NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Camden County Improvement Authority 11 23 11 NOV 3 0 2011 Street Address Type Notification Agencies Notified 1909 Route 70 East, Suite 300 ☐ Initial ⊠ EPA City, State, Zip Code ASBESTOS CONTROL & □ DEP Cherry Hill, NJ 08003 Amendment #1 ☐ DCA (NJAC 5:16) ☐ DHSS Telephone Numbe Emergency (including Name of Contact justification) ☑ DCA ☐ Cancellation Jim Lex (NJAC 5:23-8) FACILITY INFORMATION they die best Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Former W.T. Grants Complex Street Address homes, etc.) Bldg. Age 130-230 White Horse Pike # of Floors Square Feet 40+ 1 100,000 Current Use (Prior if being demolished) Clementon, NJ County Code (7)(STATE USE ONLY) County (6) Name of Abatement Contractor (9) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Diamond Huntbach Construction Corporation Environmental Resolutions, Inc. Street Address 500 East Luzerne Street Street Address 525 Fellowship Road City, State, Zip Code City, State, Zip Code Philadelphia, PA 19124 Mount Laurel, NJ 08054 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00646 215-739-8166 856-235-7170 Rick Lake Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) SAME AS ABOVE 01 / 15 / 12 11 / 29 / 11 Street Address Occupancy Status During Abatement (Check only one) ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM-___AM Time of Abatement: 7AM-4PM/_ ☐ Full Containment with Negative Pressure Scope of Work (Check all that apply) ☐ Mini-Enclosure ☐ Renovation Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure $\square \ge 3$ sf or ≥ 3 If □ Demolition ≥160 sf or ≥260 lf Abatement Type Is Location Description of Repair Encapsulate Removal Normally Amount Asbestos Containing Material (ACM) Location of Used Solely by (i.e., thermal systems insulation, surfacing, (Specify Asbestos-Containing Material (ACM) Maintenance/ SF or LF) TO BE ABATED Custodial Staff? VAT, or other miscellaneous) IN Facility (12)(13)N/A No Yes \boxtimes 2,000 SF Glue Dots X Bldg. #1, Sales Area X Black & Grey Roofing Membrane 13,000 SF \boxtimes П Exterior Parapot Walls П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Waste Minerva Hauler ID No. Service Transport Group, Inc. A901#20990 n/a Disposal Date City, State Waynesburg, OH 44688 City, State New Castle, DE 19720-Signature; 11/25/11 Title Completed By (Print or Type) Project Manager Charles Imbimbo

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Camden County Improvement Authority Date of Notification (1) 1 11 23 Street Address Type Notification 1909 Route 70 East, Suite 300 Agencies Notified ASBESTOS CONTROL & ☐ Initial City, State, Zip Code LICENSING Cherry Hill, NJ 08003 ☑ DEP Telephone Number Amendment #1 DCA (NJAC 5:16) Emergency (including Name of Contact **⊠** DHSS justification) ☐ DCA Jim Lex ☐ Cancellation (NJAC 5:23-8) **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, Former W.T. Grants Complex homes, etc.) Street Address Bldg. Age # of Floors Square Feet 130-230 White Horse Pike 40+ 1 100,000 Current Use (Prior if being demolished) City (5) County Code (7)(STATE USE ONLY) Clementon, NJ Vacant County (6) Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation Camden ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Environmental Resolutions, Inc. Street Address 500 East Luzerne Street Street Address City, State, Zip Code 525 Fellowship Road Philadelphia, PA 19124 City, State, Zip Code License No. Mount Laurel, NJ 08054 Telephone No. Telephone No. 00646 Project Manager for Monitoring Firm 215-739-8166 856-235-7170 Name of OSHA Monitor Scheduled Completion Date (11) Rick Lake SAME AS ABOVE Start Date (10) 01 / 15 / 12 11 / 29 / 11 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/____PM-___AM ☐ Full Containment with Negative Pressure Scope of Work (Check all that apply) ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Renovation Non-Exempted (*) and Non-Friable Procedure ≥3 sf or ≥3 lf □ Demolition Abatement Type ≥160 sf or ≥260 lf Removal Encapsulate Is Location Repair Description of Amount Normally Asbestos Containing Material (ACM) Used Solely by (Specify Location of (i.e., thermal systems insulation, surfacing, Asbestos-Containing Material (ACM) Maintenance/ SF or LF) VAT, or Custodial Staff? TO BE ABATED other miscellaneous) (12)IN Facility (13)N/A M No Yes 66,800 SF Floor tile \boxtimes П 19,100 SF \boxtimes 1st Floor, Sales Area Floor tile X X 75,800 SF 1st Floor, Sales Area Floor tile mastic X 10 LF M Pipe joint fitting insulation 1st Floor, Sales Area Name of Registered Landfill X Cubic Yards of 1st Floor, Sales Area NJDEP Waste Name of Registered Waste Hauler Waste Minerva Hauler ID No. Service Transport Group, Inc. A901#20990 n/a City, State Disposal Date Waynesburg, OH 44688 City, State 11/25/11 New Castle, DE 19720 Signature Completed By (Print or Type) Title Project Manager Charles Imbimbo * Do not use this form for asbestos licensure exempted activities.

ASB-41 JUL 01

ASB-41 (R-08-08)

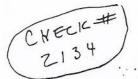
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Do not use this form for asbestos ticensure exempted activities.

Date of Notification (1)	111	23/11		1	Name of I	Building	Owner/Ope	Bis	2)	TIP	Dept.praea	Ith 3	Senio	ir Ser	vice
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Street Address									owell Road		·i				
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									Rock, NJ 0	1452					
Project Manager for M	lo nitori	ng Firm		T	Pelephon	e No.			one No. 262-5841		Libense No 00156				
Start Date (10)	1		Schedule 11 a	of gom	pletion 0	ate (11)	1	Ome:	of OSHA Monit ge Environn	or nental S	lervices In	c.			
Occupancy Status Du	ring At	atement (Check	Only On	e)					ddress						
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NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60-7 and 12:120-7)

		(Pursuant to No.		(2)					
Date of Notification			ing Owner/Operator	1 : F	NEGI	SII	\// I	3 1	Posses
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Agencies Notified	Type Notification	Street Address			7)]				111
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[]DEP	Notification	City, State, 2	Zip Code			0 0. 2	011	-	now!
	[]Amended	1 SPRI	INGFELD	H.J	L	-			
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Name of Facility Wh	nere Abatement is Ta	king Place (3)		Type of Facilit					
	RIVATE			[]School (I []Subchapte	K-12) er 8 (Other	than K	-12)		
	RIVATO			[vlOther (i	.e., private	& com	mer-		
Street Address	4			cial bu	ildings, hom	es, et	c.)		
46- PA	RK AV			Square Feet	# of Floors	Bldg	g. A	ge	
City (5)	Count	y (6)	County Code (7)	12400	1 -		70		-
MACHINE ME S		MOINE	(STATE USE ONLY)	Current Use (P		ig demo	1151	eu	
SUMMI	T	ACTOR!		Residence				-	
Name of Monitoring	Firm hired by Buil	ding ASCM No.	Name of Abate	ment Contractor	TnC				
Owner (8)		67	AZTECH N	ANAGEMENT,	IIIC.				
N/A Street Address			Street Addres						
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City, State, Zip C	ode		City, State,	Zip Code					
City, State, 21p C	oue		Montcla	Lr, NJ 0704					
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project Manager 10	r mailtoiling 1-1-	N/A	(973) 74	4-8800		00371			
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[]other - De	scribe: Other Occup	ancy Descript»				-			
Scope of Work (Che	eck all that apply)		[] [] []	Containment wi	th Negative	Pressu	ire		
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Name of Registers	ACEMENT, INC.	NUTER Waste Hauler ID No. 17040	Cubic Yards of Waste 1.3	G.R.O.W.					
Montclair,	NJ 07042		Disposal Date	City, State Morrisvi	lle, PA	1906	57		
	Section 2015		Signatu	re, /	17	Date	1.	,	1
Completed By (Pri	int or Type) Title Vivian Pres	ident	1 7	Cost France	Mun	1/-	26	-/	/



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

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Date of Notification (1)	128/11		Name	PINE	LANDS	ONSTRUCT	ron				_ [
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Street Address						Subchapter	8 (Other than K-12 orlvate & commercial	al bulldi	nas.		
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County (6)	h ,			nty Code ONLY)	(7) (STATE	Current Use (P	nor If being demolis	nea)			
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Name of Monitoring Firm	n Hired by Building	Owner	ASCM	No.	1 1						
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(6)						YCE SAN	License No.			-	=
Project Manager for Mo	onitoring Firm	.T.e	lephone	No.	Telephone No.	79-0472	2-71.75.71 (C. 1) (C. 1) (C. 1)	44	10		
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Start Date (10)	Sch	duled Comp	letion Da	ale (11)	Name of OSHA	SEPH KI	EMM				
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Occupancy Status Dun	ng Abatement (Ch	eck only one)		Street Address	S 501	204 duc.				
★ Facility Closed Vaca	ited During Entire P	eriod of Aba	tement								=
Abatement Performe	ed Outside of Norm	al Facility Ho	urs		City, State, Zip	Code	HODE N.	T /	18	2 -	_
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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 o	of Building	Owner/Operator	(2)	D E P	Z 11_1/1 10	C .	1	٦.		
November /	28 / 2011			Т	emple	Luthera	n	Church	5 Chec	k#	4	14	1	
Agencies Notified EPA DEP DCA (NJAC 5:16) DHSS	Type Notificatio	#		5714 City, St Pen	Address 4 Irving ate, Zip Co nsauke	Drive		NOV NOV	3 0 2011	1	 			
DCA (NJAC 5:23-8)	justification) Cancellation				of Contact McDev	itt .			(elephone Nur 	mber				
				FAC	ILITY INF	ORMATION			abbaeaks salet post of					
Name of Facility Where	Abatement is Tak	ing Place	(3)			Freeze		Type of Facility (4	·)		- 100'00	نا برعان		
Temple Luthera	n Church							☐ School (K-12) ☐ Subchapter 8	(Other than K-1	12)				
Street Address 5600 North Rou	te 130				11			Other (i.e., pri homes, etc.)	vate & commer	cial bu				
City (5)							- 1	Square Feet	# of Floors	1	31dg 75	ı. Ag	е	
Pennsauken						COTATE LICE ONLY	100	25000 Current Use (Price			2000			
County (6) Camden				Coun	ty Code (7)	(STATE USE ONL)		Church	or it being demo	nistieu				
Name of Monitoring Fire ARCADIS, U.S.		g Owner (8)	ASCM I	No.			nt Contractor (9) onmental, L	LC					
Street Address 35 Columbia Ro	oad					Street Address 47 S. Lipp	ind							
City, State, Zip Code						City, State, Zip			3					
Branchburg, NJ								e, NJ 08052	License No.				_	
Project Manager for Mo			1000000	ephone	No. 5-1000	Telephone No. 856-755-0		99	00842					
David F. Hilinsk	1	heduled C	10000000			Name of OSHA			1000.2					
Start Date (10)		December /				EMSL								
Occupancy Status Duri	ng Abatement (Ch	neck only	one)			Street Address								
Facility Closed/Vaca	ated During Entire	Period of	Abate	ement		107 Hadde								
Abatement Perform Time of Abatement:	ed Outside of Nor	mal Facilit _PM/	y Hou PN	irs - Des I	cribe AM	City, State, Zip Westmont		New Jersey	08108					
Scope of Work (Check	all that apply)			-		■ Full C	ont	tainment with Neg	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		■ Re	enova emolit			☐ Mini-E	Enc	losure g Procedure mpted (*) and No		dure				
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								Tu (Desi	tared Landfill			Ш	П	Ш
Name of Registered W				NJDEP Hauler I 17304		Cubic Yards o Waste	1	Name of Regis						
City, State		3				Disposal Date		City, State Tullytown	n, PA					
Bellmawr, NJ	r Type)	Title	-			Signature	9		,	Date	- CT			
William Lynch		Vice F	res	siden	t	whe	1	-y. 0	york	Nov	1. 2	28,	20	11

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

No check

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

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)	ده کار دورونده کاروندی و میشودید. اما	1 1 1 1			
November / 07 / 20	011		-	Templ	e Lutherar			k #=	41	16	
Agencies Notified EPA DEP DCA (NJAC 5:16) DHSS Type Notifica Initial Amended Amendme Emergence	nt # :y (including	ı	571 City, S	State, Zip C nnsauke	en, NJ 08109	11111		2011	3	الا	
DCA justificatio				of Contact t McDe			Telephone Num		1		١
			FA	CILITY IN	IFORMATION	-	ASBESTOS CONT	KUL a	_		1
Name of Facility Where Abatement is Ta	aking Place	(3)	STATE OF THE STATE OF			Type of Facility	(4)			-	-
Temple Lutheran Church						School (K-1	2) was to down to be such	Maria Indiana			27 P. T.
Street Address 5600 North Route 130							8 (Other than K-12 private & commercial)				
City (5)						Square Feet	# of Floors	BI	dg. A	ge	-
Pennsauken						25000	2	7	5	(7)	
County (6) Camden			Cour	nty Code (7)(STATE USE ONLY)	Current Use (P Church	rior if being demoli	shed)	-		****
Name of Monitoring Firm Hired by Buildi	na Owner	8)	ASCM	Nn	Name of Abateme		1	-			
ARCADIS, U.S., Inc	ing Onnio	,0,	7100111		Shade Envi						
Street Address 35 Columbia Road					Street Address 47 S. Lippin	cott Ave					
City, State, Zip Code		ð en len e			City, State, Zip Co					-	
Branchburg, NJ 08876					Maple Shad		52				
Project Manager for Monitoring Firm		100000000000000000000000000000000000000	ephone		Telephone No.	800	License No.				
Daivd F. Hilinski				3-1000	856-755-009		00842				
Start Date (10) Solution Soluti	cheduled C				Name of OSHA M EMSL	onitor					
Occupancy Status During Abatement (C					Street Address						
Facility Closed/Vacated During Entire	•	•	ment		107 Haddon	Ave					
☐ Abatement Performed Outside of No				cribe	City, State, Zip Co			100000	-	-	
Time of Abatement:AM	_PM/	_PM		AM	Westmont,		08108				
Scope of Work (Check all that apply)					Full Cont	ainment with Ne	gative Pressure				
≥3 sf or ≥3 If≥160 sf or ≥260 If	■ Re				☐ Mini-Enc ☐ Glovebag	osure Procedure	Ti .				
	le	Loca	tion	1	☐ Non-Exe	inpled () and No	on-Friable Procedu		atom	ent Ty	vno.
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	lorma d Sol intena	ally ely by ance/ Staff?		Description o stos Containing Ma rmal systems insula VAT, or other miscellane	terial (ACM) tion, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					1_		_	
Community Room			×	-	oustical Ceiling		2100SF	×			
Narthex			×	Ac	oustical Ceiling	Plaster	110 SF	×			
	\Box										
Name of Registered Waste Hauler		10000	JDEP \	100 Per 100 Pe	Cubic Yards of Waste	Grows L			.65	1000	
Jack Robinson Waste			7304			GIOWS L	anuilli				
						- C	NAME OF TAXABLE PARTY.	-		_	
City, State Bellmawr, N.J.		-1.			Disposal Date	City, State	n PA	-			
Bellmawr, NJ	Title				Disposal Date Signature	City, State Tullytown	n, PA	ite			

ASB-41 JUL 01 * Do not use this form for asbestos licensure exempted activities.

Tullytown, PA

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To not use this form to habestos licenmite examptes activities

Date

11/25/2011

Wayne, NJ 07470

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Owner

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МОЛ	v 15 2011	1 17 3	ER - MAIL IN	CONTROL &	Emergancy	Agree	ion.
11/25/2011	R APPROVED	I II OI SHOULD IN PERCEN	dira Dwner/Oberator	-	emergacy) (Olif Idea)	
SO EPA	Type Nonlicellan Stipffel LI Amendaga Amendagant #	1812 Mildre City, State, 2 Lindon, NJ	ed Avenuc lp Code				
M DOL	© Emorgency (Including Conseelledon	Name of Con Diane Rellin	itse		Telephone Number		
Name of Feeling W	Andre Abalement is Talling PE			D Semon (K-1 %) C) Subotetion 6 C) Other (I-4 m)		lidings	
1812 Mildred A Cry (s)				Pomes epr)		log Age	
Logny (e) Union	ng tirm Hired by Building Own	ONTA		the 12 contractor in	4		
अस्टब रदिसंदरर			Gr Tech LLC Smeat Address 576 Valley Ri Chy Su c. 210	d #283			
Froject Monager	edn for Monitoring Firm	(elaphone No	overyne, NJ or Telephone No	7470	Licenar No		
5/m-[Oate (10) 11/26/2011	Solictives of 11/27/2011 us During Abstement /Check a	Compinion Date (11)	None of DEMA Environision Steel Address	Consultants In	5/1 - 5 13.202 4/55/54/54/54/5		
Clearedorn Clas	-10/sested During Entire Parity	o of Abक्षान्तरस्त	CITY, SPATE, AID		# 34A		
En Funitia, Class.	recined Onlines or women to	trial trans	Pair Lawn_N	1 11/410			
© Facility Closes © Amitement Pe	check all that apply)	© Renovati □ Demoilio	O FU	Contatriment with	n Negative Pressurà d Non-Friedic Procedu	ne Vpc	le mett
September 2000 Septem	check all that apply)	III Renovati Demolition Screensly	O FU	Containment with the modern of		₩ pd	Encapadate
© Facility Close □ Apatement Pe □ Other - Describe □ Apatement Pe □ Other - Describe □ Apatement Pe	Check all that apply) (Coordinate of Normal Purifice) (Coordinate of Normal Purifice) (Coordinate of Normal Purifice) (NORMAL ABATED (NORMAL Purifice)	In Resovation Demolifier Is Location Remaility Used Solely by Majoric Manch Custodial Staff? (13) Yes No. 814	On Ording On	Containment with personal current of the containment of the containmen	d Non-Prisola Pracecu Amaunt (Specify	1	ype
Basement	Check all that apply) (Coordinate of Normal Purifice) (Coordinate of Normal Purifice) (Coordinate of Normal Purifice) (NORMAL ABATED (NORMAL Purifice)	In Resovation Demolifier Is Location Remaility Used Solely by Majoric Manch Custodial Staff? (13) Yes No. 814	On One of the control	I Containment with the Endlettre respondent of the Endlettre of the Endlet	Amount (Specify SF or LF)	Removal	ype

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(1)	(2020)		ing Owner/Operator	(2)	CEIV	V E	m	-	
11/21/11			Laura Wo	olfe					-	
Agencies Notified T	Type Notification [X] Initial	ation	Street Addres 37 Highl	s .and Road		NOV 3 0 2	2011	ان با		
[]DEP	Notific	ation	City, State,							
[X]DOL	[]Amended Notific	ation	Bloomfie	eld, NJ 07003	3	SBESTOS CONTR				
[X] DOH	NOULLIE	ACION	Name of Conta	ct	Telepher	LICENSING Number			٦	
[]DCA	[X]EMERGENO		Laura W	Tolfe	in the state of th		J		: Nedgasia	
			FACILI	TY INFORMATION						
Name of Facility When Private	re Abatement	is Tak	ing Place (3)		Type of Facil []School []Subchap		r than	K-12)	
Street Address					[x]Other	(i.e., priva	te & co	ommer		
37 Highland R	oad				cial b	# of Floo		dg. I	ge	
City (5)		County		County Code (7) (STATE USE ONLY)	1700	2		72		
Bloomfield		Ess	sex	(STATE USE ORDI)	Residence		ing der	nolis	hed)	
Name of Monitoring Fi Owner (8) N/A	rm hired by	Buildin	ASCM No.		ment Contracto IANAGEMENT					
Street Address				Street Addres	s stopher St				31	
City, State, Zip Code)			City, State, Montclai	Zip Code r, NJ 070	42				
Project Manager for M	Monitoring F	irm Te	elephone Number	Telephone Num	ber	Į	icense	Numb	er	
220,000 1			/A	(973)744	1-8800		0037	1		
Scheduled Start Date 12/1/11 Month Day Yea Occupancy Status Duri [X] Facility Clos of Abatement [] Abatement Per Hours - Descr [] other - Descr	ar Mound Abatemented/Vacated Deformed Outsi	2/2/1 onth t (Check buring E de of N s Descr	Day Year k only one) ntire Period formal Facility	N/A Street Addres	s	- 10 00 00 mma				
Scope of Work (Check				H						
[X]>3 sf or 2 []>160 sf or	≥3 lf		[X]Renovation []Demolition	[]Mini- [X]Glove	Containment wi Enclosure bag Procedure Triable Procedu		Pressi	ire		
			Is	Į INOII I	riable froceat		Aba	temer	at I	уре.
Location Asbestos-Cont Material (TO BE ABA In Facili (13)	aining ACM) TED		Location Normally Used Solely By Maintenance/ Custodial taff (12) No N/A	Description Asbestos-Con Material (i.e., thermal insulation, surf or other misce	taining (ACM) systems acing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSUL	ENCHOSURE
Basement				Pipe Insulat	ion	140 lf	х			
				1						
										-
Name of Registered Wa		IC F	NUDER Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Regi		fill			
City, State Montclair, NJ	07042			Disposal Date 12/5/11	City, State Morrisvi	lle, PA	1906	7		
Completed By (Print of Constantine Vi		_{tle} resid	ent	Signature	Tulet	1	Date 11/2	L/11		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) L Date of Notification (1) VERTIS COMMUNICATIONS /11 Street Address NOV 3 0 2011 Agencies Notified Type Notification 250 WEST DRATT STREET EPA Initial Notification City, State, Zip Code DEP Amended Notification BALTIMORE, MARYLAND 21201 DOL Cancellation ASBESTOS CONTROL & On Hold DOH Name of Contact Telephone Number LICENSING DCA **EMERGENCY NOTIFICATION BRIAN SKELLY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) **CRAIG ADHESIVES & COATINGS** Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address # of Floors Square Feet Bldg. Age 72-82 WHEELER POINT ROAD 25,351 2 40+ City (5) County Code (7) Current Use (Prior if being demolished) County (6) NEWARK **NEWARK** (STATE USE ONLY) COMMERCIAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HILLMANN ENVIRONMENTAL PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1600 ROUTE 22 EAST 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code UNIO, NEW JERSEY 07083-1597 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MIKE NEHLSON 908-688-7800 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / /11 QUALITY ENVIRONMENTAL 1/ /12 Year Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address 1376 ROUTE 9 W Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini-Enclos, Renovation >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSULE REMOVAL ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 2ND FLOOR MAIL ROOM, LABORATORY AND RESTROOMS 1,000 SF X VAT X x ROOF ROOFING /FLASHING 2,844 SF 2ND FLOOR RESTROOMS CEILING TILE MASTIC 120 SF X 2ND FLOOR LABORATORY SHEETROCK COMPOUND 2,584 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill DJM TRANSPORT, LLC Hauler ID No. **GROWS LANDFILL** 120 26981 City, State City, State Disposal Date MORRISVILLE, PA KEARNEY, NEW JERSEY Completed by (Print or Type) Title Date Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS