												L			-01				
X 252	.70	NOTI	FICA Pursi	TION OF	f New Jer ASBESTO JAC 8:60	rsey OS ABATI and 12:12	EME 20)	ENT		Int CKS	E.C.	EI	., W		The state of the s				
Date of Notification (1)			Na	me of Buil	ding Own	er/Operato	or (2 & N	?) J			AUG	19	, 201	6					
08-10-16 Agencies Notified	Type Notification		Ctr	oot Addre	99				Blda	125. Ce	entral Ter	minal	Area		Management				
□ EPA	Initial			y, State, Z		ternation	IIai	Allport	, Diag.	ASD	Central Terminal Area								
DEP X DOL	Amended Amendment # 1		No	ewark, N	J 0711	SOCIAL STATE AND STATE OF THE S													
X DOH	Emergency (included justification)  Cancellation	ding		me of Co ohn A. V						Telepi	none Numb	er 			4				
				FACILITY	Y INFORM	MATION		Type of I	Facility (4	.)					$\dashv$				
Name of Facility Where Newark Liberty Inte	Abatement is Taking Pla ernational Airport	ce (3)						Sch	nool (K-12	2) 8 (Other	than K-12)								
Street Address								Oth etc	ner (i.e. pi	rivate & d	commercial	building	gs, ho	mes,					
3 Brewster Road							+	Square	Feet	# of F	loors	Bldg. Age 88 yrs.							
City (5) Newark							_	100,00		or if being	demolishe		y 10.		-				
County (6)			C (S	ounty Cod TATE USE	ie (7) ONLY) _			Airpor	t										
Essex	m Hired by Building Own	er (8)	$\dashv$	ASCM N	0.	Na	me	of Abate	ment Cor	tractor (	or (9)								
The Port Authority		N/A				Address		eritai O											
Street Address 241 Erie Street				20	00	Broad S	Street			<u> </u>			-						
City, State, Zip Code				Cit	ty, S arls	tate, Zip stadt, N	Gode IJ 0707	2											
Jersey City, NJ 07 Project Manager for M		elephone		(1)		none No.			License No 00756	0.									
Ralph Campione				973-622	2.55000.10.55.10	100	8	939-65	A Monitor		00730		-						
Start Date (10)				pletion Da	ate (11)	E	ver	n-Air In	c.						-				
	ing Abatement (Check C	nly One	)					Address 9 Jack	s on Ave	enue									
Facility Closed/V	acated During Entire Per	iod of Ab	atem	ent		C	ity, S	State, Zip	Code		· uro								
Abatement Perfo	med Outside of Normal Abatement will be cond	ducted in	a res	tricted are	a	_ L	_on	g Island	d City, î	NY 111	01								
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260			enova emolit					× Min	i-Enclosu	re ocedure	Negative I			<b>)</b>					
				- T			- 1	Nor	1-Exempt	eu ( ) an	0 11011 1 114		Abate	ment					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Use			ntena	illy ely by ince/ Staff?	by Asbestos (i.e. the		ning yster ng. V	on of g Material (ACM) ems insulation, VAT, or llaneous)		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure				
(	13)	Yes	No	N/A								-		te	L.				
Exterior: North N	Manifold Fuel Lines			x			ered Pipe Insulation				250	x	_	_	-				
	ng 120 Fuel Lines			×		Covered	_				85	x	-		-				
	-uel Intersection			x	1/302XC.01	Covered				-	166	×	-		-				
	1 Fuel Connection			x		Covered	_		lation	of Pogio	302 tered Land	fill							
Name of Registered ATC, Inc. / JBT (	Waste Hauler			NJDEP W Hauler ID 24310		of Wast		S			terprises	2000							
City State						Disposa	al D	ate	City, S Way	State nesbur	g, OH 44	688							
Shirley, NY / Bro	nx, NY					I Si	ana	tura	1	1		Date							

Signature

Title Project Manager

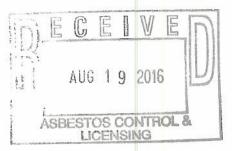
08-10-16

Completed by Raymond Kinsella

## Title Of Project: Newark Liberty International Airport Additional Materials / Floors

Pg. 2

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Ext.: Terminal A2 Fuel Connection	N/A	Tar Covered Pipe Insulation	82	Removal
Ext.: Terminal A3 Fuel Connection	N/A	Tar Covered Pipe Insulation	100	Removal
Exterior: Main Connection	N/A	Tar Covered Pipe Insulation	1136	Removal
(1)FSA: Building 20	N/A	Tar Covered Pipe Insulation	75	Removal



STATE OF NEW JERSEY

lech \$ 2720 NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 16 First Energy Street Address Type of Notification 76 South Street Agencies Notified City, State, Zip Code **EPA** Initial 5 15 Akron, Ohio 44308 DEP П Amended 7 DOH Amendment Name of Contact Telephone Number Emergency w/ justification 4 DOL Jim Halsey Cancellation FACILITY INFORMATION TOS GO VIROL & Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) LICENSI 3 School (K-12) Subchapter 8 (Other than K-12) Street Address Other (I.e., private & commercial 219 BUTTERMERE AVE 1 bldgs., homes, etc.) Square Feet # Of Floors **Building Age** County Code (7) City (5) County (6) MONMOUTH INTERLAKEN Current Use (Prior if being demolished) Telephone Pole Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO NORTHSTAR CONTRACTING GROUP. INC. Environmental Health Investigations Street Address Street Address 655 West Shore Trail City, State, Zip Code 32 Williams Parkway City, State, Zip Code Sparta, NJ 07871 Telephone Number Project Mngr. For Monitoring Firm 212-682-9271 East Hanover, NJ 07036 Dino Nappi Telephone Number License Number Sheduled Start Date (10) Sched, Completetion Date (11) 16 \_\_30\_\_ 09 00860 973-884-8682 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) NORTHSTAR CONTRACTING GROUP. INC. Facility Closed/Vacated During Entire Period of Street Address Abatement Performed Outside of Normal Facility 32 Williams Parkway Hours - Describe: tue-thur 8:30 am to 5;00 pm City, State, Zip Code Other - Describe: 1 East Hanover, NJ 07036 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Demolition 1 Renovation >3sf or >3lf Mini - Enclosure ~ Glovebag Procedure ≥160 sf or ≥260 lf 1 Non-Exempted (\*) and Non-Friable Procedure Abatement Type Description of Location of Is Location Asbestos - Containing R Asbestos Containing E Amount R Material (ACM) Normally C C (I.e., thermal systems (Specify M E Used TO BE ABATED 0 P Solely insulation, surfacing, VAT, SF or LF) in Facility ٧ 0 A (13)by Mainor other miscellaneous) s S Α tenance/ U R Custodial R Staff (12) YES NO N/A Transite Conduit 30 LF Exterior Telephone Pole NJDEP Waste Cubic Name of Registered Landfill Name of Registered Waste Hauler NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City. State City, State Disposal Date BETHLEHEM, PA 18105 NEWARK, NJ Date Signature Completed by (Print or Type)

Project Manager

08/18/16

Steven Stiles

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/16/2016		Name of Building Owner/Operator (2)  Merck Sharp & Dohme Corp.								<u> </u>	7					
Agencies Notified Type Notification		Street Address 126 East Lincoln Avenue PO Box 2000, RX28-414														
EPA Initial Amended Amendment #		C	City, State	e, Zip Code /, NJ 07065					AUU	7 9	21	)15		ש		
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding	100	lame of 0 Sandra	Contact Schenk, D	irector S	&Е		Telep	hone N		NC	TRO	L &			
Name of Facility Where Abatement is Taking		FACIL	ITY INFORM	ATION	Type of I	acility (4)		LIC	ENS	SIIVO	3	_	=			
Building 75 Power House					School (K-12)											
Street Address 126 East Lincoln Avenue					5_ 3 * 4H_5	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5) Rahway						16,287					74	ig. Aq yrs				
County (6) Union		(		SE ONLY)		Power				lished	l) 					
Name of Monitoring Firm Hired by Building Or Environmental Health Investigations		ASCM 00104		1,000,000	of British and the street	nent Contr Industr	Control of the Control of the Control		Com	pan	У					
Street Address 655 West Shore Trail					treet Address 2217 Spillman Drive											
City, State, Zip Code Sparta, NJ 07871					, State, Zip Code thlehem, PA 18015											
Project Manager for Monitoring Firm Lisa Liloia	-	Telephon 973-72		610-	Telephone No. License No. 610-691-1800 00721											
	Schedule 10/27/2		pletion D	ate (11)	Name of OSHA Monitor Brandenburg Industrial Service Company											
Occupancy Status During Abatement (Check		0.70	Address 7 Spillma	an Drive												
Facility Closed/Vacated During Entire Potential Abatement Performed Outside of Normal Other – Describe: Renovation Work	batem Hours	ent		City, S	, State, Zip Code thlehem, PA 18015											
Scope of Work (Check All That Apply)				<b>5</b> 1	£											
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Renovation Demolition						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Location	on T			( ) and	140111	III	Abatement Type							
Location of	lormall d Solel	у		Description of							ıy					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	ntenar odial S (12)	nce/	(i.e. ther	mal system urfacing, V	ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)			nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure			
Boiler 6 Ceiling	Yes	X	IN/A	TSI	Block As	sbestos		144 SF			X					
Boiler 4 East/West Walls & Ceiling		X			TSI				0 SF		X					
				6*						1						
Name of Registered Waste Hauler	111	JDEP W	(C)	ubic Yards		Name of R	4.00			200						
Freehold Catage, Inc.		auler ID 5939	45		Lycoming Cty Resource Management								nt			
City, State Freehold					Disposal Date City, State TBD Montgomery, PA											
Completed by Jennifer Polzer	Title Contr	ract N	/lanage	r	Signatu	Signature				Date 8/16/2016						

## NOTIFIC

	0 / 1
State of New Jersey CATION OF ASBESTOS ABATEMENT	WHOOSE NO
ursuant to NJAC 8:60 and 12:120)	JEST 0033 100 1

Agencies Notified    Type Notification	Date of Notification (1) 8/17/2016		Name of Building Owner/Operator (2)  Merck Sharp & Dohme Corp.								E.	$\overline{\cap}$						
City, State, Zip Code Rahway, NJ 07065   Telephone Numbers THOLE & School (Arch 2)   Telephone Numbers THOLE & Telephone	126 Fast Lii							nue Po	O Box 2	2000, RY	28-4	1#16	1 9	20	116			
DOH		Amended Amendment #			City, Stat	te, Zip Coo	de					HOO			110			
Name of Facility Where Abatement is Taking Place (3)   Subchapter 8 (Other than K-12)   Subchapter 9 (Other (i.e. private & commercial buildings, homes, etc.)   Subchapter 9 (Other (i.e. private & commercial buildings, homes, etc.)   Subchapter 9 (Other (i.e. private & commercial buildings, homes, etc.)   Subchapter 9 (Other (i.e. private & commercial buildings, homes, etc.)   Subchapter 9 (Other (i.e. private & commercial buildings, homes, etc.)   Subchapter 9 (Other (i.e. private & commercial buildings, homes, etc.)   Subchapter 9 (Other flex)	DOH DCA	justification)	ncluding		NATIONAL ELE		k, Dire	ctor S8	ķΕ		Tele	phone.	Numb					
Building 75 Power House  Street Address 126 East Lincoln Avenue  City (5) Rahway  County (6) County (6) County (7) County (7) County (8) County (9) County (10) County (10) County (10) County (10) County (10) County (10)	_	FACIL	ITY INFO	RMATI	ON													
City (5)   Rahway   County Code (7)	Building 75 Power H						School (K-12)											
County (6) Union    County Code (7)	AND ADVECTOR OF STREET	enue enue							Ot etc	her (i.e. pri c.)	vate 8	comme		build	ings,	home	s,	
Union		. E								are Feet # of Floors								
Environmental Health Investigations, Inc.    Street Address					_			if bei	ng demo	olished	i)							
City, State, Zip Code Sparta, NJ 07871  Project Manager for Monitoring Firm Lisa Liloia  Project Manager for Monitoring Firm Lisa Liloia  Scheduled Completion Date (11)  Norally  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: Renovation Work  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf    Cocation of Asbestos-Containing Material (ACM) In Facility (13)    Normally Used Solety Used Used Solety U													Com	par	ıy			
City, State, Zip Code Sparta, NJ 07871  Project Manager for Monitoring Firm Lisa Liloia  Telephone No. 973-729-5649  Scheduled Completion Date (11) 9/6/2016  Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Renovation Work  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Boiler 6 Celling  X  Telephone No. 17elephone No. 610-691-1800  Telephone No. 610-691-1800  Name of OSHA Monitor Brandenburg Industrial Service Company  Street Address 2217 Spillman Drive  City, State, Zip Code Bethlehem, PA 18015  Scope of Work (Check All That Apply)  Scope of						et Address												
Telephone No. 973-729-5649  Start Date (10) 9/6/2016  Start Date (10) 9/6/2016  Start Date (10) 9/6/2016  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe: Renovation Work  Scope of Work (Check All That Apply)  3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Name of OSHA Monitor Brandenburg Industrial Service Company  Street Address 2217 Spillman Drive  City, State, Zip Code Bethlehem, PA 18015  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Boiler 6 Ceiling  X TSI Block Asbestos 144 SF X	City, State, Zip Code	200 m²		City, State, Zip Code														
Start Date (10) 9/6/2016    Scheduled Completion Date (11)   Scheduled Completion Date (11)   Scheduled Completion Date (11)   10/27/2016   Brandenburg Industrial Service Company   Street Address   2217 Spillman Drive   City, State, Zip Code   Bethlehem, PA 18015   Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf   ⊠ ≥160 sf or ≥260 lf   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥3 sf or ≥3 lf   ∏   Scope of Work (Check All That Apply)   □ ≥4 store and the procedure of the procedur	Project Manager for Mon				Teleph	phone No. License No.												
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Renovation Work  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf    Cocation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)    Location of Asbestos-Containing Material (ACM) To BE ABATED (13)   Fell No N/A     Secondary Status During Abatement (Check Only One)   Street Address 2217 Spillman Drive     City, State, Zip Code     Bethlehem, PA 18015    Full Containment with Negative Pressure     Mini-Enclosure     Glovebag Procedure     Non-Exempted (*) and Non-Friable Procedure     Abatement Type     Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Street Address     2217 Spillman Drive     City, State, Zip Code     Bethlehem, PA 18015    Full Containment with Negative Pressure     Mini-Enclosure     Glovebag Procedure     Non-Exempted (*) and Non-Friable Procedure     Abatement Type     Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   Street Address     Street Address     2217 Spillman Drive     City, State, Zip Code     Bethlehem, PA 18015	Start Date (10)			11) Name of OSHA Monitor							C							
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe: Renovation Work  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) In Facility (13)  Page No N/A  Page	Anne Management Transfer		Street Address															
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf    X	Facility Closed/Vaca	aten																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  Boiler 6 Ceiling  X TSI Block Asbestos  144 SF X	Other – Describe:	Hours			_													
≥ 160 sf or ≥ 260 lf   Demolition   Demol		10		Īx	Full Containment with Negative Pressure													
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  TO Block Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (specify SF or LF)  Per No N/A  To Block Asbestos  To Block Asbestos  Abatement Type  Abatement Type  To Block Asbestos SF or LF)  To Block Asbestos SF or LF)									Mini-Enclosure Glovebag Procedure									
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Boiler 6 Ceiling  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  To Be ABATED (Specify SF or LF)  To About (Specify SF or L			ls L	ocat	ion			_	1,1011		Ta ( ) and Hon I in			Abatement				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Boiler 6 Ceiling  Maintenance/ Custodial Staff? (12)  Yes No N/A  TSI Block Asbestos  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  To BE ABATED (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  To BE ABATED (Specify SF or LF)  To BE ABATED  To BE ABATED													ı y	pe				
Pes No N/A  Boiler 6 Ceiling X TSI Block Asbestos 144 SF X	Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  Maint  Custod				nce/		thermal surfa	systems cing, VA	ems insulation, VAT, or			(Specify		Removal	Repair	Encapsulate	Enclosure	
Boild a coming A Parameter A	Daite CO		Yes	0.000	N/A	Т.	TOI DIA	ok Aak	postos		1/	444.05				· ·		
Bolici 4 Edst West Walls & Colling A			1			'	121 10											
	Bollot 4 Edob Woot																	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	Name of Pegistered Mon	IN	LIDEP W	/aste Cubic Yards			Name of Registered Landfill											
Freehold Catage, Inc.  Hauler ID No. 15939  Lycoming Cty Resource Management				F	Hauler ID No. of Waste				The state of the s								nt	
City, State  Preehold  Disposal Date TBD  City, State Montgomery, PA			-				100000000000000000000000000000000000000	sal Date										
Completed by Jennifer Polzer  Title Contract Manager  Signature 8/17/2016	Completed by			act N		er	S	Signature	· (X7	5	1				16			

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

Cle# 3077

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)			1,000,00					
8 /	15 / 1	6		Prin	ceton U	niversity-Office	of Design and	Construction							
Agencies Notified	Type Notification	n			Address Elm Dr.										
☑ DOLWD	☐ Amended		-	City, State, Zip Code											
☑ DHSS	Amendment					IJ 08544	A STATE OF THE STA	AUG 1	J 20	16		J/l			
DCA	☐ Emergency ( justification)	including	-	1000	of Contac		2 6-1	Telephone Numb			- (	-			
(NJAC 5:23-8)	☐ Cancellation				ert Orte					W14 1 - 0 -					
						FORMATION		LICENS	<del>ONTE</del> Sinic	ich.		-			
N	Abatamant in Toki	na Dioso	(2)	FAC	JILII T IIN	IFURIMATION	Type of Facility	The state of the state of the	2114/2						
Name of Facility Where		ng Place	(3)				School (K-12								
Princeton University-Baker Rink							— Subchapter 8 (Other than K-12)								
Street Address							Other (i.e., property)	rivate and commer	cial bui	lding	5,				
Pyne drive			_				Square Feet	# of Floors	Bld	a Ac	6				
City (5)							Square i ect	# 011 10013		9. 7.9	~				
Princeton			000	Coup	ty Codo (	)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			_			
County (6) MERCER							Library								
Name of Monitoring Firr		Owner (	8)	ASCM I		Name of Abateme									
ATC Group Service	es, LLC			0009	8		VIRONMENTA	L, INC.							
Street Address						Street Address									
Three Terri Center							ER STREET								
City, State, Zip Code						City, State, Zip C									
Burlington, NJ 080	016					BRISTOL, PA	19007	144							
Project Manager for Mo	nitoring Firm		1000	phone I		Telephone No.		License No.							
Michael Keehn				9-386	T1 (T4)(T1)(T1)	215-788-6040		00509							
Start Date (10) 9 / 6	CALL CONTROL C	eduled C 9 /	700			Name of OSHA N	STOL ENVIRONMENTAL, INC.								
Occupancy Status Durin						Street Address						-			
☐ Facility Closed/Vaca				ment			VER STREET								
☐ Pacifity Closed/Vaca	ed Outside of Norm	nal Facilit	v Hour	s - Des	cribe	City, State, Zip Code									
Time of Abatement:						BRISTOL, PA									
Scope of Work (Check	all that apply)					B14101013,11									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	novati molitic			<ul> <li>         ⊠ Full Containment with Negative Pressure         □ Mini-Enclosure         □ Glovebag Procedure         □ Non-Exempted (*) and Non-Friable Procedure     </li> </ul>											
	Locat				Abatem										
Location of No.			Norma ed Sole			Description	Amount	Re	Re	En	E				
Asbestos-Containing TO BE A			intena		ASD (i.e	estos Containing Ma e., thermal systems	insulation,	(Specify	Remova	pair	cap	clos			
IN Fac		Cus	todial	Staff?		surfacing, VAT	T, or	SF or LF)	la	200	ure				
(13)			(12) No	N/A	1	other miscellane	eous)				te				
	Yes			Dine In	aulation		40 LF		П	П	П				
Basement Mech. Ro	oom	$\Box$			Pipe ii	sulation		40 Li		_					
											П	П			
Name of Registered Wa	aste Hauler		1	JDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill		I.					
BRISTOL ENVIRO				lauler II	D No.	Waste	G.R.O.W.S. NORTH LANDFILL								
City, State BRISTOL, PA 190	07					Disposal Date	City, State MORRISV	ILLE, PA 190 <mark>67</mark>							
Completed By (Print or	Type)	itle	H			Signature	0 0-	/ 2 D	ate /	-111					
Brian Scafiro		Estima	tor			Brian	a Scofiro,	The second	8/15	110	)				