Date of Notification (1) July 14, 2014					Building C drew the			(2) Cho	ok # 120	v. i					1000	
Agencies Notified	Type Notification		-	Street A	0.2500000000000000000000000000000000000	Aposti	e	Che	sh#, 13(17	54	7:5	i.			
EPA	Initial				sson-Git	obsbor	o Roa									
DEP X DOL	Amended Amendment #				te, Zip Coo ooro, NJ				6.1		M3.	1411). 10	H.			
X DOH X DCA	Emergency (in justification)	cluding			Contact Villiams							Numbe	r			
DCA	Cancellation			A SERVENCE AND A PARTY OF A PARTY	LITY INFO	RMATIC	N				-					_
Name of Facility Where)	1 AUI	LITT IN O	MATIC		Type o	of Facility (4)		_				0111-0402-0	
St. Andrew the Apo	ostle Parish Cente	er							chool (K-12)							
Street Address 27 Kresson-Gibbsb	oro Bood								ubchapter 8 other (i.e. pri				uild	inas.	home	es.
City (5)	Joio Road							2 85534	tc.)		Floors			dg. A		
Gibbsboro								5,000		2	110015			00. A	ye	
County (6)			T	County (Code (7) JSE ONLY)	55			nt Use (Prior		ng dem	olished)			
Camden	a Llisad by Duilding O	···no= (0)		ASCM			Nama		ch/Pre Sc		(0)		_			
Name of Monitoring Firm MDG Environment		vner (8)		ASCIV	I NO.				ement Contr rironmenta		200					
Street Address 1000 Maplewood D	rive Suite 207			-1				Address	s Avenue							
City, State, Zip Code			09:00		0 000			state, Zip			+					
Maple Shade, NJ C				Telepho	N-		9/0	le Sha	de, NJ 08	052	Licen	se No.				
Tony Esposito		- 75		856-75	55-9300			755-00			0084					
Start Date (10) July 28, 2014		Schedule August			Date (11)				A Monitor lytical, Inc	:.						
Occupancy Status Durir	ng Abatement (Check	Only On	e)				Street	Address	s							
	cated During Entire Pe								130 North	1						
Abatement Perform Other – Describe:	ned Outside of Norma	I Facility	Hour	S		_	5-100 - 100	state, Zip amins	o Code on, NJ 08	077						
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf		ALTERNATION OF THE PERSON OF T	enova				×	- I UII	Containmen	nt with	Negat	ive Pres	sur	е		
≥160 sf or ≥260 lf		D	emoli	tion					i-Enclosure vebag Proce	dure						
	7.		Car sanger		Г			Non	-Exempted	(*) and	d Non-l	Friable I		SAME TO	100	_
			Locat Iorma												ment pe	0
Locatio Asbestos-Containing		Use	d Sole	ely by	Asbest	Des os Conta	cription ainina M		(ACM)	Ai	mount				m	
TO BE AE	BATED		intena odial	nce/ Staff?		thermal:		s insulat			pecify or LF)		Rer	Re	nca	End
(13)	Nine • 1		(12)			other m				31	OI LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ate	Ф
Little Angels PreSch	nool Boiler Room	Х				Flue	Pack	ing		2.	5 SF	X	X			
Little Angels PreSch	nool Boiler Room	X				Boile	r Gasl	kets		10	00 LF	X	X.			
				-							_	-	4			
Name of Registered Wa	iste Hauler		1	JDEP W	/aste	Cubic \	Yards	Т	Name of R	egiste	red La	ndfill				L
Freehold				lauler ID 2253	No.	of Was 20	te		Western	Berk	s Co	mmun	ity	Land	dfill	
City, State Mount Holly, NJ 080	060					Dispos 8/1/20			City, State Birdsbore	o, PA	1950	08				
Completed by		Title					igṇature	e	00	_		Date				
Christina Lynch		Opera	ation	s Mana	ager	17	TIM	Dro	XX	/	1	July	14	, 20	14	

Date of Notification (1)	. 11		T	Vame o	f Building	Owner/Operator	(2)	COU LO DE				talients.
1-	11-14			NEL		-						-
Agencies Notified	Type Notification		1	Street A	ddress	P.O. BOO	169					-
☐ 6PA ☐ DEP	inital Amended		H	City, Sta	ne/Zip C	ode 4	11 01	71	77		- Carlon	7
DOL.	Amendment # Emergency (inc	hadimes	ł.		10W	ELL N	1.079	37-		- 41	_	=1
☐ DOH	institication)		T	Name o	Contac	20000		Telephone Number		2000 12		
DCA	Cancellation				-	LACKIS		1-11	1	11		ᅱ
	•			FACI		ORMATION	Type of Facility	(4)	-			\dashv
Name of Facility Where	Abatement is Taking	Place (3)				☐ School (K-12	3				H
= 1111= 3							ET Crinelporder	(Other than K-12) rivate & commercial	bulldir	ngs,		
	GWOOD	DRIV					homes, etc.)	# of Floors	Bld	g. Ag	e	\dashv
City (5) BAY VI	LLE N	J.	0	87	2/		2000	or if being demolish		5 0	<u> </u>	4
County (6) OCET	2N :	-11		USE (y Code (7 DALY)) (STATE	HOI	YE	, , , , , , , , , , , , , , , , , , ,			_
Name of Monitoring Firm		wher	7	SOM	lo.	Name of Abaten	nent Contractor (9	1.1	_			Palititoriory
(8)			_ .				INDUST	KIES IN	<u></u>	,		_
Street Address			-			Street Address	TCK TR	ALL				
City, State, Zip Code			===			City, State, Zip C		8724				
City, State, Zip Code		gisk.				BRICK	110.0	License No.	=			=
Project Manager for Mo	mitgring Firm		Tele	phone P	ło.	Telephone No.	2 1499	0119	6			
Short Date (40)	Sched	uled Co	omple	ion Dat	e (11)	Name of OSHA	Monitor	,				adding the same
Start Date (10) 2.3.	1 /	-30					•					=
Occupancy Status Dun	ing Abatement (Che	ak only	one)			Street Address			711 - To 2000	100		_
Facility Closed/Vaca	nted During Entire Pe	dod of i	Abatei • Hou	ment S		City, State, Zip C	Code					
☐ Abatement Perform			,									_
Scope of Work (Check						C) E. S Co	ntainment with No	cafive Pressure				
I i		□Re	novati	en.		Mini-Er	ndosure					-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		De	molitio	n		Glovet Non-S	oag Procedure nampted (*) and N	on-Friable Procedure	-			\dashv
3		IsL	ocatio	n n			•		A	bata: Typ		
	_	Used	Solel			Description (र्ज		\vdash			\neg
Location Ashestos-Containing	Material (ACM)	Mair	tenan stodia	ce/	Asbe	stos Containing Ma , thermal systems	aterial (ACM) Insulation.	Amount (Specify	Z	20	Encapsulate	E
TO BE ABO IN Facil	ATED iv	5	Staff?		(i.e.	surfacing, VAT	T. 07	SFor LF)	Remova	Repair	psu	Enclosure
(13)		<u> </u>	(12)			Office Unipoppositi	same) .		<u>a</u>	•	ate	ø
		Yes	No	N/A	-70	200/5/17		1100 SE				
ZIDING		-		V	_/^	ANSIT		1100 3.	-			
·				-						-		
Name of Registered V	logio Hailer	لـــا		LDEP1		Cubic Yards		istered Landfill		•		
	USTRIES /	NC	_ *	276	Nn. 02	of Waste 1		ROWS		==	_	
City, State BRICK,	1	RS	رجم	Ï		Disposal Date	City, State	PH.				
Consoleted By	TIME	2				Signature	11-	Date V - /	1	/	1	
ERICI	Ackis_	PRE	23				nuccen .	— 1/—		P		

Date of Notification (1) July 14, 2014		2F			Building (lidge Bo				n Che	ck #.N	γ/A, ₇			~		
Agencies Notified	Type Notification			Street Ad		_			- RET	4 00	- 17	PM	: '	3		
EPA DEP DOL	Initial Amended Amendment	# 1	h	City, Sta	te, Zip Co	de	6		- 1 ·	. 1	132.	V. II		11.		
⋈ DOH	Emergency (i				Contact				*	Tel	ephone	-				-
DCA	Cancellation			E40!!	IT/ INF		<u> </u>									
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	LITY INFO	ORMAII	ON	Tv	pe of Facility (4)			7 -	10.07/2		
Park Ridge Board		, (0)				92				864						
Street Address 2 Park Avenue					•			×	School (K-1 Subchapter Other (i.e. p	8 (Oth			Idino	ıs. İ	home	es.
								_	etc.)	21110000000000					20-00-0-71 0-00	
City (5) Park Ridge									quare Feet 0,000	2	f Floors		Bldg 100	100	ge	
County (6) Bergen		=		County C	Code (7) ISE ONLY)				urrent Use (Pric	or if bei	ing demo	olished)				
Name of Monitoring Firm Environmental Con		Owner (8)		ASCM	l No.				Abatement Cor Environmen							
Street Address		A CONTRACTOR OF THE PARTY OF TH					Street	Add	dress	lai, Li						
120 North Warren : City, State, Zip Code	Street								tler Avenue e, Zip Code		_					
Trenton, NJ, 08608							Mapl	le S	Shade, NJ 0	8052						
Project Manager for Mor Roland Jones	nitoring Firm			Telephor 609-39	ne No. 12-4200		Teleph 856-		e No. 5-0099		Licens 00842					
Start Date (10) July 16, 2014		Scheduled August 8			Date (11)				OSHA Monitor Analytical, In	ıc.		· · · · · · · · · · · · · · · · · · ·	ï	N.		
Occupancy Status Durin	g Abatement (Check	Only One)	Milere Co.				Street		and the second second second							
Facility Closed/Vac	ated During Entire P	eriod of Ab	atem	ent			City, S	tate	ute 130 Nor e, Zip Code		_		nn-	3.75		
							Cinn	am	inson, NJ 0	8077						
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	All That Apply)	Contraction .	nova moliti				× ×		Full Containme Mini-Enclosure Glovebag Prod	e cedure						
		T							Non-Exempted	i (*) an	d Non-Fi	riable Pr	10.25	- 10	70	
		N. 100 P.	ocati rmall	2000					2					Typ	ment oe	
Location Asbestos-Containing		Used	Sole	ly by	Ashes		scription		erial (ACM)	- Δ	mount .		T	T	_	
TO BE AB	ATED	Maint				thermal	systems	s ins	sulation,	(8	Specify		,	.	Enca	5
In Faci (13)	99 5 0		12)	nair:			cing, VA niscellar			SF	or LF)	Remova	Kepair		Encapsulate	Enclosure
(1.5)		Yes	No	N/A		Ollici II	nociiai	1000	13)			/al	=		ilate	ure
Media C	enter		X			Tile a	and Ma	asti	С	2,8	300 SF	XXX				
Media C	enter				Pipe	Fitting	gs (Wr	ар	& Cut)	(9 SF	XXX				
		1						-				+	+	+		
Name of Registered Wa	ste Hauler		N	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Lan	dfill				
Freehold				auler ID 2253	No.	of Was			Wester				/ La	nd	fill	
City, State Mount Holly, NJ 080	060			B		Dispos 8/8/20	al Date		City, State Birdsbo		A 1950	8				
Completed by		Title				S	ignature		70^			Date				
Christina Lynch		Operat	ions	Mana	ger	17	TIT	8	Mall	/		July 1	4, 2	01	4	

	NO	(4	NO	TIFICATI	State ON OF uant to	ASE NJA	SESTO C 8:60	and 5:16)						
	1.0			(1 4.5		Duildin	a Owne	r/Operator (-	2)					+	. \
				N	Name or	Mana	ageme	nt, LLC			4 11 1	THE T	.50		1
Date of Notifica	ation (1)	24	14	_						(2:	, 0 -				1
6	_ ' _		Faction		Street A	ddress	٨					S			
Agencies Noti	fied	Type Noti	fication	1	4 Der	nny K	u.						<u>:</u>		1
☐ EPA	1		ded		City, Sta	ate, Zir	- DF	19809	12		Telephon	e Number			
Ø DOLWD		1	dment #3	7/14/14	Wilm	ningto	In, DE				\				-
☑ DHSS		- Emer	gency (inc	luding	Name	of Con	tacı		10.05						-
DCA (NJAC 5:	23-8)	instit	Ication		Guy	Polli	Ce	DMATION			(4)		937. B		
(NJAC 5	20 01	Cand	cellation		FA	CILIT'	YINFO	RMATION	TT	ype of Facility	/ (4)				
Name of Fa	oility Where	e Abateme	nt is Takin	g Place (3)						☐ School (K-1☐ Subchapte ☐ Other (i.e.,	private and	nan K-12) I commercia	al building	s,	
Name of Fa	ton Mano	r Apartm	ents						1	Hollies, or	-THE CE	loors	Bldg. A	ge	
Burling	rocs		12			100			$-\dagger$	Square Feet					
Street Add	Pearl St.								1	Current Use	(Drier if hei	ng demolish	ned)		
			1000000			process		(STATE USE O	NLY)	Current Use	(P1101 11 00)	on on the			
City (5) Burlin	aton				C	ounty (Code (/)	GIVIE OF		Apartme	(O)				
					1				_	nent Contracto	TAL INC	.			$\overline{}$
County (naton			Owner (8	B) AS	CM No).	PRISTO	OL E	NVIRONMEN	NIAL, INC	-			
Buriir	Monitoring	Firm Hired	d by Buildi	ng Owner (8					LACE						
Name of	ntfields, Ir	10					2005	4423 B	3EAV	ER STREET					
Brigi	Address							Ctot	a 7ip	Code			(
Street F	Industrial	St					3	BRIST	OL,	PA 19007	TI	icense No.			
	tata Zin Co	ode				2000		Telephor	ne No		\	00509			
					Telep	hone	No.	245-7	288-6	040					1
Wiii	mington, ct Manager	for Monitor	ring Firm		30	2-656	-9600		f OSH	A Monitor		NC.	2		
Projec	nty Krous	ah		Scheduled	Comple	tion Da	ate (11)	RRIS	STOL	A Monitor ENVIRONN	MENTAL,				
Mo	(40)			Schedules 7	1 _15	5_1		-	1 1 1 400	CC					
l l	Date (10)	14 /	14		hi one)			Street	2 BF	AVER STRE	ET				\
_=				t (Check on intire Period f Normal Fa	of Abate	ement			Mato	7in Code					
Occ	upancy Sta	ed/Vacate	d During E	ntire Period f Normal Fa 30PM/	cility Ho	urs - D	escribe	1	CTO	PA 1300.	7				
	acility Clos	Performed	Outside o	30PM/	_PM	A	,M	BI			with Neg	ative Pressu	ıre		
							out les		□ F	ull Containme	NI WILL TOS				
	ope of Wor	k (Check a	Il that appl	y <i>j</i>		-Non			HX	ini-Enclosure Blovebag Proc Non-Exempted	edure	n-Friable Pr	ocedure		ant Type
					Renov	vation			N N	Non-Exempted	(*) and 140				ment Type
×	≥3 sf or ≥3	3 If ->260 If		1		6.3						l.	1	Removal	Encapsulate Encapsulate
1] >3 st of 2.] >160 sf of	2200			Is Lo	ocation	1		Des	cription of	(ACM)	Amo (Spe	uni cify	Mon	apsi apsi
-					No	rmally Solely	by	Asbestos	Conta	cription of aining Material systems insul- cing, VAT, or	ation,	SF of	rLF)	a l	ulate
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1		IN Fa	acility		1	No	N/A					120) SF	+	ntnt
		(1	3)		Yes			Boiler cau	ılk						부분
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					ᆜ므	-	1				Name of F	Registered L	andfill		
				30/2			NJDEP	Waste	Cubic	Yards of	MINEF	VA LAND	FILL		
			Walter La	lauler			Hauler	ID No.	Wast		1			200	
	Name of	f Registere	NSPOR	r GROUP,	INC.		2099	90	Disp	oosal Date	WAY	e NESBURG	, OH 44	Date	1 1/14
								1000		Signature		. /.	0	7	/14/14
	City, St	ate V CASTL	E, DE 197	720	T					Anna	Scale	ro / y	<u> </u>	1/	
	NEV	V CASTE	rint or Typ	e)	Title	mato	r			Muan	1	7			
	Comp	leted By (P	0		Esti	imato	·		atos I	licensure exen	npted activi	ties.			
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	ASB-41		351	4060	, D										
	MAY 1	1 /													

Ck# 2662

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)				-	
	24 / _	14	_				gement, LLC	E. C.					
Agencies Notified	Type Notifica	ation			Street	Address						- 7	
☐ EPA		66			4 D	enny Rd	•						
☑ DOLWD	Amended	100	7144	14 A	City, S	State, Zip (Code						
□ DHSS	Arnendm Ernergen		0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Wil	mington,	, DE 19809						
DCA (NJAC 5:23-8)	justificati		Juding		Name	of Contac	at .		Telephone Numb	er			
	☐ Cancellat				Gu	y Pollice			1	1		27701	
		-	2.2		FA	CILITY IN	FORMATION						
Name of Facility Where A			Place	(3)				Type of Facility ((4)				-53W/-
Burlington Manor A	partments							School (K-12					
Street Address									(Other than K-12)		ildino	S	
255 S. Pearl St.								homes, etc.)				<u> </u>	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Burlington													
County (6)					Cour	nty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Burlington								Apartments					
Name of Monitoring Firm I	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Brightfields, Inc							A AMERICAN DESCRIPTION OF THE PROPERTY OF THE	VIRONMENTAL	_, INC.				
Street Address							Street Address		•				
801 Industrial St							1123 BEAVE	R STREET					
City, State, Zip Code					MINE -		City, State, Zip C			-			
Wilmington, DE 198	01						BRISTOL, PA						
Project Manager for Monit			-	Te	ephone	No	Telephone No.		License No.				
Monty Krough	orang i ann				302-656		215-788-6040	1	00509				
Start Date (10)		Sched	ulad C		etion Da		Name of OSHA M		00000				
/	1			0.33	5 /			VIRONMENTAL	_, INC.				
Occupancy Status During	Abatement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated					ement		1123 BEAVE	R STREET					,
Abatement Performed						scribe	City, State, Zip Co						
Time of Abatement: 7:	00AM- <u>3:30</u> F	PM/_	PI	M	AM		BRISTOL, PA						
Scope of Work (Check all	that apply)						_					-	
≥3 sf or ≥3 lf			⊠ Re	חמעים	tion		☐ Full Con	tainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			☐ De				☐ Gloveba	g Procedure					
		= 000					Non-Exe	mpted (*) and Nor	n-Friable Procedur	е			
					ation					Ab	atem	ent T	ype
Location of	(6)	.		lorm d So	lely by	Acho	Description of stos Containing Ma		Amount	R	R	ш	ш
Asbestos-Containing N TO BE ABAT		"	Ma	inten	ance/		e, thermal systems		(Specify	Removal	Repair	ıcap	Clo
IN Facility			Cust	odia (12	Staff?		surfacing, VAT	, or	SF or LF)	va	_	Encapsulate	Enclosure
(13)			Yes	No	-		other miscellane	ous)				ate	
Boiler Room				\boxtimes		Boiler o	caulk		120 SF	Ø			
			П		10	ļ				П	П	П	
		-								12	-	-	
	. Harden			_	NJDEP I	Mosts	Cubia Vasta of	Nome of Desire	larad Landell		Ш	П	
Name of Registered Waste		INC	S		Hauler II		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPO	KI GROUP	, INC			20990			MINERVAL	_ANDFILL				
City, State	556 N						Disposal Date	City, State	NO Messon Control of the Control				
NEW CASTLE, DE 19	720							WAYNESB	URG, OH 44688				
Completed By (Print or Typ	e)	Title					Signature	0 .	Dat	e ;	1		
Brian Scafiro		Es	stimat	or			Brian	Scopins/	1	7/11	114	/	
								. , , , ,	9	1-1			

Agencies Notified CPA	ty, State NEW CASTLE, DE 19720 Impleted By (Print or Type)	T	itle							G, ОН 4	44688				
Agencies Notified Property Notification Property	77						1.4	Dispusal Date	CILY, STRIP						
Agencies Notified FAR Arbor Management, LLC Size Address Apencia Ministration Market Address Apencia Ministration Application Apencia Ministration Application SERVICE TRANSPORT GI	ROUP, I	INC.						MINERVA LA						_	
Arbor Management, LLC Apencies Notified EPA Solution Sirest Address 4 Denny Rd.	11 () 12 () 1 (N.	DEP V			Name of Registere	ed Landf	ill	U)	Ш		L
Arbor Management, LLC Agencies Notified PAA Agencies Notified PAA Agencies Notified PAA PAGE PAA PAA PAA PAGE PAA PAA	- W] כ				•				-	금	-	۲
Agencies Notified PA Agencies Notified PA Agencies Notified PA Agencies Notified PA DOLWD Initial DOLWD Cancellation County (Name of Pacility (A) Cancellation County (Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Apartments Cancellation														H	
Arbor Management, LLC Apencies Notified PAR Arbor Management, LLC PAR Apencies Notified PAR DOLWD Initial Amendment #1-7/8/14 Emergency (including justification) Described Part Par			-	-											1
Agencies Notified □ PA □ DOLWD □ CA □ CA □ CA □ CA □ CA □ CACA □ CAC	Oner Room		-	-+			Boiler ca	aulk		120 9	3F	×			T
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Arbor Management, LLC Arbor Management, LLC Agencies Notified Type Notification Initial Amended Amende	Asbestos-Containing Materia TO BE ABATED IN Facility	il (ACM)		Use Mai Cust	lorma d Sole intena odial s (12)	lly by nce/Staff?	Asbes (i.e.	Description of stos Containing Mate , thermal systems in surfacing, VAT.	erial (ACM) asulation,	Amou (Spec	unt	Ab	_	_	y
Agencies Notified □ EPA □ EPA □ DCA □ County Code (7)(STATE USE ONLY) □ Burlington □ Surrent Address Street Address Also Monitoring Firm Hired by Building Owner (8) □ Burlington, DE 19801 □ County (6) □ Burlington □ Surrent Address □ County (6) □ Burlington □ County (8) □ Burlington □ County (9) □ County Code (7)(STATE USE ONLY) □ Current Use (Prior if being demolished) □ Apartments □ Street Address □ Street Address □ Surrent Address □ County (7)(STATE USE ONLY) □ Current Use (Prior if being demolished) □ Apartments □ Street Address □ Street Address □ Surrent Address □ Street Address □ Street Address □ Surrent Street (8) □ County Code (7)(STATE USE ONLY) □ Current Use (Prior if being demolished) □ Apartments □ Apartments □ Street Address □	≥3 sf or ≥3 lf] De	molitic	on	<u>, </u>	☐ Mini-Enci	osure Procedure			e			
Agencies Notified □ EPA □ DOLWD □ DHSS □ DOLWD □ Cancellation □ Cancellation □ Cancellation □ Cancellation □ Cancellation □ DOLWD □ Description Manor Apartments □ DOLWD □ Description Manor Apartments □ DOLWD □ Description Manor Apartments □ DOLWD □ Cancellation □ Type of Facility (4) □ School (Kre. 12)	Abatement Performed Outsi Time of Abatement: 8:30AM	ide of No M- <u>5:30</u> PI	rmal F	acilit	v Hou	rs - De	scribe	City, State, Zip Co	ode			-			-
Agencies Notified EPA Arbor Management, LLC Agencies Notified EPA Initial														_	
Agencies Notified □ EPA □ DOLWD □ Camendment #1-7/9/14 □ Emergency (including justification) □ Cancellation □ Cancellation □ Cancellation □ Cancellation □ Cancellation □ Type of Facility (4) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Street Address □ DOLWD □ Cancellation □ Type of Facility (4) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Subchapter 8 (Other tha	7 / 10 / 14	_	OL	<u>) </u>	HOL					INC					
Agencies Notified PA		Is	Schedu	uled (005	09				
Agencies Notified EPA		Firm						Telephone No.		Licens	e No.				
Agencies Notified PA								100					160		200
Agencies Notified EPA			-		_	-									
Agencies Notified EPA	1000 P. 14To P. 1000 S. T. 17TO P. T. 17TO S.														50.0
Agencies Notified FPA										, INC.					
Agencies Notified EPA DOLWD Amended Amendment #1-7/9/14 Emergency (including justification) Justification (NJAC 5:23-8) Name of Facility Where Abatement is Taking Place (3) Burlington Manor Apartments Street Address 4 Denny Rd. City, State, Zip Code Wilmington, DE 19809 Name of Contact Guy Pollice FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address 255 S. Pearl St. City (5) Burlington County (6) Burlington County (6) Burlington County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)	Name of Monitoring Firm Hire	d by Build	ding O	wner	(8)	ASCI	M No.	Name of Abatem							_
Agencies Notified EPA						Co	unty Code ((7)(STATE USE ONLY)		or if being	g demoli	ished)		_
Agencies Notified EPA										W 01 F	ioors		Blag.	Age	
Agencies Notified EPA						,			homes, etc.)						
Agencies Notified EPA					240				☐ Subchapter 8	(Other t	han K-1	2) ercial	huildi	nae	
Agencies Notified EPA		tments	1						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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Agencies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) Type Notification Street Address 4 Denny Rd. City, State, Zip Code Wilmington, DE 19809 Name of Contact Arbor Management, LLC Street Address 4 Denny Rd. City, State, Zip Code Wilmington, DE 19809 Name of Contact Telephone Number															_
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Agencies Notified EPA DOLWD Arbor Management, LLC Street Address 4 Denny Rd.	☑ DHSS	Amenda	nent #	1-7/9	114					-				_	_
Agencies Notified Type Notification Street Address			ad												
Arbor Management, LLC			cation			_									
Name of Building Owner/Operator (2)		_ ′	14			1	Arbor Man	nagement, LLC	C000 *0						

CR# 2643

Date of Notification (1)					Na	me of Build	ing Owner/Operator	(2)						
6 /	24	1	4		1	Arbor Man	agement, LLC	(-)						
Agencies Notified	Type Not	tificatio	n			eet Address				•				
□ EPA	Initial				- 1	Denny R								
	☐ Amen					y, State, Zip								
☑ DHSS #283 □ DCA		dment		_		6 YE (***)	n, DE 19809							
(NJAC 5:23-8)	☐ Emer	gency (cation)	includi	ng		me of Conta								
	Cance					ay Pollic		ä	Telepi	hone Nun	nber			
									í		1			
Name of Facility Where Aba	atement	is Taki	no Plac	ce (3)		ACILITY	INFORMATION	1=						
Burlington Manor Ap				(0,				Type of Facility (
Street Address	-			_				School (K-12) Subchapter 8	(Other	than K.11	٥١			
255 S. Pearl St.								Other (i.e., pri	ivate an	d comme	rcial	buildi	ngs,	
City (5)								homes, etc.) Square Feet	Tw					
Burlington								Square reet	# OT F	loors		Bldg.	Age	
County (6)					Co	unty Code	(7)(STATE USE ONLY)	Current Hea / Drie	1					
Burlington						,	() (O) ATE DOE ONE I)	Current Use (Pric	or ii beir	ng demoli	shed))		
Name of Monitoring Firm His	red by B	uilding	Owner	(8)	ASC	M No.	Name of Abatem							
Brightfields, Inc							I and the second	VIRONMENTAL	INIC					
Street Address							Street Address	AIKOMMENIAL	, INC.					
801 Industrial St							1123 BEAVE	PETPET						
City, State, Zip Code							City, State, Zip Co							
Wilmington, DE 19801							BRISTOL, PA							
Project Manager for Monitori				TTe	lephon	e No	Telephone No.	19007	T					
Monty Krough						6-9600	215-788-6040		1	se No.				
Start Date (10)		Sche	duled (Pate (11)	Name of OSHA M		005	509				2
7 / 10 / _1	14					14								
		- /Cha-		- Sin				VIRONMENTAL,	INC.					
Occupancy Status During Ab Facility Closed/Vacated D			1500	2.0			Street Address		300000000000000000000000000000000000000					
☐ Abatement Performed Ou						eeribe	1123 BEAVER							
Time of Abatement: 8:30							City, State, Zip Co		189_5		(0,000)			
-							BRISTOL, PA	19007						
Scope of Work (Check all tha	t apply)						[] F. O 4		220					
≥3 sf or ≥3 ff			⊠ Re				☐ Mini-Encl	ainment with Nega	tive Pre	ssure				
≥160 sf or ≥260 lf			☐ De	emolit	ion		☐ Glovebag	Procedure						
			le	Loca	tion		⊠ Non-Exer	npted (*) and Non-	Friable	Procedur	8			
Location of			1	Norma	ally		December of			20	At	atem	ent T	ype
Asbestos-Containing Mate		M)			ely by	Asbe	Description of stos Containing Mat	erial (ACM)	Amo	ount.	R	Z	m	m
TO BE ABATED IN Facility	2				ance/ Staff?	(i.e	., thermal systems in	sulation,	(Spe	ecify	Remova	Repair	ZZ.	1 Clo
(13)				(12)			surfacing, VAT, other miscellaneo		SF o	r LF)	Val	-	Encapsulate	Enclosure
			Yes	No	N/A		Other miscensing	us,					ate	
Boiler Room				×		Boller c	aulk		120	er .	N			
			П						120	3r				
	_	,	_			+								
N. Carlotte												П		П
lame of Registered Waste Ha		-			JDEP		Cubic Yards of	Name of Register	ed Land	dfill				=
SERVICE TRANSPORT	GROU	P, INC		H	lauler II 2099(10000070	Waste	MINERVA LA	NDFIL	L				
City, State					29096		Disposal Date	City, State						-
NEW CASTLE, DE 19720)						.77	WAYNESBUR	RG, OH	44688				
completed By (Print or Type)		Title					Signature			Date				\dashv

Date of Notification (1)						Building Ov		perator	(2)							
07/09/2014						el Antosof	sky									
Agencies Notified	Type N	otification			Street A									. 4		
X EPA	× Ini	tial				Fayette S	324.22.12.11			*************	L.,			:		
EPA DEP DOL		nended	ш			te, Zip Code										
		nendment nergency (-		ck, NJ 07	ррр				T = 1					
DOH DCA	jus	stification)				Contact	-10.				Tel	ephone N	lumber			
DCA .	L Ca	ncellation			All Sci Donation (Ch	Antosof		ON			İ			_		
Name of Facility Where	Abateme	nt is Takin	g Place (3)		FACI	LITY INFOR	CIVIATI	UN	Tv	pe of Facility (4)					
			3 (-)							School (K-12						
Street Address									Ħ	Subchapter 8	(Oth					
1335 Fayette Stree	et								×	Other (i.e. pr etc.)	ivate 8	& commer	rcial bui	ldings	, hom	es,
City (5)									Sq	uare Feet	# of	Floors	T	3ldg.	Age	
Teaneck									2,	000	2			50		
County (6)						Code (7)			Cu	rrent Use (Prio	r if bei	ng demol	ished)			
Bergen County					(STATE U	JSE ONLY)		_	R	esidence						
Name of Monitoring Firm	Maria Consultation		Owner (8)	1000	ASCN					batement Cont		(9)				
EnviroVision Const	ultants,	Inc.			0007	79		Incir	nia	Contracting,	Inc.					
Street Address		-						Street								
20-21 Wagaraw Ro	oad, Bu	lding 35	Ε	88 _U						lifton Avenue	e, Un	it 365				5705
City, State, Zip Code										, Zip Code						
Fair Lawn, NJ 0741		¥2							400000	NJ 07012						
Project Manager for Mon	itoring Fi	rm			Telephoi			Teleph (0.72			9	License				
Fred Larson	70		Cabadula	10		636-9145			•	50-9500 SHA Monitor		01036				
Start Date (10) 7/20/2014			Schedule 7/20/20		npietion	Date (11)				Contracting,	Inc					
Occupancy Status During	a Abaten	ent (Chec						Street			IIIC.			-		
										lifton Avenue	e Un	it 365				
Facility Closed/Vaca X Abatement Perform								71.115.117.11.01		, Zip Code	,					
Other – Describe:							_	175.0		NJ 07012						
Scope of Work (Check A	II That Ap	oply)										-	74.11			
23 sf or ≥3 lf			X R	enova	ition				1	Full Containme	nt with	Negative	e Pressi	ıre		
≥160 sf or ≥260 lf			Transmitted.	emolit				×	K	Mini-Enclosure						
										Glovebag Proce Non-Exempted		d Non-Fri	able Pro	cedu	re	
			lal	ocati	ion						17			200 to 100	temen	ıt
Location	of.		2500	ormal		57	Dor	scription	n of					_ 1	уре	
Asbestos-Containing		(ACM)		i Sole			s Cont	aining N	Mate	rial (ACM)	5005	mount			ш	_
TO BE AB					Staff?	(i.e. th		system:		sulation,		specify or LF)	Ren	₽ Re	nca	Encl
In Facil - (13)			3004855555	(12)				niscellar			31	Or LI)	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								1 20		ate	6
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Basem	ent			X	X		vinyi	Floor	1116	S	4(00 SF	X	-	-	
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			1 1					Debatile								
Name of Registered Was	ste Haule	r		200	JDEP W			Yards		Name of R	egiste	red Land	fill			-
Atlantic Carting				839	lauler ID		of Was	ste		IESI PA	Beth	lehem	Landfi	II Co	rp.	
				1	IJ-641		40 Dianas	nol Dete							- F-5	
City, State Wayne, NJ	8					1		sal Date 0/2014		City, State		Δ				
Completed by			Title					mature	1	Dellerie	ш, г		Date			
Milena Zoric			10000000	ıtive	Directo	or \	J.	Majure	Y	to			7/09/2	014		
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Date of Notification (1)						Owner/Opera										
7/10/2014				DIV 7	5 Demar	est LLC c	o Th	he Dav	vis Comp	oanie	s					
Agencies Notified	Type Notification			Street A						C 8 (4		. 17	P	17	50	,
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× EPA × DEP × DOL	× Amended	ша		200	ate, Zip Coo					- 1						
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DOH DCA	justification)) S 7 4			f Contact					Tele	ephone	Numb	er			
☐ DCA	Cancellation				ue Bellido						_					
Name of Facility Where	Abatement is Takin	g Place (3	3)	FACI	LITY INFO	RMATION	- 1 -	Type of	Facility (4)	`	-		-			
N/A		3 (.					F									
Street Address									hool (K-12) bchapter 8		er than	K-12)				
75 Demarest Drive							Ē	Ott etc	ner (i.e. pri	vate 8	k comm	nercial	build	lings,	home	es,
City (5)								Square	Feet	# of	Floors		В	ldg. A	ge	
Wayne								190,00		2			- 4	6		
County (6)					Code (7) USE ONLY)				Use (Prior		25-72		(75)			
Passaic				M 					ry - Vaca			nolitio	n			
Name of Monitoring Firm				ASCN		1000000			ment Contr		(9)					
CTSI Environmenta	al Safety & Hea	ith Profe	ess.	0010	J9				racting,	inc.						
Street Address 237 West 35th Stre	ot Suita POE							ddress	Ανοριιο	Llo	+ 265					
City, State, Zip Code	et, Suite 605		_					te, Zip	Avenue	, UII	1 303					
New York, NY 1000	01					100000000000000000000000000000000000000		ne, Zip (n, NJ (
Project Manager for Mon	itoring Firm		- 1	Telepho	ne No.	Tel	lepho	ne No.			Licen	se No.				
Farhood Selamie	88				29-3451	91	73-4	50-95	00		0103	36				
Start Date (10)				pletion	Date (11)	76500			Monitor							j
7/21/2014		12/31/							racting,	inc.						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)			1,0000000		ddress	A.,	Llesi	+ 005					
Facility Closed/Vaca Abatement Perform									Avenue	, Uni	1 365					
Other – Describe:	ed Outside of Norn	nai Facility	Hours	18			70 W.	ite, Zip (
Scope of Work (Check A	Il That Apply)						MILLO	n, NJ (77012							
	ii mac (ppiy)						X	F 11 0						23,850		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoliti						ontainmen Enclosure	it with	Negati	ive Pre	ssur	е		
Section 20		9					×	Glove	bag Proce				_			
		T	- 		1			Non-E	Exempted (and	Non-F	-riable			ement	
		3575	Location Normall	7,50									•	Ту		٠
Location Asbestos-Containing	0.500		d Solel		Achaet	Descript os Containin			CM)	Δ	mount					
TO BE ABA			intenar todial S			hermal syst				(S	pecify		Z.	גע	Enc	Ē
In Facili (13)	ity	Cusi	(12)	itali ?		surfacing, other misce			250.5	SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer misce	Silarie	ous)					<u>a</u>	7	ılate	ure
First Floor - C	Columns	165	X	IN/A	Sn	ray-on Fi	renro	oofing		11.0	000 S	F	x			H
First Floor - Horiz		X		20.00	ray-on Fi				0.000050	000 S		X				
First Floor -			X		-	en Stack				000000000000000000000000000000000000000	8 SF		X			\vdash
		-	1000		200		i de la reconstrucción de	200		2000		_				\vdash
Mezzanine - Cr Name of Registered Was			X	JDEP W		ray-on Fi	-		Name of Re		00 SF	11000	X			
Separation of the second			1500	auler ID		of Waste	,3			1,2757						
Weigle Trucking Cor	прапу		1	7634		TBD			Minerva	⊏nte	rprise	S				
City, State						Disposal D	ate		City, State		~ !!					
Linden, PA		1				TBD	.//	1	Waynest	ourg,	OH					
Completed by Milena Zoric		Title		Disa -	0.4	Signa	MUR	11	P			Date	100	14.4		
IVIIIeria Zoric		Exec	utive	Directo	Or .		1	V	100	9 9000-21-22)	7/10	1/2(114		

	Nor	Locat mally Solely	Used	Description of Asbestos		A	batem	ent Ty	pe
Location of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13)	M	aintena todial (12)	ance	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			al	-	е.	re
Mezzanine – Columns		X		Spray-on Fireproofing	11,000 SF	X			
Mezzanine – Boiler Room		X		Pipe Fittings	750 LF	X			
Mezzanine – Boiler Room		Х		Boiler Breaching	400 SF	X			
Mezzanine – Boiler Room		X		Small Pipe Elbow Insulation	200 LF	X			
Mezzanine – Boiler Room		X		Large Pipe Elbow Insulation	180 LF	X			
Mezzanine – Boiler Room		X		Water Tank Insulation	360 SF	X	•		
Mezzanine		X		Oven Stack Insulation	113 SF	X			
Second Floor – Columns		X		Spray-on Fireproofing	11,000 SF	X			
Second Floor – Horizontal Beams		X		Spray-on Fireproofing	6,000 SF	Х			
Second Floor - Roof		X		Duct Insulation Tar	600 SF	X			
Second Floor – Penthouse		X		Pipe Insulation	300 LF	X			
Second Floor		X		Oven Stack Insulation	227 SF	X			
Waste Water Treatment Plant		X	and the state of	Roofing Membrane	2,000 SF	X			

Date of Notification (1)						vner/Operato								
07/11/2014						, LLC c/o \	Vorr	ado Realty	Trust	111 17	DM [T]	7. 5	t-	
Agencies Notified	Type Notification			treet A					- U : " U	J 1	(li	1. 3	ن	
X EPA	× Initial		100		oute 4									
EPA DEP DOL	Amended		100		te, Zip Code				0	Linni		111	Ji.	
X DOL	Amendment Emergency					652-0910				LICE		U		
DOH DCA	justification)		15.5355		Contact				Tel	ephone Nu	ımber			
☐ DCA	Cancellation		U	0.0000000000000000000000000000000000000	D. Knop,				,					
Name of Facility Where	Abatement is Takin	a Diace (3)		FACI	LITY INFOR	MATION	TTV	pe of Facility ((A)	-				-5-17/1-5
Former SYMS Build		g i lace (5)					1 9							
Street Address	ang opace o						-H	School (K-1 Subchapter		er than K-1	12)			
555 King Georges	Road						×	Other (i.e. p				dings,	home	es,
City (5)	Hodd						So	etc.) juare Feet	# 01	Floors	1	3ldg. A	nne.	
Woodbridge Towns	ship						1000	0,000	1	1 10013	22	50 50	.gc	
County (6)	»p		C	ounty (Code (7)			ırrent Use (Pri	or if bei	na demolis	comment of			
Middlesex County					JSE ONLY)				0, 11 201	ng dominan				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.	Name	e of A	Abatement Cor	ntractor	(9)				
Environmental Tac	FRINKSHAM ING BET DESILENDE WIZER-	* *		45		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Contracting						
Street Address						Stree	et Ado	iress				-		
64 Broad Street						136	60 C	lifton Avenu	ie, Un	it 365				
City, State, Zip Code					3 - 3	City,	State	, Zip Code	***					
Matawan, NJ 0774	7					Clif	ton,	NJ 07012	*					
Project Manager for Mon	itoring Firm		17.00	elephor		Telep	ohone	No.		License I	No.			
Thomas Geiger			. (732) 2	290-2217	(97	3) 4	50-9500		01036				
Start Date (10)		Scheduled (letion [Date (11)			SHA Monitor						
7/23/2014		8/25/201						Contracting	, Inc.					
Occupancy Status During	g Abatement (Chec	k Only One)				Stree								
Facility Closed/Vaca				nt -				lifton Avenu	ie, Un	11 365		25078		
Abatement Perform Other – Describe:	ed Outside of Norm	ial Facility Ho	ours			1		, Zip Code						
	II That Assled					- Clif	ton,	NJ 07012						
Scope of Work (Check A	іі тпас Арріу)		300			г	⊽I							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovatio nolition					Full Containm Mini-Enclosure		Negative	Pressu	ire		
-100 0. 0. =200 1.		L Don	iontio					Glovebag Pro	cedure					
		7		- 1				Non-Exempte	d (*) and	d Non-Fria	ble Pro	Propiesti.		
		10000000	cation	992	20								ement pe	
Location		Used S	mally Solely			Descriptio		:-!'(1.01.1)				Τ,	5752	
Asbestos-Containing TO BE ABA		Mainte	enanc	e/		s Containing ermal systen			0.7	mount specify	20		Enc	m
In Facili		Custodi	al Sta (2)	aff?	*	surfacing, V	AT, o	r		or LF)	Remova	Repair	aps	Enclosure
(13)					C	ther miscella	aneou	IS)			val	₩.	Encapsulate	ure
		Yes N	10	N/A									Ф	
Ground L	evel		X	X	1	/inyl Floor	Tile	s	36,	000 SF	X			
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			1						1.000		+		\$	
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Name of Peristand We-	to Hauler	1	NUT	DED M	acto	Subje Verd-		Nome of	Dogist-	rod Lande				
Name of Registered Was	ie naulei			DEP W uler ID		Cubic Yards of Waste		Transportation and the second		red Landfi				
Atlantic Carting			3315,000	-641		40 Yards		IESI P	4 Beth	lehem L	andfi	II Cor	p.	
City, State					1	Disposal Date	е	City, Stat	-					
Wayne, NJ					487	TB/D	1	Bethlef	nem, F	PA				
Completed by		Title				Signatu	4/1		0. 11.82		ate			
Milena Zoric		Executi	ve D	Directo	or		11	Non		7	7/11/2	014		

Date of Notification (1) 07-12-14	-	7			Building (Owner/Ope actors	erator (2	2)	2514 JUL	17 P	H.	7: 9	17	
	otification		\dashv	Street Ac	dress									-320
	tial			31 Ellio	ot St									
	nended		Г	•	te, Zip Co								17	
DOL Ar	nendment nergency (-	Avene	I NJ 070	001				3.11				
DOH jus	stification)	including	Γ	Name of				77.4	Telephone I	Number				
DOH jus	ncellation			Angela					<u></u>					
N	at in Tolein	- Diese (2)		FACIL	LITY INFO	DRMATION		Type of Facility (4)	1				-	-
Name of Facility Where Abateme Private Residence	nt is Takin	g Place (3))				١.							
A A A A A A A A A A A A A A A A A A A						-80-3		School (K-12 Subchapter 8) (Other than h	(-12)				
Street Address 3301 Clark Lane								Other (i.e. pri	ivate & comme		lding	s, ho	me	s,
								etc.) Square Feet	# of Floors	7	Blda	Age		
City (5) South Plainfield								oquare reet	W 01 1 10010	1)	5		30	
County (6)				County C	Code (7)		-+	Current Use (Prior	if being demo	olished)				_
Middlesex					JSE ONLY		_			***				
Name of Monitoring Firm Hired by	/ Building	Owner (8)		ASCN	l No.	1	Name o	f Abatement Cont	ractor (9)				_	
N/A	, Danaing	· (•)					Delfa	Contracting LI	LC					
Street Address	-						Street A	ddress	i i	+3				
							522 7	th Street	1					
City, State, Zip Code								ate, Zip Code	1					
							Unior	1 City NJ 0708	224					
Project Manager for Monitoring F	irm			Telephor	ne No.	2.0		one No.	Licens					
V20.07 82.57 82.67								16-9603	0120	6				
Start Date (10)				npletion l	Date (11)			f OSHA Monitor					V	
07-22-14		07-23-						Contracting L	LC :			V		
Occupancy Status During Abater	nent (Ched	k Only On	e)			15		ddress	1					
Facility Closed/Vacated Dur Abatement Performed Outsi	ing Entire	Period of A	baten	nent		L	×	th Street						_
Abatement Performed Outsi Other – Describe:	de of Norn	nal Facility	Hours	S		1		ate, Zip Code n City NJ 0708	7					
							Offici	1 City 143 07 00	1					
Scope of Work (Check All That A	ppiy)	P		0.400.700			П	5. II Ot-i	-tith Nomelin	Droop				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoli					Full Containme Mini-Enclosure	nt with Negativ	ve Piess	ure			
2100 3101 2200 11								Glovebag Proce		dabla De				
		т		100000			^	Non-Exempted	(*) and Non-F	nable Pr		ure atem	ent	
			Locat						į			Туре		
Location of	(4.044)		lorma d Sole		Achon		ription o	of aterial (ACM)	Amount		T	T		
Asbestos-Containing Material TO BE ABATED	(ACM)	Mai	intena	nce/		thermal sy			(Specify	20	١,	,	E	En
In Facility		Cust	odial ((12)	Staff?	1000	surfacir			SF or LF)	Removal	Kepair		sae	Enclosure
(13)			(/			other mis	scellane	eous)	į	Val	=		Encapsulate	ure
		Yes	No	N/A							_			
Basement			x			V	/AT		9 Sf	x				
Ground Floor							/AT		135 Sf	x				
	Ground Floor								1					
									1		T	\top		
Name of Registered Waste Haule	r			JDEP W		Cubic Ya		Name of R	Registered Lan	dfill	1	-		
Delfa Contracting LLC			14.0	lauler ID 5240	No.	of Waste	9	Tullytow	n Resource	e Reco	very	Fa	cili	ty
City, State						Disposa	Date	City, State	II.					
Union City NJ 07087						07-24-	14	Tullytow	n, PA					
Completed by		Title				Sig	nature	10	1	Date	8 25%			
Jaime Delgado		Proj.	Man	ager				18	1	07-12	-14			

Date of Notification (1)			- 1		Building (2)	W200	1	014 7	. 4	}	
07-11-14					mmonw	ealth R	ld.		9818 H		FIT :	1		
Agencies Notified	Type Notification		1 0	Street A	20-20-20-20-20-20-20-20-20-20-20-20-20-2	aalth D								
☐ EPA	Initial		1000	Christian Control	mmonw	Severe Programme	(a.			1		150	1.	
DEP	Amended Amendment	4			te, Zip Co									
DOL	Emergency (i				vork NJ	07033			- 1 =	1				
⊠ DOH	justification)				Contact				l le	lenhone N	Imner			
DCA	Cancellation			Hany	LITY INC	DAS A TI	ON.							-
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITY INFO	JRMAII	JN	Type of Faci	lity (4)					
38 Commonwealth		1 1400 (0)					١,	-	(1530)	1				
Street Address			_		****			School Subcha		ner than K-	12)			
38 Commonwealth	Rd						li	The state of the s	i.e. private	& commer	cial build	dings,	home	es,
City (5)								etc.) Square Feet	# 0	of Floors	Тв	ldg. A	ge	
Kenilworth												9	_	
County (6)			770	County (Code (7)			Current Use	(Prior if be	ing demoli	shed)			
Union					JSE ONLY)				***************************************					
Name of Monitoring Firm	n Hired by Building C	Owner (8)	_	ASCN	No.		Name o	f Abatement	Contracto	r (9)				
N/A	,						Delfa	Contracti	ng LLC					
Street Address			_		100		Street A	ddress		-				
							522 7	th Street		1				
City, State, Zip Code							City, Sta	ate, Zip Code	9	-				
							Unior	City NJ 0	7087	i				
Project Manager for Mo	nitoring Firm		T	Telepho	ne No.		Telepho	ne No.		License				
200							201 2	16-9603		01206				
Start Date (10)		Scheduled		pletion I	Date (11)			f OSHA Mor						
07-21-14		07-23-14					Delfa	Contracti	ng LLC					
Occupancy Status Durin	ng Abatement (Check	k Only One)			Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Street A							
Facility Closed/Vac Abatement Perform	ated During Entire P	eriod of Ab	atem	ent			1.250	th Street						
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility H	ours				and the same of th	ate, Zip Code						
							Unior	City NJ	07087					
Scope of Work (Check A	All That Apply)	_				22	- Francis							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat				H	Full Conta Mini-Enclo		h Negative	Pressu	re		
2100 \$1 01 2200 11		Del	i iOiiu	OII				Glovebag	Procedure					
							*	Non-Exem	npted (*) ar	nd Non-Frie	able Pro	Towns State		
		100 20072230	catio	(CCCC)					- 1			Abate Tv	emen pe	
Locatio		Used	mall: Solel:	•			scription							
Asbestos-Containing TO BE AB		Maint	enan	ice/				iterial (ACM) insulation,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount Specify	72		Enc	m l
In Faci	lity	Custod	lial S 12)	taff?		surfac	ing, VAT	, or		F or LF)	Remova	Repair	aps	Enclosure
(13)		ļ ,	,			other m	niscellane	eous)			Val	#	Encapsulate	ure
		Yes	No	N/A									- Ф	28.86
Exteri	or		х			5	Siding		8	60 SF	x			
										9	1			
		+							+	<u> </u>	+			
													-	
Name of Registered Wa				JDEP W auler ID		Cubic of Was				ered Landf				
Delfa Contracting L	LC		1	5240	140.	3		Tull	ytown R	esource	Recov	ery F	acili	ity
City, State			1			Dispos	al Date	City,	State					\neg
Union City NJ 0708	7					07-24		178	ytown, P	A				
Completed by		Title		Mary Vice - Committee - Commit	-64 ₁ = 200-200	Si	ignature	10		10	Date			
Jaime Delgado		Proj. N	lana	ager			V.20	19			07-11-	14		-
								/						

Date of Notification (1)			-			Building (107						5000000	-	~ ~	
07-12-14	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- n# - :		_	Street A	Fround I	idusti	iai LLC		- 5	214	1111		PH	<u> </u> ;	5)	
Agencies Notified	Type Notifi	cation				_{national}	Rlvd	#610									
EPA	Initial Amen	4. 4		-	100000000000000000000000000000000000000	te, Zip Co	100	# 010						1.		Щ	
EPA DEP DOL		ided idment#				ah NJ 0								- 1			
	☐ Emer	gency (ir				Contact					Tele	ephone	Num	her			
DOH DCA		cation) ellation				eonard					ř.	- //					
					FACI	LITY INFO	RMAT	ION			•			X			
Name of Facility Where			Place (3	5)			- 57		Type	of Facility (4))						
Hartz Mountain Inc	lustries, In	ic								School (K-12			-				
Street Address										Subchapter 8 Other (i.e. pri					linas	home	25
301-305 Broadway				10000					23	etc.)							
City (5)									Squa	re Feet	# of	Floors		В	ldg. A	ge	
Jersey City											<u> </u>						
County (6)					County (Code (7) USE ONLY)			Curre	nt Use (Prior	if bei	ng dem	olish	ed)			
Hudson								$\overline{\Box}$				(0)					
Name of Monitoring Firm	n Hired by Bu	uilding O	wner (8)		ASCN	I No.				tement Contracting LI		(9)					
N/A								Street	S 538855								-
Street Address								0.000	7th S								
City, State, Zip Code					-					ip Code			-	-7.			
City, State, Zip Gode	**************************************							152.525(6)		y NJ 0708	7						
Project Manager for Mor	nitoring Firm	2		Telepho	ne No.		Teleph 201	one N 216-9			Licens 0120	1 1).			in a second	
Start Date (10)			Schedule	ed Cor	noletion	Date (11)	98.34			HA Monitor							11
07-23-14			08-23-			(, ,		Delfa	a Con	tracting Ll	C						
Occupancy Status Durin	g Abatemen	t (Check	Only Or	ne)				Street	Addres	ss							
Facility Closed/Vac	ated During	Entire Pe	eriod of A	Abaten	nent			522	7th S	treet				905000			
Abatement Perform	ned Outside							City, St	tate, Z	ip Code							
Other – Describe:							_	Unio	n Cit	y NJ 0708	7						
Scope of Work (Check A	II That Apply	y)															
23 sf or ≥3 lf				Renova				×	Ful	I Containmer	nt with	Negati	ve P	essur	e		
≥160 sf or ≥260 lf				emolit	ion			XXXXX	Mir	ni-Enclosure ovebag Proce	dure		1				
			,					×	No	n-Exempted		Non-F	riabl	e Prod	cedure	е	
			ls	Locati	ion									- n	Abate Ty		
Location				Normal d Sole				scription							' y	pe	
Asbestos-Containing TO BE AB		CM)		intena				taining M I systems				mount		Z		En	ш
In Facil			Cust	odial 9 (12)	Staff?	(1.0.	surfa	cing, VA	T, or			or LF)		Remova	Repair	aps	nclo
(13)				(12)			other r	miscellan	eous)					val	air.	Encapsulate	Enclosure
			Yes	No	N/A											Ф	
1st floor th				X			Pipe	Insulat	tion			40 LF	4	х			
1st floor th				X	-			VAT			-	06 SF	1 10	x			
	2nd floor throught							VAT			110010	50 SF	ļ	х			_
2nd floor th				X	IDED.			Insulat	tion	Now FD		00 LF	Jen.	х			
Name of Registered Was					JDEP W auler ID	1990 (1990) (1991)	of Wa	Yards ste		Name of R							
Delfa Contracting Ll	_C		1 (20)	5240		30			Tullytow	n Re	sourc	e Re	COV	ery F	acili	ty	
City, State								sal Date		City, State	10000						
Union City NJ 0708	7						08-2			Tullytow	n, P	١					
Completed by			Title				18	Signature	/	9			Dat		4.4		
Jaime Delgado			Proj.	Man	ager				10	5			07	-12-	14		

(K 13470

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) JULY 15, 2014					Building Owner/C		(2)			,			
Agencies Notified	Type Notification Initial			Street Ad 105 El	ddress LM AVENUE)e-	E (II)	L 17 P	W 7	: ; 5		
DEP DOL	Amended Amendment				te, Zip Code MA PARK, MD	2091		1					
DOH DCA	Emergency justification) Cancellation	150			Contact CK FLANAGA	N		Tele	phone Nur	nber	- 0		
				FACII	LITY INFORMAT	ION		-			V-1908C	TARGET ACTUAL	
Name of Facility Where FLANAGAN PROF	Abatement is Takir PERTY	g Place (3)					Type of Facility (4						
Street Address 511 BURLINGTON	AVENUE						Subchapter 8 Other (i.e. prietc.)				dings,	home	es,
City (5) BRADLEY BEACH	ſ						Square Feet 700 SF	# of 2	Floors	E	ildg. A	ge RS	
County (6) MONMOUTH					Code (7) USE ONLY)		Current Use (Prior RESIDENCE	if bein	g demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.	Name Finis	of Abatement Cont shing Touch Asb	ractor ((9) Abatem	ent C	Corp.	, Inc	
Street Address							Address Broadway						
City, State, Zip Code							State, Zip Code g Branch, NJ 07	740					
Project Manager for Mor	nitoring Firm	=: -:		Γelephor	ne No.		none No. 222.8372		License N 00040	0.			
Start Date (10) 8/4/14		Scheduled 8/5/14	d Com	pletion [Date (11)	Name N/A	of OSHA Monitor						=======================================
Occupancy Status Durin	a Abatement (Che	k Only One	2)			180000000	Address						
Facility Closed/Vac				ent		0.,000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility I	Hours			City, S	State, Zip Code						
Scope of Work (Check A	All That Apply)				f.husahasa -								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				Full Containmer Mini-Enclosure	nt with	Negative F	ressu	re		
						~	Glovebag Proce		Non Eriah	le Pro	codur	0	
		le l		_				() and	Non-i Hab	10110		ement	t
Location	n of	No	ocation or mall	y	De	scription	of				Ту	ре	
Asbestos-Containing			Solel		Asbestos Con	taining N	Material (ACM)	7,177	nount	_		Щ	m
TO BE AB In Faci		Custo	dial S			system cing, VA	s insulation, T. or		pecify or LF)	Remova	Repair	ıcap	inclo
(13)			(12)			niscellar			er er	oval	bair	Encapsulate	Enclosure
		Yes	No	N/A								te	, a
BASEM	ENT			Х	3	TSI		10	7 LF	X			
							100000000000000000000000000000000000000						
	parties (f)												
Name of Registered Was Finishing Touch Ast		nt Corp	I Ha	JDEP W auler ID	No. of Wa	Yards ste	Name of R TRRF L						
		эсгр.,	12	2058	2 cy	aal Data		100-550-			1,1,100,00		
City, State Long Branch, NJ					8/5/1	sal Date 4 1	City, State Tullytow						
Completed by Joseph P. Miller		Title Presid	dent		5	Signature			Da 7/	te 15/1	4		
						10	Ami Ivo						

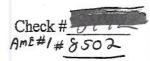


Check # 0732

Date of Notification (1) 7/14/14				Name of	Building	Owner/C	perator	(2)	# (##) # (##		1 2°F	tri,	<u>. </u>	20. 19	- 12 12 12 12 12 12 12 12	
Agencies Notified	Tune Notification															
EPA	Type Notification			Street Ad 17 Suff	dress folk Ave	Э			2016 JUL	17	PM :	7: i	1,			
DEP DOL	Amended Amendment		1/243		e, Zip Co							11.	11			
	Emergency (in				onmout	in, NJ					7 1 4					
DOH DCA	justification) Cancellation	3	1	Name of	Contact				(A L	Tele	ephone	Num	ber			
Name of Facility Where	Abatement is Taking	Place (3)	- 2000	FACIL	ITY INFO	ORMATI	ON	Tvp	e of Facility (4)		_		_		
Residential Proper	ty								2.1							
Street Address								H	School (K-1 Subchapter		er than i	K-12)			
17 Suffolk Ave								×	Other (i.e. p	rivate 8	comm	ercia	l buil	dings	hom	es,
City (5)								Squ	are Feet	# of	Floors	1	E	Ildg. A	Age	
Port Monmouth								3,0	000	2				50 +		
County (6)				County C				Cur	rent Use (Prid	or if bein	ng dem	olish	ed)			
Monmouth			(-	STATE U	SE ONLY)	-		Re	esidential P	roper	ty					
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.		Name	of At	oatement Con	tractor	(9)	Т	-			
n/a				n/a			Lozr	nica	Manageme	ent Co	orp					
Street Address							Street		Granes.							
n/a							22 T	-								
City, State, Zip Code									Zip Code		- V	T				
n/a			-						Park, NJ 07	7035						
Project Manager for Mor	nitoring Firm			elephon n/a	e No.	0.000.000	Teleph 973-		No. -7950		Licens 0119).			enioen -
Start Date (10) 7/15/14		Scheduled	Com	pletion D	ate (11)			of OS	SHA Monitor							
Occupancy Status Durin	Abstament (Cheek	7/17/14					n/a	A 4.1					5 540			
The state of the s							Street n/a	Addr	ess							
Facility Closed/Vac	ated During Entire Poned Outside of Norma	eriod of Aba	teme	ent		1		4-4-	7:- O-d-			_			_	
Other – Describe:	Scheduled for Demolitic	n acility m	Juis					tate,	Zip Code							
Scope of Work (Check A	All That Apply)						n/a					_				
press)	и тпаглеріу)	П.					_	7								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			ovati				H		ull Containme lini-Enclosure		Negativ	ve Pr	essu	re		
المنا		2011	ionac	41				G	lovebag Proc	edure						
							×	N	on-Exempted	(*) and	Non-F	riable		1.5 1.0		
			catio												ement pe	t
Location		Used S	mally solely				cription		2722	.00				,,	PC	
Asbestos-Containing TO BE AB		Mainte	enand	ce/		os Conta thermal			al (ACM)		nount pecify		20		雪	ш
In Facil	•	Custodi	al St (2)	aff?	A	surfac	ing, VA	T, or			or LF)		Remova	Repair	caps	ndo
(13)						other m	iiscellan	eous	5)				va	₽i	Encapsulate	Enclosure
		Yes N	10	N/A											6	
Exteri	or			×		Transi	te Shir	ngle	s	3,0	00 SF		<			
			+					116-23-0					-		-	
			-										_			
Name of Registered Was	ste Hauler		771797	DEP Wa		Cubic \		00 200	Name of F	Register	red Lan	dfill				
Loznica Manageme	nt Corp		0.000	uler ID N 3137	io.	of Was	te		GROW	S Lan	dfill					
City, State					727.780	Dispos	al Date		City, State	,						_
Lincoln Park, NJ						TBD			Morrisv	ille, P	Α					
Completed by		Title		-		Si	gnature				I	Date	9	-		
E. Cirovic		Secreta	ary		20502	18	: Ci	200	vie			7/1	4/14	4		

Check # 8342

Date of Notification (1) 07/11/2014						Owner/Operated of Eduac		-						
Agencies Notified Type 1	Notification	2		Street A	ddress	ley Road		0548	HII.	7-5	ř. /·	i i i		
DEP A	nitial mended mendment mergency (stification)			City, Sta Param	ate, Zip Co nus, NJ 0 f Contact	de 17652			l Tele	ephone N	umber	172		
DCA C	ancellation	Literacy Tel			even Cea	Danger - Street Co.			1					
Name of Facility Where Abateme		g Place (3	3)	FACI	LITY INFO	RMATION	Тур	e of Facility (4	-)	-				
Ridge Ranch Elementary	School						×	School (K-12						
Street Address 391 Sherwood Drive							H	Subchapter 8 Other (i.e. pr etc.)				ildings	, hom	es,
City (5) Paramus								are Feet 000	# of	Floors		Bldg. / 60 +	Age	
County (6) Bergen				County (Code (7) USE ONLY)			rent Use (Prior		ng demoli	shed)			
Name of Monitoring Firm Hired b R.K. Occupational & Envir				ASCN N/A	No.		e of At	patement Cont ast Haz Mat	ractor				*****	
Street Address		- Allalys	,,,,	INA	****		et Addr		110111		·	-		
403 St. James Avenue						494	E. 4	1st Street	=10020000		·=:			
City, State, Zip Code Phillipsburg, NJ 08865								Zip Code , NJ 07504		*				
Project Manager for Monitoring F Jonathan S. Gilbert	irm			Telephor 908-45	ne No. 54-6316	A 12.521111	phone 3-345-			License 00507	No.			
Start Date (10) July 12, 2014		Schedule July 14			Date (11)	100		SHA Monitor above						
Occupancy Status During Abaten	nent (Check	c Only On	ie)			Stree	et Addr	ess		_	-			
Facility Closed/Vacated Dur Abatement Performed Outsi Other – Describe:						City,	State,	Zip Code						
Scope of Work (Check All That A	oply)						V (4/	eT, WRA	Pa	CUT	Pa	ced	U # 6	25
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Personal Property lies and the last of the	enova emoli				F M	ull Containmer ini-Enclosure lovebag Proce on-Exempted (nt with	Negative	Pressu	ire		
		le	Locat	ion		-		on Exempted) and	TVOIT TIE	1		ement	1
Location of		l N	lorma	lly		Descriptio	n of				_	Ту	ре	
Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM)	Mai	d Sole intena odial s (12)	nce/	(i.e. ti	es Containing hermal systen surfacing, V other miscella	Materians insu AT, or	lation,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Girls & Boys Bathroo	ms		Х			Pipe Insul	ation		36	LF	x			
Name of Registered Waste Haule	r			JDEP Wa	aste	Cubic Yards		Name of Re	eaister	ed Landfil				-
East Coast Haz Mat Remov			H	lauler ID I J 419	The same of the sa	of Waste		G.R.O.W						
City, State Paterson, NJ 07504						Disposal Date 07/14/2014		City, State Morrisyille	e, PA		4.4			
Completed by James E. Unger		Title Projėd	ct Ma	ınager		Signatur	e	1 1/2		D	ate 7/11/2	2014		



Date of Notification (1)		T	Name of	f Building	Owner/0	Operator	(2)				-		7 7	
Agencies Notified Type Notification		-	Street A	ddress	e t	}\				***				
EPA Initial				571	· C	ra	nd	AN	nu	Q				
DEP Amended Amendment	# /	(ite, Zip Co	ode	1	~							
DOH Emergency (justification)		-		nolo	MO	DQ	31	27 4	076	enhone l	Number			
DCA Cancellation			OC)e .	T		35-	- 47					-	
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INF	ORMAT	ION	Time	of Football	(4)	ره ۱			_	
CNS	g 1 lace (5)						China	of Facility						
Street Address								School (K- Subchapte	r 8 (Oth	er than K	(-12)			
135 Kinder Kin	rorok	1	ROC	rd_				Other (i.e. etc.)	private a	& comme	ercial bu	ilding	s, hon	nes,
VOINED Edan A	\							re Feet	# 0	Floors			Age	
County (6)	<u> </u>	T	County (Code (7)			Curre	၁၀၁ ent Use (Pr	ior if bei	na demo	lished)	(-	0	
Dersen		(STATE	JSE ONLY	· —			Rota	Ji	Sho				
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	No.				itement Co ontractin		(9)				
Street Address	**************************************						Addres	ss II Road						
City, State, Zip Code								ip Code k, N.J. 0	7452					
Project Manager for Monitoring Firm	113232	7	Celephor	ne No.			none N -262-5			License 00156	0.000			-
Start Dafe (10) / 7/12/14	Scheduled	Com		Date (11)				-IA Monitor		envices	Inc			18
Occupancy Status During Abatement (Check	. ,		•				Addres				, ,,,,,			
Facility Closed/Vacated During Entire P	eriod of Ab	ateme	ent			280	Huyle	er Street						
Abatement Performed Outside of Norm Other – Describe:	al Facility F	Hours			_			ip Code ack, NJ 0	7606					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- passeng -	novati molitic			*	X - W	Mir	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				ure.	
	Is L	ocatio	n						<u> </u>	21100111	Labic 17	Treasure.	iteme	nt
Location of	No Used	rmally				scription					-		Гуре	
Asbestos-Containing Material (ACM) TO BE ABATED		tenan	ce/			aining N system:				mount pecify	20	١,	Enc	g
In Facility (13)	The second contract of	(12)	an:			cing, VA niscellar			SF	or LF)	Remova	Kepair	Encapsulate	Enclosure
ATTIC	Yes	No	×N/A	Du	CT /	wuc	ATIC	00	نجح	55F	_	'	ate	ře
Basement		1	\times	Flo	$\alpha +$	16	MO	Sto	53	4 SF	X	2		
Basement	<u> </u>		×	FD	or ti	Ø	Na	2/45	180	SF	X		T	
BOBENUI B	1-,1		2	DI	et.	insu			48	SE	. X			
1ST FOOR	$\perp \perp$		X	Div	Ct S	MSU		m	44		- k	-		
Name of Registered Waste Hauler Rovic Transport			DEP W		Cubic of Was	Yards ste		Name of						
·		20	785			0				lehem 	Landi	II Co	orp.	
City, State Riverdale, New Jersey 07457					Dispos 7//	al Date	ים מסר	Bethle		A 180	15			
Completed by R. McDonald	Title Presid	ent			3	ignature	1/2	X	1		Date	7/1	2/1	1/
	1	water to the second			_1/	1/3	6	hour	//			100	41	y I

NOCK

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

0102-08

550 M SES														
Date of Notification (1) 07 /	15 /	14			Name WA:	of Building	Owner/Operator ON TWP PUBLIC	(2) C SCHOOL DIS	TRICT	·· · · · ·	50			
Agencies Notified	Type Notifica	ation				Address		65.95 4. 4	<u>-, ; / i </u>	11 2 1	. ()			
⊠ EPA	☐ Initial					E. HOLL	Y AVE		0 1					
☑ DOLWD						tate, Zip C			-					
☑ DHSS	Amendm		200 00			VELL NJ								
DCA (NJAC 5:23-8)	☐ Emergen justification		cluding			of Contact			Telephon	e Numbe	er			111400
(145/10/3.20-0)	☐ Cancellat													
					FAC	III ITY IN	FORMATION							
Name of Facility Where A	batement is 1	Taking	Place	(3)		, , , , , , , , , , , , , , , , , , ,	- Orang trion	Type of Facility	(4)				3. HE	
BIRCHES ELEM. SO		annig	1 1000	(0)				School (K-12	B. 30					
Street Address								Subchapter 8	(Other tha		tal ba		2	
416 WEST MINSTER	RBLVD							Other (i.e., property homes, etc.)		commerc	iai bu	liaing	S,	
City (5)								Square Feet	# of Floo	ors	Blo	ig. Ag	ge	_
TURNERSVILLE								>50,000	1		5	50		
County (6)					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being	demolish	red)	-		
Gloucester							• • • • • • • • • • • • • • • • • • • •	SCHOOL						
Name of Monitoring Firm	Hired by Build	ding C)wner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)						
HORIZON ENVIRON					0007	'3	DELTA/BJD	S, INC						
Street Address							Street Address							
P.O.Box 316							1345 INDUS	TRIAL BLVD						
City, State, Zip Code							City, State, Zip C	ode						
WEST DEPTFORD,	NJ 08086						SOUTHAMP	TON, PA 18966						
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.	****	License	No.				1.20
David Flanigan				8	56 848	0800	215 322-290	0	0079	3				
Start Date (10)	1	Sched	uled C	omple	tion Da	te (11)	Name of OSHA	Monitor						
7 / 29 /	14		B/	_ 20	_ / _	14								
Occupancy Status During	Abatement (Check	only o	ne)			Street Address							
□ Facility Closed/Vacate	ed During Enti	re Pe	riod of	Abate	ment									
Abatement Performed Time of Abatement: 7						cribe	City, State, Zip C	Code						
Scope of Work (Check all	that apply)													
≥3 sf or ≥3 If≥160 sf or ≥260 If	,,		⊠ Re					ntainment with Neg closure ag Procedure empted (*) and No			9			
			Is	Loca	tion			(/			1	atem	ent T	vpe
Location			1	Norma	lly	=	Description				-	_		1
Asbestos-Containing	Material (ACN	1)		d Sol	ely by ance/		stos Containing M		Amo (Spe		Removal	Repair	Encapsulate	Enclosure
TO BE ABA					Staff?	(1.6	surfacing, VA		SF or		oval	7	psu	Sur
(13)	*			(12)	1	1	other miscellan	eous)					ate	0
			Yes	No	N/A						-			
BOILER ROOM				\boxtimes		PIPE FI	TTINGS (CUT A	ND WRAP)	30 1	_F				
	,													
											I_{\Box}	П	П	П
		_	-	ᆜ							17] [1	믐
				Щ			To the V	INC. 15	stant d l -	IEII		Ш		
Name of Registered Was					NJDEP ' Hauler II		Cubic Yards of Waste	Name of Regis						
SERVICE TRANSPO	ORT GROU	PINC	;		20990			MINERVA	LANDFIL					
City, State		10 (2000) P		_	1		Disposal Date	City, State	une e:					
58 PYLES LANE, N		E, DE	1972	0				WAYNESE	SUKG, OF					
Completed By (Print or T	ype)	Title					Signature	. /	n 1	Dat)	. 1	,
DAMIAN LAVELLE		P	ROJE	CT N	IGR.		Dan	nian Kar	relle	-	7-1	6-	-10	1
ACD 41														

ASB-41 MAY 11

Date of Notification (1)				Name	of Buildin	g Owner/Operator ((2)					
	15 / _	14		WA	SHINGT	ON TWP PUBLIC	C SCHOOL DIS		74			
Agencies Notified	Type Notifica	ation		Stree	t Address				7 Fil	9: 6	-8	
⊠ EPA				206	E. HOLI	LY AVE					``	
□ DOLWD	☐ Amended			City, S	State, Zip (Code						
☑ DHSS	Amendm		_	SE	WELL N.	08080				€		
DCA (NJAC 5:23-8)	☐ Emergen justification		ng	Name	of Contac	<u>, , , , , , , , , , , , , , , , , , , </u>		Telephone N	lumber			
(145AC 5.25-6)	☐ Cancellat	Secretarion .							4			
				FA	CILITY IN	FORMATION						
Name of Facility Where Al	batement is T	aking Pla	ce (3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Type of Facility	(4)				7000
BIRCHES ELEM. SC	HOOL						School (K-12)				
Street Address							Subchapter 8			ildino	10	
416 WEST MINSTER	BLVD						homes, etc.)		inerciai bu	manig	J S,	
City (5)		32000000					Square Feet	# of Floors	BI	dg. A	ge	
TURNERSVILLE							>50,000	1		50		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being den	nolished)			
Gloucester							SCHOOL					
Name of Monitoring Firm I	Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
HORIZON ENVIRON	-	_		000	73	DELTA/BJDS	S, INC					
Street Address						Street Address						
301 9 TH STREET						1345 INDUST	RIAL BLVD					
City, State, Zip Code						City, State, Zip C						
WEST DEPTFORD, I	N.I 08086					5 - 5 SYL W 18	TON, PA 18966					
Project Manager for Monit			Te	lephone	No.	Telephone No.		License No).			
STEVE	og		1	356 848		215 322-2900	ĵ	00793				
Start Date (10)	TS	Scheduled				Name of OSHA N	Monitor					
7 / 29 /		8		0 /								
Occupancy Status During		Check only	one)			Street Address						
□ Facility Closed/Vacated			277	ement								
☐ Abatement Performed	Outside of No	ormal Faci	lity Ho	urs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement: 74	MPN		A	M								
Scope of Work (Check all		21				Market and American	5 28 MACA SON WAY					
F7 - 0 - 1 0 11		F71 F		4		☐ Full Con ☑ Mini-End	tainment with Neg	ative Pressure	9			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		STATE 1000	Renova Demolit			⊠ Gloveba	g Procedure					
						☐ Non-Exe	empted (*) and No	n-Friable Proc				
			Is Loc						Ab	atem	ent T	ype
Location of		, lu	Norm sed So	lely by	Acho	Description of estos Containing Ma	* 1.0 - neuronal and the second	Amount	Re	Re	四	Ē
Asbestos-Containing N TO BE ABA		'' N	/lainter	ance/		e., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cı		Staff?	, , ,	surfacing, VAT	, or	SF or LF)) a		sula	ure
(13)		- V-	(12 s No	1	-	other miscellane	eous)				te	
		Ye				TTINGS (CLIT A	ND MDAD)	30 LF				
BOILER ROOM					PIPE FI	ITTINGS (CUT A	ND WKAP)	30 LF				-
										Ш	Ш	
Name of Registered Waste				NJDEP Hauler I		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPO	KT GROUP	' INC		2099			MINERVA I	LANDFILL				
City, State 58 PYLES LANE, NE	WCASTIE	DE 107	20			Disposal Date	City, State WAYNESB	URG, OH 44	688			
THE PROPERTY OF THE CALL OF THE WORK WOOD WAS A STATE OF THE PARTY.	10104/1-C-140-00 P-150-00					Cionetina	1		Date			
Completed By (Print or Ty DAMIAN LAVELLE	pe)	Title PROJ	FCT	MCR		Signature	/.	10			. ,	
DUMINIA FUACIFE		FINO	-011	ololl.		dame	and an	elle	7-15	>-1	4	

ASB-41 MAY 11

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

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

Date of Notification (1)				20	Name	of Building	Owne	er/Operator (2	2)						
	15 /	1	4		WA	SHINGTO	VT NC	VP PUBLIC	SCHOOL DIS	TRICT	7 P.	C:	5.8		
Agencies Notified	Type Noti	fication	n		Street	Address							~		
⊠ EPA	☐ Initial	organici)			206	E. HOLL	Y AV	E							
☑ DOLWD		AND CARACTURE			City, S	tate, Zip C	ode								
⊠ DHSS	Amend		· ·		SEV	VELL NJ	0808	0							
DCA (NJAC 5:23-8)	☐ Emerging justific		including	3	Name	of Contact				Telephone I	Number				
(NJAC 5.25-6)	☐ Cance														
					FAC	CILITY IN	FORM	MATION							
Name of Facility Where Al	oatement i	is Takii	ng Place	(3)		(C)			Type of Facility	(4)					
BELLS ELEMENTAR	RY SCHO	OL							School (K-12		IC 40\				
Street Address									Subchapter 8	ivate and con	nmercia	l bui	ldina	S	
227 GREENTREE RO	DAD								homes, etc.)						
City (5)									Square Feet	# of Floors	5		g. Ag	je	
TURNERSVILLE									>50,000	1		- 7	0		
County (6)					Cour	ity Code (7))(STATI	E USE ONLY)	Current Use (Pr	ior if being de	molishe	d)			
Gloucester									SCHOOL						
Name of Monitoring Firm	Hired by B	uilding	Owner	(8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)					11	
HORIZON ENVIRON	MENTAL	GRP	, INC		0007	' 3	DE	ELTA/BJDS	, INC						
Street Address							Stree	et Address							
P.O. Box 316							13	45 INDUST	RIAL BLVD						
City, State, Zip Code							City,	State, Zip Co	ode			73.00			ti
WEST DEPTFORD,	NJ 08086	3							ON, PA 18966						
Project Manager for Monit	oring Firm	1		Tele	ephone	No.	Tele	phone No.		License N	0.				
David Flanigan				8	56 848	0800	21	5 322-2900		00793					
Start Date (10)		Sch	eduled C				Nam	e of OSHA N	Monitor						
7 / 29 /	14	_	8_ /	2	<u> </u>	14									
Occupancy Status During	Abatemer	nt (Che	eck only	one)	5300		Stree	et Address							
☐ Facility Closed/Vacate	d During E	ntire F	Period of	Abate	ment										
Abatement Performed Time of Abatement: 7/			al Facilit 1PM			cribe	City,	State, Zip Co	ode						
Scope of Work (Check all	- Sat	1)													
			M D					☐ Full Con	tainment with Ne	gative Pressu	re				
≥3 sf or ≥3 lf>160 sf or >260 lf				enovat emoliti					g Procedure						
								☐ Non-Exe	empted (*) and No	n-Friable Pro	cedure				
				Loca								Aba	atem	ent T	уре
Location	T800	CMA		Norma ed Sol	ely by	Acho		Description of	of aterial (ACM)	Amoun	.	Re	Re	E	En
Asbestos-Containing N TO BE ABA		(CIVI)	Ma	ainten	ance/			mal systems		(Specif	200	Remova	Repair	Encapsulate	Enclosure
IN Facilit			Cus		Staff?		SU	urfacing, VAT	, or	SF or LF	=)	/al	10.88	sula	ure
(13)			Vas	(12) No		1	oth	er miscellane	eous)					ite	-
			Yes	-	-	-		00 (01) 1	AID MID AD	2015		N			
BOILER ROOM						PIPE FI	TIIN	GS (CUT A	ND WRAP)	30 LF		\boxtimes			
Name of Registered Wast	e Hauler			1	NJDEP	Waste	200000000000000000000000000000000000000	ic Yards of	Name of Regi	stered Landfil	1				
SERVICE TRANSPO	RT GRO	UP IN	NC .	1	dauler I 2099		Was	te	MINERVA	LANDFILL					
City, State					2000	-	Disp	osal Date	City, State						
58 PYLES LANE, NE	W CAST	ΓLE, C	DE 1972	20					WAYNESE	BURG, OH 4	14688				
Completed By (Print or Ty	rpe)	T	itle					Signature	1	2	Date		1795		
DAMIAN LAVELLE			PROJ	ECT	IGR.	11 (1200-1400-1400-1400-1400-1400-1400-1400-		Dam	iin-La	welle) -	16	-1	4

ASB-41 MAY 11

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

0102-02

Date of Notification (1)								g Owner/Operator (TRICT					
	15	′ –	14					ON TWP PUBLIC	SCHOOL DIS	IRICI	$\mathbb{P}_{i,i}^{+} \subset \mathbb{P}_{i}$	25	Υ		
Agencies Notified EPA	Type No		tion				Address E. HOLL	Y AVE					•		
□ DOLWD	☐ Ame					City, S	State, Zip C	Code							
☑ DHSS	Ame	ndme		uding		SE	WELL NJ	08080							
DCA (NJAC 5:23-8)		ficatio	n)	uuiiig	'	Name	of Contac	t		Telephone	Numbe	r			
						FAG	CILITY IN	FORMATION							
Name of Facility Where A	batemen	nt is Ta	aking F	Place	(3)				Type of Facility (4)					
BELLS ELEMENTA	RY SCH	OOL	-						School (K-12)	IZ 40\				
Street Address									☐ Subchapter 8 ☐ Other (i.e., pr	ivate and co	mmercia	al bu	ilding	S,	
227 GREENTREE R	OAD								homes, etc.)						
City (5)					(2000)				Square Feet	# of Floors	S	Blo	lg. A	ge	
TURNERSVILLE									>50,000	1		1 7	50		
County (6)						Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being de	emolishe	ed)			
Gloucester									SCHOOL						
Name of Monitoring Firm					8)	ASCM		Name of Abateme							
HORIZON ENVIRON	MENTA	AL GI	RP., IN	ИС		0007	'3	DELTA/BJDS	i, INC						
Street Address								Street Address							
301 9 TH STREET		i.						1345 INDUST							
City, State, Zip Code								City, State, Zip Co							
WEST DEPTFORD,					T= .				ON, PA 18966	771 N	1-				
Project Manager for Moni	toring Fir	m				phone		Telephone No.		License N 00793	10.				
STEVE				- 10		6 848		215 322-2900 Name of OSHA M		00793			0-23		
Start Date (10) 7 / 29 /	1.1	S			Company of State	tion Da /	te (11)	Name of OSHA IV	IOTHO						
		<u> </u>		1000		_ ′ -	17_	Ot t Add						105	
Occupancy Status During								Street Address							
□ Facility Closed/Vacate □ Abatement Performed							cribe	City State 7in Co	odo						
Time of Abatement: 7	AM-	PM	/11PM		AM			City, State, Zip Co	ode						
Scope of Work (Check all	MOY		291												
Scope of Work (Crieck an	i iliai app	19)							tainment with Neg	ative Pressu	re				
≥3 sf or ≥3 lf					novatio										
☐ ≥160 sf or ≥260 lf				_ De	molitio	111			mpted (*) and Nor	n-Friable Pro	cedure				
			T	ls	Locat	ion						Aba	atem	ent T	ype
Location					Normal			Description of		•	. 1	Z.	R	Щ	T.
Asbestos-Containing TO BE ABA		(ACM))		intena			stos Containing Ma ., thermal systems		Amoun (Specif	21	Removal	Repair	Encapsulate	Enclosure
IN Facili				Cust	todial S	Staff?	(surfacing, VAT	, or	SF or Li		val	7	sula	sure
(13)			Ι,	·	(12) No	N/A	1	other miscellane	ous)		1			ate	
	-		-	Yes		-	DIDE EI	TTINGS (CUT A)	UD M/DAD)	30 LF	.				
BOILER ROOM			L				PIPE FI	TTINGS (CUT A	ND WRAP)	30 LF			ᆜ		쁜
] [Ц	Ш	Ц	Ш
			1		П										
Name of Registered Was	te Hauler	-				JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfil	I				
SERVICE TRANSPO			INC			auler II 20990	O No.	Waste	MINERVA I		W.				
City, State					•			Disposal Date	City, State						
58 PYLES LANE, N	EW CAS	TLE	, DE 1	972	0				WAYNESB	URG, OH 4	4688				
Completed By (Print or T	ype)		Title					Signature	. 0	- 4	Date			r	
DAMIAN LAVELLE			PR	OJE	CT M	GR.		Dam.	a-Lan	elle	17	-/	5-	14	

ASB-41 MAY 11

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

(K 23558

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

Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)			-		
07 /	16 /	14			Ban	k of Ame	erica						
Agencies Notified	Funa Natifica	Han.		-	Ctroot	Address		124		3 1			
	Γype Notifica ⊠ Initial	lion					m A	at the fill factor	- 1 11 11 11	3.6			
	Amended			-			n Avenue						_
⊠ DHSS	Amendme					tate, Zip C							
	☐ Emergend	y (inclu	ding	L			le, NJ 07092						
(NJAC 5:23-8)	justificatio	n)			Name (of Contact			Telephone Numb	~-			
	☐ Cancellati	ion			John	n Luxfor	d						
					FAC	ILITY IN	FORMATION						
Name of Facility Where Ab	atement is T	aking P	lace (3	3)				Type of Facility ((4)				
Bank of America		•						☐ School (K-12	1 10				
Street Address								☐ Subchapter 8	(Other than K-12)				
855 Mountainside Av	/nue							Other (i.e., pr homes, etc.)	rivate and commerc	cial bu	ildings	5,	~
City (5)								Square Feet	# of Floors	Blo	ig. Ag	e	
Mountainside, NJ 07	092							15000	2	1 3	30		1
County (6)		****			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)		0.000	
Union					51333000					1000011150			
Name of Monitoring Firm H	lired by Build	ling Ow	ner (8)		ASCM I	Vo	Name of Abateme	ent Contractor (9)		-62 2	-		-
Environmental Testi		. 27/		1	100IVI I		JVN Restora	200					
Street Address	ng Consun	tarres, i	LLO.	= 100			Street Address	don me					_
VANSOON (1911 - 1770) IS VESTO - 1770 IS	ll.												
413 N. Blackhorse P	ike						47 Foster Ro			-			
City, State, Zip Code							City, State, Zip C						
Runnemede, NJ 080	222						Staten Island	NY 10309					
Project Manager for Monito	oring Firm				phone I		Telephone No.		License No.				
Horward Zenobie					5-209-		718-605-6256	i	00774				
Start Date (10)	0.0000	Schedule					Name of OSHA N	lonitor					
07 /26 / _	14	9	_ / .	7	_ / _	14	Testor Tech						
Occupancy Status During	Abatement (0	Check o	nly on	e)			Street Address						
☐ Facility Closed/Vacated	During Entir	re Perio	d of Al	oater	nent		10 59 Jackso	n Avenue					
						cribe	City, State, Zip C	ode					
Time of Abatement:	AM- <u>1:00</u>	0PM/9;	00PM		AM		LIC, NY 1110						
Scope of Work (Check all t	that apply)								-ti D				
☐ ≥3 sf or >3 If		Þ	∛ Ren	ovati	on		☐ Full Con	tainment with Neg closure	gative Pressure				
⊠ ≥160 sf or ≥260 lf			Dem				☐ Gloveba	g Procedure					
							☑ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
				ocat				22		Ab	ateme	ent T	уре
Location of		.	Used	Sole		A-h-	Description of		Amount	R	Re	Щ	щ
Asbestos-Containing M TO BE ABAT		''			nce/		estos Containing Ma e., thermal systems		(Specify	Removal	Repair	car	clo
IN Facility			Custo		Staff?	(surfacing, VAT	, or	SF or LF)	Va.	_	Encapsulate	Enclosure
(13)	= 22	Ι,	Yes	(12) No	N/A		other miscellane	eous)				ate	
Roof			X	\boxtimes		Roof S	hingles		4,500 SF	\boxtimes			
		Г	7										
	<u> </u>		-					1					
												П	
		[
Name of Registered Waste	e Hauler			11.47.200	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Newark Carting				Н	auler II		Waste	IESI					
City, State					NJ-56	00	Disposal Date	City, State	1	1000			-
Newark, NJ							9/07/14	Bethelhen	PA				
		1						Journal					
Completed By (Print or Ty	pe)	Title					Signature	////	$\overline{}$	ate	14	- 1.0	1
Ralph Barnhardt		Pro	oject	Mar	ager		//////	1/h/m		>7-	10	1	,
ACD 44							11 1 2	,					

ASB-41 MAY 11

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