

Date of Notification (1) 06/05/2015				of Building C , Bath, & B		rator (	(2)						
Agencies Notified	Type Notification			Address	icyona -						7.		$\dashv$
property.	,,		100000000000000000000000000000000000000	Liberty Av	enue					- 1			1
EPA DEP	Initial Amended			State, Zip Coo					_				
X DOL	Amendment		11 22 33 55 3	n, NJ 0708									
П рон	Emergency (i	ncluding	Name	of Contact				Telepl	ne Nurr	ber			
DCA	Cancellation		Johr	n Purcel				1					
_			FA	CILITY INFO	RMATION			_					
Name of Facility Where		Place (3)					Type of Facility (	4)					
Former Coffee Dist	ributiing Corp.						School (K-1						
Street Address							Subchapter Other (i.e. p				linas	home	15
685 Liberty Avenue							etc.)						
City (5)							Square Feet	# of FI	IS	- 1	ldg. A	ge	
Union	and the second s						35,000	2			5+		
County (6)				ty Code (7) E USE ONLY)			Current Use (Pri			C			
Union	=						Former Coffe		lung C	oip.			
Name of Monitoring Firm	Hired by Building (	Wner (8)	AS	CM No.			of Abatement Cor	otti ctor (9					
0							er, LLC						
Street Address					177		Address Route 17 Norti	h					
City State Zie Code					Proposition of the Control	5 35 (10)	tate, Zip Code						
City, State, Zip Code							mus, NJ 0765	2					
Project Manager for Mor	nitorina Firm		Telen	hone No.			one No.		ense No	1.		-	
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Start Dale (10)	T	Scheduled (	Completio	on Date (11)			of OSHA Monitor						
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Occupancy Status Durin	g Abatement (Chec	k Only One)			S	treel	Address		-				
X Facility Closed/Vac	ated During Entire F	Period of Aba	tement		1	135 H	Kinnelon Road	l, Suite	12				
Location Continue	ed Outside of Norm	al Facility Ho	ours		1		tate, Zip Code	05					
Other – Describe:					—   }	Kinn	elon, NJ 0740	5					
Scope of Work (Check A	II That Apply)	Accessed				_							
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x ≥160 sf or ≥260 lf		x Den	nolition			X	Glovehan Pro						
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Location	n of		mally	10000	Descri					-	Ту	μe	
Asbestos-Containing			Solely by enance/	Asbes	tos Contain	ing M	faterial (ACM) s insulation,	Ame (Spe		ח		四	ш
<u>TO BE AB</u> In Facil			ial Staff?	(1.6.	surfacing	g, VA	T, or	SF o		Remova	Repair	caps	nclo
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Please see atta	ched survey		X										
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Name of Registered Wa	ste Hauler		NJDEF Hauler	Waste	Cubic Ya of Waste		Name of	Re gistere	Landfill				
Super, LLC			34893		TBD		G.R.O.	.W.S., W	iste M	anag	eme	nt	
City, State					Disposal	Date	City, Sta	te	-				
Paramus, NJ					TBD			A PA					
Completed by		Title			Sign	nature	17/1/	<i></i>	Da				
Tailor Dominguez		Preside	ent			1	791/18		06	3/16/2	2015	6	

#### Hillmann Consul ng, LLC

Firestop, red

Flashing Concrete

Flashing Tar, Membrane

Floor Tile, light gray

Floor Tile, light green

Joint Compound, white

Joint Tape, white

Mastic for white & black vinyl floor tile

Paint, tan/off-white

Roof Membrane, Tar Board

Tar

Tar Flashing

Tar from Vent Pipe

Tar with Stone

Tar Membrane

Tar Membrane, Flashing

Tar Paper, Black

Tar Paper Flashing

Tar Paper Insulation

Tar Roof Membrane

Vinyl Floor Tile, black

Vinyl Floor Tile, dark green

Vinyl Floor Tile, off-white

Vinyl Floor Tile, off-white with speckles

Vinyl Floor Tile, orange

Vinyl Floor Tile, tan with speckles

Wallboard

Wallpaper, Tan

Window Glazing

White Board Insulation

#### 3.4 Results Summary Table

The following is a summary of the observed condition of the homogeneous materia s sampled that were identified as asbestos-containing material. All quantities are approxime e and are subject to field verification.

	Building	at 685 Liberty Avenue, Ur	nion, NJ		=
Sample ID	Location	Material	Total Quantity	Friab ty (F/N	Cond. (G/F/P)
W103230	2 <sup>nd</sup> Floor, South Offices, Open Area	Mastic for 12"x12" Carpet Tiles, Black	4,800 SF	NF	Good
W103245	2 <sup>nd</sup> Floor, Server Room, Pipe Vent	Tar	6 LF	NF	Good

Asbestos Inspection Report Bed, Bath & Beyond 685 Liberty Avenue, Union, NJ B1-7493

#### Hillmann Consu ing, LLC

	Building a	nt 685 Liberty Avenue, Un	nion, NJ	NAME OF TAXABLE PARTY.	annonXIIII-XIIII
Sample ID	Location	Material	Total Quantity	l riabil ty (F/NF)	Cond. (G/F/P)
W103275	131 71 Co	9"x9" Vinyl Floor Tile, Gray	10 SF	NF	Good
W103276	1 <sup>st</sup> Floor, Storage Area	Mastic associated with Gray 9"x9" Vinyl Floor Tile, Black	1,0 51	. 11	0000
Assumed	l <sup>st</sup> Floor Sprinkler Room	Residual Floor Mastic	20 SF	NF	Fair
W103300	1st Floor, Martial Arts Studio, under Carpet and Matting	Mastic associated with 12"x12" Light Gray Vinyl Floor Tile, Black	2,400 SF	NF	Good
TB1740	1st Floor, Comcast Warehouse, East Side	Window Glazing	1,152 LF	NF	Good
W103341	Roof, Office, Flashing, Fourth Layer*	Roof Flashing (Base)	3,560 SF	NF	Good
W103343	Roof, Warehouse*	Tar Board (Roof Membrane)	35,000 SF	NF	Good
W103357	Roof, Warehouse, First Layer*	Roof Flashing (Base)	2,240 SF	NF -	Good
W103368	Roof, Warehouse, HVAC Ducts	HVAC Tar on Ducts	10 SF	NF	Good
W103369 W103370	Roof, Warehouse, Vent Pipe	Tar on Vent Pipes	4 SF	NF	Good
Assumed	Throughout Perimeter of Interior and exterior of Building – Up to 4' high on interior and 4' below the 1st floor slab	Vapor Barrier**	Under Stab -3,840 SF 1 <sup>st</sup> Floor - 3,760 SF 2 <sup>ad</sup> Floor - 2,704 SF Total - 10,304 SF	NF.	N/A

Square Feet = SF

Good = G

\*ACM is located in at least one layer of a component. For construction purposes, the entire component must be condered ACM. \*\*Assumed due to inaccessibility - It is recommended material is sampled at a later date when ac essibility is

#Samples of pipe and pipe fitting insulation have yielded positive results. Hillmann con iders is to be a homogenous material. As such, all aircell and block pipe insulation are considered positive.

##Samples of same color and texture floor tile have yielded positive results. Hillmann considers his to be a

homogenous material. As such, some floor tiles have been grouped together and are considered positive.

Hillmann had the layers attached directly to the substrate analyzed first in order to 1 entify the component as ACM. If this layer is identified as ACM, then the remaining layer were not analyzed and are assumed to be ACM as part of that component.

J N 1 7 2015

Date of Notification (1)	15 Notified Type Notification Initial Amended			Name o	f Building	Owner/0	Operator	r (2)				-				
6/16/2015				Beyer	Brother	s GM	C		4		Harris II					
Agencies Notified	Type Notification		$\top$	Street A	ddress			165			1/2	-		5 (	2	-
⊠ EPA	☐ Initial			109 B	Broad Av	е										
X DEP	Amended			City, Sta	ate, Zip Co	de						-				
∑ DOL	Amendment Emergency (		-	Fairvi	ew, NJ 0	7022										
☑ DOH	justification)	including		Name o	f Contact					1 a	ephoi	Niim	L			
DCA	Cancellation			Miche	elle Beye	r							1			
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Name of Facility Where a Structure Associate								Type of	Facility (4	)						
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City (5)								Square	Feet	# 0	f Floo	Sec. No.		ldg. A	\ge	
Fairview			_	_						_				25+		
County (6)					Code (7) USE ONLY)				Use (Prior	ifte	ing de	olish	ed)			
Bergen			18					n/a								
Name of Monitoring Firm		owner (8)		ASCN	ΛNo.		0.000		ment Conti		(9)					3
Health and Safety	Services								rises, Inc	:	-					
Street Address PO Box 365								Address								
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City, State, Zip Code							175005	State, Zip								
Berlin, NJ 08009									J 08221			_				
Project Manager for Mon James Proctor	litoring Firm			Telepho			60	none No.				se No				
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Other - Describe:		ai racility r	louis				1000	state, Zip								
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Date of Notification (1)								Operator (	(2)			37				-	
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Fairview								а [							25+		
County (6)						Code (7)			Curre	nt Use (Prid	or if	eing de	nolishe	ed)			. 100
Bergen				1	(STATE I	USE ONLY)			n/a								
Name of Monitoring Firm			Owner (8)		ASCN	I No.		Name o	of Abat	tement Con	itrac c	or (9)					
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Street Address								Street A									
PO Box 365								The state of the con-		Essex Av	e						
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Berlin, NJ 08009	.,							1		NJ 08221	l						
Project Manager for Mon James Proctor	litoring Fi	rm			Telepho	ne No. 52-1311		Telepho 609-5				100000	se No	١.			
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6/10/2015			6/30/2		pietion	Date (11)				Safety Se	rvice	e In					
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Other - Describe:	Vacant									08009							
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Date of Notification (1)						f Building (		500	(2)	G.E. e	to one					
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Name of Facility Where A				)					Type of F	acility (4)			185			
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Street Address										chapter 8					*******	
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Fairview													2	5+		
County (6)						Code (7)			Current L	Jse (Prior	if being	demolis	ed)			
Bergen					(STATE	USE ONLY)		_	n/a							
Name of Monitoring Firm	Hired	by Building	Owner (8)		ASC	d No.		Name	of Abatem	ent Contra	actor (S	)				-
Health and Safety S	Servic	es			1			Site	Enterpris	ses, Inc.						
Street Address			12.						Address							
PO Box 365								211	East Ess	sex Ave						
City, State, Zip Code								City. S	tate, Zip C	ode						
Berlin, NJ 08009								100000000000000000000000000000000000000	ood, NJ							
Project Manager for Moni	itoring	Firm			Telepho	ne No	-		none No.			icense	,			
James Proctor						52-1311			567-125	0		11172	100			
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Facility Closed/Vaca Abatement Performs								2500000	Grand Street				1237 Aug 1			
Other - Describe:	/acant	Side of North	nai i aciiity	Hours					tate, Zip C		207					
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Eric Keys			OM				13	Signature 0	·				e 27/20	115		
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Date of Notification (1)	- 7.5				Name of	Building C	Owner/O	perator	(2)		915m-9		-			
5/27/2015						Brothers			,_,		4 : 7	14	2.1			
Agencies Notified	Туре	Notification		- 5	Street Ad	Idress						1811	- 1			-
⊠ EPA	X	nitial			109 Br	oad Ave	Э									
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DOL	_	mendment		_	Fairvie	w, NJ 0	7022					197				
■ DOH		mergency ustification)	(including		Name of	Contact					Tele	rone Nu	ber			
DCA		Cancellation			Michel	le Beye	r									
					FACIL	ITY INFO	RMATI	ON								
Name of Facility Where									Type	of Facility (	4)				of pass 3.	
Structure Associate	es with	Route 1	&9							School (K-1						
Street Address	_									Subchapter Other (i.e. p				inne	home	
155 Broad Avenue	Parce	2111A							- (	etc.)						٠,
City (5)									Squa	re Feet	# of	Floors	10.000	dg. A	ge	
Fairview											1,			5+		
County (6)					County C (STATE U	ISE ONLY)			n/a	nt Use (Prid	or it beir	i demoli	ed)			
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Health and Safety		15 5	Owner (6)		ASCM	NO.		1000		prises, In		( )				
Street Address	Sel vic	,65							Addres	<u>*                                    </u>						
PO Box 365										ss Essex Av	0					
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Berlin, NJ 08009								1		NJ 08221	Di					
Project Manager for Mor	nitorina	Firm			Telephor	ne No.			none N			icense	1			
James Proctor	morning					52-1311		0.000	567-			)1172				
Start Date (10)			Schedule	d Com				1000000	20000	HA Monitor		-	-			
6/10/2015			6/17/20		•	, ,		Hea	Ith &	Safety Se	rvices	, Inc.				
Occupancy Status Durin	g Abate	ement (Che	ck Only On	e)					Addre							-
Facility Closed/Vac	ated Di	ring Entire	Period of A	batem	nent			316	12th	Street						
Abatement Perform	ned Out	side of Nor						City, S	State, Z	ip Code						
Other - Describe:	Vacant							Han	nmon	ton, NJ C	8037					
Scope of Work (Check A	II That	Apply)														
≥3 sf or ≥3 lf				enova	200000			Σ		II Containm		legative	ressur	e		
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Name of Registered Wa	ste Hau	ıler			JDEP W			Yards		Name of	Registe	er ad Land			/ S	
Site Enterprises Inc	<b>.</b>			17.72	lauler ID 035220		of Wa			Tullyto	wn La	r dfill				
City, State					00022			y sal Date	9	City, Stat	te		-	-		
815 12th Street, Ha	mmor	nton NJ (	08037				100000000000000000000000000000000000000	/2015		Bristol						
Completed by	,,,,,		Title					Signatur	e	17			te			
Eric Keys			OM					> n	•	M.	7.		/27/2	015		
								<u> </u>	, ,	- A	a .	-	-			-
ASB-41 (R-06-08)								* Do n	ot use	this form fo	r asbes	tc s licens	exen	npted	activi	ities.

NO CK

D&S Proj. #: 2015-167

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

RECENED

Date of Notification			Name of B	Building Own	er/Operator (2	2)			21	15 JL	17 A	4 3:	30		
10 16 1/11 11			BOB SI	MIGELSK	Y								70		
Agencies Notified EPA	Type Notificat	tion	Street Add	ress					A.	10EE	15 00	iir	n)		
□ DEP	Amended		85 SAN	D SPRIN	G ROAD					å l	ICEKS!	NG	1 2 4		
	Amendment #:	1	City, State	, Zip Code											
☑ DOL	☐ Emergency		HARD	ING TWP	., NJ										
DOH	(including		Name of C							Teleph	ne Numbe	r	- Lucus		
☐ DCA	justification)	- 11	BOB S	MIGELSE	rv.										
	☐ Cancellation		DOD 3	MIGELSI	<u> </u>										
				FAC	ILITY INFORM	AOITAN	l								
Name of facility wh	here abatement i	s taking	place (3)						Type c	f Facili					
BOB SMIGEL	SKY									=	ol (K - 12)				
Street Address	JIC1	_						-			napter 8 (C (Private/C			-12)	
0.100171001000									l F		./Homes,		liGidi		
85 SAND SPR	ING ROAD							_	Squa	e Feet	# of Floo	rs	BI	dg. A	ge
City (5)		Co	ounty (6)			1 200000000	inty Code (7)								
HADDING TO	T/D		(ODDIC		: :-	(Sta	te use only)		Curre	nt Use	Prior if being	ig dem	olish	ed)	
HARDING TV Name of Monitorin			IORRIS		ASCM No.		Name of Abatem	ont C	ontract	)r (Q)					
TVALITO OF IVIOLITION	g i iiii i iiied by	Diag. Ow	1161 (0)		ASCIVI NO.					0.000					
Street Address						_	D & S REST	ORA	TION	INC.					
Street Address							20 California								
City, State, Zip Cod	8				***************************************		City, State, Zip Co	-	e.			-		-	
only, otato, zip ood									:02						
Project Manager for	r Monitorina Firm	1	l F	hone Numb	er		Paterson, N. Telephone Numb		003		License	Numh	ner .		
,				Trong Traine			973-345-80				200000000000000000000000000000000000000	1169	, , ,		
Start Date (10)		TCoh	od Comple	tion Date (1	4/		Name of OSHA		or						
Start Date (10)		Journ	ed. Comple	iion Date (1	1)		D & S Resto	ratio	n, Inc.						
06/02/15			30/15				Street Address		CT IN PERSONAL PROPERTY.		-				
Occupancy Status [							20 California	a Ave	enue						
	d/vacated during erformed outside						City, State, Zip C	ode							
Describe:			ar radiiity rio	u15-		_									
Other-Describ						_	Paterson, N.								
Scope of Work (ch								Section 1975			w/negative	press	ure		
> 3  sf or  > 3  lf	$\boxtimes$	Renova	tion						Mini-enc Gloveba		ire				
≥160 sf or ≥2	60 If	Demoliti	on					=	Non-Exe	To a construction of the	) and Non-	friable	proc	edure	)
Location of	er 50 M			used solely	/							R	R	E	E
asbestos-con material (acm		staff(12	ntenance/cu ?)	Stouldi			sbestos-containin	g		Amoun Specif	SEor	m	e p	n	n
abated in faci		Yes	No	N/A	material	(ACM)	*			_F)	51 01	0	a	а	L
				18/7								e	r	р	
3RD FLR, HLLWY, 3 F	RMS, BATHRMS				WALL &	CEILI	NG PLASTER		1,9	0 SQ.	·T.				
***************************************			4										Ш		1
						VI STORY		2 - A/71					Ш	Ш	
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Degistered Wester	Culor					147									
Registered Waste H D & S RESTOR			DEP Hauler 3506		ubic Yards of 20 YDS	vvaste	Name of Register TULLYTOW			RCF	ECOVER	Y			
City, State		— L =		Disposal D		Selboros	City, State	1 1 1 , I	4500	ACE	LCO VER	. 1		-	MATERIA NA PARA PARA PARA PARA PARA PARA PARA
PATERSON, N.	J 07503			06/24/1			TULLYTOV	VN, I	PA						
Completed by (Print		Title			Signature		<del></del>		-		Date				
BOGDAN JOLI	DZIC	PRESI	DENT								06/11/	15			
ASR-41	*	Do not i	use this form	for ashest	s licensure ex	cempter	d activities				-				

NO CK

D&S Proj. #: 2015-167

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

FECCIVED

							f.c.					
Date of Notification (1)	Name of B	uilding Owne	er/Operator (2)				fili Juk	1 KH 3	1: 35			
0 5 /1 8 /1 5	BOB SN	IIGELSKY	ď					500.0	0			
Agencies Notified   Type Notificati	on Street Addr	ess					20 000	RING	ROI			
Amondod	85 SAN	D SPRING	ROAD				4:11	.h THO	1			
Amendment #:	City, State,	Zip Code						-				
☑ DOL ☐ Emergency	—   HARDI	NG TWP.	. NJ									
DOH (including	Name of Co	NAME AND ADDRESS OF TAXABLE PARTY.		i element		Trans.	Teleph	ne Numbe	r			
justification)	POPC	MIGELSK	v				1 00					
Cancellation	ВОВЗ	MIGELSK	.1									
		FACI	LITY INFORM	ATION								
Name of facility where abatement is	s taking place (3)					П	Type of Facili					
BOB SMIGELSKY							===	ol (K - 12)				
Street Address						- 1		napter 8 (0			-12)	
Street Address								(Private/C		rcial		
85 SAND SPRING ROAD						╌╽┟	Square Feet	# of Floo	rs	Ble	dg. A	ge
City (5)	County (6)			Cour	ty Code (7)	1						
				(Stat	e use only)		Curr€nt Use	rior if beir	ng dem	olishe	ed)	
HARDING TWP.	MORRIS					11						
Name of Monitoring Firm Hired by E	siag. Owner (8)		ASCM No.	Ш	Name of Abateme							
					D & S RESTO	ORA'	TION INC.					
Street Address					Street Address							
City, State, Zip Code				_	20 California	-						
City, State, Zip Code					City, State, Zip Co							
Project Manager for Monitoring Firm	I n	hone Numbe			Paterson, NJ Telephone Number		03	License	Niumk			
Froject Manager for Monitoring Firm	l l	none Numbe	er		973-345-80				)1169			
				-	Name of OSHA M		or		1107			
Start Date (10)	Sched. Complet	ion Date (11	)		D & S Restor							
06/02/15	06/19/15				Street Address							
Occupancy Status During Abatemen	t (Check only one)				20 California	Ave	nue					
Facility closed/vacated during				11	City, State, Zip Co							
Abatement performed outside Describe:	of normal facility hou	ırs-	`									
Other-Describe: NORMAL H	OURS			- 11	Paterson, NJ	075	03					
Scope of Work (check all that apply	)				]	Fu	ıll Cont ainmer	w/negative	press	ure		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	Renovation						ini-enc osure					
≥160 sf or ≥260 lf	Demolition				Į.	_	loveba proce on-Exempted	and Non-	friable	proc	oduro	
Location of	Is location normally	used solely					OII-Exe lipted	) and Non	T R	R	E	T
asbestos-containing	by maintenance/cu		(A)	on of as	bestos-containing	1	Amoun		e m	е	n	E n
material (acm) to be abated in facility (13)	staff(12)	Т	material (	ACM)			Specif	SF or	0	a	c	C
abated in facility (13)	Yes No	N/A					_F)		v e	i	р	-
3RD FLR, HLLWY, 3 RMS, BATHRMS	X		WALL & C	EILIN	IG PLASTER		1,9 0 SQ.	₹T.	ă			
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Registered Waste Hauler	NJDEP Hauler	ID# C	Lubic Yards of V	Vaste	Name of Registe	red L	andfill		-			
D & S RESTORATION, INC.	13506		0 YDS		TULLYTOW			ECOVE	RY			
City, State		Disposal D			City, State							
PATERSON, NJ 07503		06/05/15			TULLYTOW	VN, F	^A	_				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Signature					Date	/ 2015			
	Do not use this form	for ashesto	s licensure ev	emnted	activities			05/18	2015			
75 F T T T T T T T T T T T T T T T T T T					and the second section in							

#### State of New Jersey

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

Date of Notification (1) 06/16/15				SS 5000 SS 750	uilding Owner/ niversity Hospit		or (2)	15	JL	! [	7 A	M 3;	43
X EPA	pe Notificat	tial		Street Add One Coope	er Plaza			-,5)	ļ. 1 <del>.</del> 3		IS U	CKTR 140	OL
X DEP X DCA X DOH	Am	otificati ended otificati		City, State Camden N Name of C			l Tr.	lenh	on.		iber	11.40	
		rcellati		Mark Elbe		0		терп			noci		
				FACILI	TY INFORMA	ΓΙΟΝ							
Name of Facility Where Abatemet Cooper Hospital- Kelemen Bldg	nt is Taking	g Place	(3)				Type of Facility (4 School ( Subchapte	(12)		er	than k	(12)	
Street Address One Cooper Plaza							x Other (i. building		me	etc.			
City (5) Camden	Сот	inty (6	)		County Code (STATE USE ONL)		50,000 Current Use (Prior	4	_		60	)	
Name of Monitoring Firm Hired t Criterion Labs	y Building	Owner	(8)		ASCM No.		Hospital of Abatement Contra iated Specialty Contr						
Street Address 3370 Progress Drive						100000000000000000000000000000000000000	Address Crue Avenue		_				
City, State, Zip Code Bensalem, PA 19020							State, Zip Code Mills, PA 19342						
Project Manager of Monitoring F Mike Panpresso	irm			Telephone 215-244-13		22.03.00	hone Number 64-9622				Liceno 1103	e Numb	er
Scheduled Start Date (10) 06/29/15		Sche	d. Con	npletion Date 09/29/15		Name	of OSHA Monitor			_	1100		Maria
Month/Dav/Year Occupancy Status During Abatem	ent (Check	only o		onth/Day/Yea	ar		Address		_	_			
Facility Closed/Vacated D				batement		3370 1	Progress Dr			_			
x Abatement Performed Ou Hours - Describe:7:0 Other - Describe:4:0	0 AM to 3:	30 PM				100000000000000000000000000000000000000	State, Zip Code lem, PA 19020						
Scope of work (Check all that app Demolition >3 sf or >3 if			х	Renovation	1	II	Full Containment v Mini - Enclosure Glovebag Procedur		Neg	tive	Pressi	ıre	
x >160 sf or >260 lf						х	Non-Friable Procee	ure		-			
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	S b te	Is ocation ormally Used Solely v Main enance/ ustodia aff (12	, - I	Asbesto Mater (ie. The insulation,	eription of os-Containing rial (ACM) ermal systems , surfacing, VA miscellaneous)		Amount (Specify SF or LF)			Aba	R E P A I R	E N C A P S U L	E N C L O S U R E
Pharmacy 2nd floor		x		floor tile ar	nd mastic		4564 SF		х				
3rd Fl OR		x		floor tile ar	nd mastic		1542 SF		х				
2nd Fl Enabling		x		floor masti	С		1345 SF		x				
2nd Fl Enabling		x		floor tile			830 SF		X				
Name of Registered Waste Hauler			100000000000000000000000000000000000000	EP Waste er ID No.	Cubic Yards of Waste		Name of Registered	Lan	dfi				
Horizon Disposal City, State Frenton NJ					Disposal Date As req.		GROWS  City, State  Morrisville PA		_	-			
Completed By (Print or Type) Mark Goshow			Title Proje	ct Manager	1	Signat		-	_	-		Date	,-/c
ABS-41 JUN 95			1			110	- Joseph Will		_	-		10 10	G4667

Chez: Ett 9939

Agendies Notified   Type Notification   Speed Address   Steet Address   Amended Robert Shills   Amen	Date of Notification (1)					Name o	of Building	Owner/Operator (2	2)						
DOLMO	6/	12/	15			Man	chester	Board of Educat	tion	2015	JUN 17	£.	4 3:	44	
County Code (NSTATE USE)   County (Code (NSTATE USE) (Note (Lepin steel and other steel and other steel (Note (NSTATE USE) (Note (Lepin steel and other steel and other steel (NSTATE USE) (Note (Lepin steel and other steel (NSTATE USE) (N	Agencies Notified	Type Notif	fication			Street A	Address								
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County Code (NSTATE USE)   County (Code (NSTATE USE) (Note (Lepin steel and other steel and other steel (Note (NSTATE USE) (Note (Lepin steel and other steel and other steel (NSTATE USE) (Note (Lepin steel and other steel (NSTATE USE) (N						City, St	ate, Zip C	ode			LICE	12	46		
DAG	100000000000000000000000000000000000000			TO 100000 "		Man	chester '	Township, NJ 08	8759						
				luding	-					Геleph	ie Numbe	r	7-1-1		
Name of Facility Where Abatement   STaking Place (3)	(NJAC 5:23-8)		10						Į.						
Whiting Elementary School   Type of Facility (Where Abatement is Taking Place (3)   Whiting Elementary School   County Code (7)   Subchapter 8 of the print at an increase   Street Address   County (6)   County (6)   County (7)   County (			ilation												
Shreet Address   Street Address   Str	Name of Escility Where Al	natament	e Taking	Diace	(3)	1710			Type of Facility (4						-
Suchapter 6 John   Jo			s raking	1 lace	(0)				1 <u>.4</u> 1						
A12 Manchester Blvd		3011001	1			300 = 100			Subchapter 8	Other t	an K-12)				
Square Feet   # of Four   Square Feet   \$ of Four   \$ of F	West of the second seco									ate and	commerci	al bui	Idings	з,	
Manchester Township, NJ 08759		a	* * * * * * * * * * * * * * * * * * * *						Control of the Contro		-	- DI	٨		
County Code (7)(STATE USE ONLY)   Current Use (Prio if bein School)	[										ors	110000000	-	e	
Passaic   School	Manchester Townsh	ip, NJ 0	3759							-			+00		
Name of Monitoring Firm Hired by Bulking Owner (8)	County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Prio	if bein	demolish	ed)			
Street Address   Str	Passaic								School						
Street Address 1253 North Church Street  City, State, Zip Code Moorestown, NJ 08057  Project Manager for Monitoring Firm Mike Stocku  Start Date (10) 6	Name of Monitoring Firm I	Hired by B	uilding O	wner (	8) /	ASCM I	Vo.	Name of Abateme	ent Contractor (9)						
121 N. Bethlehem Pike - Su te 60	TTI Environmental,	nc.						Controlled E	nvironmental Sy	stem					
City, State, Zip Code   Moorestown, NJ 08057	Street Address							Street Address							
City, State, Zip Code   Moorestown, NJ 08057   Telephone No.   Spring House, PA 19477   Telephone No.   Tel	1253 North Church S	Street						1121 N. Beth	lehem Pike - Su	te 60					
Moorestown, NJ 08057   Spring House, PA 19477   Telephone No.								City State Zin Co	ode		-			_	
Project Manager for Monitoring Firm   Mike Stocku		057						75 U 18							
Mike Stocku   609-304-3969   215 542 7000   00   17		AC 42.65			Tolor	ahana I	lo.		0,17410471	Licen	No				_
Start Date (10)		oning Finn								OSCHOOL STATE					
CES			10-1	1-10							**				_
Street Address   Str	A CONTRACTOR OF THE PROPERTY O	15	100000000000000000000000000000000000000						IOTILOI						
Stability Closed/Vacated During Entire Period of Abatement   Dabatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PW PMAM   PM-								Street Address							
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/PM-AM    City, State, Zip Code						nent			lehem Pike - Su	te 60					
Scope of Work (Check all that apply)    Spring House, PA 19477   Scope of Work (Check all that apply)   Spring House, PA 19477   Scope of Work (Check all that apply)   Spring House, PA 19477   Scope of Work (Check all that apply)   Spring House, PA 19477   Sure	,						cribe								-
Sal for ≥3 If															
Saf or ≥3 if   Saf or ≥260 if   Saf o	Scope of Work (Check all	that apply	)						NO. 17 NO. 1841						
Second   Demolition   Glovebag Procedure   Non-Exempted (*) and Non Friable   Procedure   Non-Exempted (*) and Non Friable   Procedure   Non-Exempted (*) and Non Friable   Non-Exempted (*) and Non-Exempted (*)				Ø n.		2029		☐ Full Conf	tainment with Nega	tive Pr	sure	~~			
Non-Exempted (*) and Non Friable   Procedure   Proce				0.0000000000000000000000000000000000000				☐ Glovebar	Procedure	200	1111/6	. 17			
Containing Material (ACM)   Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A	23 -100 bi oi -200 ii					100				Friabl€	rocedure				
Containing Material (ACM)   Containing Material (ACM)   Used Solely by Maintenance/ Custodial Staff? (12)   Yes No N/A				ls	Locati	on						Aba	ateme	ent Ty	/pe
SF   LF   No   N/A   Surfacing, VAT, or other miscellaneous   SF   LF   No   N/A	Location of	of					20. 60					-			
SF   LF   No   N/A   Surfacing, VAT, or other miscellaneous   SF   LF   No   N/A		And the State of t	CM)									em	ера	nca	nclo
First Floor				200			(I.e			27.00		ova	=	psu	Ins
First Floor		y.			(12)						/	_		late	е
Roof  Black Tar Flashing  Public State Hatfield, PA  Black Tar Flashing  Black Tar Fla				Yes	No	N/A									
Name of Registered Waste Hauler Geppert Recycling  NJDEP Waste Hauler ID No.  Disposal Date Hatfield, PA  Completed By (Print or Type) Patricia Visco  Disposal Date Hauler ID No.  Signature Hauler ID No.  Disposal Date Hauler ID No.  Date	First Floor						TSI Pip	e Fitting		13	LF				
Name of Registered Waste Hauler Geppert Recycling  NJDEP Waste Hauler ID No.  Name of Registered La Waste Waste  Western Berks Conmunity Landfill  City, State Hatfield, PA  Disposal Date 6/30/15  Birdsboro, PA 19  Signature Patricia Visco  Disposal Date 6/30/15  Signature Patricia Visco  Date 6/12/15	Roof						Black T	ar Flashing		92	LF	$\boxtimes$			
Geppert Recycling  Hauler ID No.  Waste  Western Berks Community Landfill  Disposal Date 6/30/15  Birdsboro, PA 19  Signature Patricia Visco  Office Manager  Disposal Date 6/30/15  Signature Patricia Visco  Date 6/12/15															
Geppert Recycling  Hauler ID No.  Waste  Western Berks Community Landfill  Disposal Date 6/30/15  Birdsboro, PA 19  Signature Patricia Visco  Office Manager  Disposal Date 6/30/15  Signature Patricia Visco  Date 6/12/15															
City, State Hatfield, PA  Completed By (Print or Type) Patricia Visco  Disposal Date 6/30/15  Birdsboro, PA 19  Signature Patrua  Date 6/12/15	Name of Registered Wast	e Hauler			1 126				Name of Regist	red La	llift				
Hatfield, PA  Completed By (Print or Type) Patricia Visco  Office Manager  6/30/15  Birdsboro, PA 19 18  Date  Office Manager	Geppert Recycling				Н	auler II	No.	Waste	Western Be	rks C	nmuntiy	Lan	dfill		
Hatfield, PA  Completed By (Print or Type) Patricia Visco  Office Manager  6/30/15  Birdsboro, PA 19 18  Date  Office Manager	City, State							Disposal Date	City, State	-					
Completed By (Print or Type)  Patricia Visco  Office Manager  Signature  Faltura Mare  Date  First								The state of the s		PA 19	)8				
Patricia Visco Office Manager Palrusa Vacer 6/12/15		ne)	Title					Signature	1 11		Date	9	1		
	I	F=/			Mana	ger		-//	. Thina-	_	61	17.	1,-	-	
								1 / cere	an Vince		15/	10	1.]		

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

JAN 13

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Data of Nortice and a con-					TEC	(5.00			_		1 2 1				
Date of Notification (1)	12	1	5		1 1999			vner/Operator ( ard of Educa		323					
					IVIC	andneste	1 00	ard or Ludca	LIOII	2015	1101	7 ;	· ·		-
Agencies Notified	Type Not Initial	ification	1		9000	et Address	520								
☑ DOLWD	□ Amen	ded			(30/3)	1 Route				<u> </u>	1 de la constante de la consta				
⊠ DOH	Amen	dment	#			State, Zip					LICE		u.	إدادا	
☐ DCA	☐ Emerg	gency (	including	g				wnship, NJ 0	8759		-		****		
(NJAC 5:23-8)	justific	533				e of Conta				Teleph	ne Numb	er			
	☐ Cance	llation			Ro	bert Sibi	llia			134					
	120				FA	CILITY	NFO	RMATION							
Name of Facility Where A	Abatement	is Taki	ng Place	(3)					Type of Facility (	()					
Ridgeway ES									School (K-12)						
Street Address									Subchapter 8			ial hi	ilding	10	
2861 Ridgeway Rd									homes, etc.)	ate an	Commerc	iui be	anding	,5,	
City (5)									Square Feet	# of F	ors	BI	dg. A	ge	
Manchester Towns	hip, NJ 0	8759							7000	1			50+		
County (6)					Cou	inty Code (	7)(ST	ATE USE ONLY)	Current Use (Prid	if beir	demolish	red)			
Passaic									School						
Name of Monitoring Firm	Hired by B	uilding	Owner	(8)	ASCN	1 No.	Na	me of Abateme	ent Contractor (9)						
TTI Environmental,	Inc.						(	Controlled E	nvironmental S	stem					
Street Address							Str	reet Address							
1253 North Church	Street							1121 N. Beth	lehem Pike - Su	te 60					
City, State, Zip Code							Cit	y, State, Zip Co	ode	24					
Moorestown, NJ 08	3057														
Project Manager for Moni		1		Tel	ephone	No.		Spring House lephone No.		Licer	∍ No.				
Mike Stocku	0		1.			4-3969		215 542 7000		00					
Start Date (10)		Sche	eduled C	ompl	etion D	ate (11)	Na	me of OSHA M	lonitor						
6/ / 30 /	15					15	250000	CES							
Occupancy Status During	Abatemer	nt (Che	ck only	one)			Str	eet Address				7.75			
☐ Facility Closed/Vacate		100000000000000000000000000000000000000			ement		7,000,400,		ehem Pike - Su	to 60					
☐ Abatement Performed						scribe		y, State, Zip Co							
Time of Abatement: 7								spring House							
Scope of Work (Check all	that apply	Υ	-					opining riouse	s, FA 134//					_	
	that appry	,						☐ Full Cont	ainment with Nega	ive Pr	sure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			⊠ Re					Mini-Enc	osure West	JJ.					
∑100 St 01 2200 II			∐ De	emolit	ion				Procedure `mpted (*) and Non	Friable	rocedure.				
			Is	Loca	ation	T						1	atem	ent T	vne
Location	of			Norm				Description o	f				_		
Asbestos-Containing I		CM)			lely by ance/			Containing Ma			unt	Remova	Repair	nca	Enclosure
TO BE ABA IN Facilit					Staff?	(1.0		ermal systems i surfacing, VAT,		(S <sub>I</sub>	cify LF)	ova	≅-	psu	nso
(13)	,			(12	)			her miscellane		OI.	L1 )	-		Encapsulate	Ге
			Yes	No	N/A									w	
Library Storage Close	et					Vibrati	on C	loth		1!	3F				
										N					
												П	П	$\overline{\Box}$	
			П	П	ТП					-	-	П			
Name of Registered Wast	e Hauler	-			NJDEP	Waste	Cul	bic Yards of	Name of Regist	red la	Ifill				
Geppert Recycling					Hauler I		380.00	ste	Western Be			Lan	dfill		
City, State						7.	Dis	posal Date	City, State						
Hatfield, PA								/30/15	Birdsboro,	'A 19!	8				
Completed By (Print or Ty	pe)	Tit	le					Signature	2 -		Date	3			
Patricia Visco		(	Office I	Mana	ger			fatin	- Mar	10	6	7	15	-	



										-							
Date of Notification (1)  6 / 12		15					g Owner/Operator ( Board of Educa	2) tion	ing J	N 17	FIE	0.7	60				
Agencies Notified	Type Notif					Address Route 5	30		HEN HEREL								
☑ DOLWD	☐ Amend				1000				1		RI	F.					
☑ DOH	Amend	endment #				State, Zip (		Had N	1 -								
☐ DCA	☐ Emerg		cluding	3		Manchester Township, NJ 08759  Name of Contact  Teleph ne Number											
(NJAC 5:23-8)	justific							Teleph									
	☐ Cancel	ellation Robert Sibilia															
					FA	CILITY IN	NFORMATION										
Name of Facility Where A	batement is	s Taking	Place	(3)				Type of Facility (	۷)	2	70						
Manchester MS								School (K-12)									
Street Address			☐ Subchapter 8 Other														
2759 Ridgeway Rd							ate an	n commercial buildings,									
City (5)							homes, etc.) Square Feet	# of F	ors	BI	dg. A	ae					
Manchester Towns	hip. NJ 08	8759						7000 1 50+				9 -					
County (6)					Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pric		demolis							
Passaic					Ooui	ity code (i	MOTATE COL CIVETY	School	ii beli	demons	nieu)						
Name of Monitoring Firm	Llived by D	م معتامات	)m.a.r	(0)	10001	NI-	Name of Abotem		<u> </u>								
A STATE OF THE PARTY OF THE PAR		uliding C	wher	(0)	ASCM	140.		tement Contractor (9)									
TTI Environmental,	inc.							lled Environmental System									
Street Address							Street Address										
1253 North Church	Street						- MINTES NO THE WAR	lehem Pike - Sı	te 60								
City, State, Zip Code							City, State, Zip Co										
Moorestown, NJ 08	3057						Spring House	pring House, PA 19477									
Project Manager for Moni	toring Firm	The second secon					Telephone No.		Licer	∍ No.							
Mike Stocku		609-304-3969					215 542 7000	17									
Start Date (10)		Sched	luled C	ompl	etion Da	te (11)	Name of OSHA M	1onitor									
6/ / 30 /		7 /		7/	15	CES											
Occupancy Status During Abatemen		t (Checl	conly o	one)			Street Address		-					_			
☐ Facility Closed/Vacated During E		The state of the s	35.00	0.005	ement		1121 N. Beth	lehem Pike - Su	ı te 60								
☐ Abatement Performed Outside of						cribe	City, State, Zip Co							_			
Time of Abatement: 7:00AM-5:		<u>0</u> PM/	PN	Λ- <u> </u>	AM		Spring House										
Scope of Work (Check all	that apply)							tainment with Neg						-			
☐ ≥3 sf or >3 lf			M Re	nova	tion	Suie											
≥160 sf or ≥260 lf		⊠ Renovation															
			⊠ Non-Exempted (*) and Non Friab								le Procedure						
				Loca				***			Ab	atem	ent T	уре			
Location		28.41		Norm	ally lely by	0 - 1	Description o	Λ		Z	Re	Щ	Щ				
Asbestos-Containing I TO BE ABA		Maintena Custodial					estos Containing Ma e., thermal systems			unt cify LF)	Removal	Repair	Encapsulate	Enclosure			
IN Facilit							surfacing, VAT,	, or			val	7	Insc	Sure			
(13)			\/	(12	1000000	-	other miscellane	ous)					ate				
Roof			Yes	No		DisaleT	Far Flashian	-									
Rooi						віаск і	Tar Flashing		50	LF							
										-		Ш	Ш	Ш			
									-								
Name of Registered Waste Hauler			NJDEP Waste				Cubic Yards of	Name of Regist	of Registered La								
Geppert Recycling					Hauler II	O No.	Waste	Western Be	ks Cc	nmunti	y Lar	dfill					
City, State							Disposal Date	City, State		-	=======================================			-			
Hatfield, PA							6/30/15	Birdsboro,	PA 19	19/ 18							
		T:61 -					100000000000000000000000000000000000000	23000.0,									
Completed By (Print or Ty Patricia Visco	Title		\/\	2004		Signature	7,		Da	1	,						
1 atticla VISCO	tricia Visco Office Manage						Patricia Visco- 6/12/1:							5			

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

JAN 13

Cha # 9942

Second   Type Notification   Street Address   Street Ad	Date of Notification (1)			-000	Name	of Building	Owner/Operator (	2)		-							
Agendes Notified   B   PA   B   B   B   B   B   B   B   B   B	1802		15		9-537-6-7	2000	74 N (P.	7 15	3:1	5							
DOH	Agencies Notified Type Notification				Street	Address											
DOA	18				121	Route 5	39	34.1	1.								
DaCa (NJAC 5:23-8)		terms of the second			City, S	State, Zip C	F- 1	JF H.	M.C.			_					
Name of Facility Where Abatement is Taking Place (3)	the state of the s			-	Mai	nchester	18.5										
							t	Telept	ne Num	per							
Name of Facility Where Abatement is Taking Place (3)			500		Rol	oert Sibil	ia	-0									
Manchester High School					FA	CILITY IN	IFORMATION										
Subchaigler 5   Cher (lar. pir stet an homes, etc.)   Courter (lar. pir stet an homes, etc.)   City, state, zip Code   Ci	Name of Facility Where Ab	patement is 7	Taking Plac	e (3)				Type of Facility (	()	2-0							
Colonial Drive,   Colonial Drive,   Square Feet   Fort   Fort   Square Feet   Fort   Square Feet   Fort   Fort   Fort   Square Feet   Fort	Manchester High Sc																
101 S. Colonial Drive,																	
Manchester Township, NJ 08759	101 S. Colonial Drive	e,						I 'ale all	Commercial buildings,								
County (8)   Passaic   County Code (7)(STATE USE ONLY)   Current Use (Prix - if beit School	City (5)							Square Feet	# of F	ors Bldg. Age							
Passaic   Name of Monitoring Firm Hired by Building Owner (8)	Manchester Townsh	ip, NJ 087	59					7000	1			50+					
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Controlled Environmental S / sstem	County (6)				Cour	nty Code (7	)(STATE USE ONLY)   Current Use (Price			demolis	shed)						
Street Address   1121 N. Bethlehem Pike - Suite 60   120   125 Agroup   125 Agro	Passaic																
Street Address   1121 N. Bethlehem Pike - Suite 60	Name of Monitoring Firm H	lired by Build	ding Owner	(8)	ASCM	No.	Name of Abatem	of Abatement Contractor (9)									
1121 N. Bethlehem Pike - Suite 60	TTI Environmental, I	nc.					Controlled E										
City, State, Zip Code   Moorestown, NJ 08057	Street Address						Street Address										
Moorestown, NJ 08057   Spring House, PA 19477   Telephone No.	1253 North Church S	Street					1121 N. Beth	lehem Pike - Sı	ite 60								
Moorestown, NJ 08057   Spring House, PA 19477   Telephone No.	City, State, Zip Code						City, State, Zip C	ode		3							
Mike Stocku   609-304-3969   215 542 7000   00 47							Spring Hous	e, PA 19477									
Mike Stocku   609-304-3969   215 542 7000   00 47	- V					No.	Licer	e No.									
CES							215 542 7000	1.	00	47			1				
Occupancy Status During Abatement (Check only one)  ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement Performed Outside of Normal Facility Hours - Describe ☐ Full Containment with Negi tive Prince Prince Prince Procedure ☐ Glovebag Procedure ☐ Normally ☐ Used Solely by Maintenance/ ☐ Cutstodial Staff? ☐ (12) ☐ Yes No N/A ☐ Black Tar Flashing ☐ Disposal Date ☐ Hauler ID No. ☐ Disposal Date ☐ Glovebag Procedure ☐ Normally ☐ Abatement Type ☐ Abatement Type ☐ Abatement Type ☐ Abatement Type ☐ Time Of Abatement (ACM) ☐ Abatement Type ☐ Time Of Abatement (ACM) ☐ Normally ☐ Description of ☐ Asbestos Containing Material (ACM) ☐ (i.e., thermal systems insulation, Six infigure) ☐ Disposal Date ☐ Disposal Date ☐ Disposal Date ☐ City, State ☐ Hatfield, PA ☐ Date	Start Date (10)   Scheduled Comple			etion Da	te (11)	Name of OSHA N	Monitor	-	3								
Second	6/ / 29 / 15 7 / 7			/ _	15	CES											
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM	Occupancy Status During Abatement (Check only one)					Street Address											
Scope of Work (Check all that apply)    Spring House, PA 19477   Scope of Work (Check all that apply)   Spring House, PA 19477   Scope of Work (Check all that apply)   Spring House, PA 19477   Full Containment with Negr tive Pr   Sure   Sure	☐ Facility Closed/Vacated During Entire Period of Abate					1121 N. Beth	lehem Pike - Sı	ite 60									
Scope of Work (Check all that apply)    State   State						cribe	City, State, Zip C	ode					- 1/1				
Saf or ≥3 If   Saf or ≥260 If   Secure   Secu	Time of Abatement: <u>7:00</u> AM- <u>5:00</u> PM/		РМ/Р	M	AM		Spring Hous	e, PA 19477									
Saf or ≥3 If   Saf or ≥260 If   Saf o	Scope of Work (Check all t	that apply)															
Demolition	□ >3 sf or >3 lf		⊠ R	enovat	ion				tive Pr	sure							
Is Location of Asbestos-Containing Material (ACM)   Vised Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A   N/						☐ Gloveba	g Procedure										
Normally Used Solelly by Maintenance/ Custodial Staff? (12)   Yes   No   N/A					e ninte	1	☑ Non-Exe	Non-Exempted (*) and Non-Friable									
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Roof    Sepher Registered Waste Hauler Geppert Recycling   Name of Registered Waste Hauler Geppert Recycling   City, State Hatfield, PA   Completed By (Print or Type)   Title   Signature   Signature   Date   Completed By (Print or Type)   Title   Signature   Date   City, State   Date   City   Completed By (Print or Type)   Title   Signature   Date   City   Containing Material (ACM)   Asbestos Containing Material (ACM)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   Ar unit   City, State   Custor Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   Asbestos Containing Material (ACM)   (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)   In the property of the pro		_	8								Ab		ent T	уре			
Roof State Hauler Geppert Recycling  City, State Hatfield, PA  Custodial Stall? (12)  Yes No N/A  Black Tar Flashing  Black Tar Flashing  SF 'LF)  Bu U U U U U U U U U U U U U U U U U U U					Ashe		(S	cify	Re	Re	En	E					
Roof State Hauler Geppert Recycling  City, State Hatfield, PA  Custodial Stall? (12)  Yes No N/A  Black Tar Flashing  Black Tar Flashing  SF 'LF)  Bu U U U U U U U U U U U U U U U U U U U	TO BE ABAT	TO BE ABATED Maint							e., thermal systems	Vou	oair	aps	sols				
Roof   NA   Black Tar Flashing   13   LF		/	Cu					SF	· LF)	<u>a</u>		sula	ure				
Roof  Black Tar Flashing	(13)		Yes	1	110000		other miscellane	ner miscellaneous)					te				
Name of Registered Waste Hauler Geppert Recycling  NJDEP Waste Hauler ID No.  Name of Registered La dfill Waste Western Berks C Name of Registered La dfill Waste Western Berks C Name of Registered La dfill Waste Cubic Yards of Waste Western Berks C Name of Registered La dfill Waste City, State Hatfield, PA  Disposal Date 6/30/15 Birdsboro, PA 19  Date  Date	Roof			100000	W58008	Black I	ar Flashing	13		) I F		П	П	П			
Name of Registered Waste Hauler Geppert Recycling  NJDEP Waste Hauler ID No.  Name of Registered La dfill Waste Western Berks C  Name of Registered La dfill No.  Western Berks C  Name of Registered La dfill No.  Western Berks C  Name of Registered La dfill No.  Western Berks C  Name of Registered La dfill No.  Western Berks C  Name of Registered La dfill No.  Western Berks C  Name of Registered La dfill No.  Western Berks C  Name of Registered La dfill No.  Western Berks C  Name of Registered La dfill No.  Name of Register						Bidok i	ur ridoning	-				100					
Name of Registered Waste Hauler Geppert Recycling  NJDEP Waste Hauler ID No.  Name of Registered La dfill Waste Western Berks C nmuntiy Landfill  City, State Hatfield, PA  Disposal Date 6/30/15  Birdsboro, PA 19  Date  Date						-					ᆜ						
Name of Registered Waste Hauler Geppert Recycling  City, State Hatfield, PA  Completed By (Print or Type)  Name of Regist ared Late Afill Waste  Cubic Yards of Waste Western Berks Compute City, State Completed By (Print or Type)  Name of Regist ared Late Afill Waste  Cubic Yards of Waste Western Berks Compute City, State City, State Birdsboro, PA 19  Date				$\perp$ $\sqcup$								Ш	Ш	Ш			
Geppert Recycling  Hauler ID No.  Waste  Western Berks C nmuntiy Landfill  City, State Hatfield, PA  Disposal Date 6/30/15  Birdsboro, PA 19  Date  Date																	
City, State Hatfield, PA  Completed By (Print or Type)  Disposal Date 6/30/15  Birdsboro, PA 19  Date Date	17.7																
Hatfield, PA  6/30/15  Birdsboro, PA 19 )8  Completed By (Print or Type)  Title  Signature  Date	Geppert Recycling				auier II	J NO.	vvaste	Western B	rks C	nmunt	iy Lan	dfill					
Completed By (Print or Type) Title Signature Date	City, State							0.000.200.000.000.000									
	Hatfield, PA						6/30/15	Birdsboro,	PA 19	(19 )8							
Patricia Visco Office Manager Latricia 1/12/15 6/12/15	Completed By (Print or Type) Title					Signature   Date /					1						
	Patricia Visco		Office	Mana	ger		Patri	ra 1/100	8	(	0/17	di	)				

ASB-41 JAN 13

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

CK 006034

D&S Proj. #: 2015-199

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

R' CEIVED

							1047	111 17	EM C	- 50		
Date of Notification (1)	IIN	ame of Bu	ilding Owne	r/Operator (2)			र्वाचे र	14 17	All C	4 6	j.	
0 6 /1 1 /1 5		CHUCK FISHER							11.1	บก		
Agencies Notified   Type Notification   Type N	on S										-	
DEP Amended		21 VAN	LICER		-							
Amendment #:		ity, State, 2										
DOL Emergency		Upper M										
DOH (including justification)	N	ame of Cor	ne Number									
☐ DCA ☐ Cancellation		CHUCK										
			FACII	LITY INFORMA	ATION		•		5			
Name of facility where abatement is	taking pla	ice (3)					Type c Facilit	(4) ol (K - 12	\			
CHUCK FISHER							1 =:			nan K	-12)	
Street Address					b apter 8 (Other than K-12) (Private/Commercial							
21 MANAU EOU CEREER								/Homes,			-l A -	
21 VAN VLECK STREET City (5)	I Cour	nty (6)			<u></u>	ab (Cada (7)	Squar : Feet	# of Floo	rs	BI	dg. Ag	ge
Oily (5)	Cour	ty (O)			County Code (7) (State use only)			rior if bei	na dem	olish	ed)	
Upper Montclair	ESS					.,	- Carro it Goo	1101 11 2011	ng don		, ,	
Name of Monitoring Firm Hired by B	lldg. Owne	r (8)		ASCM No.		Name of Abatement	Contract ir (9)					
						D & S RESTOR	ATION, INC.					
Street Address						Street Address						
City, State, Zip Code					_	20 California A City, State, Zip Code	ve.	-			-	
Oity, State, Zip Code							1502					
Project Manager for Monitoring Firm	Paterson, NJ 07503 Telephone Number License Number											
. Tojout managor for morntoning i infi		1	none Numbe	210		973-345-8020			01169			
Start Date (10)	Isched	Completi	on Date (11			Name of OSHA Mon	itor					
	,		D & S Restorati	on, Inc.								
07/15/15	07/30				_	Street Address						
Occupancy Status During Abatemen  Facility closed/vacated during			mont			20 California Av	renue					
Abatement performed outside						City, State, Zip Code						
Describe: NORMAL HO	DURS				-	Paterson, NJ 07	503					
Scope of Work (check all that apply							Full Containmer	w/negative	e press	ure		
□ o-f- off	Renovatio	n					Mini-enc osure	3				
	Demolition						Glovebaj proce					
	2000 200000 10000000		used solely			Å	Non-Exe npted	and Non	R	Proc	E	_
Location of asbestos-containing	by mainte	enance/cus		220.00	n of a	sbestos-containing	₹moun		e m	e	n	E n
material (acm) to be abated in facility (13)	staff(12)	300	т—	material (A			Specif _F)	SF or	0	a	c a	С
abated in facility (10)	Yes	No	N/A				/		v e	i	р	-
GARDEN HOUSE basement		X		PIPE INSUI	LATI	ON	90].FT					
CARRIAGE HOUSE bsmnt.				PIPE INSUI	LATI	ON	24( L FT					
MAIN HOUSE VARIOUS LOCATIONS		X		PIPE INSUI	LATI	ON	1400 L F					
MAIN HOUSE LIBRARY		X		VAT AND	MAS	TIC	620 SQ F					
Posiotored Woods Harden		-5.11		Fig. Va. de -/31	Ta at a							
Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	EP Hauler 106	0.00000	ibic Yards of W 5 YDS	vaste	Name of Registered TULLYTOWN,		ECOVE	RY			
City, State			Disposal D			City, State					L IN VILL	
PATERSON, NJ 07503			VARIO	US DATES		TULLYTOWN	, PA					
Completed by (Print or Type)	Title	ENT		Signature				Date	10011			
BOGDAN JOLDZIC	PRESID Do not us		for asheeto	s licensure exe	mnte	d activities		06/11	/ 2015	)		-