STATE OF NEW JERSEY

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

Date of Notification	' '				Building Owner / Op	erator (2)					
$\frac{06}{20}$	/			Street Ac	DEVELOPMENT INC.		TOF	C.F		WF	-
Agencies Notified	Type of N	otification			MERCE BLVD		D)-5	6 6	Ш		7
☑ EPA		Initial			te, Zip Code	111	ni	-			1111
☐ DEP		Amended		Maria de la companya del companya de la companya de la companya del companya de la companya de l	ADT, NJ 07072	1		ALIC -	2 2	017	111
☑ DOH		Amendment		Name of		in the second	Telepho	ne Numb	er	91,	
DOL DOL		Cancellation	v/ justification		CK TUCCI		I		N.	TDOL	١
				FACILITY I	NFORMATION		AOL	LICE		G	
Name of Facility Wi FORMER MERCK U		nent is Taking	Place (3)		Type of Facility (4)						
Street Address					School (IZ 40	v:			
1011 MORRIS AVE						ter 8 (Other to e., private & d					
						omes, etc.)	Jillino Gia	1			
City (5)	County (6	5)	County Code	(7)	Square Feet	# Of Floors	5	Buildin	g Age		
UNION	UNION				77,000		3	1			
					Current Use (Prior		olished)		4	10 +	
Name of Monitoring	Eirm Hiros	d by Blda Oven	a= (0)	IACOM NO	OFFICE / PRODUCT	TION					
Ivallie of Worldoning	Firm Hired	a by Blag. Own	er (8)	ASCM NO	71						
EHI				1	NORTHSTAR CONT	RACTING GE	ROUP INC				
Street Address					Street Address						
655 WEST SHORE 1											
City, State, Zip Code	9				32 Williams Parkway						
SPARTA, NJ 07871					City, State, Zip Cod	е					
Project Mngr. For M WILLIAM KIERBIL	onitoring F	irm	Telephone Nu 973-729-5649	mber	Foot Homeway N L 07	000					
Sheduled Start Date	(10)	Ischad Comp	letetion Date (1	14)	East Hanover, NJ 07 Telephone Number		It is a second	Maria			
07 / 05	/ 17	12	30	17	relephone Number		License	Number			
/	/	/			973-884-8682			0	0860		
Occupancy Status D					Name of OSHA Mor	itor					
		ted During Ent	ire Period of		NORTHSTAR CONT	RACTING GF	ROUP, INC).			
Abatemer		ed Outside of N	lormal Facility		Street Address						
	escribe:	d Outside of N	offilal Facility		32 Williams Parkway						
22270		7:00 AM-3:30	PM		City, State, Zip Code		-				
					East Hanover, NJ 07						
Scope of Work (Che	ck All That	Apply)							ı		
☐ Demolitio	_		D		- 110						
>3sf or >3		✓	Renovation	Н	Full Containment w Mini - Enclosure	ith Negative	Pressure				
✓ ≥160 sf or					Glovebag Procedur	۵					
					Non-Exempted (*) a		le Proced	ure			
				(3377 .0)							
Location o		Is		Descript		T	Abateme	nt Type			
Asbestos Cont	aining	Location	As	bestos - C			R	_	E	E	
ТО ВЕ АВАТ	ED	Normally Used		Material e., therma		Amount	E M	R	N	N	
in Facility		Solely			facing, VAT,	(Specify SF or LF)	O	P	A	C	
(13)		by Main-			ellaneous)	Or or Ery	V	A	P	0	
20 1021		tenance/					A	1	s	0	
		Custodial				1	L	R	U	U	
		Staff (12)							L	R	
		YES NO N/A									process.
U1			WATER REGG	FINIO		117.000.05					
U1			WATER PROO MASTIC	TING		17,660 SF 17,175 SF	V			+	
U1			CAULK			810 LF	7		+	++-	
Name of Registered	Waste Hau		NJDEP Waste	Cubic	Name of Registered		1 🖺		1 [
NEWARK CARTING			Hauler ID No.	100	I.E.S.I.	500 500					
				of Waste							
City, State				Disposal	City. State						
NEWARK, NJ				Date	BETHLEHEM, PA 18	105					
Completed by (Print	or Type)		Title		Island				IDat		
Completed by (Fiffit	or type)		1100		Signature		11	1	Date	EE.	
Steve Stiles			Project Manage	er	Sto	UMI	1/2	L	-	08/01/	17
ASB-41					7			THE PERSON NAMED IN	and the second		

Location of	ls	Description of		Abateme	ent Type		
Asbestos Containing	Location	Asbestos - Containing		R	T	ΙE	E
3	Normally	Material (ACM)	Amount	E	R	N	N
TO BE ABATED	Used	(I.e., thermal systems	(Specify	M	E	c	lc
in Facility	Solely	insulation, surfacing, VAT,	SF or LF)	0	P	A	ľ
(13)	by Main-	or other miscellaneous)	01 01 21 7	V	A	P	0
(/	tenance/	or other integerianceus)		Å	17	s	s
	Custodial			Ιî	R	Ü	lii
	Staff (12)			-	"	ľ	R
	YES NO N/	4				-	<u> </u>
U1		PIPE & FITTINGS	35 LF	1			
U1 FIRST FLOOR		VAT MASTIC	10,060 SF	7		n	
U1 SECOND FLOOR		VAT MASTIC	11,000 SF	7			
U1 THIRD FLOOR		VAT MASTIC	14,800 SF	7			
U1 SECOND FLOOR		MASTIC	9,800 SF	1			
U1 THIRD FLOOR		MASTIC	5,700 SF	V			



State of New Jersey

Check # 11360

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

			(Pu	rsuar	it to NJA	C 8:60 ar	nd 5:16	⁵⁾	FR	F	7\//	F	E
Date of Notification (1)				Name	of Buildin	g Owner/Op	erator (2	2)	MEG		10		7
8/1/	17	_		City	y of Cam	den		a establish waker or ex	18!			-200	
Agencies Notified Type Notified	ation			Street	Address				II AUG	- 2	201	7	
				PO	Box 951	20							
□ DOLWD □ Amende	50 L			City, S	State, Zip (Code				20.0	ONIT	201	2
☑ DOH Amendn ☐ DCA ☑ Emerger		udina		Car	nden, N.	08101			ASBESTO	CENS	UNG	101	~
DCA Emerger (NJAC 5:23-8) Emerger justificat		luuliig		Name	of Contac	t			Telephone Num		-		
☐ Cancella				Jan	nes Rizz	0				-			
				FA	CILITY IN	IFORMAT	ON						
Name of Facility Where Abatement is	100	Place	(3)					Type of Facility					
710 YORK STREET STRUCTU	RE							School (K-12) 3 (Other than K-12	N .			
Street Address									rivate and commer		uilding	S,	
710 YORK STREET STRUCTU	RE							homes, etc.)					
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Camden								varies	varies		50+		
County (6)	÷			Cour	nty Code (7)(STATE USE	ONLY)	Current Use (Pri	or if being demolis	hed)			
CAMDEN								415.000 Texts 450.000 May 7 - 4.000	EEMED UNSAF	E		unce-	
Name of Monitoring Firm Hired by Bui	lding Ow	vner (8)	ASCM	No.	0.00		ent Contractor (9)					
Street Address						Street Add		nvironmental S	systems				
Street Address								ehem Pike - Sı	uite 60				
City, State, Zip Code						City, State							
						Spring	House	e, PA 19477					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone	No.		License No.				
						215 54	2 7000		00847				
Start Date (10)	Schedul					Name of C	OSHA M	lonitor					
_8 / _2 / _17	9	_ /	15	_ / -	17	CES							
Occupancy Status During Abatement		Jen 191 3 0000				Street Add							
☐ Facility Closed/Vacated During Ent						1121 N	Bethle	ehem Pike -Sui	te 60				
☐ Abatement Performed Outside of N Time of Abatement: 7:00AM-5:00					cribe	City, State	A STATE OF STATE						
Scope of Work (Check all that apply)		-2.00				Spring	House	e, PA 19477					
Scope of Work (Check all that apply)						□F	ull Cont	ainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf			novati				1ini-Encl						
≥160 sf or ≥260 lf	D	⊠ Der	molitic	n				Procedure mpted (*) and No	n-Friable Procedu	re			
		Is	Locat	ion						Ab	atem	ent Tv	уре
Location of			lorma			Desc	ription o	f			1		
Asbestos-Containing Material (ACM	Л)		d Sole intena					terial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			odial		(1.6	., thermal sy surfacin			SF or LF)	ova	=	psu	Sur
(13)			(12)	_		other mis			173 1510 7731 5	1-		late	O.
		Yes	No	N/A						-			
See Attached Notice of Hazard	[See Att	ached No	tice of	Hazard	200 YD per res				
]												
]												
	[
Name of Registered Waste Hauler			19334	JDEP \		Cubic Yard	ds of	Name of Regis	tered Landfill				
Waste Management of NJ			Н	auler II 17273		Waste 200/res	idenc	GROWS					
City, State				1121		Disposal D		City, State					
Fairless Hills, PA						9/15/17		Tullytown	PA				
Completed By (Print or Type)	Title			331051-12		Signa	ture	1.	Da	te			
Patricia Visco	Off	ice N	/lana	ger		1	ation	mus 1) 100	15	8/	11	17	

D&S-Proj. #: 17-203 Date of Notification (1)	709	Vame of B	(Pursi		besto C 8:6	IJ os Abatement 60 and 12:120)	Response to the state of the st	DE C	E [2017			
0 7 / 2 8 / 1 7 Agencies Notified Type Notific	ation	brian hu					-	ASBEST			OL 8	Ł	
□ EPA □ Initial □ Amended □ Amendment:		treet Add	ress Zip Code				-		<u>OENSII</u>	VO		0	
DOL Emergency DOH (including justification Cancellation)	1) N	GLEN ame of Co	70.0270.777	JJ 07028				Telephor	ne Numbe	er		-	
]]			ILITY INFORM	ATIO	N							
Name of facility where abatement	is taking pla	ice (3)	(0.070.700			-	ТТ	ype of Facility ((4)				
brian hughes Street Address								School Subch	l (K - 12 apter 8 ((Private/('Homes,	other Comm			
City (5)	Coun	tv (6)						Square Feet	# of Floo	ors	E	Bldg. A	ge
GLEN RIDGE	ESS	To FILE				unty Code (7) ate use only)	-	Current Use (P	rior if bei	ng der	nolish	ied)	_
Name of Monitoring Firm Hired by				ASCM No.	\neg	Name of Abateme	nt Cor	ntractor (9)					_
						D & S RESTO	RAT	ION, INC.					
Street Address		XX				Street Address	///						
City, State, Zip Code					_	20 California 2 City, State, Zip Cod					-	-	_
,,, c, <u>-</u>						Paterson, NJ (2					
Project Manager for Monitoring Firm	n	Pł	none Numb	er	-	Telephone Number)	License	Num	ber		
						973-345-802			0	1169			
Start Date (10)	Sched.	Completi	on Date (11)		Name of OSHA Mo		T					
08/09/17	08/30/	/17				D & S Restora Street Address	ation,	Inc.					
Occupancy Status During Abateme Facility closed/vacated during	entire perio	d of abate	ement.			20 California A		ie					
Abatement performed outside Describe:		acility hou	rs-										
Other-Describe: NORMAL F					-	Paterson, NJ 0	07503						
Scope of Work (check all that appl	Renovation Demolition						Mini Glov	Containment ware containment ware consure rebag procedure contact (*) and cont	е			edure	
Location of asbestos-containing	Is location by mainter		used solely todial	7080 W 54	3	29. 50 10.000				R	R	E n	E
material (acm) to be abated in facility (13)	staff(12) Yes	No	N/A	Description material (A		sbestos-containing		Amount (Specify SI LF)	= or	m o v	p a i	c a p	n c L
basement boiler room		X		PIPE INSUL	LATI	ON		23 l ft		e			
Registered Waste Hauler D & S RESTORATION, INC.	NJDEF 1350	P Hauler II	1000	ibic Yards of W yd	aste	Name of Registere TULLYTOWN			COVER	<u> </u>	Ц		
City, State			Disposal Da	ate		City, State	العدد و.	JORGE RE	COTEN	-			
PATERSON, NJ 07503 Completed by (Print or Type)	T'AL		08/10/17			TULLYTOWN	V, PA						
BOGDAN JOLDZIC	Title PRESIDE	NT		Signature					Date 07/28/	17			
ASB-41 *	Do not use	this form f	for asbesto	s licensure exer	mpted	activities.							

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-205 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 10 7 /12 8 /1 1 7 angel alasa Agencies Notified Type Notification Street Address ☐ EPA M Initial **LICENSING** Amended DEP Amendment #: City, State, Zip Code DOL Emergency west ny, nj 07093 (including DOH Name of Contact Telephone Number justification) DCA Cancellation angel alasa **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) angel alasa Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) HUDSON Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 08/08/17 08/28/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure > 3 sf or >3 If □ Renovation Mini-enclosure Glovebag procedure ≥160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E е asbestos-containing n Description of asbestos-containing Amount staff(12) material (acm) to be m n D C (Specify SF or material (ACM) C abated in facility (13) 0 LF) а Yes No N/A p BASEMENT PIPE INSULATION 80 l ft Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 1 yd TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 08/09/17 TULLYTOWN, PA Completed by (Print or Type) Title Signature Date **BOGDAN JOLDZIC** PRESIDENT 07/28/2017 Do not use this form for asbestos licensure exempted activities ASB-41

D&S Proj. #: 17-202	7093		cation of As		s Abatement and 12:120)	Personal Color (** State and Colors and Colo	M	G - 2	2 20	// E	Branch Britan Colonia	
Date of Notification (1) 10 17 1/12 17 1/117 Agencies Notified Type Notificat EPA Initial	SCO'	TT ROBINS	ner/Operator (2)		4	ASBES	TOS C		ROL	. &	
DEP Amended												
Amendment #:		ate, Zip Code										
DOH Emergency (including		THAM BOI	RO, NJ 0792	8			Telephone	Number	16			
justification)							relephone	TVUITIDE	_			
Cancellation	scc	TT ROBINS								-		
		- To	ILITY INFORM	IATION								
Name of facility where abatement is	s taking place (3)					Тур	e of Facility (4)					
SCOTT ROBINS							Subchap	oter 8 (O	ther t	nan K	-12)	
Street Address	XXX						Other (P Bldgs./H			rcial		
						Sq		of Floor	_	BI	dg. A	ge
City (5)	County (6)				nty Code (7)	_						
CHATHAM BORO	Morris			(Star	te use only)	Cu	urrent Use (Pric	or if being	g dem	olishe	ed)	
Name of Monitoring Firm Hired by I			ASCM No.	' П	Name of Abatemen	t Contra	actor (9)					
					D & S RESTOR	RATIC	N, INC.					
Street Address	e sanger to the see that Market				Street Address	12000						
City, State, Zip Code					20 California A City, State, Zip Code							-
o.,, o, _p o					Paterson, NJ 0							
Project Manager for Monitoring Firm		Phone Numb	er	-	Telephone Number			License	Numb	er		
					973-345-8020	<u> </u>		0	1169			
Start Date (10)	Sched. Com	oletion Date (1	1)		Name of OSHA Mo D & S Restorat		nc					
08/30/17	09/20/17				Street Address	,						
Occupancy Status During Abatemen					20 California A	venue						
Facility closed/vacated during Abatement performed outside					City, State, Zip Code	е						
Describe: NORMAL H	OURS			-	Paterson, NJ 0	7503						
Scope of Work (check all that apply				- 11			ontainment w/n	negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					Mini-e	enclosure					
≥160 sf or ≥260 lf	Demolition				-		bag procedure Exempted (*) ar		riable	proce	edure	ŧ
Location of	Is location norm		/				1 1		R	R	Е	E
asbestos-containing material (acm) to be	by maintenance staff(12)	Custodiai	Description material (sbestos-containing		Amount (Specify SF	or	m	р	n c	n
abated in facility (13)	Yes No	N/A	materiary	(AOIVI)			LF)		o v	a i	a p	L
attic			vermiculite	attic i	nsulation	1	35 SQ FT		e	\Box	П	\vdash
												盲
Registered Waste Hauler	NJDEP Hau	dor ID# 10	ubic Yards of \	Masta	Name of Registere	<u> </u>	en en			Ш	Ц	
D & S RESTORATION, INC.	13506		2 yds.	74310	TULLYTOWN			COVER	Y			
City, State		Disposal D			City, State							-
PATERSON, NJ 07503 Completed by (Print or Type)	Title		08/31/17 Signature		TULLYTOWN	N, PA		Date				
BOGDAN JOLDZIC	PRESIDENT		O.g. action					07/27/	2017			
ASB-41	Do not use this f	orm for asbest	os licensure ex	empted	activities.							

State of NJ Notification of Asbestos Abatement D&S Proj. #: 17-201 (Pursuant to NJAC 8:60 and 12:120) AUG - 2 2017 Name of Building Owner/Operator (2) Date of Notification (1) 10 |7 |/|2 |7 |/|1 |7 ASBESTOS CONTROL & DENISE MORTENSON Agencies Notified Type Notification Street Address | Initial EPA Amended DEP City, State, Zip Code Amendment #: DOL Emergency MENDHAM, NJ (including DOH Name of Contact Telephone Number justification) DCA DENISE MORTENSON Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) **DENISE MORTENSON** Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) **MENDHAM** Morris Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/14/17 08/31/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 If Mini-enclosure □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial е n asbestos-containing Amount Description of asbestos-containing m n staff(12) p C material (acm) to be (Specify SF or material (ACM) C a а abated in facility (13) LF) Yes No N/A p BASEMENT PIPE INSULATION 20 L FT PIPE INSULATION BASEMENT CRAWL SPACE (2X) 41 L FT X 170 SQ FT garage transite board Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 3 YDS Disposal Date City, State City, State PATERSON, NJ 07503 08/15/17 TULLYTOWN, PA Completed by (Print or Type) Signature Title **BOGDAN JOLDZIC** PRESIDENT 07/27/2017 ACD 41 Do not use this form for asbestos licensure exempted activities

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CKF DEO	1		ICATION	ate of New OF ASB to NJAC	ESTOS	ABATE	100000000000000000000000000000000000000	D		BE		₩ f		n
Date of Notification (1) 07/25/2017	7			Building			(2)	- Control of the cont	AL	1G - 1	2 2	017	Section 2	U
Agencies Notified Type Notific	ation		Street A	ddress enterton	Road		-		10000	*/\C.O.O.	C. S.	FAA	土	
EPA Initial Amend				ite, Zip Co		·		L	ASBES	CENS			_ 04	
☐ Emerge	ment # ency (including	-		ove, NJ Contact	00310)		11	Talast	64	•	-3-1		
DOH justifica				ance Ga					_					
Name of Facility Where Abatement is	Taking Place (3	3)	FACI	LITY INFO	ORMAT	ION	Туре	of Facility	(4)					
Former Grain Mill, (Building 2)		**						ichool (K-						
Street Address 1237 Landis Avenue							×		r 8 (Other ti private & co			dings,	home	es,
City (5) Pittsgrove							Square ~ 2,2	e Feet	# of Fig	oors	- 1	ldg. A	ge	
County (6) Salem			County (Code (7) JSE ONLY	,			nt Use (Pri er Grair	ior if being on Mill	demolish	ed)	Section		
Name of Monitoring Firm Hired by Buil Pennoni Associates Inc.	ding Owner (8)		ASCN	1 No		1000			ntractor (9) ental Serv	ices, Ir	ıc.			
Street Address 515 Grove Street Suite 1B				100.00 0.00 0.00-0		100000000	Addressidge R							
City, State, Zip Code Haddon Heights, NJ 08035							state, Zip enixville	Code e, PA 19	9460					
Project Manager for Monitoring Firm Alan Lloyd			Telephor 856 54	ne No. 7-0505			none No 933-43		13573	cense No	o.			
Start Date (10) 08/09/2017	Schedule 08/31/2		npletion [Date (11)		100 000 000		A Monitor	ntal Serv	ices, In	ic.			
Occupancy Status During Abatement (Check Only Or	ne)					Address	700						
Facility Closed/Vacated During El Abatement Performed Outside of Other – Describe:						City, S	idge R tate, Zip		9460					
Scope of Work (Check All That Apply)						1 1100	211124111				- V			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				××××	Mini Glov	-Enclosur rebag Pro						
3000 PM 102		Locati				20200						Abate Typ	ment	
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	(I) Use	d Sole intenai todial S (12)	ly by nce/		tos Cont thermal surfa		faterial (s insulat T, or		Amor (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										тe	(D)
See Attached Spreadsheet			X		See	Attach	ned		See Atta	acned	X			
			X								X			
A CONTRACTOR OF THE STREET STREET, STREET STREET, STRE			X		1-2		-				X			
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of	Registered	Landfill	^			
Waste Management		Н	lauler ID 7273		of Was				S/Tullyto		dfill			
City, State Fairless Hills, NJ	Will be a second	k				sal Date 1/2017		City, Stat Morrisv	e ville, PA					
Completed by Patrick Larney	Title Proje	ct Ma	nager		200	ignature	1	0)		Dat 07	e /25/2	017		

Horn: mix

Note: Please find the additional fee's attached for the basement work area and the roof/exterior work area. Building 2 total additional notification fee's = \$400.00

PROJECT NAME:

Pittsgrove Grain Mill ACM Building 2

August Notes	A hadamand I have	Hait	0.00	Notos	
Area / Notes	Abatement item		Office Adams Notes	Notes	
Building 2					
1st Floor	Tile, Mastic & Sheet	SF	1,554	Properly Remove and Dispose	
1st Floor	Textured Ceiling Plaster	SF	1,422	Properly Remove and Dispose	0.
Boiler and Throughout Basement and 1st Floor	st Floor Paper Insulation	SF	336	Properly Remove and Dispose	D. 00 CA
Boiler Room	Flue Packing	SF	-	Properly Remove and Dispose	
275 LF Exterior Windows	Window Caulk	EA	20	Properly Remove and Dispose	
300 LF Exterior Windows	Window Glazing	4	20	Properly Remove and Dispose	F \$ 200, 00
Roof	Roofing	SF	4,000	4,000 Properly Remove and Dispose	

