PA			ITO		MOITA		BES	ersey TOS ABA :60 and 5:1			lis	63				
Date of Notification (1)					Name	of Building	g Owr	ner/Operator	(2)	1	Promos		7 n	Π.Π		PERSON
12 /	4 / _	17	_		City	of Camo	den				In	EGI		\mathbb{V}	E	1
Agencies Notified	Type Notificat	tion			Street	Address					15					111
⊠ EPA	Initial				PO	Box 9512	20					DEC		201	7	
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☑ DOH ☐ DCA	Amendme ⊠ Emergence		ludina		Car	nden, NJ	081	01		1						
(NJAC 5:23-8)	justificatio		luuliig		Name	of Contact					Tele	epA STAFFAN	arCO	NTR	S JC	
00 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	☐ Cancellation				Jan	nes Rizzo)									PROPERTY
					FAG	CILITY IN	FOR	RMATION								-
Name of Facility Where A	Abatement is Ta	aking	Place	(3)					T	Type of Facility	(4)					
1116 THURMAN ST	REET STRU	CTUI	RE							☐ School (K-12						
Street Address										Subchapter 8			tal base	بديدالدا:		
1116 THURMAN ST	REET STRU	CTUI	RE						1	Other (i.e., properties) Other (i.e., properties)		and commerc	iai bu	liuling	5,	
City (5)						***			15	Square Feet		of Floors	Blo	lg. Ag	je	
Camden										varies		varies	1,000	50+		
County (6)					Cour	nty Code (7)(STA	TE USE ONLY)	1	Current Use (Pri	or if b	peing demolish	ed)			
CAMDEN							0.3	10000 10 10 6		HOUSING D			3.0			
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM	No.	Nar	me of Abaten	nen	nt Contractor (9)						
			100	8			С	ontrolled E	Ξην	vironmental S	Syste	ems				
Street Address								eet Address			•				30	
Productive and all constitution that are the							1	121 N. Betl	hle	hem Pike - S	uite	60				
City, State, Zip Code					-		City	, State, Zip (Cod	de						
•							S	pring Hous	se,	PA 19477						
Project Manager for Mon	itoring Firm	-14		Tel	phone	No.		ephone No.			Li	cense No.				
								15 542 700	0			00847				
Start Date (10)	S	chedu	ıled C	omple	tion Da	te (11)	Nar	me of OSHA	Мо	nitor						
12 /5 /	17			100	5_/	100 100	С	ES								
Occupancy Status During	g Abatement (C	Check	only o	ne)			Stre	eet Address								
☐ Facility Closed/Vacate							1	121 N Beth	ilel	hem Pike -Su	ite 6	0				
☐ Abatement Performed Time of Abatement: 7						scribe	95	y, State, Zip (
		1017					S	pring Hous	se,	PA 19477						
Scope of Work (Check al	Il that apply)							□ Eull Co	nta	inment with Neg	antivo	Dressure				
☐ ≥3 sf or ≥3 lf			☐ Re	nova	ion			☐ Mini-Er			jative	riessuie				
≥160 sf or ≥260 lf			□ De	moliti	on					Procedure		-bl- Dlive				
			la.	1	tion	T		⊠ Non-Ex	em	npted (*) and No	n-r-na	able Procedure	T		T	
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Asbestos-Containing)			ely by	Asbe	stos	Containing N				Amount	Removal	Repair	inc	Enclosure
TO BE ABA	Contraction of the Section 1				ance/ Staff?	(i.e		ermal system				(Specify	1078	a:	aps	uso
IN Facil (13)	ity		Ous	(12				surfacing, VA her miscellar				SF or LF)	<u>=</u>		Encapsulate	le le
(10)			Yes	No	N/A			1101 11110001101		30,					Ф	
See Attached Notice	of Hazard				\boxtimes	See Att	ache	ed Notice o	of H	Hazard	200	YD per res				
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Waste Managemen	IT OT NJ				1727		2	00/residen	С	GROWS						
City, State Fairless Hills, PA								posal Date		City, State Tullytown	PΑ					
	·wo)	T:41-				in meter a				- dilytown		To-	0			
Completed By (Print or T Patricia Visco	ype)	Title Of	ffice I	Vlana	ger			Signature	0	w Use	C	Dat Dat	z /	4/1	7	

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 17 City of Camden Agencies Notified Type Notification Street Address **⊠** EPA PO Box 95120 □ DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Camden, NJ 08101 DEC □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation James Rizzo & JC. LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 1537 Mt EPHRAIM STREET STRUCTURE ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1537 Mt EPHRAIM STREET STRUCTURE homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden varies 50+ varies County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) CAMDEN HOUSING DEEMED UNSAFE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Controlled Environmental Systems Street Address Street Address 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 5 / 17 2 / 15 / 18 CES Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1121 N Bethlehem Pike -Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/_ _PM-__ Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥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 Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) N/A Yes No See Attached Notice of Hazard X See Attached Notice of Hazard 200 YD per res X П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Waste Management of NJ **GROWS** 17273 200/residenc City, State City, State Disposal Date Fairless Hills, PA Tullytown PA 2/15/18 Completed By (Print or Type) Title Signature Date Patricia Visco Office Manager

State of New Jersey
TIFICATION OF ASBESTOS ABATEMENT

14230 P		log	IFIC (P	ATION	tate of N I OF AS nt to NJ/	BES	Jersey STOS ABAT ::60 and 5:1	TEMENT 6)	R			E	7 [y [
Date of Notification (1) / 01 /	17	_	200				ner/Operator (2)		DE	C	- 5	20	17
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende ☐ DOH ☐ Amende	ed			142 City, 5	t Address 22 Grand State, Zip (Code			A	SBES	TOS	S CC NS	NTI NG	ROL 8
DCA Emerge justifica	ncy (inc tion)]	Name	boken, N of Contact tthew Te	t	030		Telephone N	Numbe	r			
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Name of Facility Where Abatement is	Taking	Place	(3)		OILII I II	0.	MATION	Type of Facility ((4)					-
Commercial	J							School (K-12						
Street Address			CHE IS					☐ Subchapter 8	(Other than h					- 1
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Hudson				Oou	ity code (i)(017	TE OOL ONLT	Current Ose (File	or it being der	Holishe	eu)			
Name of Monitoring Firm Hired by Bui	Idina Ov	vner ((8)	ASCM	No	Na	me of Abateme	ent Contractor (9)						
Bio Terra Solutions	iding O	,,,,,,,	,	/ toolvi	110.	1000000		NAGEMENT LI	C					
Street Address							eet Address	NAGEWENT L	_0					
P.O. Box 1224						30								
City, State, Zip Code							7 Outwater							
Union, NJ							y, State, Zip Co							
Project Manager for Monitoring Firm	_		Tal		NI-	-	Sarfield, NJ	07026	1					
Rick Eustaquio			7	ephone			ephone No.		License No).				
	0.1.1		1	73-494		-	73-928-4888		1188					
12 /04 /17				etion Da		2000	me of OSHA M ALL PRO MA	ionitor NAGEMENT LL	_C					
Occupancy Status During Abatement						Stre	eet Address							\neg
☐ Facility Closed/Vacated During Ent						2	7 Outwater I	_ane						
Abatement Performed Outside of N	Iormal F	acility	/ Hou	rs - Des	cribe	City	y, State, Zip Co	ode						
Time of Abatement:AM	PM/	/	PM		AM	G	Sarfield, NJ	07026						
Scope of Work (Check all that apply)														-
 ≥3 sf or ≥3 if ≥160 sf or ≥260 if 		☐ Re ☑ De					☐ Mini-Enc							
			Loca								Aba	tem	ent T	vpe
Location of Asbestos-Containing Material (ACI	(A)		Norma	ally ely by		_1	Description o			t		_		
TO BE ABATED	vi)	Ma	inten	ance/			Containing Mar ermal systems i		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust		Staff?	, , ,	S	surfacing, VAT,	or	SF or LF)		val	=	nsd	sur
(13)		Yes	(12) No		1	oti	her miscellane	ous)					late	Œ
Basement					VAT/Ma	stic	5)		300 SF		\boxtimes			
1st Floor			П	\boxtimes	VAT/Ma	stic			2,300 SF					
									2,000 31	-		_		
	-											Ш	Ш	
Name of Registered Waste Hauler			- 00	NJDEP I Hauler II		Was	2370	Name of Regist	ered Landfill					
City, State				1150			s Needed posal Date	City, State						
And the state of t							BD	July, Otale						
Completed By (Print or Type)	Title													
Allen Monchik		olosá	Mer				Signature		,	Date				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1)				Name	of Building	g Ow	ner/Operator (2)	1	Ш	DE(3 -	- 5	201	7
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Agencies Notified Type Notific	ation			Street	Address					AS	BES	TOS	COL	VITRO	21 8
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☑ DOH Amendm ☐ DCA ☐ Emergen	-	ludina		Hol	boken, N.	J 07	030								
(NJAC 5:23-8) justificati		luding			of Contact				Tele	ephone N	umbe	r			
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Name of Facility Where Abatement is 1	aking l	Place	(3)					Type of Facility	(4)						\neg
Commercial								School (K-1							
Street Address								☐ Subchapter ☐ Other (i.e., p	8 (Oth	er than K	-12) morei	al hu	ildina	-	
214 Washington Street								homes, etc.)	and com	merci	ai bu	iiuii iy	э,	
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County (6)				Cour	ity Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if b	eing dem	olish	ed)			
Hudson							~								1
Name of Monitoring Firm Hired by Build	ding Ov	vner (8	()	ASCM	No.	Nar	ne of Abateme	ent Contractor (9))						
Bio Terra Solutions						A	LL PRO MA	NAGEMENT L	LC.						
Street Address						Stre	eet Address						- 10		
P.O. Box 1224						2	7 Outwater I	_ane							
City, State, Zip Code						City	, State, Zip Co	ode							
Union, NJ						G	arfield, NJ	07026							
Project Manager for Monitoring Firm			Tele	phone	No.	Tele	ephone No.		Lic	ense No.					
Rick Eustaquio				3-494			73-928-4888		1	1188					
				ion Da			ne of OSHA M		F 15						
12 /01 /17				_ / -	17_	Α	LL PRO MA	NAGEMENT L	LC						
Occupancy Status During Abatement (150				Stre	et Address		177						
☐ Facility Closed/Vacated During Entire						2	7 Outwater I	_ane							
Abatement Performed Outside of No Time of Abatement:AM	ormal F	acility	Hour	s - Des	cribe	City	, State, Zip Co	ide		.000					
					AIVI	G	arfield, NJ	07026							
Scope of Work (Check all that apply)							□ Full Cont	ainment with Ne	nativo	Draceura					
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⊠ ≥160 sf or ≥260 lf	0	□ Den	nolitio	n			☐ Glovebag	g Procedure inpted (*) and No	n Erio	blo Brook	ndi iro				
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Asbestos-Containing Material (ACN TO BE ABATED)		Sole Sole				Containing Ma			Amount		₹err	Repair	inci	incl
IN Facility				Staff?	(i.e.		mal systems i urfacing, VAT,			(Specify SF or LF)		Remova	air	apsı	Enclosure
(13)	+	Yes	(12) No	N/A	-		ner miscellane		`	J. G. L. ,		_		Encapsulate	ē
Basement		_	INO	N/A	VAT/Ma	oti o				200.05		57			
1st Floor										300 SF					
1 Floor				VAT/Ma	stic			2	,300 SF		\boxtimes		Ш		
Name of David All Marketine				JDEP V			oic Yards of								
Name of Registered Waste Hauler	Ē.							Name of Regis	stered	Landfill					
Century Waste, LLC/ All Pro Manage City, State	LLC		auler II 4797/	0034860		s Needed	G.R.O.W.S. No	rth Lan	dfill/ Fairl	ess La	andfi	II/ IES	Land	fill	
					100	oosal Date	City, State								
Elizabeth, NJ/ Garfield, NJ					1	BD	Morrisville, F	A/ Be	thlehem,	PA					
Completed By (Print or Type)	Title						Signature	7.4 4.	,		Date	•			
Allen Monchik	Pro	oject	wana	ager			Allen	Monchik	2		11/	21/	17		

D&S Proj. #: 17-326	P	A	(Purs	8	best C 8:6	IJ os Abatement 60 and 12:120)			DEC	<u>E</u> [201	E 7	
Date of Notification (1)	- 11			ler/Operator (2))			A.C.	CCCC	0.00	A ITEM	01.0	
Agencies Notified Type Notifica	tion	Susanno Street Ado	e wattner					AS	BESTO	S CO	NI H	JL &	
☐ EPA ☐ Initial ☐ Amended		01.00()101	41000								The state of the s	Wild June	
DEP Amended Amendment #	11	City. State	e, Zip Code										
DOL Emergency			lair, nj 070	12									
DOH (including	1	Name of C		72	_			Telephon	e Numbe	er			
DCA justification)	- 11	susann	ne wattner							-			
Cancellation	<u>' </u>	busann		ILITY INFORM	ATIO	N.		_		-	-		
Name of facility where abatement	s taking ni	ace (3)	170	ILITT INFORM	ATIO	IN .	_	Type of Facility ((4)				
	o taking pi	acc (5)							(K - 12)			
Stroot Address							_	☐ Subch	apter 8 (Other t	han k	(-12)	
Street Address									(Private/0 'Homes,		ercial		
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City (5)	Cou	nty (6)				unty Code (7)							
montclair	ess	ex			(St	ate use only)		Current Use (Pr	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by	V C 1			ASCM No.	_	Name of Abatem	ent C	Contractor (9)					
						D & S REST							
Street Address					=	Street Address	OIG.	11011, 1110.			_		
(<u> </u>		_				20 California	a Av	e.					
City, State, Zip Code						City, State, Zip Co	ode						
Project Manager for Monitoring Firm		15			_	Paterson, NJ		03					
r roject manager for Monitoring Firm			Phone Number	er		Telephone Numb 973-345-80			License	Numl 1169			
Start Date (10)	ISchoo	Complet	tion Date (11	\	_	Name of OSHA N		or		/1107			
•			tion Date (11)		D & S Resto							
11/29/17 Occupancy Status During Abatemen	12/06				_	Street Address							
Facility closed/vacated during		25: (E)	tement			20 California		nue					
Abatement performed outside	of normal	facility ho	urs-			City, State, Zip Co	ode						
Describe: NORMAL H	OURS				-	Paterson, NJ	075	03					
Scope of Work (check all that apply)						_	ull Containment w	/negative	press	ure		_
\boxtimes >3 sf or >3 lf	Renovatio	n					□м	lini-enclosure			107/25		
≥160 sf or ≥260 lf	Demolition	1						lovebag procedure on-Exempted (*)		friable	proc	oduro	
Location of			used solely				<u> </u>		and NUII	R	R	E	- 2000
asbestos-containing material (acm) to be	by mainte staff(12)	enance/cu	stodiai			sbestos-containing	3	Amount		e m	e p	n	E n
abated in facility (13)	Yes	No	N/A	material (A	(CM)			(Specify SI LF)	r or	o v	a	а	C L
basement				DIDE INCLU	A TO	ION		2510		e	-	р	
basement		LX		PIPE INSUI	JAII	ION		25 l ft			무	片	H
			╫═╣					-		井	님	片	#
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Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler 06		bic Yards of W	aste	Name of Registe		andfill ESOURCE RE	COVER	v			
City, State			Disposal Da			City, State	1, 1	LOUNCE RE	COVER	1			
PATERSON, NJ 07503			11/26/17			TULLYTOW	/N, F	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date	20:-		110-20	
			for asbestos	s licensure exer	mpte	d activities.			11/28/	2017			_

D&S Froj. #: 17-327 Date of Notification*(1) 1 1	ation Str #: Cit y Nai	imon kw eet Addre y, State, 2	illding Own yong ess Zip Code lls, nj 070	er/Operator (2)	pesto 2 8:60	J es Abatement 0 and 12:120)	AS	DEC - BESTOS LICE	COI	NTRO	İ	
			FAC	LITY INFORM	ATION	1						
Name of facility where abatement simon kwong Street Address	t is taking plac	e (3)					Subci	ol (K - 12) napter 8 (C (Private/C /Homes, e	other omm etc.	ercial		
City (5)	County	/ (6)			Cou	nty Code (7)	Square Feet	# of Floor	rs	В	ldg. A	ge
		()				te use only)	Current Use (F	rior if bein	g der	nolish	ed)	_
short hills Name of Monitoring Firm Hired by	essex			ACOMAN		Nome of Abeteur	100000000000000000000000000000000000000					
riamo or monitoring rimi rimod by	blug. Owner	(0)		ASCM No.		Name of Abatemen						
Street Address					-	D & S RESTOR	CATION, INC.					
						20 California A	. ve					
City, State, Zip Code					-	City, State, Zip Code						
						Paterson, NJ 0						
Project Manager for Monitoring Fire	m	Pho	one Numb	er	-	Telephone Number	7303	License	Num	ber		
		- 1				973-345-8020)	0	1169			
Start Date (10)	Sched. 0	Completio	n Date (11)		Name of OSHA Mo						
11/30/17	12/11/1	17				D & S Restorat	tion, Inc.		_			
Occupancy Status During Abateme						20 California A	Vanua					
Facility closed/vacated durin Abatement performed outsid	g entire period	of abater				City, State, Zip Code						
Describe:NORMAL	HOURS		-		-	Paterson, NJ 0	7503					
Scope of Work (check all that app							Full Containment v	v/negative	pres	SUITE		
≥3 sf or >3 lf ≥160 sf or ≥260 lf □	Renovation Demolition						Mini-enclosure Glovebag procedu Non-Exempted (*)	re			edure	
Location of asbestos-containing	Is location r			Wex wrote-		50 SE SO NECES	(* 2,000 mm)		R	R	E	E
material (acm) to be	staff(12)			Description material (A		sbestos-containing	Amount (Specify S	SF or	m	р	n c	n
abated in facility (13)	Yes	No	N/A	material (F	.0111)		LF)		o v	a i	a p	Ĺ
basement		X		PIPE INSUI	ATI	ON	30 l ft		e			
									百		Ī	
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP 13506	Hauler ID		ibic Yards of W yd	aste	Name of Registered TULLYTOWN,	Landfill RESOURCE RE	COVER	Y			
City, State			Disposal Da			City, State						
PATERSON, NJ 07503	T		12/01/17		_	TULLYTOWN	, PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN	VT		Signature				Date	2017			
ASB-41			or asbesto	s licensure exe	mpted	activities.		11/28/2	201/			

	120000000000000000000000000000000000000		NI CC	State					C		W	E	1
D&S Proj. #: 17-332	P		(Pursi	cation of Asi	besto C 8:6	os Abatement 60 and 12:120)			DEC .		2017		
Date of Notification (1)		Name of B	uilding Owr	ner/Operator (2)								
Agencies Notified Type Notificat	ion	joseph n						AS	BESTO			DL &	-
☐ EPA ☐ Initial		Street Addr	ess						LICE	MSIN.	G	-	-
☐ DEP ☐ Amended	11												
☑ DOL #:	— II'	City, State,											-770-
DOH Emergency (including		Upper Name of Co		NJ 07043	-								
DCA justification)	- 11							Telepho	ne Numbe	er			
Cancellation	1	joseph 1	nartella				_						
			FAC	ILITY INFORM	ATIO	N							
Name of facility where abatement i	s taking pl	ace (3)		•			П	Type of Facility					
joseph martella							П	=	ol (K - 12				
Street Address							1		napter 8 (0 (Private/0				
								Bldgs	./Homes,	etc.			
City (5)	Cou	nty (6)			Co	unty Code (7)	-11	Square Feet	# of Floo	rs	8	ldg. A	\ge
						ate use only)	1 1	Current Use (F	Prior if heir	na den	nolish	ned)	
Upper Montclair	ess						Ш	200		3			
Name of Monitoring Firm Hired by	Blag. Own	er (8)		ASCM No.		Name of Abateme		80 ES					
Street Address					_	D & S RESTO	RA	TION, INC.					
Oli Cot Address						Street Address	۸						
City, State, Zip Code					-	20 California City, State, Zip Coo						-	
<u> </u>						Paterson, NJ		03					
Project Manager for Monitoring Firm		Ph	one Numb	er	-	Telephone Numbe			License	Numl	per		
<u> 1850-1850-1860-1860-1860-1860-1860</u>						973-345-802				1169			
Start Date (10)	Sched	. Completion	on Date (11)		Name of OSHA Me							
12/13/17	12/29	9/17				Street Address	atioi	I, IIIC.					
Occupancy Status During Abatemen	127					20 California	Avei	nue					
Facility closed/vacated during Abatement performed outside	entire perio	od of abate	ment.			City, State, Zip Coo	_						
Describe:			5-		_	_							
Other-Describe: NORMAL His Scope of Work (check all that apply					-	Paterson, NJ	075()3					
M > 2 of an > 2 if	es notes notes	_				F	=	Il Containment v	v/negative	press	ure		
	Renovatio						=	ni-enclosure ovebag procedu	re				
	Demolition Is location	n normally u	and notable					on-Exempted (*)			_	edure	
Location of asbestos-containing	by mainte	enance/cust			n of o			Amount		R	R	E n	E
material (acm) to be abated in facility (13)	staff(12)		т—	material (A	ACM)	sbestos-containing		(Specify S	SF or	m o	p a	С	n
abated in racinty (10)	Yes	No	N/A					LF)		v	i	a p	L
BASEMENT		X		PIPE INSUI	LAT	ION		136 l ft		e			
							-						
Registered Waste Hauler	IN IDE	P Hauler II	D# 10	ibic Yards of W	lasto	Name of Registere	od I -	andfill					
D & S RESTORATION, INC.	135		5,839	yds	GOLE	TULLYTOWN			COVER	Y			
City, State			Disposal Da			City, State							
PATERSON, NJ 07503 Completed by (Print or Type)	Title		12/14/17		_	TULLYTOW	N, P.	A					
	Title PRESID	ENT		Signature					Date 11/29/	2017			
			or asbesto	s licensure exe	mpte	d activities.	-		11/29/	~VI/			

Date of Notification (1) 1 1 / 2 9 / 1 7 Agencies Notified Type Notification EPA	reyna Street A	of Building Ow	ication of As uant to NA	e of NJ bestos Abatement C 8:60 and 12:120)		DEC -	5 20			
DOL Emergency (including	The second secon	den, nj 0810)3		17					
☐ DCA justification) ☐ Cancellation		old vaden			l elepr	none Numbe	er			
			CILITY INFORM	MATION	1-					
Name of facility where abatement is	taking place (3)				Type of Facili					
reynold vaden						nool (K - 12)		V	40\	
Street Address					☐ Oth	ochapter 8 (0 er (Private/0	comme		12)	
4					Square Feet	gs./Homes, e	200-200	Rid	g. Ag	76
City (5)	County (6)			County Code (7)					9.718	,,,
camden	camden			(State use only)	Current Use	(Prior if beir	ng dem	olishe	d)	
Name of Monitoring Firm Hired by B			ASCM No.	Name of Abater	ment Contractor (9)					
					TORATION, INC.					
Street Address				Street Address	8 F					
City, State, Zip Code				20 Californi City, State, Zip C	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW					
				Paterson, N						
Project Manager for Monitoring Firm		Phone Numb	ber	Telephone Num 973-345-8		License		er		_
Start Date (10)	ISched Comp	letion Date (1	1)	Name of OSHA			1169	_		
12/06/17	1 .	netion bate (1	')	D & S Rest	oration, Inc.					
Occupancy Status During Abatement	12/29/17 (Check only one	2)		Street Address						
☐ Facility closed/vacated during e ☐ Abatement performed outside of Describe: ☐ Other-Describe: NORMAL HO	entire period of ab of normal facility h	patement.		20 Californi City, State, Zip C	Code					_
Scope of Work (check all that apply)				-	Full Containmen	t w/negative	procei	ıro		
≥160 sf or ≥260 lf	Renovation Demolition				Mini-enclosure Glovebag proced Non-Exempted	dure			dure	
asbestos-containing	Is location normal by maintenance/staff(12) Yes No	custodial		on of asbestos-containir ACM)	ng Amount (Specify LF)		R e m o v	R e p a i	E n c a p	E n c L
BASEMENT	X		boiler insul	ation	53 sq ft		e		7	
									5	
			1				님		井	븜
Registered Waste Hauler	NJDEP Haul		Cubic Yards of V	3.00			الا	ا ا		<u> </u>
D & S RESTORATION, INC.	13506		l yd		VN, RESOURCE I	RECOVER	Y			Towns.
City, State PATERSON, NJ 07503		Disposal D 12/06/1	Date	City, State TULLYTOV		RECOVER	Y			Merman.



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

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Date of Notification (1)	to con dime				Nome	of Duildin	a Oumar/Operator	20)	HHHH $-$ D	EC -	5 2	017	_#
12 /	1 /	17				rbara Ful	g Owner/Operator (1-
					Ба	rbara Ful	rstoss	/ Job #17	-	hk. #48	nonconom		
Agencies Notified EPA	Type Notific ⊠ Initial	ation			Stree	t Address			ASBE	STOS C			- &
□ DOLWD	☐ Amende	720			City	State, Zip (Code			CASCONATE INC.			
□ DHSS	Amendm				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A CONTRACTOR OF THE PROPERTY O	d, NJ 08033						
DCA (NJAC 5:23-8)	☐ Emerger justificati		cluding	3		of Contac			Telephone Nu	mhor			
(NOAC 5.25-6)	☐ Cancella					rbara		.,	relephone Nu	Hiber			
					100000					_ 1_			
Name of Facility AV			Di	(0)	FA	CILITY IN	FORMATION	T ==					
Name of Facility Where A Residential	Abatement is	laking	Place	(3)				Type of Facility (4 ☐ School (K-12)	137				
Street Address								Subchapter 8					
								Other (i.e., pri homes, etc.)	vate and comm	nercial bu	ııldıng	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	ae	
Haddonfield								2060	2		1956	-	
County (6)					Cou	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Camden								Residential					
Name of Monitoring Firm	Hired by Build	ding O	wner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Tiger Environmenta	al						Asbestos an	d Mold Services	s, Corp.				
Street Address							Street Address						
16 W Elizabeth Ave	# 2						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Linden, NJ 07036							Hainesport, I	NJ 08036					
Project Manager for Moni	toring Firm			Tel	ephone	No.	Telephone No.		License No.	-1.55.45			
Kelly Walton				(908) 86	32-4301	609-702-0400	1	00862				- 1
Start Date (10)	15	Schedu	ıled C	ompl	etion Da	ate (11)	Name of OSHA M	lonitor	1				
12 /12 /	17	_ 12	2_ /	_ 1	2_/	17	EMSL Analyt	ical, Inc.					
Occupancy Status During							Street Address						
☐ Facility Closed/Vacate	ed During Enti	re Peri	od of	Abate	ement		200 U.S. Rou	te 130 North					
Abatement Performed	Outside of N	ormal F	Facility	y Hou	rs - Des	scribe	City, State, Zip Co	ode					
Time of Abatement: _	Aivi	PIVI	/	PIV		_AM	Cinnaminsor	, NJ 08077					
Scope of Work (Check all	that apply)						□ F C	inimum di Ni					
≥3 sf or ≥3 if			⊠ Re	nova	ion		☐ Full Cont	tainment with Nega losure	ative Pressure				
☐ ≥160 sf or ≥260 lf		1	☐ De	moliti	on		Gloveba	g Procedure		21			
				1	Alam.		☐ Non-Exe	mpted (*) and Non	-Friable Proced				
Location	o f			Loca Norma			Description			Ab	ateme	ent T	ype
Asbestos-Containing I		1)	Use	d So	ely by	Asbe	Description o stos Containing Ma		Amount	Rei	Repair	Enc	Enc
TO BE ABA	TED				ance/ Staff?		thermal systems	insulation,	(Specify	Removal	oair	aps	Enclosure
IN Facility (13)	ty		Ousi	(12)			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(10)			Yes	No	N/A		other miscenarie	ous)				te	
Crawlspace					\boxtimes	Duct In	sulation		9 LF				
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Name of Registered Was	to Houles		Ц	Ц.	I L	Manta	Ouble Vesters	IN- 15	11 100			Ш	Ш
Waste Management					NJDEP I Hauler II		Cubic Yards of Waste	Name of Registe					
	•				17273		5	Grand Cent	ral				
City, State	The state of the court						Disposal Date	City, State					
	Lafayette, NJ						12/12/17	Penn Argyle	e, PA				
Completed By (Print or Ty		Title	500		N		Signature	A		Date	. The		.
Kimberly A. Trumbe	etti	Of	fice C	Coor	dinato	r				12-	- -	1	

PARTIES AND USES AND THE CONTROL OF	1/04/2017 01011 00 51							112.000						
Date of Novilleadion (1) 12-1-17 Name of Bulley (Noves TMBNT LTDL) Name of Sulfang Country (2) PEDERAL REALTY (NOVESTMENT LTDL) Stream Addition of Section (2) PEDERAL REALTY (NOVESTMENT LTDL) Stream addition of Section (2) DOL	704720177MON U9:51 AM			000		PA	.X Xo.		n I	EC		[P[Bot	3
Dear Involved Invol				TIELE A	TION OF	ABBERT	R ADAT	EMENT 20)	K	BEC	-5	- 20		
Approvise Notified Type Notification FEDERAL REALTY INVESTMENTITEUST Initial Initia Initial Initial Initial Initial Init	Date of Notification (1) 12-1-17			Nan	ne of Bull	ding Owns	r/Dparate	27 (2)	HA	BEST	10.00	1:1	عمد	0
Sepand Administration Sepa		lon		1	DERAL	- REALT	YINVE	STMENT	usr	LIC	ENS	ING	101	0
Convertible	The second secon	1011					ON ST	DECT			-	-	7	Z
Convertible	DOL Amended			Cky.	. State, Z	p Code	ONSII	KEET	L	-			_	
Name of Facility Winera Abstement Is Taking Place (3) Name of Facility Winera Abstement Is Taking Place (3) TYPE of Facility Winera Abstement Is Taking Place (3) Street Address TYPE of HILLS SC - S A S STREET Address TYPE of Facility (1) School (K-12) Sc	Emergen	ev (Inclus	ding						/ 		10		· · ·	
TROY HILLS SC S PA C S	E OCA Cancellat	ion		RIC	C WOO!	DIE			1 .	V-1- 1			71 is a	19.
Street Address 1157 US-45 City (3) PARSIPPANY County (6) MORRIS Neme of Monitoring Firm Hred by Building Owner (8) Neme of Registered Waste Houler Note: Description of Monitoring End Apply Neme of Registered Waste Houler Note: Description of Monitoring End Apply Neme of Registered Waste Houler Note: Description of Monitoring End Apply Neme of Registered Waste Houler Note: Description of Monitoring End Apply Neme of Registered Waste Houler Note: Description of Monitoring End Apply Neme of Registered Waster Houler Note: Description of Monitoring End Apply Neme of	Name of Facility Where Abstement is To	king Plac	e (3)	F	ACILITY	INFORMA	TION							_
1157 US-46 City (5) PARSIPPANY County (8) County (8) MORRIS County (8) MORRIS County (8) Coun	THUT HILLS SC - COA A	8							-52.002.000					_
PARSIPPANY County (8) County (8) County Code (7) (77A78 988 Will 7) Command Use (Pilor It bains demolehed) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PEPPER ENVIRONMENTAL SERVICES Street Address 700 TURNER INDUSTRIAL WAY City, Siste, 20 Code PHILADELPHIA, PA 19137 Polyol Wanager for Monitoring Firm Stan Date (10) Schaduled Completion Date (11) Parties Cosed/Vecaled During Entire Period of Abstament Abstament Performed Outside of Normal Fadity Hours City, Siste, 20 Code PHILADELPHIA, PA 19137 Poeupency Status Burling Abstement (Check Only One) Fadity Cosed/Vecaled During Entire Period of Abstament Abstament Performed Outside of Normal Fadity Hours Cope of Work (Check All That Apply) 23 af or 23 II 2160 at or 2280 II PROJECT Check All That Apply) Asserting Check All That Apply) Asserting Check All That Apply) To SE ABATED Location of Asserting Check All That Apply) To SE ABATED Location of Asserting Check All That Apply) Asserting Check All That Apply) To SE ABATED Location of Asserting Check All That Apply) To SE ABATED Location of Asserting Check All That Apply) Asserting Check All That Apply Asserting								3ubcher	olar # (O	ther then	K-12)			
County (6) MORRIS MORRIS ASCM No. Same of Monitoring Firm Hirsed by Building Owner (8) VERTEX COMPANIES Street Address Toto TURNER INDUSTRIAL WAY City, State, Zip Code ASTON, PA 19014 Star Date (10) Scheduled Completion Date (11) Full Containment with Negative Pressure Maintenancy City, State, Zip Code ASTON, PA 19014 Asbestos Containing Material (ACM) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Full Containment with Negative Pressure Maintenancy City, State (11) Scheduled Completion Date (11) Full Containment with Negative Pressure Maintenancy City State During Advance (11) Scheduled Completion Date (11) Full Containment with Negative Pressure Maintenancy City State During Advance (11) Full Containment with Negative Pre				-						200	ercial b	oulidin	gs, ho	חכ
MORRIS County Code Code County Code Code County Code									1	of Floors				,
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES Street Address TOO TURNER INDUSTRIAL WAY City, Stete, Zip Code ASTON, PA 19014 Telephone No. 310-787-0402 2251 FRALEY STREET City, Stete, Zip Code PHILADELPHIA, PA 19137 Telephone No. 310-787-0402 215-533-5156 O1166 O1166 O1166 O1166 In Jessenber No. Scheduled Completion Date (11) VERTEX COMPANIES Sever Address PHILADELPHIA, PA 19137 Telephone No. 310-787-0402 215-533-5156 O1166 O1166 O1166 O1166 Telephone No. 310-787-0402 215-533-5156 O1166 O	MORRIS			Count (STAT	ty Code (7) YLD_		Current Use (Prior if b	aing demo	lshed)	JU	_
Street Address TOO TURNER INDUSTRIAL WAY Street Address 2251 FRALEY STREET City, State, Zip Code ASTON, PA 19014 Project Manager for Monitoring Firm DON HEIM Stan Date (10) Scheduled Completion Date (11) 12-8-17 Scheduled Completion Date (11) 12-8-17 Scheduled Completion Date (11) 12-8-17 Facility Closed/Westled During Entire Period of Abstement Other - Describe: Coppe of Work (Check All Thet Apply) 21 sf or 23 if 21 series of 19 series of	Name of Monitoring Firm Hirmd by Building VERTEX COMPANIES	Owner	(8)	1			Name	of Abelement f	Contract	1/01				
TOUTURNER INDUSTRIAL WAY 2251 FRALEY STREET ASTON, PA 19014 Project Manager for Monitoring Firm Telephone No. 810-787-0402 215-533-5165 Clive, Steve. Zip Code PHILADELPHIA, PA 19137 Telephone No. 810-787-0402 215-533-5165 Clicense No. 01166 Schaduled Completion Date (11) Name of OSHA Monitor VERTEX COMPANIES Strest Address Too TURNER INDUSTRIAL WAY City. State. Zip Code ASTON, PA 19014 Set and or 23 if 2160 of or 2280 if To Schaduled Completion Date (11) Participation of Asbestos-Containing Material (ACM) In Facility (13) TO Schaduled Completion Date (11) Renovation Damolition Full Containment with Negetive Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pr	Street Address						PEP	PER ENVIR	ONME	NTAL S	ERVI	CES		
ASTON, PA 19014 Project Manager for Monitoring Firm DON HEIM Start Date (10) Scheduled Completion Date (11) 12-\$17 Scheduled Completion Date (11) Pacturency Status Buring Abstement (Check Only One) Facility Closed/Vecated During Entire Period of Abstement Abstement Performed Outside of Normal Facility Moure Other - Describe: Ranovation Demolition Asbestos-Containing Material (ACM) TO 8E ABATED In Facility (13) Ranovation Demolition In Facility Ves No N/A THROUGHOUT ANDER Waste Heuler NODEP Warte Non-Exempted (*) and Non-Friable Progedure Non-Exempted (*) and Non-Friable Progedure Abstemanial (ACM) Start Capta Absternance/ Cusiodals Start? (12) Yes No N/A THROUGHOUT X MASTIC Cubic Yerds Name of Registered Landfill Minerva Landf	700 TURNER INDUSTRIAL WAY						Street	Address						_
Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Name of OSHA Monitor VERTEX COMPANIES	ASTON, PA 19014		Service .				City, 81	ete. Zip Code			_		_	_
Start Date (10) Scheduled Completion Date (11) 12-\$-17 Sc	Project Manager for Monitoring Firm						Teleph	ADELPHIA,	PA 19		_		_	
12-\$-17 12-3-17 12-3-17 VERTEX COMPANIES 12-3-17 VERTEX COMPAN	Start Date (10)	Sabar	West 6	610-	787-040		215-5	33-5165						
Facility Closed/ Vocated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 21 af or 23 II 3160 af or 2280 II Damolition Asbestos-Gontaining Material (ACM) I Pacility (13) THROUGHOUT THROUGHOUT THROUGHOUT Ablement Abatement Abatement Abatement Abatement Abatement Abatement Content of Normal Facility Abatement (i.e. thermal systems insulation, Specify Specify (12) THROUGHOUT THROUGHOUT THROUGHOUT Abatement Type Abatement (i.e. thermal systems insulation, Specify Specify Other Masculaneous) THROUGHOUT THROUGHOUT Abatement Abatement Abatement Type Abatement (i.e. thermal systems insulation, Specify Specify Other Masculaneous) THROUGHOUT THROUGHOUT Abatement Abatement Wastematical (ACM) (i.e. thermal systems insulation, Specify Specify Other Masculaneous) THROUGHOUT THROUGHOUT Abatement Wastematical (ACM) (i.e. thermal systems insulation, Specify Specify Other Masculaneous) THROUGHOUT THROUGHOUT Abatement Wastematical (ACM) (i.e. thermal systems insulation, Specify Specify Other Masculaneous) Abatement Abatement Type Abatement Abotement Type Abatement Type Abatement Wastematical (ACM) (i.e. thermal systems insulation, Specify Specify Other Masculaneous) Abatement Abatement Abatement Type Abatement Type Abatement Type Abatement Abatement Abatement Type Abatement Type Abatement Abatement Abatement Type Abatement Type Abatement Abatement Abatement Type Abatement Abatement (ACM) (i.e. thermal systems insulation, Specify Specify Abatement Type Abatement Abatement Type Abatement Abatement Type Abatement Abatement Type Abatement Abatement Abatement Type Aba	12-5-17	12.8.	-17	mpletion	1 Date (1	1)	Name o	OF OF HA Monito	DI DI			-		-
Other - Describe: City, State, 2/p Cade ASTON, PA 19014 City State, 2/p Cade ASTON, PA 19014 Ranovation Demolition Ranovation Demolition Ranovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frigible Procedure Type Asbestos Containing Material (ACM) In Facility (13) Yes No N/A THROUGHOUT X MASTIC Abotement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, sundaring, VAT. or other miscellaneous) THROUGHOUT X MASTIC Amount (Specify SF or LF) Abotement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, sundaring, VAT. or other miscellaneous) THROUGHOUT X MASTIC Amount (Specify SF or LF) Amount (Specify SF or LF) MINERVA LANDFILL MINERVA LANDFILL Disposition Title Procedure Non-Exempted (*) and Non-Frigible Procedure Non-Exempted (*) and N	Facility Cineed Manager Apatement (Cher	ck Only (One)			_	Steel A	Address						_
Cope of Work (Check All Thet Apply) 23 af or 23 if all Containment with Negetive Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Frigible Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempt	Abatement Performed Outside of Norr	period of nel Facili	l Abater	nent n			700 T	URNER INC	USTR	IAL WA	Y			
## Part of Pa			_			_	ASTO	N. PA 1901	4					
Location of Asbestos-Containing Material (ACM) TO BE ABATED Used Solely by Maintenance/ Cusiodial Staff? (i.e. thermal systems insulation, surfacing, VAT. or other miscellaneous) THROUGHOUT X MASTIC 2100 X THROUGHOUT X MASTIC 2100 X Mineral systems insulation, surfacing, VAT. or other miscellaneous) THROUGHOUT X MASTIC 2100 X Mineral systems insulation, specify surfacing, VAT. or other miscellaneous) THROUGHOUT X MASTIC 2100 X Mineral systems insulation, specify surfacing waters in surfaci	21 sf or 23						B	Full Contains Mini-Enclosus Glovebea Pro	nont with					-
Asbestos-Containing Material (ACM) TO SE ABATED In Facility (13) Yes No N/A THROUGHOUT THROUGHOUT Maintenance/ Custodial Staff? (12) Yes No N/A THROUGHOUT MASTIC SF or LF) Maintenance/ Custodial Staff? (12) Yes No N/A THROUGHOUT MASTIC SF or LF) Maintenance/ Custodial Staff? Maintenance/ Custodial Staff? SF or LF) Maintenance/ Custodial Staff? S	Location of					90			- Jail	- HOH-PTR	PA BIO	Abal	tomen	n
THROUGHOUT THROUGHOUT TO Registered Weste Heuler RVICE TRANSPORT GROUP State WARK, DE Peloted by Title Peloted by Title DIEPOS DESCRIPTION (12) Cusiodial State? (1.e. Tremel systems insulation, surfacing, VAT, or other miscellaneous) (2) SF or LF) SF or LF) SF or LF) MASTIC Z100 X MASTIC Cubic Yards of Waste Minerva Landfill Minerva Landfill LiBSON, OH Title Disposal Date LiBSON, OH Date	Asbestos-Containing Material (ACM)	Us Ma	ed Sole	ly by	Asbe	etos Conta	ining Mai	Bright /ACTAL		2501154	-	T	/pe	T
THROUGHOUT X MASTIC 2100 X The of Registered Waste Hauler RVICE TRANSPORT GROUP State WARK, DE Peloted by Title Disposal Date Signature Dispos, OH Disp	In Facility	Cue	slodlal S	417	(i.e	surfaci	iyslema ir na. VAT	nsulation,	(9	padily	Re	20	Enca	
THROUGHOUT X MASTIC 2100 X The of Registered Waste Hauler RVICE TRANSPORT GROUP State WARK, DE Peloted by Title Disposal Date Signature Dispos, OH Disp	** - #**)	Yes	No	N/A	1	other mi	scellaneo	oua)	G.	OI LF)	EVOIT	Then	posuía	
me of Registered Weste Heuler RVICE TRANSPORT GROUP A State WARK, DE Pelsted by Title Disposed Date Disp	THROUGHOUT			-		Me	STIC					_	e	
RVICE TRANSPORT GROUP Waste Marme of Registered Landfill MINERVA LANDFILL Disposel Date City, State LIBSON, OH DIPLOS ODSPATIONS Dete							-		- 2	100	X	-		-
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Title LIBSON, OH	me of Registered Weste Hauter RVICE TRANSPORT GROUP		NJ Ha	DEP W	asis No.			the second control of						
M. H. Description	me of Registered Waste Hauter RVICE TRANSPORT GROUP 7. State		NJ Ha	DEP We	asie No.	of Waste)	MINER	VA LA					
11 11 11 11 11 11 11 11 11 11 11 11 11	me of Registered Weste Hauter RVICE TRANSPORT GROUP / State WARK, DE	Title	NJ Ha	DEP We	asic No.	of Waste Disposal	Date	MINER'	VALA					_

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Date of Notification (1)	04 /	17				of Building	Owner/Operator (2)	DEC	- 5	201	7	L
Agencies Notified	Type Notifica			_	Street	Address						MINIMARKE	
⊠ EPA	☐ Initial	don					Pleasant Avenu	ie	ASBES	TOS CO	NTR	OL &	
⊠ DOLWD	Amended Amendme	nt #		1	City, S	tate, Zip C	ode			IOLIVO	NO		
☐ DHSS	☐ Emergence		na na		Livi	ngston,	NJU 07039						
(NJAC 5:23-8)	justificatio		.9	T	Name	of Contact	i.		Telephone No	umber			
***************************************	☐ Cancellati	on			Alex	x Baylor							
					FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is Ta	aking Plac	ce (3	3)				Type of Facility	(4)				
Verizon								School (K-12		10\			
Street Address								Other (i.e., p	8 (Other than K- rivate and comr		uilding	ıs,	
53 E. Mount Pleasa	nt Avenue							homes, etc.))				
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Livingston, NJ 0703	39							10,000	3		50		
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Essex			(0)										
Name of Monitoring Firm			r (8)	1	ASCM	No.	Name of Abateme)				
USA Environmenta Street Address	i wanagaem	ent inc.					JVN Restorat	tion inc					
8436 Enterprise Ave	onuo						Street Address 47 Foster Ro	ad					
City, State, Zip Code	ciiue						City, State, Zip Co	PARE					_
Philadelphia, PA 19	153						Staten Island						
Project Manager for Moni			1-	Teler	ohone l	No	Telephone No.	1111 10000	License No.				
Mark Jenkins					5-365		718-605-6256	;	00774				
Start Date (10)	S	cheduled	Con	nplet	ion Da	te (11)	Name of OSHA M	lonitor					
12 /13 /	9-1000				_ / -		Testor Tech						
Occupancy Status During	Abatement (C	check only	one	9)			Street Address						
☐ Facility Closed/Vacate							10 59 Jackso	n Avenue					
Abatement Performed Time of Abatement: _						cribe	City, State, Zip Co						
	7.5350-01.55-0-01		201 1	VI- <u>1.</u>	<u>JO</u> /AIVI		LIC NY 11101						
Scope of Work (Check al	that apply)						⊠ Eull Cont	tainment with Ne	antivo Prossuro				
≥3 sf or ≥3 lf		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		vatio			☐ Mini-Enc	losure	gative Fressure				
≥160 sf or ≥260 lf			Dem	olitio	n			g Procedure mpted (*) and No	n Friable Bross	duro			
			Is Lo	ocati	on		□ Non-Exe	inpled () and No	I Hable Floce		batem	ent T	vne
Location	of			rmal			Description of	of		-	1	1	T
Asbestos-Containing TO BE ABA				Sole tenar	ly by		stos Containing Ma		Amount (Specify	Remova	Repair	nca	nclo
IN Facili		Ci			Staff?	(1.6	., thermal systems surfacing, VAT		SF or LF)	ova	=	Encapsulate	Enclosure
(13)	172	- V-		(12)	NI/A	-	other miscellane	ous)		1950		ate	е
2 nd Floor Mechanical	Room # 3	Ye	+	No	N/A	Floor T	ile and Mastic		500SF			П	
2nd Floor Mechanica	al Poom # 3		-	_		Louwer	Caulking		8SF				
Zilu i looi wecilanica	ai Rooiii # 3		-			Louver	Caulking		031				
			L								Ш	Ш	Ш
] [
Name of Registered Was	te Hauler			1 10 5 988	JDEP \		Cubic Yards of	Name of Regi	stered Landfill				
Newark Carting					auler II NJ-56		Waste 15	G.R.O.W.S	S., Inc.				
City, State				-			Disposal Date	City, State					
Hackettstown, NJ							12/15/17	Morrisville	e,PA				
Completed By (Print or T	ype)	Title		0,040			Signature/	1/1/	7	Date			
Ralph Barnhardt		Proje	ect I	Vlan	ager			When	/	12-	04.	- 20	16-7