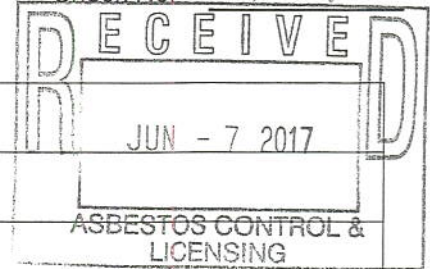


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12-120)

Check No. 4164

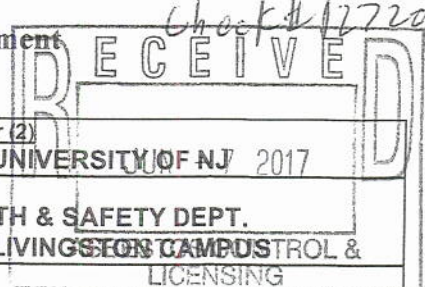


| Date of Notification (1)<br><b>June 02, 2017</b>   |   | Name of Building Owner/Operator (2)<br><b>PATH</b>  |                                     |  |                           |                                     |        |             |
|--|---|---|-------------------------------------|--|---------------------------|-------------------------------------|--------|-------------|
| Agency Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small><br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>One PATH Plaza</b><br>City, State, Zip Code<br><b>Jersey City, NJ 07306</b><br>Name of Contact<br><b>Tim Ryan</b><br>Telephone Number  |                                     |  |                           |                                     |        |             |
| <b>FACILITY INFORMATION</b>  |   |   |                                     |  |                           |                                     |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Macmillan-Bloedel Building</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                                     |  |                           |                                     |        |             |
| Street Address<br><b>100 Academy Street</b>  |   | Square Feet<br><b>108,000</b>   | # of Floors<br><b>1</b>             |  |                           |                                     |        |             |
| City (5)<br><b>Jersey City, NJ 07302</b>   |   | Bldg. Age<br><b>57 +/-</b>  |                                     |  |                           |                                     |        |             |
| County (6)<br><b>Hudson</b>  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Office/Warehouse</b>  |                                     |  |                           |                                     |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>PA of NY &amp; NJ</b>  | ASCM No.<br><b>N/A</b>  | Name of Abatement Contractor (9)<br><b>B&amp;N&amp;K Restoration Co. Inc.</b>   |                                     |  |                           |                                     |        |             |
| Street Address<br><b>241 Erie Street, Room 236</b>   |   | Street Address<br><b>223 Randolph Avenue</b>  |                                     |  |                           |                                     |        |             |
| City, State, Zip Code<br><b>Jersey City, NJ 07310</b>  |   | City, State, Zip Code<br><b>Clifton, NJ 07011</b>   |                                     |  |                           |                                     |        |             |
| Project Manager for Monitoring Firm<br><b>Uday Mehta</b>   | Telephone No.<br><b>201-595-4881</b>  | Telephone No.<br><b>973-478-4681</b>  | License No.<br><b>00120</b>         |  |                           |                                     |        |             |
| Start Date (10)<br><b>June 12, 2017</b>  | Scheduled Completion Date (11)<br><b>June 11, 2018</b>  | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>  |                                     |  |                           |                                     |        |             |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <small>Critical barrier established between occupants &amp; non-friable removal.</small>  |   | Street Address<br><b>200 Route 130 N</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077-2892</b>  |                                     |  |                           |                                     |        |             |
| Scope of Work (Check all that apply)<br><br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                                     |  |                           |                                     |        |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |        |             |
|  | Yes   | No  | N/A                                 |  |                           | Removal                             | Repair | Encapsulate |
| Roof   | <input checked="" type="checkbox"/>   |   |                                     | Roof Flashing  | 1018 sq ft                | <input checked="" type="checkbox"/> |        |             |
| Ground & Upper Level   |   |   | <input checked="" type="checkbox"/> | Window Caulking  | 567.6 In ft               | <input checked="" type="checkbox"/> |        |             |
| Roof   | <input checked="" type="checkbox"/>   |   |                                     | 12" Flue Pipe Gasket   | <3 In ft                  | <input checked="" type="checkbox"/> |        |             |
| Name of Registered Waste Hauler<br><b>Jimmy Byrne Trucking</b>   |   | NJDEP Waste Hauler ID No.<br><b>19551</b>   | Cubic Yards of Waste<br><b>20</b>   | Name of Registered Landfill<br><b>Minerva Enterprises, Inc.</b>  |                           |                                     |        |             |
| City, State<br><b>Bronx, NY / Newark, NJ</b>   |   | Disposal Date<br><small>To be Determined</small>  |                                     | City, State<br><b>Waynesburg, OH</b>   |                           |                                     |        |             |
| Completed by<br><b>Aleksandar Kuridza</b>  | Title<br><b>Project Manager</b>   |   | Signature<br>                       |  |                           | Date<br><b>6/2/2017</b>             |        |             |



CK 12720  
GAC Project # 100-17

State of New Jersey - Notification of Asbestos Abatement  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

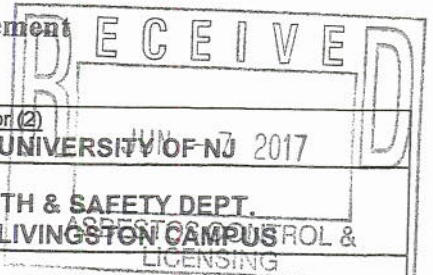


|   |   |   |  |
|---|---|---|--|
| Date of Notification (1)<br><b>June 2, 2017</b>   |   | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b> 2017  |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  | Notification Type<br><input type="checkbox"/> Initial Notification<br><input checked="" type="checkbox"/> Amended Notification # 1 - Additional Areas and Materials #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled | Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b><br>City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>  |  |
|   |   | Name of Contact<br><b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>   | Telephone Number   |
| FACILITY INFORMATION  |   |   |  |
| Name of Facility Where Abatement is Taking Place (3)<br><b>CAMDEN SCIENCE, BLDG# 8331</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b> |  |
| Street Address<br><b>CAMDEN CAMPUS</b>  |   | Current Use (prior if being demolished): <b>ACADEMIC RESEARCH</b>   |  |
| City (5)<br><b>CAMDEN</b>   | County (6)<br><b>CAMDEN</b>   | County Code (7)<br>(State Use Only)   |  |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC</b>  |   | ASCM No.<br><b>0098</b>   |  |
| Street Address<br><b>3 TERRI LANE</b>   |   | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>  |  |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>  |   | Street Address<br><b>511 MAIN STREET</b>  |  |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>  |   | Telephone Number<br><b>609-386-8800</b>   | License Number<br><b>00840</b>   |
| Scheduled Start Date (10)<br><b>06/02/17</b>  |   | Scheduled Completion Date (11)<br><b>06/05/17</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <b>Schedule: 5PM - 5AM (24Hr &amp; Weekends As Needed)</b><br><input type="checkbox"/> Other- Describe:  |   | Name of OSHA Monitor<br><b>1<br/>ENVIROVISION, INC.</b>   |  |
|   |   | Street Address<br><b>20-21 WARGARAW ROAD</b>  |  |
|   |   | City, State, Zip Code<br><b>FAIRLAWN, NJ</b>  |  |
| Scope of Work (Check all that apply)<br><br><input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure / Wrap & Cut<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |
| Location of Asbestos-Containing Material (ACM) in Facility (13)   | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  | Amount (Specify SF or LF)<br>Abatement Type<br>Remove Repair Encap Enclose |
| Room 327  | <input checked="" type="checkbox"/>   | TRANSITE  | 120 SF <input checked="" type="checkbox"/>                                 |
| Room 330  | <input checked="" type="checkbox"/>   | VAT   | 130 SF <input checked="" type="checkbox"/>                                 |
| Name of Reg. Waste Hauler<br>See Hauler Below #1 & 2  |   | NJDEP Waste Hauler ID #<br>See Below  | Cubic Yards of Waste: <b>5 CY</b>  |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561<br>Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509  |   | Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>   |  |
| Disposal Date<br><b>06/05/2017</b>  |   | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>  |  |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>  | Title<br><b>SENIOR PROJECT MANAGER</b>  | Signature<br><i>Raymond C. Pedalino</i>   | Date<br><b>June 2, 2017</b>  |

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney



**State of New Jersey - Notification of Asbestos Abatement**  
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



GAC Project # 060-17

|   |   |  |   |
|---|---|--|---|
| Date of Notification (1)<br><b>May 24, 2017</b>   |   | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>  |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH  |   | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |   |
| Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT.<br/>27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>  |   | City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b>   |   |
| Name of Contact<br><b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>   |   | Telephone Number<br><b>1</b>   |   |
| <b>FACILITY INFORMATION</b>   |   |  |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>CAMDEN SCIENCE, BLDG# 8331</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)              |   |
| Street Address<br><b>CAMDEN CAMPUS</b>  |   | Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>   |   |
| City (5)<br><b>CAMDEN</b>   | County (6)<br><b>CAMDEN</b>   | County Code (7)<br>(State Use Only)  |   |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC</b>  |   | ASCM No.<br><b>0098</b>  |   |
| Street Address<br><b>3 TERRI LANE</b>   |   | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>   |   |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>  |   | Street Address<br><b>511 MAIN STREET</b>   |   |
| Project Manager for Monitoring Firm<br><b>BRIAN KEARNY</b>  |   | City, State, Zip Code<br><b>BUTLER, NJ 07405</b>   |   |
| Telephone Number<br><b>609-386-8800</b>   |   | Telephone Number<br><b>973-492-0477</b>  | License Number<br><b>00840</b>  |
| Scheduled Start Date (10)<br><b>06/02/17</b>  | Scheduled Completion Date (11)<br><b>06/05/17</b>   |  | Name of OSHA Monitor<br><b>1</b>  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -<br>Describe: <b>Schedule: 5PM - 5AM (24Hr &amp; Weekends As Needed)</b><br><input type="checkbox"/> Other- Describe: |   | Name of OSHA Monitor<br><b>ENVIROVISION, INC.</b>  |   |
|   |   | Street Address<br><b>20-21 WARGARAW ROAD</b>   |   |
|   |   | City, State, Zip Code<br><b>FAIRLAWN, NJ</b>   |   |
| Scope of Work (Check all that apply)  |   |  |   |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition  |   |  |   |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure / Wrap & Cut<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |  |   |
| Location of Asbestos-Containing Material (ACM) in Facility (13)<br><b>Room 327</b>  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES    NO    NA <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)<br><b>TRANSITE</b>  | Amount (Specify SF or LF)<br><b>120 SF</b>  |
|   |   |  | Abatement Type<br>Remove   Repair   Encap   Enclose<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>   |   | NJDEP Waste Hauler ID #<br><b>See Below</b>  | Cubic Yards of Waste: <b>5 CY</b>   |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561  |   | Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>  |   |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509  |   | Disposal Date<br><b>06/05/2017</b>   | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067</b><br><b>215-736-1700</b>  |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>  | Title<br><b>SENIOR PROJECT MANAGER</b>  | Signature<br><i>Raymond C. Pedalino</i>  | Date<br><b>May 24, 2017</b>   |

Copies To: Rutgers, REHS, Attn: Mike Smith    and    ATC, Attn: Brian Kearney



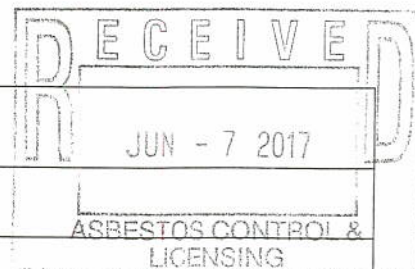
CH 980

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

|                              |              |
|------------------------------|--------------|
| RECEIVED                     | Print Form   |
|                              | JUN - 7 2017 |
| ASBESTOS CONTROL & LICENSING |              |

|   |   |   |  |                                     |                  |         |        |             |
|---|---|---|--|-------------------------------------|------------------|---------|--------|-------------|
| Date of Notification (1)<br>05-26-17  |   | Name of Building Owner/Operator (2)<br>Caravella Demolition   |  |                                     |                  |         |        |             |
| Agencies Notified   | Type Notification   | Street Address<br>40 Deforest Ave.  |  |                                     |                  |         |        |             |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____  | City, State, Zip Code<br>East Hanover NJ 07936  |  |                                     |                  |         |        |             |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Name of Contact<br>Jhon Caravella   | Telephone Number<br>1 _____  |                                     |                  |         |        |             |
| <b>FACILITY INFORMATION</b>   |   |   |  |                                     |                  |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>Private Home  |   | Type of Facility (4)  |  |                                     |                  |         |        |             |
| Street Address<br>[REDACTED]  |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                 |  |                                     |                  |         |        |             |
| City (5)<br>Paterson  |   | Square Feet   | # of Floors<br>Bldg. Age   |                                     |                  |         |        |             |
| County (6)<br>Passaic   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)   |  |                                     |                  |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Delfa Contracting LLC.   |                                     |                  |         |        |             |
| Street Address  |   | Street Address<br>522 7th St.   |  |                                     |                  |         |        |             |
| City, State, Zip Code   |   | City, State, Zip Code<br>Union City NJ 07087  |  |                                     |                  |         |        |             |
| Project Manager for Monitoring Firm   |   | Telephone No.   | Telephone No.<br>201 216-9603<br>License No.<br>01206  |                                     |                  |         |        |             |
| Start Date (10)<br>05-31-17   | Scheduled Completion Date (11)<br>06-02-17  | Name of OSHA Monitor<br>Delfa Contracting LLC   |  |                                     |                  |         |        |             |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address<br>522 7th St.   |  |                                     |                  |         |        |             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |   | City, State, Zip Code<br>Union City NJ 07087  |  |                                     |                  |         |        |             |
| Scope of Work (Check All That Apply)  |   |   |  |                                     |                  |         |        |             |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  |                                     |                  |         |        |             |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                                     |                  |         |        |             |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)                                 |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)           | Abatement Type   |         |        |             |
|   | Yes   | No  |  |                                     | N/A              | Removal | Repair | Encapsulate |
| Entire Property   |   | x   |  |                                     | x                |         |        |             |
|   |   |   |  |                                     |                  |         |        |             |
|   |   |   |  |                                     |                  |         |        |             |
|   |   |   |  |                                     |                  |         |        |             |
| Name of Registered Waste Hauler<br>Caravella Demolition Inc   |   | NJDEP Waste Hauler ID No.<br>35685  | Cubic Yards of Waste<br>80   | Name of Registered Landfill<br>IESI |                  |         |        |             |
| City, State<br>E. Hanover, NJ 07936   |   | Disposal Date<br>06-02-17   |  | City, State<br>Bethlehem, PA        |                  |         |        |             |
| Completed by<br>Jaime Delgado   |   | Title<br>Proj. Manager.   | Signature<br>  |                                     | Date<br>05-26-17 |         |        |             |

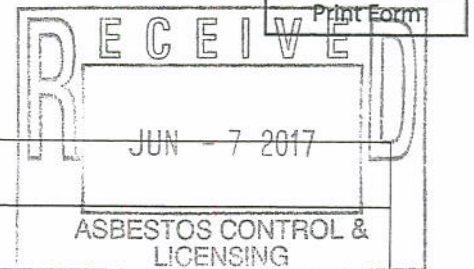
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



|   |   |   |  |  |                |                                     |                          |                          |                          |
|---|---|---|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br><u>6</u> / <u>2</u> / <u>17</u>   |   | Name of Building Owner/Operator (2)<br><b>Levin Management Corp</b>   |  |  |                |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>975 US Hwy 22 West</b><br>City, State, Zip Code<br><b>North Plainfield, NJ 07060</b><br>Name of Contact<br><b>Steve Pratt</b><br>Telephone Number  |  |  |                |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |  |  |                |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Shoprite</b>  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                            |  |  |                |                                     |                          |                          |                          |
| Street Address<br><b>2657 Morris Ave.</b>   |   | Square Feet<br><b>40,000</b>  |  |  |                |                                     |                          |                          |                          |
| City (5)<br><b>Union, NJ 07083</b>  |   | # of Floors<br><b>1</b>   |  |  |                |                                     |                          |                          |                          |
| County (6)<br><b>Union</b>  |   | Bldg. Age<br><b>45+</b>   |  |  |                |                                     |                          |                          |                          |
| County Code (7)(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br><b>Vacant Retail</b>   |  |  |                |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Vertex</b>  |   | Name of Abatement Contractor (9)<br><b>Alliance Environmental Systems</b>   |  |  |                |                                     |                          |                          |                          |
| Street Address<br><b>700 Turner Way</b>   |   | Street Address<br><b>550 East Union St.</b>   |  |  |                |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Aston, PA 19014</b>   |   | City, State, Zip Code<br><b>West Chester, PA 19382</b>  |  |  |                |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Don Heim</b>  |   | Telephone No.<br><b>610-558-8902</b>  | License No.<br><b>00508</b>  |  |                |                                     |                          |                          |                          |
| Start Date (10)<br><u>6</u> / <u>12</u> / <u>17</u>   | Scheduled Completion Date (11)<br><u>7</u> / <u>7</u> / <u>17</u>   | Name of OSHA Monitor<br><b>Vertex</b>   |  |  |                |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7</u> AM- <u>3:30</u> PM- <u>      </u> AM |   | Street Address<br><b>700 Turner Way</b><br>City, State, Zip Code<br><b>Aston, PA 19014</b>  |  |  |                |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |  |  |                |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)  | Abatement Type |                                     |                          |                          |                          |
|   | Yes   | No  |  |  | N/A            | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Main Floor  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | VAT / Mastic   | 27,300 SF      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Main Floor  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | Transite Pipe  | 300 LF         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>  |   | NJDEP Waste Hauler ID No.<br><b>15939</b>   | Cubic Yards of Waste<br><b>120</b>   | Name of Registered Landfill<br><b>Western Berks Community Landfill</b> |                |                                     |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>  |   |   | Disposal Date<br><b>TBD</b>  | City, State<br><b>Birdsboro, PA</b>                                    |                |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Mark Griffin</b>   |   | Title<br><b>Estimator</b>   | Signature<br>  |  |                | Date<br><b>6/2/17</b>               |                          |                          |                          |



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



|  |   |   |                  |
|--|---|---|------------------|
| Date of Notification (1)<br>6/5/17   |   | Name of Building Owner/Operator (2)<br>Jon Volpe Developers |                  |
| Agencies Notified  | Type Notification   | Street Address<br>13 Spring St.                             |                  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Butler, NJ 07405                   |                  |
|  |   | Name of Contact<br>Jon Volpe                                | Telephone Number |

## FACILITY INFORMATION

|   |   |   |  |
|---|---|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Home  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>[REDACTED]  |   | Square Feet<br>1500   | # of Floors<br>2   |
| City (5)<br>Butler  |   | Bldg. Age<br>N/A  |  |
| County (6)<br>Morris  | County Code (7)<br>(STATE USE ONLY) _____ | Current Use (Prior if being demolished)<br>Residential Home   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager  |   | ASCM No.  | Name of Abatement Contractor (9)<br>All Stages Abatement |
| Street Address  |   | Street Address<br>280 N. Midland Ave.   |  |
| City, State, Zip Code   |   | City, State, Zip Code<br>Saddle Brook, NJ 07663   |  |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>201-600-3184   | License No.<br>01305                                     |
| Start Date (10)<br>6/7/17   | Scheduled Completion Date (11)<br>6/12/17 | Name of OSHA Monitor  |  |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M |   | Street Address  |  |
|   |   | City, State, Zip Code   |  |

## Scope of Work (Check All That Apply)

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

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| Entire Home Demo  |   | X  |     | ACM  | 1500 SF                   | X              |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |

|   |                                    |                              |  |
|---|------------------------------------|------------------------------|--|
| Name of Registered Waste Hauler<br>Newark Carting | NJDEP Waste Hauler ID No.<br>04509 | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>IESI Landfill |
| City, State<br>Newark, NJ                         | Disposal Date<br>TBD               | City, State<br>Bethlehem, PA |  |
| Completed by<br>Richard Cristofol                 | Title<br>President                 | Signature<br>                | Date<br>6/5/17                               |

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-49

NON sub 8

Check # 8412

|   |   |  |  |
|---|---|--|--|
| Date of Notification (1)<br><u>06/06/17</u> |   | Name of Building Owner/Operator (2)<br>Pennsauken Public Schools   |  |
| Agencies Notified                           | Type Notification                           | <div style="float: right; border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> JUN - 7 2017<br/> ENVIRONMENTAL CONTROL &amp; LICENSING </div> |  |
| <input type="checkbox"/> EPA                | <input checked="" type="checkbox"/> Initial |  |  |
| <input type="checkbox"/> DEP                | <input type="checkbox"/> Amendment          |  |  |
| <input checked="" type="checkbox"/> DOL     | <input type="checkbox"/> Cancellation       |  |  |
| <input checked="" type="checkbox"/> DOH     |   |  |  |
| <input type="checkbox"/> DCA                |   | Street Address<br>1695 Hylton Road   |  |
|   |   | City, State, Zip Code<br>Pennsauken, NJ 08110  |  |
|   |   | Name of Contact<br>Noreen Boston   |  |
|   |   | Telephone Number   |  |

FACILITY INFORMATION

|   |                      |  |  |   |                         |
|---|----------------------|--|--|---|-------------------------|
| Name of facility where abatement is taking place (3)<br>H.M. Phifer Middle School (non sub 8)   |                      |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K - 12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |   |                         |
| Street Address<br>8201 Park Avenue  |                      |  | Square Feet    # of Floors    Bldg. Age  |   |                         |
| City (5)<br>Pennsauken, NJ 08110  | County (6)<br>Camden | County Code (7)<br>(State use only)            | Current Use (Prior if being demolished)<br>school (non sub 8)  |   |                         |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br>Arcadis U.S., Inc.  |                      | ASCM No.<br>0141                               | Name of Abatement Contractor (9)<br>B & G Restoration, Inc.  |   |                         |
| Street Address<br>10 Friends Lane, Suite 200  |                      |  | Street Address<br>105 Ryerson Road   |   |                         |
| City, State, Zip Code<br>Newtown, PA 18940  |                      |  | City, State, Zip Code<br>Lincoln Park, NJ 07035  |   |                         |
| Project Manager for Monitoring Firm<br>David Hilinski   |                      | Phone Number<br>908-635-4069                   | Telephone Number<br>(973)696-6869  |   | License Number<br>00378 |
| Scheduled Start Date (10)<br>06/15/2017   |                      | Sched. Completion Date (11)<br>07/21/2017      |  | Name of OSHA Monitor<br>B & G Restoration, Inc. |                         |
|   |                      |  |  | Street Address<br>105 Ryerson Road              |                         |
| Occupancy Status During Abatement (Check only one)  |                      | City, State, Zip Code<br>LincolnPark, NJ 07035 |  |   |                         |
| <input type="checkbox"/> Facility closed/vacated during entire period of abatement.<br><input type="checkbox"/> Abatement performed outside of normal facility hours- Describe:<br><input checked="" type="checkbox"/> Other-Describe: 8:00 am - 4:30 pm occupied |                      |  |  |   |                         |

Scope of Work (check all that apply)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure               |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                       | <input checked="" type="checkbox"/> Non-friable procedure |

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) |    |                                     | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R<br>e<br>m<br>o<br>v<br>e          | R<br>e<br>p<br>a<br>i<br>r | E<br>n<br>c<br>a<br>p | E<br>n<br>c<br>l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|-----------------------|------------------|
|  | Yes  | No | N/A                                 |   |                           |                                     |                            |                       |                  |
| All hallways   |  |    | <input checked="" type="checkbox"/> | VAT & mastic                                      | 18,400 sf                 | <input checked="" type="checkbox"/> |                            |                       |                  |
|  |  |    |                                     |   |                           |                                     |                            |                       |                  |
|  |  |    |                                     |   |                           |                                     |                            |                       |                  |
|  |  |    |                                     |   |                           |                                     |                            |                       |                  |
|  |  |    |                                     |   |                           |                                     |                            |                       |                  |

|  |                              |                                      |                             |   |                    |
|--|------------------------------|--------------------------------------|-----------------------------|---|--------------------|
| Registered Waste Hauler<br>B & G Restoration, Inc. |                              | NJDEP Hauler ID#<br>19563            | Cubic Yards of Waste<br>250 | Name of Registered Landfill<br>Tullytown Resource & Recovery Center |                    |
| City, State<br>Lincoln Park, NJ                    |                              | Disposal Date<br>06/15/17 - 07/21/17 |                             | City, State<br>Tullytown, PA  |                    |
| Completed by (Print or Type)<br>Gordana Luna       | Title<br>Secretary/Treasurer | Signature<br><i>Gordana Luna</i>     |                             |   | Date<br>06/05/2017 |



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

|   |   |   |  |  |                                      |                                     |                          |                          |                          |
|---|---|---|--|--|--------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>6 / 6 / 17  |   | Name of Building Owner/Operator (2)<br>City of Camden   |  | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED<br/> JUN - 7 2017<br/> NTROL &amp;<br/> LICENSING </div>  |                                      |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8)  |   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |  |                                      | Street Address<br>PO Box 95120      |                          |                          |                          |
|   |   | City, State, Zip Code<br>Camden, NJ 08101   |  |  |                                      | Name of Contact<br>James Rizzo      |                          |                          |                          |
|   |   |   |  |  |                                      | Telephone Number _____              |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |   |   |  |  |                                      |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>600 STATE STREET STRUCTURE  |   |   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |                                      |                                     |                          |                          |                          |
| Street Address<br>600 STATE STREET STRUCTURE  |   |   |  |  |                                      |                                     |                          |                          |                          |
| City (5)<br>Camden  |   |   |  | Square Feet<br>varies  | # of Floors<br>varies                |                                     |                          |                          |                          |
|   |   |   |  | Bldg. Age<br>50+   |                                      |                                     |                          |                          |                          |
| County (6)<br>CAMDEN  |   | County Code (7)(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br>HOUSING DEEMED UNSAFE   |                                      |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.  | Name of Abatement Contractor (9)<br>Controlled Environmental Systems   |  |                                      |                                     |                          |                          |                          |
| Street Address  |   | Street Address<br>1121 N. Bethlehem Pike - Suite 60   |  |  |                                      |                                     |                          |                          |                          |
| City, State, Zip Code   |   | City, State, Zip Code<br>Spring House, PA 19477   |  |  |                                      |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm   |   | Telephone No.   | Telephone No.<br>215 542 7000  | License No.<br>00847   |                                      |                                     |                          |                          |                          |
| Start Date (10)<br>6 / 7 / 17   |   | Scheduled Completion Date (11)<br>7 / 31 / 17   |  | Name of OSHA Monitor<br>CES  |                                      |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-5:00PM/____PM-____AM |   |   | Street Address<br>1121 N Bethlehem Pike -Suite 60  |  |                                      |                                     |                          |                          |                          |
|   |   |   | City, State, Zip Code<br>Spring House, PA 19477  |  |                                      |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)  |   |   |  |  |                                      |                                     |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                      |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)  | Abatement Type                       |                                     |                          |                          |                          |
|   | Yes   | No  |  |  | N/A                                  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| See Attached Notice of Hazard   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | See Attached Notice of Hazard  | 200 YD per res                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |  |                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Waste Management of NJ   |   | NJDEP Waste Hauler ID No.<br>17273  |  | Cubic Yards of Waste<br>200/residenc   | Name of Registered Landfill<br>GROWS |                                     |                          |                          |                          |
| City, State<br>Fairless Hills, PA   |   |   |  | Disposal Date<br>7/31/17   | City, State<br>Tullytown PA          |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Patricia Visco  |   | Title<br>Office Manager   |  | Signature<br><i>Patricia Visco</i>   |                                      | Date<br>6/6/2017                    |                          |                          |                          |