13 Feb 2000 12:12AM NJ Asbestos Control 609,633,0664 page 1 -mergenc State of New Jersey NOTIFICATION OF ARBESTOS ABATEMENT (Persusent to NJAC \$:89 end 12:120) Date of Notification (1) Neme of Building Owner/Operator (2) Agencies Notified Street Address Initial City, State, Zip Code DEP Amended Amandment & c DOL Emergency (including Name of Contact Telephone Number DOH justification) Lament DCA Cancellation Tony FACILITY INFORMATION Name of Eachty Where Abelement is Taking Place (3) Type of Facility (4) School (K-12) Subchepter 5 (Other than K-14)
Other (i.e. private & commercial buildings, homes, Street Address # of Floors Smillers Feet CHy (5) 2 County (6) County Code (7) Current Use (Prior If baing demolished) (STATE USE ONLY) ASCM No. Name of Moritorina Firm Hirad by Buildle Name of Abatement Contractor (9) Street Address KO. City, State, Zip Code 609 758-Jame of OSHA Monito Occupancy Status During Abstement (Check Only One) 6-0 Box Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Kew Egypt Scope of Work (Check All That Apply) 23 sfor #3 # Full Containment with Negative Pressure Renovation Damolidon Mini-Enclosure D 2160 stor 2260 if Glovebag Procedure Non-Exemples (*) and Non-Frieble Procedure is Location Normaliv Description of Location of used Solely by

Abatement, Type Asbestos Containing Material (ACM)
().p. thermal systems institution. Asbestos-Containing Material (ACM)
TO BE ABATED Amount Maintenance acapte unate **ELEGIOSTAS** (Specif) Repair Custodial Staff? evrlecing, YAT, or In Facility (12)(13) other miscetteneous) Yes No NA X NJDEP Wasto Cubic Yards Nema of Registered Landfill

Name of Registered Waste Hauler Hauter ID No. of Wests Waste-Management of PA 7000 City, State Disposal Date City, State Morasville Date Completed by

Bidg. Age.

State of New Jersey

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LK DAD			1	(P	ursuai	nt to NJ	AC 8:60 and 5:1	6)							
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Bergen								Resi	dence						
Name of Monitoring Firm	Hired by Build	ding Ov	ner (8)	ASCM	No.	Name of Abatem	ent Contr	actor (9)				100		
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Street Address							Street Address								
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City, State, Zip Code							City, State, Zip C								
Toms River, New J	ersey 08755	5					Toms River,		sev 087	55					
Project Manager for Mon	itoring Firm		T	Tele	ephone	No.	Telephone No.		,	License No	0.	_			_
Nicholas Fernicola				7	32-349	-9932	732-349-9932	2		00624	7.0				
Start Date (10)	15	Schedul	ed Co	mple	etion Da	te (11)	Name of OSHA N	/lonitor				_			
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City, State				1	20223		3 Disposal Date	City, St	tate	TV-1					
Toms River, New Je	ersey						02/27/19			Pennsylvan	nia				
Completed By (Print or Ty	/pe)	Title					Signature	1/	e e	-/	Date	1	1		
Nicholas Fernicola		Pro	ject N	lan	ager		1	1	and	1	7	1.1	116	ģ.	

Project Manager

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Date of Notification (1) 02 / 01 /	19				soOnenwO gnibil		<u>Dol</u>	1	()	74)	/
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med his seasofule	aring	Piace (3)		10-11-11	Type of Fr	office (4)				
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roject Manager for Monitoring Firm Larry Nagelberg	A.	T	Maphor	ie No.	Talaphone No.	re, NJ 08052	No.				
tort Date (10)	Maria de la compansión de		215-76	9-4681 Date (11)	856-755-009	99	License No.	-			
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sope of Work (Check all that apply)					Cinnaminso	n, NJ 08077					
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IN Facility	M	sintani Stodial	Ince/	Asber (Le.	Hos Containing Mg . Thamai sustame	teriol (ACM)	Amount		Repair	-	-
(13)	_	(12)			other miscellane	MP	(Specify SF or LF)	Removal	1	Encapsylate	Enclasure
obghout 1" Place	Yes	No	N/A	-				1		late	8
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Date of Notification (1) 02/01/2019				of Building en Griffin		/Operato	r (2)				·rn	2.0	0.0	amer. c	The second secon
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DCA Cancellati	on			n Griffin		TION									
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Street Address								School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	er than & comr	n K-12 mercia	?) al buil	dings	, hom	es,
City (5) Jersey City							Squa N/A	re Feet	# of N/A	f Floors A	S	100	Bldg. /	Age	
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Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASC	M No.				atement Con ement, In		(9)					
Street Address							Addre	ss gren Aver	nue						
City, State, Zip Code								ip Code IJ 07512							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph		0.		Licen 0131		Э.			
Start Date (10) 02/11/2019 · ·	Schedule 02/12/2		npletion	Date (11)				HA Monitor ement, Inc	 C.						
Occupancy Status During Abatement (Ch	eck Only On	e)				Street	Addre	ss							
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Occupied	e Period of A rmal Facility	baten Hours	nent					gren Aven	iue						
Scope of Work (Check All That Apply)					_	Toto	wa, N	J 07512							
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City, State Totowa, NJ					Dispos	sal Date		City, State Morissvi		Α					
Completed by Ned Joksimovic	Title Projec	t Ma	nager		S	ignature	5	The	· · ·		Date 02/	01/2	019		
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Street Address						Gr Tech LLC	1				702	
	20				1.1	Street Address						
City. State, Zip Code						576 Valley Rd a	283					
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Froject Manager for Monito	ning Eine		10-			Wayne, NJ 0747	70					
	March Later		1.610	phone	NG.	Telephone No.		Lloenae	No.			
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02 / 03 /	19	02 02	Ombie	non Da	RE [11]	Name of OSHA N	1000					
		925			13	Envirovision Co	nsultants, Inc					
Occupancy Status During /	rosiement (Chet	s only	one)			Street Address						-
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STATE	OF NEW.	JERSEY	DEPARTM	ENT OF	LABOR	NOTIFICATION OF	ASBESTOS ABAT	EMEN	IT		
Date of Notification (1)	200		10 16. A S-	mie.			HIN E	P	C I	NA I	
01/10/2019			PAL			of Building Owner/Opera sh Realty	ator (2)	: 9	U _a U	W (5
Agencies Notified		of Notific			Street	Address					- 11
() EPA			Notification					FEB	7	2019	111
(X) NJDEP	()	Amend			City, S	tate, Zip Code					1 5/5
(X) NJ DOL			lment#				· .				. [
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() DCA		justifica	ation)	975)		of Contact	Tel. Nu	mber	Artista in each	one was a large	
	()	Cancell	ation		Kush	Gandhi		111001			
				FACILI	TY INFOR						
Name of Facility Where Abater	ment is Tak	ing Place	(3)		Type of	Facility (4)					
Residential Property						hool (K-12)					
Street Address					() Su	bchapter 8 (other that	n K-12)				
					(X) Ot	her (i.e. private & con	nmercial bldgs., hon	nes, et	c.		
City (5)	County (6)	County Co	de (7)	Entire B	uilding: Sq. Feet: ~86	0,000 # of Floors	44	Bldg. A	ge 41	
Guttenberg	HUDS	ON	(State Use	Only)	Condo	unit (project location): S	g. Feet: ~800 # o	f Floors	. 1	8	
					Curren	t Use (if being demoli	shed):		· <u>-</u>		
Name of Monitoring Firm Hired	by Bldg. O	wner (8)	ASCM No.			f Contractor (9)					
N/A			N/A			trial Safety & Env	ironmental Calu	tions	Ino		
Street Address					Street A	ddraee	Hollinelliai Solu	itions	, Inc.		
N/A						Hudson Avenue					
City, State, Zip Code						te, Zip Code					
N/A						City, NJ 07087					
Project Manager for Monitoring	Tele	phone Nu	mher			ne Number					
Firm	1	priorio rea	TIDO!						License I		
N/A					(201)	325-0055			01124		
Scheduled Start Date (10)	Sche	eduled Co	mpletion Date	e (11)	Name of	OSHA Monitor					
01/22/2017		01/201			ISES, I	nc.					
Occupancy Status During Abate	ement (Che	ck only or	ne)		Street A	ddress				-	
() Facility Closed/Vacated D () Abatement Performed Ou	ouring Entire	e Period o	f Abatement		3300 I	Hudson Avenue					
(X) Other - Describe:	itside of No	rmai Facil	ity Hours -								
Work in unoccupied apartm	ent					te, Zip Code					
Source of Work (Check all that a		- /	\ Domolitic	_		City, NJ 07087					
Source of Work (Officer all that a	apply)	() Demolitio	n.	()	() Renovation					
() Minor Project (< 25 S	F or < 10	LF ACM)		(X) Full Containmen	t with Negative Pro	CUITO			
() Small Project (>25 <1	160 SF or	>10 <26	OLF ACM)		() Mini-Enclosure	with Negative Fres	ssure			
(X) Large Project (>160 S	SF or > 26	0 LF ACI	M		() Glove-bag Proce	dure				
Location of Asbestos-			W 99		()	X) Non-Exempted ((*) and Non-Friable				
Containing Material (ACM)		tion Norm by Mainte		,		ription of ACM	Amount (Specify	T .	Abateme	nt Type	
To be Abated in Facility (13)		todial Staf				I systems insulation, or other miscellaneous.	SF or LF)				
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	YES	NO	N/A					Remova	Repair	Encapsulate	Enclosure
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Dada III								_		Ö	(D
Bedroom, living room,		X				(black) and	~ 700 SQ FT	X			
dining room				asso	ciated w	ood floor					
	٠, ر					114					
Name of Reg. Waste Hauler			Waste Haule	r ID#		Cubic Yards of Waste		ndfill			
Newark Carting, Inc.		04509)			20	Grand Central				
City State					. /		1963 Pen Argy	/I Roa	d		
City, State	orle NII o	7105		Disp. [/	City, State				
369 Raymond Blvd., New Completed by (Print or Type)		7/103			1/2019	11	Pen Argyl, PA	18072	2		
completed by (Fillit of Type)	Title			Signat	ure ,	1. ()	Date				
David Camacho	Proje	ct Supe	rvisor	-41	VIF	MARK	01/10/2019				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#3261 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 04 1 Daniel Brown 2019 Agencies Notified Type Notification Street Address ☐ EPA M Initial **⋈** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # ☐ DCA Emergency (including Maplewood, NJ 07040 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Daniel Brown **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maplewood, NJ 07040 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 13 / 19 02 / 14 / 19 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM-_ PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes Pipe insulation 30 LF П

Owner Hewic Wenned 02/04/19

NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill

T.R.R.F. Inc

Tullytown, PA

Date

City, State

TBD

TBD

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

Signature

Disposal Date

0033785

Title

N.Jevtic

Gr Tech LLC

Wayne, NJ 07470

Completed By (Print or Type)

City, State

Name of Registered Waste Hauler

Check#3262	PAT	m	NO.	TIFI	CATI	State of	New Je	rsey	ATEMENT						
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Date of Notification (1)						me of Build			59	474	EG	5	1	7	-
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	Cancella Cancella	ation				iel Brown				Te	lephone Nun	nber			
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Private house		-		. (0)					Type of Facili						
Street Address			-						School (K	-12) er 8 (Ott	ner than K-1 2	2).			
City (5)									Other (i.e. homes, et	, private	and comme	rcial t	ouildir	ngs,	
g _A 0. 10									Square Feet	#	of Floors	1	Bldg.	Age	-
Maplewood, NJ 07040 County (6)													-	-	
Essex					Cou	unty Code (7) (STATE	USE ONLY)	Current Use (Prior if i	being demoli	shed)			
Name of Monitoring Firm Hi	rad by Built	dina Ou		(0)											
3	red by built	ung Ov	vner	(8)	ASC	ΛNo.	Name	of Abatem	ent Contractor (9)					
Street Address								ch LLC							
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City, State, Zip Code							576 Va	alley Rd	#283						
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Project Manager for Monitor	ing Firm		-	Tol	ephone	Ne	Wayne	, NJ 074	70						
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Start Date (10)	15	Schedul	ed C	omple	tion D	ate (11)		8-1777		01	127				
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Time of Abatement:	AM	PM/_		_PM_		AM	Charles Control of the Control	ate, Zip Co							
Scope of Work (Check all tha	at apply)						Fair La	wn, NJ 0	7410						
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ayne, NJ 07470							Disposal	Date	City, State					-	_
ompleted By (Print or Type)	т.	Title					TBD)	Tullytown, P.	A					
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Date of Notification (1	cember 12,	1, 2019 201 8		Nan	ne of Build s Senior	lding Owr	ner / Operator	(2)		I G E			+	
Agencies Notified	Type Notific	The second secon			et Addres					And Address of the Party of the	-	1000	71	111
□EPA □DEP				165	1 Old Me	adow Ro	oad, Suite 10	0		FEB	7 20	19	All and the second	
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				F.	ACILITY	Y INFO	RMATION					- 020	_	
Name of Facility When	e Abatemen	t is Taking	Place (3)				Type of Fac							
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Street Address								apter 8 (Othe						
							Other	(i.e., private					etc.)	
City (5)							Square Fee 3,00	3	of Floors		Bldg. Ag			
Eatontown								(Prior if bein	1 + Base	ment		60 ye	ars	
County (6)		- Io					Residence	· · · · · · · · · · · · · · · · · · ·		,				
Monmouth		L	County Cod											
Name of Monitoring Fire	m Hired by E	Building Ov	wner (8)		ASCN	M No.	Name of Ab	atement Con	tractor (9)					
Street Address							Synatech, I	nc.						
0: 0:							Street Addre							
City, State & Zip Code							City, State &	Zip Code						
Project Manager for Mo	nitoring Firm	1	IT	elephone	Number		Little Egg H Telephone N	arbor, NJ 0	8087	Ir: N				
Scheduled Start Date (1	10)	10 1 1 1					609-296-691			License Nu	mber 0081	7		
February 6, 20	119		d Complet Febru	ion Date a ry 24, 2			Name of OS Synatech, Ir						922	
Occupancy Status Durin Facility Closed	ng Abateme	nt (Check	only one)				Street Addre	ss						
Facility Closed Abatement Per					ent		829 Radio R	0.000.000						
Other – Descri		side of Not	mai nour	S			City, State &							
Facility Occupi							Little Egg H	arbor, NJ 08	3087					
Scope of Work (Check a	all that apply	')												_
23 sf or > 3 if								Full Contain	ment with N	legative Pre	ssure			
≥160 sf or ≥260 l	f		H	Renovat Demolitie				Mini-Enclos	ure					
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lame of Registered Was	Vaste	Cubic \	Yards of	Waste	Name of Re	egistered La	ndfill				Щ			
ynatech, Inc.	No. 429	6												
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ittle Egg Harbor, NJ														
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ialle Alula		Executiv	e Adminis	strator	1000	W.L	alora	<u> </u>	Decemb	er 20, 2018	, _0.0			

Check # 1666 Date of Notification (1) December 20, 2018 Name of Building Owner / Operator (2) December 12, 2018 Artis Senior Living Agencies Notified Type Notification Street Address ON HOLD EPA 1651 Old Meadow Road, Suite 100 DEP 2019 DOL Initial City, State & Zip Code Amended McLean, VA 22102 MDOH. Amendment # DCA Cancellation Name of Contact Telephone Number Dany Ramia 571-376-6200 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 3.000 1 + Basement 60 years Eatontown Current Use (Prior if being demolished) Residence County (6) County Code (7) Monmouth USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor To Be Determined February 24, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure $\geq 3 \text{ sf or } \geq 3 \text{ If}$ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) **IN Facility** (i.e., thermal systems (13)insulation, surfacing, VAT Encapsulate Enclosure Remova or other miscellaneous) Repair Yes N/A No Basement X Floor Tile/Mastic 20 SF X Basement Х Pipe Wrap/Elbows 200 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ February 25, 2019 Morrisville, PA Completed By Title Signature Diane Aloia **Executive Administrator** December 20, 2018

Check # 1666 Date of Notification (1) Name of Building Owner / Operator (2) December 12, 2018 Artis Senior Living Agencies Notified Type Notification Street Address **EPA** 1651 Old Meadow Road, Suite 100 FER 2019 DEP DOL Initial City, State & Zip Code Amended McLean, VA 22102 XIDOH. Amendment # DCA Cancellation Name of Contact Telephone Number Dany Ramia 571-376-6200 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) # of Floors Bldg. Age City (5) 3.000 1 + Basement 60 years Eatontown Current Use (Prior if being demolished) Residence County (6) County Code (7) Monmouth USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Synatech, Inc. Street Address Street Address 829 Radio Road City, State & Zip Code City, State & Zip Code Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor December 26, 2018 January 24, 2019 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement 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 Location of Is Location Normally Used Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems (13)Encapsulate insulation, surfacing, VAT Enclosure Removal Repair or other miscellaneous) Yes No N/A Basement X Floor Tile/Mastic 20 SF X Basement X Pipe Wrap/Elbows 200 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Fairless Hills City, State Disposal Date City, State Little Egg Harbor, NJ January 25, 2019 Morrisville, PA Completed By Title Signature Diane Aloia **Executive Administrator** December 12, 2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

NOCK			ICATIO	N OF ASE t to NJAC	BESTOS	ABATE			EG	e 1	M		
Date of Notification (1) 02-04-19				of Building Construc			r (2)		FEB	7	2019		
	Notification			Address ermon S	t.							- 1	telepart.
DEP .	Initial Amended Amendment #			ate, Zip C rk, NJ 0				•					
□ DOH □ j	Emergency (includin ustification) Cancellation	g -	Name o	of Contact n Espin				100000	lephone No 73) 344-				
	Caricellation					1011		(9	73) 344-	4300			
Name of Facility Where Abatem Private Home	nent is Taking Place	(3)	FAC	ILITY INF	ORIVIAT	ION	Type of Facility						
Street Address							School (K Subchapt Other (i.e etc.)	er 8 (Oth	ner than K-	12) cial buil	dings,	hom	es,
City (5) Orange							Square Feet	# 0	f Floors	E	Bldg. A	\ge	
County (6) Essex	e			Code (7) USE ONLY	·		Current Use (F	rior if be	ing demolis	shed)			
Name of Monitoring Firm Hired N/A	by Building Owner (8	3)	ASC	M No.			of Abatement C Contracting		(9)				
Street Address						Street	Address 7th St.						
City, State, Zip Code						3.00	state, Zip Code n City NJ 070)87				or	
Project Manager for Monitoring	Firm		Telepho	ne No.		Teleph	none No. 216-9603		License 1	No.			
Start Date (10) 02-05-19	Schedu 02-08		mpletion	Date (11)		Name	of OSHA Monito	2	0.200				
Occupancy Status During Abate	ment (Check Only C	ne)					Address						
Facility Closed/Vacated Du	ring Entire Period of	Abaten	nent				7th St.						
Abatement Performed Outs Other – Describe:		ty Hours	8	*	_		tate, Zip Code n City NJ 070)87					
Scope of Work (Check All That /	Apply)					AUG							
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Location of Asbestos-Containing Materia	1000	Normal ed Sole		Achee		scription	of laterial (ACM)		mount	-	Ту		
TO BE ABATED In Facility (13)	IVI	aintenar stodial S (12)			thermal surfac		s insulation, T, or	(5	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
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Entire Property	Entire Property						stos Debris						
Name of Registered Waste Haul Weigle Trucking Company		6336	JDEP W auler ID SW 2	No.	Cubic of Was				red Landfil rprises, l				
City, State Linden, PA					Dispos	al Date	City, Sta	ite esburg,	Ohio				
Completed by Jaime Delgado	Title Proj.	Mana	iger.			ignature			Da	ate 2-04-1	19		

CK# 4745 PATT

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

Date of Notification (1)	Name of Buil	ding Owner/Operato	or (2)					<u> </u>
2-3-19	E	ARTHTE(WTRACT	inco	_ر		<u>.</u>
Agencies Notified Type Notification	Street Addre			to the state of the state of	revers se	- 100 m/m	W.T	_
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DOH justification)	Name of Cont			Telephone Nu	_			_
☐ DCA ☐ Cancellation	B	RUCE			an 200			
	FACILITY II	NFORMATION						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE			Type of Faci	152531134556				
Street Address		The state of the s	School (F	ter 8 (Other than K.	-12)			
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City (5)	_		Square Feet			Bldg.	Age	
County (6)			1500	_ _ Z		50) t	
ATL ANTIC	County Code USE ONLY)	(7) (STATE	Current Use	Prior if being demo	slished)		
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatem	ent Contractor	(9)				_
Street Address		Street Address	tm co	DNC				
		369	S. SF	RUCE A	H.			
City, State, Zip Code		City, State, Zip Co	ode	ADE WI.	T /	280	200	
Project Manager for Monitoring Firm Tele	phone No.	Telephone No.	9-047	License No.) 00	,,,	_
Start Date (10) Scheduled Comple	tion Date (11)	Name of OSHA M		2 013) /			
2-13-19 7-23-19			N/I	4			Libera 11 a la company	
Occupancy Status During Abatement (Check only one) Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abater		Street Address						
Abatement Performed Outside of Normal Facility Hours	nent s	City, State, Zip Co	de			_		
Other - Describe:		on), oute, 2p 00						
Scope of Work (Check all that apply)								_
≥3 sf or ≥3 lf Renovation≥160 sf or ≥260 lf Demolition	'n	☐ Full Conta	ainment with Ne osure	egative Pressure				
≥160 sf or ≥260 lf Demolition		☐ Glovebag	Procedure	on-Friable Procedu				
Is Location		N AN PLACE	TIPLEO () AIRO IN	or-Friable Procedu	_	Abate	ment	_
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Asbestos-Containing Material (ACM) Maintenance	e/ Asbesto	s Containing Mater	ial (ACM)	Amount			ш	_
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(13)		other miscellaneous	s)	,	nova	pair	sula	Sur
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l the	Particular de la constant de la cons	Cubic Yards of Waste	Name of Regis					
KELINCO TINC	904		A(UA				
MAPLE SHADE NI. T		Disposal Date	City, State PLEA	SHUTVIL	LE			
ompleted By Title	1	Signature .	ma	Date		9		
MICHAEL KLEMM SUP.		- Merc	VIV		<u>ا ر</u>			-

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

FEB 7 2019

Date of Notification (1)			-	Name of De	Iding Owner/Operat						ŀ
Date of Notification (1)	-3-19			Thaine of Box	KAN SEO	RWATION	VENT				Z.
Agencies Notified	Type Notifica	on		Street Addre	22.			_	/ /14///		
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₩ DOL	Amendme			City, State, 2	EGG HAVE	BAR	A1 T	-	2	21	2
M DOH □ DCA	justification Cancellati	on)	79	Name of Con	tact		Telephone Nu	mber	20	١٠	0
	Carcala	Un			TOM		609-		-7	49	8
Name of Facility Where	Abatement is T	okina Płac	0 (2)	FACELTY	NFORMATION	T + /= -	34				
	ESIDENI		e (3)			Type of Facilit					
Street Address					4	Subchapte	8 (Other than K-	12)			
						homes, etc	private & commer	cial b	uildin	gs,	
City (5)	JG PORT					Square Feet	# of Floors			Age	
County (6)	do loc			County Code	(7) (STATE	Current like (P	rior if being demo		70) +	=
ATLA	MIC			USE ONLY)			CAMT	MISNEC	1)		
Name of Monitoring Firm		g Owner	7	ASCM No.	Name of Abatem	nent Contractor (9	9)				_
(8)	/A					MCO I	al C.				
Street Address	1				Street Address	S. SpRU	CE LLE				
City, State, Zip Code					City, State, Zip C	ode				-	
					_ MAP(E SHAI	DE NI.J	0	80	52	
Project Manager for Monit	toring Firm		Telep	hone No.	Telephone No.	i-047Z	License No.	3-	7 1		
Start Date (10)	Sch			on Date (11)	Name of OSHA N				-1		
2-13-19			3-	15		MIA					
Occupancy Status During Facility Closed/Vacated				ent	Street Address						
Abatement Performed (100 C			u II	City, State, Zip Co	xde					_
Other - Describe:							1				
Scope of Work (Check all	that apply)				□ Eufl Cont	ainment with Neg	rative Droceure				
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≥160 sf or ≥260 lf		∑ Dem	otition		Non-Exe	g Procedure mpted (*) and Nor	-Friable Procedu	re			
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IN Facility	4	Sta (1.			surfacing, VAT, cother miscellaneou		SF or LF)	Removal	Repair	Encapsulate	Enclosure
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PAID

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

Check # 25782

Date of Notification (1)				Name	of Buildin	g Owner/	Operato	or (2)				, E	distance of the second	Wi i	
2/4/2									roperties		1	*10*13	other benefits		
Agencies Notified	Type Notification	ו		Street	Address		20 N		244		FE	R	7 2	019	
EPA DEP	Initial Amended			City St	tate, Zip (20 Nas	ssau S	Street	14 L-1		D	/ 4	JIJ	1
× DOL	Amendmer	nt #	_	Oity, Oi	iate, zip (Princet	ton, N	J 08542		- Carlot	of markets			
▼ DOH	Emergencyjustification			Name o	of Contac					Те	lephone i				-4
DCA	Cancellatio	n			eremial							24-92	Burn Barrer 19	ennan e	5,574,70
Name of Facility Where	Abatement is Taki	ng Place (3)		FAC	ILITY IN	FORMAT	ION	Type	of Facility	(4)					
Pins	& Needles St	ore						П	School (K-	(1) (1) (1)					
Street Address									Subchapte	r 8 (Oth	er than K	-12)			
	Nassau Street	S						×	Other (i.e. etc.)	private	& comme	rcial bu	ildings	, hom	ies,
City (5)	ceton, NJ 0854	12						11 - 4 7 10 - 600	are Feet	# 0	f Floors 1		Bldg. 100	V	
County (6) Mercer				County (STATE	Code (7)	y)			ent Use (Pr	ior if be		lished)	100	1/-	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC			Name	of Ahr	atement Co	ntractor	(0)				
	MECS			7.00.			Stev	ens E	Environm	ental S	(9) Services	s, Inc.			
Street Address	PO Box 341							Addre	2.0000						
City, State, Zip Code	200 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150								ip Code						
	esterfield, NJ (, NJ 0850	01						
Project Manager for Mon Bill Weisg			Telepho 609 2	ne No. 98-407	0		hone N 259-9			License 00493					
Start Date (10) 2/5/2019		Scheduled		mpletion 2/6/2019			Name MEC		HA Monitor						
Occupancy Status During	Abatement (Ched	ck Only One)				Street	Addre	ss						
Facility Closed/Vaca	ated During Entire	Period of Ab	aten	nent			135	30x 34	177-54						
Abatement Performe Other – Describe:		nal Facility F	lour	S 		_			ip Code eld, NJ 08	8515					
Scope of Work (Check Al	l That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova molit				×	Mir	Il Containm ni-Enclosur ovebag Pro	9	Negative	Pressu	ire		
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Location	of	50.000	ocati			-								ement /pe	
Asbestos-Containing	Material (ACM)	Used Main		, ,	Asbes	tos Cont	scription aining M	of Iaterial	(ACM)	Aı	mount				
TO BE ABA		Custo	dial S	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(i.e.	thermal .	systems cing, VA		ation,		pecify or LF)	Ren	Re	ncal	End
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Stevens Environment		3000	JDEP W auler ID	No.	Oubic of Was			Name of			ill				
City, State	OOI VIOCO		18292		1			Fairless		1111					
Allentown, NJ						al Date /2019	,	City, State Morrisv							
Completed by		Title					ignature	1	7	,,,,,		ate			-
Mahlon E. Stevens		Project	Ма	nager			4/4	1	1			2/4/2	2019		

02/04/2019 1:30PM FAX M0003/0004 Print Form State of New Jersey Check # 25782 NOTIFICATION OF ASBESTOR ABATEMENT Pursuant to NJAC 9:50 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 2/4/2019 Chambers Properties Agencies Notified ype Notification Street Address FEB 20 Nassau Street 2019 EPA Initial DEP Cky, State, Zip Code Amended 月 DOL Amendment \$ Princeton, NJ 08542 X Emergency (including Name of Contact DOH justification) Telephone Numb Jeremiah Obert DCA Cancellation 609 924-9201 FACILITY INFORMATION Name of Facility Where Apatement is Taking Flace (3) Type of Facility (4) Pins & Needles Store School (K-12) Subchapter 5 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 20 Nassau Street etc.) City (5) Square Feet # of Floors Eldg. Age Princeton, NJ 08542 1000 100 +/-County (B) County Code (7) Current Use (Prior # being demolished) Mercer Name of Montioring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) MECS Stevens Environmental Services, Inc. Street Address Street Address PO Box 341 PO Box 322 City, State, Zip Code City, State, Zip Code Chesterneld, NJ 08515 Allentown, NJ 08501 Project Manager for Monkpring Firm Telephone No. Telaphona No. LICADRO NO Bill Weisgerber 609 298-4070 609 259-9688 00493 Start Date (10) Scheduled Completion Date (11) Name of OBHA Monitor 2/5/2019 2/6/2019 MECS Occupancy Stalus During Absternant (Check Only One) Streat Address PO Box 341 Facility Closed/Vacaled During Entire Period of Abstement Abstement Performed Dutaids of Normal Facility Hours City, Siste, Zip Gode Other - Describe: Chesterfield, NJ 08515 Scope of Work (Check All That Apply) 23 Ef or 23 If Renovation Full Containment with Negative Pressure 2180 of or 2260 if Mini-Enclosure Demolition Glovebag Procedure Non-Exampted (*) and Non-Friable Procedure Abstement la Location Normally Dead Spiely by Туре Location of Description of Astestos-Containing Material (ACM)
TO BE ABATED Aspestos Containing Material (ACM) AMOUNE Maintenance/ Encapsulate ().e. the/mal systems insulation, (Specify Remous Custodie! Staff? Repair surfacing, VAT, or other miscellaneous) In Facility SF OF LF (12) (13)Yes No NIA Retail Space X Thermal Pipe Insulation 911 X Cubic Varda Name of Registered Wasia Hauler NJDEP Wasto Name of Registered Landfill Hauter ID No. Stevens Environmental Services Fairless Landfill 18292 City, State Disposal Date Clly State Allentown, NJ 2/6/2019 Merrisville, PA Completed by Slanatóre Date Mehlon E. Stevens Project Manager 2/4/2019 ASE-41 (R-08-08) . Do not use this form for saboatos licensure exempted activities.

D	ATTO	NOTIFICA	ATION OF A	NEW JERSEY SBESTOS ABATEN	IENT	4/	1	- L	والشنو والراء	
Date of Notification (1)	ALLE	(PURSU	ANT TO NJ	AC 8:60-7 AND 12:1:	20-7	Che	ck+	46	035	2
	_		D&R HO	Building Owner / OBOKEN, LLC	perator (2)	i servici di di Servici di di Servici di di	EP	e n	11/7	Petrier.
Agencies Notified Type o	f Notification		Street A						Ti's	Lo
□ EPA □	Initial			MMERCE BLVD ite, Zip Code		115-4		1 Commission		
DEP 🖸	Amended			ADT, NJ 07072			FFF	7	2010	į
☑ DOH ☑ DOL ☐	Amendment		Name of	Contact		Telepho	ne Numb		2019	-
DOL	Cancellation	w/ justification	NICHOL	AS DINALLO		201-487		- 1241 - 244		į.
			FACILITY I	NFORMATION				To the same	121	1 14
Name of Facility Where Abat 414 JEFFERSON STREET	ement is Taking	Place (3)		Type of Facility (4	-)					
Street Address				☐ School						
414 JEFFERSON STREET				☐ Subch	apter 8 (Othe	r than K-1	2)			
THE SELECTION OF THE ET				✓ Other (l.e., private 8	cmmerci	al			
City (5) County	(6)	County Code	e (7)	Square Feet	# Of Floo		Duildin	- 4		
HOBOKEN HUDSO	N	1	,	2,500		3	Building	g Age		
				Current Use (Prio	r if being den	nolished)	t	40 -	+	
Name of Monitoring Firm Hir	ad by Bldg. Own	0= (8)	Lacontai	RESIDENCE/HOU	SE					
or morntoring rith rith	ed by Blug. Own	ier (8)	ASCM NO	71						
AET				NORTHSTAR COM	TRACTING (SROUP IN	IC.			
Street Address 907 Doolittle Drive				Street Address		, 11001	0.			
City, State, Zip Code										
Bridgewater, NJ 08807				32 Williams Parkwa	ау					
Project Mngr. For Monitoring	Firm	Telephone No	umbor	City, State, Zip Co	de					
Eric Southerland		610-891-0114		East Hanover, NJ 0	7936					
Sheduled Start Date (10)	Sched. Comp	letetion Date (11)	Telephone Numbe		License I	Number			
$\frac{02}{19} / \frac{04}{19} / \frac{19}{19}$		30	19			License	vuilibei			
Occupancy Status During Ab	tement (Check	Only 1)		973-884-8682			00	0860		
☐ Facility Closed/Vac	ated During Ent	ire Period of		Name of OSHA Mo NORTHSTAR CON		POUR IN	0			
Abatement				Street Address	TRACTING G	ROUP, IN	U			
Abatement Perform	ned Outside of N	ormal Facility								
Hours - Describe: Other - Describe:	9.00AM 4.20	DN4		32 Williams Parkwa						
Other - Describe.	_ 6.00AW - 4:30I	PIVI		City, State, Zip Coo East Hanover, NJ 0	de 7026					
Scope of Work (Check All Tha		•	the state of the state of	Last Hanover, NJ 0	7936			to to		
Demolition	7	Renovation		Full Containment	uith Mogative	Dragouse				
≥3sf.or ≥3lf	•			Mini - Enclosure	vitii Negative	Pressure				
≥160 sf or ≥260 lf				Glovebag Procedu						
			\checkmark	Non-Exempted (*)	and Non-Fria	ble Proced	dure			
Location of	Is		Descripti	on of		Abatama	of Trees			
Asbestos Containing	Location	As	sbestos - C			Abatemer R		E	ĮΕ	
TO BE ADATED	Normally		Material (ACM)	Amount	E	R	N	N	
TO BE ABATED in Facility	Used	(1.	.e., thermal	systems	(Specify	M	E	С	C	
(13)	Solely by Main-		ılation, surf other misce	acing, VAT,	SF or LF)	0	P	A	L	
v==1	tenance/	or .	outer misc	enaneous)		v	A	P	0	
	Custodial					A	I R	S	S	
	Staff (12)					-	.,	L	R	
ROOF	YES NO N/A	POOF 9 FLAG	LUNC							
ST FLOOR		ROOF & FLAS VAT	HING		2,500 SF	7				
ND FLOOR HALL		LINOLEUM			175 SF	<u> </u>				
RD FLOOR		VAT			150 SF 1,000 SF	7	-	-	+	
lame of Registered Waste Ha	uler	NJDEP Waste		Name of Registered	Landfill	₹.				
ORTHSTAR CONTRACTING	GROUP, INC	Hauler ID No.	Yards	FAIRLESS LANDFIL	L					
ity, State			of Waste	011						
AST HANOVER, NJ 07936				City. State	10067		120			
			Jule	MORRISVILLE, PA	090/					
completed by (Print or Type)		Title		Signatur	e /	7		Date		
	- 1			(7/	12	The second second				

Project Manager

02/06/19

Steve Stiles ASB-41

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO N.JAC 8:60.7 AND 12:120.7

te of Notification (1)			la.				The same of the sa	000	07
01_ /04_ /19	1		FCA US	of Building Owner / C	Operator (2)				
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	of Notification			RYSLER DRIVE		4.7		3 11 W	I
I ⊟ EPA I □	Initial		City. St	ate, Zip Code				2 U W	E.
DEP DOH	Amended		AUBUR	N HILLS, MI 48326		1100			
	Amendment	t #2	Name o	of Contact		17.1			
I 본 DOL I I	Emergency	w/ justification	MELISS	SA MICHAELS		relep	horle[Numb 12-3152	per7 2019	9
	Cancellation	A STATE OF THE STA				240-5	12-3152		
			FACILITY	INFORMATION		Ž.			
Name of Facility Where Abat	tement is Taking	Place (3)		IT	-	E.s.	F 1 - 14		e i et
FCA ENGLEWOOD CLIFFS		, , , , , , , , , , , , , , , , , , , ,		Type of Facility (4	.)		The second	+3/11/5/25/24	ster.
Street Address				☐ Scho	oi (K-12)				
340 SYLVAN AVENUE		/			hapter 8 (Othe	or than 16	40)		
O TEVAN AVENUE				50.000 St. 50.000 St.	r (I.e., private	& cmmar	-12)		
City (5) County	(6)	10		bldgs	s., homes, etc.)	Ulai		
ENGLEWOOD CLIFF BERGE	(b)	County Code	(7)	Square Feet	# Of Floo		Building	η Λαο	
	7.0			3,000		1	Januing	40 +	
		1		Current Use (Prior	if being demo	olished)	7		
lame of Monitoring Firm Hir	ed by Blda. Owr	ier (8)	ASCHAL	VACANT		-5070			
SZA	,	(0)	ASCIVI NO	O Name of Abatemer	nt Contractor ((9)			
turat A I I				Northstar Contract	ing Group Inc	:			
treet Address 5 Lane Road				Street Address					
ity, State, Zip Code			8	32 Williams Parkwa	av				
airfield NJ 07004				T arkw	~ <i>y</i>				
roject Mngr. For Monitoring	E!			City, State, Zip Coo	de				
en Sallemi	Firm	Telephone Nun	nber	East Hanover NJ 0	7936				
neduled Start Date (10)	ICab at 2	973 774 3311							
01 / 24 / 19	Sched. Comp	letetion Date (11	1)	Telephone Number		License	Number		
—/ /	- 03 /	08/	19	9737723660			Mulliper		
ccupancy Status During Aba	tement (Check	Only 1)					00	860	
Facility Closed/Vac	ated During Ent	ire Period of		Name of OSHA Mor	nitor				
Abatement				Northstar Contracting	g Group Inc				
Abatement Perform	ed Outside of N	ormal Facility		Street Address 32 Williams Parkway					
litours - Describe:				Villians Parkway					
Other - Describe:	_ 8AM - 4PM - M	ON - FRI		City, State, Zip Code	9				
ope of Work (Check All Tha				East Hanover, NJ 07	936				
	r Abbià)								
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		207441011		Full Containment wi	th Negative P	ressure			
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≥160 sf or ≥260 lf			<u> </u>	Mini - Enclosure Glovebag Procedure Non-Exempted (*) ar	9	Procedu	ıre		
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Location of Asbestos Containing TO BE ABATED in Facility (13) G 340 GARAGE	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	(I.e insula or of	Descript Destos - C Material (, thermal ation, surf ther misce	Mini - Enclosure Glovebag Procedure Non-Exempted (*) ar tion of Containing (ACM) I systems facing, VAT.	Amount (Specify SF or LF)	Abateme R E M O V A L	nt Type R R C P A P I S		
Location of Asbestos Containing TO BE ABATED in Facility (13) G 340 GARAGE G 340 SHOW ROOM	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A	(I.e insula or of	Descript Destos - C Material (, thermal ation, surf ther misce	Mini - Enclosure Glovebag Procedure Non-Exempted (*) ar tion of Containing (ACM) I systems facing, VAT.	Amount (Specify SF or LF)	Abateme R E M O V A L	nt Type R R N E C P A A P I S R U		
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Location of Asbestos Containing TO BE ABATED in Facility (13) OG 340 GARAGE OG 340 SHOW ROOM OG 340 BASEMENT The of Registered Waste Haul VARK CARTING State VARK, NJ	Location Normally Used Solely by Maintenance/ Custodial Staff (12) YES NO N/A Fig. 10	(I.e insular or of or or of or of or or of or or of or or of or or or or or or or or or or or or or	Descript Destos - C Material (, thermal ation, surf ther misco	Mini - Enclosure Glovebag Procedure Non-Exempted (*) ar tion of Containing (ACM) I systems facing, VAT, ellaneous) Name of Registered L GRAND CENTRAL SA	Amount (Specify SF or LF) 160 LF 500 SF 288 SF andfill NITARY LAND	Abateme R E M O V A L	R N E C P A A P I S R U L		

Location of Aspestos Containing TO BE ABATED in Facility (13)	b to C	lor Us So by I	ma sec olel Mai	y in- ce/ lial	Description of Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatem R E M O V A L	R E P A I R	E N C A P S U	ENCLOSUR
245405	YE	91	VО	N/A				+-	+-	- 1
GARAGE				1	TRANSITE	300 SF	7	1	1	
	W ROOM CORRIDOR			1	FLOOR TILE	50 SF	V	1	-	-
SHOW ROOM			MIRROR MASTIC	200 SF	7	+		- - -		
XTERIOR	The second name of the local division in which the local division in which the local division in the local div			1	TRANSITE	1,000 SF	7	+		+++

ECEING FEB 7 2019

NUR 27.										-			
Project #	NO.	TIFICATIO	ON OF ASI	ew Jersey BESTOS ABAT C 8:60 and 12:1		 T :	<u> </u> c	heck# 4	厅 537		F.23		
Date of Notification (1)		Name	of Building	g Owner/Operat	or (2)	- 1							
01/23/2019		Susa	n McKe	own	2.0	4		FEB	7	2019			
Agencies Notified Type Notifi	cation	Street	Address				1				1		
EPA Initial						3	با	the second of the second	4 %				
DEP Amer	ided idment#		State, Zip C				75	Carbonales Million Parity	W	(12.27) (15)	11.0		
	gency (including		nit, NJ C				0 0	- 10	ida da	14.4			
	cation) ellation		of Contact	•			Te	lephone Nu	mber				
E Cano	ellation		n McKed	3.000.0000									
Name of Facility Where Abatement is	Taking Place (3)	FA	CILITY IN	ORMATION	Typ	e of Facilit	v (4)						
Residence	G (-/				1,75								
Street Address						School (K Subchapt Other (i.e etc.)	ter 8 (Oth	ner than K-1 & commerc	2) ial bui	ldings, h	iomes,		
City (5) Summit, NJ 07901					Squ	are Feet	# 0	f Floors	T	Bldg. Ag	е		
County (6)			Code (7)		Current Use (Prior if being demolished)								
Union .			4 4 5 5 5 5 5 5										
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	ASC	No. of the contract of	f Abatement Contractor (9)									
Stroot Address					storation LLC								
Street Address					et Addr								
City, State, Zip Code						side Rd							
City, State, Zip Code				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Zip Code							
Project Manager for Monitoring Firm		Telent	ana Na		Randolph, NJ 07869 Telephone No. License No.								
1 Toject Manager for Monitoring Firm		relepn	one No.						o.				
Start Date (10)	Scheduled C	`ompletion	Data (11)		973933-2550 01 Name of OSHA Monitor								
02/02/2019	02/04/201		Date (11)										
Occupancy Status During Abatement		9		IRIS		Address							
		the bottom to two or a fix				2 West							
Facility Closed/Vacated During E Abatement Performed Outside o	f Normal Facility Ho	ement urs				Zip Code							
Other – Describe:				A		J 07083							
Scope of Work (Check All That Apply)				101110	,	0,000							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation olition		Trong Books Story	M G	ini-Enclosu ovebag Pr	ire ocedure	Negative F					
	Is Loc	ation					T		T	Abatem	ent		
Location of	Norm	nally		Descriptio	n of					Туре	2		
Asbestos-Containing Material (AC	M) Used So Mainter			tos Containing	Materia		A	mount			m		
TO BE ABATED In Facility	Custodia	I Staff?	(i.e.	thermal system surfacing, V		ation,		pecify	Re	20	Enclosure		
(13)	(12	2)		other miscella			51	or LF)	Remova	Repair	Sol		
	Yes No	N/A	1						<u>a</u>		late		
Basement	×		TSI				10 LF		×		+		
			101				10 LF		^		+		
		_							-	-	+		
											+		
Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic Yards		Name of	Registe	red Landfill					
Nick Restoration LLC		003378		of Waste TBD		G.R.O.	W.S						
City, State		00070	-	Disposal Date	9	City, Sta							
Randolph N.I.				I Post Date	58	July, old							

TBD

Signature

Title

President

Tullytown, Pa

W cla

Date

01/23/2019

City, State Randolph, NJ

Completed by

Nikica Mrda

1073A	12	20192	9179h	
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Print Form

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

CK00043372			TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							U.	las.	ll 	Ü	Mar 1
Date of Notification (1) 02/04/2019				of Building u Pont c			(2) d Company		F	EB		7 2	2019	
Agencies Notified Type Notification EPA Initial				Address Centre R	oad P.	O. Box	2915		L	 	31		1.1	
DEP Amended Amendment				ate, Zip C ngton, D		05		L Tax	1 7.3	i Ne		7.8 40 American	il Terrena	April 1 - 3 - 1 - 1
DOH Emergency (justification)	including			of Contact					ephone					
DCA Cancellation			•	Mumin				856	6-276-	9224				
Name of Facility Where Abatement is Taking DuPont Chambers Works - Building	Place (1182	3)	FAG	ILITY INF	OKWAI	ION	Type of Facility School (K-	(K-12)						
Street Address Canal Road		317					Subchapte Other (i.e. etc.)				build	dings	hom	es,
City (5) Deepwater							Square Feet 9200	# of 4	Floors			oldg. A	Age	
County (6) Salem				Code (7) USE ONLY)	_	Current Use (Prior if being demolished) Chemical Plant							
Name of Monitoring Firm Hired by Building C Harvard Environmental Inc.	wner (8)	ASC	M No.			me of Abatement Contractor (9) candenburg Industrial Service Company							
Street Address 760 Pulaski Highway							Address Spillman Driv	/e						
City, State, Zip Code Bear, DE 19701							r, State, Zip Code hthlehem, PA 18015							
Project Manager for Monitoring Firm JT Morrison			Telepho 302-32	ne No. 26-2333	ii A	L. M. SOSSIONS	lephone No. License No. 10-691-1800 00721							
Start Date (10) 02/18/2019	Schedul 02/28/		ompletion Date (11) Name				f OSHA Monitor enburg							
Occupancy Status During Abatement (Check	Only O	ne)	Street Address											
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: DEMO- 03/04/2019-0	al Facilit	Hours	ment 2217 Spillman E rs City, State, Zip Code					V-1990	263					
Scope of Work (Check All That Apply)						Bethle	ehem PA 180	m PA 18015						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf _g	*************	Renovat Demoliti				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
		Location											ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	Normally ed Solel sintenan todial S (12)	y by ice/ taff?		tos Cont thermal surfa		iterial (ACM) insulation, , or	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Throughout	Yes	No	N/A		Dina	l 1 - 43		7.0		-	_			
Throughout 4th Floor		-,,	X			Insulati) LF	X	-			
			X		07500	albestos			0 SF	X				
Roof		X			f Flashi) LF	X	_				
Throughout	LN	X	/aata		e Doors			EA	X					
Name of Registered Waste Hauler Brandenburg Industrial Service Co	Ha	JDEP Wauler ID 838		of Was 40			of Registered Landfill m County Improvement Authority						у	
City, State Bethlehem, PA	Disposal Date City, State 02/28/19 Alloway NJ													
Completed by Stephen Carne	onme	Signa mental Manager				50			Date 02/0	4/1	9			

UC 8578	3 PA		State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)							i C	E	1	W		A A CONTRACTOR	
Date of Notification (1) 2/4/2	2019			Name o	f Building	Owner/C		(2) falont	is		FEB		7 2	2019	- The second	
Agencies Notified	Type Notification			Street A	ddress					İ		7	****		5	
EPA DEP X DOL	Initial Amended Amendment		_	City, Sta	ate, Zip Co		Red Ba	ınk, N	J 07701	į.		281	(A)			
	Emergency (justification) Cancellation	including			f Contact Robert K	efaloni	tis			Tele	ephone f	Numb	er			
Name of Facility Where	Abatamant is Taking	Dlace (2)	FACI	LITY INF	ORMATI	ON	Tuna	of Facility (4	1				ě.		
reality venere	Residentail	j i lace (c	,						School (K-12							
Street Address								×	Subchapter of Other (i.e. prefer.)	(Othe			build	lings,	home	es,
City (5)	d Bank, NJ 077	01						Squa	re Feet	# of	Floors 2			ldg. A	-	
County (6) Monmo	outh				Code (7) USE ONLY)	_	Curre	ent Use (Prio	r if bei	ng demo	lishe	1)			
Name of Monitoring Firm		ASCN	/ No.		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.											
Street Address					Street Address PO Box 322											
City, State, Zip Code Ch	nesterfield, NJ 0	8515					Control of the March		ip Code , NJ 0850	1						
Project Manager for Mor Bill Weiso				Telephoi 609 2	ne No. 98-4070)	Telephone No. 609 259-9688				License 00493					
Start Date (10) 2/13/2019		Schedule		mpletion I 2/20/201		Name MEC		HA Monitor		W						
Occupancy Status Durin	g Abatement (Check ated During Entire P			Street Ad												
	ed Outside of Norm					_			ip Code eld, NJ 085	515						
Scope of Work (Check A	II That Apply)	514752						*								
≥3 sf or ≥3 lf- ≥ ≥160 sf or ≥260 lf			Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
		Is	Locat	tion				1 100	II-Exempled	() aik	u NOH-FI	lable	1.00	Abate	3.00 × 30 × 00 × 00 × 00	
Location		1	Norma d Sole	lly			scription					-		Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	ATED	Ma Cus	intena todial (12)	ince/ Staff?				s insula T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
D		Yes	No	N/A			D: 1				20.15	-				
Basem	ent	X			1.0	ermal	Pipe ir	isulai	lon	-	60 If	-	X			
												+				
Name of Registered Was	Name of Registered Waste Hauler					Cubic	Yards		Name of F	Registe	red Land	dfill				-
Stevens Environmer	ntal Services		ŀ	Hauler ID 18292			2		Fairless	1	lfill					
City, State Allentown, NJ				2/2	2/2019	9/	City/State Morrisvil	le, P								
Completed by Mahlon E. Stevens	ct M	anager		S	ighaturé					Date 2		019				

V II DECOGNE	AI	NO	TIFICAT	State of New Je	ersey		- (· · · · · · · · · · · · · · · · · ·) EC	E	1		Print	
Date of Notification (1)			(Pursu	ant to NJAC 8:60	and 12:1:	20)	The state of the s	FER	3	7 20	119	Trademilia deputa pris	
02/04/2019			Pa	e of Building Own ssaic County \	er/Operato Veatheri	or (2) zatio:	n DEPT				113	A.S.	
Agencies Notified Type Notificati	on		Stree 930	et Address) Riverview Dr				Assissis	0.8 7			Ğı	
DEP Amended Amended Amendem Emergence	ent#		City, Tota	State, Zip Code Dwa,NJ,07512				te i min i ne o deleganez en e	e ver	-77	e e e e e e e e e e e e e e e e e e e		
DOH justificatio	n)	ng	Name	of Contact on Stone				Telephone 973-569-	Number 4710	er			
Name of Facility Where Abatement is Tal	ding Place	(3)	FA	CILITY INFORM	ATION			-					
Trivate House		. (0)				Тур	of Facility (School (K-1						
Street Address						×	Subchapter Other (i.e. p	2) 8 (Other than K rivate & comme	(-12) ercial b	uilding	ıs, ho	mes,	
City (5) Paterson						etc.) Square Feet					. Age		
County (6) Passaic			Count (STAT	y Code (7) E USE ONLY)		Current Use (Prior if being demolished) Private House							
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	CM No.	Name EHV	Name of Abatement Contractor (9) EHW ABATEMENT LLC							
Street Address		3-11-11-11			Street 89 F	Addre RAN	ss KLIN STR	EET					
City, State, Zip Code	8)				City, S	tate, Z	ip Code DN,NJ,075						
roject Manager for Monitoring Firm			Teleph	one No.	Teleph		0.	License 01274					
tart Date (10) 02/13/2019	02/14	/2019	mpletion	Date (11)	Name	of OSF	IA Monitor TEMENT						
ccupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Dorind of	A l4-			Street	Addres							
Abatement Performed Outside of Norr Other – Describe: OCUPIE	nal Facilit	y Hour	'S		City, St	ate, Zi			_				
cope of Work (Check All That Apply)			- 100		1 Mile		714,140,075						
≥3 sf or ≥3-li ≥160 sf or ≥260 lf		Renova Demoli			X	Glov	-Enclosure ∕ebag Proced	t with Negative					
	Is	Locat	ion			Non	-Exempted () and Non-Fria	ble Pro		re emen	-	
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Use	Normal d Sole intena	ly by	Asbestos Con	escription o	terial /	ACM)	Amount	-		/pe	H	
In Facility (13)		todial ((12)		(i.e. therma surfa	l systems i cing, VAT, niscellane	nsulati or	ion,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
BASEMENT	Yes	No	N/A	PIPE II	NSULAT	ION		10015		7	ilate	ure	
				, , , , ,		JOIN		100 LF	X				
me of Registered Waste Hauler HW ABATEMENT LLC	-	Ha	JDEP W	No. of Was				istered Landfill				\dashv	
, State TERSON,NJ		00	037095	Dispos	al Date	-	City, State	E TRANSFE	R				
npleted by tor Espiritu	Title	-4.5.		TBD	gnature	1	BRONX,N	Y /i Dat	9				
	Projec	ct Ma	nager		Mex	w	Wy		e 2/04/2	2019			

×10643373	ID,	NOTIFIC (Pui	CATION O	of New Jerse F ASBESTOS NJAC 8:60 an	ABATE	MENT	T	EC	E		P	rint
Date of Notification (1) 02/04/2019		N E	lame of Bu	uilding Owner/ont de Nem	Operator	(2) nd C	ompany	FE	В	7 20	19	APPL Repa
Agencies Notified Type Notification	Ĺ	S	Street Addr					4 0-500	aros (ONO		ا اند اند
▼ EPA	t#	C	ity, State,	ARE SECTIONS		2011	-	Property	W 15 M	Grid.	-291,000	-12-
➤ DOH justification DCA Cancellation)	N	lame of Co Bryan Mu	ontact				Telephone		er		
			_35/	Y INFORMATI		856-276-9224						
Name of Facility Where Abatement is Takin DuPont Chambers Works - Buildir	ng Place (3)				Туре	e of Facility (4)					
Street Address Canal Road	9 1100	98				×	School (K-12) Subchapter 8 Other (i.e. priv	(Other than	K-12) nercial b	uilding	s, hom	ies,
City (5) Deepwater						Squa 380	etc.) are Feet 0	# of Floors	5	Bldg. 50+	Age	
County (6) Salem			ounty Code			Curre	ent Use (Prior emical Plant	if being dem	nolished)			
Name of Monitoring Firm Hired by Building Harvard Environmental Inc.	Owner (8)		ASCM No),	Name	of Aba	atement Contra ourg Industri	actor (9)	Comr	onu		
Street Address 760 Pulaski Highway					Street	Addre		ai Seivice	Comp	Darry		
City, State, Zip Code Bear, DE 19701					City, S	tate, Z	Zip Code n, PA 1801	5				
Project Manager for Monitoring Firm JT Morrison			elephone N 02-326-2		Telephone No. License No. 610-691-1800 00721							
Start Date (10) 02/18/2019	Schedule 03/08/2		letion Date	: (11)	Name of OSHA Monitor Brandenburg							
Occupancy Status During Abatement (Chec	k Only One	9)			Street			V.				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: DEMO- 03/11/2019-	nal Facility	Hours	nt				man Drive	3112				
Scope of Work (Check All That Apply)	J312 1120 19				Bethl	ehen	n PA 18015					
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		enovation emolition			×××	Mir Glo	Il Containment ni-Enclosure ovebag Proced n-Exempted (*	lure			re	
Location of	No	ocation ormally		Des	cription					Abat	ement ype	A N
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	Solely to tenance odial Stat (12)	el P	sbestos Conta (i.e. thermal) surfac	ining M	aterial insula r, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Throughout	Yes	No	N/A								te	(U)
Throughout Roof	+		X		Insulat	- constant		450 LF	X			
Roof	1		X		Ibestos	2		900 SF	X	-		
Roof		_	X		Flashi Roof	iig		480 LF	X	-		
Name of Registered Waste Hauler			A EP Waste			-47-24	Name of Reg	2650 SF	X			
Brandenburg Industrial Service Co			er ID No.	of Wast			Salem Co			nt Au	thorit	y

Completed by

City, State

Bethlehem, PA

Stephen Carne

Date

02/04/19

City, State

Alloway NJ

Disposal Date

Environmental Manager

2/20/19-3/12/19

Signature

Location	Description	Amount	REMOVAL
B 1183	Fire Doors	15 EA	X
B 1183	Window Glazing	150 LF	X
B 1183	Mastic	95 SF	X



State of New Jersey A NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1 22 Millennial Partners LLC FEB 2019 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 2 Riverside Drive Suite 500 □ DOLWD City, State, Zip Code **⊠** DOH Amendment #1 Camden NJ 08103 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation 1 800 971-6773 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 201 N. Front Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 90,000 7 100 +County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) DELTA/BJDS, INC Street Address Street Address 700 Turner Way Suite 105 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Aston Pa 19014 **SOUTHAMPTON PA 18966** Project Manager for Monitoring Firm Telephone No. Telephone No. License No. David Brown 610-558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __2__/__1__/_19 3 / 31 / 19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-__AM Bensalem Pa 19020

Scope of Work (Check all that apply)								_					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enova emoliti			 ⊠ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure 								
Looption of		S Loca						1	atem	ent T	уре		
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	TO BE ABATED IN Facility (13) Maintenance/ Custodial Staff? (12) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)						Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A		outer intocciarie	ous				ite			
1 st Floor Office				Pipe i	nsulation		160 LF						
1 st Floor				Radia	tor Insulation		75 SF						
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		9000	NJDEP N Hauler III 20990	O No.	Cubic Yards of Waste	Name of Regis	stered Landfill						
City, State 58 PYLES LANE NEW CASTLE DE					Disposal Date	City, State WAYNESE	BURG, OHIO						
Completed By (Print or Type) Title					Cignotura		/ / 15		7.55				

CHRISTINE DEL VISCIO

ASST. ADMINISTRATOR

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 370-0 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 22 / Millennial Partners LLC 2019 Agencies Notified Type Notification Street Address **⊠** EPA ☑ Initial 2 Riverside Drive Suite 500 ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Camden NJ 08103 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation 1 800 971-6773 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Victor Bldg ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 201 N. Front Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Camden 90,000 7 100 + County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Camden Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Vertex DELTA/BJDS, INC Street Address Street Address 700 Turner Way Suite 105 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code Aston Pa 19014 SOUTHAMPTON PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. David Brown 610-558-8902 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __2_ / _ 1 / 19 3 / 31 / 19 Criterion Labs Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 400 Street Road ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-4PM/____PM-__AM Bensalem Pa 19020 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 If □ Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Enclosure 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) Yes No N/A 1st Floor Office X П Pipe insulation 160 LF \boxtimes П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP MINERVA LANDFILL 20990

CHRISTINE DEL VISCIO

JAN 13

58 PYLES LANE NEW CASTLE DE

Completed By (Print or Type)

City, State

ASST. ADMINISTRATOR

Disposal Date

Signature

City, State

WAYNESBURG, OHIO

Date

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

1370-03

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

Date of Notification (1)			11	Mam	e of Buildin	00 Ouman/O	(0)	1 1 1 10	11-	H /A		7.77				
	19		1			ng Owner/Operator Partners LLC	(2)					The second				
Agencies Notified Type Noti	ification		5	Stree	t Address			EEB.	7	201	9	- 111				
☐ EPA ☐ Initial ☐ DOLWD ☐ Amend			- 1	2 F	Riverside	Drive Suite 500	*	1				-				
	ded dment.# 1 .		C		State, Zip		-	Avaday O		April 1	F .	3				
	ency (inclu	ıdina		Ca	mden NJ	08103		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		200		3				
(NJAC 5:23-8) justific	ation)	ung	N	Vame	e of Contac	at		Telephone Nun		A STATE OF THE STA	-442					
☐ Cance	llation							1 800 971-6								
N				FA	CILITY IN	NFORMATION										
Name of Facility Where Abatement is	s Taking P	lace (3	3)				Type of Facility	y (4)								
The Victor Bldg							School (K-1	12)								
Street Address							☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,									
201 N. Front Street							homes, etc	.)	irciai L	Juliali	gs,					
City (5)							Square Feet	# of Floors	E	Bldg. A	Age					
Camden							90,000	7 .		100	+					
County (6) Camden			10	Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)							
Name of Monitoring Firm Hired by Bu Vertex	ilding Own	er (8)	AS	SCM	No.		atement Contractor (9)									
Street Address							A/BJDS, INC									
700 Turner Way Suite 105						Street Address										
City, State, Zip Code							STRIAL BLVD.									
Aston Pa 19014						City, State, Zip Co										
Project Manager for Monitoring Firm		17	-1				PTON PA 18966									
David Brown		- 1	elepho		NO. -8902	Telephone No.						-34-7-				
Self-Sub-Open School-Sub-Open Manager	Scheduled					215 322-2900 Name of OSHA Mo	00700									
2/1/19	3															
Occupancy Status During Abatement					10	Criterion Labs	5									
☐ Facility Closed/Vacated During Ent				nt.		Street Address	_3									
☐ Abatement Performed Outside of N	Normal Fac	ility Ho	ours - I	Desc	cribe	400 Street Ro										
Time of Abatement: 7AM-4PM/	PM	AI	M			City, State, Zip Coo Bensalem Pa										
Scope of Work (Check all that apply)						Delisalelli Fa	19020									
☐ >3 sf or >3 lf	M	Renova	ation			☐ Full Conta	ainment with Neg	gative Pressure								
\square \geq 3 sf or \geq 3 If \square \geq 160 sf or \geq 260 If		Demoli				☐ Mini-Enclo☑ Glovebag	osure Procedure									
						☐ Non-Exem	npted (*) and No	n-Friable Procedur	e							
Location of		Is Loc Norm							Ab	ateme	ent T	уре				
Asbestos-Containing Material (ACM	л) U	sed So	olely b	у	Asbest	Description of tos Containing Mate	erial (ACM)	Amount	Z	Z	Ш	Ш				
TO BE ABATED IN Facility		Aainter ustodia			(i.e.,	thermal systems in	sulation.	(Specify	Remova	Repair	ncap	nclo				
(13)		(12				surfacing, VAT, other miscellaneou	or or	SF or LF)	val]	Encapsulate	Enclosure				
7 × ×	Ye	s No	o N	/A		outer miscellaries	us)				ate					
1 st Floor Office]	Pipe insu	ulation		160 LF		П	П	П				
1st Floor]	Radiator	Insulation		€75/SF~			$\overline{\Box}$					
]												
						.91			П	П	$\overline{\Box}$	\exists				
Name of Registered Waste Hauler			NJDE			Cubic Yards of	Name of Regis	tered Landfill		П		П				
SERVICE TRANSPORT GROUP	Hauler 209		No. V	Waste	MINERVA L											
City, State				Disposal Date	City, State					-						
58 PYLES LANE NEW CASTLE					WAYNESB	URG, OHIO										
Completed By (Print or Type)	Title					Signature	, ,	/ (Dat	e	-		-				
CHRISTINE DEL VISCIO	ASST.	ADM	IINIST	TRA	TOR	Cha	1)0		Zn	6-2	201	91				