			1			Print Fo									
Kathat PAII			CATION	ate of New Jerse NOF ASBESTOS to NJAC 8:60 an	ABATE			neck#		15 E		V			
Date of Notification (1) 5/7/2019			Name o	f Building Owner/C		r (2) ty Manageme	ntlld	M							
Agencies Notified Type Notification	-	Street A	ddress		- 11		MAY	_	8 2	019					
× EPA × Initial Amended	-	City St	306 I	Fifth A	ve . 6th Floor		-								
X DOL Amendment		Oity, Ote		York,	NY 10001	-	ASBESTOS CONTR LICENSING								
DOH justification) DCA Cancellation	riordanig		Name o	f Contact Gil Roy	/al		Tele	phone Nu (609) 4		84					
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFORMATI	ON	Type of Facility	(4)								
Residential	,	0,				School (K-	20020								
Street Address						Subchapte	r 8 (Othe			uildings, homes,					
City (5) Trenton, NJ 08611			Square Feet 1500	# of	Floors 2	Е	8ldg. A 90 +								
County (6) Mercer	Code (7) USE ONLY)		Current Use (Prior if being demolished)												
Name of Monitoring Firm Hired by Building C	/ No.	Name of Abatement Contractor (9)													
MECS Street Address		Stevens Environmental Services, Inc.													
PO Box341		Street Address PO Box 322													
City, State, Zip Code Chesterfield, NJ 08515					0.000	State, Zip Code ntown, NJ 08501									
Project Manager for Monitoring Firm Dave Bunocore			Telepho 732 74	ne No. 10-8408	100000000000000000000000000000000000000	hone No. 259-9688		License N	lo.						
Start Date (10) 5/20/2019	Schedul		pletion 24/20	Date (11)	Name	of OSHA Monitor			-						
Occupancy Status During Abatement (Check	Only O				Street Address										
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm						D Box 341 v, State, Zip Code									
Other – Describe:		***********			2000 P. Control	sterfield, NJ 08	8515								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demoliti			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	Location	on			1 Non-Exemple	d () and	NOII-Filai	T	Abatement						
Location of Asbestos-Containing Material (ACM)	Normall ed Solel		De: Asbestos Cont	scription		Λ-	nount		Ту	pe	\vdash				
TO BE ABATED In Facility (13)	aintenar stodial S (12)	nce/	(i.e. thermal surface		s insulation, T, or	(S	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure				
	Yes	No	N/A			00001.001.000	200400	00 If			e				
Basement	Basement X Therma								Х			\vdash			
						1		1	1						

NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler Name of Registered Landfill Stevens Environmental Services Fairless Landfill 18292 City, State Morrisville, PA City, State Disposal Date Allentown, NJ 5/24/2019 Completed by Title Signature Date Mahlon E. Stevens Project Manager 5/7/2019

NA A TOTAL		NOT	St	ate of No	w Jerse	BATALT.	Check # 25861									
'Kasnel Pall			FICATION Pursuant						EC	E	\mathbb{V}	E	In			
Date of Notification (1) 5/6/2019		Name o	f Building	Owner/0	Operator		K			Bucana, sur						
Agencies Notified Type Notification			Street A	ddress					MAY	· - 8	201)				
X EPA X Initial																
DEP Amended Amendment			City, Sta	ate, Zip C		apack.	NJ 07931	ASBESTOS CONTROL &								
Emergency (including]	Name of	f Contact				Te	NG	ibecto ra	December 1987					
DCA Cancellation			Ro	seanne	e Harfoi	rd			1							
Name of Facility Where Abatement is Taking	Dlace /	3)	FACI	LITY INF	ORMAT	ION	Type of Facili	4.74								
Residential	g riace (3)														
Street Address					Subchar	ol (K-12) napter 8 (Other than K-12) (i.e. private & commercial buildings, homes,										
City (5) Peapack, NJ 07931							Square Feet 6500	#	of Floors							
County (6)			County (Code (7)				Prior if be		lished)	150 +/-					
Somerset		se (Prior if being demolished)														
Name of Monitoring Firm Hired by Building C MECS	Owner (8))	ASCN	/I No.			of Abatement Contractor (9) vens Environmental Services, Inc.									
Street Address PO Box341						100000000000000000000000000000000000000	Address Box 322									
City, State, Zip Code Chesterfield, NJ 08515							State, Zip Code ntown, NJ 08501									
Project Manager for Monitoring Firm Dave Bunocore		Telephor	ne No.			none No. 259-9688	License 00493									
Start Date (10) 5/16/2019		mpletion [5/24/201				e of OSHA Monitor										
Occupancy Status During Abatement (Check	Only O		072 1720 1			Street	Address									
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	Abate	ment			1,1500,000,000	Box 341	3/9/2013/101									
Other – Describe:	ar r aciiit	y i ioui	15				y, State, Zip Code hesterfield, NJ 08515									
Scope of Work (Check All That Apply)		-3/1														
≥3 sf or ≥3 if × ≥160 sf or ≥260 if	_	Renov Demol				×	Mini-Enclos Glovebag P	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Is	Loca	tion				- TOTAL EXOTING		10 1101111	Tubic 11	Abatement					
Location of	Norma	ally ely by			scription				-	Ty	/pe	-				
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena			thermal	systems	laterial (ACM) s insulation,	(Amount Specify	Re	D D	Enc	Ē			
In Facility (13)	J	(12)	SE 10 10 10 10 10 10 10 10 10 10 10 10 10			cing, VA		S	F or LF)	Remova	Repair	Encapsulate	Enclosure			
gevoern.	Yes	No	N/A				ackingstrator ≠ ii			<u>a</u>	-	late	Iге			
Basement		X		Th	nermal	Pipe In	sulation	n 420 If								
Garage		X		Th	nermal	Pipe In	sulation		150 If	Х						
Storage Room		X		Th	nermal	Pipe In	sulation		80 If							
2nd Floor Bathrooms (2)		Х							Х							
Name of Registered Waste Hauler	5	1.029	NJDEP W Hauler ID		Cubic		Name	of Regist	ered Land	ifill						
Stevens Environmental Services			18292		of Was	8	Fairless Landfill									
City, State Allentown, NJ						al Date 1/2019	City, s Morri	fate sville, F	PA							
Completed by Mahlon E. Stevens	Title Proje	ect M	anager		S	ignature	11	Date 5/6/2019								

														Р	rint Fo						
K00053769 PA		NOTIF (F	ICATIO	State of Ne N OF ASE t to NJAC	BESTOS	ABATE	MEN 0)	NT		E (C	E	1								
Date of Notification (1) 05/06/2019				of Building Chemour			r (2)			М	AY	- 8	20	19							
Agencies Notified Type Notification Initial				Street Address 1007 Market Street ASBESTOS CONT									~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	201							
DEP Amended Amendment	DEP Amended DOL Amendment #					City, State, Zip Code Wilmington, DE 19899									<u> </u>						
DOH justification)	Emergency (including justification) Cancellation						Name of Contact Jim Lacey							Telephone Number 856-540-2394							
N. C. W. M.			FAC	ILITY INF	ORMATI	ON					0.000				-7-2						
Name of Facility Where Abatement is Takin Chemours Chamber Works Facility	g Place (/ - Bldg	³⁾ 1082					Ту	pe of Facility School (K-													
Street Address Canal Road							×	Subchapte Other (i.e. etc.)	er 8 (Oth	ner than & comm	K-12 nercia) al buil	dings	, hom	es,						
City (5) Deepwater							Square Feet # of Floors 2000 1					Bldg. Age 50+									
County (6) Salem				Code (7) USE ONLY	"		Current Use (Prior if being demolished) Paintshop														
Name of Monitoring Firm Hired by Building Harvard Environmental Inc.	Owner (8)	ASCI	M No.			Name of Abatement Contractor (9) Brandenburg Industrial Service Company														
Street Address 760 Pulaski Highway			•				eet Address 217 Spillman Drive														
City, State, Zip Code Bear, DE 19701			City, State, Zip Coo Bethlehem, PA																		
Project Manager for Monitoring Firm JT Morrison				Telephone No. 302-326-2333				Telephone No. License No. 610-691-1800 00721													
Start Date (10) 05/20/2019	npletion	pletion Date (11) Name of OSHA Monitor Brandenburg																			
Occupancy Status During Abatement (Chec	k Only O	ne)			3	Street		1777													
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: DEMO - 07/25/19-08	al Facility	Abatem y Hours	2217 Spillman Drive City, State, Zip Code Bethlehem PA 18015										_								
Scope of Work (Check All That Apply)						Beth	lehe	em PA 180	115												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	, N	ull Containm Ini-Enclosur Blovebag Pro Ion-Exempte	e cedure					•							
Location of	1	Locati	у		Dog	orintion		Torri Entering to	u () un	G HOIT	Habit	-	Abate	emeni							
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/	Asbestos Containing (i.e. thermal syste surfacing, \			cription of aining Material (ACM) systems insulation, ing, VAT, or iiscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure						
P 1002 Exterior	Yes	No	N/A									/al		ate	re						
B 1082 Exterior						Transite				00 SF		X									
B 1082 Exterior			X	X Cau				Caulk			5 LF X										
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Y	arde		Name of	Doni-4-	rodle	den										
Brandenburg Industrial Service Co		Ha	auler ID 838	0100000000	of Wast			Name of Chemo			uillí										
City, State Bethlehem, PA				Disposal D 5/20/19-8				City, State		J											
Completed by Stephen Carne	ntal Ma	anager	Sig	nature	/	1/2	7			Date 05/06/2019											