

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


*Check # 2917*

Date of Notification (1) 07 / 25 / 17		Name of Building Owner / Operator (2) THE MALL AT SHORT HILLS		Street Address 1200 MORRIS TURNPIKE - SUITE A-001		City, State, Zip Code SHORT HILLS, NJ 07078		Name of Contact GREG SALERNO		Telephone Number [REDACTED]	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) THE MALL AT SHORT HILLS - BASEMENT LEVEL				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)							
Street Address 1200 MORRIS TURNPIKE				City (5) SHORT HILLS		County (6) ESSEX		County Code (7)		Square Feet 1,000,000	
								# Of Floors 4		Building Age 40+	
								Current Use (Prior if being demolished) RETAIL			
Name of Monitoring Firm Hired by Bldg. Owner (8) AET				ASCM NO		Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC					
Street Address 907 DOOLITTLE DRIVE						Street Address 32 WILLIAMS PARKWAY					
City, State, Zip Code BRIDGEWATER, NJ 08807						City, State, Zip Code EAST HANOVER, NJ 07936					
Project Mngr. For Monitoring Firm ERIC HOUSEKNECHT				Telephone Number 908-218-1108		Telephone Number 973-884-8682					
Schedul Start Date (10) 08 / 07 / 17				Sched. Completion Date (11) 08 / 08 / 17		License Number 00117					
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 9:30PM - 6:00AM				Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC							
				Street Address 32 WILLIAMS PARKWAY							
				City, State, Zip Code EAST HANOVER, NJ 07936							
Scope of Work (Check All That Apply)											
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos Containing  TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A		Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)		Abatement Type	
										R E M O V A L    R E P A I R    E N C A P S U L    E N C L O S U R	
BSMT CONTRACTOR BATH		<input checked="" type="checkbox"/>		PIPE & FITTING INSULATION				70 LF		<input checked="" type="checkbox"/>	
		<input type="checkbox"/>								<input type="checkbox"/>	
		<input type="checkbox"/>								<input type="checkbox"/>	
		<input type="checkbox"/>								<input type="checkbox"/>	
		<input type="checkbox"/>								<input type="checkbox"/>	
Name of Registered Waste Hauler NEWARK CARTING				NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill IESI			
City, State NEWARK, NJ				Disposal Date		City, State BETHLEHEM, PA					
Completed by (Print or Type) STEVE STILES				Title PROJECT MANAGER				Signature <i>[Signature]</i>		Date 07/25/17	



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

Check # 25551

Date of Notification (1) <u>7/22/17</u>		Name of Building Owner/Operator (2) <u>Stalteri</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>	
		City, State, Zip Code <u>Haddonfield, NJ 08033</u>	
		Name of Contact <u>Candy Stalteri</u>	
Telephone Number <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>		Square Feet <u>2200</u>	
City (5) <u>Haddonfield, NJ 08033</u>		# of Floors <u>2</u>	Bldg. Age <u>70+/-</u>
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>8/2/17</u>	Scheduled Completion Date (11) <u>8/7/17</u>		Name of OSHA Monitor <u>MECS</u>
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>1st Floor</u>		<input checked="" type="checkbox"/>	<u>VAT</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>8/8/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>7/22/17</u>



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-95

\*\*\* SUB chapter 8 \*\*\*

Check # 8502

Date of Notification (1) <u>07/12/17</u>		Name of Building Owner/Operator (2) Park Ridge School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 2 Park Avenue	
		City, State, Zip Code Park Ridge, NJ 07656	
		Name of Contact Robert Wright	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Park Ridge High School (Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 2 Park Avenue			Square Feet	# of Floors 2	Bldg. Age 50 years
City (5) Park Ridge	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) school		
Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 307 North Walnut Street		Street Address 105 Ryerson Road			
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Philip Conteh		Phone Number 610-431-7545	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/04/2017		Sched. Completion Date (11) 08/07/2017		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input checked="" type="checkbox"/> Abatement performed outside of normal facility hours- Describe: Unoccupied start Friday at 1:00p.m. <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road			
		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Demolition     | <input checked="" type="checkbox"/> Renovation         | <input checked="" type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure    |
| <input type="checkbox"/> >3 sf or >3 lf | <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Mini-enclosure                                  | <input type="checkbox"/> Non-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Office suite		<input checked="" type="checkbox"/>		Carpet, carpet mastic, floor tile, mastic	750 sqft	<input checked="" type="checkbox"/>			
Office suite		<input checked="" type="checkbox"/>		Double layer of tile	36 sqft	<input checked="" type="checkbox"/>			
Office suite		<input checked="" type="checkbox"/>		3 desks (decontaminate)	150 sqft				

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 08/7/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 07/24/2017



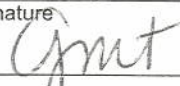
## Check # 25549

ASB-41  
MAR 00

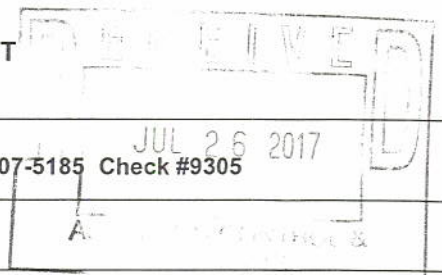
\* Do not use this form for asbestos licensure exempted-activities.



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

Date of Notification (1) 7 / 21 / 17		Name of Building Owner/Operator (2) Township of Union Public Schools/ Job #1707-5187 Check #9304							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2369 Morris Avenue							
		City, State, Zip Code Union, NJ 07083-5712							
		Name of Contact Barry Loessel	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Livingston ES		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 960 Midland Blvd.									
City (5) Union		Square Feet	# of Floors						
County (6) Union		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700	License No. 00529						
Start Date (10) 7 / 24 / 17	Scheduled Completion Date (11) 7 / 25 / 17	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2 <sup>nd</sup> Floor Boy's Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 7/25/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 7/24/17			

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



Date of Notification (1) <u>7</u> / <u>21</u> / <u>17</u>		Name of Building Owner/Operator (2) <b>Lawrence Township BOE/ Job #1707-5185 Check #9305</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2565 Princeton Pike</b> City, State, Zip Code <b>Lawrenceville, NJ 08648</b> Name of Contact <b>James Alberti</b>	
		Telephone Number _____	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Slackwood ES</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2060 Princeton Pike</b>			
City (5) <b>Lawrenceville, NJ</b>		Square Feet <b>43,518</b>	# of Floors <b>3</b>
		Bldg. Age <b>100</b>	
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc.</b>		ASCM No. <b>00030</b>	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>120 North Warren Street</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Roland C. Jones</b>	Telephone No. <b>609-392-4200</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <u>8</u> / <u>7</u> / <u>17</u>	Scheduled Completion Date (11) <u>8</u> / <u>18</u> / <u>17</u>	Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                                     |
|  |  | <input type="checkbox"/> Glovebag Procedure                                 |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         |

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms B4, B5 & B6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2'x4' Ceiling Tile	960 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/18/17</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>7/21/17</b>	



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

OK #4736

Date of Notification (1) 7/19/2017		Name of Building Owner/Operator (2) John Rafferty	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roebling, NJ 08554	
		Name of Contact John Rafferty	Telephone Number [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Roebling	Square Feet 1700	# of Floors 2	Bldg. Age 50+
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) single family residence	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	
Street Address		Name of Abatement Contractor (9) Active Environmental Technologies	
City, State, Zip Code		Street Address 203 Pine St	
Project Manager for Monitoring Firm		City, State, Zip Code Mt Holly, NJ 08060	
Telephone No.		Telephone No. (609)702-1500	License No. 01299
Start Date (10) 7/29/2017	Scheduled Completion Date (11) 7/31/2017	Name of OSHA Monitor n/a	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	36 LF	x			

Name of Registered Waste Hauler Active Environmental Technologies		NJDEP Waste Hauler ID No. 25704	Cubic Yards of Waste 1	Name of Registered Landfill Modern Landfill	
City, State Mt Holly, NJ 08060		Disposal Date 8/1/2017		City, State York, Pa	
Completed by Nick Smarrito		Title Asbestos Supervisor	Signature [Signature]	Date 7/19/2017	