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

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>8/21/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>St. Peter's United Methodist Church</td>
</tr>
<tr>
<td>Street Address</td>
<td>501 East Eighth Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Ocean City, NJ 08226</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Bill Bateson (Trustee, President)</td>
</tr>
</tbody>
</table>

FACILITY INFORMATION

| Name of Facility Where Abatement is Taking Place (3) | St. Peter's United Methodist Church |
| Street Address | 501 East Eighth Street |
| City (5) | Ocean City |
| County (6) | County Code (7) |
| Project Manager for Monitoring Firm | Dave or Steve Flanigan |
| Telephone Number | 856-848-0800 |
| Scheduled Start Date (10) | 9/4/12 |
| Scheduled Completion Date (11) | 9/10/12 |

ON HOLD – WILL RETURN MONDAY 9/10

Scope of Work (Check all that apply)
- Renovation
- Demolition

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)

<table>
<thead>
<tr>
<th>Floor</th>
<th>Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>Floor Tile &amp; Mastic</td>
<td>700 SF</td>
<td>X</td>
</tr>
<tr>
<td>4th Floor</td>
<td>Pipe Insulation</td>
<td>85 LF</td>
<td>X</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>Floor Tile &amp; Mastic</td>
<td>408 SF</td>
<td>X</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>Ceiling Plaster</td>
<td>160 SF</td>
<td>X</td>
</tr>
<tr>
<td>1st Floor</td>
<td>Plaster Ceiling</td>
<td>180 SF</td>
<td>X</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>Pipe Insulation</td>
<td>7 LF</td>
<td>X</td>
</tr>
<tr>
<td>(2) Hallways</td>
<td>Plaster Ceiling</td>
<td>92 SF</td>
<td>X</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler | NJDEP Waste Hauler ID No. 22612 |
Name of Registered Landfill | GROWS |

Completed By (Print or Type) | Kim Trumbetti |
Title | Admin. |
Signature | | Date | 9/6/12 |
Date of Notification (1)  8/21/12  

Name of Building Owner / Operator (2)  St. Peter's United Methodist Church  

Agencies Notified  
☑ EPA  ☐ Initial  
☐ DEP  ☐ Amended #3 OFF HOLD  
☐ DOL  ☐ Emergency  
☐ DOH  ☐ Cancellation  

Street Address  501 East Eighth Street  
City, State & Zip Code  Ocean City, NJ 08226  

Name of Contact  Mr. Bill Bateon (Trustee, President)  

Date of Receipt (14)  2012 SEP 13  

FACILITY INFORMATION  

Name of Facility Where Abatement is Taking Place (3)  St. Peter's United Methodist Church  

Street Address  501 East Eighth Street  

City (5)  Ocean City  
County (8)  Cape May  
County Code (7)  

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

Square Feet  41,161  
# of Floors  3  
Bldg. Age  1908, last addition 1973  

Current Use (Prior if being demolished)  Church  

Name of Monitoring Firm Hired by Building Owner (8)  Horizon Environmental  

ASCM No.  

Name of Abatement Contractor (9)  Asbestos and Mold Services, Corp.  

Street Address  3859 Sylon Blvd.  
City, State & Zip Code  Hainesport, NJ 08036  

Telephone Number  609-702-0400  
License Number  00862  

Project Manager for Monitoring Firm  Dave or Steve Flanigan  
Telephone Number  856-848-0800  

Scheduled Start Date (10)  9/4/12  
Scheduled Completion Date (11)  9/12/12  

Occupancy Status During Abatement (Check only one)  ☑ Abatement Performed Outside of Normal Hours  
☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Describe: Isolated Area  

Scope of Work (Check all that apply)  
☑ ≥3 sf or ≥3 ft  
☑ ≥160 sf ≥260 ft  
☐ Renovation  
☐ Demolition  
☐ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedures  
☐ Non-Exempted and Non-Friable Procedure  

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)  

<table>
<thead>
<tr>
<th>Location of ACM</th>
<th>Is Location Normally Used Solely by Maintenance or Custodial Staff?</th>
<th>Description of ACM (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)</th>
<th>Amount (Specify SF or LF)</th>
<th>Abatement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Floor</td>
<td>☑ No</td>
<td>Floor Tile &amp; Mastic</td>
<td>700 SF</td>
<td>☑ Removal</td>
</tr>
<tr>
<td>1st Floor</td>
<td>☑ No</td>
<td>Pipe Insulation</td>
<td>85 LF</td>
<td>☑ Repair</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>☑ No</td>
<td>Floor Tile &amp; Mastic</td>
<td>408 SF</td>
<td>☑ Encapsulate</td>
</tr>
<tr>
<td>3rd Floor</td>
<td>☑ No</td>
<td>Ceiling Plaster</td>
<td>160 SF</td>
<td>☑ Endorse</td>
</tr>
<tr>
<td>1st Floor</td>
<td>☑ No</td>
<td>Plaster Ceiling</td>
<td>180 SF</td>
<td>☑ Disposal</td>
</tr>
<tr>
<td>1st Floor</td>
<td>☑ No</td>
<td>Pipe Insulation</td>
<td>7 LF</td>
<td>☑ Disposal</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>☑ No</td>
<td>Plaster Ceiling</td>
<td>92 SF</td>
<td>☑ Disposal</td>
</tr>
</tbody>
</table>

Name of Registered Waste Hauler  Horizon Disposal  

Disposal Date  9/12/12  
Name of Registered Landfill  GROWS  

City, State  Trenton, NJ  
City, State  Morrisville, PA  

Completed By (Print or Type)  Kim Trumbetti  
Title  Admin.  
Date  9/7/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1): 9/10/12  
Name of Building Owner / Operator (2): Springpoint @ the Atrium, Inc.  
Job #: 1207-1657-2  
Check #: 2837

Agencies Notified:  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
- Initial  
- Amended  
- Emergency  
- Cancellation

Street Address: 13 Roszel Road, Suite C-120  
City, State & Zip Code: Princeton, NJ 08540  
Name of Contact: Mr. Vince Celenza, C&C Construction Mgmt.

Name of Facility Where Abatement is Taking Place (3): The Atrium  
Street Address: 40 Riverside Avenue

City (5): Monmouth  
County (6): Monmouth  
County Code (7): Monmouth

Name of Monitoring Firm Hired by Building Owner (8): Criterion Laboratories  
Street Address: 3370 Progress Drive, Suite J  
City, State & Zip Code: Bensalem, PA

Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.  
Street Address: 3859 Sylion Blvd.  
City, State & Zip Code: Hainesport, NJ 08036  
Phone Number: 609-702-0400  
License Number: 00862

Project Manager for Monitoring Firm: Mike Panapresso  
Telephone Number: 215-244-1300  
Scheduled Start Date: 9/11/12  
Scheduled Completion Date: 9/12/12

Occupancy Status During Abatement (Check only one):  
- Facility Closed/Vacated During Entire Period of Abatement  
- Abatement Performed Outside of Normal Hours  
- Describe: Possibly 2nd Shift  
- Isolated Area

Scope of Work (Check all that apply):  
- ≥3 sf or ≥3 if  
- ≥160 sf ≥280 if  
- Renovation  
- Demolition  
- Full Containment with Negative Pressure  
- Mini-Enclosure  
- Glove Bag Procedures  
- Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility: (13)

C&C Project Office: Elbows/Fittings & assoc. pipe 40 LF

Name of Registered Waste Hauler: Horizon Disposal  
Hauler ID No.: N.J.D.E.P. 22612  
Cubic Yards of Waste: 6  
Name of Registered Landfill: GROWS  
Disposal Date: 9/12/12  
City, State: Trenton, NJ  
City, State: Morrisville, PA  
Completed By (Print or Type): Kim Trumbetti  
Title: Admin.  
Signature: [Signature]  
Date: 9/10/12
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)  

Job #: 1208-1673-1  
Check #: 2836

<table>
<thead>
<tr>
<th>Date of Notification (1)</th>
<th>9/10/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Building Owner / Operator (2)</td>
<td>General Growth Properties, Inc.</td>
</tr>
<tr>
<td>Street Address</td>
<td>110 North Wacker Drive</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
<td>Chicago, IL 60606</td>
</tr>
<tr>
<td>Name of Contact</td>
<td>Mr. Joe Johnson</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION**

| Name of Facility Where Abatement is Taking Place (3) | Willowbrook Mall Space #2130 |
| Street Address | 1400 Willowbrook Mall |
| City (5) | Wayne |
| County (6) | Passaic |
| County Code (7) | 1520000 |

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

| Square Feet | 1520000 |
| # of Floors | 2 |
| Bldg. Age | 44 |

| Name of Abatement Contractor (9) | Asbestos and Mold Services, Corp. |
| Street Address | 3859 Sylon Blvd. |
| City, State & Zip Code | Hainesport, NJ 08036 |

| Project Manager for Monitoring Firm | Mike Panapresso |
| Telephone Number | 215-244-1300 x26 |

| Scheduled Start Date (10) | 9/24/12 |
| Scheduled Completion Date (11) | 9/26/12 |

| Occupancy Status During Abatement (Check only one) | Facility Closed/Vacated During Entire Period of Abatement |
| □ Abatement Performed Outside of Normal Hours |
| □ Describe: |
| □ Isolated Area |

| Scope of Work (Check all that apply) | □ Renovation |
| □ Demolition |
| □ ≥3 sf or ≥3 if |
| □ ≥160 sf ≥260 if |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |
| Location of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Description of Asbestos-Containing Material (ACM) |
| Amount (Specify SF or LF) | Abatement Type |
| Full Containment with Negative Pressure |
| Negative Pressure Enclosure |
| Glove Bag Procedures |
| Non-Exempted and Non-Friable Procedure |

| Stock Room & Restroom | Yes |
| Floor Tile & Black Mastic | 560 SF |

| Name of Registered Waste Hauler | Horizon Disposal |
| Name of Registered Landfill | GROWS |

| City, State | Trenton, NJ |
| Disposal Date | 9/26/12 |
| City, State | Morrisville, PA |

Completed By (Print or Type) | Kim Trumbetti |
Title | Admin. |
Signature | | Date | 9/10/12 |
State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  

Date of Notification (1): 2012 SEP 13 AM 3:23  

Name of Building Owner/Operator (2): A Molly Co.  
Street Address: P.O. Box 243  
City, State, Zip Code: South Orange, NJ 07079  
Name of Contact: Gary Toriello  

Agencies Notified:  
- EPA  
- DEP  
- DOL  
- DOH  
- DCA  
Type Notification:  
- Initial  
- Amendment  
- Cancellation  

FACILITY INFORMATION  

Name of facility where abatement is taking place (3): A Molly Co.  
Street Address: 15 Brook Avenue  
City, State, Zip Code: Montvale, NJ 07645  
Name of Monitoring Firm Hired by Bldg. Owner (6): n/a  
ASCM No.:  

Type of Facility (4):  
- School (K - 12)  
- Subchapter B (Other than K-12)  
- Other (Private/Commercial Bldgs./Homes, etc.)  

Square Feet:  

of Floors:  

Bldg. Age:  

Current Use (Prior if being demolished): residential  

Name of Abatement Contractor (9): B & G Restoration, Inc.  
Street Address: 105 Ryerson Road  
City, State, Zip Code: Lincoln Park, NJ 07035  
Telephone Number: 973-696-6869  
License Number: 0378  
Name of OSHA Monitor: B & G Restoration, Inc.  
Street Address: 105 Ryerson Road  
City, State, Zip Code: Lincoln Park, NJ 07035  

Occupancy Status During Abatement (Check only one):  
- Facility closed/vacated during entire period of abatement.  
- Abatement performed outside of normal facility hours.  
- Other: Describe:  

Scheduled Start Date (10): 9/20/2012  
Scheduled Completion Date (11): 9/20/12  
Scope of Work (check all that apply):  
- Demolition  
- Renovation  
- ≥3 sf or ≥3 If  
- ≥160 sf or ≥260 If  
- Full Containment w/negative pressure  
- Mini-enclosure  
- Glovebag procedure  
- Non-fibrous procedure  

Location of asbestos-containing material to be abated in facility (13):  
- basement: pipe insulation  
- Description of asbestos-containing material (ACM): pipe insulation  
- Amount (Specify SF or LF): 18 If  

Registered Waste Hauler: B & G Restoration, Inc.  
NJDEP Hauler ID#: 19563  
Cubic Yards of Waste: 1/2 yard  
Disposal Date: 9/21/2012  
City, State: Lincoln Park, NJ 07035  
Name of Registered Landfill: Tullytown Resource & Recovery Center  
City, State: Tullytown, PA  
Completed by (Print or Type): Gordana Luna  
Title: Treasurer  
Date: 9/10/2012  
Signature: Gordana Luna
State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)

Name of Building Owner/Operator (2)
Mike Zawisa

2012 SEP 13 AM 3:42

Agency Notified

Type Notification

DOL

Amendment

DOH

Cancellation

Name of Contact
Mike Zawisa

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Mike Zawisa

Street Address

5-08 Berdan Avenue

City, State, Zip Code
Fair Lawn, NJ 07410

County Code (7) (State use only)

County

Bergen

Type of Facility (4)

Subchapter 8 (Other than K-12)

Other (Private/Commercial Bldgs/Homes, etc.)

Square Feet

973-696-6869

License Number
0378

Name of Abatement Contractor (5)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

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:

Scope of Work (check all that apply)

Demolition

Renovation

>3 sf or >3 if

≥600 sf or ≥260 if

Full Containment negative pressure

Glovebag procedure

Mini-enclosure

Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

bathroom

basement

Description of asbestos-containing material (ACM)

pipe insulation

Amount (Specify SF or LF)

Removal

Repair

Encapsulation

Cubic Yards of Waste

Name of Registered Landfill

Tullytown Resource & Recovery Center

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID# 19563

Disposal Date
9/22/2012

City, State
Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

Title
Treasurer

Signature

Date
9/10/2012
## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:69 and 12:120)

**Date of Notification (1):** September 12, 2012

**Name of Building Owner/Operator (2):** Jacobus Pharmaceutical Co.

**Street Address:** County Road 683

**City, State, Zip Code:** Plainsboro Township, NJ

**Name of Contact:** Tom Santoli

**Telephone Number:**

### FACILITY INFORMATION

**Type of Facility (4):** Pharmaceutical

**Square Feet:**

**# of Floors:**

**Bldg. Age:**

**Name of Abatement Contractor (5):** The MACK Group, LLC

**Street Address:** 1500 Kings HWY N, STE 209

**City, State, Zip Code:** Cherry Hill, NJ 08034

**Telephone No.:** (973) 759 - 5000

**License No.:** 00781

**Name of OSHA Monitor:** The MACK Group, LLC

**Street Address:** 1500 Kings HWY N, STE 209

**City, State, Zip Code:** Cherry Hill, NJ 08034

### Name of Monitoring Firm Hired by Building Owner (8): Sabre Health

**Telephone No.:** 866.734.0127

**Start Date (10):** 9/26/12

**Scheduled Completion Date (11):** 10/25/12

**Occupancy Status During Abatement:**

- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other - Describes: Renovation
- [x] Demolition

**Location of Asbestos-Containing Material (ACM) TO BE ABATED:**

<table>
<thead>
<tr>
<th>Location of ACM</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Facility</td>
</tr>
</tbody>
</table>

**Is Location Normally Used Solely by Maintenance/Custodial Staff? (12):**

<table>
<thead>
<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance Shop</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vestibule</td>
<td>[x]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Description of Asbestos Containing Material (ACM):**

- [x] Full Containment with Negative Pressure
- [x] Mini-Enclosure
- [x] Glovebag Procedure
- Non-Exempted (*) and Non-Firable Procedure

**Amount (Specify SF or LF):**

- [x] 300sf asbestos tile & mastic
- [x] 500sf
- [x] 50sf

**Name of Registered Waste Hauler:**

**Hauler ID No.:** 4509

**Cubic Yards of Waste:** 14.5

**Name of Registered Landfill:** Cumberland County Landfill

**City, State:** Newburg, PA

**Disposal Date:** 10/26/12

**Completed by:** Mike Cooper

**Title:** President

**Signature:**

**Date:** 9/12/12

---

* Do not use this form for asbestos license exempted activities.
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)
09/11/12

Name of Building Owner/Operator (2)
E.I. DuPont De Nemours

Street Address
Rt 130

City, State, Zip Code
Deepwater, NJ 08069

Name of Contact
Richard Clarke

Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
DuPont Chambers Works

Street Address
Route 130

City
Deepwater

County (6)
Salem

County Code (7)
(State Use Only)

Name of Monitoring Firm Hired by Bldg. Owner (8)
Harvard Environmental, Inc.

ASCM No.

Type of Facility (4)

( ) School (K-12)
( ) Subchapter B (other than K-12)
( ) Other (i.e. private & commercial bldgs., homes, etc.)

Sq. Feet 3000

# of Floors 2

Bldg. Age 52

Current Use (prior if being demolished) Chemical Manufacturer

Name of Contractor (9)
NCM Demolition and Remediation, LP

Street Address
395 Turner Industrial Way

City State, Zip Code
Aston, PA 19014

Project Manager for Monitoring Firm
Wesley Morrison

Telephone Number
302-326-2333

Telephone Number
484-480-8531

License Number
01006

Scheduled Start Date (10)
09/17/12

Scheduled Completion Date (11)
12/21/12

Name of OSHA Monitor
EMSL Analytical

Street Address
107 Haddon Ave

City State, Zip Code
Westmont, NJ 08106

Occupancy Status During Abatement (Check only one)

( ) Facility Closed/Vacated During Entire Period of Abatement

( ) Abatement Performed Outside of Normal Facility Hours

Describe

Source of Work (Check all that apply)

( ) Demolition
( ) Renovation

( ) Large Project (>160 SF or >250 LF ACM) ( ) Medium Project (>25<150 SF or >10<250 LF ACM) ( ) Minor Project (<25 SF or <10 LF ACM)

( ) Full Containment with Negative Pressure
( ) Mini-Enclosure
( ) Glovebox Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)

Is Location Normally Used Solely by Maint./Custodial Staff? (12)

Yes
No
Not Applicable

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)

Amount (Specify SF or LF)

Abatement Type


Through Facility

Mastics

6484 SF

X

Through Facility

Thermal Insulation

1015 SF

X

Through Facility

Pipe Insulation

492 LF

X

Through Facility

Thick Mastic

509 SF

X

Through Facility

Gaskets

1579 SF

X

Through Facility

814 SF

X

Name of Reg. Waste Hauler
DuPont Company

NJDEP Waste Hauler ID# 123

Cubic Yards of Waste

Disp. Date
12/21/12

Completed by (Print or Type)
Mark Griffin

Title
Project Manager

Signature

Date
09/11/2012

City State
Deepwater, NJ

City State
Deepwater, NJ
X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of VAT, mastic, and thermal systems insulation. Regulated work area, negative air containments, glovebag procedures, hepa filtration equipment, wet material, and double bag.

XI. Description of Engineering Controls and Work Practices to be Used to Control Emissions of Asbestos at the Demolition or Renovation Site: Regulated work area, negative air containments, glovebag procedures, wet removal methods, HEPA filtration equipment, wet material and double bag.

XII. Waste Transporter#1 DuPont Company
Address:
City: Deepwater  County: Salem  State: NJ  Zip: 08069
Contact: Telephone:

Waste Transporter#2 Same as #1
Address:
City  County  State  Zip
Contact  Telephone

XIII. Waste Disposal Site DuPont Chambers Works
Address:
City: Deepwater  County: Salem  State: NJ  Zip: 08069
Contact: Telephone:

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:
Name
Title
Authority
Date of Order (MM/DD/YYYY)  Date Ordered to Begin (MM/DD/YYYY)

XV. For Emergency Renovations:
DATE and HOUR of Emergency: (MM/DD/YYYY) (HH:MM)
Description of Sudden, Unexpected Event
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Viable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder: Segregate area, wet materials, post signs, alert generator

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40 CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required only (1) year after promulgation)

XVIII. I Certify that the Above Information is Correct

(Date) 09/11/12