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

Date of Notification (1) 5/7/14					Name of	Building (	Owner/O	perator	(2)	o Ino		7.50	,				
Agencies Notified	Type Notific	eation		-	Street Ac	idrass	iu impi	oveni	211	90/2 <u>5</u> 3	AH	7: 59	3				
	, .	ation			Oli CCL MC	ird Ave.					r : 1 1 1	打計論	1				
EPA DEP DOL	Initial Amend					te, Zip Co				& LICE	1311	4G	1.		*	-	
No. 200 00		iment #				ork, NY	10017	4146		& LIOL							
DOH DCA	justifica Cance	ation)			Name of Phoeb	Contact e Starr						enhono		er			
_ BOA	L Cance	nauon				ITY INFO	RMATIC	ON					+				_
Name of Facility Where	Abatement is	Taking	Place (3)						Type	of Facility (4)							
No name										School (K-12)			( 40)				
Street Address 3607 Bergenline Av	/e.								×	Subchapter 8 Other (i.e. pri				uild	ings,	home	es,
City (5)				_						etc.) re Feet	# of	Floors	-	BI	dg. A	ge.	
Union City									30,0		3			75		3-	
County (6) Hudson					County C	Code (7) ISE ONLY)				ent Use (Prior ail 1st floor				)			
Name of Monitoring Firm	Hired by Bui	ilding O	wner (8)		ASCM	No.		Name	of Aba	tement Contr	actor	(9)	-				-
Vertex Air Quality S	Services							Alliar	nce E	nvironmen	tal S	ystem	s, Inc		2-10000000		
Street Address 700 Turner Way, S	uite 105								Addre: East l	ss Jnion St.							
City, State, Zip Code Aston, PA 19014								ip Code ster, PA 19	3382		1	10.7					
Project Manager for Mor	elon, PA 19014  eject Manager for Monitoring Firm  on Heim					ne No.		Teleph	none N	0.		Licens					
Start Date (10)		- 1	Sahadula			8-8902 Date (11)		, walling	701-9	HA Monitor		0050	8			- 1/4	
6/2/14	-		7/1814		ipietion	Jale (11)		Verte		TA MOTILO				VIII.			
Occupancy Status Durin	g Abatement	(Check	Only One	e)					Addres								
Facility Closed/Vac Abatement Perform Other – Describe:							-			er Way ip Code			-	-			
Other – Describe:	Abatemnt to b	e perfor	med in ur	occup	ied areas	s of buildin	ng_	7-991		19014							
Scope of Work (Check A	dl That Apply)	)											1				
≥3 sf or ≥3 lf				enova				×	Ful	II Containmer	nt with	Negati	ve Pre	ssur	е		
2160 sf or ≥260 lf				emolit	ion			×		ni-Enclosure ovebag Proce							
									∐ No	n-Exempted	(*) an	d Non-F	riable				
* T000000000				Locati ormal											Abate Ty		
Location Asbestos-Containing		M)	Used	d Sole	ly by	Asbest	Des tos Conta	cription aining N		I (ACM)	А	mount				т	
TO BE AB In Facil			0.000000000	odial S		(i.e.	thermal surfac	system:		ation,		pecify or LF)		Remova	Re	ncap	Encl
(13)				(12)			other m					v. z. ,		lova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								100			te	(0
Basement Boiler a		ning	X				Therma			1	- 100	50 SF	X				
	Basement X							insula				50 LF	X				
Basement X							VA <sup>-</sup>	T/Mas	tic		40	00 SF	X				
3rd Flo					X			laster	*			50 SF	X				
Name of Registered Was	ste Hauler			633	JDEP W auler ID		Cubic of Was			Name of R						ce	
Richard Burns					9955		60			Western	Berk	s Cor	nmun	ity i	Land	itiil	
City, State Philadelphia							TBD	al Date	1/1	City, State Birdsbon	2,191	7					
Completed by			Title				9	nature	1//	1////	_		Date				
Robert M. Casciato			Presid	ent			R	4/1	VI	11/1			5/30	/14			

Location of	1	Locat		Description of	Amount (Specify		Abate Typ		
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	Solely laintena stodial (12)	by nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	1	4			te	æ
2 <sup>nd</sup> floor			X	Pipe insulation	5 LF	X			
<sup>3rd</sup> Floor			X	Floor tile	700 SF	X			
2 <sup>nd</sup> Floor			X	Plaster	300 SF	X			

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

REPRIME

Date of Notification (1) 06/02/14						Owner/Ope Company		(2)	2814	ILIN	3 AM	٠.٠	0		
Agencies Notified	Type Notification			Street Ac 119 W.	idress 57th #9	906									
EPA DEP DOL	Initial Amended Amendment #				te, Zip Co ork, NY						<del>38 dan</del> CENSIN		7 -		
DOH DCA	Emergency (in justification) Cancellation	ncluding		Name of Jennife	Contact er Gabot	ff	110000			Tele	phone Nun	nber			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	LITY INFO	ORMATION	1	Type o	f Facility (4)				_		
Previous Big Lots	Abatement is raking	1 1400 (0)							chool (K-12)						
Street Address 165 White Horse P	ike	0(						× o	ubchapter 8 ther (i.e. pri c.)				dings,	home	s,
City (5) Clementon, New Je	ersey 08021							Square 70,00	0	2	Floors	4	ldg. A 0+	ge	14
County (6) Camden				County C	Code (7) ISE ONLY)		_		t Use (Prior nt retail	if beir	ng demolish	ied)			
Name of Monitoring Firm ACER Associates	n Hired by Building C	wner (8)		ASCM	No.	1 2		of Abate ervices	ement Contr	actor	(9)				
Street Address 1012 Industrial Driv	/e							Address W Linc	oln Highv	vay S	Suite 500				
City, State, Zip Code West Berlin, NJ 08	091			<del>)</del>				State, Zip n, PA 1							
Project Manager for Mo Matt DePalma	nitoring Firm			Telephor 856 80		1 32	THE OWNER WHEN	none No. 872-88			License N 01161	0.			
Start Date (10) 6/16/14		Schedule 07/05/1		npletion [	Oate (11)		Name EMS		A Monitor		88				
Occupancy Status Durin	ng Abatement (Check	Only On	e)			10.2		Address	130 North		-				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire P ned Outside of Norm 7:00 am to 3:30 pm	eriod of A al Facility	baten Hours	nent S		C	City, S	State, Zip	Code						
Scope of Work (Check							Ciriri	amins	JII, NJ	- 27					
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ы ттас друу	74 - C 10 10 10 10 10 10 10 10 10 10 10 10 10	enova				×	Mini- Glov	Containmer -Enclosure rebag Proce -Exempted	edure				e	
		le	Locat	ion				_ NOI!	Lxempted	( ) and	31101111102	1	Abate	ement	
Locatio Asbestos-Containing TO BE AE	g Material (ACM) BATED	Use Mai	lorma d Sole intena	lly ely by		Descritos Contain thermal sy surfacin	ning N ystem	Material ( s insulat		(8	mount Specify or LF)	Ren		e Encapsulate	Encl
In Fac (13)			(12)			other mis			-	O.	OI LI )	Removal	Repair	sulat	Enclosure
		Yes	No	N/A		T1 4:1 .	2022			10.	200 SE				
Retail and mez			×		1	Floor tile			;		000 SF 24 SF	x	-		
Entry ves	X			51	ucco	)			24 SF	^					
			/10-50 												
Name of Registered Wa Waste Mgt of Centr			100	NJDEP W Hauler ID		of Waste			Name of R		ered Landfill				
City, State Trenton, NJ					Disposa TBD	I Date	3	City, State Morrisvil		A					
Completed by Linda P DeNenno		Title Mana	ager			Şig	ele	e 6/1	Och	щ		ate 2/14			

<sup>\*</sup> 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)	30 / 20	14		Name ()	of Building	Owner/Operator (		JUN-3 (AM	ABS A	£3		
Agencies Notified	Type Notification	_			K9211 Address	1					-	
□ EPA ▶ DOLWD	☐ Initial Amended						9-1089	PATES OU	HILL	ijĻ.		
□ DOH	Amendment #			1 4	tate, Zip C	<b>₩</b> ₹		& LICENSI	NU			
DCA	Emergency (in justification)	cluding		Name	of Contact			Telephone Numb	per	_		
(NJAC 5:23-8)	Cancellation			2.4		Tark 10.	endek	4			•	4
				FAC		FORMATION			-			220
Name of Facility Where A	batement is Taking	Place	(3)			n .	Type of Facility	(4)				New Color
Regince	Coursen!	5	N	RS.	ng (	enter	Subchanter	?) 3 (Other than K-12)	1			
Street Address			٠, .	2	1		Other (i.e., p	rivate and commer	cial bu	ilding	IS.	
246 Ham	buig Tu	12	PK	Ť.			homes, etc.) Square Feet	# of Floors	BI	dg. A	ne	_
City (5)	UT			1			15.000		0.000	- 5	-	
Wayne 1 County (6)	01			Coun	tv Code (7	(STATE USE ONLY)		ior if being demolis				
1053016					.,		Nursin	. 4				
Name of Monitoring Firm	The same of the sa	wner (	(8)	ASCM	No.	Name of Abateme		*				- 0
AET	*					PLOSE	rice 12	LLC				
Street Address						Street Address	, ,	11.			12	-100
28 N Yeni	nell RA					4014	1. Lineal	n Highu	rely		¥ 5	WC.
City, State, Zip Code	QA		10	D. 1	2	City, State, Zip C	- W/II	L 1934	<b>!</b>			
Project Manager for Moni	toring Firm			D 6		Telephoné No.		License No.		-		
	seknech	+	1	7 290			1-8884	DITU	Ì			
Start Date (10)	Sched			tion Da		Name of OSHA N						
<u>001091</u>	14 0	U_1	RE		14	1 PMS	1					
Occupancy Status During	Abatement (Check	only	one)			Street Address		* 1 - 11				
☐ Facility Closed/Vacate					uulle u		whe 13t	NOCTH_				
Abatement Performed Time of Abatement:						City, State, Zip C	minson	ハゴ	03	0	77	
Scope of Work (Check all	that apply)						tainment with Ne	native Pressure				
>3 sf or >3 If		Re Re	novati	on		☐ Mini-End	closure	yative Flessure				
₹ ≥160 sf or ≥260 lf		☐ De	molitic	on		Gloveba □ Non-Exe	g Procedure empted (*) and No	n-Friable Procedu	re			
		Is	Locat	ion						atem	ent T	ype
Location		1	Vorma	lly	1	Description of			R	Re	En	E.
Asbestos-Containing N		Ма	ed Sole iintena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Endosure
IN Facilit		Cus	todial ( (12)	Staff?		surfacing, VAT	, or	SF or LF)	<u>a</u>		sulat	ure
(13)		Yes	No	N/A		Office Thisochianic	.003)				0	
Lower level		ď		$t_{\Box}$	7	SI		200 LF	X			
	1 5 20 (1)			to				319LF	<b>a</b>			
Michali	al Spain						*	7 7 7		П		
				+					10	П		
Name of Registered Wast	to Hauter			IJDEP V	Naste	Cubic Yards of	Name of Regis	stered Landfill	10	T_		
Waste Moura		1	1.20	lauler I		Waste	GRO					
City, State	and of					Disposal Date	City Ctata					
Trenton.	NT			*		TBD	Morei	sulle, PA				
Completed By (Print or Ty						Signature	7	D	ate,	s		
		(ani	e a o	Λ		Trece	15 hileh	reced !	5/3	01	4	
ASB-41			J		f	Lua	Phoih	w 6/2	114	ŀ		
JAN 13	*	Do not	use th	us form	ror asbest	os licensure exem <sub>i</sub>	DIEG activities.	- 1	. /			

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

RECEIVED

Date of Notification (1) 5/29/14	v			lame of PSEG	Building (	Owner/O	perator	(2)		2	014 JU	N −3	i	AM.	8: i	2
Agencies Notified	Type Notification		1000	treet Ad 40 Ea	ldress igle Roc	k Rd		0.00000	X							
DEP DOL	Amended Amendment		7.55		te, Zip Coo nd N.J.					14	##ES & L	.ICE	H3	IN	G	
DOH DCA	Emergency (i justification) Cancellation	ncluding	183	face and a real of	Contact Veville	1*1				Tel	ephone N	lumber				
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Hudson Switch Street Address	Abatement is Taking	Place (3)			1				of Facility (4 School (K-12 Subchapter 8	2)	er than K	-12)				
164 Van Keuren Av	/e			-33 2-11000				×	Other (i.e. pr etc.)	ivate 8	& comme			199).		s,
City (5) Jersey City N.J. 07	097						11	Squa n/a	are Feet	# or	Floors		Blo n/a	ig. A a	ge	
County (6) Hudson					ode (7)			Curre n/a	ent Use (Prio	r if bei	ng demol	lished)				
Name of Monitoring Firm	Hired by Building C	lwner (8)	4	ASCM	No		Name		atement Cont	ractor	(9)		-			-
n/a	Trinea by ballang c			n/a			WRS	S Env	rironmenta							
Street Address n/a								Addre	ess ock Rd							
City, State, Zip Code n/a								Zip Code NY 11980					***			
Project Manager for Mor	ct Manager for Monitoring Firm							hone N 924-8			License 01136					
Start Date (10) 5/29/14	Date (10) Schedule								HA Monitor above							8
Occupancy Status Durin	ng Abatement (Check	Only One)					Street	Addre	ess		-				-	
Abatement Perform	cated During Entire P ned Outside of Norm			ent				State, 2	Zip Code			77-72				
Other – Describe:							n/a									
Scope of Work (Check A	All That Apply)						Г	٦ -			. Ntanativ	o Droo	01.15			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novatio molitio	77.00				Mi Gi	all Containme ini-Enclosure ovebag Proce on-Exempted	edure						
								<u> </u>	on-Exempleu	() all	u Non-i i	lable I		935 No.	ment	
Lasatia	- of	1875.575	ocatio rmally	3000		Dor	scription	o of						Ту		
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) B <u>ATED</u> ility	Custo	tenand dial Sta (12)	ce/ aff?		os Cont thermal surfac	aining N	Materia is insul AT, or		(5	mount Specify or LF)	Dellova	Domousi	Repair	Encapsulate	Enclosure
		Yes	No	N/A							7155		+		200	
Exterior De	molition		- 1	Х		Coal	Tar V	Vrap		1	7 LFT	x	4			
													-			
											-	+				
Name of Registered Wa	ste Hauler		N.I	DEP W	aste	Cubic	Yards		Name of F	Reaiste	ered Land	dfill				
Veolia ES	oto i idalio.		На	uler ID 071		of Was 1/4 ya	ste		Wayne I							
City, State 1 Eden Lane, Fland	to the state of th					Dispos 6/6/14	sal Date 4	9	City, State Belleville		48111					
Completed by Michael J DiMaria		Title Project	Mar	nager		S	ignatur	e hai	PR	m	ani	Date 5/29/	14			

**MAY 11** 

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

Date of Notification (1) 5 / 28	/ 14	1				g Owner/Operator ( orps of Engineer	s Philadephia I	District Job	#1310-4	695 (	CK#	
	tification			Street	Address		2814 JUN -3	AM 8: 67	1			
☐ EPA ☐ Initia						Building 100 Pe	nn Square Eas	st	i			1
The state of the s	naea ndment#	3)			State, Zip 0	Code	ASBEDIUS	POST IN				
	rgency (i	_	α	Phi	ladelphia	a, PA 19107-3390	E LICE	BALCH				
	ication)		5	Name	of Contac	t		Telephone N	lumber			
☐ Can	ellation			Mat	tthew Tu	rner		d				
	P. H. Strick			FA	CILITY IN	FORMATION	7000					
Name of Facility Where Abatemen	t is Takir	a Place	e (3)				Type of Facility (	(4)		1000		
Walson Hospital		_	. ,				☐ School (K-12	1976				
Street Address	_						☐ Subchapter 8	(Other than K	(-12)			
5250 New Jersey Ave.					*		Other (i.e., pr	ivate and com	mercial b	uilding	js,	
City (5)							homes, etc.)	# -5 []	I D	I-I- A		
Fort Dix							Square Feet	# of Floors		ldg. A	ge	
100000000000000000000000000000000000000				10				1				
County (6)				Cour	ity Code (7	()(STATE USE ONLY)	Current Use (Pri		nolished)			
Burlington							Air Force Ba	ase				
Name of Monitoring Firm Hired by	Building	Owner	(8)	ASCM		Name of Abateme						
M.E.C.S.				3813	35	AbateTech, I	nc.					
Street Address						Street Address						
Po Box 341						30 Maple Ave	e. PO Box 25			Testion 1 2 c Fa C 50	SLOUE CO-CO	
City, State, Zip Code						City, State, Zip Co	ode					
Chesterfield, NJ 08515						Lumberton, N	NJ 08048					
Project Manager for Monitoring Fir	n		Tele	phone	No.	Telephone No.		License No	,			
William Weisgarber			(6	09) 29	8-4070	609-265-2107		00529				
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
_01_/_20_/_14		06_ /	30	_ / _	14	EMSL Analyt	ical					
Occupancy Status During Abateme	ent (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacated During	Entire Pe	riod of	Abate	ment		108 Haddon A	Ave.					
☐ Abatement Performed Outside	of Norma	l Facilit	y Houi	rs - Des	cribe	City, State, Zip Co	ode					=
Time of Abatement:AM-	P	M/	PM-		AM	Westmont, N.						
Scope of Work (Check all that app	v)											$\dashv$
	.,	200					ainment with Neg	ative Pressure	)			
$\square \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If			enovati emolitio			☐ Mini-Enc						
△ ≥100 si di ≥200 li		M De	monuc	on:			g Procedure mpted (*) and Nor	n-Friable Proce	edure			
	-	Is	Locat	ion			( ) = ( )		1	atem	ent T	vne
Location of			Norma	lly		Description o	f					
Asbestos-Containing Material (	ACM)		ed Sole intena			stos Containing Ma	terial (ACM)	Amount	Removal	Repair	inc	Enclosure
TO BE ABATED IN Facility			intena todial		(i.e	., thermal systems i surfacing, VAT,		(Specify	Nor	=	aps	losu
(13)		1.000	(12)			other miscellane		SF or LF)	1 2		Encapsulate	<u>-</u>
**************************************		Yes	No	N/A							æ	
SEE ATTACHED		П	П							П	П	П
	+	Η=	H	-								
		Ш								Ш	Ц	Ш
				$\boxtimes$								
		П	П						П		П	П
Name of Registered Waste Hauler				JDEP V	Maste	Cubic Yards of	Name of Regist	ered Landfill				
AbateTech, Inc.			100000	auler IE		Waste	G.R.O.W.S.					
				18750		780		Lanulli				
City, State						Disposal Date	City, State					
Lumberton, NJ	1800					06/30/14	Tullytown,	PA				
Completed By (Print or Type)	Title	500			m	Signature	1 0-		Date	2/1	J	
Jennifer Piraine	C	perat	ions (	Coordi	nator	CLAMA	tes Puac	no	512	811	7	
\SB-41				1200		7	U			1		
MAY 11	*	Do not	use th	is form	for asbest	os licens <b>u</b> re exemp	ted activities.					

Location of Asbestos-Containing	Solely I	ion Normally by Maintena	nce or	Description of Asbestos-Containing	Amount (Specify	A		emer rpe	nt
Material (ACM) TO BE ABATED in Facility		odial Staff?		Material (ACM) (i.e., thermal systems insulation, surfacing,	SF or LF)	Removal	Repair	Encapsula	Enclosure
(13)	Yes	No	N/A	VAT or other miscellaneous)		val	Ŧ	ulat	ure
BUILDING 5250 Throughout				Popcorn Ceiling	1,785 SF	X	П	П	П
BUILDING 5250 Throughout				Duct Insulation	160 SF	X	Ħ	Ħ	Ī
BUILDING 5250 Throughout				Transite Roof	921 SF	$\overline{\boxtimes}$	Ħ	Ħ	Ī
BUILDING 5250 Throughout				Window/Door Caulk	33,158 LF				
BUILDING 5250 Throughout				Interior Window Glazing	150	$\boxtimes$			
BUILDING 5250 Throughout				Transite Panels	1,000 SF	M	П	П	П
BUILDING 5250 Throughout				Roofing	23,000 SF				
BUILDING 5250 Throughout		П		Roof Hatch Gasket	20 SF	M	П	П	
BUILDING 5250 Throughout				Misc Debris	100 SF	X	Ħ	Ħ	Ħ
BUILDING 5250 Throughout			X	Gaskets	10	X	Ħ	H	Ħ
BUILDING 5250 Throughout				Sheetrock	3,250 SF	$\square$	Ē	F	Ī
BUILDING 5250 Throughout				Backsplash	700 SF	X	Ħ	H	Ħ
BUILDING 5250 Throughout				Roof Penetrations	1,200 SF	X	Ħ	H	Ħ
BUILDING 5250 Throughout				Flashing	1,600 SF	X	Ħ	Ħ	Ħ
BUILDING 5250 Throughout				Floor Tile & Mastic	3,770 SF	X	Ħ	Ħ	首
BUILDING 5250 Throughout				Stick Pin Mastic	1,100 SF		П	Ħ	Ħ
BUILDING 5250 Throughout				Transite Panels	2,650 SF	d	Ħ	Ħ	Ħ

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

Date of Notification (1)				A CONTRACTOR		g Owner/Operator (2					
05/29	_ / _	14		Ken	nedy He	alth System /	Job #1405-476				
⊠ EPA □ I	e Notificati nitial	on		200000000	Address ast Lau	rel Road	2014 JUN	-3 AH 8: 6	!		
	Amended			City, S	tate, Zip C	Code	1,44751	US CUHIRS	į,		
and the second s	Amendmen			Stra	tford, N	J 08084	or I	CENSING			
DCA DCA (NJAC 5:23-8)	Emergency ustification	(including	}	Name	of Contac	t		Telephone Numb	er		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cancellatio			Bob	Reed			170	<b>p</b>		
			-	EAC	II ITV IN	IFORMATION		_			-
Name of Facility Where Abates	ment is Ta	king Place	(3)	IAC	ZILIT I IIV	II OKWATION	Type of Facility (	4)			
Kennedy Memorial Hos			and the same	ad Awn	ina		School (K-12)				
Street Address	pitai - La	D & ASS	Joiati	eu Awi	iiiig		☐ Subchapter 8	(Other than K-12)			
18 East Laurel Road								ivate and commerc	cial build	ings,	
			HO THE	Walter and the same of the sam			homes, etc.)	# of Floors	Dida	٨٥٥	
City (5)							Square Feet	# 01 F10015	Blug.	Age	
Stratford				10		WOTATE (105 041) A	0 111 /0	101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IX		
County (6) Camden				Coun	ty Code (/	7)(STATE USE ONLY)	Hospital	or if being demolis	nea)		
Name of Monitoring Firm Hired	by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
Criterion Laboratories,	Inc.					AbateTech, I	nc.				
Street Address						Street Address					
3370 Progress Drive						30 Maple Ave	e. PO Box 25				
City, State, Zip Code						City, State, Zip Co	ode				
Bensalem, PA 19020						Lumberton, I	NJ 08048				
Project Manager for Monitoring	Firm		Tel	ephone	No.	Telephone No.		License No.			
Michael Panepresso			2	15-244	-1300	609-265-2107	•	00529			
Start Date (10)	Sc	cheduled C	omple	etion Da	te (11)	Name of OSHA N	Monitor				
05 / 19 / 14	4	06 /	3	0 /	14	EMSL Analyt	ical				
Occupancy Status During Aba	tement (C	heck only	one)			Street Address					<del>University of the Control of the Co</del>
☐ Facility Closed/Vacated Du				ement		200 Route 13	0 North				
					cribe	City, State, Zip Co					
Time of Abatement:						Cinnaminsor					
Scope of Work (Check all that	apply)					M = # 0	4 - i 4 i4l- <b>N</b> 1	-ti December			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re	enova emolit			☐ Mini-End ☐ Gloveba	g Procedure				
						□ Non-Exe	empted (*) and No	n-Friable Procedur			_
l f			S Loca Norma			Description of			-	ement	T
Location of Asbestos-Containing Mate	rial (ACM)	Use	ed So	lely by	Asbe	estos Containing Ma		Amount	Removal	Encapsulate Repair	Enclosure
TO BE ABATED		Ma		ance/ Staff?		e., thermal systems	insulation,	(Specify	JOV	aps	lost
IN Facility (13)		Ous	(12			surfacing, VAT other miscellane		SF or LF)	<u>m</u>	ulat	le
(10)		Yes	No	N/A	9.0		,			0	
Lab and Associated Awn	ina				Ceiling	Spray On		200 SF			
	- 3		-								
										_   _	
Name of Registered Waste Ha	auler			NJDEP \		Cubic Yards of	Name of Regis	tered Landfill			
AbateTech, Inc.	351571		4.40	Hauler II	O No.	Waste	G.R.O.W.S				
				18750	)	40 Disposal Date	City, State	000 000 000 000 000 000 000 000 000 00		-	
City, State						6/30/14	Tullytown,	DΔ			
Lumberton, NJ							runytown,				
Completed By (Print or Type)  Jennifer Piraine		Title Operat	ions	Coord	inator	Signature	Les Pira	ine 5	1te	14	
ASB-41				-		77	D. 1000	`	1	<del></del>	
MAY 11		* Do no	t use i	this form	for asbes	tos licensure exem	pted activities.				

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

RECEIVED

Date of Notification (1)			Nar	ne of Buildir	ng Owner/Operator (	(2)			-		
	14		V	erizon Co	mmunications	1 19	b #1405-4763	Chec	k #6	320	
Agencies Notified Type Notif	ication		Stre	et Address			<del></del>	HII C	. 6.	ن	
☐ Initial			1	00 Greenv	vood Ave.	f.		rate	- 5	,	
☑ DOLWD ☑ Amend		1	City	, State, Zip	Code			1 1 3	1 1 125	i.	
	ment # <u>1</u> ency (includ	lina )	J	enkintowr	n, PA 19046		& LICEN	401HG	1		
(NJAC 5:23-8) justifica		illig	Nar	ne of Conta	ct		Telephone Nu	mber			
Cancel			A	lex Baylo	•						
				ACILITY II	NFORMATION						
Name of Facility Where Abatement is	Taking Pl	ace (3)	)			Type of Facility	(4)				
Verizon - Hightstown CO						School (K-12					
Street Address					***		8 (Other than K- rivate and comm		ildina	10	
393 Mercer Street						homes, etc.)		ioroiar bi	anding	,0,	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Hightstown									27000 0		
County (6)			Co	unty Code (	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)			
MERCER				,	,,	Offices		,			
Name of Monitoring Firm Hired by Bu	ilding Own	er (8)	ASC	M No.	Name of Abateme						
USA Environmental	manig Own	OI (U)	AGO	WI INO.	AbateTech, I						
Street Address					Street Address	110.					
						- DO D 05					
8436 Enterprise Avenue			21		30 Maple Ave						
City, State, Zip Code Philadelphia, PA 19153					City, State, Zip C						
Project Manager for Monitoring Firm			alamban	a Na	Lumberton, I	NJ 08048	I Hanna Na				
Mark Jenkins			elephon		Telephone No.		License No.				
The state of the s				55-5810	609-265-2107		00529				
Start Date (10)	Schedule				Name of OSHA N						
05 / 22 / 14	06	20 1000	100000000		EMSL Analyt	icai					
Occupancy Status During Abatement	339		STALL OF STREET STREET, ST.		Street Address	O Nth					
☐ Facility Closed/Vacated During Er ☐ Abatement Performed Outside of					200 Route 13						
Time of Abatement:AM					City, State, Zip Co						
					Cinnaminsor	n, NJ 08077					
Scope of Work (Check all that apply)					M Full Con	tainment with No.	ativo Proscuro				
≥3 sf or ≥3 lf	$\boxtimes$	Renov	ation		☐ Mini-Enc	tainment with Neo losure	jauve Pressure				
≥160 sf or ≥260 lf		Demo	lition			g Procedure					
					☐ Non-Exe	mpted (*) and No	n-Friable Proced	-	-	550	
7627 1220 70 5			cation mally		7			Ab		ent T	ype
Location of Asbestos-Containing Material (AC	NA)		nally olely by	Ache	Description o estos Containing Ma		Amount	공	Re	En	m
TO BE ABATED	1VI)	Mainte	nance/	(i.e	e., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility	C	ustodi (1	al Staff?		surfacing, VAT	, or	SF or LF)	Va.		Encapsulate	ure
(13)	Ye		lo N/	A .	other miscellane	ous)				te	
Basement - Boiler Room		TE		Boiler	Insulation		200 SF				
Basement - Boiler Room		-	_	Boiler	Breeching		100 SF				
Basement - Boiler Room		1000	ON NO. 10		Rope Insulation		5 LF		Ì		
Basement:Generator/Storage R		327			ile & Mastic		500 SF				
Name of Registered Waste Hauler				) Waste	Cubic Yards of	Name of Regis	tered Landfill				1000-05
AbateTech, Inc.			Hauler	ID No.	Waste	G.R.O.W.S					
City, State			187	50	Disposal Date	City, State					
					The second secon		DA				
Lumberton, NJ	100 D				6/9/14	Tullytown,			,		
Completed By (Print or Type)	Title	592	22	222 / 22	Signature	0 -		Date	11	6	
Jennifer Piraine	Oper	ation	s Coor	dinator	Denni 6	be fuau	no 1	5/3	41	1	
SB-41					Thomas	7 1000			-		

EDS14-115

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

Page 1 of 1 Check # 1260

Date of Notification (1) 5-27-2014					Suilding Ov SCHOO					t t	b		San San			
Agencies Notified	Type Notification			Street Add	dress emoine A	Avenue	0702	4	2	114	IUN -:	3 AI	18	: 62	)	
EPA DEP DOL	Initial Amended Amendment #		_	City, State Fort Lee	e, Zip Code e, NJ				۵		SIO	S CL	H i	ROI		
X DOH X DCA	justification) Cancellation	.c.aag	1000	Name of 0 Jack De	Contact Nichilo					1 ele	pnone		) )			
		DI (0)		FACIL	ITY INFOR	RMATIO	N	Type of	f Facility (4	1		200 =	-			-
Name of Facility Where Fort Lee School #4		Place (3)						☐ So	chool (K-12	2)		Z 42\				
Street Address 1193 Anderson Av	е							<b>7</b> 0	ubchapter 8 ther (i.e. pr c.)	ivate 8	comm	ercial b	ouildi	ngs, I	nome	s,
City (5) FORT LEE								Square 60,00		# of 2	Floors		8kg	dg. Ag	je	
County (6) Bergen				County C	ode (7) SE ONLY)				t Use (Prio entary Sc		ng demo	olished	)			
Name of Monitoring Firm		wner (8)		ASCM	No.		Name of		ement Cont	ractor	(9)					
Street Address							Street A	Address	3							
307 North Walnut S	Street					-	City, St	ate, Zip								_
West Chester, PA				Telephon	e No.		Bloon		ale, NJ 0	7403	Licens	se No.				
Paul F. McCaa							(201)	710-9			0108	4				
5-30-2014 at 3:30	art Date (10) Schedu -30-2014 at 3:30 pm 6-2-20						GL G	roup,	Inc							
Occupancy Status Duri	ng Abatement (Check	Only On	e)				Street /		s urg Tpke							
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire P med Outside of Norm	eriod of A al Facility	baten Hours	nent s		-	City, St	ate, Zip		7403	+		-			
							Diooi	migu	ale, 140 0	7 400	-+					-
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ан тнас Арріу)	-	enova emoli				×	Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	edure					9	
		I lo	Locat	ion				110.		( )				Abate	ment	Ċ
Location	on of	l N	Norma	lly		Des	cription	of				+		Ту	pe	
Asbestos-Containin  TO BE A  In Fac  (13	g Material (ACM) BATED cility	Ma Cust	(12)	ince/ Staff?				s insula T, or		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Boiler I	Room	Yes	No	N/A		Square	e Bree	ching		1	80 SF		X			
Boiler		X				Round				2	20 SF		X			
Boiler I				Boile	r Rope	e #1		1	00 LF		X					
Boiler Room X						Boile	r Rope	e #2		5	50 LF		X			
200000000000000000000000000000000000000	Name of Registered Waste Hauler				aste No.	Cubic			Name of	Regist	ered La	ndfill				
GL Group, Inc						of Was		*	GROW							
City, State Bloomingdale, NJ						TBD	sal Date		City, Stat Morrisv		PA					
Completed by Elena Solakov		Title Presi	ident		1	S	ignature	E	Perm S	lulli		Date 5-2	7-20	014		

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

B & G proj. #: 2014-91

and 12:120-7)

Check # 6562

Date of Notification (1)	1	Name of Buil	ding Own	er/Operator (2)		1.5		av.				
0 5 / 3 0 / 1 4	ı	Estate of	- 100 November 1				2014 JU	₩-3	AH	7: 5	8	
Agencies Notified   Type Not	ification	Street Addres	S				j tk⊑c	File :				
	tial	94 Ridge		enue			438ES <b>2</b> 1	TOSE INSE	AUM CHIA	i hta	L	
	nendment	City, State, Z		240					-1146	3		
☑ DOH		Madison		940			[7-1	- M				-
_   П Car	ncellation	Name of Cont					Telephon	e Numbe				
☐ DCA ☐ G	i	Paul Fin	Keluey									
			FAC	ILITY INFORM	ATION							
Name of facility where abatem	nent is taking	place (3)					Type of Facility (	4) I (K - 12)				
Estate of Paula Long			00122-002				1 =	apter 8 (C	ther th	nan K	-12)	
Street Address							✓ Other (	Private/C	omme		000000	
94 Ridgedale Avenue								Homes, e		BI	dg. Ag	ge
City (5)	Co	unty (6)			Cou	nty Code (7)				-1		
Madison, NJ	М	orris			(Stat	te use only)	Current Use (Pr	ior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired	d by Bldg. Ow	ner (8)		ASCM No.		Name of Abatement		-				
N//	4	£5				B & G Restoration	on, Inc.					
Street Address						Street Address						
						105 Ryerson Roa	ad					
City, State, Zip Code						City, State, Zip Code	1 07025					
Project Manager for Monitoring	Firm	I Pho	ne Numb	per	-	Lincoln Park, N. Telephone Number	1 0 / 0 3 3	License	Numb	er		
		1	-			973-696-6869		0378		23-07.		
Scheduled Start Date (10)	Sch	ed. Completio	n Date (1	1)		Name of OSHA Moni						
06/09/2014		06/10/2014				B & G Restoration	on, Inc.					
Occupancy Status During Abat	ement (Check	only one)			$\dashv$	105 Ryerson Roa	ad					
Facility closed/vacated de						City, State, Zip Code						
Abatement performed ou Describe:	tside of norm	al facility hours	S-		_ []							40
Other-Describe:					- []	Lincoln Park, N.	J 07035					
Scope of Work (check all that					_		[	wrap		7.0	_	
☐ Demolition	Renova					ull Containment w/neg	gative pressure	Glove	200			
✓ > <u>3</u> sf or > <u>3</u> If		or ≥260 If			√ V	fini-enclosure		Non-f	TR			
Location of asbestos-containing		ion normally untenance/cust		1	on of o	sbestos-containing	Amount		е	R e	E n	E n
material to be	staff(12	2)	Ι	material (		spesios-containing	(Specify S	F or	o m	p a	c a	c
abated in facility (13)	Yes	No	N/A				LF)		v e	i	р	-
Main Room			X	pipe insula	tion		60 If		V			
boiler room		3	X	pipe insula	ation		6 If		V			무
									井	닏	부	111
	-	4							H	片	片	ዙ
Registered Waste Hauler	IN	DEP Hauler II	)# 10	Cubic Yards of V	Vaste	Name of Registered	Landfill		.	Ш	Ш	1—
B & G Restoration, Inc.		9563		1		Tullytown Resou		Center				
City, State Lincoln Park, NJ 07035			Disposal I	Date 10/2014		City, State Tullytown, PA						
Completed by (Print or Type)	Title			Signature				Date				
Gordana Luna		ary/Treasure	r	00-00 <del>-000</del> 0000000000000000000000000000		Gordana Luna		05/30	/201	4		2

#### State of NJ Notification of Asbestos Abatement

B & G proj. #:	2014-89		(	Pursuan	t to NJAC 8:	:60-7 a	and 12:120-7)	Check	c#6560		rum enc	12	
Date of Notification	1/114		lame of Buil Anna Res		er/Operator (2)		8.	2814 J	UN -3	AH	7: 5	E E	
Agencies Notified EPA DEP	Type Notificat  Initial		treet Addres 4 Maryla	nd Road	`				STOS C LICENS				
☑ DOL	Amend	ment		ood, NJ (	7040						j		
DOH DCA	Cancell		Anna Re					Telepho	ne Number	)			
•				FACII	LITY INFORMA	ATION		÷					
Name of facility wh Anna Resnick		is taking pla	ace (3)					=	(4) ool (K - 12) hapter 8 (O	ther th	nan K	-12)	
Street Address 4 Maryland Ro	oad	. 22							(Private/Cos./Homes, e # of Floor	tc.		dg. Ag	ge
City (5) Maplewood	)		nty (6)			Contract Con	y Code (7) use only)	Current Use (	Prior if bein	g dem	olishe	ed)	
Name of Monitoring	g Firm Hired by N/A				ASCM No.		lame of Abatement C						
Street Address				I		S	treet Address 105 Ryerson Road						
City, State, Zip Code	е .					.	ity, State, Zip Code Lincoln Park, NJ	07035					
Project Manager for	Monitoring Firm	1	Pho	one Numbe	er		973-696-6869		License 0378	Numb	er		
Scheduled Start Dat 06/11/2014	te (10)		I. Completio /11/2014	n Date (11	)		B & G Restoration						
Occupancy Status D	During Abateme		· 500-0000000000000000000000000000000000			-  °	treet Address 105 Ryerson Road	i					o Washell Ma
Facility closed Abatement pe Describe:	d/vacated during erformed outside					C	ity, State, Zip Code						
Other-Describ						$= \coprod$	Lincoln Park, NJ	07035	ALL CONTRACTOR OF THE PARTY OF				
Scope of Work (che Demolition  >3 sf or >3 If		y) Renovatio ≥160 sf or					I Containment w/nega	tive pressure	☐ wrap ☐ Glovet ☐ Non-fr	oag pr	ocedu		
Location of asbestos-con material to be	taining	Is location	n normally usenance/cust		Descriptio material (A		estos-containing	Amount (Specify	SF or	R e m o	Repa	E n c	E n c
abated in faci	lity (13)	Yes	No	N/A				LF)		v e	i	a p	L
laundry room				X	pipe insulat	tion		2 If					
laundry room			4	X	pipe			9 If				V	닏
boiler room / H	VAC room			Х	pipe insulat			8 lf / 21 lf				ᆜ	L
under stairs sto	rage			X	pipe insulat			30 lf			ᆜ	ᆜ	
boiler room				X			rglass insulation	6 If			Ш	<u>Ц</u>	Ш
Registere J Waste H B & G Restoration		NJDI 195			ibic Yards of W 1 ½		Name of Registered L Tullytown Resour		y Center				
City, State Lincoln Park, N.	J 07035			Disposal Disposal Di	ate 1/2014		City, State Tullytown, PA						

05/30/2014

Completed by (Print or Type)
Gordana Luna

Title

CK# 1145

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

RECEIVED

Date of Notification (1)				Name of Building Owner/Operator (2) Russel Abrecht  Street Address												
05-30-2014				Russe	Abrech	nt				C014	JUN	-3	AF	7:	32	
Agencies Notified	Type Notification			Street A 505 Le	ddress enape Ti											
DEP  DOL	Initial Amended Amendment #			City, Sta	ite, Zip Co	de		& LICENSING								
	Emergency (in	ncluding			f Contact		_	Tel	ephone	Num	her					
DOH DCA	DOH justification)  DCA Cancellation									7	oprioric	, adii	<b>b</b>			
					Abrech		ON			1		+			10.75	
Name of Facility Where Abatement is Taking Place (3) Residence						Type of Facility (4)										
Street Address				School (K-12) Subchapter 8 (Other than K-12)												
642 Ocean View R				Ott etc	ner (i.e. p	orivate 8	& comm	ercia	l build	dings,	home	es,				
City (5) Brielle							Square					Bldg. Age				
County (6) Monmouth			Code (7) USE ONLY	Current	Current Use (Prior if being demolished)											
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	I No.	Name	of Abater	ment Cor	ntractor	(9)	-	-				
Sky Enverimental S						Be C	e of Abatement Contractor (9) Construction Corporation									
Street Address 140 Boulevard		Street Address 235 Watchung Ave														
City, State, Zip Code Mountain Lakes, N			ē.			State, Zip Code et Orange, NJ, 07052										
Project Manager for Monitoring Firm Leonid Skereshevsky				Telepho	ne No. 38-4821		Teleph	ephone No. License No. 3-669-2900 01231								
Start Date (10) Scheduled C								me of OSHA Monitor								
06-14-2014	014	ipiction	Date (11)	Name	UI OSITA	WOITE										
Occupancy Status Durin	e)				Street	t Address										
Facility Closed/Vac Abatement Perform Other – Describe:							Code			H						
Scope of Work (Check A				_						4						
≥3 sf or ≥3 lf	enova	ovation Full Containment with Negative Pressure														
≥160 sf or ≥260 lf	emolit	olition  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure														
				I		14	Non-Exempted (*) and Non-Fi					2 /				
	Locati ormali								Abatement Type							
Ashestos-Containing Material (ACM) Used				ly by	Ashes		Description of s Containing Material (ACM)			Amount						
TO BE ABATED Mai			ntenar			(i.e. thermal system			s insulation,		(Specify		Re	7 5		En
In Facility (13)				, tui,			acing, VAT, or miscellaneous)			SF or LF)			Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				,,,,					'al	7	late	ле
Livingroom ar	nd Kitchen		Х		Tax.		Tiles			7	65sf	П	x			
Den	Den x					Red lin	oleum	with paper 225sf				x				
Roof X						Chimne	y flash	h patch 7sf					x			
												Т				
Name of Registered Waste Hauler					NJDEP Waste Cubic Yards				rds Name of Registered Landfill							
Circle Rubbish Removal					Hauler ID No. of Waste				Tullytown Resource Facility							
City, State Linden, NJ		Disposal Date				e City, State Tullytown, PA										
Completed by Title						e / // Date										
Barbara Reed	lent				dan	Was	2/1	eeg		05	30-2	2014	65 			

CK 57092

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

RECEIVED

Date of Notification (1)					Name of Building Owner/Operator (2)									
		WASHINGTON TWP PUBLIC SCHOOL PISTRICI3 AH 8: [ 6												
Agencies Notified Type Notif		Street Address												
☑ EPA ☑ Initial				206 E. HOLLY AVE 6-3#ESTOS CONTROL										
☑ DOLWD ☐ Amend	0.50			City, St	tate, Zip C	ode	č	LICERSIA	र्ध					
	ment #_	duding		SEW	ELL NJ	08080					200			
DCA ☐ Emerge (NJAC 5:23-8) ☐ iustifica		auding		Name	of Contact	Telephone Nu	Number							
Cancel	200							*						
				FAC	ILITY IN	FORMATION	T=	(4)						
Name of Facility Where Abatement is		Place	(3)				Type of Facility (4)							
WHITMAN ELEMENTARY SC	HOOL						⊠ School (K-12)     □ Subchapter 8 (Other than K-12)							
Street Address							Other (i.e., p	rivate and comm	nercial bu	uilding	s,			
827 WHITMAN SCHOOL DRIV	VE						homes, etc.)							
City (5)					Square Feet	# of Floors	BI	Bldg. Age						
TURNERSVILLE							>50,000	1 50						
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)		-			
Gloucester							SCHOOL			207-11-12				
Name of Monitoring Firm Hired by B	uilding O	wner (	8)	ASCM I	Vo.	Name of Abatem	ent Contractor (9)							
HORIZON ENVIRONMENTAL		0007	3	DELTA/BJDS	S, INC									
Street Address						Street Address								
301 9 <sup>TH</sup> STREET						1345 INDUS	TRIAL BLVD							
City, State, Zip Code						City, State, Zip C	ode							
WEST DEPTFORD, NJ 08086						SOUTHAMP	PTON, PA 18966							
Project Manager for Monitoring Firm	Tele	ephone I	No.	Telephone No.	o. License No.									
STEVE	8	56 848	0800	215 322-2900										
Start Date (10)	omple	tion Dat	te (11)	Name of OSHA	IA Monitor									
6 / 16 / 14	_ 8	3_/	8	/ _14_ CRITERION LABS										
Occupancy Status During Abatemer	it (Check	only o	ne)		Street Address									
				ment		3370 PROGE	RESS DRIVE							
☐ Abatement Performed Outside of	Normal	Facility	/ Hou	rs - Des	cribe	City, State, Zip C	ode							
Time of Abatement: 7:30AM	PM/	3:30PI	M	AM		BENSALEM	PA 19020							
Scope of Work (Check all that apply	)	23,415-12												
	,					☐ Full Cor ☑ Mini-En	ntainment with Ne	gative Pressure						
					on  ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure									
			Loca					A	Abatement Type					
Location of Norm  Ashastas Contrining Metodal (ACM) Used So					-	Description of					m m	m		
Asbestos-Containing Material (A TO BE ABATED	CM)		inten			estos Containing M e., thermal systems	Amount (Specify	Remova	Repair	Encapsulate	clos			
IN Facility		Cus		Staff?	(,,,	surfacing, VA7	SF or LF)	Va Va	]	Sul	Enclosure			
(13)				To continue	-	other miscellan			1	ate				
		Yes	No	N/A						-	-	-		
BOILER ROOM			$\boxtimes$		PIPE F	ITTINGS (CUT A	ND WRAP)	30 LF		-				
						V21								
Name of Registered Waste Hauler				NJDEP I		Cubic Yards of Waste	The state of the s	stered Landfill						
SERVICE TRANSPORT GRO	UP INC	;		20990				LANDFILL						
City, State 58 PYLES LANE, NEW CAST	0			Disposal Date	City, State WAYNESBURG, OH 44688									
Completed By (Print or Type)				Signature			Date :	V 10						
DAMIAN LAVELLE	Title	ROJE	CT	/IGR.			mixan	4						

ASB-41 MAY 11

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

CK 57090

7269

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

AFORMED

Date of Notification (1)	1	Name of Building Owner/Operator (2)											
		WASHINGTON TWP PUBLIC SCHOOL DISTRICT 2014 JUN -3 AM 8: 17											
Agencies Notified Type Notifica	1	Street Address											
⊠ EPA ⊠ Initial		206 E. HOLLY AVE A 35EST03 CON									K ë l		
☑ DOLWD ☐ Amended Amendme	1	City, St	ate, Zip Co	ode			0	LICE	MS	NG			
☑ DHSS   Amendme     ☑ DCA   ☐ Emergence		ing		SEW	ELL NJ	08080	100			N.			
(NJAC 5:23-8)   Justification		Name	of Contact			Telephone Number							
☐ Cancellati		202					, ,						
				FAC	ILITY IN	FORM	ATION	T 15 114 /	4)				
Name of Facility Where Abatement is T	aking Pla	ace (3	5)					Type of Facility (					
WEDGEWOOD ELEMENTARY						⊠ School (K-12)     □ Subchapter 8 (Other than K-12)     □ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 236 HURFFVILLE ROAD													
City (5)						Square Feet	# of Floors	BI	dg. A	ge			
SEWELL								>50,000	1		50		
County (6)				Count	ty Code (7)	(STATE	USE ONLY)	Current Use (Pri	or if being dem	olished)			
Gloucester								SCHOOL					
Name of Monitoring Firm Hired by Build	ling Own	er (8)	I	ASCM I	No.	Name	of Abateme						
HORIZON ENVIRONMENTAL G		00073 DELTA				JDS, INC							
Street Address				Street	Address								
301 9 <sup>TH</sup> STREET								RIAL BLVD					
City, State, Zip Code				0.0000000000000000000000000000000000000	State, Zip Co								
WEST DEPTFORD, NJ 08086						PTON, PA 18966							
Project Manager for Monitoring Firm		ohone I		- N	Telephone No. License No.								
STEVE		6 848			322-2900		00793						
		letion Date (11) Name of OSHA											
6 / 16 / 14	8	_ / _	14_		ITERION I	LABS							
Occupancy Status During Abatement (					t Address	DESC DRIVE							
☐ Facility Closed/Vacated During Entil				7 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		RESS DRIVE							
Abatement Performed Outside of No Time of Abatement: 7:30 AM-	Hours	City, State, Zip Code  BENSALEM PA 19020											
Scope of Work (Check all that apply)								4-1	estiva Decesion				
					☐ Full Containment with Negative Pressure ation ☐ Mini-Enclosure								
							☑ Gloveba ☐ Non-Exe	pag Procedure exempted (*) and Non-Friable Procedure					
	ocati	ion	1							atement Type			
Location of Norm Asbestos-Containing Material (ACM) TO BE ABATED IN Facility  Location of Norm Used So Mainter Custodia						Description of					Ž	Щ	ū
					Asbe	stos Co	ontaining Ma nal systems	aterial (ACM)	Amount (Specify	Removal	Repair	ncap	Enclosure
					(1.6	sui	facing, VAT	, or	SF or LF)	Val	]	Encapsulate	sure
(13)				NI/A	1	othe	r miscellane	eous)				ate	100
		es	No	N/A				ND 14/2 4 5		F7	-	-	-
MECHANICAL ROOM					PIPE FI	TTING	SS (CUT A	ND WRAP)	50 LF			10	
										.			
	П												
Name of Registered Waste Hauler			_ N	JDEP V	Waste	Cubic	Yards of	Name of Regis	stered Landfill				1
SERVICE TRANSPORT GROUP	100	Hauler ID No. Waste 20990				MINERVA	LANDFILL						
City, State				Dispo	sal Date								
58 PYLES LANE, NEW CASTLI						WAYNESE	BURG, OH 44	688					
Completed By (Print or Type)		Signature					Date	te					
DAMIAN LAVELLE	PRO	OJEC	TM	GR.	7		Dan	um da	nelle	6-	5-	-1:	1_