NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 11 15 18 Pennsville School District 1 9 2018 NOV Agencies Notified Type Notification Street Address **⊠** EPA 30 Church Street **⊠** DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Pennsville, NJ 08070 ☐ DCA Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Richard Davidson 856 540-6200 ext 7110 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Pennsville Memorial High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 110 S Broadway homes, etc.) City (5) Square Feet # of Floors Bldg. Age Pennsville 66000 2 68 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Salem Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EPIC ENIVIRONMENTAL DELTA/BJDS, INC Street Address Street Address 1930 BROWN ROAD 1345 INDUSTRIAL BLVD. City, State, Zip Code City, State, Zip Code NEWFIELD, NJ 08344 SOUTHAMPTON PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. JIM EBERTS 856 889-1736 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 16 //8 11 / 30 / 18 N/A Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement N/A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_AM-3PM/11PM-N/A Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Asbestos-Containing Material (ACM) Repair 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 TOILET ROOMS  $\boxtimes$ FLOOR TILE 120  $\boxtimes$ П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP MINERVA LANDFILL 20990 City, State Disposal Date City, State 58 PYLES LANE NEW CASTLE DE WAYNESBURG, OHIO Completed By (Print or Type) Signature Date

State of New Jersey

CHRISTINE DEL VISCIO

ASST. ADMINISTRATOR

ASB-41 JAN 13

page 1

Date

11-15-2018

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT NOV-1-9-2018. 1330-02 (Pursuant to NJAC 5:50 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 15 1 Pennsylle School Diatrict Agencies Notified Type Notification Street Address EPA ledlini 🖾 30 Church Street DOLWD ☐ Amended City, State, Zip Code Ø DOH Amendment# Pennsylle, NJ 08070 D DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancallation Richard Davidson 856 540-6200 ext 7110 FACILITY INFORMATION Name of Fadilty Where Abstement to Taking Place (3) Type of Facility (4) Pennsville Memorial High School Ø Schi of (f(-12) Street Address Suts hapter 8 (Other than K-12) Othe (i.e., private and commercial buildings, 110 S Broadway horr le. (to.) City (5) Square isel # of Floors Bldg, Age Pennsville 6601) 1 68 County (6) County Code (7)(STATE USE ONLY) | Current Jee (Prior If being demolished) Salem Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EPIC ENIVIRONMENTAL DELTA/BJDS, INC Street Address Stree! Address 1930 BROWN ROAD 1345 INDUSTRIAL E .YD. City, State, Zip Code City, State, Zip Code NEWFIELD, NJ 08344 SOUTHAMPTON PA. 18986 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. JIM EBERTS 856 889-1736 215 322-2000 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 16 / /8 <u>11</u> / <u>30</u> / 18 NIA Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Feriod of Abatement NIA Abatement Performed Dutside of Normal Facility Hours - Describe City, State, Zip Code AM-3PM/11PM-Time of Abatement: \_ N/A Scope of Work (Check all that apply) Full Containment Ath Negetive Pressure

Mini-Enclosure
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Non-Exempted (\*) and Non-Friebla Procedure D ≥3 af or ≥3 lf 2 ≥160 sf or ≥260 ff Renovation
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ASB-41 JAN 13

Completed By (Print or Type)

CHRISTINE DEL VISCIO

\* Do not use this form for asbestos Hoensura exempled eath1 es.

ASST. ADMINISTRATOR

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Date of Notice tion (1)			Nam	ne of Building Owne	er/Oneral	or /2)					
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Agencies Notified Type Notificat	ion		Stre	et Address	140						
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DOH Emergen	cy (includ	ding		e of Contact							
X DCA Cancellat				ris Nepomnyasi	ach.			Telephone			
				ACILITY INFORMA				973-596	8481		
Name of Facility Where Abatement is Ta	king Plac	e (3)	17	ACILITY INFORMA	HON	Type of Facil					
Tiernan Hall						Type of Facil					
Street Address						School (	(K-12)				
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Project Manager for Monitoring Firm			Teleph	one No.		one No.		Linena	N		
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Start Date (10)	Sched	uled Co	mpletion	Date (11)	1	525-0100 of OSHA Monito		00750			
11/14/18	11/1	4/18		,		Environmer					
Occupancy Status During Abatement (Che	ck Only (	One)				Address	itai				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period o	f Ahata	mont		340000000000000000000000000000000000000	Oth Ave					
Abatement Performed Outside of Norr	nal Facil	ity Hour	'S			ate, Zip Code					
						NJ 08724					
Scope of Work (Check All That Apply)					DIICK	140 00/24					
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Do not use this form for asbestos licensure exempted activities.

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## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	222						ng Owner/Operator	15008		TO VENER	m sommerst		
/	15 /	18	_		Atl	lantic Cit	y Electric - Cour	nty Regional Of	fice 📜 🖺	D [5	2 1	7.0	1-1
Agencies Notified	Type Notific	cation			Stree	t Address					- 1.	•	
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☑ DOLWD						State, Zip			NO.	OV	19	2018	3
□ DCA	☐ Emerger		ludino	1	Ma	ys Landi	ng, NJ 08330						
(NJAC 5:23-8)	justificat	ion)			Name	e of Contac	ct		Telephone Num	ber.		_9000	
	☐ Cancella	ition			Ma	rk Psize	nnaier		609 625 618	8			
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Name of Facility Where A	batement is	Taking	Place	(3)				Type of Facility	(4)				
Lake Ave Substatio	n							School (K-12					
Street Address								Subchapter 8	3 (Other than K-12 rivate and comme	)	مناطنت		
505 West Oak Ave								homes, etc.)		Clai Di	ullaliti	.js,	
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Wildwood, NJ 0826	0							600	1		50+		
County (6)					Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)		_	
Cape May									_	- 5/			
Name of Monitoring Firm	Hired by Buil	ding Ov	vner (	8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
							Controlled E	nvironmental S	Systems				
Street Address							Street Address						
					1121 N. Beth	lehem Pike - St	Suite 60						
City, State, Zip Code													
							Spring Hous	e, PA 19477					
Project Manager for Monit	Tele	phone	No.	Telephone No.		License No.							
							215 542 7000		00847				
Start Date (10)		Schedu	led C	omple	tion Da	ate (11)	Name of OSHA N	Monitor					
11 /28 /	18	11	/	30	_ /	18	CES						
Occupancy Status During	Abatement (	Check	only o	ne)			Street Address				-		
□ Facility Closed/Vacate	d During Enti	re Perio	od of	Abate	ment		1121 N. Beth	lehem Pike - Su	uite 60				
☐ Abatement Performed	Outside of N	ormal F	acility	Hou	s - Des	scribe	City, State, Zip C			-		-	-
Time of Abatement: 7:	00AM-3:30F	PM/	P	Λ- <u> </u>	AM		Spring House						
Scope of Work (Check all	that apply)	12-2-3-120											
≥3 sf or ≥3 If		Г	⊠ Rei	novati	on			tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf			Der				☐ Mini-End ☐ Gloveba	g Procedure					
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City, State							Disposal Data		Johnnanu	, Lai	MIIII		
Hatfield, PA							Disposal Date	City, State	DA 40500				
	>	T					11/30/18	Birdsboro,					
Completed By (Print or Type	pe)	Title					Signature	11	Da	4	1		
Patricia Visco	ice N	iana	ger		Parce	am Voc	20 11	1/15	5/0.	3			

## 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) October 29, 2018 Valtris Specialty Chemicals - Delaware River Plant NOV 2018 Agencies Notified Notification Type Street Address 170 Route 180 South □ EPA ☐ Initial DEP Amended City, State, Zip Code DOL Amendment # 1 Bridgeport, New Jersey 08014 Emergency (Including ☐ DOH Name of Contact Justification) Telephone Number □ DCA ☐ Cancellation Lola Ogunde 856.467.8272 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Valtris site Lab ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address 170 Route 180 South Other (i.e. private & commercial buildings, homes, etc. City (5) Square Feet # of Floors Bldg. Age Bridgeport 5000 75 County (6) County Code (7) (STATE Current Use (prior if being demolished) Gloucester USE ONLY) Specialty Chemical Manufacture Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Harvard Environmental Inc. County Environmental Street Address Street Address 760 Pulaski Highway 461 New Churchmans Rd. City, State, Zip Code City State, Zip Code Bear, Delaware 19701 New Castle, DE 19720 Project Manager for Monitoring Firm Telephone No. Telephone Number License Number Chuck Styles 302.326.2333 (302) 322-8946 00578 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor November 16, 2018 November 16, 2018 County Environmental Occupancy Status During Abatement (Check only one) Street Address 461 New Churchmans Road ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Other - Describe: Unoccupied open roof. New Castle, DE 19720 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation Demolition Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Used Solely by Asbestos Containing Material (ACM) Amount Location of Maintenance/ (i.e. thermal systems insulation. Encapsulate (Specify Enclosure Asbestos-Containing Material (ACM) Custodial Removal surfacing, VAT, or Repair SF or LF) TO BE ABATED Staff? other miscellaneous) IN Facility (13) (12)Yes No N/A Two Small Fume Hoods in Site Lab X Transite Fume Hood Liner 30 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Reg. Landfill Service Transport Group ID No. Waste 0.5 Minerva Landfill City, State Disposal Date City, State New Castle, Delaware 19720 11/29/2018 Waynesburg, OH 44688 Completed by Signature Date

11/14/2018

Dan Brown

**Project Manager** 

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 06 18 D&R HOBOKEN, LLC Street Address Agencies Notified Type of Notification 570 COMMERCE BLVD **EPA** Initial City, State, Zip Code 7 DEP Amended CARLSTADT, NJ 07072 Telephone Number 2018 1 DOH Amendment #\_\_\_1 Name of Contact 1 DOL Emergency w/ justification NICHOLAS DINALLO 201-487-5657 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 416 JEFFERSON STREET School (K-12) Street Address Subchapter 8 (Other than K-12) 416 JEFFERSON STREET 1 Other (I.e., private & cmmercial bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** HOBOKEN HUDSON Current Use (Prior if being demolished) 40 + RESIDENCE/HOUSE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO AET NORTHSTAR CONTRACTING GROUP, INC. Street Address Street Address 907 Doolittle Drive City, State, Zip Code 32 Williams Parkway Bridgewater, NJ 08807 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Eric Southerland 610-891-0114 East Hanover, NJ 07936 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 12 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of NORTHSTAR CONTRACTING GROUP. INC. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 32 Williams Parkway Other - Describe: \_\_ 7:00AM - 3:30PM City, State, Zip Code MON-FRI East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure 1 ≥160 sf or >260 If Glovebag Procedure V Non-Exempted (\*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing R Normally Material (ACM) Amount E R N TO BE ABATED Used (I.e., thermal systems M (Specify C E C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P (13)by Mainor other miscellaneous) V Α 0 tenance/ S Α 1 S Custodial L R U U Staff (12) R YES NO N/A ROOF **ROOF & FLASHING** 880 SF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NORTHSTAR CONTRACTING GROUP, INC Hauler ID No. Yards FAIRLESS LANDFILL of Waste City, State Disposal City. State EAST HANOVER, NJ 07936 Date MORRISVILLE, PA 10967 Completed by (Print or Type) Title Signature Steve Stiles Project Manager 11/16/18

ASB-41

PAID STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

Data of Natification (4)		(PURSU		IAC 8:60-7 AND 12		co	B 1	OUC					
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			FACILITY	INFORMATION			- V <sub>2</sub>	• • • • • • • • • • • • • • • • • • •	1				
Name of Facility Where Abateme	ent is Taking	Place (3)		Type of Facility (	(4)								
FCA ENGLEWOOD CLIFFS		***		1,31,2 21, 22,113	,								
Street Address					nool (K-12)								
330 SYLVAN AVENUE				☐ Sub	chapter 8 (Other	than K-1	2)						
				Other (I.e., private & cmmercial bldgs., homes, etc.)									
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				Current Use (Pri									
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GZA	-,ug. o	10. (0)	AUGINI IVO	Northstar Contra	ent Contractor (s	"							
Street Address													
Street Address 55 Lane Road		ű.		Street Address									
City, State, Zip Code				32 Williams Park	way								
Fairfield NJ 07004				City State Zin C	odo								
Project Mngr. For Monitoring Fir	rm	Telephone Nu	ımber	City, State, Zip Code East Hanover NJ 07936									
Ben Sallemi		973 774 3311											
		oletetion Date (1	1	Telephone Numb	er	License	Number						
$\frac{12}{10} / \frac{10}{18}$	_02/	/ <u>28</u> /	19	9737723660			2						
Occupancy Status During Abate	ment (Check	Only 1)		Name of OSHA N	Ionitor			00860					
✓ Facility Closed/Vacate	ed During En	tire Period of		Northstar Contract	NG 27 BRATE								
Abatement		rancon e no tunto po no actorementos		Street Address									
Abatement Performed Hours - Describe:	Outside of N	Normal Facility		32 Williams Parkw	vay								
Other - Describe: _ 8	8AM - 4PM - N	MON - FRI		City, State, Zip C	odo								
				East Hanover, NJ									
Scope of Work (Check All That A	(pply)												
☐ Demolition	7	Danasation											
☐ ≥3sf or ≥3lf	<u> </u>	Renovation		Full Containment with Negative Pressure									
≥160 sf or ≥260 lf				Mini - Enclosure Glovebag Procedure									
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NEWARK, NJ			Disposal Date	City. State PEN ARGILE, PA			The second second second						
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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

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Date of Notification (1)			Name of	E A W	7 Par row								
$\frac{11}{16} / \frac{16}{18}$			FCA US		· ·			S I V					
Agencies Notified Type o	f Notification			RYSLER DRIVE	A STATE OF THE STA								
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☐ DEP ☐	Amended	**	AUBURN	N HILLS, MI 48326	i				0				
☑ DON □	Amendment	#w/ justification		Contact A MICHAELS		Telephone Number							
	Cancellation		MELIOS	A MICHAELS		248-512-3152							
		30//00/22	FACILITY	INFORMATION									
Name of Facility Where Abat	ement is Taking	Place (3)		Type of Facility (4)									
FCA ENGLEWOOD CLIFFS		5,65											
Street Address		***		School (			2.						
340 SYLVAN AVENUE					oter 8 (Othe e., private 8								
City (5)				bldgs., h	omes, etc.)		ui						
City (5) County ENGLEWOOD CLIFF BERGE	(6)	County Code	(7)	Square Feet	# Of Floo	rs	Buildir						
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				Current Use (Prior if being demolished) VACANT									
Name of Monitoring Firm Hir	ed by Bldg. Owr	ner (8)	ASCM NO	O Name of Abatement C	ontractor (	9)							
GZA				Northstar Contracting	Group Inc								
Street Address				Street Address									
55 Lane Road				32 Williams Parkway									
City, State, Zip Code Fairfield NJ 07004													
Project Mngr. For Monitoring	Firm	Telephone Nu	mhor	City, State, Zip Code East Hanover NJ 0793									
Ben Sallemi		973 774 3311	imber	East Hanover NJ 0/93									
Sheduled Start Date (10)		letetion Date (1	1)	Telephone Number		License	Number						
$\frac{12}{-12} / \frac{03}{-18}$	_ 02	/ <u>28</u> /	19_	9737723660									
Occupancy Status During Ab	atement (Check	Only 1)		Name of OSHA Monito	or.			00860					
✓ Facility Closed/Va	cated During En	tire Period of		Northstar Contracting G									
Abatement Abatement Perform	mad Outaida at B	I		Street Address									
Hours - Describe:	ned Outside of r	Normal Facility		32 Williams Parkway									
Other - Describe:		MON - FRI		City, State, Zip Code									
Scope of Work (Check All Th	-4.4	- Marian - John - Marian - Mar		East Hanover, NJ 0793	6								
Coope of Work (Check All The	ат Арріу)												
Demolition	~	Renovation	V	Full Containment with Negative Pressure									
<ul><li>≥3sf or ≥3lf</li><li>≥160 sf or ≥260 lf</li></ul>				Mini - Enclosure									
2100 St 01 2200 II				Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
				Non-Exempted ( ) and	NOII-FIIADI	e Procedi	ire						
Location of	Is		Descrip		T	Abateme	nt Type						
Asbestos Containing	Location Normally	A:	sbestos - Materia	Containing	Amount	R E	_	E	E				
TO BE ABATED	Used	(1		al systems	(Specify	M	R	N C	N C				
in Facility (13)	Solely	inst	ılation, su	rfacing, VAT,	SF or LF)	9775	P	A	L				
(13)	by Main- tenance/	or	other mis	cellaneous)		V	A	P	0				
	Custodial					A L	R R	S	S U				
	Staff (12)					_		L	R				
BLDG 340 GARAGE	YES NO N/A	PIPE INSULATI	ION		100.5								
BLDG 340 SHOW ROOM		TRANSITE	ION		160 LF 500 SF	V							
				***************************************	300 SF	<b>V</b>	$\vdash$	++	<del> </del>				
Name of D							H	1 -	<del>                                      </del>				
Name of Registered Waste Ha NEWARK CARTING	uler	NJDEP Waste	26.23	Name of Registered La									
		Hauler ID No. 4509	Yards of Waste	GRAND CENTRAL SAN	IITARY LAN	IDFILL							
City, State				City. State									
NEWARK, NJ			Date	PEN ARGILE, PA									
Completed by (Print or Type)		Title											
Paul Mast		VICE PRESIDE	NT	Signature		1 /		Date					
ACD 44			920050	1 Kus	5/1	last	£		11/16/18				
ASB-41					and the same of th	The Real Property lies							

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

1330-02

**JAN 13** 

Data affiliation in (i)	0 –							same en divining the s	A section		117	11		
Date of Notification (1)  11 /	15 /	18				ng Owner/Operator School District	(2)	NOV 19	201	8	T. R. L.			
Agencies Notified  ⊠ EPA	Type Notific				et Address Church	Street					1			
☑ DOLWD	☐ Amende Amendn	2000000		City,	State, Zip	Code	Lating :							
□ DCA	⊠ Emerge		na	Pe	nnsville,	NJ 08070	and the second							
(NJAC 5:23-8)	justificat	ion)	.5		e of Contac		Telephone Number							
	☐ Cancella	ation		Rie	chard Da	vidson		856 540-620	00 ext	711	)			
				FA	CILITY I	NFORMATION								
Name of Facility Where A			ce (3)				Type of Facility (	4)						
Pennsville Memoria	l High Sch	ool					School (K-12		.,					
Street Address 110 S Broadway							Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.)							
City (5)							Square Feet	# of Floors	В	ldg. A	ge			
Pennsville							66000	2	1	68				
County (6)	723			Cou	nty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)					
Salem														
Name of Monitoring Firm		ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)							
EPIC ENIVIRONMEN	NTAL					DELTA/BJDS	S, INC							
Street Address						Street Address								
1930 BROWN ROAD	)					1345 INDUST								
City, State, Zip Code						City, State, Zip Co								
NEWFIELD, NJ 0834							TON PA 18966	4						
Project Manager for Monit  JIM EBERTS			ephone	No. 1-1736	Telephone No.		License No.							
Start Date (10)	Scheduled (				215 322-2900 Name of OSHA M		00783							
11 /16 /	18	11	/ _ 30		18	N/A	ioriitor	•						
Occupancy Status During						Street Address								
☐ Facility Closed/Vacated ☐ Abatement Performed				a Dannika			8							
Time of Abatement:	AM-3PN	// <u>11</u> PM	AN	A Des		City, State, Zip Co	ode							
Scope of Work (Check all	that apply)									-		-		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovati emolitic											
		100 000	s Locat						1	atem	ent Tr	vne		
Location of Asbestos-Containing M		The state of the s	Norma ed Sole			Description o		707		_				
TO BE ABAT	ED	Ma	aintena	nce/	Asbes (i.e.	stos Containing Ma , thermal systems i	terial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure		
IN Facility (13)		Cus	todial ( (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=	psul	SUL		
(13)		Yes	No	N/A		other miscellaned	ous)				ate	ω		
TOILET ROOMS					FLOOR	TILE		120						
												П		
			П											
Name of Registered Waste	Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Registe	red Landfill	1			-		
SERVICE TRANSPOR	RT GROUP	E)	Н	auler ID	No.	Waste	MINERVA L							
City, State			1	20990		Disposal Date	City, State				10.00	$\dashv$		
58 PYLES LANE NEW	V CASTLE	DE					WAYNESBU	RG. OHIO						
Completed By (Print or Typ	e)	Title				Signature		Da	te			-		
CHRISTINE DEL VISC		ASST.	ADMII	NISTR	ATOR	Mant	100 100	1.	1-1	5-	20	18		
SB-41							The state of the s	I I I		_		1 0		

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

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

1330-03	2/10	CK	NOI					STOS ABA <sup>3</sup> :60 and 5:1			. +4		* 100.4			
Date of Notification (1)		-			Nam	e of Buildin	ng Ov	wner/Operator	(2)	NOV	13	20	10	17		
	15 /	18			Pe	nnsville S	Scho	ool District		i		20	10	P to		
Agencies Notified	Type Notific	cation			Stree	et Address			<u></u>	1.		1.1)a (*)a (		j.		
⊠ EPA	☐ Initial				30	Church S	Stree	et					î	1		
☑ DOLWD	Amende Amendm		1		City,	State, Zip (	Code	)		No. of Martines		1 4.1	a es.	(		
□ DCA	⊠ Emerger			0	Pe	nnsville,	NJ (	08070								
(NJAC 5:23-8)	justificat	tion)	0.00	9	Name	e of Contac	ct			Telephone Num	ber					
	☐ Cancella	ation			Ric	chard Day	vids	on		856 540-6200 ext 7110						
					FA	CILITY IN	NFO	RMATION								
Name of Facility Where					STORY .				Type of Facility	(4)						
VALLEY PARK EL	EMENTARY	Y SCH	IOOL						School (K-12	2)	40					
Street Address									☐ Subchapter	8 (Other than K-12 rivate and comme	2) ercial b	uildin	15			
63 MAHONEY RD	DOI:10								homes, etc.)	)	10.0.	unu	go,			
City (5)									Square Feet	# of Floors	В	ldg. A	ge			
Pennsville									66000	2		68				
County (6) Salem					Cou	nty Code (7	7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)					
				T												
Name of Monitoring Firm EPIC ENIVIRONME		ding U	wner	(8)	ASCM	No.	111111111111111111111111111111111111111		ent Contractor (9)							
Street Address	NIAL						-	DELTA/BJDS	, INC							
1930 BROWN ROAL	n						Street Address									
City, State, Zip Code							1345 INDUSTRIAL BLVD.  City, State, Zip Code									
NEWFIELD, NJ 083	44								ON PA 18966							
Project Manager for Moni				Tele	ephone	No		ephone No.	ON PA 10900	I isomas No						
JIM EBERTS	itoring			1 4 2 2		)-1736	1	215 322-2900		License No. 00783						
Start Date (10)	!	Schedi	uled C	1000		ate (11)		me of OSHA M	27	00703						
11 /16 /	18	_1	1_ /	30		18	200	1/A	Orintor							
Occupancy Status During							23720	eet Address								
☐ Facility Closed/Vacate ☐ Abatement Performed	outside of N	re Peri	Facilit	Abate	ment	anih a		I/A								
Time of Abatement:	AM-3PN	W/ <u>11</u> PI	M	AN	8 - Des //	Cline	1 32	y, State, Zip Co	ode							
Scope of Work (Check all	I that apply)						N	I/A								
72 <u>78</u>	triat apply)							☐ Full Cont	ainment with Neo	ative Pressure						
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		1		enovati												
<u> </u>		1	□ ре	HIOHUC	WI .					n-Friable Procedu	re					
				Locat					1		-	Abatement Type				
Location	The same and the s			Normal ed Sole				Description of				1				
Asbestos-Containing I TO BE ABA		1)	Ma	intena	nce/			Containing Maternal systems in		Amount (Specify	Remova	Repair	inca	inclo		
IN Facilit	ty		Cust	todial ( (12)	Staff?	(	S	surfacing, VAT,	or	SF or LF)	oval	<del>=</del>	Encapsulate	Enclosure		
(13)			Yes	No	N/A	1	oth	her miscellaned	ous)				late	e.		
TOILET ROOMS			× × ×			FLOOR	TILE	E		120		П	П			
											12		님			
		-									屵					
Name of Registered Wast	te Hauler		ш		JDEP V	Naste I	Cub	oic Yards of	Name of Regis	torod Landfill			ш			
SERVICE TRANSPO		>		H	auler ID 20990	O No.	Was	2257	MINERVA I							
City, State							Disp	oosal Date	City, State							
58 PYLES LANE NE	W CASTLE	DE							WAYNESB	URG, OHIO						
Completed By (Print or Ty	70. UT	Title						Signature		/ Da	te			1000		
CHRISTINE DEL VIS	CIO	AS	ST. /	ADMII	NISTR	ATOR		(Mus	traile	Vlaco	11-	16-	2	18		