CX SHY

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

	residence.						FAT					
Date of Notification (1) APRIL 10, 2013			Nar AF	ne of Building	Owner/Operato	PORATION	ECE			IF	1	
Agencies Notified EPA	Type Notification		1 E-15/6	eet Address 3 ROUTE	130 NORTH		APR 17	2011	,	#	$\parallel \parallel$	
DEP DOL	Initial Amended Amendment	#		, State, Zip C	ode WN, NJ 0850	5	AIN 1/	2013	1	14	4	
DOH DCA	Emergency (i justification) Cancellation	ncluding	Nar	ne of Contact		ASBEREROM ODMOROL &						
	E Cancollation			ACILITY INF					_			
Name of Facility Where VALLEY GARAGE		Place (3)		ACILITY	ORMATION	Type of Facility School (K-	12)					
Street Address 4000 ROUTE 1 NO	RTH .						er 8 (Other than K- private & commer		ldings	, h'om	es,	
City (5) S. BRUNSWICK						Square Feet 1500	# of Floors		3ldg. <i>F</i> 55+	Age		
County (6) MIDDLESEX				inty Code (7) ATE USE ONL	n	Current Use (Pr AUTO SHOP	ior if being demoli	shed)				
Name of Monitoring Firm Hired by Building Owner (8) N/A				SCM No.	Name	.I of Abatement Co ISHING TOUC	ontractor (9) H ASBESTOS	ABA	TEM	ENT		
Street Address					Stree	t Address HOMPSON S						
City, State, Zip Code						State, Zip Code	NCH, NJ 0776	764				
Project Manager for Monitoring Firm			Tele	ephone No.	Telep	hone No. -222-8372	License 00040					
Start Date (10) Scheduled Co 4/23/13 4/24/13				tion Date (11)	Control Control	of OSHA Monitor						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P	eriod of Aba	atement			t Address State, Zip Code						
Scope of Work (Check A	ll That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novation nolition			Mini-Enclosur Glovebag Pro	cedure					
Location	of	174 (1997)	cation				Non-Exempted (*) and Non-Friable Procedure Abatemen Type			emen	t	
Asbestos-Containing TO BE ABA	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sometime Mainter Custodia			y by Asbestos Containing Material (ACM) Amount					Repair	Encapsulate	Enclosure	
office		Yes		X X	VAT		80 sf		-	0		
				^	VAI		80 81	х	-			
Name of Registered Was	te Hauler		NIDE	P Waste	Cubic Yards	Name of	Registered Landf	1				
Finishing Touch Asbestos Abatement Corp. In Hauler ID No.					of Waste 6 cy		/S NORTH LA		L			
City, State Oceanport, NJ 07757-0400				Disposal Date 4/25/13		te ville,PA						
Completed by Joseph P. Miller	3	Title Preside	ent		Sighatur	ob P. Mile	<i>to</i> 4	ate /10/1	3			
		100 0 70 - 70								_		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

1 2 m	NO	TIFIC	ATIO		ESTOS A	BATEMENT	r				
Date of Notification (1)		Paris I i i i i i	(Pursua	nt to NJAC 8	:60 and 12:1			. 7/17	E	MONTH OF THE PARTY	1
April 3, 2013	3			V Rose Excavating, LE G. E J. V. E							
	ial Notifi			Street Addres		ood Haven Road	APR 17	2012			İ
[x] DOL Am	ended No endment ergency (CONTRACTOR OF STREET		City, State, Z		River, NJ 0875	Dr. C. Lander	2013			-
[] DCA justi	ification) cellation			Name of Con	The Part of the Control of the Contr		ASBESTOS CO Telepho	NTRO	8-1		
		2000	FAC	L CILITY INFO	2015				_	-	_
Name of Facility Where Abatement is Takin Former Dental La		(3)	1770	ALTIT INC	MUNTION	Type of Facility	(4) School (k-12)			11.6	(i
Street Address 421 2 nd Avenue				y = 1 - A		[] [x]					ilo
City	Coun	y (6)		County Code (7)	Square feet	homes, etc.) # of Floors	Blds	g. Age		
The same a factor of the				(STATE USE O	ONLY)	12,000 sf	3			80	
Lakewood Name of Monitoring Firm Hired by Buildin	Ocea g Owner			ASCM No.	Name o		or if being demolished er Dental Lab	d)			
Guardian Contrac					Traine of		dian Contracting	, Inc.			
Street Address 1889 Rte. 9, Unit 61				1 1 1 1	Street A		D O. II. is 61	7 24	10.72		-
City, State, Zip Code Toms River, NJ 0	- saged				City, Sta	ite, Zip Code	Route 9, Unit 6		755-1	271	
Project Manager for Monitoring Firm Telephone Number					ne Number	License 1			2/1		
Nicholas Fernicola 732-349-9932 Scheduled Start Date (10) Scheduled Completic			on Date (11)		9-9932 OSHA Monitor	00624					
4/4/13 4/12/13				on Date (11)	I Name of		S.L. Analytical	18			
Occupancy Status During Abatement (Checl [x] Facility Closed/Vacat [] Abatement Performed [] Other – Describe	ed During	g Entire Per			Street A City, Sta	1056 tte, Zip Code	Stelton Road taway, New Jers	ey 088	54		
Scope of Work (Check all that apply) $\begin{bmatrix} x \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ If}$ $\begin{bmatrix} x \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ If}$		[] [x]	Renovat Demolit		[] [x] [x]	Mini-Enclosure Glovebag Proc			ıre	4	
				1 No. 100 10 10 10 10 10 10 10 10 10 10 10 10			P. D. GERRINA G.	Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	N	Is Location Is Loc	sed y	te ve	Description Asbestos-Cor Material (A (i.e., thermal insulation, su VAT, cother miscella	ntaining (CM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	
Interior		X		Asbestos p	ipe insulatio	n	225 lf	Х			+
Interior		X		Boiler insu	lation		350 sf	X			+
Interior		Х		VAT			1900 sf			177,1797	1
Name of Registered Waste Hauler	N	JDEP Was		1 1 1 1 1 1 1 1	e Yards of Was		stered Landfill				1
Guardian Contracting, Inc. City, State Toms River, New Jersey		2	0223 Disposa 4/15/1		City, Sta	T.R.R.F. own/Pennsylvan	ia e			-	
Completed by (Print or Type) Nicholas Fernicola	Title	t Manag		Signature	1	/ Cimsylvan		Date 4/3/2			

DEMOLITION / RENOVATION NOTIFICATION

D),		C	E	#		Date	Received
		APR	1	7	2013		
	ASI	BEST	os	c	NTRO	L &	

perator Project #:				ASBESTOS CONTROL &				
Operator Project #:		Postmark:	No	otification: LICEIVOING	1 11 11 11			
I. TYPE OF NOTIFICATION (O- Original Control of the Inc.)	nal R-Revised C-	Cancelled): O	II.	IS ASBESTOS PRESENT?	(Yes/No): Y			
III FACILITY INFORMATION (identify	owner, removal contra	actor and other operator)	a de la companya de l		1,000 %			
OWNER NAME: V R	lose Excavating, L	LC						
Address: 30 V	Wood Haven Road	+,//		Taronal and an extension				
City: Toms River	State:	NJ	Ziı	p: 08753				
Contact: Vic	Rose	19	Te	1: 848-992-9826				
REMOVAL CONTRACTOR:	Guardian Con	tracting, Inc.	11 212	NJ License: 006	24 .			
Address:	, Unit 61							
City: Toms River	State:	New Jersey	Zip	o: 08755				
Contact:	Nicholas Fern	icola	Tel		-			
OTHER OPERATOR (if different)	OTHER OPERATOR (if different)			NJ License:	-			
Address:		5 9/5						
City:	City: State:			:				
Contact:	Contact:			Tel:				
IV. TYPE OF OPERATION (D- Demo								
V. FACILITY DESCRIPTION (Including				m). E				
	ner Dental Lab							
	2 nd Avenue							
City: Lakewood		XIX						
Site Location: Interior	State:	NJ	Соц	inty: Ocean				
Building Size: 12,000 sf	# of Flo	2000 C		e in Years: 80				
Present Use: Former Denta VI. PROCEDURE INCLUDING ANALY:		Prior Use:		ner Dental Lab				
VI. PROCEDURE, INCLUDING ANALY	IICAL METHOD, IF A	APPROPRIATE, USED	TO DETECT TH	E PRESENCE OF ASBESTOS MA	TERIAL:			
IS MATERIAL ASSUMED TO BE AS	DECTARO							
VII. APPROXIMATE AMOUNT OF ASBE	STOS INCLUDING:				Nonfriable			
Regulated ACM to be removed	9.9"	RA	CM		Asbestos Mater Not To Be			
Category I ACM not removed Category II ACM not removed		То	Be oved	LOCATION	Removed			
					Cat I Cat			
Pipes (Linear feet): 225 1	f ;	Asbestos pipe ins	ulation	Interior				
Surface Area (Square feet): 350 s	f & 1900 sf	Boiler insulation	& VAT	Interior	- 1			
RACM Off Facility Component (Cubic	feet):							
VIII. SCHEDULE DATES ASBESTOS REMOV	VAL (MM/DD/YY)	Start;	4/4/13	Complete: 4/1	2/13			

April 3, 2013 (Date)

April 3, 2013

(Date)

x	DESCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION	WORK, AND METHOD	(S) TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE:	NGINEERING CON	NTROLS TO BE USED 1	O PREVENTEMESSIO	NS OF ASBESTOS AT THE DEMOLITIC
)	Removal to take place using negative pressure glovebag m with a surfactant/water mix. All waste to be double bagged surfaces where removal took place. All materials to be kep be removed by non-friable procedures.	ethod. Prior to remova , sealed and affixed wi t wet during the entire	al, work area to be isolated, no th appropriate warning labels operation. Final cleaning wi	tonsist of HEPA vacuuming	Rice. All asbestos insulation wilbs saturated container for disposal. Encapsiation of all and/or wet wiping of all surfaces. Floor tile will STOS CONTROL &
xii.	WASTE TRANSPORTER #1 Name: Guard	dian Contracting	g, Inc.		TO THE THE
	Address: 1889	Route 9, Unit 6	I	Tan Bulan Bulansa	
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicho	olas Fernicola			
	WASTE TRANSPORTER #2 Name:		Hive I is		
	Address:				
	City:	State:	Zip:		
	Contact Person:			The second second second	
xiii.	WASTE DISPOSAL SITE Name: T.R.R	.F.			
	Location: Borde	ntown Road			AND THE RESERVE OF THE PARTY OF
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	NT AGENCY, PLE	ASE IDENTIFY THE AC	GENCY BELOW AND	ATTACH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):	711	Date Ordered to Beg	gin (MM/DD/YY):	
xv.	FOR EMERGENCY RENOVATIONS			No. 1 1 1 2	
	Date and Hour of Emergency (MM/DD/YY):	- 1 - 4	The state of the state of		the second of the second of the second of
	Description of the Sudden, Unexpected Event:			The state of the s	a demonstrate to the second
(4)			KIT HOLEN ET ET OF	EDEC OF SEC.	
	Explanation of how the event caused unsafe condition	ons or would cause	equipment damage or an	unreasonable financial b	urden
	The second second second				
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED	WED IN THE EVE , PULVERIZED, O	ENT THATUNEXPECTES	D ASBESTOS IS FOUN DER	D OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVIL	THE PROVISION	S OF THIS REGULATION	ON (40 CFR PART 61, S	UBPART M) WILL BE ONSITE DURING

(Signature of Owner/Operator)

(Signature of Owner/Operator)

Nicholas Fernicola / Project Manager
(Printed Name/Title)

Nicholas Fernicola / Project Manager (Printed Name/Title)

xviii.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) April 3, 2013 Segal & Segal Agencies Notified Type of Notification Street Address [X] EPA [x]Initial Notification 465 South Street] DEP Amended Notification City, State, Zip Code [x] DOL Amendment # [x] DOH Morristown, NJ 07962 Emergency (including justification)] DCA Name of Contact TARRESTOS CONTROL & 1 Cancellation Fred Kimak FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Building #7 School (k-12) Street Address Subchapter 8 (other than k12) 160 Randolph Place [x] Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 10,000 sf 2 80 West Orange Essex Current Use (Prior if being demolished) Laundry Room Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Guardian Contracting, Inc. Street Address Street Address 1889 Rte. 9, Unit 61 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, NJ 08755 Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Nicholas Fernicola 7321-349-9932 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/17/13 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Idurs City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure] Mini-Enclosure [x] >3 sf or ≥3 If [x]Renovation [x] Glovebag Procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of Location of Normally used E E Asbestos-Containing Asbestos-Containing Material (ACM) Amount E Solely by E N N Material (ACM) (Specify SF TO BE ABATED P C C Maintenance/Custodial M (i.e., thermal systems or LF) in facility A Α L Staff insulation, surfacing, 0 P 0 (13)(12)VAT, or V R S S other miscellaneous) U U A YES NO N/A R L F Basement -laundry room X Asbestos pipe insulation 120 lf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Toms River, New Jersey 4/19/13 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date Nicholas Fernicola Project Manager 4/3/2013

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755

DEMOLITION	RENOVATION NOTI	TICATION
DELITORIT	TUNO VALION NOTE	TUALIUN

EC	E Parte Received
APR	1 7 2013

	rator Project #:	Postmark:	Notification	n: ASBESTOS CO	NIBOL &			
I.	TVDE OF NOTIFICATION (O. O			LICENSI	VG .	1 1		
	TYPE OF NOTIFICATION (O- Original R - Revised		II.	IS ASBESTOS PRESENT?	(Yes/No):	Y		
III.	FACILITY INFORMATION (identify owner, removal co	ontractor and other operator)			4 / -			
	OWNER NAME: Segal & Segal	200				4		
(10)	Address: 465 South Street	(21)						
	City: Morristown Sta	te; NJ	Zip: 07962					
	Contact: Fred Kimak		Tel:	973-984-6400				
	REMOVAL CONTRACTOR: Guardian G	Contracting, Inc.		NJ License: 006	524	1.0		
	Address: 1889 Rout	e 9, Unit 61						
	City: Toms River Sta	e: New Jersey	Zip:	08755				
	Contact: Nicholas F			732-349-9932				
	OTHER OPERATOR (if different)		Tol.	NJ License:	<u> </u>			
	Address:			143 Electise.	<u> </u>			
	City: Stat	Α'	7:			= 50 12 Estate		
	Contact:	v.		Zip:				
IV.		Tel:		007 1.8				
V.	TYPE OF OPERATION (D-Demo O-Ordered Demo		Renovation): I	R and a second of the				
v .	FACILITY DESCRIPTION (Including building name, nur	mber and floor or room number)		AND RESIDENCE OF THE PARTY OF T				
	Building Name: Building #7					1		
	Address: 160 Randolph Place							
	City: West Orange State	: NJ	NJ County: Essex					
	Site Location: Basement laundry room				the contract of			
	Building Size: 10,000 sf # of	Floors: 2	Age in Year	s: 80				
	Present Use: Laundry Room	Prior Use:	Laundry R					
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD,	I IF APPROPRIATE, USED TO DE			TERIAL:			
					· LIKITIE.			
717	IS MATERIAL ASSUMED TO BE ASBESTOS?							
VII.	APPROXIMATE AMOUNT OF ASBESTOSINCLUDING):			80000000	riable		
	1. Regulated ACM to be removed	RACM		LOCATION	Not 7	s Material Γο Be		
	Category I ACM not removed Category II ACM not removed	To Be Removed	,	DOCATION	Rem	oved		
	Pipes (Linear feet): 120 lf	Asbestos pipe insulatio				Cat II		
	Surface Area (Square feet):	113003t03 pipe insulatio	, ii	Basement				
	Surface Area (Square feet):							
	RACM Off Facility Component (Cubic feet):							
					1 1			

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION W	VORK, AND METHOD	(S) TO BE USED
xi.	DESCRIPTION OF WORK PRACTICES AND ENGAND RENOVATION SITE:	LIFE SHIPPE		
	with a surfactant/water mix. All waste to be double bagged, surfaces where removal took place. All materials to be kept	wet during the entire of	operation. Final cleams will	egative air units to be put in placed. All as best insulation with saturated as and placed in closed/locked container for disposal Entapsulation of all consist of HEPA vacuuming and/or wet wiping of all surfaces. ASBESTOS CONTROL &
xii.	WASTE TRANSPORTER #1 Name: Guard	ian Contracting	, Inc.	LICENSING
		Route 9, Unit 61	821	
	City: Toms River	State:	New Jersey	Zip: 08755
1. 1.	Contact Person: Nichol	as Fernicola	3 0	The contract of the contract o
	WASTE TRANSPORTER #2 Name:	m Transmission	and the state of t	
-	Address:	S	(mg (m)	
	City:	State:	4 17 - 17 - 17	Zip:
	Contact Person:	da Series		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.	F ₁ : The second second	F	
9F = 18	Location: Borden	town Road	e catalan has	
	City: Tullytown	State:	Pennsylvania	Zip: 19007
	Telephone:215-943-9732		Permit #:	101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	T AGENCY, PLE	ASE IDENTIFY THE A	GENCY BELOW AND ATTACH COPY OF ORDER
	Name:		Title:	reaction and the second
	Authority:		- /	The state of the s
	Date of Order (MM/DD/YY):	Section 1220 years	Date Ordered to Beg	gin (MM/DD/YY):
xv.	FOR EMERGENCY RENOVATIONS		a PACSIAN CONTRACTOR	
	Date and Hour of Emergency (MM/DD/YY):	-1		
	Description of the Sudden, Unexpected Event:	95 (65.4)		
	Explanation of how the event caused unsafe condition	is or would cause e	equipment damage or an	unreasonable financial burden
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOW ASBESTOS MATERIAL BECOMES CRUMBLED,	VED IN THE EYEN PULVERIZED, OI	IT THAT UNEXPECTE R REDUCED TO POWI	ED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE DER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVID AVAILABLE FOR INSPECTION DURING NORMA	ENCE THAT THE	E REOUIRED TRAININ	ON (40 CFR PART 61, SUBPART M) WILL BE ONSI DURING IG HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE ovember 20, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u>.</u>	(Signature of Owne	April 3, 2013 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT. ~	\ . <i>11</i>	1 1
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owne	April 3, 2013 (Date)

Cx 21430

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	3.40			<u> </u>				629
Date of Notification (1) April 3, 2013	3	Name of Buildin		erator (2) & Segal	EGE	1ant	100	-
DEP [] Am	cation ial Notification ended Notification endment#	Street Address City, State, Zip C		outh Street	APR 17	2013		
[] 202	ergency (including	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Morri	stown, NJ 07962		10	1	1
[] DCA just	ification) cellation	Name of Contact Fred	Kimak		PerdomoNumber			
	FA	ACILITY INFORM	MATION					
Name of Facility Where Abatement is Takin Building #3		ICIDITI MA OR	MITTON	Type of Facility (4)	School (k-12)			+ 1
Street Address 160 Randolph Pla	ace			[x]	Subchapter 8 (or Other (i.e., priva homes, etc.)			uildıngs,
City	County (6)	County Code (7) (STATE USE ONI	_Y)	Square feet 10,000 sf	# of Floors	Bldg.	Age 80	
West Orange	Essex	Laborate Back III		Current Use (Prior		i)		
Name of Monitoring Firm Hired by Buildin Guardian Contrac	ASCM No.	Name of	Abatement Contracto					
Street Address	ang, me.		Street A		an Contracting,	, Inc.		
1889 Rte. 9, Unit	61				Loute 9, Unit 61			
City, State, Zip Code Toms River, NJ 0		City, Sta	te, Zip Code	River, New Jers		5-1271		
Project Manager for Monitoring Firm	er		ne Number	License N				
Nicholas Fernicola Scheduled Start Date (10) 4/17/13	2 letion Date (11)	732-34 Name of	OSHA Monitor	00624				
Occupancy Status During Abatement (Chec	4/18/13 k only one)		Street Ac		L. Analytical		-	
[X] Facility Closed/Vacat	ed During Entire Period of			1056 S	telton Road			
	Outside of Normal Facility	Hurs	City, Sta	te, Zip Code				
Other – Describe					way, New Jerse	y 08854	1	
Scope of Work (Check all that apply)	The second secon		[]		t with Negative Pre	essure	7 7 7	1 - 1
[X] >3 sf or ≥3 lf	[x] Reno	vation	[x]	Mini-Enclosure				
[] ≥160 sf or ≥260 lf		olition	[]		ure *) and Non-Friable	Procedure		
		T			1	Abaten	ent Type	
	Is Location		Descriptio	n of				T
Location of	Normally used		bestos-Con	ntaining	Amount	12000	R E N	. E
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodia		Material (A		(Specify SF	MI) C	C
in facility	Staff		., thermal : ulation, sur		or LF)	0 1	A A P	L
(13)	(12)		VAT, o		a =	V	R S	S
			ner miscella	aneous)		A	UL	U R
	YES NO N/A					L	E	E
Basement -laundry room	X	Asbestos pipe	insulatio	n	100 lf	Х		
				- Was - Chiefe				-
		 	-				-	+
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	er ID No. Cubic Y	ards of Wast	te Name of Register	red Landfill	LL		
City, State Toms River, New Jersey		osal Date	City, Sta	ate		-	-	
Completed by (Print or Type)	Title 4/15	-Signature	Tunyto	own, Pennsylvania	1	Date		
Nicholas Fernicola	Project Manager		chost	40-	1	4/3/20	13	
	*Do not use this for	rm for asbestos lice	isure exem	pted activities.				

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755

	DEMOLITION /	RENOVA	ATION	NOTIFICAT	ΓΙΟΝ	DEGEL	V E	
Opera	ator Project #:		Postmark		Notifica	III III APR 17	2013	9
I.	TYPE OF NOTIFICATION (O- Original R	- Revised C-	Cancelled):	0	II.	IS ASBESTOS PRESENTA	ItiVes(No)	Y
III.	FACILITY INFORMATION (identify owner	removal contr	actor and of	her operator)		LICENSIN		
	OWNER NAME: Segal & S		actor and or	ner operator)				
	Address: 465 South	Street	0,00					
	City: Morristown	State:	NJ	45 1 11 1 1 1 1 1 1 1	Zip:	07962		
	Contact: Fred Kim:	ak			Tel:	973-984-6400		
	REMOVAL CONTRACTOR: (Guardian Cor	ntracting.	Inc.	10.	NJ License: 006	24	
		889 Route 9	100			143 Electise. 000		
	City: Toms River	State:	New J	ersev	Zip:	08755		
	Contact: N	Nicholas Fern			Tel:	732-349-9932		
	OTHER OPERATOR (if different)			Tci.	NJ License:			
	Address:					To Dionise.		
	City:	State:	State:					
	Contact:				Zip:			
IV.	TYPE OF OPERATION (D - Demo O - Ord	ered Demo R	- Penovati	on E-Emergency Re		R		
V.	FACILITY DESCRIPTION (Including building				novation):	K		
	Building Name: Building #	Caron St. e.c.	1100-5 AL					
	Address: 160 Rando							
	City: West Orange	State:	NJ	.	Country	Essex		
	Site Location: Basement laundry r				County:	Essex		
	Building Size: 10,000 sf	# of Flo	Ore:	2	T v	00		
	Present Use: Laundry Room		013.	Prior Use:	Age in Yo	*		78
VI.	PROCEDURE, INCLUDING ANALYTICAL	METHOD IF	APPROPRI	The state of the s	Laundry			
	IS MATERIAL ASSUMED TO BE ASBESTO	OS?	u ricorki.	ATE, USED TO DETE	CITHERN	ESENCE OF ASBESTOS MA	I ERIAL:	
VII.	APPROXIMATE AMOUNT OF ASBESTOSINCLUI 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed		PING: RACM To Be Removed			LOCATION	Asbesto: Not	friable s Materia To Be noved
	Pipes (Linear feet): 100 lf		Aghast	na mina inau 1		n n	Cat I	Cat II
			Aspesto	os pipe insulation		Basement		
	Surface Area (Square feet):							
	RACM Off Facility Component (Cubic feet):							
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (M	0.000.00	Start:	4/17/13		Complete: 4/1	8/13	

Date Received

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

х.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION	WORK, AND METHOD	O(S) TO BE USED							
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE:	INEERING CO	TROLS TO BE USED	TO PREVENT EMISSIONS	OF ASBESTOS AT THE DEMOTION						
ue :	Removal to take place using negative pressure glovebag meth with a surfactant/water mix. All waste to be double bagged, so surfaces where removal took place. All materials to be kept w	ealed and attived an	th appropriate warming labol	a and along thems I the I do	the contract of the contract o						
xii.	WASTE TRANSPORTER #1 Name: Guardia	an Contracting	Inc	III)	1.7.000						
100	The state of the s	oute 9, Unit 6		U U APR	1 7 2013						
	City: Toms River		New Jersey	ACCETOTO	20.00550						
		State:	- New Jersey	ASIMA	OS (087/55ROL & DENOING						
	WASTE TRANSPORTER #2 Name:	is remicola		4							
	Address:										
	City:										
	Contact Person:	State:		Zip:	<u> </u>						
		7,0 110									
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.										
		town Road									
-	City: Tullytown	State:	Pennsylvania	Zip:	19007						
	Telephone:215-943-9732		Permit #:	101494							
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT	Γ AGENCY, PLE	ASE IDENTIFY THE A	GENCY BELOW AND AT	TACH COPY OF ORDER						
2.0	Name:		Title:	4	<u> </u>						
	Authority:										
	Date of Order (MM/DD/YY):		Date Ordered to Be	gin (MM/DD/YY):							
XV.	FOR EMERGENCY RENOVATIONS										
	Date and Hour of Emergency (MM/DD/YY):		-2 -2								
	Description of the Sudden, Unexpected Event:										
	Explanation of how the event caused unsafe conditions	s or would cause	equipment damage or an	unreasonable financial burg	len						
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOW ASBESTOS MATERIAL BECOMES CRUMBLED, P	ED IN THE END PULVERIZED, O	NT THAT UNEXPECTE R REDUCED TO POW	ED ASBESTOS IS FOUND DER	OR PREVIOUSLY NONFRIABLE						
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN T THE DEMOLITION OR RENOVATION AND EVIDE AVAILABLE FOR INSPECTION DURING NORMAL	ENCE THAT TH	E REOUIRED TRAININ	NG HAS BEEN ACCOMPLE	BPART M) WILL BE ONSH DURING ISHED BY THIS PERSON WILL BE						
**	Nicholas Fernicola / Project Manager (Printed Name/Title)	* - - - - - - - - - - 	(Signature of Own	er/Operator)	April 3, 2013 (Date)						
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT.	\	01	8						
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner	er/Operator)	April 3, 2013 (Date)						

State of New Jersey

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

April 3, 2013 Agencies Notified Type of Notification Street	of Building Owner/Op Segal	0.01		- 1						
		11011	E CALE A	100	相引	7				
[x] DOH [] Emergency (including	Street Address 465 South Street City, State, Zip Code Morristown, N. 07962 APR / 2013									
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	of Contact Fred Kimak	Inc.	Solonia Subrasia	TPQI	2	1				
FACILITY	INFORMATION				=					
Name of Facility Where Abatement is Taking Place (3) Building #14	INTORMATION	Type of Facility (4)	School (k-12)	- 15-	**					
Street Address		1 1	Subchapter 8 (o	ther tha	n k12)				
160 Randolph Place		[x]			ommercial buildings,					
	Code (7)	Square feet	# of Floors	Bld	g. Age					
West Orange Essex	E USE ONLY)	10,000 sf Current Use (Prior i	fhoing domalish			80				
Lister			y Room	1)			6			
Name of Monitoring Firm Hired by Building Owner (8) ASCM N	No. Name of	Abatement Contractor	(9)							
Guardian Contracting, Inc. Street Address		Guardia	an Contracting,	Inc.						
1889 Rte. 9, Unit 61	Street A		0.11.1.61							
City, State, Zip Code	City Sta	te, Zip Code	oute 9, Unit 61							
Toms River, NJ 08755	0.03, 5.00		River, New Jers	ev 08	755-1	271				
Project Manager for Monitoring Firm Telephone Number		Telephone Number License Number								
Nicholas Fernicola 7321-349-9932 Scheduled Start Date (10) Scheduled Completion Date (732-349-9932 00624 e (11) Name of OSHA Monitor									
4/19/13 4/22/13	E.M.S.L. Analytical									
Occupancy Status During Abatement (Check only one)	Street Ac		D. Allarytical							
[X] Facility Closed/Vacated During Entire Period of Abatement	6	1056 St	elton Road							
Abatement Performed Outside of Normal Facility Murs	City, Sta	te, Zip Code			_					
Other – Describe			way, New Jerse	y 088	54					
Scope of Work (Check all that apply)	[]	Full Containment	with Negative Pre	nauro						
	ii	Mini-Enclosure	with regative Fre	SSUIC						
[X] >3 sf or ≥3 lf [X] Renovation	[x]	Glovebag Procedu	ire							
[] ≥160 sf or ≥260 lf [] Demolition	[]	Non-Exempted (*) and Non-Friable	Procedi	ire					
				Ahot	ement	T				
Is Location	Description	n of			ement	T	Т			
Location of Normally used	Asbestos-Con		Amount	R E	R E	E ·	E			
Asbestos-Containing Material (ACM) Solely by	Material (A		(Specify SF	M	P	C	N C			
TO BE ABATED Maintenance/Custodial in facility Staff	(i.e., thermal s insulation, sur		or LF)	0	A	Α	L			
(13)	VAT, o			v	I R	P S	O S			
	other miscella			A·		U	U			
YES NO N/A				L.		L E	R E·			
Basement –laundry room X Asbes	stos pipe insulation	1	210 lf	X		L				
	24 .									
							\vdash			
			-							
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.	Cubic Yards of Waste	e Name of Register	ed Landfill				Ц.			
Guardian Contracting, Inc. 20223	3	T.R.R.F.								
City, State Disposal Date Toms River, New Jersey 4/23/13	City, Sta			- 3						
Toms River, New Jersey 4/23/13 Completed by (Print or Type) Title Signature	Tullyto	wn, Pennsylvania	//	Dete						
Nicholas Fernicola Project Manager	VICANT	10.1	/	Date 4/3/2	2013					
*Do not use this form for asbe.	stos licensure exemp	oted activities.								

DEMOLITION / RENOVATION NOTIFICATION

		Da	te Recei	ved E
	AP!	7 1 7 2	,	
tion:	ASBEST	OS CONT	ROI &	1
IS ASI	BESTOS PRES	SA) CA	/No):	Y
9 1	nai			

Operator Project #:		Postmark:	Notificatio	ASBESTOS O	CONTE	1			
I. TYPE OF NOTIFICATION (O- Original	R-Revised C-	Cancelled): O	II.	IS ASBESTOS PRESENT	Yes/No):	Y			
III FACILITY INFORMATION (identify ov	vner, removal contr	actor and other operator)							
OWNER NAME: Segal	& Segal				•				
Address: 465 Sc	outh Street								
City: Morristown	State:	NJ	Zip:	07962					
Contact: Fred K	imak	No.	Tel:	973-984-6400					
REMOVAL CONTRACTOR:	Guardian Con	ntracting, Inc.		NJ License: 00	624				
Address:	1889 Route 9	, Unit 61							
City: Toms River	State:	New Jersey	Zip:	08755					
Contact:	Nicholas Ferr	nicola	Tel:	732-349-9932					
OTHER OPERATOR (if different)	ļ.			NJ License:					
Address:					8 1				
City:	State:	***************************************	Zip:						
Contact:			Tel:						
IV. TYPE OF OPERATION (D - Demo O -	Ordered Demo R	- Renovation E- Emergency	Renovation): I	3					
V. FACILITY DESCRIPTION (Including bu									
Building Name: Buildin	g#14								
Address: 160 Ra	ndolph Place								
City: West Orange	State:	NJ	County: I	Essex	4				
Site Location: Basement laundr	y room								
Building Size: 10,000 sf	# of Flo	ors: 2	Age in Year	Years: 80					
Present Use: Laundry Room	1	Prior Use:	Laundry R	64504	- 11/11				
VI. PROCEDURE, INCLUDING ANALYTIC	AL METHOD, IF	APPROPRIATE, USED TO DE			TERIAL:				
			6						
IS MATERIAL ASSUMED TO BE ASBE VII. APPROXIMATE AMOUNT OF ASBESTO	STOS?	-							
The state of the s	OSINCLUDING:					riable Material			
Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION	Not 1	Γο Be loved			
Category II ACM not removed		Removed			Cat I	Cat II			
Pipes (Linear feet): 210 If		Asbestos pipe insulation	on i	Basement					
Surface Area (Square feet):									
PACM OFF THE C					-				
RACM Off Facility Component (Cubic feet									
/III. SCHEDULE DATES ASBESTOS REMOVAI	(MM/DD/YY)	Start: 4/19/	13	Complete: 4/	22/13				

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	ATION W	VORK, AND METHOL	O(S) TO BE U	SED	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING AND RENOVATION SITE:	NG CON	TROLS TO BE USED	TO PREVEN	T ENTS IOES	CASTESTOS W THE DEMOTION
	Removal to take place using negative pressure glovebag method. Prior to with a surfactant/water mix. All wase to be double bagged, sealed and a surfaces where removal took place. All materials to be kept wet during to	mixea wir	h annropriate warning labe	is and placed in	cladeH/ladked cor	Walnut for Himmoral Mulanuslasian AT 11
xii.	WASTE TRANSPORTER #1 Name: Guardian Cont.	rootin a	Tuo	7 77 1	ASE	SESTOS CONTROL & LICENSING
All.	The state of the s		Anna and a second		<u> </u>	LICENSING
	Too Route 9;	77.	* 111 188			
		State:	New Jersey		Zip:	08755
	Contact Person: Nicholas Fernic WASTE TRANSPORTER #2 Name:	cola				· · · · · · · · · · · · · · · · · · ·
				-		
	Address:		1	- T		
		State:		10-10-10-10-1	Zip:	
	Contact Person:		*	7.00		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.	-	+			
	Location: Bordentown Ro	oad	1/2			
	City: Tullytown S	State:	Pennsylvania		Zip:	19007
	Telephone:215-943-9732	نسب	Permit #:	101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENC	CY, PLE	ASE IDENTIFY THE A	AGENCY BE	LOW AND AT	TACH COPY OF ORDER
	Name:		Title:			
	Authority:				x .	
2.52	Date of Order (MM/DD/YY):		Date Ordered to Be	gin (MM/DD	/YY):	
xv.	FOR EMERGENCY RENOVATIONS	1 177			19. P = 10	
	Date and Hour of Emergency (MM/DD/YY):				0.00	
	Description of the Sudden, Unexpected Event:					
	Explanation of how the event caused unsafe conditions or would	d cause o	equipment damage or a	n unreasonabl	e financial burn	ien
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN TASBESTOS MATERIAL BECOMES CRUMBLED, PULVERI	HE EWN	IT THAT UNEXPECT R REDUCED TO POW	ED ASBESTO DER	OS IS FOUND	OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRO THE DEMOLITION OR RENOVATION AND EVIDENCE TO AVAILABLE FOR INSPECTION DURING NORMAL BUSIN	IAT THI	E REOUIRED TRAINI	NG HAS BEE	N ACCOMPL	BPART M) WILL BE ONSI DURING ISHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owr	ncr/Operator)	eel	April 3, 2013 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT	CT.	\.	0 A	-13	,
	Nicholas Fernicola / Project Manager (Printed Name/Title)	-	(Signature of Own	er/Operator)	el	April 3, 2013 (Date)

4-11-13

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

Check 8536

6,					0 143AC 0.00 am					Lancas de la constante de la c			
Date of Notification (1	3-27-1	13	792	Name of Building Owner/Operator (2) John WhitaKer									
Agencies Notified EPA DEP	Type Notification Initial Amended		446	Street Ac	te, Zip Code	> Pat	RICK	PROF		W	E	Ī	
DOL DCA	Amendment # Emergency (in		740	Name of		ita Ken		1W7 05	50	50	5	1	
Name of Facility Whe	ming	Place (3)	. ,	ITY INFORMATI		e of Facility (4			7	-	
Street Address	Patrick	Sho	- 1	Hor	ي جي		Other (i.e. p	ASBESTOS CO 2) 8 (Other than (192) private & commercia	VG.			08	
City (5)	chawkin			5	20 4 2 W S	Squ	etc.) uare Feet	# of Floors	В	ldg. A	ge) 7	_	
County (6)	cean			An area la	ISE ONLY)	— S	hone		ed)		125		
J EPC T	irm Hired by Building O	wner (8)	<u> </u>	ASCM	No.	EP	C TE	thactor (9)	ie s	S ,	Tr		
Street Address City, State, Zip Code	Box 33	37		70 000		Street Addr	. Box	337					
A 5	Monitoring Firm	N2		08 Telephor	533 ne No.	New Telephone	Equ	pt NJ License No	0	85	13	9	
64 4 6	Schenken	Schedule	ed Com	ppletion [758-3365 Date (11)	609 75	SHA Monitor	95 4	3	39	4		
Occupancy Status Du	oring Abatement (Check	Only Or	2000	13		Street Addr	ess	hnologies	I	nc			
	/acated During Entire Pormed Outside of Normale:					City, State,		337 NT (ch o	53	~2		
Scope of Work (Chec	k All That Apply)		•				-Jyyr	700 0	0-	<u>ر د</u>	2	-	
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260	lf .	(100 to 100 to 1	Renova Demolit				Mini-Enclosur Blovebag Pro				e		
1 de 1 de 1	ition of	100	Locati	37	Do	escription of			Abatement Type				
Asbestos-Contair TO BE In F	ing Material (ACM) ABATED acility 13)	Ma Cus	ed Sole intenar todial S (12)	nce/ Staff?	Asbestos Con (i.e. therma surfa		ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate		
Exterior	Walls	Yes	No	N/A	Siding	Shir	iskes	1000 SF	×			1	
20100)	J			<u> </u>		1	
		-		 						-		1	
Name of Registered	Waste Hauler Echnologies	\$		NJDEP W Hauler ID	No. of Wa	0	Was	Registered Landfill	161	to	E (2	
City, State		NJ			Dispo	IQ-I3	City, Sta	te	A	% _		_	
Completed by	ner Kea	Title	\ 0	lent		Signature	7500	Dat	e Z	27	-1		

D&S Proj. #: 2013

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

Date of Notification		1131	- (D	- 15	(0)		Ho	1501		// F] jame	V	
		Name	of Building C	wner/Operato	or (2)	ued Eller d	IIU		5 1 V	/ [11	111	10.5
Agencies Notified		-	NALD FAII	BANKS		udkalih ki			100		111		911
EPA	Initial	Street	Address		*****		TUL	APR	7 201	3	111	7	010
☐ DEP	Amended	ar 1 4 2 10 10 10 10 10 10 10 10 10 10 10 10 10	FULLER T				The s		7		lan	1	111
☑ DOL	Amendment #:_		State, Zip Cod			100	-	ASBESTOS	CONTR	01.0	J	T	
	Emergency (including		ANGE, NJ	07051		*31111111111	100	LICE	NSING				
☑ DOH	justification)	Name	of Contact					Telephon	e Number				
☐ DCA	☐ Cancellation	RC	NALD FA	RBANKS		1 1000			nas .	- NO.		1	
	AT WITH		F	ACILITY INFO	ORMATION		1.11	1,50		-			
Name of facility	where abatement is	taking place (3	3)				Ty	ype of Facility (-		77.6
RONALD FA	TRRANKS	V						=	I (K - 12)				
Street Address	IIICDAITICS						-	and the state of t	apter 8 (O Private/Co	1.4		-12)	
	manager, i								Homes, e		rciai		
262 FULLER	R TERRACE						_	Square Feet	# of Floor	'S	BI	dg. A	ge
City (5)		County (6)	17		nty Code (7)				- April 1			
ORANGE		ESSEX			(Sia	te use only)	11'	Current Use (P	rior if bein	g dem	nolishe	ed)	
Name of Monito	ring Firm Hired by B	ldg. Owner (8)		ASCM N	No.	Name of Abatem	ent Con	ntractor (9)				-	
						D & S RESTO	ORATI	ION, INC.					
Street Address		75. 7				Street Address							
						20 California	a Ave.		107				
City, State, Zip Co	ode	N. Tana		*		City, State, Zip Co	ode			11.	37.0		
- Washington				-		Paterson, NJ		3					
Project Manager	for Monitoring Firm		Phone Nu	mber		Telephone Numb 973-345-80			License	Numb 1169			
		megation is a				Name of OSHA Monitor							_
Start Date (10)		Sched. Cor	mpletion Date	(11)		D & S Restoration, Inc.							
04/22/13		04/30/13		1000000		Street Address							
	s During Abatement					20 California Avenue							
Abatement	sed/vacated during e performed outside o	of normal facilit				City, State, Zip Co	ode				1112	\$ 7s.	
	cribe: NORMAL HO					Paterson, NJ	07503	3			A S		
Scope of Work ((check all that apply)						Full	Containment w	/negative	press	ure		
		Renovation						i-enclosure vebag procedu				11.5	
$\ge 3 \text{ sf or } >3$	Δ.						IXI Glav		-		proce	edure	
	Δ.	Demolition					-	n-Exempted (*)	and Non-	friable		E	E
≥3 sf or >3 ≥160 sf or stored Location of	≥260 lf	Demolition Is location nor		lely			-		and Non-	R	R	10000	n
≥ 3 sf or >3 ≥ 160 sf or state of the sta	≥260 If ☐ [Demolition		Desc		sbestos-containing	☐ Nor	n-Exempted (*) Amount				n	
≥3 sf or >3 ≥160 sf or store Location of the store is a store in the store is a store in the	≥260 If ☐ I	Demolition Is location nor by maintenance staff(12)	ce/custodial	Desc	cription of a	sbestos-containing	☐ Nor	n-Exempted (*)		R	R e	n c a	L
≥ 160 sf or ≥ 2 ≥ 160 sf or state of asbestos-c material (all abated in fall state) ≥ 3 sf or ≥	≥260 If ☐ I	Demolition Is location nor by maintenance staff(12)		Desc mate	erial (ACM)		☐ Nor	Amount (Specify S LF)		R e m o v e	R e p	n c	1 25
≥160 sf or since ≥ 2 sf or si	≥260 If ☐ I	Demolition Is location nor by maintenance staff(12)	ce/custodial	Desc mate			☐ Nor	Amount (Specify S		R e m o v	R e p	n c a	1 25
≥ 3 sf or >3 ≥ 160 sf or ≥ 160 sf or Location of asbestos-c material (ar abated in fa	≥260 If ☐ I	Demolition Is location nor by maintenance staff(12)	ce/custodial	Desc mate	erial (ACM)		☐ Nor	Amount (Specify S LF)		R e m o v e	R e p	n c a	1 25
≥ 3 sf or >3 ≥ 160 sf or ≥ 160 sf or Location of asbestos-c material (ar abated in fa	≥260 If ☐ I	Demolition Is location nor by maintenance staff(12)	ce/custodial	Desc mate	erial (ACM)		☐ Nor	Amount (Specify S LF)		R e m o v e	R e p	n c a	1 25
≥ 160 sf or ≥ 2 ≥ 160 sf or state of asbestos-c material (arabated in face)	≥260 If ☐ I	Demolition Is location nor by maintenance staff(12)	ce/custodial	Desc mate	erial (ACM)		☐ Nor	Amount (Specify S LF)	SF or	R e m o v e	R e p	n c a	1 25
≥ 3 sf or >3 ≥ 160 sf or ≥ Location of asbestos-c material (arabated in fate) BASEMENT Registered Waste	≥260 If	Demolition Is location nor by maintenance staff(12) Yes NJDEP H	No N//	PIPE II	rial (ACM)	ON	Nor	Amount (Specify SLF) 30 L FT	SF or	R e m o v e	R e p	n c a	1 25
≥ 3 sf or >3 ≥ 160 sf or Location of asbestos-c material (arabated in farabated in farabated wasted BASEMENT Registered Waster D & S RESTO	≥260 If	Demolition Is location nor by maintenance staff(12) Yes	No N//	PIPE II	rial (ACM)	ON Name of Registe TULLYTOW	Nor	Amount (Specify SLF) 30 L FT	SF or	R e m o v e	R e p	n c a	1 25
≥ 3 sf or >3 □ ≥ 160 sf or 2 Location of asbestos-c material (are abated in factors) BASEMENT Registered Waste D & S RESTO City, State	≥260 If	Demolition Is location nor by maintenance staff(12) Yes NJDEP H	No N// No N// auler ID#	PIPE II Cubic Yards 1 YD Date	rial (ACM)	Name of Registe TULLYTOW City, State	Nor	Amount (Specify SLF) 30 L FT	SF or	R e m o v e	R e p	n c a	1 25
≥ 3 sf or >3 ≥ 160 sf or Location of asbestos-c material (arabated in farabated in farabated wasted BASEMENT Registered Waster D & S RESTO	≥260 If	Demolition Is location nor by maintenance staff(12) Yes NJDEP H	No N//	PIPE II Cubic Yards 1 YD Date	NSULATI	ON Name of Registe TULLYTOW	Nor	Amount (Specify SLF) 30 L FT	SF or	R e m o v e	R e p	n c a	1 25

4º Cheak

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) April 5, 2013			N + 11 = 1 = 1	20	Name of Buil Exelon Ge	ding Owner	/Operator (2) Cmp輻y,	LLB]			-	
Agencies Notified		Notification	n Type	Application 1	Street Addres	1 - 1 E	(b. 17)	U U		-		
(x) EPA (x) DEP (x) DOL (x) DOH (x) DCA		(x) Initial () Amend () Cancel	ed Certifica		P.O. Box 388, U.S. Route 9 APR 1 7 2013 City, State, Zip Code Forked River, New Jersey 08731 Name of Contact ASBESTOS CONTROL & LICEN							
		4	-12/4 (- 11)	FACILITY I	Edwin O'B NFORMATION	rien	LICE		1	- m		
Name of Facility Where At Oyster Creek Genera Street Address P.O. Box 388, U.S. R	ting Statio	111	(3)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet: <25 # of Floors: Various							
City (5) Forked River	County (6) Ocean			Code (7) Ise Only)	Bldg. Age Current Use (*	ious			
Name of Monitoring Firm H Accredited Environme	lired by Blddental Tech	g. Owner (8) nnologies		ASCM No. #00021				ontractor d Speci		ntracto	ors	
Street Address 28 North Pennell Roa	d	f			Street Address 120 North I		et					
City, State, Zip Code Media, Pa 19063		City State, ZipCode Lancaster, PA 17602										
Project Manager for Monitor Tony Smith	ring Firm	Telephone 610-842-			Telephone Nu 800-437-04				e Number 50 Type			altaineton an array a d
Scheduled Start Date (10) May 1, 2013		Scheduled December	er 31, 20		Name of OSH Edward Gri		Oyster Cre	eek Ger	nerating	Statio	n	
Occupancy Status During A () Facility Closed/Vacated () Abatement Performed C	Durina Enti	re Period of A	batement		Street Address P.O. Box 388, U.S. Route 9							
Describe					City, State, Zip Code Forked River, New Jersey 08731							
Other – N/A Describe Notification is Source of Work (Check all t		gency, no pla	anned aba	atement	Forked Hive	er, New Jo	ersey 0870	31				
() Demolition (x) Reno () Large Proj. (>160 SF or () Full Containment with N	>260 LF AC	CM) ()SMP	roj. (>25<1 Mini-Enclo	60 SF or >10 <2	260 LF ACM) (ovebag Procedur	(x) Minor Pr	roj. (<25 SF (or <10 LF	ACM)			
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loca	ation Normally by Maint./Cus	Used	Description of thermal syster surfacing, VAT miscell.)	ACM (i.e. ns insulation,		Specify SF or	r LF)	Abateme		***	
Site-wide (contingency)	1.0		х	Misc.			<25 SF		Rem.	Rep. E	ncap E	nclose
Name of Reg. Waste Haule (Veolia Technical Se		NJDEP Was #08063		ID#	Cubic Yards of	Waste			of Reg. La lel City	andfill		
City, State 3100 Hedley, Philadel		19137		,			Disp. Date 12/31/13	3		v. State odel Ci	ty, NY	,
Completed by (Print or Type Edwin O'Brien)	<u>Title</u> Sr. Enviro	nmental	Chemist	Signature	wind)Brie	Date	4/5/1	12		
Mail to: NJDEP-DSHW-	BRRTP	Telephone			· · · · · · · · · · · · · · · · · · ·		-	1	1-11	(man)		

401 E. State St., PO 414 Trenton, NJ 08625-0414

9/18/00

State of NJ of Asbestos Abatement

D&S Proj.	#: 2013				ant to NJAC					2 8 1		_				
00,								DE	CEI	WE				120		
Date of Notification	n (1))]/ <u>[1 </u>			ilding Owne	er/Operator (2) ICH				9 2							
Agencies Notified EPA	Type Notification	1100	reet Addre	ess AREMON	T ROAD				APH 17	2013		1				
DEP	Amendment #:	**	ity, State,		110710			A.S	ASBESTOS CONTROL &							
DOL DOL	Emergency			WOOD, N	J 07450				LICENS	ING						
□ DOH	(including justification)	Na	ame of Co	ntact			**		Telephone	e Number	1.1					
DCA	Cancellation		WILLIA	AM FROE	LICH				_1	_ =		-	14-1			
				FACI	LITY INFORM	IATION										
Name of facility w	where abatement is	s taking pla	ce (3)					1 T	pe of Facility (4) I (K - 12)	000 0					
WILLIAM FR	OELICH									apter 8 (O			12)			
Street Address										Private/C Homes, e		rcial				
165 CLAREM	MONT ROAD							5	quare Feet	# of Floor	rs	Ble	dg. Ag	ge		
City (5)		Cour	nty (6)			1 00	nty Code (7) e use only)	-	Current Use (Pi	rior if hein	g dem	oliehe	2d)	_		
RIDGEWOO	DD	BEI	RGEN			(0.0.			Julient Ose (Fi	ioi ii beiii	y dem	Olisite	,u)			
Name of Monitori	ing Firm Hired by I	Bldg. Owne	er (8)		ASCM No.		Name of Aba							According		
Stroot Addrson	Street Address						D & S RE Street Addres		ON, INC.							
Street Address							20 Califo									
City, State, Zip Co	ode						City, State, Zip	Code	2		125	11	1.			
D-1			I n	L NI			Paterson.	NJ 07503	3	License	Numb	or		া		
Project Manager f	or Monitoring Firm		, P	hone Numb	er		973-345-8020 01169									
Start Date (10)		Sched	I. Complet	ion Date (1	1)		Name of OSHA Monitor									
04/24/13		05/10	0/13				D & S Restoration, Inc. Street Address									
Occupancy Status	s During Abatemer						20 Califor	nia Aven	ie				#3.			
Abatement Describe:	ed/vacated during performed outside	of normal			- 42		City, State, Zi	p Code				81				
Other-Desc	cribe: NORMAL F					_	Paterson	, NJ 0750:				-				
$\ge 3 \text{ sf or } >3$		Renovatio						Min	Containment v i-enclosure vebag procedu		press	ure	8			
≥160 sf or ≥	≥260 If	Demolition	N	used solely				☐ Noi	n-Exempted (*)	and Non-	friable	proc	edure E	_		
Location of asbestos-co material (ad	ontaining		enance/cu		Descript		sbestos-conta	ining	Amount (Specify S	SF or	e m	e p	n	E n		
abated in fa		Yes	No	N/A	material	(ACIVI)	5)		LF)		v e	a i r	a p	L .		
BASEMENT &	& GARAGE		X		PIPE INSU	JLATI	ON		11 L FT					믬		
or available						6					井	片	片	ዙ		
								e 2						一		
Registered Waste D & S RESTO	Hauler RATION, INC.		EP Hauler 506	- ATTENDED	Cubic Yards of 1 YD	Waste	Name of Re	gistered La OWN, RE	ndfill SOURCE RI	ECOVE	RY					
City, State				Disposal I	Date		City, State				3.4.5					
PATERSON, Completed by (Pri		Title		04/25/1	Signature		TULLY	OWN, PA	1	Date						
BOGDAN JO		PRESID								04/10	/ 2013	3				
ASB-41	29	* Do not us	e this form	n for asbest	os licensure e	xempted	activities.			(8)						