10(1×15)	58-0	7	NOI				BESTOS ABAT AC 8:60 and 5:1			NEGE		W	E	1	
Date of Notification (1)					Nam	e of Buildin	ng Owner/Operator	(2)	1		J U				
9 /	12 /	19				rtua				OCT 1	1	sasa.	1	Total Control	
Agencies Notified	Type Notifi	cation			Stree	et Address			ind .	1 001 1	1.	2019	Distriction	Long	
⊠ EPA	☐ Initial				20	Stow Rd		OPERAGE		P-Language Company			P-9480022		
⊠ DOLWD	⊠ Amende	777			City.	State, Zip	Code		-	ASSESTOS	CON	THU	- Pa		
⊠ DOH	Amenda					arlton NJ		L	to the American	LICE	ISIN	3		22000000	
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		dudin	g		e of Contac			-1	Telephone Num	hor			Name of Street, or other party of the street, or other party or ot	
(☐ Cancella				100000000000000000000000000000000000000	t Giordan				856 355-092					
					FA	CILITY IN	FORMATION		_1	000 000-002		_			
Name of Facility Where	Abatement is	Taking	Place	(3)				Type of Facil	ity (4	1)	-				
Our Lady of Lourde	es-Willingb	oro		20 20				School (K		χ.					
Street Address								☐ Subchapte	er 8 (Other than K-12)				
218 Sunset Road								Other (i.e. homes, et	, priv	rate and commer	cial b	uildin	js,		
City (5)					1.30			Square Feet		# of Floors	В	ldg. A	ge		
Willingboro								>50,000		5		30+	30		
County (6)					Cou	nty Code (7)(STATE USE ONLY)		Prior	r if being demolis	hed)	-			
Burlington							,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(in boing domono	ilouj				
Name of Monitoring Firm	Hired by Bui	Iding Ov	wner	(8)	ASCM	No.	Name of Abateme	ent Contractor	(9)						
Vertex Environmen		_					Delta/BJDS, I		(0)						
Street Address							Street Address		_						
700 Turner Way, Su	ite 105						1345 Industri	al Blvd							
City, State, Zip Code							City, State, Zip Co								
Aston, Pa 19014							Southamptor								
Project Manager for Moni	itoring Firm			Tele	phone	No.	Telephone No.			License No.					
David Brown				6	10 558	-8902	215 322-2900			00783					
Start Date (10)		Schedu	led C	omple	tion Da	ite (11)	Name of OSHA M	lonitor			0.00				
9 / 26 /	_19_	11	/	_ 30)_/	19	Criterion								
Occupancy Status During	Abatement (Check	only c	ne)			Street Address						_		
□ Facility Closed/Vacate	ed During Enti	ire Perio	od of	Abate	ment		400 Street Ro	ad							
Abatement Performed	Outside of N	ormal F			s - Des	scribe	City, State, Zip Co	ode						-	
Time of Abatement: _	AM- <u>7</u> PI	VI/	_PM	3AM			Bensalem Pa 19020								
Scope of Work (Check all	that apply)														
☐ ≥3 sf or ≥3 lf			7 D.	novati				ainment with N	egat	ive Pressure					
≥160 sf or ≥260 lf		Ĺ		molitic	7.50		☐ Mini-Encl								
				0.88884-0.110	2-112		☐ Non-Exer	mpted (*) and N	Non-	Friable Procedur	е				
				Locat			20.10				Abatem		ent T	уре	
Location Asbestos-Containing I		n		lorma d Sole		Ashoo	Description of stos Containing Mat		1		R	Ŋ.	ш	ш	
TO BE ABA	TED	"		ntena			, thermal systems i		1	Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
IN Facilit	ty		Cust	(12)	Staff?		surfacing, VAT,			SF or LF)	val	7	Insc	sure	
(13)			Yes	No	N/A	1	other miscellaned	ous)					ate	LD.	
		ſ		\boxtimes		Please S	See Attach		+						
1.4			_			110000	ooo Attuon		+						
			=						+			Ш	Ш	Ш	
	70														
Name of Registered Wast				100	JDEP \ auler I[Cubic Yards of Waste	Name of Reg							
Service Transport G	roup				20990	500000000000	· rasic	Minerva I	Land	dfill					
City, State							Disposal Date	City, State							
58 Pyles Lane New	Castle DE							Waynesb	urg	, Ohio					
Completed By (Print or Ty		Title				-	Signatûre	-	^	/ Dat	е				
Christine Del Viscio		Ass	st. A	dmin	istrato	or	11 Mont	- 1)	Vi	1/2-1	()	-10	3	219	
ACR A1							1 1000	- medical del	11 8	MACCA!	~		~		

State of New Jersey

×	80 SF	Bottom Layer		
		12X12 White Floor Tile w/Black Mastic	×	Throughout
			_	2nd Floor -E Wing Tower Office
×	50 SF	layer		
		12X12 white floor tile w/black mastic bottom	×	Throughout
×	50 SF	Mastic a/w 12x12 orange floor tile (top Layer)	×	Throughout
				3rd Floor-E Wing Tower Office
×	120 SF	Below Carpet	×	Inroughout
		12 X 12 Floor tile w/Black Mastic		5th Fl. E Wing Tower/Supply Closet
×	100 SF	9 X 9 tan floor tile w/black mastic	_	Custodial break room X
				Custodial break room
				1st FI-H Wing Hallway
×	100 SF	(Bottom Layer)		
		12x12 Gray Floor Tile with black mastic	×	Throughout
				Therapy area Storage Closet
				1st-FI-G Wing Respiratory
×	400 SF	abated)		and the same of th
		Carpet(Only a portion of the room will be		458
		9x9 Black Floor Tile w/black mastic below	×	North End Office
			YES NO N/A	ords office
	Same Section &	一年の大きのなどは、またのは、またいのはないというない		
		Telephone in contract	CUSTODIAL STAFF?	IN FACILITY OF
		SURFACING, VAT, OR	MAINTENANCE/	
	SF OR LF	(IE, THERMAL SYSTEMS INSULATION	USED SOLEY BY	MATERIAL (ACM)
	SPECIFY	ASBESTOS CONTAING MATERIAL (ACM)	NORMALLY	ASBESTOS-CONTAINING
REMOVAL REPAIR ENCAPSULATE	AMOUNT	DESCRIPTION OF	IS LOCATION	LOCATION OF

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

Date of Notification (1)				IAIn				1 111				11
9/	12 /	19			me of Build Irtua	ding Owner/Operator	(2)	III OC!	1 1	2019		The state of the
Agencies Notified EPA	Type Notific	cation		24	eet Address		1	Supramore and a property constant waster			20	Table St.
Ø DOLWD	☐ Amende	ad			0 Stow R			ASSEST	OS CO	VTRO	La	اللب
☑ DOH	Amenda				, State, Zip				ENSIA	IG	i Grando	Market .
□ DCA	☐ Emerger	ncy (includ	ding		lariton N.							
(NJAC 5:23-8)	justificat	ion)		1.0	ne of Conta			Telephone N	umber			_
	☐ Cancella	ition		P	at Giorda	ano		856 355-0				
Nama of Facility IVI				F	ACILITY	INFORMATION					-	
Name of Facility Where A Our Lady of Lourde	Abatement is ' es-Willingbo	Taking Pla oro	ace (3)				Type of Facility					
Street Address							☐ Subchapter	8 (Other than K	-12)			
218 Sunset Road							Other (i.e.,	private and com-	mercial I	buildin	gs,	
City (5)				-			homes, etc Square Feet					
Willingboro							>50,000	# of Floors	E	Bldg. A	ge	
County (6)				Cou	unty Code	(7)(STATE USE ONLY)		5		30+		
Burlington					, ,,,,,,,,	(ASTATE OGE ONE !)	Current Use (P	rior if being dem	olished)			
Name of Monitoring Firm I	Hired by Build	ding Owne	er (8)	ASCN	l No.	Name of Abateme	ont Costes 1					
Vertex Environment	tal		,			Delta/BJDS, I))			1000	
Street Address						Street Address	TIC					
700 Turner Way, Sui	ite 105						al Divid					
City, State, Zip Code			41-52-5			1345 Industri						
Aston, Pa 19014						City, State, Zip Co						
Project Manager for Monito	oring Firm		Tel	ephone	No	Southampton	Pa 18966					
David Brown					3-8902	Telephone No.		License No.	120000000000000000000000000000000000000			-
Start Date (10)	10	ob odula d				215 322-2900		00783				
		CHECHINE	Compli	ation D	ntn (111)	N- COOLLE		- 00.00				
9 / 26 /	19	11	Comple / 3	etion Da	ate (11)	Name of OSHA M	onitor		*			
9/26/_	19	_11_	/ _3	etion Da	19	Criterion	onitor					
9 / 26 / Occupancy Status During	19 Abatement (C	11_ Check only	/ _3	0_ /	ate (11) 19	Criterion Street Address			•			
9 / 26 / Decupancy Status During / Facility Closed/Vacated Abatement Performed C	19 Abatement (C During Entire	11	one) f Abate	ment	19	Criterion Street Address 400 Street Ro	ad	70.00				
9 / 26 / Decupancy Status During / Facility Closed/Vacated Abatement Performed C	19 Abatement (C During Entire	11	one) f Abate	ment	19	Criterion Street Address 400 Street Ro	ad de	70.00				
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		Throughout	2nd Floor		Throughout	Throughout	3rd Floor-		Throughout	5th Fl. E Wi		Custodia	Custodia	1st FI-H		Throughout	Therapy	1st Fl. G	The same of the sa	1	North E	(L) Ist Floor	E	I CON	IN FACILITY	MATER MATER	LOCATION-OF
		out	2nd Floor -E Wing Tower Office		out	out	3rd Floor-E Wing Tower Office		out	5th Fl. E Wing Tower/Supply Closet		Custodial break room	Custodial break room	1st FI-H Wing Hallway		out	Therapy area Storage Closet	1st Fl. G-Wing Respiratory		<i>A</i>	North End Office	1st Floor Wiedical Records office		SIN	HAIED	MATERIAL (ACM)	LOCATION-OF
		×			×	×			×			×				×					×	YES NO N/A		COOL CONTROLLE	MAINTENANCE/	USED SOLEY BY	IS LOCATION
		12X12 White Floor Tile w/Black Mastic			12X12 white floor tile w/black mastic bottom	Mastic a/w 12x12 orange floor tile (top Layer)			Below Carpet	12 X 12 Floor tile w/Black Mastic		9 X 9 tan floor tile w/black mastic		THE REPORT OF THE PROPERTY OF	(Bottom Layer)	12x12 Gray Floor Tile with black mastic			abated)	Carpet(Only a portion of the room will be	9x9 Black Floor Tile w/black mastic below			O I I I I I I I I I I I I I I I I I I I	MAINTENANCE/ SURFACING, VAT, OR	(IE, THERMAL SYSTEMS INSULATION	DESCRIPTION OF
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Date of Notification (1)	旦 人 旦旦	C-55%			1							OCT	1	1 201	0
	9 /		19						Owner/Operator gton / Job #	(2) 1910-5547 Che	ck #11783				•
Agencies Notified	Type Noti	ficatio	n		- 2	Stre	et Address	;			ASE	ESTO	3 C	JINTH	OLA
⊠ EPA						5	25 High S	tre	et			LIC	INS	ING	
☑ DOLWD ☑ DHSS	Amend Amend		#			City	, State, Zip	Cod	de						
□ DCA	☐ Emerge			ina		В	urIngton,	NJ	08016	¥12					
(NJAC 5:23-8)	justifica	ation)		- 3		Nan	ne of Conta	ct			Telephone	Number	ē.		
	☐ Cancel	lation				Da	avid H. B	alla	rd		609-386	-0200			
						F	ACILITY I	NF	ORMATION						
Name of Facility Where A			ng Plac	ce (3	3)					Type of Facility (4)				
Burlington Municipa	al Garage	38								School (K-12)					
Street Address										☐ Subchapter 8 ☑ Other (i.e., pri	(Other than I	K-12)	huil	dinge	
325 Federal Street										homes, etc.)	vate and con	imercia	Duii	unigs,	
City (5)					III (SEESSEE)					Square Feet	# of Floors		Bldg	g. Age	
Burlington			March Service												
County (6)						Cou	inty Code (7)(S	TATE USE ONLY)	Current Use (Price	or if being der	nolished	i)		
Burlington								-35		Garage					
Name of Monitoring Firm F		ilding	Owner	(8)	P	ASCIV	l No.			ent Contractor (9)					
Health & Safety Serv	/ices								AbateTech, I	nc.					
Street Address								Si	reet Address						
PO Box 365								_	30 Maple Ave						
City, State, Zip Code									ty, State, Zip Co						
Berlin, NJ 08009	-							_	Lumberton, N	IJ 08048					
Project Manager for Monitor James Proctor	oring Firm			T		hone		1 -	elephone No.		License No				
Start Date (10)		0-1-	2.1-16	\perp			-2432	-	609-265-2107		00529				
10 / _21 / _			10				ite (11) 19	1	ame of OSHA M EMSL Analyti						
Occupancy Status During A	Abatement	(Chec	k only	one))	10		St	reet Address						
☐ Facility Closed/Vacated	During Ent	ire Pe	riod of	Aba	tem	ent		;	200 Route 130	0 North					
Abatement Performed C	Outside of N	lormal	Facilit	y Ho	ours	- Des	scribe	Cit	y, State, Zip Co	de					
Time of Abatement:		PI	VI/		IVI		AM	(Cinnaminson	, NJ 08077					
Scope of Work (Check all the	hat apply)	000				7.1.1.1									
≥3 sf or ≥3 lf			⊠ Re	enov	atior	n				ainment with Negat	tive Pressure				
☐ ≥160 sf or ≥260 if			☐ De	emol	ition				☐ Glovebag	Procedure					
	TO THE RES		1 10		catio		T		☐ Non-Exer	npted (*) and Non-	Friable Proce	1			
Location of	6				nally				Description of			A	_	ment	Гуре
Asbestos-Containing Ma	aterial (ACN	1)			olely		Asbes	stos	Containing Mat		Amount	Remova	Vaball	Encapsulate	E
TO BE ABATE IN Facility	<u>ED</u>				nanc		(i.e.		ermal systems in surfacing, VAT,		(Specify	nov	di	aps	Enclosure
(13)				(12	2)	Paroter J			her miscellaneo		SF or LF)	<u>a</u>		ulat	те
			Yes	N	0	N/A								0	
Boiler Room							Boiler Ir	ารน	lation		15 SF	×	1 [
					- 1										
					1								I		
					1								ılr	П	П
Name of Registered Waste	Hauler						Vaste	Cut	oic Yards of	Name of Register	ed Landfill		1-	-1	1-
AbateTech, Inc.						ler ID 8 750	100000000	Wa	ste 2	G.R.O.W.S. L					
City, State		Chipmes.			- 10	0.00			posal Date	City, State		7-17-17			
Lumberton, NJ								1	0/25/19	Tullytown, P	A				
Completed By (Print or Type	e)	Title							Signature	M		Date			_
Gwendolyn Trumbetti		0	perati	ons	Co	ordi	nator			WIT		10-	9	-10	1

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

NOOK			(P	ursu	ant to N.	JAC 8:60 and 5:	16)	17)				1
Date of Notification (1)				Na	me of Build	ing Owner/Operator	(2)	 0 0	7-1	1 2	019	1 1 1
10 /8	/19					stEnergy Compa		0-5545 Ch	eck #1		2000 2000	l homo
	tification			Stre	eet Address	3		ASBES	TOS C	רואס	POL	2
☐ EPA ☐ Initia				1	0 Legion	Place- Building	A L	-	ICENS	ING	1100	Cf
☑ DOLWD ☑ Ame	0.000			-	, State, Zip						With the same of t	AND DESCRIPTION OF THE PARTY.
	ndment # <u>1</u> gency (incl	ıdina		N	lorristow	n, NJ 07960						
	cation)	ung		_	ne of Conta	- 12 CONT.		Telephone	Numbe	r		
☐ Cano				G	eorge Be	tar		267-347				
				F	ACILITY I	NFORMATION						
Name of Facility Where Abatement	is Taking P	lace ((3)				Type of Facility	(4)				
Valiant/JCP&L Pole							School (K-1;	2)				
Street Address							Subchapter	8 (Other than	K-12)			
10 Fair Haven Road							Other (i.e., p		mmercia	il bui	dings	ř.
City (5)		Y();-= -:	10				Square Feet	# of Floors		Bld	g. Age	3
Fair Haven, NJ								011 10010	1	Did	g. 7 igc	2
County (6)				Cou	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being de	molishe	d)	-	
Monmouth							Substation					
Name of Monitoring Firm Hired by E	uilding Owr	er (8)	1	ASCN	No.	Name of Abateme	ent Contractor (9)					
NA						AbateTech, I	nc.					
Street Address						Street Address	- U					-1-0-1-1
				64		30 Maple Ave	e. PO Box 25					
City, State, Zip Code						City, State, Zip Co	ode					
						Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm		1	Telep	hone	No.	Telephone No.		License No	o.			
Charles 4 400			Contract Street of			609-265-2107		00529				
Start Date (10)	Schedule					Name of OSHA M						
		S		_ /	19	EMSL Analyti	cal					
Occupancy Status During Abatemen	(Check on	ly one	2)		***********	Street-Address						
☐ Facility Closed/Vacated During:E	tire-Period	of-Ab	atem	ent		200 Route 130	North					
Abatement Performed Outside of Time of Abatement:AM	Normal Fac	ility H	ours	- Des	scribe AM	City, State, Zip Co						
					- Aivi	Cinnaminson						
Scope of Work (Check all that apply)						□ Eull Conte	singa ant with his					
≥3 sf or ≥3 lf	\boxtimes	Renov	vation	n		☐ Mini-Encl	ainment with Nega	ative Pressure	•			
☐ ≥160 sf or ≥260 lf		Demo	lition			☐ Glovebag	Procedure		50			
		Is Lo	catio	n	T	⊠ INON-Exen	-Friable Proce	able Procedure				
Location of			mally			Description of			1	_	ement	Туре
Asbestos-Containing Material (AC	M) U	sed S			Asbes	stos Containing Mate	erial (ACM)	Amount	70) depair		E
TO BE ABATED IN Facility	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/lainte ustodi			(i.e.	, thermal systems in	sulation,	(Specify	Kemova	all	äg	Enclosure
(13)			2)			surfacing, VAT, other miscellaneo		SF or LF)	2		Encapsulate	ure
70 (100 E)	Ye	s N	lo	N/A	1	other missenance	43)				te	
Exterior Pole #BT752RN			1	×	Asbesto	s risers		16 LF	D	alr		
			1 1					10.00 (10.00)				
		1=		11.00					_ [-		-
		<u> </u>							[][[
Name of Degistered Marty Hart] [
Name of Registered Waste Hauler				DEP V Iler ID		Cubic Yards of Waste	Name of Registe					
AbateTech, Inc.				8750	Control of the Contro	2	G.R.O.W.S.	Landfill				
City, State						Disposal Date	City, State				1.	150
Lumberton, NJ						10/31/19	Tullytown, F	PΑ				
Completed By (Print or Type)	Title					Signature)	^/		Date	9		
Gwen Trumbetti	Opera	tions	s Co	ordi	nator	1 (0/	N/X	1	16	C	10	2

ASB-41 MAY 11

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