State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
7 /	9 / _	14		Lak	aehurst (School District		2814 .!!! 14	PH	11:	7	
Agencies Notified	Type Notifica	tion		Street	Address							
⊠ EPA				301	Union A	venue					-	
⊠ DOLWD	☐ Amended			City, S	state, Zip C	ode		2. 411 1.3	7 3	16		
☑ DOH	Amendme			Lak	ehurst, N	IJ 08733		61 025	*			
□ DCA (NJAC 5:23-8)			9		of Contact			Telephone Numb	ber			
(110/10/0.20/0)	☐ Cancellati	1000		Rot	McCart	hy						
	5 102			FAC	CILITY IN	FORMATION						
Name of Facility Where A	batement is T	aking Place	(3)				Type of Facility (4)				
Lakehurst Elementa	ay School						School (K-12					
Street Address			-					(Other than K-12) ivate and commer		ildina	c	
301 Union Avertue							homes, etc.)	ivate and commen	Cieii Du	nung	J,	
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	SECTION OF
Lakehurst							20,000+	1		50÷		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Ocean							Elementary	School				
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environme	- Carlotte	× .				Controlled E	nvironmental S	systems				
Street Address						Street Address						
301 9th St							lehem Pike - Sı	uite 60				
City, State, Zip Code						City, State, Zip Co						-
West Deptford, NJ	ารกรล					Spring House						
Project Manager for Moni			Tol	ephone	No	Telephone No.	E, 1 A 13477	License No.				
	toning Firm		1	56 848		215 542 7000		00847				
Steve Flanigan	т.		- 3 - 3 - 3 - 3 - 3					00047				
Start Date (10)7 /12 /		Scheduled C				Name of OSHA N	ionitor					
Occupancy Status During	Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacate				ement			lehem Pike - Sı	uite 60				
	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				cribe	City, State, Zip Co						
Time of Abatement: 7	:00AM-7:00P	M/P	Λ	_AM		Spring House						
Scope of Work (Check all	that apply)		-									
≥3 sf or ≥3 lf		₽3 R	enova	tion		☐ Full Con	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			emoliti				g Procedure					
						☐ Non-Exe	mpted (*) and No	n-Friable Procedur	re			
		10 63	s Loca						Ab	atem	ent T	уре
Location	7 A. C	1 11.	Norma ed Sol	ely by	Aaba	Description o stos Containing Ma		Amount	Re	Re	g g	m
Asbestos-Containing I TO BE ABA		Ma	ainten	ance/		e., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	ty	Cus	stodial 12)	Staff?	1	surfacing, VAT	, or	SF or LF)	Va.		sula	sure
(13)		Yes	No			other miscellane	eous)				ate	
	Sant et v			_					-			
Boy's Primary Bathro	om				pipe wi	rap & fitting insu	ilation	8 LF		П	Ш	Ш
			П	ĪΠ								
Name of Registered Was	te Hauler		1	NJDEP '	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Allied Waste			. 1	Hauler II	D No.	Waste > 1 Yard	Constoga					
City, State						Disposal Date	City, State					
Telford, PA						7/21/14	Morgantov	vn, PA				
Completed By (Print or T)	/pe)	Title				Signature	1	Da	ate /			=
Patricia Visco		Office	Mana	iger		Fati	uscea)	lsco-	/	0/	14	

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

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

Date of Notification (1)			T	Name o	f Building	Owner/Operator (2	2)					
7 1 8	1 14			Fas	T 1 +	e Board	DOF EN	PUCATIO	الدا			
Agencies Notified Type	Notification	***************************************	- 1	Street A	ddress	10.11.2	ZOTT	- C				
DH-EPA □ In				25	5 14	HITEMAN	1 STHE	. T				
	mended			City. Sta	ate, Zip Co	ode	, ,,,,,,,					
- DI100	mendment #	10 1001		15	T 10		F 476	24				
	mergency (in	cluding	-	1 cr	of Contact	e 10.	0 14	≥ 4 Telephone Numb	er	_		-
(140/10/0.20/0)	istification)		1					Telephone Numb			_	
	ancellation			JAC	K De	(NicHi)	٥					_
				FAC	ILITY IN	FORMATION						
Name of Facility Where Abaten	nent is Taking	Place	(3)				Type of Facility	(4)				
1 A				i			School (K-12					
ForT Lea 1	71911	201	700				Subchapter 8	3 (Other than K-12)	نبط امنا	Idinas		
0	70		2				homes, etc.)	rivate and commerc	aai bui	lalings	1	
3000. Lem	SNIE	AU	اع				Square Feet		Bld	g. Ag	е	
City (5)								F. Control				
FORT Le	. حــــــــــــــــــــــــــــــــــــ						7500			2	>	-
County (6)	C			Count	y Code (7)	(STATE USE ONLY)	The state of the s	ior if being demolis	nea)			
Bergen	1						Sch	1001				
Name of Monitoring Firm Hired		Owner ((8)	SCM N	No.	Name of Abateme	ent Contractor (9)					
						K+A 2		ENTAS CO-	, _	AC	74	12
Street Address	miai c	04114	(12)5			Street Address	VU. V LOOM C	SIAI CAL	7 1 1	7	, 4,	-
	ο A						v 0	D	į.	3		
20 LAUCK 1	KOND					20 LA City, State, Zip Co	uck K	CAV		<u>.</u> ::		-
City, State, Zip Code	_		723 5			City, State, Zip Co	ode			 		
monuton	PA	- 1	95	40		mohni	TON P	License No.	40			4
Project Manager for Monitoring	Firm		Telep	ohone N	No.	Telephone No.		License No.				
			1.10	×54	- 7760	610-856-	7700	0110	コ			
Mike KArl Start Date (10)	Scher	duled C	omplet	ion Dat	e (11)	Name of OCHA A	Annitor			7.4		
7 / 9 / 1º	1	7	1	1 1	14	C = =	1 - 0'	Ser _				
	1			<u> </u>		CEL	LA 153		191	-51		-
Occupancy Status During Abat												
▼ Facility Closed/Vacated Dur	ring Entire Pe	eriod of	Abaten	nent		107 Ne	w EDIT	Tion co	ur'	T		
Abatement Performed Outs	ide of Norma	I Facilit	y Hours	s - Desc	cribe	City, State, Zip C	ode					
Time of Abatement: 800	AM- 3 80P	M/	PIVI-		-\IVI	CALY	NC	27511				
Scope of Work (Check all that	apply)									-401725		
Scope of Work (Official all that	арріў)					11 PROSTANT GARAGE	tainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	enovatio			☐ Mini-End						
≥ 160 sf or ≥260 lf		∐ De	emolitio	n		☐ Gloveba	g Procedure	on-Friable Procedu	e			
						E NO∏-LXC	shipted () and rec	Transie i recedu		otomo	nt Ti	'DO
10 10 10 10 10 10 10 10 10 10 10 10 10 1	i.		s Locati Normal			.				ateme		
Location of	:-! (0004)		ed Sole	*	Acho	Description of estos Containing Ma		Amount	Re	Repair	Encapsulate	Enclosure
Asbestos-Containing Mater TO BE ABATED	rai (ACIVI)	100000000000000000000000000000000000000	intena			e., thermal systems		(Specify	Removal	pair	àp	sol
IN Facility		Cus	todial S	Staff?	(surfacing, VAT	, or	SF or LF)	<u>a</u>		sul	ure ure
(13)			(12)			other miscellane	eous)				ate	
		Yes	No	N/A								
2.0	- 1 -		8		VA-	~ 1 ~ ~	STIC	BOSF				
OID PrINT	SHOP		-	-			- 44		2700000			
Boom 230	Ī				VAY	r + ma	STIC	100 SF		Ш	Ш	
1.00			П				2000					
			1	=					1			
	12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						1			ΙП	П	Ш
Name of Registered Waste Ha	uler		10000	JDEP V		Cubic Yards of		stered Landfill				
KAA ENVIRONME		TTA	جرتها ^H	auler ID	NO.	Waste 1/3	SOUTHE	N Allegt	Q~1	- <	1 Ai	201
	2)M) EC	7 23 1 2 74	-,-		V/3	Disposal Date	City, State	N ATTEGIA			• ///	
City, State	0							11 -	Pa			
MCLNITUN	PA					7-31-14	DAVID:	5V1110	17			
Completed By (Print or Type)	Tit	le				Signature	1 1	Da Da				
, ,								1				
	11	~n=	~ ^ T	16-		111	I // &		7-	X-	14	•
ANTHONY JSANTA						tos licensure exem	tun // X		7-	<u>¥</u> -	14	

Date of Notification (1) July 9, 2014					wner/Opera Schools		(2)	C	Chec	k # 128	87				
Agencies Notified Type Notification		s	treet Ad	dress	venue, P		Box	428	2074	1111	14	77	11:	23	
EPA Initial Amended Amendment #_		C	ity, State	e, Zip Cod ton, NJ (le	X.T. X. 11 TO		-					, (J.,	
Emergency (inc	cluding	1.000	ame of						Tele	phone N	Number				
DOH justification) Cancellation		_ ^	With the same of t	nn Bell											
Name of Facility Where Abatement is Taking F	Dlace (3)		FACIL	ITY INFO	RMATION		Tyr	e of Facility (4)							
Burlington Township High School	lace (5)						×	School (K-12)							
Street Address 610 Fountain Avenue						7		Subchapter 8 Other (i.e. pri	(Othe			uildi	ngs, I	nome	s,
City (5)						1	Sq	etc.) uare Feet	# of	Floors		Blo	lg. Ag	je	
Burlington, NJ 08016					41.000.00		70/45	,000	2			10	0		
County (6) Burlington			County C	ode (7) SE ONLY)				rrent Use (Prior chool	if beir	ng demo	ilished)				
Name of Monitoring Firm Hired by Building Ow Epic Environmental Services, LLC	vner (8)	· ·	ASCM	No.				batement Contr nvironmenta							
Street Address 1930 Brown Road					1 1000			ress ler Avenue	, 161 			P/1 LE T			
City, State, Zip Code			355					, Zip Code							-
Newfield, NJ 08344						-		hade, NJ 08	052						
Project Manager for Monitoring Firm Jim Eberts		11 12	elephon 356-20	ie No. 5-1077		eleph 56-7		No. -0099		License 00842					
	Schedule August			Date (11)	1,47,000			SHA Monitor aboratories							
Occupancy Status During Abatement (Check	Only One	e)			1			ress			-				
➤ Facility Closed/Vacated During Entire Pe	riod of A	batem	ent					ite 130 North	1						
Abatement Performed Outside of Norma Other – Describe:	l Facility	Hours			1 10000			, Zip Code inson, NJ 08	077						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	<	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure					1	
	634							Non-Excripted) and	110111	Tidble I			ment	
Lauren of	2.73%	Location	Section 1		Descrip	ntion	n of					_	Ту	oe	
Location of Asbestos-Containing Material (ACM)		d Solel ntenan			os Containi	ng N	Mate			mount		_		щ	m
TO BE ABATED In Facility		odial S		(i.e.	thermal sys surfacing			2000 A D A D A D A D A D A D A D A D A D		or LF)	1	Remova	Repair	cap	nclo
(13)		(12)			other misc					- 000000000000000000000000000000000000		oval	air	Encapsulate	Enclosure
	Yes	No	N/A							- 05			V	(D)	
Throughout		XXX			Elbo	-	_	-		5 SF		.	X		
Throughout		XXX			Elbo					2 SF		2			
C-Wing		XXX		Windo			-	Exterior)		00 LF		X			
<u> </u>	C-Wing						/S			Each		ζ.			
Name of Registered Waste Hauler		100 100%	JDEP W auler ID		Cubic Yar of Waste	rds		Name of R Western				ity	and	(fill	
Freehold Cartage			939	704 (VAV)	10			7.55		15 001	mun	Ly	Laii	41111	
City, State Freehold, NJ 07728					Disposal I 8/28/201		9	City, State Birdsbor		4		S.			
Completed by Christina Lynch	Title Opera	ations	Mana	iger	Sign	A8	ST.	Ri	\nearrow		Date 7/9/2	201	4	278	

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

Date of Notification (1) July 9, 2014			100		Building Own	ner/Operatontal, Inc.	r (2)		Che	ĉķ;#	# 1286	ô, ;	fo.		
Agencies Notified	Type Notification		5	Street Add	dress						-	1/1	1 11	11:	3
EPA DEP DOL	initial Amended Amendment			City, State	e, Zip Code ton, NJ 0				7) <u>1</u>	u	e P	Ĵ.,
DOH DCA	Emergency (justification) Cancellation	including	1000	Name of 6 Bob Be					Telepi	hone	Numb	er			
No. of Facility Nations	Ab stampant in Takin	a Diago (2)		FACIL	ITY INFOR	MATION	Tyr	e of Facility (4)		4		-			
Name of Facility Where Farmhouse Street Address	Abatement is Takin	y Flace (3)				V.		School (K-12) Subchapter 8) (Other			huild	ings	ooma	6
40 Retreat Road				William			×	Other (i.e. pri- etc.)							٥,
City (5) Southampton, NJ (08088						5,0	uare Feet 000	# of F		*	10	dg. Ag)0	je 	
County (6) Burlington				County C (STATE U	ode (7) SE ONLY)	<u>.</u>		rrent Use (Prior rmhouse	if being	den	nolishe	d)			
Name of Monitoring Fire Management & Er				ASCM	No.			batement Contr Environmenta		3.0					
Street Address PO Box 341				1		1 2000	et Add 3 Cut	ress er Avenue							
City, State, Zip Code Chesterfield, NJ 0	8515						, Zip Code hade, NJ 08	8052							
Project Manager for Mo			- 1	Telephor	ne No. 8-4070		phone 3-755	No. -0099		Licer	nse No 42				
Start Date (10) July 28, 2014		Schedule August			Date (11)			SHA Monitor aboratories							
Occupancy Status Duri	ng Abatement (Che	ck Only One	e)				et Add			П					
Abatement Perfor	cated During Entire med Outside of Norr	Period of A nal Facility	baten Hours	nent s		City,	State	te 130 North							
Other – Describe:						– Cir	nnam	inson, NJ 08	3077	-					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	-	enova emolil				×	Full Containme Mini-Enclosure Glovebag Proce	edure						
								Non-Exempted	(*) and	Non	-Friabl	e Pro			i i
(1)		1 20	Locat											ement pe	
Locati Asbestos-Containir <u>TO BE A</u> In Fa (13	ng Material (ACM). BATED cility	Used Mai Cust	ntena	ely by ince/ Staff?		Description Containing hermal system surfacing, vother miscel	Mate ms in: VAT, o	sulation, or	(Sp	noun pecif or Li	у	Removal	Repair	Encapsulate	Enclosure
Page	mant	Yes	XXX			Pipe Insu	ılatio	n	33	0 LI	 F	x			
Base	ment					1 ipo inoc									
Name of Registered W	/aste Hauler	1000	NJDEP W		Cubic Yards	S	Name of F	-							
Freehold Cartage			201	Hauler ID 5939	N0.	of Waste		Westerr		s C	ommı	unity	Lan	dfill	
City, State Freehold, NJ 0772	88					Disposal Da 8/1/2014	ate	City, State Birdsbo							
Completed by Christina Lynch		Title Oper	ation	ns Mana	ager	Signat	ture 1	2	1		7/5	te 9/20	14		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building				. 11	-		
July 9, 2014			Mary	Ellen Grassin		46	5	1	
	cation ial Notification cended Notification	Street Address		ox 144	9 7 11: 20				
[x] DOH [x] Em	ergency (including	City, State, Zip Co		on, NJ 07760			N. L.		
	ification) ncellation	Name of Contact Mary	Ellen Gra	assin	Telephone '				
N 65 W 70		CILITY INFORM	MATION				200		
Name of Facility Where Abatement is Takir Residence	g Place (3)			Type of Facility (4)	School (k-12)				
Street Address			-		Subchapter 8 (ot	her than	k-12)		
1 Church Street				[x]	Other (i.e., priva homes, etc.)			ial buil	dings,
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 2000 sf	# of Floors	Bldg	. Age	50	
Sea Bright	Monmouth		1	Current Use (Prior in Residen	being demolished)			
Name of Monitoring Firm Hired by Building Guardian Contra		ASCM No.	Name of	Abatement Contractor		Inc			
Street Address			Street Ac	ldress					
1889 Rte. 9, Unit City, State, Zip Code	61		City Sta	1889 R te, Zip Code	oute 9, Unit 61				
Toms River, NJ	08755		City, Sta	The sale of the sa	River, New Jers	ev 087	55-1	271	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932		11 - 5	e Number	License N				
Scheduled Start Date (10) 7/10/14	Scheduled Comple 7/14/14		732-34 Name of	OSHA Monitor	00624	-		<u> </u>	
Occupancy Status During Abatement (Check	only one)		Street Ad		L. Analytical				
	ed During Entire Period of Al			1056 St	telton Road				
Abatement Performed Other – Describe	Outside of Normal Facility I	Hours	City, Stat	te, Zip Code	way, New Jerse	v 088	54		
Scope of Work (Check all that apply)			[x]		with Negative Pres			II. c	
			į	Mini-Enclosure	mai rioganivo rios	Suro			
$\begin{bmatrix} \end{bmatrix}$ >3 sf or \geq 3 lf $\begin{bmatrix} X \end{bmatrix}$ \geq 160 sf or \geq 260 lf	L 3	vation	[]	Glovebag Procedu					
[A] 2100 St of 2200 if	[X] Demo	olition	[x]	Non-Exempted (*) and Non-Friable I	Procedu	re		
						Abate	ement ?	Гуре	
Location of	Is Location Normally used		Descriptio bestos-Con		Amount	R	R	E	E
Asbestos-Containing Material (ACM)	Solely by	1	Material (A	CM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Maintenance/Custodia Staff	No.	e., thermal sulation, sur		or LF)	0	Α	Α	L
(13)	(12)	1115	VAT, o			v	I R	P S	S
		, vectors	ner miscella	ineous)		A		U	U
	YES NO N/A					L		L E	R E
2 nd floor	X	Plaster			1500 sf	X			
Exterior	X	Asbestos sidir	ng		2400 sf	X	010/6.28		
Name of Registered Waste Hauler	I Name of the state of the stat	TD 31							
Guardian Contracting, Inc.	NJDEP Waste Haule 20223	er ID No. Cubic Ya	ards of Wast	Name of Register	red Landfill		The second second		
City, State	Disp	osal Date	City, Sta	te					
Toms River, New Jersey Completed by (Print or Type)	7/1:	5/14 Signature	Tullyto	own, Pennsylvania		I			
Nicholas Fernicola	Project Manager	Yloc	ht.	+/		Date 7/9/2	2014		
	*Do not use this for	rm for asbestos licer	isure exem	pteli activities.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building	Owner/Operator (2)	****	112	_	
July 9, 2014			AP Block 78 Venture	e, LLC	7650	7	
Agencies Notified Type of Notificat	tion	Street Address		F 964 / 14			
[X] EPA [] Initial	Notification		1100 Ocean Avenue		*	: 21	
	nded Notification	City, State, Zip C	ode				_
[1] 505	ndment #		Asbury Park, NJ 077	12			
instif	gency (including ication)	Name of Contact	(1000) - 1000 (1	Telephone Number		-	
I DCA	ellation		n Ortner	Telephone samber			
		ACILITY INFOR		76			
Name of Facility Where Abatement is Taking	Place (3) etirement Communit	***	Type of Facility				
	ethement Communit	у	L	School (k-12) Subchapter 8 (oth	er than k-12)		
Street Address			[x			ial build	lings.
200-210 5 th Avenu	ie			homes, etc.)			
City	County (6)	County Code (7)	Square feet	# of Floors	Bldg. Age		
	1.0 a 6 c 11 c 17 c 17 c 17 c 17 c 17 c 17 c	(STATE USE ON				70	
Asbury Park	Monmouth			ior if being demolished) cant Building			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of Abatement Contra				
Guardian Contract	Control of the Contro	200.000.000.00000000		ardian Contracting,	Inc.		
Street Address			Street Address	0.0 . 0.11 . 61			
1889 Rte. 9, Unit (61		City, State, Zip Code	39 Route 9, Unit 61			
Toms River, NJ 08	8755			ns River, New Jers	ev 08755-1	271	
Project Manager for Monitoring Firm	Telephone Num	ber	Telephone Number	License N			
Nicholas Fernicola	732-349-993		732-349-9932	00624			
Scheduled Start Date (10)	555.50 Per 2012 Per 2	pletion Date (11)	Name of OSHA Monitor	fCI Ameladical			
7/10/14 Occupancy Status During Abatement (Check	8/1/14 only one)		Street Address	A.S.L. Analytical			
	d During Entire Period of	Abatement	107 43 0 40 0 40 0 40 0 40 0 40 0 40 0 40	66 Stelton Road			
15 1 7 BB	Outside of Normal Facilit		Cit. Stat. 7: Calls				
Other – Describe		- W	City, State, Zip Code	cataway, New Jerse	v 08854		
Scope of Work (Check all that apply)				ment with Negative Pres	sure		
F 1	f 1 -	760.000.02*******	[] Mini-Enclosi				
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf	5 5	novation molition	Glovebag Pro	ocedure ted (*) and Non-Friable l	Procedure		
[X] 2100 SI 01 2200 II	[] De	Mondon	[] Non-Exempt	icd () and 140n-11lable i	Toccurre		
					Abatement	Туре	
(A)	Is Location		Description of	4	RR	E	Е
Location of	Normally used	A	sbestos-Containing	Amount (Specify SF	E E	N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custo	dial (i	Material (ACM) .e., thermal systems	or LF)	M P	C	C
in facility	Staff		isulation, surfacing,	Ų. Z.,	I O	P	0
(13)	(12)		VAT, or		VR	S	S
	1000 CDL	1	ther miscellaneous)		Α	U	U R
-	YES NO N	/A			L	E	E
Throughout	X	Asbestos flo	or tile	40,000 sf	X		
2 nd floor	X	Asbestos pir	ne insulation	130 lf	X		
_ 1001	1	- 100 toto pri					
					 	+	-
Name of Danistered Wester Walter	NJDEP Waste Ha	ular ID No. Cubia	Yards of Waste Name of Re	egistered Landfill			
Name of Registered Waste Hauler Guardian Contracting, Inc.	2022		T.R.R.				
City, State		isposal Date	City, State				
Toms River, New Jersey		/4/14	Tullytown, Pennsylv	vania	T 5 :		
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	0 / /	7	Date 7/9/2014	1	

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

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

-Check # 8929-

								Cilcon				
Date of Notification (1)	July 9, 2014 July 2, 2014			The Control of the Control	of Building	Owner / Operator (2	2)				0.8	50000
Agencies Notified	Type Notification	on	1		Address		n:	YA JUL 14 PYN	1: 1	9		
ПЕРА				6218 [:	andis Ave	nue	۷.	.000-170				
DEP	_			0210 L	andis Ave	nuc			11.1			
⊠DOL	☐ Initial			City, St	ate & Zip	Code		A 112 No. 1				
⊠рон	Amend		,	Sea Isl	e City, NJ	08243		*** **				
DCA	Cance	lment #_1 llation	_	Name o	of Contact			Tele	ephon	e Nur	nha	r
				Ryan S	chnupp							
				FAC	ILITY II	NFORMATION						
Name of Facility When Bank of America	re Abatement is	Taking F	Place (3)			Type of Facilit						
Street Address			<u> </u>				ter 8 (Other than	ı K-12)				
6218 Landis Ave								ommercial buildings	, hon	ne, et	c.)	
						Square Feet	# of Flo		. Age			
City (5)						1,700		1		48	_	
Sea Isle City						Bank	Prior if being der	nolisnea)				
County (6)			ounty Code	(7)								
Cape May			SE ONLY_		ASCM N	la Nama of Abot	ement Contracto	or (0)			_	
Name of Monitoring F Environmental Testi			mer (8)		ASCMIN	Synatech, Inc		or (9)				
Street Address		-				Street Address	s				-1000	
One Mall Drive, Suite City, State & Zip Code						829 Radio Ro City, State & 2						
Cherry Hill, NJ 0800							rbor, NJ 08087					
Project Manager for M	Nonitoring Firm			ephone N		Telephone Nu 609-296-6916		License Numb	er 0081	7		
Howard Zenobi Scheduled Start Date	(10)	cheduler	d Completion	5-482-131 on Date (1		Name of OSH			0001		_	
July 12, 20	14		Augus	st 14, 201		Synatech, Inc						
Occupancy Status Du Facility Close	ring Abatement ed/Vacated Duri	(Check on the contract of the	only one) Period of	Abatemer	nt	Street Addres 829 Radio Ro						
Abatement P	erformed Outsid	de of Nor	mal Hours			City, State & 2	Zip Code					
Other – Desc						Little Egg Ha	rbor, NJ 08087					
	pied During Aba	tement									_	
Scope of Work (Chec	k all that apply)				0.9		- - - - - - - - - -					
≥3 sf or ≥ 50 lf				Renovatio	nn.	H	Mini-Enclosure	nt with Negative Pressu	ıre			
≥160 sf or ≥26	O If			Demolitio		H	Glovebag Proce	edure				
	500 10					\boxtimes	그러워 나가 되었다면 하면 그리는 그리는 그리다.	(*) and Non-Friable Pro	ocedu	re		
	ation of			on Norma		Descripti			Ab	atem	ent ⁻	Туре
Asbestos-Contai	ining Material (A : ABATED	CM)		y Mainten dial Staff		Asbestos-Co Material (Amount (Specify SF or LF)				
	Facility				, ,	(i.e., thermal	systems				m	
	(13)					insulation, surf			Rei	_Z	Encapsulate	Enclosure
									Removal	Repair	psu	losu
			Yes	No	N/A				a	_	ate	lle
Main Roof		_	+		X	Roofing M	laterial	2,300 SF	X		H	
Drive-through Root	f	-	+		X	Roofing M		200 SF	X			
	-											
Name of Registered \	Name of Registered Waste Hauler NJDEF					ards of Waste	Name of Regis	stered Landfill				
Synatech, Inc.				429	8		Grows Landfi	II .				
City, State						Date	City, State					
Little Egg Harbor, N	J 08087				August	15, 2014	Morrisville, P	Α ,				
Completed By		Title			Signatu			Date	4			
Diane Aloia		Executi	ive Admini	strator	1	lane (1/1	2_	July 9, 2014 July 2, 2014				

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

Data of Notification /	4\								~Che	ck#	892) —	
Date of Notification (July 2, 2014				e of Buildir k of Ameri	ng Owner / Operati	or (2)				NQ.		
Agencies Notified	Type Notificati	on		_	et Address					-			
ПЕРА	.1			oord				0011		~9.II			
DEP				63	and Landi	s Avenues		4		Ī: i		3	
DOL	Initial			City	State & Zip	Code		**					
	Amend	ded			Isle City, N			1					
⊠рон Прон	Amend	dment #		Joca	isie Oity, it	J 00243							
□DCA	Cance	llation		Nam	e of Contac	ct			Te	elepho	ne N	umb	er
				Ryan	Schnupp								
				F/	CILITY	INFORMATIO	N						
Name of Facility Whe	re Abatement is	Taking Place	e (3)			Type of Fa	acility (4)						-
Bank of America Street Address							ool (K-12)						
								ther than K-12)					
63 rd and Landis Ave	nues					Othe	er (i.e., priv	ate & comme	rcial building	s, ho	me,	etc.))
City (5)						Square Fe		# of Floors	Blo	lg. Age	9		
Sea Isle City							700	1 1			48		
						Bank	se (Prior if b	eing demolishe	d)				
County (6)		Count	y Cod	e (7)		- Junik							
Cape May		USE	DNLY										
Name of Monitoring F	e of Monitoring Firm Hired by Building Owner (8 conmental Testing Consultants, LLC							Contractor (9)					_
Street Address	ng Consultants	, LLC		_		Synatech,							
One Mall Drive, Suite	404					Street Add 829 Radio		*					
City, State & Zip Code							& Zip Code	·					
Cherry Hill, NJ 0800: Project Manager for M	2		1-			Little Egg	Harbor, N.						
Toject Manager for M Toward Zenobi	onitoring Firm			elephone 6-482-13		Telephone			License Num				
Scheduled Start Date	(10) S	cheduled Cor				609-296-69 Name of C	SHA Monito	~		0081	7		
July 12, 20	14		Augu	st 14, 20		Synatech,		JI					
Occupancy Status Dur	ring Abatement (Check only	one)			Street Add	ress						
	d/Vacated Durin				ent	829 Radio	Road						
	erformed Outsid	e of Normal	Hours	3			& Zip Code						400
Other – Desc						Little Egg	Harbor, NJ	08087					
	pied During Abat	ement											
Scope of Work (Check	(all that apply)			18									
D >2 -f > 50 K						[Full Con	tainment with N	legative Press	ure			
≥3 sf or ≥ 50 lf≥160 sf or ≥260			\mathbb{H}	Renovati		<u>[</u>	Mini-End	closure					
≥ 160 St of ≥260	ı at		Ш	Demolition	on			g Procedure					
l a a a	Air of							empted(*) and I	Von-Friable Pr	ocedu	re		
Asbestos-Contain	ition of ning Material (AC				ally Used nance or		iption of	1.		Ab	atem	ent 7	Гуре
	ABATED		Custo	dial Staff	? (12)		-Containing al (ACM)		ount (Specify SF or LF)				
	acility					(i.e., thern	nal systems		J. G. L. ,	\vdash			Г
(13)					insulation, s				ام		E	m
						or other mi	scellaneous)		8	Repair	ap	icio
		l y	es	No	N/A					Removal	a:	Encapsulate	Enclosure
Mail Bud												te	1 4
Main Roof					X	Roofing	Material 1 -		400 SF	X			
Drive-through Roof					Х	Roofing	Material		200 SF	X			
ame of Registered W	aste Hauler	200200000		Vaste	Cubic Ya	ards of Waste	Name o	f Registered La	ndfill				
ynatech, Inc.		mai	ıler ID 27	No. 429	8		Groves	l andfill					
ity, State			4.1		Disposal	Date	City, Sta	Landfill ate					
MI - F 11							Joney, Oli						
ittle Egg Harbor, NJ ompleted By		741-			August '		Morrisv	rille, PA				C	
ompleted by	1	itle			Signature	1/11		Date					
iane Aloia	E	xecutive Ad	minis	strator	11/1	mollo	_	July 2,	2014				
					11/1/			India Y	LV 179				

Diane Aloia

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

Check # 8920 Date of Notification (1) July 9, 2014 Name of Building Owner / Operator (2) July 1, 2014 John D. Pittenger Builder, Inc. Agencies Notified Type Notification Street Address EPA 2260 State Highway 33 DEP **DOL** Initial City, State & Zip Code Amended Neptune, NJ 07753 \boxtimes DOH Amendment # 1 DCA Cancellation Name of Contact Telephone Number James Pittenger **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) 72 Main Street Other (i.e., private & commercial buildings, home, etc.) Bldg. Age Square Feet # of Floors City (5) 105 years Port Monmouth 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) N/A 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 July 15, 2014 August 11, 2014 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 ≥ 50 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 insulation, surfacing, VAT Encapsulate (13)Enclosure Removal Repair or other miscellaneous) N/A Yes No Main living area X Floor Tile and Mastic 640 SF X Exterior X Roofing Materials 3.000 SF X X Siding 5,600 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 60 Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ August 12, 2014 Morrisville, PA Completed By Title Signature July 9, 2014

July 1, 2014

Executive Administrator

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

Date of Notification (1)		Total				- Uneck-#-	8920			
	June 1, 2014		John	e of Build n D. Pitter	ing Owner / Operator	(2)					
Agencies Notified	Type Notification			et Address		1					
□EPA □DEP			2260	State Hig	ghway 33		the first of		:	8	
⊠DOL	Initial		City,	State & Z	ip Code		at a large	-			-
⊠DOH	Amended Amendment	#		une, NJ		120					
DCA	Cancellation		Nam	e of Conta	nct		la la	Telepho	ne N	umb	er
			Jame	es Pitteng	jer		·	,		4,7,5	
			F	ACILITY	INFORMATION						
Name of Facility Whe Residence	re Abatement is Taking	g Place (3)			Type of Fac						-
Street Address						l (K-12)					
72 Main Street						apter 8 (Other tha					
							commercial buildin			etc.))
City (5)			,		Square Fee		loors BI	ldg. Age		A 10-00 A 10-0	
Port Monmouth						(Prior if being de		10	05 y	ears	
C(0)					Residence	(w Doing do	orronanca)				
County (6) Monmouth	İ	County Coo	ie (7)								
	irm Hired by Building O	wner (8)	-	ASCM		atement Contract	tor (9)				
Street Address					Synatech, li		502				
					Street Addre 829 Radio F						
City, State & Zip Code					City, State &	Zip Code			- 0000		
Project Manager for M	onitoring Firm	Te	elephone	Number	Little Egg H	lumber	7 License Nur				
Salada torriba					609-296-691		Licerise Nur	nber 0081	7		
Scheduled Start Date (July 11, 20		ed Complet	ion Date st 11, 20		Name of OS						
Occupancy Status Dur	ing Abatement (Check	only one)			Synatech, Ir Street Addre						
Facility Close	d/Vacated During Entir	e Period of		nt	829 Radio R	0.000					
Description of the second seco	erformed Outside of No	rmal Hour	S		City, State &	Zip Code					
Other - Description Facility Occup	ribe: pied During Abatement				Little Egg H	arbor, NJ 08087	7				
Scope of Work (Check	Control of the contro								3		
□						Full Containme	nt with Negative Pres	sure			
≥3 sf or ≥ 50 lf ≥160 sf or ≥260	ır	H	Renovati		\boxtimes	Mini-Enclosure					
△ ≥100 St 01 ≥260	ır		Demolitio	on		Glovebag Proce	edure				
Loca	tion of	Tr. C.	· ·			Non-Exempted	(*) and Non-Friable P	rocedu	re		
Asbestos-Contain	ing Material (ACM)	Solely b	on Norma y Mainter	ally Used	Descript Asbestos-C		Amount (Coopels	Aba	atem	ent 7	Гуре
TO BE	ABATED		dial Staff		Material		Amount (Specify SF or LF)				
	acility I3)				(i.e., therma	l systems	/			-	
1.	,				insulation, sur or other misc	tacing, VAT		R	וכ	inc	m
					or outer mise	charicous		Remova	Repair	aps	clos
		Yes	No	N/A		*		val	ai.	Encapsulate	Enclosure
ain living area		1	х		Floor Tile ar	nd Mastic	640 SF	X		لتا	-
xterior			Х		Roofing M		3,000 SF	î			
xterior			Х		Sidir		5,600 SF	Ô l			1
ame of Registered Wa	aste Hauler	NJDEP \		Cubic Y	ards of Waste	Name of Regis		1	_	_	
natech, Inc	5865	Hauler ID	No. 429	60							
ty, State		1 41		Disposa	l Date	Grows Landfill City, State					
ttle For Harbar N.							77				
ttle Egg Harbor, NJ ompleted By	Title				12, 2014	Morrisville, PA					
5 (5)				Signatur			Date				
iane Aloia	Executi	ve Adminis	strator	1 6	Vince all	2	July 1, 2014				

NOCK

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

						g Owner/Operator (2)					
24	14	_		Arb	or Mana	gement, LLC				200		
Type No	tification			Street	Address		7	1914 [[[] 14	PMI	1:2		
				4 D	enny Rd							
A STATE OF THE PARTY OF THE PAR				City, S	tate, Zip (Code				- ; J		
		the state of the s						6- 1 H.C.	h i a	R		
		ciuaing			- T-					-		-
100000000000000000000000000000000000000				Guv	Pollice							
			-						-	_		D-888
batement	is Taking	Place	(3)	1 //	, LI I I II	TORMATION	Type of Facility	(4)	-	-	-	
			(-)				1 7 7	300				
.paramer							☐ Subchapter 8	3 (Other than K-1				
									ercial b	uilding	s,	
										Ida As		
							Square reet	# 01 F10015	P	ilag. Ag	je	
				Caus	tu Cada /	ZVCTATE LICE ONLY	Comment Han (De	 	E-11	-		
				Coun	ty Code ((STATE USE UNLY)	The state of the second		nisnea)			
I liss of level	D.::Idia - C		(0)	10014	N-	This of his state						
Hirea by i	Bullaing C	wner	(8)	ASCM	NO.	200.00040000000000000000000000000000000						
						The state of the s	VIRONMENTA	L, INC.				
					20							
			1				19007					
toring Firm	n		770.00									
					20707070			00509				
14	0.00				te (11)	VALUE AND COMPANIES AND CONTRACTOR CONTRACTOR	ATV SOCIAL AT SOCIAL SO	L, INC.				
Abateme	nt (Check	only	one)			Street Address						_
				ment		1123 BEAVE	R STREET					
Outside o	of Normal	Facility	y Hour	s - Des	cribe							0.50
:30AM- <u>5:</u>	30PM/_	P	M	AM		25/3					*	
that appl												
	v)											
. that appl	y)		772					gative Pressure				
ас аррі	y)		novati			☐ Mini-End	losure	gative Pressure				
. andt appi	у)		novati molitic			☐ Mini-End ☐ Gloveba	losure g Procedure		dure			
	y)	☐ De	molitic	ion		☐ Mini-End ☐ Gloveba	losure			bateme	ent T	vpe
of		De ls	Locat Norma	ion lly		☐ Mini-End☐ Gloveba ☑ Non-Exe	closure g Procedure empted (*) and No	n-Friable Proced	A	bateme		1
of Material (<i>F</i>		De ls	molitic	ion lly ely by		☐ Mini-End ☐ Gloveba ☑ Non-Exe Description destos Containing Ma	closure g Procedure mpted (*) and No of sterial (ACM)	n-Friable Proced	A			1
of		Is Use	Locat Norma d Sole intena	ion lly ely by nce/		☐ Mini-End☐ Gloveba ☑ Non-Exe	elosure g Procedure mpted (*) and No of sterial (ACM) insulation,	n-Friable Proced	A			1
of Material (<i>F</i> TED		Is Use Ma Cus	Locat Norma d Sole intena todial	ion lly ely by nce/ Staff?		☐ Mini-End ☐ Glovebag ☑ Non-Exe Description of the stort Containing Mage, thermal systems	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	n-Friable Proced Amount (Specify			t Encapsulate	e Enclosure
of Material (<i>F</i> TED		Is Is Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.€	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair		1
of Material (<i>F</i> TED		Is Use Ma Cus	Locat Norma d Sole intena todial	ion lly ely by nce/ Staff?		Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	n-Friable Proced Amount (Specify	A	Repair		1
of Material (<i>F</i> TED		Is Is Use Ma Cus	Locat Norma ed Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.€	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair		1
of Material (<i>F</i> TED		Is Is Use Ma Cus	Locat Norma ed Sole intena todial: (12)	ion Illy lely by nce/ Staff?	(i.€	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair		1
of Material (<i>F</i> TED		Is Is Ma Cus Yes	Locate Normal de Sole intena todial (12) No	on lion lly ely by nce/ Staff?	(i.€	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair		1
of Material (<i>F</i> <u>TED</u> ty		Is Is Use Ma Cus	Locat Norma ed Sole intena todial: (12)	ion Illy lely by nce/ Staff?	(i.€	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair		1
of Material (A TED ty	ACM)	Is Is I Use Ma Cus Yes	Locat Norma de Sole intena todial (12)	ion lly ely by nce/ Staff?	Boiler (☐ Mini-End ☐ Glovebag ☐ Non-Exe Description of the containing Mage, thermal systems surfacing, VAT other miscellane Caulk Cubic Yards of	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair		1
of Material (<i>F</i> <u>TED</u> ty	ACM)	Is Is I Use Ma Cus Yes	Locat Norma de Sole intena todial (12)	ion Illy ely by nce/ Staff? N/A	Boiler	☐ Mini-End☐ Glovebag ☐ Non-Exe Description of the stos Containing Mage, thermal systems surfacing, VAT other miscellane Caulk	elosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous)	Amount (Specify SF or LF)	Removal	Repair		1
of Material (A TED ty	ACM)	Is Is I Use Ma Cus Yes	Locat Norma de Sole intena todial (12)	ion lly ely by nce/ Staff?	Boiler	☐ Mini-End ☐ Glovebag ☐ Non-Exe Description of the containing Mage, thermal systems surfacing, VAT other miscellane Caulk Cubic Yards of	Plosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis	Amount (Specify SF or LF)	Removal	Repair		1
of Material (A TED ty	ACM)	Is Is I Use Ma Cus Yes	Locat Norma de Sole intena todial (12)	ion Illy ely by nce/ Staff? N/A	Boiler	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane caulk Cubic Yards of Waste	Plosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis MINERVA City, State	Amount (Specify SF or LF)	A Removal	Repair		1
of Material (A TED ty te Hauler DRT GRO	ACM)	Is I	Locat Norma de Sole intena todial (12)	ion Illy ely by nce/ Staff? N/A	Boiler	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane caulk Cubic Yards of Waste Disposal Date	Plosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis MINERVA City, State	Amount (Specify SF or LF) 120 SF stered Landfill LANDFILL BURG, OH 446	A Removal	Repair		1
of Material (A TED ty ty	OUP, INC	Is I	Locat Norma ed Sole intena todial: (12) No	ion Illy ely by nce/ Staff? N/A	Boiler	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane caulk Cubic Yards of Waste	Plosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis MINERVA City, State	Amount (Specify SF or LF) 120 SF stered Landfill LANDFILL BURG, OH 446	A Removal	Repair		1
3	Type No Initial Amer Amer Initial Canc Canc Canc Canc Canc Canc Canc Canc	Type Notification Initial Amended Amendment #1 Emergency (in- justification) Cancellation Abatement is Taking Apartments Hired by Building Co Sched 14 Abatement (Checked During Entire Per Outside of Normal	Type Notification Initial Amended Amendment #1-7/9/1 Emergency (including justification) Cancellation Abatement is Taking Place Apartments Hired by Building Owner (14 Abatement (Check only only only only only only only only	Type Notification Initial Amended Amendment #1-7/9/14 Emergency (including justification) Cancellation Abatement is Taking Place (3) Apartments Hired by Building Owner (8) Scheduled Comple ON HOL Abatement (Check only one) In Dutside of Normal Facility Hour	Type Notification Initial Amended Amendment #1-7/9/14 Emergency (including justification) Cancellation FAC Abatement is Taking Place (3) Apartments Coun Hired by Building Owner (8) Scheduled Completion 302-656 Scheduled Completion Abatement (Check only one) Abatement (Check only one) Abatement Outside of Normal Facility Hours - Des	Type Notification ☐ Initial ☐ Amended ☐ Amendment #1-7/9/14 ☐ Emergency (including justification) ☐ Cancellation ☐ Cancellation ☐ Cancellation ☐ County Code (including form) ☐ County C	Type Notification ☐ Initial ☐ Amended ☐ Amendment #1-7/9/14 ☐ Emergency (including justification) ☐ Cancellation ☐ Cancellation ☐ Cancellation ☐ County Code (7)(STATE USE ONLY) ☐ Hired by Building Owner (8) ☐ County Code (7)(STATE USE ONLY) ☐ Street Address ☐ 1123 BEAVE ☐ City, State, Zip Code Wilmington, DE 19809 ☐ Name of Contact ☐ Guy Pollice ☐ FACILITY INFORMATION ☐ Street Address ☐ 1123 BEAVE ☐ City, State, Zip Code ☐ BRISTOL EN ☐ Street Address ☐ 1123 BEAVE ☐ City, State, Zip Code ☐ BRISTOL, PA ☐ Scheduled Completion Pate (11) ☐ Abatement (Check only one) ☐ During Entire Period of Abatement ☐ Outside of Normal Facility Hours - Describe ☐ 330AM-5:30PM/ PM- AM ☐ BRISTOL, PA ☐ City, State, Zip Code ☐ BRISTOL, PA ☐ City, State, Zip Code ☐ City,	Arbor Management, LLC	Type Notification Street Address 4 Denny Rd. City, State, Zip Code Wilmington, DE 19809 Name of Contact Guy Pollice FACILITY INFORMATION Substament is Taking Place (3) Apartments County Code (7)(STATE USE ONLY) Courrent Use (Prior if being demondapartments Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC. Scheduled Completion Pate (11) ON HOLD Scheduled Completion Pate (11) ON HOLD AMM AMM Arbor Management, LLC 7614 Jill 114 A Denny Rd. City, State, Zip Code Wilmington, DE 19809 Name of Contact Guy Pollice Tolonhone Nu School (K-12) School (K-12) Subchapter 8 (Other than K-1 Other (i.e., private and comminates) Apartments Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	Type Notification	Type Notification Street Address 4 Denny Rd. City, State, Zip Code Wilmington, DE 19809 Name of Contact Guy Pollice FACILITY INFORMATION batement is Taking Place (3) partments County Code (7)(STATE USE ONLY) County Code (7)(STATE USE ONLY) Square Feet # of Floors Bldg. Ag County Code (7)(STATE USE ONLY) County Code (7)(STATE USE ONLY) Square Feet # of Floors Bldg. Ag County Code (7)(STATE USE ONLY) Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Toring Firm Telephone No. 302-656-9600 Scheduled Completion Pate (11) ON HOLO Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 Telephone No. 215-788-6040 Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code SRISTOL ENVIRONMENTAL, INC. Street Address 1123 BEAVER STREET City, State, Zip Code Arbor Management, LLC	

Q# 2643

					Name	of Building	Owner/Operator (2	2)						
	24	/	14		Arb	or Manaç	gement, LLC	2814 J	UL 14.	PM (1:	22			
Agencies Notified	Type No	otificati	on		Street	Address				T				
□ EPA	☑ Initia	al			4 D	enny Rd.		ř			.ار ث	10		
☑ DOLWD 3252	☐ Ame		5152		City, S	tate, Zip C	ode		- 10-1	1 - 1 - 1				
☑ DHSS3283		ndmen		-			DE 19809							
DCA (NJAC 5:23-8)		rgency	(includir	ıg		of Contact			Tolonhor	a Numbe	er			
(NJAC 3.23-6)	☐ Can					Pollice			Ι'					
							FORMATION			-	- 7			
Name of Facility Where A	batemer	nt is Ta	king Plac	e (3)				Type of Facility	(4)					
Burlington Manor A	partme	ents						☐ School (K-12	2)					
Street Address								Subchapter 8						
255 S. Pearl St.								Other (i.e., po homes, etc.)		commerci	ial bu	ilding	s,	
City (5)								Square Feet	# of Flo	ors	Blo	dg. Ag	ie.	
Burlington								Oqualo : oot	0. , .0	0.0		9.7.5	,-	
County (6)			1100		Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being	demolish	94)			
Burlington					Journ	ity oode (r	NOTATE OOL ONET	Apartments		demonstr	cu)			
Name of Monitoring Firm I	Hirad by	Duildie	a Oumo	/0\ T	ASCM	No	Name of Abateme					-		
	nirea by	Dullali	ig Owner	(0)	ASCIVI	NO.								
Brightfields, Inc								VIRONMENTA	L, INC.					
Street Address 801 Industrial St							Street Address 1123 BEAVE	POTDEET						
														-
City, State, Zip Code	04						City, State, Zip Co							
Wilmington, DE 198				T-1		N1-	BRISTOL, PA	19007	11:	. 11-				
Project Manager for Monit Monty Krough	oring Fil	rm		10000	ephone 02-656		Telephone No. 215-788-6040	V.	License 0050					
	1000000					CALL CONTROL OF				Ĩ	200			
Start Date (10)	****	Sc	heduled	Comple	etion Da	te (11)	Name of OSHA M	lonitor						
Start Date (10) 7 /10 /	14	11-23-23	heduled 7		etion Da		Name of OSHA N BRISTOL EN	Ionitor VIRONMENTA	L, INC.					
<u>7</u> / <u>10</u> /				/ _1					L, INC.					
7 / 10 / Occupancy Status During	Abatem	ent (Ch	7 neck only	/ 1:	1_/_		BRISTOL EN	VIRONMENTA	L, INC.					
<u>7</u> / <u>10</u> /	Abatem d During	ent (Ch	7 neck only Period o	one) f Abate	ment	14	BRISTOL EN Street Address 1123 BEAVE	VIRONMENTA R STREET	L, INC.					
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated	Abatem d During Outside	ent (Ch Entire of Nor	7 neck only Period o mal Facil	one) f Abate	ment	14	BRISTOL EN	R STREET	L, INC.					
7 / 10 / Occupancy Status During Facility Closed/Vacated Abatement Performed	Abatem d During Outside 30AM-5	ent (Ch Entire of North	7 neck only Period o mal Facil	one) f Abate	ment	14	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET						
7 / 10 / Occupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement: 8: Scope of Work (Check all	Abatem d During Outside 30AM-5	ent (Ch Entire of North	7 neck only Period o	/ _1 one) f Abate ity Hou PM	ment rs - Des AM	14	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET ode 19007		sure				
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacater ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☑ ≥3 sf or ≥3 lf	Abatem d During Outside 30AM-5	ent (Ch Entire of North	7 neck only Period o	one) f Abate	ement rs - Des AM	14	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET ode 19007 tainment with Neglosure		sure				
7 / 10 / Occupancy Status During Facility Closed/Vacated Abatement Performed Time of Abatement: 8: Scope of Work (Check all	Abatem d During Outside 30AM-5	ent (Ch Entire of North	7 neck only Period o	one) f Abate ity Hou M	ement rs - Des AM	14	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET ode 19007 tainment with Neglosure	gative Pres					
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacater ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☑ ≥3 sf or ≥3 lf	Abatem d During Outside 30AM-5	ent (Ch Entire of North	7 neck only Period o mal Facil	one) f Abate ity Hou M	ement rs - Des AM	14	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET ode 19007 tainment with Neglosure g Procedure	gative Pres		_	ateme	ent Ty	ype
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	Abatem d During Outside 30AM-5 that app	ent (Ch Entire of Non 5:30PM	7 neck only Period o mal Facil	one) f Abate ity Hou M- denovate moliti s Loca Norma	ment rs - Des AM	14 cribe	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No	pative Pres n-Friable F	Procedure	Aba			
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Managements	Abatem d During Outside 30AM-5 that app	ent (Ch Entire of Non 5:30PM	7 neck only Period o mal Facil	one) f Abate ity Hou M	ment rs - Des AM ion on tion ally ely by	cribe	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Ma	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No	gative Pres n-Friable F Amo	Procedure	Aba			
7 / 10 / Occupancy Status During □ Facility Closed/Vacated □ Abatement Performed Time of Abatement: 8: Scope of Work (Check all □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Machine To BE ABA	Abatem d During Outside 30AM-5 that app of Material	ent (Ch Entire of Non 5:30PM	7 neck only Period o mal Facil N/	one) f Abate ity Hou M- enovat emoliti s Loca Norma ed Sol aintena stodial	ment rs - Des AM ion on tion ally ely by ance/ Staff?	cribe	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No	pative Pres n-Friable F	Procedure ount cify	_	ateme		
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☑ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Managements	Abatem d During Outside 30AM-5 that app of Material	ent (Ch Entire of Non 5:30PM	7 Period of mal Facilifi/	one) f Abate ity Hou PM- enovate emoliti s Loca Norma ied Sol aintena stodial (12)	ment rs - Des AM ion on tion ally ely by ance/ Staff?	cribe	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Ma	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or	pative Pres n-Friable F Amo (Spe	Procedure ount cify	Aba		ent Encapsulate	e Enclosure
7 / 10 / Occupancy Status During □ Facility Closed/Vacated □ Abatement Performed Time of Abatement: 8: Scope of Work (Check all □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Notes and Notes all IN Facility	Abatem d During Outside 30AM-5 that app of Material	ent (Ch Entire of Non 5:30PM	7 neck only Period o mal Facil N Us N Cu	one) f Abate ity Hou M- denovat lemoliti ls Loca Norma sed Sol laintena stodial (12)	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asbe:	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebay Non-Exe Description of store Containing Ma., thermal systems surfacing, VAT other miscellane	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or	n-Friable F Amo (Spe SF or	eunt cify LF)	A Removal	Repair	Encapsulate [Enclosure
7 / 10 / Occupancy Status During □ Facility Closed/Vacated □ Abatement Performed Time of Abatement: 8: Scope of Work (Check all □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Notes and Notes all IN Facility	Abatem d During Outside 30AM-5 that app of Material	ent (Ch Entire of Non 5:30PM	7 Period of mal Facilifi/	one) f Abate ity Hou PM- enovate emoliti s Loca Norma ied Sol aintena stodial (12)	ment rs - Des AM ion on tion ally ely by ance/ Staff?	cribe	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebay Non-Exe Description of store Containing Ma., thermal systems surfacing, VAT other miscellane	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or	pative Pres n-Friable F Amo (Spe	eunt cify LF)	Aba			
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Model of To BE ABAT IN Facility (13)	Abatem d During Outside 30AM-5 that app of Material	ent (Ch Entire of Non 5:30PM	7 neck only Period o mal Facil N Us N Cu	one) f Abate ity Hou M- denovat lemoliti ls Loca Norma sed Sol laintena stodial (12)	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asbe:	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebay Non-Exe Description of store Containing Ma., thermal systems surfacing, VAT other miscellane	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or	n-Friable F Amo (Spe SF or	eunt cify LF)	A Removal	Repair	Encapsulate [Enclosure
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Model of To BE ABAT IN Facility (13)	Abatem d During Outside 30AM-5 that app of Material	ent (Ch Entire of Non 5:30PM	7 neck only Period o mal Facil N/ □ □ Us N Cu Yes	one) f Abate ity Hou M- enovate emoliti s Loca Norma ed Sol aintena stodial (12) No	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asbe:	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebay Non-Exe Description of store Containing Ma., thermal systems surfacing, VAT other miscellane	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or	n-Friable F Amo (Spe SF or	eunt cify LF)	A Removal	Repair 🔲	Encapsulate	Enclosure
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Model of To BE ABAT IN Facility (13)	Abatem d During Outside 30AM-5 that app of Material	ent (Ch Entire of Non 5:30PM	7 neck only Period o mal Facil	one) f Abate ity Hou M- enovate emoliti s Loca Norma ed Sol aintena stodial (12) No	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asbe:	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebay Non-Exe Description of store Containing Ma., thermal systems surfacing, VAT other miscellane	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or	n-Friable F Amo (Spe SF or	eunt cify LF)	A Removal	Repair 🔲 🖂	Encapsulate	Enclosure
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Moreon Management (13) IN Facility (13) Boiler Room	Abatem d During Outside 30AM-5 that app of Material	ent (Ch Entire of Non 5:30PM (ACM)	7 neck only Period o mal Facil N Us N Cu Yes	one) f Abate ity Hou M- denovat demoliti s Loca Norma sed Sol aintena stodial (12) No	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asbe: (i.e	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebay Non-Exe Description of store Containing Ma., thermal systems surfacing, VAT other miscellane	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or	pative Pres n-Friable F Amo (Spe SF or	ount cify LF)	A Removal	Repair 🔲 🖂	Encapsulate	Enclosure
7 / 10 / Occupancy Status During □ Facility Closed/Vacated □ Abatement Performed Time of Abatement: 8: Scope of Work (Check all □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing of No BE ABAT IN Facility (13) Boiler Room	Abatem d During Outside 30AM-5 that app of Material TED y	ent (Ch Entire of Non 5:30PM Oly)	7 neck only Period o mal Facil /// // Us N Cu Yes	one) f Abate ity Hou M- denovate emoliti s Loca Norma sted Sol aintena stodial (12) No	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asber (i.e	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exe Description of stos Containing Man, thermal systems surfacing, VAT other miscellane	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or ous)	pative Pres n-Friable F Amo (Spe SF or	unt cify LF)	A Removal	Repair 🔲 🖂	Encapsulate	Enclosure
7 / 10 / Occupancy Status During □ Facility Closed/Vacated □ Abatement Performed Time of Abatement: 8: Scope of Work (Check all □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Modern Management (13) Boiler Room Name of Registered Waster SERVICE TRANSPO	Abatem d During Outside 30AM-5 that app of Material TED y	ent (Ch Entire of Non 5:30PM Oly)	7 neck only Period o mal Facil /// // Us N Cu Yes	one) f Abate ity Hou M- denovate emoliti s Loca Norma sted Sol aintena stodial (12) No	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asber (i.e	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exe Description of store Containing Ma., thermal systems surfacing, VAT other miscellane Caulk Cubic Yards of Waste	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or ous) Name of Regis	pative Pres n-Friable F Amo (Spe SF or	unt cify LF)	A Removal	Repair 🔲 🖂	Encapsulate	Enclosure
7 / 10 / Occupancy Status During □ Facility Closed/Vacated □ Abatement Performed Time of Abatement: 8: Scope of Work (Check all □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Abatement: Name of Registered Waste SERVICE TRANSPO City, State	Abatem d During Outside 30AM-5 that app of Material TED y	ent (Ch Entire of Non 5:30PM Oly)	7 neck only Period o mal Facil /// // Us N Cu Yes	one) f Abate ity Hou M- denovate emoliti s Loca Norma sted Sol aintena stodial (12) No	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asber (i.e	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane Cubic Yards of	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or ous)	pative Pres n-Friable F Amo (Spe SF or 120	ount cify LF)	A Removal	Repair 🔲 🖂	Encapsulate	Enclosure
7 / 10 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed Time of Abatement: 8: Scope of Work (Check all ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Moreon Market and Market an	Abatem d During Outside 30AM-5 that app of Material (TED y	ent (Ch Entire of Non 5:30PM Oly)	7 neck only Period o mal Facil N Us N Cu Yes	one) f Abate ity Hou M- denovate emoliti s Loca Norma sted Sol aintena stodial (12) No	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asber (i.e	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane caulk Cubic Yards of Waste Disposal Date	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or ous) Name of Regis MINERVA City, State	pative Pres n-Friable F Amo (Spe SF or 120	ount cify LF) SF	Aba Removal	Repair 🔲 🖂	Encapsulate	Enclosure
7 / 10 / Occupancy Status During □ Facility Closed/Vacated □ Abatement Performed Time of Abatement: 8: Scope of Work (Check all □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Abatement: Name of Registered Waste SERVICE TRANSPO City, State	Abatem d During Outside 30AM-5 that app of Material (TED y	ent (Ch Entire of Non 5:30PM Oly)	7 neck only Period o mal Facil /// // Us N Cu Yes	one) f Abate ity Hou M- denovat emoliti s Loca Norma stodial (12) No	ment rs - Des AM ion on tion ally ely by ance/ Staff?	Asber (i.e	BRISTOL EN' Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exe Description of store Containing Ma., thermal systems surfacing, VAT other miscellane Caulk Cubic Yards of Waste	R STREET ode 19007 tainment with Neglosure g Procedure mpted (*) and No of terial (ACM) insulation, or ous) Name of Regis MINERVA City, State	pative Pres n-Friable F Amo (Spe SF or 120	ount cify LF) SF	Aba Removal	Repair	Encapsulate	Enclosure

RS 14060

MAY 11

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

Date of Notification (1)	6 /	14				of Buildin	<u> </u>	ner/Operator (2)			-			
							10.	viionip			2814 11	11.		2	
Agencies Notified ☐ EPA	Type Notific	ation			100 1000	t Address			200			- ;	+	F.	11:2
□ EPA	⊠ Initial ⊠ Amended	4				Action of the State of the State of Sta	SASSI SASS	n Luther Kin	g Drive						
☑ DHSS	Amendm		1-7/8/1	4	City, S	State, Zip (Code				20.0	1			== 3
□ DCA	☐ Emergen		The second	_	Wil	lingboro	, NJ	08046			۷, ,		. I+		
(NJAC 5:23-8)	justificati				Name	of Contac	t			Telenhon	e Numbe	r			
	☐ Cancella	tion			Kei	rry Ogrer	1								
					FA	CILITY IN	IFOR	RMATION							
Name of Facility Where A	Abatement is	Takino	Place	(3)					Type of Facility (4)				AT	
JFK Community Ce			9	` '					☐ School (K-12)	90.00					
Street Address				_		-	7/25		☐ Subchapter 8	(Other tha					
429 JFK Way									Other (i.e., pr homes, etc.)			al bu	ilding	IS,	
City (5)									Square Feet	# of Floo	ors	Ble	dg. A	ge	
Willingboro															
County (6)					Cour	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pri	or if being o	demolishe	ed)			
Burlington															
Name of Monitoring Firm	Hired by Build	ding C	wner (8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)	-					
Environmental Conn	ections, Inc	С					E	BRISTOL EN	VIRONMENTAL	., INC.					
Street Address								eet Address				-			
120 N Warren St	120 N Warren St							123 BEAVE	R STREET						60
City, State, Zip Code								y, State, Zip Co							
Trenton, NJ 08608								BRISTOL, PA		12					
Project Manager for Mon	itoring Firm			Te	lephone	No	-	lephone No.		License	No	_			
Ryan Broadwater	,				609-392		3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	15-788-6040	v.	00509					
Start Date (10)	19	Sched	uled Co	1.00	letion Da			me of OSHA M	***				-		
06/18/					OLD		15-1500		VIRONMENTAL	., INC.					
Occupancy Status During	Abatement (Check	only o	ne)			Str	eet Address							
□ Facility Closed/Vacate	ed During Enti	re Per	iod of A	Abat	tement		1	123 BEAVER	R STREET						
Time of Abatement: 7								y, State, Zip Co BRISTOL, PA							
Scope of Work (Check al	that apply)						_	71.0102,17	. 10001				<u> </u>		
N N N N N N N N N N N N N N N N N N N								☐ Full Cont	ainment with Neg	ative Press	ure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Re					Mini-Enc							
△ 2100 St 01 2200 II			☐ Der	noii	tion			☐ Glovebaç	g Procedure mpted (*) and Nor	-Friable Pr	ocedure				
			ls	Loc	ation	T						Δh	atem	ent T	vne
Location	of				nally			Description o	f		1	_	_		1
Asbestos-Containing		1)			olely by nance/			Containing Ma		Amou	20.00	èm	Repair	inca	incl
TO BE ABA					I Staff?	(1.6		ermal systems i surfacing, VAT,		(Spec SF or I		Removal	air.	sqe	Enclosure
(13)	•			(12	100000000	4		her miscellane				-		Encapsulate	Fe
Kitchen,Service Hally	vav Postros	me	Yes	No		Eloor ti	lo or	nd mastic	- 4	472 5		\boxtimes		<u>в</u>	
		71115		_								_	ш		
Office/Reception area					01-81			nd mastic		4550					
Exterior and Courtya	rd	<u>-</u>		\boxtimes				ow caulk		3100		\boxtimes	Ш	Ш	Ш
Banquet Hall						Floor T	ile a	nd Mastic		2500		\boxtimes			
Name of Registered Was			NJDEP ! Hauler II] (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	100000	oic Yards of	Name of Regist	ered Landf	ill						
SERVICE TRANSPO	SERVICE TRANSPORT GROUP, INC.							ste	MINERVA L	ANDFILL	1				
City, State							Dis	posal Date	City, State					-	
	new Castle, DE 19720								WAYNESB	JRG, OH	44688				
Completed By (Print or Ty		Title		-				Signature		1	Dete	,	,	9	
Brian Scafiro	· F = /		stimat	or				h	Sufire 1	1-1	1	18	114	1	
Ditail Coulifo			Junial	J.				Mian	pufire 1	1	. 1				

ASB-41 MAY 11

B 514017

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

Ck# 26 47

Date of Notification (1)					Nam	e of Build	ina O	wner/Operator (2)	• 1					
6/	6 /	1	4			illingbor			2014 1111 1	. PK11:	22				
Agencies Notified	Type Not	ification	1		Stre	et Address	5		- 0014				-		
□ EPA					1	Rev. Dr.	Mart	in Luther Kin	a Drive						
⊠ DOLWD	⊠ Amen		42 CIO	714 4	City	State, Zip			3	7.		5 7 5			
☑ DHSS ☐ DCA	☐ Emerg	dment a				illingbor			3. T.F	(*	*				
(NJAC 5:23-8)	justific		nciuuii	ig		e of Conta				Telephone	Numbe		S Complete	-	
	☐ Cance				Ke	erry Ogre	n				rvarribe	•			
					FA	CILITY	NFC	RMATION				-			
Name of Facility Where A	batement	is Takir	ng Plac	e (3)					Type of Facility (4)		-			
JFK Community Ce	nter								School (K-12)						
Street Address				0.00					☐ Subchapter 8	(Other than	K-12)				
429 JFK Way									Other (i.e., pr homes, etc.)	ivate and co	mmercia	al bu	uildin	gs,	
City (5)		12							Square Feet	# of Floor	S	RI	dg. A	70	
Willingboro									- 4	61 1 1001		1	ug. r	ge	
County (6)					Cou	inty Code	(7)(ST	ATE USE ONLY)	Current Use (Prid	or if being de	molishe	(h			
Burlington							151.1515.1111					-/			
Name of Monitoring Firm I	lired by B	uilding	Owner	(8)	ASCN	No.	Na	ame of Abateme	ent Contractor (9)			_			-
Enviromental Conne	ections, l	nc					100		VIRONMENTAL	INC.					
Street Address							_	reet Address				-	-		
120 N Warren St								1123 BEAVER	RSTREET						
City, State, Zip Code				1		-	Ci	ty, State, Zip Co	ode				- 110.1-		
Trenton, NJ 08608								BRISTOL, PA	19007						
Project Manager for Monito	oring Firm			Te	elephone	No.	Te	elephone No.	-	License N	lo.	_			-
Ryan Broadwater					609-39	2-4200		215-788-6040		00509					
Start Date (10)		1			letion D		Na	ame of OSHA M	onitor						
06 /18 / _	14_	_	7_ /		11 /	14		BRISTOL EN	/IRONMENTAL	, INC.					
Occupancy Status During	Abatemen	t (Chec	k only	one)			St	reet Address					-	-	
□ Facility Closed/Vacated								1123 BEAVER	STREET						
Abatement Performed C	Dutside of	Norma	I Facilit	у Но	urs - De	scribe	Cit	y, State, Zip Co	de						
Time of Abatement: 7:0	10AM-3:3	OPINI/_	P	'IVI	AM			BRISTOL, PA							
Scope of Work (Check all t	hat apply)												_		
□ >3 sf or >3 lf			⊠ Re	POVS	ation			☐ Full Conta	ainment with Nega	itive Pressur	re				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			De					☐ Glovebag							
82.2 SS						,			npted (*) and Non-	-Friable Prod	cedure				
Location of				Norm	ation ally							Aba	atem	ent T	уре
Asbestos-Containing Ma		(M)	Use	ed So	lely by	Asbe	estos	Description of Containing Mat		Amount	. [Re	Re	m	Щ
TO BE ABATI	ED			110000000000000000000000000000000000000	ance/		e., the	ermal systems in	nsulation,	(Specify	,	Removal	Repair	cap	Enclosure
IN Facility (13)				(12				surfacing, VAT, ther miscellaneo		SF or LF)	la la	•	Encapsulate	sure
			Yes	No	N/A						- 1			te	
Kitchen,Service Hallwa	y,Restro	oms		\boxtimes		Floor t	ile a	nd mastic		472 SF	- 1	X			
Office/Reception area						Floor ti	ile a	nd mastic		4550 SF	= [X			
Exterior and Courtyard				\boxtimes		Door/M	/indo	ow caulk		3100 LF	- [X			
Banquet Hall						Floor T	ile a	nd Mastic		2500 SF	= [X	П	П	П
Name of Registered Waste	Hauler			10	NJDEP		Cut	bic Yards of	Name of Registe						_
SERVICE TRANSPOR	T GROU	IP, INC) .		Hauler II 20990		Wa	ste	MINERVA L						
City, State							Dis	posal Date	City, State						
NEW CASTLE, DE 197	720								WAYNESBU	RG, OH 44	1688				
Completed By (Print or Type	e)	Title						Signature		. — — —	Date	_	,	- 0	-
Brian Scafiro		E	stimat	tor				Brisa	Scolero /	1	6/0	27	//	4	
			(A) (/	1 mero 1	7	1 /		/	15%	- 1

OL# 26 35

Date of Notification (1) 6 /	6 /	14		Nar V	me of Build Villingbor	ling Owner/Operator Township	(2)	-				
□ EPA □	ype Notifica Initial Amended	,	4914 -	Stre	eet Address	s Martin Luther Kir	ng Drive					
	Amendme Emergend	nt # <u>2-6/</u>	17/14	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		o, NJ 08046						
(NJAC 5:23-8)	justificatio	n)	ii ig		ne of Conta			Telepho	ne Numb	er		
	Cancellati	on		K	erry Ogra	∍n .			iio mani	~C1		
				F	ACILITY	INFORMATION						
Name of Facility Where Aba		aking Pla	ce (3)				Type of Facility	(4)				
JFK Community Cent	er						School (K-12)				
Street Address 429 JFK Way							Subchapter 8 Other (i.e., pr	(Other thi	an K-12)	ial bui	dinas	
City (5)							homes, etc.)			A21 DUI	ulligs,	
Willingboro							Square Feet	# of Flo	ors	Bld	g. Age	
County (6)				Co	unty Code	(7)(STATE USE ONLY)	Correct Use (De)					
Burlington					enty code	(T)(STATE USE UNLT)	Current Use (Pn	or if being	demolish	ned)		
Name of Monitoring Firm Hir	ed by Buildi	ng Owne	r (8)	ASCI	M No.	Name of Abatem	ent Contractor (9)					_
Enviromental Connec	tions, Inc						VIRONMENTAL	INC				
Street Address						Street Address		.,				
120 N Warren St						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C						_
Trenton, NJ 08608						BRISTOL, PA	19007					
Project Manager for Monitori	ng Firm			elephone		Telephone No.		License	No.			
Ryan Broadwater			- 1		2-4200	215-788-6040		0050	9			
Start Date (10)					ate (11)	Name of OSHA N						_
					14	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During Ab	para traffit mention of the control	55-0300-11-11111100-0				Street Address						
∑ Facility Closed Vacated D ☐ Abatement Performed Out					scriba	1123 BEAVE			*)			
Time of Abatement: 7:00						City, State, Zip Co						
Scope of Work (Check all tha	t apply)					BRISTOL, PA	19007					
	(apply)	_				☐ Full Cont	ainment with Nega	itiva Praes	HID			
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		-	enova emolit	300000			osure	ilive Fres	ure			
2 5 100 21 OL 5500 IL			GITIOIIL	lion		☐ Glovebag Non-Exer	Procedure npted (*) and Non	Friable D	mondure			
			s Loca		T		· · · · · · · · · · · · · · · · · · ·	T TIADIC F	Tocedure	Abak		_
Location of Asbestos-Containing Mate	rial (ACAA)	Us	Norm ed So	ally lely by		Description of			-		ement	Ť
TO BE ABATED		M	ainten	ance/	ASDE (i.e	estos Containing Mat e., thermal systems in	erial (ACM)	Amou (Spec		Removal	Encapair	
IN Facility (13)		Cu	stodiai (12	Staff?		surfacing, VAT,	or	SF or		oval	Encapsulate Repair	
(10)		Yes	_	_	1	other miscellaned	ous)				late	
itchen,Service Hallway,	Restroom	s 🔲	×		Floor ti	le and mastic		472 5	E	MI	-	+
ffice/Reception area		10	×	10	Floor ti	le and mastic		4550		_		+
xterior and Courtyard		10		卡	-	indow caulk			_	_	믹무	+
		1=		1	120000	maon sagik		3100	_			4.
		ᆜᆜ		NUDEP 1	Masta	Cubic Vanda of			LONDON TOOL TOO			1
ame of Registered Waste Ha	uler			WWW.	4402IC	Cubic Yards of	Name of Registe	red Landf	III			
		NC.	1990	lauler II		Waste	BRIDGEDIA					
SERVICE TRANSPORT		NC.	1990				MINERVA LA	NDFILL				
SERVICE TRANSPORT ty, State	GROUP, I	NC.	1990	lauler II		Disposal Date	City, State					_
ame of Registered Waste Ha SERVICE TRANSPORT ity, State NEW CASTLE, DE 19720	GROUP, II		1990	lauler II		Disposal Date						
SERVICE TRANSPORT	GROUP, II	NC.		lauler II		Disposal Date	City, State	RG, OH	44688 Date	17/1		_

6 /	6 /	14		\ \	Willingbo	fing Owner/Operator	(2)				
Agencies Notified	Type Notification	on			eet Addres						
□ EPA	☑ Initial										_
⊠ DOFMD	Amended			04	Key. Dr.	Martin Luther Kir	ng Drive				
☑ DHSS	Amendmen	1 41-8/	13/14	CITY	y, State, Zij	Code					_
DCA	☐ Emergency	(includ	ing	L A	Milingbo	ro, NJ 08046					
(NJAC 5:23-8)	justification Cancellation			Na	me of Cont	act		Telephone N			
	LJ Canoskation	n 		-	Cerry Ogn	31 / July 2010 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Name of Facility Where	Abatement is Tale	rina Die	ca /2\	F	ACILITY	INFORMATION					
JFK Community Co		my File	ca (3)				Type of Facility	* *			
Street Address							School (K-12	2)	19		
429 JFK Way							Subchapter (Other (i.e., p	invate and comme	12)	hulldin	A +
City (5)							homes, etc.))	11010001	DUNUGI	ys,
Willingboro							Square Feet	# of Floors		Bldg. A	00
County (6)				-					- 1	•	
Burlington				Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pri	ior If being demi	olished	1	_
Name of Monitoring Firm	Hirari hu Duitein-	. 0	. (6)							•	
Environental Conn		Owne	(8)	ASCI	M No.	Name of Abatem					_
Street Address	Todolis, Inc					BRISTOL EN	VIRONMENTAL	L, INC.			
120 N Warren St						Street Address					
						1123 BEAVE	RSTREET				
City, State, Zip Code		•		ACCESSES NO.		City, State, Zip Co	de				
Trenton, NJ 08608						BRISTOL, PA					
Project Manager for Monit	oring Firm		Tek	phone	e No.	Telephone No.		License No.			
Ryan Broadwater			6	9-39	2-4200	215-788-6040		LEGISS NO.			
						☐ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		DARAS			
tert Date (10)	Sche	duled (anllar	00509			
tart Date (10) HOLD	Sche	eduled (Comple	tion D	ate (11)	Name of OSHA M					
tert Date (10) ON HOCO ccupancy Status During	_	6	Comple / _27	tion D		Name of OSHA M BRISTOL ENV					
CCUpancy Status During of Facility Closed/Vacated	Abatement (Cher	6 ck only priod of	/ 27 one) Abater	tion D	ate (11)	Name of OSHA M BRISTOL ENV Street Address	PRONMENTAL				
ccupancy Status During of Facility Closed/Acated Abatement Performed C	Abatement (Cher During Entire Po Dutside of Norma	6 ck only eriod of	comple / 27 one) Abater	tion D	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	ARONMENTAL STREET				
ON HOLD	Abatement (Cher During Entire Po Dutside of Norma	6 ck only eriod of	comple / 27 one) Abater	tion D	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo	TRONMENTAL STREET				
ccupancy Status During of Facility Closed/Vacated Abatement Performed Country of Abatement: 7:5	Abatement (Check I During Entire Pourside of Norma 20AM-3:30PW/	6 ck only eriod of	comple / 27 one) Abater	tion D	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER	TRONMENTAL STREET				
ccupancy Status During of Facility Closed/Acated Abatement Performed C	Abatement (Check I During Entire Pourside of Norma 20AM-3:30PW/	6 ck only eriod of	comple / 27 one) Abater	tion D	14	Name of OSHA ME BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Coo BRISTOL, PA	STREET to 19007	, INC.			
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Common Time of Abatement: 7:50 cope of Work (Check all the safety of ≥3 if	Abatement (Check I During Entire Pourside of Norma 20AM-3:30PW/	ck only eriod of all Facility P	Comple / 27 one) Abater by Hourith-	ment s - De	14	Name of OSHA MEBRISTOL ENVIOLENT Street Address 1123 BEAVER City, State, Zip Con BRISTOL, PA	STREET Se 19007	, INC.			
ccupancy Status During of Facility Closed/Vacated Abatement Performed Country of Abatement: 7:500000000000000000000000000000000000	Abatement (Check I During Entire Pourside of Norma 20AM-3:30PW/	ck only eriod of all Facility P	Comple / 27 one) Abater y Hour	ment s - De	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA	IRONMENTAL STREET de 19007 inment with Nega	, INC.			
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Common Time of Abatement: 7:50 cope of Work (Check all the safety of ≥3 if	Abatement (Check I During Entire Pourside of Norma 20AM-3:30PW/	ck only priod of all Facilit Re	comple / 27 one) Abater by Hourith- movation	ment s - De AM	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA	STREET to 19007 inment with Nega	, INC.	ure		
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Common Time of Abatement: 7:50 cope of Work (Check all the safety of ≥3 if	Abatement (Cheel During Entire Pourside of Norma 20AM-3:30PW/ hat apply)	ck only priod of If Facility Re	comple / 27 one) Abster ly Hourition	ment s - Dei AM	14	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem	IRONMENTAL STREET de 19007 inment with Nega	, INC.			N T.
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Compe of Work (Check all the 23 sf or ≥3 ff ≥160 sf or ≥260 ff Location of Asbestos-Containing Ma	Abatement (Cheel During Entire Pourside of Norma 20AM-3:30PW/ hat apply)	ek only oriod of all Facility P	comple / 27 one) Abater by Hourition M- Location Normalid	ment s - De AM	scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Endo Glovebag Non-Exem	STREET de 19007 inment with Nega sure Procedure pled (*) and Non-	ntive Pressure	Ab	Autome	-
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Compared of Abatement: 7:50 cope of Work (Check all the 160 sf or ≥3 ff ≥160 sf or ≥260 ff Location of Asbestos-Containing Mario BE ABATE	Abatement (Cheel During Entire Pourside of Norma 20AM-3:30PW/ hat apply)	ek only priod of all Facilit Re De	comple / 27 one) Abater by Houritie convetic molitio Locatie convetic conve	ment s - DeiAM	scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate	STREET Se 19007 Imment with Nega sure Procedure pled (*) and Non-	INC.	Ab		-
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Compe of Work (Check all the 23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Management Performed Compensation of Performance Containing Management Performed Compensation of Performed Compe	Abatement (Cheel During Entire Pourside of Norma 20AM-3:30PW/ hat apply)	ek only priod of all Facilit Re De	comple / 27 one) Abater by Hourding movation Location to Solet internal dodial Solet internal dodial Solet	ment s - DeiAM	scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Encic Glovebag Non-Exem Description of stos Containing Mate , thermal systems in surfacing, VAT, o	STREET ie 19007 inment with Nega sure Procedure pled (*) and Non- rial (ACM) sulation, of	INC.	Ab		-
Coupancy Status During of Facility Closed/Vacated Abatement Performed Coupe of Work (Check all the 23 sf or ≥3 ff ≥160 sf or ≥260 ff Location of Asbestos-Containing Mator BE ABATE	Abatement (Cheel During Entire Pourside of Norma 20AM-3:30PW/ hat apply)	ek only eriod of all Facilit Re De Use Ma Cusi	comple / 27 one) Abater ly Hour M- novatio Locatio lormali d Solel intenanodial S (12)	tion D / / ment s - Dei AM on n on the property y by the ff?	scribe	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in	STREET ie 19007 inment with Nega sure Procedure pled (*) and Non- rial (ACM) sulation, of	ntive Pressure			-
Coupancy Status During of Facility Closed/Acated Abatement Performed Coupe of Work (Check all the 23 of or ≥3 if ≥160 of or ≥260 if Location of Asbestos-Containing Matro BE ABATE IN Facility (13)	Abatement (Cheil During Entire Pourside of Norma 20AM-3:30PW hat apply)	ek only eriod of all Facilit Re De Use Ma Cusi	comple / 27 one) Abster by Hourition Inovation Location Normalid d Solei internal dodial S (12) No	tion D / / / / / / / / / / / / / / / / / / /	Asber (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebeg Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneou	STREET ie 19007 inment with Nega sure Procedure pled (*) and Non- rial (ACM) sulation, of	INC.	Ab		_
Ccupancy Status During of Facility Closed/Vacated Time of Abatement: 7:50 Cope of Work (Check all the 23 of or ≥3 if ≥160 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope or ≥260 if Cope or ≥260 if Cope of or ≥260 if Cope or	Abatement (Cheil During Entire Pourside of Norma 20AM-3:30PW hat apply)	ek only eriod of all Facilities Re Use Ma Cusi Yes	comple / _27 one) Abater y Hour M- novatic molitio Locati Normal d Solet intenan codial S (12) No	tion D / / ment s - Der AM an an an an an an an an an a	Asber (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cor BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneou	STREET ie 19007 inment with Nega sure Procedure pled (*) and Non- rial (ACM) sulation, of	INC.	Ab	Repair	-
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Corone of Work (Check all the 23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Management Facility (13) Chen,Service Hallway ice/Reception area	Abatement (Cheil During Entire Pourside of Norma 20AM-3:30PW hat apply)	ek only eriod of all Facilit Re De Use Ma Cusi Yes	comple / 27 one) Abater ly Hour M- Inovation Location Inovation Location Lo	tion D ment s - Dei AM pn n N/A	Asber (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of Stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	STREET ie 19007 inment with Nega sure Procedure pled (*) and Non- rial (ACM) sulation, of	Amount (Specify SF or LF)	₹ Removal	Repair	Encapsulate
Ccupancy Status During of Facility Closed/Vacated Time of Abatement: 7:50 Cope of Work (Check all the 23 of or ≥3 if ≥160 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope or ≥260 if Cope or ≥260 if Cope of or ≥260 if Cope or	Abatement (Cheil During Entire Pourside of Norma 20AM-3:30PW hat apply)	ek only eriod of all Facilit Re Use Ma Cusi Yes	comple / 27 one) Abater by Hour M- chovatic molitio Locatic complete d Solet intenant codial S (12) No	tion D // ment s - Dei AM pn n N/A N/A	Asber (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cor BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate , thermal systems in surfacing, VAT, o other miscellaneou	STREET ie 19007 inment with Nega sure Procedure pled (*) and Non- rial (ACM) sulation, of	Amount (Specify SF or LF)	A Removal	Repair 🔲 🗎	Encapsulate 777
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Comment of Abatement: 7:5 cope of Work (Check all the 23 of or ≥3 if ≥160 of or ≥260 if Cocation of Asbestos-Containing Matro BE ABATE IN Facility (13) chen,Service Hallway ice/Reception area	Abatement (Cheil During Entire Pourside of Norma 20AM-3:30PM/ hat apply) Interial (ACM)	ek only eriod of all Facilit Re De Use Ma Cusi Yes	comple / 27 one) Abater ly Hour M- Inovatio Complete Comp	tion D / ment s - Dei AM pn n n N N N N N N N N N N N N N N N N	Asber (i.e.	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclo Glovebag Non-Exem Description of Stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	STREET ie 19007 inment with Nega sure Procedure pled (*) and Non- rial (ACM) sulation, of	Amount (Specify SF or LF) 472 SF	Removal X X	Repair	Encapsulate 777
Ccupancy Status During of Facility Closed/Vacated Time of Abatement: 7:50 Cope of Work (Check all the 23 of or ≥3 if ≥160 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of Work (Check all the 25 of or ≥260 if Cope of work (Check all the 25 of or ≥260 if Cope of or ≥260 if Cope of or ≥260 if Cope of National Cope of Registered Waste Hallway or of Registere	Abatement (Chee During Entire Po Duriside of Norma 20AM-3:30PW/ hat apply) hat apply)	ek only eriod of all Facilit Re Use Mac Cusi Yes	comple / 27 one) Abater ly Hour M- Inovatio Complete Inovatio Complete Inovatio Complete Inovatio Inov	tion D / ment s - Dei AM pn n n N/A DEP W	Asber Asber Floor tile Deor/Wit	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Encid Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, of other miscellaneous and mastic and mastic and mastic and mastic	IRONMENTAL STREET Se 19007 imment with Nega sure Procedure pled (*) and Non- mial (ACM) sullation, or is)	Amount (Specify SF or LF) 472 SF 4560 SF 3100 LF	Removal 🛭 🕅	Repair	Encapsulate 777
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Comment of Abatement: 7:5 cope of Work (Check all the 23 of or ≥3 if ≥160 of or ≥260 if Cocation of Asbestos-Containing Matro BE ABATE IN Facility (13) chen,Service Hallway ice/Reception area	Abatement (Chee During Entire Po Duriside of Norma 20AM-3:30PW/ hat apply) hat apply)	ek only eriod of all Facilit Re Use Mac Cusi Yes	comple / 27 one) Abater y Hour M- novatic molitio Locatic formali d Solet intenan odial S (12) No	tion D / ment s - Dei AM on n on p y y by ce/ taff?	Asber (i.e. Floor tile Deor/Win	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cod BRISTOL, PA Full Conta Mini-Enclor Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	IRONMENTAL STREET de 19007 inment with Nega sure Procedure pted (*) and Non- rial (ACM) sulation, file)	Amount (Specify SF or LF) 472 SF 4560 SF 3100 LF	Removal X X	Repair	Encapsulate 777
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Comment of Abatement: 7:50 Cope of Work (Check all the 23 of or 23 if 2160 of or 260 if 260 of Asbestos-Containing Management of Facility (13) Chen, Service Hallway (13) Chen, Service Hallway (13) Chen, Service Hallway (13) Chen, Service Hallway (13)	Abatement (Chee During Entire Po Duriside of Norma 20AM-3:30PW/ hat apply) hat apply)	ek only eriod of il Facilit Re Use Ma Cusi Yes	comple / 27 one) Abater y Hour M- novatic molitio Locatic formali d Solet intenan odial S (12) No	tion D / ment s - Dei AM pn n n N N N N N N N N N N N N N N N N	Asber (i.e. Floor tile Deor/Win	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cor BRISTOL, PA Full Conta Mini-Encic Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	ARONMENTAL STREET Se 19007 inment with Nega sure Procedure pled (*) and Non- mial (ACM) sullation, or is) Name of Register MINERVA LA	Amount (Specify SF or LF) 472 SF 4560 SF 3100 LF	Removal X X	Repair	Encapsulate 777
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Comment of Abatement: 7:50 Cope of Work (Check all the 23 of or 23 if 2160 of or 260 if 250 of 260 if 250 of 260 o	Abatement (Check During Entire Production of Normal DOAM-3:30PM/ hat apply) Interial (ACM) DOAM-3:30PM/ According to the production of Normal DOAM-3:30PM/ hat apply)	ek only eriod of il Facilit Re Use Ma Cusi Yes	comple / 27 one) Abater y Hour M- novatic molitio Locatic formali d Solet intenan odial S (12) No	tion D / ment s - Dei AM on n on p y y by ce/ taff?	Asber (i.e. Floor tile Deor/Win	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cor BRISTOL, PA Full Conta Mini-Encic Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	IRONMENTAL STREET Se 19007 inment with Negasure Procedure pted (*) and Non- rial (ACM) sulation, if is) Name of Register MINERVA LA City, State	Amount (Specify SF or LF) 472 SF 4550 SF 3100 LF	Removal 🛭 🕅 🖸	Repair	Encapsulate 777
Ccupancy Status During of Facility Closed/Vacated Abatement Performed Comment of Abatement: 7:50 Cope of Work (Check all the 23 of or 23 if 2160 of or 260 if 260 of Asbestos-Containing Management of Facility (13) Chen, Service Hallway (13) Chen, Service Hallway (13) Chen, Service Hallway (13) Chen, Service Hallway (13)	Abatement (Check During Entire Po During Entire Po Duriside of Norma 20AM-3:30PW that apply) Atterial (ACM) To GROUP, INC ROUP, INC ROUP, INC	ek only eriod of il Facilit Re Use Ma Cusi Yes	comple / 27 one) Abater y Hour M- novatic molitio Locatic formali d Solet intenan odial S (12) No	tion D / ment s - Dei AM on n on p y y by ce/ taff?	Asber (i.e. Floor tile Deor/Win	Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Cor BRISTOL, PA Full Conta Mini-Encic Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, o other miscellaneou	ARONMENTAL STREET Se 19007 inment with Nega sure Procedure pled (*) and Non- mial (ACM) sullation, or is) Name of Register MINERVA LA	Amount (Specify SF or LF) 472 SF 4550 SF 3100 LF	Removal 🛭 🕅 🖸	Repair	Encapsulate 777

Date of Notification (1)				1	Name of D	alla:				-/ /		سير
6 /	6 /	14			Willingh	uilding Owner/Operato	r (2)		2#	al	00	0
Agencies Notified	Type Notific				Charact	rownship						
I EPA	🖾 Initial				Street Addre							_
☑ DOLWD 7/35 ☑ DHSS 6923	Amende	d		-	1 Kev. D	r. Martin Luther Ki	ing Drive					
	Amendm	ent#_		- 1	Tity, State, a	ZIP Code	•					_
(NJAC 5:23-8)	Emerger justificati	ion)	cluding	-	Adillingp	oro, NJ 08046						
	Cancella	tion		- 1	Name of Cor			Telephon	a Numb			
					Kerry Og			,				
Name of Facility Where Abs	tement is 1	Takina	Diana	(0)	FACILITY	INFORMATION						
JFK Community Cent	er	akiiig	MINOS I	(3)	#1		Type of Faci	lity (4)				
Street Address							School (K					
429 JFK Way							∃ ☐ Subchant	BE & (Other the	n K-12\			
City (5)							Other (i.e. homes, e	. private and co	ommerci	al bui	ildings	
Willingboro							Square Feet	10.)				
County (6)								# of Floo	rs	Bld	g. Age	
Burlington					County Code	(7)(STATE USE ONLY)	Current Head	Delayer				
Name of Monitoring Firm Hire	ad har Paris						Ourrent USE (Prior if being de	emolishe	d)		_
Environmental Community	o by Buildi	ng Ow	ner (8)	AS	CM No.	Name of Abateme	nt Control					
Enviromental Connect Street Address	ions, Inc					BRISTOI FAN	out Contractor (9)				
120 N Warren St						BRISTOL EN	AIKONMENT	AL, INC.				
Day Section 1985							070		-			-
City, State, Zip Code						1123 BEAVER City, State, Zip Co	SIREET					
Trenton, NJ 08608												-
Project Manager for Monitoring	Firm		T	elepho	ne No.	BRISTOL, PA	19007					
Ryan Broadwater						Leiephone No.	1000	I I I I I I I I I I I I I I I I I I I				
			1.	609-3	92-42nn			License N	0.			- 3
Start Date (10)	Sch	nedule	d Com	609-3	192-4200 Date (11)	215-788-6040	10000	00509	0.			
Start Date (10)6 /19 /14	Sch	nedule 6	d Com	pletion	Date (11)	215-788-6040 Name of OSHA Mo		00509	0.			
Start Date (10) 6 /19 /14 Occupancy Status During Abat	ement (Chr	6 eck on	/ _	pletion 27	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV		00509	0.			
Start Date (10) 6	ement (Che	6 eck on	/ ly one)	pletion 27	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV	IRONMENTA	00509	0.			
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated During Abatement Performed Outsi	ement (Che	eck on Period	ly one)	pletion 27 tement	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER	IRONMENTA STREET	00509	0.			
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated During Abatement Performed Outsi	ement (Che	eck on Period	ly one)	pletion 27 tement	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV	IRONMENTA STREET	00509	0.			
Start Date (10) 6 / 19 / 14 Occupancy Status During Abate Facility Closed/Vacated During Abatement Performed Outsi Time of Abatement: 7:00AA	ement (Che ing Entire F de of Norm A-3:30PM/	eck on Period	ly one)	pletion 27 tement	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code	STREET	00509	0.			
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AA Scope of Work (Check all that a	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period nal Fac	ly one) of Aba ility Ho PM-	pletion 27 tement purs - D	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1	STREET e 9007	00509 L, INC.				
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AN Scope of Work (Check all that a	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period all Fac	ly one) of Aba elility Ho PM-	tement purs - D	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1	STREET e 9007	00509 L, INC.				
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AN Scope of Work (Check all that a	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period all Fac	ly one) of Aba ility Ho PM-	tement purs - D	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Codd BRISTOL, PA 1	STREET e 9007 ment with Negure	00509 L, INC.				
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AN Scope of Work (Check all that a	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period pal Fac	d Com / ly one) of Aba ility Ho PM- Renova	tement burs - D A	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Codd BRISTOL, PA 1	STREET e 9007 ment with Negure	00509 L, INC.				
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AA Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period all Fac	ly one) of Aba ility Ho PM- Renova Demolit	tement tement tours - D A	Date (11) /14	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp	STREET e 9007 ment with Negure	00509 L, INC.	dure			
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period all Fac	ly one) of Aba ility Ho PM- Renova Demolit Is Loca Normaled Sol	tement tement tours - D A	Date (11) / 14 Pescribe	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp	STREET e 9007 Imment with Negure rocedure ted (*) and Nor	00509 L, INC.	dure At		nent T	уре
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period lal Fac	ly one) of Aba ility Ho PM- Renova Demolit Is Loca Normaled Solaintena	tement tement turs - D A attion tion ally lely by	Date (11) / 14 Pescribe M	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp Description of	STREET e 9007 Imment with Neg ure rocedure ted (*) and Noi	00509 AL, INC.	dure At			_
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period lal Fac	ly one) of Aba ility Ho PM- Renova Demolit Is Loca Normaled Solaintena	tement tement tours - D A ation ation ally lely by ance/ Staff?	Date (11) / 14 Pescribe M	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contain Glovebag P Non-Exemp Description of tos Containing Materia, thermal systems insu surfacing, VAT or	STREET e 9007 Imment with Negure rocedure ted (*) and Nor	00509 AL, INC.	dure At			_
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AN Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility	ement (Che ing Entire F de of Norm A-3:30PM/	6 eck on Period lal Fac	ly one) of Aba ility Ho PM- Renova Demolit s Loca Normalied Sol aintensistedial	tement tement tours - D A ation ation ally lely by ance/ Staff?	Date (11) / 14 Pescribe M	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp Description of tos Containing Materic, thermal systems insu	STREET e 9007 Imment with Negure rocedure ted (*) and Nor	00509 AL, INC.	dure	pater Repair		_
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13)	ement (Che ing Entire F de of Norm A-3:30 PM/	6 eck on Period all Fac	ly one) of Aba elility Ho PM- Renova Demolit Is Loca Normal sed Sol aintena (12) No	pletion 27 tement purs - D A ation ation ation slly slely by snce/ Staff?	Pescribe M Asbes	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contain Mini-Enclos Glovebag P Non-Exemp Description of tos Containing Materia, thermal systems insu surfacing, VAT, or other miscellaneous	STREET e 9007 Imment with Negure rocedure ted (*) and Nor	00509 AL, INC.	dure At		n Encapsulate	_
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AA Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) tchen, Service Hallway, Res	ement (Che ing Entire F de of Norm A-3:30 PM/	eck on Period all Fac	ly one) of Aba ility Ho PM- Renova Demolit Is Loca Normal ed Sol aintena stodial (12) No	tement burs - D A attion attion attion selly by ance/ Staff?	Pescribe M Asbes	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contain Glovebag P Non-Exemp Description of tos Containing Materia, thermal systems insu surfacing, VAT or	STREET e 9007 Imment with Negure rocedure ted (*) and Nor	ative Pressure Amount (Specify SF or LF)	dure At Removal	Repair	Encapsulate	_
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a 23 sf or 23 if 2160 sf or 2260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) tchen, Service Hallway, Reterial Containing Material Contain	ement (Che ing Entire F de of Norm A-3:30 PM/	6 eck on Period all Fac	ly one) of Aba elility Ho PM- Renova Demolit Is Loca Normal sed Sol aintena (12) No	pletion 27 tement purs - D A ation ation ation slly slely by snce/ Staff?	Pate (11) / 14 Pescribe M Asbes (i.e.,	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp Description of ctos Containing Materic, thermal systems insu surfacing, VAT, or other miscellaneous;	STREET e 9007 Imment with Negure rocedure ted (*) and Nor	ative Pressure Amount (Specify SF or LF)	dure At Removal			_
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a 23 sf or 23 if 2160 sf or 2260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) tchen, Service Hallway, Reterial fice/Reception area	ement (Che ing Entire F de of Norm A-3:30 PM/	eck on Period dal Fac	ly one) of Aba ility Ho PM- Renova Demolit Is Loca Normal ed Sol aintena stodial (12) No	tement burs - D A A A A A A A A A A A A A A A A A A	Pate (11) / 14 Pescribe M Asbes (i.e.,	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp Description of itos Containing Materia, thermal systems insu surfacing, VAT, or other miscellaneous; and mastic	STREET e 9007 Imment with Negure rocedure ted (*) and Nor	ative Pressure Amount (Specify SF or LF)	dure At Removal	Repair	Encapsulate	_
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) tchen,Service Hallway, Reteriations fice/Reception area	ement (Che ing Entire F de of Norm A-3:30 PM/	Os Mal Fac	d Com / ly one) of Aba ility Ho PM- Renova Demolit Is Loca Normal ied Sol aintena istodial	pletion 27 tement purs - D A ation	Pate (11) / 14 Pescribe M Asbes (i.e.,	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp Description of ctos Containing Materic, thermal systems insu surfacing, VAT, or other miscellaneous;	STREET e 9007 Imment with Neg ure rocedure ted (*) and Noi al (ACM)	ative Pressure Amount (Specify SF or LF)	dure At Removal	Repair	Encapsulate	Enclosure
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AN Scope of Work (Check all that a 23 sf or 23 if 2160 sf or 2260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) tchen, Service Hallway, Res fice/Reception area terior and Courtyard	ement (Che ing Entire F de of Norm A-3:30PM/ PPIy) I (ACM)	Os M Cus	d Com / ly one) of Aba ility Ho PM- Renova Demolit Is Local Normal ied Sol aintena istodial (12) No	tement burs - D A attion ally lely by snce/ Staff?	Pate (11) / 14 Pescribe M Asbes (i.e., Floor tile Floor tile Door/Win	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contain Glovebag P Non-Exemp Description of tos Containing Materia, thermal systems insu surfacing, VAT, or other miscellaneous, and mastic and mastic	STREET e 9007 Imment with Neg ure rocedure ted (*) and Noi al (ACM)	ative Pressure Amount (Specify SF or LF) 472 SF	dure At Removal	Repair	Encapsulate	Enclosure
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) Itchen,Service Hallway,Res fice/Reception area terior and Courtyard	ement (Che ing Entire F de of Norm f-3:30PM/ pply)	Os M Cus	ly one) of Aba ility Ho PM- Renova Demolit Is Local Normal ied Sol aintena istodial (12) No	tement burs - D attion ally lely by snce/ Staff?	Pate (11) / 14 Pescribe M Asbes (i.e., Floor tile Floor tile Door/Win	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp Description of ctos Containing Materic, thermal systems insu surfacing, VAT, or other miscellaneous; and mastic and mastic and mastic	STREET e 9007 Inment with Negure rocedure ted (*) and Nor	O0509 AL, INC. Pative Pressure Amount (Specify SF or LF) 472 SF 4550 SF 3100 LF	dure At Removal	Repair	Encapsulate	Enclosure
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AN Scope of Work (Check all that a 23 sf or 23 if 2160 sf or 2260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) Itchen,Service Hallway, Ret fice/Reception area terior and Courtyard The Of Registered Waste Hauler ERVICE TRANSPORT GRO	ement (Che ing Entire F de of Norm f-3:30PM/ pply)	Os M Cus	ly one) of Aba ility Ho PM- Renova Demolit Is Local Normal ied Sol aintenaistodial (12) No	tement burs - D A attion ally lely by snce/ Staff?	Asbes (i.e., Floor tile Door/Win	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contain Mini-Enclos Glovebag P Non-Exemp Description of tos Containing Materia, thermal systems insusurfacing, VAT, or other miscellaneous; and mastic and mastic and mastic and mastic	STREET e 9007 mment with Negure rocedure ted (*) and Nor al (ACM) elation,	ative Pressure Amount (Specify SF or LF) 472 SF 4550 SF 3100 LF	dure At Removal	Repair	Encapsulate	Enclosure
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a >3 sf or >3 if >160 sf or >260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) Itchen,Service Hallway, Ret Ifice/Reception area terior and Courtyard TERVICE TRANSPORT GRO	ement (Che ing Entire F de of Norm f-3:30PM/ pply)	Os M Cus	ly one) of Aba ility Ho PM- Renova Demolit Is Local Normal ied Sol aintenaistodial (12) No	tement burs - D ation ally lely by ance/ Staff?	Pate (11) / 14 Pescribe M Asbes (i.e., Floor tile Ploor/Win Vaste No. Vaste	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Glovebag P Non-Exemp Description of tos Containing Materic thermal systems insusurfacing, VAT, or other miscellaneous; and mastic and mastic and mastic and mastic and mastic	STREET e 9007 Inment with Negure rocedure ted (*) and Nor al (ACM) ritation, Inment of Register MINERVA LA	ative Pressure Amount (Specify SF or LF) 472 SF 4550 SF 3100 LF	dure At Removal	Repair	Encapsulate	Enclosure
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AM Scope of Work (Check all that a >3 sf or >3 if >160 sf or >260 if Location of Asbestos-Containing Material IO BE ABATED IN Facility (13) Itchen, Service Hallway, Res Iterior and Courtyard The of Registered Waste Hauler ERVICE TRANSPORT GRO State EW CASTLE, DE 19720	ement (Che ing Entire F de of Norm f-3:30PM/ pply)	Os M Cus	ly one) of Aba ility Ho PM- Renova Demolit Is Local Normal ied Sol aintenaistodial (12) No	tement burs - D ation ally lely by ance/ Staff?	Pate (11) / 14 Pescribe M Asbes (i.e., Floor tile Ploor/Win Vaste No. Vaste	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Giovebag P Non-Exemp Description of tos Containing Materia thermal systems insusurfacing, VAT, or other miscellaneous and mastic	STREET e 9007 mment with Negure rocedure ted (*) and Nor al (ACM) station, mme of Registe MINERVA LA	Amount (Specify SF or LF) 472 SF 4550 SF 3100 LF	dure At Removal	Repair	Encapsulate	Enclosure
Start Date (10) 6 / 19 / 14 Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: 7:00AA Scope of Work (Check all that a ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility	ement (Che ing Entire F de of Norm f-3:30PM/ pply)	Os M Cus	ly one) of Aba ility Ho PM- Renova Demolit Is Local Normal ied Sol aintenaistodial (12) No	tement burs - D ation ally lely by ance/ Staff?	Pate (11) / 14 Pescribe M Asbes (i.e., Floor tile Ploor/Win Vaste No. Vaste	215-788-6040 Name of OSHA Mo BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Code BRISTOL, PA 1 Full Contair Mini-Enclos Giovebag P Non-Exemp Description of tos Containing Materia thermal systems insusurfacing, VAT, or other miscellaneous and mastic	STREET e 9007 mment with Negure rocedure ted (*) and Nor al (ACM) station, mme of Registe MINERVA LA	ative Pressure Amount (Specify SF or LF) 472 SF 4550 SF 3100 LF	dure At Removal	Repair	Encapsulate	Enclosure

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/9/2014	2			Nam Rd	e of Build	ling Owne	r/Operato	r (2)		,		S0-1-3-10	
Agencies Notified	Type Notificatio	n			et Addres 5 Steelr	s nanville	Rd	*				-	-
DEP	Amended Amendme	nt#			State, Zij		NJ 0823	24	1.9	Part 1	€ C		
П рон	_ Emergenc	y (includ	ing		e of Cont		NJ 0823	34 	TELL				
DCA [justification Cancellation			100000000000000000000000000000000000000	is Terre				, elenn	· -			
Name of Facility Where Ab	atement is Tak	ing Place	(3)	F/	CILITY	NFORMA	TION	T (F 1)	76				
Old Lenox China Bui	lding	ing i ido	(0)					Type of Facili					
Street Address 545 Tilton Road			•					Other (i.e	ter 8 (Other the e. private & co	an K-12) mmercial	build	lings,	homes,
City (5) Galloway, NJ 08205								etc.) Square Feet 400,000	# of Flo	ors	B 3	dg. Ag 0+	ge
County (6) Atlantic				Count (STAT	ty Code (* E USE ON	7) ILY)		Current Use (F Abandone	Prior if being d	emolishe	d)		
Name of Monitoring Firm Hi Health and Safety Se	red by Building rvices	Owner ((8)	AS	CM No.		Name of Site I	of Abatement C Enterprises	ontractor (9)				
Street Address 318 12th Street	33				-			Address 12th Street					
City, State, Zip Code Hammonton, NJ 0800	37							ate, Zip Code monton, NJ	08037				
Project Manager for Monitor James Proctor	ng Firm	-			one No. 704-85	 50	Telepho			ense No.			e i
Start Date (10) 7/22/2014		Schedu 10/22	led Co 2/2014	mpletion	Date (1	1)	Name o	f OSHA Monito h and Safety	r Services				
Occupancy Status During Ab	atement (Chec	k Only C	ne)	-1			Street A						
Facility Closed/Vacated Abatement Performed C	During Entire Foutside of Norm	Period of nal Facili	Abater ty Hour	ment s			318 1	2th Street					
Other - Describe:								nonton, NJ	08037				
Scope of Work (Check All Th ≥3 sf or ≥3 lf	at Apply)	*											
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoli		*		N N	Full Containm Mini-Enclosur Glovebag Pro	re ocedure				
		1	- 1 4		T		$\overline{}$	Non-Exempte	d (*) and Non-	Friable F		dure	
Location of			S Locat Normal	lly		Des	cription of	r .				Type	
Asbestos-Containing Mate TO BE ABATED In Facility (13)	erial (ACM)	Ma Cus	ed Sole aintena todial s (12)	nce/ Staff?	Asbe (i.e	stos Cont thermal surfac	aining Mat systems ir sing, VAT, niscellaned	erial (ACM) sulation, or	Amount (Specify SF or LF	1 8	- Copie	Renair	Enclosure
Roof	G 014	Yes	No	N/A		FI	aabina		0500 15			0	
Roof				X			ashing_ ne Roofi	na	2500 lf		-		
Roof				X			lat Coat		155,000		+	-	
Various				X			e Wrap	urig	220,000	-	+	+	\perp
lame of Registered Waste Ha	uler		I N	JDEP W	lasto	Cubic Y		Nome of	5700 lf	X			
Site Enterprises, Inc.			H	auler ID 035220	No.	of Wast		Grows	Registered La Landfill	Idtill			
ity, State lammonton, NJ 08037						Disposa	al Date	City, State Morrisv					
ompleted by homas Rock		Title PM				Sig	nature			Date 7/9/20)14		

NU CK

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 7/9/2014				Name o Rdl	of Building O	wner/Opera	ator (2	2)					
	ype Notification				Address Steelmanv	rille Rd			4		<u>.</u> 13		
Y EPA DEP DOL	Amended Amendment		_		ate, Zip Cod Harbor Tw		8234		*		****		
DOH DCA	Emergency (justification) Cancellation	W			f Contact Terrels		•		Talanhons	Number			
				FAC	ILITY INFO	RMATION							
Name of Facility Where Ab Old Lenox China Bui		g Place (3	3)					Type of Facilit	(-12)	IC 40\			
Street Address 545 Tilton Road	A .							Other (i.e etc.)	ter 8 (Other than . private & comm	nercial bu			nes,
City (5) Galloway, NJ 08205			3			6		Square Feet 400,000	# of Floors		Bldg. 30+	Age	
County (6) Atlantic				County (STATE	Code (7) USE ONLY)		(Current Use (F Abandoned	Prior if being den	nolished)			
Name of Monitoring Firm H Health and Safety Se		Owner (8)		ASCN	/ No.			Abatement C Interprises	ontractor (9)	.5			
Street Address 318 12th Street								ddress 2th Street					
City, State, Zip Code Hammonton, NJ 080	37							te, Zip Code nonton, NJ	08037				
Project Manager for Monito James Proctor	ring Firm			Telepho 609-7	ne No. 04-8550			ne No. 67-1250	Licen	se No.			
Start Date (10) 7/22/2014		Schedule 10/22/		pletion	Date (11)			OSHA Monito and Safety					
Occupancy Status During A	batement (Check	Only Or	ie)			Stre	eet A	ddress					
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire F	eriod of A	batem	ent		City	, Sta	2th Street te, Zip Code nonton, NJ	08037				
Scope of Work (Check All T	hat Apply)		5110.0000000000000000000000000000000000					35335533				1000	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	пас Арріу)		enova emoliti				\(\) \(\) \(\) \(\)	Mini-Enclosu Glovebag Pr				re	
		T	1 41				Louisi					emen	t
Location of		1.00	Locati Iormali			Descript	ion of				T	ype	
Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM)	Mai	d Solei ntenar odial S (12)	taff?	(i.e. th		g Mat ems ir VAT,	erial (ACM) rsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					-1050-6				
Warehouse	7			X		Vindow c			4350-sf	X			
Office 2				X	9x	(9 Tile an	d ma	astic	5180 sf	х			
Various				Х		Pipe Fit	tings	3	300	х			
	(A)												
Name of Registered Waste I	Hauler		1775	JDEP W	F157555	Cubic Yards	S		f Registered Lar	ndfill			
Site Enterprises, Inc.	*			auler ID 035220)	of Waste			s Landfill			15	
City, State Hammonton, NJ 0803	7					Disposal Da	ate	City, Sta Morris	ate sville, PA				
Completed by Thomas Rock		Title PM				Signati	ure			Date 7/9/20	14		



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

Date of Notification (1)				uilding Own				Dietrict							
7/10/14	ion.		treet Add		negli	Ulial S		ואוווטנ		78 11					
Agencies Notified Type Notifical EPA Initial	ion	4	50 Eria	l Road					K).						ξ,
EPA Initial Amende Amende				, Zip Code ood NJ 08	8012										
I Emerge	ncy (including	N	lame of C	Contact					Telep	hone N	lumber				
DOH justificat		J	loe												6266
			FACILI	TY INFORM	IATIO										
Name of Facility Where Abatement is T Triton High School	aking Place (3)					1.	× Sc	Facility (4) hool (K-12) bchapter 8	È	than V	10\			×	
Street Address 250 Schubert Ave.								her (i.e. pri				ildir	igs, h	omes	3,
City (5)	22						Square	Feet	# of F	loors			g. Ag	е	
Runnemede NJ 08078							1000+		2			35	+		
County (6) Camden			County Co STATE US	ode (7) SE ONLY) _		_	Current	Use (Prior	if being	demol	lished)				
Name of Monitoring Firm Hired by Build	ling Owner (8)		ASCM	No.			of Abate	ment Contr	actor (9	3)					
Street Address						Street A	Address							77. 3.7.0	
City, State, Zip Code							ox 329								
						West	Berlin	NJ 0809							
Project Manager for Monitoring Firm		1	relephon	e No.			one No. 753 - 98		100	License				N.	
Start Date (10) 7/23/14	Scheduled 8/1/14	Com	pletion D	ate (11)		Name o		A Monitor							2081
Occupancy Status During Abatement (ASSESSMENT OF STREET				-	Street	Address					_			
Facility Closed/Vacated During El Abatement Performed Outside of Other – Describe:	ntire Period of Ab Normal Facility H	atem	ent		. -	City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)		-													
≥3 sf or ≥3 if ≥160 sf or ≥260 if	The state of the s	novat moliti				×	Mini Glov	Containmer -Enclosure rebag Proce -Exempted	edure)	
	le l	ocatio	on										Abate	ment	
Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)	M) Used Main Custo	ormali Solei tenar	ly ly by nce/		s Conta ermal s surfac	cription aining M systems ing, VA niscellar	Material of insulated are series of the contract of the contra	(ACM)	(S	nount pecify or LF)		Removal	Ty	e Encapsulate	Enclosure
Room B4	res	X	IWA	FI	loor T	ile & r	nastic		72	8 SF	x				
C Hall Closet		×	\vdash				nastic			SF	x	-			
Room C21		X	\vdash	FI	loor T	ile & r	nastic		67	2 SF	x				
Room H4		х		F	loor T	ile & r	mastic		67	2 SF	x				
Name of Registered Waste Hauler		888	JDEP W		Cubic `			Name of F	Registe	red Lar	ndfill		-		
United Containers		100000	lauler ID 2459		of Was	ste		G.R.O.V							
City, State Elm NJ				100	Dispos 8/1/14	sal Date		City, State Morrisvi		1906	67				
Completed by Anthony T Perna	Title Presio	ient			S	Signatur	è				Date 7/10	/14			



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

Date of Notification (1) 7/10/14			N E	ame of B Black Ho	uilding Owner/Corse Pike Re	perator gional	(2) School	District						
Agencies Notified	Type Notification		S	treet Add				And C			() E 30 (
EPA DEP DOL	Initial Amended Amendment	#			, Zip Code ood NJ 08012	2		Ž.		Č.		-		
DOH DCA	Emergency (i justification)	ncluding	200	ame of C	Contact				Tele	phone Nun	nber			٦
☐ DCA	Cancellation			oe							-			_
Name of Facility Where	Abatament la Takina	Diago (2)		FACILI	TY INFORMAT	ION	Type of	Facility (4)			-			\dashv
Highland High Scho		riace (3)					× Sc	hool (K-12))	r than K-1	2)		*	
Street Address 450 Erial Road							Ot	her (i.e. pri	vate &	commerci	al buildi	ngs, l	nomes	i,
City (5) Blackwood NJ 080	12						Square 1000+		# of 2	Floors	35	dg. Aq +	je	
County (6) Camden				County Co	ode (7) SE ONLY)		Current	Use (Prior	if beir	ng demolisi	hed)	7		
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.	100		ment Contr	ractor	(9)				
N/A		11					naco Inc							-
Street Address						PO	Box 329	9		ě.				
City, State, Zip Code							State, Zip st Berlin	Code NJ 0809	91					
Project Manager for Mo	nitoring Firm		1	Telephon	e No.		hone No. -753-98			License N 00727	No.			
Start Date (10) 7/23/14		Scheduled 8/1/14	Com	pletion D	Date (11)	Name		A Monitor						
Occupancy Status Durin	ng Abatement (Cher					Stree	t Address	3					7.6 1 5.7 (
Facility Closed/Va	cated During Entire med Outside of Norr	Period of Aba	atem	ent		City,	State, Zip	Code		+				
Scope of Work (Check						1			-					-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				Mini Glov	Containme i-Enclosure vebag Proc i-Exempted	edure				e	
							INOI	-Lxempled	() ai	id North tie	1		ement	
	(4)	10 20000000	ocati rmal	(C) (C) (C)								Ту	ре	
Asbestos-Containir TO BE A In Fac	ng Material (ACM) BATED cility	Used Main Custo	Sole tena	ly by nce/	Asbestos Co (i.e. therm sur	al syster facing, V	Material ms insula	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Room	F105	103	X	INA	Floo	r Tile &	mastic		7	00 SF	x	<u> </u>		
Room 2			X		Floo	r Tile &	mastic		7	00 SF	x			
Name of Registered W	lasto Hauler			NJDEP V	Vaste Cut	oic Yards		Name of	Regis	tered Land	fill			
United Containers			1	Hauler ID	2000	Vaste		G.R.O.						=
City, State Elm NJ						posal Da /14	ite	City, Stat Morrisv		A 19067				
Completed by Anthony T Perna		Title Presid	dent			Signati	ure				Date 7/10/1	4		



& Emergency \$

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

CK 4207

Date of Notification (1)			Т	Name of	f Buildina	Owner/Oper	rator	277 7 200	1 - 1 2	-5 1		-		
7/9/14						rivate Hon		(-)						
Agencies Notified	Type Notification		100	Street A 23 Ro	ddress nnie Dri	ve		1967 A 1-4-1	, in 14,	PHH	: : 5			
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Co nawkin N	ode NJ 08050								
DOH DCA	Emergency (justification)	including	0.65	Name of Dom	Contact				C - Tel	enhone N	lumber			
					LITY INFO	ORMATION								
Name of Facility Where Scott Sidler Private		Place (3)						Type of Faci	(K-12)					
Street Address 23 Ronnie Drive								Subcha Other (i etc.)	pter 8 (Oth .e. private	er than K & comme	-12) rcial bui	ldings	, hom	es,
City (5) Manahawkin NJ 0	8050							Square Feet 1000+	# o	f Floors		Bldg. /	Age	
County (6) Ocean	*				Code (7) USE ONLY)		Current Use Home	(Prior if bei	ng demol	lished)			
Name of Monitoring Fir N/A	m Hired by Building (Owner (8)		ASCM	l No.	177332		of Abatement	Contractor	(9)				
Street Address								Address Box 329						
City, State, Zip Code		70.11	38. 1015-1			Cif	ty, S	State, Zip Code t Berlin NJ			-		-	
Project Manager for Mo	onitoring Firm		T.	Telepho	ne No.	Te	elepi	none No. 753-9800		License				
Start Date (10) 7/10/14		Schedule 7/11/14		pletion I	Date (11)	Na		of OSHA Mon	itor	00,2,				-
Occupancy Status Duri Facility Closed/Va Abatement Perfort Other – Describe:	cated During Entire F	eriod of A	batem	nent				Address)					
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					Mini-Enclo					79	
	ē.	7,220-0	Locati					- HOILEAGH	1	4 11011111		Abat	emen /pe	t
Locatio Asbestos-Containin <u>TO BE Ai</u> In Fac (13	g Material (ACM) B <u>ATED</u> :ility	Used	ormali I Solei ntenar odial S (12)	ly by nce/	Asbes (i.e.	Descriptos Containing thermal systems surfacing, other misce	ng N tem	Material (ACM) s insulation, T, or	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Siding	Yes	No	N/A		Exterior	. C:	dia =	10	00.05		-	0	
Exterior	Siding	+++		X		Exterior	51	aing	12	00 SF	×			-
							_							
Name of Registered Wa	aste Hauler		N	JDEP W	aste	Cubic Yard	ds	Name	e of Registe	red Land	1611			
United Containers			Н	auler ID 2459		of Waste	40		O.W.S.	. eu Lailu	entii			
City, State Elm NJ	-					Disposal D 7/11/14	Date		State risville PA	19067	,			
Completed by Anthony T Perna		Title Presid	dent			Signa	ature	1			Date 7/9/14			

Cleck 12018

Date of Notification (1) 7/9/14			200		Building Ov t Meghdir	vner/Operato	r (2)	CICE		1-0	- (<u>)</u>	3		
Agencies Notified	Type Notification		- 14	Street Ad 220 Da		venue, Sui	ite 307			- 4	1	:		
EPA DEP DOL	Initial Amended Amendment #			City, Stat	e, Zip Code set, NJ 0)			-		2			
☑ DOH DCA	justification) Cancellation	ncluding			Contact t Meghdir				Tolon	hone N	umber			
				FACIL	ITY INFOR	MATION								
Name of Facility When Street Address 35 Plum Street	e Abatement is Taking	Place (3)	118.5.30					of Facility (4) school (K-12 subchapter 8 other (i.e. pri) 3 (Other				home	es,
City (5) New Brunswick							е е	tc.) e Feet	# of F	loors	0.0338	ildg. A	ge	
County (6) Middlesex				County C	Code (7) ISE ONLY)		Currer	nt Use (Prior	if being	demol	ished)			
Name of Monitoring Fi	rm Hired by Building C	wner (8)		ASCM	No.			ement Cont onmental			.C			
Street Address							t Addres Gate D	s Orive, PO	Box 48	33				
City, State, Zip Code					-	City,	State, Zi					. 1		
Project Manager for M	onitoring Firm		7	Γelephor	ne No.	Telep	hone No),		License	No.			
Start Date (10)		Scheduled		38				A Monitor						
Occupancy Status Du	ring Abatement (Check	Only One)	-(-/	C	Stroo	t Addres					_		i .
						Stree	it Addies							Í.
Abatement Perfo	acated During Entire P rmed Outside of Norm :					City,	State, Zi	p Code						
Scope of Work (Check	(All That Apply)			ASSIGNATION	322						100		-	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 li	f	Total Control of the	novat moliti			WAXA AND AND AND AND AND AND AND AND AND AN	→ Min ✓ Glo	Containmer i-Enclosure vebag Proce i-Exempted	edure				e	
- Make E		lali	ocatio			-	1101	Lxcmpted	1 / 4114	14011 1 11	Labie i ie	3 3 3 3 3 3 3	emen	t
Locat	ion of	No	rmall	у		Descriptio	n of					Ty	ре	,
Asbestos-Containi	ng Material (ACM) <u>ABATED</u> acility	-	tenan	ice/	(i.e. th	s Containing nermal systen surfacing, V other miscella	Material ns insula 'AT, or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
base	ment			х		pipe insul	ation		3	0 If	x	T	THE I	
						P.F						\vdash		
315 15														
										-				
Name of Registered V	Vaste Hauler	1	N	JDEP W	aste	Cubic Yards		Name of F	Register	ed Land	Ifill		-	
Freehold Cartage				auler ID 5959		of Waste 10		GROWS	3					
City, State Freehold NJ	10			8		Disposal Dat TBD	ie	City, State Morrisvi					1070	
Completed by A. Scott Higgins		Title Preside	ent		-	Signatu	re	1	\	100	Date 7/9/14	4		-

Check # 10299

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notificatio	on (1)	(PUL					Owner/Opera		(2)						
7-8-14			1	Dal	eo C	resp	00						A.i		
Agencies Notified	Type Notific		1 1 1 1 1 1 1		Nor		th Stre	et		2614 JUL	1 14	PH	[]:	3 <u>0</u>	
[]DEP		cation	Ci	tv.	State,	Zip (Code	-			_				
	[]Amended	1		-	ark,								10 20 20		
[X] DOL	Notifi	cation				925-711			Telephone	Number					
[X]DOH	[]EMERGEN	CY	100		of Conta				retephone	Number	-				
[]DCA				рат	.eo C	resp	00								
	[]Cancel]	ation			FACTT	TWV T	NFORMATION	-	1		_				
Name of Facility Wh	nere Abatemen	t is Ta	king	Pla	CONTRACTOR OF STREET	T11 1	HE ORDER TON		Type of Facili	ty (4)	-				
Same as above									[]School (
	_								[]Subchapt	er 8 (Othe	er th	nan F	ζ-12)	
Street Addres									[X]Other (i	.e., priva ildings, h	ate 8	con	mer	-	
									Square Feet	# of Floo	ors	Bld	g. I	ge	
City (5		Count	y (6) Ess	ex		nty Code (7	22							
						(ST	ATE USE ONI	.Y)	Current Use (F	rior if be	eing	demo	olis	hed)	
Name of Monitoring	Firm hired b	y Build	ling	ASC	M No.		Name of Ab	ate	ment Contractor	(9)	14				
Owner (8) N/A			158						MANAGEMENT	Inc.					
Street Address							Street Add		s stopher St						
City, State, Zip Co	ode						City, Stat		Zip Code Lr, NJ 0704	12					
	- Waritaring	Di	molo.	nhon	e Numbe	25	Telephone				Lice	nse :	Numb	er	
Project Manager for	r Monitoring		N/A		e Numbe				1-8800		00	373	L		
Scheduled Start Da	te (10) Sc	hed. Co			Date	(11)	Name of OS	SHA :	Monitor						
7-21-14		ll. N	2-1	1000			N/A								
Month Day Occupancy Status D		Month	Da eck o		Year one)		Street Add	ires	s		-				-
[X]Facility Cl	losed/Vacated	During	Ent	ire :	Period										
of Abateme []Abatement F		side of	Non	mal 1	Facilit	v	City, Stat	-0	Zin Code		-				_
	scribe: «OffHo	urs Des	crip	t»		-	City, bear	,	alp oods						
Scope of Work (Che	ck all that a	pply)													
[X]>3 sf o					ovation olition		[]M [x]G	ini- love	Containment wi -Enclosure -Ebag Procedure		e Pr	essu	re		
Y				Is			[]N	On-E	Friable Procedu			Aba	teme	nt 1	Type
Locati	on of			cati rmal			Descri	-		N_000000000000000000000000000000000000		R		E	E
Asbestos-C				Used			Asbestos Materi			Amount (Specif		E	R	C	C
Material TO BE A			By	olel Mai	n-		(i.e., the		270 40 W	SF or		0	PA	A P	0
In Fac				nanc		in	sulation,	surf	facing, VAT,	LF)		V	I	S	S
(13	3)	-		ff (12) N/A		or other m	isce	ellaneous)			L	R	L	RE
Basement			es	No	X	Dir	e Insu	lat	tion	160	L£	X			
Basement			-		^	1	JC 11154.		<u></u>						
											-		-		-
					<u> </u>		hia Varda		Name of Regi	stered Tar	dfil	1			
Name of Registered AZTECH MANA			Hau		Naste ID No.)	1 6 6 6 6 6	bic Yards Waste 1.	5	G.R.O.W.						
City, State		-				Di	sposal Date	9	City, State						-577
Montclair, N	J 07042						7-23-14		Morrisvi	lle, PA	1	906	7		
Completed By (Prin	it or Type)	Title	-		allere 2 To		Signa				Þ	ate			
Constantine		Presi	Ldei	nt			CI	livi	Cir			7-8-3	1.4		

CK 8342 State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

FB		10			I Name of Duilding Owner/Once	-t (2)				
Date of Notification (1)					Name of Building Owner/Oper Drew University	ator (2)				
July 9, 2014 Agencies Notified		Notification			Street Address	2514	7 301	14 7	Mir:	51
X EPA	The State of State of	☑ Initial			36 Madison Avenue		distribution of the			
x DCA		Administration of the Company of the		fication # 8	City, State, Zip Code	22 12				J
x DOL		□ Emerg		ncluding	Madison, NJ	- 10.	100	1 1 4	195	
X DEP		justific			Name of Contact		Telep	ho <u>ne Nun</u>	nber	
x DOH		☐ Cance	lled		James Hall					
		War and the same and the same		FACILITY IN	FORMATION		1.5			
Name of Facility Where Abate					Type of Facility (4)					
Drew University- Hal	l of Scie	nces			☐ School (K-12) Subchapter 8 (other than K-1	2)				
Street Address 36 Madison Avenue			•		Other (i.e. private & commer Sq. Feet: Unknown #					ears
City (5) Madison	County (6 Morris	1		Code (7) Use Only)	Current Use (prior if being den	nolished)	:			
Name of Monitoring Firm Hire		Owner (8)	ASCM	No.	Name of Contractor (9)	10,10 = 10,000	······································		0.000	
Briggs Associates, 1	lnc.				GREENWOOD ABATEM	ENT C	IIRNO	LTANTS	S. INC	
Street Address					Street Address	_141 0	0.400	- I / III I	, ,,,,,,,,	
3 Crosswicks Street					313317.133.332					
					268 MAIN STREET					
City, State, Zip Code					City State, ZipCode					
Bordentown, NJ					Butler, NJ 07405					
Project Manager for Monitorin	ng Firm	Telephone 1	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		Telephone Number	2	Licens	se Number		
Michael Hoodak		609.298	.5520		973-492-0477		0084	10		
Scheduled Start Date (10)		Scheduled (Completio	n Date (11)	Name of OSHA Monitor					
May 27, 2014		Septemb	er 30,	2014	EMSL inc.					
Occupancy Status During A					Street Address					
Facility Closed/Vacat					1050 01-11 1					
Abatement Performe		f Normal Fac	ility Hour	'S -	1056 Stelton Road City, State, Zip Code					
Describe - Occupi					City, State, Zip Code					
Other - Describe: Ph	ase # 5- 0	5.272014 to (09.30.201	14	Piscataway, NJ 08854					
8					· · · · · · · · · · · · · · · · · · ·					
Source of Work (Check all that	at apply)									
	0.000				x Fi	uli Conta	inment	with Nega	ative Pre	essure
≥ 3 sf or ≥ 3 l	lf			■ Renova	tion	Mini-Er	closure	e		
	260			Demolition	Glo	vebag P	rocedu	re		
	2					lon-Exem) and Nor	n-Friable	Procedure
				Y						
Location of Asbestos-Contain Material (ACM) in Facility (13		cation Norma ly by Maint./C			sbestos Containing Material mal systems insulation, surfacing,	Amoun (Specif		Abateme	ent Type	
material (ACM) III Facility (13		iy by Maint./C ? (12)	ustouidi	VAT, or other mis		or LF)	y OF	Remove	Repair E	ncap Enclose
	YES		NA	14	388 4				200	
HS -3		X		Spray On Fi	reproofing	1,100	sf	X		10-44-9-Cq
Hallway & Bathroom	s	X		Spray On Fi		1,000		X		
Rms # S105&S106		X		VAT & Mast		2,300	sf	X		
1 st Fl. Area Adj		X		TSI	4	140	lf	X		
3 rd Floor Mech Room	1	X		Spray On Fi	reproofina	1,000	sf	X		
Bsmt Mech Room		X		Spray on Fi		25 sf	X	X		
2 nd Fl. Labs		X		Spray on Flo		50 SF	San	X		
2 nd Fl Labs		X		Spray on Fi		50 SF	-	X		
_ 11 _ 455				Spiny on in	iop.oomig					
			1							
Name of Reg. Waste Hauler	2	NJDEP Was		r ID#	Cubic Yards of Waste:			of Registe		<u>dtill</u>
See Hauler Below # 1 &	2	See Belov	V		140		200000000000000000000000000000000000000	dowfill La O.W.S	anatili	
								rva Ent	Ohio	

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

NJ DEP # 12561	tement Consultants, Inc. – Butle NY DEP # .nc. – Newark, NJ 04509, NJ DEP #	Disposal Date September 30, 2014	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784 9000 Minerva Road Waynesburg, OH	
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Maria	Graure	Date July 9, 2014

GAC # 2013-414 Amendment #8- Additional asbestos quantities highlighted in yellow

Date of Notification (1) JULY 8, 2014			Name of Building Owner/Operator (2) PSEG Fossil, LLC											
Agencies Notified		Notification			Street Address 80 Park Plaza									
(X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial N () Amended () Cancelle	d Certification	on	City, State, Zip Code Newark, NJ 07102-4109									
(X) DCA					Name of Contact Domenic Fiorinoi Tel Number									
				FACILITY IN	FORMATION									
Name of Facility Where Abates LINDEN GENERATING Station		king Place (3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12)									
Street Address 4001 S. WOOD AVE					(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet_8000,000 # of Floors 8									
City (5) Co	unty (6)		County C	ode (7)	5q. r cct000	00,000		. 011100						
	IION		(State Us		Bldg. Age 78 Current Use (prior if being demolished) Ele			Electric	ctric Generating Station					
Name of Monitoring Firm Hired	ame of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.						Name of Co Absolut Ac							
Street Address					Street Address PO BOX 295	<u> </u>	1							
City, State, Zip Code					City State, ZipCode FLORHAM PARK, NJ 07932									
Project Manager for Monitoring Firm Telephone Number									ense Number 225					
		<u>.</u>												
Scheduled Start Date (10) Aug 1, 2014 Scheduled Completion Date (11) Aug 1, 2015					Name of OSH MECS	A MONITOR								
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -					Street Address 5 Linwood Ct									
Describe					City, State, Zip Code Hamilton, NJ 08690									
Other - Describe Two Shifts	, 12 hours	each, 24 h	our plant o	coverage										
Source of Work (Check all that	t apply)													
() Demolition (X) Renovat (X) Large Proj. (>160 SF or >2 (X) Full Containment with Neg	260 LF AC	M)()SMP	roj. (>25<1	60 SF or >10 <2	60 LF ACM) (Glovebag Proce	() Minor P	roj. (<25 SF or	<10 LF	ACM)					
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Loca	tion Normall by Maint./Cu	y Used	Description of thermal syster surfacing, VA	ACM (i.e. ns insulation,	(Specify SF or	LF)	Abatement Type						
75.2 S	YES	NO	NA	miscell.)	Car Account Amolt with				Rem.	Rep.		Enclose		
BASEMENT TO PENTHOUSE, WAREHOUSE & GARAGES		х	,	Boiler and pig TRANSITE &	pe insulation, MASTIC	25,000 s	square feet		Х	Х	X	X		
			-									_		
Name of Reg. Waste Hauler Waste Management of New	Jersey	NJDEP Wa 17273	ste Hauler	ID#	Cubic Yards of 200	of Waste	2.00	Name Tullyte	of Reg.	of Reg. Landfill wn Resource Recovery				
City, State Elizabeth, NJ 07114-2436							Disp. Date			City, Sta Tullyton	ate wn, PA	9007		
Completed by (Print or Type)		Title			Signature		4	Date						
ROBERT GROGAN VP								7/8/14						

Date of Notification (1) July 8, 2014			Name of Building Owner/Operator (2) PSEG Fossil, LLC											
Agencies Notified (X) EPA		Notification T			Street Address 80 Park Plaza	4								
(X) DEP (X) DOL (X) DOH		() Amended () Cancelled	Certification	on T	City, State, Zip Newark, NJ 07				S					
(X) DCA					Name of Conta			70 m 70 m 10 m	Number					
55				FACILITY INF				•		50000000				
Name of Facility Where A	hatament is To	king Place (3		TAGILITIN	Type of Facility	(4)		W 1						
HUDSON GENERATING		iking Place (5	<u> </u>		() School (K-12) () Subchapter 8 (other than K-12)									
Street Address DUFFIELD & VAN KUER	EN ST		(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000 # of Floors 8											
City (5) JERSEY CITY	County (6) HUDSON		County Co (State Use		Bidg. Age 67 Current Use (p					ting Sta	ation	16		
Name of Monitoring Firm	Hired by Bldg.	Owner (8)	ASCM No	<u>. </u>			Name of Cor	ntractor (
				_			Absolut Ace	e Inc.						
Street Address	treet Address													
City, State, Zip Code		City State, ZipCode FLORHAM PARK, NJ 07932												
Project Manager for Moni		Telephone Nur (973) 410-9217			License 00225	e Numb	<u>er</u>							
Scheduled Start Date (10 Aug 1, 2014	Date (11)	Name of OSHA MECS Street Address			9									
Occupancy Status During () Facility Closed/Vacate () Abatement Performed	ed During Entir	e Period of Al	batement		5 Linwood Ct		3							
Describe					City, State, Zip Hamilton, NJ									
Other - Describe Two S	hifts, 12 hour	s each, 24 ho	our plant co	overage										
Source of Work (Check a	Il that apply)						10	4						
(X) Demolition (X) Re (X) Large Proj. (>160 SF	or >260 LF AC	CM) () SM Pr	roj. (>25<16	60 SF or >10 <26	60 LF ACM) () Minor Pr	roj. (<25 SF or	<10 LF	ACM)					
(X) Full Containment with	n Negative Pre	ation Normally	/ Lised	Description of	ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment Ty	ре			
Containing Material (ACM	/I) in Solely	by Maint./Cus	stodial	thermal system		1	N 10 5	35	40					
Facility (13)	Staff?			surfacing, VAT	, or other				Rem.	Rep.	Encap	Enclose		
	YES	NO	NA	miscell.)					-	X	X	X		
Boiler Basement- 11fll, Warehouse and Garage	es	Х		Boiler &Pipe i Transite & Tile	nsulation, e	25,000sf			X		_	<u> </u>		
Name of Reg. Waste Har Waste Management of		NJDEP Wa 17273	ste Hauler I	ID#	Cubic Yards o	f Waste	1000	Name Tullyto	of Reg.	Landfill	Recove	ry		
City, State Elizabeth, NJ 07114-24	36					\sim	Disp. Date			City, Sta Tullytov	<u>ite</u> vn, PA 1	9007		
Completed by (Print or T	ype)	<u>Title</u>			Signature	1	•	Date				2 11		
ROBERT GROGAN VP								7/8/14	•		100000000000000000000000000000000000000			

Date of Notification (1) JULY 1, 2014			Name of Building Owner/Operator (2) PSEG Fossil, LLC											
Agencies Notified		Notification '	Type		Street Address 80 Park Plaza									
(X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial No () Amende () Cancelle	d Certificati	on	City, State, Zip Code Newark, NJ 07102-4109									
(X) DCA					Name of Conta Domenic Fiori			- 1 ki.	.i					
				FACILITY INF	ORMATION									
Name of Facility Where Aba Sewaren Generating Station		king Place (3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12)									
Street Address 751 Cliff Road		(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000 # of Floors 8												
				1 (7)	Sq. reet1,00	00,000		# 01 1100	015 0					
	County (6) Viiddlesex		County C (State Us		Bldg. Age 66 Current Use (prior if being demolished) Ele			Electric	Genera	ating St	ation			
Name of Monitoring Firm Hi	Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM						Name of Cor Absolute Ac	ntractor (9)						
Street Address			Street Address PO BOX 295	i										
City, State, Zip Code				City State, ZipCode										
1					Florham Park, NJ 07932									
Project Manager for Monitor	Telephone	Number		Telephone Nur (973) 410-921			License Number 00225							
Scheduled Start Date (10) Aug 1, 2014	Scheduled Aug 1, 201		Date (11)	Name of OSHA MECS	A Monitor									
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -					Street Address 5 Linwood Ct									
Describe					City, State, Zip Code Hamilton, NJ 08690									
Other - Describe Two Shif	ts, 12 hour	s each, 24 h	our plant c	overage										
Source of Work (Check all t	hat apply)													
() Demolition (X) Renov (X) Large Proj. (>160 SF or	>260 LF AC	CM)()SMP	roj. (>25<1	60 SF or >10 <26	60 LF ACM) () Minor Pr	oj. (<25 SF or	<10 LF	ACM)					
(X) Full Containment with N Location of Asbestos- Containing Material (ACM)	Is Loca	ation Normall by Maint./Cu	y Used	Description of thermal system							ent Type			
Facility (13)	Staff?			surfacing, VAT	, or other				Rem.	Rep.	Encap	Enclose		
Nos.1, 2,3 & 4 Units, Floor 1-8, WAREHOUSE & GARAGES	YES	NO X	NA	miscell.) Boiler and pip TRANISTE &		25,000 so	quare feet		X	X	Х	X		
												#		
	Name of Req. Waste Hauler Waste Management of New Jersey NJDEP Waste Hauler ID # 17273					Cubic Yards of Waste 200 Name of Reg. Landfill Tullytown Resource					III e Recovery			
City, State Elizabeth, NJ 07114-2436						_	Disp. Date			City, Sta Tullytov	ate wn, PA 1	9007		
Completed by (Print or Type	<u>e)</u>	<u>Title</u>	***************************************		Signature	1		<u>Date</u>						
ROBERT GROGAN		<u>VP</u>			// \ 7			7/8/14						

Date of Notification (1) July 8, 2014			Name of Building Owner/Operator (2) PSEG Fossil, LLC											
Agencies Notified		Notification T	(3:3		Street Address 80 Park Plaza									
(X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial Not () Amended () Cancelled	Certificatio		City, State, Zip Code Newark, NJ 07102-4109									
(X) DCA					Name of Contact Domenic Fiorino									
				FACILITY INF		10								
Name of Facility Where A	hatamaat is T	akina Place (3	1		Type of Facility	(4)								
Sewaren Generating Sta	ition	aking Flace (o			() School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.									
Street Address 749 Cliff Road		(X) Other (i.e. private & commercial bidgs., nomes, etc. Sq. Feet100,000 # of Floors 2												
City (5) Sewaren	County (6) Middlesex		County Co (State Use	ode (7)	Bldg. Age 50 Current Use (prior if being demolished) Warel									
Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM No	•	Otation		Name of Cor Absolut Ace		9)					
Street Address		Street Address PO BOX 295												
City, State, Zip Code		City State, ZipCode Florham Park, NJ 07932												
Project Manager for Monitoring Firm Telephone Number					Telephone Nun (973) 410-9217			License 00225	ense Number 25					
Scheduled Start Date (10) July 21, 2014 Scheduled Completion Date (11) Aug 15, 2014					Name of OSHA MECS	Monitor								
Occupancy Status During (X) Facility Closed/Vaca () Abatement Performed	ated During Er	ntire Period of	Abatement		Street Address 5 Linwood Ct									
Describe					City, State, Zip Hamilton, NJ	Code 08690								
Other - Describe Two S	shifts, 12 hou	rs each, 24 ho	our plant co	overage										
Source of Work (Check a	all that apply)	19			1.48									
(X) Demolition () Re (X) Large Proj. (>160 SF () Full Containment with	or >260 LF A	CM)()SMP	roj. (>25<16 Mini-Enclo	sure () Gio	ovebag Procedu	re	roj. (<25 SF or							
Location of Asbestos- Containing Material (AC	Is Lo	cation Normally y by Maint./Cu	y Used	Description of a thermal system	ns insulation,	Amount ((Specify SF or	LF)	Abater	ment Ty	<u>pe</u>			
Facility (13)	Staff' YES	? (12) S NO	NA	surfacing, VAT miscell.)	, or other			- 1	Rem.	Rep.	Encap	Enclose		
CMS BUILDING	1100	X		Mastic Remov	/al	5,000 sq	uare feet		Х					
Name of Reg. Waste Ha Waste Management of		NJDEP Wa 17273	aste Hauler	ID#	Cubic Yards of Waste 30 Nam			Name Tullyte	ne of Reg. Landfill ytown Resource Recovery					
City, State Elizabeth, NJ 07114-24	36						Disp. Date			City, Sta Fullytov	<u>te</u> vn, PA 1	9007		
Completed by (Print or	Гуре)	Title			Signature			Date	i i					
ROBERT GROGAN		/			7/8/14									

(K 8251

Date of Notification (1) July 8, 2014					Name of Building Owner/Operator (2) PSEG Fossil, LLC									
Agencies Notified (X) EPA		Notification (X) Initial No			Street Address 80 Park Plaza	12	(a //)							
(X) DEP (X) DOL (X) DOH		() Amende () Cancelle	d Certificati	ion	City, State, Zip Code Newark, NJ 07102-4109									
(X) DCA					Name of Contact Domenic Fiorino									
				FACILITY IN										
Name of Facility Where Abater ESSEX GENERATING Station		king Place (3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (Y) Other (i.e. private 8 commercial bldgs, homes etc.									
Street Address 155 Raymond Blvd		1.			(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000 # of Floors 8									
	unty (6) sex		County C (State Us		Bldg. Age 66 Current Use (prior if being demolished) Electri					ric Generating Station				
Name of Monitoring Firm Hired	Monitoring Firm Hired by Bldg. Owner (8) ASCM No.						Name of Cor Absolut Ace		(9)			#		
Street Address		Street Address PO BOX 295	k:											
City, State, Zip Code		City State, ZipCode FLORHAM PARK, NJ 07932												
Project Manager for Monitoring Firm Telephone Number										ense Number 225				
Scheduled Start Date (10) Aug 1, 2014	Date (11)	Name of OSH	A Monitor											
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement					Street Address 5 Linwood Ct									
() Abatement Performed Outs Describe	side of No	rmal Facility	Hours -		City, State, Zip Code Hamilton, NJ 08690									
Other - Describe Two Shifts,	, 12 hours	s each, 24 h	our plant c	overage										
Source of Work (Check all that	t apply)					- N								
(X) Demolition (X) Renova (X) Large Proj. (>160 SF or >2 () Full Containment with Neg	260 LF AC	M)()SMP	roj. (>25<1) Mini-Encl	60 SF or >10 <2	60 LF ACM) (Glovebag Proce) Minor F	Proj. (<25 SF or	<10 LF	ACM)					
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Loca	ition Normall by Maint./Cu	y Used	Description of thermal system surfacing, VAT	f ACM (i.e. Amount (Specify SF or LF) ms insulation,			LF)	Abatement Type					
BASEMENT - PENTHOUSE-	YES	NO	NA	miscell.) Boiler and pip Transite, MAS	pe insulation,	25,000	square feet		X Rem.	Rep.	X	Enclose X		
WAREHOUSE & GARAGES												_		
									-			+		
Name of Reg. Waste Hauler Waste Management of New Jersey NJDEP Waste Hauler ID # 17273					Cubic Yards of Waste 200 Name of Reg. Landfill Tullytown Resource Rec					Recove	ry			
City, State Elizabeth, NJ 07114-2436						20248	Disp. Date Jan-Dec 20	14		City, Sta Tullyton	<u>ste</u> wn, PA 1	9007		
Completed by (Print or Type)		Title			<u>Signature</u>	1	1	Date						
ROBERT GROGAN VP					7/8/14									

Date of Notification (1) July 8, 2014				Name of Building Owner/Operator (2) PSEG Fossil, LLC											
Agencies Notified (X) EPA		Notification (X) Initial No			Street Address 80 Park Plaza										
(X) DEP (X) DOL (X) DOH		() Amende () Cancelle	d Certification	on	City, State, Zip Code Newark, NJ 07102-4109										
(X) DCA					Name of Conta Domenic Fiori			Tal Nin	mber						
				FACILITY INF	ORMATION										
Name of Facility Where Al		aking Place (3	3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12)										
Street Address FOOT OF HACKENSACK AVE					(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000 # of Floors 8										
City (5) KEARNY	County (6) HUDSON		County Co (State Use		Bida, Age 77					ation					
Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM No	<u>).</u>	Current Use (prior if being demolished) Elect Name of Contract Absolut Ace Inc.					actor (9)					
							ADSOIGE ACC								
Street Address		Street Address PO BOX 295	I.												
City, State, Zip Code		City State, ZipCode FLORHAM PARK, NJ 07932													
Project Manager for Monitoring Firm Telephone Nu					<u>Telephone Number</u> (973) 410-9217			License Number 00225							
Scheduled Start Date (10) Aug 1, 2014 Scheduled Completion Date (11) Aug 1, 2015					Name of OSHA Monitor MECS										
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -					Street Address 5 Linwood Ct										
Describe	Outside of N	ormai Facility	nouis -		City, State, Zip Code Hamilton, NJ 08690										
Other - Describe Two SI	nifts, 12 hou	rs each, 24 h	our plant c	overage											
Source of Work (Check a	I that apply)														
(X) Demolition (X) Re (X) Large Proj. (>160 SF (X) Full Containment with	or >260 LF A	CM) () SM P	roj. (>25<16	60 SF or >10 <26	60 LF ACM) () Minor Pr	oj. (<25 SF or	<10 LF	ACM)						
Location of Asbestos- Containing Material (ACM	ls Loc f) in Solely	ation Normall by Maint./Cu	y Used	Description of thermal system	ACM (i.e. ns insulation,	Amount (Specify SF or	LF)							
Facility (13)	Staff? YES		NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose			
BASEMENT TO PENTHOUSE, Warehous & Garages		X	167	Boiler and pip Transite & Ma		25,000 s	quare feet		Х	Х	X	X			
						-		-		-	-	-			
			-							+	1	1			
Name of Reg. Waste Hau Waste Management of I		NJDEP Wa 17273	aste Hauler	ID#	Cubic Yards of 200	f Waste		Name Tullyt	of Reg. own Re	Landfill	Recove	ry			
City, State Elizabeth, NJ 07114-243	36						Disp. Date			City, Sta Tullytov	<u>ite</u> vn, PA 1	9007			
Completed by (Print or Ty	ype)	Title			Signature			Date 7/9/14	,						
ROBERT GROGAN VP								7/8/14							