STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Check # 10267 Name of Building Owner/Operator (2) Date of Notification (1) Greg Scimeca DOL - 10 DAY 03/18/13 Street Address Type of Notification Agencies Notified 245 Country Club Dr. (X) Initial Notification ) Amended City, State, Zip Code ) EPA Amendment # (X) NJDEP Morristown, NJ 0B057 (X) Emergency (including (X) NJ DOL justification) Name of Contact (X) DOH ) Cancellation P6092220F3915 Gregory Scimeca ) DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ) School (K-12) ) Subchapter 8 (other than K-12) Residential property (X) Other (i.e. private & commercial bidgs., homes, etc. Street Address 1018 Bloomfield, Hoboken NJ 07030 Sq. Feet: 2,820 sqft County (6) County Code (7) City (5) Bldg. Age: 126 years # of Floors: 4 (State Use Only) Hudson Hoboken Current Use (if being demolished): Name of Contractor (9) Name of Monitoring Firm Hired ASCM No. Industrial Safety & Environmental Solutions, Inc. Bldg. Owner (8) Street Address Street Address 3300 Hudson Avenue City State, Zip Code City, State, Zip Code Union City, NJ 07087 License Number Talaphone Number Telephone Number Project Manager for Monitorino Firm 01124 (201)-325-0055 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) ISES, Inc. 03/29/13 03/20/13 Street Address Occupancy Status During Abatement (Check only one) ) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue ) Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ( X ) Other - Describe: Work area will be unoccupied during abatement Union City, NJ 07087 ) Demolition (X) Renovation Source of Work (Check all that apply) (X) Full Containment with Negative Pressure ) Minor Project (< 25 SF or < 10 LF ACM) ) Mini-Enclosure ) Small Project ( >25 <160 SF or >10 <260 LF ACM) (X) Glove-bag Procedure (X) Large Project (>160 SF or > 260 LF ACM (X) Non-Exempted (\*) and Non-Friable Procedure Abatement Type Amount Description of ACM is Location Normally Used Location of Asbestos-(Specify SF or (i.e. thermal systems insulation, Salely by Maintenance or Containing Material (ACM) surfacing, VAT, or other miscellaneous.) Encapsukat e Custodial Staff? (12) To be Abated in Facility (13) Removal YES NO X 150 LFT Pipe Insulation X Basement X 83 SQFT Boiler Insulation X Basement X 120 LFT Caulking glazing materials X Exterior Windows X 580 SQFT Floor Tile X Third and Fourth Floor 130 SQFT X Ceiling Surfaces X Basement Name of Reg. Landfill Cubic Yarde of Waste Name of Reg. Weste Hauler NUDEP Waste Hauler ID # IESI BETHLEHEM LANDFILL **NEWARK CARTING** 04509

BETHLEHEM, PA 18015

03/18/13

City, State
369 Raymond Blvd., Newark, NJ 07105

Completed by (Print or Type)
David Camacho

Diep. Date
03/29/13/
Signature
Project Supervisor

ABLIGURATA HOW TAKES

NOTIFICATION OF ASBESTOS ABATEMENT CLORE 41272

D	41			(PURSUA		AC 8:60-7 AND 12:		eer	J 97 1	~ 1				
Date of Notification (*03 / 18	1) / 13				Name of Building Owner / Operator (2) NOVARTIS PHARMACEUTICALS CORPORATION									
	/				Street Address									
Agencies Notified	Type of N				1 HEALTH PLAZA									
EPA		Initial			City, State, Zip Code EAST HANOVER, NJ 07936									
□ DOH		Amen				ANOVER, NJ 07936		1= :			19 PM o			
✓ DOH ✓ DOL	П		dment			Name of Contact KEN PIROZZI Telephone Number								
			ellation	w/ justification	KEN PIR	KUZZI	139	J	1-1-1-1-1-1-1					
			mation		ACILITY	NFORMATION				- J/36	17 1112			
					AVILITI	M ORMATION					W.C.			
Name of Facility Whe	re Abater	nent is	Taking	Place (3)		Type of Facility	(4)							
NOVARTIS						_								
Cturet Address							ol (K-12)							
Street Address 1 HEALTH PLAZA							hapter 8 (Other							
I HEALITT EAZA							(I.e., private & ., homes, etc.)		iai					
City (5)	County (6	5)		County Code	(7)	Square Feet	# Of Floo		Ruildi	ng Age				
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						Current Use (Pri	or if being den	nolished)	7					
						BOILER HOUSE								
Name of Monitoring F		by Bld	lg. Owi	ner (8)	ASCM N	O Name of Abatem	ent Contracto	r (9)						
HILLMAN ENVIRONM	ENTAL				1									
Street Address						LVI Environmenta	I Services Inc.							
1600 ROUTE 22 EAST	- R					Street Address								
City, State, Zip Code						462 Getty Avenue								
UNION, NJ 07083						City, State, Zip C								
Project Mngr. For Mor	nitorina F	irm		Telephone Nu	mber	- Oity, State, Zip C	oue							
MIKE NEHLSEN		,		908-688-7800		Clifton, NJ 07011								
Sheduled Start Date (	10)	Sched	. Com	oletetion Date (1	11)	Telephone Numb		License	Number					
04 / 01	13	(	04		13									
/ /			/	/		973-772-3660				00117				
Occupancy Status Du	ring Abat	ement	(Check	Only 1)		Name of OSHA N								
Facility Clo		tea Dur	ing En	tire Period of		LVI Environmenta	Services Inc.							
		ed Outs	ide of I	Normal Facility		Street Address								
Hours - Des				rommar r domey		462 Getty Avenue								
☑ Other - Des		5:00PN	/I - 11:3	0PM		City, State, Zip C					A Charles of the Control of the Cont			
						Clifton, NJ 07011								
Scope of Work (Check	k All That	Apply)												
☐ Demolition		Г	7	Renovation		Full Containment								
		L	<u> </u>	Renovation		Full Containment Mini - Enclosure		Pressur	е					
☐ ≥160 sf or ≥						Glovebag Proced								
				1 11		Non-Exempted (*		ble Proce	edure					
Location of		32.11	s		Descrip				ent Type		122			
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		tena	nce/			15		Α	l i	s	s			
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BLDG 710			44	PIPE VALVE		<u> </u>	5 SF	V						
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Name of Registered W	aste Haul	er		NJDEP Waste	Cubic	Name of Register	ad Landfill							
NEWARK CARTING	aste Haul				Yards	IESI	eu Landiili				Y			
				(5.7)	of Waste									
City, State					Disposal	City. State								
NEWARK, NJ				av vil	Date	BETHLAHEM, PA				0.1	54			
S				lean.										
Completed by (Print or STEVEN STILES	r Type)			Title	14055	Signatu	ire	-, ·		Date	3			
JILVLN GIILEG				PROJECT MAN	MGEK	1 54	2101 (		)		02/19/12			

STATE OF NEW JERSEY

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

(Leck H 127)

Date of Notification (1)03							Name of Building Owner / Operator (2) UTSI FINANCE INC.									
																Amenaia
Agencies	EPA	Type of N		ion					20176161							
	DEP		Initial Amen	heh		City, State, Zip Code WARREN, MI 48089  Name of Contact RENO TORRES  ZÜİJ MAR 19 PM 9: 30  Telephone Number										
	DOH			dment	#											
	DOL				v/ justification											
	V 777 A 747 C 748			llation			& I Washe									
					F	ACILITY II	NFORMATI	ON		********	110					
Name of	Facility Wh	ere Abater	nent is	Taking	Place (3)		Type of F	acility (4)								
							SAME SEA NO. EMPLOYMENT									
Street Ad							School (K-12)									
	ENSACK AV	/F							ter 8 (Other ., private &							
									omes, etc.)	cililierci	aı					
City (5) County (6) County						(7)	Square F		# Of Floor	rs	Buildin	g Age				
KEARNY		HUDSON					5000	5,000		1		40+				
								Jse (Prior if	being den	nolished)	ਜੋ					
							WAREHO									
Name of	Monitoring	Firm Hired	by Bld	g. Own	ier (8)	ASCM NO	Name of	Abatement	Contractor	(9)						
INDUSTR	RIAL HYGIEN	IF CONSU	TANTS	3		1	LVI Envir	onmental Se	nvices Inc							
Street Address							Street Ad		ivices inc.				-			
605 BLOC	OMFIELD AV	/E, SUITE	5				Ou cot Au	u1033								
City, State, Zip Code							462 Getty	Avenue						2		
	AIR, NY 070			7		33	City, Stat	e, Zip Code	1000							
	Ingr. For Mo	nitoring F	irm		Telephone Nu	ımber								22		
UDAY SIN	NGH		1		973-509-3320		Clifton, N.									
04	Sched. Comple						Telephon	Telephone Number License Number								
/	/ _04_ /	<u>13</u>		5_/	/ <u> </u>	13	973.7	72-3660		10 UES 11		0117				
Occupand	cy Status D	uring Abat	ement (	Check	Only 1)			OSHA Moni	tor			0117				
П	Facility CI	osed/Vaca	ted Dur	ing Ent	tire Period of			onmental Se								
	Abatemen			•			Street Ad							_		
			d Outsi	de of N	lormal Facility											
-	Hours - De						462 Getty									
V	Other - De	scribe:						e, Zip Code					2.0			
Scope of	Work (Chec	k All That	7:00AN Apply)	1-3:30P	M		Clifton, NJ	07011								
	D		_	,		prong	22 000 02000	5-1-10-1-10-1-10-1-10-1-10-1-10-1-10-1-								
H	Demolition >3sf or >3		<u></u>	J	Renovation		Full Containment with Negative Pressure									
	≥160 sf or						<ul><li>Mini - Enclosure</li><li>✓ Glovebag Procedure</li></ul>									
							Non-Exempted (*) and Non-Friable Procedure									
	Location of		Is		E .	Descript				Abateme	nt Type					
	estos Conta		Loca		As		ontaining			R	land	E	E			
	laterial (ACI O BE ABATI	S145.5	Norn			Material			Amount	E	R	N	N			
10	in Facility	<u>-D</u>	Us Sol			e., therma	i systems facing, VA	r .	(Specify SF or LF)	M O	E P	C	C			
	(13)		by M				ellaneous)		SF OF LF)	v	A	A P	0	- 4		
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			Custo	odial						Ĺ	R	Ū	Ü			
			Staff									L	R			
			YES N	_												
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WAREHOUSE						1 1			320 SF				1 0			
Name of Registered Waste Hauler NJDEP Waste C						Cubic	Name of F	Registered I	andfill				لللل			
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40. 7						of Waste										
City, State			-			Disposal	City. State	1	-			-		$\neg$		
NEWARK,						Date	BETHLEH									
Completed STEVEN S	d by (Print o	or type)			Title	IAOEE		Signature		d		Date				
OILVEN 3	TILLO				PROJECT MAN	NAGER		Stor	MS.	111	(1)		03/18	1/12		



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

Date of Notification (1) 03/12/2013		Name of Building Owner/Operator (2)  Madison-Chatham Sewage Joint Meeting  Street Address  214 N. Passaic Ave														
Agencies Notified	Type Notification			Street A	<sup>ddress</sup> Passai	c Ave	0	7		48 / 9	PM S	: 30	i i			
DEP DOL	Initial Amended Amendment		_		ite, Zip Co am NJ 0		,	& LICENSTAGEROL							-	
DOH DCA	Emergency ( justification)	including		Name of Chris I	Contact		***************************************	8		Telenhone Number						
☐ DCA	Cancellation				LITY INFO	ODMATI	ON			<u>i –                                    </u>				11.11.11.11		
Name of Facility Where	Abatement is Taking	g Place (3	)	FACI	LITTINE	OKWATI	ON	Type of	Facility (4)	)						
Madison-Chatham	Sewage Treatm	ent	27. IE	# 0_ 0_				School (K-12)								
Street Address 214 N. Passaic Ave						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							es,			
City (5) Chatham	7.						etc.) are Feet # of Floors Bldg. Age									
County (6) Morris		County Code (7) (STATE USE ONLY)					ent Use (Prior if being demolished) vage Authority									
Name of Monitoring Firm	l.						ment Contr			7.0						
Street Address		Stree				Address Watchu	ing Ave	1					. "			
City, State, Zip Code	Vincentus Control	<del></del>	City, S				y, State, Zip Code est Orange NJ 07052									
Project Manager for Mon		Telephor	ne No.		Teleph	none No. 243-98		Li	icense N 1171	0.	18					
Start Date (10) 03/13/2013	d Cor	npletion [	Date (11)				Monitor			<del> </del>						
Occupancy Status During	e)				Street	Address			1							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F	Period of A	baten		N 2 14	v *.	City, S	tate, Zip	Code		-					
Scope of Work (Check A	ll That Apply)			-				<del></del>					1200000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
1 41	F)_0	100000	Locati	ally				1 1 20 1 12			=		Abatement Type			
Location Asbestos-Containing TO BE AB/ In Facil (13)	d Sole ntena odial S (12)	nce/ Staff?		tos Cont thermal surfac	Description of os Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
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Building No. 1, 1	Solier room		^		in grade		hihe					Α				
					C IN			- 7					1	11.4		
Name of Registered Was	te Hauler			JDEP W		Cubic	Yards		Name of Re	egistered	Landfill			10.00		
Kielczewski Corpora	tion		Н	auler ID	No.	of Was			Conesto	ga Ladi	fill		20.5	e e		
City, State West Orange NJ			19.	Disposal Date					City, State Morganto	own PA						
Completed by Slawomir Kielczewsk	<b>ci</b>	Title President					ignature Kau	Date 03/12/2013								

D&S Proj. #: 2013

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

Date of Notification $\frac{0}{4}$				enem <del>a</del> eresene	er/Operator (2)	2013 MAR 19 PH 9: 50										
Agencies Notified	Type Notificati	on	BETHAN		NE				PF 9.	: 50						
EPA	Initial	St St	reet Addres	ss (			t	48 J. M. J.	i				9			
☐ DEP	Amended		27 MAPI		IUE			& Linguis Man								
☑ DOL	Amendment #:	Ci	ity, State, Z	ip Code					-1.1C							
	Emergency		NETCON	NG, NJ	07857		5		11-7				8.			
□ DOH	(including justification)	Na	ame of Con	tact			100	Teleph	one Numbe	er		NAME OF				
☐ DCA	Cancellation		BETHAL	NY MEL	ONE			iv.		-						
				FACI	LITY INFORM	ATION	39					(1				
Name of facility wh	nere abatement is	s taking pla	ce (3)	28				Type of Facility		١						
BETHANY MI	ELONE						School (K - 12)  Subchapter 8 (Other than K-12)									
Street Address				4			Other (Private/Commercial									
27 MAPLE AV	/ENUE		St					Square Feet	s./Homes, # of Floo		В	ldg. A	ge			
City (5)		Coun	ty (6)				County Code (7)									
NETCONG		DAG	SSAIC			(Sta	te use only)	Current Use	Prior if bei	ng dem	olish	ed)				
Name of Monitorin	a Firm Hired by I				ASCM No.	-	Name of Abatement Contractor (9)									
	.g 2, .	2.ug. 2c	. (0)	1	ACOM NO.											
Street Address						-	D & S RESTORATION, INC. Street Address									
							20 California Ave.									
City, State, Zip Cod	le					-	City, State, Zip Cod	е			_					
	1						Paterson, NJ (	7503					13			
Project Manager for	r Monitoring Firm		Ph	one Numb	er	_	Telephone Number	STATE AND ADDRESS OF THE PARTY	License	Numb	er					
			1 6				973-345-802		(	)1169						
Start Date (10)		Sched	. Completio	n Date (11	)		Name of OSHA Mo									
03/25/13		07/04	/13				D & S Restora Street Address	tion, Inc.								
Occupancy Status I	During Abatemer					-	20 California A	Vanua			3					
	d/vacated during			ment.			City, State, Zip Cod				_	_				
Abatement pe	erformed outside						Oity, Gtate, Zip Cou	•								
Describe:  Other-Descri	be: NORMAL H	IOURS					Paterson, NJ (	7503								
Scope of Work (ch								Full Containmen	w/negative	press	ure					
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≥160 sf or ≥2		Demolition					⊵	Glovebag proced								
			n normally u	read solely				Non-Exempted (	*) and Non	-friable	proc R	Edure	1			
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material (acn	n) to be	staff(12)			material (		sbestos-containing	(Specify	SF or	m o	p a	c a	n c			
abated in fac	ality (13)	Yes	No	N/A	- D G			LF)		v e	i	p	L			
Basement	-		X	1	PIPE INSU	LATI	ON	60 L FT		ğ	ή	П	T			
						11.75				T		ī	愩			
Registered Waste F			P Hauler II		ubic Yards of V	Vaste	Name of Registere		FCOVE		#.					
D & S RESTOR	A HON, INC.	135		Disposal D	YD		City, State	, RESOURCE F	ECOVE	₹Y						
City, State PATERSON, N	J 07503			03/26/1			TULLYTOWN	J. PA	. T.							
Completed by (Prin		Title			Signature		1		Date							
BOGDAN JOL		PRESIDI	ENT	- (-					03/14	/13		ŧ				
ASB-41	,	Do not use	this form f	for asbesto	s licensure exe	empted	l activities.									

D&S Proj. #: MS 13-87

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

D&S Proj. #: MS 13-87			(Pursu	ant to NJAC	8:60	and 12:120)	,C	-14 -27 t						
							. 4		127					
Date of Notification (1)	Nar	ne of Bui	Iding Owne	er/Operator (2)	2013 <sub>MAR</sub> 19 PM 9:50									
0 3 /1 4 /1 3	C.	AROL I	DESIMO	NE		et er	3	19 p	W .					
Agencies Notified   Type Notificati	on Stre	et Addre	SS			3.50								
DEP Amended	2	17 BEA	CON AV	ENUE		& Lipperson								
Amendment #:	City	, State, Z	Zip Code					-11-11/	<u> </u>	14.				
	J	ERSEY	CITY, N	J 07306										
DOH (including justification)	Nan	ne of Cor	ntact			*	Telephon	e Number						
☐ DCA ☐ Cancellation		CAROL	DESIMO	NE										
		20	FACI	LITY INFORM	ATION									
Name of facility where abatement is	s taking place	(3)		at other			Type of Facility (			6	1			
CAROL DESIMONE						2.2	=	I (K - 12)		14	40)			
Street Address							The programme of the contract	apter 8 (O Private/Co			-12)			
							Bldgs./	Homes, e	tc.					
217 BEACON AVENUE			<u> </u>				Square Feet	# of Floor	S	BI	dg. A	ge		
City (5)	(6)		#1		nty Code (7) e use only)									
JERSEY CITY	HUD	SON			(Stat	e use only)	Current Use (Pr	ior it being	g aem	olisne	ea)			
Name of Monitoring Firm Hired by I	3ldg. Owner	(8)		ASCM No.		Name of Abatement C	ontractor (9)			141				
						D & S RESTORA	TION, INC.		m Cast II Avenue					
Street Address					-11	Street Address						- 147		
	1 11 11114					20 California Ave	).							
City, State, Zip Code	14		- I			City, State, Zip Code						-		
5		Lo	<del></del>			Paterson, NJ 075	03	License	Munak	-				
Project Manager for Monitoring Firm	A STATE OF THE STA	Pr	one Numb	er	- 11	Telephone Number 973-345-8020			1169	ei				
		_				Name of OSHA Monito	or	<del></del>						
Start Date (10)	Sched. (	Completio	on Date (11	)		D & S Restoration	n, Inc.							
03/26/13	04/04/1	13				Street Address								
Occupancy Status During Abatemer	the state of the s		0 1			20 California Avenue								
Facility closed/vacated during Abatement performed outside Describe:	of normal fac	of abate cility hour	ment. rs-			City, State, Zip Code								
Other-Describe: NORMAL H	OURS				=	Paterson, NJ 075	03							
Scope of Work (check all that apply	y)						uli Containment w	/negative	press	ure	3.23	100		
$\boxtimes$ >3 sf or >3 lf	Renovation						lini-enclosure lovebag procedu	70						
≥160 sf or ≥260 lf	Demolition			- 40			ion-Exempted (*)		riable	proc	edure			
Location of	Is location r			1					R	R	Е	E		
asbestos-containing material (acm) to be	by maintena staff(12)	ance/cus	todiai			sbestos-containing	Amount (Specify S	F or	m	p	n c	n		
abated in facility (13)	Yes	No	N/A	material (	ACIVI)		LF)		0	a	a p	L		
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Basement		X		PIPE INSU		G PIPES(RECLEAN	10 L FT ) 130 L FT					卄		
Basement		X	#	BAKE HEA	TINC	FIFES(RECLEAN	) 130 LTT		H	片	H	片		
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									H	H	H	H		
Registered Waste Hauler	NJDEF	Hauler I	ID# C	ubic Yards of V	Vaste	Name of Registered L	andfill		ш.			1		
D & S RESTORATION, INC.	1350			YD		TULLYTOWN, R		COVER	Y			-		
City, State			Disposal D 03/27/1			City, State TULLYTOWN, I	) A	1.						
PATERSON, NJ 07503  Completed by (Print or Type)	Title		03:27/1	Signature		TOLLTOWN, I	A	Date		-				
BOGDAN JOLDZIC	PRESIDE	NT						03/14/	13		10			
ASB-41	Do not use	this form	for asbesto	s licensure ex	empted	activities.								



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

Date of Notification (1)	19 / 12					Owner/Operator ( Polmoli	2) Co. 2	013 MAR 19	PH (	}: #	n			
Agencies Notified	Type Notification		,	Street	Address	, rearrion		W.E. F	•	- 11	<u>.                                    </u>			
□ EPA	Initial		<i>3</i> .	26	9 W	orlds Fair	r Drive & LICENSTILLO							
DOLWD	☐ Amended			City, S	State, Zip C	7000	17.11							
⊡т́бон	Amendment #	cludin	•	50	mers	et NT	08873							
☐ DCA (NJAC 5:23-8)	justification)	Ciddiii	y	Name	of Contac	Telephone Numl	oer			-				
	☐ Cancellation		D. 10	Nu	· Dav	rid Borch	\					_		
	-			FA	CILITY IN	IFORMATION								
Name of Facility Where A Colgate. Postreet Address 269 Way 14	Molive	_ (	<u>ک.</u>		- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10			2) 8 (Other than K-12 rivate and commer		ilding	s,			
City (5)		+					Square Feet # of Floors Bldg. Age 30							
Somerset County (6)				10	-t - O - d - (7	)(STATE USE ONLY)	-	ior if being demolis		0				
10.				Cour	ity Code (/	(STATE USE UNLY)		ing tacili						
Somerset	Ulrad by Duilding C	\	/0\ T	ASCM	No	Name of Abateme			1			-		
Name of Monitoring Firm	nirea by Building C	wner	(0)	ASCIVI	NO.					3				
Street Address						ECOSE/ Street Address	VICES, I	ш			-			
	rell Roa	.1					+ lines	In Huy	5,	to	Uiī	`		
City, State, Zip Code	IEII ICUC	<u>a</u> _				City, State, Zip Co	ode	ser nwy,		IIC	71			
Media PA	19013					Extra	PA 193	lus						
Project Manager for Moni	toring Firm		Tele	phone	one No. Telephone No. License No.									
Eric Housek			1610	-891	891-0114 484 872-8884 01161									
Start Date (10)	Sched	uled C	Comple	tion Da	te (11)	Name of OSHA M	lonitor							
04/02/		4	0	_ / .	13	EMSL								
Occupancy Status During  Facility Closed/Vacate				ment		Street Address 200 Pout	0 120 N	(m/1h						
Abatement Performed					cribe	01 01 1 71 0				300				
Time of Abatement:	AM- <u>3</u> _PN	N_	_PM		AM	City, State, 219 Ct	LUCAA N	IZ 080.	71					
Scope of Work (Check all	that apply)					Cadwan	MUSUI I		<u></u>					
≥3 sf or ≥3 lf = ≥160 sf or ≥260 lf		-	enovat emolitic			☐ Mini-Enc ☐ Glovebag	g Procedure							
		1/2	1.000	ion	г -	[⊿ Non-Exe	mpted (*) and No	n-Friable Procedu	1	atam	nt T			
Location	of	100	s Locat Norma		11.20	Description o	f			ateme				
Asbestos-Containing I TO BE ABA IN Facilit (13)	Material (ACM) TED	Ma	ed Sole aintena stodial (12)	ince/		stos Containing Ma , thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure		
	2 11 22 1.2	Yes	No	N/A	7 5	====			1	_				
Research lab			Ø		Trans	ite hood u	îne	66 Sf.	Ø					
						REP TO SER	- a_0							
							a La							
Name of Registered Wast	e Hauler	J.	N	JDEP I	Vaste	Cubic Yards of	Name of Regis	stered Landfill	- 1	14		2.14		
Freehold Court	wap Inc	15.T		lauler II	0 No. 126164	Waste	Veclia F	s Greentre	e l	and	fil	1		
City, State	J.11		liv	אַרטטנ	120101	Disposal Date	City, State	_	-			. (2)		
	J					TBD	Lers	sey AA	. Na					
Completed By (Print or Ty	pe) Title	0			- pure er s	Signature		Da	te ı					
how Rall.	1 5	H	25701	+ W	lance	À .	(50,00 L	1600 3	19	13		1100		
ASB-41	7	.11	5	11	(			1						
JAN 13	*!	Do not	use th	is form	tor asbest	os licensure exemp	ted activities.							