CK 11763

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

Date of Notification (1)					Name	of Building	Own	ner/Operator (2	2)		Gi.	-	5	1			
11 /	19 /	15			EDENS 80 15 12												
Agencies Notified	Type Notifica	tion			Stroot	Address					-	4	3				
⊠ EPA	☐ Initial	uon			7000 0000 000	Custom F	CC	S	2	:]							
⊠ DOLWD	☐ Amended					227247777778	MARKET 1975		7	0	2	9.5					
☑ DHSS	Amendme	nt # <u>0</u>				itate, Zip C ston, MA		10		-	22	4	ب				
□ DCA	☐ Emergend	cy (inc	luding			of Contact		10		Telephone N	umbar	0-	5	الت			
(NJAC 5:23-8)	justificatio				Mamma 2050	Bray				umber		-					
	□ Cancellati	011															
	(0)	FAC	CILITY IN	FOR	MATION	r=		7/65									
Name of Facility Where		aking	Place	(3)					Type of Facility								
Former KMart Build						School (K-12		-12)									
Street Address									Other (i.e., pr	rivate and com		ouildir	ngs,				
19 Vervalen Street									homes, etc.)								
City (5)						Square Feet	# of Floors	1	Bldg.								
Closter, NJ 07624				1 /O.T.	TT 1 10T 01 11 10	80,000	1		40+								
County (6)					Cour	ity Code (7)(SIA	TE USE ONLY)	Current Use (Pr		nolished)						
Bergen				- I					Vacant Reta								
Name of Monitoring Firm		407	100	8)	ASCM	No.	100		ent Contractor (9)								
Accredited Enviror	nmental Tech	nnolo	gies		NA				ironmental Sys	stems							
Street Address								eet Address									
28 N. Pennell Rd.							1	50 East Uni									
City, State, Zip Code								, State, Zip C									
Media, PA 19063				T				est Chester, PA 19382									
Project Manager for Mor	nitoring Firm				ephone		Telephone No. License No. 610-701-9000 00508										
Eric Sutherland					10-891		Name of OSHA Monitor										
Start Date (10)					etion Da			ations of	Monitor								
12 /4 /					_ / .	16	A	ET									
Occupancy Status Durin								eet Address									
☐ Facility Closed/Vacat						.,		8 N. Pennel									
Abatement Performer						scribe		, State, Zip C ledia, PA 19									
			–						17.000								
Scope of Work (Check a	II that apply)						antivo Proceurs										
≥3 sf or ≥3 lf			⊠ Re	novat	ion			☐ Mini-End	tainment with Neg closure	Jauve Piessuie	*						
≥160 sf or ≥260 lf			☐ De	moliti	on		☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure										
			lo.	Loca	tion			☐ Non-Exe	empted (") and No	n-Friable Proc		1 1	-	-			
Location	n of			Norma				Description of	of			T	ment				
Asbestos-Containing	Material (ACM	1)			ely by			Containing Ma	aterial (ACM)	Amount	a d	Repair	Enc	Enc			
TO BE AB					ance/ Staff?	(i.e		rmal systems		(Specify SF or LF)	Nellioval	alr	aps	Enclosure			
(13)	iity			(12)				surfacing, VAT her miscellane		SF OI LF)	=	-	Encapsulate	re			
· ·			Yes	No	N/A								(D	1 1			
Throughout						VAT / N	lasti	С		71,721 SI	F						
Roof						Flashin	ıg			2200 SF							
Rear Area						Pipe Fi	tting	s		70 EA							
				П		-						1		T			
Name of Registered Waste Hauler						l Waste	Cub	oic Yards of	Name of Regis	stered Landfill							
Richard Burns & Co.						D No.	Wa			erks Landfill	ı						
City, State	City, State							posal Date	City, State								
Phila., PA							Т	BD	Birdsboro, PA								
Completed By (Print or 7	Гуре)	Title					Signature had Date										
Mark Griffin Estimator											11-	1	9-1	15			

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

		NOT	TIFIC (Pu	ATIC	N OF	ASBE	Jersey STOS ABATE :60 and 12-12	MENT 0)	Check No.	_ 8	28	78	7		
Date of Notification (1)				Na	ame of l	Building	Owner/Operator (2	2) .	2010	1/10					
November 10, 2015				V	/illian	Pater	rson Universit	ty	NON		B				
	Type Noti	fication		St	reet Ad	dress		4:	24	Da					
□ EPA □ DEP Nationaline Sate Reg. 10 2004 □ DOL	☑ Initial ☐ Amend	led dment #		Ci	ity, Stat	mptor e, Zip Co e, NJ 0			Telephone Number	VIRO	60				
☑ DOH ☑ DCA	i⊔ Emerg justific i□ Cance				ame of	Contact ettit			Telephone Numb	(B)					
				-	FACILI	TY INFO	RMATION								
Name of Facility Where A	hatement	is Taking Place	(3)					Type of Facility ((4)						
	batement	is raking ridee	(0)					☐ School (K-12)							
Hunziker Hall Street Address								Subchapter 8	(Other than K-12) vate & commercial	building	S.				
300 Pompton Road	1						1	homes, etc.)	vate a commercial	Dullullig	Ο,				
City (5)								Square Feet	# of Floors	Bldg. A	Age				
Wayne, NJ 07470								91,520	3	56 /	46				
County (6)						Code (7)	(STATE USE	Current Use (Pr	or if being demolis	hed)					
Pasaic				0	NLY)			Education							
Name of Monitoring Firm	Hired by	Building Owner	A	SCM N	lo.		Name of Abateme	ent Contractor (9)						
TTI Environmental			(00003	}		B&N&K Restoration Co., Inc.								
Street Address	•						Street Address								
1253 North Church	Street						223 Randolp	h Avenue						_	
City, State, Zip Code							City, State, Zip C	ode							
Moorestown, NJ 08	8057-11	36					Clifton, NJ 0	7011						_	
Project Manager for Moni			Tel	ephone	No.		Telephone No.		License No.						
Jeff Seaman					0-8800)	973-478-468		00120					_	
Start Date (10)		Scheduled Con			(11)		Name of OSHA N								
December 21, 2015		February 2		16				rironmental S	Services, L.L.C	<i>'</i> .			-	\dashv	
Occupancy Status During	g Abateme	ent (Check only	one)				Street Address	I. Accomora							
☐ Facility Closed/Vacate	ed During	Entire Period of	Abate	ment		-	464 Valley B City, State, Zip C		;					\dashv	
☐ Abatement Performed ☐ Other - Describe: Nor	Outside o	f Normal Facilit	y Hou	rs	1		Lyndhurst, N					-26			
Scope of Work (Check al	AND DESCRIPTIONS						⊠ Full (Containment with	Negative Pressure	е					
☐ ≥ 3 sf or ≥ 3 lf					⊠ Reno		☐ Mini-	Enclosure	-						
≥ 160 sf or ≥ 260 lf				[☐ Demo	lition	⊠ Glove	ebag Procedure Exempted (*) and	d Non-Friable Proc	edure					
			1-	Locatio				,,,			Al	ate Ty	mer	nt	
Locatio Asbestos-Containin TO BE A	ng Materia	I (ACM)	N Used Mai	ormali d Solel ntenan ustodia	y y by nce/	Asbes	Description of the stos Containing Man, thermal systems	aterial (ACM) insulation,	Amount (Specify		Ren		_	Enclosure	
IN Fac (13		-		Staff? (12)	N/A		surfacing, VAT other miscelland		SF or LF)		Removal	Repair	Encapsulate	sure	
See attached for o	letel		Yes	No	Ther	mal Systems	Insulation	41	20 Inft	X					
See attached for c	Jetan						Insulation		20	0 sq ft	iX				
						2022222	or Tile & Mastic 2910								
			riable transite pip		20 In ft / 42	0 sq fi	tX								
Name of Registered Wa	ste Haule	r L	NJ	DEP W	aste H		Cubic Yards of	Name of Regi	stered Landfill						
B&N&K Restoration	on Co.,	Inc.,	7.53	No. 2695 .	/ 2A4	56									
City, State							Disposal Date City, State								
Clifton, NJ 07011 / Bronx, NY							03/14/2016 Waynesburg, Off								
Completed by		Title				Signature Date									
G. Roger Woodma	Safety Off		11/10/20							/2015					

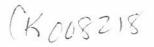
William Paterson - Asb Quantity

	Floor	Room	Pipe LF.	Tank Insulation		Transite Panels	Floor tile & Mastic
HW	First	23	100				
HW	First	Room Outside Janitorial Supply	3				
HW	First	Elevator					70
HW	First	Storage	5				
HW	First	Speech & Hearing - 4A	16				
HW	First	5A-5E	5				
HW	First	Language - 6A	6				
HW	First	6C/6D	15				300
HW	First	7A-E Faculty Off	6				520
HW	First	Observation - 9					150
HW	First	Hallway	1000			140	
HW	First	Room 16	10				
HW	First	Mechanical	320	200			
HW	First	Server Room	45				
HW	First	Communication Disorder	60			9	
HW	First	11E	30				
HW	First	Therapy Suits 10A-10G	1				
HW	First	Room 35	50				
HW	First	Utility Closet	5				
HW	First	Speech Clinic	90				
HW	First	Speeh Clinic Bathroom	200				
HW	First	Child Development Center	100				
HW	Second	102	200				780
HW	Second	103	20		84		20
HW	Second	104	5				20
HW	Second	106	10				60
HW	Second	107	20				00
HW	Second	108	20				
HW	Second	110	10			140	
HW	Second	Hallway	1000			140	
HW	Second	122	5				
HW	Second	123	5				
HW	Second	128	10				255
HW	Second	126	12 8				255
HW	Second	125	5				255
HW	Second	124	26				500
HW	Second	Conference Rm 120	18				300
HW	Second	111	2				
HW	Second	130	5				
HW	Second	Utility Closet	75				
HW	Second	Knuckle Offices				ana a	
HW	Third	Hallway	40		20	140	
НН	Basement	Mechanical	557				
		Totals	4120	200	20	420	2910
	HW HH	Hunzinger Wing Hunzinger Hall					

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

RECEIVED

Date of Notification (1) November 24, 201	5			Name of Building Owner/Operator (2) Princeton University, Facilities Procurement Office Princeton University, Facilities Procurement Office										19			
Agencies Notified	Type Notification			Street A	ddress Millan E	Building	ı		7	A58	ESTO	S C	UN	TR	01		
DEP X DOL	Initial Amended Amendment		_		ate, Zip Co eton, NJ						& LIC	ENS	IN	G			
☑ DOH DCA	Emergency justification) Cancellation			Name of Contact Telephone Number Bob Ortego													
					ILITY INFO	ORMATI	ON						-		10-11-13-		
Name of Facility Where Residence	Abatement is Takir	ng Place (3	3)	.,,,				Type of Facility (4)									
Street Address									School (K-1)		or than V	12)					
60 McCosh Circle							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,										
City (5)			-					Saua	etc.) are Feet	# of	Floors		Blo	ig. A	ge	-	
Princeton								2,20	00	1			40	8078	3.7		
County (6) Mercer				Code (7) USE ONLY)			ent Use (Pric sidence	r if bei	ng demol	lished)						
Name of Monitoring Fire Pennoni Associate			ASCI	M No.				atement Con	tractor	(9)							
Street Address						Street											
515 Grove Street,	Suite 1B								Lincoln H	ighwa	ay, Suite	e 500	1				
City, State, Zip Code Haddon Heights, N							City, State, Zip Code Exton, PA 19341										
Project Manager for Mo R. Alan Lloyd	nitoring Firm			Telepho 856-5	ne No. 47-0505		Teleph 484-	hone N 872-8			License 01161						
Start Date (10) 11/25/15		Schedule 12/11/		npletion	Date (11)		Name		SHA Monitor			*					
Occupancy Status Duri	ng Abatement (Che	ck Only Or	ne)				Street		ess				_				
	cated During Entire						200	US R	Route 130 I	North							
Abatement Perform Other – Describe:	med Outside of Norr	mal Facility	Hours	City, State, Zip Code Cinnaminson, NJ 08077													
Scope of Work (Check	All That Apply)						500										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demolit				2	Mi	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure							
		Is	Locat	ion						1			Abatement				
Location		1	Normal	ly		De	scription	n of					_	Ту	pe		
Asbestos-Containin TO BE A			d Sole intena				aining N	Materia	al (ACM)		mount	,	,		Ē	ш	
In Fac	ility	Cust	todial ((12)	Staff?	(1.6.	surfa	cing, VA	T, or			Specify or LF)	Nellova		Repair	caps	Enclosure	
(13)	Yes	No	N/A	-	other n	niscellar	neous))) Val		air	Encapsulate	sure	
Residence	, Interior	100	140	X	Pipe In	sulatio	n Debi	ris in	trench	5	0 LF	X	+	_			
Residence				X	2000-00-00-00-00	en Boa			- 14		00 SF	X	+				
Residence	, Exterior	X	Excav	ated so	oil with	ACN	/I debris	1	0 cyd	X	1	- 1					
												7					
Name of Registered Wa		JDEP V		(2.00)	Yards		Name of I	Registe	ered Land	dfill							
Waste Managemen		lauler ID	No.	of Was	ste		GROW	S Lan	dfill								
City, State Trenton, NJ				Disposal Date City, State TBD Morrisville, NJ													
Completed by Jack Bally	rojec	t Mana	nger	S	Signature	e r la /	2011	<u></u>		Date 11/23	2/1/	5					
- 2011 2011 3	· IVIGITO	901		Ill	IL/	Milly	am		11/20	<i>JI</i> 15							



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

RECEIVED

Date of Notification (1) 1	1-5-15		Name of		ng Owner/Operator (2)	2015	NUA SI' BM	DV 24 PM 1:11							
Agencies Notified	Notification Type	- 83	Street A		lighway				1						
□ EPA □ DEP X DOL	Initial x Amended Amendment #	(City, Sta	te, Zip	ip Co g, NJ 08330 ASSESTES CONTROL & LICENSING										
□ DOH □ DCA	☐ Emergency (Includin Justification) ☐ Cancellation		Name of Ryan F				Telephone Number								
			FACI	LITY II	NFORMATION										
Name of Facility Where A	Abatement is Taking Place	(3)				Type of Facili									
Street Address 114 11 th Ave					W.		er 8 (other than K- private & comme		ildir	ngs,					
City (5) Mays Landing						Square Feet 180	# of Floors	BI 50	dg. i	Age	3				
County (6) Atlantic County					ounty Code (7) (STATE SE ONLY)	Current Use (prior if being dem	olished)						
Name of Monitoring Firm Harvard Environmen	Hired by Bldg. Owner (8) ntal Inc.	1	ASCM N	lo.	Name of Contractor (9 County Environment										
Street Address 760 Pulaski Highwa	ıy				Street Address 461 New Churchr	61 New Churchmans Rd.									
City, State, Zip Code New Castle, DE 197					City State, Zip Code New Castle, DE 1	9720									
Project Manager for Mon Wesley Morrison	(326-23	33	Telephone Number (302) 322-8946		License Num 00578	ber	8						
Scheduled Start Date (10 11/25/15		pletion -25-15	Date		Name of OSHA Monit County Environm	0.55									
	g Abatement (Check only o		ont		Street Address 461 New Churchr										
	ed During Entire Period of d Outside of Normal Facilit				City, State, Zip Code New Castle, DE 1	9720 ्									
Scope of Work (Check a	II that apply)														
\geq 3 sf or \geq 3 lf xxx \geq 160 sf or \geq 260 lf				☐ Rend ☑ Dem	ovation		ebag Procedure on-Friable Proced	ıre							
			s Location		Description	on of		A	bate		nt				
Asbestos-Contain TO BE A	tion of ing Material (ACM) ABATED liity (13)	Use Ma	ed Solel aintenan Custodia Staff? (12)	y by ice/	Asbestos Containing (i.e. thermal system surfacing, \ other miscell	Material (ACM) ns insulation, 'AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
		Yes	No	N/A			2 1/2 5								
Exterior wall and roof par	nels	X			Transite wall & roof p	anels	575 SF	X							
Name of David	outo e	1	DED.11:			F	1								
Name of Reg. Waste Ha SJ transportation Co. Inc		01820	DEP Wa No.NJD		9976 Waste 30	Modern I	eg. Landfill Landfill								
City, State Woodstown, NJ					Disposal Date TBA	City, State York, PA	7		,						
Completed by B. Hode dow	Title PM * Do not use this form for asbes	tos licens	ure exemn	ted activit	Signature		Dat /	e 11/2	0/	10	5				

CK 2920

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

											m 1 1 1	N 2 m	-	7			
Date of Notification	(1) 11/13/2015						Owner / Opera		(2)	IS NOV	-		1				
Agencies Notified		tion			Addre		IONICATION	40			Ru .	0.0					
	Type Notifica	ation	100				OOMEDY DI	40	- 45	RE CO	THI E	Se	1				
	· · · ·						GOMERY PL	_AC	E	EFER		-3					
DEP	Initial		0.900			Zip C				LICENS	LITE						
□ DOL	☐ Amer	nded					PA 15212			CAS	IMA	DI	30				
□ DOH □ DCA	☐ Emer	gency	N	ame	of Co	ntact					Telep	hone	Nu	mbe	r		
☐ DCA	☐ Canc	ellation	A	LEX	BAY	LOR					9.6						
					ILIT	Y INF	ORMATION					-11-70					
Name of Facility Wh			ace (3)				Type of Fac										
Bergen Central C	Office - VER	IZON					School	I (K-	12)								
Street Address							Subcha	apte	r 8 (Other tha	n K-12)							
71 Madison Ave.							Other (Other (i.e. private & commercial buildings, homes, etc.)									
							Square Fee		# of Floo		Bldg.						
City (5)		County (6)	Com	ntv C	ode (7)	1130		,, 0	7	Joing.		75		- 8		
		000	inty O	000 (.,			rior if being de	amolished)					-			
Jersey City						100		100	C	2115		B					
						nunication		green of	-								
Name of Monitoring			er (8)		ASC	M No.			ment Contrac		لاه ليا	NO		1 6 6	5		
USA Environmer	ntal Manage	ment Inc.					BRISTOL	EN	VIRONMEN	TAL INC	-S			0			
Street Address							Street Addr	ress			00	70	-	11	ì		
8436 Enterprise	Ave						1123 BEA	VEF	RSTREET		mon			-	4		
City, State & Zip Co	de						City, State	& Zip	o Code		616	=	5	7			
Philadelphia pa 1							BRISTOL	. PA	19007		ZZ		-		7		
Project Manager for		irm	Teleph	one	Numb	er	Telephone Number License Number										
Mark Jenkins	eg .		267-7				215-788-6040										
Scheduled Start Da	to (10)	Scheduled Con	THE WAY IN	_	-		Name of O	_	American Company of the Company of t		1			_			
11/30/1	The state of the s	Scrieduled Con	12/8/		= (11)				VIRONMEN	TAL INC							
		1 (0)							VINORIVILIA	TALING			_		-		
Occupancy Status I	Juring Abater	nent (Check or	nly one)) 5 A L -			Street Addr										
		During Entire P		Aba	teme	nt			RSTREET						-		
		utside of Norma	al				City, State										
A Comment of the Comm	5:00 PM -						BRISTOL,	, PA	19007								
Facility Occ	upied During	Abatement															
1Scope of Work (Cl	heck all that a	ipply)															
10 W								\triangleright	Full Con	tainment with	h Negat	ive P	ress	sure			
≥3 sf or ≥3 I	f		\boxtimes	Rend	ovatio	n		Г	Mini-End	closure							
≥160 sf ≥26	O If		Ħ	Dem	olition	า		Ė	Glove B	ag Procedure	es						
	970.00°E.				170017411751	(54)		F		empted and N		ble F	roc	edur	e		
1,	ocation of		lo L	ocatio	20		Descripti	ion		Amoun							
D	tos-Containin	,	Norma				Asbestos-Co			(Specify		Thate	IIIC	11111	pe		
	erial (ACM)	9		lely b			Material (SF or LF				ш					
	BE ABATED		Mainte				(i.e., thermal			01 01 21	,	Re	70	nca	Ē		
	n Facility		Custo			l i	nsulation, surf					ğ	Repair	sde	clsc		
	(13)			(12)	tuii.		or other misce					Remova	=	Encapsulate	Enclsoure		
	(/				N/A	f								e	(D		
Dawas saam							Vat/ma	otio		960 SF	- 1	X [7	\neg			
Power room				님	H		vavilla	SLIC		300 31		쒸누	+	H	H		
			닏	닏	닏						1,1	╡┼╞	4	님	井		
				Ш								_ _	4	니	닏		
											[
		F	口	Ħ						Ī	71	1					
Name of Registered	NII)FP \	Vaste	Cubic Yards	IN	Name of Regi	stered Landf	fill				_					
ivanie of registered	vvasic Haun	51		10000000	ıler IE		of Waste	- 1	tarrio or regi	otorou Luriu.							
SERVICE TRANS	PORT GRO	LIP INC		,	2099		8	n	/INERVA L	ANDFILL							
	. OINT GINE	J., 1110.			_000		Disposal Date		City, State			roman in					
City, State	E 40700						a comment of the second of the			IPG OU							
NEW CASTLE, D				Title			Tbd	٧	VAYNESBL	iku, un	- 1=	•					
Completed By (Prin				Signature			, .	Da									
Patrick T. DeCard	0			Est	timat	or	Patries	0	A I Ce	c. /.	0 11	/13/	15				
							Marie	K	1.00	600 / T							

CK 2920

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

. (8) 5	420	(Pt	ursua	ant	to <u>l</u>	1.J.A.	<u>C.</u> 8:6	60 and 1	12:12	20)		C/#	24	13	L.	
Date of Notification	(1) 11/13/15							/ Operator			00.	LECE!	YE	6	1	
Agencies Notified EPA	Type Notifica	ation	5	Street	t Add	dress	un var ut var avven	Charles and Co			2815	HOV	M to			
DEP			and the same			& Zip C				Á	Sar	de	MIO	99		
□ DOL	Amer	nded	100			DOD, N		01			2	OS CO	±17.			
□ DOH		gency	1	Vame	of (Contact					7	LICENTA	lepho	OF N	umb	er
☐ DCA	☐ Canc	ellation	A	ALE)	K BA	YLOR						427				
					CIL	TY INF					-0.1.1.1				7111	
Name of Facility Wh			lace (3	5)			Typ	e of Facilit School (K								
Street Address	TIVAL OIT	ICL					ᅱ片	Subchapt	2.5	Other tha	n K-1	2)				
216 LEXINGTON	AVE											cial buildings	, hom	ies, e	etc.)	
							Squ	uare Feet		# of Floo	ors		g. Ag			
City (5)		County (6)	Co	unty (Code	e (7)		20000			3	(f)	Ξ		73	
LAKEWOOD		OCEAN									emoli	shed) &	2	S S	Th	
						MMUNIC							()			
Name of Monitoring USA ENVIRONM					AS	SCM No		ne of Abat						DF.	[]	4-
Street Address	LIVIAL IVIA	NAGLWILNI	, IIVC		+		_	et Addres		DIAINICIA	IAL	00 €		K	-	
8436 ENTERPRIS	E AVE							23 BEAVE		REET		T		***	13	1
City, State & Zip Co	de						City	, State & Z	Zip Co	de		<u></u>	- Contract	<i>a</i> *		
PHILADELPHIA P					25-51-33			ISTOL, P		07	<u> </u>					
Project Manager for MARK JENKINS	Monitoring F	irm	Telep 215-3					ephone Nu 5-788-604				License Nu	mber 0050	9		
Scheduled Start Dat 11/23/15		Scheduled Cor	npletio	n Da	-		Nar	ne of OSH	A Mor		TAI	INC				
Occupancy Status D		mont (Chock or	11/24				_	ISTOL El eet Addres		JINIVIEN	IAL	INC				
		During Entire P			aten	nent	100000000000000000000000000000000000000	23 BEAVE		REET						
I SELECTION OF THE SECOND SECO		utside of Norm														
Describe:	5:00 PM -	1:30 AM						ISTOL, P								
- Married	upied During							28								
Scope of Work (Che	eck all that ap	ply)								FII C	4-:	ant with Na	ti	Des		
≥3 sf or ≥3 lf	f			Por	nova	tion				Mini-End		ent with Ne	Jauve	Pres	Sule	ě
≥3 sf or ≥3 lf ≥160 sf ≥260			H		nolit				Z_3			ocedures				
	5 11		Ш	Dei	HOIR	1011					_	d and Non-f	riable	e Pro	cedu	ıre
Lo	cation of		ls l	ocat	tion	1		Description				Amount	_	atem		
Asbest	os-Containin	g	Norm	nally	Used	d .	Asbe	estos-Cont	aining	1		Specify				Ť
	erial (ACM)			olely		_		laterial (AC			S	F or LF)	R	_	Enc	m m
	BE ABATED Facility		Maint					(i.e., thermal systems nsulation, surfacing, VAT					Remova	Repair	aps	Enclsoure
***	(13)			(12)				er miscella					Val	=	Encapsulate	ure
	500 150 		Yes	No	N/A	A							<u> </u>		е	
BASEMENT	*				F]	V	AT/MAST	TIC			80 SF				H
			님	H	+ -]							ዙ	H	H	ዙ
			H	H	+]]							H	H	H	ዙ
	H	H	╁╞	1							H	H	H	H		
	H	H	누	1							ዙ	H	H	H		
Name of Registered		35.05		Waste ID No.	The second second second		Name	of Regi	stere	d Landfill						
SERVICE TRANS	SERVICE TRANSPORT GROUP, INC.						of Wa	iste	MINE	RVA L	AND	FILL				
City, State							Dispo	sal Date	City,		IRC	OH MAGGO			5-2-2-	
NEW CASTLE, DI							The state of the s					Date				
	Completed By (Print or Type) PATRICK T. DeCARO												1/13/15			
		Estimator				Patrick J. O'Caw / Je 11/13/15										