Nobalk

Date of Notification (1) 4/3/2014					Building (		perator	(2)		<i>H</i> 3	300 M	P Vý		100		
Agencies Notified	Type Notification		25%	Street Ad	ddress (esslers)	ville Ro	ad		1/600 1/10							
EPA DEP DOL	Initial Amended Amendment	#3	(	City, Sta	te, Zip Co	de			100000							
DOH DCA	Emergency justification) Cancellation	78 552	1	Name of Contact Kraig Hume						Telephone Number						
		1			LITY INFO	RMATIC	N									
Name of Facility Where Victaulic REH, LLC		g Place (3)							Facility (4)							
Street Address 119 Edison Road			Sub X Other etc.						subchapter 8 (Other than K-12) other (i.e. private & commercial buildings, homes,							
City (5) Stewartsville								Square 25000	Feet	# of Floors Bldg. Age 100yrs						
County (6) Warren				County Code (7) (STATE USE ONLY)					Use (Prior		ing demolis	hed)				
Name of Monitoring Firm		ASCN	1 No.			of Abate	earch & Developement ternent Contractor (9) prises Inc.									
Street Address 1554 Paoli Pike		-			Street	Address 2th Str										
City, State, Zip Code West Chester, PA				Code NJ 08	037					-						
Project Manager for Mor Allen Feinberg		Telephoi	ne No. 96-3379		Teleph	one No.		007	License I	No.						
Start Date (10)	Start Date (10) Scheduled C						Name	of OSHA	Monitor		01172				_	
1/22/2014 Occupancy Status Durin	(1957)					Address	nmental									
Facility Closed/Vac	ated During Entire	Period of Al	oatem	ement 1554 F urs City, Sta										•		
Scope of Work (Check A	All That Apply)						vvest	Chest	er, PA	938	U					
≥3 sf or ≥3 if  ≥160 sf or ≥260 if			enovat emoliti	olition Mini-Er Gloveb					I Containment with Negative Pressure ii-Enclosure vebag Procedure n-Exempted (*) and Non-Friable Procedure							
		100.000	ocatio	7.77				1 NoiPExempled (			14 14011-1 112		Abatement Type			
Location Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) ATED lity	Used	Solel ntenan	y by ice/		Description of os Containing Material (A thermal systems insulation surfacing, VAT, or other miscellaneous)					Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A								=		ate	G)	
Building #2 E	Basement			X		TSI Mix	ed wit	th soil		TBD		х				
									·							
Name of Registered Wa	193999	JDEP W		Cubic			Name of R	egist	ered Landfi	11						
Elk Transportation I	nc.			Hauler ID No. of Waste TBD							I- Cunest	toya L	F.			
City, State Reading, PA		Disposal Date				te City, State Morgantown, PA										
Completed by Thomas Rock		Title PM				Si	Signature			Well Date 4/3/2014						

to not

Date of Notification (1)			Name of Building Owner/Operator (2)											
	31 / _	14		Name of Building Owner/Operator (2)  Monmouth County Prosecutors Office  Street Address  132 Jersey Ville Avenue  City, State, Zip Code  Freehold N I 07728										
Agencies Notified	Гуре Notificat	ion		Street	Address			e 0/0-	4,29	ío.				
	☐ Initial			132	Jersey V	ille Avenue		10000		(P) (1)	5_			
				City, St	tate, Zip C	ode		100	WY	,	<i>3</i>			
☐ DCA (NJAC 5:16) ☐ DHSS	Amendment  Emergence		,	Free	hold NJ	07728		14	67	2/				
☑ DCA	justification	n)	,	Name	er									
(NJAC 5:23-8)	☐ Cancellation	on		Tom Aloia										
				FAC	ILITY IN	FORMATION								
Name of Facility Where Ab	atement is Ta	aking Place	(3)				Type of Facility (4)							
Existing Bldg A							School (K-12)	(Other than K-12)						
Street Address								vate & commercia	l buildi	ngs,				
132 Jersey Ville Aver	nue				100		homes, etc.)							
City (5)							Square Feet	# of Floors Bldg. Age			е			
Freehold NJ 07728							46,000 Sf.	1		960				
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)					
Monmouth							Prosecutor's	Office						
Name of Monitoring Firm H	lired by Build	ing Owner	(8)	ASCM I	No.	Name of Abateme	ent Contractor (9)							
Environmental Conn	ection			30		APS Contrac	tors Inc.				2500-01			
Street Address					100	Street Address						(4)		
120 North Warren St						155-161 Penr	nsylvania Aven	ue						
City, State, Zip Code		27.5				City, State, Zip Co	ode							
Trenton			- 2			Paterson, NJ	07503							
Project Manager for Monito	oring Firm		Tele	phone I	No.	Telephone No.		License No.						
Ryan Broadwater			60	9-392	-4200	973-754-1908	l	00875				1776		
Start Date (10)	S	cheduled (				Name of OSHA N								
04/15/_	14	05	/ _ 12	_ / _	14	EMSL ANALY	YTICAL, INC							
Occupancy Status During	Abatement (C	Check only	one)			Street Address								
□ Facility Closed/Vacated						1056 SHELTO	ON AVE							
Abatement Performed ( Time of Abatement:	Outside of No AM	rmal Facili PM/	ty Hou PM	rs - Des 	cribe AM	City, State, Zip Co								
Scope of Work (Check all t	that apply)													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			enovat emoliti				ebag Procedure							
22 _ 100 01 01 _ 200 11						Non-Exe	kempted (*) and Non-Friable Procedure							
			s Loca Norma						Ab	ateme	ent T	уре		
Location of Asbestos-Containing M		Us	ed Sol		Ashe	Description of stos Containing Ma		Amount	R	R.	щ	щ		
TO BE ABAT		IV	aintena stodial			rmal systems insul		(Specify	Removal	Repair	cap	clos		
IN Facility	y	Cu	(12)			VAT, or other miscellane	20110)	SF or LF)	val	~	Encapsulate	Enclosure		
(13)		Yes	T	N/A		Other miscenarie	ous)				ate			
Throut Bldg					VAT			3,600 sf.	$\boxtimes$					
EC Rm 1022	- 4		$\boxtimes$		Fibergl	ass Wall Insul/C	ement Brd	324sf	$\boxtimes$					
EC Rm1038						Cork Floor Tile		144sf	$\boxtimes$					
EC Rms 1016,1017 &	1040		$\boxtimes$		Cemen	t Piping/Pipe Ins	sulation	553 If						
Name of Registered Wast	e Hauler			NJDEP		Cubic Yards of	Name of Regis		200	20-10-5				
Atlantic Carting, Inc				dauler II		Waste 30 Yards	Grows Lar	ndfill						
City, State		20000		Disposal Date	City, State									
Wayne, NJ 07470						05/12/14		, PA 19067						
Completed By (Print or Ty	pe)	Title				Signature	<del></del>	Da	ite ,	1	100.11			
Svetozar Savreski	•	Presid	lent			dis	1/1/2 -1	/w/V. =	3/2	1//	11			
						100	1601081	all w	11)	/	/			

Date of Notification (1)					Name of Building Owner/Operator (2)										
/01	_ /	14			Mt.	Laurel T	ownship /	Job #1404-4742	Check #6	134 '	E/A	3 <sup>2</sup> . #			
Agencies Notified Type	Notif	ication	40.000		Street Address										
⊠ EPA ⊠ In	1.1				100	Mount L	aurel Road			0017	7		- 3		
□ DOLWD □ Ar					City, State, Zip Code										
The state of the s		ment #			0 3000	Laurel, I	(0)	(1)	8	\$					
		ency (in	ciuain	3	Name	of Contac	t	Telephone Number							
		lation			Mai	ureen Mi	tchell		Simplified Parisher Signature						
					FΔ0	CILITY IN	IFORMATION				0	<del>20</del>			
Name of Facility Where Abatem	ent is	s Takino	Place	(3)		JILIT I	TORMATION	Type of Facility (	4)			~			
Mt. Laurel Police Municip			South Conversion	(-)				School (K-12)				•			
Street Address								☐ Subchapter 8	(Other than						
100 Mount Laurel Road								Other (i.e., pr homes, etc.)	ivate and con	nmercial l	ouilding	s,			
City (5)	_							Square Feet	# of Floors		Bldg. A	70			
Mt. Laurel								Oquale i eet	# 01110013	,	olug. A	ge.			
County (6)					Cour	ty Codo (	7)(STATE USE ONLY)	Current Use (Pri	or if boing do	maliahad\					
Burlington					Cour	ity Code (/	MOTATE OSE ONET			monsnea)					
Name of Monitoring Firm Hired by Building Owner (8)						No	Name of Abateme	Briefing Roo	71(1						
T & M Associates	טא פו	munig (	Jwner	(0)	ASCM	NO.	The second control of								
							AbateTech, I	nc.							
Street Address 11 Tindall Road							Street Address	DO D 05							
AND TOTAL PROPERTY.		4					30 Maple Ave								
City, State, Zip Code							City, State, Zip Co								
Middletown, NJ 07748							Lumberton, N	NJ 08048							
Project Manager for Monitoring	Firm				phone		Telephone No.		License N	0.					
						-1725	609-265-2107		00529						
Start Date (10)					tion Da		Name of OSHA M								
_04 / _02 / _14						14	EMSL Analyt	ical							
Occupancy Status During Abate	ment	(Chec	k only	one)			Street Address	- 0							
☐ Facility Closed/Vacated Duri							200 Route 13	0 North							
Abatement Performed Outsid							City, State, Zip Co	ode							
Time of Abatement: 5:00PN	IAW-	1:30A	VIPIVI/1	:30A	WPW-1	0:00AM	Cinnaminson	i, NJ 08077							
Scope of Work (Check all that a	pply)				With 1894			**************************************	*************						
☐ ≥3 sf or ≥3 If			M Pa	enovat	ion		☐ Full Cont	tainment with Neg	ative Pressur	e					
≥3 \$1 61 ≥3 11     ≥160 \$f or ≥260 If				moliti				g Procedure							
			A		200			mpted (*) and Nor	n-Friable Prod	Procedure					
			100	Loca	907					A	bateme	ent T	уре		
Location of				Norma			Description of			7	I R	Щ	m		
Asbestos-Containing Materia TO BE ABATED	al (AC	IVI)		intena			stos Containing Ma ., thermal systems		Amount (Specify		Repair	Encapsulate	Enclosure		
IN Facility			Cus		Staff?	,	surfacing, VAT	, or	SF or LF	) [2]	.   ~	lusc	Sure		
(13)			Vaa	(12) No	NI/A	1	other miscellane	ous)				ate			
			Yes		N/A							_	-		
Briefing Room			Ш	$\boxtimes$		Floor T	ile & Mastic		352 SF						
						ĺ									
<del>                                     </del>			П				<u> </u>								
					+=-	-						] [	+=		
							T. W. W. W. St. Company					Ш			
Name of Registered Waste Hau	ler			1,0762	IJDEP \ lauler I[		Cubic Yards of Waste	Name of Regist							
AbateTech, Inc.					18750		20	G.R.O.W.S.	Landfill						
City, State				-			Disposal Date	City, State		-					
Lumberton, NJ								Tullytown,	PA						
Completed By (Print or Type)		Title	)	<u> </u>			Signature,	1 0	Date	1		V. 10.004.10			
Jennifer Piraine		0	perat	ions	Coordi	inator	Orni	Ken Pinn	ing	ul	1/	U			
ASB-41							AICIO	5011010	~ / <del>~</del>	1 -1 (	1   1	1			
MAY 11		*	Do not	use th	is form	for asbes	tos licensure exemp	oted activities.							



Date of Notification (1) /	14			PSE&G / Job #1403-4735 Check										
Agencies Notified Type Noti	fication			Street	Address	***************************************		1000	<u>'</u>	77	2.			
⊠ EPA □ Initial		_		80 F	Park Plaz	za		S.A.	SOA,	2.1.0 Q	्रेड	)		
☑ DOLWD ☑ Amend	ied iment # <b>1</b>	`	)	City, State, Zip Code										
□ DCA □ Emerg		•	/	Nev	vark, NJ	07101		•	3.	.2				
(NJAC 5:23-8) justific	ation)	•	to .	Name	of Contac	t	Telephone N	lumber	1					
☐ Cance	llation			Ste	ve Magir	nnis								
				FAC	CILITY IN	IFORMATION					121			
Name of Facility Where Abatement i			72				Type of Facility	300						
PSE&G Exterior Burlington S	Switch	Statio	n				☐ School (K-12) ☐ Subchapter 8 (Other than K-12)							
Street Address							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,							
Devlin Ave. & West Broad St	reet		=				homes, etc.)				J 1			
City (5) -						L 0	Square Feet	# of Floors		communica.	g. Ag	е		
Burlington										7	4			
County (6)				Coun	ity Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being der	nolished	d)				
Burlington														
Name of Monitoring Firm Hired by B	uilding C	wner	(8)	ASCM	No.	Name of Abateme	2.5							
Health & Safety Services				117		AbateTech, I	nc.							
Street Address 318 12 <sup>th</sup> Street						Street Address	DO D 05							
						30 Maple Ave					-			
City, State, Zip Code						City, State, Zip Co								
Hammonton, NJ 08037			Trate		NI-	Lumberton, N	NJ U8U48	I Linnan No						
Project Manager for Monitoring Firm  Jim Proctor			110100000	ephone 09-704		Telephone No. 609-265-2107	0	License No 00529	ο.				12	
Start Date (10)	Schod	ulod C		tion Da		Name of OSHA M	10 200	00323						
			- 25	5_ / _	10 10 10	EMSL Analyt								
Occupancy Status During Abatemer						Street Address					20/2/11			
☐ Facility Closed/Vacated During E						200 Route 13	0 North							
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip Co								
						Cinnaminson	i, NJ 08077							
Scope of Work (Check all that apply)	)					□ Full Conf	ainment with Neg	rative Pressur	_					
≥3 sf or ≥3 If			novat			☐ Mini-Enc	losure	jauve i ressur	C					
⊠ ≥160 sf or ≥260 lf		⊠ De	moliti	on			ag Procedure empted (*) and Non-Friable Procedure							
		le	Loca	fion	Γ	⊠ Non-Exe	mpted (*) and No	Ion-Friable Procedure Abatemer						
Location of		2.22	Norma	3417000		Description of	ıf.		191					
Asbestos-Containing Material (A	CM)			ely by		stos Containing Ma	terial (ACM)	Amount		Removal	Repair	inc	Enclosure	
TO BE ABATED IN Facility		100000000000000000000000000000000000000	intena todial	ance/ Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF	,	3701	<u>a</u> .	apsı	nso	
(13)			(12)			other miscellane		SI UI LI	,	-		Encapsulate	Гe	
(a)		Yes	No	N/A		1	**********					W.		
Exterior				$\boxtimes$	Exterio	r Transite Condi	uit	1,500 LF	=					
		П		lп						$\neg$	П	П	П	
		_	-	+=-						=				
		Ц								니	Ш	ш	Ш	
						54 US			I					
Name of Registered Waste Hauler			11.8	JDEP \		Cubic Yards of	Name of Regis		-					
Waste				lauler II 1125	) NO.	Waste 40	G.R.O.W.S	. Landfill						
City, State				v		Disposal Date	City, State							
Camden, NJ						4/25/14	Tullytown,	PA						
Completed By (Print or Type)	Title					Signature	2 (1		Date	1		THE W.		
Jennifer Piraine	0	perat	ions	Coord	inator	OMM	, her VINI	lime	LL	1	114			
ASB-41						JANK	t l		17	-	·			
MAY 11	*	Do not	use ti	his form	for asbes	tos licensure exemp	ted activities.							

Cet 3245

7			(Pu	rsuar	t to NJA	C 8:60 and 5:10	5)	An							
Date of Notification (1)															
Agencies Notified Type Notific	cation			Street	Address		li m	4772		0_					
⊠ EPA ⊠ Initial				2000000	Mulbeery	Street	3850	. Y AA	ام م						
☑ DOLWD ☐ Amende	d				Market e manage	ress peery Street Zip Code									
☑ DHSS Amendm					Newark, NJ 071050										
DCA Emerger (NJAC 5:23-8) Emerger justificat	ncy (inc	luding	Į.	Name of Contact Telephone Number											
Cancella					Joseph Benanti										
						FORMATION		<del></del> -							
Name of Facility Where Abatement is	Taking	Place	(3)	1.0	JILITI IN	IFORWATION	Type of Facility (4	0							
PSE&G	3		(-)				School (K-12)								
Street Address							☐ Subchapter 8	(Other than K	-12)						
40 Mulberry Street							Other (i.e., pri	vate and com	mercial	buildin	gs,				
City (5)	-						homes, etc.) Square Feet	# of Floors		Bldg. A					
Newark, NJ 07105					2,500	2	\ge								
County (6)				Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Price	1 7	olichad	24					
Essex				Jour	ny code (/	NOTATE OGE ONET)	Repair Shop		iolisned	,					
Name of Monitoring Firm Hired by Bui	ldina ∩	wner /	(8)	ASCM	No	Name of Abateme									
Environmental Health Investig	7.0		28337.11	, toolvi	. 10.	JVN Restora									
Street Address	,	,	•			Street Address						_			
655 West Shore Trail						47 Foster Ro									
City, State, Zip Code						City, State, Zip Co									
Sparta, NJ 07871				Staten Island											
Project Manager for Monitoring Firm		_	Tele	phone	No	Telephone No.	NT 10309	Licenso No							
William Kerbil			73-729		718-605-6256		License No.	ėli							
	Schedu	ılad C				Name of OSHA M		00774							
04/28/14					14	Testor Tech	ionitor								
Occupancy Status During Abatement	(Check	only o	ne)			Street Address									
☐ Facility Closed/Vacated During Ent						10 59 Jackso	n Avenue								
Abatement Performed Outside of N					cribe	City, State, Zip Co	ode								
Time of Abatement: 7:00AM-3:30	_PIVI/_P	IVI	AN	LIC, NY 11101											
Scope of Work (Check all that apply)						Mana									
☐ ≥3 sf or ≥3 If		⊠ Re	novati												
⊠ ≥160 sf or ≥260 lf			molitic			☐ Gloveba	ag Procedure								
	T	l-	1 1		T	☐ Non-Exempted (*) and Non-Friable Procedure									
Location of			Locat Norma			Description of			1	Abatement Ty					
Asbestos-Containing Material (ACI	M)		d Sole		Asbe	stos Containing Ma		Amount	3	B Re	Ē	Ē			
TO BE ABATED			intena todial		(i.e	., thermal systems		(Specify	5	Repair	cap	Enclosure			
IN Facility (13)			(12)	otun.		surfacing, VAT other miscellane		SF or LF)	ة	3	Encapsulate	ure			
38.37		Yes	No	N/A		outer miceonano	-				6				
1st Floor Break Room		$\boxtimes$			Floor T	iles and Mastic		140 SF	D	аП	П	П			
		$\overline{\Box}$									+=				
										7   U	1	Ш			
					1		1								
									I						
Name of Registered Waste Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill							
Veolia Environmental	Н	auler II		Waste	Wayne Disp										
City, State				20071		15 Disposal Date	City, State		.10(4) (11)						
Flanders, NJ 07836						04/30/14	Belleville, N	11 48111							
Completed By (Print or Type)	Title					Signature	1//		Data						
Ralph Barnhardt	1/12/2016	rojec	t Man	anor		Signature	6 ///	7	Date	07	- 14	1			
ASB-41		. Ojec	. widi	agei		Jry/r	There		9	0 -		l .			
MAY 11	* E	o not	use th	is form	for asbest	tos licensure exemp	ted activities.								

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7 2014-51 B & G proj. #: Check #6463 APR-4 AMIN. 52 Name of Building Owner/Operator (2) Date of Notification (1) 0 4 / 0 1 1 / 1 4 Richard Fritze Type Notification Agencies Notified Street Address ☐ EPA 188 Casterline Road Initial DEP City, State, Zip Code Amendment Denville, NJ 07834 DOL Telephone Number Name of Contact DOH. Cancellation Richard Fritze ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Richard Fritze Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 188 Casterline Road County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Denville, NJ 07834 Morris residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. N/A Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/11/2014 Street Address 04/11/2014 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf E Is location normally used solely n Location of by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or C 0 staff(12) material (ACM) a material to be LF) abated in facility (13) N/A No Yes 11 lf pipe insulation Garage Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. City, State

Disposal Date

04/12/2014

Signature

Tullytown, PA

Gordana Luna

Date

04/01/2014

City, State

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Noback

Date of Notification (1) 4/3/2014			e of Building ataulic RE	A STATE OF THE STA											
Agencies Notified	Type Notification		1000000	et Address 1 Kesslers	sville Roa	ad		Con My O							
EPA DEP DOL	Amended Amendment Emergency		Eas	State, Zip C ton, PA 1	8044-00	31		10/4/20 Pe							
DOH DCA	justification) Cancellation		Krai	e of Contact ig Hume				Telephone Number							
Name of Facility Where Address 119 Edison Road		g Place (3)	F/	ACILITY INF	ORMATIO	N	Sc Su	Facility (	12) r 8 (Oth	er than K-1	2)	linas	home	25	
City (5) Stewartsville		A Maria		Square 25000	Feet		Floors	В	ldg. A	ge					
County (6) Warren		nty Code (7)	n					ng demolis		,					
Name of Monitoring Firm NBC Environmenta	AS	SCM No.		Name Site I	of Abate Enterpr	ement Contractor (9)									
Street Address 1554 Paoli Pike				44.44	Address 12th Str	S									
City, State, Zip Code West Chester, PA				tate, Zip monton	ip Code on, NJ 08037										
Project Manager for Mor Allen Feinberg	itoring Firm		hone No. -496-3379			one No. 567-12	50		License N 01172	lo.					
Start Date (10) 1/22/2014		4	on Date (11)			of OSHA Enviro			74						
Occupancy Status Durin	ated During Entire	Period of Aba	atement		51		Address Paoli F	ike			3 11 - 1230		-	-	
Abatement Perform Other – Describe:		nal Facility H	ours			City, State, Zip Code West Chester, PA 19380									
Scope of Work (Check A  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	Il That Apply)		novation nolition			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
Location	n of	Nor	cation mally		Desc	ription						Abatement Type			
Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (ACM) ATED ity	Mainte Custod (	Solely by enance/ lial Staff? 12)	(i.e	stos Contai thermal sy surfacir other mis	ning M ystems ng, VA	faterial (A s insulation T, or	n, (		mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure	
Building #2 B	asement	165	X		TSI Mixe	ed wi	th soil			ГВО	х				
			-		- W						-				
Name of Registered Was	ste Hauler		151035000000000000000000000000000000000	P Waste	Cubic Y			Name of	Registe	red Landfil					
Elk Transportation Ir		Hauler ID No. of Waste TBD					11/2	- Cunest	oya L	F.					
City, State Reading, PA							al Date City, State Morgantown, PA								
Completed by Thomas Rock		Title PM			Sig	nature M	nen	Well Date 4/3/2014							