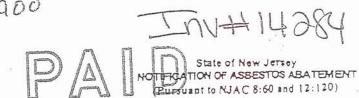
Proj. #: 19-166	FIL.	3 G	(Purs	ication of Assuant to NJA	C 8:	NJ tos Abatement 30 and 12:120)			C	6	V	D.	The second second second
Date of Notification (1)		Name of B		ner/Operator (	2)				SE	1.2	د019	The same of the sa	المسا
Agencies Notified   Type Notifica	ation	Street Add							beara	2.04			
DEP Amended		011 01 1	7: 0 :					L	BESTO LICI	ENSIN	IG IG	L &	
DOL Amendment #		City, State,	zip Code n, NJ 079	140									
DOH (including justification	I f	Name of Co		40				Telepho	ne Numb	er			
DCA Cancellatio	. 11	Andrew	Coate										
			FAC	ILITY INFORM	IATIC	N		-					
Name of facility where abatement	is taking p	lace (3)					Тур	e of Facility					-
Residential								=	ol (K - 12		4h == 1/	10\	
Street Address								☑ Other	hapter 8 ( (Private/	Comm		-12)	
						00	Sai	Bldgs are Feet	./Homes, # of Floo		I BI	dg. A	ge
City (5)	Cou	nty (6)			1000000	unty Code (7)		00 SF	02		70		-
Madison, NJ 07940	Mo	orris			(St	ate use only)		rrent Use (F sidential	Prior if bei	ng der	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	-	Name of Abatemen							_
N/A Street Address						KLOMAX, LL	C						
Street Address						Street Address							
City, State, Zip Code					-	309 W. End Av City, State, Zip Code	-					-	
				3		Hopatcong, NJ	07843						
Project Manager for Monitoring Firm	1	Ph	one Numb	er		Telephone Number 833-455-6629			License				
Start Date (10)	IScher	d. Completion	n Date (1:	1)	_	Name of OSHA Mo	nitor		1	)2007			
09/23/19	09/30		ni Date (1	')		_KLOMAX, LL	.C						
Occupancy Status During Abatemer					_	Street Address 309 W. End Av							
Facility closed/vacated during Abatement performed outside	entire peri	od of abate	ment.			City, State, Zip Code							_
Describe: NORMAL H		raciity nour	S-		_								
Scope of Work (check all that apply					_	Hopatcong, NJ							
☐ > <u>3</u> sf or > <u>3</u> lf	Renovatio	n					Mini-en	ntainment w closure	//negative	press	sure		
≥160 sf or ≥260 lf	Demolition	1				×		ag procedu		fairle la		4	
Location of		n normally u					[ NOII-E)	rempted (*)	and Non-	R	R	E	E
asbestos-containing material (acm) to be		mance/cust		Description material (/	n of a	sbestos-containing		Amount (Specify S	E or	e m	e p	n c	n
	staff(12)		1	material (/	Civij				1 01	0	а	a	C
abated in facility (13)	Yes	No	N/A					LF)		٧	i	p	
abated in facility (13) Attic		No X	N/A	Vermiculate	;		72	0 SF		e	i		П
		No X	N/A	Vermiculate	;		72			98			
and the same that the same tha		No X	N/A	Vermiculate			72			e			
		No X	N/A	Vermiculate			72			e			
Attic	Yes	X   X   X   X   X   X   X   X   X   X		Vermiculate	-	Name of Registered		0 SF		e			
Attic  Registered Waste Hauler KLOMAX, LLC	Yes	P Hauler IC		ibic Yards of W	-	Name of Registered	I Landfill	0 SF	COVER	e			
Attic	Yes	P Hauler IC		ibic Yards of W	-		Landfill RESO	0 SF	COVER	e			

# CICH 4900 IN # 14309 P A POSTER OF NOW JETSON ABATEMENT (PUTSUARIT TO NJAC 8:60 and 12:120)

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	CED	- 0	2010	

Date of Notification (1)	1-19			Name of Building Owner/Operator (2) HAVEN HOME, BUILDERS SOLUTION									
Agensies Notified	Type Notification	xn .	-+	Street Addres		181 ST	Party operation, remainstrates a particular of	tuli.	OTT A	J Werneum	manaka		
□ PA	Initial Amended		L	City, State, Zir	216	1, 1			-		=_		
⊠ bor □ be	Amendment	#_	=	1	0.0.1. 11.1	TAIE M	J 080	52	3_				
⊠ DOH □ DCA	Emergency justification	)	a	Name of Cont	act Comme		Telephone Numb	ær					
□ DCA	Cancettation				- COLL				_		=		
		- Dha	0/31	FACILITY P	FORMATION	Type of Facility	(4)			-			
Name of Facility Where	SIDEW C	ng Place	= (3)			School (K-1)	2)						
Street Address	21000					Other (i.e., p	8 (Other than K-12 rryate & commercia		ings.				
			_			homes, etc. Square Feet	# of Floors		lg. A	-			
City (5)	WALOW					1500	1_2	_	50	†			
Comb (6)		,		County Code USE ONLY)	(7) (STATE		ior if being demolis						
(A				SCM No.	Name of Abatem	nent Contractor (9							
Name of Monitoring Firm (8)		OWING	1		K	LEMCO	INC			_	_		
Street Address	(F)				Street Address	4 S SPK	SPRUCE LLE						
					City State Zip C		25-1-7						
City, State, Zip Code					MA	ADE N.J	081		=				
Project Manager for Mon	itoring Firm		Telep	none No.	Telephone No. 856-77	9-14177	License No.	371					
71900			1.5	- Data (11)		Name of OSHA Monitor							
Start Date (10)		duled C	ompieax	on Date (11)		NA					=		
Occupancy Status During	a Abatement (Che	xck only	one)		Street Address	W W					_		
b ~	of Duming Entire P	ELKO AL		ent	City, State, Zip C	ode							
Abatement Performed	Outside of Norma	A Facility	y Hours		Sity: 00:0, -7				_		=		
Other - Describe:	t that amphil				Meut con	kainment with New	pative Pressure						
Scope of Work (Check at	I Mai abbià)	□ Re	novation	١	Mini-End	dosure							
>3 sf or ≥3 H ≥160 sf or ≥260 H		Ø 0€	motition		Gloveba Non-Exe	g Procedure empted (*) and No	n-Friable Procedur	е					
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			smally Solely I	DY	Description of		Amount		$\neg$	m			
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TO BE ABAIL	EQ	S	itaff?	().0	surfacing, VAT, other miscellaneo	or I	SF or LF)	Removal	Repair	Bula	sure		
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Name of Registered Was	INC		Haru	904 904	of Waste	_ ( )	MEMU	14	_		=		
KLEMCO	-11	11/4	Disposal Date	City. State	OBINE	N	T						
City, State	WE W. I				Ciarahya	1000	Dieve	1	ic	?			
C dated By	Trtle				Signature NI . 010	Mu		1	1	<u></u>	=		
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Date of Notification (1) - 19		Name of Buil	SURFS II	DE CONS	ST ASE	FST	ns c		
Agencies Notified Type Notificatio	χn .	Street Addre	11611	WEST 1	AUC	LIL	ENS 	INC	art organization in
DEP Amended	#	City, State, Zi	OCTAN	1 CITY			-		
☐ Emergency (	(including	Name of Con	daci LICIC		Telephone Num	2 L		•	
		l	HEORIKATION		0-2				_
Name of Facility Where Abatement is Taki	on Place (3)	1,402.11		Type of Facility	(4)				
RESIDENCE	3				8 (Other than K-1		·		19
Street Address				homes, etc.	rnyate & commerci )				
City (5)	114			Square Feet	# of Floors		dg. As		
County (6) OC EZAW (		County Code USE ONLY)	(7) (STATE	Current Use (Pr	ior if being demos	shed)			
CAPE MA		ASOM No.	T Name of Abatem	nent Contractor (9					$\neg$
Name of Monitoring Firm Hired by Building	Owner	~~		LEMCO	INC			_	=
Street Address			Street Address	i S. SPK	UCE ALL				
City, State, Zip Code			City. State, Zip C	DE SH	ADE N.J	08	05	2	
:	1 Tale	ephone No	Telephone No.		Licensie No.	7.00			
Project Manager for Monitoring Firm			856-77 Name of OSHA N	9-0472	# 01	371			늬
Start Date (10) Sche	duled Comple	tion Date (11)		NA				_	=
State During Abatement (Che	ck only one)	men!	Street Address						=
Occupancy Status During Abatement Performed Outside of Normal	STRUCT VI.	rs	City, State, Zip C	ode					
Other - Describe:			1						
Scope of Work (Check all that apply)			☐ Full Cor	rtainment with New Hosure	pative Pressure				
□ >3 sf or >3 H	Renovation Democration	on n	Towers	ig Procedure empted (*) and No	n-Friable Procedu	re			$\dashv$
∑≥160 sf or ≥260 lf	Is Location	n			4	A	bates Type		
	Normally Used Soleh		Description of		Amount			E	m
Location of Asbestos-Containing Material (ACM)	Maintenan	ce/ Asbe	stos Containing Mat thermal systems it	nsulation.	(Specify SF or LF)	Rer	Repair	Encapsulate	Enclosure
TO BE ABALEU	Staff?		surfacing, VAT,	01	sra Lr,	Remova	pair	sulat	suro
IN Facility (13)	(12)		00.0			-		0	
	Yes No	N/A	101/015155		325050	X			
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SIDINO						1		_	_
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		In The laborate	T Cubic Yards	Name of Regis		1			
Name of Registered Waste Hauter	N.	JOEP Waste Buter D No. 7904	of Waste	و المراجعة	MCMV	H			=
KLEMCO INC		7404	Disposal Date	City State :	XBINIE V	J .	5		
City. State MADE SHAWE W. J			Signature	1 - 000	Lose 1	<u> </u>	10		

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

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Date of Notification (1)	1-19		Name of Building Owner/Operator (2)  TRAN SEURMATION ENT.											
Agencies Notified	Type Notification	on	Street Addr	1 - 1 1 1	1 140 1/51	MUDMIGES	ON	CŌI	VIR	 3 LC				
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	Amended  Amendmen		City, State, 2						.0	in 3 of name				
₩ DOL	Emergency			EGG HAR	LOVE	-N.	00	52	18					
Ø DOH	justification		Name of Co	ntact		Telephone Num								
□ DCA	Cancellation		į	TOM		609-965-7498								
			FACKETY	INFORMATION										
		(2)	FAGUIT	HE OTHER TOTAL	Type of Facility	· (A)								
Name of Facility Where														
Ke	ESIDENC	<u>t                                    </u>			School (K-1	2) 8 (Other than K-12	21							
Street Address				*	Other (i.e.,	orivate & commerci	al build	ings.	e					
					homes, etc									
City (5)					Square Feet	# of Floors	-	dg. A		1				
(A)	1 ARGAT	E			1200	1_1_	.	20	+	_ ]				
			County Coo	le (7) (STATE	Current Use (P	rior if being demolis	shed)							
County (6)	LANTIC		USE ONLY		VA	CAMIT								
			ASCM No.	Name of Abaten	nent Contractor (9									
Name of Monitoring Firm	Hired by Building	Owner	AUTO.	The second of th		alC.								
(8)	L/A			Street Address	ru CU	w. C.				=				
Street Address	7			369	S. Spru	ICE AUE								
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City, State, Zip Code				City, State, Zip C	lut Silva	A- 41 T	18	05	- >					
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Project Manager for Mon	itorina Firm	Tel	ephone No.	Telephone No.	0	License No.	27	1						
FIGEORIA De la mon					9-0472	F 01	77	.]		=				
	Tisch	aduled Comple	etion Date (11)	Name of OSHA	Monitor									
Start Date (10)		9-71	-19		NIA		-							
		-		Street Address										
Occupancy Status During	g Abatement (Cir	eck only only	emen!		8)									
☐ Facility Closed/Vacate	ed During Entire P	al Earlity Hol	rs	City, State, Zip C	ode									
Abatement Performed	Outside of North	a racinty from		0,										
Other - Describe:														
Scope of Work (Check al	I that apply)			☐ Full Cor	ntainment with Ne	gative Pressure								
		Renova	ion	☐ Mini-End	closure	vitte a								
≥3 sf or ≥3 lf ∑ ≥160 sf or ≥260 lf		Demotition		Gloveba	ag Procedure	on-Friable Procedu	re							
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		Used Sole	v bv	Description of			-							
Location o	f atorial (ACM)	Maintena	val Ash	estos Containing Mat	terial (ACM)	Amount (Specify	-		En	Ē,				
Asbestos-Containing M TO BE ABAT	FD	Custodi	al (i.	e., thermal systems in	nsulation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
IN Facility	FF	Staff?		surfacing, VAT, other miscellaned	ous)	5, 5, 5,	700	pair	sula	Sur				
(13)		(12)		Outer mascending	,		=		ale	9				
		Yes No	N/A							-				
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			UDEP Waste	Cubic Yards	Name of Regi	stered Landfill								
Name of Registered Waş	te Hauler			of Waste	M	C 11 11								
KLEMCO			15984	10	City City	- VIA	===							
City, State				Disposal Date	ترچ City: Stat	7 1 7 1 7 1 1	-	W(	7					
WAPLE S	HAIDE	W. J.			I PLEM	SANITUIZLI	_			=				
	Title			Signature	-1001	Date .	-1-	-/1	4					
Completed Rv	tmu =	SUPER	UISOR	_ Mue	w				_	_				
MICHAEZ KL	- WIN	<u> </u>												

Date of Notification (1)	PAI	NO	(Pursua	ION OF AS	BESTO: C 8:60 a	S ABAT nd 12:1:	20)	_	Inv-	#	14	3	6
7/19/2019			Res	e of Buildin siPro	g Owner	/Operato	or (2)	ME	GEI	$\mathbb{V}$	EI	100	
× EPA	e Notification		Stree 363	et Address 30 Piedmo	ont Roa	ad	The sport of the s			<u> </u>	Total Seasons	ACT CONTRACTOR OF STREET	
DEP DOL	Amended Amendment # Emergency (include	ling	City, Atla	State, Zip Canta GA 3	Code 80305		or contague		SEP 6	2019	an age in a		
DOH DCA	justification) Cancellation	ing		e of Contact eri Borg	t	£1	the classical reserves	ASB	Telephone 973-328	Numbe -1909	r &	NEW SECONDS	
Name of Facility Where Abate	mont in Taking Di-	(0)	FA	CILITY INF	ORMAT	ION			LIOLISON	V C.	50 m Laph 4.3 m	harman	
IN/A	ment is raking Plac	æ (3)					-	f Facility (4)					
Street Address City (5)							St	ther (i.e. priv	(Other than ate & comm	K-12) ercial bi	uilding	s, hoi	mes,
Paterson						i	Square 1,994	Feet	# of Floors 2		Bldg.		
County (6) Passaic			County (STATE	y Code (7) E USE ONLY	n	1	Current	Use (Prior i	if being demo	olished)			
Name of Monitoring Firm Hired	by Building Owner	(8)	ASC	CM No.		Name Che	of Abater	ment Contra	actor (9)				
Street Address						Street	Address forgan I		<u>.</u>			-2 000 2000	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871											
Project Manager for Monitoring	Firm		Telepho	one No.		Teleph	one No.		License	No.			
Start Date (10) 7/21/2019	Sched	uled Co	mpletion	Date (11)			570-264 of OSHA		01334	1			
Occupancy Status During Abate	//30	/2019				Chec	kmark	Industrial					
Facility Closed/Vacated Du Abatement Performed Out	ring Entire Period o	f Aboto	ment			54 M	Address organ [		ilia Na Na				7.
Other - Describe:		ity Hou			_	City, Sta	ate, Zip 0 ta NJ 07	ode 7871			Andrew Co.	278200	
Scope of Work (Check All That )													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renovi Demoli				×	Gloveb	nclosure ag Procedu	with Negative are and Non-Fria				
Location of		ls Locat Norma	0.000					()	and Honer III	able Fit	Abat	emen	t
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TO BE ABATED In Facility (13)		stodial (12)		(i.e. ti	hermal s	ystems i	insulation . or	,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Danamari	Yes	No	N/A				/			val	=	ulate	ure
Basement		X			pipe ir	nsulatio	on		140 LF	Х			
											,		
Name of Posiate and Maria										+			
Name of Registered Waste Haule Newark Carting	er.		JDEP Wa auler ID I	No.	Cubic Ya of Waste 5				stered Landfi tral Sanita		ndfill		
City, State Newark NJ					Disposal	Date	City	y, State		.,			
Completed by Corey Stankovic	Title CEC	)			Sign	nature	, <del>\</del>	en Argyl, F	Da	ate /10/20	110		

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

Print Form

Date of Notification (1)						Name of Pullston Company (Company)						
				ing Owne	r/Operato	r (2)			SEF	12	20	119
n		400	00 Ha	dley Ro	ad			ASB	EST	OS CI	TNC	AC
		4			NIO	7080	L		land C	71-140	II V Co	NO <sub>C</sub> CTED
	1				,, 11) 07		Tel	lenhone I	Jumbe			_
		Mil	ce Esca	amilla								
		FAC	CILITY II	FORMA	TION		1	75 117	010	71		
ng Place (	3)					Type of Facility	(4)					_
						Subchapte	er 8 (Oth	er than K	-12)	ullding	e ho	me
		-				etc.) Square Feat	# of	f Floors	T	100		100
0						Current Use (Pr	1		Ished)			4
Owner (8)		ASC	M No.		Name	of Abatement Co	ntractor	(9)				
					Street	Address						
ity, State, Zip Code Bensalem, PA 19020						tate, Zip Code						- 0
roject Manager for Monitoring Firm					Teleph	one No.		License	No.			_
		Completion Date (11) Nar									-	_
Period of A	baten	nent s	#				7					10.
											-	_
E-Grand	2000	lition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Eriable Procedure				20		
				D			17 5116	IVOIT IIG	JIE T IC	Abal	emen	ŧ
Used Main Custo	Sole dianar dial S	ly by nce/		stos Cont thermal surfac	aining Ma systems sing, VAT	iterial (ACM) Insulation, , or	(Sp	ectfy	Remo			
Yes	No	N/A							(2)	=	ilate	
Х				Built-	up roof	ing	462	2SF	Х			-
									-			
me of Registered Waste Hauler					/and							
	Ha	auler ID I	Vo.			1		d Landfill				
								PA				
Title				Si	gneture-		, ,,,,,		te			_
I-I Di ii					oh K	useni		1		9		
	Owner (8)  Schedule 9-11-19 ck Only One Period of A hal Facility  Is I. No Used Main Custo  Yes  X	Owner (8)  Scheduled Col 9-11-19 Sk Only One) Period of Abater nal Facility Hours Is Locati Normal Used Sole Maintenan Custodial S (12) Yes No X	Telephor 1-215.  Scheduled Completion 9-11-19  Scheduled Completion 9-11-19  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NJDEP W. Haufer ID I 08063 1	PSE&G Street Address 4000 Had City, State, Zip South Pla Name of Conta Mike Esca FACILITY II Ing Place (3)  County Code (7 (STATE USE ONI  Owner (8)  ASCM No.  Telephone No. 1-215-244-13 Scheduled Completion Date (11 9-11-19 sk Only One) Period of Abatement hal Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  NJDEP Waste Hauler ID No. 080631369  Title	Street Address 4000 Hadley Ro City, State, Zip Code South Plainfield Name of Contact Mike Escamilla FACILITY INFORMA  Ing Place (3)  County Code (7) (STATE USE ONLY)  Owner (8)  ASCM No.  Telephone No. 1-215-244-1300  Scheduled Completion Date (11) 9-11-19 ck Only One) Period of Abatement nal Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X Built-  NJDEP Weste Hauler ID No. 080631369  Disposi	Street Address 4000 Hadley Road  City, State, Zlp Code South Plainfield, NJ 07 Name of Contact Mike Escamilla  FACILITY INFORMATION  Ing Place (3)  County Code (7) (STATE USE ONLY)  Owner (8)  ASCM No.  Name Aetna Street 1320  City, St Trent  Telephone No. 1-215-244-1300  Scheduled Completion Date (11) 9-11-19  ck Only One) Period of Abatement hal Facility Hours  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  Built- up roof  NJDEP Weste Hauler ID No. 080631369  Disposed Date TBD  Little  Title  City State  Cubic Yards of Waste 10  Disposed Date TBD	Street Address 4000 Hadley Road  City, State, Zip Code South Plainfield, NJ 07080  Name of Contact Mike Escamilla  FACILITY INFORMATION  Ing Place (3)  County Code (7) (STATE USE ONLY)  Owner (8)  ASCM No.  Name of Abatement Code (Ty, State, Zip Code Trenton, NJ 08609  Telephone No. 1-215-244-1300  Scheduled Completion Date (11) P-11-19  Ist Only One)  Period of Abatement and Facility Hours  Renovation Demolition  Renovation Demolition  Street Address  City, State, Zip Code Trenton, NJ 08609  Telephone No. 1-609-586-3666  Street Address  City, State, Zip Code Trenton, NJ 08609  Telephone No. 1-609-586-3666  Street Address  City, State, Zip Code Trenton, NJ 08609  Telephone No. 1-609-586-3666  Street Address  City, State, Zip Code  Trenton of Abatement and Facility Hours  City, State, Zip Code  Full Containm Mini-Enclosure Glovebag Prov Non-Exempte  Custodial Staff? (12)  Yes No N/A  X Built- up roofing  Name of Facility Pack Could Yards of Waste TBD  Disposal Date TBD  Title  Title  Signature City, State TBD  Name of Could Yards of Waste TBD	PSE&G  In Street Address 4000 Hadley Road  City, State, Zip Code South Plainfield, NJ 07080  Name of Contact Mike Escamilla  FACILITY INFORMATION  Ing Place (3)  FACILITY INFORMATION  Type of Facility (4)  School (K-12) Subchapter 8 (Oth Other (Le. private etc.)  Square Feet 462SF  County Code (7) (STATE USE ONLY)  Cowner (8)  ASCM No.  Name of Abatement Contractor Actna Roofing Corporation  Street Address 1320 East State Street  City, State, Zip Code Trenton, NJ 08609  Telephone No. 1-215-244-1300  1-609-586-3666  Scheduled Completion Date (11) 9-11-19  Ix Only One)  Period of Abatement half Facility Hours  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X  Built- up roofing  Pairless  Name of Registere (Sp. Street Address)  Full Containment with 1  Asbestos Containing Material (ACM) (Le. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NDEP Waste Hauler ID No. 080631369  Disposal Date Tible  First Morrisville,  Sinceture  City, State  Name of Registere Non-Exempted (*) and  Fairless  Name of Registere Other rices of Waste Disposal Date Tible  Fairless  Name of Registere Other rices of Waste Type Other rices of Containing Type of Facility (4)  Type of Facility (4)  School (K-12) Subchapter 8 (Oth Other (Le. private of the containing of Pairless)  Name of Registere Other rices of Waste Type Other rices of Waste Type of Facility (4)  Name of Containing Type of Facility (4)  School (K-12) Subchapter 8 (Other (Le. private) School (K-12) School (K-12) Subchapter 8 (Other (Le. private) School (K-12) School (K-12) School (K-12) Subchapter 8 (Other (Le. private) School (K-12) Scho	PSE&G  In Street Address 4000 Hadley Road ASB City, State, Zip Code South Plainfield, NJ 07080  Name of Contact Mike Escamilla  FACILITY INFORMATION Ing Place (3)  County Code (7) (STATE USE ONLY)  County Code (7) (STATE USE ONLY)  Square Feet City, State, Zip Code Trenton, NJ 08809  Telephone No. 1-215-244-1300  Telephone No. 1-215-244-1300  Telephone No. 1-215-244-1300  Telephone No. 1-215-244-1300  Street Address  1320 East State Street  City, State, Zip Code Trenton, NJ 08809  Telephone No. 1-215-244-1300  Telephone No. 1-25-244-1300  Telepho	PSE&G  In Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ 07080  Name of Contact Mike Escamilla FACILITY INFORMATION Ing Place (3)  FACILITY INFORMATION Ing Place (3)  FACILITY INFORMATION Ing Place (3)  County Code (7) (STATE USE CNL.Y)  County Code (7) (STATE USE CNL.Y)  County Code (7) (STATE USE CNL.Y)  Substation  County Code (7) (STATE USE CNL.Y)  County Code (7) (STATE USE CNL.Y)  Part and Address 1320 East State Street City, State, Zip Code  Full Containment with Negative Press Is Location Nomally Used Soley by Meintenance Custodial Staff?	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PSE&G- Maywood Su			ace (3)					Type of Facility							
Street Address	Dotation	_						School (K-1	12) s 8 (Other than	V 12					
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Maywood, NJ								Square Feet # of Floors Bldg. A							
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Health & Safety Service		ing Own	er (o)	ASC	M No.	1		ent Contractor (9	)						
Street Address	,63					1	AbateTech, I	nc.							
PO Box 365						S	treet Address								
City, State, Zip Code						1	30 Maple Ave		<del></del>						
Berlin, NJ 08009						1	ity, State, Zip Co	**************************************							
Project Manager for Monitorin	ag Firm		T-	lal		_	Lumberton, It	NJ 08048							
James Proctor	ig i iiii		1	lephon			License No 00529	0.							
Start Date (10)	180	chadulad			9-704-8850 609-265-2107 ion Date (11) Name of OSHA Monitor										
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☐ ≥3 sf or ≥3 lf			enovat				☐ Mini-Encl	ainment with Neg	ative Pressure	9					
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Flanders, NJ						1	0/18/19	Morrisville,	PA 19067						
completed By (Print or Type)	T	itle					Signature			Date	_		-		
Gwendolyn Trumbetti	oordi	inator		0	201		9-	5.	18						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 9 5 / \_ PSE&G / Job #1907-5518 Check #11536 Agencies Notified Type Notification Street Address ☑ EPA ☐ Initial 4000 Hadley Road **⊠** DOLWD City, State, Zip Code ASBESTOS CONTROL & ☑ DHSS Amendment #2 LICENSING South Plainfield, NJ ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Stephen Graziani 973-584-2000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Maywood Substation School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 136 West Central Avenue (Lot 81) homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maywood, NJ County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen Homeowner Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone-No.-Telephone No. License No. James Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_9\_\_ / \_\_19 / \_19 10 / 18 / 19 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ≥3 sf or ≥3 If ☐ Renovation ☐ Mini-Enclosure ☐ Glovebag Proc ≥160 sf or ≥260 If □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Remova Encapsulate Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ closure (i.e., thermal systems insulation. (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A See Attached П X See Attached See Attached X П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Environmental Transport Group, INC. Hauler ID No. Waste Grows-Fairless Landfille 000692061 40 City, State Disposal Date City, State Flanders, NJ 10/18/19 Morrisville, PA 19067 Completed By (Print or Type) Signature Gwendolyn Trumbetti **Operations Coordinator** 

State of New Jersey

ASB-41 MAY 11

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 9 5 / PSE&G / Job #1907-5518 Check #1 Agencies Notified Type Notification Street Address ☐ Initial 4000 Hadley Road □ DOLWD ASBESTOS CONTROL 8 City, State, Zip Code ☑ DHSS Amendment #2 LICENSING South Plainfield, NJ ☐ Emergency (including □ DCA (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Stephen Graziani 973-584-2000 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PSE&G- Maywood Substation ☐ School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 136 West Central Avenue (Lot 81) homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maywood, NJ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Homeowner Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services AbateTech, Inc. Street Address Street Address PO Box 365 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone-No. Telephone No. License No. James Proctor 609-704-8850 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>9</u> / <u>19</u> / 19 <u>10</u> / <u>18</u> / 19 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_\_PM-\_\_AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply)  $\square \ge 3$  sf or  $\ge 3$  If ☐ Renovation ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A See Attached П X See Attached See Attached X П П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Environmental Transport Group, INC. Hauler ID No. Waste Grows-Fairless Landfille 000692061 40 City, State Disposal Date City, State Flanders, NJ 10/18/19 Morrisville, PA 19067 Completed By (Print or Type) Title Signaturé Gwendolyn Trumbetti Operations Coordinator ASR-41

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 11 NJ Turnpike Authority-Garden State Parkway Agencies Notified Type Notification Street Address **⊠** EPA 581 Main Street **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # ' Woodbridge Township, NJ 07095 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number OS CONTROL & ☐ Cancellation LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) OPS #P3460 PKWY N PMD5- BLDG 265 Print Shop School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, OPD P 3460 Pkwy N - Telegraph Hill homes, etc.) City (5) Square Feet # of Floors Bldg. Age Holmdel 50+ County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Print Shop/Warehouse Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services, Inc. 117 Controlled Environmental Systems Street Address Street Address PO Box 365 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Berlin, NJ 08009 Spring House, PA 19477 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. James Proctor 856-452-1311 215 542 7000 00847 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 30 / 19 10 / 31 / 19 CES Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/ PM-Spring House, PA 19477 Scope of Work (Check all that apply) ☐ >3 sf or >3 If ☐ Mini-Enclosure
☐ Glovebag Proce □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Hallway Throughout  $\boxtimes$ Sheetrock wallboard Joint Compd 5000 SF Warehouse Doorway  $\boxtimes$ П Transite Panels 150 SF П Main Entrance Door П X Door Caulk 25 LF M П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Republic Waste Conestoga City, State Disposal Date City, State Telford, PA 11/1/19 Morgantown, PA 19543 Completed By (Print or Type) Title Signature Date Patricia Visco Office Manager ASR-41

\* Do not use this form for ashastas licensura au

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State of NJ

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Agencies Notified Type Notifica	ation	Street Add		- County						_	I remains	-		
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DCA justification	)						releptio	THE INUITIDE	la:					
Cancellation	on	Sharon	Vopal				908-2	73-2991						
			FAC	ILITY INFORM	ATIC	ON								
Name of facility where abatement	is taking pl	lace (3)				T	Type of Facility	(4)						
Residential								ol (K - 12)						
Street Address							☐ Subc	hapter 8 (C	ther t	han l	<-12)			
Officer Virgiess								(Private/C		ercial				
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City (5)	Cou	nty (6)			Co	ounty Code (7)	1,300 SF	02		60	Ŭ	J.		
n					(St	tate use only)	Current Use (Prior if being demolished)							
Basking Ridge, NJ 07920  Name of Monitoring Firm Hired by	Soi	nerset					Residential							
	Blag. Own	er (8)		ASCM No.		Name of Abatement	ement Contractor (9)							
N/A Street Address						KLOMAX, LLO								
Street Address						Street Address								
City, State, Zip Code						309 W. End Ave		-00000000000000000000000000000000000000						
ony, orace, zip oode						City, State, Zip Code								
Project Manager for Monitoring Firm	n	l pi	none Numb			Hopatcong, NJ	07843	T.:						
respect manager for Monitoring 1 in		151	ione Numb	ei	- 1	Telephone Number 833-455-6629		License	Numb 2007	per				
Start Date (10)	1Caba		- B - 4			Name of OSHA Mor	itor		2007			_		
E32 15.	Sched	I. Completi	on Date (1	1)		KLOMAX, LL								
09/20/19	09/2:					Street Address								
Occupancy Status During Abateme						309 W. End Ave	•							
Facility closed/vacated during  Abatement performed outside	entire peri	od of abate	ment.		- 1	City, State, Zip Code								
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Scope of Work (check all that appl	5.37						Full Containment v	v/negative	press	ure				
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asbestos-containing material (acm) to be	staff(12)	enance/cus	todiai	Description	on of a	asbestos-containing	Amount	_	e m	e	n	n		
abated in facility (13)	Yes	No	N/A	material (	ACM)		(Specify S	SF or	0	a	a	C		
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KLOMAX, LLC		8241	D#   Ci		vaste	3		COVED	v					
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Name of Facility Where Abatement	s Taking	Pla	ce (3)				Type of Facility (	4)	_		_	(2) 
PSE&G- Bay Way Refinery							School (K-12)	\$#.				
Street Address							Subchapter 8	(Other than K-1	2)			
4001 South Wood Avenue							Other (i.e., pri homes, etc.)	vate and comm	ercial	buildir	ngs,	
City (5)					a fee jalle saargy		Square Feet	# of Floors	Bldg. A			
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County (6)				Cot	unty Code (	7)(STATE USE ONLY)	Current Use (Prio	r if heing demol	ichad)			
Union					-		Refinery	i ii being derrior	isiicu)			
Name of Monitoring Firm Hired by Bu	ilding Ov	vner	(8)	ASCN	/ No.	Name of Abateme				_		-
Health & Safety Services						AbateTech, I						
Street Address						Street Address					2000	COLO.
PO Box 365						30 Maple Ave	. PO Box 25					
City, State, Zip Code						City, State, Zip Co						
Berlin, NJ 08009						Lumberton, N						
Project Manager for Monitoring Firm			Tel	ephone	No.	Telephone No.		License No.				_
James Proctor			6	09-704	1-8850	609-265-2107		00529				
Start Date (10)	Schedul	ed C	compl	etion Da	ate (11)	Name of OSHA M	00025			200,171		
9 / 19 / 19	9	/	2	0_/	19	EMSL Analyti						
Occupancy Status During Abatement	(Check o	nly	one)			Street Address						
☐ Facility Closed/Vacated During En	ire Perio	d of	Abate	ment		200 Route 130	) North					
☐ Abatement Performed Outside of N	lormal Fa	acilit	v Hou	rs - Des	scribe	City, State, Zip Co						
Time of Abatement:AM	PM/_		PM		_AM	Cinnaminson,						
Scope of Work (Check all that apply)										_	-	
⊠ ≥3 sf or >3 If	_	7 n.				☐ Full Conta	inment with Negat	ive Pressure				
☐ ≥160 sf or ≥260 lf			novat			☐ Mini-Enclo	Sure Procedure					
					26	Non-Exen	npted (*) and Non-F	riable Procedu	e			
000000000000000000000000000000000000000			Loca				98		_	atem	ent T	vpe
Location of Asbestos-Containing Material (ACM	1		Norma			Description of						1
TO BE ABATED		Ma	intena	nce/		stos Containing Mate , thermal systems in		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust		Staff?	(	surfacing, VAT, o	or	SF or LF)	ova	=	psu	unsc
(13)	-	,	(12) No	1 11/0	-	other miscellaneo	us)		-		late	e,
Exterior	_	es -		N/A					_			
LATERIO					Coal Tar	r Wrap		120 SF				
										П	П	П
		]									П	
Name of Registered Waste Hauler			N	JDEP V	Vaste	Cubic Yards of	Name of Registers	ed Landfill				ш
Environmental Transport Grou	p, INC.			auler ID	No.	Waste	Grows- Fairle					
City, State				00069		8 Disposal Date	City, State					
Flanders, NJ						9/20/19	Morrisville, P.	Δ 19067				
Completed By (Print or Type)	Title					Signature	n					
Gwendolyn Trumbetti		ratio	ons C	oordi	nator	O'STIGLUE)	1 #	Dat	Ö	a	.1	91
						1 / 1		1	1	- 1 -		g.