MO 17348695719
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/23/16				Name of Building Owner/Operator (2) PSE&G Fossil LLC Mercer Generating Station  Street Address 2512 Lamberton Road  City, State, Zip Code											1 / /2	
Agencies Notified	Type Notification			Street A		2020	1968				85	~ //,	ξP .	4	MI.	
X EPA X DEP X DOL	Initial Amended Amendment Emergency		- [	City, Sta Hamilt	te, Zip Co on, New	de		_				-16	EA	COM S/A/	(120.	
DOH DCA	justification) Cancellation				Contact Villaims					Tel	ephone N	lumber		16	; • (	
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INFO	DRMATI	ON	Type of Facility (4)								
PSE&G Fossill LLC			ion						School (K-12)							
Street Address 2512 Lamberton Ro	oad								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)							
City (5) Hamilton, New Jers	sey			72					quare Feet 50000	# of	# of Floors 10			Bldg. Age 50		
County (6) Mercer				County Code (7) (STATE USE ONLY)					urrent Use (Pric	r if bei	ng demo	lished)				
Name of Monitoring Firm Total Environmenta		Owner (8)		ASCN	1 No.				Abatement Con Energy Servi							
Street Address 1005 St George La					Street 740		dress erans Drive									
City, State, Zip Code Landenburg, PA 1				City, State, Zip Code Swedesboro, New Jersey 08085					5							
Project Manager for Mor Ed Igelesias		Telephor	ne No. 14-4217	4)	Telepl	hone			License 01009	No.						
Start Date (10) 4/6/16	Start Date (10) Scheduled						100000000000000000000000000000000000000	S	OSHA Monitor nvironmenta	l Solu	tions					
Occupancy Status Durin	g Abatement (Chec	k Only One	)	Stree												
Facility Closed/Vac Abatement Perform	ned Outside of Norn	nal Facility H		ement					George Lar	1e						
Other – Describe:		er Plant							burg, PA 19	9350						
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	il I nat Apply)	greatening.	nova molit			>		Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	372			lure			
		255000	ocat	1000000			LI Non-Exemples			id ( ) and Non-Fhab			Abatement Type			
Location Asbestos-Containing		Used		ly by	Asbes		scription		erial (ACM)	А	mount	-			$\Box$	
TO BE AB In Faci (13)	ATED lity		dial (12)	Staff?		thermal surfa		ns ins	sulation, or	(5	Specify or LF)	Kemoval	. Indoan	Encapsulate	Enclosure	
Unit #2 BOile	er 21 & 22	Yes	No	N/A		Therr	nal Sy	/ste	m	18	30 LF	X				
Name of Registered Wa	N	JDEP W	/aste	Cubic	Yards		Name of I	Registe	red Land	ifill						
Waste Management	H	lauler ID 7273		of Was	ste		Tullytov	<del>.</del>			very	Fac	ility			
City, State Trenton, New Jerse	Disposa 4/28/16					9	City, State Tullytov		4							
Completed by Tim Evans	ion	Manag	er	S	Signature Date 3/23/											

CK 4354

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

Date of Notification (1) 03/15/16	031			Name of Building Owner/Operator (2) EASTGATE PROPERTIES								201						
Agencies Notified	Type Notification			Street Address								-1	<u>s</u>	-	11.00			
				P.O. B	OX 392						-0	G.	MAR	1				
DEP  DOL	!nitial Amended Amendment	#	- 1		te, Zip Co		8				CE	7)	24		T)			
	Emergency (				Contact		Tole	phone:		OTT		-						
DOH DCA	justification) Cancellation		1 1		WEINB	BERGE	R			1 Cic		ivairii	=					
	E Ganociation				ITY INFO													
Name of Facility Where	Abatement is Taking	Place (3)	)					Туре	of Facility (4)									
HOME Street Address								×	Other (i.e. pri	12) r 8 (Other than K-12) private & commercial buildings, homes,								
City (5) BERGENFIELD, N.	J											Bldg. Age						
County (6) BERGEN COUNTY	,			County Code (7) (STATE USE ONLY)					nt Use (Prior <b>1</b> E	if beir	ng demo	olishe	d)	2-2-				
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	l No.				ement Contr		3000							
Street Address					Street 6		s DOVE CO	URT	1									
City, State, Zip Code		City, S					y, State, Zip Code AKEWOOD, NJ 08701											
Project Manager for Mor	1	Telephor	ne No.		Teleph		).		Licens									
Start Date (10)		npletion [	Date (11)		Name	of OSH	IA Monitor	2010										
03/25/16	- Ab-tt (Ch	03/29/1							PROFES	310	NALS							
Occupancy Status Durin	71 B	8					Street 6		OOVE CO	URT								
X Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ned Outside of Norm						City, S	tate, Zi	p Code				211					
				LAKEWOOD					DD, NJ 08	701			14					
Scope of Work (Check A	III That Apply)						V	1										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		ADDRESS OF THE PARTY OF THE PAR		ovation polition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure										
								Non-Exempted (*) and Non-Friable Pro					1	SW2: 10-5				
			Locati Iormal		*								Abaten Type					
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity	Use Mai	d Sole intenar odial S (12)	ly by nce/		tos Con thermal surfa		Material (ACM) ns insulation, AT, or			mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A														
EXTER							SIDING				00 SF		X					
INTERIOR (F	(ITCHEN)				LII	NOLEL	JM FLC	DORIN	VG	15	50 SF		X					
0						-												
Name of Registered Wa	ste Hauler		I N	JDEP W	/aste	Cubic	Yards		Name of R	egiste	red Lar	ndfill				-		
NEWARK CARTING	H	Hauler ID No. of Wa				Waste YARDS												
City, State NEWARK, NJ		Disposal Da 03/29/16					City, State BETHLE		1 PA									
Completed by JOSEPH PERLSTE	IER			Signature Date 03/15					e /15/16									

OK 12404

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

Date of Notification (1)			- 1	Name	of Building (	Owner/Operator (	2)		2001					
3 /	21 / 10	6			uke's Ho		-/	5.55250.5 Feb. 30.50		10				
								Whi		0				
Agencies Notified  ⊠ EPA	Type Notification	1		100000000000	Address Roseberr	v St								
⊠ DOLWD	☐ Amended		-		tate, Zip Co	-		-1				_		
☐ DHSS	Amendment #	#		550	lipsburg,									
☐ DCA	☑ Emergency (i	including	-		of Contact	145 00005	Telephone Number							
(NJAC 5:23-8)	justification)  Cancellation			ALC:TICIOZOS	Ruhf		J.	Telephone Number						
	☐ Caricellation								-					
				FAC	ILITY INF	ORMATION	T= 75 10 7	0						
Name of Facility Where		ng Place	(3)				Type of Facility (4)							
St. Luke's Hospital							School (K-12) Subchapter 8 (Other than K-12)							
Street Address							<ul> <li>☐ Subchapter 8 (Other than K-12)</li> <li>☑ Other (i.e., private and commercial building</li> </ul>							
185 Roseberry St.				0-2-2-2-2			homes, etc.)		150					
City (5)							Square Feet	# of Floors		lg. Ag	je			
Phillipsburg, NJ 08	3865						100,000+	2		11+				
County (6)				Count	ty Code (7)(	STATE USE ONLY)	DOUBLE OF THE PARTY OF THE PART	or if being demolis	hed)					
Warren							Hospital							
Name of Monitoring Firm	Hired by Building	Owner (8	B)   A	ASCM N	No.		ent Contractor (9)							
Pennonni Assoc.				NA			ironmental Syst	ems						
Street Address						Street Address								
515 Grove St.						550 East Uni	nion St.							
City, State, Zip Code						City, State, Zip C								
Haddon Heights, N	IJ 08035					West Cheste	r, PA 19382							
Project Manager for Mor	nitoring Firm		Tele	phone I	No.	Telephone No. License No.								
Tom Adams				6-547-		610-701-9000 00508								
Start Date (10)	· was limited	eduled Co			, ,	Name of OSHA Monitor								
3 /22 /	16	3 /	24	_ / _	16	AET								
Occupancy Status Durin	g Abatement (Che	ck only o	ne)			Street Address								
☐ Facility Closed/Vacat	1.7					28 N. Pennel Road								
Abatement Performe Time of Abatement:					cribe	City, State, Zip C Media, PA 19								
Scope of Work (Check a	all that apply)					2010/00/2010 MAGE:	5	. 5			15			
☐ >3 sf or >3 lf		⊠ Re	novati	on			Containment with Negative Pressure Enclosure							
≥160 sf or ≥260 lf		☐ Dei				☐ Gloveba	g Procedure							
						☐ Non-Exe	empted (*) and Nor	n-Friable Procedu						
			Locat lorma			Description			Ab		ent T	уре		
Location Asbestos-Containing		Use	d Sole	ely by	Asbes	Description tos Containing Ma		Amount	Rer	Repair	Enc	Enc		
TO BE AB	ATED	525	ntena	nce/ Staff?		, thermal systems	insulation,	(Specify	Removal	air	aps	Enclosure		
IN Faci		Cust	(12)	Stall!		surfacing, VAT other miscelland		SF or LF)	<u>n</u>		Encapsulate	ire		
(13)		Yes	No	N/A		other missenan	,				e			
Basement Sterilizati	ion Room			$\boxtimes$	Mastic	101 *		325 SF						
- Control of the Cont		П	П	П										
Name of Registered Wa	iste Hauler		_ N	JDEP \	Waste	Cubic Yards of	Name of Regis	tered Landfill						
Richard Burns & 0			H	lauler II		Waste 1	Western B	erks Communi	ty Lar	ndfill				
City, State				19955		Disposal Date	City, State							
Phila., PA				TBD			Birdsboro, PA							
Completed By (Print or	Type) T	itle		22-117-		Signature	1KV)	D	ate	)	1	8		
Mark H. Griffin		Estima	tor			13/2/1					1/1	6		
A C.D. 44						1991 3/61/16								

ASB-41 MAY 11

CK 25243

# 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)  Home Properties, LP - Jacob Ford Village  MAT 1016											
3/21/	16	-		Hom	e Proper	ties, LP - Jacob	Ford Village	) MAT	* 1	:016	)				
Agencies Notified Type Notificat	ion			Street A	Address										
☐ EPA ☐ Initial				100	Wood Av	e South Ste 63	0	7. TA		41	- "				
☐ DOLWD ☐ Amended Amendme				City, St	ate, Zip Co	ode	af								
M DU00		ıdina		Iseli	n, NJ 088	30									
DCA Emergenc justificatio		idirig		Name o	of Contact			Telephone Numb	er						
☐ Cancellation	on			And	rew Sadi	n									
				FAC	ILITY INF	ORMATION	T - (F - 104 / 4)								
Name of Facility Where Abatement is Ta							Type of Facility (								
Jacob Ford Village Building No	. 9, 10	0, 11,	13,	14 (Blo	ock 3801	Lot 1)	☐ School (K-12) ☐ Subchapter 8 (Other than K-12)								
Street Address							☐ Subchapter 6 (Other than K-12) ☐ Other (i.e., private and commercial bui								
1 Washington Ave							homes, etc.)			I - A					
City (5)							Square Feet	# of Floors		g. Ag	e				
Morristown							30,000 (all)	2		8					
County (6)				Count	ty Code (7)	(STATE USE ONLY)		or if being demolis							
Morris								Apartment Con	nplex						
Name of Monitoring Firm Hired by Build	ing Ow	mer (8	3) /	ASCM I	No.	Name of Abatem	ent Contractor (9)	9.							
Environmental Health Investiga	tions	, Inc		2973	7	Superior Aba	atement Inc								
Street Address			7.4			Street Address									
655 West Shore Trail						2 Henderson	Drive								
City, State, Zip Code						City, State, Zip C									
Sparta, NJ 07871						West Caldwe	well, NJ 07006								
Project Manager for Monitoring Firm			Tele	phone I	Vo.	Telephone No.		License No.							
Jean Paul Von Doehren			(6	09) 70	4-8850	(973) 808-16	16	00411							
Start Date (10)	chedu	led Co	omple	tion Dat	te (11)	Name of OSHA	Monitor								
03 /31 /16	04	_ /	01	_ / -	16	Superior Aba	atement Inc		100						
Occupancy Status During Abatement (0						Street Address									
☐ Facility Closed/Vacated During Entir						2 Henderson									
☐ Abatement Performed Outside of No Time of Abatement: 8:00AM-4:30F															
Scope of Work (Check all that apply)						STEWNSON CONTROL OF PRIMARY									
	F	Ø 00	novati	on		☐ Full Cor ☑ Mini-En	ntainment with Ne	gative Pressure							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			molitic				g Procedure								
<u> </u>						☐ Non-Exe	empted (*) and No	n-Friable Procedu	1						
3		20.70	Locat Norma	707/2016		-			Ab		ent Ty	уре			
Location of Asbestos-Containing Material (ACM	n		d Sole		Ashe	Description stos Containing M		Amount	Re	Repair	Enc	Enc			
TO BE ABATED	''		intena			., thermal systems	insulation,	(Specify	Removal	pair	caps	Enclosure			
IN Facility		Cust	todial (12)	Staff?		surfacing, VAT other miscellan		SF or LF)	<u>a</u>		Encapsulate	ure			
(13)		Yes	No	N/A		otner miscellan	eous)				te				
Crawl Spaces		$\boxtimes$			Pipe Ins	sulation		50 LF		$\boxtimes$					
		П	П												
22															
Name of Registered Waste Hauler				JDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill							
Service Transport Group, Inc			1/32	lauler I	D No.	Waste	Minerva L								
City, State				SW2	111	2 Disposal Date	City, State	-							
New Castle, DE						4/01/2016	Waynesb	urgh, OH							
Completed By (Print or Type)	Title		Signature////						Date j						
Nick Petrovski	Pr	eside	ent			hui:	3/2		16						

ASB-41 MAY 11



## 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)								
3/21	16			Home Properties, LP - Jacob Ford Village MAF 2 2015											
Agencies Notified Type No	tification			Street	Address							1			
☐ EPA ☐ Initial				100	Wood A	ve South Ste 63	0		. 47	- 17					
☑ DOLWD ☐ Amer	7/20 5/24			City, S	state, Zip C	Code			-	19	-				
A 51100	ndment#				in, NJ 08				-						
	gency (in cation)	ciuaing		Name	of Contact	t .		Telephone Numb	er						
Canc					rew Sad										
				FAG	CILITY IN	FORMATION									
Name of Facility Where Abatement	is Takino	Place	(3)				Type of Facility (	(4)							
Jacob Ford Village Building	same amount (50)	NAME OF TAXABLE PARTY.	1000000 - E-	ock 38	02 Lot 1)	Later Parcel	School (K-12)								
Street Address	,	, , .			,		Subchapter 8 (Other than K-12)								
1 Washington Ave							Other (i.e., pr homes, etc.)	rivate and commerc	ial bu	ilding	s,				
City (5)							Square Feet	# of Floors	Ble	dg. A	ge				
Morristown							19,000 (all)	2		68					
County (6)			121-1	Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)						
Morris							Residential	Apartment Com	plex						
Name of Monitoring Firm Hired by	Building (	Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)		i de la companie de l						
Environmental Health Inves			0.74250	2973	37										
Street Address	-3	,				Superior Abatement Inc Street Address									
655 West Shore Trail						Street Address  2 Henderson Drive									
City, State, Zip Code						City, State, Zip Co									
Sparta, NJ 07871							well, NJ 07006								
Project Manager for Monitoring Fire	m		Tele	phone	No.	Telephone No.	Telephone No. License No.								
Jean Paul Von Doehren					4-8850	(973) 808-1616 00411									
Start Date (10)	Sched	duled C	87.0	tion Da		Name of OSHA N						-			
03/31/16				_ / _		Superior Aba	tement Inc								
Occupancy Status During Abateme	ent (Chec	k only o	ne)			Street Address									
☐ Facility Closed/Vacated During						2 Henderson Drive									
Abatement Performed Outside of Time of Abatement: 8:00 AM-4					cribe	City, State, Zip Co West Caldwe									
Scope of Work (Check all that appl	y)														
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		⊠ Re					ontainment with Negative Pressure Enclosure bag Procedure Exempted (*) and Non-Friable Procedure								
		100	Loca						Ab	atem	ent T	ype			
Location of			Norma d Sole			Description of		9 <b>2</b> /A 9/80	-	_		T			
Asbestos-Containing Material (A	ACM)		intena			stos Containing Ma ., thermal systems		Amount (Specify	em	Repair	nca	nclo			
IN Facility		Cus		Staff?	(1.6	surfacing, VAT		SF or LF)	Removal	=	Encapsulate	Enclosure			
(13)		Yes	(12) No	N/A		other miscellane	eous)		10000		late	œ.			
Crawl Spaces					Pipe In:	sulation		50 LF							
			П		1										
		(2000)		_					H			-			
			Ш					60	Ш						
Name of Registered Waste Hauler			-030	IJDEP I		Cubic Yards of	Name of Regis								
Service Transport Group, Ir	ıc			lauler II SW21		Waste Minerva Landfill 2									
City, State						Disposal Date City, State									
New Castle, DE						4/01/16	Waynesburgh, OH								
Completed By (Print or Type)	Title	е				Signature	7 1	.// Dat	te /		1				
Nick Petrovski	P	reside	ent				1/10/ Mhn 3/11/16								
ASP 44						-//	114-11	sons.	10	-11	14				

ASB-41 MAY 11

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

B & G proj. #:

2016-43

Check # 7734

									π 113 <del>4</del>			111	- 1		
Date of Notification	1 (1)	111	Name of F	Building Own	er/Operator (2)	)		M/	R 24	201	6				
10   3   /   2   1	1/11  6	- 11	Rick C	and the property of the control of the	o,, o poi aio: (=)	,		Y 1			č	1407			
Agencies Notified	Type Notificat	ion	Street Add					K. M. C.	TGSCO	170	~; ·		_		
☐ EPA	X Initial									3					
☐ DEP	inda		City. State	, Zip Code											
X DOL	Amenda				hip, NJ 070	05									
X DOH	_	N	Name of C	ontact			Telephone Number								
☐ DCA	Cancell	ation	Rick (	Cooper				2 E							
				FAC	ILITY INFORM	1ATIO	N								
Name of facility w	here abatement i	s taking pl	ace (3)				Type of Facility (4)								
Rick Cooper				•			School (K - 12)  Subchapter 8 (Other than K-12)								
Street Address								100	apter 8 (Ot (Private/Co			-12)			
Street Address									Homes, et	c.					
								Square Feet	# of Floors	3	Bldg. Age				
City (5)		Cou	inty (6)			10000 0000	County Code (7) (State use only)  Current Use (Prior if being dem								
Boonton, NJ	07005	Mo	orris			100	residential								
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.	1	Name of Abatement Co	ontractor (9)							
n/a						B & G Restoratio	n, Inc.								
Street Address						Street Address	- d								
-						105 Ryerson Ro	au			-					
City, State, Zip Coo	de				City, State, Zip Code Lincoln Park, N	1 07035									
Project Manager fo	r Monitorina Eira	,		Phone Numb	ner .	_	Telephone Number	0 01000	License	Numb	er				
Froject Manager ic	n Morntoning i iin			THORIC INGINE	JC1		(973)696-6869		1	378					
Scheduled Start Da	ate (10)	Sche	d. Comple	etion Date (1	1)	_	Name of OSHA Monito								
04/01/2016		1	02/2016	95			B & G Restoration	on, Inc.					-		
Occupancy Status	During Abateme					-	Street Address 105 Ryerson Ro	ad							
	d/vacated during			itement.			City, State, Zip Code				_				
Abatement p	erformed outside						oity, otato, zip oodo								
Describe: Other-Descr	ibe:						LincolnPark, NJ	07035							
Scope of Work (cl	heck all that appl	y)	777										-		
☐ Demolition	X	Renovati	on				Full Containment w/nega	tive pressure	X Gloveb	ag pro	ocedu	ıre			
X >3 sf or >3 if	f 🔲	≥160 sf or	r ≥260 If			X	Mini-enclosure		Non-fri	able p	госе	dure			
Location of				y used solel	у			T		R	R	E	E		
asbestos-co		by maint staff(12)	tenance/c	ustodial			asbestos-containing	Amount (Specify S	Eor	e m	e p	n	n		
material to b abated in fac		Yes	No	N/A	material	(ACM	)	LF)	SF OI	0 V	a	а	C L		
			140							е	r	р	1		
wl space adj to e	lec panel room			X	pipe insul		1	16 If		X		Ц.	1		
above the safe				×	pipe fitting			1 fitting 2 If		X	屵	븜	井		
crawl space ad	j safe			X	pipe insu	latio	n	211		X		片	H		
				4	-			-		님		님	干		
Registered Waste I	Hauler	IN ID	EP Haule	rID# I C	Dubic Yards of	Waste	Name of Registered L	andfill				Ш,	1		
B & G Restora			19563		1		Tullytown R	esource & Re	ecovery (	Cent	er				
City, State Lincoln Park,	NJ			Disposal I	Date /04/2016		City, State Tullytown, P	A				81			
Completed by (Prin		Title			Signature	oture Date									
Gordana Luna			ary/Trea	surer		Gordana Luna 03/21/2016									

CK008619

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

				TION OF	ASBE		Sey ABATEMENT and 12:120)		2016 MAR 20					
Date of Notification (1)				Name of Mexicher		ng Owne	r/Operator (2)		2016 MAR 2	,		1	7,7	
Agencies Notified	Notification	Туре		Street Ac Rt 130 &				£.	16ES/10=	4	4//:	2	>	
☑ EPA ☑ DEP X DOL	Initial x Amende	ment#		City, Stat Penrickto	e, Zip own N.	Co J 08067			LICEN	SING	TRE	7/	<u></u>	
Ď DOH □ DCA	Justification Cancell		50	Name of Charles		77.7		Telephone Number						
				FACI	LITY I	NFORM	ATION							
Name of Facility Where A	batement is	Taking Place	e (3) Me	exichem				Type of Facil	-12)	15.40				
Street Address Rt 130 & porcupine Rd								☐ Subchapt ☐ Other (i.e homes, e	er 8 (other than private & com tc.	n K-12 imerci	) al bu	ldin	gs,	- Control
City (5) Penricktown								Square Feet 50000	# of Floor	S	Blc 40	g. A	∖ge	
County (6) Salam						ounty Co SE ONLY	de (7) (STATE ')	Current Use	(prior if being o	lemoli	shed			
Name of Monitoring Firm Harvard Environmer		g. Owner (8)		ASCM N	0.	Name of Contractor (9) County Environmental								
Street Address 760 Pulaski Highway	У						Address New Churchm	ans Rd.						
City, State, Zip Code New Castle, DE 197	20						ate, Zip Code Castle, DE 19	720						
Project Manager for Moni Wesley Morrison	toring Firm		Telepho	ne No. 326-23	33		one Number 322-8946		License N 00578	lumbe	r			
Scheduled Start Date 04-05-16	Sch (04	neduled Com -08-16)	pletion	Date		Name of OSHA Monitor County Environmental								
Occupancy Status During							Address New Churchm	ans Road						
Abatement Performed  Other – Describe:	ed During Ent Outside of N	ire Period of Iormal Facilit	Abaten y Hours	nent S-			tate, Zip Code Castle, DE 19	720						
Scope of Work (Check all	that apply)						· ·	ment with Nega	tive Pressure					
$X \ge 3$ sf or $\ge 3$ lf $\square \ge 160$ sf or $\ge 260$ lf						ovation nolition	☐ Mini-Enc ☐ Non-Exer	osure Glov mpted (*) and N	ebag Procedu on-Friable Proc	re ) cedure	ı.			
				s Locatio							Ab	ate Typ		nt
Locati Asbestos-Containi TO BE A	Use Ma	Normally ed Solely aintenand Custodia Staff?	by ce/	Asbe (i.e	Description stos Containing No. thermal system surfacing, VA other miscella	Material (ACM) is insulation, AT, or	Amount (Specify SF or LF	,	Remova	Repair	Encapsulate	Enclosure		
IN Facili	Yes	(12) No	N/A	-	a				<u>a</u>	-	late	ıre		
Transite panels bldg. 513		х		64			sf	vin Min	Х					
Piping outside bldg. 513	Х			90			If		Х					
Name of Reg. Waste Hau Service Transport G	10/00/09	DEP Wa No.2099		uler	Cubic Yards of Waste	Name of R Minerva	Leg. Landfill				1			
City, State New castle DE					Disposal Date	City, State Waynesbu								
Completed by Charles flowers				Signature	Flo	wes	Date 003/2	21/1	6					
Charles flowers PM  ASB-41 * Do not use this form for asbestos licensure exempted activities.														