

Date of Notification (1) 5/27/2016					Building O Sharp &				1		VAY	3 1	20	16	
Agencies Notified	Type Notification		5	treet Ad 126 Eas	dress st Linco	n Ave	enue P(Э Вох	2000, R	/28-414 ASBE	STOS	s CC	TMT	301	8
EPA DEP DOL	Amended Amendment		(City, State	e, Zip Coo y, NJ 07	le			L		LICE	NS	NG		
DOH DCA	Emergency (i justification) Cancellation	ncluaing	11 123	lame of G Sandra	Contact Schenk	, Dire	ctor S8	ŧΕ		Telephone	e Numb	er			
Name of Facility Where	Abatement is Taking	Place (3))	FACIL	ITY INFO	RMAT	ON	Туре	of Facility (4)					-
Building 75 Power	House								School (K-12		14.40)				
Street Address 126 East Lincoln A	venue							X e	Other (i.e. pr etc.)	3 (Other than ivate & com	mercial		523 23		s,
City (5) Rahway								16,28		# of Floor		74	dg. A	10000	
County (6) Union	γ			County C STATE U	ode (7) SE ONLY)				nt Use (Prior er House	r if being der	nolishe	d)			
Name of Monitoring Firm Environmental Hea				ASCM 00104					ement Cont irg Indust	ractor (9) rial Servic	e Con	npar	ıy		
Street Address 655 West Shore Tr	ail						Street 2217		s man Drive						
City, State, Zip Code Sparta, NJ 07871				T					p Code i, PA 1801	15					
Project Manager for Mor Lisa Liloia	nitoring Firm			elephon 973-72	e No. 9-5649		Teleph 610-6	one No 391-1		Licer 007	nse No. 21				
Start Date (10) 4/18/2016		Schedule 7/14/20		pletion D	ate (11)				IA Monitor urg Indust	rial Servic	e Con	npar	ıy		
Occupancy Status Durin	ng Abatement (Chec	k Only On	ie)				Street		120						
Abatement Perform	cated During Entire F ned Outside of Norm Abatement Areas wil	al Facility	Hours	ent		_	City, S	tate, Zi	man Drive p Code n, PA 180		10.0				
Scope of Work (Check A	Ali That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti				×	Mir Glo	ni-Enclosure vebag Proc					3	
		ls	Location	on						(/			Abate	ment	
Locatio		1	Normall	у			escription			•			Ту	pe	
Asbestos-Containing <u>TO BE AB</u> In Fac (13)	BATED ility	Ma	intenar todial S (12)	ice/		therma surfa	ntaining M ntaining M ntaing, VA miscellar	s insula T, or		Amoun (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			ditiona				_			CD	
Ground, 1st, Pla			X				ipe Ins			2,690 L		X			
Boilers 4, 6 8	(SEC. 1) SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC.		X		TSI -		ation &		ching	6,965 S		X			
Roof flashing,			X				Surfacin			2,860 S		X			
Ground Level -	Control of the Contro		X	IDEE ::			Transite	9	Name of C	575 SI		X			
Name of Registered Wa			Н	JDEP W auler ID		of Wa	e Yards aste			Registered Ling Cty Res		1/10	nag	ame	nt
Freehold Catage, Ir	IC.		15	5939		450					Jourde	ivid	. lay		
City, State Freehold						TBD	sal Date		City, State Montgo	mery, PA					
Completed by Jason GaNun		Title Proje	ect Ma	nager		4	Signature	1000	. He	72	5/2	7/20	16		

Pg. 2 of 5/27/2016 Amended Notification for 126 East Lincoln Ave. Rahway, NO 07065

MAY 3 1 2016

ASBESTOS CONTROL & LICENSING

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Us M	cation Need Sole aintena stodial S	nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		Abatem	neut Type	È
1-11-11	YES	NO	NA			Rem.	Rep.	Encap E	Enclose
Boiler 6		X		Misc Gasket/Rope	1,000 LF	X			

CK#25172

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

		NC			SBES	TOS ABATEM 1:60 and 5:16)) E C E		<u> </u>		
Date of Notification (1)	27/16		N	ame of Buil	ding C	wner/Operator A		lapes IIAV 3	1 2	716	12	
Agencies Notified	Type Notification	1	S	treet Addre	ss		9000 River I	1	-1 -21	010	1	
DEP DOL	Amended Amendment		_	ity, State, Zi	ip Cod		Delair, NJ-08	ASBESTOS (- ά	
DOH DCA	justification) Cancellation		N	ame of Con Cl		Drach -EH	IS	Telephone Num	nber			_
				FACILITY	INFOR	RMATION						
Name of Facility Where	Abatement is Takir Office Area A			apes			Type of Facility	2)	0)			
Street Address	9000	River	Rd					8 (Other than K-1 private & commerce.)	ial buil			
City (5)	Delair,	NJ 08					Square Feet 200000	# of Floors	_ _	ldg. A 70	ge +/-	
County (6)	amden			County Cod USE ONLY)		(STATE	Current Use (P	rior if being demol Manufactur				
Name of Monitoring Firm		Owner	AS	CM No.	IN		ent Contractor (9	9)				
Street Address	MECS					Street Address	ens Environ	mental Service	es, II	IC.		
- Circle Address	PO Box 34	1			_ _			30x 322				_
	rosswicks, NJ	08515	5		_ _	City, State, Zip C		n, NJ 08501				
Project Manager for Mo	0 T	elephone No. (609) 25	9-9688	License Ne-	0049	3						
Start Date (10)	Sche			n Date (11)	N	lame of OSHA N						
6/6/15			/30/16				M	IECS				
Occupancy Status During Facility Closed/Vaca				ent	5	treet Address	PO I	30x 341				
☐ Abatement Performe Control Control	d Outside of Norm	al Facility		*	0	ity, State, Zip C		ks, NJ 08515				
Scope of Work (Check	all that apply)					2 5.110						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation molition			☐ Mini-End ☐ Gloveba	g Procedure	on-Friable Procedi	ure.			
1 1		No	ocation ormally Solely b					on-mable moded		Abater Typ		
Location Asbestos-Containing I TO BE ABA IN Facility	Material (ACM) TED	Main Cu	itenance istodial staff?	Asb	e., the.	Description of Containing Mate ermal systems in surfacing, VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A	ot	her miscellaneo	us)		oval	air	sulate	sure
Front Offic	e Area	×				VAT/ Mast	ic	980 sf	×			
Front Offic	e Area	×				Duct Masti	ic	200 sf.	×			
				_								
Name of Registered Wa	ste Hauler		T N.IF	EP Waste	To	ubic Yards	Name of Reg	istered Landfill				
Stevens Environ		es, Inc.	Hau	er ID No. 18292	Of	f Waste 4 CU		GROWS La	ndfill			
City; State	Allentown,	NJ			10	isposal Date 6/30/16	City, State	Morrisville	РА			
Completed By	Titi	e			- -	Signature	***************************************	Date		7/1 6		_
Mahlon E. Ste	evens	Pr	oject N	/Ianager					5/2	7/16		

Date of Notification (1) 5/		7711	Name	of Buildin	g Owner/Operato	Dalloro	JL MAY	3 1	201	6		
Agencies Notified	Type Notifica	tion		Street	Address			SBESTO	10.00	Vita	01	
☐ EPA ☐ DEP ☑ DOL	Initial Amended Amendme			City, S	State, Zip C		L.	Li0	ENSI		OL	2_
	☐ Emergend	y (includin	ig	NI	-101-		ainsboro, NJ		-1			_
M DOH □ DCA	Cancellati			Name	of Contac	t iuren Dalloro)	Telephone Nur	nber			l i
				FAC		ORMATION					12 11 11	=i
Name of Facility Where		aking Plac esident					Type of Facilit					
Street Address	N	esident	ıaı				School (K-1	8 (Other than K-	12)			
							Other (i.e., homes, etc	private & commer	cial buil	dings		
City (5)	Dio	insboro	NII				Square Feet 2500	# of Floors	В	ldg. A	ge +/-	
County (6)	Fla	шѕоого	, 117			7) (STATE		Prior if being demo	ilished)	70	1/-	=
	ddlesex		—,	0000000	ONLY)			Manufactu	re			
Name of Monitoring Firm (8)	MECS	ing Owner		ASCM	No.		ment Contractor (vens Environ		ces. It	ic.		
Street Address						Street Address			,			=
	PO Box	341						Box 322				
City, State, Zip Code	osswicks, l	NJ 0851	5			City, State, Zip		n, NJ 08501				
Project Manager for Mor	nitoring Firm eisgarber			phone 9) 29	No. 8-4070	Telephone No. (609) 2	259-9688	License Ne-	0049	3	it.	
Start Date (10)		cheduled				Name of OSHA		- L. I.				_
6/6/15			6/12/	16		-		IECS				_
Occupancy Status Durin Facility Closed/Vacat	UT:		7	ment		Street Address		Box 341				
Abatement Performed						City, State, Zip	Code					_
Other - Describe:							Crosswic	ks, NJ 08515	2			_
Scope of Work (Check a	all that apply)	6 2 0					ontainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			Glove	nclosure pag Procedure xempted (*) and N	on-Friable Proced	lure			
			Locatio			12.34			<i>A</i>	Abate		
Location Asbestos-Containing N		Use	d Solel	y by	Achae	Description of tos Containing Ma		Amount	-	.,,,		\Box
TO BE ABAT	<u>red</u>	1 000000	Staff?			thermal systems	insulation,	(Specify	Re	Z.	Enca	Enc
IN Facility (13)	/		(12)			surfacing, VAT other miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-		ate	re
Lower L	evel		×			VAT		450 sf	×			
		_										
		_										
Name of Registered Was	ste Hauler	_		JDEP \	Masta	Cubic Yards	I Name of Rec	istered Landfill				
Stevens Environn		ices Ind	l F	lauler ID	2.32.33	of Waste 2 CU	Ivallie of Iveg	GROWS La	ndfill			
City, State	iloittai 501 v	1000, 111	<u> </u>	102	272	Disposal Date	City, State	ORO II D D				-
	Allentow					6/12/16	1/1/	Morrisville	, PA			
Completed By Mahlon E. Ste	evens	Title P	rojec	t Mar	ager	Signature	/	Date	5/2	7/16	16.	
ASB-41 MAR 00		-				os licensure exe	mpted-activities					

State of New Jersey

		NOT				BESTOS ABAT AC 8:60 and 5:16	1	第世 (3)	3	.4	E	
Date of Notification (1)		U:88		Name	of Buildin	g Owner/Operator (2)	1				
	24 / 10	6		Wo	odstown	-Pilesgrove Reg	ional School D	istrict MAY	nan K-12) I commercial buildings, oors Bldg. Age 101 g demolished) See No. 09 Ssure Procedure Abatement ecify or LF) LF	16		
Agencies Notified	Type Notification			Street	Address		i					1
⊠ EPA	☐ Initial			135	East Av	enue					201	اِ
☑ DOLWD ☑ DHSS	Amended Amendment #	+		City, S	State, Zip 0	Code					HOL	α
⊠ DCA	☐ Emergency (i			Wo	odstown	, NJ 08098	Ĺ	LI ÇI	Z1/1-O	line(3		
(NJAC 5:23-8)	justification)	nordanig		Name	of Contac	t		Telephone Numb	er			
	☐ Cancellation			во	E Office							
				FAG	CILITY IN	FORMATION			n K-12) commercial buildings, rs Bldg. Age 101 emolished) No. No. Abatement fy F) SF			
Name of Facility Where A	Abatement is Takir	ng Place	(3)				Type of Facility	(4)				
Woodstown High S	chool/Middle S	chool					School (K-12					
Street Address								(Other than K-12)		مناطنه		
140 East Avenue							homes, etc.)	ivate and commen	Floors Bldg. Age 101 Ing demolished) Inse No. 10509 Pressure Procedure Abatement T Remount Specify or LF) O LF Set			
City (5)			-11-2-				Square Feet	# of Floors	Bi	dg. A	ge	
Woodstown							100000	3		101		
County (6)				Cour	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)	20200		
Salem							~					
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Group						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address						Street Address						
PO Box 316						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Thorofare, NJ 0808	6					BRISTOL, PA	19007					
Project Manager for Mon	toring Firm		Tele	phone	No.	Telephone No.		License No.				
Steve Flanagan			85	6-848	-0800	215-788-6040	rs.	00509				
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
6 /18 /	_16	7_/	1	/	16	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (Chec	ck only o	ne)			Street Address		188	_		_	
☐ Facility Closed/Vacate	3	1977/		ment		1123 BEAVER	RSTREET					
☐ Abatement Performed					cribe	City, State, Zip Co						
Time of Abatement: 7	:00AMPM	/ <u>11:30</u> F	PM	AN	Л	BRISTOL, PA				Abatement T Removal Abatement T Removal		
Scope of Work (Check all	that apply)					51410102,174	. 10001					
		A 224-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	novati molitic			☐ Mini-Enc ☐ Glovebac						
₩ 100 31 01 <u>12</u> 00 11			montic					n-Friable Procedure	е			
			Locat						Ab	atem	ent T	уре
Location			lorma d Sole			Description o			Z	R	Ш	ш
Asbestos-Containing I TO BE ABA			intena			stos Containing Ma ., thermal systems i		Amount (Specify	emo	epa	пса	nclo
IN Facilit		Cust	odial	Staff?	(1.6	surfacing, VAT,		SF or LF)	oval	=	nsd	Enclosure
(13)			(12)	T	-	other miscellane	ous)				late	Ф
		Yes	No	N/A								
Throughout					Pipe Ins	sulation		20 LF				
Throughout					Plaster			11,840 SF				
Name of Registered Was	te Hauler		0.0103	JDEP V		Cubic Yards of	Name of Regis		~			
Service Transport 0	Group Inc		Н	auler II 20990		Waste 100	Minerva La	ndfill	- 4			
City, State						Disposal Date	City, State					
BRISTOL, PA 19007						7/1/16	Waynesbu	rg, OH				

GI 16096

Gino Pizzigoni

Completed By (Print or Type)

Title

Estimator

Signature

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

CK 66370

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

Date of Notification (1)			Na	me of B	uilding O	wner/Ope	erator (2)	22.0	HUIF				
05/25/16					od Apar	tments	& Co	untr	y Club		IAY 3	1	2016	_
Agencies Notified	Type Notification		-	Chern	lress / Hill La	ne				tani i- IV				
EPA DEP DOL	Initial Amended Amendment	#	Ci	ty, State	, Zip Cod	e				ASBE	STOS	CO	NTRO NG	DL &
DOH DCA	Emergency (justification) Cancellation	including	1.00	ame of C	Contact ette Pop	pel				Telephone Nu	umber			
		- DI (2)		FACILI	TY INFO	RMATIO	N	Type	e of Facility (4)					
Name of Facility Where Glenwood Apartme		g Place (3)						П	School (K-12)					
Street Address 8-12 Poplar Ln)						×	Subchapter 8	(Other than K- vate & commer	12) cial build	lings	home	s,
City (5) Old Bridge, NJ								Squ 6,0	are Feet	# of Floors 2	1 00000	ldg. / 5+	ige	
County (6) Middlesex				ounty Co	ode (7) SE ONLY)		_	Apa	artment	if being demoli	shed)		10	
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		DIA (Gene	atement Contr eral Constru					
Street Address							Street 1360			/IB Suite 218	3	V-SE		
City, State, Zip Code									Zip Code IJ 07012					
Project Manager for Mo	nitoring Firm		T	elephon	e No.		Teleph 973-		No. 0089	License 00693	No.			
Start Date (10) 06/13/2016		Scheduled 06/18/20		oletion D	ate (11)				SHA Monitor eral Constru	uction, Inc			10	
Occupancy Status Durin	ng Abatement (Che	ck Only One)					Street			/IB Suite 218	2			
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of Aba mal Facility H	ateme ours	ent		_	City, S	state,	Zip Code NJ 07012	JID Suite 210				
Scope of Work (Check	All That Apply)						2,720-6-310							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novati					N C	Mini-Enclosure Blovebag Proce	nt with Negative edure (*) and Non-Fri			ıre	
		L- 1	ocatio	_					VOI - EXCITIFIED	() and Home		Aba	temen	t
Location Asbestos-Containin TO BE A	g Material (ACM) BATED cility	No Used Maint Custoo	rmally Solely enan	/ / by ce/		tos Conta thermal :	system ing, V	Mater is ins AT, or		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
(13	5)	Yes	No	N/A		other in	nocina	11000	,		<u>a</u>	-	ate	ē
8 A-D Pc	plar Ln	X			Pi	ipe/ Elb	ow Ir	sula	ation	160 LF	X			
10 A-D P	10	х			Pi	ipe/ Elb	ow Ir	sula	ation	155 LF	X			
12 A-D P	oplar Ln	x			Р	ipe/ Elb	ow ir	sula	ation	160 LF	X			
										Demintered Lee	dell			
Name of Registered W Service Transport			H	JDEP W auler ID 1990		of Was	ste		100000	Registered Land Landfill	ulli			
City, State New Castle						Dispos			City, State	sburg, OH 44	4688			
Completed by Milan Njezic		Title Projec	t Ma	nager			ignatur		1/1/2		Date 05/25	/16		
IVIIIaii INJEZIC		1,0,00					01	0/	1//					

CK 100035410

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

Date of Notification (1)		T		f Building				-				-11		-
5/25/16				c Valley S	Sewerag	ge Con	i	11.	MAY	3 1 20	16	Įį.	Ш	
Agencies Notified Type Notification			Street A 600 W	ilson Ave	e.		1	kai ka	141 1			Leanne		
EPA Initial DEP Amended Amendment				ate, Zip Co k, NJ 071				ASE		S CONT ENSING		&		
DOH justification	**************************************			f Contact Sallucci					Telep	hone Nun	nber			
Name of Facility (M/hors Abote and in Table	Di "	2/	FACI	ILITY INFO	ORMATION	NC	T	Facility (1					
Name of Facility Where Abatement is Takir PVSC Wet Weather Pump Station Street Address		o)					□ so	chool (K-1	2)	than K-12	")			
600 Wilson Ave.						2	A O			commercia		dings,	home	es,
City (5) Newark, NJ				F 99 Fe			Square 37000	Feet	# of F	loors		ldg. A	_{ige} ears	
County (6) Essex				Code (7) USE ONLY))		Current Pump	Use (Prio Boiler ro	or if being coms Of	demolish fice area	ed)			
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8)		ASCN 0004						ntractor (9	*				
Street Address 3 Crosswicks Rd							Address Main		Extensi	on, Sui	te 10			
City, State, Zip Code Bordentown, NJ 0850							tate, Zip	Code NJ 088	72					
Project Manager for Monitoring Firm Michael Hoodak			Telepho 609-29	ne No. 98-5520		Teleph	one No. 525-01		L	License N	٥.			
Start Date (10) 6/13/16	Schedul 6/27/16		npletion	Date (11)				Monitor nmental				-		
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Abaten				234 City, S	20 th Av State, Zip K, NJ 08	/e Code	treet Add	ress				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				和北米山	Mini- Glov	Enclosure ebag Prod	e cedure	legative P			e	
	1	Locat Norma											emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial ((12)	ely by nce/		tos Cont thermal surfac		/laterial (s insulati .T, or		(Spe	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								1			
Boiler Room	X		-	Therma					200 sf 1	15 ftg	X			X
Motor Room	X		1	Therma					30 ftg		X			X
Office Area		Х	-	Therma					14lf 65	ftg	X			Χ
Basement Wests Hauler	X			Therma					40 lf 1					X
Name of Registered Waste Hauler Freehold Cartage		F	NJDEP V Hauler ID 5939		of Was				Registere land Lar	d Landfill ndfill				
City, State Freehold, NJ		-			Dispos 6/27/1	al Date		City, Stat Newbur	e g, PA					
Completed by Michael Migliore	Sr. A	ccoun	it Mana	ger	S	Mur	hal	Much	1-	Da 5/	te 25/16			

CK#25/7/

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

			(Pu	rsuan	t to NJA	3 8:60 and 5:16)		FGEI	W	E	[e-	`.	
Date of Notification (1) 5/	26/16			Name	of Buildin	g Owner/Operator	(2) Desai					The second	
Agencies Notified	Type Notification	on		Street	Address		214 Wahar A	MAY 3 1	201	6	-	7	
EPA DEP	Initial Amended		-	City. S	state. Zip C		214 WEDELA	vc.			1	\dashv	
M DOL	Amendmen Emergency	Street Address 214 Weber Ave. MAY 3 1 2016											
M DOH □ DCA	justification Cancellation	n)		Name				Telephone Numb	oer				
	Gariocilation							<u></u>			=	_	
Name of Equility Whore	Abatamant is Tal	king Place	/2\	FAC	CILITY INF	ORMATION	Type of Engility	/A)					
Name of Facility Where		4.50	550 900										
Street Address							Subchapter	8 (Other than K-12	2)	dinas			
	214 \	Weber A	Ave.				homes, etc.)		22			
City (5)	Ev	wing, N	J					# of Floors	BI	_	_		
County (6)				Cour	nty Code (7) (STATE							
	1ercer				-	Name of Abote			cal			_	
(0)	MECS	ng Owner		ASCIVI	INO.	, was a second and	and the state of t	nental Services, Inc.					
Street Address	1,1200								, 11			_	
The state of the s													
Project Manager for Mo		000010		phone	No.	Telephone No.	THICHOW		_			=	
	eisgarber		0.000				59-9688	0	0493	3			
Start Date (10)	Sc				te (11)	Name of OSHA I		TOO					
6/14/15	a Abatament (C			16		Street Address	IVI	ECS				=4	
				ment		Street Address	PO E	30x 341					
☐ Abatement Performe						City, State, Zip C						_	
Other - Describe:							Crosswicl	cs, NJ 08515					
Scope of Work (Check a	all that apply)					Full Cor	ntainment with Ne	gative Pressure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf													
						Non-Ex	empted (*) and No	on-Friable Procedu					
		No	omally		<i>k</i> .				Α				
Location Asbestos-Containing I					Asbes			Amount					
TO BE ABA	TED			al	(i.e.,				Rer	R _e	inca	Enc	
(13)	,	1 8						Of Of Lif	nova	pair	psula	osur	
		Yes	No	N/A					_		ite	е	
Baseme	ent	_ ×			Th			20 lf	×				
Baseme	ent	_ X				Boiler Insula	ition		X				
Baseme	ent	_ ×			The			30	X				
Name of Registered Wa	ete Hauler		I N	IIDED	Masta			stered Landfill					
		ces Inc	H	lauler ID	No.	of Waste	Ivallie of regi		dfill				
City, State	iioiiai 501 VI	003, 1110	<u>-</u> _	102	294		City, State	JICO W D L'AL	MILL			-	
<u> </u>	Allentown					715	AN /	Morrisville,	PA				
Completed By	1.00		oica	1/10-	0000	Signature	//	Date	5/26	5/16			
Mahlon E. Ste	TVCHS	PI	Oleci	t Mar	lager	_////			2120	1110			

B & G proj. #: 2016-29

	State	e of NJ		
Notification	of As	sbestos	Aba	tement
(Pursuant to N	JAC	8:60-7	and	12:120-7

B & G proj. #:	2016-29	_ 1	N (Pu	Notificati rsuant to	on of Asbe o NJAC 8:6	stos	Abatement and 12:120-7)		Check	F 7856	M	E		
Date of Notification	(1)	Name	of Buildin	g Owner/0	Operator (2)				1	14 3 1	2016			/
0 15 1/12 16	1/1161	Ros	seville A	venue F	Redevelopr	nent l	Jrban Renewal	LLC	L MI					+
Agencies Notified	Type Notification		Address					1	ACRES	TOS CO	NTR	OL	2	
☐ EPA ☐ DEP	X Initial	100	Montgo	70	ourt			_	ASUL	LOENIC	NG.			
₩ DOL	Amendme		State, Zip (rsey City		302			1						zorom.
X DOH	_	11	of Contac	at					Telephon	e Number				
☐ DCA	Cancellation	St St	uhailey N	Varvez					-		_	_		_
				FACILI	TY INFORMA	MOITA				41				
Name of facility w	nere abatement is t	aking place (3)					Тур	e of Facility (4) I (K - 12)				
Brunswick Es	tates Commun	ity Building	3							apter 8 (Ot			2)	
Street Address									X Other	(Private/Co /Homes, et	mmero	ial		
1A Montgom	ery Court							Sq		# of Floors		Bldg	, Ag	е
City (5)		County (6)				nty Code (7)	_	ırrent Use (P	rior if boing	demo	licher	1)	
Jersey City		Hudso	on -			(Stat	e use only)		ommunity		demo	1151160	9.	-
	ng Firm Hired by Bl	da. Owner (8	3)		ASCM No.	П	Name of Abatemer							
n/a	ng 1 mm 1 m oc 2, 2.						B & G Restora	ation, I	Inc.					
Street Address							Street Address 105 Ryerson	Road						
							City, State, Zip Cod				-			-
City, State, Zip Co	de						Lincoln Park		7035			-		
Project Manager for	or Monitoring Firm		Phor	ne Numbe	Г	-	Telephone Number (973)696-68	369		License 00	Numbe 378	er		
07) ES							Name of OSHA Me							
Scheduled Start D	ate (10)		ompletion	Date (11))		B & G Restor	ation,	Inc.					
06/13/2016		06/17/					Street Address 105 Ryerson	Road						
Occupancy Status	During Abatement	(Check only	one)	ent			City, State, Zip Coo							
Facility clos Abatement	ed/vacated during of performed outside	of normal fac	ility hours	-			\$8.00							
Describe: Other-Describe						_	LincolnPark,	NJ 07	035					
	check all that apply)				_	90. 4						**	
☐ Demolition	X	Renovation					Full Containment w/	negative	e pressure	✓ Glove	oag pro			
$\boxed{} > \underline{3} \text{ sf or } > \underline{3}$	If X	≥160 sf or ≥2				Ш	Mini-enclosure	т		X Noti-	TR	R	E	-
Location of		Is location n	ormally us ance/custo	sed solely odial		ion of	asbestos-containing		Amount		e m	e p	n	E n
asbestos-c material to	be	staff(12)			material				(Specify LF)	SF or	0	a	а	C
abated in fa	acility (13)	Yes	No	N/A							e	r	Р	
Security & Me	dical Offices,			X	VAT				750 sf		X	片	片	+
Maintenance s	THE RESERVE OF THE PARTY OF THE										卄	H	H	旨
& Maintenanc	e Office										T			百
Registered Waste	e Hauler		Hauler II	D# C	ubic Yards of	Waste	Name of Registe	red Lan	ndfill source & F	Pacavan	Cen	ter		
B & G Restor	ration, Inc.	19)563 II	Disposal D	12 Date	-	City, State			COUVERY	0011			
City, State Lincoln Park	, NJ			06	S/20/2016 Signature		Tullytow			Date				7
Completed by (P Gordana Lui	rint or Type) na	Title Secretary	/Treasu	rer	Signature		Gordana Lun	a		05/2	6/20	16		

Notification of Asbestos Abatement 2016-91 (Pursuant to NJAC 8:60-7 and 12:120-7 B & G proj. #: Check # 7855 Date of Notification (1) Name of Building Owner/Operator (2) 10 15 1/12 10 1/11 16 1 Austin & Murielle Lieb Agencies Notified Type Notification Street Address ASBESTUS GUN X EPA LICENSING X Initial DEP City, State, Zip Code X DOL Amendment Short Hills, NJ 07078 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Austin & Murielle Lieb **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Austin & Murielle Lieb Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Short Hills, NJ 07078 Essex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) 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. 06/06/2016 06/10/2016 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 ▼ Renovation X Full Containment w/negative pressure Glovebag procedure > 3 sf or > 3 lfMini-enclosure Non-friable procedure ≥160 sf or ≥260 lf Is location normally used solely Location of by maintenance/custodial е asbestos-containing Amount Description of asbestos-containing staff(12) m п D material to be C (Specify SF or material (ACM) 0 а abated in facility (13) a Yes No N/A V D attic vermiculite X 600 sf Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center City, State Disposal Date Lincoln Park, NJ 06/13/2016 Tullytown, PA Completed by (Print or Type) Signature

Date

05/20/2016

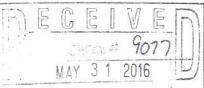
Gordana Luna

Title

Secretary/Treasurer

Gordana Luna

State of NJ



ate of Nutification, 1 5/26/16	Name of Ba	oilding Owner	Buck.		L	103 C		
S 66 16 1956 Notification	Street Acc					LICENS		
ESA X Initial								
DEP Amended	City State	Zir Cabe	CK , N.	5 0.	7457			
Amendment S Emergency	notutions Name of S	oniaci	,10.		Telephone Num	he/		
DOP (ustrication) DOA (accellation)	Jane	^	CK.					
CASATA LANGUAGE	FAGIL	TY INFORMA	TION TON	of Facility (4	£3			
ame of Facility Where Abatement is Taking	2 Place (3)		anning.	Sebani (R-15	51			
RESIDENCE		- 11 - 1111 177-8-1111 - 1 1864		C. Laborence	8 (Other than K-12 hvate & commercia) O kaulminhs	home	q.
rred: Address			X	etc.)				
1V (5):				are Feb	≓ of Floors	1 Blog. A		
GLOW BOCK			17	30	2			
pulsty (6)	County To	de Tool vo	Cur		militieng gemoldh	#212 j		
BERGEN				ratement Con	NYIAL-			
arrie of Monitoring Firm Hired by Building	Owner (8) ASCIA1	*1	A MAG C	Contracting	Inc.			
read Agress		White was a second seco	Street Addr		an immediate a second			
SATING STREET FATE				Hand Ave.				
ny State, Zip Code		A page of the second of the second	Gry State, Midland					
rojec Manager for Mondoring Firm	Токоволя	≟ No.	Telephone (201)262		License N 00155	ů.		
raft Date (10)	Scheduled Completion D	ats (11)	Name of O	SHA Monitor			***************************************	
6/7/16	6/30/16		Omega 8	Environmer	ntal Services			
ocupanty Status During Abatement (Che		<u> </u>	Street Addr					
Y Santo Classic Anales Niños Entre	Penad of Abelement		280 Huy					
Abatement Performed Outside of Non- Other - Describe	nal Facility Hours		City State	Zip Gode Back, NJ 07	76 08			
-1	and the second second							
cope of Whix (Check All That Apoly) 23 st or 20 ff	Z Resovation			ut Conterno	ent wäh Negabye P	aressure.		
2 23 50 00 33 0 2160 51 or 2260 #	Demoinar		4	Am-Endosur				
— waste day in			-	Sic <mark>vetag</mark> Side Von-Eisemipler	d (*) and Non-Enet	sa Procedu	8	***********
The second secon	is cocality	into committees a	Security Control of the Control of t				scient	i
cocases of	Normally		Description of		C CONTRACTOR OF THE		7	
Aspestoe Containing Material (#CM) TO BE ABATED	Used Solely by Maintenance		Comercing Mater		Amount (Specify	2 -	CRO	1 5
In Facility	Custopiel Staff" (12"	\$	urtasing, VAT, or		SF or LFs	Kepan	ncaps, lat	Enclosure
+ # <u>G</u> 1	7 2 607	ito	nor miscellaneou	81			310	ŭ.
The second secon	Yes No NA					-	-	
BASONOUT	1		X TILES		365F	V	-	
BASEMONT			MSULAT		50.U	Y ,	1	
CRAWL SPACE		PIPE	INSULA	FION	grif		1	
verse of Registered Waste Hauler	Alberta	ista Ci	the Yards	Ivame of	Registeres Landfil		4	, ₄
lewark Carling . Inc	Hauler (1) 4 04509	do al	Wast 2	IESI PA	A Bethlehem La	andfill Cor	D.	
aly State	and the second s	kî Ti	sposal Dale ,	Day Star			~	
lewark, NJ		(0/1/16	Bethlet	rem. PA			
propieted by	Title Mea President		Signature	· Vora	True	5/26/51	f	
oseph Vocature	Vice President		- Arriva	1/11/14		0100111)	

7	-	P	TE:	n	11/17	F:=7	-
11 11	5	6	L		M	E	11
1	TE	EC	#	4	07	7	
	-	-	-	51	V 1		11

Date of Notification (1)		111 or Pagement over	Name	of Building Ow EXLU		(2) LIFE		-	tv	AY	3	1 2
Agencies Notified Type Notification EPA				Address				Å	SUL	STC LIC)S C	ON
DEP Amended Amendmen Emergency justification DCA Cancellation	(including		Name 16	PIDSEWO of Contact My	on, no Schiff	.5 074		one Nur	nber		5	
Name of Facility Where Abatement is Takin <u>QESIDTWCE</u> Street Address	ng Place (3)	FAC	CILITYINFORI	MATION	Type of Facility (4 School (K-1: Subchapter Other (i.e. pretc.)	2) 8 (Other th			dings.	hom	es.
County (6) BELASEN.		T	County	Code (7)		Square Feet 1,800 Current Use (Prio	# of Flo	า		1dg. A		
BELAEN. Name of Monitoring Firm Hired by Building	Owner (8)		(STATE	USE ONLY) _	Name	PESII of Abatement Con	Iractor (9)					
Street Address	,		per separate		Street	AC Contracting Address Vreeland Ave.	IIIU.					
City, State, Zip Code						State, Zip Code and Park, NJ						
Project Manager for Monitoring Firm Start Date (10)	Date date		0.0163% N	one No.	(201	none No.)262-5841	= 3	ense No 156	3			MARKET THAN SECTION
6/18/16 Occupancy Status During Abatement (Cher	6	/30		Date (11)	Ome	of OSHA Monitor ga Environmen Address	tal Servi	ces		w		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe	Penod of A	hatem	ent		280 l City. S	Huyler St. tate, Zip Code tensack, NJ 076	206	,			The Process designed in	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	SACAGOGGO	enovat emoliti			l nack	Full Containmer Mini-Endosure Giovebag Proce Non-Exempled	nt with Neg					
Location of	N	Locatio	¥		Description		and accommon common			Abate Ty	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	Solely stenan idial Si (12)	ce/ taff?	(i.e. there		laterial (ACM) insulation, T, or	Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
Вазаной	Yes	No	N/A	PI	PE INS	WATTOW	154	F	V	-	0	
	And the second s						etyreno-a		The state of the s			
lame of Registered Waste Hauler lewark Carting , Inc.	***************************************	Ha	DEP W uler ID 509	No. of	bic Yards Waste	Name of Re			dfill (Corp		
City, State Lewark, NJ			Polisional as Language		posal Date	City, State Bethlehei	m, PA			***************************************		
Completed by oseph Vocaturo	Title Vice P	resid	ent		Signature	1. Vout	w	Date	5/2	76/	16	

5/27/16

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

NOCK

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

	r			to NJAC				J) TE	3 6	15 11		=-	1	
Date of Notification (1) 5/27/16				f Building (ton Univ				of Princeto	n Univ	verŝitý 2	016		圳	
Agencies Notified Type Notification	n		Street A	ddress Millan E	Ruilding	,						the section of		
EPA Initial DEP Amended Amendme	nt # 1	-	City, Sta	ate, Zip Co	ode			- AS	1 11 12 1	OS CON CENSIN		1.8		
Emergence	y (including		Se Sentercorre	f Contact		V.			Tale	nhana Ni in	nher	-1-7-	-	
▼ DOH justification ▼ DCA Cancellation			Bob O									7.00		
Name of Facility Where Abatement is Tak	ing Place (3	2)	FACI	LITY INFO	ORMATI	ON	Tv	pe of Facility (4)					
Student Housing	ing riace (c	,					×	(i) 5.01						
Street Address 16 Dickinson Street							X		8 (Othe			dings,	home	es,
City (5) Princeton							0.51.0%	quare Feet 400	# of	Floors	1000	ldg. A	ge	
County (6)			County	Code (7)			100	urrent Use (Pri		ng demolish		31		
Mercer				USE ONLY,			R	esidential						
Name of Monitoring Firm Hired by Buildin ATC Group Services	g Owner (8)		ASCN	/I No.		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Abatement Cor vices, LLC	ntractor	(9)				
Street Address 3 Terri Lane						Street 407		dress est Lincoln H	lighwa	y, Suite t	500			
City, State, Zip Code Burlington, NJ 08016								e, Zip Code PA 19341						
Project Manager for Monitoring Firm Michael R. Keehn		- 1	Telepho 609-38	ne No. 36-8800		Teleph 484-		e No. 2-8884		License N 01161	0.			
Start Date (10) 6/8/16	Schedule 6/17/16		npletion	Date (11)		Name EMS		OSHA Monitor	1					
Occupancy Status During Abatement (Ch	eck Only Or	ne)	-			Street								
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of A rmal Facility	Abatem Hours	ent			City, S	State	ute 130 Nor e, Zip Code	th ———					
Scope of Work (Check All That Apply)				123777		Cinn	nam	inson, NJ						
23 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				×		Full Containmonth Mini-Enclosure Glovebag Programmen Non-Exempted	e cedure				۵	
	Is	Locati	on				_	TYON Exemples	2 () and	2 NOTH HUD	T	Abate	ement	
Location of	1	Vormall	У			scription					_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/ staff?		thermal surface		is ins		(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
First Floor	Yes	No	N/A	1-:			.1.			0.05			Ф	
manavecamo samanos		X						ywall wall		8 SF	X			
Second & Third Floors		X		Joint Co	ompou	nd a/w	v dr	ywall wall	1,9	66 SF	х			
											-			
Name of Registered Waste Hauler			JDEP W		Cubic			Name of	Registe	red Landfill				
Waste Management of New Jerse	у	Н	auler ID	No.	of Was	ste		GROW						
City, State Trenton, NJ					Dispos TBD	sal Date	;	City, Stat Morrisv		Ą		V-0310		
Completed by	Title				S	ignature	e		83	Da	te			

Project Manager

Joe White

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				N	lame of	f Building C	Owner/	Operator (2	2)						
	27 /	16			City	of Camde	en			ű.	MAY 31	2016		1	
Agencies Notified	Type Notificatio	n		S	treet A	ddress				the state of the s				10.00	1
⊠ EPA					PO B	ox 95120)				CDECTOR OF				1
□ DOLWD	☐ Amended	.,		C	city, Sta	ate, Zip Coo	de				SBESTOS CON LICENSIN		JLC		
□ DOH	Amendment		-		Cam	den, NJ 0	8101				LIOLIVOI				i
DCA (NJAC 5:23-8)	☐ Emergency justification)		9	N	lame o	f Contact					Telephone Number				
(NOAC 5.25-0)	☐ Cancellation				John	Bond									
					FAC	ILITY INF	ORM	ATION	-	6 F - 10h - / /					
Name of Facility Where A		ing Plac	e (3)							pe of Facility (4	+)				
POINT STREET RE	SIDENCE								H	School (K-12) Subchapter 8	(Other than K-12)				
Street Address									×	Other (i.e., printed homes, etc.)	vate and commercia	l buil	dings	,	
City (5)					-				Sq	uare Feet	# of Floors	Bldg	g. Ag	e	
City (5) Camden									5000	varies	varies		0+		
				-1	Count	y Code (7)(STATE	LISE ONLY	1		r if being demolishe	d)			-
County (6)					Count	y code (r)(OIAIL	OOL ONLI)	l		EEMED UNSAFE				
CAMDEN	5	-	(0)		SCM N	le I	Nama	of Abatoms	100	Contractor (9)					
Name of Monitoring Firm		ig Owner	(8)	A		10.				ronmental S	vetems				
Health and Safety	Services				117		1000		IIVII	Tornineritai 5	ystems	_			
Street Address								Address	1 - 1-	em Pike - Su	ita en				
PO Box 365			-								lite ou				
City, State, Zip Code								State, Zip Co							
Berlin, NJ 08009								ring Hous	e, F	PA 194//	T., N		-		
Project Manager for Mor	nitoring Firm		T	J. J. S. B.	hone N		100000000000000000000000000000000000000	hone No.			License No.				
Jim Proctor				100-00 11100		39-2432	100000	5 542 7000			00847				
Start Date (10)	77 20-079	heduled						of OSHA N	vioni	itor					
6 / 9 /	16	8	/ _	5	_ / _	16	CE	S							
Occupancy Status Durin	g Abatement (Ch	neck only	one))				t Address							
☐ Facility Closed/Vacat							112	21 N Bethl	lehe	em Pike -Sui	te 60				
☐ Abatement Performe						cribe	(C.)	State, Zip C							
Time of Abatement:	7:00AM-5:00PN	/I/1	NI		_AIVI		Spi	ring Hous	se, F	PA 19477					
Scope of Work (Check a	all that apply)										-this Deserves				
D - 2 - 4 2 4			Renov	ratio	n.			☐ Full Con			ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Demo					☐ Gloveba	aa P	rocedure					
2		2.5			201			⊠ Non-Exe	emp	oted (*) and No	n-Friable Procedure		-		
			Is Lo									Ab	-	ent Ty	уре
Locatio			Nor sed S	mal		A - h		Description ontaining M		rial (ACM)	Amount	Re	Re	Enc	Enc
Asbestos-Containing TO BE AB		0 10 100	∕laint∉					nal systems			(Specify	Remova	Repair	aps	Enclosure
IN Fac		C			Staff?	,	sur	rfacing, VA7	T, or	r	SF or LF)	8		Encapsulate	ure
(13)				12)	N1/A		othe	er miscellane	eous	s)				te	
		Ye	S I	No	N/A				B.1 - 4	·:	200 YD per res				П
SEE Attached Unsa	fe Notice		1			SEE Att	acne	d Unsafe	NOI	tice	200 TD per res			H	H
			L									<u> </u>	닏		
													Ш	Ш	Ш
Name of Registered Wa	aste Hauler			1000	JDEP \		0.0000	c Yards of		Name of Regis	stered Landfill				
Waste Manageme	nt of NJ			H	auler II 1727:	September 2	Wast	e 0/residen		GROWS		-			
City, State	d and a						0.000	osal Date		City, State	DA				
Fairless Hills, PA							8/5	5/16		Tullytown	PA				
Completed By (Print or	Type)	Title						Signature	(1))	/// Dat	e /		1	
Patricia Visco	romater rela	Offic	e Ma	ana	ger			A	16	etercie)	Vieca 3	5/2	155	16	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(PL	ursuan	to NJA	6 8:60 and 5:16	"	MUP	Ca	686	7	711
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)		0			111
5 /	27 /	16		City	of Camo	den						
Agencies Notified	Type Notifica	tion		Street	Address		- 1	JI MAY 3	21	316	111	2
	∏ Initial	tion			Box 9512	20	-	3 1 1 1000				1
⊠ DOLWD	☐ Amended						-		140	TOO		
☑ DOH	Amendme	ent #			tate, Zip C nden, NJ		-	ASBESTOS C	NOX	THUI	La	
						THE RESERVE ALCOHOL						
(NJAC 5:23-8)	justificatio			7000 0000	of Contact			Telephone Number	er			
	☐ Cancellati	on			n Bond							
			0000	FAC	ILITY IN	FORMATION						
Name of Facility Where At		aking Place	(3)				Type of Facilit					
PINE STREET RESID	DENCE						School (K-	12) er 8 (Other than K-12)				
eet Address							Other (i.e.,	private and commerc	ial bu	ilding	S,	
City (5)							Square Feet	# of Floors	RIC	dg. Ag	10	
Camden							varies	varies	(7,52,59	50+	, .	
				Coun	ty Codo 17)(STATE USE ONLY)	#0.000 E.000000	Prior if being demolish		50.		_
County (6) CAMDEN				Coun	ty Code (/,	NOTATE OSE ONLT)		DEEMED UNSAFE				
Name of Monitoring Firm H	lired by Build	ling Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor ((9)				
Health and Safety S	ervices		1 200	117		Controlled E	nvironmenta	l Systems				
Street Address						Street Address						
PO Box 365						1121 N. Beth	lehem Pike -	Suite 60				
City, State, Zip Code						City, State, Zip Co	ode			0.000		
Berlin, NJ 08009						Spring House	e, PA 19477					
Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No.		License No.				
Jim Proctor			0	609-8	39-2432	215 542 7000		00847				
Start Date (10)	S	Scheduled C	ompl	etion Dat	te (11)	Name of OSHA N	Monitor					
5 / 27 /	1200000			5 /		CES						
Occupancy Status During	Ahatement (Street Address						_
☐ Facility Closed/Vacated				ament		1121 N Bethl	aham Pika -9	Suite 60				
☐ Abatement Performed					cribe	City, State, Zip Co		Juice 00		7.76		0.00
Time of Abatement: 7:						Spring House						
Coope of Mork (Check all	that annly					Spring nous	e, FA 19477					
Scope of Work (Check all	triat apply)					☐ Full Con	tainment with N	Negative Pressure				
☐ ≥3 sf or ≥3 lf		☐ Re				☐ Mini-End						
≥160 sf or ≥260 lf		⊠ De	molit	ion		☐ Gloveba	g Procedure	Non-Friable Procedure	2			
		lo	Loca	ation		Z IVOII EXC	impled () dire i	Troil Friable Freedam	1	ateme	ant T	vne
Location	of		Norm			Description of	of			_		T
Asbestos-Containing N				lely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT		10 30000 00		ance/	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	3	psu	nso
(13)	у		(12			other miscellane		Si di Li')	-		llate	ਰ
		Yes	No	N/A			•				(D	
SEE ATTACHED EME	RGENCY				SEE AT	TACHED EMER	GENCY	200 YD per res	\boxtimes			
			\Box								П	
Name of Registered Wast	e Hauler		1	NJDEP \	Naste	Cubic Yards of	Name of Re	gistered Landfill				
Waste Management				Hauler II		Waste	GROWS					
	01110			17273	3	200/residenc						
City, State						Disposal Date	City, State	In DA				
Fairless Hills, PA						8/5/16	Tullytow					
Completed By (Print or Ty	pe)	Title				Signature	- (7 /. Dat	e _	1-	1.	
Patricia Visco		Office	Man	ager		Vati	INIAL /	1/2m	91	177	116	2

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) 5 27 City of Camden Type Notification Agencies Notified Street Address **⊠** EPA ☑ Initial PO Box 95120 ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Camden, NJ 08101 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Nijmher ☐ Cancellation John Bond FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PENN STREET RESIDENCES ☐ School (K-12)
☐ Subchapter 8 Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden varies varies 50+ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) CAMDEN HOUSING DEEMED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Controlled Environmental Systems Street Address Street Address PO Box 365 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor C 609-839-2432 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 16 8 / 5 / 16 CES Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N Bethlehem Pike -Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/_ PM-Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or >3 lf ☐ Mini-Enclosure ☐ Renovation □ Demolition ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A SEE Attached Unsafe Notice SEE Attached Unsafe Notice 200 YD per res \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Maste Waste Management of NJ **GROWS** 17273 200/residenc City, State Disposal Date City, State Fairless Hills, PA 8/5/16

ASB-41 **JAN 13**

Completed By (Print or Type)

Patricia Visco

Office Manager

Signature

Tullytown PA

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

D								50011	-1-			
Date of Notification (1)	16		10000	of Building y of Cam	owner/Operator den	r (2)	4.2 8	MAY 3 1	2016			
Agencies Notified Type Notific	ation		Street	Address								
☑ EPA ☑ Initial			PO	Box 951	20		-	SEESTOS CO	VIII	JL a		
☑ DOLWD ☐ Amende	2017-2016		City, S	State, Zip C	ode		(3)	LICENSII	(G_			1
□ DOH Amendm		-	19	nden, NJ								
DCA Emerger (NJAC 5:23-8) Emerger justificati		ng		of Contact	0.5103250			Telephone Numb	ner			
☐ Cancella			ALC: SPECIFICATE	n Bond				, coopilotte traini				
					FORMATION	_		1				
Name of Facility Where Abatement is	Falda - Dia	- (2)	FA	CILITY IN	FORMATION		T 6 F 104	(4)				
NORTH 9th STREET RESIDEN		e (3)					Type of Facility (School (K-12)				
Street Address								(Other than K-12) ivate and commer		uilding	js,	
City (5)						1	Square Feet	# of Floors	В	ldg. A	ge	-
Camden							varies	varies		50+	-	
County (6)			Cour	nty Code (7)(STATE USE ONLY	1	Current Use (Pri	or if being demolis	hed)			_
CAMDEN					400		HOUSING D	EEMED UNSAF	69			
Name of Monitoring Firm Hired by Buil	ding Owner	(8)	ASCM	No.			nt Contractor (9)					
Health and Safety Services			117				vironmental S	Systems				
Street Address					Street Address							
PO Box 365					1121 N. Bet	thle	hem Pike - S	uite 60				
City, State, Zip Code					City, State, Zip	Coc	de					
Berlin, NJ 08009					Spring Hou	ıse,	PA 19477					
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.			License No.				
Jim Proctor		C	609-8	39-2432	215 542 700	00		00847				
	Scheduled	Comple	tion Da	te (11)	Name of OSHA	Мо	nitor					
6 / _9_ / _16_	8	/5	/ .	16	CES							
Occupancy Status During Abatement	Check only	one)			Street Address	}						
☐ Facility Closed/Vacated During Ent	re Period o	f Abate	ment		1121 N Bet	hlel	hem Pike -Su	ite 60				
☐ Abatement Performed Outside of N				cribe	City, State, Zip	Coc	ie					
Time of Abatement: 7:00AM-5:00	PM/F	M	AM		Spring Hou							
Scope of Work (Check all that apply)						5.7	<u> </u>					_
≥3 sf or ≥3 lf		enovat			☐ Mini-E	nclo		ative Pressure				
☑ ≥160 sf or ≥260 lf	Z L	emoliti	on 	-			Procedure opted (*) and No	n-Friable Procedu	e			
		ls Loca Norma							At	atem	ent T	уре
Location of Asbestos-Containing Material (ACM	n Us	sed Sol		Acho	Description stos Containing N		orial (ACM)	Amount	Re	₽ e	E	四四
TO BE ABATED	l N	laintena			., thermal system			(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	Cu	stodial (12)	Staff?		surfacing, VA	AT, o	or	SF or LF)	Val		sula	sure
(13)	Yes		N/A	1	other miscellar	neol	us)				ate	
CEE AH-1-111 C N C		-		0== 4/				000 1/0	-		<u></u>	
SEE Attached Unsafe Notice				SEE At	tached Unsafe	No	otice	200 YD per res				
									ᆜ	Ш		
Name of Registered Waste Hauler		0.0	JDEP \		Cubic Yards of		Name of Regis	tered Landfill		•		
Waste Management of NJ			17273		Waste 200/resider	ıc	GROWS					
City, State Fairless Hills, PA					Disposal Date 8/5/16		City, State Tullytown	ΡΔ				
	Title						- Silytown		1			
Completed By (Print or Type) Patricia Visco	Title Office	Mana	ger		Signature	1/1	- Ules	100 Da	Te 5,	k	1/1	6

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name	of Building	g Own	er/Operator (2	2)		-			
5/27	/16	<u> </u>		City	of Cam	den				Դ ત	201		
1004000	tification			Street	Address				JL WAY	C I	CUT	0	
☐ EPA ☐ Initia				PO	Box 951	20							
□ DOLWD □ Ame				City, S	state, Zip C	Code			ASBESTOS	S CC	NTF	GL	
	ndment #	755 75576	ő	Car	nden, NJ	0810	01		LICE				
	rgency (ir ication)	iciuaing	,	Name	of Contact	t		-	Telephone Numb	oer			1116 100000
	ellation			Joh	n Bond								
- 1				FAG	CILITY IN	IFOR	MATION						
Name of Facility Where Abatemer		g Place	(3)					Type of Facility	(4)				
NORTH 7 th STREET RESID	ENCE							School (K-12					
Street Address									8 (Other than K-12) rivate and commer)		uilding	IS,	
City (5)								Square Feet	# of Floors	В	dg. A	ne.	
Camden								varies	varies		50+	90	
County (6)				Cour	ty Code (7	7VSTAT	E USE ONLY)	107707-2-22	rior if being demolis		00.		
CAMDEN				Jour	ity oode (i	ДОГЛ	L GOL ONE!		DEEMED UNSAF	500			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9))				
Health and Safety Services				117		C	ontrolled E	nvironmental	Systems				
Street Address						Stre	et Address					-10-20	
PO Box 365						11	21 N. Bethl	ehem Pike - S	Suite 60				
City, State, Zip Code						City	State, Zip Co	ode					_
Berlin, NJ 08009						W. Carlotte		e, PA 19477					
Project Manager for Monitoring Fir	m		Tele	phone	No	-	phone No.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License No.		-		-
Jim Proctor					39-2432		5 542 7000		00847				
Start Date (10)	Sche	duled C	1	tion Da		1	e of OSHA M		30047				
6 /9 /16				_ /		115000000000000000000000000000000000000	ES STATE	iornicor					
Occupancy Status During Abatem	ent (Chec	k only o	one)			Stre	et Address						
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		11	21 N Bethle	ehem Pike -Su	ite 60				
☐ Abatement Performed Outside	of Norma	I Facility	y Hou	s - Des	cribe	City	State, Zip Co	ode					
Time of Abatement: 7:00AM-5	:00PM/_	PN	/	_AM				e, PA 19477					
Scope of Work (Check all that app	y)							2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
□ >3 sf or >3 lf		ПР	novat	on			☐ Full Cont	ainment with Ne	gative Pressure				
		☑ De					Glovebag						
							Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedur	е			
		335	Loca	0.000000						Ab	atem	ent T	уре
Location of	A O B A)		Norma d Sole		0 -1		Description o			R	R	ш	ш
Asbestos-Containing Material (TO BE ABATED	ACIVI)	100000000000000000000000000000000000000	intena	***			ontaining Ma mal systems i		Amount (Specify	Remova	Repair	ıca	nclo
IN Facility		Cus		Staff?	(SL	irfacing, VAT,	or	SF or LF)	Va	-	Encapsulate	Enclosure
(13)		1/	(12)	1.00		oth	er miscellane	ous)				ate	(D
		Yes	No	N/A									
SEE Attached Unsafe Notice					SEE Att	tache	ed Unsafe N	otice	200 YD per res				
Name of Registered Waste Hauler		1	1	JDEP V	Vaste	Cubi	c Yards of	Name of Regis	stered Landfill				
Waste Management of NJ			F	17273		Was	te 0/residenc	GROWS					
City, State						-	osal Date	City, State					
Fairless Hills, PA						8/5	5/16	Tullytown	PA				
Completed By (Print or Type)	Title	9				-	Signature	11	Da	te /			
Patricia Visco	1 300	office I	Vlana	ger			Water	alles a		-/-	-/	! !/	
NO. OPTION PROTECTIONS AND				_			1 auce	OUM	0	1/2	11/1	6	

State of New Jersey

		NOTI		TION	OF ASE	SESTOS ABAT C 8:60 and 5:16	\wedge		DIA	or I	9 I	-
							· ·	地面	M	WO.	学-{	
Date of Notification (1)						Owner/Operator (2	2)	71,40				1
	27 / 16			City	of Camo	den	1	<u> </u>	4	2016	,	1
Agencies Notified	Type Notification			Street	Address			YAM III	1	-		1
⊠ EPA	☐ Initial			PO I	Box 9512	20	1					70
☑ DOH	Amended Amendment #			City, St	tate, Zip C	ode		ASEESTOS	500)!siTf	イント	O.
□ DCA	☐ Emergency (ir			Carr	iden, NJ	08101		ASEESLICE	ENS	11.00		
(NJAC 5:23-8)	justification)			Name	of Contact			Telephone Numbe	r			
	☐ Cancellation			Joh	n Bond			1				
				FAC	ILITY IN	FORMATION						A 1200-S
Name of Facility Where		g Place	(3)				Type of Facility ☐ School (K-12					
Street Address							Subchapter 8	(Other than K-12)				
otrock/taarooo							Other (i.e., pi homes, etc.)	rivate and commerci	al bu	ilding	s,	
City (5)		-to-service					Square Feet	# of Floors	Blo	ig. Ag	1e	
Camden							varies	varies	41	50+	55	
County (6)		200		Coun	ty Code (7))(STATE USE ONLY)	Current Use (Pr	or if being demolish	ed)			
CAMDEN			s)				HOUSING D	EEMED UNSAFE				
Name of Monitoring Firm		Owner (8)	ASCM I	NO.	Name of Abateme		Surata ma a				
Health and Safety	Services			117			nvironmental S	systems	-			
Street Address						Street Address	laham Dika C	uita 60				
PO Box 365							lehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip Co						
Berlin, NJ 08009 Project Manager for Mor	aitarina Firm		Tolo	phone i	VI.	Telephone No.	e, FA 19477	License No.				And the Comp
Jim Proctor	illoring Firm		1		39-2432	215 542 7000	i	00847				
Start Date (10)	Scho	duled C	1000			Name of OSHA N		00047				
6 / 9 /			150	.ion Dai	82 83	CES	not litor					
Occupancy Status Durin Facility Closed/Vacat	(프리아) 이 100 이 100 교육이다	de mari		nont		Street Address	ehem Pike -Su	ite 60				
☐ Abatement Performe	시 (1995) [18 - 1985] [1985] [1985] [1985] [1985] [1985] [1985] [1985] [1985] [1985] [1985] [1985] [1985] [1985]				cribe			ite oo				
Time of Abatement:						City, State, Zip Co						
Scope of Work (Check a	all that apply)					opinig nous	C, 1 A 10477					-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ш пас арруу		novati molitio			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedure)			
		Is	Locat	ion					Ab	ateme	ent T	уре
Location			Normal d Sole			Description		A	Re	Re	Щ	四四
Asbestos-Containing TO BE AB		10000000	intena			stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Faci		Cus	todial	Staff?	(surfacing, VAT	, or	SF or LF)	Val		Sula	sure
(13)		Yes	(12) No	N/A		other miscellane	eous)				ŧ	
SEE Attached Unsat	fe Notice	I Tes		П	SEE At	tached Unsafe I	Votice	200 YD per res			П	
		+=-										I
									_			닏
Name of Registered Wa	ste Hauler	-	1000	JDEP V		Cubic Yards of	Name of Regis	stered Landfill				
Waste Managemei	nt of NJ		H	auler II 17273		Waste 200/residence	GROWS					
City, State				1/2/		Disposal Date	City, State					
Fairless Hills, PA						8/5/16	Tullytown	PA				

Completed By (Print or Type) Patricia Visco

ASB-41 JAN 13 Title

Office Manager

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

Signature

Date

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

			(F	ursuar	nt to NJA	C 8:60 and 5:16	5) OF	DE LA	9	OE	_	1
Date of Notification (1)				Name	of Building	Owner/Operator (2	2)	1	J 1			111
5/2	27 / _	16		Cit	y of Cam	den		11 MAY 31	20	116	1	-1
	ype Notifica	ation		Street	Address			MA			-	
	☑ Initial	576		PO	Box 951	20		1	ONE	TRO	النا	
	Amended Amendme			City, S	State, Zip C	ode		ASBESTOS C	CINI(3		
☑ DOH ☐	Emergen		-	Car	nden, NJ	08101		LIGEN				
(NJAC 5:23-8)	justification		ig	Name	of Contact			Telephone Numb	er		- 19	
20-	☐ Cancellat	0.00		Joh	nn Bond							
				FA	CILITY IN	FORMATION						
Name of Facility Where Aba			e (3)				Type of Facility	· (4)				
BECKETT STREET R	ESIDENC	E					School (K-1					
Street Address							Other (i.e.,	8 (Other than K-12) private and commerc	ial bu	ilding	js,	
City (5)					-		homes, etc	# of Floors	DI	da A	a o	
Camden							varies	varies		dg. A 50+	ye	
County (6)				Cour	aty Code 17)(STATE USE ONLY)			1	30+		
CAMDEN				Cour	ity Code (/	JISTATE USE CIVET)		rior if being demolish				
Name of Monitoring Firm Hi	red by Build	ding Owne	(8)	ASCM	No	Name of Abateme						
Health and Safety Se		ang owne	(0)	117	140.	Controlled Er						
Street Address				1 222		Street Address		- Joseph		-		
PO Box 365						1121 N. Bethl	lehem Pike - S	Suite 60				
City, State, Zip Code						City, State, Zip Co	ode	34				
Berlin, NJ 08009						Spring House	e, PA 19477					
Project Manager for Monito	ring Firm		Te	elephone	No.	Telephone No.		License No.				
Jim Proctor				C 609-8	39-2432	215 542 7000		00847				
Start Date (10)	8	Scheduled	0.000			Name of OSHA M	lonitor					
6/_9_/_	16	8	/ _	5 /	16	CES						
Occupancy Status During A	batement (Check only	one)			Street Address						
☐ Facility Closed/Vacated						1121 N Bethle	ehem Pike -S	uite 60				
Abatement Performed O					cribe	City, State, Zip Co	ode					
Time of Abatement: 7:0	UAIVI- <u>5:00</u> F	7IVI/F	'IVI	AIVI		Spring House	e, PA 19477					
Scope of Work (Check all th	at apply)							_				
≥3 sf or ≥3 lf			enova	ation		☐ Full Cont		egative Pressure				
≥160 sf or ≥260 lf			emoli	tion		☐ Glovebag	Procedure					
					T	⊠ Non-Exer	mpted (*) and N	on-Friable Procedure	1	70		
Location of			ls Loc Norn			Description	£		Ab	atem	ent T	ype
Asbestos-Containing Ma		17	sed S	olely by	Asbe	Description of stos Containing Mar		Amount	Rei	Repair	En	En
TO BE ABATE		N		nance/		., thermal systems i	insulation,	(Specify	Removal	oair	Saps	Enclosure
IN Facility (13)			(1:			surfacing, VAT, other miscellaned		SF or LF)	2		Encapsulate	ure
(10)		Yes	1			other miscellane	ous)				te	
SEE Attached Unsafe N	lotice				SEE Att	tached Unsafe N	lotice	200 YD per res				
									П	П	П	П
		$\neg \dagger \overline{\neg}$	1									
			15									
Name of Registered Waste	Haular		\perp	NJDEP \	Maska	Outin Vanda at	TN(D	11. 10.	Ш	Ш	Ш	Ш
Waste Management o				Hauler II 17273	O No.	Cubic Yards of Waste 200/residenc	GROWS	istered Landfill				
City, State				11213		Disposal Date	City, State					_
Fairless Hills, PA						8/5/16	Tullytowr	PA				
Completed By (Print or Type	e)	Title				Signature	- 7	7 / Dat	е	/	,	-
Patricia Visco		Office	Man	ager		A/a/I	in 1	12200 :	5/	27	1/6	

	(Pu	rsua	ant t	o NJA	C 8:6	60 and 5:16)	Q	heek	A-1067	F	-	7	
	(, -		an of	Buildin	a Own	er/Operator (2)	1			1			
e of Notification (1)		Nan	ity c	of Can	nden			M M	AY 3 1 2016	-	1	-	
J		Str	eet A	ddress						نِـــ			
encies Notified Type Notification				ox 95				ASEE	STOC -O LIRO	L 03			
EPA Managed					Code	11			LICE.				
Amendment #	_	0.0	Cam	den, l	J 081	101		Tolo	phone Number				
DOH	g			f Cont				Tele	phone real				
justification)				Bon									
(NJAC 5:25-6)						RMATION							
			FAU	ILIII	HVI O		Type of F	acility (4)					
ame of Facility Where Abatement is Taking Place	ce (3)						Scho	ol (K-12) hapter 8 (Oth	ner than K-12)				
WEST STREET RESIDENCES							☐ Subc	r (i.e., private	e and commercial bu	ildings	•		
Street Address						2.0	hom	es, etc.)		dg. Ag		-	
Treet Address							Square		01110010	50+			
City (5)							varie		varies				
Camden			10	-h, Co	de (7)(S	STATE USE ONLY)	Current	Use (Prior if	being demolished)				
County (6)			Cou	nty Co					MED UNSAFE				1
				t blo	- 1	Name of Abatem	ent Cont	ractor (9)					1
Name of Monitoring Firm Hired by Building Own	ner (8)	1	ASCN			Controlled E	Environ	mental Sys	tems				1
Health and Safety Services			117		-								
Street Address						1121 N. Bet	hlehem	Pike - Suit	e 60				
PO Box 365						City, State, Zip	Code	9055					
City, State, Zip Code						Spring Hou	se, PA	19477					-
Berlin, NJ 08009				Ma		Telephone No.			License No.				
Project Manager for Monitoring Firm		Tele	ephor	ne No. -839-	2/32	215 542 70	00	53.5	00847				_
						Name of OSHA	Monitor						
Schedu	iled C	ompl	etion	Date (6	CES						_	-
6 / 9 / 16 -	-1-1-1			/ _1		Object Address							
- Abstement (Check	only	one)				1121 N Be	thlehen	Pike -Suit	te 60			_	-
Occupancy Status During Abatement (embodies of Normal Outside of Normal	iod of	Abat	temer	nt Deceri	ne.	City, State, Zip	Code						
□ Facility Closed/Vacated During Entire Per □ Abatement Performed Outside of Normal □ Abatement Performed Outside of Normal	Facilit	ty Ho	urs - A	M		Spring Ho	use, PA	19477					_
☐ Abatement Performed Outside of Normal Time of Abatement: 7:00AM-5:00PM/_		IVI							The Prossille				
Scope of Work (Check all that apply)						☐ Full	Containm	ent with Neg	ative Pressure				
Scope of Work (Officer and Artist	ПR	enov	ation			☐ Mini-	Enclosur	cedure	Descodure				
≥3 sf or ≥3 lf ≥3 lf)emo	lition			⊠ Non	-Exempte	ed (*) and No	n-Friable Procedure	Aha	teme	nt Ty	p
≥160 sf or ≥260 lf										1,10			
			catio rmally			Descrip	tion of	. (40.14)	Amount	Removal	Repair	Encapsulate	
Location of	U	Ised !	Solely	by	As	bestos Containir (i.e., thermal sys	ng Materi	al (ACIVI) ilation,	(Specify	ova	#	psu	
Asbestos-Containing Material (ACM)	1	Maint	tenan dial S	ce/		curfacing	VAI, OI		SF or LF)	_		late	
TO BE ABATED IN Facility	0	usto	(12)	(aii:		other misc	ellaneous	5)		1			1
(13)	Y	es	No	N/A					200 YD per res				1
		-	\Box	П	SEE	Attached Uns	safe Not	ice	200 1D po		In	П	T
SEE Attached Unsafe Notice		-		_	-					1-1	닏	분	+
					-								1
	1	7 1											
	-	-		In					intered Landfill				_
	1 -	1 1	Ш	LIDED	Waste	Cubic Yard	ds of	Name of Re	egistered Landfill				
			I N	1 11 11-1				CDOMS					-
Name of Registered Waste Hauler				Hauler	ID No.	1 Waste	sidenc		,				
Name of Registered Waste Hauler Waste Management of NJ					ID No.	Waste 200/res	sidenc Date	City, State					
Waste Management of NJ				Hauler	ID No.	1 Waste	sidenc Date		wn PA	D-1-	,		
Waste Management of NJ City, State				Hauler	ID No.	200/res Disposal D 8/5/16	Date	City, State	wn PA	Date	-6	- /	-//
City, State Fairless Hills, PA	Title		1	1727	ID No.	200/res Disposal D 8/5/16	ature	City, State	wn PA	Date	k	7/	1
Waste Management of NJ City, State	Title Of	fice	Man	1727	ID No.	200/res Disposal D 8/5/16	ature	City, State Tullyton	WN PA	Date	p	7/	1

ate of Notification (1)	27 / 16		C	city of (Camder	wner/Operator (2)		11AV 3 1 201	6	₩	
gencies Notified	Type Notification ☑ Initial		F	eet Addr O Box	95120			MAI	1	4	
DOLWD	Amended Amendment #				Zip Cod		1 1	BESTOS CONTI	30L&		
DOH	☐ Emergency (incl	uding	1		n, NJ 08	3101	- 1	Telephone Number		1	
DCA (NJAC 5:23-8)	justification)	Ü		me of C				-telebilone mani-			
,	☐ Cancellation			John B							
				FACILI	TY INFO	ORMATION	#	4)			
ame of Facility Where A	Abatement is Taking	Place (3)					Type of Facility (
PEARL STREET RE	ESIDENCE						☐ School (K-12) ☐ Subchapter 8	(Other than K-12)			
treet Address							Other (i.e., pr	vate and commercial	building	gs,	
	100 Mail 100						homes, etc.)	# of Floors	Bldg. A	ge	_
ity (5)							Square Feet	varies	50+	90	
Camden							varies		37.3		
ounty (6)			1	County C	Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolishe EEMED UNSAFE	u)		
CAMDEN											_
ame of Monitoring Firm	Hired by Building O	wner (8)	AS	SCM No.		Name of Abateme	ent Contractor (9)				
Health and Safety	Services			117		Controlled E	nvironmental S	Systems			_
treet Address	00.11001					Street Address		877 84724			
PO Box 365						1121 N. Beth	lehem Pike - S	uite 60			
						City, State, Zip C	ode				
City, State, Zip Code						Spring Hous	e, PA 19477				
Berlin, NJ 08009	nitoring Firm	T	elepl	none No		Telephone No.		License No.			
Project Manager for Mo	nitoring Firm	1000		09-839		215 542 7000)	00847	7212		
Jim Proctor	Schen	luled Com				Name of OSHA	Monitor				
Start Date (10) 6 / 9				/_1		CES					
						Street Address					
Occupancy Status Duri	ng Abatement (Chec	K offly offe) stam	ent			lehem Pike -St	uite 60			
∑ Facility Closed/Vaca ☐ Abatement Perform	ated During Entire Pe	Facility H	ours	- Descri	ibe	City, State, Zip C					
Time of Abatement	7:00AM-5:00PM/_	PM	-	_AM			se, PA 19477				
Scope of Work (Check	all that apply)					□ Full Co	ntainment with Ne	egative Pressure			
		Reno	vatio	n		☐ Mini-Er	nclosure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☑ Demo				☐ Gloveb	ag Procedure	on-Friable Procedure	Э		
M 2100 31 31 _220						⊠ Non-Ex	(empled () and it	l laster laster	Abate	ement .	Ty
		10000000000	ocati	20500000		Description	of				\neg
			rmal		Ache	estos Containing N	Naterial (ACM)	Amount	Remova	Encapsulate Repair	
Locati		Used	2016	ly by		Stos Containing	material ()		0V	ir su	
Asbestos-Containing	ng Material (ACM)	Used Maint	tenai	nce/	(i.e	thermal system	is insulation,	(Specify	TD.	a	-
Asbestos-Containii TO BE A IN Fa	ng Material (ACM) BATED cility	Used Maint Custoo	tenai	nce/	(i.e	e., thermal system surfacing, VA	is insulation, T, or	(Specify SF or LF)	1 2	0	- 1
Asbestos-Containing	ng Material (ACM) BATED cility	Used Maint Custoo	tenai dial S (12)	nce/	(i.e	thermal system	is insulation, T, or		<u>m</u>	0	-
Asbestos-Containin TO BE A IN Fa (1)	ng Material (ACM) <u>BATED</u> cility 3)	Used Maint Custod Yes	tenai dial 9 (12) No	nce/ Staff?	(i.€	e., thermal system surfacing, VA other miscellar	is insulation, AT, or neous)]
Asbestos-Containii TO BE A IN Fa	ng Material (ACM) <u>BATED</u> cility 3)	Used Maint Custon	tenar dial S (12) No	nce/ Staff?	(i.€	e., thermal system surfacing, VA	is insulation, AT, or neous)	SF or LF)]
Asbestos-Containin TO BE A IN Fa (1)	ng Material (ACM) <u>BATED</u> cility 3)	Used Maint Custon	tenai dial 9 (12) No	nce/ Staff?	(i.€	e., thermal system surfacing, VA other miscellar	is insulation, AT, or neous)	SF or LF)]
Asbestos-Containin TO BE A IN Fa (1)	ng Material (ACM) <u>BATED</u> cility 3)	Ves Used Maint Custor	tenardial S (12) No	nce/ Staff?	(i.€	e., thermal system surfacing, VA other miscellar	is insulation, AT, or neous)	SF or LF)]
Asbestos-Containin TO BE A IN Fa (1)	ng Material (ACM) <u>BATED</u> cility 3)	Vsed Maint Custor	tenar dial S (12) No	N/A	(i.€	e., thermal system surfacing, VA other miscellar	is insulation, AT, or neous)	SF or LF)]
Asbestos-Containin TO BE A IN Fa (1)	ng Material (ACM) BATED Icility 3) rafe Notice	Ves Used Maint Custor	tenardial (12) No	N/A	SEE At	e., thermal system surfacing, VA other miscellar	is insulation, T, or neous)	SF or LF) 200 YD per res]
Asbestos-Containin TO BE A IN Fa (1) SEE Attached Uns	ng Material (ACM) BATED cility 3) cafe Notice Waste Hauler	Vsed Maint Custor	tenardial S (12) No	N/A	SEE At	c., thermal system surfacing, VA other miscellar ttached Unsafe	Is insulation, IT, or neous) Notice Name of Re GROWS	SF or LF) 200 YD per res gistered Landfill]]]
Asbestos-Containin TO BE A IN Fa (1)	ng Material (ACM) BATED cility 3) cafe Notice Waste Hauler	Vsed Maint Custor	tenardial S (12) No	N/A	SEE Af	c., thermal system surfacing, VA other miscellar ttached Unsafe Cubic Yards of Waste 200/reside	Name of Re	SF or LF) 200 YD per res gistered Landfill]]]]
Asbestos-Containin TO BE A IN Fa (1) SEE Attached Uns	ng Material (ACM) BATED cility 3) cafe Notice Waste Hauler	Vsed Maint Custor	tenardial S (12) No	N/A N/A N/A NJDEP V Hauler ID	SEE Af	c., thermal system surfacing, VA other miscellar stached Unsafe Cubic Yards of Waste 200/reside Disposal Date	Name of Re GROWS City, State	SF or LF) 200 YD per res gistered Landfill			
Asbestos-Containin TO BE A IN Fa (1) SEE Attached Uns Name of Registered V Waste Managem	ng Material (ACM) BATED cility 3) cafe Notice Waste Hauler nent of NJ	Vsed Maint Custor	tenardial S (12) No	N/A N/A N/A NJDEP V Hauler ID	SEE Af	c., thermal system surfacing, VA other miscellar stached Unsafe ttached Unsafe	Name of Re GROWS City, State Tullytov	SF or LF) 200 YD per res gistered Landfill			
Asbestos-Containing TO BE A IN Fa (1) SEE Attached Unservice Name of Registered Waste Managem City, State	ng Material (ACM) BATED Icility 3) Fafe Notice Waste Hauler ment of NJ	Vsed Maint Custor	tenardial S (12) No	N/A N/A N/A NJDEP V Hauler ID	SEE Af	c., thermal system surfacing, VA other miscellar stached Unsafe ttached Unsafe	Name of Re GROWS City, State	SF or LF) 200 YD per res gistered Landfill			

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

	\$5.7°	(Pur	suar	nt to N	IJAC 8	:60 and 5:16)	C	Shell	# 1007	J -!	- 11	
1			Vame	e of Bui	lding Ow	vner/Operator (2)		1-2				
te of Notification (1)	27 / 16				amden				MAY 3 1 2016		-4	-
·	A		Stree	et Addre	ess					20,000		
encies Notified	Type Notification				95120			ASRE	STOS CONTR	OL &	-	
EPA	☐ Amended	-	City.	State,	Zip Code	е		MODE	LICENSING			1
DOLWD	Amendment #	_			n, NJ 08		9.57		ephone Number			
DCA	☐ Emergency (included)	ding		ne of Co				l el	epnone Number			
(NJAC 5:23-8)	justification) Cancellation			ohn B			NO.					_
	Cancellation		F	ACILI	TY INFO	ORMATION		/ 1				
	at a set in Taking P	lace (3)						f Facility (4)				
ame of Facility Where	Abatement is Taking P	1400 (0)						nool (K-12) ochapter 8 (O	ther than K-12)			
VINE STREET RE	SIDENCES						⊠ Oth	er (i.e., privat	e and commercial	building	gs,	
Street Address		centre <u>s</u> to					ho	mes, etc.)		Bldg. A		
0 12								0.00.	varies	50+		
City (5)							var	ies		1)		
Camden			C	ounty (Code (7)(STATE USE ONLY)	Curre	nt Use (Prior I	f being demolished MED UNSAFE	'/		
County (6)							1		IVIED ONO. I			
CAMDEN	Life of by Building Ov	vner (8)	AS	CM No.		Name of Abatem	ent Cor	ntractor (9)	-toms			
Name of Monitoring Fi	rm Hired by Building Ov	(7)	1	117		Controlled E	nviror	nmental Sys	Sterris			
Health and Safet	y Services		_			Street Address		nu Cuit	60			
Street Address						1121 N. Beth		n Pike - Sur	te 60			
PO Box 365						City, State, Zip C	ode					
City, State, Zip Code						Spring Hous	se, PA	19477	License No.			
Berlin, NJ 08009)	T	eleph	none No).	Telephone No.			00847			
Project Manager for I	Monitoring Firm	1.	C 6	09-839	-2432	215 542 700			00041			200
Jim Proctor	Sahad	iuled Com				Name of OSHA	Monito	r				
Start Date (10)		8 /	5	1	16_	CES						
6 / 9	_ /					Street Address						
Occupancy Status D	uring Abatement (Chec	ried of Ab) atem	ent		1121 N Bet	hleher	m Pike -Suit	te 60			-
	acated During Entire Permed Outside of Norma				ribe	City, State, Zip	Code	13 11 CONT C NOW CONT ON A CONT.				
☐ Abatement Perfo	ent: <u>7:00</u> AM- <u>5:00</u> PM/_	PM		_AM		Spring Hou						
Scope of Work (Che						☐ Full C	ontainn	nent with Neg	ative Pressure			
		Reno	vatio	on		☐ Mini-E	Enclosu	re				
≥3 sf or ≥3 lf ≥3 sf or ≥3 lf	16	☑ Dem	olitio	n		☐ Glove	ebag Pr Exempt	ed (*) and No	n-Friable Procedur	е		
≥160 sf or ≥260	11				T	Z (10)				Aba	ateme	
		W. 1755	ocat			Description	on of		Amount	Re	Repair	Encapsulate
Lo	cation of	Used	Sole	ely by	As	bactos Containing	Materi	al (ACM)	(Specify	Remova	oair	aps
Asbestos-Conta	aining Material (ACM) E ABATED	Mair	ntena	ance/ Staff?	(i.e., thermal systems surfacing,	VAT. or	ulation,	SF or LF)	20		ulat
	I Facility	Cusio	(12)			other miscel	laneous	s)				0
	(13)	Yes	No	N/A					200 YD per re	s 🗵	П	
	I fa Natica				SEE	Attached Unsa	fe Not	tice	200 1D per 10		In	
SEE Attached l	Insale Notice										1	
			1	-	+							Ш
					1							
							of	Name of Rec	gistered Landfill			
Name of Register	ed Waste Hauler			NJDEF	Waste	Cubic Yards Waste	01	GROWS				
Waste Mana	nement of NJ			Hauler 172	ID No. 73	200/resid	denc	15-10(0-1)				
	gernene er			112	. •	Disposal Da	te	City, State Tullytow	n PA			
City, State	- DA					8/5/16		Tullytow		Date	,	1
Fairless Hills		Title				Signat	ure	. 17.	1 0 0	</td <td>/</td> <td>7/11</td>	/	7/11
								1 1 1 1	1 61 (1	21	10	111
Completed By (P		Office	Mar	nager		1 DA	elle	Ile VII		-/		1

JAN 13

THUE TOTAL	1

CK-4680

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

Date of Notification (1) 05/27/2016			Building Owner High Scho			2	1.	. 11	\vj	19-						
Agencies Notified	Type Notification X Initial	1 77	treet Ad 501 S.\	_{Idress} Warwick Ro	oad				MA	/ 3	3 1	201	6			
X DEP X DOL	Amended Amendment			ie, Zip Code dale, NJ 08	083			AS			00	NITE	OL 8			
DOH DCA	Emergency (justification) Cancellation	including			Contact D'Ipollito		100	Telephone Number ISING								
		Di (0)		FACIL	LITY INFORM	and a filter (4)										
Name of Facility Where A Sterling High School		g Place (3)					Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)									
Street Address 501 S. Warwick Ro	ad							e. private & commercial buildings, homes,								
City (5) Somerdale							Sc	quare Feet	# of Floors			Bldg. Age				
County (6) Camden				Code (7) USE ONLY)		Current Use (Prior if being demolished) School										
Name of Monitoring Firm Epic Environmenta			ASCN	1 No.		ame of Abatement Contractor (9) /MC Company Inc										
Street Address 1930 Brown Road						Street Address 208 Piaget Avenue										
City, State, Zip Code Newfield, NJ 08344		City, S	City, State, Zip Code Clifton, NJ 07011													
Project Manager for Mor			elephor	Teleph	hon		License No. 00704									
Start Date (10) 06/08/2016		Scheduled	d Com		25 2225 - 0.5 60 0.01 - 54 0.0	Name	Name of OSHA Monitor VMC Company, Inc									
Occupancy Status Durin	ng Abatement (Che					Street				_				-		
Facility Closed/Vac X Abatement Perform Other – Describe:	ent															
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						a -					
	-	_ocati			_				III	Abatement Type						
Locatio Asbestos-Containing TO BE AB In Fac (13)	ormall I Solel ntenar odial S (12)	y by nce/ staff?	(i.e. the	Containing I rmal system surfacing, VA	escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)				Removal	Repair	Encapsulate	Enclosure				
Deiles F		Yes	No	N/A		Ciso Dei	al.		400 SF							
	Boiler Room x Boiler Room x					SWEET SWA	er insulation(assurps			, ×		¥				
	20 20 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5								20 SF							
Name of Registered Wa	N	JDEP V	Vaste C	ubic Yards	c Yards Name of		Registered Landfill									
William Miller Inc.				auler ID 7957	f Waste	Salem Co			ounty Landfield							
City, State Deptford, NJ			D	isposal Date	Allaway, NJ											
Completed by Title Voytek Roszkowski Presider						Signatur	gnature Date 05/27/20						16			

Cx.4628 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 05/25/2016 Belmar Board of Education Agencies Notified Type Notification Street Address 1101 Main Street **EPA** Initial City, State, Zip Code × DEP Amended LICEN × Belmar, NJ 07719 DOL Amendment # Emergency (including Name of Contact Telephone Number × DOH iustification) Loretta Hill DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Belmar Elementary School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 1101 Main Street etc.) City (5) Square Feet # of Floors Bldg. Age Belmar County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Monmouth School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Ahera Consultants Inc. 0057 VMC Company Inc. Street Address Street Address PO Box 385 208 Piaget Avenue City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Clifton, NJ 07011 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Domenic D'Errico 609-652-1833 973-253-8828 00704 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/20/2016 07/08/2016 VMC Company Inc. Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure × ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (Specify (i.e. thermal systems insulation, Remova Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes N/A Basement Hallway Multi layered floor tile/mastic 3.311 SF X X

NJDEP Waste

Hauler ID No.

05409

Title

President

Cubic Yards

Disposal Date

Signature

of Waste

City, State

Newark, NJ

Completed by

Name of Registered Waste Hauler

Newark Carting Inc

Voytek Roszkowski

Date

05/25/2016

Name of Registered Landfill

GROWS

City, State

Morrisville, PA

CK 4679

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

Date of Notification (1) 05/25/2016		Name of Building Owner/Operator (2) Fairleigh Dickinson University																	
Agencies Notified Type Notification	Street Address 1000 River Road MAY 3 1 2016																		
X EPA Initial Amended Amendment #		City, State, Zip Code Teaneck, NJ 07601																	
Emergency (ir justification) DCA Emergency (ir justification) Cancellation								Name of Contact Paul Palladino											
Z BOA Canonianon			FACILITY INFORMATION																
Name of Facility Where Abatement is Taking Florence Dorm	Place (3)						So	Facility (4) chool (K-12)											
Street Address 145 Park Avenue							St Of et	ther (i.e. pri	(Other than K-1 vate & commerc	2) ial build	ings, t	nomes	j.						
City (5) Florham Park							Feet	# of Floors		dg. Ag	e								
County (6) Morris		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) Dorm												
Name of Monitoring Firm Hired by Building C Environmental Design Inc.		ASCM 0095	No.		Name of Abatement Contractor (9) VMC Company Inc.														
Street Address 5434 King Avenue					Street Address 208 Piaget Avenue														
City, State, Zip Code Pennsauken, NJ 08109							City, State, Zip Code Clifton, NJ 07011												
Project Manager for Monitoring Firm Jay Murray		Telephon		Telephone No. License No. 973-253-8828 00704															
Start Date (10) 08/08/2016	Com	Compronent Care (1.7)				Name of OSHA Monitor VMC Company Inc.													
Occupancy Status During Abatement (Chec							reet Address												
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	atem	atement					y, State, Zip Code												
Scope of Work (Check All That Apply)																			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		novation molition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
						1001	i-Exempled	() and Non-in	abic i io	Abatement									
	_ocati ormall	2422	_	escription of					Туре										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Solely by aintenance/ stodial Staff? Asbestos (i.e. the				aining N	Material s insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure							
Dellas Deem	Yes	140	INIA	Tanl	k/hraai	china	ingula	tion	1,750 SF	x									
Boiler Room Boiler Room		-	10000000	Maria Service	reeching insulation fitting insulation			1,300 LF	X	*									
Bollel Rooffi	Х				150/110	ing in													
Name of Registered Waste Hauler				DEP Waste Cubic Yard				Name of	of Registered Landfill										
Newark Carting Inc	100 PM	lauler ID 5409	of Was	GROV															
City, State Newark, NJ		Disposal				Date City, State Morrisville, PA													
Completed by Voytek Roszkowski	dent			S	Signature Date 05/2					25/2016									