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

| Check#8686 | NC | (Pur | suant to | NJAC 8:60 and | 12:120 |) | 13 | 94 1 | | | 15, | | | |
|---|----------------------------------|--|-----------------------|--|-----------------------|--|-------------------------|---------------------------|-------------------------|---------------|--------|-------------|-----------|--|
| Date of Notification (1) | | Name of Building Owner/Operator (2) Township of Pennsauken | | | | | | | | | | | | |
| Agencies Notified Type Notification | 1 250 | treet Add | iress Crescent Blv | rd | | | 1711 | Art Last | LYIT | | - OF. | | | |
| EPA DEP DOL Initial Amended Amendment #_ | | C | ity, State | e, Zip Code uken, NJ 081 | | | | | 8 | - | : | | | |
| Emergency (inc | cluding | - | ame of 0 | 970 | | | | Tale | nhone Num | ber | _ | | | |
| DOH justification) Cancellation | | Ė | dward | Grochowski | | | | _ | | | | | | |
| Name of Facility Where Abatement is Taking F | Diace (3) | | FACIL | ITY INFORMATI | ON | Type of F | acility (4) | | | | | | | |
| Former Acme | 1200 (5) | | | | | Type of Facility (4) School (K-12) | | | | | | | | |
| Street Address 4675 River Rd. | | 15 | | | ☐ Sub | chapter 8 er (i.e. pri | (Othe | r than K-12) commercia |) I buildi | ngs, l | nome | s, | | |
| City (5) Pennsauken | | | | | | | are Feet # of Floo | | | Bldg. Age | | | | |
| County (6) Camden | | | County C | ode (7) SE ONLY) | | | | | g demolish arket for | | ars | | | |
| Name of Monitoring Firm Hired by Building Ov | vner (8) | | ASCM | No. | | of Abatem | | | | | - | | \neg | |
| AET | | | 00021 | 1 | | | ronmen | tal S | ystems, Ir | nc. | | | | |
| Street Address 28 N. Pennell Rd. | | e e | | 170,000,7400,7 | Address East Uni | on St. | | | | | | | | |
| City, State, Zip Code | | | | | State, Zip C | | | | | | | | | |
| Media, PA 19063 | | | | ., | 0.47.75.55.00.5 | t Cheste | License No | | | | | | | |
| Project Manager for Monitoring Firm Eric Houseknect | | elephon | 6-1132 | W. T. S. | hone No. 701-900 | 0 | | 00508 | J. | | | | | |
| Start Date (10) | | pletion D | Date (11) | 1 | of OSHA | Monitor | | | | | | | | |
| 3/25/14 | | | | AET | Address | | | | | | | | | |
| Occupancy Status During Abatement (Check | | ont | | | 8 N. Pennell Rd. | | | | | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | I Facility | Hours | | | | y, State, Zip Code edia, PA 19063 | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovat emoliti | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| | 1- | Locati | | | | EI NOIPEXSTIPLES () and I | | | | Abatement | | | | |
| Location of | 1 | Vormall | у | De | escriptio | tion of | | | | Туре | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | d Sole intenar | ice/ | Asbestos Cor (i.e. therma | | | | 533 | mount Specify | N. | 77 | Enc | Ē | |
| In Facility | Cust | todial S (12) | Staff? | surfa | acing, V. miscella | AT, or | | SF | or LF) | Remova | Repair | Encapsulate | Enclosure | |
| (13) | Yes | No | N/A | | | | | | | <u>a</u> | - | ate | ē | |
| Rear loading dock roof | 7.00 | | X | Trans | site roc | of deck | | | 200 | х | | | | |
| Loading dock and expansion joint | | | X | | caulk | | | 4 | 70 LF | Х | | | | |
| Roofing (unsafe roof, with demo) | | | Х | ro | ofing f | elts | | 18 | 00 SF | X | | | | |
| throughout interior | Soling (unsule reel, mar deline) | | | | | | | | 850 SF | X | | | | |
| Name of Registered Waste Hauler | | | JDEP W | | c Yards | | | | ered Landfil | | | | | |
| Freehold Cartage | | | 541261 | 164 60 | | Grows Landilli | | | | | | | | |
| City, State Freehold, NJ | | | | Disp TBD | osal Dat | | City, State Falls To | | nip, PA | | | | | |
| Completed by | Title | ident | | | Signatu | re 🗲 | 100 | | 77/2 | ate /10/14 | 4 | | | |
| Robert M. Casciato | 1163 | iuent | | | 11/1 | U U | | | | | | | alesses A | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| (Maccie # 8 | 21,25 | | | (Pu | rsuant | to NJA | 8:60 an | d 5:16 |) | | | | | | | , 1 | |
|--|------------------------------|------------------------|--|--------------|-------------------|---------------|-------------------|---------------------|-----------------|------------|------------------|-----------|-------------|---------------|-------------------|------|--|
| Date of Notification (1) | | | | - | Name o | of Building | | | | | | n Andrews | 1 | | | | |
| 3 / | 10 / | 14 | | | Coni | ifer Realt | ty, LLC | | | | МА | R 14 | 20 | 1/ | | 1 | |
| Agencies Notified | Type Notificat | ion | | _ | Street A | Address | | | | | | | for to | 17_ | | | |
| ⊠ EPA | ☑ Initial | | | | | | n way, Sι | uite 18 | 0 | | | | | | 34 | | |
| ☑ DOĹWD | ☐ Amended | | | | | ate, Zip Co | | | 190-330 | | | | | | 4 | | |
| ☑ DHSS | Amendmer | | | | | Mt. Laur | el, NJ 080 | 054 | | ** | | | , | | | | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emergency justification | | luaing | | Name o | of Contact | | | | | Te1 | | | | | | |
| (110/10/0.200) | ☐ Cancellation | | | | Hen | гу Геу | | | | | | | | | | | |
| | | | | | FAC | FORMATI | ON | | | | | | | | | | |
| Name of Facility Where | - | | Type of | Facility (4) |) | | | 17.12 | | | | | | | | | |
| 208 West 2 nd St. | | | | ol (K-12) | · O.U U | IZ 40\ | | | | | | | | | | | |
| Street Address | | | | | Other than | | l buil | dinas | 0 | | | | | | | | |
| 208 W. 2 nd St. | | | Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | | | | | | | | |
| City (5) | | | | _ | | | | 1000 | Square | Feet | # of Floor | s | Bldg. Age | | | | |
| Florence, NJ 08518 | 3 | | | | | | | | 1200 | | 2 | | 1 | +00 | | | |
| County (6) | ty Code (7) | (STATE USE | ONLY) | Current | Use (Prior | r if being de | emolishe | d) | | | | | | | | | |
| Burlington | | | | | Vaca | nt Resid | ence | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ing O | wner (8 | 3) | ASCM I | No. | Name of A | Abateme | ent Contra | actor (9) | | | | | | | |
| Accreditted Enviro | | | | | NA | | Alliano | e Envi | ironmer | ital Syste | ems | | | | | | |
| Street Address | | | | | | | Street Add | dress | 50000 | | | | | 1128.4 | | | |
| 28 N. Pennell Rd. | | | | | | | 550 Ea | st Uni | on St. | | | 33 | | | | | |
| City, State, Zip Code | | | | | | | City, State | e, Zip Co | ode | | | | | | | | |
| Media, PA 19063 | | West Chester, PA 19382 | | | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm Telephone No. | | | | | | | | Telephone No. | | | | | | | | | |
| Dave Turotsy 610-891-0114 | | | | | | | | 1-9000 |) | | 00508 | | | | | | |
| Start Date (10) Scheduled Completion Date (11) | | | | | | | | N AHRC | <i>l</i> onitor | | | | | | | | |
| _ 3_ / _24_ / | 14 | 3 | / | _2 | 8_/_ | 14 | AET | | | | | | | | | | |
| Occupancy Status Durin | g Abatement (C | heck | only o | ne) | | | Street Add | dress | | | | | | | | | |
| ☐ Facility Closed/Vacat | ed During Entir | e Per | iod of | Abate | ement | | 28 N. Pennel Road | | | | | | | | | | |
| ☐ Abatement Performe | d Outside of No | rmal | Facility | Hou | ırs - Des | cribe | City, State | e, Zip C | ode | | | | | | | | |
| Time of Abatement: | <u> (</u> AMPIV | <u>3:30</u> | JPIVI | | Aivi | | Media, | , PA 19 | 9063 | | | | | | - 0 | | |
| Scope of Work (Check a | II that apply) | | | | | | | Eull Con | tainmont | with Nega | ative Press | ure | | | | | |
| ☑ >3 ef or >3 If | | | □Re | nova | tion | | | Mini-End | closure | | alive Fiess | uie | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ⊠ De | | | | | | g Proced | | Erioblo Dr | ocoduro | | | | | |
| | | | | | | | <u> </u> | NON-EXE | empled (|) and Non | -Friable Pr | ocedule | | ateme | nt T | una. | |
| | | | 1000 | Loca | | | Desc | cription | of | | | | | | | | |
| Location Asbestos-Containing | |) | | | lely by | | stos Conta | ining Ma | aterial (A | | Amou | Remova | Repair | Encapsulate | Enclosure | | |
| TO BE AB | <u>ATED</u> | | | | ance/ I Staff? | (i.∈ | e., thermal s | systems ing, VAT | | n, | (Spec SF or I | | ova | air | sde | uso | |
| IN Faci (13) | | | Out | (12 | | | other mi | | | | 01 01 1 | -1 , | - | | ılate | ď | |
| (10) | | | Yes | No | N/A | | | | | | | | | | | | |
| Basement | | .0013 | | | | Pipe In | sulation | | | | 150 |) | \boxtimes | | | | |
| | | | П | | | VAT / N | /lastic | | | | 200 |) | \boxtimes | | | | |
| Kitchen | | | _ | 님 | | TAI / I | naotio | | | | | | | $\overline{}$ | $\overline{\Box}$ | | |
| | | | | Ш | | | | | | | | | 브 | <u> </u> | | | |
| # | | | | | | | | | ~ | | | | | П | Ш | Ш | |
| Name of Registered Wa | ste Hauler | | | 110 | NJDEP | | Cubic Ya | rds of | | | tered Landi | fill | | | | | |
| N.E.T.S. | | | | | Hauler I 1894 | | Waste 30 | | All | ied BFI I | mperial | | | | | | |
| City, State | | | 2000 | | | | Disposal | Date | City, | | | Y | n Mailtean | | | | |
| Hazelton, PA | | | | | | | TBD | | lm | perial, P | A | | | | | | |
| Completed By (Print or | Туре) | Title | 3 | | | | Sigr | nature | TH | | | Dat | | | | 1 | |
| Mark Griffin | 321 | tor | | | | | TH | | | 3 | 3- | 10 |)-1 | 14 | | | |
| 1000 VIII 0100 100 100 100 100 100 100 100 100 | | | | | | | | | 111 | - | | | | | | | |

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

| Choor # | 1527 | NOTI | | | | BESTOS ABAT C 8:60 and 5:16 | | a | | | 11 + | | | | | |
|---|------------------------------|--|---------------------------|--------------------|---|--|--|--------------------|-----------------|-------------|-------------|-----|--|--|--|--|
| Date of Notification (1) 03 / | 10 / | 14 | | | of Building Nilson | Owner/Operator (2 | 2) | MAR | 1 4 | 2014 | | | | | | |
| Agencies Notified | Type Notificat | ion | | | Address Park Ave | enue | 3. | , | | | 4 | | | | | |
| ☑ DOLWD | Amended Amendmen | | | | tate, Zip C | | | | | | | | | | | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emergence justification | | | | of Contact | | | Telephone Num | ber_ | | | | | | | |
| (NJAC 5.25-6) | ☐ Cancellation | | | Jear | n Wilson | | - | | | | | | | | | |
| | | | | FAC | II ITY IN | FORMATION | | | -1.5 | | | | | | | |
| Name of Facility Where A | batement is Ta | aking Place | (3) | 1710 | ,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Type of Facility (4 | 4) | | - | | | | | | |
| Residential House | | J | | | | | ☐ School (K-12) | | | | | | | | | |
| Street Address | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., priv | (Other than K-12 | !) rcial bui | Idina | | | | | | |
| 400 Park Avenue | | | | | | 10 | homes, etc.) | vate and comme | iciai bui | iuii ig | ٠, | | | | | |
| City (5) | | | | | | | Square Feet | # of Floors | Bld | g. Ag | е | | | | | |
| Leonia | | | ** | | | | | | | | | | | | | |
| County (6) | | C. C | | Coun | ty Code (7 | (STATE USE ONLY) | Current Use (Prio | r if being demolis | shed) | | | | | | | |
| Bergen | | | | | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ing Owner (| 8) | ASCM I | No. | Name of Abateme | ent Contractor (9) | | | | | | | | | |
| Bio Terra Solutions | | | | | | ALL PRO MA | NAGEMENT LL | ,C | | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | | | |
| P.O. Box 1224 | | | | | | 27 Outwater Lane | | | | | | | | | | |
| City, State, Zip Code | 8 | 11000057 | | | | City, State, Zip Code | | | | | | | | | | |
| Union, NJ | | | | | | Garfield, NJ | 07026 | | | | | | | | | |
| Project Manager for Mon | itoring Firm | | No. | Telephone No. | | License No. | | | | | | | | | | |
| Rick Eustaquio | | | | 73-494- | | 973-928-4888 | | 1188 | | | | | | | | |
| Start Date (10) | A104700 | cheduled Co | | | | Name of OSHA Monitor ALL PRO MANAGEMENT LLC | | | | | | | | | | |
| 03 /21 / | | 03 / | _24 | 4_/_ | 14 | ALL PRO MA | NAGEMENT LL | .C | | | | | | | | |
| Occupancy Status During | Abatement (C | Check only o | ne) | | | Street Address | | | | | | či. | | | | |
| ☐ Facility Closed/Vacate | | | | | | 27 Outwater Lane | | | | | | | | | | |
| ☐ Abatement Performed Time of Abatement: _ | | | | | cribe AM | City, State, Zip Code | | | | | | | | | | |
| | 032 | | _' ''' | | | Garfield, NJ | 07026 | | | | | | | | | |
| Scope of Work (Check al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | l that apply) | ⊠ Re □ De | | | | ☐ Mini-End ☑ Gloveba | tainment with Nega closure g Procedure empted (*) and Non | | ıre | | | | | | | |
| | | 1 277 | Loca | | | | | 1 | Ab | ateme | ent Ty | ре | | | | |
| Location Asbestos-Containing TO BE ABA IN Facil |) Use Ma | inten | ely by ance/ Staff? | | Description of stos Containing Ma a., thermal systems surfacing, VAT other miscellane | insulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | | | | | |
| (13) | | Yes | No | The section of | 1 | Other miscenanc | ,003) | | | | e | | | | | |
| Garage | | | | | ACM Pi | ipe Insulation | | 40 LF | | | \boxtimes | | | | | |
| Basement | | | | | ACM P | ipe Insulation | × | 60 LF | | | \boxtimes | | | | | |
| | | | | | | | | | | | | | | | | |
| | | 10 | П | | | | | | П | П | | | | | | |
| Name of Registered Was | te Hauler | | | NJDEP | Waste | Cubic Yards of | Name of Regist | tered Landfill | | | | | | | | |
| ALL PRO MANAGE | | | 100 | Hauler II 00348 | D No. | Waste As Needed | IESI Landfi | | | | | | | | | |
| City, State | 1 | | | | | Disposal Date | City, State | D4 | | | | | | | | |
| Garfield, NJ | | | | | | TBD | Bethlehem, | | | , | | | | | | |
| Completed By (Print or T Zvonko Veskov | ype) | Title Preside | ent | | | Signature | to Vin | | 3/1 | 0/ | 14 | • | | | | |
| 00.44 | | | | | | // | - INO | | - | 1 | /_ | - 7 | | | | |

CK \$ 25424

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

| Date of Notification (1)3/11/14 | | | | Name of Building Owner/Operator (2) Sharon Pietrzak | | | | | | | | | | | |
|-------------------------------------|-----------------|----------------------------|---|---|----------------------|--------------------------------------|-------------------------------|--|-------------------|---------|-------------|-----------|--|--|--|
| Agencies Notified | | | | | | | Sharon 1 leu: | zak i i i | Т. | 0.00 | | _ | | | |
| ⊠ EPA | Initial | | | | t Address | 532 Village Rd. West | | | | | | | | | |
| DEP | Amend | | 1 | City, | State, Zip 0 | Code | | | | | | | | | |
| M DOL | | ment #_ ency (including | <u> </u> | | | Princeton Junction, NJ 08550 | | | | | | | | | |
| M DOH □ DCA | justific | ation) | ´ | Name | of Contac | | | | | | | | | | |
| шш | ☐ Cancel | lation | | | Sł | aron Pietrzak | | | | | | | | | |
| | | | | FA | FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where | Abatement is | s Taking Place | (3) | | | | Type of Facility | (4) | | | - | | | | |
| | Res | <u>idential Pr</u> | oper | ty | | | School (K-1) | | | | | | | | |
| Street Address | 0.0000000 | | S 1000 6100 | | | | | 8 (Other than K-12 private & commerci | | م مدالم | | | | | |
| | 532 | Village Ro | l. We | est | | | homes, etc. | | ai buii | aings | 1 | | | | |
| City (5) | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | | | | |
| | Princ | eton Junct | ion, | | | | 2000 | 2 | . _ | - 6 | 60_ | | | | |
| County (6) | <i>K</i> | | | Cou | nty Code (* ONLY) | 7) (STATE | Current Use (Pr | rior if being demolis | | | | | | | |
| | Mercer | 11. | | | | | L | Residential | M | | | | | | |
| Name of Monitoring Firm (8) | MECS | illding Owner | | ASCM | No. | | nent Contractor (9 | 5.0 | т | | | | | | |
| Street Address | MECS | | | | | | ens Environi | mental Service | es, 11 | ıc. | | | | | |
| Street Address | PO Bo | v 3/1 | | | | Street Address | DO E | 30x 322 | | | | | | | |
| City, State, Zip Code | 1000 | 77 741 | | | - | City, State, Zip C | | 00X 3ZZ | | - | | _ | | | |
| | rosswicks | , NJ 0851 | 5 | | | City, State, Zip C | | n, NJ 08501 | | | | 200 | | | |
| Project Manager for Mor | , - , - , | | phone | No. | Telephone No. | - Interito W | License No. | | | _ | _ | | | | |
| William W | | Jr. | 100000000000000000000000000000000000000 | | 8-4070 | (609) 25 | 59-9688 | | 049 | 3 | | | | | |
| Start Date (10) | | Scheduled C | - | | | | | | | | | | | | |
| 3/31/14 | | | 4/9/1 | | (18) & | | M | ECS | | | | | | | |
| Occupancy Status Durin | ng Abatemen | | | Street Address | | | | | | | | | | | |
| ▼ Facility Closed/Vacate | | | | | | | PO E | 341 Sox 341 | | | | | | | |
| Abatement Performed | | | y Hou | rs | | City, State, Zip C | ode | | | | | | | | |
| Other - Describe: 8 | sam- 4:pn | <u> 1</u> | | | | | Crosswick | s, NJ 08515 | | - | | | | | |
| Scope of Work (Check a | all that apply) | | | 11-2-2 | | D Evil Con | toinment with No. | | | | | | | | |
| ≥3 sf or ≥3 lf | | ⋉ Re | novati | on | | ☐ Mini-End | ntainment with Neg closure | gative Pressure | | | | | | | |
| ≥160 sf or ≥260 lf | | De De | molitio | n | | Gloveba | a Friable December | redure | | | | | | | |
| | | Isl | ocatio | n | | NOII-EXE | empted (*) and No | n-Friable Procedu | T | | | | | | |
| | | No | omally | | | | | | Abatement Type | | | | | | |
| Location (Asbestos-Containing N | | | Soleh | | Achaet | Description of tos Containing Mat | | Amount | | | | | | | |
| TO BE ABAT | ΓED | " Cı | stodia | | | thermal systems in | nsulation, | (Specify | Rer | Repair | Enc | Enc | | | |
| IN Facility (13) | ′ | 1000 | Staff? (12) | | 1 | surfacing, VAT, other miscellaned | | SF or LF) | Remova | air | aps | Enclosure | | | |
| (10) | | | 35 XI | 2070 | - | other miscenaried | jus) | | <u>B</u> | | Encapsulate | ře | | | |
| | | Yes | No | N/A | | | | | | | œ | | | | |
| Baseme | ent | | × | | | VAT/ Mast | ic | 1350 sf | × | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler N | | | | | | Cubic Yards | Name of Regis | stered Landfill | L | | | | | | |
| | | | | | No. 292 | of Waste 5 CU | | T.R.R.F., In | 10 | | | - 1 | | | |
| City, State | | | | 102 | JUL | Disposal Date | City, State | 1.11.11.1., 11. | | _ | | - | | | |
| • | Allento | wn, NI | | | | 4/9/14 / | | Tullytown, l | РΑ | | | | | | |
| Completed By | | Title | | | | Signature (| 17 | Date | | | | - | | | |
| Mahlon E. Ste | evens | Pr | oject | Man | ager | _/// | 1/ | | 3/11 | /14 | | | | | |
| ASB-41 | | - | | | | 7/1 | | | 1635-07(6) | | | | | | |

MAR 00

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

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

| -MO Chec | <u> </u> | (| (Purs | uant | to NJA | C 8:60 and 12: | 120) | | | | | | | | | |
|---|--|-----------|-------------------|---------------|----------------------|--|----------------------------|---------------------------------|----------|---------------------|-----------|---------------|-------------|-----------|--|--|
| Date of Notification (1) | | | | Nam | e of Buildi | ing Owner/Operato | + | | | | | | | | | |
| 3-13-14 | | | | St | ell E | Invironme | ntal | Enterprises, Inc. and | | | | | | | | |
| Agency Notified | Type Notification | | | | et Address | | | | - | MALL | 17 | 21100 | _ | | | |
| CXEPA CXDEP | 1 Initial | | | | | Main St. | | | | | | | | | | |
| E DOL | Amended Amendment # | | | Elv | State, Zip verso | Code n, PA 195 | 520 | | | | | | | 4 | | |
| СКрон | Emergency (incluing justification) | iding | | | e of Conta | | - | - | Tolon | hono Numb | 205 | | | | | |
| EXDCA | ☐ Cancellation | | | | | Stringos | 3 | I Telephone Number | | | | | | | | |
| | | | | FAC | CILITY INF | ORMATION | | | | | | | | | | |
| Name of Facility Where | Abatement is Taking F | Place (3 | 3) | VALUE OF | | | Type of | Facility | (4) | | | | | | | |
| Patco | | | | | | | □ Scho | ol (K-12 | | | | | | | | |
| Street Address | | | | **** | | | ☐ Subo | hapter 8 | (Other | than K-12) | | | | | | |
| Block 69 Lot | s 13 and 1 | 4 | | | | | St Othe hom | r (i.e. pri es, etc.) | vate & c | commercial | building | s, | | | | |
| City (5) | | B | | | | | Square | | # of F | loors | Bldg. A | \ge | _ | | | |
| Collingswood | | | | | | | 450 | | 1 | | +/-5 | 50 | | | | |
| County (6) Gloucester | | | | Count | ty Code (7 |) (STATE USE | Current | Use (Prior if being demolished) | | | | | | | | |
| Name of Monitoring Firm | Hirad by Puilding O | | 400 | | ', | | cant | | | -0 | | | | | | |
| (8) Batta Envi | ronmental | ner | ASC | vi No. | | Name of Abatem Pepper | nent Cont | ractor (9) |) | 1 Com | | | _ | | | |
| Street Address | | | | | | Street Address | BILAT | - OIIIIIe | SIILG | T Set | vice | s, | 13 | nc | | |
| 6 Garfield W | ay | | | | | | aley | Street | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip (| Code | | | | | | | | | |
| Newark, DE | | | | | | Philadel | phia | , PA | 191 | 37 | | | | | | |
| Project Manager for Moni Todd Zeisloft | | ne No. | | Telephone No. | | License No. | | | | | | | | | | |
| Start Date (10) | | | 3376 | 215-533- | | | 013 | 166 | | | | | | | | |
| 3-7-14 | Scheduled (| 31 - | tion Da | ate (11) | | Name of OSHA | A Monitor Invironmental | | | | | | | | | |
| Occupancy Status During | | | | | - | Street Address | | illicii | Lal | | | 200 | _ | | | |
| Facility Closed/Vacated | | SERVE R | 530 | | В | 6 Garfie | eld w | av | - 1 | | | | | | | |
| ■ Abatement Performed (| Outside of Normal Fac | cility Ho | itemen Durs | ι | | City, State, Zip C | ode | | -+ | | | | | - | | |
| Other - Describe: | | | | | | Newark, | DE 19 | 9713 | | | | | | | | |
| Scope of Work (Check all | that apply) * abat | emei | nt p | prio | r to | demonsuit | ontainme | ent with N | logotivo | Pressure | | | | \neg | | |
| □ ≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf | | | | | novation nolition | ☐ Mini-l | Enclosure | | vegative | riessure | | | | | | |
| 44 100 BI OI = 200 II | | | | C Del | HORRORI | ☐ Glove | ebag Proc Exempted | edure (*) and | Non-Fria | able Proced | lura | | | | | |
| | | | Locat | | | | | 1 | | 2210 / 10000 | | Abate | | nt | | |
| Location | of | | Normal ed Sole | | | Description of | of | | | | - | $\frac{1}{1}$ | pe | Н | | |
| Asbestos-Containing TO BE ABA | Material (ACM) | Ma | intena | nce/ | Asbes | tos Containing Ma | terial (AC | M) | | Amount | , | | En | Е | | |
| IN Facil | | | Staff? | | (i.e. | thermal systems surfacing, VAT | or | ٠ | | Specify F or LF) | Kelliova | Repair | Encapsulate | Enclosure | | |
| (13) | | | (12) | | | other miscellane | ous) | | | • | Val | alr | sulat | sure | | |
| | | Yes | No | N/A | | | | | | | | | 0 | | | |
| | | | | Х | see | attached | shee | t | | | | \top | | \neg | | |
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| Name of Registered Waste | Haules | | | | | | | | | | | | | | | |
| | | | No. | Vaste H | lauler | Cubic Yards of Waste | Name of | f Registe | red Lan | dfill | | | | | | |
| Service Trans | sport | Į. | | | - 1 | | A & : | L Sa | lvag | re | | | | | | |
| City, State | | | | | | Disposal Date | City, \$ta | te | | | | | | \dashv | | |
| Morrisville, | | | | | | Δ | Libs | on, | OH | | | | | | | |
| Completed by Jennifer Nive | en Dir. of | qO | era | tio | ns / | Signature |) | | | | te -13 | 71 | 0 | | | |
| ASB-41 | * Do not | | | | 4 | 1900 | / | | | 3 | -13. | т4 | ÿ | | | |