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

CN# 2004	Į.	NOTIF (P	ICATION	OF ASB to NJAC	ESTOS	ABATEN	MENT					
Date of Notification (1) 10-1-2016				f Building ilman C						110		
Agencies Notified Type Notification			Street A 810 M	ddress Iain Ave	nue			IOV 1	6 2	Ò i Ĝ		
DEP Amended X DOL Amendment #				ate, Zip Co ead, NJ)						
☐ DOH ☐ Emergency (in justification) ☐ Cancellation	ncluding			f Contact Gilman				Telephone Nur 732-966-23				
- Tanasan - Tana	City, S Bay Name Nick FAI Place (3) Count (STATI Where (8) Count (STATI Where (8) ASC Count (STATI Where (8) ASC Count (STATI Where (8) ASC ASC ASC ASC ASC Teleph Scheduled Completion 10-14-2016 Only One) Priod of Abatement I Facility Hours Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X NJDEP Hauler I	FACI	ILITY INF	ORMATI	ION	NAME OF TAXABLE PARTY.			-			
Name of Facility Where Abatement is Taking Residential	Place (3	3)					Type of Facil	(K-12)				
Street Address								pter 8 (Other than K-12 e. private & commerci		dings,	home	es,
City (5) Bay Head, NJ 08742	nent # Ba ncy (including ion) ation ation Removation Remo					Square Feet 1780	# of Floors 2	1 58	3ldg. <i>A</i> .7+	\ge		
County (6) Ocean	ded ment #	County (STATE	Code (7) USE ONLY)		Current Use	(Prior if being demolish	ned)				
Name of Monitoring Firm Hired by Building O	ification al ended ended ended fication) cellation is Taking Place (3) Scheduled Company 10-14-2016 Int (Check Only One) Interpretation Scheduled Company 10-14-2016 Int (Check Only One) Interpretation Is Location Normal Facility Hours Scheduled Company Interpretation Interpretation Is Location Normally Used Solely Maintenanc Custodial St (12) Yes No Interpretation Is Location Normally Used Solely Maintenanc Custodial St (12) Yes No Interpretation I	ASCA	M No.				Contractor (9) nental Services, LL	.C				
Street Address	scheduled Companion of Section of					Address /irginia Ave	enue					
City, State, Zip Code	scheduled Com 10-14-2016 heck Only One) ire Period of Abatemormal Facility Hours Renova Demolity				City, St	tate, Zip Code by City, NJ		103				
Project Manager for Monitoring Firm	sent #	Telepho	ne No.		Teleph	one No. 333-8855	Ligense N 01474	200				
			npletion	Date (11)		5.250 Sept. 10.00 Sept. 10.00	of OSHA Mon	itor \Box		- -		
Occupancy Status During Abatement (Check	sent #					Street Address						
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal	Scheduled Complete 10-14-2016 eck Only One) Period of Abatement Facility Hours Renovation Demolition Demolition Demolition Demolition Custodial State (12) Yes No	nent			City, St	tate, Zip Code	A 8:	01116				
X Other – Describe:					_			2	==			
Scope of Work (Check All That Apply)								0				
≥3 sf or ≥3 If x ≥160 sf or ≥260 If						×	Mini-Enclo Glovebag	Procedure			e	
	Is	Locati	ion									t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial S	ely by nce/		tos Cont thermal surfac	taining M systems cing, VA	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	scheduled Component (A) Scheduled Component (A) Scheduled Component (A) Scheduled Component (A) Period of Abatemermal Facility Hours Renovating Demolition Is Location Normally Used Solely Maintenant Custodial State (12) Yes No NJ Ha NJ Ha	N/A								te	(D	
Throughout the property		X		Ast	pestos	joint co	mpound	4782 SF	X			
	ABATED (actility 13) Yes No N/A Waste Hauler entral Services, LLC Normally Used Solely by Maintenance/ Custodial Staff? (12) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (Specify SF or LF) Other miscellaneous) Waste Hauler (D No. Of Waste Hauler ID No. Of Waste Hauler ID No. Of Waste 15 Disposal Date City, State											
Name of Registered Waste Hauler Green Environmental Services, LLC		H	lauler ID	No.	of Was			50-00 1 4 C 120 1 0 - 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	dfill			
City, State Jersey City, NJ						sal Date I-2016		State risville, PA				
Completed by Liliana Serrano	Initial Amended Amendment # Beargency (including justification) Cancellation	Signature				Lacus Seignan Date 10-1-2016						

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

Date of Notification (1)				uilding Owr U!TIES	ner/Operator	(2)		MO/	/ 15	20	16	
Agencies Notified Type Notification			eet Addi	ress T 34TH S	ST .		-			, et 9		
EPA X Initial Amended Amendment #				Zip Code)RK NY								
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	Na	ame of C	ontact				Telephone Num 212-418-128				
		_	FACILI	TY INFOR	MATION	T	f Facility (4)					
Name of Facility Where Abatement is Taking Street Address	Place (3)					SSS	chool (K-12)	(Other than K-12	than K-12) commercial buildings, home floors Bldg. Age grademolished) 9) NALS License No. 1200 NALS Negative Pressure drive Abatem Type amount Specify or LF) 65 If x sered Landfill	omes	i,	
City (5) UNION CITY NJ						Square		# of Floors	Bld	g. Ag	е	
County (6)			ounty Co	ode (7) SE ONLY)		Currer	nt Use (Prior	if being demolish	ned)			
HUDSON Name of Monitoring Firm Hired by Building C	wner (8)	1	ASCM	No.	Nam	e of Abat LEAD	ement Contr	ractor (9) SSIONALS				
Street Address					Stree	t Addres						
City, State, Zip Code					City,	State, Zi						
Project Manager for Monitoring Firm		T	elephon	e No.	Tele	phone No 2-668-9	D.		10.			
Start Date (10)	Scheduled		pletion D	ate (11)	Nam	e of OSH	A Monitor	SSIONALS				
11/22/16	11/24/16					et Addres						-
Occupancy Status During Abatement (Chec							DOVE CC	URT				
Facility Closed/Vacated During Entire Facility Closed/Vacated During	al Facility F	lours	ent		City LA	State, Z KEWO	ip Code OD, NJ 08	3701				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		novat moliti				× Mi	ni-Enclosure	edure			e	
						EJ NO	n-Exemple	() and North the				t
Location of Asbestos-Containing Material (ACM) TO BE ABATED	No Used	ocati ormall Sole itenar	ly ly by nce/	Asbest (i.e.	os Containin thermal syste	g Materia ems insu	al (ACM) lation,	Amount (Specify	Rem		e Encapsulate	Enclosure
In Facility (13)	Custo	(12)			other misce	llaneous)	0. 0. 1. 7	loval	oair	sulate	sure
	Yes	No	N/A		to			65 If	x			\vdash
building 8									-			
Building 9												
Name of Registered Waste Hauler		118 72	NJDEP V			is		Registered Land	fill			
NEWARK CARTING		(1) (2) (2)	Hauler ID 14509) No.	4		IESI					
City, State NEWARK, NJ					TH ST Code NY ct NFORMATION Name of AAA I Street A 6 WH City, St LAKE Telephory 732-6 (I1) Name of AAA Street A 6 WH City, St LAKE Telephory Table Street A 6 WH City, St LAKE Street A 6 WH City, St LAKE Telephory Table Street A 6 WH City St LAKE Telephory Table Street A 6 WH City St LAKE Telephory Table Tabl		City, Sta BETHI	EHEM PA	Data			
Completed by JOSEPH PERLSTEIN	Title OWN	IER		Ti	Signa	ature			Date			

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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	1 Ow	ner/Operator (2)	TITLE A	N17 4	0 0	040	-ih
11 /	11 /	16				Ackerm			-/		10V 1	0 2	Ulb	
Ai Noticed	Tuna Natifia			5 5 15	Ctroot	Address				1 1				-
Agencies Notified	Type Notifica	alion			127000 1000	Box 626				ASBE	STOS	CON	TRO)L &
☑ DOLWD	☐ Amended	d				State, Zip C	odo.				TICEV	ISM	3	
☐ DHSS	Amendme	ent#_				iman, NY		82						
☐ DCA	Emergen		luding			of Contact		02		Telephone Nu	ımher			
(NJAC 5:23-8)	justification	85			202000	y Miller				732-833-3				
	□ Calicellat	lion								732-000-0		_		-
		F 11	DI	(0)	FA	CILITY IN	FOF	RMATION	T of Facility	(4)				
Name of Facility Where A		akıng	Place	(3)					Type of Facility (☐ School (K-12					
202 Ackerman Ave.									Subchapter 8		12)			
Street Address									Other (i.e., pr		nercial bi	uilding	IS,	
202 Ackerman Ave.		2000 To							homes, etc.) Square Feet	# of Floors	R	dg. A	70	
City (5)									15,000	3		90+	ge.	
Clifton, NJ 07013				-	Cour	ty Codo (7	\/QT/\	TE USE ONLY)	Current Use (Pri			50.		
County (6) Passaic					Cour	ity Code (7	JOIA	ITE OOL ONLT)	Vacant Reta		Jiisiicu			
Name of Monitoring Firm	Hirad by Ruile	dina O	wner /	8)	ASCM	No	Na	me of Ahatems	ent Contractor (9)					- 2
AET	Tilled by build	unig O	wilei (.,	NA	140.	0.000		ronmental Sys	tems				
Street Address					11/5			eet Address	Tommerican Oyo					
28 N. Pennell Rd.								50 East Unio	on St.					
City, State, Zip Code		- 4	h-//				100	, State, Zip Co						
Media, PA 19063								Vest Cheste						
Project Manager for Moni	toring Firm			Tel	ephone	No.		ephone No.	,	License No.				
Eric Sutherland				HUGH	10-558		120.000	10-701-9000		00508				
Start Date (10)	18	Schedu	ıled C	omple	etion Da	te (11)	Nar	me of OSHA M	Ionitor					
11//					/		Δ	ÆΤ						
Occupancy Status During	Abatement (0	Check	only c	ne)			Stre	eet Address						
☐ Facility Closed/Vacate	d During Entir	re Peri	od of	Abate	ment		2	8 N. Pennel	Road					
Abatement Performed						cribe	City	, State, Zip Co	ode					
Time of Abatement: 7	AMPN	/l/ <u>3:30</u>	PM		AM		N	ledia, PA 19	063					
Scope of Work (Check all	that apply)							П г.:!! О	animum at with Name	etive Decesion				
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Mini-Enc	tainment with Neg losure	ative Pressure				
≥160 sf or ≥260 lf			☐ De						g Procedure					
						T		☐ Non-Exe	mpted (*) and No	n-Friable Proce	-			
Location	of			Loca Norma				Description of	.f			atem		
Asbestos-Containing I		1)	Use	d Sol	ely by	Asbe	stos	Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABA					ance/ Staff?	(i.e		ermal systems surfacing, VAT,		(Specify SF or LF)	Removal	a:	aps	Enclosure
IN Facilit (13)	.y			(12)				her miscellane		31 01 11)	=		Encapsulate	re
**************************************		- 1	Yes	No	N/A								(D	
Basement						Pipe Ins	sula	tion		300 LF				
			П	П							П	П	П	П
												Н		ᆔ
Name of Decistered West	to Hauler		Ш		JDEP \	Masta	Cul	oic Yards of	Name of Regis	tered Landfill			Ш	
Name of Registered Wast Richard Burns, Inc.				2	Hauler II		Wa			erks Commu	nitv I ar	ndfill		
THE SERVICE SERVICE SERVICE STREET, ST					19955	5	1 Dia				y Lai			
City, State								posal Date BD	City, State Birdsboro,	DΛ				-
Phila., PA		Levi					- 1		Dirusboro,		Det	,	_	
Completed By (Print or Ty	/pe)	Title	41					Signature	AM		Date /	/	,	
Mark Griffin		ES	timat	or		4					11/1	1//	6	



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

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	NOV	1	3	2016		
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Date of Notification			Name of E	Building Owr	ner/Operator	(2)				L	ESTOS (CONIT	DOL	2.	1
1 1 1/10 18			joyce a	fortson						ASB	LICEN	SING	HOL	- 0.	
Agencies Notified EPA	Type Notifica	tion	Street Add	ress											
☐ DEP	Amended														
	Amendment #	:	City, State	, Zip Code											
☑ DOL		_	orange	, nj 07015											
☑ DOH	(including justification)	117	Name of C	ACCURATION OF THE PARTY OF						Telepho	one Numbe	er			
☐ DCA	Cancellation	- 11	iovce :	fortson						973.4	17-7284				
	Cancellatio	1	Joyce t				S5801			7/3-4	17-7204				
				FAC	ILITY INFOR	RMATIO	N								
Name of facility wh	nere abatement	is taking p	lace (3)						Туре	of Facility					
joyce a fortson										=	ool (K - 12		12	40	
Street Address										<u> </u>	chapter 8 (i r (Private/0			-12)	
Sylven enterto enterto Novo en enterto enterto de la contracto enterto enterto enterto enterto enterto enterto								1			s./Homes,		rolai		
									Squ	are Feet	# of Floo	rs	BI	dg. Ag	ge
City (5)		Cou	inty (6)				- 22	y Code (7)	_						
orange		ES	SEX			(318	late	use only)	Cur	rent Use (Prior if bei	ng dem	nolish	ed)	
Name of Monitoring	g Firm Hired by			1	ASCM No.		IN	lame of Abatemen	t Contra	ctor (9)					
								D & S RESTOR		5446405					
Street Address								treet Address	CATTO	ν, πνο.			_		
								20 California A	ve.						
City, State, Zip Code	e					_	Ci	ity, State, Zip Code							
								Paterson, NJ 0	7503						
Project Manager for	Monitoring Firm	1	F	hone Numb	er		Te	elephone Number			License	Numb	er		
			- 1				L	973-345-8020			(1169			
Start Date (10)		Sched	d. Comple	ion Date (1	1)		N	lame of OSHA Mor							
11/10/16		11/2	5/16				S	D & S Restorat	ion, Inc	D					
Occupancy Status D	Ouring Abatemer							20 California A	venue						
	/vacated during						Ci	ity, State, Zip Code					_	_	
Abatement pe Describe:	rformed outside	of normal	facility ho	ırs-											
Other-Describ	e: NORMAL H	OURS						Paterson, NJ 0	7503						
Scope of Work (che	eck all that apply	()							Full Co	ntainment	w/negative	press	ure		
≥ 3 sf or >3 If	\boxtimes	Renovation	on					\boxtimes							
≥160 sf or ≥26	60 If	Demolitio	n					×		ag proced	ure ') and Non	friable	nroce	adure	
Location of				used solely	1				T TOOL EX	tomptou () and Hon	IR	R	E	T_
asbestos-cont		by maint staff(12)	enance/cu	stodial	Descrip	tion of a	asb	estos-containing		Amount	_	e m	e	n	E n
material (acm abated in facil	6 (1940 1967 1960 N		Ι	Т		I (ACM)		ba		(Specify LF)	SF or	0	а	c a	C
		Yes	No	N/A						/		v e	i r	р	-
BASEMENT			X		PIPE INS	ULAT	Oľ	N	12	LFT					
BASEMENT BO	ILER		X		BOILER	INSUL	LA]	ΓΙΟΝ (fire box)	54	sq ft					
							- 600								
Pagiatarad Master III						C187	- 1								
Registered Waste Ha D & S RESTOR A			EP Hauler 506	1879	ubic Yards o yd.	T vvaste		lame of Registered TULLYTOWN,			ECOVE	ΣV			
City, State	, , , , , ,		270.2	Disposal D				City, State	10.50	ONCL N	LCOVE	. 1			
PATERSON, NJ	07503			11/11/1				TULLYTOWN	, PA						
Completed by (Print		Title		***************************************	Signature						Date				
BOGDAN JOLD		PRESID									11/08	2016			
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11/09/2015 09:17A	9733	458263			D85	RESTORATIO		Cottleman -		DAIC!		2/2/	
D&S Proj. #: 16-343					of N		t.i		E C	AGI [E	16	201	[E]
Date of Notification (1) 1 1 / 0 8 / 1 16 Agencies Notified Type Notified Initial EPA Initial DEP Amended	WAS -	Name of Bu joyce a fo Street Addre	ortson	e//Operator (2)		•					ONTI ING	ROL
DOL Amendments		orange, t	nj 07015	-								State of the state	
DCA justification)	joyca a f							ne Number 17-7284				
	* 11			ILITY INFORM	ATIO	N.	-	7/3-7	7-740-7	L- 15	=		
Name of facility where abstement Joyce a fortson Street Address	is taking p	ace (3)						Subcl	(4) of (K - 12) napter 9 (Ot) (Private/Co-/Homes, etc	mma 1.	rolei	-12)	6
City (8)	Cou	nty (6)				Inty Gode (7)	7			-			
Orange		SEX			(au	to nee onis)		Current Use (F	nor if being	dêm	ollah	(대)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatem		23 2500 - 5502.5					
Street Address City, State, Zip Code						D & S REST(Street Address 20 Californis City, State, Zip Co Paterson, NJ	AV	6.					
Project Manager for Monitoring Fire			one Numb			Telephone Numb 973-345-80 Name of OSHA N	9° 20		Liganae N 01	lumb 169	18		
Start Date (10)		i. Completis	in Date (11)		D& S Resto							
11/10/16 Occupancy Status During Absterns Facility closed/vacated during Absternant performed outside	entire per	only one) ed of abater	ment.			20 California City, State, Zip Co		enue		Sec. 11	ede a		
Other-Describe: NORMAL					-	Paterson, NJ	075	503					
Scope of Work (check all that spp ≥ 2 of or > 3 if ≥ 180 of or ≥ 250 if	y) Renovation	1770					XX	uii Containment v Aint-enclosure Flovebag procedu Non-Exempted (*)	ire			edure	
Location of asbestos-containing material (scm) to be abated in facility (13)		n normally usenance/custo		1	on of a ACM)	sbestos-contai ning		Amount (Specify I LF)		Remove	R	Encap	E n c
BASEMENT				PIPE INSU	AND DESCRIPTION OF THE PERSON NAMED IN	Control of the Contro	frakts	12 L FT	CONTRACTOR DESCRIPTION AND ADDRESS OF THE PARTY OF THE PA	X	D		
BASEMENT BOILER				BOILER IN	ISUL	ATION (fire bo	x)	54 sq ft		X		口	
		Property of the last of the la								+	井	#	부
					~		Užshija i				Ī	허	T
Registered Waste Hauler D & S RESTORATION, INC. City, State	NJO 135			ubic Yards of V yd. ale	Veste	Name of Registe TULLYTOW City, State	ned N, I	RESOURCE R	ECOVER	_			
PATERSON, NJ 07503 Completed by (Print or Type)	Title		11/11/1			TULLYTON	/N,	PA	Date	-		-	manana,
BOGDAN JOLDZIC	PRESID	-	or asbeste	e licenaury ex	amota	d activities.			11/08/2	016			-

4041440	NO		CATION	OF ASBES NJAC 8:6	TOS A				1	1		c 0	040	
Date of Notification (1) 11-10-16	-	399			vner/Op	erator (2)			Li NO	/ 	0 2	Ulb.	ammentally () 4.
Agencies Notified Type Notification														L &
➤ DEP	#					NJ 0	797	7	1					
Emergency (1	Name of						1000000					
X DCA Cancellation		Т.		ITY INFOR	OITAMS	N			1					
Natirar	Epic Builders Street Address ASBESTOS CONTROL LICENSING Clay, State, Zip Code Peapock & Gladstone, NJ 07977 Name of Contact R. Bye Sob-482-0542 Peapock & Gladstone, NJ 07977 Name of Contact R. Bye Sob-482-0542 Peapock & Gladstone, NJ 07977 Name of Contact R. Bye Sob-482-0542 Peapock & Gladstone, NJ 07977 Name of Contact R. Bye Sob-482-0542 Peapock & Gladstone Square Feet Sof Floors Bigg Age Gladstone States Governormental buildings, homes, etc. States Governorment													
2 Main Street								etc.)						s,
City (5) Peapack Gladstone									100	f Floors				
County (6) Somerset									or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building NA	Owner (8)		A la company	No.						(9)				
Street Address NA		77.15							xtens	ion Suite	10			
City, State, Zip Code NA									2					
Project Manager for Monitoring Firm	-			ne No.							0.			
Start Date (10) 11-28-16			pletion [Date (11)		A STATE OF THE STATE OF			ıí					
Occupancy Status During Abatement (Chec			107											
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Al nal Facility I	Hours	ent											
Scope of Work (Check All That Apply)						42-1-2								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf						×	M	lini-Enclosure lovebag Prod	e cedure				e	
	Is I	_ocati	on					OTI-EXOTIPIO	2 () ()			Abate	ement	
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility	Used Mair	Sole odial S	ly by nce/	(i.e. t	os Conta hermal : surfac	aining N systems ing, VA	lateri s insu T, or	ulation,	(Specify	Removal			Enclosure
	1000	No	N/A		T	**	1-		6	00 SE	v			-
Generator Room	X				Trans	яте ра	neis	,	-	000 31	A			
Name of Registered Waste Hauler														
Freehold Cartage				140.	30	2.0000				l landfill				
Amendment #														
# [S. J.		unt F	Rep		S	ignatur	4	11471	1			0-1	6	
ASB-41 (R-06-08)					1	* 00 %	ot us	e this form fo	r asbe	stos licensui	e exe	mpted	activ	ities.

LOC 101 COS	111												
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analchedu #	P						BESTOS ABAT AC 8:60 and 5:1						-
	10973	Sa	ntu	ti	1 101		10 0:00 and 5:10				-29		
Date of Notification (1)					Name	e of Buildin	g Owner/Operator (2)	II LI NO	V	ti	2016	,
/	15 /	16	<u> </u>		Ca	mden Co	unty Technical S	Schools Board	l of Education				
Agencies Notified	Type Notific	cation	-		Stree	t Address			ASREST	ros	COL	ITR	
⊠ EPA	☐ Initial				343	3 Berlin (Cross Keys Rd -	Building No. 1					JL !
⊠ DOLWD		3545			Oliver to the state of the stat	State, Zip		3	There is an included by the contract of the co		Ham. Par. (Mar.)		
□ DOH	Amenda						NJ 08081						
DCA (NJAC 5:23-8)	☐ Emerge justifica		iciuain	g		e of Contac			Telephone Numb	per	-		
,	Cancella	100000000000000000000000000000000000000			Dir	no Aceve	do		856 767 7000				
					ΕΛ	CILITYIN	NFORMATION			_	Saluro		
Name of Facility Where Al	hatement is	Taking	n Place	(3)	T A	CILITI	ALOKMATION	Type of Facility	(4)				
Camden County Tec			9 1 100	(0)				School (K-12					
Street Address	Jimmour Ou	,,,,,,,,,,							2) 8 (O <mark>t</mark> her than K-12))			
343 Berlin Cross Ke	ve Road							Other (i.e., p	rivate and commer	cial b	uildin	gs,	
City (5)	yortoad							homes, etc.		10	1.1.0		
Sicklerville								Square Feet	# of Floors			ige	
County (6)					10-	-1-0-1-7	71/07475 1105 011114	various	1		50+		
Camden					Cour	nty Code (7)(STATE USE ONLY)		ior if being demolis	hed)			
	liand by D. I	1.11	_	(0)	10011		T		nical School				
Name of Monitoring Firm F		ilding (Jwner	(8)	ASCM	No.	Name of Abateme						
Health and Safety Se	ervices				117			nvironmental	Systems				
Street Address							Street Address						
PO Box 365								lehem Pike - S	uite 60				
City, State, Zip Code							City, State, Zip Co						
Berlin, NJ 08009				1			Spring House	e, PA 19477					
Project Manager for Monitor Jim Proctor	oring Firm			1-238:50	ephone		Telephone No.		License No.				
					09 839		215 542 7000		00847				
Start Date (10)					etion Da		Name of OSHA M	lonitor					
		-	8 /		0_/.	1/_	CES						
Occupancy Status During							Street Address						
Facility Closed/Vacated	During Ent	tire Pe	riod of	Abate	ment		1121 N. Bethl	ehem Pike - S	uite 60				
Abatement Performed (Time of Abatement: 7:0	Outside of N	Normal	Facilit	y Hou	rs - Des		City, State, Zip Co	ode					
Michts walke	nos +	Same	s Ho	1.00	· // /	AM	Spring House	e, PA 19477					
Scope of Work (Check all t	that apply)								***************************************		Abatement Repair Repair		
≥3 sf or >3 If			⊠ Re	novat	ion		☐ Full Cont ☐ Mini-Enc	ainment with Neg	gative Pressure				
≥160 sf or ≥260 lf				moliti			Glovebag	Procedure					
							Non-Exer Non-Exer	mpted (*) and No	n-Friable Procedure	e			
1			D 90	Loca Vorma			020 2004	29		Ab	atem	ent T	ype
Location of Asbestos-Containing M		(IV)			ely by	Asha	Description of stos Containing Mar		Amount	Re	Re	En	En
TO BE ABAT	ED	***)		intena			., thermal systems i		(Specify	mo	paii	cap	clos
IN Facility			Cus	todiai (12)	Staff?	25.00	surfacing, VAT,		SF or LF)	val		sula	Enclosure
(13)			Yes	No	T _{N/A}		other miscellaned	ous)				ate	
Puilding 4 Descalations										-	-	_	_
Building 1 Door/Windo			Ш			ACM Ca	aulk/Glazing		Apx 8200 LF		Ш	Ш	Ш
Building 2 Door/Windo	w-Exterio	or				ACM Ca	aulk/Glazing		Apx 9100 LF				
- and - Boom will ac		r		\boxtimes		ACM Ca	aulk/Glazing		Apx 6800 LF		П	П	П
	w-Exterio				Ī		aulk/Glazing		Apx 8420 LF				
Building 5 Door/Windo		r						Name of Posis				Ш	ш
Building 5 Door/Windo Building 6 Door/Windo	w-Exterio	or			IDEDI	Macta	Cubic Varde of		torod Landfill				
Building 5 Door/Windo Building 6 Door/Windo Name of Registered Waste	w-Exterio	or		N	IJDEP V		Cubic Yards of Waste		tered Landfill	lan	dfill		
Building 5 Door/Windo Building 6 Door/Windo Name of Registered Waste Geppert Recycling	w-Exterio	or	Ш	N			Waste 24,000 yrd	Western B	tered Landfill erks Communtiy	/ Lan	dfill		
Building 5 Door/Windo Building 6 Door/Windo Name of Registered Waste Geppert Recycling Dity, State	w-Exterio	or		N			Waste	Western B	erks Communtiy	/ Lan	dfill		
Building 5 Door/Windo Building 6 Door/Windo Name of Registered Waste Geppert Recycling City, State Hatfield, PA	w-Exterio Hauler			N			Waste 24,000 yrd Disposal Date	Western B	PA 19508		ıdfill		
Building 5 Door/Windo Building 6 Door/Windo Name of Registered Waste Geppert Recycling City, State Hatfield, PA Completed By (Print or Typ	w-Exterio Hauler	Title		N	lauler IC		Waste 24,000 yrd	Western B	erks Communtiy		dfill		
Building 5 Door/Windo Building 6 Door/Windo Name of Registered Waste Geppert Recycling City, State	w-Exterio Hauler	Title		N	lauler IC		Waste 24,000 yrd Disposal Date	Western B	PA 19508		idfill	16	

1,200 LOUCK

enal check it	110CK		-	ATION	OF ASI			DE C			
Date of Notification (1)	TI TOTAL TE	1 26	mt c	Name	of Building	g Owner/Operator (2)	TILI NO	V-1	6	2
11/	15 / 16	3		Car	nden Co	unty Technical	Schools Board	of Education			
Agencies Notified	Type Notification			Street	Address			ASBEST	ros	CO	N
⊠ EPA	☐ Initial			343	Berlin C	ross Keys Rd -	Building No. 12				
		1		City, S	state, Zip 0	Code					
□ DCA	1	_	g	Sic	klerville,	NJ 08081			- 2		
(NJAC 5:23-8)	justification)	8		1.10		Š					
	Cancellation			Din	o Aceve	do		856 767 7000	9		
Date of Notification (1) Agencies Notified EPA DOLWD DOLWD DOLA DOA DOA DOA DOA DOA DOA D											
			e (3)				1 5 H				
	echnical School	<u></u>									
							Other (i.e., pr	ivate and commerc	ial bu	uilding	gs
	eys Road							T (5)	101		
							Control Agricultural Control of the Control	Ministra Carrier	1100000		٠g
0.01.101.11.10				10	h O - d - 15	VOTATE LIGE ONLY				÷00	_
				Cour	ity Code (7)(STATE USE ONLY)			iea)		
	Hirad by Duildie	Owner	/Q\ T	ASCAR	No	Name of Abote	1011280202211112	ICAI SCHOOL			_
	100 100	Owner	(0)		NO.			vetome			
	Del vices			111			ilviioiiiieiitai o	ystems		_	
							lehem Pike - Sı	uite 60			
											_
2000 - 100 -											
Project Manager for Mor	nitoring Firm		Tele	ephone	No.			License No.			-
Jim Proctor			6	09 839	2432	215 542 7000	į	00847			
Start Date (10)	Sche	duled (Comple	etion Da	te (11)	Name of OSHA N	Monitor		7-15		
11 /28 /	16	88	30	_ / _	17	CES					
Occupancy Status Durin	g Abatement (Chec	k only	one)			Street Address			N. P.		_
						1121 N. Beth	lehem Pike - Sı	uite 60			
						City, State, Zip C	ode				
						Spring Hous	e, PA 19477				
						□ Eull Con	tainment with Noa	etivo Proceuro			
						☐ Mini-End ☐ Gloveba	closure g Procedure		9		
									Ab	atem	16
					Ashe			Amount	Re	Re	
TO BE ABA	ATED	1 200				e., thermal systems	insulation,	(Specify	Von	pair	
	ity	Cus						SF or LF)	<u>a</u>		1
(13)		Yes	T	1		other miscentarie	.003)				
Building 8 Window-E	Exterior				ACM G	lazing		Apx 2000 LF			1
Building 9 Door/Win	dow-Exterior		\boxtimes		ACM C	aulk & Glazing		Apx 1500 LF	\boxtimes		
Building 10 Mindow	-Exterior				ACM G	lazing		Apx 1010 LF	\boxtimes		
building to Window	-Exterior				ACM G	lazing		Apx 1325 LF	\boxtimes		I
		1	104							dfill	ı
Building 11 Window- Name of Registered Was	ste Hauler			Hauler II	J NO.		Westelli Di	erks Communtiy	Lar		
Building 11 Window- Name of Registered Was Geppert Recycling	ste Hauler		- -	Hauler II		24,000 yrd		erks Communtiy	Lar		_
Building 11 Window- Name of Registered Was Geppert Recycling City, State	ste Hauler			Hauler II	J NO.	24,000 yrd	City, State		Lar		
Building 11 Window- Name of Registered Was Geppert Recycling City, State Hatfield, PA	ste Hauler	e	P	Hauler II	J NO.	24,000 yrd Disposal Date	City, State	PA 19508			