															-
CK 45	2	NO	(Pt	CATION C	NJAC 8:	STOS A 60 and	12:120))	The second of th	7	EGE		\mathbb{V}		The state of the s
Date of Notification (1)				Name of E			erator ((2)	Accessed to		0	0	004		-
10/20/2016					Camden	1				acs.	001 2	0	2016)	1
Agencies Notified Typ	e Notification			Street Add	95120										-
⊠ EPA □	Initial Amended		-	City, State		e			-	AS	SBESTOS	CO	NTF	OL.	&
X EPA X DEP X DOL	Amended Amendment	#	_		n, NJ 08						LICE	VSII	<u>VG</u>		
	Emergency (justification)	including	-	Name of 0	Contact					Tele	ephone Numb	er			
DOH DCA	Cancellation			James	Rizzo					1					
				FACIL	ITY INFO	RMATIC	N	T	f Facility /	• \					
Name of Facility Where Abate	ement is Taking	g Place (3)						_	of Facility (4						
542 S. 7th Street									School (K-1) Subchapter		er than K-12)				
Street Address								N C	Other (i.e. p		& commercial	buildi	ings, l	nomes	3,
542 S. 7th Street									tc.) e Feet	# of	Floors	Blo	dg. Ag	ie .	
City (5) Camden								Varie			ries		0+		
County (6)			Т	County C	ode (7)			Currer	nt Use (Prio	or if bei	ng demolishe	d)			
Camden					SE ONLY)			Hous	sing Dee	med l	Unsafe				
Name of Monitoring Firm Hire	ed by Building (Owner (8)		ASCM	No.		Name	of Abat	ement Con	tractor	(9)				
							Site	Enter	prises, In	iC.					
Street Address		***						Addres							
									ah Road						
City, State, Zip Code									p Code or Towns	hin N	1108234				
				Talanhan	a Na		- 00	none No		mp, n	License No				
Project Manager for Monitorin	ng Firm			Telephon	e ivo.			567-1			01172				
Ota d Data (10)		Scheduled	d Cor	moletion F)ate (11)		900773-9703	0.000	A Monitor					7 - 8	
Start Date (10) 10/21/2016		11/04/2		65	Jato (11)		,,,,,,,,								
Occupancy Status During Ab	atement (Chec	ck Only One	e)				Street	Addres	ss						
Facility Closed/Vacated				ment											
Abatement Performed C	Outside of Norr	nal Facility	Hour	rs		_	City, S	State, Zi	ip Code						
Scope of Work (Check All Th	at Apply)									7.75					
≥3 sf or ≥3 lf			7.0 97.00	ation			-				h Negative Pr	essur	e		
≥160 sf or ≥260 lf		X De	emol	ition			E	Glo	ni-Enclosur ovebag Pro	cedure					
							Σ	√ No.	n-Exempte	d (*) ar	nd Non-Friable				
			Loca										Abate Ty		
Location of			orma	ely by		De	scription	n of	L (A CNA)	,	Amount			_	
Asbestos-Containing Mat		Mai	ntena	ance/	Asbest (i.e.	thermal	aining i system	viateriai is insula	I (ACM) ation,		Specify	Re	D D	Encapsulate	Enc
In Facility	.0	Custo	odial (12)	Staff?	,		cing, VA			S	F or LF)	Remova	Repair	nsde	Enclosure
(13)			· · · ·			otherr	niscena	neous)				/al	-	late	ле
		Yes	No	N/A									_		
See Attached Eme	ergency			X	See	e Attac	hed E	merge	ency	200	yd per reg	Х			
							-210-20-7-0	0.00							
Name of Registered Waste H	Hauler			NJDEP W	/aste	Cubic	Yards		Name of	Regist	tered Landfill				
	ladior			Hauler ID	No.	of Wa	ste		GROV						
Site Enterprises Inc.				0035220	0	20 c	y		J. 10 v						

Disposal Date

10/28/2016

Signature

10/20/2016

Morrisville, PA 19067

City, State

Egg Harbor Township, NJ

Title

OM

City, State

Completed by

Eric Keys

CKL 0589

CKLLINY	59			ursuant to NJ				EG		- **			
Date of Notification (1)	Jol	#: 962	4.02	Name of B	uilding Own	ner/Operator (2	2)			F.	1,17		1
October 24,2016	0.707.7						11 -						
	otification Type			Street Add		Medical Cen	ter	OCT	262	016		11/	4
	* * * * * * * * * * * * * * * * * * * *				0.5.570			901	202	VIV		********	
	Initial Notifica	tion			don Avenue	9	-						1
□ DOL	Amended Amendmer	+#		City, State	, Zip Code		ŧ	ASSESTO	S CON	720	1. 4	**	4
☑ DOH ☑	Emergency (i		1	Camden, I		<u> </u>			ENSING	2		20120	100
☐ DCA	justification)	_	•	Name of C	ontact		100 00 000-	Te	elephone	Nun	nber		
] Cancellation			Dan Haves	s / West Ch	ester Mechar	nical						
				1120-1266-1266-1-1266-1-1266	INFORMAT	error see oor			_		-		
Name of Facility Where A	Abatement is Ta	aking Pla	ace (3)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE CHANGE		Type of Fa	cility (4)					-
Our Lady of Lourdes Me	edical Center					1.	School						
Street Address							☐ Subcha	pter 8 (Othe	r than K-	12)			
1600 Haddon Avenue								i.e. private &	(comme	rcial	build	ings,	
City (5)							homes, Square Fe		loore		Plda	. Age	_
Camden							10,000	7	10015		65 ye	-	
County (6)				County Co	de (7) (STA	ATE	Current Us	e (prior if be	ina demo	- 1 -			
Camden County				USE ONLY			Hospital	o (prior ii bo	ing doine	7110110	,		
Name of Monitoring Firm	Hired by Buildi	na Own	er (8)	ASCM No.	Name	of Contractor (
Criterion Labs		3	(-)	7.00	0.000	Group Remed	300	27					
Street Address						Address	nation, int	<i>.</i> .		_			
3370 Progress Way						dams Road, S	Suito I D C) Pov 6					
City, State, Zip Code	5.00					ate, Zip Code	Juile i, r.C	J. DUX U				-	
Bensalem, PA 19020					V-2-0.00-0-0-0.00	em, PA 1902	0						
Project Manager for Moni	torina Firm	Telepl	none Nu	mher		one Number	•	License Nu	mbor				
Michael Panepresso	3	- A	44-1300		215-533				iiibei				
Scheduled Start Date (10	School	2000000000	mpletion	ISSNO-PROFE	100000000000000000000000000000000000000	of OSHA Monit		00858					
October 23,2016				1(11)	Marie Control		tor						
Occupancy Status During	Abatement (C.	er 23, 2	ly one)		Street A	on Labs							
(Approximate to the control of the c			A 80		000000000000000000000000000000000000000								
☐ Facility Closed/Vacate ☐ Abatement Performed	d During Entire	Period	of Abate	ement		rogress Way							
Other – Describe: Wor	k area was vac	ated du	ring enti	re abatement.		ate, Zip Code							
					Bensale	em, PA 19020)			SIRSTE			
Source of Work (Check al	I that apply)												
				novation		☐ Full Conta		h Negative F	ressure				
☐ > 100 SI OI > 200 II			□De	molition		☐ Mini-Enclo☑ Glovebag							
			,			☐ Non-Exem			le Proce	dure			
			(a.e.)								9.3	700	
	1 10000	s Locati rmally U	70.00							P	20020000	ement pe	
Location of Asbestos	i-	Solely b			Description	of		Amount			ı y	pe	
Containing Material (AC		aintenar	2.70.775			Material (ACM)		(Specify				ш	
TO BE ABATED IN Facility		Custodi Staff?	3500		mal system: ırfacing, VA	s insulation,		SF or LF)		D	Z	Encapsulate	En
(13)		(12)			er miscellan					Remova	Repair	aps	Enclosure
140,000		T .		11-000000		,			1	<u>2</u>	ä.	ulat	ure
	Yes	No	N/A									Ю	
Basement - Morgue		Х		Pipe Insulat	ion/Fittings	/Debris	25 LF			Х			
										-	-		
Name of Reg. Waste Haul	er	N	JDEP W	aste Cub	ic Yards	Name of R	Reg. Landfil	I					
100		Н	auler ID	# of W	/aste				JEII / D.E.	D#4 ^	1070	0)	
Prime Group Remediation City, State	on, Inc.	19	9272	1 Disn	ocal Data			munity Lan	utili (DE	r#1(10/3	(د	
SAN PROCESSOR SAN				0.010	osal Date	City, State							
Bensalem, PA Completed by	Title			10/2	4/2016 Signatur	Birdsboro	, PA		Date				
Vincent Primavera	The same of the sa	na~			Jigilatul	///	10/					4.0	
ASB-41	Project Ma	nager			/	///	/		Octob	er 24	, 20	16	

CK# 25307

								1	IIN) B	U	E	l V	4 [
Date of Notification (1)				Name	of Buildin	ng Ov	ner/Operator						
10	/25/16							De uriart	e []	n e	9	-	+-
Agencies Notified	Type Notific	ation		Stree	t Address					UUI	60	دان	110
⊠ EPA	Initial	ar .											_
DEP	Amender Amendm			City,	State, Zip (Code			- ASRE	STO	SC	TMC	RO
	☐ Emerger	ncy (includin	g	-			New 1	Brunswick, N	NJ 0890 ASBE	LIC	ENIS	ING	-
DOH DCA	justificat			Name	of Contac			2	Telephone Nun	nber			
	ouricond	tion			Mr.	Bria	n De uria	rte				_	
				FA	CILITY INF	ORN	MATION				20.015		
Name of Facility Where								Type of Facility	y (4)	1,100			
]	Residenti	al					School (K-1					
Street Address				1					 8 (Other than K-1 private & commerce 		dinas		
								homes, etc		ar buil	unigo	1	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
	New	Brunswi	ck, N					2500	_ 2	_ _	80	+/-	_
County (6)					nty Code (7) (S	STATE	Current Use (P	rior if being demol	ished)			
	dllesex				ONLY)								_
Name of Monitoring Firm		ding Owner		ASCM	No.	Na		nent Contractor (
	MECS			-		_		ens Environ	mental Service	es, Ir	ıc.		
Street Address	DO D	241				Str	eet Address	DO I	222				
	PO Box	341				_			Box 322				_
City, State, Zip Code	osswicks,	NII 0051	5			City	, State, Zip C		m NI 00501				
		113 0051.			NI-	_	antana Na	Allelitow	n, NJ 08501			_	_
Project Manager for Mor	isgarber			phone	0-4070	l ei	ephone No. (609) 25	0 0600	License No.	00493	2		
		Cabadulad C	_						-	0049.)		_
Start Date (10)		Scheduled C			ile (11)	INa	me of OSHA I		IECS				
11/14/16 Occupancy Status Durin	a Abatamant		1/18	10		Ctr	eet Address	17.	ilcs				_
☐ Facility Closed/Vacate	T			mont		Su	eet Address	PO I	30x 341				
Abatement Performed						City	, State, Zip C		307.3.11				_
Other - Describe:			,			Oit	, Otato, Zip O		ks, NJ 08515				
Scope of Work (Check a						-		CIOSSWICI	15, 110 00515				
		_						ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf >160 sf or >260 lf			enovat emolitic				Mini-End	closure ag Procedure					
			or round			2144			on-Friable Procedu	ure			
			Locatio							P	bate		
Location of	of		omally Solel			1	Description of				Тур	e .	
Asbestos-Containing N	Material (ACM)	Mai	ntenan	ce/		tos C	ontaining Mat	erial (ACM)	Amount			Е	
TO BE ABAT IN Facility			ustodia Staff?	31	(i.e.,		mal systems in rfacing, VAT,		(Specify SF or LF)	Rer	Re	nca	Enc
(13)			(12)				er miscellaned		Or Or Er y	Remova	Repair	Encapsulate	Enclosure
771 73-9		Yes	No	N/A				***		프		ate	ē
		×		1			1 D' T		160.10	+			
Baseme			1h	erm	al Pipe Ins	sulation	160 lf	×					
	_												
							<u> </u>						
						24100							
Name of Registered Was		10000	JDEP \	- CONTRACTOR - CON		oic Yards	Name of Reg	istered Landfill					
Stevens Environn	nental Serv	vices, Inc	_ -	lauler ID 182	292	01 /	Vaste 2 CU	/	GROWS Las	ndfill	9		
City, State						Dis	posal Date	/ City, State	7				
	Allentow	n, NJ				_1	1/18/16/	101/	/ Morrisville.	PA			
Completed By		Title					Signature	1/	Date				
Mahlon E. Ste	vens	P1	ojec	t Mar	ager		11/1			10/2	5/16)	

CK#25308

	IIFS											
Date of Notification (1)	/25/16			Name	of Buildin	g Owner/Operator	(2) Falco	111 11 00	:1 2	6	201	6
Agencies Notified	Type Notification			Stree	t Address		Tarco	d dotal board		_		_
EPA	Initial			Olice	t Addiess			L	TOO	00	1 177.5	
DEP	Amended			City 5	State, Zip 0	?ode		ASEES	105	~~	NTE	10 L
⊠ DOL	Amendment #		_	Oity, C	otato, zip c		idlesex, NJ		JCE	VOL	VU	
⊠ DOH	Emergency (ir justification)	iciuain	g	Name	of Contac		idiesex, 145	Telephone Num	her	_	_	-
□ DCA	Cancellation			ivanic	or Contac	Mrs. Falco		relephone ivani	Dei			F
				ΕΛ	CII ITV INIE	ORMATION		_	_			_
Name of Facility Where	Ahatement is Takin	n Place	e (3)	I A	CILITI IN	ORIVIATION	Type of Facility	, (A)				
Traine of Facility Whole	Resi						☐ School (K-1					
Street Address	2001						Subchapter	8 (Other than K-1				
							Other (i.e., phomes, etc.	orivate & commerc	ial buil	dings	5,	
City (5)							Square Feet	# of Floors	ТВ	dg. A	\ae	
	Middl	esex.	NJ				1800	2			i+/-	
County (6)				Cour	nty Code (7) (STATE		rior if being demoli	shed)	- / -		_
	ddlesex				ONLY)		Service Control of the Control of th					
Name of Monitoring Firm	Hired by Building (Owner	$=$ \Box	ASCM	No.	Name of Abatem	ent Contractor (9	9)				_
(8)	MECS					Stev	ens Environi	mental Servic	es, Ir	ic.		
Street Address						Street Address						_
	PO Box 34	1					PO I	30x 322				
City, State, Zip Code			20			City, State, Zip Co						_
	osswicks, NJ ()851:					Allentow	n, NJ 08501				
Project Manager for Mor			250000000000000000000000000000000000000	phone	West Control of the Control	Telephone No.		License Ne.				
	isgarber				0-4070	(609) 25			0493	3		_
Start Date (10)	Sched			tion Da	ite (11)	Name of OSHA N		F.00				
11/21/16			1/25	16		-	M	ECS				_
Occupancy Status Durin						Street Address	DO I	2.11				
Facility Closed/Vacate								30x 341				
Abatement Performed Other - Describe:		racili	ty Hou	S		City, State, Zip Co		- NI 00515				
						1	Crosswick	s, NJ 08515			_	
Scope of Work (Check a	iii that apply)					☐ Full Con	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat			Mini-Enc	losure					
≥160 st or ≥260 lt		∐ De	emolitic	n			g Procedure mpted (*) and No	on-Friable Procedu	re			
		ls l	Locatio	n			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		T .	bate	ment	
1			omally							Тур		
Location of Asbestos-Containing N			d Solel ntenan		Asbest	Description of tos Containing Mate	erial (ACM)	Amount				
TO BE ABAT	ED		ustodia Staff?	ıl		thermal systems in	sulation,	(Specify	Z _e	ZI.	Encapsulate	Ē.
IN Facility (13)		,	(12)			surfacing, VAT, other miscellaneo		SF or LF)	Removal	Repair	sde	Enclosure
, , , ,		Vas	No	N/A					la	=	ılate	ure
		Yes	INO	N/A								
Baseme	nt		×		Th	ermal Pipe Ins	ulation	120 lf	×		- 7713	
Baseme	ent		×			Boiler Insula	tion	30 sf	×			
												\neg
Name of Registered Was	ste Hauler			JDEP \	A STATE OF THE STA	Cubic Yards	Name of Regi	stered Landfill				
Stevens Environn	nental Services	s. Inc	. -	auler ID	No. 292	of Waste 2 CU		GROWS Lar	dfill			
City, State		,		102	.,,,	Disposal Date	City, State					-
7 (2) (\$\delta(3)) 	Allentown, N	IJ				11/25/16	10/	Morrisville,	PA			
Completed By	Title					Signature	177	Date				-
Mahlon E. Ste	vens	Pı	roject	Mar	ager				10/2	5/16)	
		_				1///						

CK# 25369

■ Control and Control Adjoint (Control														
Date of Notification (1)	10.5.11.6			Name	of Buildin	g Owner/0	Operator (TOO VERSION OF		0.0	T 2	6	2016	
	/25/16			-				Weiner	Bend Stor			_	_	
Agencies Notified	Type Notifica	ation		Stree	t Address						-00	001	ITD	01
EPA EPA	Initial			_					F	SBEST	05	CO	VIII	OL
DEP	Amended Amendme			City, S	State, Zip C	Code	1922	0.000		L	1007	4017		
	☐ Emergen	cy (includin	g				Oce	eanport, NJ ()7757					
MOH DCA	justificati Cancellat			Name	of Contac	33			Telepho	ne Numb	er	_		
	Cancellat	1011			Za	ickary V	Veiner						,	
				FAG	CILITY INF	ORMATIC	ON							
Name of Facility Where	Abatement is 7	Taking Place	e (3)	7.633				Type of Facility	(4)		_			-
		Residenti						☐ School (K-1						
Street Address								☐ Subchapter	8 (Other t					
								Other (i.e., p		ommercia	l build	dings		
City (5)							-	homes, etc. Square Feet) # of FI	oors	TBI	dg. A	ae .	
Oity (0)	Ω	eanport,	NI					850	" 0111	1	1 5		+/-	
County (6)	- 00	camport,	113	Cour	nty Code (7) (CTAT	_	Current Use (P	rior if boin	a domolio	-	13	1/-	_
	nmouth				ONLY)	i) (SIAII	-	Current Ose (F	noi ii bein	g demons	ileu)			
Name of Monitoring Firm		lina Oumor		ASCM	No.	Nama	f Abatoma	ent Contractor (9)\					_
	MECS	ang Owner		ASCIVI	INO.	ivaine o		ens Environi		Sarrica	c In			
-	MECS							ens Environ	memai .	Sel vice	5, III	ic.		
Street Address	DO Daw	2.41				Street A	aaress	DO I	222	re.				
0	PO Box	341							30x 322	·				
City, State, Zip Code		NIT OOF 1	-			City, Sta	ite, Zip Co		. NII O	0501				
. —	osswicks,	NJ 0851.						Allentow						_
Project Manager for Mor	27			phone		Telepho		0.000	Licens	se N o.	0.400			
Avan make a law to a con-	isgarber		-		0-4070		09) 25			- 0	0493	5		-
Start Date (10)	8	Scheduled C			ite (11)	Name of	OSHA M							
11/4/16			1/11	/16		-		M	ECS					
Occupancy Status Durin		행 : #	- 53			Street A	ddress							
▼ Facility Closed/Vacate	0.77								30x 341					
Abatement Performed			ty Hou	rs		City, Sta	te, Zip Co							
Other - Describe:	8 am - 4 pr	n						Crosswick	s, NJ ()8515				_
Scope of Work (Check a	Ill that apply)									entranta mas				
★ ≥3 sf or ≥3 lf		⊡ D	enovat	ion			Full Cont Mini-Encl	ainment with Ne	gative Pre	ssure				
23 st of ≥3 if			emolitic					g Procedure						
							Non-Exe	mpted (*) and No	n-Friable	Procedur	e			
			Location or ally							i.	A	bater		
Location of	of		Solel			Desc	ription of				<u></u>	Тур	e	_
Asbestos-Containing N		Mai	ntenan	ce/		tos Contai	ning Mate	erial (ACM)	Amo	T157.77			ш	_
TO BE ABAT IN Facility			ustodia Staff?	31	(i.e.,	thermal s	ystems in ng, VAT, o		(Spec		Rer	Z.	nca	nc
(13)			(12)				scellaneou		31 01	LI)	Remova	Repair	Encapsulate	Enclosure
3.72		V	NI-	I NUA							<u>a</u>		late	ē
		Yes	No	N/A										
Attic	V	ermicul	ite Insu	lation	1000	sf_	X							
	2													
		_												-
		-												\dashv
Name of Desistered Wes	ato Houles			JDEP \	N/oote I	Cubic Ya	orde	Name of Regi	etorod I or	ndfill				_
Name of Registered Was			H	lauler IC	0.0000000000000000000000000000000000000	of Waste		Name of Regi	_					- 1
Stevens Environn	nental Serv	vices, Inc	<u>. '</u>	182	292	8 C	U	1 /	GROW	/S Lan	dfill			
City, State	10 800	-07-20-20-				Disposal	Date	City, State/		o pagam -				
	Allentow	n, NJ				11/14	4/16_1	M	Morri	sville,	PA			
Completed By		Sigr	nature	/ /	/	Date	233402							
Mahlon E. Ste	vens	P	ojec	t Man	nager		////				0/2	5/16		_

(KUDO)	N		CATION	OF ASBE to NJAC 8	STOS	ABATE		Т) <u>, E</u>	G	E		M	E
Date of Notification (1) 10/24/16				Building (y Club			00	[2	6 1	2016	
Agencies Notified Type Notification		1 2	Street Ad 1 Cher	ddress ry Hill L	ane					L_				120	OT 1
EPA Initial DEP Amended DOL Amendment #_				te, Zip Co dge, NJ		7				ASB			VSIN	VTR IG	<u>JL (</u>
□ Emergency (inc □ justification) □ DCA □ Cancellation	luding	9	Name of Eric Pr	Contact					Tele	phone	Num	per			
			FACII	LITY INFO	RMAT	ION				35					
Name of Facility Where Abatement is Taking P Glenwood Apartments	lace (3)						Тур	School (K-1)	2)	allow I	. 10				
Street Address 2-6 Glenwood Dr							×	Subchapter Other (i.e. p etc.)							es,
City (5) Old Bridge, NJ							2,0	uare Feet 100	# of 2	Floors		100000	dg. A	ge	
County (6) Middlesex				Code (7) JSE ONLY)	S			rent Use (Pric artment	or if bein	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM	l No.		100000000000000000000000000000000000000		eral Constr							
Street Address						Street 1360		ress fton Ave, P	MB Su	uite 21	18				
City, State, Zip Code								Zip Code NJ 07012							
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-		No. -0089		Licens 00693					
	chedule 1/11/1		pletion (Date (11)				SHA Monitor eral Constr	uction	n, Inc					
Occupancy Status During Abatement (Check C	Only One	e)				Street			MD C	iito 21	10				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:						City, S	State,	fton Ave, P Zip Code NJ 07012	IVID SU	ille Z i	10				
Scope of Work (Check All That Apply)						Onite		10 07012						100000	
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		Location												ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Cust	ormall d Solel ntenar odial S (12)	ly by nce/ staff?		tos Cor therma surfa	escription staining N I system acing, VA miscellar	Mater is insi AT, or	n. 1	(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
0.4.5.5	Yes	No	N/A		: /=1	la a I		4:	10	20.1.5		17			
2 A-D Poplar Ln	X				20	bow In				60 LF 55 LF		X			
4 A-D Poplar Ln				2	bow In:					-					
6 A-D Poplar Ln	X			Р	ipe/El	bow In:	sula	uon	16	80 LF		X			
Name of Registered Waste Hauler		IN	JDEP W	laste	Cubic	Yards		Name of	Registe	red Lan	ndfill	-			
Service Transport Group		Н	auler ID 0990		of Wa	aste		Minerva	a Land		141111				
City, State New Castle, DE 19720					Dispo 11/1	sal Date 1/16	,	City, State Waynes		QH 4	468	8			
Completed by Krutarth Jagad	Title Presi	dent				Signature	e /	2	1		Dat 10	e '24/1	6		

D&S Proj. #: 16-318

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

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Name of Monitoring Firm Hired by	/ Bldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
						D & S RESTOR	ATION, INC.					
Street Address						Street Address						
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Project Manager for Monitoring Fire	m	Lou				Paterson, NJ 07	7503					
r roject manager for Monitoring Fin	H	Pr	one Numb	er		Telephone Number 973-345-8020		License		er		
05-10-1 (10)	10.					Name of OSHA Mon	itor)1169	_		
Start Date (10)	Sched.	Completio	on Date (11)		D & S Restorati	17.7%					
10/26/16	11/09/					Street Address	on, me.					
Occupancy Status During Abateme						20 California Av	enue/					
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Other-Describe: NORMAL	HOURS				_	Paterson, NJ 07	503					
Scope of Work (check all that app	ly)						Full Containment w	/negative	nress	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation						Mini-enclosure	678	proop	u.o		
≥160 sf or ≥260 lf	Demolition						Glovebag procedur	e				
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legistered Waste Hauler D & S RESTORATION, INC.	NJDEF 1350	Hauler II		bic Yards of W	aste	Name of Registered						
ity, State	1330		Disposal Da	yd.		TULLYTOWN,	RESOURCE RE	COVER	Y			
PATERSON, NJ 07503		ľ	10/27/16			City, State TULLYTOWN,	ΡΔ					
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BOGDAN JOLDZIC	PRESIDE	NT						10/20/	2016			
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Oct 20 2016 03:39PM NJ A	Asbestos Conf	trol 609,633,0	664		page 1					
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Agencies Notified Type Notific	pet pet	er manto					1	UEN	SIN	B
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							Homes, etc.	7	Bldg. A	CE
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PATERSON, NJ 07303		Disposal Da 10/27/16			Chy, Supp TULLYTOWN, P) A				
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Contract of the Contract of th	PRESIDENT	ar la artagia	Banning ave	mada-	antivities.		10/20/20	16		

ASR-41

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

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Oity, Otate, Zip Oode										502					
Project Manager for Monitoring I	Firm		Т	Phone Num	nbe	er	-	Paterson, N Telephone Numb		503	License	Num!	oer		—
a the first of the second of t				10000000000000000000000000000000000000				973-345-80)1169			
Start Date (10)	18	Sched	Comple	etion Date (11)	-	Name of OSHA	Moni	tor					
10/25/16		11/04	/16					D & S Resto	oratio	on, Inc.					
Occupancy Status During Abate		CONTRACTOR NOTICE	2010/09/2014		-	A CALL DESCRIPTION OF STREET	-	Street Address		2012/11/2019					
Facility closed/vacated dur			50 20					20 California City, State, Zip C		enue					
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Other-Describe: NORMA	L HOUR	S					-1	Paterson, N.	J 075	503	- 34				
Scope of Work (check all that a	ipply)								☐ F	full Containment w	/negative	e press	sure		
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abated in facility (13)	Ye	es	No	N/A		material (A	(CIVI)			LF)	01	o v	a	a	L
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PATERSON, NJ 07503				Disposal 10/26/				City, State TULLYTOV	VN	PA					
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BOGDAN JOLDZIC	PRE	SIDI	ENT								10/19/	/16			

* Do not use this form for asbestos licensure exempted activities

10/19/16

BOGDAN JOLDZIC

PRESIDENT

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Chleso	\mathcal{O}	N		CATION	ate of New Jersey OF ASBESTOS to NJAC 8:60 and	ABATE) E C	o E		W	
Date of Notification (1) 10/24/16	***				Building Owner/Cood Apartmen			5.0	1 00	T 0	6	2010	
Agencies Notified	Type Notification			Street Ad	ddress ry Hill Lane			No.	1.	-1-		2010	
EPA DEP X DOL	Initial Amended Amendment	#			te, Zip Code dge, NJ 08857	7		To department of	ASBES	TOS JOEI			DL 8
☑ DOH DCA	Emergency justification) Cancellation		1.3	Name of Eric Pr	Contact			Tel	lephone Nun	Name and Address of the Owner, where	COMP INC.		
LI DOA	ounociation			FACI	LITY INFORMATI	ION							
Name of Facility Where		g Place (3))				Type of Facility	(4)					
Street Address 23-25 Apple Tree L								er 8 (Oth	er than K-12 & commercia		dings,	home	s,
City (5) Old Bridge, NJ							Square Feet 2,000	2	of Floors		lldg. A 5+	ge	
County (6)					Code (7) USE ONLY)		Current Use (P Apartment	rior if be	ing demolish	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.	100000000000000000000000000000000000000	of Abatement Cons General Cons						
Street Address						100000000000000000000000000000000000000	Address Clifton Ave,	PMB S	Suite 218				
City, State, Zip Code							State, Zip Code on, NJ 07012						
Project Manager for Mon	nitoring Firm			Telepho	ne No.	100000000000000000000000000000000000000	none No. 389-0089		License N 00693	0.			
Start Date (10) 11/07/16		Schedule 11/11/1		pletion I	Date (11)		of OSHA Monito General Cons		n, Inc				
Occupancy Status Durin							Address Clifton Ave,	PMB S	Suite 218				
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours	ient			State, Zip Code						
Scope of Work (Check A	All That Apply)						AMARIA CHI CAN CHING SANCE AND						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Total Control Control	lenova Jemoliti			>	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	-			e	
		1.00	Locati		D.	agription	of					ement pe	
Asbestos-Containing TO BE AE In Faci (13)	g Material (ACM) BATED ility	Use Ma	d Sole intenar todial S (12)	ly by nce/	Asbestos Con (i.e. therma surfa		Material (ACM) s insulation, AT, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
23 A-D Appl	e Tree Ln	X	140	13073	Pipe/Ell	bow In	sulation	1	80 LF	X			
25A-D Apple		х			Pipe/Ell	bow In	sulation	1	50 LF	X			

NJDEP Waste

Hauler ID No. 20990

Title

President

Cubic Yards

Disposal Date

Signature

11/11/16

of Waste 6 CY Name of Registered Landfill

Waynesburg, OH 44688

Date

10/24/16

Minerva Landfill

City, State

Completed by

Krutarth Jagad

City, State

Name of Registered Waste Hauler

Service Transport Group

New Castle, DE 19720

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

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

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DCA Cancellation	n .	eveleyn l	kaiser				s						
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arlene russp							<u> </u>	School		4la a u 4l	V	10)	
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Abatement performed outside						City, State, Zip Code							
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abated in facility (13)	Yes	No	N/A	material (ACM)			F)	Oi	0	a i	а	L
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City, State PATERSON, NJ 07503			Disposal D 15	ate		City, State	DA						
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BOGDAN IOLDZIC	DDECIDE	NIT							10/21/	2016			

D&S Proj. #: 16.320

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

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Date of Notification (1)	Name o	f Building Own	er/Operator (2)	y								\top
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Agencies Notified Type Notifica	tion Street A	ddress						1.10	/ 1140			
DEP Amended												
Amendment #	City, Sta	te, Zip Code										
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Name of facility where abatement	is taking place (3)					Тур	e of Facility (4) (K - 12)				
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Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatem	ent Contra	actor (9)					
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Street Address					Street Address							
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Project Manager for Monitoring Firm		Phone Numb	or	_	Paterson, NJ Telephone Numb			License	Mumb	or		
r roject Manager for Monitoring Firm		Frione Numb	GI		973-345-80			The second contract of the second	1169	161		
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Facility closed/vacated during Abatement performed outside					City, State, Zip Co	ode						
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	Demolition					⊠ Glove	bag procedur					
	Is location norma	ally used soloh				☐ Non-E	Exempted (*)	and Non-f	friable	proc		_
Location of asbestos-containing	by maintenance/				ahaataa aaataisia	_	Amount		е	e	E n	E
material (acm) to be	staff(12)		material (A		sbestos-containin]	(Specify S	For	o	p a	c a	n c
abated in facility (13)	Yes No	N/A					LF)		v e	i	p	L
BASEMENT	X		PIPE INSU	LAT	ION	6	60 ± 1 ft		×			
				and the second s								
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		ubic Yards of V yd.	Vaste	Name of Registe			COVER	Υ			
City, State		Disposal D	Control of the last of the las		City, State							THE PERSON NAMED IN
PATERSON, NJ 07503		11/01/10			TULLYTOV	/N, PA						
Completed by (Print or Type)	Title		Signature					Date	120:			
BOGDAN JOLDZIC	PRESIDENT	orm for achaeta	on lineanoure eve	mnto	d activities			10/20/	/2016		-	and the same of th

CLS601	7	NOT		State of New Jersey CATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60 and 5:16)									
Date of Notification (1)				Name	of Building	g Owner/Operator (2)	111111 000	7 7	0.4	nnië		
10 /	24 / 16			Sou	ith Jerse	y Gas / Job #16	10-5079 Check	(#8679) UU	1 2	0	2010		
Agencies Notified	Type Notification			Street	Address					-			
⊠ EPA	☐ Initial			200000000000000000000000000000000000000		sey Plaza		ASBEST	OS	COI	VTR	OL 8	
☑ DOLWD	☐ Amended				State, Zip C	2.5		L	IGE	4SIN	iG_		
☑ DHSS	Amendment #_			000000000000000000000000000000000000000	som, NJ	,000							
DCA	☐ Emergency (in justification)	cluding	I		of Contact	1		Telephone Numb	er				
(NJAC 5:23-8)	☐ Cancellation				rick Carr								
				FAC	CILITY IN	FORMATION							
Name of Facility Where A	batement is Taking	Place	(3)				4)						
South Jersey Gas							School (K-12)						
Street Address								(Other than K-12) vate and commerce	ial bu	ildino	IS.		
111 N Franklin Blvd	l.						homes, etc.)	Tato and John Total			,-,		
City (5)							Square Feet	# of Floors	Bl	dg. A	ge		
Pleasantville, NJ 08	232												
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)				
Atlantic							Former MGP	Site					
Name of Monitoring Firm	Hired by Building C)wner ((8)	ASCM	No.	Name of Abateme							
Health & Safety Ser	vices					AbateTech, I	nc.	V-=-11100 20-00-11 1 1110 1110					
Street Address						Street Address							
PO Box 365						30 Maple Ave	e. PO Box 25						
City, State, Zip Code						City, State, Zip Co							
Berlin, NJ 08009					1	Lumberton, P	NJ 08048						
Project Manager for Moni	toring Firm			ephone l		Telephone No.		License No. 00529					
Jim Proctor				09-839		609-265-2107							
Start Date (10)	A CONTRACTOR OF THE PROPERTY O			tion Da		Name of OSHA M							
11 /2 /		1 /	_11	_ / _	16	EMSL Analyt	icai						
Occupancy Status During						Street Address							
Facility Closed/Vacate					avila a	200 Route 13							
☐ Abatement Performed Time of Abatement:	AM- PN		PM-		cribe AM	City, State, Zip Co							
The second secon			15052			Cinnaminsor	n, NJ 08077						
Scope of Work (Check all	that apply)					☐ Full Cont	tainment with Neg	ative Pressure					
≥3 sf or ≥3 lf		Re				☐ Mini-Enc	losure						
≥160 sf or ≥260 lf		□ De	molitic	on			g Procedure moted (*) and Nor	-Friable Procedure	9				
		Is	Locat	tion					_	atem	ent T	vpe	
Location	of	1	Vorma	lly		Description of	of		200200	1		T -	
Asbestos-Containing I			d Sole intena	ely by		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE ABA IN Facilit		950,000		Staff?	(I.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=-	psu	nusc	
(13)	2		(12)			other miscellane			Social		late	Ф	
		Yes	No	N/A									
Exterior					Transite	e Siding		1,260 SF					
Exterior					Window	v Glazing		39 LF	\boxtimes				
Exterior			\boxtimes		Door Se	ealant		4 LF					
Name of Registered Wast	e Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Regist	ered Landfill	1				
AbateTech, Inc.			Hauler ID No. Waste				A.C.U.A. Landfill						
City, State				18750		Disposal Date	City, State				-		

ASB-41 MAY 11

City, State

Lumberton, NJ Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

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

11/11/16

Signature

Atlantic City, NJ

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

gencies Notification (1) 10 / gencies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) JC Penney-Woodb treet Address	14 / 16 Type Notification Initial Amended Amendment #		Na	me of F	Building Ov	8:60 and 5:16) wner/Operator (2) poration / Job)	Check#		And the contract of the contra		-
gencies Notified EPA DOLWD DHSS DCA (NJAC 5:23-8) ame of Facility Where A	Type Notification ☐ Initial ☑ Amended	-		IC Per	nney Cor	poration / Job	#1609-5069	9 Check #		1	1 11	
PEPA DOLWD DHSS DCA (NJAC 5:23-8) Tame of Facility Where A JC Penney- Woodb	☐ Initial ☐ Amended		Str			•			S 2016	- 11	Ш	the section
PEPA DOLWD DHSS DCA (NJAC 5:23-8) Tame of Facility Where A JC Penney- Woodb	☐ Initial ☐ Amended		100	eet Add	dress		L	Lil OOI -	C 2010	1		
DOLWD DHSS DCA (NJAC 5:23-8) Tame of Facility Where A JC Penney- Woodb	⊠ Amended		6	501 L	egacy D	rive MS 2108	1					
DHSS DCA (NJAC 5:23-8) Tame of Facility Where A JC Penney- Woodb					e, Zip Cod			ASBESTOS C)L &		
DCA (NJAC 5:23-8) Tame of Facility Where A JC Penney- Woodb	Amendment #				Texas 7		Ł	LICEN				1
(NJAC 5:23-8) ame of Facility Where A JC Penney- Woodb	☐ Emergency (incl	uding			Contact			Telephone Num	nher			
ame of Facility Where A	justification)		1,000			7						
JC Penney- Woodb	☐ Cancellation				hy Parks				-			
JC Penney- Woodb				FACIL	ITY INFO	ORMATION	T (F:	14(A)				
JC Penney- Woodb	batement is Taking	Place (3)					Type of Facil					
	ridge Center Stor	e #198	3				School (K	or 8 (Other than K-1	2)			
	5-						Other (i.e	., private and comm	ercial build	lings,		
	ntor Drive						homes, e	etc.)				_
428 Woodbridge Co	enter Drive						Square Feet	# of Floors	Bldg	. Age		
City (5)							100					
Woodbridge, NJ 07	095			County	Code (7)/S	STATE USE ONLY)	Current Use	(Prior if being demo	lished)			
County (6)			,	Journey	Code (1)(c)//// COL 1/		ent Store				
Middlesex						Name of Abateme						
Name of Monitoring Firm	Hired by Building O	wner (8)	AS	CM No). I			(0)				
Hillman Consulting						AbateTech, I	nc.					_
Street Address					;	Street Address		-				
1600 Route 22 Eas	t. SUite #107					30 Maple Ave		.5				
	c, concentration			/		City, State, Zip C						
City, State, Zip Code			/			Lumberton,	NJ 08048					_
Union, NJ 07083	ti de Fina		Telent	none No	0.	Telephone No.		License No.				
Project Manager for Mor	nitoring Firm			-688-7	5715-5	609-265-210	7	00529				
Thomas Rubino		1/1/00			100	Name of OSHA						
Start Date (10)		ule'd Cor		_ /		EMSL Analy						
10 /10 /				_ ′ _		/						
Occupancy Status Durin	ng Abatement (Check	only on	e)			Street Address	on North					
Traility Closed Maca	ted During Entire Pe	riod of A	batem	ent	/	200 Route 1						
Abatement Performs	ed Outside of Normal	racinty	110013	- 0000	ribe	City, State, Zip C		_				
Time of Abatement:	AMP	M/9:30P	M-6A	VI		Cinnaminso	n, NJ 0807	(
Scope of Work (Check	all that apply)					П= "0-	-t-ium ont wit	h Negative Pressure				
Scope of Work (Check	an that app.y/					☐ Full Co	ntainment with iclosure	ii Negativo i roccaro				
≥3 sf or ≥3 lf		⊠ Ren	iovatio nolitior	n		Clayob	og Procedure		- 1			
≥160 sf or ≥260 lf		☐ Del	Holltion			⊠ Non-E	cempted (*) ar	nd Non-Friable Proce	equie	14	- 1 T	
		Is	Location	on					Ab	ateme		T
		N	ormall	у		Description	of	Amount	Re	Repair	Encapsulate	Enclosure
Location Asbestos-Containing			d Solel ntenar	50 50 1	Asbe	stos Containing N	Material (ACM)	(Specify	Remova	pair	ap	Sol
TO BE A	<u>BATED</u>		odial S	0.0000000000000000000000000000000000000	(i.e	surfacing, VA	T, or	SF or LF) 2		sula	ure
IN Fa		1	(12)			other miscella	neous)				e	
(13)	Yes	No	N/A						-		+
Upper Level Portra	it Studio Fast	П			Floor ti	le & Carpet Pa	dding Mast	tic 640 SF				L
72.000				-				310 SF				E
Upper Level Portra	it Studio, West				Carpet	Padding Mast	10					Tr
Sido										-	닏	1
		-										
			Щ		10/	Cubic Yards of	Name of	f Registered Landfill				
Name of Registered V	laste Hauler		110000	IJDEP \ lauler II		Waste		D.W.S. Landfill				
AbateTech, Inc.				18750		25						
AND STREET OF STREET OF STREET						Disposal Date	City, Sta					
City State						10/17/16	Tully	town, PA				
City, State		41.0				Signature			Date	1.1	1.	, .
Lumberton, NJ	man d	tle				3.5	1 .0		10	114	11	16
Lumberton, NJ Completed By (Print of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		0	lingtor		1 1/1			1 - 1		700
Lumberton, NJ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Operat	ions	Coord	linator		MY			1 1	1 1	

ASB-41 MAY 11

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	OCT	2	6	2018		

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Date of Notification (1) 10 / 21 /	16		Name of Burlin	Building O	wner/Operator (2 untv Bridge Co) ommission / Jo	ob #1610-5078		#867	8		
	10				,		ASBEST				8	
Agencies Notified Type Notificati	on		Street A		N PO Box 6		ASDEST	ICENS	NG			
☑ EPA☑ Initial☑ Amended												
□ DHSS Amendmen Amendmen	nt #			ite, Zip Cod								
☐ DCA ☐ Emergency	(including			yra, NJ 08	3043		Telephone Num	her			-	
(NJAC 5:23-8) justification			2000 00 0	f Contact			relephone ream	DG,				
☐ Cancellation	n		Bob :	S			-				-	
			FACI	LITY INFO	DRMATION							
Name of Facility Where Abatement is Ta	king Place	(3)				Type of Facility ☐ School (K-12						
Burlington Bristol Bridge- Toll F						2)						
Street Address						Other (i.e., p	8 (Other than K-12 rivate and comme	rcial build	dings,			
460 Veterans Drive						homes, etc.)					_	
City (5)						Square Feet	# of Floors	Bldg	, Age			
Burlington, NJ 08016												
County (6)			County	y Code (7)(S	STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)				
Burlington						Toll Plaza			-			
Name of Monitoring Firm Hired by Buildi	ng Owner	(8)	ASCM N	lo. N	Name of Abateme	ent Contractor (9))					
Health & Safety Services		1.000			AbateTech, I	nc.						
Street Address				5	Street Address							
PO Box 365					30 Maple Ave	e. PO Box 25						
City, State, Zip Code				(City, State, Zip C	ode						
Berlin, NJ 08009					Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Tele	phone N	lo.	Telephone No. License No.							
Jim Proctor			56-452-		609-265-2107 00529							
	cheduled (Comple	tion Date	e (11)	Name of OSHA Monitor							
Otali Dato (10)	10				EMSL Analys	tical						
Occupancy Status During Abatement (C					Street Address							
☐ Facility Closed/Vacated During Entir			ment		200 Route 13	30 North						
☐ Abatement Performed Outside of No.	rmal Facili	tv Hou	rs - Desc	cribe	City, State, Zip C						N.	
Time of Abatement:AM	PM/	PM	/	MA	Cinnaminso							
							55 Voltage					
Scope of Work (Check all that apply)						ntainment with Ne	egative Pressure					
≥3 sf or ≥3 lf		enovat			☐ Mini-En	closure ag Procedure						
☐ ≥160 sf or ≥260 lf		emoliti	OH		☐ Non-Ex	empted (*) and N	Ion-Friable Proced					
		s Loca	tion					Ab	ateme	nt Ty	/pe	
Location of		Norma			Description	of		Re	Re	E	En	
Asbestos-Containing Material (ACM		ed Sol		Asbes	tos Containing M , thermal systems	laterial (ACM)	Amount (Specify	Remova	Repair	cap	Enclosure	
TO BE ABATED IN Facility			Staff?	(i.e.,	surfacing, VA	T, or	SF or LF)	Val.		Encapsulate	ure	
(13)		(12)		other miscellan					te		
	Yes	No.	N/A									
Exterior				Galbest	os		150 SF		Ш	Ш		
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		\perp \sqcup	ᆜᆜ							П		
							11 15:11			Ш	Ш	
Name of Registered Waste Hauler		NJDEP		Cubic Yards of Waste		gistered Landfill						
AbateTech, Inc.			Hauler I 1875	2332 p. 1000 p. 100	20		.S. Landfill					
City, State		,010		Disposal Date	City, State	2002- 20000						
Lumberton, NJ	10/25/16 Tullyte				lytown, PA							
				Signature Date								
Completed By (Print or Type)	Title				Signature	. 12		Date	/ >	11	1	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 2016 OCI 10 24 Burlington County Bridge Commission / Job #1610-5078 Check #8678 16 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ⊠ EPA ☐ Initial 1300 Route 73 N PO Box 6 LICENSING **⊠** DOLWD City, State, Zip Code Amendment #1 □ DHSS Palmyra, NJ 08043 Emergency (including ☐ DCA Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Bob S **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Burlington Bristol Bridge-Toll Plaza School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 460 Veterans Drive homes, etc.) Square Feet City (5) # of Floors Bldg. Age Burlington, NJ 08016 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Toll Plaza Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jim Proctor 00529 856-452-1311 609-265-2107 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10 / 27 / 16 __10__ / __22__ / __16 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: __ ______PM/_____PM-____AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) $\boxtimes \ge 3$ sf or ≥ 3 lf □ Renovation ☐ 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 Repair Encapsulate Used Solely by Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount nciosure Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A П X 150 SF Exterior Galbestos П П П П П

ASB-41 MAY 11

City, State

Name of Registered Waste Hauler

AbateTech, Inc.

Lumberton, NJ Completed By (Print or Type)

Gwendolyn Trumbetti

Cubic Yards of

10/27/16

Signature_

Waste

20 Disposal Date Name of Registered Landfill

G.R.O.W.S. Landfill

Date

Tullytown, PA

City, State

NJDEP Waste

Hauler ID No.

18750

Operations Coordinator

Title

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 2764

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Date of Notific	ation (1)			Name of E	Building Ow	ner / Oper	ator (2)				5 E ETS 1990
10 /	25 / 16			PSE&G			1	F) B		= \	W 5 L
	/			Street Add	dress		1			- U	
Agencies Noti	fied Type of No	otification		4000 HAD	LEY ROAD		1	1			111
	EPA 🗸	Initial			, Zip Code			11 111			A STATE OF THE STA
	DEP	Amended		SOUTH PL	LAINFIELD,	NJ 07080				262	016
	ООН	Amendment #		Name of C	Contact		- 1	Talanh	- Mumbe	er	1.000
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		Cancellation	•				T	ASE	ESTO	CON	TDOL 2
			FA	CILITY IN	FORMATIO	V				ENSINO	
							_		1-1-5		
Name of Facil	ity Where Abatem	ent is Taking P	lace (3)		Type of Fa	cility (4)					
ranic or raon	ity itmore ributes					, , ,					
						School (K	-12)				
Street Addres	\$					Subchapt	er 8 (Other	than K-12	2)		
186 VAN KEUI							, private &				
100 1711111111							mes, etc.)				
City (5)	County (6)		County Code (7)	Square Fee		# Of Floors	s	Building	g Age	
JERSEY CITY					N/					5 105	
DEROET OTT	11000011				Current Us	e (Prior if	being dem	olished)	1		
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Name of Mani	toring Firm Hired	by Plda Owns	× /0\	ASCM NO							
Name of World	toring Firm mileu	by Blug. Owne	1 (0)	ASCIVI NO	1,						
AET					NORTHST	AR CONTE	RACTING G	ROUP IN	C.		
AET					Street Add		0.011140.0	1,110	0.		
Street Addres					Street Add	1622					
907 Doolittle D					22 14/:11:0000	Darlaugu					
City, State, Zip					32 Williams						
Bridgewater, N					City, State,	Zip Code					
	For Monitoring Fi		Telephone Nu	mber		111070	200				
Eric Housekne			908-218-1108		East Hanov	_	36				
Sheduled Star	rt Date (10)	Sched. Compl	etetion Date (1		Telephone	Number		License I	Number		
11 // -	08 / 16	11_/		16						0000	
//	/	/	/		973-88				U	0860	
Occupancy St	tatus During Abate	ement (Check (Only 1)		Name of O				_		
☐ Fac	cility Closed/Vacat	ted During Enti	re Period of				RACTING G	ROUP, IN	C.		
Aba	atement				Street Add	ress					
☐ Aba	atement Performe	d Outside of N	ormal Facility								
Ho	urs - Describe:				32 Williams						
✓ Oth	ner - Describe:	7:00AM - 3:30F	PM		City, State,						
					East Hanov	er, NJ 079	36			_	
Scope of Wor	k (Check All That	Apply)			-						
	•										
☐ Der	molition	V	Renovation		Full Conta	inment wi	th Negative	Pressure	9		
	sf or_>3If				Mini - Encl						
✓ ≥16	60 sf or ≥260 If				Glovebag						
100000 1000	900.			~	Non-Exem	pted (*) ar	id Non-Fria	ble Proce	dure		
				700 333							
Loc	ation of	ls		Descript				Abateme	nt Type		1-
Asbesto	s Containing	Location	As	bestos - C				R	_	E	E
		Normally		Material			Amount	E	R	N	N
TO BE	EABATED	Used		e., therma			(Specify	M	E	C	C
in	Facility	Solely			facing, VAT	ε	SF or LF)	10000	P	A	L
	(13)	by Main-	or	other misc	ellaneous)			V	Α	P	0
1		tenance/						Α	1	S	S
l		Custodial						L	R	U	U
		Staff (12)								L	R
		YES NO N/A									
UNIT 1 STACE	K		GASKETS				400 SF	V			
	100										
Name of Regi	stered Waste Hau		NJDEP Waste	Cubic	Name of R	egistered	Landfill				
NEWARK CAR		182011)	Hauler ID No.	Yards	GROWS	458					
				of Waste							
City, State				Disposal	City. State						
NEWARK, NJ				Date	BETHLEH		105	2			
						1		//			
Completed by	(Print or Type)		Title		_	Signature		1/1 -		Date	
1	, ,					1-1		X II A			
Steve Stiles			Project Manage	er		De	elke	4000	0	1 1	10/25/16

CK3991)_			ICATIO	state of New Jer N OF ASBESTO It to NJAC 8:60	DE	G [5 [V	E						
Date of Notification (1)				Name	of Building Owne	r/Operato	r (2)	11111	1.5° 922	2V 5	-					
10/25/2016				PSE&	:G				CT	2.6	201	6				
Agencies Notified	Type Notification			Street	Address			The state of the s								
□ EPA	☑ Initial			4000	Hadley Road	- Seco	nd Floor	ASBE	STOS	: 00	NITE	201 8				
D DEP DEP	☐ Amended Amendment	#			tate, Zip Code			7.000	LICE			·OE-t				
	☐ Emergency (_	South	Plainfield, N	VJ 0708	0									
Ď DOH □ DCA	justification) ☐ Cancellation				of Contact			Telephone Number								
L DCA	L Cancellation				as Laviano	TION										
Name of Facility Where A	batement is Taking	g Place ((3)	FAC	ILIT INFORMA	TION	Type of Facility	4)								
Former PSE&G Fac	cility						☐ School (K									
Street Address	,						☐ Subchapt	er 8 (Other than K-1								
90 Duffield Street							Other (i.e etc.)	private & commercial buildings, homes,								
City (5)							Square Feet	# of Floors	of Floors Bldg. Age							
Jersev Citv							N/A	N/A	100	N/A						
County (6)				County	Code (7)			rior if being demolis		N/II						
Union				(STATE	USE ONLY)											
Name of Monitoring Firm I	Hired by Building C	wner		ASC	M No.	Name	Excavation Site - Abandoned ame of Abatement Contract or									
	52 253					Degn	nor Environi	amental Services LLC.								
Street Address						Street	Henral Services LLC.									
							Canal Street									
City, State, Zip Code						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State, Zip Code									
							York, NY	Control of the contro		Lega -						
Project Manager for Monit	oring Firm			Telepho	one No.	11 (11 d 25 d 25 A 4 d 27 A	none No.	License N	lo.							
Start Date (10)		Cabadii	(()	Date (11)		431-0696	01314								
				npietion	Date (11)		of OSHA Monito SL Analytica									
11/8/2016 Occupancy Status During	Abatement (Check	12/15/2	2016			Street	11, 111C.									
□ Facility Closed/Vacate						5733717777	waat									
□ Abatement Performed	d Outside of Norma	al Facility	/ Hours	5		City S	West 38th St state, Zip Code	reet			-					
□ + Other – Describe: <u>F</u>	xcavated pipe	is out	door	s in re	mote area	U-100 PA	York, NY 10	0018								
Scope of Work (Check All	That Apply)					INCW	1018, 111 10	0010								
□≥3 sf or ≥3 lf			Renova	tion		Г	7 Full Containme	ent with Negative Pressure								
□ ≥160 sf or ≥260 lf			Demolit				7 Mi	ment with Negative Pressure Mini-Enclosure								
							Glovebag Non-Exempte	Proceded (*) and Non-Friat	lure de Pro	cedur	e					
		le le	Locati						T	Abate	ement					
Location of	of	1	Locati Normall								ре					
Asbestos-Containing N	laterial (ACM)		d Sole			escription ntaining N	or Naterial (ACM)	Amount			ш					
TO BE ABAT In Facility			iintenar todial S				s insulation,	(Specify	Re	Z,	nca	Enc				
(13)			(12)		22.004	acing, VA miscellar		SF or LF)	Remova	Repair	Encapsulate	Enclosure				
		Yes	No	N/A			,000,		/al	=	ilate	ure				
		103	140	INA					-							
Remote area of open	lot			X	Coal Tar wi	apped	gas pipe	2,000 LF	X							
7008 																
									1							
Name of Registered Waste	Hauler	N.	JDEP W	/aste Cubi	c Yards	Name of	I f Registered Landfill	_								
	H	auler ID				riogiotoroa Euriaini										
City State																
City, State					Disp	osal Date	City, Sta	te								
Completed by		Title	Signature / // Date						h							
	1 -	7.141.02.1	r Dro	Project Manager Signature												
J. Robert Dombrow)1 T1(ject I	Tallagel	10/25/2016												

CK 26086 NO

OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)	DECEI
Name of Building Owner/Operator (2)	III

- (1)						(0.11)	0 10 1 11	2)	11 60//			_				
Date of Notification (1) 10 /	25 /	16				of Building k Of Ame	Owner/Operator (2 erica	2)	lilli oct	26	20	16				
		227			01				14 1	- 0	= 4		11-			
Agencies Notified ⊠ EPA	Type Notificati	ion				Address							j			
☑ DOLWD	Amended					Broadwa			ASBESTO				_&_			
☑ DHSS	Amendmer	nt#				tate, Zip C			LIC LIC	ENS	ING		_			
□ DCA	☐ Emergency	y (incl	uding			onne, NJ										
(NJAC 5:23-8)	justification					of Contact			Telephone Number	er						
	☐ Cancellation	on			Cou	rtney Os	taszewski									
					FAC	ILITY IN	FORMATION									
Name of Facility Where A	Abatement is Ta	aking F	Place (3)				Type of Facility ((4)							
Bank of America								School (K-12)								
Street Address									er 8 (Other than K-12) , private and commercial buildings,							
937 Broadway								homes, etc.)	ivate and commerc		.ug	ć)				
City (5)								Square Feet	# of Floors	Blo	g. Ag	е				
Bayonne, NJ								2,000	1	4	5					
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pric	or if being demolish	ed)						
Hudson																
Name of Monitoring Firm	Hired by Buildi	ing Ov	vner (8) /	ASCM N	Vo.	Name of Abateme	ent Contractor (9)				-				
New York Environn							JVN Restorat	tion Inc								
Street Address							Street Address									
88 Harbor Road							47 Foster Ro	ad								
City, State, Zip Code							City, State, Zip Co									
Port Washington, N	NY 11050						Staten Island									
Project Manager for Mon				Tele	ohone N	Vo.	Telephone No.		License No.			-				
Michael Baudo					6-944-		718-605-6256									
Start Date (10)	5/	chedu	led Co		ion Dat		Name of OSHA M									
11 / 12 /	10000				/		Testor Tech	iornio.								
Occupancy Status During							Street Address	-				-				
☐ Facility Closed/Vacate					nent		10- 59 Jacks	on Avenue								
☐ Abatement Performed						cribe	City, State, Zip Co									
Time of Abatement: _	AM-1:00	PM/9	:00PM	-Sat	uraday	y and	LIC NY 11101									
Sunday, AM							LIC NT TITO									
Scope of Work (Check al	іі (пас арріу)							tainment with Neg	ative Pressure							
≥3 sf or ≥3 lf			⊠ Ren				☐ Mini-End	closure								
≥160 sf or ≥260 lf		L	_ Den	nolitio	n			g Procedure	n-Friable Procedure	=						
			ls l	ocat	ion					1	ateme	ent T	vpe			
Location	of			orma			Description of			-						
Asbestos-Containing)		l Sole ntena	ely by		stos Containing Ma		Amount	em	Repair	nca	ncl			
TO BE ABA					Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Remova	¥.	psu	Enclosure			
(13)	ity			(12)	1		other miscellane		0. 0. 2. /	-		Encapsulate	Ге			
			Yes	No	N/A							250				
Drive Thru Roof				\boxtimes		Roof FI	ashing		30SF							
Drive Thru Roof				\boxtimes		Caulkir	ng		5SF	\boxtimes						
							Cubic Yards of	Name of Regis	stered Landfill							
Newark Carting Hauler I							Waste	IESI								
City, State						Ö	15 Disposal Date	City, State		-						
Newark, NJ							11//2016	Bethlehem	,PA							
							Signature /	An /	1	te	-					
Completed By (Print or Type) Title							Signature	Who Anda		te / 0 ·	-75	-	16			
Ralph Barnhardt Project Manager								11/100	/	-						