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

hovernment property

| Date of Notification (1) | | | | [News | (D .) . ! | | (- [] | | | | | |
|--|---------------|-------------|--------------------|---|--------------------------------|--------------------------------------|--|-------------------|-----------|--------|-------------|-----------|
| | 7_/ | 14 | | | e of Buildir S. Army | ng Owner/Operator (| / Job # 141 | 1-1932 Chk. | #NA | | | |
| Agencies Notified T | ype Notificat | ion | | Stree | et Address | 2111 1 1 1 1 2 | FW 3: ST | | | | | |
| | ☑ Initial | | | 100000000000000000000000000000000000000 | Box 148 | • | | | | | | |
| ☑ DOLWD | Amended | | | | | Code | | | | 1117 - | | |
| ☑ DHSS | Amendmen | | _ | City, | State, Zip | NJ 07757 | | | | | | |
| □ DCA □ |] Emergency | y (includir | ng | | | | | | | | | |
| (NJAC 5:23-8) | justification | .5 | | 110 | e of Conta | | | Telephone N | lumber | | | |
| L | Cancellation | on | | Re | gina Mc | Grade | | | | | | |
| | E. | | | FA | CILITY | NFORMATION | | | | - | | |
| Name of Facility Where Aba | atement is Ta | king Plac | e (3) | | | | Type of Facility | (4) | | | | |
| Fort Monmouth - Buil | ding 900 | | | | | | ☐ School (K-12 | 2) | | | | |
| Street Address | | | | | | | ☐ Subchapter 8 | 8 (Other than K | (-12) | | | |
| 900 Murphy Drive | | | | | | | Other (i.e., p | | mercial b | uildin | gs, | |
| City (5) | | | | | | | homes, etc.) | | 15 | | | |
| Fort Monmouth | | | | | | | Square Feet | # of Floors | В | ldg. A | \ge | |
| County (6) | | | | | | | 3393 | 1 | | 56 | | |
| Monmouth | | | | Cou | inty Code (| 7)(STATE USE ONLY) | The second of th | ior if being dem | nolished) | | | |
| | | | | | - | | Vacant | | | | | |
| Name of Monitoring Firm Hi | | ng Owner | (8) | ASCN | l No. | Name of Abateme | ent Contractor (9) | | | 0.000 | | |
| Horizon Environment | al | | | | | Asbestos an | d Mold Service | s, Corp. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| PO Box 336 | | | | | | 3859 Sylon B | oulevard | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | 365 | |
| Thorofare, NJ 08086 | | | | | | Hainesport, N | | | | | | |
| Project Manager for Monitor | ing Firm | | Tel | ephone | No. | Telephone No. | | License No | | | | |
| Dave Flanigan | | | | | 8-0800 | 609-702-0400 | | 00862 | • | | | |
| Start Date (10) | Isc | heduled | | | | Name of OSHA M | | 00002 | | | | |
| 12 /01 / | 14 | _12_ | /5 | | | EMSL Analyt | | | | | | |
| Occupancy Status During Al | | | | | | Street Address | | | | | | |
| □ Facility Closed/Vacated I | During Entire | Period of | Abate | ement | | 200 U.S. Rou | te 130 North | | | | | |
| ☐ Abatement Performed O | utside of Non | mal Facili | ty Hou | rs - De | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement: | AM | _PM/ | PM | | _AM | Cinnaminson | | | | | | |
| Scope of Work (Check all the | at apply) | | | | | Omnamm301 | , 140 00077 | | | | | |
| | | | | | | ☐ Full Cont | ainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | 8. | | enovat | | | ☐ Mini-Enc | losure | Juli 70 1 1000010 | | | | |
| 23 2 100 31 01 2200 II | | Πр | emoliti | on | | ☐ Glovebag | Procedure mpted (*) and No | n Eriabla Brass | dura | | | |
| | | T | s Loca | tion | 1 | M MOII-EXE | inpled () and No | II-FIIADIE PIOCE | | | | |
| Location of | | | Norma | ally | | Description o | | | At | atem | ent T | ype |
| Asbestos-Containing Mat | | | ed Sol | | Asbe | estos Containing Ma | | Amount | Re | Repair | E | 四四 |
| TO BE ABATE | D | 100 | aintena stodial | | (i.e | e., thermal systems i | nsulation, | (Specify | Removal | pair | cap | Enclosure |
| IN Facility (13) | | Ju | (12) | | | surfacing, VAT, other miscellaned | | SF or LF) | <u>a</u> | | Encapsulate | ure |
| (3.47) | | Yes | No | N/A | 7 | other miscellane | ous) | | | | i de | |
| Bottom 4' of Wall | | | П | | Transif | e Panels | | 700 SF | | - | | |
| Floor | | 一一 | | | ACM de | | | 700 5 | | | | |
| | | | Έ | - | ACIVI CI | EDITS | | | | П | Ш | |
| | | ᆜᆜ | | | | | | | | | | |
| | | | | | | | | | | | П | П |
| Name of Registered Waste H | lauler | | | JDEP 1 | | Cubic Yards of | Name of Regist | tered Landfill | | | | |
| Freehold Cartage, Inc. | | | F | lauler II | | Waste | GROWS La | | | | | |
| City, State | | | | 02265 | | 5 Disposal Date | | | | | | |
| Freehold, NJ | | | | | | N | City, State | | | | | |
| A DEBANDED OF WORLD ST. CARENCE | | | | | | 12/5/14 | Morrisville, | PA 19067 | | | | |
| Completed By (Print or Type) | T | Title | | | | Signature / | | | Date . | , | | , |
| Kimberly A. Trumbetti | | Office | Cogra | dinato | r | EXI I | | | | 18- | -14 | |
| SB-41 | | | | | | | J | | | 10 | ' / | |
| AY 11 | | * Do not | use th | is form | for asbest | tos licensure exemp | ted activities. | | | | | |

Courtesy non tication No Fu Required.

MAY 11

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Hovernmen+ Property

| Date of Notification (1) | | | | Name | of Buildi | ng Owner/Operator (| 2) | 3.5 | | | | |
|-------------------------------|--------------------|--|-------------------|----------------------|------------|---|-----------------------|-----------------------|----------------|--------------|--|-----------|
| | 17 / | 14 | | US | CG Trai | ning Center | 四位開 3411 | -1931 Chk. #N | A | | | |
| Agencies Notified | Type Notifi | cation | | Stree | t Address | | | UL 2: 50 | | | | |
| ⊠ EPA | ☐ Initial | | | 1 N | lunro A | venue | | | | | | |
| ⊠ DOLWD | ☐ Amende | | | City, | State, Zip | Code | 29 | - T- 1 | | | | |
| ⊠ DHSS | Amendr | The state of the s | | 1 | | NJ 08204 | WALLEY. | J12 - 1 | | | | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emerge justifica | | ing | | e of Conta | | | Tolonhone No. | | | | |
| (100,10 0.20-0) | ☐ Cancella | | | | bert Ard | ## ## ## ## ## ## ## ## ## ## ## ## # | | Telephone Nur | nber | | | |
| | | | 2 | FA | CILITY | NFORMATION | | | | | | |
| Name of Facility Where | | | | | | - | Type of Facility | (4) | | | e de la constante de la consta | - |
| USCG Training Ce | nter Buildir | ng No 204 | ं | | | | School (K-12 | | | | | |
| Street Address | | | | 11 7 3 | | | Subchapter 8 | Other than K-1 | 2) | | | |
| 1 Munro Avenue | | | | | | | homes, etc.) | rivate and comm | ercial b | uildin | gs, | |
| City (5) | | 000000000000000000000000000000000000000 | | | | | Square Feet | # of Floors | ID | Ida A | ~~ | |
| Cape May | | | | | | | 17000 | 4 | | ldg. A 47 | ige | |
| County (6) | | | | Cou | nty Code | (7)(STATE USE ONLY) | | | lichod) | 71 | | |
| Burlington | | | | | , | (· //• // / = 002 0/42 // | Residential | or it being derilo | iisiieu) | | | |
| Name of Monitoring Firm | Hired by Bui | ilding Owne | er (8) | ASCM | No. | Name of Abateme | | | | | - | |
| Horizon Environme | | 9 | | | .,,,, | 10 | d Mold Service | | | | | |
| Street Address | | | | | | Street Address | a word Service | s, corp. | | | | |
| PO Box 336 | | | | | | 3859 Sylon B | aulayard | | | | | |
| City, State, Zip Code | | | | | | | | | | | | |
| Thorofare, NJ 0808 | 86 | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Mon | | | 170 | | Nie | Hainesport, N | NJ 08036 | | | | | |
| Steve Flanigan | illoring Filti | | | ephone | | Telephone No. | | License No. | | | | |
| Start Date (10) | | Oak adula d | | 56-848 | | 609-702-0400 | | 00862 | | | | |
| 11 /18 / | | Scheduled 11 | | | | Name of OSHA M EMSL Analyt | | | | | | |
| Occupancy Status During | g Abatement | (Check onl | y one) | | | Street Address | | | | | | - |
| □ Facility Closed/Vacate | | | | ement | | 200 U.S. Rou | te 130 North | | | | | |
| ☐ Abatement Performed | d Outside of N | Normal Fac | ility Hou | ırs - Des | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement: _ | AM | PM/ | PN | l | _AM | Cinnaminson | | | | | | |
| Scope of Work (Check al | Il that apply) | | | | | | , 140 00077 | | | _ | | _ |
| ≥3 sf or ≥3 lf | | Ø. | | dia. | | ☐ Full Cont | ainment with Neg | ative Pressure | | | | |
| ≥ 160 sf or ≥260 lf | | | Renova Demolit | | | ☐ Mini-Enc | losure g Procedure | | | | | |
| | | | | | | ⊠ Non-Exe | mpted (*) and Nor | n-Friable Proced | ure | | | |
| | | | Is Loca | | | | | | | atem | ent T | vpe |
| Location | | | Norm sed So | | | Description o | | | | _ | | |
| Asbestos-Containing TO BE ABA | | | /lainten | | Asb | estos Containing Ma | terial (ACM) | Amount | em | Repair | DC. | ncl |
| IN Facili | | Ci | ustodial | | (1.0 | e., thermal systems i surfacing, VAT, | nsulation, | (Specify SF or LF) | Removal | ¥ | sde | Enclosure |
| (13) | | V- | (12 | 1 | - | other miscellane | ous) | 0, 0, 2,) | - | | Encapsulate | 6 |
| Duilding 204 | - | Ye | | N/A | - | | | | | ļ | | |
| Building 204 | | | | | Exterio | or Transite Panels | 5 | 300 SF | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | $\exists \Box$ | П | | П |
| | | | | 市 | | | | | 1 |] |] [| |
| Name of Registered Was | te Hauler | | 14. | | Masta | Touris V | | | | Ш | Ш | Ш |
| Freehold Cartage, In | | | 100 | NJDEP N Hauler ID | | Cubic Yards of Waste | Name of Regist | | | | | |
| | | | | 02265 | | 5 | GROWS La | ndfill | | | | |
| City, State | | | | | | Disposal Date | City, State | | *== | | 10.00000 | |
| Freehold, NJ | | | | | | 11/28/14 | Morrisville, | PA 19067 | | | | |
| Completed By (Print or Ty | ype) | Title | | | | Signature | 1 | ID | ate | | | |
| Kimberly A. Trumbe | etti | Office | Coor | dinator | | UNI | | _ | - | 1 | 111 | |
| SB-41 | | | | | | 1 | | | 11 1 | 1 | IT | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Not | ification (1) | | 1 | 4.4 | | Name | of Building | Owner/Operator (2 | 2) | 1 | | | | | |
|---|--------------------|---------------------|-----------|-----------|-------------------|----------------------|---|---------------------------------|----------------------------------|-------------------|--------|-------------|--------|-------------|-----------|
| | 11 / | 3 / | 14 | | | New | Hanove | r LLC c/o Vorna | ado Realty Trus | st / Job # 14 | 10-19 | 28 C | hk. | #NA | |
| Agencies N | lotified | Type Notific | cation | | | Street | Address | | M (10 / 21 | AH 3: 20 | | | | - | |
| ⊠ EPA | | ☐ Initial | | | | 210 | Route 4 | East | | | | | | | |
| ⊠ DOLWD |) | | | | | City, S | tate, Zip C | ode | 64.166 | - 11.71 | 3 | | | | |
| □ DHSS | | Amendn | | 3.5 VIIIV | | Para | amus, NJ | 07652 | 45 1 - 1 to 1 - 1 | 1.4 | | | | | |
| DCA (NJAC 5 | 5:23-8) | ☐ Emerge justificat | | cluaing | 1 | Name | of Contact | | | Telephone N | umber | | | | |
| (140710 0 | 7.20-0) | ☐ Cancella | 10.00 | | | Mr. | John Ba | ytala | | E I | | | | | |
| | | | | | | - | | FORMATION | | | - | | | | |
| Name of E | acility Where Al | atament is | Takina | Diago | /2\ | FAC | ALII T IN | FORWIATION | Type of Facility (| (A) | | -1120 | | | _ |
| | nover Forme | | | Place | (3) | | | | School (K-12 | \$1.500 | | | | | |
| | | er Car wa | 511 | | | | | | Subchapter 8 | | (-12) | | | | |
| Street Addr | | | | | | | | | Other (i.e., pr | ivate and com | mercia | l bui | ding | s, | |
| | ute 10 West | | | | | | | | homes, etc.) | 1, 65 | | DU | | - | |
| City (5) | | | | | | | | | Square Feet | # of Floors | | | g. Ag | e | |
| East Ha | nover | | | | | | | | 1544 | 1 | | | 0 | _ | |
| County (6) | | 194 | | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Pri | | | d) | | | |
| Morris | | | | | | | | | Former Can | wash - Vacai | nt | | | | |
| | onitoring Firm | | |)wner (| (8) | ASCM | No. | Name of Abateme | - 5006 | | | | | | |
| Absolut | tely Clean Er | vironmer | ntl | | | | | Asbestos an | d Mold Service | s, Corp. | | | | | |
| Street Add | ress | | | | | | | Street Address | | | | | | | |
| 53 Orlea | ans Green | | | | | | | 3859 Sylon E | Boulevard | | | | | | |
| City, State, | Zip Code | | | | | | *************************************** | City, State, Zip C | ode | | | | | | |
| Coram, | NY 11727 | | | | | | | Hainesport, I | NJ 08036 | | | | | | |
| Project Ma | nager for Monit | oring Firm | | | Tele | phone | No. | Telephone No. | | License No |). | | | | |
| Jeff Sho | | | | | 51 | 6-644 | -3253 | 609-702-0400 |) | 00862 | | | | | |
| Start Date | (10) | | Sched | luled C | omple | tion Da | te (11) | Name of OSHA N | Monitor | | | | | | |
| THE PARTY WAS TO SHE THE | / 19 / | 14 | | | | 1 | 4.4 | EMSL Analyt | ical, Inc. | | | | | | |
| | Status During | | | | | | | Street Address | | | | _ | | | |
| | Closed/Vacate | | | | | ment | | 200 U.S. Rou | te 130 North | | | | | | |
| 1/1 = 5 | ent Performed | | | | | | cribe | City, State, Zip C | | | | | | | |
| | Abatement: _ | | | | | | | Cinnaminson | | | | | | | |
| | | | al yerres | 2.55 | | | | Cimiaminsoi | 1, NJ 00077 | | | | | | |
| Scope of V | Vork (Check all | that apply) | | | | | | ☐ Full Con | tainment with Neg | ative Pressure | е | | | | |
| ≥3 sf or | | | | | enovati | | | Mini-End | closure | • | | | | | |
| ☐ ≥160 sf | or <u>≥</u> 260 If | | | ⊠ De | emolitio | on | | | g Procedure empted (*) and No | n Eriable Proc | adura | | | | |
| | - | | | 1 10 | 1 000 | ion | 1 | □ NOII-EXE | stripted () and No | II-Friable Froc | edule | ۸h | | | |
| | Location | of. | | 100 | Locat Norma | | | Description | of | | - | - | _ | ent T | _ |
| Asbesto | os-Containing I | | (M) | Use | ed Sole | ely by | Asbe | estos Containing Ma | | Amount | | Remova | Repair | Enc | Enclosure |
| | TO BE ABA | TED | , | 77.75 | aintena todial | | (i.∈ | e., thermal systems | | (Specify | | von | air | aps | losi |
| | IN Facilit | У | | Cus | (12) | Stail? | | surfacing, VAT other miscellane | | SF or LF |) | a | | Encapsulate | ure |
| | (13) | | | Yes | No | N/A | | Other miscelland | ous) | | | | | ਰ | |
| Evécsion | | | | П | | | Poofin | g/Flashing | | 1,700 SF | = | \boxtimes | П | П | |
| Exterior | | | | _ | | | | | | | | | | | 블 |
| Interior - | AC Unit | | | | | \boxtimes | Aircell | Insulation | | 20 SF | | | Ш | Ш | |
| | | | | | | | | | | | | | | | |
| | | | | П | | \Box | | | Page HISTORY | | | П | П | П | |
| Name of D | la mintage d 187 | a Mariles | - Cons | | 14 | 1 | Mont- | Cubic Yards of | Name of Regis | stored Landfill | | | | ш | |
| [역 공통 전 5g - 1 | legistered Wast | | | | 0.000 | IJDEP I lauler II | | Waste | GROWS L | | | | | | |
| A35500000000000000000000000000000000000 | ld Cartage, li | ic. | | | | 0226 | | 5 | 1.502.005.000.00 | andini | | | | | |
| City, State | 65 | | | V.(30 | | | | Disposal Date | City, State | 75500 Y65047000 P | | | | | |
| Freeho | ld, NJ | | | | | | | 11/26/14 | Morrisville | , PA 19067 | | | | | |
| Completed | By (Print or Ty | rpe) | Title | 9 | | | 10 | Signature | | | Date | | | ı | |
| | ly A. Trumbe | | C | ffice | Coor | dinato | г | IKT | | | 11. | -11 | - L | 1 | |
| ASB-41 | - | | | | | | | 7 1 | / | | 1 | 1 | L. W. | | |
| MAY 11 | | | * | Do no | t use ti | nis form | for asbes | tos licensure exem | pted activities. | | | | | | |

rage 1 of 4

NO CK

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

| | | | | Name | e of Bullair | ng Owner/Operator (| (2) | , c | | | | |
|---|------------------------------------|---|--|--|--------------|---|--|--|-------------|-----------------|--------------|-----------|
| 10 / 14 / | 14 | <u> </u> | | Le | ap Cram | er Hill, LLC 201 | NOV 21 d | Job # 1410-1 | 924 Ch | ık. # l | A | |
| Agencies Notified Type Notif | fication | | | Stree | t Address | | 121 1 | M 3: 20 | | | | |
| ⊠ EPA ☐ Initial | | | | | 9 Cooper | | · · · · · · · · · · · · · · · · · · · | | | | | |
| ☑ DOLWD ☑ Amend | led | | | | | | | 17 | | | | |
| □ DHSS Amend | ment # | 2 | | | State, Zip | | | | | | | |
| ☐ DCA ☐ Emerge | ency (ir | cludin | g | Ca | mden, N | J 08102 | * | • 3.4.52 | | | | |
| (NJAC 5:23-8) justifica | 17.5 | | 8 | Name | of Conta | ct | | Telephone N | umber | | | |
| ☐ Cancel | llation | | | Ma | nny Delg | jado | | | | | | |
| Name of English Where Abete 1 | - | | | FA | CILITY II | NFORMATION | | | | | | |
| Name of Facility Where Abatement is Leap Academy Charter Scho | | | | na | | | Type of Facility | | | , | Actor (Carlo | |
| Street Address | 0011 | 3011 L | Junun | iig | | | School (K-1 | 8 (Other than K | -12\ | | | |
| 130 North Broadway | | | | | | | Other (i.e., p | private and com | mercial b | ouildin | as. | |
| | | | | -3.22 | | | homes, etc.) | | | | 5-, | |
| City (5) | | | | | | | Square Feet | # of Floors | E | Bldg. A | ge | |
| Camden | | | | | | | 73,000 | 12 | - 1 | 1926 | 177 | |
| County (6) | | | | Cou | ntv Code (| 7)(STATE USE ONLY) | | rior if being dem | olichod) | | | |
| Camden | | | | | , (| A DOE ONE!) | Vacant | nor it being dem | onaried) | | | |
| Name of Monitoring Firm Hired by Bu | ilding (| Jwner | (8) | ASCM | No | Name of Alice | | | | | | |
| | | Jwner | (0) | ASCIM | INO. | Name of Abateme | 1.7 | | | | | |
| Oxford Engineering Company | У | | | | | Asbestos and | d Mold Service | es, Corp. | | | | |
| Street Address | | | 1100 | 200-10 | | Street Address | | | | | | |
| 336 Point Street | | | | | | 3859 Sylon B | oulevard | | | | | |
| City, State, Zip Code | | - | | | | City, State, Zip Co | | | | | | |
| Camden, NJ 08102 | | | | | | Hainesport, N | | | | | | |
| Project Manager for Monitoring Firm | 140 | | Tal | | NI- | | 42 00030 | | | | | |
| | | Telephone No. | | | | Telephone No. | | License No. | | | | |
| Wm. Wayn Moran | | | 856-541-0700 | | | 609-702-0400 00862 | | | | | | |
| Start Date (10) | Sched | luled (| Comple | etion Da | ite (11) | Name of OSHA M | onitor | | | | - 10 | |
| 10 / 2/ / 14 | 1 | | | | 14 | | | | | | | |
| | | 1_ / | | | 14 | EMSL Analyti | | | | | | |
| Occupancy Status During Abatement | (Check | 1 conly | /1! one) | 9_ / | 14 | | | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En | (Check | only | one) Abate | 9 / . | 4 | EMSL Analyti | ical, Inc. | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of I | (Check tire Pe Normal | only riod of | one) Abate | ment | scribe | EMSL Analyti Street Address 200 U.S. Rout | ical, Inc. te 130 North | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En | (Check tire Pe Normal | only riod of | one) Abate | ment | scribe | EMSL Analyti Street Address 200 U.S. Rout City, State, Zip Co | te 130 North | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement:AM | (Check tire Pe Normal | only riod of | one) Abate | ment | scribe | EMSL Analyti Street Address 200 U.S. Rout | te 130 North | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement:AM | (Check tire Pe Normal | only riod of | one) Abate | ment | scribe | Street Address 200 U.S. Rout City, State, Zip Co | te 130 North | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement:AM Scope of Work (Check all that apply) 3 sf or >3 If | (Check tire Pe Normal | only conly riod of Facilit | one) Abate | ment rs - Des | scribe | Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson | te 130 North ode , NJ 08077 | gative Pressure | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement:AM Scope of Work (Check all that apply) | (Check tire Pe Normal | only riod of Facilit | one) Abate ty Hou PM | ement rs - Des | scribe | Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson Full Cont Mini-Fncl | te 130 North ode N NJ 08077 ainment with Ne | HEDS | 2 2 | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement:AM Scope of Work (Check all that apply) 3 sf or >3 If | (Check tire Pe Normal | only riod of Facilit | one) Abate ty Hou PM | ement rs - Des | scribe | Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson Full Cont Mini-Fncl | te 130 North ode , NJ 08077 | HEDS | dure | | | |
| Occupancy Status During Abatement ☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I ☐ Time of Abatement:AM Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If | (Check tire Pe Normal | only riod of Facility/ | one) Abate ty Hou PM enovate s Loca | ement rs - Des | scribe | Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson Full Cont Mini-Fncl | te 130 North ode N NJ 08077 ainment with Ne | HEDS | | patem | ent T | VDe |
| Occupancy Status During Abatement ☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of I Time of Abatement:AM Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If | (Check htire Pe Normal Ph | only riod of Facility/ | one) Abate ty Hou PM enovate molities Local | ement rs - Des ion on | scribe | Street Address 200 U.S. Rout City, State, Zip Co Cinnaminson Full Cont Mini-Fncl | te 130 North ode I, NJ 08077 ainment with Neiosure COUT MET impled (*) and No | HEDS | A | patem | _ | T |
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Patt 2 of 4

SCOPE OF WORK SCHEDULES The Wilson Building First Floor through Twelfth Floor 130 North Broadway Camden, New Jersey

LOCATION: First Floor through Twelfth Floor - The Wilson Building

Note: Prior to initiation of asbestos abatement activities, the Contractor shall carefully demolish column and chase enclosures at each work area location in order to expose ACM pipe insulation. Demolition debris shall be properly disposed as C&D waste. Pre-existing non-ACM column enclosure debris located immediately adjacent to the identified work areas shall be removed and properly disposed. Upon completion of the localized demolition activities, the following ACM shall be removed and properly disposed.

| LOCATION | MATERIAL TYPE | QUANTITY | ABATEMENT METHOD |
|---|--|----------|--|
| First Floor: | | | The state of the s |
| First Floor, Column Enclosure (A-3-4) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| First Floor, Column Enclosure (A-5-6) | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| First Floor, Column Enclosure (B-3) | 3" Compressed Paper Pipe Insulation Riser | 18 LF | Intact Wrap and Cut Pipe Technique |
| First Floor, Column Enclosure (B-5-6) | 6" Block Pipe Insulation Riser (2 Risers) | 40 LF | Intact W rap and Cut Pipe Technique |
| First Floor, Column Lnclosure (C-1 2) First Floor, Column | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| Enclosure (C-5-6) First Floor, Column | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| Enclosure (D-1 2) First Floor | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| Masonry Chase Enclosure at Column Line (D) | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| First Floor. Masonry Chase Enclosure at Column Line (D) | 12" Block Pipe Insulation Riser | 26 L.F | Intact Wrap and Cut Pipe Technique |
| First Floor, Masonry Chase Enclosure at Column Line (D) | 12" Block Pipe Joint Insulation | 2 Jts | Intact Wrap and Cut Pipe Technique |
| First Floor, Column Enclosure (D-5-6) | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| First Floor, Column Enclosure (F-1/2) First Floor, Column | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Lechnique |
| inst Ploor, Column Enclosure (F-4) First Floor, Column | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| inclosure (F-5-6) | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| inclosure (H-1/2) | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Lechnique |
| nclosure (H-5 6) | 6" Block Pipe Insulation Riser | 20 LF | Intact Wrap and Cut Pipe Technique |

| First Floor, Masonry Chase Enclosure at Column Line (K) Mezzanine Stair | 3" Compressed Paper Pipe Insulation Riser | II LF | Intact Wrap and Cut Pipe Technique |
|---|--|---|-------------------------------------|
| First Floor. Masonry Chase Enclosure | 3" Pipe Joint Insulation | l Jt. | Interest Winner and Co. Div. 7 |
| at Column Line (K) Mezzanine Stair | | | Intact Wrap and Cut Pipe Technique |
| First Floor, Column Enclosure (K-1/2) | 6" Block Pipe Insulation Riser | 210 LF | Intact Wrap and Cut Pipe Technique |
| Second Floor: | | | and carrie rectange |
| Second Floor, Column | 6" 81 1 8" | | |
| Enclosure (A-3-4) Second Floor, Column | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Enclosure (A-5/6) Second Floor, Column | 6" Block Pipe Insulation Riser | 10 LF | Intact W rap and Cut Pipe Technique |
| Enclosure (B-5/6) Second Floor, Column | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Enclosure (C-5 6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| Third Floor: | | eo ne dispi Parker Intiliani Atea da es | 2 |
| Third Floor. Column | 6" Block Pipe Insulation | 1 | |
| Enclosure (A-3-4) | Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Third Floor, Column Enclosure (A-5-6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| Third Floor, Column Enclosure (B-5 6) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Third Floor, Column Enclosure (C-5 6) | 6" Block Pipe Insulation Riser | 10 LF | Intact W rap and Cut Pipe Technique |
| Fourth Floor: | | | |
| Fourth Floor, Column | 6" Block Pipe Insulation | 1 | |
| Enclosure (A-3.4) Fourth Floor, Column | Riser (2 Risers) 6" Block Pipe Insulation | 20 LF | Intact W rap and Cut Pipe Technique |
| Enclosure (A-5-6) Fourth Floor, Column | Riser 6 Block Pipe Insulation | 10 LF | Intact Wrap and Cut Pipe Lechnique |
| ourth Floor, Column | Riser (2 Risers) 6" Block Pipe Insulation | 20 LF | Intact Wrap and Cut Pipe Technique |
| *u-1 1 | Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| 201 01 | | | |
| inclosure (A-3/4) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| nclosure (A-5/6) | 6" Block Pipe Insulation Riser | 10 LF | Intact W rap and Cut Pipe Technique |
| nelosure (B-5/6) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| ixth Floor: | 2000 milliones - 2000 m | | |
| nciosure (A-5-6) | Block Pipe Insulation | 10 LF | Intact Wrap and Cut Pipe Technique |
| exth Floor, Column 6 nclosure (B-5/6) R | "Block Pipe Insulation liser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |

| 6" Block Pipe Insulation | 1 | |
|--------------------------|---|--|
| Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| 6" Block Pipe Insulation | | |
| Riser | 10 LF | Intact W rap and Cut Pipe Technique |
| 6" Block Pipe Insulation | | |
| Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| | | |
| 6" Block Pina Insulation | | |
| Riser (2 Ricard) | 20 LF | Intact W rap and Cut Pipe Technique |
| 6" Block Pina Incularia | | and cut ripe reclinique |
| Riser | 10 LF | Intact Wrap and Cut Pipe Feehnique |
| | | and carries reconsider |
| Riser (2 Riser) | 20 LF | Intact Wrap and Cut Pipe Technique |
| 6" Block Ping Insular | | mark to tall and call the rectinique |
| Riser Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| | | and carried rectinique |
| Riser Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| 1 : 1001 | | and carripe rectinique |
| 1 | | |
| / A | 1 1 | 240 S C C C C C C C C C C C C C C C C C C |
| | 1.5 | Ckan-up and Disposal of Non-ACM Demolition |
| | | Debris Only |
| | 100 <u>1</u> 000000000000000000000000000000000 | |
| 6" Block Pipe Insulation | 20.15 | |
| Riser (2 Risers) | _0 L.F | Intact Wrap and Cut Pipe Lechnique |
| 6" Block Pape Insulation | 10.15 | |
| Riser | 10 L.F | Intact Wrap and Cut Pipe Technique |
| 6" Block Pipe Insulation | 20.65 | |
| Riser (2 Risers) | -20 LF | Intact Wrap and Cut Pipe Lechnique |
| | | |
| 6" Block Pipe Insulation | T | |
| Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| | + | , q |
| Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| | | - Frankling at |
| Riser (2 Risers) | 20 LF | Intact W rap and Cut Pipe Technique |
| 2. 84 | | , per resimple |
| 6" Blood Die | | |
| Ricer 12 Piege | 36 LF | Intact Wrap and Cut Pipe Technique |
| | | That and cut ripe recrinique |
| Ricar Pipe Insulation | 18 LF | Intact Weap and Car Diagrams |
| | 100 | Intact Wrap and Cut Pipe Technique |
| Piper (2 Pi | 36 LF | Intact Wrap and Cut Pipe Technique |
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the Kimberly Amy Thomboth, AND Geo.

| NIA | 18 |
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| NO | (1 |
| | |

| Date of Noti | fication (1) | | | | | Name | of Building | Owner/Operator (2 | 2) | ا . ا د | ķ | | 1908-1900 | XIII- | |
|------------------------|------------------------------|---------------------|-----------|-------------|---------|-------------|-------------|--|----------------------------|------------------|--------|-------------|-----------|-------------|-----------|
| | 10 / | 14 / | 14 | | 1 | Lea | o Crame | r Hill, LLC | ZMA HOU | Job # 1410-19 | 924 C | hk. | # N/ | 4 | |
| Agencies No | otified | Type Notific | ation | | | Street | Address | *************************************** | | 21 AM 3: | 20 | | | | |
| ⊠ EPA | 100 | ☐ Initial | | | | 549 | Cooper | Street | 4 | | -0 | | | | |
| ⊠ DOLWD | 1 | Amende | | | | City, S | tate, Zip C | Code | | 75.97 | 91 | | | | |
| ⊠ DHSS | ١. | Amendm | 8.77 | | | Cam | den, NJ | 08102 | erit and | | | | | | |
| DCA (NJAC 5 | | Emerger justificati | | cluaing | | | of Contac | | | | | | | | |
| (140/10/3 | | ☐ Cancella | 2000 | | | Man | ny Delg | ado | | E11 | | | | | |
| | | | \$400 BZO | | | | | | | L | | | | | _ |
| N | -104 - 1045 01- | | T - (-) | Disco | (0) | FAU | ILIIY IN | IFORMATION | T | (4) | | - | | | |
| | cility Where Ab | | | | | 10 | | | Type of Facility (| | 17/2/4 | ٥١ | | | |
| | ademy Char | ter Schol | - VVIIS | on Bu | ıllain | g | | | 樹 FORMCHECI ☐ Subchapter 8 | | | 2) | | | |
| Street Addre | | | | | | | | | Other (i.e., pr | ivate and comr | mercia | l bui | iding | 5, | |
| 130 Nort | th Broadway | | | | | | | | homes, etc.) | y | | | | | |
| City (5) | | | | | | | | | Square Feet | # of Floors | | Bld | g. Ag | e | |
| Camden | i. | | | | | | | | 73,000 | 12 | | 1 | | | _ |
| County (6) | | | \$100 m | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being dem | olishe | d) | | | |
| Camden | ı | | | | | | | | Vacant | | | | | | |
| Name of Mo | onitoring Firm F | fired by Buil | lding C | wner (| 8) | ASCM I | No. | Name of Abateme | ent Contractor (9) | | | | | | |
| NAME OF TAXABLE PARTY. | Engineering | | - 5 | | , | | | The state of the s | d Mold Service | | | | | | |
| Street Addre | | Joinpany | | | | | | Street Address | u 11101u 001 1100 | о, ос.р. | | | | | _ |
| | nt Street | | | | | | | | Paulavard | | | 33 | | | |
| | | | | | | | | 3859 Sylon B | | | - | | | | |
| City, State, | | | | | | | | City, State, Zip C | | | | | | | |
| | i, NJ 08102 | | | | | | | Hainesport, I | NJ 08036 | | | | | | |
| Project Man | nager for Monito | oring Firm | | | ¹ele | phone N | 10. | Telephone No. | | License No. | 35 | | | | |
| Wm. Wa | yn Moran | | | | 88 | 56-541 | -0700 | 609-702-0400 |) | 00862 | | | | | |
| Start Date (| 10) | | Sched | uled C | omple | tion Dat | te (11) | Name of OSHA N | Monitor | | | | | | |
| 10 | / _27_ / _ | 14 | 1 | 1 / | _ 12 | 2_/_ | 14 | EMSL Analyt | ical, Inc. | | | | | | |
| Occupancy | Status During | Abatement | (Check | only | one) | | | Street Address | | | | | | | |
| | Closed/Vacated | | | | | ment | 9 | 200 U.S. Rou | te 130 North | | | | | | |
| | ent Performed (| | | | | | cribe | City, State, Zip C | | | | | | | |
| | Abatement: | | | | | | | Cinnaminsor | | | | | | | |
| 0 | | | ļ | | | | 7. | Cirinaminson | I, NJ 00011 | | | | | | |
| Scope of VV | ork (Check all t | tnat apply) | | | | | | ☐ Full Con | tainment with Neg | native Pressure | 1 | | | | |
| | ≥3 If | | | ⊠ Re | novat | ion | | ☐ Mini-End | | gative i ressure | • | | | | |
| ⊠ ≥160 sf | or <u>≥</u> 260 If | | | ☐ De | molitic | on | | | g Procedure | | | | | | |
| | | | | | | | | ∐ Non-Exe | empted (*) and No | n-Friable Proce | edure | | | nisas: | |
| | | | | N 0.000 | Loca | | | | | | | Aba | ateme | ent T | ype |
| A - L 4 - | Location o | | | | Norma | ely by | | Description of | | A | | Re | Re | Ē | m |
| Aspesto | s-Containing N TO BE ABAT | | VI) | | intena | | ASD6 | estos Containing Ma e., thermal systems | insulation | Amount (Specify | | Removal | Repair | Encapsulate | Enclosure |
| | IN Facility | | | Cus | 113362 | Staff? | (| surfacing, VAT | | SF or LF) | | val | _ | Insc | sure |
| | (13) | | | | (12) | 1. | 4 | other miscellane | eous) | | | | | ate | CD |
| | | | | Yes | No | N/A | | | | | | | | | |
| See Attac | hed Scope o | of Work | | | | \boxtimes | | | | | | \boxtimes | | | |
| Schedule | - 3 pages att | tached | | | | \boxtimes | | | | | | \boxtimes | | | |
| | | | | | | \boxtimes | | | | | | \boxtimes | | | |
| | | | | | | | | | | 2 | | | | | |
| Name of Re | egistered Waste | e Hauler | | part of the | IN | JDEP \ | Naste | Cubic Yards of | Name of Regis | stered Landfill | | | | | |
| | d Cartage, In | | | | 1900 | lauler II | | Waste | GROWS L | | | | | | |
| Section Action | u.u.go, III | | | | | 02265 | 5 | 8 Dispersed Date | | | | | | | |
| City, State | | | | | | | | Disposal Date | City, State | DA 4000 | | | | | |
| Freehold | a, NJ | | | | | | | 11/12/14 | Morrisville | , PA 19067 | | | | | |
| Completed | By (Print or Typ | pe) | Title |) | | | | Signature | () | | Date | _ | n | | |
| Kimberl | y A. Trumbe | tti | 0 | ffice | Coor | dinato | r | T KI | U | | 10 | -2 | 9- | 14 | |
| ASB-41 | | | 1 | | | | | 1 SCV | X | | 1 6 | | | | |
| MAY 11 | | | * | Do not | use t | his form | for asbes | stos licensure exem | pted activities. | | | | | | |

SCOPE OF WORK SCHEDULES The Wilson Building First Floor through Twelfth Floor 130 North Broadway Camden, New Jersey

LOCATION: First Floor through Twelfth Floor - The Wilson Building

Note: Prior to initiation of asbestos abatement activities, the Contractor shall carefully demolish column and chase enclosures at each work area location in order to expose ACM pipe insulation. Demolition debris shall be properly disposed as C&D waste. Pre-existing non-ACM column enclosure debris located immediately adjacent to the identified work areas shall be removed and properly disposed. Upon completion of the localized demolition activities, the following ACM shall be removed and properly disposed.

| LOCATION | MATERIAL TYPE | QUANTITY | ABATEMENT METHOD |
|--|--|----------|---|
| First Floor: | | | |
| First Floor, Column | 6" Block Pipe Insulation | | • |
| Enclosure (A-3:4) | Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| First Floor, Column Enclosure (A-5 6) | 6" Block Pipe Insulation | 20 LF | |
| First Floor, Column | Riser | -V C1 | Intact Wrap and Cut Pipe Technique |
| Enclosure (B-3) | 3" Compressed Paper Pipe Insulation Riser | 18 L.I | Intact Wrap and Cut Pipe Technique |
| First Floor, Column | 6" Block Pipe Insulation | + | , |
| Enclosure (B-5-6) | Riser (2 Risers) | 40 LF | Intact Wrap and Cut Pipe Technique |
| First Floor, Column | 6" Block Pipe Insulation | 20.15 | |
| Enclosure (C-1.2) First Floor, Column | Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| Enclosure (C-5-6) | 6" Block Pipe Insulation | 20 LF | |
| First Floor, Column | Riser | 20 121 | Intact Wrap and Cut Pipe Technique |
| Enclosure (D-1/2) | 6" Block Pipe Insulation Riser | 20 LF | Integral Carter Town |
| First Floor, | 6" Block Pipe Insulation | | Intact Wrap and Cut Pipe Technique |
| Masonry Chase Enclosure | Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| at Column Line (D) | | | and Curripe rechnique |
| First Floor. | 12" Block Pipe Insulation | - | |
| Masonry Chase Enclosure | Riser | 26 LF | Intact Wrap and Cut Pipe Technique |
| at Column Line (D) | | | |
| First Floor, | 12" Block Pipe Joint | 2 Jts | |
| Masonry Chase Enclosure at Column Line (D) | Insulation | - 315 | Intact Wrap and Cut Pipe Technique |
| First Floor, Column | 6" DI- 1 B: | | |
| Enclosure (D-5/6) | 6" Block Pipe Insulation Riser | 20 LF | Intert West and Car Division |
| First Floor, Column | 6" Block Pipe Insulation | | Intact Wrap and Cut Pipe Technique |
| Enclosure (F-1/2) | Riser | 20 LF | Intact Wrap and Cut Pipe Lechnique |
| irst Floor, Column | 6" Block Pipe Insulation | | |
| Enclosure (F-4) | Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| irst Floor, Column | 6" Block Pipe Insulation | | |
| Inclosure (F-5/6) | Riser | 20 LF | Intact Wrap and Cut Pipe Technique |
| irst Floor, Column | 6" Block Pipe Insulation | 20.1.5 | |
| inclosure (H-1/2) irst Floor, Column | Riser | 20 LF | Intact W rap and Cut Pipe Lechnique |
| nclosure (H-5/6) | 6" Block Pipe Insulation | 20 LF | |
| (11-3/0) | Riser | =0 LI | Intact Wrap and Cut Pipe Technique |

| First Floor, Masonry Chase Enclosur at Column Line (K) Mezzanine Stair | 3" Compressed Paper Pipe Insulation Riser | 11 LF | Intact W rap and Cut Pipe Technique |
|---|---|--------|---|
| First Floor. Masonry Chase Enclosur at Column Line (K) Mezzanine Stair | 3" Pipe Joint Insulation | l Jt. | Intact Wrap and Cut Pipe Technique |
| First Floor, Column Enclosure (K-1-2) | 6" Block Pipe Insulation Riser | 210 LF | Intact Wrap and Cut Pipe Technique |
| Second Floor: | | | The rectifique |
| Second Floor, Column | 1000 | | |
| Enclosure (A-3/4) Second Floor, Column | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Enclosure (A-5/6) Second Floor, Column | 6" Block Pipe Insulation Riser | 10 LF | Intact W rap and Cut Pipe Technique |
| Enclosure (B-5-6) Second Floor, Column | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Enclosure (C-5 6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| Third Floor: | | | |
| Third Floor, Column Enclosure (A-3/4) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Lechnique |
| Third Floor, Column Enclosure (A-5 6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Lechnique |
| Third Floor, Column Enclosure (B-5 6) Third Floor, Column | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Enclosure (C-5-6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| Fourth Floor: | | | |
| Fourth Floor, Column Enclosure (A-3.4) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | inter West and Co. O. |
| Fourth Floor, Column Enclosure (A-5.6) | 6" Block Pipe Insulation Riser | 10 LF | Intact W rap and Cut Pipe Technique Intact Wrap and Cut Pipe Technique |
| Fourth Floor, Column Enclosure (B-5/6) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Fourth Floor, Column Enclosure (C-5/6) | 6" Block Pipe Insulation Riser | 10 LF | Intact W rap and Cut Pipe Technique |
| ifth Floor: | | | 1 rectanque |
| ifth Floor, Column | 6" Blook Dings | | |
| inclosure (A-3/4) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Lechnique |
| inclosure (A-5/6) | 6" Block Pipe Insulation Riser 6" Block Pipe Insulation | 10 LF | Intact W rap and Cut Pipe Technique |
| nclosure (B-5/6) | Riser (2 Risers) | 20 LF | Intact W rap and Cut Pipe Technique |
| ixth Floor: | | | |
| nerosare (A-5/6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| ixth Floor, Column nclosure (B-5/6) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |

| Seventh Floor: | | | |
|--|---|----------|--|
| Seventh Floor, Column Enclosure (A-3/4) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Seventh Floor, Column Enclosure (A-5/6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Fechnique |
| Seventh Floor, Column Enclosure (B-5/6) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Lechnique |
| Eighth Floor: | | | |
| Eighth Floor, Column Enclosure (A-3/4) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Eighth Floor, Column Enclosure (A-5/6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| Eighth Floor, Column Enclosure (B-5/6) | 6" Block Pipe Insulation Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Technique |
| Eighth Floor, Column Enclosure (C-1/2) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| Eighth Floor, Column Enclosure (K-1/2) | 6" Block Pipe Insulation Riser | 10 LF | Intact W rap and Cut Pipe Technique |
| Ninth Floor: | | | |
| Ninth Floor | N/A | | |
| | | N/A | Clean-up and Disposal of Non-ACM Demolition Debris Only |
| Tenth Floor: | | | |
| Tenth Floor, Column | 6" Block Pipe Insulation | 20 LF | <u> </u> |
| Enclosure (A-3/4) Tenth Floor, Column | Riser (2 Risers) | _0 LF | Intact Wrap and Cut Pipe Lechnique |
| Enclosure (A-5:6) | 6" Block Pipe Insulation Riser | 10 LF | Intact Wrap and Cut Pipe Technique |
| Tenth Floor, Column | 6" Block Pipe Insulation | 1 | |
| Enclosure (B-5-6) | Riser (2 Risers) | 20 LF | Intact Wrap and Cut Pipe Lechnique |
| Eleventh Floor: | | | |
| Eleventh Floor, Column | 6" Block Pipe Insulation | 12015 | |
| Eleventh Floor, Column | Riser (2 Risers) | 20 LF | Intact W rap and Cut Pipe Technique |
| Enclosure (A-5.6) | 6" Block Pipe Insulation Riser | 10 LF | Intact W rap and Cut Pipe Technique |
| leventh Floor, Column | 6" Block Pipe Insulation | 1 | mace with and car ripe rechnique |
| Enclosure (B-5/6) | Riser (2 Risers) | 20 LF | Intact W rap and Cut Pipe Technique |
| welfth Floor: | | | |
| welfth Floor, Column | 6" Block Pipe Insulation | T | |
| | Riser (2 Risers) | 36 LF | Intact Wrap and Cut Pipe Technique |
| nclosure (A-3/4) | | + | |
| welfth Floor, Column | 6" Block Pipe Insulation | 1816 | B. Martin A. M. Control of the Contr |
| welfth Floor, Column nclosure (A-5/6) welfth Floor, Column | 6" Block Pipe Insulation Riser 6" Block Pipe Insulation | 18 LF | Intact Wrap and Cut Pipe Technique |

10-29-14

Limberly Anne Thumbern, Ame Cici

44

| Date of Notification (1) | | | | Name | of Building | Owner/Operator (2 | 2) | Jal . [] | 9 | | | |
|-------------------------------|--|-----------------------------------|--------|---|--|---|---------------------------------|-----------------------|-------------|--------------|-------------|-----------|
| 11/1 | 8 / | 14 | | New | / Jersey | Manufacturers I | nsurance Co. / | Job # 1411-19 | 30 Chl | k. #3 | 835 | |
| Agencies Notified T | ype Notificati | on | | Street | Address | | EUG NO | /21 AM 3: | 20 | | | |
| | ☑ Initial | | | 301 | Sullivan | Avenue | | | 62 | | | |
| | Amended | | | City, S | tate, Zip C | ode | Mary Control | . '. (17 | 71 | | | |
| ⊠ DHSS | Amendmen | Control of Control of the Control | | Wes | st Trento | n, NJ | 4. 1. 1 | | | | | |
| DCA (NJAC 5:23-8) | Emergency justification | | | Name | of Contact | | MARINES T NO. | Telephone Nun | nher | 011100 | | |
| | ☐ Cancellatio | n | | Mr. | Paul Ros | senwinkel | | | | | | |
| | | | | FAC | ILITY IN | FORMATION | | L | _ | | | |
| Name of Facility Where Aba | atement is Ta | king Place | (3) | | | | Type of Facility | (4) | | | | |
| NJM Insurance | 746 N | | 253 | | | * | School (K-12 | | | | | |
| Street Address | | | | | | EX SUBS | | Other than K-1 | | :1 at 1 a as | | |
| 301 Sullivan Avenue | | | | | | | homes, etc.) | rivate and comme | ercial bu | liaing | S, | |
| City (5) | | | | | | (| Square Feet | # of Floors | Blo | dg. Ag | ie . | _ |
| West Trenton | | | | | | | 498.000 | 4 | | 1966 | | |
| County (6) | | | | Coun | tv Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demol | | | | |
| Mercer | | | | | 9 (| /// | Administrat | | | | | |
| Name of Monitoring Firm H | ired by Buildin | na Owner (| 8) | ASCM | No | Name of Abateme | | | | | | |
| Horizon Environment | 350 | ing Omnor (| , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | d Mold Service | | | | | |
| Street Address | | | | | | Street Address | | э, тэгрг | | | | |
| PO Box 336 | | | | | | 3859 Sylon B | oulevard | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | - | |
| Thorofare, NJ 08086 | | | | | | Hainesport, | | | | | | |
| Project Manager for Monito | ring Firm | | Tele | ephone | No | Telephone No. | 40 00000 | License No. | | | | |
| Steve Flanigan | 19 1 1 | | | 56-848 | | 609-702-0400 | 1 | 00862 | | | | |
| Start Date (10) | I Sc | cheduled C | | | , 100 A CONTROL OF THE PARTY OF | Name of OSHA N | | 00002 | | | | |
| 11 / _ 28 / | to the same of the | 12 / | | | · 20 650 | EMSL Analyt | | | | | | |
| Occupancy Status During A | | | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated | | | | ment | | 200 U.S. Rou | to 130 North | | | | | |
| □ Abatement Performed C | | | | | cribe . | City, State, Zip Co | | | | | | |
| Time of Abatement: | AM- | PM/ | PM- | _ | AM | <u> </u> | | | | | | |
| WEEKEND WOKK OF | VL (3 | WEEKET | NDS | | HEIDLY | | 1, 140 00077 | | | | - | |
| Ocope of Work (Officer all th | iat apply) | | | 1 | aich is | ☐ Full Con | tainment with Neg | gative Pressure | | | | |
| ≥3 sf or ≥3 lf | | ⊠ Re | | | | ☐ Mini-End | | | | | | |
| ≥160 sf or ≥260 lf | | □ De | moliti | on | | | g Procedure mpted (*) and No | n-Friable Proced | иге | | | |
| | | Is | Loca | tion | | A-000000 | | | | atem | ent T | vpe |
| Location of | | | Norma | | | Description of | of | | 70-30 | _ | | 1 |
| Asbestos-Containing Ma | | | intena | ely by ance/ | | stos Containing Ma | | Amount | em | Repair | nca | nclo |
| TO BE ABATI | <u>ED</u> | | todial | Staff? | (1.6 | e., thermal systems surfacing, VAT | | (Specify SF or LF) | Removal | = | Encapsulate | Enclosure |
| (13) | | | (12) | | | other miscellane | | | | | late | Ф |
| | | Yes | No | N/A | | | | | | _ | _ | _ |
| Security Station & Wel | Iness Cent | er 🗌 | | | Mastic | | | 1189 SF | \boxtimes | Ш | Ш | Ш |
| | | | | \boxtimes | | | | | | | | |
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| | ., | | Ш | | <u> </u> | T= :::::::::::::::::::::::::::::::::::: | 1 | | | Ш | Ш | Ш |
| Name of Registered Waste | | | 11 9 | NJDEP N Hauler II | | Cubic Yards of Waste | Name of Regis | | | | | |
| Freehold Cartage, Inc | C | | | 02265 | | 5 | GROWS L | andfill | | | | |
| City, State | | 2 | | | | Disposal Date | City, State | | | | | 2000 700 |
| Freehold, NJ | | | | | | 12/14/14 | ∧ Morrisville | , PA 19067 | | | | |
| Completed By (Print or Typ | e) | Title | | | | Signature | 11 | 1 | Date | | | 11/2-200 |
| Kimberly A. Trumbet | ti | Office (| Coor | dinato | r | ay | | _ | 11-1 | 8-1 | 4 | |
| | | is and the second | | | | 101 | X | | 41. 1 | | 1 | |

ASB-41 MAY 11

| Woodstown County (6) Salem County Code (7)(STATE USE ONLY) Salem County Code (7)(STATE USE ONLY) Residential Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address PO Box 336 City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Steve Flanigan County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residential Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address City, State Address City, State, Zip Code Hainesport, NJ 08036 Telephone No. Steve Flanigan Telephone No. Steve Flanigan County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residential County Code (7)(STATE USE ONLY) Residential ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address City, State, Zip Code Hainesport, NJ 08036 Project Manager for Monitoring Firm Steve Flanigan Telephone No. Steve Flanigan | | | |
|--|---|-------------|-----------|
| Initial Amended Am | ldg. Ag | | |
| DHSS | ldg. Ag | | |
| Name of Contact Robert Fritz Telephone Number | ldg. Ag | | |
| Name of Contact Robert Fritz Telephone Number | ldg. Ag | | |
| Cancellation Robert Fritz | ldg. Ag | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address 27 Grandview Drive City (5) Woodstown County (6) Salem Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address PO Box 336 City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subcha | ldg. Ag | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Property Street Address 27 Grandview Drive City (5) Woodstown County (6) Salem Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address PO Box 336 City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subcha | ldg. Ag | | |
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| City (5) Woodstown County (6) Salem Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address PO Box 336 City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Steve Flanigan City (5) County Code (7)(STATE USE ONLY) Courrent Use (Prior if being demolished) Residential Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Steve Flanigan Square Feet # of Floors Blog Current Use (Prior if being demolished) Residential Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036 Telephone No. Steve Flanigan Telephone No. Steve Flanigan Demonstrate and commercial building building of prior and pr | ldg. Ag | | |
| 27 Grandview Drive City (5) Woodstown County (6) Salem County Code (7)(STATE USE ONLY) Residential Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address PO Box 336 City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Steve Flanigan Square Feet # of Floors Bld | ldg. Ag | | |
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| Woodstown 2160 5 County (6) Salem County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address PO Box 336 Street Address City, State, Zip Code Thorofare, NJ 08086 City, State, Zip Code Hainesport, NJ 08036 Project Manager for Monitoring Firm Steve Flanigan Telephone No. Telephone No. License No. Steve Flanigan 856-848-0800 609-702-0400 00862 | | | |
| County (6) Salem County Code (7)(STATE USE ONLY) Residential Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address PO Box 336 City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Steve Flanigan County Code (7)(STATE USE ONLY) Ascum No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address Street Address City, State, Zip Code Hainesport, NJ 08036 Telephone No. Steve Flanigan County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Residential Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address City, State, Zip Code Hainesport, NJ 08036 Telephone No. Steve Flanigan County Code (7)(STATE USE ONLY) Residential Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address Street Address Telephone No. Steve Flanigan City, State, Zip Code Hainesport, NJ 08036 Telephone No. Steve Flanigan County Code (7)(STATE USE ONLY) Residential | | | - |
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| Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Street Address PO Box 336 City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Steve Flanigan ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036 Telephone No. Steve Flanigan Telephone No. Steve Flanigan ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Steve Flanigan Ascent No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Steve Flanigan Ascent No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Steve Flanigan Ascent No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Steve Flanigan Ascent No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Steve Flanigan Ascent No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Steve Flanigan Ascent No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Steve Flanigan Ascent No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. Steve Flanigan Ascent No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp. | | | |
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| PO Box 336 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. Steve Flanigan 856-848-0800 609-702-0400 00862 | | | |
| City, State, Zip Code Thorofare, NJ 08086 Project Manager for Monitoring Firm Steve Flanigan City, State, Zip Code Hainesport, NJ 08036 Telephone No. Telephone No. 856-848-0800 City, State, Zip Code Hainesport, NJ 08036 City, State, Zip Code Hainesport, NJ 08036 | | | |
| Thorofare, NJ 08086 Project Manager for Monitoring Firm Steve Flanigan Hainesport, NJ 08036 Telephone No. Telephone No. Steve Flanigan Telephone No. Telephone No. 609-702-0400 00862 | | | |
| Thorofare, NJ 08086 Project Manager for Monitoring Firm Steve Flanigan Hainesport, NJ 08036 Telephone No. Telephone No. Steve Flanigan Telephone No. Telephone No. 609-702-0400 00862 | | | |
| Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Steve Flanigan 856-848-0800 609-702-0400 00862 | | | |
| Steve Flanigan 856-848-0800 609-702-0400 00862 | | - | |
| | | | |
| Ct-+ D-+- (10) | | | |
| Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 3 / 14 12 / 5 / 14 EMSL Analytical, Inc. | | | |
| Occupancy Status During Abatement (Check only one) Street Address | | | |
| ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North | | | |
| Abstract Defended Outside of News I Feelit, Here Desily | | | - |
| Time of Abatement: AM- PM/ PM- AM | | | |
| Cinnaminson, NJ 08077 | | | |
| Scope of Work (Check all that apply) Negative Pressure Enclose Negative Pressure Enclose | i 1 i.co | | |
| ≥3 sf or ≥3 lf | W.J. | | |
| | | | |
| No man alles | pateme | ant I | ype |
| Location of Asbestos-Containing Material (ACM) Normally Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount | Repair | Ē | En |
| TO BE ABATED Maintenance/ (i.e. thermal systems insulation (Specify 3 | pair | cap | clos |
| | | Encapsulate | Enclosure |
| (10) Other miscellarieous) | | ate | |
| Yes No N/A | \perp | | |
| Ground Floor | | | |
| 4 th Floor Bedroom | | | |
| | | П | |
| | | _ | - |
| Nome of Paristand Wests Having | | | |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Freehold Cartage Inc. Hauler ID No. Waste CROWS Landfill | | | |
| Freehold Cartage, Inc. Hauler ID No. Waste GROWS Landfill 5 | | | |
| City, State Disposal Date City, State | | - 1 | |
| Freehold, NJ 12/5/14 Morrisville, PA 19067 | | | |
| Completed By (Print or Type) Title Signature Date | | | |
| | A 1. | Í | |
| | 1/ _ 1/1 | | |
| ASS-41 * Do not use this form for asbestos licensure exempted activities. | 8-14 | <u> </u> | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Q# 2735

| Date of Notification (| 11/18/14 | | | | | Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS Street Address | | | | | | | | | |
|-----------------------------------|--|-----------------------------------|--------------|---------|----------------|---|--|----------|---------------|-------------------|-----------------------|---------|--------|-------------|------------|
| | ncies Notified Type Notification | | | | | | MONICATIONS | | | | | | | | |
| | , | | | | | ton R | | 2014 | NOV 21 AM | 13:19 |) | | | | |
| | K | | | | | Zip C | | | | ٠,٠ | | | | | |
| □ DOL □ DOH | Amer | | | | of Co | | J 08077 | -1 - | | 17-61 | Telep | hor | o N | ımh | or |
| □ DOH □ DCA | | ellation | 100 | | BAY | | | 4 | A. P. China | | reich | 1101 | IC IA | umb | 5 1 |
| | | | | FAC | CILIT | Y INF | ORMATION | | | | | | | | |
| Name of Facility Who | | | ace (3) |) | | | Type of Facilit | | | | | | | | |
| Street Address | RAL OFFIC | ;E | | | | | School (K | | ther than K-1 | 2) | | | | | |
| 1700 RIVERTON F | CAO | | | | | | | | e & commerc | | nas. h | ome | es. e | tc.) | |
| 1700 KIVEKI OKT | TOAD | | | | | | Square Feet | | # of Floors | | Bldg. | | | | |
| City (5) | | County (6) | Cou | inty C | Code (| 7) | 17000 | | 2 | | ************ | | | | |
| CINNAMINSON | | Burlington | | | | | Current Use (| | | shed) | | | | | |
| Name of Monitoring I | Firm Hirad h | v Building Own | or (8) | | IASC | M No. | Name of Abat | | | <u> </u> | | _ | | | |
| USA ENVIRONME | | | iei (0) | | ASC | IVI INO. | lo. Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | | | | | | | |
| Street Address | | | | | | 9-40-11-1-10-1 | Street Address | | | | | | | | |
| | 6 ENTERPRISE AVE | | | | | | 1123 BEAVE City, State & 2 | | | | | | | | |
| | r, State & Zip Code ILADELPHIA PA 19153 | | | | | | BRISTOL, P | | | | | | | | |
| | oject Manager for Monitoring Firm | | | | | er | Telephone Nu | | | License | cense Number 00509 | | | | |
| MARK JENKINS Scheduled Start Date | e (10) | Scheduled Cor | 215-3 | | | | 215-788-604 Name of OSH | | 00 | 30 | 9 | | | | |
| 12/2/14 | (10) | 5011544164 661 | 12/3/ | | (11) | | BRISTOL ENVIRONMENTAL INC | | | | | | | | |
| Occupancy Status D | | nent (Check or During Entire P | | | oteme | nt | Street Addres 1123 BEAVE | | | | | | | | |
| | | utside of Norma | | | | | City, State & Z | | | | | and the | | | |
| Describe: | | | A1 1100 | 0 | , am | , opiii | BRISTOL, P | | | | | | | | |
| Facility Occu | | | | | | | | | | | | | | | |
| Scope of Work (Che | ck all that ap | pply) | | | | | | | Full Containm | ent with | Negat | ive | Pres | SUITE | 4 |
| ≥3 sf or ≥3 lf | | | \boxtimes | Ren | ovatio | n | | | Mini-Enclosur | | riogat | | 1 100 | ourc | |
| ≥160 sf ≥260 | | | | | nolition | | | | Glove Bag Pro | | | | | | |
| | | | | | | | 200-200-200-200-200-200-200-200-200-200 | termed . | Non-Exempte | d and No | | | | | |
| | cation of | _ | Is L Norm | ocati | | | Description Asbestos-Cont | | | Amount Specify | 1 | Aba | teme | ent T | ype |
| | os-Containin erial (ACM) | g | | olely b | | | Material (AC | | | F or LF) | | _ | | щ | m |
| TO B | E ABATED | 28 | Maint | enan | ce or | | (i.e., thermal sy | | | | | Remova | Repair | cap | ncls |
| in | Facility (13) | | Custo | (12) | Staff? | | nsulation, surfactor or other miscella | | | | | ova | air | Encapsulate | Enclsoure |
| | (10) | | | No | N/A | | 0, 01,10, 1,11000110 | 4,10000 | ′ | | | | | te | U |
| AIR DRYER AREA | MAIN FLO | OOR | \boxtimes | | | | VAT & MAS | STIC | | 25 SF | | X | | | |
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| | | | H | H | H | - | | | | | | = | 片 | H | Ħ |
| | | | H | Ħ | H | | | | | | Ī | | | | |
| Name of Registered | Waste Haule | er | - | | | | Cubic Yards | Name | of Registered | d Landfill | | | | | |
| SERVICE TRANSI | PORT GRO | HE INC | | 10.000 | uler II 990 | No. | of Waste | MINE | RVA LANDI | FILL | | | | | |
| City, State | JICI GICC | , 1140. | | | | | Disposal Date | City, S | | - | | 2.51194 | | | |
| NEW CASTLE, DE | | | | | | | | | NESBURG, | OH 446 | | | | | |
| Completed By (Print | | | | Titl | | VIGR. | Signature | 0 | 1.0 / | - | Da | | /14 | | |
| PATRICK T. DeCa | ii O | | | | VUJ. I | vion. | Patrick ; | 1.10 | *Caro | gl | | . 10 | | | |

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| 11/4 | 11112 | 11 |
| | 21 | 7 |
| | Mich ale | |
| | CR | Cl2#273 |

| Date of Notification (1) | 18 / | 14 | | | | of Building | Owner/Operator (2 | 2) | 2014 Hay a. | • | £ ? | | |
|--|-----------------|---------|----------------|------------------|--------------------|-------------|--|------------------------|--|---------|--------|-------------|-----------|
| Agencies Notified EPA | Type Notifica | | | | | Address | | | 2014 MOV 21 | AM ; | 3: 1 | 8 | |
| ⊠ EPA ⊠ DOLWD | ☐ Amended | | | | | | MERY PLACE | | in the c | | | | |
| ☑ DOH | Amendme | | | | | tate, Zip C | | | & U.O. V. | | / | Ļ | |
| DCA | ☐ Emergend | cy (inc | cluding | | | | H, PA 15212 | | | | | | |
| (NJAC 5:23-8) | justification | | | | | of Contac | | | Telephone Numb | er | | | |
| | ☐ Cancellat | ion | | | ANT | HONY F | PORTA | | | | _ | | |
| | | | | | FAC | ILITY IN | !FORMATION | | | | | | |
| Name of Facility Where | Abatement is T | aking | Place | (3) | | | | Type of Facility (| 4) | | | | |
| VERIZON PASSAIG | CO | | | | | | | School (K-12 | | | | | |
| Street Address | | | | | | | | ☐ Subchapter 8 | (Other than K-12) ivate and commerc | ial bui | ldina | S | |
| 133 PROSPECT ST | REET | | | | | | | homes, etc.) | rate and commerc | , a, ba | 9 | Υ, | |
| City (5) | | 7 | | | | - | | Square Feet | # of Floors | Blo | lg. Ag | ge | |
| PASSAIC | | | | | | | | 88125 | | | | | |
| County (6) PASSAIC | | | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demolish | ned) | | | |
| Name of Monitoring Firm | Lisad by Build | ding (| hunor / | 0) | ASCM | No | Name of Abatem | ent Contractor (9) | Anono | | - | | |
| USA ENVIRONMEN | | | | | AGCIVI | 140. | | VIRONMENTAL | INC | | | | |
| Street Address | VIAL WANA | GEINI | CIVIT | IVO | | | Street Address | VIROINIENTA | <u>_, ii(0.</u> | | | | |
| 8436 ENTERPRISE | AVENUE | | | | | | 1123 BEAVE | PSTREET | | | | | |
| | AVENUE | | | | | | City, State, Zip C | | | | | | |
| City, State, Zip Code | | | | | | | | | | | | | |
| PHILADELPHIA | | | * | 1 = 1 | | | BRISTOL, PA | 19007 | Lianna Na | | | | |
| Project Manager for Mor | nitoring Firm | | | | phone | | Telephone No. | | License No. | | | | |
| MARK JENKINS | | | | | 5-365 | | 215-788-6040 | | 00509 | | | | |
| Start Date (10) | 5 5-500 F | | | | tion Da | and all the | Name of OSHA N BRISTOL EN | nonitor VIRONMENTAI | L, INC. | | | | |
| Occupancy Status Durin | g Abatement (| Check | only | one) | | | Street Address | | | - 200 | | | |
| ☐ Facility Closed/Vacat | ed During Entir | re Per | riod of | Abate | ment | | 1123 BEAVE | R STREET | | | | | |
| | | | | | | cribe | City, State, Zip C | ode | | | | | |
| Time of Abatement: | AM | PN | л/ <u>5:00</u> | PM- <u>1</u> | :30AM | | BRISTOL, PA | 19007 | | | | | |
| Scope of Work (Check a | III that apply) | | | | - | | | | | | | | |
| ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | Œ. | | | novati | | | ☐ Mini-End ☐ Gloveba | g Procedure | gative Pressure n-Friable Procedur | e | | | |
| | | | Is | Locat | ion | | | | | Ab | atem | ent T | ype |
| Location | | | 500000 | Norma ed Sole | | | Description | | | Z | Z, | m | ш |
| Asbestos-Containing TO BE AB | | 1) | | intena | | Asbe | estos Containing Ma e., thermal systems | insulation | Amount (Specify | Removal | Repair | ncar | Enclosure |
| IN Faci | | | Cus | | Staff? | (" | surfacing, VAT | | SF or LF) | val | - | Encapsulate | sure |
| (13) | ñ | | | (12) | 1 | 1 | other miscellane | eous) | | | | ate | (0) |
| | | | Yes | No | N/A | | | | | - | _ | _ | - |
| BASEMENT 3RD FLC | OR POWER | RM | | | | VAT/M | ASTIC | - | 160 SF | | | | |
| | | | | | | | in | | | | | Ш | ш |
| | | | | | | | | × | | | | | |
| | | , | П | П | | | | | | П | П | П | П |
| Name of Registered Wa | eta Hauler | | | | JDEP V | Naste | Cubic Yards of | Name of Regis | stered Landfill | | | | |
| SERVICE TRANSP | | P INC | : | 2.5 | lauler II 20990 | O No. | Waste | | LANDFILL | | | | |
| City, State | | - | 1 | | 20000 | - | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE | | | , | | | | | WAYNESE | BURG, OH | | | | |
| Completed By (Print or | Type) | Title | | | | | Signature | 1 | Da | | , | , | |
| PATRICK T. DeCA | | | STIM. | ATOF | ł | | Patrick | I. P. De Ca | us lil | 11/ | 18/ | 14 | 1 |

ASB-41 JAN 13 PD 140 87

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

OK 1823

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

N JIVED

| Date of Notification (1) | | | | Name | of Buildin | g Owner/Operator (| 2) 9844 | NOV 21 AM | · · | - | | |
|---------------------------|--|-------------|--------------------|-----------------|------------|--|--|---|-------------|----------|-------------------|-----------|
| 11 / | 18 / | 14 | | Wil | d Heart I | Bulk Landscapin | g Supplies | May ZI AN | 2: 1 | ſ | | |
| Agencies Notified | Type Notifica | ation | | Street | Address | | | | 720 | | | |
| ⊠ EPA | ☐ Initia! | | | 334 | Elizabe | th Ave., Ste. B | 3.1 1 | Say Edition | | 1_ | | |
| ⊠ DOLWD | Amended Amendm | | | City, S | State, Zip | Code | *************************************** | org. 1 19 1 2 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | - |
| ☑ DOH ☐ DCA | Emergen | | - G | Soi | merset, N | NJ 08873 | | | | | | |
| (NJAC 5:23-8) | justificati | | 9 | Name | of Contac | pt . | | Telephone Num | ber | | - | |
| A1 1 2 years | ☐ Cancellat | tion | | AI S | Sharback | ς . | | | | | | |
| | | | | FA | CILITY IN | FORMATION | No contribution to the contribution of the con | L | | - | | |
| Name of Facility Where A | Abatement is 7 | Taking Plac | e (3) | | | | Type of Facility | (4) | | | | - |
| Residential House | | | | | | | School (K-12 | 2) | | | | |
| Street Address | | | | | | | | 3 (Other than K-12 | | | | |
| 472 Stockston Stree | et | | | | | | homes, etc.) | rivate and comme | I CI dI DI | nicii ić | j 5, | |
| City (5) | - | | | | | | Square Feet | # of Floors | BI | dg. A | ge | - |
| Princeton | | | | | | | 0 | | | | | |
| County (6) | | | | Cour | nty Code (| 7)(STATE USE ONLY) | Current Use (Pri | ior if being demolis | shed) | | | |
| Mercer | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Build | ding Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Bio Terra Solutions | | | | | | ALL PRO MA | NAGEMENT L | LC | | | | |
| Street Address | | | | | | Street Address | | | | | | - |
| P.O. Box 1224 | | | | | | 27 Outwater | Lane | | | | | |
| City, State, Zip Code | | | | - | | City, State, Zip Co | ode | | | | | |
| Union, NJ | | | | | | Garfield, NJ | 07026 | | | | | |
| Project Manager for Moni | toring Firm | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| Rick Eustaquio | | | 9 | 73-494 | -3762 | 973-928-4888 | | 1188 | | | | |
| Start Date (10) | | Scheduled (| | | | Name of OSHA M | lonitor | | - | | | |
| 12 /01 / | 14 | 01 | | 2 / . | 15 | ALL PRO MA | NAGEMENT L | LC | | | | |
| Occupancy Status During | Abatement (| Check only | one) | | | Street Address | The state of the s | | - | | | \neg |
| □ Facility Closed/Vacate | | | | | | 27 Outwater I | Lane | | | | | |
| Abatement Performed | | | | | | City, State, Zip Co | ode | | | 5 | | |
| Time of Abatement: | /\\\!- | FIVI/ | | | AM | Garfield, NJ | 07026 | | | | | |
| Scope of Work (Check all | that apply) | | | | | M | | | | | | |
| ☐ ≥3 sf or >3 If | | □R | enovat | ion | | ⊠ Full Cont | ainment with Neg losure | jative Pressure | | | | |
| ≥160 sf or ≥260 If | | ⊠ D | emoliti | оп | | Glovebag | | | | | | |
| | | | s Loca | tion | | ⊠ Non-Exe | mpted (*) and No | n-Friable Procedu | 1 | | 524-27 <u>-</u> 2 | |
| Location | of | 100 | Norma | | | Description o | f | | - | atem | | ype |
| Asbestos-Containing N | | 11. | | ely by | | stos Containing Ma | terial (ACM) | Amount | Remova | Repair | Enc | E |
| TO BE ABA IN Facilit | THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TO SERVE THE PERSO | 6.1 | aintena stodial | ance/ Staff? | (i.e | e., thermal systems surfacing, VAT, | | (Specify SF or LF) | nov | air. | aps | Enclosure |
| (13) | .y | | (12) |) | | other miscellane | | Si di Li j | <u>n</u> | | Encapsulate | l e |
| | | Yes | No | N/A | | | 4 | | | | O O | |
| HVAC Room | | | | \boxtimes | Duct In | sulation | 41 | 6 SF | | | \boxtimes | |
| Master Bedroom and | Bath | | | \boxtimes | Acoust | ical Ceiling Mate | erial | 450 SF | | | | |
| Roof | | | | \boxtimes | Roofin | g Bottom 2 layer | s | 2700 SF | \boxtimes | | \boxtimes | |
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| Name of Registered Wast | te Hauler | | | NJDEP ' | Waste | Cubic Yards of | Name of Regis | tered Landfill | | | | |
| Newark Carting | | | 1 | Hauler II | | Waste | IESI Landfi | | | | | |
| City, State | | | | Q4509 | 3 | As Needed Disposal Date | City, State | | | | | - |
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| Zlata Veskov | (pe) | Office | Mana | gor | | Signature | X10161 | / | 1// | 1/8 | 110 | 1 |
| Zidla veskov | | Office | ivialla | 961 | | 1100 | was - | | 1// | 101 | 1 | |

ASB-41 JAN 13

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

| 18 / | | | *** | | | 5) | RECE | / | to P | | |
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| 18 | | | Name | of Buildin | g Owner/Operator (| 2) | | | | | |
| 10 / | 14 | | Jay | / Stark | | | 2014 May at | 200 | _ | | |
| Type Notifica | ation | | Stree | Address | | | 2014 NOV 21 | AH | 3: | 6 | |
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| Abatement is T | aking Pla | ice (3) | | | | Type of Facility (| (4) | | - EValue | | - |
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| The state of the s | Amendme Emergence justification Cancellate Cancel | justification Cancellation Abatement is Taking Place The Hired by Building Owners Initoring Firm Scheduled 12 Ing Abatement (Check only the During Entire Period of Normal Fact AMPM/_ Build that apply) | Amendment # Emergency (including justification) Cancellation Abatement is Taking Place (3) The Hired by Building Owner (8) Solved States of Scheduled Comp 14 Scheduled Comp 12 13 14 Scheduled Comp 12 Scheduled Comp 14 And Period of Abated Outside of Normal Facility Houndment (Check only one) And Period Outside of Normal Facility Houndment (Priod Of Abated Outside Of Normal Facility Houndment (Priod Of Norma | Amendment # Semergency (including justification) | Amendment # | Amendment # Semergency (including justification) | Amendment # Emergency (including justification) | Amendment # Stemergency (Including justification) | Amendment # Stemergency (including justification) | Amendment # Semergency (including justification) | Amendment # Allenhurst, NJ 07711 Cancellation |

CK3611

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

| M | E | G | | | \mathbb{V} | E | M |
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| NAT | | NOV | 2 | 4 | 2014 | | |

| Date of Notification (1) | | | | | g Owner/Operator | (2) | | | | | 丁 |
|---|--|--------------------|--|-------------------------------|--|---------------------------------------|--|-------|---------|--------|-----------|
| Agency Notified | Type Notification | | | Address | h Academ | Z Street | ASBECT (| DENSI | | 31,31 | |
| CEPA CEDEP EDOL | ☐ Initial ☑ Amended Amendment #1 | | City, S | state, Zip (| | | and the second of the second o | | | | |
| DADOH DADOA | ☐ Emergency (inclination) ☐ Cancellation | uding | SCHOOL STORY | of Contac hony | t Gattone | | Telephone Num | ber | | | |
| | | | FACI | LITY INF | ORMATION | | | | | _ | |
| Name of Facility When | e Abatement is Taking | Place (3) | | | The second secon | Type of Facility | (4) | | | | |
| Rowan Univ | ersity-West | Campi | 18 | | | ☐ School (K-1) | 2) | | | | |
| Street Address | a Hill Road | | |)3 Lo | t 3 | ☐ Subchapter ☐ Other (i.e. p | 8 (Other than K-12) rivate & commercia | | gs, | | |
| City (5) | | | | | | homes, etc. Square Feet | # of Floors | Bldg. | Ane | - | |
| Glassboro | | | | | | 1200 | 2 | 1 | -51 |) | |
| County (6) | | | Count | Code (7 |) (STATE USE | | rior if being demolis | | | | |
| Glouceste | r | | ONLY | | /(OTATE COL | | doned hous | 15 | | | |
| | rm Hired by Building Ov | war A | SCM No. | | Name of Abatan | nent Contractor (| | 3e | | | |
| (8) Health & | Safety Srvc | ss. | SCIVI NO. | | Pepper | | ental Ser | vice | es, | I | inc. |
| Street Address 318 12th St | reet | | * | | Street Address 2251 Fr | aley Str | reet | | | | |
| City, State, Zip Code Hammonton, | NJ 08037 | | | | City, State, Zip (Philade) | Code phia, PA | 19137 | | | | |
| Project Manager for M Jim Proctor | | 1000 | ephone No. 9-704 | and the state of the state of | Telephone No. | -5155 | License No. 01166 | | - 50 | | |
| Start Date (10) 11-24-14 | | Completio | n Date (11) | | Name of OSHA Health 8 | | Services | | | | |
| Occupancy Status Du | ring Abatement (Check | only one) | · · · | • | Street Address | | · | | 7. | | |
| | | | | | 318 12th | ı St. | | | | | |
| | ated During Entire Perio led Outside of Normal F | | | D. | City, State, Zip (Hammont c | Code on, NJ 08 | 3037 | | | | |
| Scope of Work (Check | all that apply) | | | | × = | | | | // C | | |
| □ ≥ 3 sf or ≥ 3 lf ᡚ≥ 160 sf or ≥ 260 lf | | | 20,000,000,000 | novation nolition | ☐ Mini- ☐ Glov | Enclosure ebag Procedure | Negative Pressure | | | | |
| | | Τ | | 1 | ∆ Non- | -Exempted (*) an | d Non-Friable Proc | edure | Ab | ater | nent |
| | | ********* | ocation ormally | | | | | | | Тур | e . |
| Asbestos-Contain TO BE IN F | ation of ning Material (ACM) ABATED Facility 13) | Used Main Cu | Solely by tenance/ stodial staff? (12) | | Description stos Containing M , thermal systems surfacing, VA other miscelland | aterial (ACM) insulation, r, or | Amount (Specify SF or LF) | | Removal | Repair | Enclosure |
| | | Yes | No N/A | | | | 3 | | | | |
| | | | | S | ee attache | ed | | | | - | |
| | | | | | 4 1000 000 | | | | | 1 | |
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| Name of Registered W Service Tra | | ID N | EP Waste h | lauler | Cubic Yards of Waste | Name of Regi | | | | | |
| City, State Morrisville | e. PA | | | | Disposal Date | City, State Libson, | OH | | | | |
| Completed by Jennifer N | Title | of Ope | eratio | ns | Signature | / | OII | Date | 20· | -14 | 1 |
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| transite on homasote (transite only) | attic and basement stairwells | 200 | SF | REM | | | | - |
| tan linoleum | kitchen | 150 | SF | REM | | | | |
| window glazing | basement | 50 | LF | REM ASI | | | #\THO1 | . & |
| window glazing | exterior | 280 | SF | REM | LI(| ENS | NG | |
| window door/caulk | exterior | 170 | LF | REM | | | | |

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

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| of Notification (1) | | | First Ene | ergy | | | | 111 | | | | 1 |
| 11 / 20 / 14 | | | Street A | | | | | | MOV | 2 | 201 | 4 11 |
| / / / Natific | notion | | 76 South | h Street | | | 111 | | | | | |
| ncies Notified Type of Notific | | | City, St | ate, Zip | Code | | ļ | 1 | | | | 1 |
| ☐ EPA ☑ Init | ended | | Akron, C | Ohio 443 | 308 | | ITala | nhone | Numbe | ns c | THAT | 30L& |
|] " . | | | Name o | f Conta | ct | | Tiele | priorje | PARTIES. | DEN! | SING | |
| O DOI! | endment_ | justification | Jim Ha | lsey | | | | | | JEIN | | |
| DOL Em | ncellation | | | | | | | | | | | |
| Ca | ricenation | F | ACILITY | INFOR | MATION | | | | | | | |
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| | is Taking P | Jace (3) | | Тур | e of Facility (| 4) | | | | | | |
| ne of Facility Where Abatement | is taking i | 1200 (0) | | | | 40) | | | | | | |
| | | | | | School | ol (K-12) | (Other than | - K-12 | | | | |
| | | | | | | napter 8 | (Other tha | merci | al | | | |
| eet Address | | | | | Other | (I.e., pr | ivate & con | micro | u. | | | 20.000 |
| NORTH WARD AVENUE | 4.0 | | | | | ., home | s, etc.) | | Buildin | a Aae | 9 | |
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| y (5) County (6) MONMOUTH | | | = /35 = 15 // | | | | na domolio | (hed) | | | | |
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| me of Monitoring Firm Hired by | Blug. Own | J. (5) | | | | ONTRAC | TING CRC | UP. IN | C. | | | |
| | | | | | ORTHSTAR CO | | JING GRO | | | | | |
| vironmental Health Investigations | | | | Str | reet Address | | | | | | | |
| reet Address | | | | | | | | | | | | energy was |
| 5 West Shore Trail | | | | 32 | Williams Park | kway | | | | | | |
| ty, State, Zip Code | | | | Ci | ty, State, Zip | Code | | | | | | |
| parta, NJ 07871 | | Telephone | Number | | | | | | | | | |
| roject Mngr. For Monitoring Fire | m | 212-682-927 | 71 | Ea | ast Hanover, N | NJ 07036 | Ti- | | Numbe | r | | |
| ino Nappi | | pletetion Date | (11) | Te | elephone Nun | nber | L | icense | Nullibe | | | |
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| 12 / 02 / 14 | _12 | / | -/ | | | | | | | | | |
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| ccupancy Status During Abate | ment (Check | k Only 1) | /f | N | orthstar (| Monito CONTRA | or ACTING GR | OUP. I | NC. | | | |
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| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition >3sf or >3lf >160 sf or >260 lf Location of Asbestos Containing TO BE ABATED in Facility | Is Location Normally Used Solely by Main tenance Custodia Staff (12 | Normal Faciliam to 5;00 pm Renovatio | n De Asbes | S 3 C Escripticatos - Coaterial (Ahermal on, surfice) | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, | rkway Code NJ 0703 | 6 Negative d Non-Friat Amount (Specify | Pressurble Pro Abater R E M O V A | cedure nent Ty R E P A | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition ≥3sf or ≥3lf ≥160 sf or ≥260 lf Location of Asbestos Containing TO BE ABATED in Facility | Is Location Normally Used Solely by Main tenance Custodia | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulatio | S 3 C Escripticatos - Coaterial (Ahermal on, surfice) | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, | rkway Code NJ 0703 | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition 3sf or >3lf 160 sf or >260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Main tenance Custodia Staff (12 | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulatio | S 3 C Escripticatos - Coaterial (Ahermal on, surfice) | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, | rkway Code NJ 0703 | 6 Negative d Non-Friat Amount (Specify | Pressurble Pro Abater R E M O V A | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition >3sf or >3lf >160 sf or >260 lf Location of Asbestos Containing TO BE ABATED in Facility | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulatio | S 3 C Escripticatos - Coaterial (Ahermal on, surfice) | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, | rkway Code NJ 0703 | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition >3sf or >3lf >160 sf or >260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulatio | S 3 C Escripticatos - Coaterial (Ahermal on, surfice) | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, | rkway Code NJ 0703 | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition 3sf or >3lf 160 sf or >260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Facil am to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulation or other | S 3 C E Sescription tos - Co aterial (A hermal bern misce | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, ellaneous) | A Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition ≥ 3sf or ≥3lf ≥160 sf or ≥260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) Exterior Telephone Pole | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulatio or other | S 3 C E S S S S S S S S S S S S | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, ellaneous) Name of Ree | A Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition 3sf or >3lf 160 sf or >260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) Exterior Telephone Pole Name of Registered Waste Ha | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Facil am to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulation or other | S 3 C Escription ctos - Conternal (Ahermal on, surfarer misce | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) Systems acing, VAT, ellaneous) Name of Reg I.E.S.I. | A Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition ≥ 3sf or ≥3lf ≥160 sf or ≥260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) Exterior Telephone Pole | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulation or other Conduit | S 3 C Escription ctos - Co aterial (A hermal ber misce ubic ards f Waste | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte con of containing ACM) systems acing, VAT, ellaneous) Name of Rei I.E.S.I. | A Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition ≥ 3sf or ≥3lf ≥ 160 sf or ≥260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) Exterior Telephone Pole Name of Registered Waste Halled | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulation or other Conduit | S 3 C Escription ctos - Co aterial (A hermal ber misce which which ards f Waste isposal | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, ellaneous) Name of Rei I.E.S.I. | a Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition 3sf or >3lf 160 sf or >260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) Exterior Telephone Pole Name of Registered Waste Hanewark Carting City, State | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulation or other Conduit | S 3 C Escription ctos - Co aterial (A hermal ber misce ubic ards f Waste | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte con of containing ACM) systems acing, VAT, ellaneous) Name of Rei I.E.S.I. | a Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S U L | N C L O S U R |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition ≥ 3sf or ≥3lf ≥ 160 sf or ≥260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) Exterior Telephone Pole Name of Registered Waste Halled | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovation Renovation Transite (| n De Asbes Ma (I.e., t insulation or other Conduit | S 3 C Escription ctos - Co aterial (A hermal ber misce which which ards f Waste isposal | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, ellaneous) Name of Rei I.E.S.I. City, State BETHLEHEI | a Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) 25 LF Landfill | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S | N C L O S U R |
| Facility Closed/Vacate Abatement Abatement Performed Hours - Describe: Other - Describe: Demolition 3sf or ≥3lf ≥160 sf or ≥260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) Exterior Telephone Pole Name of Registered Waste Hanewark Carting City, State NEWARK, NJ | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovatio | n De Asbes Ma (I.e., t insulation or other Conduit | S 3 C Escription ctos - Co aterial (A hermal ber misce which which ards f Waste isposal | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, ellaneous) Name of Rei I.E.S.I. City, State BETHLEHEI | a Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) 25 LF Landfill | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S U L | N C L O S U R |
| Abatement Abatement Performed Hours - Describe: Other - Describe: Other - Describe: Demolition → 3sf or >3lf → 160 sf or >260 lf Location of Asbestos Containing TO BE ABATED in Facility (13) Exterior Telephone Pole Name of Registered Waste Hanewark Carting City, State | Is Location Normally Used Solely by Main tenance Custodia Staff (12 YES NO) | Normal Faciliam to 5;00 pm Renovation Renovation Transite (NJDEP V Hauler II | n De Asbes Ma (I.e., t insulation or other Conduit | S 3 C Escription ctos - Co aterial (A hermal ber misce which which ards f Waste isposal | ame of OSHA ORTHSTAR O treet Address 2 Williams Pa City, State, Zip East Hanover, Full Containm Mini - Enclose Glovebag Pro Non-Exempte on of ontaining ACM) systems acing, VAT, ellaneous) Name of Rei I.E.S.I. City, State BETHLEHEI | a Monito CONTRA s rkway o Code NJ 0703 ment with ure ocedure ed (*) and | 6 Negative d Non-Friat Amount (Specify SF or LF) 25 LF Landfill | Pressurble Pro Abater R E M O V A L | re cedure R E P A I R | <u>pe</u> | N C A P S U L | N C L O S U R |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 11 18 City of Hackensack / Job #1411-4843 Agencies Notified Type Notification Street Address ASBESTOS CONTROL & 65 Central Ave. LICENSING □ DOLWD ☐ Amended City, State, Zip Code ☑ DHSS Amendment #_ Hackensack, NJ 07601 ☐ Emergency (including ☐ DCA (NJAC 5:23-8) Name of Contact justification) Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Engine #2 Firehouse Rehabilitation Street Address Other (i.e., private and commercial buildings, 107 Summit Ave. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hackensack County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Envirovision AbateTech, Inc. Street Address Street Address 20-21 Wagaraw Rd 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Fairlawn, NJ 07410 Lumberton, NJ 08048

| Willy Morales | | | 1000000 | 973-636 | | 609-265-210 | 7 | License No. 00529 | | | | |
|--|------------------|--------------------|--------------|---------------------------------|-----------|--|---|---------------------------------|-----------|-----------------|----------------------|---------------|
| Start Date (10)11/28/14 | | | | letion Da | | Name of OSHA I | | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated During En Abatement Performed Outside of I Time of Abatement:AM | tire Pe Norma | riod of Facilit | Abat y Ho | tement urs - Des | cribe | Street Address 200 Route 1: City, State, Zip C | | K3 | | | | |
| | | VI/ | | VI | AIVI | Cinnaminso | n, NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | ⊠ Re | | | | ☐ Mini-End☐ Gloveba | ntainment with Ne closure ag Procedure empted (*) and No | | dure | | | |
| Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13) | IM) | Use Ma | Normed So | olely by nance/ Il Staff? | | Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane | aterial (ACM) insulation, , or | Amount (Specify SF or LF) | A Removal | baten Repair | ent T Encapsulate | ype Enclosure |
| 3asement - | | res | N | N/A | Floor t | ile & Mastic | | 1,850 SF | | + | Ь | |
| Basement | | | | | Cove E | Base Mastic | | 330 LF | | - | H | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler AbateTech, Inc. | | | | NJDEP V Hauler ID 18750 | No. | Cubic Yards of Waste | Name of Regis | | | 21 | | |
| City, State Lumberton, NJ | | | | 10100 | | Disposal Date 12/4/14 | City, State Tullytown, | PA | - | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | perati | ons | Coordi | nator | Signature | mit | | Date | 17 | 110 | + |
| SB-41 AY 11 | * [| Do not | use t | this form | for asbes | tos licensure exemp | oted activities. | | - | | | |

AS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | 14 | | | | ng Owner/Operator (Johnson / J | | Check #676 | 0V 2 ' | 20 | 114 | | |
|---|--------------|-------------------|--------------------|------------|--|------------------------------------|-----------------|----------|---------|-------------|-----------|--|
| Agencies Notified | | - | Stree | Address | | | | STOS C | | | 8 | |
| ☑ DOLWD ☐ Amenda | ed | | 1 | State, Zip | | aza | | LICENS | SING | | | |
| □ DHSS | | _ | 1000 | | wick, NJ 08933 | | | | | | | |
| | ncy (includi | ng | | of Conta | | Telephone N | ımher | | | | | |
| (NJAC 5:23-8) justifica | | | 11207011 | hamed H | um are | Telephone Number | | | | | | |
| | ation | | | | | | L | - | _ | 15 | | |
| Name of Facility and the same of the same | | (0) | FA | CILITY II | NFORMATION | | | | | | | |
| Name of Facility Where Abatement is | Taking Plac | ce (3) | | | | Type of Facility | 1 5 | | | | | |
| Mercer County Airport | | | | | | ☐ School (K-12 ☐ Subchapter 8 | | .12) | | | | |
| Street Address 1100 Terminal Circle Drive | | | | | | Other (i.e., proposed homes, etc.) | | | uilding | gs, | | |
| City (5) | | | 8.90 | 10.5 | *************************************** | Square Feet | # of Floors | В | ldg. A | ge | | |
| West Trenton | | | | | | | | | | | | |
| County (6) | | | Cour | nty Code (| (7)(STATE USE ONLY) | Current Use (Pri | or if being dem | olished) | 2027 | | - | |
| Mercer | | | - | | | Airport | | | | | | |
| Name of Monitoring Firm Hired by Bu | ilding Owne | r (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | 20.040 | |
| Health & Safety Services | | | | | AbateTech, I | 1883 | | | | | | |
| Street Address | | | 1 | | Street Address | | | | | | | |
| 318 12 th Street | | | | | 30 Maple Ave | PO Box 25 | | | | | | |
| City, State, Zip Code | - | | | | City, State, Zip Co | | | | | 111100000 | _ | |
| Hammonton, NJ 08037 | | | | | Lumberton, I | | | | | | | |
| Project Manager for Monitoring Firm | | To | lephone | No | Telephone No. | 43 00040 | | | 7000 | - | | |
| Jim Proctor | | | 609-704 | | The state of the s | Telephone No. License No. 00529 | | | | | | |
| | Scheduled | 1 | | | Name of OSHA N | 00529 | | | | | | |
| 12 /1 /14 | | | | | EMSL Analyt | | | | | | - 8 | |
| | | | · ' , | | | | | | | | | |
| Occupancy Status During Abatement | 30 | | | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacated During Ent☐ Abatement Performed Outside of N | | | | criba | 200 Route 13 | | | | | | | |
| Time of Abatement:AM | | | | | City, State, Zip Co | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | tainment with Neg | | | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | Renova Demolit | | | ☐ Mini-Enc ☑ G leveba e | rap d cu n-Friable Proce | dure | | | | | |
| | | ls Loc | | | XV-3V-2 | | | | atem | ent T | ype | |
| Location of | . 11. | Norm | | | Description of | | | 1 | T- | | | |
| Asbestos-Containing Material (ACI TO BE ABATED | | | olely by nance/ | | estos Containing Ma e., thermal systems | | Amount (Specify | Remova | Repair | Encapsulate | Enclosure | |
| IN Facility | Cu | | I Staff? | (1.6 | surfacing, VAT | | SF or LF) | oval | = | psu | Sur | |
| (13) | Vos | (12 No | | | other miscellane | ous) | | | | late | Ф | |
| Mozzonino/Hangay/04 | Yes | - | - | D: | | | 450 | F-3 | | | | |
| Mezzanine/Hangar/Storage Area | | | | Pipe Fi | ittings | | 150 each | | Ш | Ш | Щ | |
| | | | | | | | | | | | | |
| | | | | | 2 | | | | | | | |
| | | | In | | | | | | П | П | П | |
| Name of Registered Waste Hauler | | | NJDEP \ | Naste | Cubic Yards of | Name of Regist | tered Landfill | | | | | |
| AbateTech, Inc. | | 10107 | Hauler II | No. | Waste | G.R.O.W.S. | | | | | * | |
| City, State | | | 18750 | 1 | 10 | | | | | | | |
| - | | | | | Disposal Date | City, State | DA | | | | | |
| Lumberton, NJ | Title | | | | 12/12/14 | Tullytown, | PA | | | | | |
| Completed By (Print or Type) | 0.000 1000 | | Signature ' | 1 | | Date | 11 | 117 | 1/0 | | | |
| Gwendolyn Trumbetti | Opera | tions | Coordi | nator | | WU | | 444 | | 111 | 11 1 | |

ASB-41 **MAY 11**

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

| Date of Notification (1) | | | | Name | of Building | g Owner/Operator (2 | 2) | 111111 - NO | /) | 1 20 | 11/ | IIII | | |
|---|------------------------|------------------------|----------------|------------------|--------------|---------------------------------------|---|---------------------|----------|----------|-------------|-----------|--|--|
| 11 / | 18 / | 14 | | PSE | &G Deli | very, Projects & | Construction | Job#1-11-40 | 40 61 | EUN | 114 2 | 社 | | |
| Agencies Notified | Type Notific | ation | | Street | Address | | | | | | | 1 | | |
| | Initial | | | 80 F | Park Plaz | ra | | ASBEST | IN EN | NE WIT | 51 % | . Ot | | |
| | ☐ Amende | | | City, S | tate, Zip C | Code | L | | ENSI | 16 | | | | |
| ☑ DHSS | Amendm | | | Nev | rark, NJ | 07101 | | | | | | | | |
| ☐ DCA [1 (NJAC 5:23-8) | Emerger justificati | ncy (including ion) |] | Name | of Contac | t | Telephone Number | | | | | | | |
| | ☐ Cancella | | | Lan | y Eddin | ger | | | | | | | | |
| | | | | | | IFORMATION | | | 157 | | | | | |
| Name of Facility Where Ab | atement is | Taking Place | (3) | 170 | ZIEIT 1 11 | i oranytrior | Type of Facility (| 4) | - | | | - | | |
| PSE&G Plainfield Su | | running r nuoc | (0) | | | | School (K-12) | | | | | | | |
| Street Address | botation | | | | | | ☐ Subchapter 8 | (Other than K-12 |) | | | | | |
| 241 W. 2 nd Street | | | | | | | M Other (i.e., pr homes, etc.) | ivate and comme | rcial bu | ilaing | s, | | | |
| City (5) | | | | - | | | Square Feet | # of Floors | Blo | ig. Ag | ie. | | | |
| Plainfield | | | | | | | Oquale 1 cci | # 011 10015 | | ·9· / \5 | , - | | | |
| | | | | Toour | tu Cada C |)(STATE USE ONLY) | Current Hee /Bri | or if being demolis | hed) | | | | | |
| County (6) | | | | Coun | ty Code (/ | JOINTE USE ONLT) | C51 | of it being demons | siled) | | | | | |
| Union | | | (a) I | 10011 | | This seems to be a seems | Utility | | | | | _ | | |
| Name of Monitoring Firm F | N. 11501 | lding Owner | (8) | ASCM | No. | Name of Abateme | | | | | | | | |
| Health & Safety Serv | rices | | | | | AbateTech, I | nc. | | | | | _ | | |
| Street Address | | | | | | Street Address | | | | | | | | |
| 318 12 th Street | 1000 | 10 | | | | 30 Maple Ave | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | | | |
| Hammonton, NJ 080 | 12 | | | | | Lumberton, I | NJ 08048 | | 22.0 | | | | | |
| Project Manager for Monito | oring Firm | | 100000 | phone | | Telephone No. | License No. | | | | | | | |
| Jim Proctor | | | 3 S | 09-704 | SOLATO COLO | 609-265-2107 00529 | | | | | | | | |
| Start Date (10) | | Scheduled C | comple | tion Da | te (11) | Name of OSHA N | Monitor | | | | | | | |
| 12 /1 / _ | 14 | 12 | 3 | / _ | 14_ | EMSL Analyt | ical | | | | | | | |
| Occupancy Status During | | | | mant | | Street Address | 10 North | | | | | | | |
| ☐ Facility Closed/Vacated ☐ Abatement Performed 0 | | | | | crihe | 200 Route 13 | | | | | | - | | |
| Time of Abatement: | | | | | | City, State, Zip Co | | | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 If | | Пв | enovat | ion | | ☐ Full Con | tainment with Neg | ative Pressure | | | | | | |
| ≥160 sf or ≥260 lf | | | emolitic | | | ☐ Gloveba | g Procedure | edure | | | | | | |
| | | | | | | Non-Exe | Exempted (*) and Non-Friable Procedure Abatement T | | | | | | | |
| | | 5279 | Loca | | | | | | Ab | | ent T | ype | | |
| Location o Asbestos-Containing M | | I I a | Norma | | Asha | Description of estos Containing Ma | | Amount | Re | Repair | Enc | Enc | | |
| TO BE ABAT | | M: | aintena | ince/ | (i.e | e., thermal systems | insulation, | (Specify | Removal | oair | caps | Enclosure | | |
| IN Facility | | Cus | todial (12) | Staff? | | surfacing, VAT other miscellane | | SF or LF) | <u>a</u> | | Encapsulate | ure | | |
| (13) | | Yes | No | N/A | 1 | Other miscellane | ous) | | | | le | | | |
| Control House | | П | | | Transit | te floor panels | | 60 SF | | | | | | |
| Office & Bathroom Are | eas | | | | Floor t | iles | | 200 SF | | | | | | |
| Throughout | | | | | Windo | w caulk | | 100 SF | | | | | | |
| Exterior | | П | П | | Roofin | g Materials | | 1,500 SF | | | | | | |
| Name of Registered Waste | | | 1000 | JDEP \ lauler II | | Cubic Yards of Waste | Name of Regis | | | | | | | |
| Veolia ES Technical | Solutions | , L.L.C. | | 41285 | | 10 | Wayne Dis | posai inc. | | | | | | |
| City, State | V 3 1 | | | | | Disposal Date | City, State | | | | | | | |
| Flanders, NJ | | | | | | 12/3/14 | Belleville, | MI | | | | | | |
| Completed By (Print or Typ | oe) | Title | - | | | Signature | | D | ate 1 | 1 | 27 | | | |
| Gwendolyn Trumbet | | Opera | ions | Coord | inator | (m | N | | 1.5 | 171 | 14 | | | |
| ASB-41 | | | | | | | | | | | . 1 | | | |

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

MAY 11

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| 111 11 | | BULL EV | 7 | t | 45 1 1 21 | - | |

| Date of Notification (1) | | | | | | | | | | | | ی ر | |
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| 11 /18 | _ / | 14 | | | | ng Owner/Operator (livery, Projects & | | / Job | | 1-4841 | - 157 T.F | (U)4 ck #6 | 767 |
| ⊠ EPA ⊠ Ini | 34339 | n | - | 100000000000000000000000000000000000000 | et Address Park Pla | | 100 | | ASBE | STOS | | | .8. |
| | nended | | | City, | State, Zip | Code | | | | | | | |
| | nendment | | | | wark, N. | | | | | | | | |
| | nergency (stification) | | ig | | e of Conta | | | Telep | hone N | Number | | | |
| . 10 (F) | ncellation | | | La | rry Eddii | nger | . 0.00 | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | 1 | | NFORMATION | | 1 | | | | | |
| Name of Facility Where Abatem | ent is Taki | na Plac | e (3) | 17 | CILITI | NFORWATION | Tunn of Facility | 745 | | | | | |
| PSE&G Plainfield Substa | | ng i lac | 0 (0) | | | | Type of Facility School (K-12) | (1) N | | | | | |
| Street Address | | | | 100 | | | Subchapter | 8 (Other | than h | (-12) | | | |
| 241 W. 2 nd Street | | | | | | | Other (i.e., p | rivate ar | nd com | nmercial | buildi | ngs, | |
| City (5) | | | | - | | | homes, etc.) | | | | | | |
| Plainfield | | | | | | | Square Feet | # of I | Floors | | 3ldg. | Age | |
| County (6) | | | | 10 | | TO 1071 1107 1107 | | | | | | | |
| Union | nion | | | | | (7)(STATE USE ONLY) | Current Use (Pr Utility | ior if bei | ng den | nolished | | | |
| Name of Monitoring Firm Hired b | y Building | Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | - 201 | | | | | |
| Health & Safety Services | | | | | | AbateTech, In | nc. | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| 318 12 th Street | | | | | | 30 Maple Ave | e. PO Box 25 | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | | |
| Hammonton, NJ 08037 | | | | | | Lumberton, N | J 08048 | | | | | | |
| Project Manager for Monitoring F | irm | | Tel | ephone | No. | Telephone No. | 3330 | se No | | | | | |
| Jim Proctor | | | 6 | 09-704 | -8850 | 609-265-2107 00529 | | | | | | | |
| Start Date (10) | dulad C | 1 | | | | | | | | | | | |
| | Scrie | duled (| omple | etion Da | ite (11) | Name of OSHA M | lonitor | | | | | | |
| 12// | | | | | 14 (11) | Name of OSHA M EMSL Analyti | | | | | | | |
| _12 / _1 / _14 | - - | 12 | 3 | | (3) (30) | | | | | | | | |
| | nent (Cheo | 12 / ck only eriod of | one) Abate | ment | 14 | EMSL Analyti Street Address | ical | | | | | | |
| | nent (Cheo | 12 / ck only eriod of al Facilit | one) Abate | ment | 14_scribe | EMSL Analyti Street Address 200 Route 130 | 0 North | | | | | | |
| | nent (Cheo | 12 / ck only eriod of al Facilit | one) Abate | ment | 14_scribe | EMSL Analyti Street Address 200 Route 130 City, State, Zip Co | 0 North | | | | | | |
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| 12 / 1 / 14 Decupancy Status During Abater ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement:AN | ment (Checo g Entire Pe e of Norma MF | ck only eriod of Recilit | one) Abate | ement rs - Des | 14_scribe | EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag | O North ode , NJ 08077 ainment with Neg osure Procedure | | | | | | |
| 12 / 1 / 14 Decupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement: AB Scope of Work (Check all that ap | ment (Checo g Entire Pe e of Norma MF | ck only eriod of all Facilities M/ | one) Abate y Hou PM enovate Local | ement rs - Des | 14_scribe | EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag | O North de , NJ 08077 ainment with Negosure | | | edure | bater | nent 1 | Tyne |
| | ment (Chec g Entire Pe e of Norma MP | ck only eriod of all Facility PM/ | one) Abate y Hou PM enovate Local | ement rs - Des ion on | 14 scribe AM | EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer | O North Ode , NJ 08077 ainment with Negosure procedure mpted (*) and Nor | | | edure | - | nent 1 | |
| 12 / 1 / 14 Decupancy Status During Abater Facility Closed/Vacated During Abatement Performed Outside Time of Abatement:AN Scope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material | ment (Chec g Entire Pe e of Norma MP | ck only eriod of all Facility Del | one) Abate y Hou PM enovate Local | ement rs - Des ion on tion | 14 scribe AM | EMSL Analyti Street Address 200 Route 130 City, State, Zip Co Cinnaminson Full Conta Mini-Encl Glovebag Non-Exer Description of estos Containing Mate | O North Ode , NJ 08077 ainment with Negosure procedure mpted (*) and North | n-Friable Arr | Proce | edure | - | _ | |
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| Date of Noti | | | | | | | ame of Building Owner/Operator (2) PSE&G Delivery, Projects & Construction / Job #1411 | | | | | | V | 2. | 12 | 014 | | | |
| | 11 / _ | 18 / | 14 | _ | | PSE | E&G Deli | very, | Projects & | Construction | / Job #1411 | -4842 T | Ch | eck | #67 | 67 | | | |
| Agencies No | otified | Type Notific | ation | | 7 | | Address Park Plaz | 70 | | W a | | ASBES | STO | OS C | ON | TROL | | | |
| ⊠ DOLWD | | ☐ Amended | d | | } | 3900000 | State, Zip (| | | | | | LIC | EN | SIN | 3 | | | |
| ☐ DHSS | | Amendm | ent# | | | | vark, NJ | | 1 | | | | | | | | | | |
| ☐ DCA | | ☐ Emergen | | uding | | | of Contac | 0.110.100.100. | • | 1 | Telephone No | umher | - | | | - | | | |
| (NJAC 5: | 23-8) | justificati | | | | | t Dandu | | | | - | umber | | | | | | | |
| | | | | | • | FAG | CILITY IN | IFOR | MATION | | | | | | | | | | |
| Name of Fac | cility Where A | Abatement is | Taking F | Place | (3) | | | | | Type of Facility (4 | 1) | | | | | | | | |
| PSE&G | Aldene Swi | itching Stat | ion & S | Subs | tatio | า | | | | School (K-12) | | l) | | | | | | | |
| Street Addre | ess | | | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., pri | | | mile | dinas | 0.7 | | | | |
| 778 Sout | th Ave. | | | | | | | | | homes, etc.) | vate and com | noroiai k | runi | amige | | | | | |
| City (5) | | 80000 | | | 117 | - 101 | | Square Feet | # of Floors | E | Bldg | , Ag | е | | | | | | |
| | st Cranford | | | | | | | | | | | | | | | | | | |
| County (6) | | | | | | Cour | ity Code (7 | 7)(STA | TE USE ONLY) | E | or if being dem | olished) | | | | | | | |
| Union | | | | | | | | | | Utility | | | | | | | | | |
| | | Hired by Buil | ding Ow | vner (8 | 3) | ASCM | No. | 1 | | ent Contractor (9) | | | | | | | | | |
| | Safety Ser | rvices | | | | | | | bateTech, I | nc. | | | | | | | | | |
| Street Addre | | | | | | | | 1 2000 | et Address | | | | | | | | | | |
| 318 12 th | | | | | | | | | | e. PO Box 25 | | | | | | | | | |
| City, State, 2 | | | | | | | | | , State, Zip C | | | | | | | | | | |
| | nton, NJ 08 | | | | | | | | umberton, l | NJ 08048 | | | | | | | | | |
| Project Man | ager for Mon | itoring Firm | | | V 1000 | phone | | 1 | Telephone No. License No. | | | | | | | | | | |
| Jim Proc | tor | | | 609-704-8850 | | | | | 609-265-2107 00529 Name of OSHA Monitor | | | | | | | | | | |
| Start Date (1 | | | | | | | | | | | | | | | | | | | |
| 12 / | / _1_ / | 14 | _12 | / | 3 /14 EMSL Analy | | | | | ical | | | | | | | | | |
| Occupancy : | Status During | Abatement (| Check of | only o | ne) | | | Stre | et Address | | | | | | | | | | |
| | | ed During Enti | | | | | | 20 | 00 Route 13 | 0 North | | | | | | | | | |
| | | | | DNA/ DNA ANA | | | | | , State, Zip C | | | | | | | | | | |
| I ime of A | Abatement: _ | AIVI | PM/PMAM | | | | | | Cinnaminson, NJ 08077 | | | | | | | AT CONTROL | | | |
| Scope of Wo | ork (Check al | I that apply) | | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥ | 3 If | 10 | 7 | Ø Par | novati | nn. | | | ☐ Full Con☐ Mini-End | tainment with Nega | ative Pressure | | | | | | | | |
| □ ≥160 sf o | | | | | nolitio | | | | | g Procedure | | | | | | | | | |
| | | | | | | F1 896 | | | Non-Exe | empted (*) and Non | -Friable Proce | edure | | | | | | | |
| | | | | | Locat | | | | | | | A | bat | eme | nt Ty | уре | | | |
| Ashaataa | Location | of Material (ACN | A) | | lormal d Sole | | Ache | etos (| Description of Containing Ma | | Amount | 7.0 | | Re | Ē | E | | | |
| ASDESIUS | TO BE ABA | | ") | Mai | ntena | nce/ | | | mal systems | | (Specify | Kemova | | Repair | Encapsulate | Enclosure | | | |
| | IN Facili | ty | | Cust | odial 8 (12) | Staff? | 1 | | urfacing, VAT | | SF or LF) | <u> 20</u> | | | sula | ure | | | |
| | (13) | | | Yes | No | N/A | 1 | Oll | er miscellane | ous) | | | | | e | | | | |
| Exterior | | | - | | \boxtimes | | Wall St | ucco | · | | 3 SF | | 1 | | | | | | |
| Exterior | | | | | | | Asbest | os H | oles | | .5 SF | × | 1 | | | | | | |
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| | | O CHARLEST TO SERVICE | | | | | | | | | | | . | | | 금 | | | |
| | | | | | | | | | | | | | | Ш | | Ш | | | |
| Name of Reg | | te Hauler I Solutions | . L.L.C | | 55.500 | JDEP \ auler II | O No. | Was | | Name of Regist Wayne Disp | | | | | | | | | |
| City, State | | | | | | 41285 | 2 | Disr | osal Date | City, State | | | - | | | | | | |
| Flanders | , NJ | | | | | | | | 2/3/14 | Bellevillé, N | | | | | | | | | |
| | | vne) | Title | | | Signature | | | | 1./ | | Date, | - | | - | | | | |
| Completed By (Print or Type) Title Gwendolyn Trumbetti Operations | | | | | | Coord | inator | | | W | | 11/1 | 7/ | 14 | L | | | | |

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

ASB-41

MAY 11

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification Check #: 6143

| | | H | | | | | | 7 12 119 | 10 | 11 1 | | 3 | |
|---|-------------------------|--------------|---|------------------|--------------|---------------------------------------|--|-------------------------|----------------|----------|--------------------------|-------------|--|
| Date of Notifica | | | Nar | ne of Bu | ıldin | g Owner/Operat | or (2) | | | | | 1 | |
| | 1 7 1/1 | | 11 | ewark Pu | | chools | 11 | | | <u> </u> | 714 | _ | |
| Agencies Notifie | d Type Notif | ication | Sti | reet Add | ress | | The second secon | 1 T NO | 1 2 | 1 6 | 194 | | |
| (X)EPA | run t-ini | 1 | 12 | Cedar St | reet | | ç | 1.00 | 46 | | and the same of the same | أسي | |
| (X) DEP | [X]Initi Notif | ication | 11 | ty. Stat | | p Code | | ACRES | TOS | CQN | IBU | _ Cs. | |
| DOL XI DOL | []Amend | De | llN | ewark, N | 10710 | ne | ASBESTUS CONTROL & | | | | | | |
| (X) DOH | Notif | ication | 11 | me of Co | | | [Tel | ephone Numb | er | | | | |
| ************************************** | []Cance | llation | 11 | | | 3 | | | | | | | |
| DX]DCA | | | Do | ouglas Bl | and, | Bus. Admin. | | | 100 | _ | | | |
| | | | | | | NFORMATION | | | 1 | | | | |
| Name of Facility | y Where Abatem | ent is Ta | king | Place (| 3) | | Type of Facil | ity (4) | | | | | |
| Benjamin Franklii | n School | | | | | | X1Schoo | l (K-12) apter 8 (Ot | her t | hon | K-12 | ١. | |
| Street Address | 11 301001 | | | | | | ll []Öther | (i.e., pri | vate | £ CO | mmer | - | |
| | | | | | | | Square Feet | buildings, | homes s Bl | da. | C.) Age | - | |
| 42 Park Avenue | | | | | | | 45000 | 2 | 80 | | T . | | |
| City (5) | | County | y (6) | | | inty Code (7) TATE USE ONLY) | - | Prior if be | | | ishe | d) | |
| Newark, NJ 0710 | 14 | Essex | | | | | School | | | | ٠ | | |
| Name of Monitor: | ing Firm Hired | by Build | ding | ASCM No | | Name of Abate | ement Contracto | r (9) | | | | | |
| Owner (8) | | | | | | Chunch F | vildere lee . | | | | | | |
| TTI Environmenta | al, Inc. | | | 00003 | | Four Strong E | | | | | | - | |
| Street Address | | | | | - | | | | 1 | | | | |
| 1253 North Churc | | | | | | 180 Sargeant | Avenue | | | | - | _ | |
| City. State. Zi | p Code | | | | | - | 5 | | | | | | |
| Moorestown, NJ | 08057 | | | | | Clifton, NJ 07 | 013-1935 | 11160 | nse N | lumne | * | | |
| Project Manager | for Monitoria | id srew | rereb | none wun | ner | Terebuoue wa | woet | | | dinbe | | | |
| Jim Guillardi | | | | 340-8800 | | 973-614-0377 | | 0080 | 07 | | | | |
| Scheduled Start | | ched.Com | 20-21 200-200-200-200-200-200-200-200-200-200 | | 0 1000000000 | Name of OSHA | Monitor | | | | | | |
| 1 1 / 2 8 Month / Day Occupancy Statu | 1/11/4 | 1 1 / . | 3 0 | 1/11/4 | 1 | Four Strong B | Builders, Inc. | | | | | | |
| Occupancy Statu | s During Abate | ment (Ch | eck c | only one | | Street Addre | | | | | | | |
| (X) Facility C | losed/Vacated | During E | ntire | Period | | 180 Sargeant | Avenue | | | | | | |
| of Abateme []Abatement | nt Performed Outs | ide of N | ormal | Facili | ty. | City, State, | | | _ | | | | |
| Kours - De | scribe: | | | | _ | | 2010 | | | | | | |
| | | | | | | Clifton, NJ 07 | 013 | | | | | | |
| Scope of Work (| Check all that | : abbīA) | 0.000 to 0.000 | | | [X]Ful | l Containment | with Negativ | ve Pro | essu | re | 15 | |
| []Demo | lition f or >3 lf | | [X] | Renovati | ion | | i-Enclosure vebag Procedure | | | | | | |
| (×1∑100 | sf of >260 1 | | | | | []Non | -Friable Proces | dure | | | | | |
| | | | F. | Is. | | | | T | Aba | eme | at T | | |
| Į.o. | cation of | | | cation cmally | | Descripti | on of | | R | | E N | E | |
| Asbest | os-Containing | | 1 | Jsed | | Asbestos-Con Material (| | Amount (Specify | E | R | CA | C T. | |
| | rial (ACM) DE ABATED | | | olely Main- | | (i.e., thermal | . systems | SF or | 0 | P | P S U | 0 | |
| in | Facility (13) | | | nance/ | i | nsulation. sur or other mis | facing. VAT. | LF) | V A | A | | O S U | |
| 0 | (25) | | Sta | aff(12) | | | | | L | R | L | R | |
| T Daam | | | Yes | No N/A | Caili | ng and Wall Pla | ster | 880 SF | X | | † | - | |
| Tower Room | | | +- | | Cenn | ilg and vvan i lo | | 1000 | // | - | - | - | |
| | | | | | | | | | - | - | <u> </u> | - | |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | | _ | _ | | |
| | | | | | | | | | | | | | |
| Name of Registe | red Waste Hau | ler | | JDEP Was | | Cubic Yards | Name of Regi | stered Land | fill | | | | |
| | | | | auler ID | NO. | of Waste | GROME | no | | | | | |
| Four Strong Buil | lders, Inc. | | 1 | 2609 | | Disposal Date | G.R.O.W.S., | iii. | - | | | _ | |
| City. State | €2. | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | |
| Clifton, NJ | | | | 2000 | 995 | | Tullytown, PA | \ | | | | | |
| Completed By (P | rint or Type) | Title | | | | Signatur | - | | D | ate | | | |
| Bilyana Kulakas | reka | Office / | Admir | nistrator | | 17 | ann. | | 1 | 1/17 | /14 | | |
| Bilyana Kulakov | ona | Onice A | MIIII | , Strator | | | -00 | | 1, | 1/1/ | , 17 | | |
| ASB-41 JUN 95 | | | | | | | | | | | G46 | 67 | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification

| 5448-NJ | | . (Pu | ırsua | nt to N | JAC 8 | 60-7 and 12:12 | O-7) Check | # 614 | 3层 | n 7 | \// | EI | 7 |
|---|--------------|---------------|-------|--------------------------|--|------------------------------|--|----------|--------|----------|----------|-----------------|--|
| Date of Notification | on (1) | | Name | e of Bu | lding | Owner/Operato | [[]] | 15 6 | | 11 | <u> </u> | 5 | All |
| 1 1 1 // 1 | | 4 | 1 | wark Pu | | | · [m] | | | | | Annual Sections | |
| Agencies Notified | | | 1 | eet Addi | | 0110013 | | 1 NO | V 2 | 1 20 | 114 | 11 | |
| (X)EPA | | | 20 | edar St | reet | | - | | 45 | | ٠ | | |
| (X) DEP | [X]Initia. | cation | 1 2 | y. State | | Code | | ASBES | | | | & | - |
| [X] DOL | ()Amende | a | Ne | wark, N. | 0710 |)2 | Lorenza | | ICENS | SING | | | - |
| (X) DOH | Notifi | | 2 | e of Co | | | Tel | ephone h | umber | | | | |
| CX1DCA | []Cancel | lation | Do | uglas Bl | and, | Bus. Admin. | 1 | | | | | | |
| | | | | FACIL | ITY I | NFORMATION | | | | | 832-7 | | |
| Name of Facility W | here Abateme | nt is Ta | king | Place (| 3) | | Type of Facil | ity (4) | | | | | 555-86 |
| Benjamin Franklin S | chool | | | | | | X Schoo | enter A | (Othe | r th | an K | (-12) | ĺ |
| Street Address | 011001 | | | | | | I lAther | li a | חדיעו | te S | COR | mer- | |
| 42 Park Avenue | | | | | | | cial Square Feet | # of F | loors | | | ge | |
| City (5) | | County | (6) | | Cou | nty Code (7) | 45000 Current Use (| 2 | Fair | 80 | | char | 47 |
| Newark, NJ 07104 Essex | | | | | (ST | ATÉ USE ONLY) | | FETOL T | , seri | g u | JIIIO 1. | | -/ |
| Newark, NJ 07104 | Firm Hired | | ing | ASCM No | , | Name of Abate | School ment Contracto | r (9) | | | | | |
| Owner (8) | | | | | | Farm Otrana B | uildara Ina . | | | | | | |
| TTI Environmental, I | nc. | | | 00003 | | Four Strong B | s aliders, inc. | | | - | | | |
| | Otun at | | | | | 180 Sargeant | Avenue | | | | | | |
| 1253 North Church S | | | | | | City. State. | Zip Code | | | | | | |
| Moorestown, NJ 080 | 157 | | | | | Clifton, NJ 070 | 013-1935 | | | | | | |
| Project Manager fo | r Monitoring | Firm T | elepi | none Nun | ber | Telephone Num | ber | | Licen | se N | umbe: | - | |
| | | | | 40-8800 | 777 | 973-614-0377 Name of OSKA | | | 00807 | | | | _ |
| Scheduled Start Da | | | | 80. 52 | | | | | | | | | |
| 1 1 / 2 8 / Month / Day / Occupancy Status D | Year M | 1 1 / 3 | Day | / Year | ' | Four Strong B | | | | | | | |
| Occupancy Status D | uring Abatem | ent (Cne | tire | Period | | | | | | | | | |
| of Abatement []Abatement Per | | | | | | 180 Sargeant | Zip Code | | | - | | | |
| Kours - Descr []Other - Descr | ibe: | | 1100 | | - | | - 100 miles 11 | | | | | | |
| Scope of Work (Che | | 200/11/ | | | | Clifton, NJ 070 | | | | | | | |
| []Demolit []>3 sf o | ion | app.17 | [X] | Renovat | ion | []Mini []Glov | L Containment ti-Enclosure vebag Procedur -Friable Proce | e | gative | Pre | ssur | e | |
| | | | | Is ation | | | | T | | Abat | emen | t Ty | rpe E |
| | ion of | | Nor | mally sed | | Description Asbestos-Cont | | Amor | int | RE | R | N C A | NC |
| Materia | Containing | | So | lely | | Material (i.e., thermal | ACM) | (Spe | | M | E P | A P | 1. O |
| in Fac | ABATED | | ten | Main- ance/ todial | i | nsulation. sur | facing. VAT. | | F) | VA | A | S | S |
| . (1 | (3) | | Sta | ff(12) | | or other mas | | | | L | R | L | R |
| Tower Room | | | res | No N/A | Ceili | ng and Wall Plas | ster | 880 S | F | X | | | |
| | | | | | | | | | | | | | |
| | | | | | \vdash | | | | | | | | |
| | | | | | 1 | | | | | | | | |
| Name of Registered | Waste Haul | er | NJ | DEP Was | te No. | Cubic Yards of Waste | Name of Regi | stered | Landfi | .11 | | | |
| Four Strong Builde | rs. Inc. | | | 2609 | | | G.R.O.W.S., | Inc | | | | | |
| City. State | -, | | | | | Disposal Date | City. State | | | He Abit | | | A. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 |
| Clifton, NJ | | | | | | | Tullytown, PA | 4 | | | | | |
| Completed By (Prin | nt or Type) | Title | | | - | Signatus | a di | | | Di | ate | | |
| Bilyana Kulakovska | a | Office A | dmin | istrator | | 10 | en | | 7 | 1 | 1/17 | /14 | |
| | | | | | | | | | | | | | |