Date						_			_
CONCINCION I DENEMBER DE LA CONTRACTOR D			RAL	MAN			0	ohu	CHIPM		Dala		2017		

Date of Notification (1) 01/23/2017	1	Name of Building Owner/Operator (2) RELIANT REALTY SERVICES, LLC								5	E		<u> </u>			
Agencies Notified Type Notification	ncies Notified Type Notification  EPA Initial					Street Address 885 2ND AVE. 16TH FLOOR							7 21	)17	The state of the s	
DEP Amended Amendment #									-	ASI	BEST	25.0	CONT	BOI	1	
DOH Emergency (i justification)  Cancellation	ncluding			f Contact IIN GAF			Te		ne Nuir							
			FACI	LITY INF	ORMATI	ON			-1							
Name of Facility Where Abatement is Taking Place (3) CARVER HALL APARTMENTS							Type of Facility (4) School (K-12)									
Street Address 512 NORTH SOUTH CAROLINA AVE.								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
City (5) ATLANTIC CITY								Equare Feet # of Floors Bldg. Age 50+								
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS										
Name of Monitoring Firm Hired by Building O ACER ASSOC.		ASCM No. Name of Abatement Cor ASSURED ENVIR						ntractor (9) ONMENTAL SERVICES INC.								
Street Address 1012 INDUSTRIAL DRIVE							reet Address 70 CLEMS RUN									
							State, Zip Code ILLICA HILL NJ 08062									
Project Manager for Monitoring Firm MATT DEPALMA						none No. License No. 01145										
Start Date (10) 01/25/2017	mpletion Date (11)  Name of OSHA Monitor  EMSL															
							Address RT. 130 NORTH									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cit						City, S	State, Zip Code									
						CIN	NNAMINSON NJ 08077									
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	Don	avati				Г	J	I Ct-i	4	l- <b>N</b> I	- E D					
≥160 sf or ≥260 lf	The same of	novation molition						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
		tion					1 Non-Exempted (			(*) and Non-Friable Procedure  Abatemer						
Location of	catio mally	,		Des	scription of						Туре					
Asbestos-Containing Material (ACM) TO BE ABATED	Solely			tos Cont	aining M	Material (ACM) s insulation,			Amount (Specify		_		m	Ш		
In Facility	ial St 12)	aff?	(1.0.	surfac	cing, VA	T, or	tion,			or LF)		Repair	Encapsulate	Enclosure		
(13)	-	Vo	N/A		otner n	niscellar	neous)					Removal	air	ulate	sure	
UNITS ( 1B-2B-2B )	res	NO	X		NF1 F	LOOR	TILE		10	62 5	SF	Х				
An annual section of the section of												**				
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER	DEP W uler ID 34895	No.	of Monto			Registered Landfill VA LANDFILL										
City, State MULLICA HILL NJ						sal Date City, State WAYNESBURG, OH										
Completed by RON SWANSON	leted by SWANSON Title GENERAL MANAGER					ignature	Kare	ebu	XWQ91 Date 01/23/2017							

State of New Jersey

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Commercial control of the control of		JAN	2	7	2017		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)								JAN	2	7 20	)17			
Date of Notification (1)		Name of Building Owner/Operator (2)												
11-8-14		Street Address LICENSING								ROL				
Agencies Notified Type Notification		Street Address LICENSING												
EPA Initial		City State Zip Code												
DEP Initial Amended Amendment			- Pennsauken, NJ 08/09											
☐ Emergency (i			of Contact		Telephone Number									
□ DOH justification) □ DCA □ Cancellation		BI	11 Pound	-				855						
			FAC	ILITY INFORMA	TION	T CF 11:-	/5							
Name of Facility Where Abatement is Taking Pl	$\Delta < \tau$	_				Type of Facility								
Street Address					☐ School (K-12) ☐ Subchapter 8 (Other than K-12)									
6981 N PARK DR		8			Other (i.e. private & commercial buildings, homes, etc.)									
City (5)					7, 1	Square Feet	1 */							
Tennenuken					46000	<i>y</i>		: (00	PURE	5				
County (6) CAMBEN			Code (7) USE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASC	M No.	0.01000000	Name of Abatement Contractor (9)								
FIROG INC	11				AN	WI Joe Abetement Leminitary (C'								
Street Address					naton Are									
City, State, Zip Code														
0.1, 0.2.1, 2.1, 2.1					ity, State, Zip Code J OSO)5									
Project Manager for Monitoring Firm		Telephor	ne No.	Telenh	Telephone No.   License No.									
					( 1 ) / (									
Start Date (10) //-/8-/6	ed Comp	oletion D	ate (11) / 7	Name o	of OSHA Monitor									
Occupancy Status During Abatement (Check Onl	y One)	1 /	/	//	Street A	Address								
Facility Closed/Vacated During Entire Period	d of Ab	atement												
Abatement Performed Outside of Normal For Other – Describe:	ours			City, St	City, State, Zip Code									
Scope of Work (Check All That Apply)			-											
□ ≥3 sf or ≥3 If	П	Renovati	ion		ศ์	Full Containme	ent with Negative Pres	ssure			- 1			
.□ ≥160 sf or ≥260 lf	Demoliti		2		☐ Mini-Enclosure ☐ Glovebag Procedure									
				u D			the *) and Non-Friable Procedure							
	s Location	on	-				Abatement Type							
Lecation of	Normall ed Solel			scription				1)	/pc	-				
Asbestos-Containing Material (ACM) TO BE ABATED	aintenan	ice/	Asbestos Conta (i.e. thermal syste			Amount (Specify	Re	=	Enc	En				
In Facility	stodial S (12)	tatt?		VAT, or niscellane	S22 S275	SF or LF)	Remova	Repair	Encapsulate	Enclosure				
(13)		No	N/A	other is	mscenanc	2003)		a	-	ate	пе			
1st Floors			V	ACM	Floo	2+15	7500SF							
2 Na Floors			1	ACIU	Floo	07 tilt.	75005F	1						
3th Floors			V	Aril.	Flo	01415	7500SF	V						
4+4 MOLTS			V	Acry	Flo	son tile	75008F	V						
Name of Registered Waste Hauler		1	NJDEP Waste Cubic Yards Name of Registered Landfill											
ANI JAE 11-C.			uler ID 1 20547	한 경기에 되는 기계 전 시계하다	29	KCY WIM	of Pa							
City, State	$\overline{}$			Disposa	l Date	City, State	5,1 (	0						
Delance N					(FD	1/2	ellytown !	12						
Completed by	Title	Pittic	lent	Si	gnature	111:	/ Dat	e   _ c	- Z-1	1				
· SEPH [HII.	V.	LILEXC	rchii.		-(	4777	1	1	2-1	5				