In 26015		NOT	FICATION Pursua	State of I	New Jers	SABATE	EMENT) <u>E</u>	C E		W	rint
Date of Notification (1) 11/21/2019			Name	of Buildir	ng Owner		r (2) ahill	İ	111	1 0	10V 2	2	2019	
Agencies Notified Type Notification X EPA DEP Initial Amended	1			Address State, Zip						ASBE	ESTOS	COI	NTRC IG	L &
■ DOL Amendmen ■ Emergency justification	(includin	ng		of Contac	F	Parlin, N	30 U	8859	Tal	ephone	Mumba			
DCA Cancellation	n		FA	Jackie					101	ерпопе	Nullibe			
Name of Facility Where Abatement is Takin Residential	ng Place	(3)	FAC	CILITY IN	FORMA	ION	Туре	of Facility (4)					
Street Address City (5)							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Otherivate &	& comme	K-12) ercial bu	uilding	s, hor	nes,
Parlin, NJ 08859								re Feet 100	# of	Floors 1		Bldg.	Age 5 +/-	
County (6) Middlesex				Code (7)			Curre	nt Use (Pric	or if bein	ng demo	lished)			
Name of Monitoring Firm Hired by Building MECS	Owner (8	3)	ASC	M No.		Name Steve	of Aba	tement Con nvironme	tractor	(9) ervice:	s Inc	75.5		
Street Address PO Box 341						Street PO B	Addres	ss			0, 1110.			
City, State, Zip Code Crosswicks, NJ 08515								p Code NJ 0850	1					
Project Manager for Monitoring Firm Bill Weisgarber			Telepho	one No. 98-4070)	Teleph 609 2	one No).		License 00493				
Start Date (10) 12/3/2019		12	mpletion /6/2019	Date (11))	Name of MECS		A Monitor			-			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8am - 4 pm	Period of	Abator	ment s			Street A PO B	ox 34	1					¥1)	
Scope of Work (Check All That Apply)					_			d, NJ 085	15					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renova Demoli				×	Mini	Containmer -Enclosure /ebag Proce	dure		e Pressure able Procedure			
Location of	1	Locat Normal	ly		Des	scription o			/ 5.10	1011 1 11		Abat	emen: /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintena todial S (12)	nce/		tos Conta thermal surfac	aining Ma	aterial (insulat , or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Lides B	Yes	No	N/A								<u>a</u>	-	late	IFe
Living Room Back Bedroom		X				VAT			216	216 sf				
Center Bedroom		X				VAT				4 sf	X			
200.00111		^				VAT			120) sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		1000	JDEP Wa auler ID I 18292	No.	Cubic Y of Wast		- 11	Name of Re Fairless L			11			
City, State Allentown, NJ					Disposa			City, State Morrisville	ΡΔ					
Completed by Mahlon E. Stevens	Title Projec	ct Ma	nager			nature	_1	/ / / / / /	7.17		ate 11/21/	/2019		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner Operator (2) 11/19/2019 Old Bridge Township Board of Education Agencies Notified Type Notification Street Address **EPA** Patrick Torre Administration Bldg, County Route 516 DEP Initial City, State & Zip Code DOL Amended ASBESTOS CONTROL & Matawan, NJ 07747 X LICE Telephone Number DOH Emergency Name of Contact DCA Cancellation Mr. Frank Frazzitta 732-360-4507 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Old Bridge High School School (K-12) Street Address Subchapter 8 (Other than K-12) 4209 County Road 516 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 150,000 60+ Matawan Middlesex Current Use (Prior if being demolished) School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection Inc. Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Rollie Jones 609-392-4200 (215) 788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11/29/2019 11/29/2019 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 7:00AM to 3:30PM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Material (ACM) Solely by SF or LF) Encapsulate Enclosure TO BE ABATED Remova Maintenance or (i.e., thermal systems Repair in Facility insulation, surfacing, VAT Custodial Staff? (13)(12)or other miscellaneous) Yes N/A No Room 238 X Fume Hood 10 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 < 1 yd Minerva Landfill City. State Disposal Date City, State Yardley, PA 11/29/2019 Waynesburg, OH Completed By (Print or Type) Title Signature Date Gino Pizzigoni Project 11/19/2019 Manager

State of New Jersey

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218 Sunset Road										homes, e							57.0								
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	< :		Floor tile and Mastic	×		Room E-187
	× >	"	3shower rooms @ 50 SF Floor Tile and Mastic	×	shower	1st Floor Psychiatric shower
	×	80 SE	12X12 White Floor Tile w/Black Mastic Bottom Layer	×		Throughout
					ver Office	2nd Floor -E Wing Tower Office
	×	50 SF	layer			
			12X12 white floor tile w/black mastic bottom	×		Throughout
	×	50 SF	Mastic a/w 12x12 orange floor tile (top Layer)	×	Г	Throughout
					er Office	3rd Floor-E Wing Tower Office
	×	120 SF	Below Carpet	×	1	Inrougnout
			12 X 12 Floor tile w/Black Mastic		ly Closet	5th Fl. E Wing Tower/Supply Closet
	×	100 SF	9 X 9 tan floor tile w/black mastic		m	Custodial break room
					m	Custodial break room
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	×	100 SF	(Bottom Layer)			
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	×	400 SF	abated)			NO
			Carpet(Only a portion of the room will be)V
			9x9 Black Floor Tile w/black mastic below	×	Г	North End Office
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			OTHER MISCELLANEOUS)	COSTODIALSTAFF		<u> </u>
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		SF OR LF	(IE, THERMAL SYSTEMS INSULATION	USED SOLEY BY	USE	MATERIAL (ACM)
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REPAIR FUCAPSIII ATE FUCIOSI IRE	REMOVAL	AMOUNT	DESCRIPTION OF	IS LOCATION		LOCATION OF

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

Date of Notification (1)					Nam	o of Duile	lia - 0 - 10 - 1			D		EC	FI	W	7 15	T.	7
9 / 12		19	-			e of Build	ling Owner/Operato	or (2))	N	1			U	L	Total Control	The section of the section of
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	enaea endmen	t #D			City,	State, Zip	Code		-	-	-lesson	The Party Description of the Party of the Pa	Tulky July spray	Ti-Dillion	-		-
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Name of Facility Where Abatemen			ace (3)				T	Type of F	acilit	y (4	1)	-	8			
Our Lady of Lourdes-Willin	ngbord)							Schoo	l (K-	12)						
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218 Sunset Road									homes	(i.e., s, etc) :.)	vate and co	merc	iai d	uildin	gs,	
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700 Turner Way, Suite 105							Street Address				-0%						
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Aston, Pa 19014							City, State, Zip (
Project Manager for Monitoring Firm			1=				Southampto	on P	a 18966	3							
David Brown	П		1	Teleph			Telephone No.					License N	lo.				2000
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- Indiana	CUSTODIAL STAFF?	OTHER MISCELLANEOUS)				
Tal Floor Medical Records office	YES NO N/A		The state of the state of			
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ASI		Carpet(Only a portion of the room will he				
		abated)	100 55			
1st FL-G Wing Respiratory			1C 00#	×		
Therapy area Storage Closet						
Throughout	×	12x12 Gray Floor Tile with black mastic				
1st FI-H Wing Hallway		(Bottom Layer)	100 SF	×		
Custodial break room						
Custodial break room	×	9 X 9 tan floor tile w/black months				
		White whater Hastic	100 SF	×		
5th Fl. E Wing Tower/Supply Closet		112 X 12 Floor tile w/Black Mastic	TATAL DE LA COMPANION DE LA CO			
Throughout	×	Below Carpet	130 CF			
			JC 07T	×		
3rd Floor-E Wing Tower Office						
Inroughout	×	Mastic a/w 12x12 orange floor tile (top Laver)	70 SE	<		
Inroughout	×	12X12 white floor tile w/black mastic bottom	0	>		
		layer	50 SF	×	1	AND PROPERTY OF PERSONS ASSESSED.
Throughout						
Houghout	×	12X12 White Floor Tile w/Black Mastic				
1st Floor Psychiatric shower rooms	×	3shower rooms @ 50 SF Floor Tile and Mastic	150 SF	×××		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

			(1	Pursua	ant to NJ	AC 8:60 and 5:1	16)	GEI	W 1	FI	5	
Date of Notification (1)	1	9			ne of Buildi i rtua	ng Owner/Operator			W L	The second second		
Agencies Notified		1		20	et Address) Stow Ro	d	lica land	NOV 222	019			
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Name of Facility Where Abatement i	s Takin	g Plac	e (3)		TOILIT I	III OKWATION	Type of Facility ((4)				
Our Lady of Lourdes-Willing	boro						☐ School (K-12)				
Street Address							Subchapter 8	Other than K-1:	2)			
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Burlington				Cou	inty Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demoli	shed)			
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Street Address						Street Address				-	-	
700 Turner Way, Suite 105						1345 Industri	ial Blvd					
City, State, Zip Code						City, State, Zip Co	ode				-	-
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Project Manager for Monitoring Firm David Brown			1	ephone		Telephone No.		License No.				
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 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Rei □ Dei				☐ Mini-Encl	ainment with Nega losure g Procedure mpted (*) and Non		dure			
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58 Pyles Lane New Castle DE							Waynesburg	g, Ohio				
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SB-41						11544	The Name of Name	V Maria	1	1	1	111

2nd Floor -E Wing Tower Office Throughout		600	Throughout	3rd Floor-E Wing Tower Office	inrougnout	5th Fl. E Wing Tower/Supply Closet		Custodial break room X	Custodial break room	1st FI-H Wing Hallway		Throughout	Therapy area Storage Closet	1st Fl. Wing Respiratory	N STCC	2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	North End Office	≥ 1st Floor Medical Records office YI	Land Community C		3	ASBESTOS-CONTAINING	LOCATION OF
>	<	×	×		×			Approximation of the latest of				×	1				×	YES NO N/A	CUSTODIAL STAFF?	MAINTENANCE/	USED SOLEY BY	NORMALLY	IS LOCATION
Bottom Layer		12X12 white floor tile w/black mastic bottom layer			Below Carpet	12 X 12 Floor tile w/Black Mastic		9 X 9 tan floor tile w/black mastic			(Bottom Laver)	12x12 Gray Floor Tile with black mastic			abated)	Carpet(Only a portion of the room will be	9x9 Black Floor Tile w/black mastic below		OTHER MISCELLANEOUS)	SURFACING, VAT, OR	(IE, THERMAL SYSTEMS INSULATION	ASBESTOS CONTAING MATERIAL (ACM)	DESCRIPTION OF
80 SF) or	20 60	50 SF		120 SF	A STREET, SHARPER STREET, STRE	100 31	100 SE	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner	TOO SE	100 65	**************************************		100.01	400 SF		1				SF OR LF	SPECIFY	AMOUNT
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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) 12 19 Virtua NOV 22 2019 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 20 Stow Rd **⊠** DOLWD ☐ Amended ASBESTOS CONTROL & City, State, Zip Code **⊠** DOH Amendment #_ LICENSING ☐ Emergency (including Marlton NJ 08053 ☐ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number □ Cancellation Pat Giordano 856 355-0923 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Our Lady of Lourdes-Willingboro School (K-12) Street Address Subchapter 8 (Other than K-12) 218 Sunset Road Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Willingboro Bldg. Age >50,000 5 30+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex Environmental Delta/BJDS, Inc Street Address Street Address 700 Turner Way, Suite 105 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Aston, Pa 19014 Southampton Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. David Brown 610 558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 26 / 19 11 / 30 / 19 Criterion Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-___AM Bensalem Pa 19020 Scope of Work (Check all that apply) ✓ Full Containment with Negative Pressure
 ✓ Mini-Enclosure
 ✓ Glovebag Procedure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf □ Renovation ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Location of Abatement Type Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Remova Enclosure Repair Encapsulate TO BE ABATED Amount Maintenance/ (i.e., thermal systems insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A X Please See Attach П \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Service Transport Group Hauler ID No. Waste Minerva Landfill 20990 City, State Disposal Date City, State 58 Pyles Lane New Castle DE Waynesburg, Ohio Completed By (Print or Type) Signature Christine Del Viscio Asst. Administrator 9-12-2019 ASB-4

JAN 13

Throughout S-Throughout 2nd Floor -E Wing Tower Office 3rd Floor-E Wing Tower Office Throughout Custodial break room Throughout Throughout 5th FL E Wing Tower/Supply Closet 1st FI-H Wing Hallway Custodial break room Therapy area Storage Closet 1st FloG Wing Respiratory North End Office 1st Floor Medical Records office MATERIAL (ACM) IN FACILITY TO BE ABATED ASBESTOS-CONTAINING LOCATION OF YES CUSTODIAL STAFF? OTHER MISCELLANEOUS) MAINTENANCE/ USED SOLEY BY NORMALLY IS LOCATION NO N/A × **Bottom Layer** 12X12 White Floor Tile w/Black Mastic layer 12X12 white floor tile w/black mastic bottom 12 X 12 Floor tile w/Black Mastic 9 X 9 tan floor tile w/black mastic Mastic a/w 12x12 orange floor tile (top Layer) Below Carpet (Bottom Layer) 12x12 Gray Floor Tile with black mastic abated) Carpet(Only a portion of the room will be 9x9 Black Floor Tile w/black mastic below SURFACING, VAT, OR (IE, THERMAL SYSTEMS INSULATION ASBESTOS CONTAING MATERIAL (ACM) DESCRIPTION OF 80 SF 50 SF 50 SF 120 SF 100 SF 100 SF 400 SF SF OR LF SPECIFY AMOUNT × × × REMOVAL REPAIR ENCAPSULATE ENCLOSURE

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