7244

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

(K 5 7487 NECEN EU

Date of Notification (1)					Name o	of Building	Owner/Operator (2	2) !	1614 SEP -4	D'4 (
9//	3 / _	14	_		Virtu	ıa				rn {	5: 5	Ú	
Agencies Notified	Type Notifica	ation			Street /	Address		Į.					
⊠ EPA	☐ Initial				20 S	TOW RO	AD SUITE 3		Lice.		٦.٠		1
□ DOLWD	☐ Amended			h	City, St	ate, Zip Co	ode		- LIUL.	i u ii e b			
☑ DHSS	Amendm	_			MAR	LTON, N	IJ. 08053						
DCA (NUAC E:22 8)			duding	H	2000	of Contact			Telephone Num	ber	100		
(NJAC 5:23-8)	Cancella	1000			0.75=10.50(=)(0.	GIORDA			16.				
							FORMATION						
N	L - 1 1 1	Talda a	Diseas	(2)	FAC	ILII T INI	TORINATION	Type of Facility (4)			-	-
Name of Facility Where A			Place	(3)				School (K-12)					
VIRTURA MARLTON	CAMPUS))			4-			Subchapter 8	(Other than K-12	2)			
Street Address								Other (i.e., pr	ivate and comme	ercial bui	lding	5,	
90 BRICK ROAD								homes, etc.) Square Feet	# of Floors	Die	lg. Ag		_
City (5)									5	1	ig. Ag 10	C	
MARLTON								>50,000			FU		
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or it being demoii	snea)			
BURLINGTON								HOSPITAL					
Name of Monitoring Firm	Hired by Buil	ding C	wner (B) /	ASCM N	No.		ent Contractor (9)					
VERTEX ENVIRONM	MENTAL						DELTA/BJDS	s, INC					
Street Address							Street Address						
700 TURNER WAY,	SUITE 105						1345 INDUST	RIAL BLVD.					
City, State, Zip Code							City, State, Zip C	ode					
ASTON, PA 19014							SOUTHAMP	TON, PA 18966					
Project Manager for Monit	toring Firm			Tele	phone N	No.	Telephone No.		License No.				3000
DON HEIM				61	0 558-	8902	215 322-2900)	00783				
Start Date (10)		Sched	uled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor					
09 //	14	1	2 /	31	_ / _	14	CRITERION I	LAB					
Occupancy Status During		Check	conly o	ne)			Street Address						
☐ Facility Closed/Vacate		50			ment		3370 PROGR	ESS DRIVE					
☐ Abatement Performed						cribe	City, State, Zip C	ode					
Time of Abatement: 7							BENSALEM,						
Scope of Work (Check all	that annly)												
	u.acapp.y)							tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf			⊠ Re				☐ Mini-End	ciosure ig Procedure					
≥160 sf or ≥260 If			Пре	monuc	<i>)</i> 11		☑ Non-Exe	empted (*) and No	n-Friable Proced	ure			
			Is	Locat	ion					Ab	atem	ent T	уре
Location	of			Vorma			Description (R	Z.	ш	m
Asbestos-Containing		M)	Ma	d Sole intena	nce/		stos Containing Ma		Amount (Specify	Remova	Repair	car	Clo
TO BE ABA				todial	Staff?	(1.6	surfacing, VAT		SF or LF)	val	-	Encapsulate	Enclosure
(13)	*			(12)	T		other miscellane	eous)				ate	
			Yes	No	N/A								
GROUND FLOOR RA	DIOLOGY												
NUCLEAR MEDICINE	LAB			\boxtimes	П	MASTIC	3		130 SF	\boxtimes			
			-							П	П	П	
				Ш				77.5	<u> </u>	+ =		_	
							1		to and 1 100	\Box		Ш	
Name of Registered Was				100	IJDEP \ łauler II		Cubic Yards of Waste	Name of Regis					
SERVICE TRANSPO	ORT GRP.			1,	20990				LANDFILL				
City, State							Disposal Date	City, State					
58 PYLES LANE, N	EW CASTL	E, DE	1972	0				WAYNESE	BURG, OH 446	88			
Completed By (Print or T	ype)	Titl	e				Signature		100 100	Date	1		
DAMIAN LAVELLE		F	ROJE	CT N	IGR		Dan	· La	elle	9/3	11	4	
							~ JUNE				1		

NO CH

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

Date of Notification (1)	25 /	14					Owner/Operator (2		/ Job # 1408-		hk. #	3688	3
									CIK SEP 4	F# 8	3: :	}	-
	ype Notific	cation				Address	villa Dand Switz						
1 <u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>	Amende	ed		-	- 10 M		ville Road, Suite	- E	Two are a wear to a second	Li i i	. <u> </u>		
⊠ DHSS	Amend					ate, Zip C		2002	å Lice.	Links	, , , ,	-	
2] Emerge	ncy (inc	luding	-		hase, N							_
(NJAC 5:23-8)	justifica	550				of Contact			Telephone Num	iber			
	Cancell	ation			Mr.	Tom Mai	rciniec/Jose Nav	aroo					
					FAC	ILITY IN	FORMATION		•				
Name of Facility Where Aba	atement is	Taking	Place	(3)				Type of Facility (4)	-			
Liberty Square Cente	er							School (K-12)		2)			
Street Address								☐ Subchapter 8☑ Other (i.e., pr			ildina	S	
200 Mount Holly Road	d							homes, etc.)	ivate and commit	noidi be		-,	
City (5)								Square Feet	# of Floors	BI	dg. Ag	je	
Burlington								5706	1		21		
County (6)					Coun	ty Code (7)(STATE USE ONLY)		or if being demol	ished)			
					Coun	ty Code (/	MOTATE GOL ONET	Vacant	or in boining donner				
Burlington	5		,	0\	10011		This see Abstract	20-20-11-02-01-11-12-22		-			
Name of Monitoring Firm H		iliding O	wner (8)	ASCM I	No.	Name of Abateme						
Hillmann Environmer	ntal	Too no						d Mold Service	s, Corp.				
Street Address							Street Address			**			
1600 Route 22 East							3859 Sylon B	loulevard					
City, State, Zip Code							City, State, Zip Co	ode					
Union, New Jersey 0	7083	93					Hainesport, I	4J 08036					
Project Manager for Monito	ring Firm			Tele	phone I	No.	Telephone No.		License No.				
Thomas Rubino	18			(9	08)688	3-7800	609-702-0400)	00862				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
9 / 8 /	14	100000000000000000000000000000000000000)/_		EMSL Analyt	ical. Inc.					
				8			Street Address				-	-	
Occupancy Status During A								420 Nowlh					
 ☑ Facility Closed/Vacated ☑ Abatement Performed C 	20700					oribo	200 U.S. Rou						
Time of Abatement:							City, State, Zip C						
							Cinnaminsor	n, NJ 08077			-		
Scope of Work (Check all t	hat apply)						□ Full Con	tainment with Neg	rative Pressure				
≥3 sf or ≥3 lf			⊠ Re	novati	ion		☐ Mini-End		Jauve Flessule				
≥160 sf or ≥260 lf				molitic			☐ Gloveba	g Procedure					
			and the second			V	⊠ Non-Exe	empted (*) and No	n-Friable Proced	lure			
			11 50	Locat						Al	atem	ent T	уре
Location of				Norma			Description		0	Re	Re	ш	Ē
Asbestos-Containing M TO BE ABAT		CM)	100000000000000000000000000000000000000	intena		Asbe	estos Containing Ma e., thermal systems	insulation	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility			Cus	todial		(surfacing, VAT		SF or LF)	\ <u>a</u>		Sul	Sure
(13)				(12)	1 5000000	-	other miscellane	eous)				ate	
			Yes	No	N/A					_			
Exterior					\boxtimes	Roofin	g		1200 SF				
											П		
				ᆜ	-	-					=	=	
													Ш
		13											
Name of Registered Waste	Hauler			1	NJDEP '	Waste	Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage, In					tauler II		Waste	GROWS L					
	0.				0226		5	7 - 1000 2000 2000 2000 2000				-	
City, State							Disposal Date	City, State	D4 40000				
Freehold, NJ							9/11/14	Morrisville	e, PA 19067				
Completed By (Print or Typ	oe)	Title	9				Signature	===		Date	_	. 1	15.00
Kimberly A. Trumbet	tti	C	ffice	Coor	dinato	r	CEX.			X	26-	14	
ASB-41							- TV X		1			-	
MAY 11		*	Do no	t use t	his form	for asbes	stos licensure exem	pted activities.					

(K 24425

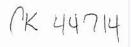
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

CHECK# 24425

Date of Notification (1)					Name of Build	ding Owne	er/Operator (2)	2014 SEI	Ρ.	-L 1) M S	Q. ; -	,
8/28/2014					Ms. Elizabet	h Cassell				7 1	11 (3. 1	
Agencies Notified	Type Notificati	ion			Street Addres	ss		là.	2		17		
□ EPA	Initial			1	75 Hornblow	er Drive		A. L	ic	FI		[1:0]	-
DEP	☐ Amended	d Amen	dment	#	City, State, Zi	p Code		- 	10	L.	HING	1	
□ DOL	☐ Emergen				Ocean Twp.,								
□ DOH	justification		J		Name of Cont				П	Telep	hone	Numb	er
□ DCA	☐ Cancellar				DAVID J. D	ANDRE	A		ı.	_		2220	
				F	ACILITY INF				_				
Name of Facility Where Ab	atement is Tal	king Pla	ace (3)					Type of Facility (4)					
Private Residence								School (K-12)					
Street Address								Subchapter 8 (O	the	r than	K-12)		
75 HORNBLOWER DR	DV/F							Other (i.e., privat					lings)
City (5)	LVE					-		Square Feet	_			Bldg.	
	o										1		
OCEAN TWP., NJ 08758	3				County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if I	beir	na der	nolish	ed)	
County					County Code	(1) (01)1	72 002 0/121)	Canoni SSS (i iii iii		3			
OCEAN TWP., NJ 08758		a Our	or (0)		ASCM No.	Name of	Abatement Contr	actor (9)	-				
Name of Monitoring Firm H	illed by Buildin	ig Own	ei (o)		ASCIVI NO.			RONMENTAL INC.					
	et Address							KONWENTAL INC.	•	-			_
Street Address	et Address					Street Ad		0.470					
	State Zip Code						CK FOREST R	UAD	_		_		_
City, State, Zip Code	y, State, Zip Code					100 miles	te, Zip Code						
							TON, NJ 08691		_	Licon	se No		
Project Manager for Monito	oring Firm	Teleph	one No	0.		Telephor						•	
						609-890			\perp	0067	0		
Start Date (10)		Sched	uled Co	ompleti	on Date (11)		OSHA Monitor	No.					
8/29/2014		8/29/2	The state of the s			AMERI							
Occupancy Status During						Street A	ddress						
☐ Facility Closed/Vacate	ed During Entir	re Perio	od of Al	bateme	ent		LAWRENCE R	OAD					
☐ Abatement Performed	d Outside of No	ormal F	acility	Hours			te, Zip Code						
						SEASID	DE HEIGHTS, N	IJ 08751					
Scope of Work (Check all	that apply)							☐ Full Containmen	it w	ith Ne	gative	Press	sure
≥ 3 sf or ≥ 3 lf					☐ Renova	tion		Mini-Enclosure					
≥ 160 sf or ≥ 260 lf					Demolit	ion		☐ Glovebag Proce					
1								☐ Non-Exempted ((*) 8				cedure
			Locati			52,020 W				Abate		Type	
Location of Asbestos-0	Containing		mally L				stos Containing	Amount (Cassify CE		70		E	ш
Material (ACM) TO BE			Solely b	y /Custo			hermal systems , VAT, or other	Amount (Specify SF LF)	OI	Remova	Repair	Encapsulate	Enclosure
Facility (13)		ı	Staff?			miscellane				ova	air	sula	Sur
		Yes		N/A	1		ķ	2		_		te	Ф
EXTERIOR					TRANSITE	SIDING		1100 SQ. FT.		X			
Name of Registered Wast	e Hauler				NJDEP Waste		Cubic Yards of	Name of Registered	Lar	ndfill		7110	
					Hauler ID No.		Waste						
TIMSTER TRUCKING	, INC.				21079		5 YDS	T.R.R.F					
City, State							Disposal Date	City, State	-	20 - 5 - 5 - 5 - 5			
WEST CREEK, NJ							9/3/2014	TULLYTOWN, PA	۸.				
Completed By		Title				Signatur	27-Mar	000		Date	4		
DAVID D'ANDREA		PRES	IDEN	T		h /h	wid &	Mende	es	8/28/	2014		
ASR-41						10	1/						

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



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

			(Pu	rsuant t	O NJAC 8	.60 and	12:120	וי		(1			
Date of Notification (1) 8-28-14					Building C										
_	Type Notification		1000	Street Ac	ddress oute 23,				2014	SEP	-4 F	ii 8: 8	24		
EPA DEP DOL	Initial Amended Amendment Emergency	(including	_ \	Wayne	te, Zip Coo				Ass	اعا عا	CENS	Ti.	GŁ,		
DOH DCA	justification) Cancellatior		1.000		Contact lessier					Tele		550			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A Wayne Town Center Street Address									School (K- Subchapter	12) r 8 (Othe				•	
125 Route 23,								X	Other (i.e. petc.)	orivate 8	k commer	cial build	dings,	home	es,
City (5) Wayne		7700							uare Feet 600	# of	Floors	100	idg. A 5 ye		
County (6) Passaic	-				Code (7) ISE ONLY)				rrent Use (Pri epartment S						
Name of Monitoring Firm Omega Environmen		Owner (8)	- 1	ASCM	l No.				batement Co cy Group Ir		(9)				
Street Address 280 Huyler Street	80 Huyler Street ty, State, Zip Code						Street 3000		ress Irns Avenu	e					
City, State, Zip Code South Hackensack,	ity, State, Zip Code South Hackensack, NJ								, Zip Code h NY 1179	3					
Project Manager for Moni Gary Mellor	roject Manager for Monitoring Firm						Teleph 516-		No. -0020		License 01085	No.			
Start Date (10) 9-11-14		Schedule		pletion (Date (11)				SHA Monitor cy Group Ir						
Occupancy Status During	Abatement (Che	ck Only On	e)				Street								
Facility Closed/Vaca Abatement Performe Other – Describe: V	ed Outside of Non	mal Facility					City, S	State	, Zip Code				-		
Scope of Work (Check Al							vvai	nay	h, NY 1179						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(тысдруу)		enoval emoliti	30000			2	1	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	re ocedure	8873			e	
		Is	Locatio	on									Abat	ement	t
Location	of		lormali d Solel				scription		11.11.22	35	82	-	1)	rpe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai	ntenar odial S (12)	nce/		thermal surfa		ns ins AT, o		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Roofin	g			Х	non-fria	ble wa	aterpro	oof r	nembrane	- 2,	600 sf	X			
													_		
Name of Registered Was		- N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Land	Ifill				
GWEC Leasing Corp	ame of Registered Waste Hauler WEC Leasing Corp.					of Wa 10		6	1)10 Se	and Co	mpany				
City, State Wantagh, NY 11793						9-30-		y.	City, Sta Melvill						
Completed by Robert Lewin		Title Envir	onme	ental C	oordinat		ionatur O		<i>9</i> X			Date 8-28-1	4		

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

Date of Notification (1)					Name o	f Building	Owner/Operator (2		- W. U.		Ü	23150	
9 / 0	2 /	14			Mr. E	dward N	lajoros	ا ا	ob # 1408-1913	3 Chk.	#373	5	
Agencies Notified Ty	ype Notifica	ition			Street A	Address			1914 SEP -4	F# 8	: [()	
	Initial				115 l	air Oak	Court						
] Amended				City, St	ate, Zip Co	ode		LICE A	7 T	. (1		
□ DHSS □ □ □ □ □ □ □ □ □ □	Amendme		_		New	town, PA	18940		& LICEN	Lines	1101		
DCA (NJAC 5:23-8)	Emergeno justification		ing	ŀ	Name o	of Contact			Telephone Num	ber			
	Cancellat				Ed								
	-				EAC	II ITV INI	FORMATION		L		712 VA. 7		
Name of Facility Where Aba	tement is T	aking Pl	200	(3)	FAC	ILII I IIA	ONMATION	Type of Facility ((4)		35 milita		
	itement is i	aking i i	acc	(5)				☐ School (K-12					
Residential Property								Subchapter 8	(Other than K-12	2)			
Street Address									rivate and comme	rcial bu	ilding	8,	
1064 Hornberger Ave	nue							homes, etc.)	# of Floors	RIC	dg. Ag		
City (5)								Square Feet 1400	2	1//	19. Aş 1951	C	
Roebling											1551		
County (6)					Count	y Code (7)	(STATE USE ONLY)	100	or if being demoli	snea)			
Burlington								Vacant					
Name of Monitoring Firm Hi	red by Build	ding Owr	ner (3)	ASCM N	No.	Name of Abateme	10					
Horizon Environment	al						Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address						
PO Box 336							3859 Sylon E	Boulevard					
City, State, Zip Code							City, State, Zip C	ode					
Thorofare, NJ 08086							Hainesport,	NJ 08036					
Project Manager for Monito	ring Firm		*****	Tele	phone N	No.	Telephone No.	3.0	License No.				
Dave & Steve Flaniga	ın			8	56-848-	0800	609-702-0400)	00862				
Start Date (10)		Schedule	ed C	omple	tion Dat	e (11)	Name of OSHA	Monitor					
9 / 15 / _	14	9	1	19	_ / _	14	EMSL Analys	tical, Inc.					
Occupancy Status During A		Check o	nlv c	ne)			Street Address						
☐ Facility Closed/Vacated					ment		200 U.S. Rou	ite 130 North					
☐ Abatement Performed C						cribe	City, State, Zip C			-			
Time of Abatement:							Cinnaminso						
Canno of Mark (Chook all th	hat apply)						On manifest	, 1.0 000.1					
Scope of Work (Check all the	iat apply)						lacktriangle		gative Pressure	Encla	ure	•	
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				novat			☐ Mini-En						
≥160 sf or ≥260 lf] De	moliti	on		☐ Gloveba	ng Procedure emoted (*) and No	on-Friable Proced	ure			
			ls	Loca	tion			()			atem	ent T	vpe
Location of	f			Norma			Description	of		1			T
Asbestos-Containing M		VI)			ely by		stos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABAT				intena todial	Staff?	(i.e	e., thermal systems surfacing, VA		(Specify SF or LF)	ova	=	psu	nsc
IN Facility (13)				(12)			other miscellan		01 01 21 /	-		llate	G
(,0)		,	Yes	No	N/A								
Basement		1		П		Floor T	ile and Mastic		1,400 SF	\boxtimes			
Dasonicit					100.00	1.00.							-
1				Ш		-1							1-
		[.,			p. 922				
		1	7	П						П	П	П	
Name of Desirts 1987	Llaula -				NJDEP \	Masta	Cubic Yards of	Name of Rea	stered Landfill				
Name of Registered Waste				178	Hauler II		Waste	GROWS L					
Freehold Cartage, In	c.				02265		5		MIMINI				
City, State							Disposal Date	City, State	DA 40000				
Freehold, NJ						- (*	9/19/14	Morrisvill	e, PA 19067				
Completed By (Print or Typ	pe)	Title					Signature		1	Date	1.1		
Kimberly A. Trumbet	tti	Off	ice	Coor	dinato	r	COM	1		9-2	-14		
ASB-41					1		17/1	y		511.13			
MAY 11		* D	o no	t use	this form	for asbes	tos licensure exer	npted activities.					

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

Date of Notification (1) 9 /	2 /	14					Owner/Operator (2 & Joanne Ban	150	Job#:1408-19	12 che	ck#:	() 3736	i
Agencies Notified	Type Notific				536 (Address Garden S			Job#1408-19				
☑ DOLWD	Amende				City, Sta	ate, Zip Co	ode		& Lic	YE .:	ſ	1.61	ě
□ DHSS □ DASA □	Amendm		uding		Mou	nt Holly,	NJ 08060		C L10	· EHSI	IVG		•
☐ DCA (NJAC 5:23-8)	☐ Emerger justificat		uuiiig	ı	Name o	of Contact			Telephone Num	ber			200001
(10/10/0120/0)	☐ Cancella				Larry	y							
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is	Taking I	Place	(3)				Type of Facility	(4)				
Residential Proper								School (K-12		+-			
Street Address	•								Other than K-12 rivate and comme		ldings		
536 Garden Street								homes, etc.)		iciai buii	uniga	,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	e	
Mount Holly								1780	2		5		
					Count	v Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demoli	ished)			
County (6)					Count	y code (r)	(01/11/2 002 01/21)	Residential		11			
Burlington	a Uired his Des	ildina O	Amos /	9)	ASCM N	do.	Name of Abateme				-		7.00
Name of Monitoring Firm		naing O	wiler (3)	HOUNT P	10.		d Mold Service					
Horizon Environm	entai							a Mola Sel Vice	, согр.				
Street Address							Street Address						
PO Box 336							3859 Sylon B						
City, State, Zip Code							City, State, Zip C						
Thorofare, NJ 080			193				Hainesport, I	NJ 08036	This are No				
Project Manager for Mo				A	phone N		Telephone No.		License No.				
Dave & Steve Flan	igan				6-848-	A11/2-4-00	609-702-0400		00862				
Start Date (10)	14			70	tion Dat		Name of OSHA N EMSL Analyt						5
Occupancy Status Durir	ng Abatement	(Check	only o	one)			Street Address						n 1 50 110
☐ Facility Closed/Vaca					ment		200 U.S. Rou	ite 130 North					
☐ Abatement Performe	ed Outside of	Normal I	Facility	y Hour	s - Des		City, State, Zip C	ode					
Time of Abatement:	AM	PM	1/	PM-		AM	Cinnaminsor						
Scope of Work (Check a	all that apply)												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re	novat molitic			☐ Mini-End ☐ Gloveba	g Procedure	on-Friable Proced	ure			
			ls	Loca	tion						atem	ent Ty	уре
Locatio	n of			Norma			Description	of		20	고	ш	ш
Asbestos-Containing		CM)	15/2000	ed Sole intens			stos Containing Man, thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AE					Staff?	(1.6	surfacing, VA		SF or LF)	val	-	Sul	sure
(13)				(12)	1	-	other miscellane	eous)				ate	
			Yes	No	N/A						_	_	
Basement					\boxtimes	Pipe In	sulation	* 1	240 LF		Ш	Ш	Ц
Basement					\boxtimes	Elbows	/Fittings		75 each	\boxtimes			
			П										
Name of Registered Wa	ecte Hauler			17	NJDEP V	Maste	Cubic Yards of	Name of Reg	istered Landfill				
				1100	lauler II		Waste	GROWS L					
Freehold Cartage	1116.				02265	5	5 Diameter Date						
City, State							Disposal Date	City, State	0 DA 10067				
Freehold, NJ							9/16/14	Worrisvill	e, PA 19067				112
Completed By (Print or	Type)	Title		11		-	Signature		1	Date	11	í	
Kimberly A. Trum	betti	0	ffice	Coor	dinato	r	SECT	V		9-2	.1,	1	
ASB-41							10	/				7,654	
MAY 11		*	Do no	t use t	his form	for asbes	tos licensure exen	npted activities.					

Aug.26.2014 10:42 AM CK 1471 6094812123

PAGE. 2/ 4

2014 SEP -4	PH 4: 28			Ste	te of Ne	w Jersey		DOL	- 10	D	AY	***
Α	. TKO		(Puro	ATION unt to	NJAC 8	STOS ABATEM 3:60 and 12:120	2)	A.C.	,	1	<u>.</u> ,,	
are of Hobridation (1)	Siidi		T		of Building	g Owner/Operator	(2)	1- Thul	17/	سماع	_	
gencies Natified	Type Nothball	n	7		Address ignehah:	. Pand		WAIVER	PAP	PR	0	E
EPA DEP	Amended		H		ala, Zip C	The state of the s		1111111111				=
ססנ	Amendment Services of Juntilinear of Services of Servi	(including	٠	Hi N	dia, NI	08083						_
DOH DCA	justificator	i) 1			of Cont e Bibbar			14lephone Num	DEF			_
				FAG	ILITY INF	ORNATION						
eme of Feeling Where /	Abajament le Ta	king Place	(9)		5		Bohopi (K	0.73(3)(8)(8)(1)				
treet Address							Subchapt	er 8 (Other than K-1) , private 8 commerci	2) of buildi	nas.		
8 Minnehaha Road							homes, e			6. A	ae	-
ity (s) Li Nella,							1500		60	yrs		
ounty (8)				Cour	ONLY)	7) (STATE	Residence	Prior If being demok	shed)			_
ame of Manifering Firm	Fired by Building	g Owner		ABCM F	do.	Name of Abates AE(2, LLC	nent Contractor	(9)				
troof Address			ىلد			Street Address 300 S. Lenois						
ay, State, Zip Code						City, Siete, Z	p Code	Water State of the			-	
Total Manager for h	animana elek		Vale	phone i	Nn.	Maple Shade Telephone No.	, NJ 08032	Liosnee No.		_		=
toject elelieget for h						609-481-21		00689		_		
Sert Date (10) E/30/14		heduled Co 30/14	omple	Fon Dar	to (11) "	AEi2, LLC	Mannar	224774-32-123-2-124-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				_
Coupency Etalus Durin	g Abatement (C	neak only	ons)			Street Address		,				3772
Feoility Clased/Veos Abstement Performs Other - Describs:	ted During Ernic d Outside of Nor	e Period o mai Facility	f About y Hou	ement s		300 Lenola City, State, Zip Maple Shad	Road Code e, NJ 08052				_	_
scope of Work (Check	all Cret opply?							h Negative Pressure	•			203
2 2 1 of or 23 th 2 1 0 0 1 or 2 20 0 17	8	图器	movet modelic	וסח יח		Mini-E	bag Procedure	d Non-Friebis Proces	ture			- 23
		la l	, opetic	on /		- Non-	TOTAL TEN	1		bate Typ		
Longton Asbestos-Cartaining TO RE ABS IN Feelin (18)	TED	Mair Ci	d Bold nteren ustodi Starr? (12)	y by	Asber (Le	Description side Containing M shermal systems surfacing, VA other miscellan	eteriei (ACM) i insulation,	Amount (Specify SF or LF)	E E	000440		-
		Yes	No	NIA	272753	Duct Wrap		40 LF	X	Ŀ		Ľ
asoment	**=	+-	-	X	N y m	PART ALIEN						
								STORTER	-	L		H
Name of Registered W	Total Publicar			W DEP		Cubic Yards	Rume at	Registered Landill				_
ABI2, LLC			7 (23)	Hauler II 21376		of Wants	TBD			الإشااء	-	
city, state						TED /	TBD			220		
Maple Shade, NJ Completed By		Tribe				sign		Date	l a		Diff. below	
Wm. Minnick		Program	in Mi	af.		alm	1177	MA B/261	14			

Emergency

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

1	1-	No.	41	21	7 -	>	
	14	и	17	0	4	>;	1

Date of Notification (1) 9/2/14			*****			Building O & Anita				ome			Si te same	200			
Agencies Notified	Type Notif	cation			Street Ad	dress Commod	lore l	Orive		2014	SEI	- i4	PH 4	: 2	3		
EPA DEP DOL		dment #_				e, Zip Cod gg Harbo		08087		A	& L	ICE.	SING	'nί	ΙĹ		
DOH DCA	justifi	gency (inc cation) ellation	cluding		Name of Luanne						Tele	phone N	lumber				
					FACIL	ITY INFO	RMAT	ION									
Name of Facility Where A Luanne & Anita Liga Street Address										of Facility (4) School (K-12 Subchapter 8)	r than K	-12)				
134 S Commodore	Drive								×	Other (i.e. pri etc.)	vate 8	comme	rcial bui				s,
City (5) Little Egg Harbor N	J 08087				-1111200				Squar 1000	e Feet	# of	Floors		35 -	. Ag +	e	
County (6) Ocean	88				County C STATE U	ode (7) ISE ONLY)			Curren	nt Use (Prior e	if beir	ng demo	lished)				
Name of Monitoring Firm	Hired by B	uilding Ov	vner (8)		ASCM	No.		1	of Abat	tement Cont	ractor	(9)					
Street Address									Addres							10000	+
City, State, Zip Code	# 1								51-26	p Code n NJ 0809)1						
Project Manager for Mor	roject Manager for Monitoring Firm				Telephor	ne No.		Telepl	none No 753-9	0.		License					
Start Date (10) 9/3/14			Schedule 9/5/14	d Com	npletion [Date (11)			of OSH	A Monitor							
Occupancy Status Durin	a Ahatemer			e)					Addres	ss							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During ned Outside	Entire Pe	eriod of A	batem						ip Code							
Scope of Work (Check A		v)												200			U sec
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тпас дрр	y ,	_	enova emolit					Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure	-			dure		
			ls	Locati	on						17			1000		ment	
Locatio Asbestos-Containing TO BE AB In Fact (13)	n Material (A NATED lity	CM)	Use Ma Cust	lormal d Sole intenar odial S (12)	ly by nce/ Staff?		tos Co therm sur	escription intaining l al system facing, V/ miscella	Material ns insula AT, or		(5	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure
Exterior	Siding		Yes	No	N/A		Evi	terior Si	idina		10	00SF	x	+	-		
Exterior	Siulity				Х			lenor Si	uling		10	70031	^	+	-	_	
					-									-			
													-	+			
Name of Registered Wa	ame of Registered Waste Hauler					/aste	Cub	ic Yards		Name of F	Registe	ered Lan	dfill				
United Containers				1	lauler ID 2459	No.	3	/aste		G.R.O.V			0				
City, State Elm NJ							Disp 9/5/	osal Date 14	е	City, State Morrisvi		19067	7	ja.	000		
Completed by Anthony T Perna			Title Presi	ident				Signatur	re				Date 9/2/1	4			

Emergency

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

OK 4324

Date of Notification (1) 9/2/14	<i>J</i>					Building O & Bruce			(2) ate Ho	ome		SHE VE				
Agencies Notified	Type Notifi	cation		1///25	treet Add	dress arvest A	ve		2615	SEP -4	Fri	धः ७५	ŠK.			
EPA DEP DOL		dment #				e, Zip Cod Cedars		8008	Au.	Œ LICE	J. ii	TICL	4			
DOH DCA	justific	gency (in cation) ellation	cluding	100.00	lame of (Contact		-			Tele	phone Nu				
					FACIL	ITY INFO	RMATIC	ON								
Name of Facility Where Arlene & Bruce Ho									□ s	of Facility (4) chool (K-12	2)					
Street Address 6509 Harvest Ave									X O	ubchapter 8 other (i.e. pr tc.)	ivate 8	commerc	iz) cial build	lings,	home	s,
City (5) Harvey Cedars NJ	08008								Square 1000-		# of 2	Floors	5.000	ldg. A 5 +	ge -	
County (6) Ocean					County C	ode (7) SE ONLY)			Currer	nt Use (Prio e	r if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by B	uilding O	wner (8)		ASCM	No.			of Abate	ement Cont	ractor	(9)				
Street Address				-		_			Address 30x 32							
City, State, Zip Code							***************************************		State, Zip t Berlin	Code	91					
Project Manager for Mor	oject Manager for Monitoring Firm					e No.		Telepi	none No 753-98).		License 00727	No.			
Start Date (10) 9/3/14			Schedule	ed Com	pletion D	Date (11)		1000000	of OSH	A Monitor					•	
Occupancy Status Durin	ng Abatemer			ie)				Street	Addres	S						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During ned Outside	Entire P	eriod of A	Abatem	ent			City, S	State, Zi	p Code						
Scope of Work (Check /	All That Appl	y)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		,,		Renova Demolit					Min Glo	Containme i-Enclosure vebag Prod -Exempted	e edure				·e	
			T	1			×		1401	-LXCIIIpteo	1 () ui	u recir i iii	1		emen	t
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (A BATED illity	.CM)	Use Ma	Locati Normalled Sole intenar todial S (12)	ly ly by nce/		tos Con therma surfa		Material ns insula AT, or		(mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Exterior	Siding				х		Exte	erior S	idina		ur	known				
Extensi			+													
			-		-						-			1	1	
Name of Registered Wa	ame of Registered Waste Hauler						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yards	- 15	Name of	Regist	ered Land	Ifill			
United Containers				1000	lauler ID 2459	No.	of Wa			G.R.O.						
City, State Elm NJ							9/5/1	osal Dat 14	e	City, Stat Morrisv		19067				
Completed by Anthony T Perna			Title Pres	ident				Signatu	re				Date 9/2/14	Si .		

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

Date of Notification	on (1)				100	Owner/Operator	(2)	14:0	1-1	1.0			
8-27-14			Mı	.chelle	e Ba	altazar		KEC					
Agencies Notified	Type Notifica	ation		et Addres	2017/11	500		PAN CED					
[]EPA	[X]Initial		19	Wind	sor	Place		2014 SEP -	4 1	A	4:3	4	
[]DEP	Notific	ation	1	, State,									
[X]DOL	[]Amended Notific	ation	Nu	tley,	J,(07110		Aug Lich		. 1	1.0	Ĺ	
[X]DOH	ROULLIC	ACION	Name	of Conta	act			ne Number	-110	HVG			
[]DCA	[]EMERGENO	Y	Mi	chelle	e Ba	altazar	\-\-\-	· · · · · · · · · · · · · · · · · · ·	٠	•			
	[]Cancella	tion											
				FACIL	ITY I	NFORMATION							
Name of Facility Wh Same as above		is Taki	ng Pl	Lace (3)			Type of Facil						
Street Addres			-	-				oter 8 (Othe (i.e., priva					
Street Addres								ouildings, l					
							Square Feet	# of Flo	ors	Blo	ig.	Age	
City (5		County	(6) Es	ssex		nty Code (7)	1250	2		1	.15		
					(ST	ATE USE ONLY)	Current Use	(Prior if be	eing	dem	olis	hed))
Name of Monitoring Owner (8) N/A	Firm hired by	Buildin	ng A	SCM No.		내 원호 경기 없었다. 그 사내 경치, 그리고 있다면 없는 것이 없었다.	ment Contracto IANAGEMENT						
Street Address						Street Addres	s						
						86 Chris	stopher St	:.					
City, State, Zip Co	ty, State, Zip Code					City, State,	Zip Code	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	+				
						Montclai	r, NJ 070	42					
Project Manager for	oject Manager for Monitoring Firm					Telephone Num	ber		Lice	nse	Numb	er	-
		N	/A			(973)744	1-8800		00	37	1		
Scheduled Start Da		7	letio	on Date (11)	Name of OSHA	Monitor						
Occupancy Status D	osed/Vacated D	t (Check	only	y one)		Street Addres	s	a set animal superprise (
[]Abatement F Hours - Des	erformed Outsi cribe: «OffHour cribe: «Other O	s Descr	ipt»		Y	City, State,	Zip Code	1.00					
Scope of Work (Che					21				-			-	
[X]>3 sf o		31 A.S		novation molition		[]Mini- [X]Glove	Containment w -Enclosure -bag Procedure Friable Proced	330 H	e Pr	essu	ıre		
			Is			, ,				Aba	teme		
Location Asbestos-C			Locat Norma	lly		Description Asbestos-Con		Amount		R	R	E	E
Material	300 (1995)		Use Sole	ly		Material		(Specif		E	E	CA	C
TO BE A	TO DESCRIPTION OF THE PROPERTY		By Ma tenan	ice/	4-	(i.e., therma		SF or LF)		0	A	P	OS
In Fac (13	000 · · · · · · · · · · · · · · · · · ·		Custo taff			sulation, surf or other misce		IIE)		A	R	U	UR
		Yes		N/A	1000024						_		E
Basement			+	X	Pip	e Insulat	ion	110 lf	-	X	-		-
			+	+					+				
Name of Registered	Waste Hauler	- I	JDEP	Waste	Cui	bic Yards	Name of Reg	istered Lan	dfil	1	L		
AZTECH MANA		JC E		ID No.	1000	Waste 1.5	G.R.O.W						
City, State						sposal Date	City, State						
Montclair, N	J 07042				9	9-9-14	Morrisv	ille, PA	1 19	906	7		
Completed By (Prin		tle				Signature	7			ate	12 140		_
Constantine	Vivian P	resid	ent			(V	lijam		8	-27-	-14		

MO 59138978140

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

NECEIVED

Date of Notification (1) 08/29/14				lame of l	Building C	wner/O	perator	(2)		nesa c	יכם ו	Calle I	. 9	2	
Agencies Notified	Type Notification		s	treet Ad						ZE15 S	EP -4	m	4 - 3	<u></u>	
EPA DEP DOL	Initial Amended Amendment		C	ity, State	e, Zip Coo City, NJ	de	05			A	LICER	Lik	I AL G	-	
DOH DCA	Emergency (injustification) Cancellation	ncluding	1 33	lame of C					4		Num	10007			
				FACIL	ITY INFO	RMATI	ON								- 7880
Name of Facility Where Steve Lasker	Abatement is Taking	Place (3)							of Facility (School (K-1	12)	H K 40	e			
Street Address 272 Linden Ave								N C			er than K-12 & commercia		ings,	home	es,
City (5) Jersey City					W.5-2			Squar	e Feet	# of	Floors	BI	dg. A	ge	=
County (6) Hudson				County C	ode (7) SE ONLY)			Curre	nt Use (Pri	or if bei	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.			of Abate	tement Cor ment	ntractor	(9)				
Street Address								Addres 87th	Street S	uite A	4				
City, State, Zip Code		TW-							p Code gen, NJ (7047					
Project Manager for Mor	nitoring Firm		T	elephon	e No.		Teleph	none No 293-6	D.		License No).			
Start Date (10) 09/09/14		Scheduled 09/25/14		pletion D)ate (11)				HA Monitor		G LLC				
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street	Addres	ss						
Facility Closed/Vac Abatement Perform	ated During Entire F	Period of Ab	atem	ent			The State of the S		ITE EAS	T SUI	TE 107	2.32			
Other – Describe: Scope of Work (Check A						-	UNIC	ON N	07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	чи тпак Арргуј		novat	3.71.2			22	Glo	ni-Enclosur ovebag Pro	e cedure	n Negative P			ρ	
		Τ			<u> </u>			_ 140	II-Excilipte	l () an	a morrinas	T		ement	t
Locatio	n of	No	ocation rmally	y		De	scription	n of					Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	n Material (ACM) ATED lity	Used Maint Custoo	enan	ce/		tos Con thermal surfa	taining N I system icing, VA miscellai	Material is insula AT, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			Siding			2 04	14 Sq Ft	x		Ф	
		-					Olding			2,0		^	_		-
		+	7												
		+ +													
Name of Registered Wa	ste Hauler		1100000	JDEP W			Yards		Name of	Registe	ered Landfill	-			
SAN TON SERVICE	ES			auler ID 2430	No.	of Wa					ICHES CO	MMC	ISIC	N	
City, State KENILWORTH,NJ							sal Date		City, Sta		1000				
Completed by Bryan Parra		Title Projec	Ma	nager		- 5	Signatur	e	2	2	Da 08	te 3/29/1	14		

MO 6'	71710		OTIFIC	ATION	te of New . OF ASBES	STOS A	BATE			I	r.	g ian				nt Fo
Date of Notification (1) 08/29/14		(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Bill Lawton Street Address 840 Newark Ave														
Agencies Notified	ition	100	Street Ad 840 Ne		7 SEP -4 PM 4: 32											
Ø EPA Ø DEP Ø DOL	Initial Amende Amendr		- [Kearny	te, Zip Code /, NJ, 070			& LICENSING INCL							; ;	
☑ DOH ☑ DCA	justificat Cancella	tion)		Bill Lav		784 A T1/	ON	Telephone Number								
Name of Facility Where A	Abatement is T	Taking Place (3)	FACIL	LITY INFOR	KIVIATI	ON		of Facility (4							
Street Address 840 Newark Ave		Subchapter								er 8 (Other than K-12) private & commercial buildings, homes,						
City (5) Kearny							Square Feet # of Flo					Bldg. Age				
County (6) Hudson	di (0)		STATE L	Code (7) ISE ONLY)		Current Use (Prior if being demo						d)				
Name of Monitoring Firm Street Address	ding Owner (8)		ASCM	I No.		Name of Abatement Contractor (9) Pro Abatement Street Address										
City, State, Zip Code	0					1009 87th Street Suite A4 City, State, Zip Code										
Project Manager for Mon		Telephone No.										se No.				
Start Date (10)		Scheduled Completion Date (11)					201-293-6305 01223 Name of OSHA Monitor HILMAMM CONSULTING LLC									
09/08/14 09 Occupancy Status During Abatement (Check Or						Street	et Address 00 ROUTE EAST SUITE 107									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:									City, State, Zip Code UNION NJ 07083							
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						9				
Location		Is Location Normally					Description of					Abatement Type				
Asbestos-Containing TO BE AB/ In Facil (13)	Ma Ma	Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A			s Cont hermal surfac		Materia s insul AT, or		Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
Interio	103	140	N/A			Tiles			1,024			X				
Name of Registered Waste Hauler SAN TON SERVICES			H	JDEP W auler ID 2430			f Masta			of Registered Landfill OWLANCHES COMMISION						
City, State KENILWORTH, NJ			Disposal Date City, State													
Completed by Bryan Parra	Title Proje	Title Signature Date 08/29/14														

NO CK

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

RECEIVED

Date of Notification (1) August 29, 2014	Name of Building Owner/Operator (2) Avalon Bay Communities, Inc. 2014 SEP -4 PH 4: 51												
Agencies Notified Type Notification	Street Address 517 Route 1 South												
EPA Initial DEP Amended Amendment #	4	Cit	ty, State	, Zip Cod IJ 0883	e		<u></u>	LICE	TROL ENSING				
Emergency (in justification) DCA Emergency (in justification) Cancellation		Na	ame of C			= = 1320///		phone Num	Number				
		_	FACIL	TY INFO	RMATIO	N	To a of Facility (4				5600		
Name of Facility Where Abatement is Taking Avalon Princeton Street Address 253 Witherspoon Street	Place (3)						Type of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr) 3 (Othe	er than K-12 commercia	!) al build	lings,	home	es,
City (5) Princeton					etc.) Square Feet 289,000	# of	Floors	Bldg. Age 90					
County (6) Mercer	County Code (7) (STATE USE ONLY)					Current Use (Prio Abandoned Fo							
Name of Monitoring Firm Hired by Building O EWMA, LLC						of Abatement Cont le Environment							
Street Address PO Box 5430/100 Misty Lane						Address Cutler Ave.							
City, State, Zip Code Parsippany, NJ 07054						tate, Zip Code e Shade, NJ 08							
Project Manager for Monitoring Firm Craig Gorzyca						none No. 755-0099	License N 00842						
	Completion Date (11) Namer 30, 2014 EM					ne of OSHA Monitor MSL							
Occupancy Status During Abatement (Check						et Address 7 Haddon Ave							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Aba al Facility Ho	iteme ours	ent			City, S	State, Zip Code tmont, NJ 0810	08					
Scope of Work (Check All That Apply)		ovati			1	<u> </u>	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				re	
			Т			<u> </u>	Non-Exempled	() an	u Non-r nat		Aba	emen	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos Cont enance/ ial Staff? Asbestos Cont (i.e. thermal				escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Repair	e Encapsulate	Enclosure	
See attached NESHAPS Survey	Yes	10	IWA										
					- 4			-0		+			
Name of Registered Waste Hauler	0.000	NJDEP Waste Cubic Yard Hauler ID No. of Waste				Name of GROW		Registered Landfill					
Freehold		24500	253		30								
City, State Freehold, NJ 08060						Morrisv	City, State Morrisville, PA						
Completed by Christina Lynch	Mana	ger	1	74X	Mode	`		ate	t 29	, 201	14		

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

			(Pu	irsuant t	O NJAC 8:60 and	1 12:120)			1 ();		- 1		- 17	
Date of Notification (1) August 29, 2014				Name of Building Owner/Operator (2) Peze & Carroll Realty Check # 1442											
Agencies Notified	Type Notification			Street Ac 2917 H	ldress laddonfield Ro	r.	415 351		Ť	'n	lą: (Ü			
EPA DEP DOL	Initial Amended Amendment #				te, Zip Code auken, NJ 081	- 2 ,	e L	ICE	11:	itel	J.,(1			
DOH DCA	Emergency (ir justification) Cancellation	ncluding	1	Name of Gary P	Contact eze				phone N						
				FACII	LITY INFORMATI	ION					17.53				
Name of Facility Where Vacant Residence Street Address	Abatement is Taking	Place (3))				Typ	School (K-12) Subchapter 8 Other (i.e. pri) (Othe	r than K- commer	12)	uildi	nas.	nome	S.
4323 Willis Street City (5)							Sq	etc.) uare Feet	# of	Floors		Bio	ig. A		
Pennsauken						1	500.00	000	2			10	0		
County (6) Camden				County (Code (7) USE ONLY)	_		rrent Use (Prior esidence	if bein	ng demol	ished)			700-
Name of Monitoring Firm Management & En		s	ASCN	1 No.			batement Contr Environmenta								
Street Address PO Box 341						eet Address 3 Cutler Avenue									
City, State, Zip Code Chesterfield, NJ 08	3515						, Zip Code Shade, NJ 08	052							
Project Manager for Mo	T	Telepho 609-29	ne No. 98-4070		phone No. License 6-755-0099 00842										
Start Date (10) September 8, 201			Date (11)		ne of OSHA Monitor MSL Laboratories										
Occupancy Status Duri		0, 201		Street	eet Address										
Facility Closed/Va	Abater Hour	nent s		City, S	Route 130 North State, Zip Code							_			
Other – Describe:						Cinn	nam	inson, NJ 08	3077				00		
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoli		Mini-Enclosure Glovebag Proce	II Containment with Negative Pres ni-Enclosure ovebag Procedure n-Exempted (*) and Non-Friable F											
	Locat	tion				Troil Examples	(/				Abatement Type				
Location Asbestos-Containin TO BE Al In Fac (13	(12)	ely by ance/ Staff?	Asbestos Cor (i.e. therma surfa	ntaining f al system acing, VA	ription of ning Material (ACM) ystems insulation, ng, VAT, or scellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No XXX		Tros	noito Do	200	lo	3	5 SE	+	х			
Attic					ırar	nsite Pa	anels		35 SF		+				
Name of Registered W	aste Hauler			NJDEP V	[[1] [[1] [1] [1] [1] [1] [1] [1] [1] [1	c Yards		Name of F	Registe	ered Land	dfill				
Freehold Cartage				Hauler ID 22253	1		vvestern berks C				ommunity Landfill				
City, State Freehold, NJ						osal Date 2014	е	City, State Birdsbo		Α					
Completed by Christina Lynch		ratior	ns Man	ager	Signatur	ature				Date 8/29/2014					