<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/15/12</td>
<td>California Villas Condominium Association</td>
<td>Residential House</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

- **Street Address**: 119 South California Avenue
- **City**: Atlantic City
- **County**: Atlantic
- **Name of Monitoring Firm Hired by Building Owner**: Health & Safety Services, Inc.
- **ASCM No.**: 117
- **Type of Abatement Contractor**: Controlled Environmental Systems
- **Street Address**: 1121 N Bethlehem Pike Suite 60
- **City, State, Zip Code**: Hammonton, NJ
- **Current Use**: Vacant
- **Square Feet**: 10,000
- **# of Floors**: 5
- **Bldg. Age**: 50+

**Occupancy Status During Abatement**

- Facility Closed/Vacated During Entire Period of Abatement
- Abatement Performed Outside of Normal Facility Hours

**Scope of Work**

- 23 sf or ≥ 3 if
- 100 sf or ≥ 2300 sf
- Renovation
- Demolition
- Full Containment with Negative Pressure
- Mini-Enclosure
- Glovebag Procedure
- Non-Exempted (*) and Non-Friendly Procedure

**Location of Asbestos-Containing Material (ACM) TO BE ABATED**

- Demo Material in Pool Area
- Concrete between floors 1-4
- Felt Material Between concrete
- Felt Material Between concrete

**Name of Registered Waste Hauler**

- Patricia Visco

**Cubic Yards of Waste**

- 25,000 SF

**Disposal Date**

- 6/4/12

**Name of Registered Landfill**

- TRRF

**City, State**

- Ewing, NJ 08628

**Name of Contact**

- Patricia Visco

**Signature**

- Patricia Visco

**Date**

- 3/15/12

*Do not use this form for asbestos licensed exempted activities.*
**REMEMBER**

**CERTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:50 and 8:56.5)

Date of Notification (1):
2 / 27 / 12

Agencies Notified:
- [ ] CPA
- [ ] DPP
- [ ] DCA (NJAC 8:15-15)
- [ ] OHSS
- [ ] DCA (NJAC 5-23-5)

Type Notification:
- [ ] Initial
- [ ] Amended
- [ ] Emergency (including justification)
- [ ] Cancellation

Name of Building Owner/Operator (2):
California Villa Condominium Association

Street Address:
119 South California Avenue

City State Zip Code:
Atlantic City, NJ 08401

Name of Contact:
City of Atlantic City

**FACILITY INFORMATION**

Type of Facility (4):
- [ ] School (K-12)
- [ ] Subchapter B (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

Square Foot:
- [ ] 10,000
- [ ] 5,000
- [ ] 50+
- [ ] Vacant

County Code (TYPICALLY USE COM/M+)

Name of Building Owner/Operator (8):
Health & Safety Services, Inc.

ASCM No:
117

Name of Abatement Contractor (9):

Controlled Environmental Systems

Street Address:
1121 N Bethlehem Pike Suite 60

City State Zip Code:
Spring House PA 19477

Telephone No:
215-542-7000

License No:
CDH 547

Name of On-Site Monitor:
SAME AS ABOVE

Occupancy Status During Abatement (Check only one):
- [ ] Facility Closed/Unoccupied During Entire Period of Abatement
- [ ] Other Time of Abatement

Scheduling Completion Date (11):
6 / 12

Name of Registered Waste Hauler:

Waste Management

City State:
Ewing, NJ 08626

Completed By (Print or Type):
Patricio Visco

Title:
Office Manager

Signature:
Patricio Visco

Date:
3 / 28 / 12

*Do not use this form for asbestos licensing exempted activities.*
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

ETS JOB # 3802/12
Check #22902

Date of Notification (1) 5/4/2012

Agencies Notified

- [x] EPA
- [ ] DEP
- [x] DOL
- [x] DOH
- [ ] DCA

Type Notification

- [x] Initial Notification
- [x] Amended Notification
- [ ] Cancellation

Name of Building Owner / Operator (2)
Bed, Bath and Beyond

Street Address
550 Liberty Avenue
Union, NJ 07083

Name of Contact
Mr. John Purcell

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Bed, Bath and Beyond Property

Street Address
650 Liberty Avenue
City (5) Union
County (6) County Code (7)

Name of Monitoring Firm Hired by Building Owner (8)
ATC Associates, Inc.

ASCM No. 0009-8

Street Address
1090 King Georges Post Road, Suite 706
Edison, NJ 08837

Project Manager for Monitoring Firm
Pat Sisk

Telephone Number
(732) 771-0061

Scheduled Start Date (10) 4/25/2012
Scheduled Completion Date (11) 12/31/12

Occupancy Status During Abatement (Check only one)
- [x] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours - Describe:
- [x] Other - Describe: Work Area Vacated: - Working Hours from 8:00 AM-6:30 PM

Scope of Work (Check all that apply)
- [ ] Demolition
- [x] Renovation
- [ ] Large Project
- [ ] Quantity is ≥ 3 SF or ≥ 3 LF ACM
- [ ] Quantity is ≥ 160 SF or ≥ 260 LF ACM

Type of Facility (4)
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [ ] Other (i.e., private & commercial buildings, homes, etc.)

Square Feet # of Floors Bldg. Age
200,000 2 50+

Current Use (Prior if being demolished)
Commercial Office

Name of Abatement Contractor (9)
ETS Contracting, Inc.

Street Address
160 Clay Street
Brooklyn, NY 11222

Telephone Number
718-708-6300

License Number
00511

Name of OSHA Monitor
Environmental Tactics, Inc.

Street Address
64 Broad Street
Matawan, NJ 0774

Scope of Work (Check all that apply)
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [ ] Glovebag Procedure
- [ ] Other - Non Friable Removal

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility

1st Floor
- [ ] No

2nd Floor
- [ ] No

3rd Floor
- [ ] No

Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)

1st Floor
- [ ] VAT

2nd Floor
- [ ] VAT

3rd Floor
- [ ] Pipe Insulation

Amount (Specify Square Feet or Linear Feet)

100,000 SF

Abatement Type
- [x] Removal

Name of Registered Waste Hauler
Tri State Transfer

NJDEP Waste Hauler ID # 19551

Name of Registered Landfill
Minerva Enterprises, Inc.

City, State
Waynesburg, OH

Completed By (Print or Type)
ROY JOHNSON
Title
PROJECT EXECUTIVE

Signature

Date 5/4/2012
**NOTIFICATION OF ASBESTOS ABATEMENT**

**Pursuant to NJAC 8:60-7 and 12:120-7**

**ETS JOB # 3802/12**  
**Check #22902**

### Date of Notification (1)
- **5/4/2012**

### Name of Building Owner / Operator (2)
- **Bed, Bath and Beyond**

### Agencies Notified

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA</td>
<td>Initial Notification</td>
</tr>
<tr>
<td>DEP</td>
<td>Amended Notification</td>
</tr>
<tr>
<td>DOL</td>
<td>Cancellation</td>
</tr>
<tr>
<td>DOH</td>
<td></td>
</tr>
<tr>
<td>DCA</td>
<td></td>
</tr>
</tbody>
</table>

### Street Address
- **650 Liberty Avenue**

### City, State & Zip Code
- **Union, NJ 07083**

### Name of Contact
- **Mr. John Purcell**

### Telephone Number
- **(732) 771-0051**

### Name of Facility Where Abatement is Taking Place (3)
- **Bed, Bath and Beyond Property**

### Street Address
- **650 Liberty Avenue**

### City (5)  
- **Union**

### County (6)  
- **Union**

### County Code (7)
- **00098**

### Type of Facility (4)
- **Other (i.e., private & commercial building, homes, etc.)**

### Square Feet  
- **200,000**

### # of Floors  
- **2**

### Bldg. Age  
- **50+**

### Current Use (Prior to being demolished)
- **Commerical Office**

### Name of Atabement Contractor (9)
- **ETS Contracting, Inc.**

### Street Address
- **160 Clay Street**

### City, State & Zip Code
- **Brooklyn, NY 11222**

### Telephone Number  
- **(718) 706-6300**

### License Number
- **00511**

### Name of OSHA Monitor
- **Environmental Tactics, Inc.**

### Street Address
- **64 Broad Street**

### City, State & Zip Code
- **Matawan, NJ 07746**

### Project Manager for Monitoring Firm
- **Pat Sisk**

### Telephone Number  
- **(732) 771-0051**

### Occupancy Status During Abatement (Check only one)
- - Facility Closed/Vacated During Entire Period of Abatement
- - Abatement Performed Outside of Normal Facility Hours - Describe:  
  - **Work Area Vacated:** - Working Hours from 8:00 AM - 6:30 PM

### Scope of Work (Check all that apply)
- - Demolition
- - Renovation
- - Large Project
- - Quantity is ≥ 3 SF or ≥ 3 LF ACM
- - Quantity is ≥ 160 SF or ≥ 260 LF ACM
- - Full Containment with Negative Pressure
- - Mini-Enclosure
- - Glovebag Procedure
- - Non Friable Removal

### Work Location

<table>
<thead>
<tr>
<th>Location Sequence</th>
<th>Description</th>
<th>Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify Square Feet or Linear Feet)</th>
<th>Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>VAT</td>
<td>No</td>
<td>Yes</td>
<td>VAT</td>
<td>100,000 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>VAT</td>
<td>No</td>
<td>Yes</td>
<td>VAT</td>
<td>60,000 SF</td>
<td>Removal</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>Pipe Insulation</td>
<td>No</td>
<td>Yes</td>
<td>Pipe Insulation</td>
<td>100 LF</td>
<td>Removal</td>
</tr>
</tbody>
</table>

### Name of Registered Waste Hauler
- **NJDEP Waste Hauler ID # 19551**

### City, State
- **Brock, NY**

### Completed By (Print or Type)
- **ROY JOHNSON**

### Title
- **PROJECT EXECUTIVE**

### Signature
- **[Signature]**

### Date
- **5/4/2012**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:28-2.12)

Date of Notification (1)
May 8, 2012

Name of Building Owner/Operator (2)
MANZODOREN ORGANIZATION OF LYNDHURST

Agencies Notified
(X) EPA
(X) DEP
(X) DOL
(X) DOH
(X) DCA

Notification Type
(X) Initial Notification
( ) Amended Certification
( ) Cancelled

Street Address
361 WEST BROADWAY

City, State, Zip Code
PATERSON, NJ

Name of Contact
TOM MANZO

RECEIVED
MAY 11 2012

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
LA CEBALLOS

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet__10,000_ # of Floors __3

Bldg. Age 48
Current Use (prior if being demolished) RESTAURANT

Name of Monitoring Firm Hired by Bldg. Owner (8)
NA

ASCN No.

Name of Contractor (9)
Absolut Ace Inc.

Street Address
123 RIDGE RD

City Address

City, State, Zip Code
LYNDHURST PASAIC

County Code

County Code

State Use Only

Name of Monitoring Firm for Monitoring Firm

Telephone Number

License Number
(973) 410-9217
00225

Scheduled Completion Date (11)
JUNE 8, 2012

Occupancy Status During Abatement (Check only one)
(X) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -

Describe ____________________________________________

Other - Describe __________________________________________

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
(X) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10<260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
(X) Full Containment with Negative Pressure
( ) Mini-Enclosure
(X) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other mascell)

Amount (Specify SF or LF)

Abatement Type


BASEMENT: Floors 1- ROOF

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

Boiler, pipe insulation,
Roofing, Tile

14,000 square feet

Name of Reg. Waste Hauler
Newark Cartier

Cubic Yards of Waste
30

Name of Reg. Landfill
Waste Management of Penn

City, State
Newark, NJ 07105

Disp. Date
6/8/12

Completed by (Print or Type)
ROBERT GROGAN

Title
VP

Signature

Date
5/8/12
## NOTIFICATION OF ASBESTOS ABATEMENT

### (Pursuant to NJAC 8:60 and 5:16)

<table>
<thead>
<tr>
<th>Date of Notification</th>
<th>Name of Building Owner/Operator</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 11 / 12</td>
<td>Rutgers University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agencies Notified</th>
<th>Type Notification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>EPA</td>
</tr>
<tr>
<td>Yes</td>
<td>DOLWD</td>
</tr>
<tr>
<td>Yes</td>
<td>DHSS</td>
</tr>
<tr>
<td>✔️</td>
<td>2</td>
</tr>
<tr>
<td>✔️</td>
<td>5</td>
</tr>
<tr>
<td>✔️</td>
<td>24</td>
</tr>
<tr>
<td>✔️</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State, Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>#27 Road 1 Bldg 4086</td>
<td>Piscataway, NJ 08854</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility Where Abatement is Taking Place</td>
</tr>
<tr>
<td>Nelson Biology</td>
</tr>
<tr>
<td>604 Allison Road</td>
</tr>
<tr>
<td>Piscataway</td>
</tr>
<tr>
<td>Middlesex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>County Code (7) (STATE USE ONLY)</th>
<th>Current Use (Prior if being demolished)</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (6)</td>
<td>University</td>
</tr>
<tr>
<td>Bergen</td>
<td>30+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Monitoring Firm Hired by Building Owner</th>
<th>ASCM No.</th>
<th>Name of Abatement Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATC</td>
<td>00098</td>
<td>BRISTOL ENVIRONMENTAL, INC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Telephone No.</th>
<th>License No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Terri Lane</td>
<td>609-396-8800</td>
<td>00509</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Scheduled Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 / 25 / 12</td>
<td>6 / 8 / 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupancy Status During Abatement</th>
<th>Time of Abatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Facility Closed/Vacated During Entire Period of Abatement</td>
<td>AM-PM/5:00PM-5:00AM</td>
</tr>
<tr>
<td>☑ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scope of Work</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ≥ 250 sf or ≥ 34 if</td>
<td>☑ No</td>
</tr>
<tr>
<td>☑ ≥ 2160 sf or ≥2660 if</td>
<td>☑ Full Containment with Negative Pressure</td>
</tr>
<tr>
<td>☑ Renovation</td>
<td>☑ Non-Exempted (*) and Non-Friable Procedure</td>
</tr>
<tr>
<td>☑ Demolition</td>
<td>☑ Non-Friable Procedure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) TO BE ADATED IN Facility</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Transport Group, Inc.</td>
<td>Yes</td>
<td>30 Cu. Yds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mechanical Rm</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pipe Insulation</td>
<td>600 LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Registered Waste Hauler</th>
<th>NJDEP Waste Hauler ID No.</th>
<th>Cubic Yards of Waste</th>
<th>Name of Registered Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE TRANSPORT GROUP, INC.</td>
<td>20950</td>
<td>30 Cu Yds</td>
<td>MINERVA LANDFILL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disposal Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/8/12</td>
<td>WAYNESBURG, OH 44688</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed By (Print or Type)</th>
<th>Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gino Pizzigoni</td>
<td>General Manager</td>
<td>Signature</td>
<td>5/11/12</td>
</tr>
</tbody>
</table>

*Do not use this form for asbestos licensure exempted activities*
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)
01/15/11

Agencies Notified
- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification
- initial
- Amended
- Amendment #:
- Emergency (including justification)
- Cancellation

Name of Building Owner/Operator (2)
DEAN RATAJCZAK

Street Address
57 NEWARK POMPTON TURNPIKE

City, State, Zip Code
RIVERDALE, NJ 07457

Name of Contact
DEAN RATAJCZAK

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
DEAN RATAJCZAK

Street Address
57 NEWARK POMPTON TURNPIKE

City (5)
RIVERDALE

County (6)
PASSAIC

County Code (7)

(State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Type of Facility (4)
- School (K-12)
- Subchapter 8 (Other than K-12)
- Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
00159

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Description of asbestos-containing material (ACM)

Location of asbestos-containing material (acm) to be abated in facility (13)

Yes

No

N/A

BARE HEATING PIPES

227 L FT

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cube Yards of Waste
5 YDS

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Paterson, NJ 07503

Disposal Date
05/22/12

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
05/11/12

* Do not use this form for asbestos licensure exempted activities.
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)  
1/15/11

Name of Building Owner/Operator (2)  
MAUREEN & MARGUERITE KENNEY

Agency Notified | Type Notification | Note
--- | --- | ---
EPA | Initial | 
DEP | Amended | 
DOL | Emergency (including justification) | 
DOH | | 
DCA | Cancellation | 

Street Address  
223 WESTVILLE AVENUE

City, State, Zip Code  
WEST CALDWELL, NJ 07006

Name of Contact  
MAUREEN & MATGUERITE KENNEY

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
MAUREEN & MARGUERITE KENNEY
223 WESTVILLE AVENUE
WEST CALDWELL

Name of Monitoring Firm Hired by Bldg. Owner (8)  
ASCM No.

Type of Facility (4)  
School (K-12)
Subchapter B (Other than K-12)
Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet  

# of Floors  

Bldg. Age

Name of Abatement Contractor (9)
D & S RESTORATION, INC.
20 California Ave.
Paterson, NJ 07503

License Number  
973-345-8020

Name of OSHA Monitor  
D & S Restoration, Inc.
20 California Avenue
Paterson, NJ 07503

Start Date (10)  
05/25/12

Sched. Completion Date (11)  
06/07/12

Occupancy Status During Abatement (Check only one)
Facility closed/vacated during entire period of abatement.
Abatement performed outside of normal facility hours.
Other: Describe: NORMAL HOURS

Scope of Work (check all that apply)
>3 sf or >3 If
>160 sf or >260 If
Renovation
Demolition

Location of asbestos-containing material (acm) to be abated in facility (13)

<table>
<thead>
<tr>
<th>Location of asbestos-containing material (acm) to be abated in facility (13)</th>
<th>Is location normally used solely by maintenance/custodial staff (12)</th>
<th>Description of asbestos-containing material (ACM)</th>
<th>Amount (Specify SF or LF)</th>
<th>Remove</th>
<th>Repair</th>
<th>Encap</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASEMENT</td>
<td>Yes</td>
<td>PIPE INSULATION</td>
<td>165 LF</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Registered Waste Hauler  
D & S RESTORATION, INC.

Disposal Date  
05/29/12

City, State  
PATerson, NJ 07503

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDICZ

Title  
PRESIDENT

Signature  
Date  
05/11/12

*Do not use this form for asbestos liens/summonses exempted activities.*
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 6:60 and 12:120)

Date of Notification (1) 4/25/2012

Name of Building Owner/Operator (2) Hercules

Agencies Notified
( X ) EPA
( ) DEP
( X ) DOL
( ) DOH
( ) DCA

Notification Type
( X ) Initial Notification
( ) Amended Notification
Amendment #
( ) Emergency (including justification)
( ) Cancellation

Street Address
500 Hercules Road
City, State, Zip Code
Wilmington, DE, 19808

W Name of Contact
Joe Keller
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hercules Former Facility

Street Address
145 Oakdale Road
City (5) 
County (6) 
County Code (7) 
CHESTER MORRIS (State Use Only) ASCM No.

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
( X ) Other (i.e., private & commercial bldgs., homes, etc.)

Sq. Feet _______6000_____

Bldg. Age _______30+____

# of Floors _______3____

Current Use (prior to being demolished) RESIDENCES

Name of Contractor (9)
Alliance Environmental Systems

Project Manager for Monitoring Firm
JACK CARNEY
Telephone Number
EHS INC
856230080

550 East Union Street
City State Zip Code
West Chester, PA 19382

Telephone Number
Name of OSHA Monitor
610-701-9000
EHS, INC

License Number
00S-08

Scheduled Start Date (10)
5/9/2012

Scheduled Completion Date (11)
6/29/2012

Occupancy Status During Abatement (Check only one)
( X ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours

Describe
Other -

Source of Work (Check all that apply)
( X ) Demolition ( ) Renovation
( ) Major Project (>160 SF or >260 LF ACM)
( ) SM Proj. (>25<160 SF or >10<260 LF ACM)
( ) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type


Location

ROOF

1ST FLOOR

X Vet & mastic

5718 sf

X

35665 sf

X

1ST FLOOR

X TRANSITE

600 SF

X

X WINDOW CAULK

8 SF

X

X Duct tar paper

845 SF

X

X

1ST FLOOR

X JUMPER WIRE

600LF

X

X PIPE INSULATION

1435 LF

X

X SEAM TAR

40 LF

X

Name of Reg. Waste Hauler
NJ DEP Waste Hauler ID #
17235

Cubic Yards of Waste
Approx. 100

Name of Reg. Landfill
BFI Imperial

N.E.T.S. / Miners

City, State
Hazelton, PA

Disp. Date
TBD

City, State
Imperial, PA

Completed by (Print or Type)
DEVIN BLOM

Title
Estimator

Signature

Date
4/25/2012

Mail to:
NJ DEP-DJWH-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C: WORDMYDOCS/ASBESTOS

6/18/00
NOTIFICATION OF ASPEROS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
4/25/2012

Name of Building Owner/Operator (2)
Hercules

Name of Contact
Joe Keller

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hercules Former Facility

Street Address
145 oakdale road

City (5) Country (6) County Code (7) (State Use Only)
CHESTER MORRIS

County ASCM No

Name of Contractor (5)
Alliance Environmental Systems

Project Manager for Monitoring Firm
JACK CARNEY

Scheduled Start Date (10) 5/14/2012

Scheduled Completion Date (11) 7/6/2012

Status During Abatement (Check only one)
Facility Closed/Vacated During Entire Period of Abatement
Abatement Performed Outside of Normal Facility Hours

Source of Work (Check all that apply)
(x) Demolition
(x) Renovation
(x) Large Proj. (>160 SF or >250 LF ACM)
(x) SM Proj. (>25<160 SF or >10 <250 LF ACM)
(x) Minor Proj. (<25 SF or <10 LF ACM)
(x) Full Containment with Negative Pressure
(x) Mini-Enclosure
(x) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

<table>
<thead>
<tr>
<th>Location</th>
<th>Is Location Normally Used Solely by Maint./Custodial Staff (12)</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROOF</td>
<td>X</td>
<td>Roofing</td>
<td>17150sf</td>
<td>X</td>
</tr>
<tr>
<td>1st FLOOR</td>
<td>X</td>
<td>X</td>
<td>3655sf</td>
<td>X</td>
</tr>
<tr>
<td>1st FLOOR</td>
<td>X</td>
<td>TRANSITE</td>
<td>60SF</td>
<td>X</td>
</tr>
<tr>
<td>1st FLOOR</td>
<td>X</td>
<td>WINDOW CAULK</td>
<td>85cm</td>
<td>X</td>
</tr>
<tr>
<td>1st FLOOR</td>
<td>X</td>
<td>Duct tar paper</td>
<td>8435sf</td>
<td>X</td>
</tr>
<tr>
<td>1st FLOOR</td>
<td>X</td>
<td>JUMPER WIRE</td>
<td>600LF</td>
<td>X</td>
</tr>
<tr>
<td>1st FLOOR</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>143LF</td>
<td>X</td>
</tr>
<tr>
<td>1st FLOOR</td>
<td>X</td>
<td>SEAM TAR</td>
<td>40LF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #: 17235

Cubic Yards of Waste
Approx. 100

Name of Reg. Landfill
BFI Imperial

City, State
Hazelton, PA

Completed by (Print or Type)
DEVIN BLOM

Title
Estimator

Signature

Date
5/4/2012

mail to: NJDEP-DHMH-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-696-6620

C:WORDMYDOCSASBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
4/25/2012

Name of Building Owner/Operator (2)
Hercules

Agencies Notified
(X) EPA
(X) DEP
(X) DOL
(X) DOH
( ) DCA

Notification Type
( ) Initial Notification
( ) Amended Notification
Amendment # 2
( ) Emergency (including justification)
( ) Cancellation

Street Address
600 Hercules Road
CiV, State, Zip Code
Wilmington, DE, 19808

Name of Contact
Joe Keller
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Hercules Former Facility

Street Address
145 oakdale road

City (5)
CHESTER
County (6)
MORRIS
County Code (7)
(State Use Only)

EHS INC

Name of Monitoring Firm

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
(X) Other (i.e., private & commercial bldgs., homes, etc.)

Sq. Feet 6000 # of Floors 3

Bldg. Age 30+

Current Use (prior if being demolished)

RESIDENCES

Name of Contractor (6)
Alliance Environmental Systems

Street Address
550 East Union Street

City State, Zip Code
West Chester, PA 19382

Project Manager for Monitoring Firm
JACK CARNEY

Telephone Number
8562230080

Name of OSHA Monitor
EHS, INC

Telephone Number
610-701-9000

License Number
00508

Scheduled Start Date (10)
5/21/2012

Occupancy Status During Abatement (Check only one)
(X) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -

Describe

Other -

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
( ) Full Containment with Negative Pressure
( ) SM Proj. (>25<160 SF or >10 <260 LF ACM)
( ) Mini-Enclosure
( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES NO NA

Description of ACM (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type


ROOF
X Roofing 57185sf X

1ST FLOOR
X X Vat & mastic 39855sf X

1ST FLOOR
X TRANSITE 6050SF
X WINDOW CAULK 8lf
X Duct tear paper 8455SF

1ST FLOOR
X JUMPER WIRE 40LF
X PIPE INSULATION 1435LF
X SEAM TAR X

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #
17235

Cubic Yards of Waste
Approx. 100

Name of Reg. Landfill
BFI Imperial

City. State
Hazelton, PA

Completed by (Print or Type)
DEVIN BLOM

Title
Estimator

Signature

Date
5/10/2012

Mail to:
NJDEP-DHWM-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

Date of Notification (1)  4/4/2012  
Name of Building Owner/Operator (2)  FEINBURG & MCBURNEY  

Agencies Notified  
(X) EPA  
( ) DEP  
(X) DOL  
(X) DOH  
( ) DCA  

Notification Type  
(X) Initial Notification  
( ) Amended Notification  
( ) Amendment #  
( ) Emergency (including justification)  
( ) Cancellation  

Street Address  1974 E. MARLTON PIKE  
City, State, Zip Code  CHERRY HILL, NJ 08003  

Name of Contact  STEPHANIE RIPA  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  CVS  

Street Address  HOOPER RD & DRUM POINT RD  
City (6)  BRICK  
County (6)  OCEAN  
County Code (7)  ASCM No.  
( ) Use Only  

Type of Facility (4)  
( ) School (K-12)  
( ) Subchapter B (other than K-12)  
( ) Other (i.e. private & commercial bldgs., homes, etc.)  

Sq. Feet  7500  
Bldg. Age  30+  
Current Use (prior to if being demolished)  VACANT  

Name of Monitoring Firm  VERTEX  
Telephone Number  6107019000  
License Number  005068  

Name of Contractor (9)  Alliance Environmental Systems  
Telephone Number  6107070900  
Street Address  700 TURNER WAY, SUITE 105  
City, State, Zip Code  ASTON, PA 19014  

Name of OSHA Monitor  VERTEX  
Street Address  700 TURNER WAY, SUITE 105  
City, State, Zip Code  ASTON, PA 19014  

Occupancy Status During Abatement (Check only one)  
(X) Facility Closed/Vacated During Entire Period of Abatement  
( ) Abatement Performed Outside of Normal Facility Hours  

Location of Asbestos-Containing Material (ACM) in Facility (13)  

<table>
<thead>
<tr>
<th>Location of Asbestos</th>
<th>Is Location Normally Used Solely by Maintenance/Custodial Staff?</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
<th>Perm. Rep.</th>
<th>Ent. Rep.</th>
<th>Fin. Rep.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTARTAUNT BASEMENT</td>
<td>X</td>
<td>FLUE PACKING</td>
<td>75F</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>RESTARTAUNT EXTERIOR</td>
<td>X</td>
<td>STUCCO</td>
<td>1345F</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT BASMENT</td>
<td>X</td>
<td>TRANSITE</td>
<td>65F</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT BASMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>85F</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT ROOF</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>465F</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT ROOF</td>
<td>X</td>
<td>DUCT INSULATION</td>
<td>675SF</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>RENTAL ROOF</td>
<td>X</td>
<td>SHINGLES</td>
<td>2405F</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>RENTAL KITCHEN</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>325SF</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>BEER BLDG EXTERIOR</td>
<td>X</td>
<td>CAULK</td>
<td>585F</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler  NJDEP Waste Hauler ID #:  17235  
Cubic Yards of Waste  Approx. 100  
Name of Reg. Landfill  BFI Imperial  
City, State  Hazleton, PA  
Disp. Date  TBD  
City, State  Imperial, PA  

Mail to: NJDEP-DSH-W-RRT  
401 E. State St., PO 414  
Trenton, NJ 08625-0414  
Telephone 609-984-6620  

Mail to: C:\WORD\MYDOCS\ASBESTOS  
Telephone 609-984-6620  
C:\WORD\MYDOCS\ASBESTOS 9/18/00  

Completed by (Print or Type)  
Title  Estimator  
Signature  
Date  4/4/2012  

Mail to: NJDEP-DSH-W-RRT  
401 E. State St., PO 414  
Trenton, NJ 08625-0414  
Telephone 609-984-6620  

Mail to: C:\WORD\MYDOCS\ASBESTOS  
Telephone 609-984-6620  
C:\WORD\MYDOCS\ASBESTOS 9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
4/4/2012

Name of Building Owner/Operator (2)
FEINBURG & MGBURNEY

Street Address
1874 E. MARLTON PIKE
City, State, Zip Code
CHERRY HILL, NJ 08003

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 6 (other than K-12)
( ) Other (i.e., private & commercial buldings, homes, etc.)

Name of Contractor (5)
STEPHANIE RIPA

Type of Facility (4)

Name of Facility Where Abatement is Taking Place (3)
CVS

Sq. Feet _______ 7500 _______ # of Floors _______ 2 _______

Name of Contractor (5)
Alliance Environmental Systems

Current Use (prior if being demolished) _______ VACANT _______

Street Address
700 TURNER WAY, SUITE 105
City, State, Zip Code
West Chester, PA 19382

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -

Name of OSHA Monitor
VERTEX

Source of Work (Check all that apply)
( ) Demolition ( ) Renovation
( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glovebag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTAURANT BASEMENT</td>
</tr>
<tr>
<td>RESTAURANT EXTERIOR</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
</tr>
<tr>
<td>RESTAURANT COAT RM</td>
</tr>
<tr>
<td>RESTAURANT ROOF</td>
</tr>
<tr>
<td>RENTAL ROOF</td>
</tr>
<tr>
<td>RENTAL KITCHEN</td>
</tr>
<tr>
<td>BEER BLDG EXTERIOR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAC, or other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLUE PACKING</td>
</tr>
<tr>
<td>STUCCO</td>
</tr>
<tr>
<td>TRANSITE</td>
</tr>
<tr>
<td>PIPE INSULATION</td>
</tr>
<tr>
<td>VARMATIC</td>
</tr>
<tr>
<td>DUCT INSULATION</td>
</tr>
<tr>
<td>SHINGLES</td>
</tr>
<tr>
<td>VARMATIC</td>
</tr>
<tr>
<td>CAULK</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>75SF</td>
</tr>
<tr>
<td>1,344SF</td>
</tr>
<tr>
<td>65SF</td>
</tr>
<tr>
<td>8LF</td>
</tr>
<tr>
<td>48SF</td>
</tr>
<tr>
<td>675SF</td>
</tr>
<tr>
<td>240SF</td>
</tr>
<tr>
<td>325SF</td>
</tr>
<tr>
<td>58LF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Waste Hauler</th>
</tr>
</thead>
<tbody>
<tr>
<td>N J DEP Waste Hauler ID #</td>
</tr>
<tr>
<td>17235</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cubic Yards of Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approx. 100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Reg. Landfill</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFI Imperial</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazleton, PA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed by (Print or Type)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEVIN BLOOM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/17/2012</td>
</tr>
</tbody>
</table>

Mail to: N J DEP - DSHW-BBBTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)
4/4/2012

Agencies Notified
(X) EPA
(X) DEP
(X) DOL
(X) DOH
(X) DCA
( ) Initial Notification
( ) Amended Notification
( ) Emergency (including justification)
( ) Cancellation

Name of Building Owner/Operator (2)
FEINBURG & MCCLURE

Street Address
1874 E. MARLTON PIKE
City, State, Zip Code
CHERRY HILL, NJ 08003

Name of Facility Where Abatement is Taking Place (3)
CVS

Name of Monitoring Firm
VERTEX

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
( ) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet _______ 7500 _______ # of Floors _______ 2 _______

Bldg. Age _______ 30+ _______

Name of Contractor (5)
Alliance Environmental Systems

Name of OSHA Monitor
VERTEX

City, State, Zip Code
ASTON, PA 19014

Occupancy Status During Abatement (Check only one)
(X) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours -

Describe:______

Other _______

Source of Work (Check all that apply)
( ) Demolition _______
( ) Renovation _______
( ) Large Proj. (>160 SF or >250 LF ACM) _______
( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) _______
( ) Containment with Negative Pressure _______
( ) Mini-Enclosure _______
( ) Glovebag Procedure _______

Location of Asbestos-Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint/Custodial Staff? (12)
YES _______
NO _______
NA _______

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)

Amount (Specify SF or LF)

Abatement Type

Rem. _______
Rep. _______
Encap. _______
Enlarge _______

NJ DEP Waste Hauler ID No.
17235

Cubic Yards of Waste
Approx. 100

Name of Reg. Landfill
BFI Imperial

N.E.T.S. / Miners
Hazelton, PA

Completed by (Print or Type)
DEVIN BLUM
Title
Estimator
Signature

Mail to: NJ DEP-DSHW-BRRTP
401 E. State St., PO 414
Travon, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 4/4/2012

Agencies Notified
(X) EPA
( ) DEP
( ) DOL
( ) DOH
( ) DCA

Notification Type
( ) Initial Notification
( ) Amended Notification
( ) Emergency (Including Justification)
( ) Cancellation

Name of Building Owner/Operator (2)
FEINBURG & MCBURNEY

Street Address
1874 E. MARLTON PIKE
City, State, Zip Code
CHERRY HILL, NJ 08003

Name of Contact
STEVEN CHAPA
Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CVS
HOOPER RD & DRUM POINT RD

City (5) County (6) County Code (7) State Use Only
BRICK OCEAN

Type of Facility (4)
( ) School (K-12)
( ) Subchapter B (other than K-12)
(X) Commercial (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet 7500 # of Floors 2
Bldg. Age 30+
Current Use (prior to being demolished) VACANT

Name of Contractor (9)
Alliance Environmental Systems
Street Address
700 TURNER WAY, SUITE 105
City, State, Zip Code
ASTON, PA 19014

Project Manager for Monitoring Firm
DON HEIM
Telephone Number
610-701-9000

Name of OSHA Monitor VERTEX
Street Address
550 East Union Street
City, State, Zip Code
West Chester, PA 19382

Occupancy Status During Abatement (Check only one)
(X) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours

Description

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
(X) Large Proj. (>1600 SF or >260 LF ACM) (X) SM Proj. (>25<1600 SF or >10<260 LF ACM) (X) Minor Proj. (<25 SF or <10 LF ACM)
( ) Full Containment with Negative Pressure
(X) Mini-Enclosure
( ) Clovebag Procedure

Location of Asbestos Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint./Custodial Staff? (12)
YES NO NA

FLUE PACKING X
STUCCO

Description of ACM (i.e., thermal systems insulation, surface, VAT, or other
miscell)

Amount (Specify SF or LF) 75F

Abatement Type
Rem. Rep. Encap

Restaurant Basement X
Restaurant Exterior X
Restaurant Basement

Name of Reg. Waste Hauler
NJ DEP Waste Hauler ID #
17235

Cubic Yards of Waste
Approx. 100

Name of Reg. Landfill
BFI Imperial

City, State

Disp. Date TBD

Federal/State

Completed by (Print or Type)
DEVIN BLOOM
Title Estimator
Signature

Date 5/10/2012

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414
Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS
9/18/00
## Notification of Asbestos Abatement

**Date of Notification:** 4/4/2012

**Name of Building Owner/Operator:** FEINBURG & MCBURNEY

**Street Address:**
- **City:** 1874 E. MARLTON PIKE
- **State:** CHERRY HILL, NJ 08003

**Name of Contact:** STEPHANIE RIPA

### Facility Information

| Name of Facility Where Abatement is Taking Place (3) | CVS |
| City (5) | County (6) | County Code (7) |
| BRICK | OCEAN |

| Type of Facility (4) |
| ( ) School (K-12) |
| ( ) Subchapter 8 (other than K-12) |
| (X) Other (i.e. private & commercial bldg., homes, etc.) |

| Sq. Feet | 7500 |
| # of Floors | 2 |

| Bldg. Age | 30+ |
| Current Use (prior if being demolished) | VACANT |

| Name of Contractor (9) | Alliance Environmental Systems |
| Street Address | 950 East Union Street |
| City, State, Zip Code | West Chester, PA 19382 |

| Project Manager for Monitoring Firm |
| DON HEIM |
| Telephone Number | 610-701-9000 |

| Name of OSHA Monitor | VERTEX |
| Street Address | 700 TURNER WAY, SUITE 105 |
| City, State, Zip Code | ASTON, PA 19014 |

| Source of Work (Check all that apply) |
| ( ) Demolition |
| ( ) Renovation |
| (X) Large Proj. (>180 SF or ≥260 LF ACM) |
| ( ) SM Proj. (>25<180 SF or >10 <260 LF ACM) |
| ( ) Minor Proj. (<25 SF or <10 LF ACM) |

<table>
<thead>
<tr>
<th>Location of Asbestos-Containing Material (ACM) in Facility (13)</th>
<th>Rem.</th>
<th>Rep.</th>
<th>Encap</th>
<th>Enclose</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>X</td>
<td>FLUE PACKING</td>
<td>7SF</td>
<td></td>
</tr>
<tr>
<td>RESTAURANT EXTERIOR</td>
<td>X</td>
<td>STUCCO</td>
<td>1,344SF</td>
<td></td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>X</td>
<td>TRANSITE</td>
<td>6SF</td>
<td></td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>X</td>
<td>PIPE INSULATION</td>
<td>8LF</td>
<td></td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>45SF</td>
<td></td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>X</td>
<td>DUCT INSULATION</td>
<td>675SF</td>
<td></td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>X</td>
<td>SHINGLES</td>
<td>240SF</td>
<td></td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>X</td>
<td>VAT &amp; MASTIC</td>
<td>325SF</td>
<td></td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>X</td>
<td>CAULK</td>
<td>58LF</td>
<td></td>
</tr>
</tbody>
</table>

| Name of Reg. Waste Hauler | NJDEP Waste Hauler ID # |
| N.E.T.S. / Miners | 17235 |

| Cubic Yards of Waste | Name of Reg. Landfill |
| Approx. 100 | BFI Imperial |

| City, State | Disp. Date |
| Hazleton, PA | TBD |

| Date | 4/4/2012 |

Mail to: NJDEP.DSHW-RRTP
- **Telephone:** 609-984-6020
- **Address:** 401 E. State St., PO 414
- **Trenton, NJ 08625-0414**
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 5:80 and 12:120)

Date of Notification (1) 4/4/2012

Agencies Notified
( ) EPA
( ) DEP
( ) DOL
( ) DOH
( ) DCA

Notification Type
( ) Initial Notification
( ) Amended Notification
( ) Emergency (including justification)
( ) Cancellation

Name of Building Owner/Operator (2)
FEINBURGMCBURNY

Street Address
1874 E. MARLTON PIKE
City, State, Zip Code
Cherry Hill, NJ 08003

Name of Contact
STEPHANIE RIPA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CVS

Street Address
HOOPER RD & DRUM POINT RD
City (5)
BRICK
County (6)
OCEAN
County Code (7)
(State Use Only)

Name of Monitoring Firm
VERTEX
ASCM No.

Type of Facility (4)
( ) School (K-12)
( ) Subchapter 8 (other than K-12)
( ) Other (i.e. private & commercial blogs, homes, etc.)

Sq. Feet 7,500 # of Floors 2
Bldg. Age 30+
Current Use (prior if being demolished) VACANT

Name of Contractor (9)
Alliance Environmental Systems

Street Address
550 East Union Street
City State, Zip Code
West Chester, PA 19382

Name of OSHA Monitor
VERTEX

Scheduled Start Date (10) 4/23/2012
Scheduled Completion Date (11) 5/11/2012

Occupancy Status During Abatement (Check only one)
( ) Facility Closed/Vacated During Entire Period of Abatement
( ) Abatement Performed Outside of Normal Facility Hours

Source of Work (Check all that apply)
( ) Demolition
( ) Renovation
( ) Large Proj. (>160 SF or >260 LF ACM) (X) SM Proj. (>25-160 SF or >10 <260 LF ACM)
( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glove Bag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other</th>
<th>Amount (Specify SF or LF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>FLUE PACKING</td>
<td>7SF</td>
</tr>
<tr>
<td>RESTAURANT EXTERIOR</td>
<td>STUCCO</td>
<td>1,344SF</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>TRANSITE PIPE INSULATION</td>
<td>6SF</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>VAT &amp; MASTIC</td>
<td>48SF</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>DUCT INSULATION</td>
<td>675SF</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>SHINGLES</td>
<td>240SF</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>VAT &amp; MASTIC</td>
<td>329SF</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>CAULK</td>
<td>58L</td>
</tr>
</tbody>
</table>

Name of Reg. Waste Hauler
NJ DEP Waste Hauler ID # 17235

Cubic Yards of Waste
Approx. 100

Name of Reg. Landfill
BFI Imperial

City, State
Hazelton, PA

Completed by (Print or Type)
DEVIN BLOM
Title
Estimator
Signature
Date 4/17/2012

Mail to:
NJ DEP-DSHW-BRRTF
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6920
C: WORD/ MY DOCUMENTS/ ASBESTOS
9/18/00
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:66 and 12-120)

Date of Notification (1)
4/4/2012

Name of Building Owner/Operator (2)
FEINBURG & MCBURNEY

Street Address
1874 E. MARLTON PIKE
City, State, Zip Code
CHERRY HILL, NJ 08003

Name of Contact
STEPHANIE RIPA

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
CVS

Street Address
HOOPER RD & DRUM POINT RD

City (5) County (6) Country Code (7) (State Use Only)
BRICK OCEAN

Name of Monitoring Firm
ASCM No.

STREET

Name of Contractor (9)
Alliance Environmental Systems

Street Address
700 TURNER WAY, SUITE 105
City, State, Zip Code
ASTON, PA 19014

Name of OSHA Monitor
VERTEX

Telephone Number
610-701-5000
License Number
00508

Project Manager for Monitoring Firm
DON HEIM

Telephone Number
610-701-5000

Location of Asbestos-Containing Material (ACM) in Facility (13)

Location Normally Used

Description of ACM (i.e. thermal systems insulation, surfacing, VAC or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

RESTART BASEMENT

X FLUE PACKING

7SF

X

X

RESTART BASEMENT

X STUCCO

1,344 SF

X

X

RESTART BASEMENT

X TRANSITE

6SF

X

X

RESTART BASEMENT

X PIPE INSULATION

8LF

X

X

RESTART BASEMENT

X VAT & MASTIC

48SF

X

X

RESTART BASEMENT

X VAT & MASTIC

600SF

X

X

RESTART BASEMENT

X DUCT INSULATION

675SF

X

X

RESTART BASEMENT

X SHINGLES

240SF

X

X

RESTART BASEMENT

X VAT & MASTIC

325SF

X

X

RESTART BASEMENT

X CAULK

50FL

X

X

Name of Reg. Waste Hauler
NJDEP Waste Hauler ID #
17235

Cubic Yards of Waste
Approx. 100

Name of Reg. Landfill
BFI Imperial

Name of Miner

N.E.T.S. / Miners

CITY

HAZELTON, PA

Disp. Date
TBD

City, State
IMPERIAL, PA

Completed by (Print or Type)
DEVIN BLOM

Title
Estimator

Signature

Date
4/27/2012

Mail to: NJDEP-DSHW-BRRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00
**NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to N.J.A.C. 8:90 and 12:120)

**Name of Building Owner/Operator:**
FEINBURG & MCBURNEY

**Street Address:**
1874 E. MARLTON PIKE

**City, State, Zip Code:**
CHERRY HILL, NJ 08003

**Name of Contact:**
STEPHANIE RIPA

### FACILITY INFORMATION

**Name of Facility Where Abatement is Taking Place:**
CVS

**Street Address:**
HOOPER RD & DRUM POINT RD

**City (5):**
BRICK

**County (6):**
OCEAN

**County Code (7):**
(State Use Only)

**Type of Facility (4):**
(X) School (K-12)
(X) Subchapter 8 (other than K-12)
(X) Other (i.e. private & commercial blds., homes, etc.)

**Sq. Feet:** 7500

**Bldg. Age:** 30+

**Current Use (prior if being demolished):** VACANT

**Name of Contractor:**
Alliance Environmental Systems

**Street Address:**
700 TURNER WAY, SUITE 105

**City, State, Zip Code:**
ASTON, PA 19014

**Telephone Number:**
610-701-9000

**License Number:**
00508

**Name of OSHA Monitor:**
VERTEX

**Street Address:**
700 TURNER WAY, SUITE 105

**City, State, Zip Code:**
ASTON, PA 19014

### Occupancy Status During Abatement

- (X) Facility Closed/Vacated During Entire Period of Abatement
- ( ) Abatement Performed Outside of Normal Facility Hours

**Describe:**

### Source of Work (Check all that apply)

- ( ) Demolition
- ( ) Renovation
- (X) Large Proj. (>160 SF or >250 LF ACM)
- (X) SM Proj. (>25<160 SF or >10 <250 LF ACM)
- (X) Minor Proj. (<25 SF or <10 LF ACM)
- ( ) Full Containment with Negative Pressure
- (X) Mini-Enclosure
- (X) Glovebag Procedure

### Location of Asbestos-Containing Material (ACM) in Facility

<table>
<thead>
<tr>
<th>Location Normally Used</th>
<th>Description of ACM (i.e. thermal systems insulation)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>FLUE PACKING</td>
<td>7SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT EXTERIOR</td>
<td>STUCCO</td>
<td>1,344SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>TRANSITE</td>
<td>6SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT BASEMENT</td>
<td>PIPE INSULATION</td>
<td>8LF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT COAT RM</td>
<td>VAT&amp;MASTIC</td>
<td>485SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT COAT RM</td>
<td>VAT&amp;MASTIC</td>
<td>800SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT COAT RM</td>
<td>DUCT INSULATION</td>
<td>675SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT ROOF</td>
<td>SHINGLES</td>
<td>240SF</td>
<td>X</td>
</tr>
<tr>
<td>RESTAURANT ROOF</td>
<td>VAT&amp;MASTIC</td>
<td>325SF</td>
<td>X</td>
</tr>
<tr>
<td>RENTAL ROOF</td>
<td>CAULK</td>
<td>58LF</td>
<td>X</td>
</tr>
</tbody>
</table>

**Name of Reg. Waste Hauler:**
NJDEP Waste Hauler ID #: NDEP7235

**Cubic Yards of Waste:**
Approx. 100

**Name of Reg. Landfill:**
BFI Imperial

<table>
<thead>
<tr>
<th>City, State</th>
<th>Disp. Date</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazleton, PA</td>
<td>TBD</td>
<td>Imperial, PA</td>
</tr>
</tbody>
</table>

**Completed by (Print or Type):**
DEVIN BLOM

**Title:**
Estimator

**Signature:**

**Date:**
5/10/2012

**Mail to:**
NJDEP-DSHW-BRTP
401 E. State St., PO 414
Trenton, NJ 08625-0414

**Telephone:**
609-984-6620

**C.WORD/IMYDOCSVASBESTOS:**
9/18/00