

Date of Notification (1)			Na	ame of	Building Ow	ner/Operator (2)		7.	$\overline{\Box}$			
6 / _	13 /1	14		PWD E	Earle, FEA	AD	/ Job	#1405-1874 C	hk. #NA	· 		4
Agencies Notified	Type Notificatio	n	St	reet Ad	ldress				,			
□ EPA				201 R	oute 34		MIII.	1 9 2014	- 1			\dashv
☑ DOLWD	☐ Amended		Ci	ity, Stat	e, Zip Code			1 0				
☑ DHSS	Amendment			Colts	Neck, NJ	07722	<u> </u>					
DCA	☐ Emergency justification)		N	ame of	Contact			Telephone Num	- 1			
(NJAC 5:23-8)	Cancellation			Lee G	arrett			1020	P			
	1=			FACIL	ITY INFO	RMATION						
Name of Facility Where	Abatement is Tak	ring Place (3			- Part -		Type of Facility (4)				
NWS Earle - Water							School (K-12)		0)			
	HOIL						☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1)	z) ercial build	dings,		
Street Address							homes, etc.)	, valo and some				
801 Highway 36			-				Square Feet	# of Floors	Bldg	. Age		
City (5)							9600	1	68	3		
Leonardo				County	Code (7)/S	TATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
County (6)				oou,	t //-	•	Vacant					
Monmouth	t Dead has Decilation	oa Ownor (8	\ Δ	SCM N	0 N	lame of Abateme	ent Contractor (9)					
Name of Monitoring Firm		ig Owner (o	′ ^	OOWITE			d Mold Service					
Pennoni Associat	es				-	Street Address			×			
Street Address	Oute 4D				1	3859 Sylon E	Boulevard					
515 Grove Street,	Suite 16		,			City, State, Zip C						
City, State, Zip Code						Hainesport,						
Haddon Heights,			Telen	hone N	lo 1	Telephone No.		License No.				
Project Manager for Mo	nitoring Firm		(Evolution obeto	6-547-0	A STATE OF THE STA	609-702-040	0	00862				
Alan Lloyd	100	cheduled Co				Name of OSHA	Monitor					
Start Date (10)		6 /				EMSL Analy	tical, Inc.					
6 /23		A 255				Street Address						
Occupancy Status Dur	ing Abatement (C	neck only o	ne) Shatem	nent			ute 130 North					
 ☑ Facility Closed/Vac ☑ Abatement Perform 	ated During Entire	rmal Facility	Hours	s - Desc	cribe	City, State, Zip C						
Time of Abatement	: AM	PM/	_PM		AM	Cinnaminso						
1											0.000	
Scope of Work (Check	all that apply)						ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf		⊠ Re	novatio	on		☐ Mini-En	iclosure ag Procedure					
☐ ≥160 sf or ≥260 lf		☐ De	molitio	n		⊠ Non-Ex	empted (*) and N	on-Friable Proce				
		Is	Locati	ion					Ab	atem	ent T	ype
Locati	on of		Normal			Description			Re	Re	四	En
Asbestos-Containing			d Sole		Asbes	tos Containing N thermal system	faterial (ACM)	Amount (Specify	Removal	Repair	cap	Enclosure
TO BE A		0000	todial S		(i.e.,	surfacing, VA		SF or LF)	Val	-	Encapsulate	ure
(1)			(12)	_		other miscellar	neous)			1	te	
V.		Yes	No	N/A				-		-		-
Exterior					Exterior	Asbestos Ca	ulking	100 LF	\boxtimes	Ш	Ш	
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			Щ.		<u></u>	Oubic Varda of	Name of Po	gistered Landfill				1
Name of Registered V			1 000	JDEP ' lauler l	\$200 P.M. 199	Cubic Yards of Waste	GROWS					
Freehold Cartag	e, Inc.			0226		5		Landin			_	
City, State						Disposal Date	City, State	U. DA 40067				
Freehold, NJ						6/25/14	Morrisvi	lle, PA 19067	15			
Completed By (Print of	or Type)	Title			-	Signature	1		Date	2-11	ĺ	
Kimberly A. Trui		Office	Coor	dinato	or	948h	Y		10-13	1		

UK 3605

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

	13 /	14	18			Building Owner/Operator (2 Hill Board of Education		ob # 1405-1882-	3 Chk.	‡36 0	5
gencies Notified ☑ EPA	Type Notif	fication		1,0000	reet Add 45 Ran	iress noldo Terrace		2014	1		
DOLWD	☐ Amend			C	ty, State	e, Zip Code	JUN 1	3 2014	1		
DHSS	Amend	iment#				Hill, NJ 08034			\$		
☑ DCA		ency (inclu	iding		37.00	Contact		Telephone Numb	T:F :		
(NJAC 5:23-8)	justific			1.	Tom C			τ	M		
	☐ Cance	liation							3.7		
					FACIL	ITY INFORMATION	Type of Facility ((A)			
lame of Facility Where	Abatement	is Taking F	Place (3))		×	School (K-12				
James Johnson E	lementary	School					Cubchanter 8	(Other than K-12)			
Street Address							Other (i.e., pr	rivate and commerc	cial buildi	ngs,	
500 Kresson Road	i						homes, etc.)		Dida	Λα0	
City (5)					W - 25		Square Feet	# of Floors	Bldg.		
Cherry Hill							51,550	1	190	55	
County (6)					County	Code (7)(STATE USE ONLY)	M (a) 3570	ior if being demolis	hed)		
5.76.76							Elementary	School			
Camden Name of Monitoring Fir	- Hirod by	Building O	wner (8)	TA	SCM No	Name of Abatem	ent Contractor (9)				
		building O	wilei (o)	1	0003	Asbestos ar	d Mold Service	es, Corp.			
TTI Environmenta	11					Street Address					
Street Address						3859 Sylon I	Boulevard				
1253 North Churc	h Street					City, State, Zip C					-22.77
City, State, Zip Code						N 857					
Moorestown, NJ	08057					Hainesport,	M2 00030	License No.			
Project Manager for M	onitoring Fir	m		Telep	hone No		_	00862			
Jim Guilardi				85	6-840-8			00002			
Start Date (10)		Schedi	Hod Co	1-4	on Data	(11) Name of OSHA	Monitor				
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	/ 14				_ / _	` '					
07 /07		_0	7_/	18		` '					
	ring Abatem	0 ent (Check	7 / only on	18 ne)	_	14 EMSL Analy Street Address					
/	ring Abatem	0 ent (Check Entire Per	7 / only on iod of A	18 ne) baten	_ / _	Street Address 200 U.S. Ro	ute 130 North				
07 / 07 Occupancy Status Dur ⊠ Facility Closed/Vac	ring Abatem ated During	ent (Check Entire Per of Normal	only on iod of A Facility	18 ne) baten	nent	Street Address 200 U.S. Ro ribe City, State, Zip	ute 130 North				
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O7 / O7 Occupancy Status Dur Seacility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locat Asbestos-Contain TO BE / IN Fac (1 Boiler Room Boiler Room Name of Registered to Freehold Cartage City, State	ing Abatem ated During ned Outside t:AM c all that app tion of ing Material ABATED acility 3) Waste Haule ge, Inc.	ent (Check Entire Per of Normal IPN	only on iod of A Facility M/	18 he) baten Hours PM-Invovation No Invovation No Involve Invo	nent s - Desc A on ion illy sly by nce/ Staff? N/A	Street Address 200 U.S. Ro City, State, Zip Cinnamins Full Co Mini-E Glovet Non-E Description Asbestos Containing I (i.e., thermal system surfacing, V other miscella Boiler Gasket Pipe Fitting Waste D No. Usasse D No. Usa	ute 130 North Code on, NJ 08077 Intainment with Nonclosure pag Procedure exempted (*) and North Material (ACM) as insulation, AT, or neous) Name of Re GROWS City, State Morrisvi	Amount (Specify SF or LF) 200 SF 6 ea egistered Landfill Landfill ille, PA 19067	Aba Removal		Encapsulate

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

20 PA	Date of Notification (1)					Name	of Building	Owner/Operator (2	and the same of th						
A	06 /13	_ /	14			Cherry Hill Board of Education / Job # 1405-1882-4 Chk. #3606								606	
DOLIVO	Agencies Notified Typ	e Notific	cation			Street	Address							(110)	
Description Cancellation Cancel	1. The Control of the					45 R	anoldo `	Terrace		0014					
Cherry Hill, NJ 08034						City, St	tate, Zip C	ode	JUN 1 5	ZUI T					
Name of Contact Tom Carter				cluding		Che	rry Hill, N	NJ 08034			1				
Cancellation FACILITY INFORMATION				Juding	1	Name	of Contact			Telephone					
Name of Facility (Niere Abatement is Taking Place (3) Richard Stockton Elementary School Siete Address Subchapter 3 (Other than K-12) Other (Le., private and commercial buildings, homes, etc.)		Cancella	ation			Tom	Carter			-	1				
School (N-12) Street Address Other than K-12 Other (i.e., private and commercial buildings, homes, etc.) Other Itself (i.e., private and commercial buildings, house, because of the private and commercial buildings, homes, etc.) Other (i.e., private and commercial buildings, homes, etc.) Other (i.e., private and commercial buildings, private and experience and expe						FAC	ILITY IN	FORMATION							
Street Address	Name of Facility Where Abate	ment is	Taking	Place	(3)				Type of Facility	(4)					
Stochapter 8 (Other than K-12)	Richard Stockton Elem	entary	Scho	ol											
Description	Street Address						-		Subchapter 8	Other than	K-12)	l buil	dinas		
County (6)	200 Wexford Drive										minercia	Dui	ulliga	,	
County (6)	City (5)										S	Bld	g. Ag	e	
County (6)										1		100	Barania -		
Camden Camden Camber C						Coun	tv Code (7	(STATE USE ONLY)	Current Use (Pri	or if being de	emolishe	d)			_
Name of Monitoring Firm Hired by Building Owner (8)							,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Street Address Stree		d by Bu	ildina C)wner (8)	ASCM I	No.	Name of Abateme							
Street Address 1253 North Church Street 2015, State, Zip Code Moorestown, NJ 08057 Telephone No. Telephone No. 175, State, Zip Code Mainesport, NJ 08036 Moorestown, NJ 08057 Telephone No. 175, State, Zip Code Mainesport, NJ 08036 Mainesport, NJ 08037 Mainesport, NJ 080		,	3 -												
1253 North Church Street												701	_	-	-
City, State, Zip Code Moorestown, NJ 08057 Telephone No. S66-840-8800 Telephone No. S66-840-8800 S69-702-0400 O0862		eet						3859 Sylon B	oulevard						
Moorestown, NJ 08057				-											
Telephone No. Sa6-840-8800 Sa6-840-8800 Sa6-840-8800 Sa6-840-8800 Sac															
Start Date (10)				- 02-1145	Tele	phone I	No		10 00000	License I	No.	11:10			
Start Date (10) O7 / 21 / 14 Scheduled Completion Date (11) O8 / O1 / 14 Scheduled Completion Date (11) O8 / O1 / 14 SEMSL Analytical, Inc. Cocupancy 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: AMPM/PMAM Scope of Work (Check all that apply) Scope of	. (10) : [10 14] [10 14] (10 15 10 10 10 10 10 10 10 10 10 10 10 10 10	ig i iiiii							í						
O7 / 21 / 14			Sched	uled C	270								_		-
Occupancy Status During Abatement (Check only one)		4			- 25		- ST - ST								
Security Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM City, State, Zip Code Cinnaminson, NJ 08077						-			,			-			
□ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM City, State, Zip Code Cinnaminson, NJ 08077	[[[[[[[[[[[[[[[[[[[ment		A CONTROL SER CONTROL OF A CO	to 130 North						
Time of Abatement:AMPMAM	[] [2] [[[[[[[[[[[[[[[[[cribe	Market State Committee Com							
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 if □ ≥60 sf or ≥260 if □ Demolition □ Description of Abatement Type Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Surfacing, VAT, or other miscellaneous) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □															
Saf or ≥3 if	Scano of Work /Chock all that	t apply)		***				Cililaiiiiisoi	1, 140 00077			_		-	
Second procedure	Scope of Work (Check all that	(apply)						□ Full Con	tainment with Neg	gative Pressi	ure				
Non-Exempted (*) and Non-Friable Procedure	≥3 sf or ≥3 lf					10000									
Is Location Normally Description of Asbestos Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A	≥160 sf or ≥260 lf			∐ De	molitic	on				n-Friable Pr	ocedure				
Location of Asbestos-Containing Material (ACM) See Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A		-	-	Is	Locat	ion						Aba	teme	ent T	vne
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room Second Se	Location of			1	Norma	lly		Description of	of		-				
SF or LF Second Start Surfacing, VAT, or other miscellaneous SF or LF Second Se	Asbestos-Containing Mate		CM)					stos Containing Ma	aterial (ACM)	50000000000	1000	(em	(epa	nca	ncl
Completed By (Print or Type)		<u>)</u>		1. SVM			(i.e					ova	¥i	psu	uso
Yes No N/A				1	(12)	8		other miscellane	eous)	01 01 2	'	-		ılate	ē
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Name of Registered Waste Hauler Hauler ID No. 02265 Disposal Date 08/02/14 Signature Office Coordinator Name of Registered Landfill GROWS Landfill City, State Morrisville, PA 19067 Date Signature Date Office Coordinator				Yes	No	N/A			- 102 - 200 a 100 a						
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Name of Registered Waste Hauler Preehold Cartage, Inc. NJDEP Waste Hauler ID No. 02265 Disposal Date 08/02/14 Signature Office Coordinator Name of Registered Landfill GROWS Landfill City, State Morrisville, PA 19067 Date Date Date Office Coordinator	Boiler Room			\boxtimes			Boiler (Gasket		200 S	F	\boxtimes			
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 08/02/14 Signature Signature Office Coordinator Name of Registered Landfill GROWS Landfill City, State Morrisville, PA 19067 Date Date Office Coordinator				1 AN VII.								M	П	П	
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 08/02/14 Signature Signature Signature Signature Office Coordinator Name of Registered Landfill GROWS Landfill City, State Morrisville, PA 19067 Date Signature Date					=	9 10	-							ᆜ	-
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Name of Registered Landfill GROWS Landfill City, State O8/02/14 Morrisville, PA 19067 Signature Office Coordinator				\bowtie								\boxtimes	Ш	Ш	Ш
Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Disposal Date O8/02/14 Disposal Date O8/02/14 Morrisville, PA 19067 Signature Signature Date ASB-41															
Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Disposal Date O8/02/14 Signature	Name of Registered Waste H	auler			1000				Name of Regis	stered Landf	ill				
City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Office Coordinator Disposal Date O8/02/14 Morrisville, PA 19067 Date Date Office Coordinator	Freehold Cartage, Inc.				F				GROWS L	andfill					
Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti Office Coordinator O8/02/14 Morrisville, PA 19067 Signature Office Coordinator						02265)		City, State			- 4	<u> </u>	2.2111.7	
Completed By (Print or Type) Kimberly A. Trumbetti Office Coordinator Date U - U - U								The second second second	500	. PA 1906	7				
Kimberly A. Trumbetti Office Coordinator	The second control of		T:41					1 1	1/1	.,					
ASB-41			1,000,000,000		^	d:	_	Signature	. 11 —	_	10000000	i .	1 -	Ш	
				тісе	Coor	umato		Y				1 1	W 1	T	
	ASB-41 MAY 11		*	Do not	use t	his form	for ashes	tos licensure exem	pted activities						

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

Date of No	/				(, , , , , , , , , , , , , , , , , , ,	Name of E	Building Ov s/Mondelez	vner / Oper		W.	-	6	A		
06/	$\frac{17}{17}$	/14				Street Add				the Profit		ا:ا			
Agencies I	Notified	Type of No	otifica	ation			e 208 North				7 84	دا .			
	EPA DEP		Initia	ıl nded			e, Zip Code New Jersey,		9814	IIII 10	DU	1 2			
	DOH			nded ndment #	- 3 %	Name of C		01410	2514	Telephor	ne Ni-m	ber			
	DOL			rgency w cellation	/ justification	PETER VI	LLANO		n April 12	 - 6, , a ,	COA.	[子母]			
					F	ACILITY IN	FORMATIC	N		& LILE			v.		
	acility Whe		ent is	Taking l	Place (3)		Type of Fa	cility (4)		53					
Kraft Foods	s/Mondelez							School (K	-12)						
Street Add							☐ Subchapter 8 (Other than K-12) ☐ Other (I.e., private & cmmercial								
2211 Route	e 208 						V	bldgs., ho	mes, etc.)						
City (5) Fairlawn		County (6) Bergen)		County Code	(7)	Square Fe	et 0,000	# Of Floor		Buildi	ng Age			
alliawii		bergen							being dem		t	40	+		
								REHOUSE		8					
Name of N	onitoring	Firm Hired	by B	ldg. Own	er (8)	ASCM NO	/								
AET							LVI Demol	ition Service	es Inc.						
Street Add							Street Add	iress							
907 Doolitt City, State							32 Williams	. Darkway							
Bridgewate					•			, Zip Code							
Project Mr	ngr. For Mo		irm		Telephone Nu	mber			(2/2h						
Eric House Sheduled		(40)	Icaba	d Comp	908-218-1108 letetion Date (1	(4)	East Hano	ver, NJ 079	36	License I	Numbo				
06	29	/ 14	SCITE	07	02 /	14	releptione	Number		License	IUIIIDEI				
/	/ /	/		/	/		973-884-8682 00860								
Occupanc					Only 1) ire Period of			SHA Moni							
	Abatemen		teu D	uring Lin	are renod or		Street Add		33 1110.						
	Abatemen Hours - De		d Ou	tside of N	lormal Facility		32 Williams	s Parkway	7						
Ø	Other - De	scribe:	7:00	AM - 12:0	1 AM			, Zip Code			- 10///20				
Scope of V	Nork (Chec	k All That	Apply	y)			East Hano	ver, NJ 079	36			-			
	Demolitio	n		V	Renovation	V	Full Conta	inment wit	h Negative	Pressure	•				
	≥3sf or_>3			لتا			Mini - Enc	losure	······································						
	≥160 sf or	≥260 If						Procedure	d Non-Fria	ble Bress	duro				
							NOII-EXCII	ipieu () aii	u Non-Fila	DIE FIOCE	dure				
	ocation of			ls		Descript				Abateme	nt Type		1-		
Asbe	stos Conta	ining		ocation ormally	As	sbestos - C Material (Amount	R	R	E N	E N		
TC	BE ABAT	ED	0.0000	Used	(1.	e., thermal			(Specify	м	E	c	С		
	in Facility		1000	Solely		lation, sur		,	SF or LF)	0 V	P	A P	L		
1	(13)			/ Main- nance/	or	other misc	elianeous)			A	A	s	o s		
1			Cu	stodial						L	R	U	U		
				aff (12) NO N/A					_		₩-	- L	R		
BAKERY C	OREO # 3				DUCT				120 SF	V					
	DICE TO THE CONTROL OF THE CONTROL O														
Name of R	Name of Registered Waste Hauler					Cubic	Name of Registered Landfill								
NEWARK CARTING					Hauler ID No. 4509	Yards of Waste	I.E.S.I.								
City, State					Disposal City. State			105							
NEWARK, NJ				I	Date	BETHLEH			IData						
Completed by (Print or Type)					Title	Signature				3	Date				
Steve Stiles					Project Manage	er	with de					0	6/17/14		

Date of Notification (1) 6 / 13	1	14					Owner/Operator (2 County Institute		/ Job # 1404	-1865	Chk.	#360	3
Agencies Notified Type N ⊠ EPA ⊠ Initi	lotific				Street	Address Woodlar				7			
□ DOLWD	200	d											-
		nent#_				tate, Zip C				1			
□ DCA □ Em		ncy (inc	cluding			Z HANGES - BILLIONS	, NJ 08060	11111 1	2.2014				
	tificat					of Contact		JUN	Telephone Nur				
☐ Car	ncella	ation			Dre	w Dingle	r			44			1046
					FAC	CILITY IN	IFORMATION		·				
Name of Facility Where Abateme	nt is	Taking	Place	(3)		12 27 - 28.71		Type of Facility (4)				
BCIT - Medford Campus								School (K-12)		(0)			
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr	(Other than K-1	12) ercial h	uildin	15	
10 Hawkins Road								homes, etc.)	ivate and comm	ioroiai b	unum	, ,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Medford								100,000	2		550	2 yea	ırs
					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri		lished)		_,	-
County (6)					Coun	ity Code (/)(STATE USE ONET)	Technology		monou			
Burlington				(m) T	10011		Tal Caller		Institute				
Name of Monitoring Firm Hired b	y Bui	ilding C	wner ((8)	ASCM	No.		ent Contractor (9)					
Horizon Environmental							Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address						
PO Box 336							3859 Sylon E	Boulevard					
City, State, Zip Code							City, State, Zip C	ode		76			
Thorofare, NJ 08086							Hainesport, I	NJ 08036					
Project Manager for Monitoring F	irm	100	-	Tele	phone	No.	Telephone No.		License No.				
Dave Flanigan				0.00	56-848		609-702-0400)	00862				
Start Date (10)		Sched	uled C		tion Da		Name of OSHA N	Monitor		-			
6/26/14					7_ /		EMSL Analyt						
Occupancy Status During Abater	ment	(Check	c only	one)			Street Address					-	-11:
☐ Facility Closed/Vacated During					ment		200 U.S. Rou	ite 130 North					
☐ Abatement Performed Outsid	100 miles					scribe	City, State, Zip C						_
Time of Abatement:A							Cinnaminson						
Scope of Work (Check all that ap	ply)											1,000	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				enovat emoliti			☐ Mini-End ☐ Gloveba	tainment with Neg closure ig Procedure empted (*) and No		dure			
			le	Loca	tion	1		()			baten	nent T	vne
Location of				Norma	ally		Description	of			T	_	T
Asbestos-Containing Materia	I (AC	(M			ely by		estos Containing Ma	aterial (ACM)	Amount	Kemoval	Repair	Encapsulate	Enclosure
TO BE ABATED				aintena	ance/ Staff?	(i.€	e., thermal systems		(Specify	SVOI	B	sqe	uso
IN Facility (13)			Out	(12)			surfacing, VAT other miscellane		SF or LF)			ulat	6
(10)			Yes	No	N/A			,			1	Ф	
Rooms D210 & D219		W607	П			Lab To	pps		400 SF	×			
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Name of Registered Waste Haul	ег			1.3	NJDEP Hauler I		Cubic Yards of Waste	Name of Regis					
Freehold Cartage, Inc.				1	0226		5	GROWS L	andfill				
City, State				-			Disposal Date	City, State					
Freehold, NJ							6/27/14	Morrisville	, PA 19067				
Completed By (Print or Type)		Title	a				Signature	D.	T	Date	- 5 - 73		200-0
Kimberly A. Trumbetti		11000000		Coor	dinato	r	7/1	V			3-1	4	
							- AXVI	X		U	- (-
ASB-41 MAY 11		*	Do no	t use t	his forn	n for asbes	stos licensure exem	pted activities.					

MAY 11

Signation Street Address Street Ad	Date of Notification (1)				1			Owner/Operator (2		L # 4 40E 46	202.2.0	hle	#20	0.4		
	06/13	/ _	14			Cherry Hill Board of Education / Job # 1405-1882-2 Chk. #3604										
DOLIND	Agencies Notified Typ	e Notifica	ation		1	Street A	ddress									
Cherry Hill, NJ 08034 Cherry Hill	⊠ EPA ⊠ I	Initial				45 Ra	anoldo To	errace	0							
Cherry Hill, NJ 08034 Cherry Hill						City, Sta	ate, Zip Co	de	JUN 1	9 2014						
Districtation Districtatio	Z DI 100			uding		Cher	ry Hill, N	J 08034								
Cancellation Tom Carter FACILITY INFORMATION Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other tha				uding		Name o	f Contact			Telephone Nu	umber					
Same of Facility (A) School (Arc 12) Scho	(110/10 0.20 0)					Tom	Carter				70	i				
Same of Facility (A) School (Arc 12) Scho						FACI	I ITY INF	ORMATION		- 4	1 - 1 - 2 - 2 - 2 - 2 - 2	1				
School (K-12)	N	mont is 7	Takina I	Diace ((3)	1 70	LIII III	ORMATION	Type of Facility (4)					\neg	
Subchapter 6 (Other than K-12) Subchapter 6 (Other than K-12) Other (Le, private and commercial buildings, homes, etc.)				lace ((3)											
Supara Feet		iry Scho	101						Subchapter 8	(Other than K-	-12)					
Square Feet # of Floors Bidg. Age 1967										ivate and com	merciai i	DUIIC	iings			
Country (e)	· ·				-555.14					# of Floors		Rida	Age	a .	\dashv	
County (6) County (7) County (7) County (7) County (7) County (8) Co	City (5)										1					
Seminary School Camden	Cherry Hill							(07175 HOE 01111A	100		a olichod				\dashv	
Name of Monitoring Firm Hired by Building Owner (8)	County (6)					Count	y Code (7)(STATE USE ONLY)			iolistieu	,				
Street Address Stree										School		-				
Street Address 253 North Church Street Street Address 3859 Sylon Boulevard City, State, Zip Code Moorestown, NJ 08057 Telephone No. Steet Address Street Addr	Name of Monitoring Firm Hire	ed by Buil	ding O	wner (8	B) /	ASCM N	lo.									
283 North Church Street	TTI Environmental					0003		Asbestos an	d Mold Service	s, Corp.						
City, State, Zip Code Moorestown, NJ 08057 Project Manager for Monitoring Firm Jim Guillardi Start Date (10) OT / O7 / 14 Occupancy Status During Abatement (Check only one) Se Facility Closed/Vacated During Entire Period of Abatement Demolition Start Date (10) OT / O7 /	Street Address															
Moorestown, NJ 08057 Project Manager for Monitoring Firm Jim Guilardi S56-840-8800 S609-702-0400 S609-702-0400 S520-2400 S609-702-0400 S609-702-040	1253 North Church Str	eet						3859 Sylon E	Boulevard							
Moorestown, NJ 08057	City, State, Zip Code							City, State, Zip C	ode							
Telephone No. Sa5s-840-8800 Sa5s-840-88		7						Hainesport, I	NJ 08036							
Start Date (10)					Tele	phone N	No.	Telephone No.		License No).					
Start Date (10) Or / 07 / 14 Oscupancy 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: AM- PM PM- AM Renovation Demolition Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Roller Room Normally (13) Boiler Room Normally (13) Name of Registered Waste Hauler Freehold Cartage, Inc. Scheduled Completion Date (11) PM PM- AM Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosed Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Name of Registered Waste Hauler Freehold Cartage, Inc. Scheduled Completion Date (11) PM Abateman Abateman Name of Registered Waste Hauler Freehold, NJ Title Office Coordinator Oscupancy Status During Abatement (Check only one) Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Full Containment with Negative Pressure Mini-Enclosed Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure 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) Screet Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, systems					85	6-840-	8800	609-702-0400)	00862						
O7		— т	Schedu	uled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor						1	
Street Address Z10 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM	1000							EMSL Analys	tical, Inc.							
Second Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:			- 7					Street Address								
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM- AM AM PM- AM PM- AM AM PM- AM AM PM- AM AM PM- AM PM- AM PM- AM AM PM- AM PM- AM AM PM- AM PM- AM AM PM- AM AM AM AM AM						ment			ite 130 North							
Scope of Work (Check all that apply) Scope of Work (Check all that apply) State	Abstament Performed Out	utside of N	Jormal	Facility	/ Hour	s - Desi	cribe									
Scope of Work (Check all that apply) Soperation	Time of Abatement:	AM-	PN	1 acint) 1/	PM-		AM									
Sale of 23 If								Cilliaminso	11, 145 00077	· ·						
□ ≥3 sf or ≥3 if □ Demolition □ Description of □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Exempt	Scope of Work (Check all tha	at apply)						⊠ Full Cor	tainment with Ne	gative Pressure	е					
Second	☐ >3 sf or >3 lf			⊠ Re	novat	ion		☐ Mini-En	closure	*						
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Boiler Room				☐ De	molitic	on		☐ Gloveba	ag Procedure	n-Friable Proc	redure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Boiler Room Solier Room Solier Gasket So								☐ Non-Ex	empled () and No	II-I Hable I Too		Δha	tomo	nt Ty	me	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Per No N/A Boiler Room Boiler Gasket Boiler								Description	of		-		_			
Custodial Staff? (12) Yes No N/A SF or LF) Substitution SF or LF SE or LF Substitution SF or LF SE or LF		torial (AC	AA)				Asbe			Amount	:	en	₹ep	inc	nc	
Yes No N/A			ivij	1,002,653				., thermal systems	insulation,		<u>'</u>	10V	air	aps	OSI	
Yes No N/A				Cus						SF or LF)	<u>a</u>		ula	Гe	
Boiler Room Description Boiler Gasket B	(13)			Von	1		1	other miscellan	eous)					æ		
Name of Registered Waste Hauler Freehold Cartage, Inc. Disposal Date Title Morrisville, PA 19067					100000	10//	<u></u>			200 65					П	
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 7/18/14 Signature Signature Signature Signature Office Coordinator ASB-41	Boiler Room			\boxtimes			Boiler (Gasket		200 5F			므	П	ш	
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 7/18/14 Signature Signat											9	\boxtimes				
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 7/18/14 Signature Signature Signature Signature Office Coordinator ASB-41												M	П	П	П	
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 7/18/14 Signature Signature Signature Office Coordinator ASB-41				M									_			
Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 Hauler ID No. 02265 Disposal Date 7/18/14 Morrisville, PA 19067 Signature Signature Signature Office Coordinator								II 93334				Ш	Ш	Ш	Ш	
Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti City, State Office Coordinator Completed By (Print or Type) Kimberly A. Trumbetti City, State Morrisville, PA 19067 Date I aller ID No. 02265 Disposal Date Signature Signature Office Coordinator	Name of Registered Waste I	Hauler		-	100	하라마다 하다 없는 그										
City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 City, State Disposal Date 7/18/14 Morrisville, PA 19067 Date L'-	18386				i				GROWS I	andfill						
Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 Title Office Coordinator Title Office Coordinator Title Office Coordinator						0226	J		City, State							
Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 Title Office Coordinator Date U - U			7.73					Actual and Control Control Control		e, PA 19067						
Kimberly A. Trumbetti ASB-41 ASB-41			1										-	-		
ASB-41	The reservoir of the reservoir of the reservoir of the reservoir		1000000		^		_	Signature	. 1	_	100000000000000000000000000000000000000		1	ij		
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	ASB-41			Do no	t uso	this form	for aches	etos licensura ever	noted activities							



MAY 11

Name of Registered Waste Hauler Freehold Cartage, Inc. O	Date of Notification (1)					Name o	f Building	Owner/Operator (2						
Sepan	06/1	1/	14			Mr.	Joe Valv	ano	/ Job #	1406-1890-Ch	ik. #36	02		
Sepan	Agencies Notified Ty	ype Notific	cation			Street A	Address				1			
Deca	- 1990 A. B.					61 E	mmet St	reet		y.	Ì			
Deca	☑ DOLWD				1	City, St	ate, Zip Co	ode						
Display Cancellation Name of Contact Anthony Tailley FACILITY INFORMATION Type of Facility (%) School (K-12) Subchapter 8 (Other than K-12) Subchap		, , , , , , , , , , , , , , , , , , ,	-			1			IIIN 19	2014	- 1			
	()			luding	+				1011		nber			
Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address Sca East Lakewood Avenue Stock Address Sca East Lakewood Avenue Stock Address For Place (1) Stock Address Stock A		5.0	200			Anth	ony Tall	ev	95	, u				
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Square Feet g of Floors Bldg Age 60									Other (i.e., pr	ivate and comme	ercial bu	ilding	s,	
County (6)	625 East Lakewood A	venue							The state of the s	1 (5)		1- 4-		
County (6)	City (5)									Control of the Contro			je	
Residential - Vacant	Ocean Gate		-2-12-							_		0		072
Name of Monitoring Firm Hired by Building Owner (8)	County (6)					Count	y Code (7)	(STATE USE ONLY)	and manufacture and the second		ished)			
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State Zip Code	NA							Asbestos an	d Mold Service	s, Corp.				
City, State, Zip Code City, State, Zip Code Hainesport, NJ 08036	Street Address						30 185	Street Address						
Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. 609-702-0400 Start Date (10) 06 / 12 / 14 O6 / 12 / 14 O6 / 12 / 14 O6 / 12 / 14 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement (Check only on								3859 Sylon E	Boulevard					
Hainesport, NJ 08036	City, State, Zip Code	777						City, State, Zip C	ode				300	
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Start Date (10)	Project Manager for Monito	ring Firm			Tele	phone N	No.	Telephone No.		License No.			***	
Cocupancy Status During Abatement (Check only one) Street Address S	, reject manager ter menne	9						609-702-0400	0	00862				
Cocupancy Status During Abatement (Check only one) Street Address S	Start Date (10)		Sched	uled C	omple	tion Dat	e (11)	Name of OSHA	Monitor			22%		
Street Address Street Address Stre		14												
Second Facility Closed/Vacated During Entire Period of Abatement AM-														-
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM- AM AM PM- PM- AM City, State, Zip Code Cinnaminson, NJ 08077 City, State, Zip Code Cinnaminson, NJ 08077 Completed By (Print or Type) Title Office Coordinator ASB-41 City, State Freehold, NJ Completed By (Print or Type) Title Containment with Negative Pressure City, State, Zip Code Cinnaminson, NJ 08077 City, State City, Stat								(A. A. A	to 120 North					
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Second	Scope of Work (Check all the	nat apply)						☐ Full Cor	stainment with Nec	native Pressure				
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Exterior Completed By (Print or Type) Kimberly A. Trumbetti Completed By (Print or Type) Complet								⊠ Non-Exe	empted (*) and No	n-Friable Proced				o and a
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) IN Facility (13) Exterior Custodial Staff? (12) Yes No N/A	55 59										Ab	_	ent I	
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Exterior	(13)			Voc	T .			other miscellan	eous)				te	
Name of Registered Waste Hauler Freehold Cartage, Inc. NJDEP Waste Hauler ID No. 02265 Signature				res	INO	1.00.0						10		
Name of Registered Waste Hauler Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti NJDEP Waste Hauler ID No. 02265 Disposal Date 6/13/14 Signature Signature Date Date Office Coordinator	Exterior						Transit	e Siding		150 SF				
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Freehold Cartage, Inc. Hauler ID No. 02265 Sample GROWS Landfill														
Freehold Cartage, Inc. City, State Freehold, NJ Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 Hauler ID No. 02265 Disposal Date 6/13/14 Morrisville, PA 19067 Signature Signature Date	Name of Registered Waste	Hauler			10.5				Name of Regis	stered Landfill				
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Completed By (Print or Type) Kimberly A. Trumbetti ASB-41 Title Office Coordinator Date U- - - - - - - - - - - - -										, PA 19067				
Kimberly A. Trumbetti Office Coordinator			7141						20	34/0	Date			
ASB-41			- 92		0	المالم	_	Signature		_ '		الدا	ĺ	
to the state of th	Kimberly A. Trumbet	T.I		лпсе	Coor	uinato	F**	1 90	(1)		UT	1 1	T	
AND THE TIME OF THE ANDERON RECEIVED EXCHANGE ACTIVITIES.	ASB-41 MAY 11		*	Do no	t use t	his form	for ashes	tos licensure exer	noted activities					

Date of Notification (1) Para		NO.	OTIFIC (Pur	ATION (OF ASBES	TOS ABATE 0 and 12:12	MEN!		14-0	e C	-	N.	2
### Amendement ### Am							(2)						
Carly State, Zip Code County Code (7)			000			nd Floor			2006				
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DCA	Emergency (Telephone Num	oef .			
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School (K-12) Subchaffer 3 (Other than K-12) Subchaffer 3 (O	N			FACIL	ITY INFOR	MATION	Time	f Engility (A	N :				$\overline{}$
Ale Smith Street	Deals (Bakery)	Place (3)					S	ichool (K-12	2) 8 (Other than K-12)				
County (6)	스톡맞았다면서 2000명			. !			×	other (i.e. pr tc.)	rivate & commercia	build			s,
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) SUPER LLC Street Address 2200 Paterson Plank Rd City, State, Zip Code City, State Containing Material (ACM) City, State, Zip Code City, State C								S. 18 1			ug. A	je 	
SUPER LLC Street Address 200 Paterson Plank Rd City, State, Zip Code Noth Bergen, NJ 07047 Project Manager for Monitoring Firm Carmelo Almonte Start Date (10) 07/02/2014 Scheduled Completion Date (11) 07/02/2014 Start Date (10) 07/02/2014 Start Date (10) 07/02/2014 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Society Start Start Date (10) 07/03/25/2014 Renovation Demolition Renovation Demolition Renovation Demolition Resility (13) Renovation Demolition Renovation Demolition Renovation Demolition Resility Hours Full Containment with Negative Pressure Mini-Enclosure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-								- 3		ed)		0.0	
2200 Paterson Plank Rd City, State, Zip Code Noth Bergen, NJ 07047 Project Manager for Montoring Firm Carmelo Almonte Start Date (10) Cloz/3014 Cocupancy Status During Abstement (Check Only One) Facility Closed/Vacated During Entire Period of Abstement Abstement Performed Outside of Normal Facility Hours Cher - Describer Scope of Work (Check All That Apply) Safe of 33 if Selection of Abstement Performed Outside of Normal Facility Hours Clozes Containing Material (ACM) TO BE ABATED In Facility (13) Main Floor Main Floor Name of Registered Waste Hauler SUPER LLC City, State Disposal Date Tibl Scheduled Completion Date (201) 336 - 0477 (201) 336 - 047	3.50 MHz (1976) & 10.50 MHz (1976)	Owner (8)		ASCM	No.				tractor (9)				
City, State, Zip Code Noth Bergen, NJ 07047 City, State, Zip Code Paramus, NJ 07652 Telephone No. City State, Zip Code Paramus, NJ 07652 Carmelo Almonte City, State, Zip Code Paramus, NJ 07652 Carmelo Almonte City, State, Zip Code Paramus, NJ 07652 City, State, Zip Code City, State City, S						-0.700000000000000000000000000000000000				89			
Noth Bergen, NJ 07047 Project Manager for Monitoring Firm Carmelo Almonte Telephone No. (201) 336 - 0477 Telephone No. (201) 336 - 0477 (201) 346 - 0477 (201) 346 - 0477 (201) 346 - 0477 (201) 346 - 0477 (201) 346 - 0477 (201) 346 - 0477 (2											-	-	
Carmelo Almonte Carmelo A						Par	amus,	NJ 07652					
Start Date (10) O7/02/2014 Testor Tech				(201)	336 - 047	7 (20	1) 336	- 0477					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if ≥ 160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Main Floor Main Floor Normally Yes No N/A Name of Registered Waste Hauler SUPER LLC City, State, Zip Code LIC, NY 11101 Full Containment with Negative Pressure Minl-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*				pletion (Date (11)	Tes	stor Tec	ch .					
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply)	Occupancy Status During Abatement (Chec	k Only On	ie)	*	14	W. C.				150			
Example 23 sf or ≥3 if ≥160 sf or ≥260 lf Renovation Demolition Renovation Mini-Enclosure Cive hard Non-Exampted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Renovation Demolition Renovation Mini-Enclosure Relovable Procedure Non-Exampted (*) and Non-Friable Procedure Abatement Type Abbestos Containing Material (ACM) (Specify SF or LF) Renovation Mini-Enclosure Renovation Demolition Renovation Mini-Enclosure Renovation Mini-Enc	Abatement Performed Outside of Norn	Period of A nal Facility	Abatem Hours	ent		City,	State, Zi	p Code		7 1	27		
2 st of 25 ff 25	Scope of Work (Check All That Apply)						(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				To .		
Secretarion of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	≥3 sf or ≥3 lf	-					X Mir	ni-Enclosure	edure			e	
Location of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Problem		110000								78 -	Abate	ement	t
Name of Registered Waste Hauler SUPER LLC City, State PARAMUS, NJ Completed by Title Name of Registered Landfill Cubic Yards of Waste TBD Cubic Yards of Waste TBD Disposal Date TBD City, State Morrisville, PA Date Date Date Date Date Date Date Dat	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma Cus	d Sole intenar todial S (12)	ly by nce/ staff?	(i.e. t	os Containing hermal system surfacing, V	Material ms insula /AT, or	(ACM)	(Specify	Removal	Repair	Encapsulate	Enclosure
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City, State PARAMUS, NJ Completed by Title Disposal Date TBD City, State Morrisville, PA Signature Disposal Date Morrisville, PA Date Date D6/16/2014	(* SANOTE ANTERIOR AND ANTERIOR STATE AND ANTERIOR		H	lauler ID		of Waste		100000			100		74
Completed by Title Signature Date							te						
	Completed by	1507375	ect Ma	anager		Signate	ure	The	1. 1.1	2570	2014		

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JAN 13

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

Date of Notification (1)					Name of Building Owner/Operator (2)										
6/17_	_ /	14			Atlantic City Boardwalk Hall										
Agencies Notified Type	Notific	ation			Street	Address		JUN	1 9 2014		1				
□ EPA 🛛 In	nitial				230	1 Boardy	valk	0011			1				
	mende				City, S	ate, Zip C	ode			-,	1		-		
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	ancella	100			1,000,000,000	McMdoa			-	57.					
			-				FORMATION								
Name of Facility Where Abaten	nent is	Taking	Place	(3)	FAC	ILIII IIV	TORWATION	Type of Facility (4)	-					
Atlantic City Boardwalk		raking	i idoc	(0)				School (K-12)							
	Hall							Subchapter 8	(Other than K-1						
Street Address								Other (i.e., pri	vate and comme	ercial bu	ilding	s,			
2301 Boardwalk								homes, etc.)	T# 651	T DI					
City (5)								Square Feet # of Floors Bldg.				je			
Atlantic City								700,000+	5		50+				
County (6)					Coun	ty Code (7))(STATE USE ONLY)	Current Use (Price		lished)					
Atlantic								Boardwalk F	lall						
Name of Monitoring Firm Hired	by Bui	lding O	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					- 177		
Environmental Design I	nc				N/A		Controlled E	nvironmental S	ystems						
Street Address							Street Address								
5434 King Avenue, Suite	e 101						1121 N. Beth	lehem Pike - Sι	uite 60						
City, State, Zip Code							City, State, Zip Co	ode							
Pennsauken, NJ 08109							Spring House	e, PA 19477							
Project Manager for Monitoring	Firm			Tele	ephone l	No.	Telephone No.		License No.		000.27.19.2				
Jay Murray					56 616		215 542 7000	Ř.	00847						
Start Date (10)					etion Dat		Name of OSHA M	lonitor							
6 / 19 / 14		6	3_/	_2	7 / _	14	CES								
Occupancy Status During Abat	ement	(Check	only o	ne)			Street Address								
☐ Facility Closed/Vacated Dur	12.700						1121 N. Bethlehem Pike - Suite 60								
☐ Abatement Performed Outs						cribe	City, State, Zip Co	ode							
Time of Abatement: 7:00Al	M- <u>12:0</u>	<u>10</u> PM/_		'IVI	AM		Spring House	e, PA 19477							
Scope of Work (Check all that	apply)														
M - 2 - 4 2 4			П п.				☐ Full Cont	tainment with Neg	ative Pressure						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			☐ Rei				A STANDARD CONTRACTOR	g Procedure							
					70.000			mpted (*) and Nor	n-Friable Proced	lure					
				Loca						Ab	atem	ent T	уре		
Location of				lorma			Description of			Z	Z	m	Ш		
Asbestos-Containing Mater	ial (AC	M)	7.170.10000.2		ely by ance/		stos Containing Ma		Amount	l em	Repair	пса	Clc		
TO BE ABATED IN Facility			7,000,000		Staff?	(I.e	., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	=	Encapsulate	Enclosure		
(13)				(12)	3000000	1	other miscellane					late	Ф		
			Yes	No	N/A	-									
Truss Steps			\boxtimes			O & M S	Stabilization of T	Truss Steps							
				П											
							4 . 4 . 4			1	П	П			
Name of Registered Waste Ha	uler				NJDEP I	Naste	Cubic Yards of	Name of Regis	tered Landfill						
Allied Waste	4,01				Hauler II		Waste	Conestoga							
			-				20 Disposal Date	City, State	///			-			
City, State							6/27/14	Morgantov	m DA						
Telford, PA								Worgantov		_					
Completed By (Print or Type)		Title					Signature	21		Date /	_ /	, ,			
Patricia Visco		0	ffice I	vlana	ager		Patu	co Ulo	co	6/1	11	14			

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