NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Name of Building Owner/Operator (2 Date of Notification (1) Eaton Cooper 07/16/2013 Agencies Notified Notification Type Street Address JUL 1 7 2013 600 Travis, Suite 5600 () Initial Notification (X)EPA (X) Amended Certification City, State, Zip Code (X)DOL (X)DOH () Cancelled Houston, TX 77002-1001 ASBESTOS CONTROL & LICENSING () DCA Tel. Number Name of Contact Nelson Olavarria FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) () School (K-12) Cooper Notification Facility () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 273 Branchport Avenue Sq. Feet 12000 # of Floors 1 City (5) County Code (7) County (6) Bldg. Age 50+/-Long Branch Monmouth (State Use Only) Current Use (prior if being demolished) Former Factory Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. NCM Demolition and Remediation, LP Precision Environmental, Inc. Street Address Street Address 395 Turner Industrial Way 36-15 23rd Street City State, ZipCode City, State, Zip Code Long Island City, NY 11106 Aston, PA 19014 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number 484-480-8931 01006 Michael Parpounas 718-383-2626 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 07/12/13 07/18/13 Testor Technology, Inc. Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -10-59 Jackson Avenue City, State, Zip Code Describe_Occupants moved to adjacent area_ Long Island City, NY 11101 Other - Describe Source of Work (Check all that apply) (X) Renovation () Demolition () Minor Proj. (<25 SF or <10 LF ACM) (X) Large Proj. (>160 SF or >260 LF ACM) ()M Proj. (>25<160 SF or >10 <260 LF ACM) () Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag Procedure Abatement Type Description of ACM (i.e. Amount (Specify SF or LF) Is Location Normally Used Location of Asbestos-Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation, surfacing, VAT, or other Staff? (12) Facility (13) Encap Enclose Rem. Rep. YES NO NA miscell.) Pipe Insulation 350 LF X 1st Floor Crawl Space X Cubic Yards of Waste Name of Reg. Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Minerva 20990 120 Service Transport Group Disp. Date City, State City, State Waynesboro, OH New Castle, DE 07/22/13 Signature Date Completed by (Print or Type) Title 07/16/2013 Russell King Project Manager

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 16 / 13 Agencies Notified Type Notification EPA DOLWD DOH ✓ Initial □ Amended City, State, Zip Code Amendment # DCA (NJAC 5:23-8) justification) Name of Contact Telephone Numbe □ Cancellation LEON VANDEMEULE BROEKE **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) IMMACULATE CONCEPTION STMINARY CHAPET ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address ☐ Other (i.e., private and commercial buildings, 400 SOUTH ORANGE AUE. homes, etc.) City (5) Square Feet # of Floors Bldg. Age SO. ORANOS NJ 07079 50+ 50000 County Code (7)(STATE USE ONLY) County (6) Current Use (Prior if being demolished) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) MCCABE ENVIRO. SERVICES LLC UNIPRO, INC Street Address Street Address YG4 VALLY BAOOK ANE.
City, State, Zip Code 173 KARKUS City, State, Zip Code Project Manager for Monitoring Firm LHOODISKIDGE. Telephone No. TO HN CHIAVIOUS 201-438.4839 732.726-3111 00615 Scheduled Completion Date (11) Name of OSHA Monitor MCCABS ENVIRO. SERVICES LC Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement M Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7 AM-4:3PM/ PM- AM LYNDHURST Scope of Work (Check all that apply) Full Containment with Negative Pressure □ >3 sf or >3 lf 12 Renovation ☐ Mini-Enclosure >160 sf or >260 lf □ Demolition ☐ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Description of Normally Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) П Amount Remove Used Solely by TO BE ABATED (i.e., thermal systems insulation, (Specify Maintenance/ IN Facility surfacing, VAT, or SF or LF) Custodial Staff? other miscellaneous) Yes N/A (AH2) CHAPEZ. 2 NO EL П X 2300 SF VAT/MASTIC/PLYWOOD П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Waste 40 Hauler ID No. a.R.O.W.S. NEWBER CHIETING INC City, State Disposal Date City, State 8.5.13

Completed By (Print or Type)

Title

PRES.

Signature

7.16.13

ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 7 15 / Sovereign Bank, N.A. Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 1130 Berkshire Boulevard □ DOLWD ☐ Amended City, State, Zip Code ASBESTOS CONTROL & **⊠** DHSS Amendment # LICENSING Wyomissing, PA □ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Susan Peck FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Sovereign Bank ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 332 High Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age **Burlington NJ** 2000 75 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting 62252 JVN Restoration Inc. Street Address Street Address 1600 Route 22 East 47 Foster Road City, State, Zip Code City, State, Zip Code Union NJ 07083 Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. **Brian Nemetz** 732-616-4092 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 27 / 13 __07__ / __31__ / __13 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/ PM- AM LIC NY 11101 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure $\boxtimes \ge 3$ sf or ≥ 3 If ☐ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Repair Used Solely by Remova Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Coupon Room X П VAT/Mastic **50SF** \boxtimes П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Global Waste Industries, Inc. G.R.O.W.S., Inc. NJ-22147 5 City, State Disposal Date City, State Hackettstown, NJ 7/31/13/ Morrisville,PA Completed By (Print or Type) Title Signature Date John Tardy Senior Project Manager ASB-41 **MAY 11** * Do not use this form for asbestos licensure exempted activities.

State of New Jersey

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

No check

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Date of Notification (1)						Name of Building Owner / Operator (2) Macy's Inc									
$\frac{06}{24} / \frac{24}{13}$						Macy's Inc Street Address									
According Notified True of Notified						Street Address									
Agencies Notified Type of Notification						1120 Avenue of the Americas									
☐ EPA ☐ Initial ☐ Amended						City, State, Zip Code New York, NY 10036 JUL 1 7 2013									
	DEP Amended														
\[\sqrt{2}\]							Name of Contact Telephone Number Daniela Sango								
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☐ Cancellation						CILITY IN	CILITY INFORMATION								
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Name of Facility Where Abatement is Taking Place (3)							Type of Facility (4)								
Macy's							П	School (K	-12)						
Street Address						Subchapter 8 (Other than K-12)									
1400 Willowbrook Mall						Other (I.e., private & cmmercial									
100000							bldgs., homes, etc.)								
City (5)	Count	ty (6)			County Code	ounty Code (7) Square F			# Of Floors	S	Building Age				
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							Retail								
Name of N	Monitoring Firm H	lired l	by Blo	dg. Owne	er (8)	ASCM NO	Name of A	batement	Contractor	(9)					
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Pennoni A	ssociate Inc.							itionService	s Inc.						
Street Add	dress		STATE.	COST			Street Address								
515 Grove	Street			100											
City, State	e, Zip Code						32 William								
Haddon He	erights, New Jerse	y		10			City, State, Zip Code								
Project M	ngr. For Monitorin	ng Fir	rm		Telephone Nu	mber	7								
UDAY SIN	IGH				973-509-3320		East Hanover, NJ 07936								
			Sche	d. Comp	letetion Date (1	1)	Telephone	Number		License	Number				
_07	/ <u>15</u> / 13	3	_	07	31/	13									
/	/		555	/			973-884-8682				(00860			
Occupand	y Status During A	Abate	ment	(Check	Only 1)		Name of OSHA Monitor								
							LVI DemolitionServices Inc.								
	Abatement						Street Address								
	Abatement Perfo		d Outs	side of N	ormal Facility		20 MSII: Podevey								
Hours - Describe:						32 Williams Parkway									
☑ Other - Describe:MON-FRI						City, State, Zip Code East Hanover, NJ 07936									
10:00 pm to 6:00 am Scope of Work (Check All That Apply)							East Hallo	ver, NJ 079	30						
Scope of	Work (Check All 1	I hat A	Apply)											
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	≥160 sf or ≥260 lf □						Non-Exempted (*) and Non-Friable Procedure								
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	d by (Print or Typ	oe)			Title	11200000		Signature	1 1 /2	\supset	1 1	Date			
Ralph Bar	nhardt				Operations Ma	nager		1990	n/	On A	kon 1	1	07/11/13		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (Building Ow	ner / Oper	ator (2)	6 E	, U U	L	11 11	i i				
06 / 24 / 13					Macy's Inc Street Address								
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DEP	Initial Amended			NY 10036									
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□ DOL	DOL Emergency w/ justification				ango			• UCF	NSING.	&			
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Macy's		Type of Facility (4)											
		School (K-12)											
Street Address		Subchapter 8 (Other than K-12)											
1400 Willowbrook Mall		Other (I.e., private & cmmercial bldgs., homes, etc.)											
City (5)	(7)	Square Feet # Of Floors Building Age											
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					Retail								
Name of Monitoring I	Firm Hired	by Bldg. Own	er (8)	ASCM NO	Name of A	batement (Contractor	(9)					
Pennoni Associate Inc			1		IVA Danielli - Carriera II-a								
Street Address	i.				LVI DemolitionServices Inc. Street Address								
515 Grove Street					Street Add	1622							
City, State, Zip Code					32 Williams	Parkway						100	
Haddon Herights, New	Jersey				City, State,								
Project Mngr. For Mo		irm	Telephone Nu	mber	-								
UDAY SINGH			973-509-3320		East Hanov	er, NJ 0793	36						
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07 / 08	/13	_07/	/ <u> </u>	13	070.00	4 0000	00000						
Occupancy Status Di	uring Abot	omant (Chaak	() () () () () () () () () ()		973-884-8682 00860 Name of OSHA Monitor								
Facility Cl		LVI DemolitionServices Inc.											
Abatement		tou During Line	iic i ciioa oi		Street Address								
☐ Abatement	t Performe	d Outside of N	ormal Facility										
Hours - De					32 Williams Parkway								
☑ Other - De		City, State, Zip Code East Hanover, NJ 07936											
10:00 pm to 6:00 am Scope of Work (Check All That Apply)						er, NJ 0793	36						
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			Renovation			h Negative Pressure							
☐ ≥3sf or ≥3lf					Mini - Enclosure								
✓ ≥160 sf or ≥260 lf					Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Non-Exempled () and Non-Friable Procedure													
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Ralph Barnhardt	nager	ľ	Hature	ph L	2)_	/ /	Date						
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