Date of Notification (1)			Name	of Building (Owner	Operator	(2)								
5/9/16				RIZON			(2)	2016	Άν.						
Agencies Notified Type Notification □ EPA IXI Initial			Street /	Address		-110,70100	2	×	111,	3 PM 8	: 62				
☑ DEP ☐ Amended		-	City, St	HORIZO tate, Zip Co RT LE	de de	COAN		ر ج	1105	1111	٦٧.				
✓ DOL Amendment ☐ Emergency (i		-	For	CT LE	£,_	NI	0	7034	MEEL	KUINU	ĺŪζ				
□ DCA justification ☐ Cancellation			PET	of Contact		PHER			1 le	lephone Nu	imber 34.	8	98	5	
Name of Facility Where Abatement is Taking	Place (3	,	FAC	ILITY INFO	RMAT	ION	Ŧ								
HORIZON HOUSE	1 1200 (0	,				Application and the second		of Facility (School (K-1							
Street Address								Subchapter	8 (Othe	er than K-1	2)				
City (5)	***************************************				-			Other (i.e. p			iai bui			es,	
FORT LEE								re Feet 2 <i>600</i>	# 0	of Floors		Bldg.	A		
County (6) BERGER				Code (7) USE ONLY)	***************************************		Curre	ent Use (Pri	or if bei		hed)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	CM No.			of Aba	tement Cor	tractor	(9)		-	-		
Street Address				M. Sept. St. Marketon and St. Marketon a		Street /	Addres reelan	-							
City, State, Zip Code								p Code k, NJ 07432							
Project Manager for Monitoring Firm	and the second second	Telep	phone No.		Teleph		D.		License N 00156	lo.					
Start Date (10) / 20 / 16	ed Cor	hpletion	Date (11)		Name o	of OSH	IA Monitor vironmenta	Service							
Occupancy Status During Abatement (Check	Only O	ne)	Stroot Address						OCIVIC	05 1110.	-		-		
☐ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Norma ☐ Other - Describe:	eriod of A I Facility	Abatem Hours	ent		280 Huyer Street City, State, Zip Code Hackensack, NJ 07606										
Scope of Work (Check All That Apply)			Trackersack, NJ 07605												
☐ ≥3 sf or ≥3 if ② ≥160 sf or ≥260 if		enovat				ø	Full (Containmer	it with I	with Negative Pressure					
A 2100 St 01 2200 II	' D	emoliti	on			区	Mini- Glov	Enclosure ebag Proce	edure						
	1	Locati				M	Non-	Exempted	(*) and	Non-Friable	e Proc	The Real Property lies	temen		
Location of	1	Normal ed Sole	ly	Trend and a second a second and	De	scription (of						ype		
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	nce/			taining M systems			2770	mount Specify	R		En	н	
In Facility (13)	Cus	todial S (12)	itam?	,	surfac	cing, VAT	, or	.,		or LF)	Remova	Repair	Encapsulate	Enclosure	
	Yes	No	N/A								B)	-	edalı	enn	
OUTSIDE			×		Ros	FING			: :5	00 SF	×		\vdash	\vdash	
MECHAUICAL ROOMS			×		TAU	K			-	60sf	X	1		\Box	
1 (11			X		TAU	K				30 SF			X		
OIL TAUK ROOM		X		PIP	-				15 LF	X					
Name of Registered Waste Hauler		JDEP Wa auler ID I	- 1	Cubic \ of Was		THE PERSON NAMED IN	Name of R	egister	ed Landfill			6			
Newark Carting, Inc City, State, Zip Code		04509			2		NO. CO. CO. CO. CO. CO. CO. CO. CO. CO. C		ehem Land	Ifill Co	rp.				
Newark, NJ 07105						al Date	02	City, State Bethle		ode A 18015				Artinologyanapan	
Completed by R. McDonald Title President				Signature) mcjU / Date / /						Ğ					

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

2016-77

B & G proj. #: Check # 7835 Date of Notification (1) Name of Building Owner/Operator (2) Re in 0 | 5 | / | 0 | 9 | / | 1 | 6 | Estate of William Fitzsimmons Agencies Notified Type Notification Street Address ☐ EPA X Initial DEP City, State, Zip Code Amendment DOL Belleville, NJ 07109 8 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Angel Concepcion 973-751-7610 FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Estate of William Fitzsimmons Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Belleville, NJ 07003 Essex residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. 05/20/2016 05/20/2016 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Full Containment w/negative pressure ✗ Glovebag procedure ▼ Renovation >3 sf or >3 If __ ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely Ε Location of E e by maintenance/custodial е n Amount asbestos-containing Description of asbestos-containing п m staff(12) C (Specify SF or material to be material (ACM) C 0 a а abated in facility (13) LF) L Yes No N/A boiler room pipe insulation 11 If X Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center 1/2 Disposal Date City, State Tullytown, PA Lincoln Park, NJ 05/23/2016 Signature Date Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 05/09/2016

CHENTH 1 X1/L

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

GAC Project # 060-16 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ May 9, 2016 Street Address Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. □EPA ■ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA. ■ Emergency (including City, State, Zip Code X DOL justification) PISCATAWAY, NJ 08854 ▼ DEP- No Longer REQUIRED Telephone Number Name of Contact □Cancelled X DOH 848-445-2550 == MICHAEL SMITH, ENV. **HEALTH & SAFETY** ge ! FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) W LANGUAGE LAB, BLDG# 3036 School (K-12) 2, ☐Subchapter 8 (other than K-12) (9) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 1 Bldg. Age: 60+Gears County Code (7) County (6) **NEW BRUNSWICK MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number BRIAN KEARNY 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/20/16 05/23/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe XOther - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure **X**Renovation ■ Mini-Enclosure \ge 3 sf or \ge 3 lf ■ Demolition ☐ Glovebag Procedure / Wrap & Cut □ ≥ 160 sf or ≥ 260 lf Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) YES NO NA Room 102 120 SF X X VAT Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill 05/23/2016 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP # 4509 215-736-1700 Date Completed by (Print or Type) SENIOR PROJECT Raymand C. Pedalino May 9, 2016 RAYMOND C. PEDALINO MANAGER

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

Ck # 3023

Date of Notification	Name of Building Owner / Operator (2)																
	5/6/16				rizo					7							
Agencies Notified	Type Notific	ation				Addr				140 6	4V						
⊠ EPA				_			Stree	t	0.0-	F 6 9	124						
☐ DEP ☐ DOL							& Zip	Code	CO16 M	AY 13 PM							
		nded						lersey		13 PH	2. ,						
□ DOH □ DCA		rgency cellation					ontact	4	345		0.46	Telepho			er		
	☐ Cario	reliation		Ale	XE	Bayl	or		81	122 600		301-58	3-00)48			
				F	AC	ILIT	Y INF	ORMATION		TELHOIMA	MUL						
Name of Facility Wh		ent is Taking P	Place ((3)				Type of Faci		10							
Leonia Central O	ffice							School	(K-12)								
Street Address										Other than K-							
524 Main Street								Other (i	.e. priva	ate & commerc	cial buildin	ngs, hom	nes,	etc.)			
011 (5)		_						Square Feet	t	# of Floors		Bldg. Ag	je				
City (5)		County (6)	Co	ount	y C	ode	(7)	40000	0	4							
Fort Lee		Bergen						Current Use	(Prior i	f being demoli	shed)						
								Communic	ations	3							
Name of Monitoring	Firm Hired b	y Building Owi	ner (8)		ASC	CM No	o. Name of Abatement Contractor (9)									
USA Environmen	tal Inc.							BRISTOL	ENVIR	ONMENTAL	INC						
Street Address								Street Addre	3.7.47								
8436 Enterprise A								1123 BEAV					11001				
City, State & Zip Coo Philadelphia Pa 1								City, State &									
Project Manager for		irm	Tala		N	Lunal	0.22		BRISTOL, PA 19007 Felephone Number License Number								
Mark Jenkins	Worldoning F	11111	Tele				ber	215-788-60			License						
Scheduled Start Dat	e (10)	Scheduled Cor					١	Name of OS		vitor		0050	19				
5/23/16			Jale	(11,)			ONMENTAL	INC								
Occupancy Status D	uring Abater	ment (Check or	nly on	e)				Street Addre									
		During Entire P						1123 BEAV									
		utside of Norm	al Ho	urs -	- 78	am to	o 3pm										
Describe: Facility Occu				BRISTOL, PA 19007													
Scope of Work (Che				70.7													
	on an inat ap	,P.))		Full Containment with Negativ								Vegative	Pres	SIIre			
≥3 sf or ≥3 lf			\boxtimes	Re	eno	vatio	n			Mini-Enclosur		· oguli vo		,00,0	8		
≥160 sf ≥260) If		П	De	emo	olition	n			Glove Bag Pro							
								Non-Exempted and Non-Friable Procedu							re		
	cation of		Is	Loca	atio	n		Description	Description of Amount Abatement Ty								
	s-Containing	9	Norr					Asbestos-Containing (Specify									
	rial (ACM) E ABATED			olely				Material (A			F or LF)	7		En	ш		
	Facility		Main Custo					i.e., thermal s insulation, surface				Remova	Repair	Encapsulate	Enclsoure		
	(13)		Ousi	(12		211:		or other miscell				ova	air	sula	our		
			Yes	No		N/A				·		-		te	Ф		
Basement Air Dry	er Room		\boxtimes		1	П		Vat/mas	tic		200 SF			П	\Box		
Basement Power		v Stairs		П		H		Vat/mast	1000000		6 SF		H	H	H		
Basement Meter F			X	H	iti	Ħ		Vat/mast	708500		85 SF		H	H	Η		
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Name of Registered	Waste Haule	er		N	JDE	EP V	Vaste	Cubic Yards	Name	of Registered	Landfill						
								가 [- [- [- [- [- [- [- [- [- [
SERVICE TRANSPORT GROUP, INC.					099	90		3 MINERVA LANDFILL									
City, State								Disposal Date	City, S	State			-28				
NEW CASTLE, DE 19720								TBD	WAY	NESBURG,	OH 4468	8					
Completed By (Print or Type)					itle			Signature	-		, ^	Date					
Patrick T. DeCaro				P	RO	J. N	IGR.	Patrick.	AN	000	0	5/6/16	3				
Andreas and the same and the sa								Talrick.	1. C	r cow /	Je						
D 16061				-							//						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

CHECK#25630

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Date of Notification (1)					ner/Operator (2)		C. T.	-	TOK	7				
5/6/2016					HAMILTO	N TOW	NSHIP BOARD	OF EDUCATION		5-1-1-1	3	_		
Agencies Notified	Type Notifica	ation			Street Addre	ess			di	==	- 6	-		
□ EPA	Initial				90 PARK A	VENUE	2		C	· · ==	6	٠, ر		
□ DEP	☐ Amend	ed Ame	endme	nt #	City, State, 2	Zip Code				-				
□ DOL	☐ Emerge	ency (ir	ncluding	3	HAMILTO	N SOUA	RE, NJ 08690							
□ DOH	justifica	ition)			Name of Co				Tele	phone	e Num	ber		
DCA	☐ Cancel	lation			JOHN O'K	EEFE (C	OWNER'S REP)				1900X			
					FACILITY IN				132	-370-1	,500A	.10		
Name of Facility Where Ab	atement is T	aking F	Place (3	3)		•		Type of Facility (4)						
ALEXANDER ELEMEN								School (K-12)						
Street Address	THE DO	TO OL						Subchapter 8 (Oth	or the	n V 11	27			
20 ROBERT FROST DR	IVE											01400444		
City (5)	u v E		11 -2 -12					Other (i.e., private						
HAMILTON, NJ								Square Feet	# or	Floors	Blag	. Age		
County					County Code	- /7) /07	ATE HOE ONLY	AIDDODT						
MERCER					County Code	e(1) (S1	ATE USE ONLY)	AIRPORT						
Name of Monitoring Firm H	irod by Duildi	ina Ow	nor (0)		A COM No	Thi								
N/A	ned by build	ing Ow	ner (8)		ASCM No.		of Abatement Con							
Street Address								RONMENTAL INC.						
Street Address							Address							
						15 BL	ACK FOREST R	OAD						
						City, St	ate, Zip Code							
				HAMI	LTON, NJ 0869	1								
Project Manager for Monitoring Firm Telephone No.						Telepho	one No.		Licer	nse No	٥.			
						609-89	0-7110		0067	6				
Start Date (10)		Sche	duled C	omplet	ion Date (11)	Name o	of OSHA Monitor							
6/24/2016		7/1/2				MECS								
Occupancy Status During A	batement (C	heck o	nly one	:)		Street A	Address							
Facility Closed/Vacate	d During Ent	ire Peri	iod of A	bateme	ent	P.O. B	OX 341							
Abatement performed outs	side of workir	ng hour	s 5PM-	2 AM			ate, Zip Code							
							515							
Scope of Work (Check all the	nat apply)	-				CACOBA	SWICKS, NJ 08		ith Ne	anative	Pres	CHIP		
≥ 3 sf or ≥ 3 lf					Renova	tion		☐ Full Containment with Negative Pressure ☑ Mini-Enclosure						
≥ 160 sf or ≥ 260 lf					□ Demolit		N.	Glovebag Procedure						
					Z Domone	1011				Falab	I- D			
		I	Locat	ion				Non-Exempted (*)	_					
Location of Asharts - O	a mara fortistic	53255	rmally l		Description	n of Asbe	stos Containing		Abate	ement	Туре	-		
Location of Asbestos-C Material (ACM) TO BE A	Ontaining BATED in		Solely I				thermal systems	Amount (Specify SF or	Z.		Encapsulate	甲		
Facility (13)	DATED III			/Custo	insulation,	surfacing	g, VAT, or other	LF)	me	Repair	aps	ICIO		
			Staff?		. r	miscellan	eous)		Removal	ar.	sula	Enclosure		
WINDOWS EVERTOR		Yes	No	N/A					_		ite	Ф		
WINDOWS/EXTERIOR			X		GLAZING			2000 L.F.	X					
N														
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered Lar	ndfill					
CARNEVALE DISPOSAL COMPANY, INC.					Hauler ID No.		Waste	CDOVIC						
					17297		20	GROWS						
City, State							Disposal Date	CITY, STATE						
HAMILTON, NJ							7/5/2016	MORRISVILLE, PA						
Completed By		Title				Signator	27-Mar	200	Date					
DAVID D'ANDREA		PRES	IDEN'	Г		nU	will of	A Kindre	5/6/2	016				
ASB-41				1	11	- Car		20170250						

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

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

Date of Notification (1) 3 / Agencies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8)	11 / 10	3		1		g Owner/Operator	100	1.41	-	2016		
☑ EPA☑ DOLWD☑ DHSS☐ DCA	Type Notification			Mo	unt Holly	Twp. Board Of	Education	8010		3		
□ DOLWD □ DHSS □ DCA				Stree	t Address			7.0	_	~	_	
□ DHSS				33	1 Levis D	r		CC		_		
☐ DCA	Amended	E EIC	116	City,	State, Zip C	Code			-7	PH		
	Amendment #			Mt.	Holly, N.	J 08060			. 7			
	justification)	icidali	ig	Name	e of Contac	t		Telephone Number	er	_ ;	-	
	☐ Cancellation			Bil	l Buffa			609-267-7606	A	3		
				FA	CILITY IN	IFORMATION						
Name of Facility Where	Abatement is Takir	g Plac	e (3)				Type of Facility (4)				
FW Holbein Middle	School						School (K-12					
Street Address								(Other than K-12) ivate and commerc	ial hi	ildina	c	
331 Levis Dr							homes, etc.)	ivate and commerc	iai Du	munig	٥,	
City (5)							Square Feet	# of Floors	BI	dg. Ag	je	
Mt. Holly												
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Burlington		_				-			0			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	ALL VICTOR OF CHARLES AND CONTRACTOR OF CONTRACTOR OF CHARLES AND CONTRACTOR OF CHARLES AND CONTRACTOR OF CONTRACTOR OF CHARLES AND CONTRACTOR OF CONTRACTOR O	ent Contractor (9)					
MECS, Inc							VIRONMENTAL	., INC.				
Street Address						Street Address						
PO Box 341 City, State, Zip Code						1123 BEAVE						
Chesterfield, NJ 08	515					City, State, Zip C						
Project Manager for Mon			Tol	ephone	No	BRISTOL, PA	19007	License No.			_	
William Weisgarbe	11 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15			09-298		215-788-6040	1	00509				
Start Date (10)		duled (ate (11)	Name of OSHA		00309			_	
4 /18 /	C-0456			0 /	mana figura ang		VIRONMENTAL	., INC.				
Occupancy Status During	¥:					Street Address						
 ☐ Facility Closed/Vacate ☐ Abatement Performed 					a a riba	1123 BEAVE						
Time of Abatement:						City, State, Zip C BRISTOL, PA						
Scope of Work (Check a	I that apply)					☐ Full Con	tainment with Neg	Negative Pressure				
≥3 sf or ≥3 lf			enovat			Mini-End	closure					
≥160 sf or ≥260 lf			emoliti	ion			g Procedure moted (*) and Nor	n-Friable Procedure	ĕ			
		1	s Loca	ation			() = ()			ateme	ent	
Location			Norma			Description of			-		_	
Asbestos-Containing TO BE ABA			eu Soi ainten	lely by ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	0	
IN Facil		Cus		Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	Lindponia	
(13)		Yes	(12) No		-	other miscellane	eous)				2	
Throughout		les	No		Pipe Fit	ttings-Wrap and	Cut	1,575 LF	\boxtimes		Г	
Exterior					Louver	caulk		516 LF	\boxtimes		Г	
Gym, Gym storage, Stage □ ⊠					Duct Vi	bration Cloth		108 SF			Г	
Room 210 & 211					Lab Tab	ole tops		144 SF		П	Г	
Name of Registered Was	te Hauler	1=	12.00	NJDEP 1		Cubic Yards of	Name of Regist			-		
SERVICE TRANSPO		C.	- 01 2	Hauler II 2099	D No.	Waste	MINERVA L					
City, State				_000		Disposal Date	City, State				_	
NEW CASTLE, DE	19720						WAYNESB	URG, OH 44688				
	ype) Titl	е		-		Signature		Date 5/6/16				

B516010 *** NOTE! BEI WILL

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

ON BE ON SITE 5/6,5/13 4 5/20 (FRIDAYS ONLY)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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			(P	ursua	ant to	NJAC	8:60 and 5.	10)		178	1			
pate of Notification (1)				Nan	ne of B	uilding O	wner/Operato	920		-				
3 / 11	/ 16	3		M	lount	Holly Tv	vp. Board C	of Educ	cation	Fic		2	F-104	
	e Notification			Stre	et Add	Iress				50%		8.	7.3	
,90,,0,0	nitial					vis Dr				王		37		
ZI DOLWD X	Amended			City	, State	, Zip Cod	le			Ų.	6	CU		
ZI DHSS	Amendment #					lly, NJ 0							_	
	Emergency (i justification)	nclud	ing	Nar	me of C	Contact				Telephone Numbe	٢			
	Cancellation			E	Bill Bu	ffa				609-267-7606				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			F	ACIL	ITY INFO	ORMATION							
Name of Facility Where Abate	mont is Taki	na Pla	ace (3)		7,012			Тур	e of Facility (4)				
FW Holbein Middle Sch	nient is raki	119 1 10	200 (0)						School (K-12)	(Other than K-12)				
	001							\neg \dashv	Other (i.e., priv	rate and commerci	ial buildi	ngs,		
Street Address									homes, etc.)					
331 Levis Dr								Sq	uare Feet	# of Floors	Bldg.	Age		
City (5)														
Mt. Holly				To	County	Code (7)(-	STATE USE ON	LY) Cu	rrent Use (Prio	or if being demolish	ied)			
County (6)														
Burlington Name of Monitoring Firm Hire	nd by Buildin	n Owr	ner (8)	AS	CM No		Name of Aba	tement (Contractor (9)					
	o by building	9	/				BRISTOL	ENVIR	RONMENTAL	., INC.			_	
MECS, Inc							Street Addres							
Street Address							1123 BEA	VER S	STREET				_	
PO Box 341							City, State, Z	ip Code	1					
City, State, Zip Code Chesterfield, NJ 08515							BRISTOL	., PA 19	9007					
Project Manager for Monitor				Teleph	one No	o	Telephone N	lo.		License No.				
William Weisgarber	119 1 1111				-298-4	encommon XI	215-788-6			00509			_	
Start Date (10)	Sc	hedul	ed Cor	mpletio	n Date	(11)	Name of OS	HA Mon	nitor					
4 / 18 / _				20			BRISTOL	ENVI	RONMENTAL	L, INC.				
Occupancy Status During A		heck (only on	ne)			Street Addre							
☐ Secure Status During A	During Entire	Perio	od of A	bateme	ent		1123 BE	STREET						
Data toward Dorformed O	utside of Nor	mal F	acility	Hours	- Desc	ribe	City, State, 2							
Time of Abatement:	AM	_PM/	6:00P	M- <u>2:0</u>	<u>0</u> AM		BRISTO	L, PA 1	19007					
Scope of Work (Check all th							Full Containment with Negative Pressure							
	Lat - P. 177		Ø n	novatio			⊠ Mir	ni-Enclo	sure	ganto				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		1	Der	nolition	1		M CI	aughaa l	Drocedure	on-Friable Procedu	ıre			
∑ ≥160 St of ≥200 II			777E-3				⊠ No	in-Exem	ipted () and ive	Jil-i Habie i 1999	Aba	ateme	ent	
	2.0-2			Locatio			Deceri	ption of						
Location of		,		lormall d Solel		Asbe	estos Containi	ng Mate	erial (ACM)	Amount	Removal	Repair	Encapsulate	
Asbestos-Containing M TO BE ABAT	aterial (ACIVI)	,		intenar		(i.e	e. thermal sys	stems in	isulation,	(Specify SF or LF)	oval	=	Incl	
IN Facility			Cust	odial S (12)	olan r		surfacing other misc	cellaneo	us)				910	
(13)			Yes	No	N/A								-	
			1.50		П	Transi	te Foom Ho	ood		90 SF	\boxtimes		L	
Room 210A	Room 210A						Orain Insula			9 LF	\boxtimes			
Throughout										1,760 SF				
Room 202-208							☐ Glue dots							
					LIDER	Maste	Cubic Yard	ds of	Name of Reg	gistered Landfill				
Name of Registered Wast	e Hauler		_		IJDEP lauler l	Waste D No.	Waste			A LANDFILL				
SERVICE TRANSPO	RT GROU	P, IN	C.	,	2099		Diancasin	Date	City, State					
Secretary to the second second					Disposal D	Jaic		SBURG, OH 446	888					
City, State	NEW CASTLE, DE 19720						ACCUSAGE AND ACCUS							
	9720										Date ,			
		Titl	е				Signa	ature	1.05	1.0	5/6	116	1	

(K 5374

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

Date of Notification (1)	Name of Building Owner/Operator (2) Seagis Edison 2170, LLC c/o Seagis Property Group 13 PM // 3 PM //: Street Address 100 Front Street										7			
	12 /	16	_		Sea	gis Edis	on 2	170, LLC c/c	Seagis Prope	erty Group	V			
Agencies Notified	Type Notifica	tion			Street	Address				- 11/	11	P	MII	
⊠ EPA	☐ Initial				100	Front St	reet			1 1750				. 43
☑ DOLWD	Amended Amendme				City, S	tate, Zip C	ode			& L	100	60	111	201
□ DCA	⊠ Emergeno	The state of the s	udina		Cor	shohock	ken,	PA 19428			IUE	(5/#	1G	196
(NJAC 5:23-8)	justificatio				Name	of Contact				Telephone Numb	er			
95-95	☐ Cancellati	on			Chr	istopher	Willi	iams		484-530-913	3			
					FAG	CILITY IN	FOR	MATION						
Name of Facility Where A				(3)					Type of Facility					
Former Victoria Clas	ssics/Wareh	nousir	ng						School (K-12	!) 3 (Other than K-12)				
Street Address									Other (i.e., p	rivate and commer	cial bu	ilding	s,	
2170 Route 27 North	1								homes, etc.)					
City (5)									Square Feet	# of Floors		dg. Ag	ge	
Edison									955,000	1 & 2		50 +		
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)		ior if being demolis	hed)			
Middlesex									Office/Ware					
Name of Monitoring Firm			mer (8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)	3				
Bio Terra Environm	ental Soluti	ons	-11				R	ed Roc Mat	erials, LLC			100		
Street Address							Stre	et Address						
P.O. Box 1224							20	0 Ramapo V	alley Road			221122		
City, State, Zip Code							City	, State, Zip Co	ode					
Union, NJ 07083				N	M	lahwah, NJ	07430							
Project Manager for Monit		Tele	phone	No.	Tele	ephone No.		License No.						
Rick Eustaquio					73-494		20	01-529-4700	1	01248				
Start Date (10) 05 / 12 /					tion Da		F2.00000	ne of OSHA N	lonitor terials, LLC					
								et Address	terrais, LLO					
Occupancy Status During Status During					mont				fellow Bood					
☐ Abatement Performed														
Time of Abatement:								, State, Zip Ct lahwah, NJ						
Scope of Work (Check all	that apply)						101	iaiiwaii, ivo	07430				37-97/50	
		_	7.0		·32 250				tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or >260 lf			Rei					☐ Mini-End	g Procedure					
		-								n-Friable Procedu	е			
				Loca							Ab	atem	ent T	ype
Location of Asbestos-Containing N				lorma d Sol	ely by	Anho	otoo (Description of Containing Ma	18 19 St. 18 St.	Amount	Re	Re	щ	Ē.
TO BE ABA		'	Mai	intena	ince/			rmal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	у		Cust	odial (12)	Staff?	1		urfacing, VAT		SF or LF)	val		sula	sure
(13)			Yes	No	N/A		Oli	ner miscellane	ous)				ite	
Exterior Slab (Southe	ast Side)					Buried	Tran	site Pipe		300 LF (TBD)		П	П	П
														$\overline{\Box}$
									Tu (D)				Ш	Ш
Name of Registered Wast A.T.C.	1/3	JDEP I lauler II		Was	oic Yards of ste	Name of Regis								
)		0 CY		andilli				
City, State Hampton Bays, NY								oosal Date n/ab 7/1/16	City, State Waynesbu	ıra OH				
							0	T 6: .		15.				
Completed By (Print or Ty	rpe)	Title	.lest	B.F.				Signature	. 1 .	Da	ile .			
Michael F. Keith	oject	Man	nager Wickael Keit 5-12-1							6				

ASB-41 JAN 13

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

(K5998

Date of Notification (1)				Name of Building Owner/Operator (2)										
05/09/16								Country Club			4 3			
Presser.	ype Notification				t Address nerry Hil	Llane			2016 MAY	13 PI	111:	52		
DEP	Initial Amended				State, Zip									
⊠ DOL	Amendmen	t#			Bridge,		857		* H. 510	2.60	HI	01		
Ĭ DOH	Emergency justification)		g		of Contac				₹ L.I.C.	[[4]	VC.			
☐ DCA	Cancellation	า		Bern	nadette F	oppe	1		732-72					
Name of Facility Where Aba	atomont in Taki-	- Di	(0)	FA	CILITY IN	FORM	ATION							
Glenwood Apartments	sternent is Takir	ig Place	(3)					Type of Facility ((4)					
Street Address								School (K-1	(2)					
38-42 Apple Tree Ln								Other (i.e. p	8 (Other than private & comr	K-12) nercial h	uildin	re ho	mac	
City (5)								etc.)				- Committee of the		
Old Bridge, NJ								Square Feet 6,000	# of Floors	3		. Age		
County (6)				County	y Code (7)			Current Use (Price		II - I I	65+			
Middlesex				(STATE	USE ONL	Y)		Apartment	or it being den	iolished)			
Name of Monitoring Firm Hir	red by Building	Owner (8)	ASC	M No.		Name	of Abatement Con	tractor (9)					
N/A							DIA	General Const	ruction, Inc					
Street Address								Address	•					
City, State, Zip Code							1360	Clifton Ave, P	MB Suite 2	18				
City, State, Zip Code								tate, Zip Code						
Project Manager for Monitori	ing Firm			T		2-1-1-1		n, NJ 07012						
	ing i iiiii			i eleph	one No.			one No.		se No.				
Start Date (10)	ed Co	moletion	Date (11)	\		389-0089	0069	3						
05/23/2016		05/27/			Date (11)	,		of OSHA Monitor General Constr	uction Inc					
Occupancy Status During Ab	patement (Checi	k Only Or	ne)					Address	uction, inc					
Facility Closed/Vacated	During Entire P	eriod of	Abater	ament 1360 Clifton Av					MB Suite 2	18				
Abatement Performed Cother – Describe:	Outside of Norm	al Facility	Hour	S				ate, Zip Code		10				
								n, NJ 07012						
Scope of Work (Check All Th	at Apply)	_											27/15/20	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	enova emoli					Full Containmen	ent with Negative Pressure					
		ш	remon	uon			×	Slovebag Flocedure						
					T			Non-Exempted	(*) and Non-F	riable Pr	ocedu	re		
		1953	Locat Iormal	7.4				1				temen	ıt	
Location of Asbestos-Containing Mate	erial (ACM)	Use	d Sole	ly by	Ashan	D.	escription	of		-	7	уре	_	
TO BE ABATED	2		ntena odial S		(i.e.	therma	ntaining Ma il systems	aterial (ACM) insulation,	Amount (Specify	77	100000	回	ш	
In Facility (13)		Oust	(12)	Jian :	1	surfa	acing, VAT miscellane	, or	SF or LF)	Removal	Repair	cap	nclo	
		Yes	Nie	NI/A		other	miscellane	ous)		oval	a.	Encapsulate	Enclosure	
38A-D Apple Tree I = 0	mount O		No	N/A								fe	,,,	
38A-D Apple Tree Ln-C		Х			Р	ipe/EI	bow Insu	ılation	160 LF	Х				
40 A-D Apple Tree Ln-C		Х			Р	ipe/EI	bow Insu	lation	155 LF	X				
42 A-D Apple Tree Ln- C	rawl Space			Р	ipe/Ell	oow Insu	lation	160 LF	X					
							2000 to 1000 to		-					
Name of Registered Waste Ha	JDEP W			Yards	Name of Re	gistered Land	fill							
Service Transport Group	auler ID i 0990	No.	of Wa		Minerva I									
City, State			120			70,000,000,000,000	sal Date	City, State	- 20.19(1))					
New Castle, DE 19720							7/2016		urg, OH 44	688				
Completed by		Title					signature(- Tayriesb		Date				
Milan Njezic		Projec	t Ma	Manager 05/09/2016										
							11	/ // /					- 1	

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

Ch# 3026

,													
Date of Notification (1) 5 /	11 /	16		Name of Building Owner/Operator (2) Princeton University-Office of Besign and Construction Street Address									
				FIII	iceton o	nive	rsity-Office	or besign and	PMII				
Agencies Notified ☐ EPA	Type Notifica	ition						11551	25				
☑ DOLWD	☐ Amended				Elm Dr	N		Billion L	ONTOR				
☑ DHSS	Amendme		_		State, Zip C		E44	LILLE M.	THETTOL				
☐ DCA	☐ Emergend		g		of Contact		5544		Tolonhana Nu	mhar			
(NJAC 5:23-8)	justification Cancellation			(Indiana)	or Contact				Telephone Nur 609-258-18				
	□ Caricellat	1011							009-230-10	1	-/-		
			(0)	FAC	SILITY IN	IFOR	RMATION	T					
Name of Facility Where			e (3)					Type of Facility ☐ School (K-12					
Princeton Universit	ту- непгу на	111						Subchapter 8		2)			
Street Address University Place								Other (i.e., property)	rivate and comm		ilding	js,	
City (5)								Square Feet	# of Floors	Ri	dg. A	ne	
Princeton								oquare r cet	" 011 10013		ug. /	90	
County (6)				Cour	nty Code (7	YSTA	TE USE ONLY)	Current Use (Pri	or if being demo	lished)			-
MERCER					., (//							
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)					
ATC Group Service		J	,					VIRONMENTA					
Street Address	× (************************************						eet Address						
Bromley Corporate	Center-Thre	ee Terri L	ane			1	123 BEAVE	R STREET					
City, State, Zip Code						City	, State, Zip Co	ode					
Burlington, NJ 080				В	RISTOL, PA	19007							
Project Manager for Mon	Tele	phone	No.	Tele	ephone No.		License No.			-			
Michael Keehn			6	09-386	-8800	2	15-788-6040	1	00509				
Start Date (10)	S	Scheduled	Comple	tion Da	te (11)	Nar	me of OSHA N	Monitor					
5 /23 /	16	5	/ _2	3_/_	16	В	RISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	g Abatement (0	Check only	one)			Stre	eet Address						
☐ Facility Closed/Vacate													
Abatement Performed													
Time of Abatement: 7	.00AW-3.30F	-IVI/	-IVI	BRISTOL, PA 19007									
Scope of Work (Check al	ll that apply)							tainment with Neg	ativo Proceuro				
≥3 sf or ≥3 lf		⊠R	enovat	ion			☐ Full Con		jalive Pressure				
_ ≥160 sf or ≥260 lf			emoliti	on				g Procedure	- Frieble Dress	4			
			s Loca	tion			☐ Non-Exe	mpted (*) and No	n-Friable Proced		atam	ont T	
Location	of		Norma				Description of	of			atem	1	1
Asbestos-Containing	Material (ACM	0.0000	ed Sol				Containing Ma	iterial (ACM)	Amount	Remova	Repair	Enca	Enclosure
TO BE ABA		1 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	aintena stodial		(i.e		rmal systems surfacing, VAT		(Specify SF or LF)	lova	a-	apsu	uso
IN Facili	ity		(12)				her miscellane		31 01 21)	=		Encapsulate	Ге
		Yes	No	N/A									
Crawlspace					Pipe In	sual	Ition		9 LF				
Crawlspace		\boxtimes			Pipe In:	sula	tion-Wrap a	nd Cut	6 LF	\boxtimes			
Name of Registered Waste Hauler					Waste	1011302	oic Yards of	Name of Regis	stered Landfill				
BRISTOL ENVIRON	ŀ	lauler II		Wa	ste		. NORTH LAN	DFILL					
City, State						Dis	posal Date	City, State					
BRISTOL, PA 1900					MORRISVI	LLE, PA 1906	7	100					
Completed By (Print or T	Title			Signature Date									
Brian Scafiro	ator				Drian	an Scalin 5/11/				6			

ASB-41 MAY 11 B 5/6 067

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

CK008799

		Name of Building Owner/Operator (2) Chemours Company FC LLC										
Date of Notification (1) 05-10-16			Name of Chemour					,	MA	11	3	PMII
Agencies Notified	Notification Type		Street Ad 1007 Mar						137	5.5		INT
EPA DEP &DOL	Initial x ☐ Amended Amendment #		City, Stat Wilmingto						<u> </u>	E	13	MG
Ď DOH □ DCA	☐ Emergency (Includ Justification) ☐ Cancellation		Name of Chris O					Telephone 609-805				
			FACIL	_ITY II	NFORMA	ATION						
Name of Facility Where A	Abatement is Taking Place	ce (3) Ch	nambers V	Vorks	Plant B	ldg. k21	Type of Facilit	y (4)				
Street Address RT 130 Sou	uth							r 8 (other than private & comr			ding	js,
City (5) Deepwater							Square Feet	# of Floors		Bld	g. A	ge
County (6) Salem	*				ounty Coo	de (7) (STATE)	Current Use (Bldg K021 / 0	prior if being de 24 / 1112	emolis	hed)		
Name of Monitoring Firm Harvard Environmer		3)	ASCM No	ο.		of Contractor (9) ty Environmen	ntal					
Street Address 760 Pulaski Highwa	y				2000	Address Iew Churchma	ans Rd.					
City, State, Zip Code New Castle, DE 197					ate, Zip Code Castle, DE 197	720						
Project Manager for Mon Wesley Morrison		Telepho (302)	one No. 326-233	33	(302)	one Number 322-8946		License Nu 00578	ımber			
Scheduled Start Date (10 05-24-16	Scheduled Co 07-23-16	mpletion	Date	89	- Statement County	of OSHA Monitor ty Environmen	ntal					
Occupancy Status During					(7)(7)(7)(7)(7)(7)	Address Iew Churchma	ans Road					
Facility Closed/Vacate Abatement Performed Other – Describe: Und	Outside of Normal Faci	ity Hour	ment s -		City, St							
Scope of Work (Check al							nent with Negat	ve Pressure			C1 1117	
$X \ge 3$ sf or ≥ 3 If $\triangle \ge 160$ sf or ≥ 260 If	8		X		ovation nolition	☐ Mini-Enclo		bag Procedure				
			s Location			5175 Octobrio	Smo				ater Typ	nent e
Locati Asbestos-Containi <u>TO BE A</u> IN Facil	Us M	Normally ed Solely aintenanc Custodial Staff? (12)	by e/		Description stos Containing M thermal systems surfacing, VA other miscellan	laterial (ACM) insulation, T, or	Amount (Specify SF or LF)		Removal	Renair	Enclosure	
The second Contesses	Yes	No	N/A	Distan			100 5		1	1		
Thermal Systems Thermal Systems	+	X	_	Piping	stos & Transite		189 LF 400 SF		X	+	+	
Floor tile / Mastic		X			iles and mastic		6975 SF		X	1		
Roofing flashing		ý			lashing		1200 SF		X			
Name of Reg. Waste Hauler S&J Transport NJDEP ID No03					ıuler	Cubic Yards of Waste	Name of Re Constoga	eg. Landfill				
City, State New castle DE						Disposal Date TBD	City, State Morgantown	1				
Completed by Charles Flowers				Signature	Cam		ate 05-10	-16				
ASB-41	* Do not use this form for asb	estos licens	sure exempte									



Date of Notification (1) 05/10/2016			Name of Building Owner/Operator (2) Advance Auto Parts Street Address 1844 Pouto 25												
Agencies Notified	Type Notification			Street Ad	ddress Route 35	5	: , ;;	77	I PH	1:5	1				
EPA DEP DOL	Initial Amended Amendment #	·	-	City, Sta	te, Zip Co Lake, N	de	19	Lici	ENSING	NOL					
☑ DOH DCA	Emergency (in justification) Cancellation	ncluding		Name of	Contact el Goody					Tele	phone Nui)-938-55				
				FACIL	LITY INFO	ORMATIC	DN								
Name of Facility Where Existing Dwelling	Abatement is Taking	Place (3)							of Facility (4 School (K-1)	65		7 == 5,			
Street Address 1844 Route 35		7.						X	Subchapter Other (i.e. poetc.)				lings,	home	es,
City (5) Spring Lake, (Wall	Township)			,				The same of the same of	e Feet	# of 2	Floors	В	ldg. A	ge	
County (6) Monmouth	II 18.			County C	Code (7) ISE ONLY)		_		nt Use (Prio ne Dwellir		ng demolis	hed)			
Name of Monitoring Firm Bio Terra Solutions		wner (8)		ASCM	l No.				ement Con nagemen				97		
Street Address P.O. Box 1224			61	120				Addres	er Ln, Su	ite B	4.				
City, State, Zip Code Union, NJ			0		10				p Code IJ 07026		1-				
Project Manager for Mor Rick Eustaquio	nitoring Firm			Telephor 973-49	ne No. 14-3762			one No 928-4			License N	lo.	'n	te iii	
Start Date (10) 05/21/2016		Schedule 06/30/2		pletion [Date (11)		Name	of OSF	IA Monitor						
Occupancy Status Durin	g Abatement (Check	Only One	e)				Street	Addres	s		7 2	3	1.5		- 1
	ated During Entire P ned Outside of Norma						City, S	tate, Zi	p Code						
Scope of Work (Check A	II That Apply														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	н ттак друу)		enova emoliti				×	Min Glo	Containme i-Enclosure vebag Proc	edure	-			•	
30.00		T			0		<u></u>	I NOI	n-Exempted	(*) and	Non-Friat		Abate		
II 60 800			Location ormali			100 000 000								ре	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used Mai	d Soleintenar odial S (12)	ly by nce/		tos Conta thermal	systems sing, VA	Material s insula T, or	(ACM)	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
_		Yes	No	N/A								-			
Foye	er	X				Lir	noleur	n		20) SF	X			X
Name of Registered Wa ALL PRO MANAGE			Н	JDEP W auler ID 034860	No.	Cubic Y of Was As Ne	te		Name of I		red Landfil	I			
City, State Garfield, NJ				Disposi TBD	al Date	1	City, State Bethleh		Α						
Completed by Raymond Blum		Title Projec	ct Ma	nager		Si	ignature		/		1000	ate 5/10/2	2016		
ASB-41 (R-06-08)	* Do not use this form for asbestos licensure exempted							activi	ties.						