CK 11621233

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

Date of Notification (1)		Name of	Building (Owner/C	Operator	(2)		r	B 2 5	There			1
12/22/14			G Sa				,	FE	5 Z 3	915			
Agencies Notified Type Notification		Street A	ddress		1500							-	+
EPA Initial		9/101	way	Cree	KN	eck	ed The		71 SEP E 120	20112	4		
DEP Amended Amendment		City, Sta	ite, Zip Co	de		1							1
DOL Amendment Emergency		HARCE	eks L	Bridg	ge NJ 08038								4
DOH justification)	-	d made			Telephone Number								
DCA Cancellation			AF										
Name of Facility Where Abatement is Takin	g Place (3)	FACI	LITY INFO	RMAII	ŲN	Type	of Facility (4)			- 1	_	
PSEG Salem/ Hopec		weer				(Second)	5 3	85					
Street Address		0,00			1		School (K-1 Subchapter	8 (Oth	er than K-12	2)	1 20		
Alloway Core & Neck	Rd					W	Other (i.e. p	rivate	& commercia	al build	dings,	home	es,
City (5) Creek Neck					1		re Feet	T#0	f Floors	T B	ldg. A	ae	
Hancocks Bridge NJ County (6)	•											0-	
	-	County 0				Curre	ent Use (Price	or if be	Ing demolish	ed)	111	-	
Salem		(STATE (JSE ONLY)	_					877.6	s#35			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM	No.				tement Cor	tractor	(9)				
A.ET INC				D	ZN	PS							
Street Address					Street	Addres	SS						
Z8 N PeNMI Rd City, State, Zip Code													
The state of the s	2				City, S	tate, Z	ip Code						
Froject Manager for Monitoring Firm	3	Telepho	no No		Talant	N							
l		100		,	relept	none N	0.		License N	0.			
Dave Turofsy Start Date (10)	Scheduled C	completion	6/0 89/ 0/1 4 ompletion Date (11)				HA Monitor						
ANNUAL 2015		2,201			mark area	E T							
Occupancy Status During Abatement (Chec	k Only One)	1201				Addres							
The state of the s	NOODS STATE	lamant			Outout	/ ladic	33						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other - Describe: Active Nuc	al Facility Ho	urş			City, S	tate. Z	ip Code	-			-		_
Other - Describe: Atluc Nuc	lear play	UT		_	,,,								
Scope of Work (Check All That Apply)	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW										- 0		
23 sf or ≥3 lf	Rend	ovation				Fu	Il Containme	ent witl	n Negative F	ressu	re		
≥160 sf or ≥260 lf	Dem	olition				Mit	ni-Enclosure	9					
						No	ovebag Prod n-Exempted	d (*) ar	d Non-Friab	le Pro	cedur	е	
	Is Loc	cation				3.55.50				T	2010-00	emen	t
Location of	Norr	nally		De	scription	of					Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	olely by nance/		tos Cont	taining A	/ateria			mount	_		ш	m
In Facility		al Staff?	(1,e,		system cing, VA		ation,		Specify F or LF)	Ren	Re	ncar	ncl
(13)	(1	2)			niscellar				0, 1,	Remova	Repair	Encapsulate	Enclosure
	Yes N	lo N/A.								_		ate	e.
										1			
	1	-	-									-	-
		_								-	-		
Name of Registered Waste Hauler		NJDEP W			Yards		Name of	Regist	ered Landfill	-	-	-	
PSEG TO dispose of all W	15/0	Hauler ID	NO.	of Wa	ste								
City, State				Dispos	sal Date		City, Stat	е					
							J., Side						
Completed by	Title			5	Signature	9	^		Da	te	-		-
Mark A Farmer	Super	משפוע			m	ach	a. R		7.00	355	2-1	4	
		200000000000000000000000000000000000000				~	12.22-14						

Date of Notification (4)				Men	of D. 11-11	- Ouman/Ote-//	1)			· /		
Date of Notification (1)	15 /	14				Owner/Operator (2 niversity - Office		Construction	5 101			
Agencies Notified	Type Notifica	tion		Street	Address		1 2 4 1	H Hartel ou			-	20000
⊠ EPA	☐ Initial			200	Elm Driv	ve	7				1	of teaching and the
□ DOLWD				City, S	State, Zip C	Code		ASSEST	300			- 1
☑ DHSS		ent #15-2/2:				IJ 08544	3	į. II.,	y ===			-4
□ DCA (NJAC 5:23-8)			J.		of Contac		Telephone Nun	nber		50.00.00	_	
(140/10 3.20-0)	☐ Cancellati			100000000000000000000000000000000000000	bert Orte	(F)						
		1765										-
Name of Facility 10/hours A	hatamant is T	alda a Diana	(0)	FA	CILITYIN	IFORMATION	T 5 F 106 - //					
Name of Facility Where A Princeton Universit		-	(3)				Type of Facility (4 ☐ School (K-12)	250				
Street Address	y- Firestone	Library					Subchapter 8	(Other than K-1	2)			
Washington Road							Other (i.e., pri	vate and comme	ercial bu	ilding	S,	
City (5)	_		-				Square Feet	# of Floors	RI	dg. Ag	10	
Princeton									ag. Aş	,		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Price	or if being demol	lished)			
MERCER							Library					
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.		ent Contractor (9)					
ATC Associates Inc				000	98	BRISTOL EN	VIRONMENTAL	., INC.				
Street Address						Street Address						
Three Terri Center						1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip Code							
Burlington, NJ 0801	Section 19					BRISTOL, PA	19007					
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No.		License No.				
Michael Keehn				09-386		215-788-6040)	00509				
Start Date (10)	CONTRACTOR OF STREET	cheduled C	-		The best of the last of the	Name of OSHA N						
K 3 1 2 1	15	_3_/	_2	7_/	15	BRISTOL EN	VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (0	Check only	one)			Street Address						
☐ Facility Closed/Vacate	d During Entir	e Period of	Abate	ement		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 6						City, State, Zip Co						-
						BRISTOL, PA	19007		V. Daniel			
Scope of Work (Check all	that apply)					⊠ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf		⊠ Re				Mini-End	closure	auto i lossuid				
≥160 sf or ≥260 lf		□ De	emolit	ion			g Procedure empted (*) and Nor	-Friable Proced	lura			
		le	Loca	ation	T	□ Non-Exe	inpled () and Nor	- Hable F10080		atem	ent T	vne
Location	of		Norm	ally		Description of	of			_	_	1
Asbestos-Containing	Material (ACM			lely by ance/		estos Containing Ma	aterial (ACM)	Amount	Removal	Repair	nc	Enclosure
TO BE ABA			STATE OF THE STATE OF	I Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SF or LF)	SVOL	=	aps	uso
IN Facili	Ly		(12			other miscellane		OI OI LI)	=		Encapsulate	Te
1.87.5		Yes	No	N/A			×			_	(D	
Work Area #B6 - Leve	el B				Fitting	s on Fiberglass	Lines	4 Each				
Work Area #B7 - Leve	el B				Fitting	s on Fiberglass	Lines	4 Each				
Work Area #B7 - Leve	el B				Floor 1	File & Mastic		320 SF				
Name of Registered Was	te Hauler		117	NJDEP		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	and the same of th	PINC.		Hauler 2099		Waste		NORTH LAN	DFILL			
City, State				Disposal Date	City, State		-					
New Castle, DE							MORRISVII	LLE, PA 1906				
Completed By (Print or T	ype)	Title				Signature	0 21	10.1	Date /	1		
Brian Scafiro		Estima	itor			Drian	. Seofire	11	2./8	3/1	5	

Pg. 21

Date of Notification (1)					Т	Name	of Building	n Ow	ner/Operator (2)	F Code Ann		1		1				
/	15					Prir	ceton U	nive	rsity - Office	e of Design and	l Constructi	on			The state of the s				
Agencies Notified ☑ EPA ☑ DOLWD	Type Not ☐ Initial ☐ Amer						Address Elm Driv	ve		 	7 Olah				- University				
☑ DHSS		dment #	15-2/2	23/1	5	1000	tate, Zip C								J				
☑ DCA	☐ Emer	gency (i			-		ceton, N		3544										
(NJAC 5:23-8)	7.00	cation)					of Contac	300			Telephone N	lumber							
	☐ Canc	ellation					ert Orte				1								
Name of Facility Where Al		'- T-1-'-	- DI	(0)		FAC	CILITY IN	IFOF	RMATION										
Princeton University				e (3)						Type of Facility									
Street Address	- 1 11 630	OHE LI	or ar y				-			☐ School (K-12 ☐ Subchapter 8		(-12)							
Washington Road										Other (i.e., pr	ivate and com	mercia	l bu	ilding	js,				
City (5)					-			-		homes, etc.) Square Feet	# of Floors		DI	d~ ^	~~				
Princeton										Oquale 1 cet	# 01 1 10013		DI	dg. A	ge				
County (6) MERCER						Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being dem	nolishe	d)	-					
Name of Monitoring Firm I	lired by E	Building	Owner	(8)	TA	SCM	No.	Nar	ne of Abateme	ent Contractor (9)						-			
ATC Associates Inc.	Contract of the contract of th					0009	8			VIRONMENTAL	., INC.								
Street Address					-			-	eet Address		·				_				
Three Terri Center								1	123 BEAVE	R STREET									
City, State, Zip Code								City	, State, Zip Co	ode		20							
	urlington, NJ 08016							В	RISTOL, PA	19007									
Project Manager for Monito		hone I		Tele	ephone No.		License No					- 4.5							
						9-386-	1		15-788-6040		00509								
	Start Date (10) Scheduled Comp						N. S. C.		ne of OSHA M	lonitor VIRONMENTAL	., INC.								
Occupancy Status During								Stre	et Address			THE CO.			ave lee				
Facility Closed/Vacated	During E	ntire Pe	eriod of	Aba	tem	ent		1	123 BEAVE	R STREET									
Abatement Performed (Time of Abatement: 6::	30AM-3:	norma 00PM/_	I Facilit	y Ho M	ours	- Desc	oribe	-	, State, Zip Co										
Scope of Work (Check all t	hat apply)		12-21-	-			В	RISTOL, PA						-				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re		7				Mini-Enc Glovebage Glovebag	ainment with Neg losure g Procedure mpted (*) and Nor									
	1		800	Loc									Aba	atem	ent T	vne			
Location o Asbestos-Containing M	0 1	CNA		Norm					Description o			-				_			
TO BE ABAT		Olvi)	Ma	ainte	nan	ce/			Containing Ma rmal systems		Amount (Specify		Removal	Repair	Encapsulate	Enclosure			
IN Facility (13)			Cus	todia (1:		taff?	. •		urfacing, VAT, ner miscellane		SF or LF)		val	-	suk	sure			
(10)			Yes	N		N/A		Ott	iei miscellane	ous)					ate				
Trustees Reading Roo	m						Radiato	r Lir	ner		280 SF	1	X		П	П			
rustees Reading Room							Pipe Ins	sulat	ion		150 LF	_	<u> </u>						
Work Area #B6 - Level B							Pipe & I	Fittir	ng Insulation	1	40 LF		X						
Work Area #B6 - Level B							Floor Ti	ile &	Mastic		3800 SF	1	X		П	П			
						DEP V	Vaste	Cub	ic Yards of	Name of Regist	ered Landfill		1.57						
						uler ID 20990		Was	ste		NORTH LA	NDFIL	L						
City, State New Castle, DE						.0330		Disp	oosal Date	City, State	LE, PA 190	67							
Completed By (Print or Typ	10)	Title			-				Cianat	MORRISVII	-LE, FA 190								
Brian Scafiro	(5)	1, 11,000	e stima	tor			Signature Date 2/2							23/15					

Date of Notification (1)	-		-		I Alama	- (D :: !!			111 111						
	15	/14					g Owner/Operator (Iniversity - Office		d Construction	n					
Agencies Notified EPA	Type	Notification			1	Address			FEB 2	5 3	15		1		
□ DOLWD	⊠ Ar	mended					27		+		1.00		1,1		
☑ DHSS	Ar	nendment #	15-2/2	3/15	1	State, Zip (-	De alemany			2			
⊠ DCA		nergency (in	ncluding	3			NJ 08544		ASBESIC		1				
(NJAC 5:23-8)		stification)			The second	of Contac		i seem,	Telephone Nur	Soft State of State o					
		ancellation			Rot	pert Orte	go					The state of	T-MALAS		
					FAC	CILITY IN	FORMATION								
Name of Facility Where A				(3)				Type of Facility	(4)						
Princeton Universit	y- Fire	estone Lil	orary					School (K-12	2)						
Street Address								Subchapter	8 (Other than K-1	2)					
Washington Road								homes, etc.)	Other (i.e., private and commercial buildings, homes, etc.)						
City (5)								Square Feet	# of Floors	ge					
Princeton										-	-9	90			
County (6) MERCER					Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)					
Name of Monitoring Firm	Hired I	ov Building	Owner	(8)	ASCM	No	Name of Abateme								
ATC Associates Inc		· ,		(0)	0009		The second secon	VIRONMENTA							
Street Address							Street Address	AILOIAIRIEIAIA	L, INC.						
Three Terri Center								DOTDEET							
City, State, Zip Code	-				-	-	1123 BEAVE								
Burlington, NJ 0801					City, State, Zip Co										
		1	phone I		BRISTOL, PA	19007									
Michael Keehn							Telephone No.		License No.						
Start Date (10)	_	School	tulad C		09-386-	V Committee of the comm	215-788-6040		00509						
6 3 1 2 1	15				tion Dat		Name of OSHA M BRISTOL EN	lonitor VIRONMENTA	L, INC.						
Occupancy Status During							Street Address								
☐ Facility Closed/Vacate	d Durir	ng Entire Pe	riod of	Abate	ment		1123 BEAVE	R STREET							
Abatement Performed	Outsid	e of Norma	Facility	y Hou	rs - Desc	cribe	City, State, Zip Co	ode					He sales		
Time of Abatement: 6:	30AM	- <u>3:00</u> PM/_	P	M	AM		BRISTOL, PA								
Scope of Work (Check all	that ap	oply)									-	-			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re												
		70 - 800 - 3		Locat				The transfer of the transfer o			atem	ent T	·vno		
Location				Norma	illy ely by		Description o				T -	Г	1		
Asbestos-Containing N TO BE ABA		I (ACM)		intena			stos Containing Ma		Amount	\center \text{enr}	Repair	nc	nc		
IN Facilit			Cus		Staff?	(1.6	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	Removal	흠	sde	Enclosure		
(13)			·	(12)	250.00		other miscellane		0. 0. 2. /	- =		Encapsulate	Ге		
Throughout Levels C,	Ban	d A	Yes	No	N/A	Floor til	le and Mastic		71,198 SF			0			
Throughout Levels C.			-		-										
Throughout Levels B					sulation ompound		4,660 SF								
Throughout Levels B			+		•		24,690 SF				닏				
	o Houle					Pipe Fit			20 LF			П			
					IJDEP V lauler ID 20990	No.	Cubic Yards of Waste	Name of Regis	tered Landfill . NORTH LANI	DFILL					
City, State New Castle, DE					20000		Disposal Date	City, State	LLE, PA 19067	,					
Completed By (Print or Ty	nel	Tield					Ciara atrica	MORRISVI							
Brian Scafiro							Signature Brian	Serfin	/il	2/23	/13	7			
ASB-41	4	8						1	1		-				

D&S Proj. #: 2015-61

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

		Manage of	D 11.11 O	10	761											
Date of Notification (1)			/an orden	vner/Operator	(2)	· 2015 FE	B 25	M 3.5	9			S.				
Agencies Notified Type Notific	ation	Street Ad	dress													
DEP Amended		142 RI	EA AVEN	TUE -			122 -	- 1,730.	Ĺ							
Amendment	#: (e, Zip Code													
DOL Emergence		hawth	orne, nj. 0	7506												
DOH (including	1	lame of C	CONTRACTOR OF THE PERSON NAMED IN	7300	MILLS DIDENT			Telephone Number								
DCA justification			1978) (MT187) 12					reicpho	ile ivallib	CI						
Cancellati	on	gregg	van order					J es		-						
			FA	CILITY INFOR	RMATIO	N										
Name of facility where abatemen	t is taking pla	ace (3)					Тур	e of Facility				(e				
gregg van orden								=	ol (K - 12							
Street Address							-		hapter 8 ((-12)				
142 REA AVENUE								Bldgs	/Homes,	etc.		lal				
City (5)	Cour	nty (6)			Tico	unty Code (7)	- Sqt	uare Feet	# of Floo	ors	B	ldg. A	age			
* * *		-7 (-7				County Code (7) (State use only) Current Use (Prior if b										
hawthorne	PA	SSAIC			,	,,	1 0	rrent use (r	-nor ii bei	Jeing demonstred)						
Name of Monitoring Firm Hired by	/ Bldg. Owne	er (8)		ASCM No.		Name of Abateme	ent Contra	actor (9)								
						D & S RESTORATION, INC.										
Street Address		Street Address														
						20 California	Δve									
City, State, Zip Code						City, State, Zip Coo	DESIGNATION OF THE PERSONS NAMED IN	· electricity of the		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	-					
						Paterson, NJ										
Project Manager for Monitoring Fir	m	Ti	Phone Num	ber		Telephone Number			License	- Numb	ner					
						973-345-802				01169						
Start Date (10)	ISchool	Comple	tion Date (4.4.\		Name of OSHA M										
#155.000A-0-0-000A-0-0-0-0-0-0-0-0-0-0-0-0-0	Oched	. Comple	tion Date (11)		D & S Restor	ation, In	c.								
02/21/15	03/16					Street Address										
Occupancy Status During Abateme		100	Marie 117			20 California	Avenue									
Facility closed/vacated during Abatement performed outsid						City, State, Zip Coo	de									
Describe:		acility no	urs-													
Other-Describe: NORMAL						Paterson, NJ	07503									
Scope of Work (check all that app	ly)						Full Co	ntainment v	w/negative	e press	ure					
\boxtimes >3 sf or >3 lf	Renovatio	n					Mini-er	nclosure								
≥160 sf or ≥260 lf	Demolition							ag procedu								
Location of	I Is location	normall	v used sole	lv			_ Non-E	xempted (*)	and Non	-friable	Proc	edure E	}			
asbestos-containing	by mainte			1	ation of a	asbestos-containing		Amount		е	e	n	E			
material (acm) to be	staff(12)			1,000	I (ACM)			(Specify 8	SF or	m	p a	С	n			
abated in facility (13)	Yes	No	N/A	100				LF)		v	i	a p	L			
BASEMENT				PIPE INS	ΙΠΔΤ	ION	39	SQFT		e	r		 			
		\rightarrow	+	7	OL/11	1011	30	53011		-12	Η	믐	ዙ			
			#	1				-		++	ᆜ	片	+=			
			-	-						╬	<u> </u>	부	#			
			4	-						+	<u> </u>	부	부			
Registered Waste Hauler	INJE	P Hauler	-ID# 17	Cubic Yards of	f Wasta	Name of Design	od as =10	II.			Ш	Ш				
D & S RESTORATION, INC.	135		200000	1 yd.	i vvaste	Name of Registers TULLYTOWN			COVE	RΥ						
City, State		-	Disposal	The second secon		City, State	.,	OKOL KI	JCO 7 151	. 1						
PATERSON, NJ 07503			02/22/	15		TULLYTOW	N, PA									
Completed by (Print or Type)	Title			Signature		1			Date							
BOGDAN JOLDZIC	PRESIDI			_					02/20	/2015						
AŠR-41	* Do not use	this forn	for asbes	tos licensure e	exempte	d activities.										

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

Date of Notification (1	1 2000					Building Ov		rator (2)		19					
$\left \frac{-02}{2} \right = \frac{24}{2}$	/				Street Ad	Developmer dress	it inc.			Ď				7	
Agencies Notified	Type of No	otificati	on		1 Plaza W				0.5	· 1/					
☐ EPA		Initial Amend	ded			e, Zip Code S, NJ 0765			68	là Fi	EB 2	5 A	1 2	50	
☑ DOH			-		Name of				Telepho	ne Ni	ımber			V()	
☑ DOL		_		/ justification	PAT DAN	KNER				1 #	- %+ 5 1 - 1 m.	le se	1 - 71	Ωi	
				F.	ACILITY IN	IFORMATIC	N						(:		
Name of Facility Whe GARDEN STATE PLA		ent is 1	Taking I	Place (3)		Type of Fa	scility (4)	(-12)	10					i	
Street Address ROUTE 17 & ROUTE	4 - 1 PLAZ	ZA WAY					Subchapt Other (I.e	ter 8 (Other ., private & omes, etc.)		0.00					
	□ EPA □ Initial □ Amended □ DOH □ Amendment □ Emergency w/ justic □ Cancellation me of Facility Where Abatement is Taking Place RDEN STATE PLAZA eet Address DUTE 17 & ROUTE 4 - 1 PLAZA WAY (5) County (6) BERGEN me of Monitoring Firm Hired by Bldg. Owner (8) PIRE ENVIRONMENTAL eet Address DLD LANE (7, State, Zip Code WACO, NJ 07082 ject Mngr. For Monitoring Firm BOGGI eduled Start Date (10) Sched. Completetic 03						et ,000	# Of Floor being dem	3	Building Age 45+					
				I		RETAIL	se (Filor II	being dem	olisiled)						
Name of Monitoring F	irm Hired	by Bld	g. Own	er (8)	ASCM NO		batement	Contractor	(9)						
EMPIRE ENVIRONME	NTAL			10 W		NORTHST	AR CONT	RACTING G	ROUP, IN	NC.					
Street Address 39 OLD LANE						Street Add	iress								
City, State, Zip Code						32 William									
	nitorina Fi			Telephone Nu	City, State, Zip Code										
JIM BOGGI	ilitoring Fi	11111		973-334-5641	East Hanover, NJ 07936										
Sheduled Start Date (10)	Sched.	Comp		1)	License	Num	ber							
03 /06 /	/15	_0	13_/	08/	15	<u>15</u> 973-772-3660									
Occupancy Status Di	ring Abat	emant (Chaak	Only 1)		1	2-3660 SHA Mon	itar			800	160			
								RACTING G	ROUP. IN	VC.					
Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period Abatement Abatement Performed Outside of Normal F.						Street Add									
Abatement Abatement Performed Outside of Normal						32 Williams	s Parkway								
Facility Closed/Vacated During Entire Period Abatement Abatement Performed Outside of Normal F Hours - Describe: 10:00PM - 6:00AM Other - Describe: MON-FRI						City, State									
Scope of Work (Chec	k All That	Apply)				East Hano	ver, NJ 079	936			-	-	-		
Demolition		[·	2	Renovation		Full Conta	inment wi	th Negative	Pressur	е					
						Mini - Enc									
≥160 sf or	≥260 If					Glovebag Non-Exem		e nd Non-Fria	ble Proce	edure					
Lanation of		1			Di				A 11	- 4 T					
				As	Descript bestos - C				Abateme R	I		E	lΕ		
		1,100,000			Material	•		Amount	E	R		N	N		
	<u>ED</u>	10000000			e., therma			(Specify	M	E	- 1	С	С		
		100000000000000000000000000000000000000				facing, VAT ellaneous)	,	SF or LF)	0 V	PA		A P	L		
(13)					Julei IIIISC	enaneous			A	l î	- 1	S	s		
		Cust	odial						L	R	- 1	U	U		
			f (12)							-			R		
VICTORIA SECRET LO	OWED	YESIN	IO N/A							-	-		+		
LEVEL STORE ROOM		1		PIPE INSULAT	ION			80 LF		+-	7		+	\Box	
								00 21					+		
Name of Registered V NEWARK CARTING	Vaste Hau	ler		NJDEP Waste Hauler ID No.	Yards	Name of R GROWS	egistered	Landfill							
City, State				4509	of Waste Disposal	City. State									
NEWARK, NJ					Date	TULLYTON									
Completed by (Print of	or Type)			Title			Signature		7		Tr	Date			
PAUL MAST	71-7			VICE PRESIDE	NT		Lu	OM	ot to	_			02	2/24/15	

Date of Notification (1)	23 / 1	5		Name of Building Owner/Operator (2) State of New Jersey, Department of Corrections										
Agencies Notified	Type Notification)	-		t Address		1 /	-2120	r.e		- S-1/2			
⊠ EPA	☐ Initial			0.000		Road, PO Box 86	33		ar.	Hij				
☑ DOLWD					State, Zip	0		-		-				
☑ DOH	Amendment Emergency (_	_		enton, N.									
(NJAC 5:23-8)	justification)	HCIUUHI	y	Name	of Contac	ot	Telephone N	lumber						
	☐ Cancellation			Jo	seph Ma	у								
				FA	CILITY II	NFORMATION				14				
Name of Facility Where	Abatement is Taki	ng Place	e (3)				Type of Facility	(4)						
Garden State You						(X	School (K-1)	\$6,000						
Street Address								8 (Other than k		1174				
98 Highbridge Rd							Other (i.e., p		imercial t	uildin	gs,			
City (5)							Square Feet	# of Floors	E	Bldg. Age				
Chesterfield							282,000	2		50+				
County (6)				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being den	nolished)		-			
Burlington						ft	Correction	The course of the second of the second of						
Name of Monitoring Fire	m Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme						-		
USA Environment			200	001	12	I come to the total and the	nvironmental							
Street Address					\$2000	Street Address		- 3						
344 West State						1121 N. Beth	1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code	pr -		1-1-13			City, State, Zip Code								
Trenton, NJ 08618	ı					Spring House								
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.	, , , , , , , , , , , ,	License No				5-010		
William Weisgarbe	er, Jr		6	09 656	8101	215 542 7000		00847	(24)					
Start Date (10)	Sche	duled C	omple	tion Da	ite (11)	Name of OSHA N	fonitor					-		
10 /20 /	/14	3_ /	3.	1/	15	CES								
Occupancy Status Durin	ng Abatement (Che	ck only	one)			Street Address					-			
☐ Facility Closed/Vacat				ment			lehem Pike - S	uite 60						
Abatement Performe	d Outside of Norma	I Facilit	y Hou	rs - Des	scribe	City, State, Zip Co								
Time of Abatement:	Sun-Fri AM-9:00	PM/	_PM-	5:00A	M	Spring House								
Scope of Work (Check a	all that apply)													
≥3 sf or ≥3 lf		⊠ Re	novat	on			ainment with Neg	gative Pressure	3					
≥160 sf or ≥260 lf			molitic			Glovebag								
						☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure					
1		1.000	Locat Vorma						A	patem	ent T	уре		
Location Asbestos-Containing			d Sole		Ashe	Description o stos Containing Ma		Amount	Z e	Re	En	E		
TO BE AB	ATED	10	intena		(i.e	e., thermal systems i	insulation,	(Specify	Removal	Repair	cap	Enclosure		
IN Faci (13)		Cus	todial (12)	Oldii!		surfacing, VAT, other miscellane		SF or LF)	2	1	Encapsulate	lire		
()		Yes	No	N/A		other miscellane	ous)				ite			
E-Wing 430addition	alSF in corridor		\boxtimes		Acoust	ical Plaster addi	tional 430SF	14084 SF	F					
E-Wing (Approximat	e Quantities)				Floor T	ile & Mastic		12,413 SF	F					
E-Wing 100additiona	alLF in corridor				Fitting/	Joint ins.additio	nal 100SF	453 LF						
										\vdash_{\Box}	П			
Name of Registered Was	ste Hauler		N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill						
STG			Н	auler II		Waste	Minerva La							
City, State				20900		240 Yards Disposal Date	City, State							
New Castle, DE						3/31/2015		rg, OH 44688	3			8		
Completed By (Print or T	ype) Titl	Δ					ayiresba	31 011 77000						
Patricia Visco	Tr. 1711	e Office I	Mana	ner		Signature			Date					
SB-41			urid	201		1000	a solve		:	3				