

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

Cl eck No.

2949

Date of Notification (1)					Name	of Buildin	g Owner/Operator	(2)							
December 31, 2015	5				Willi	am Pat	erson Univers	sity		***	2		menting.		
Agency Notified	Type N	lotification			Street	Address	Tr.	2016 JAM		73					
□ EPA	Initia	al			300 I	Pompto	n Road			20 C	7		13	,	
Not required per State Reg. 10-2004	⊠ Ame	ended		- 1	City, S	tate, Zip	Code		-	-0		1		n	
⊠ DOL		endment # 2			Way	ne, NJ	07470			5	T) (5	,	-	
⊠ DOH		ergency (including ification)	3	Ī	Name	of Contac	ot		Telepl	one Will	ber	3		T	q.
☑ DCA		cellation			Carl	Pettit			1	_		3		1.	-
					FACI	LITY INF	ORMATION			2	5-1	- 4		4,5	
Name of Facility Where A	bateme	nt is Taking Place	e (3)					Type of Facility	(4)		3	6	-		_
Hunziker Hall		3	- (-)								-				
Street Address								☐ School (K-1) ☐ Subchapter		1an K-12	1				
300 Pompton Road	i							☐ Other (i.e. p	rivate & c			ngs,			
City (5)								homes, etc.			I DI-I-	Α		_	_
AND AND ASSESSMENT OF THE PROPERTY OF THE PROP								Square Feet	# of FI	ors	Bldg				
Wayne, NJ 07470								91,520	3			/ 46			
County (6)					County ONLY)) (STATE USE	Current Use (P	rlor if bei	g demol	shed)				
Pasaic					V			Education							
Name of Monitoring Firm				ASCM	No.		Name of Abatem	ent Contractor (9)						
TTI Environmental	Incor	porated		0000)3		B&N&K Res	toration Co.	, Inc.						
Street Address							Street Address								
1253 North Church	Stree	t					223 Randolp	h Avenue							
City, State, Zip Code							City, State, Zip C	Code							
Moorestown, NJ 08							Clifton, NJ 0	7011							
Project Manager for Monit	oring F	rm	Те	lepho	ne No.		Telephone No.		Licens	No.					
Jeff Seaman			8	56-84	10-880	00	973-478-468	1	0012)					
Start Date (10)		Scheduled Con	pleti	on Da	te (11)		Name of OSHA I	Monitor							
December 30, 2015		February 2	9, 2	016			McCabe Env	/ironmental	Service	3, L.L.	Э.				
Occupancy Status During	Abaten	nent (Check only	one)				Street Address								
☐ Facility Closed/Vacated	During	Entire Period of	Δhat	oment			464 Valley B	rook Avenue	Э				(4)		
☐ Abatement Performed Company	Outside	of Normal Facility	v Ho	urs			City, State, Zip C	ode							
☑ Other - Describe: Norn	nal Busi	ness hours - Occu	pied	Buildir	ng		Lyndhurst, I	NJ 07071							
Scope of Work (Check all	that app	oly)					=			_					
≥ 3 sf or ≥ 3 If					⊠ Ren	ovation		Containment with Enclosure	Negative	Pressur	е				
≥ 160 sf or ≥ 260 lf					☐ Dem	olition	☑ Glove	ebag Procedure	75 LN	75 ST E	20				
						1	□ Non-	Exempted (*) and	Non-Fri	ble Proc	edure	Α.			
			7.7	Locati	0.00							A	bate Typ		R
Location				lormal d Sole			Description of	of					Ï		
Asbestos-Containing		al (ACM)	Mai	intena	nce/		stos Containing Ma			mount		77		m l	ш
TO BE ABA			С	ustodi Staff?		(I.e.	, thermal systems surfacing, VAT		ç	Specify or LF)		em	Re	can	nclo
(13)	,			(12)			other miscellane			0. 2.)		Removal	Repair	Encapsulate	Enclosure
		-			T							70	,	te	Ф
0			Yes	No	N/A					-			-	-	_
See attached for de	tali						nal Systems I	nsulation		-	20 Inf		_	_	
						Tank	Insulation			20	o sq f	tΧ			
	45														
Name of Registered Wast			100000		Vaste H	auler	Cubic Yards of	Name of Regis	tered Lan	Ifill					
B&N&K Restoration			100000000000000000000000000000000000000	No. 2695	/ 2A4	56	Waste 40	Minerva E	nternris	ac Inc					
Tri-State Transfer A	SSOC	ates, Inc.	12	.000		-			itei þi ís		•			10-1	_
Clifton N. I. 07011 / I	Dwa	MV					Disposal Date 12/23/2015 -	City, State							
Clifton, NJ 07011 / E Completed by	pronx	, NY Title					03/14/2016	Waynesbu	rg, OH		D-7				_
G. Roger Woodman	,	Safety Office	-				Signature	21/			Date 12/31	1/00	15		
a. noger woodillar		Jaiety VIII	,el			- 1	///				14/3	1/ 2 U	10		- 1

	Floor	Room	Pipe LF.	Tank Insulation
HW	/ First	23	100	
HW	/ First	Room Outside Janitorial Supply	3	
HW	/ First	Storage	5	
HW	/ First	Speech & Hearing - 4A	16	
HW	First	5A-5E	5	
HW	' First	Language - 6A	6	
HW	First	6C/6D	15	
HW	First	7A-E Faculty Off	6	
HW	First	Hallway	1000	
HW	First	Room 16	10	
HW	First	Mechanical	320	200
HW	First	Server Room	45	200
HW	First	Communication Disorder	60	
HW	First	11E	30	
HW	First	Therapy Suits 10A-10G	1	
HW	First	Room 35	50	
HW	First	Utility Closet	5	
HW	First	Speech Clinic	90	
HW	First	Speeh Clinic Bathroom	200	
HW	First	Child Development Center	100	
HW	Second	102	200	
HW	Second	103	20	
HW	Second	104	5	
HW	Second	106	10	
HW	Second	107	20	
HW	Second	108	20	
HW	Second	110	10	
HW	Second	Hallway	1000	
HW	Second	122	5	
HW	Second	123	5	
HW	Second	128	10	
HW	Second	126	12	
HW	Second	125	8	
HW	Second	124	5	
HW	Second	Conference Rm 120	26	
HW	Second	111	18	
HW	Second	130	2	
HW	Second	Utility Closet	5	
HW	Second	Knuckle Offices	75	
HW	Third	Hallway	40	
НН	Basement	Mechanical	557	
		Totals	4120	200
	HW HH	Hunzinger Wing Hunzinger Hall		

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



Date of Notification (1)	- 1: 5			Name o	f Building Owne	r/Operato	r (2)	D			3.		
	Jan 4, 2	016	2		Tow	ashi	pof	tem	Der	00)		
Agencies Notified	Type Notification	- - 3**		Street A	daress	_	berton-1		-			1	
□ EPA □ DEP DOL	Amended Amendment #			City, Sta	ite, Zip Code	(A) 18 d	10 mag		001	1/6	7		
	☐ Emergency (in		- F	Name o	f Contact	Der	ton 1	I J	hone Nun)(g)	5_		
D DCA	justification) □ Cancellation			Ph		ież		100	none real			J	
				FACI	LITY INFORMA								
Name of Facility Where				~ (CC.		Type of Facility		***		9		
Street Address	Vacant Do	CYO	5	0	ttice		School (K-	12) er 8 (Other	than K-12) 6	3	-7	7
34	Julius	tow	ก	Roc	ed .		Other (i.e. etc.)	private &	ompre	il buil	dings,	home	eş,
City (5)	was Mil		V).	7			Square Feet	# of l	loors -)	idg. A	ige ⊱	TI
County (6)	1	13			Code (7)		Current Use (P				200	1	
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	S. 05	Name	of Abatement Co			ا ا	P.O.	XS!	11
	chnolo	Sie	5_		N/A	-	erc te	chr	oleg	ie	55	In	16
Street Address	30x 33	57					Address Box	33'	F	,			
City, State, Zip Code	NuA+	NJ	-	08	533	1 6 8	State, Zip Code	44	NT	0	2	13	3
Project Manager for Mo	ith ril gy Firm		1	Telepho		Telep	hone No.		icense N	2.	10	U	
Start Date (10)	then Ner	Schedule			758-336 Date (11)		758-33				רב	1	
Jan	4,2016		13	1, 5	1016	Otrono	EPC Tec	hnol	gies	I	nc		-
Occupancy Status During Facility Closed/Vac	7.1			ent			Address	.33	F				
☐ Abatement Perform	ed Outside of Norma	I Facility	Hours			City, S	State, Zip Code		•				
Other - Describe:							ew Egypt	N	JC	185	53	3	
Scope of Work (Check A	ii Inat Apply)					,	7 Full O		a matinus D				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	,	-	emoliti			1	☐ Full Containn ☐ Mini-Enclosu	re	egative P	ressu	re		
	× .						Glovebag Pro Non-Exempte		Von-Friab	e Pro	cedur	е	
8. E			Location			-	Ū:					ement	
Location			Normall d Solel			Description					1 9	rpe	
Asbestos-Containing TO BE AB		Ma	intenar	ice/			Material (ACM) is insulation,	1 3723	ount ecify	Re	70	Enc	En
In Facil (13)	ity	Cusi	odial S (12)	idii!	337467	facing, V/ r miscella	H11. F14. 405	SF	r LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	00.0					al	-	late	иге
W: 1.11	· CC	165		INIA	Ti.	7.	Cit.on	7/	OSF	K			
Kitchen, Labl	1 /		X		P. C	41	9"49"		105				
Flat Roof				X	Rockin) mic	teri a j	41	<u> </u>	A			
									-				
Name of Registered Was	ste Hauler			JDEP Wauler ID		ic Yards Vaste	Name o	f Register	d Landfill				
	hnologies		130	170	00	ح			nager	nen	40	F P	A
City, State	avot 1	UJ-	`\		Dis	osal Date	The second of th	_{rte} usvill	e F	A			
Completed by	316	Title	^	4		Signatur	The state of the s		Da	te L	i . 1 i	_	
Steve Sche	1 nex	MRe	sid	ent		24	app Ok	ok		-	1.11	9	

CK 6618

State of NJ

Date of Notification (1) 1 2 / 2 8 / 1 6 PLEUNTJE VAN EIJK	
Date of Notification (1) Name of Building Owner/Operator (2) PLEUNTJE VAN EIJK)
Date of Notification (1) 1 2 / 2 8 / 1 6 Agencies Notified Type Notification EPA Initial	-
DEP Amended	
Amendment #: City, State, Zip Code	O
BI COMETET D NI 07003	-
DOH (including justification) Name of Contact Teleph ine Number	
DCA Cancellation PLEUNTJE VAN EIJK	
FACILITY INFORMATION	
Name of facility where abatement is taking place (3) Type of Facilit (4) School (K - 12)	
PLEUNTJE VAN EIJK Sub hapter 8 (Other than K-12)	١
Street Address Other (Private/Commercial	,
Bldc s./Homes, etc.	A ===
City (5) County (6) County Code (7) Square Feet # of Floors Bldg.	Age
City (5) County (6) County Code (7) (State use only) Current Use Prior if being demolished)	
BLOOMFIELD, essex	
Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9)	
D & S RESTORATION, INC.	
Street Address Street Address	
City. State. Zip Code City. State. Zip Code City, State, Zip Code	
City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm Phone Number Telephone Number License Number	
973-345-8020 01169	
Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor	
01/11/15	
Occupancy Status During Abatement (Check only one) 20 California Avenue	
Facility closed/vacated during entire period of abatement. City, State, Zip Code	
Abatement performed outside of normal facility hours- Describe:	
Other-Describe: NORMAL HOURS Paterson, NJ 07503	
Scope of Work (check all that apply)	
≥160 sf or ≥260 lf Demolition Non-Exempted *) and Non-friable procedu	
Location of Separate	, E
material (acm) to be staff(12) Description of aspestos-containing material (ACM)	C
abated in facility (13) Yes No N/A V i e r	
BASEMENT BARE HEATING PIPES 50 L FT	
BASEMENT Chimney thimble packing 6 SQ FT 🔲 🖂 🖂	
BASEMENT BOILER Rm. VAT/MASTIC 120 SQ F [
	<u> </u>
BASEMENT BOILER Rm. X VAT/MASTIC 120 SQ F C X CARPET, VAT/MASTIC 430 SQ F C X CARPET, VAT/MASTIC CARPET, VAT	
BASEMENT BOILER Rm. VAT/MASTIC 120 SQ F C	
BASEMENT BOILER Rm. X VAT/MASTIC 120 SQ F C X CARPET, VAT/MASTIC 430 SQ F C X CARPET, VAT/MASTIC CARPET, VAT	
BASEMENT BOILER Rm. VAT/MASTIC 120 SQ F C SQ C CARPET, VAT/MASTIC 430 SQ	

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

ASR-41

1K 6619

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

D&S Proj. #: 16-05

Date of Notification (1)	Name of	Building Owr	ner/Operator (2)				-				
1 2 //2 9 //1 5 Agencies Notified Type Notified	antine -	n and Gail	Shaw									
EPA Initial	Street Ad	dress						כל	29			
DEP Amended		= -						A S	2016		774	
DOL Amendment		e, Zip Code						80 Ly	JAN		Ti	
DOH Emergence (including	Name of C	Twp., NJ	07050			_	I Toloph	-Si	_		0	
DCA justificatio	n)						relepri	ne Number			N C	
Cancellati	ion Christ	ina Weiner					211-0	TU ONE YOU	_3		-	
		FAC	ILITY INFORM	IATIO	N			S T			0	
Name of facility where abatemen	t is taking place (3)						Type of Facilit	(4) O ol (K - 12)	٤	3		
Norman and Gail Shaw							=	hapter 8 (C		han k	(-12)	
Street Address						1	Othe	(Private/C	omme		(-12)	
							Square Feet	./Homes, e	_	D	ldg. A	70
City (5)	County (6)			Co	unty Code (7)	1	Square Feet	# 01 1100	15		iug. A	.ye
				0.000	ate use only)		Current Use	rior if beir	ig den	nolish	ed)	
Morris Twp. Name of Monitoring Firm Hired b	Morris			<u> </u>		Ц					****	
rvaine or Monitoring Firm Hired b	y Blag. Owner (8)		ASCM No.		Name of Abateme							
Street Address				_	D & S RESTO	RA	TION, INC.					
01100171001000					20 California	Λ 1/4						
City, State, Zip Code				_	City, State, Zip Coo	-	· ·					
					Paterson, NJ	075	03					
Project Manager for Monitoring Fir	m I	Phone Numb	er		Telephone Numbe			License		er		
					973-345-802			0	1169			
Start Date (10)	Sched. Comple	tion Date (11	1)		Name of OSHA M D & S Restor							
01/04/16	01/22/16				Street Address	alio	II, IIIC.			-		
Occupancy Status During Abatem					20 California	Ave	nue					
Facility closed/vacated durin Abatement performed outsid	g entire period of aba	tement.			City, State, Zip Coo	de						
Describe: NORMAL				_	D	o==						
Scope of Work (check all that app				-	Paterson, NJ							
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$			+		L		III Containment ini-enclosure	w/negative	press	ure		
≥160 sf or ≥260 lf	Demolition				Ď	G	lovebag proced					
	Is location normall	v used solely	,			N	on-Exempted (and Non-	friable TR	proc		
Location of asbestos-containing	by maintenance/cu		V 2000 1V 201	n of a	asbestos-containing		Amount		е	e	E n	E
material (acm) to be abated in facility (13)	staff(12)		material ((Specify	3F or	o m	p a	c a	C
	Yes No	N/A					LF)		V e	i	р	L
ATTIC	I X		vermiculite	attic	insulation		900 SQ FT		X			
						-	-					
egistered Waste Hauler	NJDEP Hauler	rID# I C	ubic Yards of V	Vaste	Name of Register	ad I	andfill				Ш	
O & S RESTORATION, INC	13506		0 yds	. 4010	TULLYTOWN			ECOVER	Y			
ity, State		Disposal D			City, State							
PATERSON, NJ 07503 ompleted by (Print or Type)	Тти-	01/05/16			TULLYTOW	N, P	'A					
BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date 12/29/	15			
ASR-41	* Do not use this form	n for asbesto	s licensure exe	empte	d activities.	_		14/29/	1.7			

12/29/2015 11:10AM	9733458868	D.	SS RESTORATIO		
				1	PAGE 02/04
D10.0	No	State of Asbe	NJ	l	
D&S Proj. #: 16-05	(Pu	rsuant to NJAC 8	i:60 and 12:12(1)	D., - 10	PAY
	1		7		77
Date of Notification (1)	Name of Building C	wnet/Operator (2)			
Agencies Notified Type Notification	Nomman and Ga				
EPA Initial	Street Address			1 mm m m m m m m m m m m m m m m m m m	
DEP Amended Amendment #:			r ,	1177	
DOL Emergency	City, State, Zip Cobi		r = 1		
DOH (including justification)	Morris Twp., N	J 07050			
DCA Cancellation	Christina Wein	-		Telaphone	umber 1
					The state of the s
Name of facility where abatement is	taking place (9)	CILITY INFORMATI	ON		
Norman and Gail Shaw	(0)		11	Type of Facility (4)	TUE
Street Address				Subchart	than K-12)
The court of the control of the cont				Other (Fri	Fig. 2 marcial
City (5)	County (8)			Bidgs./Ho	Ide State
50 mm - 50g	Journy (a)	C	ountly Code (?)		Fidon Bidg. Age
Morris Twp. Name of Monitoring Firm Hired by Bid	Morris	(8	tate use only)	Cutteni Use (Prior	(benefished)
And a manifolding Little Dileg by Big	g. Owner (8)	ASOM No.	Name of Abatement	intractor (9)	
Street Address		L	D & S RESTORA	TON, INC.	
			Street Address		八百
City, State, Zip Code		-	20 California Avi City, State, Zip Code		
Project Manager for Monitoring Firm			Paterson, NJ 075	3	
	Phone Numi	Der	Talephone Number		nse lumber
Start Date (10)	Sched, Completion Date (1	1)	973-345-8020 Name of OSHA Monito		01269
01/04/16	DI DOULS	"	D & S Restoration	Inc.	
Occupancy Status During Abatement (track only one)		Sireat Address		
Facility closed/vacated during end Abatement performed outside of	ire period of abatement.		20 California Ave City, State, Zip Code	ue	- 11
Describe: NORMAL HOLE					10.4
Scope of Work (chack all that apply)			Paterson, NJ 075		
☐ >2 ef or >3 if ☐ Ref	novation			Containment w/negi	ilve pressure
2 ≥ 160 ef or ≥260 ff □ De	nollilon		□ el	Vebar procedure	98 10
Location of asbestos-containing by	ocation normally used solely maintenance/oustodial	1		h-Exempted (*) and i	an-Mable procedure
material (acm) to be	M(12)	Description of a	sbestos-containing	Amount	B G E
abated in facility (13)	es No N/A	material (ACM)		(Specify SF or LF)	m p c n
ATTIC		vermiculite attic i	neulation .		e r P
		- THE CAME BELLE	ASOLEHON	900 SQ FT	
egistered waste Hauter	NJDEP Hauser 10# Cu	DIC Yards AT MISSES	Name of Registered D		
D & S RESTORATION, INC.	13506	7 703	TULLYTOWN, R	SOURCE RECOV	'DV
PATERSON, NJ 07503	01/05/16		City, State		/A1 &
ompleted by (Print or Type) Title BOGDAN JOLDZIC PER		Signature	TULLYTOWN, P		
	SDENT	(T)		Date 12/1)/15
ogn	of use this form for asbestos	licensure exampled	aminima	1,000	

(K6620

Do not use this form for asbestos licensure exempted activities.

ASB-41

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 16-07		(Purs			60 and 12:120)						
W											
Date of Notification (1)	garr	of Building Over et voorhees	vner/Operator (2	2)							
Agencies Notified Type Notifica	1:	Address						-	_		
DEP Amended					10						
DOL Amendment	- I	State, Zip Code						-			
□ Emergency		ORANGE,	NJ 07079				Þ	107	3	-cris	
justification) Name	of Contact				Teleph	ne Numb	per 5	5	17	
DCA Cancellation	on gar	ret voorhees							=)
No.			CILITY INFORM	MATIC	N	FI	CE	1.	Ö	1.	-
Name of facility where abatement	is taking place (3	3)				Type of Facilit			X	T	TI T
garret voorhees						Sub	hapter8	Other	than I	(-12)	
Street Address						Othe	(Private	Cemm		/	
	₩					Square Feet	./Homes,		ΙP	ldg. A	Ane
City (5)	County (6))		Co	ounty Code (7)	- Oquaro i cot	# 01110	013	"	iug. 7	ige
SO. ORANGE	essex			(St	ate use only)	Current Use	rior if be	ing de	molish	ed)	
Name of Monitoring Firm Hired by			ASCM No.		Name of Abatement	Contractor (9)			_		
			2005-05101-0105-0		D & S RESTOR	2011					
Street Address				_	Street Address	7111011, 1110.					
		6			20 California A	ve.					
City, State, Zip Code					City, State, Zip Code						
Project Manager for Monitoring Firm	n	Phone Num	hor	_	Paterson, NJ 07 Telephone Number	7503	====				
, , , , , , , , , , , , , , , , , , , ,		1 none rum	bei		973-345-8020		Licens	e Num 01169			
Start Date (10)	Sched. Com	pletion Date (1	11)	_	Name of OSHA Mon	itor					
01/12/16	01/20/16	** 35, 300,010,000,000	(2024 *)		D & S Restorati	on, Inc.	1				
Occupancy Status During Abateme		ie)		_	Street Address 20 California Av	100110					
Facility closed/vacated during Abatement performed outside	entire period of a of normal facility	abatement. hours-			City, State, Zip Code		-		-		
Describe: NORMAL F	IOURS			-	Paterson, NJ 07	503					
Scope of Work (check all that apply	y)					Full Containment	v/negativ	e pres	sure		
\boxtimes >3 sf or >3 lf	Renovation					Mini-enclosure	10000000000000000000000000000000000000	о р. ос	5410		
≥160 sf or ≥260 lf	Demolition				The state of the s	Glovebag proced Non-Exempted (-friahl	nroc	adura	3
Location of	Is location norm		У				C.10 1401	R	R	E	E
asbestos-containing material (acm) to be	staff(12)		Description material (asbestos-containing	Amount (Specify	SE or	e m	e p	n	n
abated in facility (13)	Yes N	o N/A	material ((ACIVI)		LF)	J1 01	o v	a i	a	L
BASEMENT & CRAWL SPACE			pipe insulat	tion		2161ft		e	ļ,	р	
] pipe moulat	1011		210111			H	片	쓔
								╬	H	片	ዙ
	20							描	H	H	Ħ
								Ħ	ō	Ħ	盲
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hai 13506		Cubic Yards of V	Vaste	Name of Registered		1001			_	
City, State		Disposal I	2 yds. Date		TULLYTOWN, I	KESOURCE R	COVE	ΚΥ			
PATERSON, NJ 07503		01/13/1			TULLYTOWN,	PA					
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature				Date	24.12			

12/29/15

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

Date of Notification (1) 1/2/16				Nam	ne of Buildin			_		10				
Agencies Notified EPA	Type Notification	on		Stre	et Address	Torres				8 6 0				
☑ DEP ☑ DOL	Initial Amended Amendment Emergency		<u></u>	City,	State, Zip Code Bridgeton, NJ 08302				Selection of				AN CONTRACTOR	
DOH DCA	justification Cancellation)	'9	Nam	e of Conta		114,01011, 110	856) 553-2552				1/2		
T.				FA	CILITY IN	FORMATION					1	T	5	
Name of Facility Where		ing Plac sidenti					Type of Facili				-	24	2	
Street Address							Subchapte	er 8 (Other the private & co	an K-12 mmerci	n K-12) Imercial buildings,				
City (5) Bridgeton, NJ							Square Feet 1500	# of Fi	ors	В	Bldg. /			
County (6) Cumberland				Cou	inty Code (E ONLY)	7) (STATE	Current Use (Prior if being	demolis	shed)	80) +/-	-	
Name of Monitoring Firm Hired by Building Owner				ASCIV			ment Contractor						-	
MECS Street Address							vens Enviror	imental S	ervice	es, Ii	nc.			
PO Box 341					1	Street Address	PO	Box 322						
City, State, Zip Code Crosswicks, NJ						City, State, Zip Code Allentown, NJ 08 501							_	
				ephone	No	Telephone No.	Allentov							
TO 144 Ware 1					98-4070	•60	59-9688	Licens		049	3	9 8		
Start Date (10)	J Sche	eduled C	_			Name of OSHA			===	U+7.	J	-14	_	
1/13/16		1	/22/	16		-	DB En	vironmen	al					
Occupancy Status Duri Facility Closed/Vaca						Street Address	4 D 1	1 71						
Abatement Performe	ed Outside of Norm	eriod of al Facilit	Abate v Hou	ment rs		City, State, Zip C		eley Plac	e					
Other - Describe:						Oity, State, Zip C		d, NJ 077	28					
Scope of Work (Check	all that apply)												=	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitio			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable F ocedure								
			ocatio			THOIR EX	SITEXOTIPIES () AND NOTIFIE		ocedui	Abatement			\neg	
Location		Used	Solely Solely	v bv		Description of					Тур	oe		
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Maintena Custod Staff? (12)			istodia Staff?			os Containing Mat thermal systems in surfacing, VAT, other miscellaned	nsulation, or	Amou (Speci SF or L	/	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A						_		ite	Ф	
Crawl Space ×					The	ermal Pipe Ins	sulation	25 1		×				
			×						_					
lame of Registered Wa	ata Uaula-								=					
Stevens Environr		e Inc	1.1	JDEP V	No.	Cubic Yards of Waste	Name of Reg			1,~				
ity; State	Holltal Del vice	s, IIIC.		182	292	1CU Disposal Date	City, State	GROW	Land	IIII			_	
	Allentown, 1					1/22/18/	1/1	Morris	ille, I	PA				
ompleted By Mahlon E. Ste	title		oject	Man	ager	Signature	1/		ate	1/4/	16			
3-4-1														