CH3451	N	OTIFIC	CATION O	of New Jers F ASBESTO NJAC 8:60 a	SABATE	EMENT (0)	Sendenska procesa in men	D) E	C] [
Date of Notification (1) 5/26/17		1	Name of Bu State of I	uilding Owner Vew Jerse	/Operato	r (2)	Barren, B		MAY	3 1	201	17
Agencies Notified Type Notification	n	- 5	Street Addr			-	- I	ASB	ESTO	SCO	ONT	301
EPA Initial Amended			City, State,	-				- Valencia - Indiana		ENS		102
X DOL Amendme	nt # y (including		Trenton,									
DOH justification	1)		Name of Co					elephone I				
DCA Cancellation	on			ernandez Y INFORMA	TION		60	09-575-2	2204			
Name of Facility Where Abatement is Tak	ing Place (3)		PACILIT	INFORMA	HON	Type of Facility	(4)					
ABANDONDED FLOOD HOUSE						School (K-						
Street Address 1319 Emma Place						Subchapte	r 8 (Otl	ner than K	-12)			
						Other (i.e. etc.)	private	& comme	rcial bu	ildings	s, hon	ies,
City (5) Linden, NJ						Square Feet 3000	2	of Floors		Bldg. 50+	Age	
County (6) Union			ounty Code			Current Use (Pr Abandoned I	ior if be	ing demol	ished)		1-1	
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No			of Abatement Co nuzzi Environn					-2,200	
Street Address					Street	Address						
City, State, Zip Code						Kinnelon Rd s tate, Zip Code	uite 1	02				
						elon, NJ 0740	5					
Project Manager for Monitoring Firm		Te	elephone N	0.	5 STEEL STORY ST.	one No. 218-0880		License 01228	No.			
Start Date (10) 6/9/17	Scheduled 6/9/17	Comp	letion Date	(11)		of OSHA Monitor uzzi Environm		Service				
Occupancy Status During Abatement (Che	ck Only One)				Address	TOTILUI	CCIVICC				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	mal Facility H	atemer Hours	nt		Line and the same	Kinnelon Rd su tate, Zip Code	uite 10)2				
X Other – Describe: abandonded flood I	nouse					elon, NJ 0740	5					
Scope of Work (Check All That Apply)												
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	leli	ocation			100	Non-Exempted	1 (*) an	d Non-Fria	able Pro		emen	
Location of	No	rmally		De	scription	of					/ре	
Asbestos-Containing Material (ACM) TO BE ABATED		Solely I		sbestos Con	taining M	aterial (ACM)		mount			ш	_
In Facility (13)	The state of the s	dial Sta (12)	ff?		systems cing, VAT niscelland	Γ, or	SF	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	other	inscendin	eous)			val	air	ulate	sure
kitchen			х	mast	c and b	orick	1	75sf	x			
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		+			3							
Name of Registered Waste Hauler		100000000000000000000000000000000000000	EP Waste	0.0000000000000000000000000000000000000	Yards	Name of I	Registe	red Landfi	11			
'annuzzi Group		1746	ler ID No. 67	of Was	ste	Grows/	Fairle	SS				
City, State Kinnelon NJ		1			sal Date	City, State		DΔ				\neg
Completed by	Title				ignature	0/1	1 11113		ate	<u> </u>		
ohn Mucha	Project	Mano	1	"	WA	/Y/weles			105/17	7		

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(h545)		NOTI	FICATION Pursual	ON OF ASBESTO nt to NJAC 8:60 a	S ABATE and 12:12	EMENT (0)	110)上	G	<u> </u>	\mathbb{V}	E
Date of Notification (1) 5/26/17		1110	Name	of Building Owners	r/Operato	or (2)		MAY	3 1	2017	,
Agencies Notified Type Notification EPA Initial			700000000000000000000000000000000000000	Address /est State Stre	et	Cover of the Property of the Cover of the Co	of and a second		constant		
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DOH justification, Cancellation		a a		of Contact er Fernandez			Telephone		r		
Name of Facility Where Abatement is Takir	a Place ((3)	FAC	CILITY INFORMA	TION	Time of Facility 44					
ABANDONDED FLOOD HOUSE	.ge.oo (٠,				Type of Facility (4					
Street Address 1408 Emma Place	en 1992 - 19					Subchapter 8	8 (Other than ivate & comm	K-12) nercial bu	ıilding:	s, hon	ies,
City (5) Linden, NJ						Square Feet 3000	# of Floors		Bldg. 50+	Age	
County (6) Union				Code (7) USE ONLY)		Current Use (Prior Abandoned Ho	r if being dem Ouse	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASC	M No.	Name Yanr	of Abatement Conti nuzzi Environme	ractor (9) ental Servic	es			
Street Address						Address Kinnelon Rd sui	te 102	77900	State Pulses		
City, State, Zip Code						tate, Zip Code elon, NJ 07405					
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	one No. 218-0880	Licens 01228				
Start Date (10) 6/9/17	Schedule 6/12/1		mpletion	Date (11)	Name	of OSHA Monitor uzzi Environme					
Occupancy Status During Abatement (Chec	k Only Or	ne)				Address	intal Servic	es			
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: abandonded flood ho	al Facility	Abaten Hours	nent			Kinnelon Rd suit	e 102				
Scope of Work (Check All That Apply)	use				Kinne	elon, NJ 07405					
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Processed .	tenova emolit			×	Full Containmen Mini-Enclosure Glovebag Proce Non-Exempted (dure			'e	
		Locati							Abat	ement	
Location of Asbestos-Containing Material (ACM)	Use	lormal d Sole	ly by	De Asbestos Con	scription		Amount	-	1)	ре	
TO BE ABATED In Facility (13)	Cust	ntenar odial S (12)	Staff?	(i.e. therma surfa	systems cing, VAT niscellane	insulation, , or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
basement	Yes	No	N/A		\/A.T					te	
Dasement			Х		VAT		200 sf	x			
Name of Registered Waste Hauler		100000000000000000000000000000000000000	JDEP W			Name of Re	gistered Land	Ifill			
Yannuzzi Group			467	No. of Was 2 cy	sie	Grows/ Fa	airless				
City, State Kinnelon NJ				Dispos 6/19/	al Date	City, State Fairless H	lills PA				
Completed by John Mucha	Title Projec	t Ma	ng	S	ignature	Mh		Date 5/25/17	7		

State of New Jersey

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UN19491		(Pursuar	nt to NJAC	8:60 and 12:1	120)	Eliterature de la constitución d	D) E	G E		\mathbb{M}	
Date of Notification (1) 5/26/17			Name State	of Building of New	Owner/Opera Jersey	tor (2)	- CIL - CILIN	ni.				
Agencies Notified Type Notification	1			Address	Ct1		7 5	1 1	IAY 3	1 2	017	
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DOH Emergency justification)	g		of Contact	**			Telephone	***************	of the entropy of	,l 	
DCA Cancellatio	n			r Fernan				609-575	-2204	17		
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILITY INFO	RMATION	Type of F	acility (4)					
ABANDONDED FLOOD HOUSE Street Address							ool (K-12)					
1412 Emma Place	P					Subo Othe etc.)	chapter 8 (er (i.e. priva	Other than ate & comm	K-12) ercial bu	ildings	, hom	ies,
City (5) Linden, NJ						Square Fe	and the second s	# of Floors 2		Bldg. 50+	Age	
County (6) Union				Code (7) USE ONLY)		Current U Abando	se (Prior if	being dem	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASCI	M No.	Nam Yar	e of Abateme nnuzzi Env	ent Contrac	ctor (9)	20			
Street Address					Stree	et Address Kinnelon						
City, State, Zip Code					City,	State, Zip Co	de	102				
Project Manager for Monitoring Firm			Talaaha			nelon, NJ (07405					
			Telepho			hone No. -218-0880		01228				
Start Date (10) 6/5/17	6/23/1	7	mpletion	Date (11)		e of OSHA M nuzzi Envi		tal Servic	es		7.5	
Occupancy Status During Abatement (Chec			occorrent suar			t Address Kinnelon I	Rd suite	102				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: abandonded flood h	nal Facilit	Abaten y Hours	nent s		City,	State, Zip Co nelon, NJ (de	102				
Scope of Work (Check All That Apply)			9900		- Killi	leion, NJ (77405					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demolit				Mini-End Gloveba	closure g Procedu	vith Negativ				
	1	s Locati	ion		E.		impled ()	and Non-Fr	lable Pri	1.00	ement	
Location of		Normal ed Sole	lly		Description	n of			-	Ty	/pe	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Ma	aintenai todial S	nce/	Asbesto (i.e. tl	s Containing I nermal system	is insulation,	N)	Amount (Specify	l R	70	Enc	ш
In Facility (13)	J	(12)	Juli :	23	surfacing, VA other miscella			SF or LF)	Remova	Repair	Encapsulate	Enclosure
15 Br	Yes	No	N/A						<u>a</u>		late	ıre
foyer and stairwell			х		VAT			40 sf	x			
living room and dining room	living room and dining room							200 SF	x			
	exterior							4000 sf	х			
exterior		is a	1									
		L		,						- Committee		
Name of Registered Waste Hauler Yannuzzi Group		H	JDEP Wauler ID	No.	Cubic Yards of Waste 40 cv	77.45.500	ne of Regi	stered Land	Ifill	-		
Name of Registered Waste Hauler		H		No.		Gro		rless	ifill			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 5/26/17 State of New Jersey Agencies Notified Type Notification Street Address 22 West State Street **EPA** Initial DEP Amended City, State, Zip Code ASBESTOS CONTROL & × DOL Amendment # Trenton, NJ LICENSING Emergency (including Name of Contact DOH iustification) Telephone Number DCA Walter Fernandez Cancellation 609-575-2204 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ABANDONDED FLOOD HOUSE School (K-12) Street Address Subchapter 8 (Other than K-12) 324 Madison St Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Linden, NJ 3000 50+ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Union Abandoned House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Yannuzzi Environmental Services Street Address Street Address 135 Kinnelon Rd suite 102 City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0880 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/5/17 6/5/17 Yannuzzi Environmental Services Occupancy Status During Abatement (Check Only One) Street Address 135 Kinnelon Rd suite 102 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: abandonded flood house Kinnelon, NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or >3 If Renovation Full Containment with Negative Pressure × × ≥160 sf or ≥260 If Demolition Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A garage Χ fire door 21 sf X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Yannuzzi Group Grows/ Fairless 17467

Disposal Date

Signature

6/19/17

Title

Project Mang

City, State

Kinnelon NJ

Completed by

John Mucha

Date

5/25/17

City, State

Fairless Hills PA

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

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Date of Notification (1) 5/26/17		Name Stat	e of Buildine of Nev	ng Owne	er/Operato	or (2)			MA	Y	3 1	201	7	
Agencies Notified Type Notification EPA Initial	n		Stree	t Address Vest Sta					Tan.			(III = 1	L. 200	
DEP Amended Amendme	nt#		City, S	State, Zip	Code				2 274	GBES	ICE ICE	MS.	NIF VG	10L 8
DOH Emergence		ng	Name	of Contac					Telepho	one Nu	mher			
DCA Cancellation	on			er Ferna					609-5					
Name of Facility Where Abatement is Tak ABANDONDED FLOOD HOUSE	ing Place	(3)	FA	CILITY IN	FORMA	ATION	Ту	pe of Facility (4)					
Street Address								School (K-12	2)					
229 Main St							×	Subchapter 8 Other (i.e. pr	3 (Other th ivate & cor	an K-12 mmerci	2) al bu	ilding	s, hon	nes,
City (5) Linden, NJ							Sq 30	etc.) uare Feet	# of Floo	ors		Bldg.	Age	
County (6)			County	Code (7)				rrent Use (Prior	if being d	emolieh		50+		
Union		-	A SECTION AS	USE ONL	Y)		Ab	andoned Ho	ouse	CITIONSI	ieu)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.		Name Yanr	of Al	batement Conti zi Environme	actor (9) ntal Ser	vices				
Street Address						Street 135 k		ress nelon Rd suit	e 102					
City, State, Zip Code						City, S	tate,	Zip Code , NJ 07405						
Project Manager for Monitoring Firm		Teleph	one No.		Teleph		The second second second	Lice	ense No)				
Start Date (10)	1-10:		5		908-2			012						
6/6/17	6/15/1	17	mpletion	Date (11)	1			SHA Monitor i Environme	ntal Serv	/ices				
Occupancy Status During Abatement (Chec		170				Street /	Addr	ess						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: abandonded flood h	nal Facili	Abater ty Hour	ment s			City, St	ate,	elon Rd suit	e 102		-			
Scope of Work (Check All That Apply)						Kinne	eion	, NJ 07405						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				X X X	M G	ull Containment ini-Enclosure lovebag Proced on-Exempted (*	lure					
		s Locati							7 4.14 71011	THUBIC	, 1 10	Abat	emen	
Location of Asbestos-Containing Material (ACM)	Use	Normal ed Sole	ly by	Ashes	De tos Con	escription o	of etoric	N (A CAA)		. }		Ty	/pe	Н
TO BE ABATED In Facility (13)	1 S.Y.S.A.	aintena stodial S (12)	1.000000000000000000000000000000000000	(i.e.	therma surfa	I systems cing, VAT miscellane	insul , or	lation,	Amount (Specify SF or LF	,	Remova	Repair	Encapsulate	Enclosure
basement and some	Yes	No	N/A										ate	o l
basement and game room rear Foyer			Х			textured			340 sf		x			
kitchen		X			vapor b			200 SF		ĸ				
exterior		X	r		vapor b		er	240 sf		ĸ				
Name of Registered Waste Hauler	N	JDEP W	asto		dow cau Yards	IK	T.N	110 lf						
/annuzzi Group	auler ID 467		of Wa			Name of Reg Grows/ Fa		indfill						
City, State Kinnelon NJ					Dispos 6/19/	sal Date		City, State Fairless H	ills PA					
Completed by ohn Mucha	ct Ma	ng			ignature	1	MA		Date 5/25	5/17				

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Date of Notification (1) 5/26/17				of Buildin of New			r (2)	And the second of the control of the		MA	Y 3		2017	47.75.75.26
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EPA X Initial DEP Amended				tate, Zip (1	ICE	JSIN	<u>a</u>	
X DOL Amendmen Emergency				on, NJ										
DOH justification)				of Contac	7.0					one Nu				
DCA Cancellation	1			r Ferna				6	09-5	75-22	204			
Name of Facility Where Abatement is Takir	ng Place (3	3)	FAC	ILITY INI	FORMAT	ION	Type of Facilit	v (4)						
ABANDONDED FLOOD HOUSE							School (F							
Street Address 234 Arthur St							Subchap Other (i.e	ter 8 (Ot	ther the	an K-1	2) ial bui	ldings	, hom	ies,
City (5) Linden, NJ							etc.) Square Feet 3000	# 2	of Flo	ors		Bldg. 7	Age	
County (6) Union				Code (7) USE ONL			Current Use (F Abandoned	Prior if be	eing d	emolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCI	M No.			of Abatement C	ontracto	or (9)	vices				
Street Address						Street	Address Kinnelon Rd			V1003				
City, State, Zip Code				o		City, S	tate, Zip Code elon, NJ 074							
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	one No.		0.75	ense N	10.			
Start Date (10) 6/8/17	Schedule		npletion	Date (11)		Name	218-0880 of OSHA Monito			228				
Occupancy Status During Abatement (Chec	6/16/17						uzzi Environ	menta	I Ser	vices	=0.075			
Facility Closed/Vacated During Entire I	Period of A	baten	nent				Address Kinnelon Rd s	suite 1	02					
Abatement Performed Outside of Norm Other – Describe: abandonded flood ho	nal Facility ouse	Hours	i 				ate, Zip Code elon, NJ 0740	05						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	F				•	
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Location of	N	ormal	ly		Des	scription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	l Sole ntenar	nce/				aterial (ACM) insulation,	933	Amour Specif		77	VI.674	Ē	ш
In Facility	Custo	odial S (12)	Staff?	(1.0.	surfac	ing, VAT	Γ, or		F or L		Remova	Repair	caps	Enclosure
(13)	Yes	No	N/A		otner m	niscellan	eous)				oval	air	Encapsulate	sure
2nd floor stairs and open area			х			VAT		4	180 s	f	x			
2nd floor closet	2nd floor closet							8	30 SF	:	x			
exterior @ side entrance			х		wind	low cau	ılk		8 If		x			
Name of Registered Waste Hauler Yannuzzi Group		H	JDEP Wauler ID 467		Cubic of Was		Name o Grows			andfill		-		
City, State Kinnelon NJ		1.,			Dispos 6/19/1		City, Sta		PA					
Completed by John Mucha	Title Projec	t Ma	ng			gnature		h		Da 5/2	te 25/17	,		

Ch3451

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

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Date of Notification (1) 5/26/17		Name State	of Building e of New	g Owner Jerse	/Operato y	or (2	2)	A contract of the	M. I	ν .	1 1	2017	7		
Agencies Notified Ty	pe Notification	1			t Address Vest Stat	e Stree	et			hal bal	941 b-	11 1		CUII	-
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DOH DCA	Emergency justification Cancellatio)	g	Name	of Contacter Ferna	-	/////////////////////////////////////				hone Nu				
	78.00.100.00011.0702.				CILITY INF		TION			009-	575-22	204			
Name of Facility Where Abai ABANDONDED FLOO	tement is Taki D HOUSE	ng Place	(3)		J.E. 1 11(1	ORWA	ION	T	ype of Facility (4						
Street Address 489 Central Ave								IX	School (K-1) Subchapter Other (i.e. pi	(Other	than K-1	2) ial bu	ildings	s, hon	nes.
City (5) Linden, NJ									etc.) quare Feet 000	# of FI		T	Bldg.		
County (6) Union				County (STATE	Code (7)	0		C	urrent Use (Prio bandoned H	r if being	demolis		50+	-	
Name of Monitoring Firm Hire N/A	ed by Building	Owner (8)	ASC	M No.		Name	of /	Abatement Cont	ractor (9)					
Street Address	- 116						Street	Add	dress	200	rvices				
City, State, Zip Code				1.00			City, S	State	nelon Rd sui e, Zip Code	te 102					
Project Manager for Monitorin	ng Firm		Telepho	one No.		Teleph	none		Li	cense N	0.				
Start Date (10)		mpletion	Date (11)				3-0880 DSHA Monitor	0,	1228						
616/17	1 1/01	6/20/1		100			Yann	nuz.	zi Environme	ntal Se	rvices				
Occupancy Status During Aba Facility Closed/Vacated I Abatement Performed O	During Entire I	Period of A	Abaten	nent s				Kin	fress nelon Rd suit , Zip Code	e 102					
Other – Describe: aband		ouse				_			n, NJ 07405						
Scope of Work (Check All Tha	it Apply)							_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				X		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted (dure				·e	
Location of			Locati Iormal			18052	An Afest) dila itt	zii i iiab		Abate	ement /pe	
Asbestos-Containing Mate TO BE ABATED In Facility		Use Ma	d Sole intenar odial S (12)	ly by nce/	Asbesi (i.e.	tos Conta thermal	scription aining Ma systems sing, VAT	ater		Amou (Spec SF or I	ifv	Remova		Encapsulate	Encl
(13)		Yes	No	N/A		other m	niscellane	eou	s)		,	loval	Repair	sulate	Enclosure
basement				х	ai	r cell p	ipe insi	ula	tion	250	sf	х			
Name of Registered Waste Ha	ulos		LN	IDED II											
annuzzi Group	uici		H	JDEP W auler ID 7467	20000000000	of Was 10 cy			Name of Re Grows/ Fa		Landfill				
City, State Kinnelon NJ						Disposa 6/19/1			City, State Fairless H	lills PA					
Completed by ohn Mucha	ct Ma	ng			gnature		Mil		Dat 5/2	e 5/17					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 5/26/17				Name State	of Building of New	g Owner / Jerse	/Operato	or (2)		Service of the servic	The second	WAY	7	1 2/	347%
Agencies Notified EPA	Type Notificatio	n			Address /est Stat	te Stree	et			1	N bari	04117.1	U	1 (111
DEP DOL	Initial Amended Amendmer	nt #			State, Zip (Code					ASB	EST(OS C	ONT	ROL
□ DOH	Emergency	(including]	NAME OF STREET	of Contac	+				1 -	Total Additional Page 1			210 161,2	
DCA	justification Cancellatio				er Ferna						ephone N 9-575-2		r	4.1	
Name of Facility Where A	Abatement is Taki	na Place /	3)	FAC	CILITY IN	FORMAT	ION	T =							
ABANDONDED FLO	OOD HOUSE	ing i lace (3)					-	of Facility (4						
Street Address 513 Central Ave									School (K-12 Subchapter 8 Other (i.e. pr	(Oth	er than K	-12)	ildina	s hon	nes
City (5)			2011						etc.) are Feet		Floors	J. J.			1100,
Linden, NJ								3000		2	FIOUIS		Bldg. 50+	Age	
County (6) Union					Code (7)			Curre	ent Use (Prior ndoned Ho	if bei	ng demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.		Name Yanr	of Aba	tement Control	ractor	(9) Service	•			
Street Address								Addres		, iiiai	001 1100				
City State Zin Code									lon Rd sui	te 10	2				
City, State, Zip Code									ip Code NJ 07405						
Project Manager for Monit	toring Firm		Telepho	one No.			none No 218-0			License 01228	No.			terrore	
Start Date (10) 616/17		ed Co	mpletion	Date (11)				HA Monitor Environme	ntal S	Service	S				
Occupancy Status During	Abatement (Chec	k Only Or	e)				Street								
Facility Closed/Vacat Abatement Performe	d Outside of Norn	nal Facility	Abater Hour	ment s					on Rd suit	e 102	2				
Scope of Work (Check All		ouse				_			NJ 07405						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тиструју)		enova emoli				×××	Min Glo	Containmen i-Enclosure vebag Proced n-Exempted (dure				ra	
		Is	Locat	ion) unu	1101111111	JIC 1 1	Abat	emen	t
Location of Asbestos-Containing M			ormal d Sole				scription					-	T	уре	1
TO BE ABAT In Facility	TED '	Mai	ntena		Asbes (i.e.	tos Cont thermal surfac	aining M systems sing, VAT	insulat	(ACM) tion,	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Encl
(13)		Yes	No	N/A		other m	niscellan	eous)			**************************************	loval	pair	sulate	Enclosure
exterior				х		windo	ow glaz	zing		12	0sf	x			
Name of Registered Waste	Hauler		N	JDEP W	/aste	Cubic	Yards		Name of Re	aietor	ad Londer				
Yannuzzi Group	Н	auler ID 7467		of Was			Grows/ Fa	Thomas .		1					
City, State Kinnelon NJ						Disposi		1	City, State Fairless H	lille D	ο Λ	V/3			
Completed by		Title		~			gnaturé		1 aniess F	illis P		ate			
John Mucha		t Ma	ing			Wh		uela		1,000	25/1	7			

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

10											F	Print
	401		NOTI	FICATIO	State of New Jerse ON OF ASBESTOS nt to NJAC 8:60 ar	ABATE	EMENT 20)	DE	G	E	\mathbb{V}	
Date of Notification (1) 5/26/17				Name State	of Building Owner/ of New Jersey	Operato	or (2)	The state of the s	MAY	3 1	201	7
Agencies Notified EPA	Type Notification Initial	1		22 W	Address est State Stree	et			W PA I	U I	CUI	1
DEP X DOL	Amended Amendmen Emergency		na	Trent	tate, Zip Code ton, NJ			ASBE	LIC	S CO ENSII	NTF VG	IOL a
DOH DCA	justification Cancellatio)	9	Walte	of Contact er Fernandez			Telephone N 609-575-2		r		
Name of Facility Where	Ahatement is Takir	na Place	(2)	FAC	ILITY INFORMAT	ION	1 =					
ABANDONDED FL	OOD HOUSE	iy Flace	(3)				Type of Facility	r (4)				
Street Address 627 Central Ave							School (K Subchapte Other (i.e. etc.)	-12) er 8 (Other than K private & comme	-12) rcial b	uildings	s, hon	nes,
City (5) Linden, NJ							Square Feet 3000	# of Floors 2		Bldg 50+	Age	
County (6) Union					Code (7) USE ONLY)		Current Use (P Abandoned	rior if being demol House	lished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8	3)	ASC	M No.	Name Yanr	of Abatement Co nuzzi Environr	ontractor (9) mental Service	es			
Street Address							Address Kinnelon Rd s	suite 102				
City, State, Zip Code							state, Zip Code elon, NJ 0740	5				
Project Manager for Moni	toring Firm			Telepho	one No.	200000000000000000000000000000000000000	none No. 218-0880	License 01228	No.			
Start Date (10) 612/17		Schedu 6/27/1		mpletion	Date (11)		of OSHA Monitor uzzi Environn	nental Service	s			
Occupancy Status During	Abatement (Chec	k Only O	ne)			Street	Address					
Facility Closed/Vaca	ted During Entire I	Period of	Abaten	nent		135 k	Kinnelon Rd s	uite 102				
Abatement Performe X Other – Describe: al	ed Outside of Norm pandonded flood he	nal Facilit ouse	y Hour	S			tate, Zip Code elon, NJ 0740	5				
Scope of Work (Check All	That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		procurency	Renova Demolit			×××	Mini-Enclosur Glovebag Pro				e	
Location	of		s Locati Normal	ly	Des	cription	of				emen rpe	t
Asbestos-Containing II TO BE ABA In Facilit (13)	Material (ACM) TED	Ma	ed Sole aintenar stodial S (12)	nce/	Asbestos Conta (i.e. thermal surfac	aining M	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				8			te	(D
througho				х	р	laster		3400 sf	х			
baseme	nt			Х	lin	oleum		20 sf	x		- 8	

Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards Name of Registered Landfill of Waste Yannuzzi Group Grows/ Fairless 17467 80 City, State Disposal Date City, State Kinnelon NJ 6/19/17() Fairless Hills PA Completed by Title Signature Date John Mucha Project Mang 5/25/17

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 5/26/17 State of New Jersey MAY 2017 Agencies Notified Type Notification Street Address 22 West State Street **EPA** Initial ASPESTOS CONTROLL& DEP City, State, Zip Code Amended × DOL Amendment # LICENSING Trenton, NJ Emergency (including Name of Contact DOH justification) Telephone Number DCA Walter Fernandez Cancellation 609-575-2204 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ABANDONDED FLOOD HOUSE School (K-12) Street Address Subchapter 8 (Other than K-12) 616 Elm St × Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Rahway, NJ 3000 2 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union Abandoned House Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Yannuzzi Environmental Services Street Address Street Address 135 Kinnelon Rd suite 102 City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0880 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/20/17 6/21/17 Yannuzzi Environmental Services Occupancy Status During Abatement (Check Only One) Street Address 135 Kinnelon Rd suite 102 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: abandonded flood house City, State, Zip Code × Kinnelon, NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Removal Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A bedroom X VAT 200 sf x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Yannuzzi Group Grows/ Fairless 17467 City, State Disposal Date City, State Kinnelon NJ

6/19/17

Signature

Title

Project Mang

Completed by

John Mucha

Date

5/25/17

Fairless Hills PA

(K345)

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

Date of Notification (1)			11	(D)) !!	•		120	2.424	1100	1				
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Agencies Notified Type Notifica	tion			Address										UII
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DEP Amende		Ì		ate, Zip C	ode					1	BEST	DS (DEN	OH	180
X DOL Amendm	nent # ncy (including	-		on, NJ					*114-4-		- continue	ather Vi	21.41	3
DOH justificati				of Contact					Teleph	one Nu	mber			
DCA Cancella	tion		Walte	r Fernar	ndez				609-5	75-22	204			
Name of Facility Where Abatement is Ta	okina Placa /2	1)	FAC	ILITY INF	ORMA'	TION	-							
ABANDONDED FLOOD HOUS	aking Place (3)					Туре	of Facility (4	1)					
Street Address	_							School (K-1			20			
1007 Main St							X	Subchapter Other (i.e. p	8 (Other th	ian K-1	2) ial bui	ldinas	hom	20
10-003-01 (Chapter-Cont.)							e	etc.)			nai bai	unigo	, 110111	CO,
City (5) Rahway, NJ							Squar 3000	e Feet	# of Flo	ors		Bldg. A	\ge	
									2			50+		
County (6) Union				Code (7) USE ONLY)			nt Use (Prio		emolis	hed)			
> 500 (A 1977 A 1977	0 (0)		10					ndoned H						
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)		ASCI	M No.				ement Con						
		0.00						Environme	ental Sei	vices				
Street Address						100000000000000000000000000000000000000	Addres	₹.	4- 400					
City, State, Zip Code								on Rd su	ite 102					
City, State, Zip Code								o Code NJ 07405						
Project Manager for Monitoring Firm	-	Talanha	no No				access and a management							
Project Manager for Monitoring Pirm		Telepho	ne No.		100	one No 218-08		1 9200	ense N 228	10.				
Start Date (10)	Schodulo	d Cor	nnlation	Date (11)				A Monitor	01	220				
612/17	6/13/17		npiedon	Date (11)				A Monitor Environme	ental Ser	vices				
Occupancy Status During Abatement (C	heck Only On	e)				Street	Addres	S						
Facility Closed/Vacated During Enti	re Period of A	baten	nent			135 k	Cinnel	on Rd sui	te 102					
Abatement Performed Outside of N	ormal Facility	Hours	3			City, St								
X Other – Describe: abandonded floo	u nouse				_	Kinne	elon, N	NJ 07405						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf	-	enova					Full	Containme	nt with Neg	ative F	ressu	re		
≥160 sf or ≥260 lf	X D	emolit	ion			×	1 17111.11	-Enclosure	4					
						×	0.0	ebag Proce -Exempted	edure (*) and No	n-Friat	ole Pro	cedur	e	
	le	Locati	nn						17		T	Abate		
Location of	N	ormal	ly		De	escription	of					Ту	ре	
Asbestos-Containing Material (ACM)		d Sole			os Cor	taining M	aterial		Amou	nt			ш	
TO BE ABATED In Facility	0.000	odial S		(i.e.		I systems		ion,	(Speci		Re	ZD.	inca	Enc
(13)		(12)				miscellane			SF or L	.1-)	Remova	Repair	Encapsulate	Enclosure
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basement			Х			VAT			400 S	F	x			
Name of Registered Waste Hauler	N	JDEP W	aste	Cubic	Yards		Name of R	egistered I	andfill					
Yannuzzi Group	Н	auler ID	(R)(D)(3.70)	of Wa			Grows/ F							
NO-MANAGEM NOTATO - CHAPPEC S • NO	17	7467		1				aniess						
City, State						sal Date		City, State						
Kinnelon NJ					6/19/	~		Fairless	Hills PA	2000				
Completed by John Mucha	Title	4 BA-			5	Signature	11	1		Da				
JOHN MUCHA	t Ma	ııg			Sh	111	Yelan		5/	25/17	6			

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09:77-0	19-		(Pt			C 8:60 and 5:1						
Date of Notification (1)	31 / 17					Owner/Operator (E SCHOOL DIS		IL MAY	3 1	201	7	
Agencies Notified ⊠ EPA	Type Notification ☑ Initial			2000000000000	Address	STREET		ASBESTO			ROL	&
⊠ DOLWD	Amended Amendment #			City, S	State, Zip C	Code		LIVE	110	11701		
□ DCA	☐ Emergency (in	cludin	g	15/23		E NJ 08070		T= · · · · · · · ·				
(NJAC 5:23-8)	justification) Cancellation			Name	of Contact			1 856 540-620				
				FAG	CILITY IN	FORMATION						
Name of Facility Where A							Type of Facility					
PENNSVILLE CENT	RAL PARK SCH	HOOL					School (K-1)					
Street Address 43 OLIVER AVENUE	Ē			Other (i.e., p	8 (Other than K-12) private and commerce)	ial bu	ilding	IS,				
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge	
PENNSVILLE							>50,000	1		50+		
County (6) SALEM				Cour	ity Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ed)			
Name of Monitoring Firm		Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))			-(1	
PENNONI ASSOCIA	TES, INC			102		DELTA/BJDS	S, INC					
Street Address 515 GROVE STREE	T SHITE B					Street Address 1345 INDUST	DIAL DIVID					
City, State, Zip Code	TOUTEB					City, State, Zip Co	TAXO GUARANTE PORTO DO PORTO DE LA COMPONIO			_		
HADDON HEIGHTS,	NJ 08035					(ON, PA 18966					
Project Manager for Monit			Tele	phone	No.	Telephone No.	,	License No.				
Alan Lloyd					6-2875	215 322-2900		00783				
Start Date (10) 6 / 13 /				tion Da		Name of OSHA M						
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate				ment		400 STREET	ROAD					
Abatement Performed	Outside of Normal	Facility	y Hour		cribe	City, State, Zip Co				-		
Time of Abatement: 7/	AMPM/ <u>4:3</u>	<u>u</u> PM	P	MA		BENSALEM F						
Scope of Work (Check all \geq 3 sf or \geq 3 lf \geq 160 sf or \geq 260 lf	that apply)	The second	novatio molitio			☐ Mini-Enc ☐ Glovebag	g Procedure					
		Is	Locati	ion	1	□ Non-exe	mpteu () and NC	n-Friable Procedure	1	ateme	ent T	IDO
Location		1	Normal	ly		Description o				T T		
Asbestos-Containing N TO BE ABA			d Sole intenai			tos Containing Ma , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility	The second secon	Cust	todial 9 (12)	Staff?	(surfacing, VAT,	or	SF or LF)	oval	=	lusq	Sure
(13)		Yes	No No	N/A		other miscellane	ous)				ate	***
TOILET ROOMS					ACM FIT	TTINGS (ASSUM	IED)	12SF				
	The second secon						***					

Name of Registered Waste Hauler SERVICE TRANSPORT GRP City, State

58 PYLES LANE NEW CASTLE DE 19720

NJDEP Waste Hauler ID No. 20990

Cubic Yards of Waste Name of Registered Landfill MINERVA LANDFILL

Disposal Date City, State

WAYNESBURG, OH 44688

Completed By (Print or Type)
MICHAEL PARSON

Title
PROJECT MANAGER

Signature

Date

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	$() \cup$	61 1	1	(
09	76	00		

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

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 HOL MA	Y 3	1 2017	
	TOS (CONTRO	DL &

Date of Notification (1)			Name	of Buildin	g Owner/Operator (L MAY	3.1	201	7	#			
	17				E SCHOOL DIST	H LL WITH	0 1	201	1	luma			
Agencies Notified Type Notifica	ation		Stree	t Address			ASBESTOS CONTROL &						
☑ EPA ☑ Initial			30	CHURCH	CH STREET LICENSING								
☑ DOLWD ☐ Amended			City, S	State, Zip (Code			ALEXANDER OF THE		Partie Callin	-		
☑ DOH Amendment ☐ DCA ☐ Emergen		-	PE	NNSVILL	E NJ 08070								
(NJAC 5:23-8) justification		y	Name	of Contac	t		Telephone Num	ber	-	1111			
☐ Cancellat						··	1 856 540-62						
			FA	CILITY IN	IFORMATION								
Name of Facility Where Abatement is T	aking Place	e (3)			Type of Facility	(4)							
PENNSVILLE VALLEY PARK S	CHOOL					School (K-12							
Street Address			er-in-iranian i	□ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings,									
63 MAHONEY ROAD					homes, etc.)		Clai Di	mumg	5,				
City (5)	,					Square Feet	# of Floors	BI	dg. A	ge			
PENNSVILLE						>50,000	1		50+				
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)					
SALEM					525	SCHOOL	350	15%					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
PENNONI ASSOCIATES, INC			102		DELTA/BJDS	, INC							
Street Address		U.S.			Street Address								
515 GROVE STREET SUITE B					1345 INDUST	RIAL BLVD							
City, State, Zip Code				City, State, Zip Code									
HADDON HEIGHTS, NJ 08035					SOUTHAMPTON, PA 18966								
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No. License No.								
Alen Hond		85	6-65	6-2875	215 322-2900 00783								
Start Date (10)	cheduled C				Name of OSHA M	lonitor							
6 / 13 / 17	8/	3	1 /	17	CRITERION LABS								
Occupancy Status During Abatement (0	Check only	one)			Street Address								
☐ Facility Closed/Vacated During Entir			ement										
☐ Abatement Performed Outside of No											\neg		
Time of Abatement: 7AMPN	1/ <u>4:30</u> PM		_AM		BENSALEM PA 19020								
Scope of Work (Check all that apply)													
☐ ≥3 sf or >3 lf	⊠ Re	enova	tion		□ Full Containment with Negative Pressure □ Mini-Enclosure								
≥160 sf or ≥260 lf		emolit			☐ Glovebag	Procedure							
					☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re					
l acation of		s Loca Norm						Ab	ateme	ent T	уре		
Location of Asbestos-Containing Material (ACM	Use	ed So	lely by	Ashe	Description o stos Containing Ma		Amount	Re	Repair	E	E		
TO BE ABATED	Ma		ance/ Staff?	(i.e	., thermal systems i	insulation,	(Specify	Remova	pair	caps	Enclosure		
IN Facility (13)	Cus	(12			surfacing, VAT, other miscellane	or ous)	SF or LF)	<u>a</u>		Encapsulate	ure		
(10)	Yes	No	N/A	1	other miscenaries	ous)				é			
TOILET ROOMS				ACM FI	TTINGS (ASSUM	1ED)	12SF						
ADMINISTRATION AREA		\boxtimes		EXTERI	OR UNIT VENTI	LATORS	8LF						
Name of Registered Waste Hauler		100	NJDEP I		Cubic Yards of	Name of Regist	tered Landfill						
SERVICE TRANSPORT GRP			Hauler II 20990		Waste	MINERVA L							
City, State			Disposal Date	City, State									
58 PYLES LANE NEW CASTLE)				BURG, OH 44688								
Completed By (Print or Type)	Title				Signature	0/1	Da		7.5				
MICHAEL PARSON	PROJE	CT N	/IANAG	ER	Much	arltain	m 100 3	53	1-5	or	1		

CKLOI	806	NO		CATIO	N OF AS	New Jersey BBESTOS ABA AC 8:60 and 5:1		DEC	; E		\mathbb{V}	E		
Date of Notification (1) 5 /	****	17				ng Owner/Operator		TIL MA	Y 3	1 2	2017	and the state of t		
Agencies Notified ⊠ EPA ⊠ DOLWD	Type Notificatio ☑ Initial ☐ Amended	n	e- 115.0°	30		H STREET		ASBEST	OS ()L &		
☑ DOH ☐ DCA	Amendment Emergency		- ia	11	State, Zip ENNSVILL	Code _E NJ 08070						-		
(NJAC 5:23-8)	justification) Cancellation			Nam	e of Contac	ct		Telephone Num 1 856 540-6						
				F/	CILITY II	NFORMATION			200					
Name of Facility Where A PENNSVILLE MIDD		ng Plac	e (3)				Type of Facility (☑ School (K-12	2)						
Street Address 4 WILLIAM PENN A	VE.						☐ Subchapter 8☐ Other (i.e., pr homes, etc.)	3 (Other than K-12 rivate and comme	!) rcial b	uildin	gs,			
City (5)							Square Feet	# of Floors	В	Bldg. Age				
PENNSVILLE County (6)							>50,000	1		50+				
SALEM						7)(STATE USE ONLY)	SCHOOL	or if being demoli	shed)					
Name of Monitoring Firm		Owner	(8)	ASCN	0.10.0.7020	Name of Abateme		9)						
PENNONI ASSOCIA Street Address	TES, INC			102		DELTA/BJDS	, INC							
515 GROVE STREE	T CILITE D					Street Address								
City, State, Zip Code	I JOIL B					1345 INDUSTRIAL BLVD City, State, Zip Code								
HADDON HEIGHTS,	NJ 08035					SOUTHAMPTON, PA 18966								
Project Manager for Monit			Te	lephone	No	Telephone No.	ON, FA 10300	License No.						
Alan Light Start Date (10)	e Profession Commission (Commission Commission Commissi	dulad C	35	6-656	-2875 ate (11)	215 322-2900	215 322-2900 00783 Name of OSHA Monitor							
6/13/	17	8 /				CRITERION L								
Occupancy Status During	And the second s					Street Address	1-78-50A 1-74A 2-7							
☐ Facility Closed/Vacated ☐ Abatement Performed	Outside of Norm	eriod of	Abat	ement	scribe	400 STREET				1				
Time of Abatement: 7/	MPM/ <u>4:</u>	30PM	.y 110	_AM	scribe	City, State, Zip Co								
Scope of Work (Check all	that apply)	⊠ R∈		tion			ainment with Neg	ative Pressure						
≥160 sf or ≥260 lf		-	emoli			☐ Mini-Encl ☐ Glovebag ☐ Non-Exer	Procedure	n-Friable Procedu	re					
		100	Loca Norm						Abatement Type			уре		
Asbestos-Containing M TO BE ABAT IN Facility	laterial (ACM)	Use Ma	ed So inten	lely by ance/ I Staff?	Asbe (i.e	Description of stos Containing Mat , thermal systems i surfacing, VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)		Yes	No	1	-	other miscellaned	ous)				ate	· Co		
ADMINISTRATION AR	EA				FLOOR	TILE		35 SF						
TOILET ROOMS					ACM FI	TTINGS (ASSUM	ED)	12SF	\boxtimes					
ADMINISTRATION AR	EA				EXTER	OR UNIT VENTIL	ATORS	28LF						
			×							П	П	П		
Name of Registered Waste			1	NJDEP		Cubic Yards of	Name of Registe	ered Landfill						
SERVICE TRANSPO City, State	RT GRP			Hauler I 2099	Discourance of the same of the	Waste Disposal Date	MINERVA L	ANDFILL						
58 PYLES LANE NEV	V CASTLE DE	19720				Disposal Date		JRG, OH 44688						
Completed By (Print or Type MICHAEL PARSON			CT N	//ANAG	BER	Signature	in for	Da Da	te 5-3	31-7	90	17		
ASB-41						· WV/L	SEA J THE	c s your	700			- 0		

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CKGK	800	1	ITON		NOITA	OF ASE	ew Jersey BESTOS ABAT .C 8:60 and 5:10	DEC	E		\mathbb{V}			
Date of Notification (1)					Name	of Building	g Owner/Operator (2)	11111 3343	, 1	4 0	047	-	
	31 /	17	_				E SCHOOL DIST		II L MAY	' 3	1 2	017	Company	
Agencies Notified	Type Notifica	ation			Street	Address			ACDEOX	00.0	2011	~~~~	1 0	
⊠ EPA					30	CHURCH	STREET		ASBEST		SIN		IL O	
□ DOLWD □	☐ Amended				City. S	State, Zip C	Code		Land Marian Company of the Party of the Part	CILIV	-114·	J.		
□ DOH	Amendm	_					E NJ 08070							
☐ DCA (NJAC 5:23-8)	☐ Emergen justification		luding			of Contact			Telephone Number					
(NUAC 3.25-0)	☐ Cancellat				1101110	01 00111001	•		1 856 540-62					
					FA	CILITY IN	FORMATION							
Name of Facility Where A	batement is T	Taking	Place	(3)				Type of Facility (4)					
PENNSVILLE HIGH	SCHOOL							School (K-12)						
Street Address									(Other than K-12) vate and commerce		ilding	e		
110 S BROADWAY								homes, etc.)	vate and commen	olul be	manig	0,		
City (5)								Square Feet	# of Floors	Bldg. Age				
PENNSVILLE								>50,000			75			
County (6)					Cour	ty Code (7))(STATE USE ONLY)	Current Use (Prid	or if being demolish	ned)				
SALEM							29	SCHOOL						
Name of Monitoring Firm	Hired by Build	ding Ov	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)						
PENNONI ASSOCIA	TES, INC				102		DELTA/BJDS							
Street Address											-			
515 GROVE STREE	T SUITE B					1345 INDUSTRIAL BLVD								
City, State, Zip Code							City, State, Zip Co	ode						
HADDON HEIGHTS	NJ 08035							ON, PA 18966						
Project Manager for Moni				Tele	phone	No.	License No.							
Alan Houd						6-0875	215 322-2900 00783							
Start Date (10)		Schedu	led Co	1000		te (11)	Name of OSHA Monitor							
6 / 13 /	2000000					17	CRITERION L							
Occupancy Status During							Street Address							
☐ Facility Closed/Vacate					nent	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -								
☐ Abatement Performed						cribe					_			
Time of Abatement: 7/							City, State, Zip Co							
Scope of Work (Check all	that apply)						DENOMERIN	7. 10020					-	
П. О. «f » О. !f	1.5.51		70					ainment with Neg	ative Pressure					
≥3 sf or ≥3 lf≥160 sf or >260 lf		Į. T	⊠ Ren	novati			☐ Mini-Enc	losure g Procedure						
<u></u>	6 0								-Friable Procedure	е				
				Locat						Ab	atem	ent Ty	/ре	
Location		.		ormal Sole			Description o			D	Z	Ш	Ш	
Asbestos-Containing N TO BE ABA		1)		ntena			stos Containing Ma , thermal systems i		Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facilit			Custo		Staff?	(1.6.	surfacing, VAT,		SF or LF)	oval	=	psu	Sun	
(13)	53	-	T	(12)	T Server		other miscellane	ous)				ate	0	
			Yes	No	N/A	EL OOB	TILE (DI EASE S	SEE .			_	_		
ADMINISTRATION AR						ATTACE			12 SF			Ш		
ADMINISTRATION AR	REA		-			SHELV	ING CONVECTO	RS	12		Ш	Ц	Ц	
ADMINISTRATION AR	REA					SELECT	TIVE FLOOR TIL	E BY UV'S	108 SF					
ADMINISTRATION AREA						ACM FIT	TTINGS (ASSUM		24 SF					
Name of Registered Wast		Cubic Yards of	Name of Regist											
SERVICE TRANSPO	RT GRP			П	auler IC 20990		Waste	MINERVA L	ANDFILL					
City, State							Disposal Date	City, State			1.7.	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
58 PYLES LANE NE	W CASTLE	DE 19	9720					WAYNESBI	JRG, OH 44688					
Completed By (Print or Ty	rpe)	Title					Signature	01	Dat		Q.			
MICHAEL PARSON		PR	OJEC	T M	ANAG	ER	I Much	and Home	PN/ 5	12	1/2	01	7	

						Enteropera (Continue to comme		E C	E I	VE
NCLOSURE							A	MAY		2017 NTROL &
REMOVAL REPAIR ENCAPSULATE ENCLOSURE									OZIVO!	
REPAIR										
REMOVAL		×								
AMOUNT SPECIFY SF OR LF		24LF								
IS LOCATION NORMALLY ASBESTOS CONTAING MATERIAL (ACM) USED SOLEY BY (IE, THERMAL SYSTEMS INSULATION MAINTENANCE/ SURFACING, VAT, OR CUSTODIAL STAFF? OTHER MISCELLANEOUS)		EXTERIOR CAULK								
IS LOCATION ORMALLY SOLEY BY VTENANCE/ 'ODIAL STAFF?	NO N/A									
IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE, CUSTODIAL STA	YES NC	×								
LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY		ADMINISTRATION AREA								