NOCK

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	2)	1111	200 (500)									
5/25/	16		PSE	&G / Jol	b # 1511-4963 C	heck # 7696	II U MAI	27	50,	16							
Agencies Notified Type Notificat	ion		Street /	Address			L										
⊠ EPA ☐ Initial			4000) Hadley	Road		ASBEST		NSING al buildings, Bldg. Age								
□ DOLWD □ Amended □ Amended	40		City, St	tate, Zip C	ode	i i	1.10	CENSI	NG	lings,							
□ DHSS Amendme □ Emergence			Sou	th Plainfi	ield, NJ												
DCA Emergence [NJAC 5:23-8]		9	Name	of Contact			Telephone Num	ber									
☐ Cancellatio			Mich	nael Luci	ani												
	20.0		EAC	MI VTI III	FORMATION												
AL CE IN AND ALLEST	Liss Disease	(2)	FAC	ALLI I IIV	FORWIATION	Type of Facility ((A)										
Name of Facility Where Abatement is Ta	aking Place	(3)				School (K-12											
PSE&G Control House		2001-01-01) 3 (Other than K-12	2)									
Street Address						Other (i.e., pr	rivate and comme		ldings	S,							
1274 South 2 nd Street						homes, etc.)											
City (5)						Square Feet	# of Floors	Bld	g. Ag	е							
Plainfield, NJ																	
County (6)			Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pri	or if being demoli	ished)									
Union						Control Hou	ise										
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM I	No.	Name of Abateme	ent Contractor (9)											
Health and Safety Services	ing Owner	(0)	, 100111		AbateTech, I												
					Street Address												
Street Address					30 Maple Ave. PO Box 25												
PO BOX 365					City, State, Zip Code												
City, State, Zip Code																	
Berlin, NJ 08009					Lumberton, I	NJ 08048											
Project Manager for Monitoring Firm		Tel	ephone l	No.	Telephone No. License No.												
Jim Proctor		8	56-452	-1311	609-265-2107 00529												
Start Date (10)	cheduled (Comple	etion Dat	te (11)	Name of OSHA N	Monitor											
11 / _30_ / _15_ (6	/ _3	0_/_	16	EMSL Analyt	tical											
Occupancy Status During Abatement (C	heck only	one)	_		Street Address												
☐ Facility Closed/Vacated During Entir			ement		200 Route 13					- 8							
☐ Abatement Performed Outside of No.				cribe	City, State, Zip C												
Time of Abatement:AM					Cinnaminson												
					Cimaminson	1, 140 00077				-							
Scope of Work (Check all that apply)					☐ Full Con	tainment with Neg	gative Pressure										
≥3 sf or ≥3 lf	⊠R	enova	tion		☐ Mini-End	closure											
≥160 sf or ≥260 lf		emolit	ion		☐ Gloveba	g Procedure	n Eriable Brecod	ure									
					⊠ Non-Exe	empted (*) and No	n-rhable Proced	1777		- A T							
	,	s Loca Norm			D	- f		Ab	ateme								
Location of Asbestos-Containing Material (ACM	Us		lely by	Ashe	Description estos Containing Ma		Amount	Rer	Rep	Enc	Enc						
TO BE ABATED	IVI	ainten		(i.e	e., thermal systems	insulation,	(Specify	Remova	Repair	aps	Enclosure						
IN Facility	Cu	stodia (12	Staff?		surfacing, VAT		SF or LF)	<u> </u>		Encapsulate	ure						
(13)	Vac		- Far Assault	-	other miscellane	eous)				te							
	Yes	-						57									
Control House				Transit	e Floor Panels		60 SF			Ш	Ш						
Control House		\boxtimes		Roofing	g Materials		800 SF	\boxtimes									
Control House				Fire Ra	ated Doors		3 Total										
Exterior				Abando	oned transite pi	ре	240 LF	\boxtimes									
Name of Registered Waste Hauler			NJDEP		Cubic Yards of	Name of Regi	stered Landfill										
Waste Management			Hauler II 18750		Waste 32	G.R.O.W.S	S. Landfill										
City, State			.0700	-	Disposal Date	ate City, State											
Camden, NJ					6/30/16	Tullytown	, PA										
Completed By (Print or Type)	Title				Signature			Date	y market of	1							
	-0.00000-0-11	tions	Coord	inator	Oignature	CAMIT		5	70	5/1	10						
Gwendolyn Trumbetti	Opera	LUONS	Coord	шаюг		-/////)	4	1	4						
ASB-41 MAY 11	* Do no	ot use	this form	for asbes	tos licensure exem	pted activities.		,		-3.							

NO CK

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

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MAY 2 7 2018

Date of Notification (1)			Nam	e of Buildin	g Owner/Operator ((2)	100				- 1
5 /24 /	16		7750000	SDA			(#8079 ASBESTO	15.00	INT	30!	- &
Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Amende	7		32	et Address E. Front State, Zip	Street			7 10			
☐ DHSS Amenda)	1								
DCA Emerge	ncy (inetudi	ng		enton, NJ							
(NJAC 5:23-8) justifical				e of Contac			Telephone Num	her			
Cancella	ation			lministrat				•			
News (F. W. M.			FΑ	CILITY IN	NFORMATION						
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility	4				
Vineland HS South						School (K-12		21			
Street Address							8 (Other than K-12 rivate and comme		uildin	ıas	
2880 East Chestnut Ave.						homes, etc.))			30,	
City (5)						Square Feet	# of Floors	В	ldg. A	Age	
Vineland											
County (6)			Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Cumberland						School					
Name of Monitoring Firm Hired by Bui	lding Owne	r (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Pennoni					AbateTech, I						
Street Address					Street Address						
515 Grove Street Suite 1B					30 Maple Ave	e. PO Box 25					
City, State, Zip Code					City, State, Zip Co						
Haddon Heights, NJ 08035					Lumberton, N						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No. License No.						
Brian Clark			56-547		609-265-2107		00529				
Start Date (10)	Scheduled				Name of OSHA M		00020				
4 /18 /16 <	7				EMSL Analyti	M-2010 112 (2015)					
Occupancy Status During Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacated During Ent			ment		200 Route 13	0 North					
Abatement Performed Outside of N	ormal Facil	ity Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/4PI	л- <u>1</u> АМ			Cinnaminson						
Scope of Work (Check all that apply)					Ommaninison	, 143 00077					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovat emoliti		100	Mini-Encl Glovebage	Procedure	pative Pressure n-Friable Procedu	re			
		s Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACN TO BE ABATED IN Facility (13)	(I) Us M	Norma ed Sola aintena stodial (12)	ely by ance/ Staff?	Asbe: (i.e	Description of stos Containing Mar , thermal systems in surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							0	
Boiler Room				Gasket	Insulation		24 SF				
Media Center/Library				Floor til	e & Mastic		108 SF			П	
		П					100 01				
		닏							Ш	Ш	
Name of Registered Waste Hauler AbateTech, Inc.		1000	IJDEP \ lauler II 18750	O No.	Cubic Yards of Waste 12	Name of Registres G.R.O.W.S.					
City, State			. 5, 00		Disposal Date	City, State					
Lumberton, NJ					7/29/16	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature	0	Da	ite		,	
Gwendolyn Trumbetti	Operat	ions (Coordi	nator		Umnt	-	5	10	Ш	iid
SB-41 IAY 11	* Do no	use th	is form	for asbesto	os licensure exempt	ed activities.			1	-11	10

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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) 23 1 16 Delbarton High School / Job #1603-4995 Check# Agencies Notified Type-Notification Street Address ☐ Initial 230 Mendham Road □ DOLWD City, State, Zip Code ASBESTOS CONTROL & □ DHSS Amendment #2 Morristown, NJ 07960 □ DCA ☐ Emergency (including LICENSING (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Bill Champi **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Delbarton High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 230 Mendham Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Morristown, NJ 07960 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Morris High School Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Detail Associates, Inc. 16-0085 AbateTech, Inc. Street Address Street Address 300 Grand Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Englewood, NJ 07631 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Stephen Jaraczewski 201-569-6708 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __5__ / __16__ / __16 6 / 16 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-3:30PM/3:30PM-12AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 If ☑ Renovation☑ Demolition Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normaliv Description of Asbestos-Containing Material (ACM) Used Solely by Enclosure Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A Throughout Trinity Hall X Ceiling Plaster 12,119 SF \times Throughout Trinity Hall П X Floor tile 4,000 SF X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Service Transport Waste G.R.O.W.S. Landfill 20990 40 City, State Disposal Date City, State New Castle, DE 6/6/16 Tullytown, PA Completed By (Print or Type) Signature Date Gwendolyn Trumbetti Operations Coordinator

ASB-41 MAY 11 NO CK

MAY 11

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

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)	MAY	27	201	6	1
5/25/	16		N.	DPMC/	Job # 1509-4949	Check #8011	Page 3 of 3				
Agencies Notified Type Notifica	ation		Stree	t Address			ASSESTOS LICE	COL	/T >		
⊠ EPA ☐ Initial			PO	Box 034			LICE	LISIN	G	ن باند	
☑ DOLWD ☑ Amended ☑ DHSS Amended			City,	State, Zip (Code			The same of the sa	_		
☑ DHSS Amendment ☐ DCA ☐ Emergen		0	Tre	enton, NJ	08625						
(NJAC 5:23-8) justification		9	Name	of Contac	t		Telephone Num	her			
☐ Cancellat	ion		Sc	ott Fertig							
			FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is T	aking Place	e (3)				Type of Facility (
NJ Training School for Boys						School (K-12) 3 (Other than K-12	21			
Street Address							ivate and comme		uildin	as.	
1 State Street						homes, etc.)				5-1	
City (5)						Square Feet	# of Floors	В	ldg. A	ge	
Jamesburg, NJ											
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			es.iic
Middlesex						Training Scl	nool				
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Connection					AbateTech, In	nc.					
Street Address	Street Address										
120 North Warren Street					30 Maple Ave	. PO Box 25					
City, State, Zip Code					City, State, Zip Co						
Trenton, NJ 08608					Lumberton, N						
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Dominic Derricole			09-392		609-265-2107		00529				
Start Date (10)	cheduled C				Name of OSHA M						
10 /21 /15) /		EMSL Analyti						
Occupancy Status During Abatement (0	check only	one)			Street Address						
☐ Facility Closed/Vacated During Entir	(7)	150	ment		200 Route 13	0 North					
☐ Abatement Performed Outside of No				scribe	City, State, Zip Co						
Time of Abatement:AM					Cinnaminson						
Scope of Work (Check all that apply)			- 100 D-		_	West and the second					
≥3 sf or >3 If	⊠ Re	enovati	ion		☐ Full Cont	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		emolitic			Glovebag						
					Non-Exer Non-Exer	mpted (*) and Nor	n-Friable Procedu	ire			
		Locat Norma						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM	1 1 1	ed Sole		Asha	Description o stos Containing Mar		Amount	Re	Re	四	ш
TO BE ABATED	Ma	intena			., thermal systems i		Amount (Specify	Remova	Repair	cap	clo
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	Val	_	Encapsulate	Enclosure
(13)	Yes	No	N/A	-	other miscellane	ous)				ate	
15 Rooms at unit vent locations				Floor til	le		148 SF				П
		П									
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			-					무			
Name of Registered Waste Hauler						1				Ш	Ш
AbateTech, Inc.		211200	JDEP \ auler II		Cubic Yards of Waste	Name of Regist					
10000000 400000000000000000000000000000			18750		12	G.R.O.W.S.	Landfill				
City, State					Disposal Date	City, State					
Lumberton, NJ					6/30/16	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature	1	Da	ate i	1		
Gwendolyn Trumbetti	Operati	ions (Coordi	nator		WYIT	0	7/2	51	10	1
ASB-41						ATTI		/	-		-

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

D 1 511 05 0 (4)							in.			- 17	11			
Date of Notification (1) 5	16	-				g Owner/Operator (b # 1605-5013 C		MAY 27	2016	And the second of the	IJ	The same of the sa		
Agencies Notified Type Notified	1)		54000000	t Address 00 Hadley	Road	AS	BESTOS CO	ONTRO	L &				
□ DOLWD □ Amended □ DHSS □ Amended		/		City, S	State, Zip C	Code	L	LICENS	ING					
☐ DCA Amendme		dina		Soi	uth Plaint	field, NJ								
(NJAC 5:23-8) justification	en)	ung		Name	of Contac	t		Telephone Nu	ımber					
☐ Cancellat	ion			Ma	rk Domin	gues		.1						
	104 12- 22			FA	CILITY IN	FORMATION								
Name of Facility Where Abatement is T	aking P	lace	(3)			· Orthortion	Type of Facility	(4)						
PSE&G Somerville	Ü						School (K-12	A COLOR						
Street Address							Subchapter 8	Other than K-						
292 S. Bridge Street							Other (i.e., pont)							
City (5)							Square Feet	# of Floors	BI	dg. A	ge			
Somerville, NJ 08876				_										
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demo	olished)					
Somerset							Substation							
Name of Monitoring Firm Hired by Build	ding Owr	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Health and Safety Services						AbateTech, I	nc.							
Street Address					7/	Street Address								
PO BOX 365						30 Maple Ave. PO Box 25								
City, State, Zip Code						City, State, Zip Co	ode							
Berlin, NJ 08009						Lumberton, N	berton, NJ 08048							
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No. License No.								
Jim Proctor			85	6-452	-1311	609-265-2107	107 00529							
Start Date (10)	Schedule	d Co	mple	tion Da	ite (11)	Name of OSHA M	lonitor							
5 /23 /16	(6	_ /	30	_ /	16	EMSL Analyt	ical							
Occupancy Status During Abatement (0	Checkor	nly or	ne)			Street Address								
☐ Facility Closed/Vacated During Entir		_		nent		200 Route 13	0 North							
☐ Abatement Performed Outside of No	rmal Fa	cility	Hour	s - Des		City, State, Zip Co								
Time of Abatement:AM	PM/_		_PM-		AM	Cinnaminson								
Scope of Work (Check all that apply)								activo Proceuro						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			ovati			☐ Mini-Enc		alive Pressure						
∑ 2100 st 01 ≥200 ti		Den	IOILIO				g Procedure mpted (*) and No	n-Friable Proce	dure					
			Locat						Ab	atem	ent T	ype		
Location of Asbestos-Containing Material (ACM			ormal I Sole		A a la a	Description o			R	R	Щ	Щ		
TO BE ABATED	'	Mair	ntena	nce/		stos Containing Ma , thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure		
IN Facility	(Custo	odial 8 (12)	Staff?	100	surfacing, VAT,	or	SF or LF)	val	7	sul	sure		
(13)	_	es	No.	N/A	-	other miscellane	ous)				ate			
Exterior Cabinet		7	INO.	N/A	Founda	tion Caulk		50 LF						
Control House Wall		1			Pipe Ins			1 LF						
Roof	TE	-	_		-	ar and Paper Ro	ofina	320 LF				H		
		+			-10.011			020 2.	_	-				
Name of Designation of March 11.		-	<u> </u>							Ш	Ш			
Name of Registered Waste Hauler Waste Management			H	JDEP \ auler I[O No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S							
City, State		-		18750)	Disposal Date					0-52-			
Camden, NJ						Disposal Date 6/30/16	City, State Tullytown,	PA						
Completed By (Print or Type)	Title				/	Signature	2		Date	ď	4			
Gwendolyn Trumbetti	Ope	ratio	ns C	oordi	nator		mT		5	12.	3/1	1		

ASB-41 MAY 11

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

Date of Notification (1)			-			JAC 8:60 and 5:1		DEC			-	
5/	23 /	16		100		eland / Job #160		eck #8238				
Agencies Notified	Type Notifica	tion	7		et Address		İ	eck #8238 _{MA}	Y 2 / 2	2016		
⊠ EPA	☐ Initial	//	\prec			Vood Street PO B		j				
)		, State, Zip		OX 1000	- ATTEST	OS CON	TROI	F	
☑ DHSS ☐ DCA	Amendme				ineland, N		Ī		CENSIN(3	_	
(NJAC 5:23-8)	justificatio	y (includ	иng		ne of Conta			Telephone N	umbor			
	☐ Cancellati			M	ohan Pur	i		I releptione in	umber			
				F	ACILITY I	NFORMATION					_	
Name of Facility Where At	atement is T	aking Pla	ce (3)	1000			Type of Facility	(4)				
VMEU Old Plant Bas	ement						☐ School (K-1	2)				
Street Address							☐ Subchapter	8 (Other than K	-12)			
211 North West Ave.							homes, etc.	orivate and com	mercial build	dings,		
City (5)							Square Feet	# of Floors	Bida	. Age	_	
Vineland								01110010	Diag	. Age		
County (6)				Co	unty Code ((7)(STATE USE ONLY)	Current Use (P	rior if being dem	olished)		_	
Cumberland						860	Plant	3				
Name of Monitoring Firm H		ng Owne	r (8)	ASC	ЛNo.	Name of Abateme	ent Contractor (9)			_	
Health & Safety Serv	ices			117	7	AbateTech, I	nc.	=				
Street Address						Street Address						
PO Box 365						30 Maple Ave	Ave. PO Box 25					
City, State, Zip Code						City, State, Zip Code						
Berlin, NJ 08009						Lumberton, N	IJ 08048					
Project Manager for Monito	ring Firm		Iel	ephone	No.	Telephone No.		License No.			-	
Jim Proctor					2-1311	609-265-2107		00529				
Start Date (10)		heduled				Name of OSHA M	onitor					
_5 / _9 / _	/ *			0_ /	16	EMSL Analyti	cal					
Occupancy Status During A	batement (Cr	eck-only	one)			Street Address					_	
Facility Closed/Vacated	Duking Entire	Period o	fAbate	ement		200 Route 130	North					
Abatement Performed O	utside of Norr	nal Facili	ty Hou	rs - De	scribe	City, State, Zip Co					_	
Time of Abatement:	AIVI	_PM/	PM		_AM	Cinnaminson,						
cope of Work (Check all th	at apply)											
] ≥3 sf or ≥3 lf		Mp	enovat	ion		☐ Full Conta	ainment with Neg	ative Pressure				
≥160 sf or ≥260 lf			emoliti			☐ Whini-Enclo	osure Procedure W	hardnit				
						☐ Non-Exen	npted (*) and Nor	n-Friable Proced	lure			
			s Loca		1				Abate	ment T	Γν	
Location of Asbestos-Containing Mar	terial (ACM)		Norma		A = 1-	Description of					Ť	
TO BE ABATE	D (AON)	Ma	aintena	ince/		stos Containing Mate ., thermal systems in		Amount (Specify	Remova	nca		
IN Facility (13)		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	ova)	Encapsulate		
(13)		Yes	No	N/A		other miscellaneo	us)			late		
asement				S. S. Williams	Din - I-		_/	2248234			1	
		1			Pipe Ins	sulation	/	500 LF				
							1		16		1	
											1	
		П	П	П							1	
me of Registered Waste H	lauler		N	JDEP V	Vaste T	Cubic Yards of	Name of Desire	arad 1 300		Ш	1	
AbateTech, Inc.			H	auler ID	No.	Waste	Name of Register G.R.O.W.S.					
- W				18750		Disposal Data		Lanulli				
y, State						Disposal Date 6/10/16	City, State					
					/	O/TH/Th	Tullytown, F	-Δ				
Lumberton, NJ	1						runytown, r					
ty, State Lumberton, NJ ompleted By (Print or Type) Gwendolyn Trumbetti		tle Operati		(Signature	Tunytown, r	and the second s	ate 5/23	i	_	

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

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Date of Notification (1)			Nam	e of Buildin	g Owner/Operator ((2)	11)1=		-U_1	¥/ []	
5/23/	16		. Ci	ty of Vine	land / Job #160	3-4998 Che	ck #8239				
Agencies Notified Type Notific	ation	_	Stree	et Address				MAY 2	7 2	016	- 1
☑ EPA ☐ Initial		1			ood Street PO B	ox 1508	I L	HA! -			1
☐ DOLWD ☐ Amended	1/0/1/19		City.	State, Zip C	Code		1				1
□ DHSS Amendm	The second second	.,	1	neland, N			ASBE	STOS C			L&
□ DCA		ng	1	e of Contac			Telephone I		SINC	2	
☐ Cancella			0.00.00.00.00	ohan Puri	27.0		relephone	Number			
					FORMATION	<u> </u>					
Name of Facility Where Abatement is 7	Taking Plac	ne (3)	T F	CILITIN	IFORMATION	Type of Facility	(4)				
VMEU Old Plant Basement	uning i lu	JC (U)				School (K-12					
Street Address		-				Subchapter ₹	8 (Other than				
211 North West Ave.						Other (i.e., p		nmercial h	ouildin	gs,	
City (5)						homes, etc.) Square Feet	# of Floors		Olda /	100	
Vineland						Oquale i eet	# 01 110015	,	3ldg. A	1ge	
County (6)		-	Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if heing de	molished)			
Cumberland				my code (r	MOTATE GOE GIVETY	Plant	ioi ii beilig dei	noisieu)			
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASCN	I No	Name of Abateme	200000000000000000000000000000000000000					
Health & Safety Services	ang Owno	(0)	117		AbateTech, In						
Street Address			1.17		Street Address						
PO Box 365					30 Maple Ave	PO Boy 25					
City, State, Zip Code					City, State, Zip Co						
Berlin, NJ 08009					Lumberton, NJ 08048						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No. License No.						
Jim Proctor				2-1-3-1-1	1 elephone No. License No. 609-265-2107 00529						100
Start Date (10)	Scheduled	_			Name of OSHA Monitor						
5/2/16			0 /		EMSL Analyti						
Occupancy Status During Abatement (0				Street Address						
☐ Facility Closed/Vacated During Entire			ement		200 Route 130	0 North					
☐ Abatement Performed Outside of No	rmal Facili	ity Hou	irs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/	PM		_AM	Cinnaminson						
Scope of Work (Check all that apply)					Ommaninison	, 140 00077					
						ainment with Neg	ative Pressure	е			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovat emoliti			☐ Mini-Encl ☐ Glovebag						
		CITIOILL	OII			mpted (*) and Nor	n-Friable Proc	edure			
		s Loca						Al	oatem	ent T	vpe
Location of	2000	Norma ed Sol			Description of			Į,	D	m	т
Asbestos-Containing Material (ACM) TO BE ABATED	M	aintena	ance/		stos Containing Mat , thermal systems in		Amount (Specify	1 -	Repair	nca	nclo
IN Facility	Cus		Staff?	(surfacing, VAT,	or	SF or LF)) Val	=	Encapsulate	Enclosure
(13)	Yes	(12) No	1	4	other miscellaneo	ous)				ate	CD
D 101 - 11 W		-	N/A						1		1
Basement Steam Turbines #4, 5 8	₹6 🗵	Ш		Pipe Ins	ulation		1,100 LF				
Basement Steam Turbines #4, 5 &	k 6 🛛			Turbine	Insulation		220 SF				
Basement		П		Pipe Ins	ulation		230 LF		TR	П	
Basement				Duct Ins	1		40 SF				
Name_of_Registered Waste Hauler			JDEP /		Cubic Yards of	Name of Regist	(0.01 (0.01)			171	Ш
AbateTech, Inc.			lauler	O No.	Waste	G.R.O.W.S.				56	
City, State			18750		40 Diegoeal Date						4.90
Lumberton, NJ					Disposal Date 6/10/16	City, State	DΛ				
	77.11			4	/	Tullytown,	гA		(*)*		
Completed By (Print or Type)	Title				Signature	K		Date <	17-	2/1	10
Gwendolyn Trumbetti	Operat	ions (ns Coordinator						11 4	211	U
SB-41	Opolac				- ON W	J*			1	- 11	

Date of Notification (1)		1	Name	of Building	Owner/Operator (2	2)		15	Ü), f	1		
			PSE	E&G / Jo	Carl								
Agencies Notified Type Notification			Street	Address			MA'	1 2	7	2016			
⊠ EPA ☐ Initial	7	- 4	400	0 Hadley	Road		1						
	2		City, S	State, Zip C	ode		L		001				
☑ DHSS Amendment # ☐ DCA ☐ Emergency (irr		. 1	Sou	ıth Plainf	ield, NJ		ASBEST	OS I			JL &		
(NJAC 5:23-8) justification)	Diading		Name	of Contact			Telephone Numb		177				
☐ Cancellation			Sco	tt Dinadi	0								
			FAC	CILITY IN	FORMATION								
Name of Facility Where Abatement is Taking	g Place	(3)				Type of Facility (4)						
PSE&G Warehouse Building						School (K-12)							
Street Address							(Other than K-12) vate and commerce		ildin	is.			
100 American Legion Drive						homes, etc.)							
City (5)						Square Feet	# of Floors	BI	dg. A	ge			
Riverside, NJ 08075													
County (6)			Cour	ity Code (7)(STATE USE ONLY)	Current Use (Prid	or if being demolis	ned)					
Burlington						Warehouse I	Building						
Name of Monitoring Firm Hired by Building (Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)	r (9)						
Health & Safety Services					AbateTech, li	nc.							
Street Address					Street Address								
PO Box 365					30 Maple Ave) Maple Ave. PO Box 25							
City, State, Zip Code					City, State, Zip Co	ode		9:9:10 <u>1</u>					
Berlin, NJ 08009					Lumberton, N	Lumberton, NJ 08048							
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	CONTROL CONTRO							
James Proctor		85	6-452	-1311	609-265-2107								
				te (11)	Name of OSHA M	lonitor							
_ 5 / _2 / _16	5_/	_ 31	_ / _	16	EMSL Analyt	ical							
Occupancy Status During Abatement (Chec	k only o	ne)			Street Address								
☐ Facility Closed/Vacated During Entire Pe													
Abatement Performed Outside of Norma					City, State, Zip Co	ode	7						
Time of Abatement:AMP	VI/	_PIVI-		Alvi	Cinnaminson	, NJ 08077							
Scope of Work (Check all that apply)					Π F .!! Ο !	-1 M. M. M.	-#: - D						
☐ >3 sf or >3 lf	⊠ Re	novati	on		☐ Full Cont	ainment with Neg	ative Pressure						
	☐ De	molitio	n		☐ Glovebag	g Procedure							
				T		mpted (*) and Nor	-Friable Procedur	T	100	000			
Location of		Locati Normal			Description of				1	ent T	ype		
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbe	stos Containing Ma		Amount	Ren	Repair	Enc	Enc		
TO BE ABATED		intena todial S		(i.e	., thermal systems		(Specify	Removal	a:	aps	Enclosure		
IN Facility (13)		(12)			surfacing, VAT other miscellane		SF or LF)	=		Encapsulate	Te		
	Yes	No	N/A							CD			
Exterior				Transite	e Shingles		480 SF						
Exterior		\boxtimes		Door Ca	aulk		18 LF		口				
Interior		M		Duct In:	sulation Mastic		300 SF	Ø					
Exterior				Window	v Caulk		1,950		D				
Name of Registered Waste Hauler	. 10000	JDEP \		Cubic Yards of	Name of Regist	ered Landfill							
Waste Management		auler II 18750		Waste 40	G.R.O.W.S.	Landfill							
City, State		10100		Disposal Date	City, State								
Camden, NJ					5/31/16	Tullytown,	PA						
Completed By (Print or Type) Title					Signature /	1	Da	te	,	-	,		
		ons C	oordi	inator		mT		5	110	11	14		
ASB-41	•					1111		1	'	1	1 -1		

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

MAY 11

State of New Jersey Check #8152 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1604-5007 Page 2 Of 2 2016

ASBESTOS CONTROL & LICENSILIS

Location of Asbestos-Containing	.0000	Locat mally	tion Used	Description of Asbestos-Containing	Amount (Specify	Aba	atem	ent T	Гуре
Material (ACM) TO BE ABATED in Facility (13)	Sole Mainter Custodi (1 Yes N		nce or	Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			<u>a</u>		late	ľe
Exterior				Window Glazing	2,200 LF	X			
							Ш	Ш	
2									

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) 18 / 16 Trustees of Princeton / Job #1605-5014 Check #8450 Agencies Notified Type Notification Street Address **⊠** EPA I-Initial Trustees of Princeton University E.A. MacMillan Bldg. **⊠** DOLWD City, State, Zip Code ASBESTOS CONTROL & X DHSS Amendment #1 LICENSING Princeton, NJ 08544 □ DCA Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation Robert Ortego, P.E. FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Princeton University School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 5 Ivv Lane homes, etc.) City (5) Square Feet # of Floors Bldg. Age Princeton County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Mercer Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Cardno ATC 00098 AbateTech, Inc. Street Address Street Address 3 Terri Lane 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Burlington, NJ 08016 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael R. Keehn 609-386-8800 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __5__ / _ 27 / 16 6 / 6 / 16 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☑ Renovation☑ Demolition ≥3 sf or ≥3 lf ☐ Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Exterior X Stucco 560 SF \boxtimes П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State Lumberton, NJ 6/6/16 Tullytown, PA Completed By (Print or Type) Signature

ASB-41 MAY 11

Gwendolyn Trumbetti

Operations Coordinator

CK 12-10

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

Date of Notification (1):	Nome of	D1141	0 4					T [- (0 0			3 1			
5/24/16	NEWAR	Building K PUBL	Owner/0	Operator (2): OOLS				1							
Agencies Type Notification	Street Ad	ddress:								7 7 '	2016	- 1			
(X) Initial Notification		R STREE te. Zip Co						N	AY	27 1	2010	1			
(X) DEP () Amendment	NEWAR	K. NJ 07	102							1150400					
(X) DOL Notification () Emergency	Name of	Contact:					Telephor	e Number	STRE	3991	ITRO	_ &			
(X) DOH () Cancellation () DCA	MICHAI	EL SIBBA	ALD					e Number	LICE	NSIV	<u>G</u>				
			FAC	CILITY INF	ORN	AATION									
Name of Facility Where Aba	tement is Ta	king Plac	e (3): A	NN STREET	ГТ	ype of Facility (4);								
ELEMENTRY SCHOOL					(2	K) School (K-12)									
Street Address: 30 ANN STR	EET				- () Subchapter 8 ((Other than	K-12)							
					1,) Other (i.e., priv homes, etc.)	ate & com	mercial buildin	gs.						
City & State (5): NEWARK.	NJ				S	quare Feet: NA		# of Floors	·· 1	DIA	α Λοο	. DIA			
County (6):		0 0				Er or observer automos				Bid	g. Age	. NA			
ESSEX		County C (STATE		II V)	C	urrent Use (Pric	or if being	g demolished)	:						
	i			LII	31	CHOOL									
Name of Monitoring Firm Owner:(8)	1 Hired by	Buildin		CM No.:	N	ame of Abatem	ent Contr	Contractor (9):							
Owner.(8)			NA		1	'M Enterprise									
Street Address:					Street Address:										
					1	39 North 6 th St									
City, State, Zip Code:						ty. State, Zip C									
					1										
Project Manager for Monitorin	ıg Firm:		Telep	hone No.:		ospect Park, Nelephone No.:	NJ 0/508	License No.							
			1		1	73) 595-6955									
Start Date (10):	Scheduled C	ompletion	Date (1	1):		me of OSHA N	Aonitor:	00641							
	5/18/16					M Enterprise		Jersey, Inc.							
Occupancy Status During Abatem	ent (Check only	y one)			_	eet Address:									
() Facility Closed/vacated During (X) Abatement Performed Outside	Entire Period	of Abatem	ent		P.O. Box 8265										
() Other – Describe:	or ivorniar Pac	cility Hours	S			y. State. Zip Co									
Scope of Work (Check all that app	lesv.				Haledon, NJ 07538										
33	Iy I:				() Full Containment with Negative						D				
$(x) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $(x) \ge 160 \text{ sf or } \ge 260 \text{ lf}$		(X) F	Renovatio Demolitic	on on	() wrap & Cut						Pressu	re			
	T 1	-01 100000				(2	Non-F	bag Procedure riable Procedur	e						
Location of	Is Loca Norm:			Des	scrin	tion of					temen	t			
Asbestos-Containing Material	Used Sol	lely by	Asb	estos Conta	inin	g Material (A)	CM)		-	1	уре				
(ACM) TO BE ABATED	Mainten Custoo		7	surfac	ing,	ems insulation	n,	Amount	70	1 -	臣	E			
IN Facility	Staff	f?		other n	nisce	llaneous)		(Specify	Removal	Repair	cap	Iclo			
(13)	Yes No	-						SF or LF)	val	air.	Encapsular	Enclosure			
OUTSIDE	Yes No N/A RO							670 LF	N.		-				
								0/0 LF	X	-	-				
									-						
												ŝ			
Name of Registered Waste Hau	er.		NI	DEP Waste		Cubicat									
TRI-STATE TRANSFER ASSO	Ha	auler ID No.:						,							
City, State:	551				MININERVA	MIEK	TK12F	25. INC							
City, State: Disposal Date: BRONX, NY 11/16/2010						City. State: WAYNESBUR	C OUT)							
Completed By: Title:					- 1		O. OHIO								
MIKE ALTADOUKA		PRESI	DENT		Signature: Date:										
			conscion (170)		/	Part -	1	5/24/16							

CK 4418

Print Form

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

Date of Notification (1) 05/26/16		Name of Building Owner/Operator (2) TOWNSHIP OF MONROE ion Street Address							MAY	1 2	2 7	201	6
Agencies Notified	Type Notification				ddress RGINIA AVE	ENUE		1 1	DECT				
EPA DEP DOL	Initial Amended	in Named			ite, Zip Code			1 40	BEST	US OF!	VSII	NIE	OL
× DOL	Amendment		5	WILLIA	AMSTOWN,	NJ 0809	94		1.27		101.	90	
DOH DCA	justification) Cancellation				Contact YL MEASE			1 7-1	Williams	-			
				FACI	LITY INFORMA	TION							-
Name of Facility Where FORMER MONRO							Type of Facility School (K-						
Street Address 306 SOUTH MAIN	STREET							er 8 (Other that private & cor		build	dings,	home	es,
City (5) WILLIAMSTOWN							Square Feet 50,000	# of Floo	ors	1	ldg. A /-10(17.0	
County (6) GLOUCESTER				County (Code (7) USE ONLY)		Current Use (Pr VACANT	ior if being de	emolishe	d)			
Name of Monitoring Firm		Owner (8)		ASCIV	1 No.	100000000000000000000000000000000000000	of Abatement Co PER ENVIRO		SERV	ICE	ES, I	NC.	
Street Address 1253 NORTH CHU	IRCH STREET						Address FRALEY STI	REET					
City, State, Zip Code MOORESTOWN, N	NJ 08057						State, Zip Code ADELPHIA, F	PA 19137					
Project Manager for Mor				Telephor (856) 8	ne No. 340-0800	Teleph	none No.) 533-5155	Lice	ense No. 166				
Start Date (10) 06/06/2016		Scheduled		npletion [Date (11)	Name	of OSHA Monitor ENVIRONMEN						
Occupancy Status Durin	g Abatement (Chec		1				Address	,,,,,,		-	-		
				nent		11	NORTH CHU	JRCH STR	REET				
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norm						itate, Zip Code DRESTOWN,	NJ 08057					
Scope of Work (Check A	III That Apply) *AB	ATEMEN	T PF	RIOR TO	O DEMO*							-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		promotes and the same of the s	nova molit			×	Mini-Enclosur Glovebag Pro	re ocedure				a	
		le l	ocati	on			- Hom Exompte	l dia ivo	TTHOOLE			ement	
Location	n of	No	mal	ly	Г	escription	of		-		Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Used Main Custo	tenar	nce/	Asbestos Co (i.e. therm sur	ntaining N	Material (ACM) s insulation, T, or	Amoui (Speci SF or L	nt fy F)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								le	
FIRST FL	OOR.			X	WIN	DOW S	LATE	25 SF	= 2	Σ			
BASEMENT, FIR	RST FLOOR			X	JOINT	COMP	OUND	1,280 \$	SF 2	Σ			
FIRST FL		X	9X9 TA	N FLOC	OR TILE	5,500 8	SF 2	2					
Name of Registered Was	TN	JDEP Wa	asta Cub	ic Yards	Name of	Pagistered I	andfill						
SERVICE TRANSPO	2000	auler ID I		laste		Registered Landfill							
City, State NEW CASTLE, DE					Disp	osal Date	City, Star WAYN	te ESBORO,	ОН		-		
Completed by DENISE M. NIVEN	Signature G (Date				Date 05/2	ate 5/26/2016							

CK725169

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

MAY 27 2016 Date of Notification (1) Name of Building Owner/Operator (2) 5/20/16 Briggs Agencies Notified Type Notification Street Address LICENSING Initial DEP Amended City, State, Zip Code DOL. Amendment # Trenton, NJ 08618 Emergency (including DOH DCA justification) Name of Contact Telephone Number Cancellation Rose Briggs FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Briggs School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Blda. Age Trenton, NJ 2500 100+/-County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Residential Mercer Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. **MECS** Stevens Environmental Services, Inc. Street Address Street Address PO Box 341 PO Box 322 City, State, Zip Code City, State, Zip Code Crosswicks, NJ 08515 Allentown, NJ 08501 Project Manager for Monitoring Firm Telephone No. Telephone No. License Ne Bill Weisgarber (609) 298-4070 (609) 259-9688 00493 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor **MECS** 6/3/15 Occupancy Status During Abatement (Check only one) Street Address PO Box 341 ▼ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Crosswicks, NJ 08515 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Mini-Enclosure
Glovebag Proc Renovation Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Location of Description of Maintenance/ Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Custodial (i.e., thermal systems insulation, TO BE ABATED (Specify Enclosure Removal Repair Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A Thermal Pipe Insulation 10 lf Attic X X Thermal Pipe Debris 10 lf Attic X × Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards Hauler ID No. 18292 of Waste Stevens Environmental Services, Inc. GROWS Landfill 1 CII Disposal Date City, State City, State Allentown, NJ 6/6/16 Morrisville, PA Completed By Title Signature Date 5/25/16 Mahlon E. Stevens Project Manager

Date of Notification (1)			N	om	o of E	Quildina	Ouman / On anal	27 (2)			-11	111	_			
5-26-16						k III, II	Owner / Operat	or (2)								
Agencies Notified Type Notified	cation		_			dress	10.	L. L	WAY 27	2016	1 1	41	-			
⊠ EPA	201011		1				Road, Suite 1	01	Ĭ		-	1				
☐ DEP X Initia	al .					& Zip			ACDECTOR -			+				
	ended						nsylvania 189	40	ASBESTOS CO LICENSI	INTROL	&					
	ergency		N	ame	e of C	Contact		1	615/1/1/5	Telepho	ne N	drimb	er			
X DCA Can	cellation		L	arr	y Ke	ough,	Vice Presiden	it		1	_					
				FA			FORMATION						1			
Name of Facility Where Abatem	ent is Taking P	lace	(3)				Type of Faci						_			
New Jersey Dep[t. of Trans	portation						School	50								
Street Address								pter 8 (Other								
690 U. S. Route #130							Other (i.		commercial build	ings, hon	nes, e	etc.)				
							Square Feet	# of F	loors	Bldg. Ag	е					
City (5)	County (6)	(Cou	nty	Code	(7)	NA		NA	NA						
Bridgeport	Gloucester	1	NA				Current Use	(Prior if being	g demolished)							
							None									
Name of Monitoring Firm Hired I	by Building Owr	ner (8)		AS	CM No	And the second s	atement Cont								
04 1 4 1 1							Enterprise Network Resolutions Contracting, LLC.									
Street Address							The state of the s	Street Address 874 Piney Hollow Road, PO Box 70								
City State 9 7in Code									d, PO Box 70							
City, State & Zip Code							City, State &		2000							
Project Manager for Monitoring I	Eirm	Tal	onh	000	Nun	obor		lew Jersey		NI I						
i i sjest manager for Montoring i	11111	1 61	ehii	OHE	Nun	ibei		Telephone Number License Number 609-567-0600 01263								
Scheduled Start Date (10)	Scheduled Con	nnle	tion	Da	to (1	1)	Name of OSHA Monitor									
6-6-16	11-30-16	iipic	uon	Da	11) 911	1)	EMSL Anal									
Occupancy Status During Abate		nlv c	ne)	_			Street Addre						+			
Facility Closed/Vacated	During Entire P	erio	d of	Ab	atem	ent	200 Route									
Abatement Performed O	utside of Norma	al H	lour	s –	7am	to 3pm							-			
Describe:								on, NJ 0807	77							
Facility Occupied During								•								
Scope of Work (Check all that a	oply)															
☐ >3 of o=>2 lf			,	_				Full Containment with Negative								
≥3 sf or ≥3 IfX ≥160 sf ≥260 If					novati			Mini-Enclosure								
X 2100 SI 2260 II	V.	\boxtimes		Der	nolitio	on	☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable									
Location of			ls Lo	ooti	on	_	Desemble				able Procedure Abatement Ty					
Asbestos-Containin	ia l				Jsed		Description Asbestos-Con		Amount (Specify	Aba	iteme	ent I	уре			
Material (ACM)	9		Sole	ely b	ру		Material (A			Ш						
TO BE ABATED					ce or Staff?		(i.e., thermal s		SF or LF)	Remova	Re	Encapsulate	Enclsoure			
in Facility		Cu		12)	otan?		insulation, surfac			nov	Repair	nsc	SOL			
(13)		Yes	_	No	N/A	Ī	or other miscell	aneous)		<u>a</u>	7	ate	ře			
Building Exterior		П	T			Tran	cita		1,800 s. f.							
Kitchen		Ħ	+	=	X		leum Flooring		288 s. f.	X	H	H	H			
Building Exterior		Ħ	+	Ħ	X	-	low Caulk		280 l. f.	X	H	H	Η			
Roof		H	+	╡	X	_	Pipe Flashing		1 s. f.	X	H	H	H			
		十	+	=	Â	VEIIL	i ipe i iasiiiliy		1 3. 1.		H	H	+			
		Ħ	+	Ħ	H						H	H	H			
Name of Registered Waste Haule	er			NJ	DEP	Waste	Cubic Yards	Name of Re	gistered Landfill							
						D No.	of Waste		J.O.O. OG EGITUIII							
Bull Waste & Recycling, Inc.				21	435		30	Salem Co	unty Landfill							
City, State	0.						Disposal Date City, State									
Berlin, NJ							12-16-16 Alloway, New Jersey									
Completed By (Print or Type)				Title	e		Signature									
Theodore S. Budzynski					eside	ent	- gridicito	//		5-26-	16					
1 Samuel Address Copy and Address Copy a																