CHELK # 2	14324	4	NOT	IFIC.	ATION	OF ASB	w Jersey BESTOS ABATE C 8:60 and 5:16)		RA	1	The second secon		
Date of Notification (1)				Т	Name	of Building	Owner/Operator (2	2)	TUED				
500	80 / _	17				O Energ		REC	EIVED	_			
Agencies Notified T	ype Notificati	ion	To all	E	1	V	F						
1	Initial						ш	U	크				
☑ DEP □	Amended				City, S								
DCA (NJAC 5:16)	Amendmer Emergency		dina		Law	rencevill	le, NJ 08460		JIII DE		1 21	017	
☑ DCA	justification		ug		Name	of Contact			Telephone Num	her			- 1
(NJAC 5:23-8)	Cancellation	on			Chri	is Moser	Project Manage	er			-		
					FAC	ILITY IN	FORMATION		MODEO	LICEN			. &
Name of Facility Where Aba	atement is Ta	king Pl	ace (3)	10000000			Type of Facility (4		MALINE SERVICE	PROMINING		-
Marie Katzenbach Sc								School (K-12)					
Street Address		-						Subchapter 8 Other (i.e., pri	(Other than K-12	.) al build	inas		
320 Sullivan Way Bl	JILDING 22	2						homes, etc.)	vate a commerci				
City (5)								Square Feet	# of Floors	BI	lg. Ag	je	
Ewing								2500	1	200	i0+		
County (6)	County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if bei												- 1
Mercer	ed by Buildin	og Own	or (8)	ΙΔ	SCM N	lo I	Name of Abateme						
Name of Monitoring Firm Hir		ig Own	ei (0)	,					ction Corporat	ion			
	Environmental Connection, Inc 0030 Diamond Huntbach Construction C												
Street Address													
120 North Warren Street 500 East Luzerne Street City, State, Zip Code													
City, State, 2ip Code													
Trenton, NJ 08608	ina Eirm			Teler	hone N	Jo.	Telephone No.		License No.				
Project Manager for Monitor Rollie Jones	ing rinn				9-273-	Constant V	215-739-8166	i	00646				
	Sc	hedule	d Cor	-1.7	- 1000	Torresco.	Name of OSHA M	Ionitor					
Start Date (10)/	1000			- 12	_ / _		SAME AS AB						
Occupancy Status During A	batement (Ch	heck or	nly on	e)			Street Address						
□ Facility Closed/Vacated I	During Entire	Period	of Al	baten	nent	-							
Abatement Performed O	utside of Nor //- <u>5</u> PM/	mal Fa _PM	cility	Hours AM	s - Desc	cribe	City, State, Zip Co	ode					
Scope of Work (Check all th	nat apply)								tive Decours				
			Ren	ovatio	nn.			tainment with Nega	alive Flessure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				olitio			☐ Gloveba	a Procedure	=: p1	122			
△ 100 or or _200 m			1. 1			1	☐ Non-Exe	empted (*) and Nor	-Friable Procedu		ateme	ont Tu	vno.
100000000				ocati ormal			Description of	of.		Au			
Location of Asbestos-Containing Ma			Used	Sole	ly by	Asbe	stos Containing Ma	aterial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABATE			Mair Custo	ntena Idial S		(i.e., the	rmal systems insula VAT, or	ation, surfacing,	(Specify SF or LF)	Removal	air	aps	Enclosure
IN Facility (13)			Odolo	(12)			other miscellane	eous)	0. 0. 2. /	<u>a</u>		Encapsulate	are.
(13)		Y	'es	No	N/A			F.				е	
Boiler Room] [\boxtimes		Breech	ing		800 SF	\boxtimes			
Boiler Room		Г	7			Gasket	Material		24 SF				
Bollot Hootil													
			_	ㅡ	1						П	П	П
		L		Ц		011	Cubic Yards of	Name of Regis	tered Landfill				
Name of Registered Waste				0.575	JDEP \ auler II		Waste	Fairless La					
Waste Management of	of New Jers	sey, In	IC		10026		40						
City, State							Disposal Date as needed	City, State Morrisville	PA 19067				
Philadelphia, PA 1910								Morrisville		Date	_		
Completed By (Print or Typ	e)	Title	iont	Man	ager		Signature			1 -	30.	-/)
Wayne Hunthach	- 1	Pro	ICCL	ividil	ayei		1/1	1	1	1 /	-	1 2	/

State of New Jersey



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

Date of Notification (1)			0.00	(O 0.00 an	u 12.12		CK	#	130	1/			
12/8/17				Name	of Building	g Owner/(Operator	(2)							
Agencies Notified	Type Notificatio	n			Address	$-\Gamma$	MECELV								
□ EPA	X Initial				7 144 1000			1D) EGET V							
DEP	Amended			City, S	State, Zip C	Code	1-11-1		-Hi	1					
X DOL	Amendmer Emergency	nt#		Brick	k, NJ 087			DEC	14	201	7				
Ĭ DOH	justification)	ig	Name	of Contact	t		2-12-20-	T	elephon	e Numbe		_		
☐ DCA	Cancellation	n								40	25070		montes		
Name of Facility Where Al	batement is Taki	ng Place	(3)	FA	CILITY INF	FORMATI	ON	T (F	Tr. (4)	AS	BESTO	ENS!	ATT H	OL 8	
Residential House			(0)					Type of Fac	0.7335 60			11101		-	
Street Address								School Subcha	(K-12) apter 8 (Ot	her than	K-12\				
								Other (i.e. private	& comr	mercial b	uilding	s, hor	nes,	
City (5)								etc.) Square Feet	1 # .	of Floors		Bldg.	-		
Ship Bottom								2500	2	01110013	5	50+	- 70		
County (6)				County	Code (7)			Current Use		eing den	nolished)		-		
Ocean			(STATE	USE ONLY	n		Residenti				9				
Name of Monitoring Firm H	lired by Building	3)		M No.		Name	of Abatement								
n/a Street Address		n/a				nony Contr									
n/a	-					Address					-				
City, State, Zip Code						Palisade A	77								
n/a						State, Zip Code									
Project Manager for Monito		Tolonha	ana Na			eld, NJ 070)26								
n/a	9			Telepho n/a	one No.			one No. 60.6026		1	se No.	and and a			
Start Date (10)							32,047,920,03	of OSHA Mon		0125	55				
12/18/17		12/30	/17	piotion	Dato (11)			ony Contra		_					
Occupancy Status During A	batement (Chec	k Only O	ne)				Street A		zeting in				_		
Facility Closed/Vacate	d During Entire	Period of	Abater	ment			360 F	alisade Av	'e						
Abatement Performed Other – Describe:	Outside of Norn	nal Facilit	y Hour	s			City, Sta	ate, Zip Code				-	-		
						-	Garfie	eld, NJ 070	26						
Scope of Work (Check All T	nat Apply)	_											-		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		THE REAL PROPERTY.	Renova Demoli				A	Full Contain	nment with	Negati	ve Press	ure			
			Jemon	uon			Mini-Enclosure Glovebag Procedure								
			-		_		X	Non-Exemp	oted (*) an	d Non-F	riable Pr	ocedu	r t :		
		1	Locat									10000	emen	t	
Location of Asbestos-Containing Ma			Normal d Sole				Description of					T	ype		
TO BE ABATE	ED (ACIVI)	Ma	intena	nce/	Asbest (i.e.	tos Contai thermal s	ining Ma vstems i	terial (ACM) nsulation,	1000	mount			四	m	
In Facility (13)		Cus	todial 8 (12)	Staff?	(,	surfacir	ng, VAT,	or		pecify or LF)	Remova	Repair	icap	inclo	
(1.0)						other mis	scellane	ous)			oval	air	Encapsulate	Enclosure	
		Yes	No	N/A									te	Ф	
Exterior				X	2.5	Transite	Shing	gles	22	00 SF	x				
Interior				х		Lino	oleum		100	00 SF	ĸ				
75															
ame of Registered Waste F		- A-Ca 16 - Ca		JDEP Wa		Cubic Ya		Name	of Register	red Land	dfill				
larmony Contracting In	nc			33085	NO.	of Waste		GRO	WS Lan	dfill					
City, State				Disposal	Date	City, St	ate								
arfield, NJ			TBD			sville, P	Ą								
ompleted by ina Caporino		Title					nature				Date	A-2-17			
па Сароппо		Secre	etary			lun	res Co	200ms			12/8/1	7			

no CIL	١		State of New Jersey TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)									<u>'</u>		7
Date of Notification (1) 12/11/17			Name of PSEG	f Building Ov Fossil, Ll	wner/O LC, Bı	perator urlingto	(2) on Ger	nerating	Statio	DEC 1	4 20	7		川
Agencies Notified Type Notification X EPA X Initial			Street A	-	ASB	ESTOS (ONTE			4				
DEP Amended Amendment #				ite, Zip Code gton, NJ 0				-		LICEN	SING	<u> </u>		
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	cluding	Name of Contact Steve Leon												
Survey and a surve			FACI		116-3-X-71-113	-								
Name of Facility Where Abatement is Taking Burlington Generating Station	Place (3)					_	f Facility (chool (K-1	-1.6					
Street Address 200 Devlin Ave & W Broad St							S X	ubchapter ther (i.e. p	8 (Othe	er than K-1 k commerc		ings,	home	es,
City (5) Burlington								etc.) uare Feet # of Floors 0,000 8			100	dg. A	ge	
County (6) Burlington			County (Code (7) USE ONLY)				t Use (Prio		ng demolis Station	hed)			
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCN	1 No.			of Abate	ement Cor	itractor	(9)				
Street Address					Street	Address Sox 29	i							
City, State, Zip Code					City, St	tate, Zip am Pa	Code				5 72 - 112 -			
Project Manager for Monitoring Firm		Telephor	ne No.		Teleph	one No.			License N	10.				
TACH MANAGER NO. 10	Schedule		npletion [Date (11)			of OSHA	A Monitor		00220				
Occupancy Status During Abatement (Check						Street	Address wood (
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Plant manned 24 hour	I Facility	Hours	3	ement areas	5	City, St	tate, Zip	Code				i de la composición dela composición de la composición dela composición de la compos	1 10	
Scope of Work (Check All That Apply)	2 (23) (21)					папп	IIIOH, N	IJ 08690						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	**********	enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					e		
	ls	Locati	on			***************************************					Abate	emen	t	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intenar odial S (12)	ly by nce/		s Conta nermal : surfac	cription aining M systems sing, VA iscellan	laterial (s insulat T, or		(S	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
	Yes	No	N/A								<u>n</u>	100	ate	ē
Powerhouse & Anicllary Structures							ransite	e,Tile	500 LF		Х	X	Χ	Χ
Name of Registered Waste Hauler			JDEP W lauler ID		Cubic `of Was					red Landfi				
Waste Management of New Jersey	- Name and a	1 0 0 0 0 0	7273		50			-0		source R	lecov	гу		
City, State Elizabeth, NJ 07114-2436				100	Dispos TBD	al Date		City, Stat Tullytov		19007				
Completed by Steve Leon		Si	Signature Date 12/11/17											

												Prin	t Forr	
LAGIA PA	NOTI	ASI	TON OF	of New Jer ASBESTO JAC 8:60	S ABATE	EMENT 0)			EC		_[_			
- SM-Historian (1)		Nam	e of Buil	Iding Owne	r/Operator	(2)		III L	DEC	1	4 2	017		
e of Notification (1) 07/2017			rk Mea										\dashv	
ncies Notified Type Notification		Stree	et Addre	SS					ASBEST	OS (CC N	TROL	&	
EPA Initial		City	State, Z	Zip Code				-	L	ICEN	21 40	3	-	
DEP Amended Amendment #_		Eas	st Ruth	nerford, N	IJ				. N. I. made				_	
Emergency (incl	uding	Nam	ne of Co	ntact					E 1					
DOH justification) DCA Cancellation			rk Mea							7	- 1			
	lace (3)	F	ACILIT	Y INFORM	ATION	Тур	e of Facility (4)							
me of Facility Where Abatement is Taking P	lace (3)						School (K-12)		th 1/ 10\					
esidence eet Address				= 1,0 = 2,1	1	×	Subchapter 8 Other (i.e. pri	(Other vate & c	tnan K-12) commercial	l build	ings,	homes	i,	
eet Address						-	etc.) Jare Feet	# of F			dg A			
y (5)						15		2	,,,,,,	6		546		
ast Rutherford, NJ		Col	unty Cod	de (7)	- van		rent Use (Prior	if being	g demolishe	ed)				
unty (6)		(ST	ATE USE	E ONLY) _		Re	esidence							
ergen me of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM N	10.	Nam	ne of A	batement Cont	ractor (9) Inc					
me of Monitoring First Filed by Senting							neral Constr	uction	, IIIC		-			
reet Address					Street Address 1360 Clifton Ave, PMB Suite 218									
							, Zip Code							
ty, State, Zip Code					Cli	ifton,	NJ 07012							
roject Manager for Monitoring Firm		Te	elephone	No.		ephone	e No. 9-0089		License N 00693	0.				
				1- (44)	0.000		OSHA Monitor		0000					
tart Date (10)	Scheduled		letion Da	ate (11)	DI	A Ge	neral Const	ruction	n, Inc	1 - 14				
12/17/17 Decupancy Status During Abatement (Check					Str	eet Ad	dress	MDC	uito 218					
- Lot Ouring Entire P	eriand of Ab	ateme	nt				lifton Ave, F	IVID 3	une 210					
Abatement Performed Outside of Norm	al Facility h	Hours					e, Zip Code , NJ 07012							
Other - Describe:							1 117 7							
Scope of Work (Check All That Apply)	По	enovati	ion				Full Containm	ent with	n Negative	Press	ure:			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emolitic				×	Mini-Enclosus Glovebag Pro	nadiira		_				
							Non-Exempte	ed (*) ar	nd Non-Fria	able P	rocea Ab	ure ateme	nt	
	ls	Locatio	on									Туре		
Location of	N	lormall d Solel	y v bv	Ashasti	Descri	ption o	f iterial (ACM)		Amount			E E	П	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	intenar odial S	nce/	(i.e. t	hermal sys	stems i	insulation,		Specify F or LF)	Zemove	Domova	caps	Enclosure	
In Facility	Cust	(12)	olaii:		surfacing other mise	g, var cellane	ous)			2	oval	Encapsulate	sure	
(13)	Yes	No	N/A									Ф		
	162	.,	×	Pi	pe/Elbov	w Insi	ulation		150 LF	Х				
Basement			-											
	_													
			-											
		N	NJDEP \	Waste	Cubic Ya	ards	Name	of Regi	stered Land	dfill				
Name of Registered Waste Hauler		1	Hauler II		of Waste	Э	Mine	rva La	indfill					
Service Transport Group		2	20990		4 CY Disposa	I Date	City, S	tate						
City, State					12/19/		Way	nesbu	rg, OH44					
					Six	nature				Date		7		
New Castle Completed by	Title				وات	1				12/	07/1	1		

D&S Proj. #: 17-340 Date of Notification (1) 1 2 / 0 6 / 1 7 Agencies Notified	S	phyllis d treet Addr	uilding Owain	wner		esto	J s Abatement) and 12:120)			EC 1	4 ?	017 TROL	& &	
DOL Amendment #: Emergency	- ~	leonia, i	zip Code 1j 0760:											
DOH (including justification)	N	ame of Co							Telephone	Number				- 111-11-11-1-1
Cancellation		phyllis		011	ITY INFORM	TION			=		-			
Name of facility where shatement is to	kina nla	(2)	FA	CIL	ITY INFORMA	ATION		1 17	ype of Facility (4	1)				
Name of facility where abatement is ta	Killy pla	(3)						<u> </u>	School Subcha	(K - 12) opter 8 (C			-12)	
Street Address										Private/C Homes, e		ercial		
City (F)	Coun	ity (6)				0	-1-0-1-7	- 7	Square Feet 3	# of Floor	S	Bl	dg. Ag	ge
City (5)	Coun	ity (O)					inty Code (7) ite use only)	-	Current Use (Pri	ior if bein	a der	nolishe	ed)	
leonia	berg							11.	700 C 100 C	covi wonderen				
Name of Monitoring Firm Hired by Bldg	g. Owne	er (8)			ASCM No.		Name of Abateme							
Street Address				_ _		-	D & S RESTO Street Address 20 California		ION, INC.		-			—
City, State, Zip Code				_		-	City, State, Zip Co	-			-	-		
							Paterson, NJ		3					
Project Manager for Monitoring Firm		Pi	none Num	nber	ſ		Telephone Number 973-345-80			License 0	Nur 1 1169			
Start Date (10)	Sched.	. Completi	on Date ((11)		-	Name of OSHA M D & S Restor							
12/18/1717	01/04	-					Street Address							
Occupancy Status During Abatement (C Facility closed/vacated during enti Abatement performed outside of r Describe: Other-Describe: NORMAL HOU	ire perio	od of abate				_	20 California City, State, Zip Co Paterson, NJ	ode			 -			_
_	novation							Min Min	Containment w/ ni-enclosure vebag procedure n-Exempted (*) a	Э			edure	
asbestos-containing by sta		normally nance/cus No		-	Description material (A		sbestos-containing	J	Amount (Specify SI LF)	= or	R e m o v e	Repair	Encap	E n c L
basement crawl spaces		X		킈.	PIPE INSUI	LATI	ON		53 l ft		×			
				4							<u>-</u>		무	H
			1	#		D-1000	CONTRACTOR OF THE STATE OF THE				 -	片	H	
			\dagger	#							=	H	一	
Registered Waste Hauler	TALIDE	P Hauler	ID#	Cul	oic Yards of W	/aste	Name of Registe	red La	ndfill					
D & S RESTORATION, INC.	135			1 3			The second secon	N, RE	SOURCE RE	COVER	Y	-		
City, State PATERSON, NJ 07503			Disposal 12/19/	Dat			TULLYTOW City, State TULLYTOW	N, RE	SOURCE RE	COVER	Y			

mo 100004512	4	P	usuah usuah	tate o Ne N OF ASI to I JAC	BESTOS : 100 an	d 12:12	0)			EC			E			
Date of Notification (1) 12/8/17				of Building Jersey A						DEC	1 4	201	7			
Agencies Notified Type Notifi	cation		Street A	1552								the state of the s				
	dment #		City, Sta	ate, Zip C Hills, N	ode	8		ASBESTOS CONTROL & LICENSIN G								
DOH Emen	gency (including cation) ellation		Name o Ben S	f Contact					Т.	Manhana Ni	ımhar					
			FAC	ILITY INF	ORMAT	ION			-				8.			
Name of Facility Where Abatement is New Jersey American Water	Taking Place (3 Building C	3)					-	of Facility School (K-								
Street Address 167 JFK Parkway								ubchapte	er 8 (Ot	her than K- & commer		l <mark>c</mark> ings	, hom	ies,		
City (5) Short Hills							Squar 3795	e Feet	2	of Floors		3 <mark>1</mark> dg. /	Age			
County (6) Essex				Code (7) USE ONL	n			nt Use (Prehouse	rior if be	eing demolis	shed)	_				
Name of Monitoring Firm Hired by Bu	ilding Owner (8)		ASCN	/I No.				ement Co		r (9) ntractors						
Street Address	-	Street /					S		sion Suite	10						
City, State, Zip Code					City, S	tate, Zip										
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph	one No 525-01	•		License I	No.						
Start Date (10) 12/21/17	Schedule 01/10/1		npletion I	Date (11)		Name	of OSH	A Monitor		00730		_	-			
Occupancy Status During Abatement	0.000,000,000,000					8.757	Address		aı							
Facility Closed/Vacated During E Abatement Performed Outside o	Intire Period of A	baten	nent		٠	234 2	20th A	ve								
Other – Describe: Scope of Work (Check All That Apply)						50,000,000,000	, NJ 0									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×R	enova emolit				×	Mini- Glov	Enclosur ebag Pro	e cedure	h Negative			e			
S ALBORIO, SO COMPANION OF THE STATE OF THE	Is	Locati	on						- () = .			11 76 march	ement			
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	M) Used	ormali d Sole ntenar odial S (12)	ly by		tos Cont thermal surfac		laterial (insulati T, or		(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure		
	Yes	No	N/A								a	7	late	Ire		
Office D	X				Wa	II Plast	er		4	5 SF	X					
Warehouse Roof		X			White/C	Gray Ro	oofing		37	'50 SF	Х					
Name of Registered Waste Hauler Freehold Cartage		H	JDEP Wauler ID I		Cubic of Was			Name of Fairles:	877.7	ered Landfil						
City, State Freehold, NJ					Dispos 01/10	al Date /18		City, Stat Morrisv		A						
Completed by Daniel Baptista	Title Accou	ınt Re	ер.		Si	ignature	1/1	1//	7	1.77	ate 2/08/1	7				
ASB-41 (R-06-08)						Do not	t use thi	s form for	asbes	tos licensur	e exem	nr ted	activit	ies.		

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

Chuk #3298

Date of Notification (1)			11750	Name of Building Owner/Operator (2) Verizon Communications											
//	17			Verizon Communications											
Agencies Notified Type Notified	ation			Street	Address		AND DESCRIPTION	-	Total Control						
☐ EPA ☐ Initial				243	East Sta	ate Street		IIDI							
☑ DOLWD ☐ Amende				City, S	State, Zip (EC 1	4	201	7						
☑ DOH Amendn ☐ DCA ☐ Emerger				Tre	nton, NJ										
(NJAC 5:23-8) justificat		Sidulit	9	Name	of Contac	t	Thiophone Niimi	Jer		ITO	21.0				
Cancella	tion			Ale	x Baylor					r	G	S JC			
				FA	CILITY IN	IFORMATION									
Name of Facility Where Abatement is		Place	(3)			4	Type of Facility	(4)							
Verizon - Trenton Central Offic	ce						School (K-1)								
Street Address						- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15		8 (Other than K-12) private and commer		ıil linc	is.				
243 East State Street							homes, etc.				,				
City (5)							Square Feet	# of Floors	Ble	dç. Aç	ge				
Trenton							51,075	5		+-50					
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pi	rior if being demolis	hed)						
Mercer							Verizon								
Name of Monitoring Firm Hired by Bui	ding O	wner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)							
USA Environmental Managem	ent					BRISTOL EN	IVIRONMENTA	L, INC.							
Street Address						Street Address		***************************************							
8436 Enterprise Ave						1123 BEAVE	R STREET								
City, State, Zip Code	11/1/27					City, State, Zip C	ode								
Philadelphia, PA 19153						BRISTOL, PA 19007									
Project Manager for Monitoring Firm		- P 6-1-1-2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-	Tele	phone	No.	Telephone No.		License No.							
Mark Jenkins			2	5-365	-5810	215-788-604)	00509							
Start Date (10)	Sched	uled C	omple	tion Da	te (11)	Name of OSHA	Monitor								
12 /27 /17	1	2 /	_ 28	_ /	17	BRISTOL EN	VIRONMENTA	L, INC							
Occupancy Status During Abatement	Check	only	one)			Street Address									
☐ Facility Closed/Vacated During Ent	re Per	iod of	Abate	ment		1123 BEAVE									
Abatement Performed Outside of N					cribe	City, State, Zip C	ode								
Time of Abatement:AM	PN	1/5:00	PM-2	MA <u>00</u>		BRISTOL, PA	A 19007								
Scope of Work (Check all that apply)						⊠ Full Con	toinneat with No	native Deserves							
≥3 sf or ≥3 If		⊠ Re	novati	on -		☐ Mini-En	tainment with Ne closure	gative Plessure							
☐ ≥160 sf or ≥260 lf		☐ De	molitic	n		Gloveba	g Procedure	Eith B							
		1-	1		1	☐ Non-Exe	empted (*) and No	on-Friable Procedur	-						
Location of			Locat Vorma			Description	o.f			ateme					
Asbestos-Containing Material (ACN	1)	Use	ed Sole	ly by	Asbe	stos Containing Ma	aterial (ACM)	Amount	Rer	Repair	Enc	Enc			
TO BE ABATED			intena todial		(i.e	., thermal systems		(Specify	Remova	air	aps	Enclosure			
IN Facility (13)		000	(12)	otan.		surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	ire			
0.400080	Ī	Yes	No	N/A			•				Ф				
Basement Power Area				\boxtimes	VAT/Ma	stic		10 SF	\boxtimes						
	7 - 7 - 7									ī					
Name of Registered Waste Hauler			N	JDEP \		Cubic Yards of	Name of Regis	stered Landfill							
Bristol Environmental Inc.			H	auler II 18708		Waste	Fairless La	andfill							
City, State				. 5. 00		Disposal Date	City, State								
Bristol, PA						TBD	ills, PA								
Completed By (Print or Type)	Title			Signature Date							ite				
Dillan DeCaro	Es	stima	tor			Dilla	y DeCaro	18h 1	2-1	(!-	17)			