



Township of South Orange Village

Department of Administration

Barry R. Lewis, Jr.
Village Administrator
(973) 378-7715 Ext. 2
blewis@southorange.org

September 23, 2014

Via Overnight Delivery

From: Barry Lewis, Village Administrator
Village of South Orange
101 South Orange Avenue
South Orange, NJ 07079

Inspection Number: 317648533
Complaint Number: 209211895
Inspection Date(s): 5/14/2014
Issuance Date: 8/22/2014
CSHO: Michael Boucher
Reason: Complaint

Inspection Site:
South Orange Police Department
201 South Orange Avenue
South Orange, NJ 07079

REPLY TO: Gary Centifonti, Acting Program Manager
PEOSH Program, 4th Floor
NJ Department of Health
P.O. Box 369
Trenton, NJ 08625-0369

ABATEMENT VERIFICATION LETTER

Listed below is the corrective action taken and date corrected for each citation by item and instance number:

Citation 1 Item 1s

Type of Violation: Serious

29 CFR 1910.1001(j)(2)(i)

1. The correction has been accomplished.
2. The Village had undertaken a complete Inspection and Asbestos assessment of the facility in 2002 and the report was in the Police Headquarters but the individuals present for the

inspection did not understand the inspector as asking for the immediate production of the report. The Inspection and Assessment Report was completed by the engineering firm, Killam Associates and a copy of the report is being provided herewith as **Exhibit A**.

3. The report was completed in 2002 and is being provided herewith as **Exhibit A**.

Citation 2 Items 1o and 2o Type of Violation: **Other than Serious**

N.J.A.C. 12:100-13.3(a) and N.J.A.C. 12:100-13.3(a)(8)

1. The corrections have been accomplished.
2. Village has prepared an Indoor Air Quality Program, utilizing the State Model Program. A copy of the Indoor Air Quality Program is being provided herewith as **Exhibit B**. The Village has temporarily designated the Village Administrator pending confirmation and completion of any necessary and required training by an appropriate employee and, upon completion of such training will promptly identify and appoint the properly trained employee as the Designated Person under the Program.
3. The correction was completed and the Program implemented on September 19, 2014, a copy of the Program being included herewith as **Exhibit B**.

Citation 2 Item 3o Type of Violation: **Other than Serious**

N.J.A.C. 12:100-13.4(c)

1. The correction has been accomplished.
2. Water damaged materials, including ceiling tiles and sheetrock were removed during the period from the receipt of the Notice of Order and September 19, 2014. In addition, the Village has undertaken substantial efforts to address the water intrusion and leak issues, including the installation of sump pumps and drains. On August 7, 2014 the Village issued a Request for Proposals and is presently awaiting proposals, due September 25, 2014, from Architects to conduct a complete assessment of the Police Headquarters (including the water intrusion issues) and prepare plans for remedial actions.
3. The correction was completed by September 19, 2014.

Citation 2 Item 4o Type of Violation: **Other than Serious**

N.J.A.C. 12:100-13.4(d)

1. By email from Michael Boucher, dated September 12, 2014, this violation was corrected to read: ""LOC: Boiler Room and Basement Ceiling". The correction has been accomplished.

2. The Village hired a contractor, Ramas Climate and Refrigeration, LLC to complete the correction by removing and replacing all contaminated materials. Photographs of the remediated duct work and ceiling tiles and a copy of Ramas' proposal/scope of work and the Village's Purchase Order are being filed herewith as **Exhibit C**.

3. The correction was completed on September 22, 2014.

Citation 2 Item 5o Type of Violation: **Other than Serious**

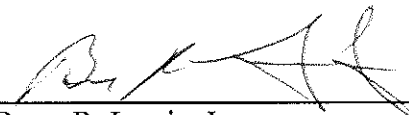
N.J.A.C. 12:100-13.6(c)

1. The correction has been accomplished.

2. The Village has a Maintenance Contract in place for the HVAC system at Police Headquarters for 2014 (and prior years). Copies of the 2014 Bid Specifications, Ramas' Bid and the December 23, 2013 Resolution Awarding the Contract to Ramas are being filed herewith as **Exhibit D**. Ramas provides periodic reports of the maintenance work undertaken and copies of the 2014 reports are being filed herewith as **Exhibit E**.

3. The Contract was awarded on December 23, 2013 and the records have been on file with the Village but the individuals accompanying the Inspector did not understand the request for immediate production of the records.

Certification of Response By:


Barry R. Lewis, Jr.
Village Administrator

9/23/14
Date

Exhibit A

**ASBESTOS INSPECTION REPORT
AND
ASBESTOS MANAGEMENT PLAN**

for

***Police Building
201 South Orange Avenue
South Orange, New Jersey***

May 2002

Prepared For:

Township of South Orange
Village Hall
101 South Orange Avenue
South Orange, New Jersey 07079

*Corporate Headquarters
27 Bleeker Street
Millburn, NJ 07041-1008
Tel: 973-379-3400
Fax: 973-376-1072*

 **Killam**

Associates ◊ Consulting Engineers
a division of Hatch Mott MacDonald Group, Inc.

TABLE OF CONTENTS

DESCRIPTION	SECTION
Inspection Cover Sheet - Form A	A
Room/Functional Space Inspection - Form B	B
Asbestos Management Plan - Cover Sheet - Form C	C
Room/Functional Space Inspection - Response Action - Form D	D
Room/Functional Space Inspection - Boiler Room Response Action - Form E	E
Homogeneous Material Identification - Form F	F
Listing of All Laboratories Utilized for Sample Analysis - Form G	G
Summary of Laboratory Samples - Form H	H
Laboratory Analytical Data Sheets	I
Description of Chain of Command - Form J	J
Plan for Reinspection - Form K	K
Plan for Operations and Maintenance Activities	L
Plan to Inform - Form M - Form L	M
Evaluation of Resources - Form N	N
Previous/Current Asbestos Abatement Log - Form O	O
Major/Minor Fiver Release Episode Log - Form P	P
Statement if Ensurances - Form Q	Q
Appendix A - O&M Program Forms	

B.

**Asbestos Management Plan – Inspection Cover Sheet
FORM A**

Name of Responsible Governing Authority		Telephone Number:	
Township of South Orange Village		(973)378-7715	
Address			
101 South Orange Avenue, South Orange, NJ 07079			
Name of Facility		Telephone Number:	
Building Assessed		Telephone Number:	
Police Headquarters		(973) 378-7772	
Address			
201 South Orange Avenue, South Orange NJ			
Asbestos Program Manager		Telephone Number:	
Address			
Original Year of Building Construction:			
1971			
Last Dates of Additional Construction			
<i>Date</i>		<i>Description</i>	
No current information available			
Type of Heating System: Baseboard Hot Water			
Has any part of the Heating System, including boiler(s), hot water pipes, water heater, etc., been renovated or replaced?			
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
List areas affected and year(s)			
<i>Description/Location of Action</i>			<i>Year</i>
Boiler replaced.			1991
INSPECTORS/ASSESSORS			
1	Name: Kevin J. Herrighty	Address: 27 Bleeker Street, Millburn NJ 07041	Telephone Number: (973) 912-2480
	Affiliation: Killam Associates	State Accreditation/Acc. No.: RWJ 1347A	Signature
2	Name: Ellen K. Moore	Address: 27 Bleeker Street, Millburn NJ 07041	Telephone Number: (973) 912-3356
	Affiliation: Killam Associates	State Accreditation/Acc. No.: NAETI340844	Signature <i>Ellen K. Moore</i>
3	Name: James E. Moore III	Address: 27 Bleeker Street, Millburn NJ 07041	Telephone Number: (973) 912-2476
	Affiliation: Killam Associates	State Accreditation/Acc. No.: NAETI347272	Signature <i>James E. Moore III</i>

ROOM/FUNCTIONAL SPACE INSPECTION

Inspected

Worship of South Orange Village Police Building

over level Sargent's office

Date of Construction

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Surfacing Thermal Miscellaneous

Material

Friable Non-Friable

Description

tan (9x9) Floor tiles

Area/Linear Footage

200 sf

Percent of Area

100

Homogeneous ID No.

005

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	205F	Minor damage from everyday wear + tear.
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Extent of Damage Localized Distributed Is dust/debris present? Yes No Location Distributed throughout entire floor area

Was bulk/surface material obtained? Yes No If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? Yes No

Accessibility (More than 1 possible answer; see instructions) 11 12 13 Comments Common Area

Is there a potential for disturbance of this material? Yes No Explain Power cleaning & buffing on high speed

Is this material in an air plenum or exposed to an air stream? Yes No Explain

Degree of Damage Damaged or Significantly Damaged Thermal System Insulation Damaged Friable Surfacing ACM Significantly Damaged Friable Surfacing ACM Damaged or Significantly Damaged Friable Miscellaneous ACM ACBM With Potential for Damage ACBM With Potential for Significant Damage Any Remaining Friable ACBM or Friable Suspected ACBM Non-Friable

Additional Comments

Minor damage includes cracking & chipping of tiles

Name(s) of Inspector(s)/Assessor(s) Allen & Morse

ROOM/FUNCTIONAL SPACE INSPECTION

Inspected

City/Township of South Orange Village Police Building

Room/Functional Space
Lower Level Ladies Room

Date of Construction

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Surfacing Thermal Miscellaneous

Material

Friable Non-Friable

Description

tan (9x9) floor tiles

Area/Linear Footage

200 SF

Percent of Area

100

Homogeneous ID No.

005

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20 SF	minor damage from everyday wear & tear
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Character of Damage: Localized Distributed
 Is dust/debris present? Yes No
 Location: Distributed throughout entire floor area.

Is bulk/surface material obtained? Yes No
 If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? Yes No

Accessibility (More than 1 possible answer; see instructions): 1 2 3
 Comments: Common Area

Is there a potential for disturbance of this material? Yes No
 Explain: power cleaning & buffing on high speed

Is this material in an air plenum or exposed to an air stream? Yes No
 Explain:

Degree of Damage:
 Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM
 ACM With Potential for Damage
 ACM With Potential for Significant Damage
 Any Remaining Friable ACM or Friable Suspected ACM

Non Friable

Additional Comments

Minor damage includes cracking & chipping of tiles

Name(s) of Inspector(s)/Assessor(s)

Ellen & Mark

ROOM/FUNCTIONAL SPACE INSPECTION

Inspected

Community of South Orange Village Police Building

Room/Functional Space
Lower Level Halls

Date of Construction

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Surfacing Thermal Miscellaneous

Material

Friable Non-Friable

Description

tan (9x9) Floor tiles

Square/Linear Footage

460 SF

Percent of Area

100

Homogeneous ID No.

005

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	460sf	Minor damage from everyday wear & tear
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Location of Damage <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Is dust/debris present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Location Distributed throughout entire floor area.
---	--	---

Is bulk/surface material obtained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Accessibility (More than 1 possible answer; see instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Comments Common Area
--	-------------------------

Is there a potential for disturbance of this material? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain Power cleaning & buffing on high speed
---	---

Is this material in an air plenum or exposed to an air stream? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain
---	---------

Degree of Damage <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> JACBM With Potential for Damage <input type="checkbox"/> JACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACM or Friable Suspected ACM
--	---

Non Friable

Additional Comments

Minor damage includes cracking & chipping of tiles

Name(s) of Inspector(s)/Assessor(s)
Ellen & M. Mori

ROOM/FUNCTIONAL SPACE INSPECTION

Inspected

Ownership of South Orange Village Police Building

Room/Functional Space

Date of Construction

Traffic Bureau office #1

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Material

Surfacing Thermal Miscellaneous

Friable Non-Friable

Description

tan (9x9) Floor tile

Area/Linear Footage

Percent of Area

Homogeneous ID No.

80 sf

100

005

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Extent of Damage <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Is dust/debris present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Location
---	--	----------

Is bulk/surface material obtained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

Accessibility (More than 1 possible answer; see instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Comments Common Areas
--	--------------------------

Is there a potential for disturbance of this material? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain Power cleaning & buffing on high speed
---	---

Is this material in an air plenum or exposed to an air stream? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain
---	---------

Degree of Damage <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	---

Non-Friable

Additional Comments

Minor damage means cracking & chipping of tiles

Name(s) of Inspector(s)/Assessor(s)
Ellen & Marie

ROOM/FUNCTIONAL SPACE INSPECTION

Inspected

City/Township of South Orange Village Police Building

Room/Functional Space

Date of Construction

Police Bureau office #2

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Material

Surfacing Thermal Miscellaneous

Friable Non-Friable

Description

tan (9x9) floor tile

Square/Linear Footage

Percent of Area

Homogeneous ID No.

565 sf

100

005

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Extent of Damage <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Is dust/debris present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location
--	---	----------

Was bulk/surface material obtained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Accessibility (More than 1 possible answer; see instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Comments Common Area
--	-------------------------

Is there a potential for disturbance of this material? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain Power cleaning + buffing on high school
---	--

Is this material in an air plenum or exposed to an air stream? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain
---	---------

Degree of Damage <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> JACBM With Potential for Damage <input type="checkbox"/> JACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	---

Non Friable

Additional Comments

Minor Damage includes cracking + chipping of tiles

Name(s) of Inspector(s)/Assessor(s)
Ellen A. Moore

FOR STATE USE ONLY

ROOM/FUNCTIONAL SPACE INSPECTION

Inspected

Worship of South Orange Village Police Building

Office Bureau office #3

Date of Construction
1971

Material (Only ONE type may be checked per individual page; see instructions)
 Surfacing Thermal Miscellaneous
 Friable Non-Friable

Description
20 (9x9) Floor tiles

Area/Linear Footage: 40 sf
Percent of Area: 100
Homogeneous ID No.: 005

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Extent of Damage
 Localized Distributed
Is dust/debris present? Yes No
Location

Is bulk/surface material obtained? Yes No
If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? Yes No

Accessibility (More than 1 possible answer; see instructions)
 1 2 3
Comments
Common areas

Is there a potential for disturbance of this material?
 Yes No
Explain
power cleaning + buffing on high speed

Is this material in an air plenum or exposed to an air stream?
 Yes No
Explain

Degree of Damage
 Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM
 ACM With Potential for Damage
 ACM With Potential for Significant Damage
 Any Remaining Friable ACM or Friable Suspected ACM
Non Friable

Additional Comments

Minor damage means cracking + chipping of tiles

Name(s) of Inspector(s)/Assessor(s)
Ellen K. Mure

ROOM/FUNCTIONAL SPACE INSPECTION

Assessed

City/Township of South Orange Village Police Building

Room/Functional Space
Office Bureau office - Main office

Date of Construction

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Material

Surfacing Thermal Miscellaneous

Friable Non-Friable

Description

tan (9x9) floor tile

Area/Linear Footage

392 sf

Percent of Area

100

Homogeneous ID No.

005

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Location of Damage <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Is dust/debris present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Location throughout entire office
---	--	--------------------------------------

Was bulk/surface material obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Accessibility (More than 1 possible answer; see instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Comments Common Area
--	-------------------------

Is there a potential for disturbance of this material? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain power cleaning or buffing on high speed
---	--

Is this material in an air plenum or exposed to an air stream? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain
---	---------

Degree of Damage <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	---

Non Friable

Additional Comments

Tiles appeared to be in good condition

Signature(s) of Inspector(s)/Assessor(s)

Ellen X Moore

FOR STATE USE ONLY

ROOM/FUNCTIONAL SPACE INSPECTION

Assessed

City/Township of South Orange Village Police Building
Room/Functional Space

Date of Construction
1971

Room Name: Holding Room - Main level
Material Type: Surfacing Thermal Miscellaneous

Material: Friable Non-Friable

Description

Material: Brown (9x9) Floor tiles
Area/Linear Footage: 50 sf
Percent of Area: 100
Homogeneous ID No.: 004

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	35f	Minor damage from everyday wear & tear.
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Extent of Damage: Localized Distributed
In dust/debris present? Yes No
Location: throughout floor of entire area

Has bulk/surface material obtained? Yes No
If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? Yes No

Accessibility (More than 1 possible answer; see instructions): 1 2 3
Comments: Common Areas

Is there a potential for disturbance of this material? Yes No
Explain: Power cleaning & buffing on high speed

Is this material in an air plenum or exposed to an air stream? Yes No
Explain:

Degree of Damage:
 Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM
 ACBM With Potential for Damage
 ACBM With Potential for Significant Damage
 Any Remaining Friable ACBM or Friable Suspected ACBM

Additional Comments: Non-Friable

Minor damage includes cracking & chipping of tiles
Signature(s) of Inspector(s)/Assessor(s): Ellen K. Moore

ROOM/FUNCTIONAL SPACE INSPECTION

Assessed

City/Township of South Orange Village Police Building

Room/Functional Space
Finger Printing Room

Date of Construction

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Surfacing Thermal Miscellaneous

Material

Friable Non-Friable

Description

Brown (9x9) Floor tiles

Square/Linear Footage

50sf

Percent of Area

100

Homogeneous ID No.

006

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3sf	Minor damage from everyday wear & tear
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Extent of Damage <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Is dust/debris present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Location Throughout entire floor
---	--	-------------------------------------

Has bulk/surface material obtained? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Accessibility (More than 1 possible answer; see instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	Comments Common Area
--	-------------------------

Is there a potential for disturbance of this material? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Explain power cleaning or buffing on high speed
---	--

Is this material in an air plenum or exposed to an air stream? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Explain
---	---------

Degree of Damage <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	---

Non Friable

Additional Comments

Minor damage includes cracking & chipping of tiles

Signature(s) of Inspector(s)/Assessor(s)
[Handwritten Signature]

ROOM/FUNCTIONAL SPACE INSPECTION

Assessed

Ownership of South Orange Village Police Building

Room/Functional Space

Date of Construction

Building Area #2

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Material

Surfacing Thermal Miscellaneous

Friable Non-Friable

Description

White/Blue Floor Tile (12x12)

Square/Linear Footage

Percent of Area

Homogeneous ID No.

305ft

100%

007

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3ft	Everyday wear + tear
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Extent of Damage: Localized Distributed
 In dust/debris present? Yes No
 Location: Entire Floor

Was bulk/surface material obtained? Yes No
 If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? Yes No

Accessibility (More than 1 possible answer; see instructions): 1 2 3
 Comments: Common Area

Is there a potential for disturbance of this material? Yes No
 Explain: Power cleaning/buffing on high speed

Is this material in an air plenum or exposed to an air stream? Yes No
 Explain:

Degree of Damage:
 Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM
 ACBM With Potential for Damage
 ACBM With Potential for Significant Damage
 Any Remaining Friable ACBM or Friable Suspected ACBM
 Non-Friable

Additional Comments

Name(s) of Inspector(s)/Assessor(s)
[Signature]
[Signature]

ROOM/FUNCTIONAL SPACE INSPECTION

Assessed

Workshop of South Orange Village Police Building

Room/Functional Space

Boiler Room

Date of Construction

1971

Type of Material (Only ONE type may be checked per individual page; see instructions)

Surfacing Thermal Miscellaneous

Material

Friable Non-Friable

Description

Cementitious material used to secure the boiler flue in place.

Area/Linear Footage

559

Percent of Area

1%

Homogeneous ID No.

001

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Location of Damage

Localized
 Distributed

Is dust/debris present?

Yes No

Location

Eastern wall of the boiler room.

Is bulk/surface material obtained?

Yes No

If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?
 Yes No

Accessibility (More than 1 possible answer; see instructions)

1 2 3

Comments

Is there a potential for disturbance of this material?

Yes No

Explain
Vibrations from the piping.

Is this material in an air plenum or exposed to an air stream?

Yes No

Explain

Degree of Damage

Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM

ACBM With Potential for Damage
 ACBM With Potential for Significant Damage
 Any Remaining Friable ACBM or Friable Suspected ACBM

Additional Comments

Name(s) of Inspector(s)/Assessor(s)

Eileen X Moran

B

FOR STATE USE ONLY

ROOM/FUNCTIONAL SPACE INSPECTION

Inspected

Wardship of South Orange Village Police Building

Room/Functional Space
Basement; four main, outer walls, beneath
a layer of sheetrock

Date of Construction
1971

Type of Material (Only ONE type may be checked per individual page:
See instructions)

Material
 Friable Non-Friable

Surfacing Thermal Miscellaneous

Description
Black mastic used as sealant

Area/Linear Footage: 3860 sf
Percent of Area: 100
Homogeneous ID No.: 002

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Location of Damage: Localized Distributed
Is dust/debris present? Yes No
Location:

Was bulk/surface material obtained? Yes No
If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? Yes No

Accessibility (More than 1 possible answer; see instructions): 1 2 3
Comments:

Is there a potential for disturbance of this material? Yes No
Explain: Located beneath a layer of sheetrock

Is this material in an air plenum or exposed to an air stream? Yes No
Explain:

Degree of Damage:
 Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM
 ACBM With Potential for Damage
 ACBM With Potential for Significant Damage
 Any Remaining Friable ACBM or Friable Suspected ACBM
Non Friable

Additional Comments

Name(s) of Inspector(s)/Assessor(s):
Ellen & Marc

ROOM/FUNCTIONAL SPACE INSPECTION

Assessed

City of South Orange Village Police Building

Location of Material (Only ONE type may be checked per individual page; see instructions)

Date of Construction

1971

Surfacing Thermal Miscellaneous

Material

Friable Non-Friable

Description

148 sq ft (9x9) Floor tiles

Area/Linear Footage

Percent of Area

Homogeneous ID No.

148 sf

100

C05

Damage Assessment

Type of Damage	YES	NO	Amount (Square/Linear Foot)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Extent of Damage

Localized
 Distributed

Is dust/debris present?

Yes No

Location

Entire floors in hallways of traffic Bureau section (southern portion of building)

Was bulk/surface material obtained?

Yes No

If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?
 Yes No

Accessibility (More than 1 possible answer; see instructions)

11 12 13

Comments

Common Area

Is there a potential for disturbance of this material?

Yes No

Explain

power cleaning or buffing on high speed

Is this material in an air plenum or exposed to an air stream?

Yes No

Explain

Degree of Damage

Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM

ACM With Potential for Damage
 ACM With Potential for Significant Damage
 Any Remaining Friable ACM or Friable Suspected ACM

Non Friable

Additional Comments

Tiles appeared to be in good condition

Name(s) of Inspector(s)/Assessor(s)

Allen & Mori

New Jersey State Department of Health
Asbestos Control Service
CN 360, Trenton, NJ 08625-0360
ROOM/FUNCTIONAL SPACE INSPECTION

B

FOR STATE USE ONLY

Assessed

Wardship of South Orange Village Police Building

Room/Functional Space: Armory closet Date of Construction: 1971

Type of Material (Only ONE type may be checked per individual page; see instructions):
 Surfacing Thermal Miscellaneous
 Friable Non-Friable

Description: white (9x9) Floor tile

Area/Linear Footage: 105 sf Percent of Area: 100 Homogeneous ID No.: 003

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

Is bulk/surface material obtained? Yes No

Is dust/debris present? Yes No

Location: Floor of Armory Closet - main level

If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? Yes No

Accessibility (More than 1 possible answer; see instructions): 1 2 3

Comments: Common Area

Is there a potential for disturbance of this material? Yes No

Explain: power cleaning or buffing on high speed

Is this material in an air plenum or exposed to an air stream? Yes No

Explain:

Degree of Damage

Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM

ACBM With Potential for Damage
 ACBM With Potential for Significant Damage
 Any Remaining Friable ACBM or Friable Suspected ACBM

Non Friable

Additional Comments

Tiles appeared to be in good condition

Name(s) of Inspector(s)/Assessor(s): Ellen & MWA

FOR STATE USE ONLY

Assessed

Township of South Orange Village Police Building

Room/Functional Space: Armory Closet Date of Construction: 1977

Type of Material (Only ONE type may be checked per individual page; see instructions):
 Surfacing Thermal Miscellaneous
 Friable Non-Friable

Description: Black Mastic used to adhere floor tiles

Surface Area/Linear Footage: 105 sf Percent of Area: 100% Homogeneous ID No.: 004

Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)
Deterioration	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Delamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Water	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Is Bulk/surface material obtained? Yes No

If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? Yes No

Accessibility (More than 1 possible answer; see instructions): 1 2 3

Is there a potential for disturbance of this material? Yes No

Is this material in an air plenum or exposed to an air stream? Yes No

Location: Entire Floor

Explain: Removal of floor tiles

Degree of Damage:

Damaged or Significantly Damaged Thermal System Insulation
 Damaged Friable Surfacing ACM
 Significantly Damaged Friable Surfacing ACM
 Damaged or Significantly Damaged Friable Miscellaneous ACM

ACBM With Potential For Damage
 ACBM With Potential For Significant Damage
 Any Remaining Friable ACBM or Friable Suspected ACBM

Non-Friable

Additional Comments: _____

Name(s) of Inspector(s)/Assessor(s):
Ellen M. [Signature]

Asbestos Management Plan – Cover Sheet
FORM C

D

Name of Responsible Governing Authority		Telephone Number:		
Township of South Orange Village		(973)378-7715		
Address:				
101 South Orange Avenue, South Orange New Jersey 07079				
Name of Facility		Telephone Number:		
Building Assessed		County:		
Police Headquarters		Essex		
Address		Telephone Number:		
201 South Orange Avenue, South Orange NJ		(973)378-7772		
Type of Facility		Date of Inspection:		
Police Headquarters		5/09/02		
Does this building contain (check all that apply)?				
<input type="checkbox"/> Friable ACBM		Total Amount (Square/Linear Feet):		
<input checked="" type="checkbox"/> Non-Friable ACBM		Surfacing ACBM: 0 sf		
<input type="checkbox"/> Assumed Friable ACBM		Thermal Insulation ACBM: 0 sf		
<input checked="" type="checkbox"/> Assumed Non-Friable ACBM		Miscellaneous ACBM: 5781 sf		
Asbestos Program Manager				
Name of Asbestos Program Manager		Telephone Number:		
Vatore Renda		X7706		
Address				
101 South Orange Avenue, South Orange NJ				
Training Attended				
Course Name	Training Agency	Place of Training	Date(s)	Training Hours
Pending				
Inspectors/Assessor(s)				
<i>Name</i>	<i>Accreditation No./State</i>	<i>Affiliation</i>	<i>Signature</i>	
Kevin J. Herrighty	RWJ1347A	Killam Associates		
Ellen K. Moore	NAETI340844	Killam Associates	<i>Ellen K Moore</i>	
James E. Moore III	NAETI347272	Killam Associates	<i>James E Moore III</i>	
Management Planners				
(The undersigned Management Planner(s) have prepared or assisted in preparation or reviewed this plan and assure that this plan is in compliance with current law.)				
	Name	Address	Telephone Number:	
1	Kevin J. Herrighty	27 Bleeker Street, Millburn NJ 07041	(973) 912-2480	
	Affiliation	State of Accreditation/Acc. No.:	Signature	
	Killam Associates	RWJ1086B		
Other Consultants/Person Involved in the Development of this Management Plan				
	<i>Name</i>	<i>Accreditation Number/State</i>	<i>Affiliation</i>	<i>Signature</i>
	N/A			

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed Township of South Orange Village Police Building	Room/Functional Space Holding Area #2
--	--

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:		SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
Homogeneous ID No. 007	Check One <input checked="" type="checkbox"/> Sample Taken <input checked="" type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 305f	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage	<input type="checkbox"/> ACBM With Potential for Significant Damage	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	--	--	--	---	---	---

Non-Friable

Response	Action(s)	Date of Response	Square/Linear Feet
	Repair Damage	March 1, 2003	35f
	Monitor under O&M Program	July 1, 2002	

Material Assumed positive until TEM analysis proves otherwise

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:		SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage	<input type="checkbox"/> ACBM With Potential for Significant Damage	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	--	--	--	---	---	---

Response	Action(s)	Date of Response	Square/Linear Feet

Comment

D

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed: Township of South Orange Village Police Building
Room/Functional Space: Main Level, 4 main outer walls beneath a layer of sheetrock

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input checked="" type="checkbox"/> Other: <u>Black mastic</u>	
---	--	---	--	--	--	---	--	---	--

Homogeneous ID No. <u>002</u>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <u>3260 SF</u>	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
-------------------------------	--	---	--------------------------------	--	--

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet
	<u>Monitor under O&M Program</u>	<u>July 1, 2002</u>	

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
---	--	---	--	--	--	---	--	--	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed Township of South Orange Village Police Building	Room/Functional Space Halls on main level in Traffic Bureau Section
--	--

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:		SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other:		MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
Homogeneous ID No. 005	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF 140 sf	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3				

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input checked="" type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet
	Monitor under OVM Program	July 1, 2002	

Comments

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:		SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other:		MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet

Comments

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed <i>Township of South Orange Village Police Building</i>	Room/Functional Space <i>Armory Closet</i>
--	---

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
Homogeneous ID No. <i>003</i>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <i>105 SF</i>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3				

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input checked="" type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet
	<i>Monitor under DAM Program</i>	<i>July 1, 2002</i>	

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____		MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input checked="" type="checkbox"/> Other: <i>Misc</i>	
Homogeneous ID No. <i>004</i>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <i>105 SF</i>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3				

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet
	<i>Same as above</i>		

ASB-6
JUN 88

New Jersey State Department of Health
Asbestos Control Service
CN 360, Trenton, NJ 08625-0360

D

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed <i>Township of South Orange Village Police Building</i>	Room/Functional Space <i>Lower Level Sergeant's office</i>
--	---

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
---	---	--	---	--

Homogeneous ID No. <i>005</i>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <i>200sf</i>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
----------------------------------	--	---	------------------------------	---	--

Damage Assessment <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACM With Potential for Damage <input type="checkbox"/> ACM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACM or Friable Suspected ACM
---	--

Response	Action(s)	Date of Response	Square/Linear Feet
	<i>Repair Damage</i>	<i>March 1, 2003</i>	<i>20sf</i>
	<i>Monitor under O&M Program</i>	<i>July 1, 2002</i>	

Com (_____)

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
---	---	--	---	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACM With Potential for Damage <input type="checkbox"/> ACM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACM or Friable Suspected ACM
---	---

Response	Action(s)	Date of Response	Square/Linear Feet

Comm. a _____

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed <i>Township of South Orange Village Police Building</i>	Room/Functional Space <i>Lower level Ladies Room</i>
--	---

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
---	---	--	---	--

Homogeneous ID No. <i>005</i>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <i>200 sf</i>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
----------------------------------	--	---	-------------------------------	---	--

Damage Assessment <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM With Potential for Damage <input checked="" type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
---	---

Response	Action(s)	Date of Response	Square/Linear Feet
	<i>Repair Damage</i>	<i>March 1, 2003</i>	<i>20 sf</i>
	<i>Monitor under O&M Program</i>	<i>July 1, 2002</i>	

Con (_____)

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
---	---	--	---	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
---	---

Response	Action(s)	Date of Response	Square/Linear Feet

Con. _____

ASB-6
JUN 88

New Jersey State Department of Health
Asbestos Control Service
CN 360, Trenton, NJ 08625-0360

D

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed <u>Township of South Orange Village</u> <u>Police Building</u>	Room/Functional Space <u>Lower level Halls</u>
--	---

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:
---	---	--	---	--

Homogeneous ID No. <u>005</u>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <u>460 sf</u>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
----------------------------------	--	---	-------------------------------	---	--

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input checked="" type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet
	<u>Repair Damage</u>	<u>March 1, 2003</u>	<u>46 sf</u>
	<u>Monitor under O&M Program</u>	<u>July 1, 2002</u>	

Com. (_____)

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other:	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:
---	---	--	---	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM With Potential For Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet

Comments _____

ASB-6
JUN 88

New Jersey State Department of Health
Asbestos Control Service
CN 360, Trenton, NJ 08625-0360

D

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed <i>Township of South Orange Village Police Building</i>	Room/Functional Space <i>Traffic Bureau office #1</i>
--	--

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
---	---	--	---	--

Homogeneous ID No. <i>005</i>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <i>20.5f</i>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
----------------------------------	--	---	------------------------------	---	--

Damage Assessment <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
---	--

Response	Action(s)	Date of Response	Square/Linear Feet
	<i>Monitor under O&M Program</i>	<i>July 1, 2002</i>	

Com. (_____)

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
---	---	--	---	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
---	---

Response	Action(s)	Date of Response	Square/Linear Feet

Comments _____

ASB-6
JUN 88

New Jersey State Department of Health
Asbestos Control Service
CN 360, Trenton, NJ 08625-0360

D

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed: Township of South Orange Village Police Building
Room/Functional Space: Traffic Bureau office #2

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
---	--	---	--	--	--	--	--

Homogeneous ID No. <u>005</u>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <u>565f</u>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
----------------------------------	--	---	-----------------------------	---	--

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	--

Response	Action(s)	Date of Response	Square/Linear Feet
	<u>Monitor under CAM Program</u>	<u>July 1, 2002</u>	

Com ()

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____	
---	--	---	--	--	--	--	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	---

Response	Action(s)	Date of Response	Square/Linear Feet

Com. ca

ASB-6
JUN 88

New Jersey State Department of Health
Asbestos Control Service
CN 360, Trenton, NJ 08625-0360

D

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed <i>Township of South Orange Village Police Building</i>	Room/Functional Space <i>Traffic Bureau office #3</i>
--	--

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:
---	---	--	---	--

Homogeneous ID No. <i>005</i>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <i>40 sf</i>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
----------------------------------	--	---	------------------------------	---	--

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input checked="" type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet
	<i>Monitor under O&M Program</i>	<i>July 1, 2002</i>	

Cor (

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other:	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:
---	---	--	---	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet

Comments

ASB-6
JUN 88

New Jersey State Department of Health
Asbestos Control Service
CN 360, Trenton, NJ 08625-0360

D

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed: Township of South Orange Village Police Building
Room/Functional Space: Traffic Bureau office - main office

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
---	--	---	--	--	--	--	--

Homogeneous ID No. <u>005</u>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <u>392 sf</u>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
----------------------------------	--	---	-------------------------------	---	--

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input checked="" type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet
	<u>Monitor under OAM Program</u>	<u>July 1, 2002</u>	

Cont. (

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other:		Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other:		<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other:		<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other:	
---	--	---	--	--	--	--	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation	<input type="checkbox"/> ACBM With Potential for Damage
<input type="checkbox"/> Damaged Friable Surfacing ACM	<input type="checkbox"/> ACBM With Potential for Significant Damage
<input type="checkbox"/> Significantly Damaged Friable Surfacing ACM	<input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	

Response	Action(s)	Date of Response	Square/Linear Feet

Cont.s

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed <i>Township of South Orange Village Police Building</i>	Room/Functional Space <i>Holding Room - main level / near finger printing room</i>
--	---

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
---	---	--	---	--

Homogeneous ID No. <i>006</i>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <i>505A</i>	Material <input type="checkbox"/> Localized <input checked="" type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13
----------------------------------	--	---	-----------------------------	---	---

Damage Assessment <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
---	--

Response	Action(s)	Date of Response	Square/Linear Feet
	<i>Repair Damage</i>	<i>March 1, 2003</i>	<i>3sf</i>
	<i>Monitor under O&M Program</i>	<i>July 1, 2002</i>	

Com. (_____

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
---	---	--	---	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13
--------------------	---	--	--------------	--	--

Damage Assessment <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
---	---

Response	Action(s)	Date of Response	Square/Linear Feet

Comments _____

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION
RESPONSE ACTIONS

Building Assessed <i>Township of South Orange Village</i> <i>Police Building</i>	Room/Functional Space <i>Finger Printing Room</i>
--	--

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> MISCELLANEOUS <input checked="" type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
--	---	--

Homogeneous ID No. <i>006</i>	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable	Total Sq./LF <i>50 sf</i>	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
----------------------------------	--	---	------------------------------	--	--

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	--

Response	Action(s)	Date of Response	Square/Linear Feet
	<i>Repair Damage</i>	<i>March 1, 2003</i>	<i>3sf</i>
	<i>Monitor under O&M Program</i>	<i>July 1, 2002</i>	

Col. () s _____

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbow/Joint <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____ Check One: <input type="checkbox"/> Sprayed On <input type="checkbox"/> Trowelled On <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Ceiling Tiles <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
--	---	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	---

Response	Action(s)	Date of Response	Square/Linear Feet

Comments _____

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE
BOILER ROOM RESPONSE ACTIONS

Building Assessed Township of South Orange Village Police Building	Room/Functional Space Boiler Room
--	---

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> Thermal Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbows/Joints <input type="checkbox"/> Boiler <input type="checkbox"/> Duct <input type="checkbox"/> Breaching <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Asbestos Block <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Surfacing Check One: <input type="checkbox"/> Ceiling <input checked="" type="checkbox"/> Wall <input type="checkbox"/> Other: _____	<input type="checkbox"/> Miscellaneous <input type="checkbox"/> VAT <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
--	--	--	--

Homogeneous ID No. 001	Check One <input checked="" type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF 5 sf	Material <input checked="" type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3
----------------------------------	--	---	-----------------------------	---	--

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input checked="" type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	--

Response	Action(s)	Date of Response	Square/Linear Feet
	Monitor under O&M Program	July 1, 2002	

Comments

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> Thermal Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbows/Joints <input type="checkbox"/> Boiler <input type="checkbox"/> Duct <input type="checkbox"/> Breaching <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Other: _____	Check One: <input type="checkbox"/> Air Cell <input type="checkbox"/> Cementitious <input type="checkbox"/> Solid Lag <input type="checkbox"/> Asbestos Block <input type="checkbox"/> Other: _____	<input type="checkbox"/> Surfacing Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	<input type="checkbox"/> Miscellaneous <input type="checkbox"/> VAT <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
--	--	--	--

Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--------------------	---	--	--------------	--	---

Damage Assessment

<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM
--	---

Response	Action(s)	Date of Response	Square/Linear Feet

Comments

Township of South Orange Village
FORM F
Asbestos Management Plan
Homogeneous Material Identification

Building Assessed: Police Headquarters								
Homogenous ID No.			Homogenous ID No.			Homogenous ID No.		
001			002			003		
<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed			<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed			<input checked="" type="checkbox"/> Sampled <input type="checkbox"/> Assumed		
Description of Material:			Description of Material:			Description of Material:		
Boiler Flue Paste			Black Mastic used as Sealant			White Floor Tile (9x9)		
List all Locations:			List all Locations:			List all Locations:		
Boiler Room			Main level, outer walls, beneath a layer of sheetrock			Armory Closet		
Total Footage:	Total Footage of Damage:	% Damage of Total	Total Footage:	Total Footage of Damage:	% Damage of Total	Total Footage:	Total Footage of Damage:	% Damage of Total
5 sf	0	0	3860 sf	0	0	105 sf	0	0
Damage Severity:			Damage Severity:			Damage Severity:		
<input type="checkbox"/> Major		<input type="checkbox"/> Minor	<input type="checkbox"/> Major		<input type="checkbox"/> Minor	<input type="checkbox"/> Major		<input type="checkbox"/> Minor
<input type="checkbox"/> Severe		<input type="checkbox"/> Occasional	<input type="checkbox"/> Severe		<input type="checkbox"/> Occasional	<input type="checkbox"/> Severe		<input type="checkbox"/> Occasional

**Township of South Orange Village
FORM F
Asbestos Management Plan
Homogeneous Material Identification**

Building Assessed: Police Headquarters								
Homogenous ID No.	[X]Sampled []Assumed	Homogenous ID No.	[X]Sampled []Assumed	Homogenous ID No.	[X]Sampled []Assumed			
004		005		006				
Description of Material: Mastic used to adhere Floor Tiles		Description of Material: Tan Floor Tile (9x9)		Description of Material: Brown Floor Tile (9x9)				
List all Locations: Armory Closet		List all Locations: Lower Level Sargent's Office Lower Level Ladies Room Lower Level Halls Traffic Bureau Office #1 Traffic Bureau Office #2 Traffic Bureau Office #3 Traffic Bureau Office – Main Halls on Main Level in Traffic Bureau Area		List all Locations: Holding Room (Main level near Finger Printing Room) Finger Printing Room				
Total Footage: 105 sf	Total Footage of Damage: 0	% Damage of Total 0	Total Footage: 1576 sf	Total Footage of Damage: 86 sf	% Damage of Total 10 on lower levels only	Total Footage: 100 sf	Total Footage of Damage: 6 sf	% Damage of Total 6
Damage Severity: []Major []Minor []Severe []Occasional		Damage Severity: []Major [X]Minor []Severe [X]Occasional		Damage Severity: []Major [X]Minor []Severe [X]Occasional				

6

**Township of South Orange Village
FORM F
Asbestos Management Plan
Homogeneous Material Identification**

Building Assessed: Police Headquarters									
Homogenous ID No. 007*		<input checked="" type="checkbox"/> Sampled <input checked="" type="checkbox"/> Assumed		Homogenous ID No.		<input type="checkbox"/> Sampled <input type="checkbox"/> Assumed		Homogenous ID No.	<input type="checkbox"/> Sampled <input type="checkbox"/> Assumed
Description of Material: White/Blue Floor Tiles (12x12)			Description of Material:			Description of Material:			
List all Locations: Holding Area #2			List all Locations:			List all Locations:			
Total Footage: 30 sf	Total Footage of Damage: 3	% Damage of Total 10	Total Footage:	Total Footage of Damage:	% Damage of Total	Total Footage:	Total Footage of Damage:	% Damage of Total	
Damage Severity: <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Occasional			Damage Severity: <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input checked="" type="checkbox"/> Occasional			Damage Severity: <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Severe <input type="checkbox"/> Occasional			

NOTE: Areas marked as both Sampled and Assumed are floor tiles that tested negative, but are considered positive until TEM analysis proves otherwise.

H

Township of South Orange Village
FORM G
Asbestos Management Plan
Listing of All Laboratories Utilized for Sample Analysis

Lab No.	Laboratory Name and Address	County	Telephone Number	NJSDH Certification Number (if applicable)
1	International Asbestos Testing Labs	Camden	(856) 231-9449	03863

Township of So. Orange Village
FORM H

Asbestos Management Plan
Summary of Laboratory Samples

Sample Number	Name of Sample Collector	Exact Location	Result (% asbestos)	Type Asbestos	Lab ID Number	Date Collected	Date Analyzed	Manner to Determine Location*
PH-01	EKM JEM	Pipe Joint - Boiler Room	0	ND	1497888	5/10/02	5/11/02	B,C,E
PH-02	EKM JEM	Pipe Joint - Boiler Room	0	ND	1497889	5/10/02	5/11/02	B,C,E
PH-03	EKM JEM	Pipe Joint - Boiler Room	0	ND	1497890	5/10/02	5/11/02	B,C,E
PH-04	EKM JEM	Pipe Joint Compound - Boiler Room	0	ND	1497891	5/10/02	5/11/02	B,C,E
PH-05	EKM JEM	Pipe Joint Compound - Boiler Room	0	ND	1497892	5/10/02	5/11/02	B,C,E
PH-06	EKM JEM	Pipe Joint Compound - Boiler Room	0	ND	1497893	5/10/02	5/11/02	B,C,E
PH-07	EKM JEM	Pipe Insulation - Boiler Room	0	ND	1497894	5/10/02	5/11/02	B,C,E
PH-08	EKM JEM	Pipe Insulation - Boiler Room	0	ND	1497895	5/10/02	5/11/02	B,C,E
PH-09	EKM JEM	Ceiling Spackle - Boiler Room	0	ND	1497896	5/10/02	5/11/02	B,C,E
PH-10	EKM JEM	Ceiling Spackle - Boiler Room	0	ND	1497897	5/10/02	5/11/02	B,C,E
PH-11	EKM JEM	Ceiling Spackle - Boiler Room	0	ND	1497898	5/10/02	5/11/02	B,C,E
PH-12	EKM JEM	Air Duct Wrap - Boiler Room	0	ND	1497899	5/10/02	5/11/02	B,C,E
PH-13	EKM JEM	Air Duct Wrap - Boiler Room	0	ND	1497900	5/10/02	5/11/02	B,C,E
PH-14	EKM JEM	Boiler Paste - Boiler Room	70	Chrysotile	1497901	5/10/02	5/11/02	B,C,E

**Township of South Orange Village
FORM H
Asbestos Management Plan
Summary of Laboratory Samples**

Sample Number	Name of Sample Collector	Exact Location	Result (% asbestos)	Type Asbestos	Lab ID Number	Date Collected	Date Analyzed	Manner to Determine Location*
PH-15	EKM JEM	Ceiling Tile - Directors Office	0	ND	1497902	5/10/02	5/11/02	B,C,E
PH-16	EKM JEM	Ceiling Tile - Directors Office	0	ND	1497903	5/10/02	5/11/02	B,C,E
PH-17	EKM JEM	Sealant - Directors Office above drop Ceiling	25	Chrysotile	1497904	5/10/02	5/11/02	B,C,E
PH-18	EKM JEM	Sheetrock, Directors Office	0	ND	1497905	5/10/02	5/11/02	B,C,E
PH-19	EKM JEM	Sheetrock, Directors Office	0	ND	1497906	5/10/02	5/11/02	B,C,E
PH-20	EKM JEM	Ceiling Tile - Secretarys Office	0	ND	1497907	5/10/02	5/11/02	B,C,E
PH-21	EKM JEM	Sealant - Secretarys Office	25	Chrysotile	1497908	5/10/02	5/11/02	B,C,E
PH-22	EKM JEM	Floor Tile (9x9) Armory Closet	PC 1.5	Chrysotile	1497909	5/10/02	5/11/02	B,C,E
PH-23	EKM JEM	Floor Tile (9x9) Armory Closet	Pc 0.5	Chrysotile	1497910	5/10/02	5/11/02	B,C,E
PH-24	EKM JEM	Pipe Elbow Records Office	0	ND	1497911	5/10/02	5/11/02	B,C,E
PH-25	EKM JEM	Pipe Elbow Records Office	0	ND	1497912	5/10/02	5/11/02	B,C,E
PH-26	EKM JEM	Floor Tile (9x9) Hall	PC 2	Chrysotile	1497913	5/10/02	5/11/02	B,C,E
PH-27	EKM JEM	Floor Tile (9x9) Office	PC 2	Chrysotile	1497914	5/10/02	5/11/02	B,C,E

**Township of South Orange Village
FORM H**

**Asbestos Management Plan
Summary of Laboratory Samples**

Sample Number	Name of Sample Collector	Exact Location	Result (% asbestos)	Type Asbestos	Lab ID Number	Date Collected	Date Analyzed	Manner to Determine Location*
PH-28	EKM JEM	Floor Tile (9x9) Office	PC 4.0	Chrysotile	1497915	5/10/02	5/11/02	B,C,E
PH-29	EKM JEM	Sealant -- Traffic Bureau Office	25	Chrysotile	1497916	5/10/02	5/11/02	B,C,E
PH-30	EKM JEM	Ceiling Tile -- Traffic Bureau Office	0	ND	1497917	5/10/02	5/11/02	B,C,E
PH-31	EKM JEM	Floor Tile Holding Area	PC 1.2	Chrysotile	1497918	5/10/02	5/11/02	B,C,E
PH-32	EKM JEM	Floor Tile Finger Print Room	PC 1.2	Chrysotile	1497919	5/10/02	5/11/02	B,C,E
PH-33	EKM JEM	Floor Tile Finger Print Room	PC 0.8	Chrysotile	1497920	5/10/02	5/11/02	B,C,E
PH-34	EKM JEM	Floor Tile Holding Area #2	0	ND	1497921	5/10/02	5/11/02	B,C,E
PH-35	EKM JEM	Floor Tile Holding Area #2	0	ND	1497922	5/10/02	5/11/02	B,C,E
PH-36	EKM JEM	Pipe Elbow Plumbing Closet	0	ND	1497923	5/10/02	5/11/02	B,C,E
PH-37	EKM JEM	Pipe Elbow Plumbing Closet	0	ND	1497924	5/10/02	5/11/02	B,C,E
PH-38	EKM JEM	Pipe Wrap Plumbing Closet	0	ND	1497925	5/10/02	5/11/02	B,C,E
PH-39	EKM JEM	Pipe Wrap Plumbing Closet	0	ND	1497926	5/10/02	5/11/02	B,C,E
PH-40	EKM JEM	Plaster Wall -- Juvenile Holding Area	0	ND	1497927	5/10/02	5/11/02	B,C,E

Township of So. Orange Village
FORM H

Asbestos Management Plan
Summary of Laboratory Samples

Sample Number	Name of Sample Collector	Exact Location	Result (% asbestos)	Type Asbestos	Lab ID Number	Date Collected	Date Analyzed	Manner to Determine Location*
PH-41	EKM JEM	Ceiling Plaster - Juvenile Division Office	0	ND	1497928	5/10/02	5/11/02	B,C,E
PH-42	EKM JEM	Wall Plaster - Hall Entrance	0	ND	1497929	5/10/02	5/11/02	B,C,E
PH-43	EKM JEM	Ceiling Plaster - Hall by Police Director	0	ND	1497930	5/10/02	5/11/02	B,C,E
PH-44	EKM JEM	Wall Plaster - Exit to Garage	0	ND	1497931	5/10/02	5/11/02	B,C,E
PH-45	EKM JEM	Floor Tile (9x9) LL Hall #1	PC 0.5	Chrysotile	1497932	5/10/02	5/11/02	B,C,E
PH-46	EKM JEM	Floor Tile (9x9) LL Ladies Room	PC 0.5	Chrysotile	1497933	5/10/02	5/11/02	B,C,E
PH-47	EKM JEM	Floor Tile (9x9) LL Sargents Room	PC 0.5	Chrysotile	1497934	5/10/02	5/11/02	B,C,E
PH-48	EKM JEM	Wall Tile Firing Range	0	ND	1497935	5/10/02	5/11/02	B,C,E
PH-49	EKM JEM	Wall Tile Firing Range	0	ND	1497936	5/10/02	5/11/02	B,C,E
PH-50	EKM JEM	Tile Adhesive Firing Range	0	ND	1497937	5/10/02	5/11/02	B,C,E
PH-51	EKM JEM	Tile Adhesive Firing Range	0	ND	1497938	5/10/02	5/11/02	B,C,E
PH-52	EKM JEM	Large Pipe Elbow Workout Room	0	ND	1497939	5/10/02	5/11/02	B,C,E
PH-53	EKM JEM	Pipe Elbow Wrap Workout Room	0	ND	1497940	5/10/02	5/11/02	B,C,E

**Township of South Orange Village
FORM H
Asbestos Management Plan
Summary of Laboratory Samples**

Sample Number	Name of Sample Collector	Exact Location	Result (% asbestos)	Type Asbestos	Lab ID Number	Date Collected	Date Analyzed	Manner to Determine Location*
Court-01	EKM JEM	Ceiling Tile - Court Room	0	ND	1497796	5/10/02	5/11/02	B, C, E
Court-02	EKM JEM	Ceiling Tile - Court Room	0	ND	1497797	5/10/02	5/11/02	B, C, E
Court-03	EKM JEM	Ceiling Tile - Court Room	0	ND	1497798	5/10/02	5/11/02	B, C, E

NOTES:

- (1) All samples collected were bulk samples
- (2) Samples were analyzed by EPA Method 600: PLM Bulk Asbestos

- Codes - Manner to Determine Sampling Location (List all reasons which apply for each sample)
 - A - The total extent of each homogenous area was analyzed
 - B- The number of samples are as required
 - C - The material at each selected location is representative of the homogenous area
 - D - The locations are uniformly distributed throughout the homogenous area.
 - E - The locations are randomly distributed throughout the homogenous area
 - F - Each location is reasonably accessible

IATL International Asbestos Testing Laboratories

16000 Horizon Way Unit 100 Mt Laurel, NJ 08054
Telephone: 856.231.9449 Fax: 856.31.9810

- Chain of Custody -

Client: Lilliam
Phone: 973 912 2480
FAX: 2400
Special Instructions: Kevin Rush

Project Name: S.O - Court
Project No.: 313400
Contact: Hernandez
Pager:

Type:

Asbestos			Lead			Other					
<input checked="" type="checkbox"/>	Air	[]	[]	Soil	[]	[]	Air	[]	[]	Soil	_____
[]	Bulk	[]	[]	Dust	[]	[]	Bulk	[]	[]	Paint	_____
[]	Water	[]	[]	Other	[]	[]	Water	[]	[]	Other	_____

Analysis Method:

[]	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	[]	TEM: AHERA
[]	PCM: OSHA	[]	PLM: Point Counting 198.1	[]	TEM: NIOSH 7402
[]	PCM: Other _____	[]	PLM: NOB via 198.1 (PLM only)	[]	TEM: EPA Level II
[]	AAS: NIOSH 7082 (Air)	[]	If <1% by PLM, to TEM via 198.4	[]	TEM: Microvac Dust
[]	AAS: Lead in Drinking Water	[]	to meet NYSDOH requirements **	[]	TEM: Asbestos in Water
[]	AAS: Lead in Paint ASTM D3335-85a	[]	(**call to confirm TAT!)	[]	TEM: Bulk Analysis
[]	AAS: Lead Dust/Wipe	[]		[]	TEM: NOB 198.4
[]	AAS: Other Metals / Soil	[]		[]	TEM: Other _____
				[]	Total Dust: NIOSH 0500

Turnaround Time:

FAX: 5/11/02 Verbals: _____
date / time date / time

[] 10 Day [] 5 Day [] 72 hour [] 48 hour [] 24 hour 6 hour RUSH

Preliminary FAX/Verbal Results Requested by: _____

Sample Numbers:

Client #(s): Court - d - Court - 03 IATL #(s): _____ Total: _____
(start) (end) (start) (end)

Chain of Custody:

Relinquished:	<u>Mare</u>	Date:	<u>5/10/02</u>	Time:	<u>06:02</u>
Received:	<u>[Signature]</u>	Date:	<u>5/11/02</u>	Time:	_____
Sample Log-in:	_____	Date:	_____	Time:	_____
Sample Prep:	_____	Date:	_____	Time:	_____
Analyzed:	<u>LS</u>	Date:	<u>5-11-02</u>	Time:	_____
QA/QC Review:	_____	Date:	_____	Time:	_____

Archived/Released: _____ QA/QC InterLAB Use: _____ Date: _____ Time: _____



ASBESTOS BULK SAMPLE LOG

Project Name: Court - Temporary Project Manager: Hernightly

Project No.: 313400 Date: 5/10/02

Sample No.	SAMPLE DESCRIPTION		
	Material/Function	Color	Location/Area
49779 ⁶ Court-01	Ceiling tile	white	Court - NW corner
49779 ⁷ Court-02	Ceiling Tile	↓	Court - NE corner
49779 ⁸ Court-03	Ceiling Tile	↓	Court - SE corner

28 5/10/02

Samples Relinquished By:	Date/Time	Samples Received By:	Date/Time

ANALYSIS: PLM PLM w/Point Count TEM TEM Chatfield Other

TURNAROUND: 24 Hour 48 Hour 72 Hour Other

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Court, 5-10-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497796	Material Description: Lt. Tan Ceiling Tile
Client No.: Court-01	Location: Court, N.W. Corner
<u>% Asbestos</u>	<u>Type</u>
None Detected	None Detected
	<u>% Non-Asbestos Fibrous Material</u>
	10
	80
	<u>Type</u>
	Cellulose
	Fibrous Glass
	<u>% Non-Fibrous Material</u>
	10

Lab No. 1497797	Material Description: Lt. Tan Ceiling Tile
Client No.: Court-02	Location: Court, N.E. Corner
<u>% Asbestos</u>	<u>Type</u>
None Detected	None Detected
	<u>% Non-Asbestos Fibrous Material</u>
	10
	80
	<u>Type</u>
	Cellulose
	Fibrous Glass
	<u>% Non-Fibrous Material</u>
	10

Lab No. 1497798	Material Description: Lt. Tan Ceiling Tile
Client No.: Court-03	Location: Court, S.E. Corner
<u>% Asbestos</u>	<u>Type</u>
None Detected	None Detected
	<u>% Non-Asbestos Fibrous Material</u>
	10
	80
	<u>Type</u>
	Cellulose
	Fibrous Glass
	<u>% Non-Fibrous Material</u>
	10

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (FC) Indicates Stratified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
Laboratory Director

- Chain of Custody -

c. Gillam Associates Project Name: South Orange Police
 Phone: 973 912 3356 Project No.: 313405
 FAX: 973 912 2400 Contact: Chenmghty
 Special Instructions: _____
 Payer: _____

Type:

Asbestos				Lead				Other			
<input checked="" type="checkbox"/>	Air	<input type="checkbox"/>	Soil	<input type="checkbox"/>	Air	<input type="checkbox"/>	Soil	_____	_____	_____	_____
<input checked="" type="checkbox"/>	Bulk	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Bulk	<input type="checkbox"/>	Paint	_____	_____	_____	_____
<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	<input type="checkbox"/>	Water	<input type="checkbox"/>	Other	_____	_____	_____	_____

Analysis Method:

<input type="checkbox"/>	PCM: NIOSH 7400	<input checked="" type="checkbox"/>	PLM: Bulk Asbestos EPA 600	<input type="checkbox"/>	TEM: AHERA
<input type="checkbox"/>	PCM: OSHA	<input type="checkbox"/>	PLM: Point Counting 198.1	<input type="checkbox"/>	TEM: NIOSH 7402
<input type="checkbox"/>	PCM: Other _____	<input type="checkbox"/>	PLM: NOB via 198.1 (PLM only)	<input type="checkbox"/>	TEM: EPA Level II
<input type="checkbox"/>	AAS: NIOSH 7082 (Air)	<input type="checkbox"/>	If <1% by PLM, to TEM via 198.4	<input type="checkbox"/>	TEM: Microvao Dust
<input type="checkbox"/>	AAS: Lead in Drinking Water	to meet NYSDOH requirements **		<input type="checkbox"/>	TEM: Asbestos in Water
<input type="checkbox"/>	AAS: Lead in Paint ASTM D3335-85a	(**call to confirm TAT!)		<input type="checkbox"/>	TEM: Bulk Analysis
<input type="checkbox"/>	AAS: Lead Dust/Wipe *			<input type="checkbox"/>	TEM: NOB 198.4
<input type="checkbox"/>	AAS: Other Metals / Soil _____			<input type="checkbox"/>	TEM: Other _____
				<input type="checkbox"/>	Total Dust: NIOSH 0500

Turnaround Time:

FAX: _____ Verbal: _____
 date / time date / time

10 Day 5 Day 72 hour 48 hour 24 hour 6 hour RUSH

Preliminary FAX/Verbal Results Requested by: _____

Sample Numbers:

Client #(s): PH-01 - PH-53 IATL#(s): _____ Total: _____
 (start) (end) (start) (end)

Chain of Custody:

Relinquished: <u>[Signature]</u>	Date: <u>5/10/02</u>	Time: _____
Received: _____	Date: _____	Time: _____
Sample Log-in: _____	Date: _____	Time: _____
Sample Prep: _____	Date: _____	Time: _____
Analyzed: _____	Date: _____	Time: _____
QA/QC Review: _____	Date: _____	Time: _____

Archived/Released: _____ QA/QC InterLAB Use: _____ Date: _____ Time: _____

ASBESTOS BULK SAMPLE LOG

Project Name: South Orange Police Project Manager: K. Henning
Project No.: 313400 Date: 5/9/02

Sample No.	SAMPLE DESCRIPTION		
	Material/Function	Color	Location/Area
PH-01	1" Pipe joint Plan pipe joint	grey/blue	Boiler Rm / "T" COLD H ₂ O
PH-02	Pipe joint	grey/blue	Boiler Rm / large elbow - COLD H ₂ O
PH-03	Pipe joint ^{compd.}	grey/blue	Boiler Rm / elbow COLD H ₂ O
PH-04	Pipe joint ^{compd.}	grey/pink	Boiler Rm / elbow HOT H ₂ O
PH-05	Pipe joint ^{compd.}	grey/pink	Boiler Rm / "T" HOT H ₂ O
PH-06	Pipe joint ^{compd.}	grey/pink	Boiler Rm / elbow HOT H ₂ O
PH-07	Pipe Run	Brown	Boiler Rm
PH-08	Pipe Run	Brown	Boiler Rm
PH-09	Ceiling	Brown	Boiler Rm
PH-10	Ceiling	Brown	Boiler Rm
PH-11	Ceiling	Brown	Boiler Rm
PH-12	air duct wrap	White	Boiler Rm

Samples Relinquished By:	Date/Time	Samples Received By:	Date/Time
<u>S. Moore</u>	<u>5/9/02</u> <u>11pm</u>		

ANALYSIS: PLM PLM w/Point Count TEM TEM Chatfield Other
TURNAROUND: 24 Hour 48 Hour 72 Hour Other 6 hrs

ASBESTOS BULK SAMPLE LOG

Project Name: South Orange Police Page # of Total: 2 of 4

Project No.: 313406 Date: 5/9/02

Sample No.	SAMPLE DESCRIPTION		
	Material/Function	Color	Location/Area
PH-13	air duct wrap	white	Boiler Rm
PH-14	off Boiler plate	grey	Boiler Rm
PH-15	Ceiling Tile ^{2x2}	yellow	Director's Office
PH-16	Ceiling Tile ^{2x2}	yellow	Director's Office
PH-17	Insulation Sealant	Black	Director's office ^{above} drop ceiling on walls
PH-18	Sheetrock	white	Director's office
PH-19	Sheetrock	" "	" "
PH-20	Ceiling Tile	yellow	Secretary office
PH-21	Tar Sealant	Black	Secretary office
PH-22	Floor Tile ^(9x9)	white	Armory (closet)
PH-23	Floor Tile ^(9x9)	white	Armory (closet)
PH-24	Pipe Elbow	grey	Records office (1)
PH-25	Pipe Elbow	grey	Records office (1)
PH-26	Floor Tile 9x9	TAN	Hall (1)
PH-27	Floor Tile 9x9	TAN	Office (1)
PH-28	Floor Tile 9x9	TAN	Office (1)
PH-29	Sealant	Black	Traffic Bureau Office
PH-30	Ceiling Tile	Yellow	Traffic Bureau Office
PH-31	Floor Tile	Brown	Holding Area
PH-32	Floor Tile	Brown	Finger Print Rm
PH-33	Floor Tile	Brown	Finger Print Rm
PH-34	Floor Tile 12x12	white/blue	Holding Area #2 (2)
PH-35	Floor Tile 12x12	white/blue	Holding Area #2 (1)

ASBESTOS BULK SAMPLE LOG

Project Name: South Orange Police Project Manager: R. Henghty
 Project No.: 313400 Date: 5/9/02

Sample No.	SAMPLE DESCRIPTION		
	Material/Function	Color	Location/Area
PH-36	elbow	gray	closet (1) plumbing
PH-37	elbow	gray	closet (1) plumbing
PH-38	elbow wrap	white	closet (1) plumbing
PH-39	elbow wrap	white	closet plumbing
PH-40	Plaster	white	Holding Juvenile
PH-41	Plaster	white	Juvenile Office
PH-42	Plaster	white	Hall entrance
PH-43	Plaster	white	Hall by Police Director
PH-44	Plaster	white	Hall exit to Garage
PH-45	F.T 9x9	TAN	Hall #1 LL
PH-46	F.T 9x9	TAN	Ladies Rm LL
PH-47	F.T 9x9	TAN	Sergeants Rm LL

Samples Relinquished By:	Date/Time	Samples Received By:	Date/Time

ANALYSIS: PLM PLM w/Point Count TEM TEM Chatfield Other

TURNAROUND: 24 Hour 48 Hour 72 Hour Other

ASBESTOS BULK SAMPLE LOG

Project Name: Southwark Police Project Manager: L. Kinghty
 Project No.: 313400 Date: 5/9/02

Sample No.	SAMPLE DESCRIPTION		
	Material/Function	Color	Location/Area
PH-48	Wall Tile	white	Finny Range
PH-49	Wall Tile	white	Finny Range
PH-50	Tile Adhesive	Black	Finny Range
PH-51	Tile Adhesive	Black	Finny Range
PH-52	P.P.P. elbow (large)	white	Workout Rm.
PH-53	Pipe elbow wrap	white	Workout Rm.

Samples Relinquished By:	Date/Time	Samples Received By:	Date/Time

ANALYSIS: PLM PLM w/Point Count TEM TEM Chatfield Other

TURNAROUND: 24 Hour 48 Hour 72 Hour Other

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No.	1497888	Material Description:	Tan/Grey Insulation		
Client No.:	PH-01	Location:	Boiler Room; Pipe "T" Cold Water		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>	
None Detected	None Detected	50	Fibrous Glass	50	

Lab No.	1497889	Material Description:	Tan/Grey Insulation		
Client No.:	PH-02	Location:	Boiler Room; Pipe Large Elbow; Cold Water		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>	
None Detected	None Detected	60	Fibrous Glass	40	

Lab No.	1497890	Material Description:	Tan/Grey Insulation		
Client No.:	PH-03	Location:	Boiler Room; Pipe Elbow; Cold Water		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>	
None Detected	None Detected	50	Fibrous Glass	50	

Lab No.	1497891	Material Description:	Grey Insulation		
Client No.:	PH-04	Location:	Boiler Room; Pipe Elbow; Hot Water		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>	
None Detected	None Detected	50	Fibrous Glass	50	

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in loose coverings and similar non-friable organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497892	Material Description: Grey Insulation			
Client No.: PH-05	Location: Boiler Room; Pipe "T" Hot Water			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50

Lab No. 1497893	Material Description: Grey Insulation			
Client No.: PH-06	Location: Boiler Room; Pipe Large Elbow; Hot Water			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	40	Fibrous Glass	60

Lab No. 1497894	Material Description: Brown Insulation			
Client No.: PH-07	Location: Boiler Room Pipe Run			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	98	Fibrous Glass	2

Lab No. 1497895	Material Description: Brown Insulation			
Client No.: PH-08	Location: Boiler Room Pipe Run			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	95	Fibrous Glass	5

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (FC) indicates Stratified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-fibrous organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by qualitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497896	Material Description: White Ceiling Texture			
Client No.: PH-09	Location: Boiler Room			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No. 1497897	Material Description: Tan Ceiling Texture			
Client No.: PH-10	Location: Boiler Room			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No. 1497898	Material Description: Tan Ceiling Texture			
Client No.: PH-11	Location: Boiler Room			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No. 1497899	Material Description: White Wrap			
Client No.: PH-12	Location: Boiler Room	Air Duct		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50
		Trace	Fibrous Glass	

NIST-NVLAP No. 1165 NY-DOH No. 11021 AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) Indicator Squirted Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by qualitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Eberfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497900 Material Description: White Wrap
Client No.: PH-13 Location: Boiler Room Air Duct

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Cellulose	50
		Trace	Fibrous Glass	

Lab No. 1497901 Material Description: Grey Insulation
Client No.: PH-14 Location: Boiler Room; Boiler

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
70	Chrysotile	None Detected	None Detected	30

Lab No. 1497902 Material Description: Tan Ceiling Tile
Client No.: PH-15 Location: Director's Office 2x2

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	35	Cellulose	30
		35	Fibrous Glass	

Lab No. 1497903 Material Description: Tan Ceiling Tile
Client No.: PH-16 Location: Director's Office 2x2

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	35	Cellulose	30
		35	Fibrous Glass	

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) Infrared Stratified Point Count Method performed Method not performed unless stated PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-fibrous organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497904 Material Description: Black Tar/Caulk
Client No.: PH-17 Location: Director's Office Above Drop Ceiling

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
25	Chrysotile	None Detected	None Detected	75

Lab No. 1497905 Material Description: Grey Sheetrock
Client No.: PH-18 Location: Director's Office

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	30	Cellulose	70

Lab No. 1497906 Material Description: Grey Sheetrock
Client No.: PH-19 Location: Director's Office

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	15	Cellulose	85

Lab No. 1497907 Material Description: Tan Ceiling Tile
Client No.: PH-20 Location: Secretary Office

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	35	Cellulose	30
		35	Fibrous Glass	

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those sample(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) indicates Stratified Point Count Method performed, Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEF.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
 27 Blecker St, PO Box 1008
 Millburn NJ 07041-1008

Report Date: 05/13/2002
 Project: S. Orange Police, 5-9-02
 Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497908	Material Description: Black Tar/Caulk
Client No.: PH-21	Location: Secretary Office
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
25	None Detected
<u>Type</u>	<u>Type</u>
Chrysotile	None Detected
	<u>% Non-Fibrous Material</u>
	75

Lab No. 1497909	Material Description: White Floor Tile, 9x9
Client No.: PH-22	Location: Black Mastic Tan Leveling Compound
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
PC 0.5	2
<u>Type</u>	<u>Type</u>
Chrysotile	Other
	<u>% Non-Fibrous Material</u>
	PC 97.5

Lab No. 1497909	Material Description: White Floor Tile, 9x9
Client No.: PH-22	Location: Black Mastic Tan Leveling Compound
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
PC 1.5	3
<u>Type</u>	<u>Type</u>
Chrysotile	Cellulose
Black Mastic	
From Above	<u>% Non-Fibrous Material</u>
	PC 95.5

Lab No. 1497909	Material Description: White Floor Tile, 9x9
Client No.: PH-22	Location: Black Mastic Tan Leveling Compound
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	Trace
<u>Type</u>	<u>Type</u>
None Detected	Synthetic
Tan Leveling Compound	
From Above	<u>% Non-Fibrous Material</u>
	100
	Trace
	Cellulose

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) indicates Stuffed Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld III
 Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
 27 Blecker St, PO Box 1008
 Millburn NJ 07041-1008

Report Date: 05/13/2002
 Project: S. Orange Police, S-9-02
 Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No.	1497910	Material Description:	White Floor Tile	
Client No.:	PH-23	Location:	Armory Closet	9x9
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 0.3	Chrysotile	2	Other	PC 97.5

No Mastic

Lab No.	1497911	Material Description:	Grey Insulation	
Client No.:	PH-24	Location:	Records Office (1)	Pipe Elbow
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	25	Cellulose	55
		20	Fibrous Glass	

Lab No.	1497912	Material Description:	Grey Insulation	
Client No.:	PH-25	Location:	Records Office (1)	Pipe Elbow
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	40	Fibrous Glass	60

Lab No.	1497913	Material Description:	Tan Floor Tile	
Client No.:	PH-26	Location:	Hall (1); 9x9	
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 2.0	Chrysotile	None Detected	None Detected	98

No Mastic

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) Indicates Stratified Point Count Method performed. Method not performed unless noted. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-fibrous organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
 Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
 27 Blecker St, PO Box 1008
 Millburn NJ 07041-1008

Report Date: 05/13/2002
 Project: S. Orange Police, 5-9-02
 Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497914	Material Description: Tan Floor Tile			
Client No.: PH-27	Location: Office (1); 9x9			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 2.0	Chrysotile	None Detected	None Detected	98

No Mastic

Lab No. 1497915	Material Description: Tan Floor Tile			
Client No.: PH-28	Location: Black Mastic Office (1); 9x9			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 1.5	Chrysotile	None Detected	None Detected	PC 98.5

Lab No. 1497915	Material Description: Tan Floor Tile			
Client No.: PH-28	Location: Black Mastic Office (1); 9x9			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 4.0	Chrysotile	None Detected	None Detected	96

Black Mastic
 From Above

Lab No. 1497916	Material Description: Black Tar/Caulk			
Client No.: PH-29	Location: Traffic Bureau Office			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
25	Chrysotile	None Detected	None Detected	73

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 500/R-93/116

Comments: (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-fibrous organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E Ehrenfeld III
 Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497917	Material Description: Tan Ceiling Tile			
Client No.: PH-30	Location: Traffic Bureau Office			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	35	Cellulose	30
		35	Fibrous Glass	

Lab No. 1497918	Material Description: Tan/Brown Floor Tile			
Client No.: PH-31	Location: Holding Area			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 1.2	Chrysotile	None Detected	None Detected	PC 98.8
No Mastic				

Lab No. 1497919	Material Description: Tan/Brown Floor Tile			
Client No.: PH-32	Location: Finger Print Room			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 1.2	Chrysotile	None Detected	None Detected	PC 98.8
Insufficient Mastic				

Lab No. 1497920	Material Description: Tan/Brown Floor Tile			
Client No.: PH-33	Location: Finger Print Room			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
PC 0.8	Chrysotile	None Detected	None Detected	PC 99.2
No Mastic				

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. Government

Analysis Method: EPA 600/R-93/116

Comments: (PC) Indicates Stagnant Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-durable organically bound materials. Before this material can be considered or tested as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blocker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497921	Material Description: White Floor Tile			
Client No.: PH-34	Location: Holding Area #2 (1) 12x12			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100
No Mastic				

Lab No. 1497922	Material Description: White Floor Tile			
Client No.: PH-35	Location: Brown Mastic; 12x12 Holding Area #2 (1)			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100
No Mastic				

Lab No. 1497922	Material Description: White Floor Tile			
Client No.: PH-35	Location: Brown Mastic; 12x12 Holding Area #2 (1)			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100
Brown Mastic Front Above				

Lab No. 1497923	Material Description: Grey Insulation			
Client No.: PH-36	Location: Closet (1) Plumbing Elbow			
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	50	Fibrous Glass	50

NIST-NVLAP No. 1165

NY-DOH No. 11021

AJHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) Indicates Specified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-fibrous organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497924	Material Description: Grey Insulation
Client No.: PH-37	Location: Closet (1) Plumbing Elbow
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	40
<u>Type</u>	<u>Type</u>
None Detected	Fibrous Glass
	<u>% Non-Fibrous Material</u>
	60

Lab No. 1497925	Material Description: White Wrap
Client No.: PH-38	Location: Closet (1) Plumbing Elbow
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	98
<u>Type</u>	<u>Type</u>
None Detected	Cellulose
	<u>% Non-Fibrous Material</u>
	2

Lab No. 1497926	Material Description: White Wrap
Client No.: PH-39	Location: Closet Plumbing Elbow
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	98
<u>Type</u>	<u>Type</u>
None Detected	Cellulose
	<u>% Non-Fibrous Material</u>
	2

Lab No. 1497927	Material Description: White Plaster
Client No.: PH-40	Location: Holding Juvenile
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	None Detected
<u>Type</u>	<u>Type</u>
None Detected	None Detected
	<u>% Non-Fibrous Material</u>
	100

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) indicates Stratified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and smaller non-friable organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrenfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497928 Material Description: White Plaster
Client No.: PH-41 Location: Juvenile Office

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No. 1497929 Material Description: White Plaster
Client No.: PH-42 Location: Hall Entrance

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No. 1497930 Material Description: White Plaster
Client No.: PH-43 Location: Hall By Police Director

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

Lab No. 1497931 Material Description: White Plaster
Client No.: PH-44 Location: Hall, Exit To Garage

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	None Detected	None Detected	100

NIST-NVLAP No. 1165 NY-DOH No. 11021 AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) Indicates Simplified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Date: _____

Approved By: _____

Frank E. Blumfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497932	Material Description: Tan Floor Tile
Client No.: PH-45	Location: Hall #1 LL 9x9
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
PC 0.5	2
<u>Type</u>	<u>Type</u>
Chrysotile	Other
	<u>% Non-Fibrous Material</u>
	PC 97.5

No Mastic

Lab No. 1497933	Material Description: Tan Floor Tile
Client No.: PH-46	Location: Ladies Room LL 9x9
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
PC 0.5	2
<u>Type</u>	<u>Type</u>
Chrysotile	Other
	<u>% Non-Fibrous Material</u>
	PC 97.5

No Mastic

Lab No. 1497934	Material Description: Tan Floor Tile
Client No.: PH-47	Location: Sargents Room LL 9x9
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
PC 0.5	2
<u>Type</u>	<u>Type</u>
Chrysotile	Other
	<u>% Non-Fibrous Material</u>
	PC 97.5

No Mastic

Lab No. 1497935	Material Description: White Wall Tile
Client No.: PH-48	Location: Firing Range
<u>% Asbestos</u>	<u>% Non-Asbestos Fibrous Material</u>
None Detected	35
<u>Type</u>	<u>Type</u>
None Detected	Cellulose
	35
	Fibrous Glass
	<u>% Non-Fibrous Material</u>
	30

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-93/116

Comments: (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-fibrous organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank B. Ehrenfeld, III
Laboratory Director

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497936	Material Description: White Wall Tile		
Client No.: PH-19	Location: Firing Range		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	35	Cellulose
		35	Fibrous Glass
			<u>% Non-Fibrous Material</u>
			30

Lab No. 1497937	Material Description: Brown Tile Mastic		
Client No.: PH-50	Location: Firing Range		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	Trace	Cellulose
			<u>% Non-Fibrous Material</u>
			100

Lab No. 1497938	Material Description: Brown Tile Mastic		
Client No.: PH-51	Location: Firing Range		
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	None Detected	None Detected
			<u>% Non-Fibrous Material</u>
			100

Lab No. 1497939	Material Description: Grey Insulation		
Client No.: PH-52	Location: Workout Room	Pipe Elbow, Large	
<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>
None Detected	None Detected	40	Fibrous Glass
			<u>% Non-Fibrous Material</u>
			60

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) tested and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government

Analysis Method: EPA 600/R-93/116

Comments: (FC) indicates Stratified Pencil Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. Before this material can be considered or tested as non-asbestos containing, confirmation must be made by quantitative TEM

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehsenfeld, III
Laboratory Director

MAY. 13. 2002 9:59AM

IATL

NO. 820 P. 31

IATL International Asbestos
Testing Laboratories

16000 Horizon Way Unit 100 Mt. Laurel, NJ 08054

Telephone: 856-231-9449 Fax: 856-231-9818

CERTIFICATE OF ANALYSIS

Client: Killam Associates
27 Blecker St, PO Box 1008
Millburn NJ 07041-1008

Report Date: 05/13/2002
Project: S. Orange Police, 5-9-02
Project No.: 313400

BULK SAMPLE ANALYSIS SUMMARY

Lab No. 1497940
Client No.: PH-53

Material Description: White Wrap
Location: Workout Room Pipe Elbow

<u>% Asbestos</u>	<u>Type</u>	<u>% Non-Asbestos Fibrous Material</u>	<u>Type</u>	<u>% Non-Fibrous Material</u>
None Detected	None Detected	98	Cellulose	2
		Trace	Fibrous Glass	

NIST-NVLAP No. 1165

NY-DOH No. 11021

AIHA Lab No. 444

This confidential report relates only to those item(s) listed and does not represent an endorsement by NIST-NVLAP or any agency of the U.S. government.

Analysis Method: EPA 600/R-95/116

Comments: (PC) Indicates Stratified Point Count Method performed. Method not performed unless stated. PLM is not consistently reliable in detecting asbestos in floor coverings and similar non-friable organically bound materials. Before this material can be considered or treated as non-asbestos containing, confirmation must be made by quantitative TEM.

Analysis Performed By: _____

Approved By: _____

Date: _____

Frank E. Ehrensfeld, III
Laboratory Director

K

**Asbestos Management Plan
Description of Chain of Command
FORM J**

Name of Responsible Governing Authority	
Township of South Orange Village	
Name of Facility	Building Assessed
	Police Headquarters
<p>A. Description of a chain of command including delegation of responsibilities and procedures for reporting, obtaining supplies and storage and disposal of asbestos waste.</p> <p>CHAIN OF COMMAND</p> <p>1) The Chain of Command starts at the Engineering Office to initiate response actions and O&M activities. The Village Engineer has the responsibility as the top of the Chain of Command. His duties include implementation of the Management Plan and O&M Program include approving training for maintenance personnel, obtaining supplies and arranging for the disposal of asbestos waste generated during O&M activities.</p> <p>2) The Person Responsible for the operations of a particular Village Building is the next level of Command. This individual is responsible for reporting of incidents to the Village Engineer and instructing building maintenance personnel of the O&M Program and to avoid disturbing ACM.</p> <p>3) Maintenance/DPW personnel that are trained in O&M procedures are the last level of the Chain of Command. These personnel are responsible for performing reinspection/periodic surveillance and completing the O&M activities.</p>	

L

**Asbestos Management Plan
Plan for Reinspection
FORM K**

Name of Responsible Governing Authority	
Township of South Orange Village	
Name of Facility	Building Assessed
	Police Headquarters
B. Explain plans for reinspection.	
Periodic Surveillance/Reinspection	
<p>Periodic Surveillance/Reinspection of the ACM shall be conducted every six months, at a minimum, to reassess the condition of the ACM and to ensure that any damage or deterioration be detected and corrective action taken. The surveillance/reinspection shall be performed by properly trained personnel. The surveillance/reinspection shall include the ACM listed on Forms B. A Reinspection form is provided in Appendix A as Form I. The results of the periodic inspection will be reported to the Asbestos Program Manager so that corrective action can be taken, if warranted (e.g. Any damaged ACM can be properly repaired).</p>	

**Asbestos Management Plan
Plan for Operations and Maintenance Activities
FORM L**

Name of Responsible Governing Authority	
Township of South Orange Village	
Name of Facility	Building Assessed
	Police Headquarters
<p>C. Explain a plan for operations and maintenance activities, including periodic surveillance. Include information regarding work practices, equipment, disposal, supplies, respiratory protection program, medical surveillance, etc.</p> <p>OPERATIONS AND MAINTENANCE (O&M) PROGRAM</p> <p>The following sections describe the Operations and Maintenance (O&M) Program and shall be implemented.</p> <p>ASBESTOS PROGRAM MANAGER</p> <p>An Asbestos Program Manager (APM) has been designated; the AMP is _____. The APM will be actively involved in all asbestos-control activities. The APM will oversee that maintenance personnel receive proper training, and have the authority to oversee all periodic inspections, O&M activities and any outside contractors and service vendors with regard to all asbestos-related activities.</p> <p>IMPLEMENTATION OF THE O&M PROGRAM</p> <p>Implementation of the O&M Program requires communication and cooperation between the building AMP, maintenance staff and all of the building occupants. The APM ensures that any work performed in the building that may disturb ACM is being performed safely. Work, such as but not limited to, the installation of wire conduits, cleaning or stripping of the tile floors, or any repair or renovation project may disturb the ACM and potentially release asbestos fibers into the air. Therefore the APM must be notified and made aware of these activities.</p> <p>Outside contractors shall be informed that an Operation and Maintenance Program has been instituted. A copy of this plan shall be provided to the contractor. The contractor shall submit a copy of the contractor's asbestos program, if available. Prior to performing any work the contractor shall complete and sign the <i>AMP/O&M Procedure Review Verification</i> (refer to Form A found in Appendix A).</p>	

**Asbestos Management Plan
Plan for Operations and Maintenance Activities
FORM L
(Continued)**

WORK CONTROL/PERMIT SYSTEM

The work control/permit system of the O&M Program involves a system in which a person requesting work (e.g. plumbing contractor) must submit a job request form to the APM. The form gives the time and location of the work. Appendix C includes a sample Job Request Maintenance Form (Form 2). The APM reviews the request and determine if any of the building's ACM will be disturbed during the work. Once it has been determined by the APM that the work can be performed safely, without disturbing the ACM, the APM will issue a Maintenance Work Authorization Form (Form 3 - a sample is also provided in Appendix A) indicating that the work requested may proceed. For jobs in which disturbance of ACM is likely, the APM shall make sure that appropriate work practices and protective measures are used for the job. A work evaluation form, Evaluation of Work Affecting Asbestos-Containing Materials (Form 4, Appendix A) will be filled out by the APM, which indicates that the work practices and procedures are satisfactory, and the ACM has not been disturbed. All of the completed forms (mentioned above), are kept on file by the AMP following completion of the work and a copy included in this Plan.

O&M PROGRAM WORK CATEGORIES

O&M Program work practices are broken down into two basic categories: (1) procedures in response to damaged ACM; and (2) procedures in response to asbestos fiber release episodes. The O&M Program work practices focus on the building's maintenance and construction staff that will perform maintenance activities that involve the stripping, limited repair or removal of interior ACM.

Response to Damaged ACM

The APM must be immediately notified of any damaged to the ACM. The APM will inspect the extent of the damage. The APM will make a determination of how the situation shall be handled. If the amount of damage is small, in house trained personnel can perform the work (refer to O&M or it may be recommended that a qualified asbestos abatement contractor be retained to repair the damaged area.

1. If ACM must be repaired, engineering controls shall include placing plastic sheeting beneath the material to catch any debris that may fall. Repair may include utilizing wettable cloth on pipe and elbow/fitting insulation or patching a section of plaster wall or ceiling.
2. If ACM must be removed (3 square feet/3 liner feet or less than), engineering controls shall include constructing a limited (contained) work area or use of a glovebag (for pipe insulation) and thoroughly

**Asbestos Management Plan
Plan for Operations and Maintenance Activities
FORM L
(Continued)**

wetting the material prior to disturbance. For floor tiles, the tile shall be thoroughly wetted and removed intact (one floor tile at a time), if possible.

3. During the disturbance of ACM, personal air monitoring shall be conducted to measure an individual's exposure to asbestos fibers.
4. In addition, Personal Protective Equipment (PPE) shall be utilized. PPE includes the use of respiratory protection and protective clothing (i.e., tyvek suits, boots, gloves etc.).

Response to an Asbestos Fiber Release Episode

If it has been determined that asbestos fibers have been released into the air following the disturbance of ACM the following procedures shall be taken:

- the entire area of the disturbance will be evacuated of occupants;
- in the area of the fiber release all doors will be shut and/or plastic sheeting barriers installed to minimize air flow out of the area;
- the HVAC systems in the area will be shut down and sealed off;
- the entire area will be wet wiped and HEPA vacuumed (workers must be wearing proper respirators and protective clothing);
- all ACM debris and rags will be placed in a drum as ACM waste for future disposal; and
- air sampling, prior to re-occupancy of the area, will be performed.

ASBESTOS ABATEMENT PROJECT

An asbestos abatement project involves the removal of greater than 3 linear feet or 3 square feet of ACM from the interior of building. An outside asbestos abatement contractor shall be retained. In addition the APM will ensure that the contractor retained is qualified to perform the asbestos abatement work. All asbestos contractors retained will have a valid New Jersey Department of Labor (NJDOLE) Type "A" license (or Type "B" for removal of mechanical system insulation only) and all workers employed by the

**Asbestos Management Plan
Plan for Operations and Maintenance Activities
FORM L
(Continued)**

contractor must possess valid asbestos worker permits. The contractor will present written work practices that outline the type of isolation procedures and work practices that will be utilized to protect the building occupants and safely complete the project. The written work practices will be reviewed and approved by the APM prior to the start of the project. The work plan shall be submitted to the Construction Department for issuance of a construction permit.

In addition, as the building is owned by the Village of South Orange, the work also falls under the New Jersey Asbestos Hazard Abatement Subcode -- N.J.A.C. 5:23-8 et seq. (Subchapter 8). This requires retaining an Asbestos Control Monitoring Firm (ASCM) to review and approve the work plan and perform monitoring of the abatement activities and air monitoring during and after completion of the work.

TYPES OF STAFF TRAINING

The USEPA and/or OSHA have defined the various levels of training for various work projects. Please note that the personnel that perform the repair or removal of ACM, will require the proper training and, if the employee is exposed to airborne asbestos fibers above the OSHA PEL (0.1 f/cc), they will participate in a medical surveillance program (see Section 8.4).

Awareness Training

Awareness training (minimum of two hours) shall be provided to all building maintenance staff. The topics discussed as part of the training include the following:

- Background information on asbestos.
- Health effects of asbestos.
- Worker protection programs.
- Locations of ACM in the building.
- Recognition of ACM damage and deterioration.
- The O&M Program for the building.
- Proper response to fiber release episodes.

O&M Training

O&M training will be provided to maintenance workers involved in the general repair and maintenance of ACM in the building. The O&M training involves 16 hours of training, which includes the two hours of

**Asbestos Management Plan
Plan for Operations and Maintenance Activities
FORM L
(Continued)**

awareness training. The topics discussed as part of the O&M training include the following:

- Federal, state, and local asbestos regulations.
- Proper asbestos-related work practices.
- Descriptions of proper methods of handling ACM, including waste handling and disposal.
- Respirator use, care, and fit-testing.
- Hands-on exercises for techniques such as glovebag work and HEPA vacuum use and maintenance.
- Appropriate and proper worker decontamination procedures.

WORKER PROTECTION PROGRAM

As the basic O&M procedures are going to involve the disturbance of ACM, a worker protection program will be instituted. The worker protection program will include specific engineering controls to limit exposure to asbestos fibers, personal air monitoring, personal protection equipment, and medical surveillance, as necessary.

Engineering Controls

Work specific engineering controls may include thoroughly wetting the ACM prior to disturbance or removing the ACM material in one piece (one file at a time). These procedures protect the worker from exposure to asbestos fibers.

Personal Air Monitoring

Personal air monitoring is utilized to measure an worker's individual exposure to asbestos fibers during the disturbance of ACM. A personal sampling device is worn by the worker and measures asbestos exposure in the breathing zone of that individual worker. If personal air monitoring results indicate that airborne asbestos levels are above the OSHA PEL 0.1 fibers per cubic centimeter of air (f/cc), participation in a medical surveillance program is required and personal protection equipment must be worn.

Personal Protective Equipment

Personal protection involves the use respiratory protection and protective clothing. Proper respiratory

M

**Asbestos Management Plan
Plan for Operations and Maintenance Activities
FORM L
(Continued)**

protection is the most important aspect of an O&M Program, when exposure to asbestos fibers is likely. The proper respirators (e.g. proper type and size) will be provided to all workers who perform O&M work which involves disturbing ACM. A full or half face negatively pressured respirator approved by National Institute for Occupational Safety and Health (NIOSH) or the Mine Safety and Health Safety Administration (MSHA) shall be utilized. The respirators must be equipped with a HEPA filter cartridges. The filter cartridges are usually colored red or magenta which signifies that the filter is suitable protection against asbestos fibers. Other responsibilities of a respiratory protection program involve written procedures for respirator use, cleaning, storage, repair, training, and proper fit testing. The OSHA respirator standard 29 CFR 1910.134 outlines a proper respiratory protection program.

In addition to proper respiratory protection, proper protective clothing should also be worn. This clothing includes coveralls, gloves, foot coverings, and head covering. The protective clothing which is normally used for asbestos projects is the Tyvek coverall with hood and is worn with rubber boots and gloves.

MEDICAL SURVEILLANCE

The OSHA regulations require that any employee that is either exposed to asbestos fibers above the OSHA PEL 0.1 f/cc (as determined through personal monitoring) or is required to wear a respirator, participate in a medical surveillance program. The medical surveillance program shall include a yearly physical with cardiac and pulmonary testing and certification by the physician that the employee can wear a respirator.

DISPOSAL

Waste generated during O&M activities shall be placed in double plastic bags and stored in a drum until off-site disposal can be arranged. Waste generated during abatement activities shall be removed by the contractor in accordance to federal and state regulation.

**Asbestos Management Plan
Plan to Inform
FORM M**

N

Name of Responsible Governing Authority	
Township of South Orange Village	
Name of Facility	Building Assessed
	Police Headquarters
<p>D. Describe the steps taken to inform maintenance personnel and building occupants regarding:</p> <ol style="list-style-type: none"> 1. Inspections 2. Reinspections 3. Response Actions 4. Post-Response Action Activities 5. Periodic Reinspections 6. Surveillance Activities That are Planned or In Progress 	
<p>Notification to Building Personnel</p> <p>It is required that building occupants be informed that ACM is present within a building. Notification in the form of an Interoffice memo or similar shall be distributed to inform building personnel. Once the building personnel are informed there is less likely a chance of unknowingly disturbing the ACM and causing the release of fibers into the air. Building personnel shall be informed of the following:</p> <ul style="list-style-type: none"> - the types of material that have been identified as ACM; - that asbestos only presents a health hazard when fibers become airborne and are inhaled. ACM being present does not represent a health hazard; - to not damage the ACM; - report any evidence of disturbance or damage of the ACM to the APM; - the ACM is inspected periodically and additional measures will be taken if needed to protect the health of building occupants; - the building occupants will be informed prior to any activities/response actions that will disturb the ACM; and - posting of warning signs as required by OSHA regulations (e.g mechanical rooms and pipe chase entrances). 	

Asbestos Management Plan
Evaluation of Resources
FORM N

Name of Responsible Governing Authority	
Township of South Orange Village	
Name of Facility	Building Assessed
	Police Headquarters
<p>E. Evaluation of resources needed to complete response actions successfully and carry out reinspection and operations and maintenance activities.</p> <p>RESOURCES/EQUIPMENT</p> <p>A. Response Actions - In order to complete response actions the Engineering Department shall initiate work orders and purchase of equipment for immediate actions, such as but not limited to, the obtaining of warning signs and sealing of crawl space access ways. These activities may require approval of the Township Trustees.</p> <p>Full-scale abatement activities will require the retaining of an asbestos abatement contractor and ASCM Firm. These activities will require approval of the Township Trustees.</p> <p>B. O&M Program - in order to carry out the O&M Program, the Engineering Department shall obtain the necessary O&M equipment listed below. This equipment shall be stored at a location available to all Village Buildings.</p> <ul style="list-style-type: none"> • Cleanup Supplies <ul style="list-style-type: none"> • rags and mops for wet cleaning • buckets • duct tape • plastic sheeting • HEPA vacuum • water mist sprayer • 55-gallon steel drums (second waste storage unit) • disposal bags and labels • Personal protective equipment <ul style="list-style-type: none"> • boots and gloves • tyvek coveralls • respirators and cartridges <p>RESOURCES TO PERFORM REINSPECTIONS/PERIODIC SURVEILLANCE</p> <p>Township Maintenance personnel shall be trained to perform the reinspection/periodic surveillance in accordance with federal and state regulation. This shall include O&M Training and AHERA Asbestos Inspector Training</p>	

P

**Asbestos Management Plan
Previous/Current Asbestos Abatement Log
FORM O**

Name of Responsible Governing Authority	
Township of South Orange Village	
Name of Facility	Building Assessed
	Police Headquarters
F. Description of previous/current asbestos abatement log.	
No current information available.	

R

**Asbestos Management Plan
Major/Minor Fiber Release Episode Log
FORM P**

Name of Responsible Governing Authority	
Township of South Orange Village	
Name of Facility	Building Assessed
	Police Headquarters
G. Description of minor/major fiber release episode log, including the following information in the event of a fiber release episode:	
<ol style="list-style-type: none">1. Date of Episode2. Location of Episode3. Method of Repair4. Preventive Measures or Response Actions Taken5. Name, Address, Telephone Number and Affiliation of Each Person Performing the Work6. If ACM is Removed, the Name and Location of the Storage or Disposal Site for ACM	
No current information available.	

**Asbestos Management Plan
Statement of Ensurances
FORM Q**

Name of Responsible Governing Authority	
Township of South Orange Village	
Name of Facility	Building Assessed
	Police Headquarters

The undersigned does hereby ensure and certify that:

1. This management plan has been developed, signed and submitted by an accredited management planner as required by current law and regulation.
2. The activities of any person(s) who perform(s) inspections, re-inspections, periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with current law and regulation.
3. All custodial and maintenance employees are properly trained as required by current law and all other applicable Federal and/or State regulations, e.g., the Public Employee Occupational Safety and Health Act, the EPA worker protection rule, or applicable state regulations.
4. All workers and building occupants, or their legal guardians are informed annually, pursuant to current law and regulation regarding inspection, reinspections, response actions, post-response action activities, including periodic reinspection and surveillance that are planned or in progress.
5. All short-term workers who may come in contact with ACBM in the building are provided information regarding the locations of ACM and suspected ACBM assumed to be ACM. Compliance with this requirement shall be accomplished through the preparation and distribution of written material to all short-term workers accessing areas where they may come in contact with ACBM.
6. All warning labels, signs and notices are posted as required by current law and regulation.
7. All management plans are available for inspection and notification of such availability has been provided as specified by current law and regulation.
8. The undersigned person (asbestos program manager) designated by the responsible governing authority has received training as required by current law and regulation.
9. The asbestos program manager has and will consider whether any conflict of interest may arise from the interrelationship among accredited personnel and whether that should influence the selection of accredited personnel to perform activities necessary to develop and/or implement this management plan.

**Asbestos Management Plan
Statement of Ensurances
FORM Q**

10. All laboratories utilized for the development of this management plan meet applicable requirements as provided for by current law and regulation.

11. The Responsible Governing Authority maintains a copy of the asbestos management plan submitted to NJSDH in its administrative office to be updated at least once every 6 months with all prior information retained.

12. All persons who design or implement response actions, except for O&M activities, are licensed pursuant to NJAC 8:60-8 or by another state that has a reciprocal agreement with New Jersey.

13. Proper cleaning has taken place at least once after each inspection and before initiation of any response action other than operations and maintenance activities or repair, unless the building has been cleaned using required methods within the previous 6 months.

14. All abatement work except for operations and maintenance activities is performed in accordance with the Asbestos Hazard Abatement Subcode of the Uniform Construction Code (NJAC 5:23-8).

15. The management plan shall be maintained for a period of no less than 30 years after the building is demolished, shall be updated to keep it current with all asbestos related activities and shall include the following information:

- a. For each preventive measure or response action taken, a detailed description of the activity, location, reasons for selecting activity, start and completion dates, names and addresses of all contractors and ASCM firms and their respective accreditation credentials (including copies of licensing documents) and if ACBM is removed the name and location of the storage or disposal site.
- b. For the completion of response actions the name and signature of each person collecting air samples, the exact location where each sample was collected, date of collection, name, address, and telephone number of laboratory, date of analysis, results of analysis, method of analysis, name and the signature of person performing the analyses.
- c. For required staff training, each person's name, job title, date of training, training agency, course name, place and hours of training and a copy of each person's certificate of completion, if applicable, for each course taken.
- d. For required cleaning, the name of each person performing the cleaning, and location of cleaning and methods used.
- e. For each operations and maintenance activity performed, the name of each person completing the activity, the start and completion dates, the location of the activity and if ACBM is removed, the name and location of the storage or disposal site.

**Asbestos Management Plan
Statement of Ensurances
FORM Q**

- f. For each fiber release episode, the date and location of the episode, the preventive measure or response action taken, the name of the persons) performing the work, and if ACSM is removed, the name and location of the storage or disposal site.
16. The following information is included as part of the management plan submitted to the Asbestos Control Service and is properly filed in the administrative office of the Responsible Governing Authority:
- a. A listing of the name, address, affiliation (if applicable), signature and accreditation credentials including copies of licensing documents, of the following persons: inspectors/assessors. management planners.
 - b. A description of assessments of all ACBM and suspected ACBM assumed to be ACM.
 - c. A blueprint, floorplan, or diagram of each building that clearly identifies each location and approximate square or linear footage of homogeneous areas of friable suspected ACBM, non-friable ACM, and friable and non-friable suspected ACBM assumed to be ACM.
 - d. Substantiating data submitted as indicated in NJSDH management plan forms.
 - e. The name, NJSDH certification identification number (if applicable), address, and telephone number of any laboratory that analyzed bulk, surface, and air samples, the date of collection, date of analysis and name-and signature of the collector and person analyzing the samples.
 - f. Copies of chain of custody forms and laboratory analysis forms for each sample.
 - g. Plans and specifications for response actions.
 - h. A plan for reinsertion at least once every three years after the management plan is implemented.
 - i. A plan for operations and maintenance activities, including periodic surveillance.
 - j. A listing of additional cleaning recommended in conjunction with operations and maintenance activities and the response to the recommendations.
 - k. A detailed description of the steps taken annually to inform maintenance personnel, building occupants and childrens parents or legal guardians regarding: -Inspection -Re-inspection -Response Actions -Post Response Action Activities -Periodic Reinspection -Surveillance Activities that are planned or in progress -A detailed description of a chain of command including

XA

**Asbestos Management Plan
Statement of Ensurances
FORM Q**

delegation of responsibilities and procedures for reporting, obtaining supplies and storage and disposal of asbestos wastes

- 1. Previous/current Asbestos Abatement Log.
- m. An evaluation of the resources needed to complete response actions successfully and carry out reinspection and operations and maintenance activities.
- n. A description of a chain of command including delegation of responsibilities and procedures for reporting, obtaining supplies and storage or disposal of asbestos waste.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statement made by me are willfully or intentionally false. I am subject to punishment.

Name of Asbestos Program Manager	Signature	Date
Address	Telephone Number	