										11				F	rint h	orm
			NOT	IFICA (Purs	TION OF	of New Je ASBEST IJAC 8:60	OS AE	BATEM	ENT	c1412	#(2]	83		1		
Date of Notification (1) 12/31/2014				Na	me of Bu ovus fin	ilding Own	cals	erator ((2)				d			
Agencies Notified		e Notification		Str 50	reet Addro	ess vood Ro	ad Su	uite#2	05		1	R 22	201	5	يا د مرد مرد د ر	1
EPA DEP X DOL		Initial Amended Amendment		Cit	ty, State,	Zip Code ainfield N							11 1		e Zu	
	X	Emergency (i justification)	ncluding	Na	ame of Co ian Ras	ontact			10000		Telepi	e Numb	er.			
DCA		Cancellation				Y INFOR	MATIC	N								7
Name of Facility Where	Abat	ement is Taking	Place (3)		17101001				Туре	of Facility (4)						
Former Novus fine	Che	micals								School (K-12 Subchapter 8	(Other	n K-12) mercial	huildin	ne br	mas	
Street Address 426 Orchard street	t an	d 411-413 B	road stree	ət						Other (i.e. pri etc.) Ire Feet	# of F	rs		j. Age		-
City (5) Carlstadt New Jers	sey					1 1000			6000		2 if heinc	molishe	+50)		_
County (6) Bergen County					County Co				Che	micals Pla	int					_
Name of Monitoring Fir	m Hir	ed by Building	Owner (8)		ASCM I n/a	No.				atement Com nvironmen						
Street Address									t Addre Lafay	ess /ette Stree	t					
n/a City, State, Zip Code								City,	State, 2 vark N	Zip Code JJ 07015						
n/a Project Manager for M	onitor	ina Firm		T	Telephone	e No.		Telep	hone l	No.	T	ense No				
n/a		Ū	Scheduled		n/a	ate (11)			-491-	0877 SHA Monitor		240				
Start Date (10) 1/7/2015				-	5/3	30/20	15		Envi	ironmental	Corp					
Occupancy Status Du					ent					ute 22 We	st					
Abatement Perfo	med	Outside of Nor	mal Facility	Hours						Zip Code J 07083						
Scope of Work (Check	k All 1	hat Apply)			i i			1	Π.			gative P	TOPELLO	8		
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	łf			enova emoliti					XX	ull Containm Aini-Enclosur Slovebag Pro	e cedure	•				
									× N	Non-Exempte	d (*) ani	on-Friab	and the second design of the s	Abate	ment	a.
	tion o	-	N	Locati Iormal	lly		De	escripti	on of					Ту	pe	
Asbestos-Contain TO BE	ing M	aterial (ACM) ED	Mai	d Sole intena odial \$ (12)	nce/ Staff?	Asbest (i.e.	therma surf	ntaining al syste acing, ' miscel	ems ins VAT, o		A (5 Sł	unt cify LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A) e la	.).	or 1	sal.	a s' see	40	F:	x			-
building #3	5				+	400	69 14	29	10.001	V17	<u></u>					
Name of Registered	Mach	Hauler			NJDEPV	Vaste	Cub	ic Yard	s	Name o	f Regist	d Landfi	1	1	1	1
Newark Carting I		5 Tiddioi			Hauler ID)4509	No.	1	/aste yards	5		Bethle	m land	fill			
City, State Po Box 5670 Nev	wark	NJ 07105					Disp	oosal D	ate	City, St 2335	ate Applet	er Rd	Bethl	eher	n PA	
Completed by			Title	ident	+			Signa	ture	/	_		ate 2/31/	2014	ŀ	
Carlos Gomes			1103		-				1							

* Do not use this form for asbe slicensure exempted activities.

Frint Form

			NC	OTIFIC (Pui	ATION O	e of New J F ASBES NJAC 8:6	ersey TOS ABATI 0 and 12:12	EMENT 20)	CHA	**************************************	- 18	9		i ne que	
Date of Notification (1)							ner/Operato		,	- <u>-</u>	τ., · ·	11	1	7	
4/14/2015							tments LL	.C							, # 1 + 5
Agencies Notified		lotification			Street Add 6600 Ind	tress dustrial F	IWY				IPR 2;	1 20	15		
EPA DEP		mended				e, Zip Code				i.	**	•	2.97	1	
DOL		mendment		- (Cartere	t NJ 070	08			12					
	jı jı	mergency istification) ancellatior		ł	Name of (Contact			30 - 10 - 2	Tel	one Num	ber			- Income
	1				FACIL	ITY INFOR	MATION					en acceso Au			
Name of Facility Where	Abatem	ent is Takir	ng Place (3)					Type of	f Facility (4	.)					1
Private Property									chool (K-12		1 1/ 10				1
Street Address									ubchapter ther (i.e. pi	8 (Oth	han K-12 ommercia		inas. I	nomes	s.
588 Roosevelt Ave								et	c.)						
City (5)								Square	Feet	#0	oors	1	dg. Ag	je	
Carteret NJ								1600		2		+5	50		
County (6)					County C	ode (7) SE ONLY)		Curren	t Use (Pric	r if be	demolish	ed)			
Union County				1											
Name of Monitoring Firr	m Hired	by Building	Owner (8)		ASCM	No.		ne of Abate)				
N/A					N/A			nago Env							
Street Address								et Address							
N/A								9 Lafaye							
City, State, Zip Code								, State, Zip							
N/A							1000 - 100 -	wark NJ							
Project Manager for Mo	nitoring	Firm			Telephon	ie No.		ephone No			Jicense No) .			
N/A					N/A			3-491-08			1240				
Start Date (10)					npletion D	Date (11)	1	ne of OSH		Corr					
4/24/2015			4/28/20					S Enviro		Colt					
Occupancy Status Duri	ng Abate	ement (Che	eck Only On	e)				eet Address							
Facility Closed/Va	cated D	uring Entire	Period of A	batem	nent			33 Route							
Abatement Perform Other – Describe:	med Out	side of No	rmal Facility	Hours	5		1 -	/, State, Zip nion NJ 0							
Scope of Work (Check	All That	Apply)						1000				101			
	/ ///			Renova	ation				Containm	ent wit	legative F	ressu	re		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				emolii				Min	i-Enclosure	Э					
			in the second second						vebag Pro		Non-Friab	le Pro	cedur	е	
								Land I VOI	- Exempte	<u>- (/ -</u>	<u>147-0-0-0</u>	1	Abate	ement	t
			1 00	Locat	226.002		Descrip	tion of					Ty	pe	
Locati Asbestos-Containir			Use	d Sole	ely by	Asbest	os Containir		(ACM)		ount			m	-
TO BE A			100000	intena	ance/ Staff?		thermal syst	ems insula			ecify	Rei	R	Encapsulate	Enclosure
In Fa			Cus	(12)			surfacing, other misce			٤	or LF)	Removal	Repair	psul	osu
(13	3)			r	1			Jindirio e de j				a		ate	re
			Yes	No	N/A							1			
Exte	rior				x		shingles	siding		1	0SF	x			
first floor	kitche	n			x		linoleum	/mastic			OSF	x			
second floor be	droom	(beige)	1		X		linole	eum			0SF	x			-
		(20.30)		1	1										
Name of Registered W	/aste Ha	uler			NJDEP W Hauler ID		Cubic Yar	ds	Name of	-	ed Landfil				
Newark Carting In	с			1.00	04509				ISES E		am land	511			
City, State		07405					Disposal I	Date	City, Sta 23357		tter rd E	ethle	hem	PA	
		11/105							2000 -	whic	101101				
Po Box 5670 New	ark NJ	0/105					1 0:	atura				ate			
Po Box 5670 News Completed by Carlos Gomes	ark NJ	0/103	Title	iden			Signa	ature	/	_		ate /14/2	015		

NOCK				NOT	FICATI	State of M ON OF AS nt to NJA	BESTOS	ABATE	MEN 0)	IT	to a construction	10 - 100 ⁻⁰⁰ - 100 - 100 - 100	we uner-u	a carlos con Pilico da		
Date of Notification (1)						of Buildin			÷.			<u> </u>				3 . 4
Agencies Notified	Tvn	e Notificatio	20		1	yolly	Mari	ris.			·. · ·					
EPA DEP		Initial	и		19	Address	sleep	44	(0	low t	Rd	API	122	20	5	
X DOL	Ľ	Amended Amendme	nt #		City, S	State, Zip	Code	11	1	9712	7110				-	;
DOH DCA		Emergence justification Cancellation	n)	ng	Name	of Contac Plackis	<u>102001</u> t #	12-		01	140	phone I	Vumber			ż.
Name of Facility Where A	hate			(0)		CILITY IN	FORMAT	ION					-			
ý	1	mont is 1 dr.	ing made	(3)					Тур	e of Facili	ty (4)	-				
Street Address	e	24 Li	allo	ila)	01					School (I Subchap Other (i.e	K-12) ter 8 (Ot 5. private	than K comme		ildina	e hor	1
City (5) POINT PI	Cos	wat	0110		n <u>a</u>				Squ	etc.) Iare Feet	#	loors		Bldg.	Age	
County (6)	1	3 -			County	Code (7)			Cun	rent Ușe (I	Prior if be	demol	ishod)	6	57	
Name of Monitoring Firm I	lined	hy Pull-te	0	0)		USE ONL	v)			NO	112	, demoi	isneq)			-
in the mentioning fully	meu	by building	J Owner (a	8)	ASC	M No.		Name	of Ab	atement C	Contracto)				
Street Address								Street	-	ustries I	nc.					
04.01.1.7								P.O.		A-6322 - 20						
City, State, Zip Code										Zip Code						
Project Manager for Monito	orina	Firm			Tolonh	one No.				w Jerse	y 0872;					
				1	releph	one No.		Telepho (732)		№. -7499		icense	No.			
Start Date (10)			14	117		Date (11)				HA Monito	pr	1196				
Occupancy Status During A	bate	ement (Che	ck Only O	ne)				Street /	Addre	SS		_			-	
Abatement Performed Other – Describe:	d Du Out	iring Entire side of Norr	Period of mal Facilit	Abater ly Houn	nent s			City, Sta	ate, Z	Zip Code						
Scope of Work (Check All 1	Chat	Ánnha)					_									.
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(נוקקר		Renova Demolii				E	Mi Gl	II Containr ni-Enclosu ovebag Pro	re ocedure	gative	Pressu	re		
			1	s Locati	00	T			No	n-Exempte	ed (*) an	on-Fria	ble Pro			
Location of	F			Normal	ly		Dee	cription c	æ						ement /pe	
Asbestos-Containing Ma <u>TO BE ABATI</u> In Facility (13)	ateria ED	a (ACM)	Ma	ed Sole aintenar todial S (12)	nce/	Asbes (i.e.	tos Conta thermal surfac	aining Ma	iteria insula , or	I (ACM) ation,	A (S SF	unt cify LF)	Removal	Repair	Encapsulate	Enclosure
	.		Yes	No	N/A				003)				val	, it	ulate	sure
	-				8	Aire	- pip	1.18			51	Ē	K			
	1											<u> </u>				
ame of Registered Waste I												-				
rick Industries Inc.	ault	-		Ha	JDEP W auler ID		Cubic Y of Wast	e		Name of		Landfil	1			
ty, State		2			602		Disposa	2		GROW City, Stat						
rick, New Jersey			7741				41	18112		PA						
ic Plackis			Title Presi	dent			Sig	nature	3	20		Da	ate U/j	-11	15	-

ASB-41 (R-06-08)

* Do not use this form for asbestc censure exempted activities.

NOCK		NOTIF (F	ICATION	OF ASE	ew Jerse BESTOS 2 8:60 and	ABATE	MENT D)	F	. The New of the second	inconstance on an		L	1	
Date of Notification (1)			Name o	f Building	g Owner/C	Inerator	(2)				<u> </u>	6.	-	
4/13/2015		2	10-07-01 COL		ers, LL		(2)	4	ng ^t ata	10 a 1	•			1
Agencies Notified Type Notificatio	n		Street A											
				Ocean	Ave				ŀ	122	261	5		
DEP Amended			City, Sta	ate, Zip C	Code									-
DOL Amendme	nt #		Asbu	ry Park,	, NJ 077	712			have a second		*		3	į.
DOH Emergence justification	(incluaing)		Name o	of Contact	t				Tel	ione Nu	mber	·		*
DCA Cancellation			Mike	Ressale	ei				1	1000 C		- h.	97 - T	and a state of the
Name of Facility Where Abot			FAC	ILITY INF	ORMATI	ON						-		-
Name of Facility Where Abatement is Tak	ing Place (3)					Тур	e of Facility	(4)					
Salvation Army Retirement Com	nunity							School (K-	12)					
200-210 5th Avenue							X	Subchapte Other (i.e. etc.)	er 8 (Oth	han K-1 ommerc		dings	, hom	ies,
City (5)							Squ	are Feet	# o	oors	E	Bldg. /	Age	
Asbury Park							90,	000 SF				30+	0	
County (6)	· · · · · · · · · · · · ·		County	Code (7)	10		Curr	ent Use (Pr	ior if bel	demolis				
Monmouth				USE ONLY	r)		n/a							
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	/ No.				atement Co						
Health & Safety Services Street Address						Site	Ente	rprises, l	nc.	**** ***				
318 12th Street						Street								
City, State, Zip Code							-775- 2014S	Street						
Hammonton,NJ 08037								Zip Code						
								ton, NJ	08037					
Project Manager for Monitoring Firm James Proctor			Telepho 609-7	ne No. 04-885(0	Teleph 609-		lo. 1250		cense M 1172	No.			
Start Date (10)	Schedul	ed Co	mpletion	Date (11))	Name	of OS	HA Monitor			-			
4/8/2015	4/22/2					Heal	lth &	Safety S	ervices	nc.				
Occupancy Status During Abatement (Che	ck Only O	ne)				Street	Addre	SS						
Facility Closed/Vacated During Entire	Period of	Abater	ment			316	12th	Street						
Abatement Performed Outside of Nor Other – Describe: vacant	mal Facility	y Hour	S		1			Zip Code						
						Ham	nmor	ton, NJ	08037					
Scope of Work (Check All That Apply)						_								
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	And the second se	Renova Demoli					M	II Containm ni-Enclosur ovebag Pro on-Exempte	re ocedure	on-Frial				
						<u> </u>	1 140	n-Exemple	u () an	UII-FIIdi			emen	4
		Local Norma						To and the set of the					emen /pe	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Asbe	Des stos Cont	scription aining M		I (ACM)	A	unt			T	
TO BE ABATED In Facility		iintena todial			. thermal	systems	s insu		(5	cify	Re	R	Encapsulate	Enc
(13)		(12)				cing, VA niscellan			SF	LF)	Remova	Repair	usda	Enclosure
•	Yes	No	N/A								al	-	late	Ire
If and Where	165	140	X		E	Ibows			1	sf	X			
Roof			X			lashing			1() If	X	-	-	-
			-			asining	1		1	7 11	A		-	
Name of Registered Waste Hauler			JDEP W		Cubic			Name of	Registe	Landfil	1	-	L	
Site Enterprises Inc.			Hauler ID		of Was 20 cy	'			VS Lar	11				
City, State 815 12th Street, Hammonton NJ	8037		1.4.11.4		Dispos 4/22/2	al Date 2015		-City, Sta Morris		19067				- 1.4
Completed by	Title				a second and	ignature	1				ate			
Thomas Rock	PM	-			4 2	FORA R	and	/			/13/2	015		

* Do not use this form for asbest icensure exempted activities.

CK10	754	r	NOTI		ATION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:10							
Date of Notification (1)					Name	of Building	g Owner/Operator (2)	1.1.1	2.55				
4 /	17 /	15			St.	Luke's H	ospital							
Agencies Notified	Type Notifi	ication	- 19t		Street	Address		- <u>1</u> = = - <u>1</u> = = -					-	
EPA		oation				Rosebei	rry St							
🖾 DOLWD	Record .				1	State, Zip C	•				<u> </u>		-	
🖾 DHSS							, NJ 08865							
			luding			of Contact			Telepho	Numb	or			
(NJAC 5:23-8)	1000 M				1000000000000	Ruhf			releptic	Nume	er			
												-		
		T 1 1	DI	(0)	FAG	SILITY IN	FORMATION	-						
Construction of the State of the second	batement is	aking	Place	(3)				Type of Facility (
								School (K-12)		K-12)				
								Other (i.e., pri				ilding	JS,	
								homes, etc.)						
City (5)								Square Feet	# of F	rs.		dg. A	ge	
	365							100,000+	2			40+		
					Cour	nty Code (7	')(STATE USE ONLY)	Current Use (Pric	or if bein	emolis	hed)			
				-				Hospital						
i nagaza a la la ^{tra} a la	<u> </u>	uilding O	wner (8)	ASCM	No.		ent Contractor (9)						
	es				NA			ironmental Sys	tems					
							Street Address	_						
	Ste. J						550 East Uni			<u>.</u>				
							City, State, Zip Co							
							West Cheste	r, PA 19382		-				
	roject Manager for Monitoring Firm				ephone		Telephone No.		Licen	No.				
					15-244		610-701-9000		005					
Date of Notification (1) 4 /17 15						Name of OSHA N	Nonitor							
<u>4</u> / <u>13</u> / .	15	5	/	1	/	15	AET							
		10.300.000.0000000000					Street Address			-				
							28 N. Pennel							
						cribe	City, State, Zip Co	ode						
				1 101-1			Media, PA 19	063						
Scope of Work (Check all	that apply)							ta inna anti-rith Nia a						
≥3 sf or ≥3 lf			🛛 Re	novai	tion		Mini-Enc	tainment with Neg closure	ative Pre	lite				
⊠ ≥160 sf or ≥260 lf			🗌 De	moliti	on			g Procedure	2					
				1		1	∐ Non-Exe	mpted (*) and Nor	n-Friable	ocedur	1			
Location	of			Loca Norma			Departmention of				Ab	atem	ent T	ype
ADVARDANCE / ADV. 24200 - 100		CM)	Use	d Sol	ely by	Asbe	Description o stos Containing Ma		Am	ht	Rer	Repair	Enc	Enc
TO BE ABA	TED				ance/ Staff?	(i.e	e., thermal systems	insulation,	(Sp	fy	Removal	bair	Encapsulate	Enclosure
	y		ous	(12)			surfacing, VAT other miscellane		SF (.F)	a		sula	ure
(10)			Yes	No	N/A	1		.003)					fe	
Ground Floor						Pipe Fit	ttings		15	4				
					-						-			
Ground Floor						Duct In	sulation		1:	·			Ш	
										10000				
Name of Registered Wast	e Hauler			1	NJDEP	Waste	Cubic Yards of	Name of Regist	tered Lai	1				
David Geppert Recy	cling			1	Hauler II	D No.	Waste	Western Be		nunit	y Lar	dfill		
City, State							40 Disposal Date	City, State		-				
							TBD	Birdsboro,	PA					
	rpe)	Title					Signature			Da	te	(
Mark Griffin	/		stima	tor			longitature	All			1,1	-	1	_

4/17/15

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

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10	1 P	-
$\left(\cup \right)$		
	10	1077

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

				(Pu	rsuant	to NJA	C 8:60 and 5:16)	1 a 2					
Date of Notification (1)					Name	of Building	Owner/Operator (2	2)						
4 /	17	/15	_		Petr	oleum M	arketing Group					ê		
Agencies Notified	Type No	tification			Street /	Address								
🖾 EPA	🛛 Initial				2359	Resear	ch Court							
🖾 DOLWD	🗌 Amei				City, St	ate, Zip C	ode			-				
DHSS	100	ndment # <u>0</u>			Sala		VA 22192							
		gency (inc ication)	luding		1. P. 19 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2	of Contact	And sold a second second second second		Teleph	Numbe	r			
(NJAC 5:23-8)		ellation				Beck								
	_			_			FORMATION							
Name of Facility Where A	batemen	t is Taking	Place	(3)	1.40		IONMATION	Type of Facility (4)					
3503 Route 46	in a control in	, is i sharing		(-)				School (K-12)						
Street Address								Subchapter 8	(Other 1	1 K-12)		1.22		
3503 Route 46								Other (i.e., pr homes, etc.)	ivate and	ommerci	al bu	lding	S,	
City (5)								Square Feet	# of F	rs	Blo	lg. Ag	e	
Parsippany, NJ 070)54							2500	1			0+		
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if bein	emolish	ed)			
Morris						.,	(, <u>.</u>	Vacant Gas			/			
Name of Monitoring Firm	Hired by	Building O	wner (8	B)	ASCM	No	Name of Abateme			-				
Accredited Enviror	•			-	NA			ironmental Sys	tems					
Street Address	montai	100111010	gioo				Street Address			-				
28 N. Pennell Rd.							550 East Uni	on St						
City, State, Zip Code							City, State, Zip Co	Sec. of the product o		-				
Media, PA 19063							West Cheste							
Project Manager for Mon	itoring Eir	~		Tol	ephone I	No	Telephone No.	1,1 4 10002	Licen	No.	0000000			
Dave Turotsy	itoring i n				10-891-		610-701-9000	1	00	3				
Start Date (10)		Schod	ulod C	. S	etion Dat		Name of OSHA N		00.	,				
5 / 4 /	15						AET	IOIIIIOI						
		10 St. 10 St. 10			_ ' _	10								
Occupancy Status During	75						Street Address	Deed						
Facility Closed/Vacate						cribe	28 N. Pennel							
Time of Abatement: 7						CIDE	City, State, Zip Co							
Scope of Work (Check a				Ŧ.	,		Media, PA 19	1063						
	li tilat app							tainment with Neg	ative Pr	ure				
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$			Re	nova	tion		Mini-Enc							
$\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$			🛛 Dei	moliti	on			g Procedure empted (*) and No	n-Friabl∉	ocedure				
			ls	Loca	tion						Ab	ateme	ent Ty	vne
Location	of		N	lorma	ally		Description of	of						
Asbestos-Containing		ACM)	Contract Con-		lely by ance/		stos Containing Ma		Ar	int	lem	Repair	nca	ncl
TO BE AB/ IN Facil			10000		Staff?	(I.e	., thermal systems surfacing, VAT	insulation,	(S SF	ify LF)	Removal	Ξ÷	Encapsulate	Enclosure
(13)	,			(12)		other miscellane		0757-0	/	-		Ilate	G
			Yes	No	N/A									
Rooms 1 - 4					\boxtimes	Joint C	ompound		17(SF	\boxtimes			
Room 1						VAT			1(F	\boxtimes			
Interior Windows						Caulk			5	4				
Roof			П			Roofing	g / Flashing		17	SF				
Name of Registered Wa	ste Haule				NJDEP		Cubic Yards of	Name of Regis	tered La	511	1			
David Geppert Rec					Hauler II		Waste	Western B		munity	Lan	dfill		
City, State	-						30 Disposal Date	City, State						
Hatfield, PA							TBD	Birdsboro,	PA					
Completed By (Print or 1	(vne)	Title					Signature			Dat	P 1			
Mark Griffin	366)		; stima	tor			Signature	BHH	<u>_</u>	Dat	11	, 7	1.1	-
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* Do not use this form for asbestos licensure exempted activities.

State of Kev Jersey NOTERCATOR OF ABJESTOS ABLATIMENT (Pursuants to NARC E30 and 12150) Date of Notification (1) 4/16/15 Name of Sulfing Noeri/Operator (2) PSEAG Annonine (1) 4/16/15 Type Notification (1) Street Address 55 Welton Road (Ciltion NJ 07012 Boold Concernent (2) Concernent (2) Concernen	NIC	K													Pr	int Fo
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≥ 3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Full Containment with Neg Mini-Enclosure Glovebag Procedure Non-Exempted (*) and No e Pressure Asbestos for ≥260 lf Is Location Normally Used Solely by Maintenance/ (13) Is Location Normally Used Solely by Maintenance/ (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Armout (Speci SF or L Image: Containing Material (ACM) Yes No N/A Street X Asbestos Transite Pipe 30 Lf Name of Registered Waste Hauler Veolia ES Technical Soulutions NJDEP Waste Hauler ID No. 20071 Cubic Yards of Waste 3/4 Name of Registered I Wayne Disposal fifili City, State 1 Eden Lane Flanders NJ 07863 Title Signature Signature Cubic Yards of Waste 4/17/15 Name of Registered I Wayne Disposal Date	Scope of Work (Check All That	Annly)						Tird .				-				
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* Do not use this form for asbestos lic sure exempted activities.

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Date of Notification (1) 4/20/15				uilding Owner/ Manageme			es, Inc.						
Agencies Notified Type Notifica	ation	11/2/2010/01	et Add 34 No	iress orth Crescen	t Blvd.	2	al e				1		
EPA Initial DEP Amende DOL Amende	ment #			, Zip Code uken, NJ 08	110								
X DOH justifica			ne of C n Stev					Telep	ie Nu	mber			
		F	ACILI	TY INFORMAT	ION								
Name of Facility Where Abatement is T No Name Street Address	Taking Place (3)			(a	Туре	school (K-12	2)	- 1/ 1	2)			
6702 North Crescent Blvd						×	Subchapter Other (i.e. pr etc.)		n K-1 merc		ldings	, hom	es,
City (5) Pennsauken						Squa 6,00	are Feet	# of F 1	rs		3ldg. / 10+	Age	
County (6) Camden			Inty Co	de (7) E ONLY)			ent Use (Prio occupied	or if being	molis	hed)			
Name of Monitoring Firm Hired by Build Accredited Environmental Tech		A	SCM N	10.			atement Con es, LLC	tractor (9					
Street Address 28 N. Pennell Road					Street	Addre		ighwav	uite	500			
City, State, Zip Code Media, PA					City, S	State, Z	Zip Code						
Project Manager for Monitoring Firm Dave Turotsy		Exton, PA 19341 Telephone No. Telephone No. 610-891-0114 610-755-7563							nse N	lo.			
Start Date (10) 5/4/15	Schedule 5/8/15	ed Complet				of OS	HA Monitor	0	61				
Occupancy Status During Abatement () <u>R</u>	(35)			Street	Addre							
 Facility Closed/Vacated During Er Abatement Performed Outside of Other – Describe: 	ntire Period of A Normal Facility	batement Hours			City, S	State, Z	e 130 Nort		-				
Scope of Work (Check All That Apply)					Cinn	amin	son, NJ						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovation emolition				Mi Gl	II Containme ni-Enclosure ovebag Proci on-Exempted	edure		Pressu		е	
	ls	Location									Abate	emen	:
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Name of Registered Waste Hauler		NJDE	P Was	te Cubic	Yards		Name of R	Registered	andfill				
ecoservices, LLC		Haule	er ID No	o. of Wa 2	ste		GROWS	60. 7 00.000	21 				
City, State Exton, PA		1		Dispo TBD	sal Date		City, State Morrisvil						
Completed by Jack Bally	Title Sr. Pr	oject Ma	anage		Signature	1d	selle -		Date 4/20/15				

ASB-41 (R-06-08)

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

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Date of Notification (1) 4/20/15			ne of Buildin evens Mar				es, Inc.						
Agencies Notified Type Notificat	ion	1.000	et Address 34 North C	Crescent	Blvd.					. 3			
DEP Amender X DOL Amender	ent #		, State, Zip (nnsauken		110		A		-				
DOH justificati			ne of Contac n Stevens	2.0				Telep 856-	ie Nun 3-080				
		F	ACILITY IN	FORMATI	ON				-				
Name of Facility Where Abatement is Ta No Name	aking Place (3)					_	of Facility (4 School (K-12		-				
Street Address 7026 Camden Avenue							Subchapter Other (i.e. pr etc.)		n K-12 mercia		dings	, hom	es,
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County (6) Camden		Cou (STA	nty Code (7) ATE USE ONL	.n			ent Use (Pric occupied	or if being	molish	ned)			
Name of Monitoring Firm Hired by Buildi Accredited Environmental Tech		A	SCM No.				atement Con es, LLC	tractor (9					
Street Address 28 N. Pennell Road						Addre West	ss Lincoln H	ighway	uite {	500			
City, State, Zip Code Media, PA							Zip Code 19341						
Project Manager for Monitoring Firm Dave Turotsy			phone No.)-891-011	4	1	hone N 755-7		L C	nse No. 61				_
Start Date (10) 5/6/15	Scheduled 5/8/15	d Comple	tion Date (11)	Name EMS		HA Monitor		61				
Occupancy Status During Abatement (C	heck Only One	:)				Addre							
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of Al Iormal Facility	oatement Hours			City, S	State, Z	e 130 Nort Ip Code	h					
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Crawl space under Office			x		Insula			700		X X			
				po									
Name of Registered Waste Hauler		2222	P Waste	Cubic			Name of F	Registere	andfill				
ecoservices, LLC		Haule	r ID No.	of Was 2	ste		GROWS	S					
City, State Exton, PA		_		Dispos TBD	al Date		City, State Morrisvi						
Completed by Jack Bally	Title Sr. Pro	oject Ma	anager	S	ignature	Lan	h Bel		Date 4/20/15				

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