

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

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Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	(2)	OCT	10	20	10	- 11		
9 / 25	_ / _	18			IOMAS W		(-)			100 40				
	oe Notificat	tion		Stree	et Address			ASBERT	10.0	011	16.11			
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	Amendme		_	1000	ALON N									
	Emergenc		ng		e of Contac	2000		1-1						
	justification Cancellation			1	omas We			Telephone Num	ber					
				FA	CILITY II	NFORMATION								
Name of Facility Where Abate	ement is Ta	aking Pla	ce (3)				Type of Facility	D 10						
Residence Street Address							School (K-12	!) 3 (Other than K-12	Y					
							Other (i.e., phomes, etc.)	rivate and commer	cial b	uildin	gs,			
City (5)							Square Feet	# of Floors	В	ldg. A	ge			
Avalon							1600	1		50+				
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)					
Cape May							HOME							
Name of Monitoring Firm Hired N/A	d by Buildi	ng Owne	r (8)	ASCM	No.		ent Contractor (9)							
Street Address						Delta/BJDS,	Inc							
Olicet Address						Street Address 1345 Industr	al Divid							
City, State, Zip Code						1	State, Zip Code							
only orato, Esp code														
Project Manager for Monitoring	g Firm		Tel	ephone	No.	Southampton Pa 18966 Telephone No. License No.								
						215 322-2900	ř.	00783						
Start Date (10)		cheduled	Compl	etion Da	ate (11)	Name of OSHA Monitor								
10 /05 /18	3	10	/ _1	1 /	18	N/A								
Occupancy Status During Aba						Street Address								
Facility Closed/Vacated Du	ring Entire	Period o	f Abate	ement										
Abatement Performed Outs Time of Abatement: 7AM-4	PM/	mai Facil _PM	AM	ırs - De	scribe	City, State, Zip Co	ode							
Scope of Work (Check all that	apply)													
☐ ≥3 sf or ≥3 lf		⊠R	enova	tion		☐ Full Cont	tainment with Neg	ative Pressure						
≥160 sf or ≥260 lf			emoliti			☐ Glovebag	g Procedure							
			s Loca	tion	T		mpted (*) and Nor	n-Friable Procedur	1					
Location of			Norma	ally		Description of	f		Ab	atem	ent T	ype		
Asbestos-Containing Mater	rial (ACM)		ed Sol			stos Containing Ma	terial (ACM)	Amount	Rer	Repair	Enc	Enc		
TO BE ABATED IN Facility				Staff?	(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	Removal	air	aps	Enclosure		
(13)		-	(12)		-	other miscellane	ous)	SP OF LP)	a		Encapsulate	ıre		
		Yes	No	N/A							е			
Exterior					Transite	Э		1000 SF						
										П	П	П		
Name of Registered Waste Ha	uler		11.00	NJDEP '		Cubic Yards of	Name of Regist	ered Landfill			_			
Service Transport Grou	р		1	dauler II 2099(green contractors	Waste	Minerva La	ndfill						
City, State				2000		Disposal Date	City, State							
58 Pyles Lane New Cast	tle De						Waynesbur	g Ohio						
Completed By (Print or Type)	Title		Signature Date											
Christine Del Viscio		Asst.	Admir	1		11 Am.	1 -12	. When i	D-	.5-	20	128		

New Jersey Department of Health

Consumer, Environmental & Occupational Health Service PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

OCT 1 0 2010

Type of Notification (check one) and	Date Submitted
[] Initial [] Amended [X] Cancellation [] Emergency (must include just	stification) Date of Notification: 9 / 25 / 18
Building Information	
Name of Building Owner/Operator: THOMAS WELCH	
Street Address: City:^	Avalon State: NJ Zip: 08202
Thomas Welch	Telephone No.:
Facility Information	
Name of Facility Where Work Activity is to Take Place: Home	
Describe Facility Use: Residence	
Street Address: City:	Avalon State: NJ Zip: 08202
Cana May	County Code (state use only).:
10 05 0010	Scheduled Completion Date: 10 19 2018
Occupancy Status During Activity (check only one):	
[] Facility Closed/Vacated During Entire Activity	
[] Activity Performed Outside Normal Facility Hours—Describe	e:
[X] Other—Describe: <u>exterior work</u>	
Scope of Work (check all that apply):	
[] Floor Tile Square Footage:	Percentage Asbestos:
[] Mastic Square Footage:	Percentage Asbestos:
[x] Other: <u>Transite</u> Square Footage: <u>1000 SF</u>	Percentage Asbestos:
Contractor Information	}
Company Name: DELTA/BJDS, INC	Telephone No.: 215 322-2900
1245 INDUCTORAL DIAGO	OUTHAMPTON State: PA Zip: 18966
New Jersey Asbestos License Number (if applicable): 00783	
Maria de la NIA	Telephone No.:
Signature	
Completed By (type or print legibly): CHRISTINE DELVISCIO Title	e: ADMINISTRATIVE ASST.
Signature: () Land De () Land Da	te: 10-5-2018

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9 25 / 18 THOMAS WELCH Agencies Notified Type Notification Street Address ☐ EPA Initial **⊠** DOLWD ☐ Amended City, State, Zip Code ASPESTOS **⊠** DOH Amendment # AVALON NJ 08202 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Avalon 1500 50÷ 1 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Cape May HOME Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Delta/BJDS, Inc. Street Address Street Address 1345 Industrial Blvd City, State, Zip Code City, State, Zip Code Southampton Pa 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>10</u> / <u>05</u> / <u>18</u> __10__ / __11 / _18 N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-___AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Removation ☐ Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Asbestos Containing Material (ACM) Encapsulate Enclosure 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 Exterior П M Transite 1000 SF \boxtimes П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Service Transport Group Minerva Landfill 20990 City, State Disposal Date City, State 58 Pyles Lane New Castle De Waynesburg Ohio Completed By (Print or Type) Signature Date Christine Del Viscio Asst. Admin

State of New Jersey

New Jersey Department of Health

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OCT 1 0 2018

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check	one) and Date Submitted
[X] Initial [] Amended [] Cancellation [] Emergency (must	include justification) Date of Notification: 9
Building Inf	formation
Name of Building Owner/Operator:THOMAS WELCH	
Street Address:	
Name of Contact. Thomas Welch	Telephone No.:
Facility Info	ormation
Name of Facility Where Work Activity is to Take Place: Home	
Describe Facility Use: Residence	
Street Address:	_ City:_ Avalon State: NJ Zip: 08202
County Name: Cape May	County Code (state use only).:
Scheduled Start Date: 10 / 05 / 2018	Scheduled Completion Date: 10 / 19 / 201
Occupancy Status During Activity (check only one):	
[] Facility Closed/Vacated During Entire Activity	
[] Activity Performed Outside Normal Facility Hours	s—Describe:
[X] Other—Describe: _exterior work	
Scope of Work (check all that apply):	
[] Floor Tile Square Footage:	Percentage Asbestos:
[] Mastic Square Footage:	
[x] Other: <u>Transite</u> Square Footage: <u>1000 S</u>	Percentage Asbestos:
Contractor Info	formation
Company Name: DELTA/BJDS, INC	Telephone No.: 215 322-2900
Street Address:1345 INDUSTRIAL BLVD.	City: SOUTHAMPTON State: PA Zip: 18966
New Jersey Asbestos License Number (if applicable): 00783	
Monitoring Firm (if applicable):N/A	Telephone No.:
Signatu	i re
Completed By type or print legibly): CHRISTINE DELVISCIO	Title: ADMINISTRATIVE ASST.
(do to Date)	
ignature: Will Ises	Date:9/25/2018

Ch6179		NOTE	ursuan	tate of Ne N OF ASI to NJAC	8 60 an	ABATE d 12:12	0)		1	<u>L</u>	G	<u>L</u>		<u> </u>	5
Date of Notification (1) 10/5/18				of Building ate Palm		Operator	r (2)			1	OCI	-1	0 21	JIE .	
Agencies Notified Type Notification				Address River Ro	ad				-	ASS	<u>E</u> gra	?ar	n i		7.
EPA Initial Amended		-		ate, Zip C						incombase.					-
X DOL Amendment Emergency		_	Pisca	taway, N	NJ 088	54									
DOH justification) Cancellation	-			of Contact Russel					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ephone 8-803					
				ILITY INF		ION					-000				
Name of Facility Where Abatement is Takir Colgate Palmolive	g Place (3)					Ту	pe of Facility (4)						
Street Address								School (K-1 Subchapter	8 (Oth	er than	K-12	2)			
909 River Road							×	etc.)	rivate (& comr	nercia	al buil	dings	, hom	es,
City (5) Piscataway								quare Feet 00,000	# o	f Floors	S	1882	Bldg. A	Age	
County (6) Middlesex			County (STATE	Code (7) USE ONLY)			urrent Use (Pridommercial	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building ATC Associates	Owner (8)	ASC	M No.				Abatement Con	tractor	(9)					
Street Address 3 Terri Lane						Street	Add	A CONTRACTOR OF THE PROPERTY O	٦						
City, State, Zip Code						City, S	tate	, Zip Code	u .						
Burlington, NJ Project Manager for Monitoring Firm		Telepho	ne No		Extor	100	PA 19341		Licen	so No					
John Lutz		609-38				2-8884		0116		J.					
Start Date (10) 10/19/18	Schedul 10/23/		npletion		Name		SHA Monitor								
Occupancy Status During Abatement (Chec		75.00E0	Stree						L						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: Work in segregated	nal Facility	/ Hours	rs City State Zin (n						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processory.	Renova Demolit	1889A 1818			×	- [Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure						
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Location of Asbestos-Containing Material (ACM)		Normal d Sole		Ashas		scription		rial (ACM)	۸.	mount			l y	ре	
TO BE ABATED In Facility (13)		intenar todial S (12)			thermal surfac		ins T, o	ulation,	(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											ite	Ф
Company Store			X			oor tile				0 SF		X			
Company Store		X		Floor	tile ma	asti	С	50	0 SF		X				
Name of Registered Waste Hauler			JDEP W		Cubic of Was			Name of F	Registe	red Lar	ndfill				
Veolia City State					1			TBD					<u> </u>		
City, State Middlesex, NJ					Dispos TBD	al Date		City, State							
Completed by Jack Bally	Title Sr. F	rojec	t Mana	ger		gnature		Ball	11 L	Di I	Date 10	e /5/18	}		
ASB-41 (R-06-08)		- 50		in the second		7		e this form for	1					activit	ies.

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Agencies Notified Type Notific	ation '		U CONCUMBINATION OF THE PARTY O	Address				- 12		7111	, ,				
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X DEP Amend X DOL Amend	ed .	1	City, St	ate, Zip Co	de	-		-	- 7	- NC	ENSI	NG			
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N 65 W 111			FAC	LITY INFO	RMATIO	N							_		
Name of Facility Where Abatement is Alaris health center	Taking Place (3)					Тур	e of Fac	ility (4)					-2-5	
Street Address	200 THE 2007 LINE							School		8200 7.0000					
198 Stevens Avenue		112						Subcha Other	apter 8	(Other than ate & com	n K-12)	huit	tione	hom	~
City (5)							×	etc.)	i.e. piiv	ate a com	mercia	DUNG	mry5	nom	6 6,
Jersey City								lare Feet		# of Floor	3	- 1	ldg. A	ge	
County (6)		•	-				0.000000	000		3			0		
Bergen				Code (7) USE ONLY)			Cur	rent Use	(Prior i	f being der	nolishe	d)			
Name of Monitoring Firm Hired by Buil	ding O		LASCA					ult hom							
Confidence Environmental Se	aing Owner (8 Nices)	ASCA	A No.				oatement			_				
Street Address	141063								ental S	Services	Corp	ě			
391 Ocean Avenue						Street			04	E.					
City, State, Zip Code								th 13th							
Jersey City New Jersey 07						New	ark l	Zip Code NJ 071							
Project Manager for Monitoring Firm Jude Ulokameje			Telepho			Teleph				1	nse No				
	- 1.		000000000000000000000000000000000000000	2018925090 9733902416						01335					
Start Date (10) . 08/20/18			mpletion	pletion Date (11) Name of OSHA Monitor											
	08/21/	727				Chika Onwukaife Street Address									
Occupancy Status During Abatement (150	125							<u>.</u>						
Facility Closed/Vacated During El Abatement Performed Outside of Other – Describe:	ntire Period of Normal Facilit	Abaten y Houn	ment 5		-	City, S	tate,	h 13th Zip Code)						
Scope of Work (Check All That Apply)				~		New	ark I	NJ 071	07						
≥3 sf or ≥3 ff ≥160 sf or ≥260 lf	The state of the s	Renova Demoli				Full Containment with Negative Pressure Mini-Endosure									
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Location of	- 1 mm	Normal ad Sole			Desc	ription	of				.		Ту	pe	_
Asbestos-Containing Material (ACN TO BE ABATED		intena			os Contai hermal s					Amount		195		Tr.	m
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(13)		(,2)			other mis	scellan	recus)				OVA	palr	sins	Sur
	Yes	No	N/A									_		16	0
basement laundry room	Χ.				pipe in	nsula	tion			6LF		x			
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Name of Registered Waste Hauler		I	JDEP W	laste T	Cubic Y	ante		Mome	a of Par	jistered La	nde"				
Newark Carting Inc		H	lauler ID 506		of Waste			III COLUMN CONTRACTOR		n Re-fa					
City, State Newark NJ 07102					Disposa	I Date		City,	State				14		
Completed by	Title				Sig	nature		1		,	Date				
Chika Onwukaife	F 0.855-750	ect ma	anger		- 19	ما المارا			- di	N	-	20/1	8		

									(*)			
D&S Proj. #: 18-206)		(Fursi	uan/t b/N JA	pest 0 8:6	s Apatement plane 12:120)		DE C	E []	118		With the state of
Date of Notification (1)				ner/Operator (2)						J	
Agencies Notified Type Notifica	tion	LOUIS I	HEIBERT ess	Γ				ASPES	TOS CONT	P()). (9	
EPA Initial DEP Amended								Harris America				
Amendment #	: †	City, State,	Zip Code									
DOH Emergency	1 1	BELLE Name of Co		NJ 07109								
J DCA justification) [[Telephone	Number			
Cancellatio	n	LOUIS	HEIBER					-				
Name of the William I.			FAC	CILITY INFORM	IATIO	N						
Name of facility where abatement	is taking p	lace (3)						Type of Facility (4	(K - 12)			
LOUIS HEIBERT								Subcha	pter 8 (Other	than I	<-12)	
Street Address									Private/Comn Homes, etc.	nercial		
City (5)	I Cou	nt. (6)					=	Square Feet #	f of Floors	E	Bldg. A	ge
City (5)	1 000	nty (6)				unty Code (7) ate use only)		Current Use (Pri	or if heing de		ned)	
BELLEVILLE	ess					- C			or it being de	11101131	eu)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatem						
Street Address					-	D & S REST	ORA	TION, INC.				
2000 - 100 Mary 2000						20 California	a Ave	.				
City, State, Zip Code						City, State, Zip Co	ode	The Alexander State of the Local		×		
Project Manager for Monitoring Firm		Inv	ana Niverb			Paterson, N.						
Troject Manager for Monitoring Fifth	!	Pr	one Numb	per		Telephone Numb 973-345-80			License Nun 0116			
Start Date (10)	Sched	d. Completic	on Date (1	1)	_	Name of OSHA		or				
10/09/1818	10/2		•	2.K.		D & S Resto	ratio	n, Inc.				
Occupancy Status During Abateme					-	20 California	Ave	nue				
Facility closed/vacated during Abatement performed outside						City, State, Zip Co		iluo -				
Describe: NORMAL F		Tacility flour			_	D. A.	. 075	0.2				
Scope of Work (check all that apply					- 1	Paterson, NJ						
☐ > <u>3</u> sf or > <u>3</u> If	Renovatio	on						ıll Containment w/ı ini-enclosure	negative pres	ssure		
≥160 sf or ≥260 lf	Demolition							lovebag procedure on-Exempted (*) a		lo proc	odura	
Location of		n normally u		/				on-Exempled () a	R	R	E	E
asbestos-containing material (acm) to be	staff(12)	enance/cus	todiai	Description material (sbestos-containing	9	Amount (Specify SF	or e	e p	n	n
abated in facility (13)	Yes	No	N/A	matchart	(Olvi)			LF)	o v	i	a p	C L
attic		X		ATTIC INS	ULA	TION		532 SQ FT	e			
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Registered Waste Hauler		EP Hauler II	D# C	l <u>l</u> ubic Yards of V	Vaste	Name of Registe	red La	andfill				Ш
D & S RESTORATION, INC. City, State	135		Disposal D	S YDS		The second secon	N, R	ESOURCE REC	COVERY			
PATERSON, NJ 07503			10/10/1			City, State TULLYTOW	/N. P	'A				
Completed by (Print or Type)	Title			Signature			., -	1	Date			
BOGDAN JOLDZIC	PRESID	ENI		l				1	10/04/2013	R		

Date of Notification (1) 1 10 / 10 3 / 11 8 Agencies Notified	joa Stree	Purse of Building Own smith Address	uent d MA	G B:6	s Abatement d and 12:120)	AS	OCT 10			The second secon
DOL Emergency		zabeth, NJ 07	201							
DOH (including justification	Name	e of Contact				Telephor	ne Number		-	
DCA Cancellation	on jo	an smith				*	_			
		FAC	ILITY INFORM	IOITAI	N	4				
Name of facility where abatement	is taking place ((3)				Type of Facility				
joan smith						1 =	ol (K - 12) apter 8 (Othe	r than k	(-12\	
Street Address						Other	(Private/Comr		-12)	
							/Homes, etc. # of Floors	В	ldg. A	ge
City (5)	County (6	6)		0.0000000000000000000000000000000000000	inty Code (7)					
elizabeth	union			(Sta	te use only)	Current Use (P	rior if being de	molish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)				
Street Address	2		-	_	D & S RESTOR	ATION, INC.				
Street Address					Street Address 20 California A					
City, State, Zip Code				-	City, State, Zip Code		American de la composition de			
					Paterson, NJ 07	7503				
Project Manager for Monitoring Firm	n	Phone Numb	er		Telephone Number 973-345-8020	0	License Nur 0116			
Start Date (10)	ISched Co.	mpletion Date (1	1)	_	Name of OSHA Mon	itor	0110	9		
10/12/18		N N	• /		D & S Restorati	on, Inc.				
Occupancy Status During Abateme	nt (Check only o				Street Address 20 California Av	/anua				
Facility closed/vacated during Abatement performed outside Describe: NORMAL F	entire period of of normal facilit	abatement.		_	City, State, Zip Code Paterson, NJ 07					
Scope of Work (check all that appl □ >3 sf or >3 lf □ ≥160 sf or ≥260 lf	Renovation Demolition		2			Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*)	re		edure	
Location of asbestos-containing material (acm) to be abated in facility (13)	by maintenand staff(12)	mally used solely ce/custodial No N/A			sbestos-containing	Amount (Specify S LF)	F or 0 v	Repai	Encap	E n c L
BASEMENT		X	PIPE INSU	LATI	ON	120 l ft	e ⊠	16		
								므		
							_	井	井	#
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506	2	ubic Yards of W yds.	/aste	Name of Registered TULLYTOWN,		COVERY	וייו		뜨
City, State PATERSON, NJ 07503		Disposal D 10/13/18			City, State TULLYTOWN,	РΛ				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature		TOLLITOWN,	IA	Date 10/03/2018			
ACD 44	Da not this	form for ashasts					1-0.00/2010	^		

B & G proi. #



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

Check # 9220

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Date of Notification (1)		IIN	lame of Buil	lding Own	er/Operator (2))			: C [5 1	W						
1 10 1/10 14 1/11 18	_l		Chris Bo	3000	27 ST 2				<u>, </u>	= U	<u>U</u>	4	7				
	tification	S	treet Addres	ss						-			111				
EPA 📈 in	nitial		oran ere al establish risk	(100 10 2)					OCT	10	2018	}					
□ DEP □ ···		1	ity, State, Z	ip Code						-			1				
DOL ☐ Ar	mendment		Ramsey		146			20	Late to the second	- m		n-en-house-	1				
X DOH		11	ame of Con	tact				Telephon	e_Number								
☐ DCA ☐ Ca	ancellation		Chris Bo	otta				1									
				FAC	ILITY INFORM	IATION	1										
Name of facility where abater	ment is tak	ing pla	ice (3)					Type of Facility (_				
Chris Botta								=	(K - 12)	thort	on V	12)					
Street Address									apter 8 (O Private/C			-12)	12				
								Bldgs./	Homes, e	tc.		da Ar	70				
City (5)		Cour	nty (6)			Cou	nty Code (7)	Square Feet # of Floors Bldg. Age									
Ramsey, NJ 07446		Rer	gen			19/00/00/00	te use only)	Current Use (Pr	ior if bein	g dem	olishe	ed)					
Name of Monitoring Firm Hire	d by Pida				ASCM No.	L	Name of Abatement C	Residential									
Name of Montoning Firm Fine	d by blug.	. Owne	1 (0)		n/a	-							-				
Street Address							B & G Restoration, Inc. Street Address										
							105 Ryerson Ro	pad									
City, State, Zip Code							City, State, Zip Code										
	m:		Tai				Lincoln Park, N	J 07035									
Project Manager for Monitoring	g Firm		Pho	one Numb	er		Telephone Number (973)696-6869		License 00	Numb	er						
Scheduled Start Date (10)		Sched	. Completio	n Date (1	1)		Name of OSHA Monito		1								
10/15/2018			8/2018	(.	*		B & G Restoration	on, Inc.									
Occupancy Status During Aba	tement (Cl						Street Address 105 Ryerson Ro	ad									
Facility closed/vacated d				ment.			City, State, Zip Code										
Abatement performed ou Describe:	utside of no	ormal i	facility hours	S-			Oity, Otato, Lip Oodo										
Other-Describe:						_	Lincoln Park, NJ	07035									
Scope of Work (check all that	apply)																
☐ Demolition	✗ Ren	ovatio	n			X F	ull Containment w/nega	ative pressure [Glove	oag pr	ocedu	ıre					
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	≥160	sf or	≥260 If			\square N	fini-enclosure		Non-fr	iable	oroce	dure					
Location of			normally u		1					R	R e	E	E				
asbestos-containing material to be		ff(12)	mance/cust	oulai	Description material (sbestos-containing	Amount (Specify S	F or	m	р	n	n				
abated in facility (13)	Y	es	No	N/A	materiar	(ACIVI)		LF)		V V	a i	a p	L				
basement	_			X	I VAT & ma	stic		600 sf		e X	r	П	In				
first floor office				×	VAT (no r	nastic	;)	132 sf		X		Ē.					
Registered Waste Hauler B & G Restoration, Inc.		P Hauler II 19563	ubic Yards of V 8	Naste	Name of Registered L Grand Cen												
City, State Lincoln Park, NJ				Disposal D	Date 15/2018	City, State Pen Argyle, PA					200						
Completed by (Print or Type)	Title	9			Signature		Date				_						
Gordana Luna		ry/Treasu	rer			Gordana Luna		10/04	4/201	8							

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9 24 18 Harvey Sternberg / Job #1809-2356 Chk. #NA Agencies Notified Type Notification Street Address ASSESTOS CON ☐ EPA ☐ Initial **⊠** DOLWD □ Amended City, State, Zip Code Amendment #1 **⊠** DHSS Goulester Township, NJ 08081 ☐ DCA ☐ Emergency (including (NJAC 5:23-8) Name of Contact justification) Telenhone Number □ Cancellation Andrew Folcher, Demo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential School (K-12) ☐ 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 Gloucester Township 2500 1 45 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Gloucester Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Finog Environmental Asbestos and Mold Services, Corp. Street Address Street Address 671 Stoke Road Suite 4-318 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Medford, NJ 08055 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rebecca Rubnitz 888-715-2211 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 3 / 18 10 / 5 / 18 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: __AM- __PM/ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ≥3 sf or >3 If Renovation ☐ ≥160 sf or ≥260 lf □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Repair Encapsulate Removal Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or IN Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A Roofing \boxtimes Roofing 3040 SF X П \boxtimes П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management **Grand Central** 17273 5 City, State Disposal Date City, State Lafayette, NJ 10/5/18 Penn Argyle, PA Completed By (Print or Type) Title Signature, Date

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

10-3-19

State of New Jersey

Kimberly A. Trumbetti

Office Coordinator

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Ch 514			NO	TIFI (ATIC	NOF A	New Jersey SBESTOS AB JAC 8:60 and 5	AT 5:16	EMENT	E	D E		\mathbb{V}	Ü	
Date of Notification (1)		38.200			Nan	ne of Build	ing Owner/Operato	or (2	2)	00	T 1	0	2018	}	11
8 /	16 /	18	8		10	0-12 Con	merce, LLC		11	ob #1807-23	2010 32		k. #5		
Agencies Notified	Type Notifi	cation			Stre	et Address	3			ASTRE	room	75	SMI SV	To cheeples	1
⊠ EPA	☐ Initial				20	Comme	erce Drive			Free tra-				(4)	
⊠ DOLWD	⊠ Amende				City	State, Zip	Code			AND AND THE PROPERTY OF THE PARTY OF THE PAR	NAC OF CHIEF SPINS	denier ubsch			-
☑ DHSS □ DCA	Amend		77.0	212			NJ 07016								
(NJAC 5:23-8)	☐ Emerge justifica		ıcıuair	ıg		ne of Conta		-		Telephone	Numb	or			
	☐ Cancella	ation			С	harles A.	Wojcik			212-470					
					F	ACILITY	INFORMATION								
Name of Facility Where A	batement is	Takin	g Plac	e (3)				-1	Type of Facility	(4)					
10-12 Commerce								- 1	☐ School (K-1						
Street Address								-	☐ Subchapter	8 (Other than	K-12)				
10-12 Commerce Dr	ive								Other (i.e., phomes, etc.)	orivate and cor	nmerc	ial bi	uilding	gs,	
City (5)				111-2-2					Square Feet	# of Floors	3	В	dg. A	ae	
Cranford								- 1	72000	2			50	J -	
County (6)					Cou	unty Code	(7)(STATE USE ONLY	n	Current Use (P	rior if being de	molish	ed)			
Union									Vacant						
Name of Monitoring Firm I	Hired by Bui	lding (Owner	(8)	ASCN	No.	Name of Abater	mer	nt Contractor (9)		_			
GEI							Asbestos a	and	Mold Service	es, Corp.					
Street Address		-0-1-01					Street Address	3							
300 Broadacres Driv	re .						3859 Sylon	Во	oulevard						
City, State, Zip Code							City, State, Zip	Coc	de						
Bloomfield, NJ							Hainesport,	, N.	J 08036						
Project Manager for Monito	oring Firm			14	ephone		Telephone No.			License No	٥.				
Margaret Halasnik Start Date (10)				1 22		3-7110	609-702-040			00862					
8/27/_	18	_1	0_/	2	etion D 6/	ate (11) 18	Name of OSHA EMSL Analy								
Occupancy Status During							Street Address								
☐ Facility Closed/Vacated	During Enti	ire Pei	riod of	Abate	ement	4	200 U.S. Ro	ute	130 North						
Abatement Performed (Time of Abatement:	AM-	ormai PN		y Hou PN		scribe AM	City, State, Zip 0								
	2310025					_,	Cinnaminso	on,	NJ 08077						
Scope of Work (Check all t	hat apply)						⊠ Full Co.	ntai	inment with Neg	notive December					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De	enova emoliti			Mini-En	nclo	sure						
			Is	Loca	tion	T			7 () () ()		T	Ah	ateme	ent Ty	me
Location o			l lee	Norma	ally ely by		Description				ŀ				
Asbestos-Containing M TO BE ABAT		1)	Ma	inten	ance/		estos Containing M e., thermal systems			Amount		Removal	Repair	nca	nclo
IN Facility			Cus		Staff?	(surfacing, VA	T, o	or	(Specify SF or LF)		oval	=	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A	\exists	other miscellan	neou	ıs)					late	e
SEE ATTACHED SCOP	E OF WO	RK	nes	INO	N/A							П	П	П	\Box
1 st Floor Full Containm	ent							-			-		믬		
with Shot Blast for Mas	3.74.33.74.2							_							믬
Plus additional notif fe	e per Pete	rΔ	П	П							-		금		믬
Name of Registered Waste		. A.			NJDEP	Masta	Cubic Yards of	-	Name of Deel	tored I - Jen		Ш	Ш	Ц	Ш
Waste Management				100	lauler I		Waste		Name of Regis Grand Cen						
City, State					1727	3	5 Disposal Data	1		uai					
Lafayette, NJ							Disposal Date 10/26/18		City, State	la DA					
Completed By (Print or Type	9)	TW-		15				ما	Penn Argy	ie, PA					
Kimberly A. Trumbett		Title	fice (`~~	dinato		Signature			_	Date		,	~	
SR.41	.1	Oi	nce C	Joor	umato		VDV 1	V			10	-1	-//		

3/1371		NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to AUAC 8:60 and 5:16) Name of Building Owner/Operator (2)						EMENT								
Date of Notification (1) 10 / 03	3 / 1	18					ner/Operator (2)CT	1 0	20	18			
						.Stat	e Companie	:5	- Lancardo	Name of the last	e ojuce	-	-			
The second secon	pe Notificatio Initial	n			Address				ASS	13179			Y ME E			
	Amended				road Stre	CONTRACT.	Suite 400			Here were	Newson	we have	स्टान			
⊠ DOH	Amendment	# <u>1</u>			State, Zip C											
	Emergency (omfield, l		7003									
(NJAC 5:23-8)	justification) Cancellation			1000000000	of Contact				Telephone N							
	Cancellation	1		Wai	rren Spra	ke			973-429-7	7900						
				FAC	CILITY IN	FOR	MATION									
Name of Facility Where Abat	ement is Taki	ing Place	(3)					Type of Facility	(4)							
Commercial								School (K-12		(40)						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr	ivate and com	12) mercia	l buil	dinas				
169 Minnisink Road								homes, etc.)								
City (5)								Square Feet	# of Floors		Bld	g. Age	3			
Totowa	200															
County (6)				Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Pri	or if being dem	olishe	d)					
Passaic																
Name of Monitoring Firm Hire	ed by Building	g Owner (8)	ASCM	No.			ent Contractor (9)								
Bio Terra Solutions						Α	LL PRO MA	NAGEMENT L	LC							
Street Address						Stre	et Address									
P.O. Box 1224						27	7 Outwater L	ane								
City, State, Zip Code						City	State, Zip Code									
Union, NJ						G	arfield, NJ (
Project Manager for Monitorin	ng Firm		100000	phone i		Tele	phone No.									
Rick Eustaquio				3-494		97	73-928-4888	1100								
Start Date (10)		eduled C			CONTRACTOR OF THE PROPERTY OF		ame of OSHA Monitor									
09/04/1		12 /		_ / _	18	ALL PRO MANAGEMENT LLC										
Occupancy Status During Ab				(%		Stre	et Address									
☐ Facility Closed/Vacated D	uring Entire F	Period of	Abater	ment	. [27	7 Outwater L	ane								
Abatement Performed Our Time of Abatement:	AM-	iai Facility PM/	Hour PM-	s - Des	cribe AM	b!???	, State, Zip Co		F12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
					- IIVI	G	arfield, NJ (07026								
Scope of Work (Check all tha	t apply)						□ Eull Cont	oinmont with Non	etive Dressver							
≥3 sf or ≥3 if		☐ Re	novati	on			☐ Mini-Encl	ainment with Neg osure	alive Pressure	į.						
≥160 sf or ≥260 lf		☑ Del	molitic	n			Glovebag	Procedure	E B							
		le	Locat	ion			M Non-Exer	mpted (*) and No	n-Friable Proce	eaure						
Location of		1	Norma	lly			Description of	f		-	-		nt Type			
Asbestos-Containing Mate			d Sole intena				Containing Mat	terial (ACM)	Amount		Ren	Repair	Encapsulate			
TO BE ABATED IN Facility	2		odial		(i.e.		mal systems i urfacing, VAT,		(Specify		Removal	air .	aps			
(13)			(12)				er miscellane		SF or LF)		<u>=</u>		ulat le			
		Yes	No	N/A				85					0			
Auditorium				\boxtimes	Pipe Ins	ulat	ion - Wrap 8	& Bag	50 LF							
			П							-						
	=	+						100	-							
					Language of											
Name of Registered Waste H	5.00	JDEP \			ic Yards of	Name of Regis	tered Landfill									
ATC	SW-2		Was	ste s Needed	Minerva Er	nterprises										
City, State				osal Date	City, State											
Shirley, NY				Waynesburg, OH												
Completed By (Print or Type)	T	itle					Signature									
Allen Monchik	20 10 10 10 10 10 10 10 10 10 10 10 10 10	Project	Man	//anager				NAME OF THE PARTY								
100 11					Allen Monchik 10/							3/18				

D&S Proj. #: 18-207	+				os Abatement 9 and 12.120)		E C E		<u>₩</u>	The state of the s	A control of the cont
Date of Notification (1) 1 0 / 0 1 / 1 8 Agencies Notified	D. Stre	AVID GALEFI et Address , State, Zip Code	ner/Operator (2)		A.C.		Andrews (
DOL ☐ Emergency (including justification) ☐ DCA ☐ Cancellation	Nam	nontclair, nj 070 ne of Contact DAVID GALEFI				Telepho	ne Number				
		FAC	ILITY INFORM	IATIOI	N						
Name of facility where abatement i DAVID GALEFI Street Address	s taking place	(3)				Subch	ol (K - 12) napter 8 (O	omme		-12)	
City (5)	County	(6)			unty Code (7) ate use only)	Square Feet Current Use (F	# of Floor			dg. Aq ed)	je
Mame of Monitoring Firm Hired by	essex Bldg. Owner (a	8)	ASCM No.		Name of Abatement						_
Street Address City, State, Zip Code					Street Address 20 California Av City, State, Zip Code						
Project Manager for Monitoring Firm	l	Phone Numb	er	-	Paterson, NJ 07 Telephone Number 973-345-8020	503	License 0	Numb	er		_
Start Date (10)	Sched. C	ompletion Date (1	1)		Name of OSHA Moni D & S Restoration						
Occupancy Status During Abatemer Facility closed/vacated during Abatement performed outside Describe: Other-Describe: NORMAL H	entire period of normal faci	one) of abatement.			Street Address 20 California Av City, State, Zip Code Paterson, NJ 07:	enue					
Scope of Work (check all that apply ≥3 sf or ≥3 f ≥160 sf or ≥260 f	Renovation Demolition					Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)	re			edure	
Location of asbestos-containing material (acm) to be abated in facility (13)		ormally used solely nce/custodial No N/A	1		sbestos-containing	Amount (Specify S LF)	SF or	Remove	Repair	Encap	EncL
BASEMENT		X	boiler insula	ation		40 SQ FT		×			
								붜		부	ዙ
								H		H	H
Registered Waste Hauler	INIDED	Hauler ID# C	ubic Yards of V	Vaste	Name of Registered	Landfill					宣
D & S RESTORATION, INC. City, State	13506		yd		TULLYTOWN, I		ECOVER	Y			
PATERSON, NJ 07503 Completed by (Print or Type)	Title	10/12/1			TULLYTOWN,	PA	Date				_
BOGDAN JOLDZIC	PRESIDEN	in form for achoese			J41. (41		10/01/	18			_

Ch4479



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

OCT 1 0 2018

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Date of Notification (1) 10/03/2018				f Building (ird Stree		perato	(2)		A Sand State Company of the	Voli	1	7 - 1	(+ 1/3. 	200
Agencies Notified Type Notification			Street A 931 H	ddress ludson S	treet			***************************************						
EPA Initial Amended Amendment	#	The Chinese Section 19		ate, Zip Co ken, NJ (***************************************							
DOH Emergency (including			f Contact					Teleph	one Nur	nher			
DCA Cancellation				szka Ma	rtin					792-33				
Name of Facility Where Abatement is Takin	g Place (3)	FACI	LITY INFO	RMATI	ON	Tyne	of Facility (4	1)					
3rd Street Dry Cleaners Basement							-	School (K-1)						
Street Address 56 3rd Street		***************************************		P Stephenson and				Subchapter Other (i.e. p etc.)	8 (Other th			dings	, hom	es,
City (5) Hoboken			The state of the s					re Feet	# of Flo	oors	1	Bldg. #	\ge	
County (6) Hudson				Code (7) USE ONLY)				ent Use (Prio	I being o	demolish	ed)			
Name of Monitoring Firm Hired by Building (Peak Environmental LLC.	Owner (8)		ASCN	/ No.		Name Bake	of Aba	tement Con struction	tractor (9) & Restor	ration,	Inc.			
Street Address 26 Kennedy Blvd. Suite A							Addres	ss te 46 Suit	e 3D					
City, State, Zip Code East Brunswick, NJ 08816	East Brunswick, NJ 08816							ip Code J 07512						
Project Manager for Monitoring Firm Jacqueline Ulrich		Telephor	ne No. 10-4317			none No 256-7		1	cense No).				
Start Date (10) 10/13/2018	Schedule 10/16/	ed Cor 2018	npletion I	Date (11)				HA Monitor struction (& Restor	ation.	nc.	0		
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addres	SS						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of A	Abaten / Hours	nent		al representation of the second			te 46 Suit	e 3D					
Other – Describe:					-	Toto	wa, N	J 07512						
Scope of Work (Check All That Apply)						·	7							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	January .	Renova Demolit				Y	Min Glo	I Containme ni-Enclosure ovebag Proc	edure					
	le	Locati	ion				1 1401	n-Exempted	() and No	n-r-nabi	e Pro	100000000000000000000000000000000000000	e ement	
Location of	1	Normal	ly		Des	cription	of				ļ	Ту	ре	·
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial s (12)	nce/ Staff?		os Conta thermal	aining N systems sing, VA	faterial s insula T, or		Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A		Diani								9	
Basement	-	X	-			insulat Ibows	ion		4LF		X			-
Basement		X	-	Anh	estos (olona		8 Elbo		X			
Dasement			ASD			ciean	up	20 S		X				
Name of Registered Waste Hauler		IN	JDEP W	laste T	Cubic '	Varde		Name of R	Pagietorod	Landsti				L
	Bako Construction & Restoration, Inc.							Fairless			ma	nage	mer	nt
City, State Totowa, NJ				Dispos 10/16	al Date /2018		City, State Morrisvi							
Completed by Damir Valjevac	ect Ma	anager	money or a constant	Si	gnature	eler	Kary	~	Dat 10		2018	-		

THE FINDOS	1			to NJAC 8	STOS					0	21 m	N	161	100	9
Date of Notification (1)		T		f Building C					P40/98		G	E		W	6
10/03/2018					oran	(Norwi	ch &	Bayway C	pera	tions)		-		$\overline{}$
Agencies Notified Type Notification			Street A 48-94	ddress Bayway	Ave						00	1	0 2	2018	
EPA Initial Amended		- 1	Option to the second second	ate, Zip Coo			-		12	4	0C		U	2010	
X DOL Amendment		_		eth, NJ		2			_	-	-		**********	******	
Emergency (i justification) DCA Cancellation	ncluding		Name o	f Contact					Tel	ephone	Num				1 12
DCA Cancellation				hristophe					90	8-558	3-431	3	eus rezincer	40-07-	er in the
Name of Facility Where Abatement is Taking	Place (3	3	FACI	LITY INFO	RMATI	ON	Type	of Facility (4	1						
Freeport-McMoran Facility	(0	,							5540 5750						
Street Address 48-94 Bayway Ave								School (K-12 Subchapter Other (i.e. pr	g (Oth				dings,	home	es,
City (5)				100				etc.) re Feet	# 0	f Floors	3	В	ldg. A	ge	
Elizabeth							400		1			5	0+	Z.	
County (6) Union				Code (7) USE ONLY)				nt Use (Prio			nolishe	ed)			
1000000								man's Lu			460-				
Name of Monitoring Firm Hired by Building C TBD	wner (8)		ASCN	A NO.				tement Cont iagnostic		(9)					
Street Address						Street									
01.								ld Ave				200/521			
City, State, Zip Code						100000000000000000000000000000000000000		p Code	7402						
Project Manager for Monitoring Firm		Telepho	ne No		Teleph		lale, NJ 0	7403		se No					
violes, monego, to: monecinig i im			гогорио	110.140.			928-3			0118					
Start Date (10)	Schedule	ed Com	pletion	Date (11)		Name	of OSH	IA Monitor				3-9-1-1-1-1			
10/14/2018	10/24/2					Hazn	nat Di	agnostic	LLC						
Occupancy Status During Abatement (Check	Only On	ie)				Street			1100						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma								d Ave							
Other – Describe:	ai Facility	Hours			_			p Code Iale, NJ 0	7/03						
Scope of Work (Check All That Apply)						Diooi	iiiiige	1410, 140 0	7 400						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Constituted	lenoval emoliti				×	Min Glo	Containme i-Enclosure vebag Proce	edure					е	
	ls	Location	on										Abate	ment	
Location of		lormall d Solel				scription						_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	intenar odial S (12)	ice/ staff?	(i.e. t	hermal surfac	aining M systems cing, VA niscellan	insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											40	
Foreman's Lunchroom			X			/ Flash	-		_	50 SF		Х			
Foreman's Lunchroom			X	V	Vindo	ws Cau	ulking		3	6 LF		Х			
Name of Registered Waste Hauler			JDEP Wauler ID		Cubic of Was			Name of R	egiste	red La	ndfill				
Hazmat Diagnostic LLC			35440		TBD			WM Gra	ind C	entra	l Lan	dfill			
City, State Bloomingdale, NJ					Dispos	sal Date		City, State Pen Arg		1870	12				
Completed by	Title		-			ignature		1) 0	.,	.070	Date				
Tatiana Rotaru	coo					7	Elije	uf			10/	03/2	2018		741

	hBI	1		NOT	Pursuan	tate of Ne	ESTOS 8:60 ar	ABATE d 12:12		Т	1		C		$\underline{\mathbb{V}}$	
	e of Notification (1) /2/2018					of Building taehle	Owner/	Operator	r (2)		1-		OCT	10	201	В
Age	ncies Notified	Type Notification	n		Street A	Address					-	AS	BEST	10 C(17 11 12
×	DEP DOL	Initial Amended Amendmer	nt #			ate, Zip C Ridge N						The second		-		
X	DOH	Emergency justification	(including	,	Name o	of Contact		.0			I To	lanhana N	lumhar			
Ц	DCA	Cancellatio	n			taehle	ODMAT	ION		*	h			}_		
	ne of Facility Where Staehle's Resid		ng Place (3)	1 40	ILII I IIVI	OKMAI	ION	Тур	pe of Facility (envi					
	et Address		N 1						X	Subchapter Other (i.e. p etc.)	8 (Oth			ildings	, hom	ies,
City Gle	(5) en Ridge					•	***************************************		Squ	uare Feet	# 0	f Floors		Bldg.	Age	
	nty (6) sex County					Code (7) USE ONLY)		Cui	rent Use (Pri	or if bei	ing demo	lished)			
Nam	ne of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		7.00.000.000		patement Cor operty Mair						
Stree	et Address							Street 105		ress Riper Ave	nue					
City,	State, Zip Code						City, S	State,	Zip Code J 07011							
Proje	ect Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 201-		No. -9008		License 01336				
	Date (10) 16/2018		Schedul 11/16/			Date (11)		Name	of O	SHA Monitor						
Occu	pancy Status During	g Abatement (Che						Street	Addr	ess						
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Private Home	riace (3)						Тур	e of Facility (4)						
Street Address							×	School (K-12 Subchapter 8 Other (i.e. pri etc.)	(Other t			lings,	home	es,
City (5) Cranford							Squ	uare Feet	# of Fl	oors	В	dg. A	ge	
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D 43 07	Schedule		pletion [Date (11)		Name	of O	SHA Monitor						
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Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: 7:00am-4:30pm	eriod of Al I Facility	oatem Hours	ent		_	City, S	State,	Zip Code						
Scope of Work (Check All That Apply)														
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Second floor bedroom closet			х			Tiles			18	SF	х		x	
		200												
Name of Registered Waste Hauler	* <u></u>	50.00	JDEP W			Yards		Name of R	egistere	d Landfill				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address X **EPA** 1830 US Route 130 North DEP X Initial City, State & Zip Code X DOL X Amended R#8-10/5/18 **Burlington NJ 08016** \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 10/05/18 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 X City, State & Zip Code Describe: (10:00 PM - 6:00 AM) BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Abatement Type Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Enclsoure Maintenance or (i.e., thermal systems Remova in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) No N/A DELETE RECEIVING AREA DELETE Mastic Aisle Way C-D @ Column 4 X Mastic 436 SF Aisle Way C-D @ Column 2 X Mastic 436 SF Aisle Way D-E @ Column 1-2 X Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 MORRISVILLE, PA TBD Completed By (Print or Type) Title Date PATRICK T. DeCARO Patrick J. De Caro/ Estimator 10/5/18

State of New Jersey

	State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)																		
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No. of Co. 100 Ann					F/	\CI	LIT	TY IN	FO	RMATION									
Name of Facility Wh Burlington Coat I	ere Abatem Factory St	ent is Taking I ore #226	Place	e (3	3)					Type of Fac									
Street Address	motory oth	oro nazo								Subcha		Other th	nan K	12)					
2495 Route 1, Sui	ite 1									Other (i	.e. priv	ate & co	mmer	ial buildir	nas h	om	es	etc)	
011 (17)										Square Feet	t	# of Flo	oors		Bldg.			0(0.)	
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ESIS	ame of Monitoring Firm Hired by Building Owner (8) ASC SIS										atemen	t Contra	ector (9)					
Street Address				BRISTOL E Street Addre		OMME	NIAL	INC			-								
436 Walnut Street				1123 BEAV		TREET													
City, State & Zip Coo Philadelphia, PA										City, State &									
Project Manager for	Monitorina F	irm	Tel	len	hone	NI A	umł	nor		BRISTOL,									
Frank Westfall					40-			Jei		Telephone N 215-788-60				License N		er 1 50	D		
Scheduled Start Date	e (10)	Scheduled Co)	_	Name of OSI		nitor			- 00	130	5		
7/24/18					/18					BRISTOL E	ENVIR		NTAL	INC					
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Facility Occu	(10:00 PM – pied During	6:00 AM) Su	nday	y -	Thur	rsd	ay			BRISTOL, I	PA 190	007							
Scope of Work (Chec	ck all that ap	ply)																	
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Break Room, Mens Ladies Room, Cor			뭐			Ļ	4			Mastic				575 SF	D				
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City, State NEW CASTLE, DE	19720								Dis TB	posal Date D	City, S								
Completed By (Print o					Title	е			Sia	nature					Dat	e	111.53		
PATRICK T. DeCAI											1.	194	aw	/ pl	10/		8		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address X EPA 1830 US Route 130 North DEP Initial City, State & Zip Code X DOL X Amended R#7-9/28/18 **Burlington NJ 08016** X DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 BRISTOL ENVIRONMENTAL INC 10/19/18 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: (10:00 PM - 6:00 AM) 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 X ≥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) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclsoure (i.e., thermal systems Remova in Facility insulation, surfacing, VAT Custodial Staff? (13)(12)or other miscellaneous) Yes No N/A Receiving Area Mastic 4,000 Aisle Way C-D @ Column 4 \boxtimes Mastic 436 SF Aisle Way C-D @ Column 2 X Mastic 436 SF Aisle Way D-E @ Column 1-2 X Mastic 300 SF Vestibule G-H @ Column 2-5 X Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date

Estimator

atrick P. De Cars

9/28/18

PATRICK T. DeCARO

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Eursuant to N.J.A.C. 8:60 and 12:120)

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DEP	Initial				State &						161	0 2	UIO.	
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		gency			of Cor		· •			AST	Felepho	ne N	umbe	er,
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Name of Facility When	Ab -+	at in Table - Di	(0)		CILITY	INF	ORMATION		-		· Color - activitions			
Name of Facility When East Amwell Eleme			ace (3))			Type of Facili School (F							
Street Address	ontary our	1001							Other than K-	10)				
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45 Weltsville Road							Square Feet		# of Floors		Ildg. Ag		(0.)	
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Ringoes		Hunterdon					Current Use (Prior if	being demo	lished)				
							School							
Name of Monitoring Fi		y Building Owr	er (8)		ASCI	M No.	- 1			9)				
RJB Environmenta	l Inc						Bristol Envi	ironm	ental, Inc.					
Street Address							Street Addres							
56 East Bridge Stre							1123 Beave							
City, State & Zip Code							City, State & 2	Zip Co	de					
Morrisville, PA 190							Bristol, PA		8					
Project Manager for M	Ionitoring F	irm			Numbe	er	Telephone Nu			License N	lumber			
Jim Frisbee			267-9	91-9	212		(215) 788-60	040		00509				
Scheduled Start Date	(10)	Scheduled Con	npletio	n Dat	e (11)		Name of OSH	IA Mor	iitor					
10/5/18			10/6/	18	80 50		Bristol Envi	ironm	ental Inc.					
Occupancy Status Du							Street Addres	ss						
Facility Closed	d/Vacated D	Ouring Entire P	eriod o	f Aba	atemen	t	1123 Beave	r Stre	et					
Abatement Pe	erformed Ou	itside of Norma	al Hou	rs –			City, State & 2	Zip Co	de					
Describe: 4:	00 PM to 1	2:30 PM					Bristol, PA							
☐ Facility Occup	ied During	Abatement												
Scope of Work (Check	k all that ap	ply)												
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Classrooms 2 and	3 under ti	ne 1938												
wing														
Name of Registered V	Vaste Haule	er					Cubic Yards	Name	of Registere	ed Landfill				
					uler ID	No.	of Waste							
Service Transport	Inc.			20	990		1 Cu Yd	Mine	rva Landfil	I				
City, State							Disposal Date	City,	State					
New Castle, DE							10/5/18		nesburg, O	Н				
Completed By (Print o	r Type)			Titl	е		Signature			,	Date		-	
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3-111				1000	nagei	r	Muno 1	NIM	ngom (711	. 5, 0			



Date of Notification (1)			Detaile 11°	Name	o of Buildin	ng Owner/Operator ((0)	Opopoli c	/ (14		
	/18	8				mmunications	(2)	MEC			W	III.
Agencies Notified Type No □ EPA □ Initia □ DOLWD □ Ame				24:		ate Street				- Whiteholder	to the second	
	ndment #	ŧ		100000000000000000000000000000000000000	State, Zip			THE 4 00		0	2016	
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☐ Cano	ellation			Ch	arlie Mes	ssing		(917) 992-13	56	il fac	et L	
				FA	CILITY IN	NFORMATION						
Name of Facility Where Abatemen		g Place	(3)				Type of Facility ((4)				
Verizon Trenton Central Of	fice						School (K-12					
Street Address 243 East State Street							Other (i.e., pr homes, etc.)	(Other than K-12) ivate and commer) cial b	uildin	gs,	
City (5)			-				Square Feet	# of Floors	В	ldg. A	ne .	
Trenton							51,075	5		+-50	_	
County (6)				Cou	nty Code (7	7)(STATE USE ONLY)		or if being demolis	hed)		1-1-0-1	
Mercer							Verizon	3	/			
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
TTI Environmental Inc						A management of the contract o	VIRONMENTAL	INC.				
Street Address		7//:-				Street Address						
1253 North Church Street						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Moorestown, NJ 08057						BRISTOL, PA						
Project Manager for Monitoring Firr	n		Tel	ephone	No.	Telephone No.		License No.				
Kristopher Smith			6	09-313	8-8218	215-788-6040		00509				
Start Date (10)	1		Summer	etion Da		Name of OSHA M			-			
	. 25			6_/	18		VIRONMENTAL	., INC				
Occupancy Status During Abateme				20 - 1777 Park 4 70		Street Address						
☐ Facility Closed/Vacated During I ☐ Abatement Performed Outside of					aribo	1123 BEAVE						
Time of Abatement:AM-	P	M/5:00	PM-2	:00AM	cribe	City, State, Zip Co					Continue:	
			oc. wasva			BRISTOL, PA	19007					
Scope of Work (Check all that apply	y)					⊠ Full Cont	ainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		⊠ Re				☐ Mini-Enc	losure					
23 _ 1.00 St Ot -2.200 H			monu	OH		☐ Glovebag ☐ Non-Exe	g Procedure mpted (*) and Nor	-Friable Procedur	е			
		100	Loca						1	atem	ent T	уре
Location of	CAA)		Norma	ally ely by		Description of			_	T-		T
Asbestos-Containing Material (A TO BE ABATED	(CIVI)		intena			stos Containing Ma		Amount (Specify	Removal	Repair	nca	nclo
IN Facility		Cus	todial (12)	Staff?	,	surfacing, VAT,	or	SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Yes	No.	N/A		other miscellane	ous)				ate	(b)
Basement Exit Area				N/A	VAT/Ma	astic		36 SF		П	П	
Basement Center Hall					VAT/Ma	astic		28 SF				
Basement Boiler Room		П			VAT/Ma	estic		71 SF				
					171111110			7101				Н
Name of Registered Waste Hauler				JDEP /	Maste	Cubic Yards of	Name of Regist	osod I ondfill	ш	П	Ш	ш
SERVICE TRANSPORT GRO	UP, IN	Э.	1.502	lauler II	No.	Waste	MINERVA L					
City, State						Disposal Date	City, State				- 120355	
NEW CASTLE, DE						TBD	WAYNESBU	JRG, OH				
Completed By (Print or Type)	Title					Signature		Dat		general and		
Dillan DeCaro	E	stimat	or			Dillan	1 DOP AND	AMR 1	1.	5-	-11	>

Ch1318		NOT	IFICA (Pu	rsuan	t to NJA	BES 6 8:	TOS ABAT 60 and 5:10	6)		oct	[] 1 0	201	
Date of Notification (1)						g Owr	ner/Operator (2)		-00,			0
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Agencies Notified Type Not ☐ EPA ☐ Initial	ification	n		Street	Address					LIC	5,101	10	6 196 (S)
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	dment a	#	s .		State, Zip C								
□ DCA ⊠ Emerg	gency (including	1		n Rock,		7452	*					
(NJAC 5:23-8) justific	ation)				of Contac	t			Telephone N	umber			
	madon					EOD	MATION				-		
Name of Facility Where Abatement	is Takir	ng Place	(3)	FAC	JILIT IIV	IFUN	NOTATION	Type of Facility ((4)				-
Residential			(-)					School (K-12	500				
Street Address								☐ Subchapter 8	Other than K-				
								Other (i.e., pr homes, etc.)		nercial b	uilding	js,	
City (5)								Square Feet	# of Floors	IB	ldg. A	ge	-
Glen Rock								- 1				3-	
County (6)				Coun	ty Code (7)(STAT	TE USE ONLY)	Current Use (Pri	or if being dem	olished)			\dashv
Bergen						**	accentration research testing of the P			,		8	
Name of Monitoring Firm Hired by E	uilding	Owner	(8)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)					-
Bio Terra Solutions								NAGEMENT LI	LC				
Street Address						-	et Address						-
P.O. Box 1224							7 Outwater I	_ane					
City, State, Zip Code						City	, State, Zip Co	ode					-
Union, NJ						- 9579	arfield, NJ						
Project Manager for Monitoring Firm	1		Tele	phone	No.	_	phone No.		License No.				
Rick Eustaquio			97	3-494	-3762	97	73-928-4888		1188				- 1
Start Date (10)	Sche	eduled C	omple	tion Da	te (11)	Nan	ne of OSHA M	onitor					
10 /06 /18	_	10 /	_ 31	_ / _	18	A	LL PRO MA	NAGEMENT LI	LC				
Occupancy Status During Abatemen	nt (Che	ck only	one)			Stre	et Address				- 775		-
□ Facility Closed/Vacated During E				ment		27	7 Outwater I	_ane					
☐ Abatement Performed Outside o					cribe	City	State, Zip Co	ode					\neg
Time of Abatement:AM	F	PM/	_PM-		AM		arfield, NJ						
Scope of Work (Check all that apply)		-										_
⊠ >3 sf or >3 lf		₩.D.						ainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			novati										- 1
		_						mpted (*) and No	n-Friable Proce	edure			
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Location of Asbestos-Containing Material (A	CM		Norma ed Sole		Acho	etne (Description o Containing Ma		Amount	R	Re	l m	四
TO BE ABATED	,	100	intena			., the	mal systems i	insulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	todial (12)	Stall?	3	Sth	urfacing, VAT, er miscellane	or or	SF or LF)	/al		sula	ure
(13)		Yes	No	N/A		Ott	iei misceliane	ous)				te	
Boiler Room	9	- 0			Pipe Ins	sulat	ion		100 LF	×			
Boiler Room		П			Steam	Boile	r Insulation		100 SF	×	-	П	
		1											
Name of Registered Waste Hauler				JDEP I	Maste	Cub	ic Yards of	Name of Regis	tered Landfill		ПП		
ATC			100	lauler II	D No.	Was	ste	Minerva Er					
City, State				SW-2	4310		s Needed oosal Date	City, State					
Shirley, NY							BD	Waynesbu	ra OH				
Completed By (Print or Type)	T:	itle						- Tayliesbu	.9, 0.1	Dete	-10-47		
Allen Monchik	1	nie Projec	Man	aner			Signature	Monchi	6	Date			
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B & G proj. #: 2018-203

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

Check # 9226 Date of Notification (1) Name of Building Owner/Operator (2) 1 10 1/10 15 1/11 18 1 Kiddie Keep Well Camp Agencies Notified Type Notification Street Address EPA OCT 1 0 2018 35 Roosevelt Drive Initial ☐ DEP City, State, Zip Code X DOL Amendment Edison, NJ 08837 ASPESTOD CON X DOH Name of Contact Telephone Number-Cancellation ☐ DCA Cindy Robertson or Tom Tighe 732-735-3311 **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) house to be demolished Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 35 Roosevelt Drive Bldg. Age Square Feet | # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Edison, NJ Middlesex resdential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a 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 Telephone Number Phone Number License Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 10/18/2018 10/21/2018 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 Full Containment w/negative pressure Glovebag procedure $\square > 3 \text{ sf or } > 3 \text{ If}$ × ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e e asbestos-containing n Amount Description of asbestos-containing m n staff(12) material to be (Specify SF or C material (ACM) C 0 a abated in facility (13) a LF) Yes No N/A p throughout VAT X 1700 sf roof roofing 1700 sf X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill B & G Restoration, Inc. 19563 Grand Central Landfill Disposal Date City, State City, State Lincoln Park, NJ 10/21/2018 Pen Argyle, PA Signature Completed by (Print or Type) Date Gordana Luna Gordana Luna Secretary/Treasurer 10/05/2018

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Date of Notification (1) 10/4/2018					Owner/Opera			cates LLC	et al	01	CT 1	0 2	018	
Agencies Notified Type Notification EPA DEP Amended Amendment			Street A 10 Str City, Sta	Address	d, Suite 4				- Constant	ACRE	TO:	Maria de la compania	¥ 4/11	3'
	(including		Name o	f Contact Driesse	07631			1		ephone N 73) 769		7		
				ILITY INFO	RMATION				(5)	10) 103	-3001			
Name of Facility Where Abatement is Takir 3 Mercedes Drive Street Address	ng Place (3	3)					Тур	e of Facility (School (K-1 Subchapter	2) 8 (Othe			i		
3 Mercedes Drive							X	Other (i.e. p etc.)	rivate 8	& comme	cial bui	dings	, home	es,
City (5) Montvale								are Feet 2500	# of	Floors	100	3ldg. / 40	Age	
County (6) Bergen				Code (7) USE ONLY)				ent Use (Prid MMERCI/		ng demol	shed)	12		
Name of Monitoring Firm Hired by Building EHI	Owner (8)		0010					atement Con Contract						
Street Address 870 Sparta Ave #304					6.554000		Addre	ess ton Ave						
City, State, Zip Code Sparta Township, NJ 07871							Zip Code NY 10704	2						
Project Manager for Monitoring Firm Jean-Paul von Doehren	ect Manager for Monitoring Firm						one 1 966-	No. 0033		License 01230				
Start Date (10) 03/28/2018	Schedul 04/01/		npletion	Date (11)				HA Monitor	TRAC	TS IN				
Occupancy Status During Abatement (Chec	k Only Or	ne)					Addre							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					City	y, S	tate, 2	ERTON A' Zip Code RS, NEW						
Scope of Work (Check All That Apply)						-		10, 11211	01111	10101				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Pemolit				×	Ft M Gi	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	9.59 -				
	100.00	Locati						. I) dile	2 (40)(11)		Abat	emen /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal od Sole intenai todial S (12)	ly by nce/	(i.e. t	Descript os Containin hermal syste surfacing, other misce	ng M ems VA	Materia s insu T, or	lation,	(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A X										ate	6
2nd Floor	2nd Floor							9	31	8 SF	X		_	
										-				
Name of Registered Waste Hauler R.E.D. Technologies, LLC		Н	JDEP W auler ID 036163	No.	Cubic Yard of Waste	ls		Name of F						
City, State Bloomfield, CT			555100		Disposal Da	ate		City, State		OH 44	688			
Completed by Michael Coleman	Title	idont			Signat	ture	(A)	Trayine.	2	10	Date	001		

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Date of Notification (1) 10/5/18				of Building		Operator	r (2)				OCT	1	0 7	2018	J
Agencies Notified Type Notification			Street A								nous				
X EPA X Initial.										ASF	ESTO		(A) A		1. 6
DEP Amended Amendment				ate, Zip C		_			NAME OF TAXABLE PARTY.		European and	Billioners	Mr - 65.7.7	g	<i>y</i>
☐ Emergency	# (including	, 	00, 000,000,00	awn, N)									
DOH justification) Cancellation				of Contact on Lutzk					Tele	nhone	Numhe	er			
Gariceilation		1		ILITY INF		ION							-		
Name of Facility Where Abatement is Takir	g Place (3)			Ortion	1011	Туре	of Facility (4)							
Residential Home			E.					School (K-12))						
Street Address								Subchapter 8 Other (i.e. pri	(Othe	r than k	(-12)	ld:	500	hom	
City (F)								etc.)	vale &	COMMINE	er Clair D	uliul	rigs,	ПОПТ	38,
City (5) Fair Lawn							Squa 185	re Feet 5	# of 2	Floors			dg. A) +/-		
County (6)				Code (7)			7.0000000	ent Use (Prior			lished)				
Bergen				USE ONLY	,	18 1		e Front Bu							
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	И No.				tement Contr Abatemer		9)					
Street Address							Addres	ss dland Ave.							
Cily, State, Zip Code					100000		ip Code	663							
Project Manager for Monitoring Firm	roject Manager for Monitoring Firm									License	No.				
		1	Telepho				none No 600-3		- 1	01305					
Start Date (10) 10/15/18	Schedul 10/18/		mpletion	Date (11)		Name	of OSH	HA Monitor							
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addres	SS							-
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: 8 A.M to 4 P.M	Period of a	Abaten y Hours	nent s			City, S	tate, Zi	ip Code							
Scope of Work (Check All That Apply)						E.	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Min	I Containment ii-Enclosure ivebag Proced	dure	8					
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Location of	1	Vormal	lly		Dec	scription	of					- 2	Тур		
Asbestos-Containing Material (ACM)		ed Sole intena			tos Cont	aining M	taterial			ount			4	ш	_
TO BE ABATED In Facility		todial S		(i.e.	thermal surface	systems cing, VA		ition,		ecify or LF)	Kemova	3	Re	Encapsulate	Enclosure
(13)		(12)				niscellan			0	, <u>_</u> , ,	lova		Repair	sula	osur
	Yes	No	N/A								-			ate	œ.
Basement	X				VAT			270	SF	x					
Basement	X			Pip	oe Wra	p		56	LF						
Name of Registered Waste Hauler			JDEP W		Cubic			Name of Re	gistere	d Land	fill				
All Stages Abatement		V.1042	auler ID 036592		of Was	ste		Grand Ce	entral	Sanit	ary La	and	fill		
City, State Saddle Brook, NJ					Dispos	al Date		City, State Pen Argy	I, PA						
Completed by	Title) aumososan	ignature	11	1 11	Conservation of		Date				-
Richard Cristofol	Pres	ident				1	1/	7//	-	04 0	10/5/	18			

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Date of Notification (1) 10/5/18				of Building Baldwir		Operator	r (2)			1 00	JT 1	0 2	2018	* *************************************
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□ DEP □ Initial □ Amende □ Amende □ Amende □ Amende	nent #			tate, Zip C le Brook		7663				Final Control of the		27 14		
DOH justificat Cancella				of Contact Baldwin	3				Те	lephone N	umber			
Name of Facility Where Abatement is T	akina Dlass //	2/	FAC	ILITY INF	ORMAT	ION								
Residential Home Street Address	aking Place (·)					Iyp	School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Oth			ldings	, hom	ies,
City (5) Saddle Brook							Squ 21	are Feet	# 0	of Floors		3ldg. /		
County (6) Bergen			(STATE	Code (7) USE ONL	n		Sto	rent Use (Prid ore Front B	usine	ess	shed)			
Name of Monitoring Firm Hired by Build Project Manager	ing Owner (8)		ASC	M No.		All S	tage	es Abateme		(9)				
Street Address						Street 280 I		ess lidland Ave).					
City, State, Zip Code					(200)		Zip Code Brook, NJ 0	7663						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-		No. 3184		License I	No.			
Start Date (10) 10/11/18	Schedule 10/15/		mpletion	Date (11)		Name	of OS	SHA Monitor						
Occupancy Status During Abatement (C	100	9.5				Street	Addre	ess						
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: 8A.M to 4 P.M	ire Period of A lormal Facility	Hour	nent s			City, St	tate,	Zip Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		enova				×	M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				e	
Location of	- N	Locat	lly		De	scription						Abate	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial s (12)	nce/		thermal surfa	taining M systems cing, VAT niscelland	insu T, or	lation,	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
Basement	Yes	No	N/A			\/AT			0.4	0.05			ate	ei —
Dasement		X				VAT			81	16 SF	X			
Name of Registered Waste Hauler All Stages Abatement		Н	IJDEP W lauler ID 036592	No.	Cubic of Was 2			Market No. 10	100.00	red Landfil al Sanitar		ıdfill		
City, State Saddle Brook, NJ					Dispos	sal Date		City, State Pen Arg		4				
Completed by Richard Cristofol	Title Presid	dent			S	ignature	1/1/3	11 11	<i>t</i>	Da	ate			

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Date of Notification (1) 10/5/18				of Building en Yun	g Owner/	Operator	r (2)			C	CT	10	20	18	
Agencies Notified Type Notification EPA DEP Initial Amended	1		Street A	Address ate, Zip C	ode					ASBI	-OTC	15.0		QC 25.	
□ DOL Amendmer □ Emergency □ DOH justification	(including	g	Cress	skill, NJ	07626				Tel	ephone	- Nur	nber			
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Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility	(4)						
Residential Home Street Address				-			×	School (K- Subchapte Other (i.e.	r 8 (Oth	er than	K-12	?) al buil	dinas	hom	20
City (5) Cresskill							_	etc.) are Feet		f Floors		Е	Bldg. A	ge	-
County (6) Bergen				Code (7) USE ONL	n	_	Curr	ent Use (Prore Front	ior if bei		nolish		0 .7		
Name of Monitoring Firm Hired by Building Project Manager	Owner (8)	ASC	M No.		All S	tage	atement Co s Abatem		(9)					
Street Address City, State, Zip Code							N. M	idland Av	e.						
say, state, zip sode								Zip Code rook, NJ	07663						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 201-				Licen 0130).			
Start Date (10) 10/8/18	10/12	/18	mpletion	Date (11)		Name	of OS	HA Monitor							
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				×	Mi	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure						
Location of		Locati Normal	ly	75.00	Des	scription							Abate Typ	ment	
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Basement	Yes								61	4 SF		X		to	
Name of Registered Waste Hauler All Stages Abatement		Н	JDEP W auler ID 036592	No.	Cubic of Was	ste		Name of Grand	Centra			Lan	dfill		
City, State Saddle Brook, NJ					Dispos TBD	al Date		City, Stat Pen Ar		١					
Completed by Richard Cristofol	Title Pres	ident			S	ignature	1/	1	/	-	Date	e /5/18			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (Owner / Operato	or (2)	1 1		OCT	1 0	201	p P		
Agencies Notified	7/10/18 Type Notific	otion	1150000			ddres		Factory		5	Lob	001	1 0	201	U		1
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					ACI	LITY	INFO	ORMATION									
Name of Facility Who			Place	(3)				Type of Facil					23				
Burlington Coat F	actory Sto	ore #226			_			School (1211							
Street Address	6- 4									(Other tha			••				
2495 Route 1, Suit	te i							Other (i. Square Feet		ate & con		ial buil				etc.)	- 14
City (5)		County (6)	Ic	ounty	Cor	de (7)		72500		# 01 1100	ois 4		Bia	g. Ag			
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Name of Monitoring F	irm Hired b	y Building Ow	ner (8	()	I	ASCM	No.	Name of Aba	temer	nt Contrac	tor (9)					
ESIS				5				BRISTOL E									
Street Address								Street Addres									
436 Walnut Street City, State & Zip Cod							7-1	1123 BEAV									
Philadelphia, PA 1								City, State & BRISTOL, F									
Project Manager for N		irm	Tele	phone	e Nu	umber	r	Telephone N				Licens	e Nur	nber			
Frank Westfall			100000000000000000000000000000000000000	-640-			co.	215-788-604						0050	9		
Scheduled Start Date	(10)	Scheduled Co				(11)		Name of OSH									
7/24/18				9/18				BRISTOL E	100000000000000000000000000000000000000	ONMEN	TAL	INC					
Occupancy Status Du	uring Abater	nent (Check o During Entire F	nly or	ne) of Δh	ate	ment		Street Addres		TDEET							
		utside of Norm					nm	City, State &									
		-6:00 AM) Su					P	BRISTOL, F									
Facility Occup			•														
Scope of Work (Chec	k all that ap	ply)								722 SW 57		I POPUL					
☐ ≥3 sf or ≥3 lf				Des		atian			\bowtie	Full Con			n Neg	ative	Pres	sure	
≥3 \$1 61 ≥3 11 ≥160 sf ≥260	lf		A			ation ition			H	Mini-End Glove Ba							
2.000.01.2200	••		Ш	DCI	11101	ition			X	Non-Exe				riable	Pro	redu	-0
Loc	ation of		ls	Locat	tion			Description	n of			Amount					
	s-Containing	g	450000000000000000000000000000000000000	mally		ed		Asbestos-Con	taining	3	(3	Specify	,				
	rial (ACM) E ABATED		1	Solely ntenar		or		Material (AC (i.e., thermal sy			S	F or LF)	Z		Enc	Щ
-	Facility		1 1 1 2 1	odial		120,000		sulation, surface						Remova	Repair	aps	Encisoure
	(13)			(12)				or other miscella						val	air.	Encapsulate	oure
			Yes	No	N	/A										Ф	1000
Rear Offices	n			X	IL	4		Mastic				12 SF					
Break Room, Mens			H		1-	\dashv		Mastic				575 S			Ц	Ц	Ц
Ladies Room, Cor	ridor & Sa	les Floor	H		+	┽⊢		Mastic			9	00 SF			Ц		닏
			H	H	╁	$\dashv \vdash$								H	H	믬	님
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Name of Registered V	Naste Haule	er		N.	JDE	P Wa	ste C	Cubic Yards	Nam	e of Regis	stered	Landf	ill				
				100000		r ID N	107-600	of Waste									
SERVICE TRANSP	ORT GRO	UP, INC.		20	999	0		10 Cu Yd		RLESS H	IILLS	LAND	PILI	L			
City, State	40700							Disposal Date		State							
NEW CASTLE, DE	The state of the s			1=:-	lle.			TBD	INO	RRISVILI	LE, P	A	1				
Completed By (Print of PATRICK T. DeCA					lle efin	nator		Signature	/	7 -0	018	1		Date 9 /28/	40		
				-	J (111	iatol		Patrick	1	1. 19	Con	0/-	R	01201	10		
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State of New Jersey

69.	(NO	TIFIC (Purs	CATIO suan	ON (t to	OF A <u>N</u> .J./	SBESTOS <u>\.C.</u> 8:60 a	ABAT nd 12	TEMENT :120)	EG		\mathbb{W}		
Date of Notification	(1)						g Owner / Ope		1	1		77.44		
Agencies Notified	7/10/18 Type Notific	cation		Bui	rlingt	ton Co	at Factory	rator (2	2)	OCT	1 0 2	018		
⊠ EPA	, , , , , , , , , , , , , , , , , , , ,	- Caroni					e 130 North						THERE	
☐ DEP ☐ DOL	Initia			City	, State	e & Zip	Code			ACPENIE	0.000	1	- (-	
□ DOL	72.00	ended R#6-9	/21/18				08016			The second control of the	Settle special property.	, 	.+ .++	
DCA		ergency cellation			ne of 0 e Wo	Contac ods	t					hone		
			-	FA	ACIL	ITY IN	FORMATION	l			917-8	338-4	1314	ŀ
Name of Facility Wi	nere Abatem	ent is Taking	Place	(3)			Type of Fa	acility (4	1)					
Burlington Coat Street Address	ractory St	ore #226						ol (K-12						
2495 Route 1, Su	ita 1						Subcl	hapter 8	Other tha	n K-12)				
= 100 110 atc 1, 0a	160 1						Other Control Control	(i.e. pri	ivate & con	mercial build			etc.	.)
City (5)		County (6)	Ic	County	Code	(7)	Square Fe	eet	# of Floo	rs	Bldg. A	∖ge		
Lawrenceville		Mercer		Journey	Coue	(1)	72500	- (D-i-		1		50	0	
							Retail	se (Prio	r if being de	emolished)				
Name of Monitoring	Firm Hired b	y Building O	wner (8	3)	AS	CM No		bateme	nt Contract	or (9)	-			
ESIS Street Address	9						BRISTOL	ENVI	RONMEN	TAL INC				
	/alnut Street						Street Add	ress						_
City, State & Zip Coo							1123 BEA	VER S	TREET					
hiladelphia, PA							City, State BRISTOL							
Project Manager for	Monitoring F	irm	Tele	phone	Num	ber	Telephone			II iname				
rank Westfall			215	-640-5	5320		215-788-6			License	Number 005			
cheduled Start Date		Scheduled Co			te (11)	Name of O	SHA Mo	onitor		000	109	-	
7/24/18	·	*	10/	5/18			BRISTOL	ENVIR	RONMENT	AL INC				
Occupancy Status Di	ITING Abaten	nent (Check	only on	e)	-t		Street Addr							
Abatement P	erformed Ou	tside of Norr	nel Ho	OI ADS	zieme	2nm	1123 BEA							
Describe:	10:00 PM -	6:00 AM)	nai 110	iuis – i	i aiii t	o spin	City, State &							
Facility Occup	oied During A	Abatement					BRISTOL,	PA 19	007					
cope of Work (Chec	k all that app	oly)												
□ .o.r .o.r								\boxtimes	Full Conta	inment with	Nenativ	e Pro	CCLIF	_
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≥160 sf ≥260	П		Ш	Dem	olitio	n			Glove Bag	Procedures				
loc	ation of		la la	1 4:-				\boxtimes	Non-Exem	pted and No	n-Friabl	e Pro	cedu	ure
Asbestos	-Containing			Locationally U			Description Asbestos-Co	on of	1	Amount	Ab	atem	ent 7	Гуре
	al (ACM)			olely b			Material (A	CM)	'	(Specify SF or LF)				T
	ABATED acility			tenano			(i.e., thermal s	systems	5	0. 0, 1,	Re	R	inc	1 1
	13)		Custo	odial St (12)	tan?	11	nsulation, surfa or other miscel	cing, V	AT		Remova	Repair	apsi	Elicisodie
·			Yes		N/A		or other miscer	naneou	5)		/ <u>a</u>	=-	Encapsulate	0
ceiving Area			П	X	П		Mastic	n.		4 000				-
sle Way C-D @ C	The same of the sa				T		Mastic			4,000 436 SF		H	부	4
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ille of Registered W	aste Hauler				EP W ler ID		Cubic Yards	Name	of Registe	red Landfill				
RVICE TRANSPO	RT GROU	P, INC.		2099		and the same	of Waste O Cu Yd	FAIR	LESS HII	LS LANDFI				
y, State W CASTLE, DE 1	9720		200-mix-2-2-				Disposal Date	City, S	State		in the			
mpleted By (Print or				Title	-		BD	MOR	RISVILLE	, PA	51			
TRICK T. DeCAR	0				mato		ignature			1	Date	2200		
							Patrick	T.1). Can	0/ m	9/21/1	18		
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Pg.2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT E C E |
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(4)									- 11	8				11
Date of Notification	7/10/18			Name	of Build	ding C	wner / Oper	ator (2)		OCT	1 0 20	118	11	#
Agencies Notified	Type Notific	cation			t Addres		Factory								
⊠ EPA	, jpo rroum	odilon					30 North		-	A	OD COTO	0.75251.5		J	ene v
□ DEP		al			State & Z					<i>F</i> .	SRESTO		(Truit)	ž.	
⊠ DOL		ended R#6-9/			ngton N				hiera	alleria a Proposition	MOR. THE LAND	CONTRACTOR SELECTION		er tor	n d
⊠ DOH		ergency	The second secon		of Conta		010					17.			
DCA		cellation			Woods							Telepi			ber
												917-8	38-4	314	
Name of Facility M	Ab-4			FAC	CILITY	INFO	RMATION								
Name of Facility Wh	tere Abatem	ent is Taking	Place (3	3)			Type of Fa	cility (4)				0-65.0		
Burlington Coat Street Address	ractory St	ore #226					☐ Schoo								
	:4- d						Subch	apter 8	(Other t	han K-	-12)				
2495 Route 1, Su	ite i						Other	(i.e. pri	vate & co	ommer	rcial build	ings, ho	mes,	etc.)	
City (E)		10					Square Fee	et	# of F	loors		Bldg. A	ae		
City (5)		County (6)	Cou	unty C	ode (7)		72500			1			50		
Lawrenceville		Mercer					Current Use	e (Prior	if being	demol	lished)		- 00		-
							Retail								
Name of Monitoring	Firm Hired b	y Building Ov	vner (8)		ASCM I	No.	Name of Ab	ateme	nt Contra	actor (9)			-	-
ESIS							BRISTOL	ENVIE	RONME	NTAL	INC				
Street Address							Street Addr	ess							
436 Walnut Street							1123 BEA	VER S	TREET						
City, State & Zip Coo							City, State 8								
Philadelphia, PA		•					BRISTOL,	PA 19	0007						
Project Manager for	Monitoring F	irm			Number		Telephone I		г		License	Number			_
rank Westfall			215-6				215-788-60)40				005			
Scheduled Start Date		Scheduled Co			(11)		Name of OS								No.
7/24/18		*	10/5/	18			BRISTOL I	ENVIR	ONME	VTAL	INC				
Occupancy Status Di	uring Abaten	nent (Check o	only one))			Street Addre								
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Abatement P	enormed Ou	itside of Norm	nal Hour	rs – 7a	am to 3pi		City, State &								
Describe:	10:00 PN -	6:00 AM) Su	nday - T	hurse	day		BRISTOL,	PA 19	007						
Facility Occup	bled During /	Abatement													
cope of Work (Chec	k all that app	ply)													
≥3 sf or ≥3 lf				_				\boxtimes	Full Cor	ntainm	ent with f	Vegative	Pres	sure	
≥160 sf ≥260	l£		- Common - C	Renov					Mini-En	closure	е				
2 100 31 2200	11			Demo	lition				Glove B	ag Pro	ocedures				
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	ation of s-Containing		Norma	cation		Λ.	Description			F	Amount		teme		
	ial (ACM)			ely by	eu	A	sbestos-Con Material (A	itaining		(Specify			Ť	-
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TRICK T. DeCAR	0		5010	Estim	afor			[0.04752	,. ,	2	6	Date			
20	and the same		1.			P	trick	T	1)00	ARA	/Or	9/21/1	8		
						110	NYGOR	- 1 '	100	ww	1)				

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** OCT 10 2018 Agencies Notified Type Notification Street Address X EPA 1830 US Route 130 North DEP X Initial City, State & Zip Code \boxtimes DOL Amended R#5-8/24/18 Burlington NJ 08016 X DOH Emergency Name of Contact DCA Telephone Number Cancellation Mike Woods 917-838-4314 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Coat Factory Store #226** School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ESIS BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number Frank Westfall License Number 215-640-5320 215-788-6040 Scheduled Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 ON HOLD 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 X City, State & Zip Code Describe: (10:00 PM - 6:00 AM) 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 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Asbestos-Containing Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or (i.e., thermal systems Encapsulate Enclsoure Removal in Facility Repair Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Receiving Area Mastic 4,000 Aisle Way C-D @ Column 4 Mastic 436 SF Aisle Way C-D @ Column 2 X Mastic 436 SF Aisle Way D-E @ Column 1-2 Mastic 300 SF Vestibule G-H @ Column 2-5 Mastic 1100 SF Vestibule J & Cashwraps Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City. State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title PATRICK T. DeCARO Date Estimator alwight, De Canga

PD 18055

8/24/18

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 10 2018 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address M EPA 1830 US Route 130 North DEP Initial City, State & Zip Code $\overline{\boxtimes}$ DOL 図 Amended R#5-8/24/18 Burlington NJ 08016 M DOH Emergency Name of Contact Telephone Number DCA Cancellation Mike Woods 917-838-4314 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Coat Factory Store #226 School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 72500 50 Lawrenceville Mercer Current Use (Prior if being demolished) Retail Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **ESIS** BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Frank Westfall 215-640-5320 215-788-6040 Scheduled Start Date (10) 00509 Scheduled Completion Date (11) Name of OSHA Monitor 7/24/18 ON HOLD 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 X City, State & Zip Code Describe: (10:00 PM - 6:00 AM) Sunday - Thursday BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Asbestos-Containing Abatement Type Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Maintenance or Encapsulate (i.e., thermal systems Enclsoure Remova Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Rear Offices Mastic 512 SF Break Room, Mens Room & Corridor X Mastic 1,575 SF Ladies Room, Corridor & Sales Floor X Mastic 900 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 40 Cu Yd FAIRLESS HILLS LANDFILL City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature, PATRICK T. DeCARO Date Estimator Patricle T. De Coro 8/24/18 PD 18055

NOTIFICATION OF ASBESTOS ABATEMENT

i i i	NOT	TIFIC	CATI	ON	OF A	SBESTOS	, ABATE	MENT			11 10	
	(Pur	suan	rt to	N.J.	A.C. 8:60 an	nd 12:1	20)	E C	EII	Pg	1
Date of Notification (1)			Nai	me c	of Buildi	ng Owner / Oper	ator (2)					
7/10/18			Bu	rlin	gton C	oat Factory	-10. (2)	-	OCT	1 0 20	118	157
Agencies Notified Type Noti	fication				Address							
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☐ DCA ☐ Ca	ncellation		Mik	ke Vi	loods		^			Telepho 917-83		
Name of Facility Where Abate	man4 !- T-1!	D.	F.	ACI	LITY II	VFORMATION						
Burlington Coat Factory S	itore #226	Place	(3)			Type of Fa	cility (4) ol (K-12)					
Street Address	10.0 // 22.0				112200			Other than K	40)			
2495 Route 1, Suite 1						Other	(i.e. priva	te & comme	-12) rojal buildi			
						Square Fee	et	# of Floors	rcial bullul	Bldg. Ag	nes, etc).)
City (5)	County (6)	0	County	/ Co	de (7)	72500		1		blug. Ag		
Lawrenceville	Mercer	-				Current Use	e (Prior if	being demo	lished)		50	
						Retail		0	ciiouj			
Name of Monitoring Firm Hired ESIS	by Building Ow	mer (8	B)	A	SCM N		patement	Contractor (9)		***************************************	
Street Address				\perp		BRISTOL	ENVIRO	NMENTAL	INC			
436 Walnut Street						Street Addr					89	
City, State & Zip Code						City, State 8						-
Philadelphia, PA 19106						BRISTOL,	PA 1900	17				
Project Manager for Monitoring	Firm		phone			Telephone I	Number	-	License I	Mumber		
Frank Westfall			-640-			215-788-60	040		Liconice	0050	9	
Scheduled Start Date (10) 7/24/18	Scheduled Con (Back on					Name of OS						-
Occupancy Status During Abate	ement (Check o	nly or	ne)	- Department on	Committee Contraction	BRISTOL I		NMENTAL	INC			
	During Entire F	eriod	of Ab	aten	nent	1123 BEAL		PEFT				
Abatement Performed C	Outside of Norm	al Ho	ours -	7am	to 3pm	City, State &						
Describe: (10:00 PM	- 6:00 AM)					BRISTOL,						
Facility Occupied During Scope of Work (Check all that a	Abatement											
scope of work (Check all that a	ppiy)							".	4 02 20000 03			
23 sf or ≥3 lf		\boxtimes	Ren	nova	tion		Ø F	ull Containm lini-Enclosur	nent with N	legative l	Pressu	re
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TO BE ABATED		Main	tenan	ce o	rl	Material (A (i.e., thermal s		S	F or LF)	70	1	n m
in Facility	1	Custo	odial S	Staff		insulation, surface	cing, VAT			Remova	Repair	ncls
(13)	}	Vaa	(12)	ALIA		or other miscell	laneous)			oval	Repair	Enclsoure
Receiving Area		Yes	No	N/A	1						6	
Nisle Way C-D @ Column 4		H	X	님	-	Mastic			4,000			
Aisle Way C-D @ Column 2		H		H	-	Mastic			36 SF			
isle Way D-E @ Column 1-	2	H		H	1	Mastic Mastic			36 SF			
estibule G-H @ Column 2-				H	1	Mastic			00 SF		414	1
estibule J & Cashwraps			X	Ħ		Mastic			100 SF		= -	1
lame of Registered Waste Haule	er		NJE			Cubic Yards		f Registered	Landfill			
ERVICE TRANSPORT GRO	UP. INC		Hau 209		D No.	of Waste 40 Cu Yd	1					
ity, State	o., 1110.	-149-245	203	000		THE STATE OF THE S		SS HILLS	LANDFI	LL		
EW CASTLE, DE 19720						Disposal Date TBD	City, Sta	ite SVILLE, P.	6			
ompleted By (Print or Type)			Title	9		Signature				15		
ATRICK T. DeCARO				ima		Patrick	1	per	10	Date 8/10/18		
						darren	- 1	10 Ca	w/g	0110118	,	
D 18055		-							1.0			

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				N.C. 8:60 an		JEGI	EIVER	To and the latest of the lates
Date of Notification (1)	1	Name of	Buildin	g Owner / Opera	tor (2)	-{		
7/10/18 Agencies Notified Type Notification	- 1	Burling	ton Co	at Factory		OCT	1 0 2018	TAN PERSONAL PROPERTY AND PERSONAL PROPERTY
EPA		Street Ac		e 130 North			and the second s	
☐ DEP ☐ Initial		City, Stat				ACTENTA		1
☑ DOL ☑ Amended R#4-8/	10/18 E	Burling	ton NJ	08016		2. Materials - 100 (100)		1
□ DOH □ Emergency □ DCA □ Cancellation		Name of Viike We		t			Telephone Numbe	er
E sanctitution	- 1			FARITIME			917-838-4314	
Name of Facility Where Abatement is Taking	Place (3)	FACIL	IIY IN	FORMATION Type of Fac	rility (4)			
Burlington Coat Factory Store #226				School				
Street Address		5.4		☐ Subcha	apter 8 (Other t	han K-12)		
2495 Route 1, Suite 1		52		Other (i.e. private & co	ommercial build	dings, homes, etc.)	
City (5) County (6)	Cou	inty Code	0 (7)	Square Fee	t # of F	loors	Bldg. Age	
Lawrenceville Mercer	1000	inty Cou	e (1)	72500	(Prior if being	1	50	
18.01001				Retail	(Filor ii being	demolished)		
Name of Monitoring Firm Hired by Building Ov	vner (8)	AS	SCM No		atement Contra	actor (9)		
ESIS Street Address				BRISTOL	ENVIRONME	NTAL INC		
436 Walnut Street	3.			Street Addre		ře –		
City, State & Zip Code				City, State &	/ER STREET	38		
Philadelphia, PA 19106				BRISTOL,				
Project Manager for Monitoring Firm Frank Westfall		one Nun		Telephone N		License	Number	
Scheduled Start Date (10) Scheduled Co		40-5320 Data (1		215-788-60			00509	
7/24/18 (Back on	site 8/1	9/18) 9		Name of OSI BRISTOL E	HA MONITOR NVIRONMEI	VTAL INC		
Occupancy Status During Abatement (Check of	only one)		March Complete Comple	Street Addre	SS			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of	Abatem	ent .		ER STREET			
Describe: (10:00 PM - 6:00 AM) St	nai nour inday - T	s – 7am hureday	to spm	City, State &				
Facility Occupied During Abatement	illuay - I	narouay		BRISTOL, I	A 19007			
Scope of Work (Check all that apply)								
\ \ ≥3 sf or ≥3 lf	N 1	Dan 41			Full Co	ntainment with	Negative Pressure	
≥160 sf ≥260 lf	<u> </u>	Renovati Demolitic			Mini-En	The state of the s		
	Ц.	Joniona	J.1.		Non-Fx	Bag Procedures	s on-Friable Procedure	
Location of	100000000000000000000000000000000000000	cation		Description	n of	Amount	Abatement Type	
Asbestos-Containing Material (ACM)		lly Used		Asbestos-Con		(Specify		_
TO BE ABATED	Mainter	nance or		Material (At	vstems	SF or LF)	Z En	m
in Facility (13)		al Staff?		nsulation, surfac	ing, VAT		ncapsula Repair Remova	Enclsoure
(13)		2) lo N/A	-	or other miscella	aneous)		Encapsulate Repair Removal	oure
Rear Offices				Mastic		F40.0=		
Break Room, Mens Room & Corridor				Mastic		512 SF 1,575 SF		4
Ladies Room, Corridor & Sales Floor				Mastic		900 SF		4
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Name of Registered Waste Hauler		NIDED!	Masta	Cubic Yards	No.			Ī
		Hauler II		of Waste	Name of Regi	stered Landfill		
SERVICE TRANSPORT GROUP, INC.		20990		40 Cu Yd	FAIRLESS H	ILLS LANDE	FILL	
City, State NEW CASTLE, DE 19720				Disposal Date	City, State			-
Completed By (Print or Type)	1-	Title		TBD	MORRISVIL	LE, PA		
PATRICK T. DeCARO		i nie Estimat		Signature	of ou	1-1	Date	
				Talrick	J. DY	aco/gl.	8/10/18	
PD 19055						10		

	OTIFICATION O (Pursuant to N	F ASBESTOS ABAT .J.A.C. 8:60 and 12:		E PRIME
Date of Notification (1)				EVOVE
7/10/18	Burlingto	uilding Owner / Operator (2)		
Agencies Notified Type Notification	Street Addr	ess	——————————————————————————————————————	T 1 0 2018
⊠ EPA		loute 130 North		
□ DEP □ Initial □ DOL □ Amended R#3	City, State &	& Zip Code	ACCOUNT	
The same of the sa	- willington	NJ 08016	Patricia 1	
	Name of Co			Telephone Number
	Mike Wood	ds		917-838-4314
Name of Eacility Whom Above 4: 7	FACILITY	Y INFORMATION		1 100 1014
Name of Facility Where Abatement is Taki Burlington Coat Factory Store #226	ng Place (3)	Type of Facility (4)		
Street Address		School (K-12)		
2495 Route 1, Suite 1		Subchapter 8	(Other than K-12)	
		Other (i.e. priv	ate & commercial build	dings, homes, etc.)
City (5) County (6	County Code (7	- Oquale Feet	# of Floors	Bldg. Age
Lawrenceville Mercer	, county code (/	. [.2000	1	50
		Retail	if being demolished)	
Name of Monitoring Firm Hired by Building	Owner (8) ASCN			
ESIS	7,001	No. Name of Abatemen	t Contractor (9)	
Street Address		Street Address	DIMMENIAL INC	
436 Walnut Street		1123 BEAVER ST	REFT	
City, State & Zip Code Philadelphia, PA 19106		City, State & Zip Co	de	
Project Manager for Monitoring Firm	T=	BRISTOL, PA 190	007	
Frank Westfall	Telephone Number	The state of the s	License	Number
	215-640-5320 Completion Date (11)	215-788-6040	1	00509
	n site 8/12/18) 8/20/	Name of OSHA Mon	itor	
Occupancy Status During Abatement (Check	(only one)	18 BRISTOL ENVIRO Street Address	DNMENTAL INC	
Light Closed/Vacated During Entire	Period of Abatement	1492 DEALER OF	DEET	
Abatement Performed Outside of No.	rmal Hours - 7am to 3	pm City, State & Zip Coo	KEEI	
Describe: (10:00 PM - 6:00 AM)		BRISTOL, PA 190	0.7	
Facility Occupied During Abatement	-	7	01	
Scope of Work (Check all that apply)				
≥3 sf or ≥3 lf	N Danaudi	⊠ F	full Containment with I	Negative Pressure
≥160 sf ≥260 lf	Renovation Demolition	LJ "	min-Enclosure	
	Demonitori		Slove Bag Procedures	
Location of	Is Location	Description of	lon-Exempted and Nor	n-Friable Procedure
Asbestos-Containing	Normally Used	Asbestos-Containing	Amount	Abatement Type
Material (ACM) TO BE ABATED	Solely by	Material (ACM)	(Specify SF or LF)	
in Facility	Maintenance or Custodial Staff?	(i.e., thermal systems		Re R
(13)	(12)	insulation, surfacing, VAT or other miscellaneous)		Enclsour incapsuk Repair
	Yes No N/A	or other miscellaneous)		Enclsoure Encapsulate Repair Removal
Receiving Area		Mastic		
Aisle Way C-D @ Column 4		Mastic	4,000	
Risle Way C-D @ Column 2		Mastic	436 SF	
Aisle Way D-E @ Column 1-2		Mastic	436 SF	
/estibule G-H @ Column 2-5		Mastic	300 SF	
estibule J & Cashwraps		Mastic	1100 SF	
Name of Registered Waste Hauler	NJDEP Wast	e Cubic Yards Name o	900 SF f Registered Landfill	
ERVICE TRANSPORT GROUP, INC.	Hauler ID No.	of Waste		
ity, State	20990	40 Cu Yd FAIRLE	ESS HILLS LANDFI	LL
EW CASTLE, DE 19720		Disposal Date City, Sta	ite	-
ompleted By (Print or Type)	I	TBD MORRI	SVILLE, PA	
ATRICK T. DeCARO	Title	Signature		Date
	Estimator	Patrick P. D	Caral il	8/10/18
D 18055		1200000	170	
- T0000				

· ·	OTIPIO CEL			- 2	prompts a service			
N	OTIFICATIO (Pursuan)	ON OF A t to N.J.	ASBESTOS . <u>A.C.</u> 8:60 a	ABATE	MENT 201	EC	EIRg.	自一
Date of Notification (1)			ing Owner / Ope				Maria de Carresta	
7/10/18	Bui	lington C	Coat Factory	erator (2)		OCT	1 0 2018	1
Agencies Notified Type Notification	Stre	et Address	3				1 0 2010	
⊠ EPA	183	0 US Rou	ite 130 North			ment apartment	restora,	1
☐ DEP ☐ Initial ☐ Amended R#3		State & Z			1 ^	O Page Assess		
· · · · · · · · · · · · · · · · ·		lington N	J 08016			move p. scom	Marada.	
□ DOH □ Emergency □ Cancellation	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e of Conta	ct				Telephone	
A	F.A	CILITY	NFORMATION	4			917-838-4	314
Name of Facility Where Abatement is Taki Burlington Coat Factory Store #226	ing Place (3)		Type of F					
Street Address								
2495 Route 1, Suite 1			Subc	napter 8 (t	Other than K	-12)		
			Course	(i.e. priva	te & comme	rcial build	lings, homes,	etc.)
City (5) County (6	(County	Code (7)	oquare Fe	eet	# of Floors		Bldg. Age	
-awrenceville Mercer	County	Code (7)	72500		1		50)
latercel			Current Us	se (Prior if	being demo	lished)	-	
lame of Monitoring Firm Hired by Building	2 1	7	Retail					
SIS	Owner (8)	ASCM N		batement	Contractor (9)		
treet Address			BRISTOL	. ENVIRO	NMENTAL	INC		
36 Walnut Street			Street Add		E-0.012-10.			
ity, State & Zip Code			1123 BEA	VER ST	REET			
hiladelphia, PA 19106			City, State	& Zip Cod	е			
roject Manager for Monitoring Firm	Tolonhone	Alexander and	BRISTOL)7			
rank Westfall	Telephone 215-640-5		Telephone			License	Number	
cheduled Start Date (10) Scheduled	Completion Dat		215-788-6				00509	
	on site 8/12/18	e (11) 3) <i>8/20/</i> 48	Name of O	SHA Monit	or NMENTAL		-	
ccupancy Status During Abatement (Chec	k only one)	-	Street Addr	FIABILO	KINICIAIVE	INC		
Facility Closed/Vacated During Entir	e Period of Aba	tement	1123 BEA		in the second			
Abatement Performed Outside of No	ormal Hours - 7	am to 3pm	City, State					
Describe: (10:00 PM - 6:00 AM)	Sunday - Thurs	dav	BRISTOL,					
Facility Occupied During Abatement		•	JUNIOTOE,	1 A 1500	1			
cope of Work (Check all that apply)								
				⊠ Fi	ull Containm	ent with N	Negative Pres	
≥3 sf or ≥3 lf	⊠ Reno	vation			ini-Enclosur	CLIT ANHILL	vegative Pres	sure
≥160 sf ≥260 lf	Dem	olition			love Bag Pro			
				N N	on-Exemple	d and No.	n-Friable Prod	
Location of	Is Locatio		Description	on of	Lompie	mount	I-Friable Prod	edu
Asbestos-Containing	Normally Us		Asbestos-Co	ntaining	1.4	Specify	Abateme	nt I
Material (ACM) TO BE ABATED	Solely by		Material (A	ACM)	s	F or LF)		m
in Facility	Maintenance Custodial St		(i.e., thermal	systems	1		Re R	nca
(13)	(12)	all!	insulation, surfa	cing, VAT			Repair	sde
₹ 200 €		AW	or other miscel	ianeous)			val lir	Encapsulate
ar Offices			8.6					0
eak Room, Mens Room & Corridor		-	Mastic		5	12 SF		
dies Room, Corridor & Sales Floor		-	Mastic			575 SF		fit
			Mastic	>	9	00 SF		H
	 							H
	14141						一片片	H
ne of Registered Waste Hauler				400.00			1111	=
o. registered waste namer			Cubic Yards	Name of	Registered	Landfill		
RVICE TRANSPORT GROUP, INC.	2099		of Waste					
, State	2099		40 Cu Yd	FAIRLE	SS HILLS	LANDFI	LL	
W CASTLE, DE 19720			Disposal Date	City, Stat	te SVILLE, PA			
npleted By (Print or Type)	Title		12.10.000	INTORKE	SVILLE, P/	4		
TRICK T. DeCARO		nator	Signature	00	0 1		Date	
\$1000000000000000000000000000000000000	2000	12001	tatrick	11 141	an /	1	8/10/18	
18055			Patrick !	, , , , , ,	13			
TOUSS					U			

		OTIFICA (Pursu	TION OI ant to <u>N</u>	ASBESTO	SABATER	MENTE C	EIV Ray
Date of Notification (1) 7/10/18		Name of Bu	ilding Owner / O	perator (2)	DI OCT	10000
	//10/18 /pe Notification		Burlingtor Street Addre	1 Coat Factor	(=)	DU OCT	1 0 2018
⊠ EPA	, p = 110 anoadon			ess oute 130 Nort	h	- Contraction of the Contraction	****
DEP DOL	Initial		City, State 8	Zip Code	11	ADDERT	Transfer to
Ø DOL	Amended R#2	-8/6/18 E	Surlington	NJ 08016	A-Gai	THE PERSON NAMED IN COLUMN	The same of the sa
DCA	☐ Emergency☐ Cancellation		lame of Con like Wood				Telephone Numi
		188					917-838-4314
Name of Facility Where	Abatement is Takin	ng Place (3)	FACILITY	INFORMATIO			
burnington Coat Fac	ctory Store #226	.9 . 1200 (0)		Type of	Facility (4) nool (K-12)		
Street Address	N= 1				chapter 8 (Oti	Perthan K 40	
2495 Route 1, Suite	1			☐ Oth	er (i.e. private	& Commercial h	uildings, homes, etc.)
City (5)	C	10			Feet #	of Floors	Bldg. Age
Lawrenceville	County (6)) Cour	nty Code (7)	1,2000		1	1
-contendente	Mercer			Current	Use (Prior if be	ing demolished	50
Name of Monitoring Firm	Hired by Building	DWDer (9)	IACO:	Retail			
ESIS		OWNIEL (O)	ASCM		Abatement Co	ontractor (9)	Che Che
Street Address				Street Ac	L ENVIRON	MENTAL INC	
136 Walnut Street					AVER STRE	FT	
City, State & Zip Code Philadelphia, PA 191	ne			City, Stat	e & Zip Code	- Com E	
roject Manager for Mon	itoring Firm	Talaut		BRISTO	L, PA 19007		
rank Westfall	itoling i iiii	215-64	ne Number		e Number	Licen	se Number
cheduled Start Date (10	Scheduled C	Completion I	Date (11)	215-788-		-	00509
7/24/18		OHNO	.D	BRISTO	OSHA Monitor	MENTAL INC	
ccupancy Status During	Abatement (Check	only one)		Street Add	iress	HENTAL INC	
racility Closed/Va	acated During Entire	Period of A	batement	14400 DE	AVER STRE	ET	
Describe: (10:0	med Outside of Nor	mal Hours	- 7am to 3p	om City, State	& Zip Code	-	
Facility Occupied	During Abatement			BRISTOL	., PA 19007		
cope of Work (Check all	that apply)						
	,				⊠ Full	Contain	
≥3 sf or ≥3 lf≥160 sf ≥260 lf		Re	enovation		Mini-	Containment wit Enclosure	h Negative Pressure
≥160 sf ≥260 If		☐ De	molition		Glov	e Bag Procedure	20
Location	of	1			Non-	Exempted and N	Non-Friable Procedure
Asbestos-Co	ntaining	Is Loca Normally		Descript		Amount	Abatement Typ
Material (A	CM)	Solely		Asbestos-Co Material (ontaining	(Specify	
TO BE ABA	ATED fv	Maintena	nce or	(i.e., thermal	systems	SF or LF	7) 20 5
(13)	ry	Custodial (12)		insulation, surf	acing, VAT		Repair
		Yes No	N/A	or other misce	ellaneous)		Encapsulate Repair Removal
ceiving Area				Mast			Te l
le Way C-D @ Colur	nn 4		H	Mast		4,000	
le Way C-D @ Colum	nn 2		171	Masti		436 SF	
le Way D-E @ Colun	nn 1-2			Masti	the same of the sa	436 SF	
stibule G-H @ Colum	nn 2-5			Masti		300 SF 1100 SF	
stibule J & Cashwrap me of Registered Waste	DS Louis			Masti	С	900 SE	
o. registeren vvaste	nauler	NJ	DEP Waste	Cubic Yards	Name of Re	gistered Landfill	
RVICE TRANSPORT	GROUP, INC.		uler ID No. 990	of Waste 40 Cu Yd			
, State		EV		Disposal Date	FAIRLESS	HILLS LAND	FILL
W CASTLE, DE 1972	0			TBD	City, State		
npleted By (Print or Type	e)	Title	9	Signature	MORRISV	LLE, PA	
TRICK T. DeCARO			imator	D . 1	1.00	1.0	Date
			-	Taluck	I. De	low /x	8/6/18
18055							

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. •9		(Pur	suan	t to N.J	.A.C. 8:60	and 12	2.4901			Pa	à -)
Data - 581-45										2	0	T
Date of Notification (1)	10/18		Nan	ne of Build	ling Owner / Op	perator (2)	1 0	CT 1	0 20	918	11
	e Notification		Bur	lington (et Addres:	Coat Factory						•.0	
⊠ EPA	- Trodilogion				s ute 130 North		Ĭ.	ACDE		515		+
☐ DEP 区			City.	State & Z	in Code	1		#% 11 % 12 %				
DOL X		2-8/6/18			lJ 08016			AND STREET, ST	ar	am z. "-		
☑ DOH	Emergency		Nam	e of Conta	act				1-	- 1 1		
	Cancellation		Mike	€ Woods						l eleph	one No 38-431	uml
			FA	CILITY	NFORMATIO	N			- 1	717-0	36-431	14
Name of Facility Where	Abatement is Tak	ing Place	(3)		Type of I		4)					
Burlington Coat Facto Street Address	ory Store #226				Sch	ool (K-12	2)					
2495 Route 1, Suite 1	*				Sub	chapter 8	B (Other	than K-12)				
a. oute i, oute i					≥ Othe	er (i.e. pr	ivate & c	commercial b	uildina	s. hon	nes et	c 1
City (5)	County (6) [6	Ounty (Code (7)		eet	# of F	loors	BI	dg. Ag	nec, co	0.,
Lawrenceville	Mercer	,	ounty (50ae (7)	72500			1			50	
	I WOLOGE				Current C	Jse (Prio	r if being	demolished)			
Name of Monitoring Firm I	Hired by Building	Owner /s	3)	ASCM N	Retail	AL.,				Angel Annual		
<u> </u>			-7	ACCIVITY.		Abateme	nt Contr	actor (9) NTAL INC		-		-
Street Address		Live because of			Street Add	dress	KORIME	NIAL INC				
136 Walnut Street Dity, State & Zip Code					1123 BE		TREET	7				
Philadelphia, PA 19106					City, State	& Zip C	ode					_
Project Manager for Monito	oring Firm	Tolo	phone	M	BRISTOL	L, PA 19	3007	40				
rank Westfall	5g 1 11111	215.	prione i -640-5;	Number	Telephone	Numbe	r	Licer	se Nui	mber		
cheduled Start Date (10)	Scheduled	Completi	on Date	(11)	215-788-6 Name of C					0050	9	
710 8140	1 0791277		on Duic	(11)	IIVAINE OT L	15H 0 1/10	DITOR			Contract of the last of the la	-	
7/24/18		ONH	OLD	0.0	BRISTOL	FMVIR	ONEE	AIDT A F FD TO				
ccupancy Status During A	Abatement (Chec	k only on	0)		BRISTOL	ENVIR	ONME	NTAL INC				
ccupancy Status During A	ated During Entir	k only on e Period	e) of Abat	ement	Street Add	ENVIR	ONME					
Ccupancy Status During A Facility Closed/Vac Abatement Perform	ated During Entirned Outside of No	k only on e Period ormal Ho	e) of Abat	ement	Street Add 1123 BEA City, State	ENVIR	TREET					
Ccupancy Status During A Facility Closed/Vac Abatement Perform Describe: (10:00	ated During Entired Outside of No PM – 6:00 AM)	k only on e Period ormal Hor Sunday	e) of Abat	ement	Street Add	ENVIR	TREET					
Cocupancy Status During A Facility Closed/Vac Abatement Perform Describe: (10:00 Facility Occupied D	rated During Entired Outside of No. PM - 6:00 AM) and the control of the control	k only on e Period ormal Hor Sunday	e) of Abat	ement	Street Add 1123 BEA City, State	ENVIR	TREET					
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Cocupancy Status During A Facility Closed/Vac Abatement Perform Describe: (10:00 Facility Occupied D Cope of Work (Check all the state of the state	ated During Entired Outside of No. PM - 6:00 AM) auring Abatement hat apply)	k only one Period ormal Horsel	e) of Abat urs – 7a Thurse Renov Demo	ement am to 3pm day vation lition	BRISTOL Street Add 1123 BEA City, State BRISTOL	LENVIR Iress AVER S & Zip Co ., PA 19	TREET Dide 007 Full Con Mini-En Glove B Non-Ex	ntainment wi closure Bag Procedur empted and	es Non-Fr	riable I	Proced	lure
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7/10/18 **Burlington Coat Factory** Agencies Notified Type Notification Street Address **EPA** 1830 US Route 130 North DEP Initial City, State & Zip Code X DOL X Amended R#1-7/20/18 Burlington NJ 08016 X DOH Emergency Name of Contact DCA Cancellation Telephone Number Mike Woods 917-838-4314 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Coat Factory Store #226 School (K-12) Street Address Subchapter 8 (Other than K-12) 2495 Route 1, Suite 1 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors City (5) Bldg. Age County (6) County Code (7) 72500 Lawrenceville Mercer Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ESIS BRISTOL ENVIRONMENTAL INC Street Address Street Address 436 Walnut Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia, PA 19106 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number Frank Westfall License Number 215-640-5320 215-788-6040 Scheduled Start Date (10) Scheduled Completión Date (11) 00509 Name of OSHA Monitor 7/24/18 8/20/18 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 X City, State & Zip Code Describe: (10:00 PM - 6:00 AM) 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 lf Demolition Glove Bag Procedures Non-Exempled and Non-Friable Procedure Location of Is Location Description of Asbestos-Containing Amount Normally Used Abatement Type Asbestos-Containing Material (ACM) (Specify Solely by Material (ACM) TO BE ABATED SF or LF) Maintenance or (i.e., thermal systems Encapsulate in Facility Removal Custodial Staff? Enclsoure insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Receiving Area Mastic Aisle Way C-D @ Column 4 4.000 X Mastic Aisle Way C-D @ Column 2 436 SF Mastic Aisle Way D-E @ Column 1-2 436 SF Mastic Vestibule G-H @ Column 2-5 300 SF X Mastic Vestibule J & Cashwraps 1100 SF X Mastic Name of Registered Waste Hauler 900 SF NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 FAIRLESS HILLS LANDFILL 40 Cu Yd City, State Disposal Date City, State NEW CASTLE, DE 19720 TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature PATRICK T. DeCARO Date Patrick J. D. Con Lo Estimator 7/20/18 PD 18055

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Street Address	4	-		-		chapter 8 (Othe	or than 16 cas	
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hiladelphia, PA 19106				-	City, State	& Zip Code		
roject Manager for Monitorin	o Firm	Telenh	one Number		BRISTOL	, PA 19007		
rank Westfall		215-64	40-5320		Telephone 215-788-6	Number	License	Number
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

me of Registered Waste Hauler RVICE TRANSPORT GROUP, INC. State V CASTLE, DE 19720 Disposal Date TBD Disposal Date TBD Disposal Date TBD WAYNESBURG, OH 44688 RICK T. DeCARO	Del- IN OF			10101	71.0.0.0	vano 12	:120)	n T	17 11 8	1107
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DEP SOLE STORE Amended Entergency Cancellation Semigracy Cancellation Cance		e Notification	Stre	ef Address	Dat Facto	ry	i	-1	UCT 1 0 201	18
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Street Address \$36 Walnut Street \$150; State & Zip Code **Philadelphia, PA 19106** **Poject Manager for Monitoring Firm **Poject Address **Poje	Name of Monitoring Firm H	ired by Building Own	ner (9)	14001111	11/6/6II					53
Streef Address Stre		, and any Own	101 (0)	ASCM No.		Abatement	Contractor	(0)		
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ERISTOL ENVIRONMENTAL INC Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement Performed Outside Outsid	chequied Start Date (10)	Scheduled Com	pletion Date	(4.4)	1215-788-	-6040		1-1001136		7-16-16-1-3-3
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Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) Facility Occupied During Abatement ope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Sales Floor Sales Floor Non-Exempted and Non-Friable Procedure Solely by Maintenance or Custodial Staff? (12) Yes No N/A Sales Floor Nin-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedure Abatement Ty Maintenance or Custodial Staff? (12) Yes No N/A Sales Floor Nin-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedure Abatement Ty Material (ACM) (1.e., thermal systems insulation, surfacing, VAT or or other miscellaneous) of Registered Waste Hauler NJDEP Waste Hauler ID No. 20990 Title Signature	ccupancy Status During Ah	ninna-i (Ol i			BRISTO	L ENVIRO	NMENTAL	11.10		
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