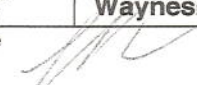


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12-120)

Check No. **2855**


Date of Notification (1) October 14, 2015		Name of Building Owner/Operator (2) Washington Park Fidelco, LLCC						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 494 Broad Street City, State, Zip Code Newark, NJ 07102 Name of Contact Michael J. Lynch Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) 494 Broad Street		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Newark, NJ 07102		Square Feet 104,438	# of Floors 6 Bldg. Age 58					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office						
Name of Monitoring Firm Hired by Building Owner (McCabe Environmental Services, L.L.C. / The Saban Engineering Group, Inc.)		ASCM No.	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.					
Street Address 464 Valley Brook Avenue / 201 Stuyvesant Avenue		Street Address 223 Randolph Avenue						
City, State, Zip Code Lyndhurst, NJ 07071 / Lyndhurst, NJ 07071		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm John H. Chiaviello / Stephen Pharai		Telephone No. 201-438-4839 / 201-673-0064	License No. 00120					
Start Date (10) October 24, 2015	Scheduled Completion Date (11) November 30, 2015	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Main Entrance Vestibule		<input checked="" type="checkbox"/>		Ceiling Plaster	150 sq ft	<input checked="" type="checkbox"/>		
Canopy in front of main entrance		<input checked="" type="checkbox"/>		Ceiling Plaster	104 sq ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler B&N&K Restoration Co., Inc., Tri-State Transfer Associates, Inc.		NJDEP Waste Hauler ID No. 12695 / 2A456	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises, Inc.				
City, State Clifton, NJ 07011 / Bronx, NY			Disposal Date 10/26/2015 - 11/08/2015	City, State Waynesburg, OH				
Completed by G. Roger Woodman		Title Safety Officer	Signature 			Date 10/26/2015		

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

Date of Notification (1) 10/26/15		Name of Building Owner/Operator (2) 326 MAWBEY STREET LLC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 326 MAWBEY ST							
		City, State, Zip Code WOODBIDGE NJ 07095							
		Name of Contact DOUG DETER							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MAWBEY STREET LLC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 326 MAWBEY ST		Square Feet 2000	# of Floors 2						
City (5) WOODBIDGE		Bldg. Age 1950							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) INDIAN ARROW INDUSTRIES INC.						
Street Address		Street Address 144 MILL ST.							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07501							
Project Manager for Monitoring Firm		Telephone No. 973-653-9652	License No. 1257						
Start Date (10) 11/06/15	Scheduled Completion Date (11) 11/16/15	Name of OSHA Monitor GORAN IGEV							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 144 MILL ST.							
		City, State, Zip Code PATERSON, NJ, 07501							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT/BOILER ROOM	X			TSI	40LF	X			
Name of Registered Waste Hauler INDIAN ARROW INC./ATLANTIC CARTING		NJDEP Waste Hauler ID No. 36031/26085	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State PATERSON, NJ / WAYNE, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by GORAN IGEV		Title SECRETARY	Signature			Date 10/26/15			

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

Check No. N/A - PA NY&NJ Project

Date of Notification (1) July 01, 2015		Name of Building Owner/Operator (2) PA of NY & NJ							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Goethals Bridge, 2777 Goethal Road., North City, State, Zip Code Staten Island, NY 10303-8413 Name of Contact Terry Elliott Telephone Number 718-224-1111							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Goethals Bridge - New Jersey side of bridge		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2777 Goethal Road., North (Office Location)		Square Feet 440,758							
City (5) Staten Island, NY 10303-8413 / Perth Amboy NJ 08861		# of Floors 1	Bldg. Age 87 +/-						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge							
Name of Monitoring Firm Hired by Building Owner Saban Environmental		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
Street Address 201 Stuyvesant Avenue		Street Address 223 Randolph Avenue							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Stephen Pharai		Telephone No. 201-673-0064	License No. 00120						
Start Date (10) July 20, 2015	Scheduled Completion Date (11) July 18, 2016	Name of OSHA Monitor McCabe Environmental Services, L.L.C.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Non friable exterior work		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
NJ Bridge Deck Side - North	<input checked="" type="checkbox"/>			transite pipe	1400 In ft	<input checked="" type="checkbox"/>			
NJ Bridge Deck Side - South	<input checked="" type="checkbox"/>			transite pipe	2100 In ft	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Two Brothers Contracting, Inc.		NJDEP Waste Hauler ID No. 12695	Cubic Yards of Waste 155	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Clifton, NJ 07014		Disposal Date 07/21/2015 - 11/15/2015		City, State Penn Argyl, PA					
Completed by G. Roger Woodman	Title Project Manager		Signature 			Date 10/26/2015			

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

Date of Notification (1) <i>October 23, 2015</i>		Name of Building Owner/Operator (2) <i>Wilkin Management</i>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <i>45 Whitney Road</i>							
		City, State, Zip Code <i>Mahwah, NJ 07430</i>							
		Name of Contact <i>Jason Pennypacker</i>	Telephone Number <i>2</i>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <i>Morris Glen Condo Association</i>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <i>390 Morris Ave.</i>		Square Feet <i>500+</i>	# of Floors <i>2</i>						
City (5) <i>Summit</i>		Bldg. Age <i>25+</i>							
County (6) <i>Union</i>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) <i>Apt. Buildings / Condos</i>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address <i>20 Louck Rd</i>							
City, State, Zip Code		City, State, Zip Code <i>Mohnton PA 19540</i>							
Project Manager for Monitoring Firm		Telephone No. <i>610-856-7700</i>	License No. <i>01102</i>						
Start Date (10) <i>11.01.15</i>	Scheduled Completion Date (11) <i>11.01.15</i>	Name of OSHA Monitor <i>CE/Labs</i>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <i>107 New Edition Court</i>							
		City, State, Zip Code <i>Cary, NC 27511</i>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <i>16 SF</i>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<i>Entry Way</i>		<i>X</i>		<i>Floor tile</i>		<i>X</i>			
Name of Registered Waste Hauler <i>Service Transport Group</i>		NJDEP Waste Hauler ID No. <i>P0104984</i>	Cubic Yards of Waste <i>1</i>	Name of Registered Landfill <i>Minerva Landfill</i>					
City, State <i>New Castle, DE</i>		Disposal Date		City, State <i>Waynesburg OH</i>					
Completed by <i>Theresa Hadfield</i>		Title <i>Sales</i>	Signature <i>Theresa Hadfield</i>			Date <i>10.23.15</i>			

Date of Notification (1)
1/10/2016/1/15

Agencies Notified Type Notification

☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

☒ Initial Notification
☐ Amended Notification
☐ Cancellation

Name of Building Owner/Operator (2)
RC Cape May Holding

Street Address
900 North Shore road

City, State, Zip Code
Beesleys Point NJ 08823

Name of Contact
Dave Hage

Telephone Number
732-525-0100

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
BL England Station

Street Address
900 North Shore Road

City (5)
Beesleys Pt

County (6)
Atlantic

County Code (7)
(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e., private & commercial buildings, homes, etc.)

Square Feet
40000

of Floors
10

Bldg. Age
60

Current Use (Prior if being demolished)
Power Plant

Name of Monitoring Firm Hired by Building Owner (8)
N/A

Street Address
N/A

City, State, Zip Code
N/A

Project Manager for Monitoring Firm
N/A

Telephone Number
N/A

Name of Abatement Contractor (9)
New States Contracting

Street Address
2400 Main St Extension Suite 10

City, State, Zip Code
Sageville NJ 08872

Telephone Number
732-525-0100

License Number
00749

Name of OSHA Monitor
Tiger Environmental

Street Address
234 20th Ave

City, State, Zip Code
Brick, NJ 08724

Scheduled Start Date (10)
1/11/2016/1/15

Sched. Completion Date (11)
1/11/2016/1/15

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: normal hours

Scope of Work (Check all that apply)
☐ Demolition
☐ >3 sf or >3 lf
☐ >160 sf or >260 lf
☒ Renovation
☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	N	C	E
Steam Pipe Condensate		Thermal Pipe Insulation 60 ^{SF}		X				X

Name of Registered Waste Hauler
Freehold Cartage

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
20

Name of Registered Landfill
Atlantic County Landfill

City, State
Freehold, NJ

Disposal Date
11-20-15

City, State
Newburg PA

Completed By (Print or Type)
Kurt Nale

Title
Superintendent

Signature
Kurt Nale


Date
10-26-15

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

2015 OCT 30 AM 11:33

Date of Notification (1) <u>10/28/15</u>		Name of Building Owner/Operator (2) <u>The Lawrenceville School</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>2500 Main Street</u>	
		City, State, Zip Code <u>Lawrenceville, NJ 08648</u>	
		Name of Contact <u>Mr. James Keislman</u>	Telephone Number <u>(609) 259-9688</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Football Field Score Board</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>2500 Main Street</u>			
City (5) <u>Lawrenceville, NJ 08648</u>		Square Feet <u>200</u>	# of Floors <u>1</u>
		Bldg. Age <u>60+/-</u>	
County (6) <u>Mercer</u>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) <u>NA</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address		Street Address <u>PO Box 322</u>	
City, State, Zip Code		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>11/6/15</u>	Scheduled Completion Date (11) <u>11/9/15</u>	Name of OSHA Monitor <u>DB Environmental</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>4 Berkeley Place</u>	
		City, State, Zip Code <u>Freehold, NJ 07728</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Scoreboard Shed</u>	<input checked="" type="checkbox"/>		<u>Transite Siding</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/9/15</u>	Name of Registered Landfill <u>GROWS Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>10/28/15</u>

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

Date of Notification (1) 10 / 28 / 15			Name of Building Owner/Operator (2) Penske Truck Leasing Co., LP			2015 OCT 30 AM 11:32							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Rt. 10 Green Hills, P.O. Box 7635			ASBESTOS CONTROL & LICENSING						
				City, State, Zip Code Reading, PA 19606									
				Name of Contact Chris Hawk			Telephone Number ---						
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Penske						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1800 Hylton Rd.													
City (5) Pennsauken, NJ 08110						Square Feet 19,500		# of Floors 1					
						Bldg. Age 35+							
County (6)			County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Commercial Truck Rental							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections			ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems								
Street Address PO Box 11645					Street Address 550 East Union St.								
City, State, Zip Code Phila., PA 19116					City, State, Zip Code West Chester, PA 19382								
Project Manager for Monitoring Firm Jason Dua			Telephone No. 267-784-4693		Telephone No. 610-701-9000		License No. 00508						
Start Date (10) 10 / 28 / 15		Scheduled Completion Date (11) 11 / 17 / 15			Name of OSHA Monitor AET								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM-AM					Street Address 28 N. Pennel Road								
					City, State, Zip Code Media, PA 19063								
Scope of Work (Check all that apply)													
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 2200 SF		Abatement Type			
										Removal	Repair	Encapsulate	Enclosure
Office Area			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			VAT				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler David Geppert Recycling			NJDEP Waste Hauler ID No.		Cubic Yards of Waste 30		Name of Registered Landfill Western Berks Community Landfill						
City, State Hatfield, PA					Disposal Date TBD		City, State Birdsboro, PA						
Completed By (Print or Type) Mark Griffin			Title Estimator			Signature 			Date 10/28/15				