Ch4500

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

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Date of Notification (1)			1					To an and the second		AP	R 1	_3	2017
04/07/2017			Name The	of Building Roxy Urb	Owner/O an Ren	perator ewal	(2)	- Se	Ren				CUIT
Agencies Notified Type Notification	n		Street	Address				-	AS	BES	TOS	COI	VTRO
X EPA X Initial Amended				est 45 St		Floo	r	-	-			NSIN	
X DOL Amendme				State, Zip Co York NY					41	5			- (4
DOH Emergenc		g		of Contact				Tele	phone	Numbe	er		
DCA Cancellation			David	d Roth				,	p	-			
Name of Facility Where Abatement is Tak	ing Place	(3)	FA	CILITY INFO	ORMATIC	N	Type of Facility (4)			_		
The Roxy Building E		5. 50.					School (K-1						
Street Address 201 Cornelison Avenue							Subchapter	8 (Othe	r than	K-12)			
City (5)							Other (i.e. p etc.)			ercial b	uildir	igs, ho	mes,
Jersey City New Jersey							Square Feet 10000	# of	Floors		Bld 60	g. Age	
County (6)			County	/ Code (7)			Current Use (Price		g demo	olished			
Essex				USE ONLY)	33 - Garnet A.	_	Residential						
Name of Monitoring Firm Hired by Building Commercial Lab. Enterprises	Owner (8)	ASC	M No.		Name	of Abatement Con Environmenta	tractor	(9)				
Street Address		-					Address	Servi	ces c	orp.			
270 Swinton Avenue							North 13th Stre	et					
City, State, Zip Code Bronx NY 10467							tate, Zip Code ark NJ 07107						
Project Manager for Monitoring Firm Victor Escalona	1			one No. 314588		Teleph	one No. 902416		Licens				
Start Date (10)	Schedu	ed Co		Date (11)			of OSHA Monitor		01335				
04/19/2017	12/30/	2017					Environmental	Servi	ces C	orp			
Occupancy Status During Abatement (Che	6	2.5					Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	Abatei	ment				North 13th Stre	et					
Other – Describe:							ate, Zip Code ark NJ 07107						
Scope of Work (Check All That Apply)	-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	0	Renova Demoli				×	Full Containme Mini-Enclosure Glovebag Proce	edure					
	le	Locat	tion	T		IV.	Non-Exempted	(*) and	Non-Fr	iable P		dure ateme	ent
Location of		Vorma	lly		Desc	ription	of				-	Туре	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	ed Sole intena	ince/		os Contai	ning M	aterial (ACM) insulation,		ount	-		п	ı m
In Facility (13)	Cus	todial ((12)		1	surfacir	ng, VAT	, or		ecify or LF)	Kemova	Topall	caps	Enclosure
(10)	Yes	No	N/A	-	other mis	cellane	eous)			val	. =	Encapsulate	sure
craw space to 9th floor	100	110	X	Ash	neetne n	ine in	sulation	10	00	-	+	-	-
9th floor roof	-		X	730	roofing				SQFT	- X	+	-	-
1st floor to 9th floor			X		window				SQFT		+	-	-
1st floor to 9th floor		-	X	-	uct sear						+	-	+
Name of Registered Waste Hauler		IN	JDEP V		Cubic Ya		Name of R		SQFT	3000			
Newark Carting Inc		H	lauler ID 506		of Waste		Tully-tow						
City, State		1-4-			Disposal	Date	City, State						
Newark NJ 07102						1000 B B B	,, o						
Completed by Chika Onwukaife	Title presid	dent			Sign	nature	-m	/		Date 04/07	201	7	\neg
					-	Distribution of the last of th	7.7			U-1/U/	201	4	

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

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	1200					
	5-1 le	A	PR_	13	2017	
	i	ASBE	STO	S CO	NTR	OL
	Wildelpenk u.				¥Q,	-
	Tele	phone N	lumbe	er		
acilit	y (4)					
ol (k	(-12) ter 8 (Othe . private 8	r than K	-12) rcial b	uildings	s, hon	nes,
et	# of 9	Floors		Bldg. 70	Age	
se (F tial	Prior if bein	g demol	ished)			
	ontractor (tal Servi		rp.			5555110
n St	reet					
de 107						
		License 01335	No.			
onito nent	r al Servi	ces Co	rp			
St	reet					
de 107					**************************************	
	6					
losu g Pro	ocedure					
mpte	ed (*) and I	Non-Fria	ible Pr	Abat	emen	t
1)		ount	-	13	/pe m	
	(Spi	ecify or LF)	Removal	Repair	ncapsulate	Enclosure
ic	12595	SQFT	x			
			+			

Date of Notification (1)				I Nome	-4 Duitell	_			- 11	A.F	R	1.3	201	7
04/07/2017				The	Roxy U	ng Owner/ rban Re	Operato newal	r (2)	lead 		1.1	, 0	201	
	e Notification	n			Address est 45	Street 8	th Floo	r		ASBES	TOS	CO	NTR	OL
X EPA X DEP DOL	Initial Amended Amendmer			City, S	state, Zip	Code			****		-105	NSII	<u>va</u>	
X DOH	Emergency	(including	g		of Contac	Y 10036			I To	Janhana M	. a.a la a			
X DCA	Cancellatio			David	d Roth				16	elephone Nu	ımbei			
Name of Facility Where Abate	ment is Taki	ng Place ((3)	FAC	CILITY IN	FORMAT	ION	Type of Facility	/ (4)					- 17
The Roxy Building E Street Address								School (K	(-12)		200			
201 Cornelison Avenue								Other (i.e.	er 8 (Oti . private	er than K-1 & commerc	ial bu	ilding	s, hon	nes,
City (5) Jersey City New Jersey	,							Square Feet		of Floors	T	Bldg.	Age	
County (6)	-			County	Code (7)			10000 Current Use (P	rior if be	ira demolis		70		
Essex Name of Monitoring Firm Hired	l by Building	Owner (0	\		M No.	.Y)		Residential			/			
Commercial Lab. Enterp	rises	Owner (o)	ASC	IVI No.		Name	of Abatement Co Environment	ontracto tal Ser	r <mark>(</mark> 9) vices Cor	p.			
Street Address 270 Swinton Avenue								Address North 13th Str	raat	W				
City, State, Zip Code								tate, Zip Code	reet					
Bronx NY 10467 Project Manager for Monitoring	Firm			Telenho	one No.			one No.		T				
Victor Escalona				91773	314588			902416		License N 01335	10.			
Start Date (10) 04/19/2017		Schedul 12/30/2			Date (11)	N. S.	of OSHA Monitor Environment		rices Corr				
Occupancy Status During Abate				No.			Street	Address						
Facility Closed/Vacated Di Abatement Performed Out	tside of Norn	Period of a	Abater y Hour	ment s				North 13th Str	eet					
Other - Describe:								ark NJ 07107						
Scope of Work (Check All That ≥3 sf or ≥3 lf	Арріу)	X F	Renova	ation				Full Cantainm			•	110000 H2		
× ≥160 sf or ≥260 lf		E-manual Contract Con	Demoli	7.77				Full Containm Mini-Enclosur Glovebag Pro	re	Negative F	ressi	ure		
		T					×	Non-Exempte	ed (*) an	d Non-Friab	le Pro			
Location of		1	Locat Norma	lly		Des	scription	of					emen ype	t
Asbestos-Containing Materi TO BE ABATED	al (ACM)	Ma	d Sole intena todial (nce/	Asbes (i.e	stos Conta	aining M	aterial (ACM) insulation,	1000	mount specify	R		En	ш
In Facility (13)		Cusi	(12)	Jian :			ing, VAT			or LF)	Remova	Repair	Encapsulate	Enclosure
-		Yes	No	N/A							<u>a</u>	7	late	Ire
Ground floor to 8th	floor			х	asbes	stos floc	or tiles	and mastic	1259	5 SQFT	х			
		-												
Name of Registered Waste Haul	ler		900	JDEP W	N. 703.57.6	Cubic		Name of	Registe	red Landfill				
Newark Carting Inc				auler ID 506	140.	of Was		Tully-to	wn Re	facility				
City, State Newark NJ 07102						Disposa	al Date	City, Stat	е					
Completed by Chika Onwukaife		Title				Sig	gnature	Enns	, ,	Dat				
Olina Oliwukalie		presid	ent					7119	h	04	/07/2	2017		

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

Date of Notification (1)							AD	R 1	3 '	0017	1
04-10-2017				of Building Own trum Group	er/Operato	r (2)	H =- 1	ck#			
Agencies Notified Type Notification EPA Initial	n			Address Roosevelt Pla	ice suite	———— Е	ASBES		CON	ITR(DL 8
X DEP Amended X DOL Amendmer				tate, Zip Code ades Park, N	J 0760			-10-1			
 ✓ DOH justification ✓ DCA Cancellation)	9	_	of Contact		**	Telephone N	umber			
Name of Facility Where Abatement is Taki	ng Place ((3)	FAC	ILITY INFORM	ATION	Type of Facility	(4)				
Commercial Building		55K				School (K-					
Street Address 1706 Paterson Plank Road						Subchapte	r 8 (Other than K- private & commer	12) cial bu	ildings	, hom	nes,
City (5) North Bergeen		101/2000				Square Feet 14,000	# of Floors	- 1	Bldg. 40+	Age	
County (6) Hudson	18		County (STATE	Code (7) USE ONLY)			ior if being demolis				
Name of Monitoring Firm Hired by Building LIS Consulting Services	Owner (8)	ASC	M No.	Name	of Abatement Con Corporation			-		
Street Address 134 Bennington Pkwy					Street	Address McBride Ave					
City, State, Zip Code Franklin Park, NJ 08823					City, S	tate, Zip Code dland Park, No	1.07424				
Project Manager for Monitoring Firm Chris			Telepho	one No. 91-9773	Teleph	none No. 225-8400	License I	Vo.			
Start Date (10) 04/19/17	Schedul 05/04/			Date (11)	Name	of OSHA Monitor					
Occupancy Status During Abatement (Chec						Address	Laboratories, L	LC.			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of a	Abaten Hours	nent			Route 22 Westate, Zip Code	st				
Other - Describe: Scope of Work (Check All That Apply)						n, NJ 07083	73				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Commence	Renova Demolit			×	Mini-Enclosure Glovebag Prod	cedure				
	Is	Locati	on			i Non-Exempted	d (*) and Non-Fria	ole Pro		emen	t
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole	ly by	Ashestos Co	Description	of aterial (ACM)		-	T	/pe	Т
TO BE ABATED In Facility (13)		intenar todial S (12)		(i.e. therm sur	r miscellan	insulation, Γ, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Autoday	Yes	No	N/A							ate	ro'
exterior 1st floor			X	roo	fing mate	erial	13,350 sf	х			
150 11001			×		VAT		700 SF	x			
Name of Registered Waste Hauler		I N	JDEP W	aste Cubi	ic Yards	Nome of F	2				
ilich Corporation		H	auler ID 3724			H symmetric	Registered <mark>L</mark> andfill S Landfill				
City, State Voodland Park, NJ				Disp	osal Date	City, State Morrisyi				El C	
Completed by Adriana Olejarova	Title presid	dent			Signature	ilepina	08 Da	te -10-2	2017		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#24219190113 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 04 10 / 17 Ron Abrahamson Agencies Notified Type Notification Street Address ASBESTOS CONTROL & ☐ EPA ✓ Initial LICENSING **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # □ DCA Emergency (including Maywood, NJ 07607 (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Ron Abrahamson FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Maywood, NJ 07607 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __04__ / __20 _ / __17 04 / 21 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If ≥ 160 sf or ≥260 If Mini-Enclosure Demolition Is Location Abatement Type Location of Normally Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Encapsulate Remova Enclosure Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement П \boxtimes Pipe insulation 200 LF X П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Teute Wenad Owner 04/10/17 ASB-41

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2017-45

Check # 8325

									0020		77.55		
Date of Notification	1 (1)	11	Name of B	uilding Owr	ner/Operator (2))							
10 14 1/11 10	1/11 17 1		Chong			6		ME	C	7 1	W	E	[
Agencies Notified	Type Notifica	tion	Street Addr						, (6) 11	<u> </u>	17	브	#
☐ EPA	X Initial							115					
DEP	inder	H	City, State,	Zip Code					APR	13	201	7	11
X DOL	☐ Amend	ment		, NJ 076	05			1					
X DOH		11	Name of Co	ontact				Telephon	e Number	s co	NTF	OL	&
☐ DCA	Cancell	ation	Chona	S Jaw							3		
S					ILITY INFORM	IATIO	N			897			
Name of facility wh	here abatement	is taking p	place (3)				T	Type of Facility			-		
Chong S Jaw									ol (K - 12) apter 8 (O		han K	-12)	
Street Address								S = 20	(Private/C			12)	
									Homes, e		DI	dg. A	
City (5)		I Co	unty (6)			Co	unty Code (7)	Square Feet	# of Floor	S	ы	ug. A	ge
						10000000	ate use only)	Current Use (P	rior if bein	g den	olish	ed)	
Leonia, NJ 0	377543350		ergen					residential					
Name of Monitorin	g Firm Hired by	Bldg. Ow	ner (8)		ASCM No.		Name of Abatement C	ontractor (9)					were called
	N.				n/a 		B & G Restoration	on, Inc.					
Street Address							Street Address 105 Ryerson Re	nad					
City, State, Zip Cod	Α					_	City, State, Zip Code			-			
Oily, Otato, Zip Ood							Lincoln Park, N	J 07035					
Project Manager for	r Monitoring Firm	1	P	hone Numb	per	-	Telephone Number		License		er		
							(973)696-6869		00	378			
Scheduled Start Da	ite (10)	Sche	ed. Complet	ion Date (1	1)	_	Name of OSHA Monit B & G Restoration						
04/20/2017		04	/21/2017				Street Address	on, mc.					
Occupancy Status I	During Abateme	nt (Check	only one)			-	105 Ryerson Ro	pad					
Facility closed							City, State, Zip Code						
Abatement per Describe:	erformed outside	of norma	ıl facility hou	ırs-									
Other-Descri						-	Lincoln Park, N.	07035					
Scope of Work (ch	eck all that appl	y)				_							
Demolition	X	Renovat	ion				Full Containment w/neg	ative pressure	✗ Gloveb	0.000			
× >3 sf or >3 lf		≥160 sf o		24.000		X	Mini-enclosure		Non-fr			arut	
Location of			on normally tenance/cus				N 150 N 202 S	Amount		e	R	E n	E
asbestos-cor material to be	9	staff(12			Description material (asbestos-containing	(Specify S	F or	m o	p a	c a	n
abated in fac	ility (13)	Yes	No	N/A				LF)		V	i	p	L
basement gas r	meter area			X	pipe insula	ation		12 lf		e X			10
19													
Registered Waste H B & G Restorat		NJE	DEP Hauler 19563	ID# C	ubic Yards of V	vaste		.andfill Resource & Re	coverv	Cent	er		
City, State				Disposal D	Date		City, State						-
Lincoln Park, N				04/2	24/2017		Tullytown, F	A.	In:				
Completed by (Print Gordana Luna		Title Secreta	ary/Treas	urer	Signature		Gordana Luna		Date 04/10)/201	7		
AGITO		- 30100	,				-		1-00				

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2017-44 B & G proj. #: Check # 8326 NON Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 0 14 1/11 10 1/11 17 1 Maywood Public School District Agencies Notified Type Notification Street Address EPA X Initial 452 Maywood Avenue 2017 DEP City, State, Zip Code X DOL Amendment Maywood, NJ 07607 ACRECTOC CONTROL Telephone NumberCENSING X DOH Name of Contact Cancellation ☐ DCA Jennifer Pfohl **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Maywood Avenue School Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 452 Maywood Avenue Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Maywood, NJ 07607 Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. EnviroVision Consultants 0069 B & G Restoration, Inc. Street Address Street Address 20-21 Wagaraw Road 105 Ryerson Road City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number Telephone Number License Number (973)696-6869 Willie Morales 00378 973-636-9145 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 04/21/2017 04/22/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition | Renovation ☐ Full Containment w/negative pressure Glovebag procedure × >3 sf or >3 lf ✗ Mini-enclosure ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e asbestos-containing n Description of asbestos-containing Amount staff(12) m n p material to be C (Specify SF or material (ACM) 0 a abated in facility (13) а Yes No N/A V p Large Gym Hallway pipe insulation 9 If X Old Kitchen 15 lf pipe insulation X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 04/24/2017 Tullytown, PA Completed by (Print or Type) Signature Title Date Gordana Luna Gordana Luna Secretary/Treasurer

04/10/2017

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

Check # 25468

Date of Notification (1)				Name	of Buildin	a Own	er/Operator	r (2)			1	FA	F	П	W
	12/17			Ivallic	or Ballalli	y Owi	ег/Орегатог		aufmanr	1			ط	<u>U</u>	V
Agencies Notified	Type Notification	n	\dashv	Stree	t Address										=
⊠ EPA	Initial										-	AP	1	3 2	2017
DEP	Amended	44		City, S	State, Zip C	Code					1				
X DOL	Amendment :			1			Che	erry F	Iill, NJ	0803	34 L				
M DOH □ DCA	justification)			Name	of Contac	5000	a V.M.			Tele	phone Ni	imhar	08	JON	7110
	Cancellation		-		Ga	ary K	aufmann	1			-				- †
				FAC	CILITY INF	ORM	ATION			1					- 1
Name of Facility Where		_						Туре	of Facility	(4)					\neg
	Res	identia	1						chool (K-12			40)			
Street Address							2-3-3-400-4-1-3-2-1		ubchapter ther (i.e., p				ldinas	i.	
L 								h	omes, etc.)					
City (5)	61 11		0000						re Feet	# (of Floors	E	Bldg. A		
	Cherry H	ıll, NJ	0803					_	2200		2	_ -		+/-	
County (6)	ulinatan			Cour	nty Code (TONLY)	7) (S7	ATE	Curre	ent Use (Pr	rior if b	eing dem	olished			
	rlington	0	_,_!		-	Nlass	o of Ab-t-		ntra str. 10	1			_	_	_
Name of Monitoring Firm (8)	NA	Owner	1	ASCM	INO.	ivam	e of Abaten		ntractor (9 Environr		al Cam	ioer I	ne		
Street Address	NA					Ctro	et Address	vens i	EHVITOIII	пеш	al Selv	ices, i	nc.		_
Street Address						Sire	et Address		PO E	Rov 3	222				
City, State, Zip Code	Marine Service Control of the Contro					City	State, Zip C	`ode	101	JUA .	122				$=$ \downarrow
Oity, Otate, Zip Code						Oity,	Otate, Zip C		llentow	n. N.	I 08501				
Project Manager for Mor	nitorina Firm		Teler	hone	No.	Tele	phone No.				cense Ne				=
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7.335.5		9-9688	50,50	(609) 25	59-96	88			0049	3		
Start Date (10)	Sche	eduled Co	_			Nam	e of OSHA								= $+$
4/24/17			28/1		, ,	30,200			M	ECS					
Occupancy Status Durin	ng Abatement (Che					Stre	et Address								-
▼ Facility Closed/Vacate	ed During Entire P	eriod of A	Abaten	nent					PO E	Box 3	341				
Abatement Performed	d Outside of Norm	al Facility	Hours	8		City,	State, Zip C	Code							\neg
Other - Describe:				W01/e-1				Cr	osswick	s, N	J 0851	5			
Scope of Work (Check a	all that apply)						T Full Con	ntainma	nt with No.	aatius	Droosuro				
≥3 sf or ≥3 lf		□Rer	novatio	on			Mini-En		nt with Ne	gative	Pressure				
₹ ≥160 sf or ≥260 lf		✓ Den	nolition	1			Gloveb				his Dass	d			
		le I	ocation	n		-	Non-Ex	empted	() and No	n-rna	able Proce	dure	Aboto	ment	\dashv
94296		No	mally										Ty		-
Location of Asbestos-Containing N		Used :	Solely		Achael		escription of ntaining Mar		CM)	Δ	mount	-	T		П
TO BE ABAT		Cus	stodial	100		therm	al systems i	insulation		(5	Specify	Į z		Encapsulate	四
IN Facility (13)	1	11000	taff? 12)		60 54		acing, VAT miscellane			SI	F or LF)	Kemova	Repair	apsı	Enclosure
(15)						Other	misocilaric	ous)				Val	- F	ulate	ure
		Yes	No	N/A										10	
Exterio	or		×				Siding			1	100 sf	_ ×			
		++										_	1		\sqcap
		+ +	-									-	+		\vdash
Name of Registered Was	ste Hauler	-1	I N.	JDEP \	Vaste	Cubi	c Yards	Nar	ne of Regi	stered	Landfill	-	1		-
Stevens Environn		es Inc	H	auler ID	No.	of W	aste	100.700	,	_	rless La	andfil			
City, State	nemai Service	es, me.		182	292		osal Date	City	, State	ral	11698 T	mull.		_	=
Oity, State	Allentown,	NI				59.	/28/17 ₄	City	, State	M	orrisvill	e DA			
Completed By	Attentown,			_			Signature /		-	IVI	Date	c, FA	_		-
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EDS17-073				ICATIO	tate of Ne N OF ASE t to NJAC	BESTOS	ABATE			#2800) F	E G	E		Pr W	int For
Date of Notification (1) 4-7-2017	10				of Building vell- We				of Educat	ion	APR	1	3	2017	
Agencies Notified	Type Notification				Address Gray Stre	eet		1-3-		A.	SBEST		COI		OL &
DEP DOL	Amended Amendment		_		ate, Zip C Caldwe		7006-7	7696			1.15	21.3	<u></u>	Ji 7	
DOH DCA	Emergency justification) Cancellation	(2) (5) (of Contact Ennis					Telepho	one Numb	er			
				FAC	ILITY INF	ORMAT	ION			_			-		
Name of Facility Where Washington Eleme		g Place (3)					Туре	e of Facility (School (K-1						
Street Address 201 Central Avenue	Э									8 (Other th private & cor		ouilo	lings,	hom	es,
City (5) West Caldwell								Squa 5,00	are Feet	# of Floo	ors	10000	dg. A	Age	
County (6) Essex					Code (7) USE ONL)	0			ent Use (Pri	or if being d	emolished	1)			
Name of Monitoring Firm Ahera Consultants		Owner (8)		ASCN 0057				of Aba Group	atement Cor	ntractor (9)					
Street Address PO Box 385	-12						1	Addre Haml	ess burg Turn	pike					
City, State, Zip Code Oceanville, NJ 082	31-0385								Zip Code dale, NJ (7403					
Project Manager for Mor John Smoyer	itoring Firm			Telepho (609)	ne No. 652-183	33		hone N 710-9			ense No. 084				
Start Date (10) 4-12-17		Schedule 4-13-1		npletion	Date (11)			of OS Group	HA Monitor						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street		Market State Comment						_
Facility Closed/Vac	ated During Entire F	Period of A	Abaten	nent			140	Hamb	ourg Turn	pike					
Abatement Perform Other – Describe:	ed Outside of Norm	nal Facility	/ Hours				Department of the second		zip Code dale, NJ (7403					
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demolit				×	Mi	Il Containme ni-Enclosure ovebag Prod on-Exempted	edure				е	
Location	of	100000	Locati Vormal			D-			ĺ				Abate	ement pe	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Ma	d Sole intenar todial S (12)	nce/		tos Cont thermal surfa		Materia s insula T, or		Amour (Speci SF or L	838	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	(b
Rooms 201	a-210a		X			Trans	site Pa	nels		900S	F X				
Name of Registered Was	to Hauler		1 61	IDED II	loots	Contri	Vard		I Nices 5	5-21-7	150				
GL Group, Inc	ie naulėl		Н	JDEP W auler ID 033034	No.	of Was			Minerva	Registered L	_andfill				
City, State Bloomingdale, NJ						Dispos	al Date		City, State Waynes	burg, OH					

Completed by

Elena Solakov

Title

President

Date

4-7-17

Signature

To: NJDOL Asbestos Page 3 of 4

2017-04-10 15:07:27 (GMT)

EDS17-073	нот і (State FICATION OF Pursuant to t	of New Jerse ASBESTOS NJAC 8:60 ar	ABATE	MENT	check #		A CONTRACTOR OF THE PARTY OF TH	10	API	R 1	3 2017
Date of Notification (1) 4-7-2017	talet	Name of Bu	ilding Owner West Cald	Operator	(2)				456	1-5	CIS	CONTROL &
Agencies Notified Type Notification		Street Addr 104 Gray	298	Well Do	Dard Dr E	ducayo				<u></u> -		VSING
EPA Initial . DEP Amended Amendment #		City, State,		7006-7	606			J	V	_	ĺ	
M DOH Emergency (in justification) DCA Cancellation		Name of Co Frank En	ntact	1000-7	080	-	Telephone	0 3 1 7 No 1 1	17 7, 8 m, 10		15	-
			YINFORMAT	ON						_		
Name of Facility Where Abatement is Taking i Washington Elementary School	Place (3)				PRODE.	Facility (4)		111				1
Street Address 201 Central Avenue		_			Sub Oth	chapler 8 er (i.e. pri	(Other than K	(-12) ercial bu	ildings	i, hom	ina,	
City (5) West Caldwell	****				Square F 5,000+	eet	# of Floors		Bidg	Age		1
County (6) Essex	****	County Code	0 (7)		Current (Jse (Prior	if being demo					
Name of Monitoring Firm Hired by Building Ow Ahera Consultants Inc	vner (8)	ASCM No		Name GL G	of Abatem Froup, In	ent Contr	actor (9)	**************************************	***************************************		/T- WARREST	
Street Address PO Box 385				Street	Address -lamburg		(A					-
City, State, Zip Code Oceanville, NJ 08231-0385	*****			City, S	late, Zip C	ode		-				-
Project Manager for Monitoring Firm John Smoyer		Telephone N (609) 652		Telaph	one No.		License 01084					
Start Date (10) S 4-12-17 4	cheduled Co -13-17	impletion Date		Nama	of OSHA N	Monitor	01004			-		
Occupancy Status During Absternent (Check C	Only One)			Street	Address				*****			
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Abater Facility Hour	nent		City. St	lamburg lete, Zip C	ode		-				115
Scope of Work (Check All That Apply)				Bloor	ningdale	, NJ 074	103					
	Renovi			# # # \$2	Mini-En Gloveb	iciosure ad Proced	with Negative ura and Non-Fri					
	Is Local				111111111111111111111111111111111111111	1	y strict (40()-19	alord Fit	Abate	emen	t	
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IQ SE ABATED In Facility (13)	Maintena Custodial (12)	Siaff?	(i.e. thermai surfac	aysiems cing, VAT niscelland	insulation. f. or		(Specify SP or LF)	Removal	Repair	Encapsulate	Enclosure	
Rooms 201a-210a	Yes No	N/A	Trans	ite Par	nels	_	900SF	X	 	ह		
			-			+		+-				
Name of Registered Waste Hauter GL Group, Inc	H	JUDEP Waste lauler ID No. 033034	Oubic of Was			me of Reg	listered Land	fil)				
City, State Bloomingdale, NJ				ai Date		y, State aynesbu	IM OH				-	
Completed by	Title President			gnature	50	C/ M		Date				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) CHECK# 1688 Date of Notification (1) Name of Building Owner/Operator (2) 04/10/2017 LANDMARK HEALTHCARE FACILITIES, LLC Agencies Notified Type Notification Street Address 839 NORTH JEFFERSON STREET, SUITE 600 3 2017 APR **EPA** Initial City, State, Zip Code DEP Amended DOL MILWAUKEE, WI 53202 Amendment # Emergency (including Telephone Number CALCIAIC Name of Contact DOH iustification) 'SING DCA STUART ARMSTRONG Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) DEBORAH HEART AND LUNG CENTER School (K-12) Street Address Subchapter 8 (Other than K-12) 200 TRENTON ROAD Other (i.e. private & commercial buildings, homes, etc.) City (5) # of Floors Square Feet Bldg. Age **BROWNS MILLS** N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) BURLINGTON (STATE USE ONLY) HEALTHCARE FACILITY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PENNONI ASSOCIATES ASSURED ENVIRONMENTAL SERVICES INC. Street Address Street Address 515 GROVE STREET, SUITE B 570 CLEMS RUN City, State, Zip Code City, State, Zip Code HADDON HEIGHTS NJ 08035 MULLICA HILL NJ 08062 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. TOM ADAMS 856-547-0505 610-304-4676 01145 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/12/2017 04/19/2017 **EMSL** Occupancy Status During Abatement (Check Only One) Street Address 200 RT. 130 NORTH Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: OUTSIDE FACILITY City, State, Zip Code CINNAMINSON NJ 08077 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED Enclosure (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A PIPE TRENCH X PIPE INSULATION 100 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste ASSURED ENVIRONMENTAL SERVICES MINERVA LANDFILL 0034895 10

MULLICA HILL NJ

Disposal Date City, State 04/20/2017 WAYNESBURG, OH

Signatufe.

Date 04/10/2017

City, State

04/10/2017 12:27PM 1856224	18799		,	ASSLIRE	D SEF	RVICES		D)LE	: 6	PAGE	W 82	184
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Date of Notification (1) 04/10/2017		Name of LAND	Building (DWM#IO	erator ICARI	(2) E FAC	ITIES,	LLCAS	DEST	The Party Control of the Party	MTR	0
Agencies Notified Type Notification EPA Initial		1	ORTH J		SON	STRE	er, su	TE 680	17	4017/	1112	
DEP Amended Amendment Emergency (City, Sta MILW	le, Zip Co AUKEE,	de WI 534	202		14	ALLED	7	V DOV		
DOH justification) DCA Cancellation		STUA	Contact RT ARM					# == 2 sL _= 1	A L			
Name of Facility Where Abatement is Taking	o Pisos (3)	FACI	LITY INFO	RMATK	HE THE	Two o	f Fecility (()				
DEBORAH HEART AND LUNG C	ENTER					pag	thool (K-1	e e e e e e e e e e e e e e e e e e e				
Street Address 200 TRENTON ROAD	1					B Si	bchapter	8 (Other th rivate & co			gs, her	nes,
City (5) BROWNS MILLS						Square N/A		# of Flo N/A	iors	Bld N/	. Age	
County (6) BURLINGTON			ise oally)		_	- was seen of		or if being o	amolish TY	nd)		
Name of Manhoring Firm Hired by Building (PENNONI ASSOCIATES	Owner (2)	ASCN	No.		ASS	URED	ENVIR	tractor (9) ONMEN	TAL SE	RVICE	S IN	Э.
Street Address 515 GROVE STREET, SUITE B City, States, Zip Code			,		570		S RUN					
HADDON HEIGHTS NJ 06035 Project Manager for Monitoring Firm		I Salambar	N-		MUL		HLL NJ					
TOM ADAMS	Cab a di ilani	1	47-0505		610-	100 No.	576		1145). 		
Start Date (10) 04/12/2017	04/19/20	Completion I 17	D\$65 (11)		EMS	3L	Mankar					
Occupancy Status During Abstament (Chec	Barlod of Aba	tement			200	eren veren mater. T e	0 NORT	Н				
Abatement Performed Outside of Norm Other - Describe: OUTSIDE FACILITY Scape of Work (Check All That Apply)	An Legality His				CIN	Rate, Zip NAMIN	SÓN N	08077				
23 of or 23 if 2160 of or 2280 if		ovation notifica				Mini- Glov	Enclosure ebag Prod				duni	
Location of	Non	cation .		Des	cription	ı af				A	Type	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custodi	Rolefy by snance/ ial Staff? 12)		tos Conte thermal surfac other m	systems ing. VA	a inaulati T. or		Amou (Spec SF or	visc	Resnoval	Repair	The state of the s
PIPE TRENCH	Yes P	AVA CIV		PIPE IA	ISUL	ATION		100	LF	x	10	+
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		-						-		+	+	+
Name of Registered Waste Heuler ASSURED ENVIRONMENTAL SER	RVICES	Hauler ID 0034898		Cubic of Was 10				Registered IVA LANI				1
Cay, State MULLICA HILL NJ				Dispos	ai Data /2017		City, Stat	ESBURG				_

GENERAL MANAGER

Completed by RON SWANSON

Date 04/10/2017

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	of Building	Owner/Operator (2)					
/	17		BU	rlington (County Board of	f Chosen Freel	holders E	G [7 6
Agencies Notified Type Notifica	ation		Street	Address			11/1			_	
⊠ EPA ⊠ Initial			49	Rancocas	s Road					20	
☑ DOLWD ☐ Amended			City, S	State, Zip C	ode			APR	13	20	1/
☑ DOH Amendm ☐ DCA ☐ Emergen		- -	Mt.	Holly, N.	08060						
(NJAC 5:23-8) justification		g	Name	of Contact			Telephone	nber	0.07	TIAC	DOL
☐ Cancellat	tion						1		ENS	ING	HOL
			FAG	CILITY IN	FORMATION						
Name of Facility Where Abatement is 1	aking Place	e (3)				Type of Facility	(4)				
Burlington County Lyceum of	History					School (K-12					
Street Address							8 (Other than K-1 rivate and comm		ilding	19	
307 High Street						homes, etc.)		Ciciai Du	numg	σ,	
City (5))—————————————————————————————————————		Square Feet	# of Floors	Bk	dg. Ag	ge	
Mt Holly						11,080	3		50+		
County (6)			Cour	ity Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)		-	7
Burlington						Museum					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))				
USA Environmental			0011	12	Controlled E	nvironmental S	Systems				
Street Address					Street Address						
344 West State Street					1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code		THE PERSON NAMED IN COLUMN 1			City, State, Zip Co	ode					
Trenton, NJ 08618					Spring Hous	e, PA 19477					
Project Manager for Monitoring Firm			phone		Telephone No.		License No.				
Bill Wiessgarber			09-743		215 542 7000		00847				
	Scheduled (Name of OSHA N	Ionitor					
4 / 24 / 17			<u> </u>	1/_	CES						
Occupancy Status During Abatement (Street Address						
Facility Closed/Vacated During Entil						lehem Pike - S	uite 60				
☐ Abatement Performed Outside of No Time of Abatement: 7:00AM-3:30P				cribe	City, State, Zip Co						
Scope of Work (Check all that apply)					Spring House	e, PA 19477					
≥3 sf or ≥3 lf	M R	enovat	ion		☐ Full Con	tainment with Ne	gative Pressure				
⊠ ≥160 sf or ≥260 lf		emoliti				g Procedure 📖	40+45	prices	NO.	3	
					Non-Exe	mpted (*) and No	n-Friable Proced	ure			
	1	s Loca Norma				9		Ab	ateme	ent Ty	уре
Location of Asbestos-Containing Material (ACM	1	ed Sol		Ashe	Description of stos Containing Ma		Amount	Re	Re	Ē	E E
TO BE ABATED	Ma	aintena			, thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility (13)	Cus	(12)	Staff?		surfacing, VAT other miscellane		SF or LF)	20		Encapsulate	ure
(13)	Yes	No	N/A	1	other miscellane	ous)				te	
Through out				Pipe/Flt	ting Insulation-	(wrap & Cut)	287 LF				
Basement				Light Pa	ad Insulation(No	on-Friable)	2 SF				
Through out				ACM Til	e(Non-Friable)		133 SF				
Basment				Sink wit	th ACM Coating		1 Each				
Name of Registered Waste Hauler		1	JDEP V		Cubic Yards of	Name of Regis	stered Landfill				-
Hilltop Enterprises		F	lauler II	O No.	Waste	GROWS					
City, State					Disposal Date	City, State				-	-
Mariton, NJ					8	Tullytown,	PA				
Completed By (Print or Type)	Title				Signature			Date			-
Patricia Visco	Office	Mana	ger			- Tho.		4/_	/		
			J		Pale	ca) 602	CE	1/12	117	?	

ASB-41 JAN 13

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

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Data of November 12			-											
Date of Notification (1)	17						vner/Operator (APR		2	017	į
	17	43		BU	riington	Cou	nty Board o	f Chosen Freeh	nolders					
Agencies Notified Type Notified ⊠ EPA □ Initial	cation			Street Address 49 Rancocas Road ASBESTO									TTY	i
Image: Sepa in the properties of	d			49	Rancoca	s Ro	oad	ASB	ESTUS				JL &	
☑ DOH Amenda					State, Zip (
☐ DCA ☐ Emerge		ding		Mt.	Holly, N.	J 08	060		(Im. 8 (I)					
(NJAC 5:23-8) justificat		30		Name	of Contac	t		Telephone I	Number					
				FA	CILITY IN	IFOI	RMATION			-				
Name of Facility Where Abatement is	Taking Pl	ace ((3)					Type of Facility	(4)					
Burlington County Lyceum of	History							School (K-12)					
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			auil.	dina		
307 High Street								homes, etc.)	ivate and con	incida	Jun	unig.	٥,	
City (5)								Square Feet	# of Floors	I	3ldo	g. Ag	е	
Mt Holly								11,080	3		50	0+		
County (6)				Cour	nty Code (7)(STA	ATE USE ONLY)	Current Use (Pri	or if being der	molished)				
Burlington						Museum								
Name of Monitoring Firm Hired by Bui	lding Own	er (8	3)	ASCM	No.	Na	me of Abateme	ent Contractor (9)			-			
USA Environmental				0011	12	(Controlled E	nvironmental S	systems					
Street Address		Wiley -				Str	eet Address				-			
344 West State Street						1	121 N. Beth	lehem Pike - Sı	uite 60					
City, State, Zip Code	City, State, Zip Code							ode						
Trenton, NJ 08618						Spring House, PA 19477								
Project Manager for Monitoring Firm			Tele	phone						D.				
Bill Wiessgarber			60	9-743	-0493	2	215 542 7000 00847							
Start Date (10)	Schedule	d Co	mple	tion Da	te (11)	Name of OSHA Monitor								
4/24/17	_ 5	1	26	/	17	0	CES							
Occupancy Status During Abatement	(Check on	nly or	ne)			Str	eet Address						-	-
☐ Facility Closed/Vacated During Ent	ire Period	of A	bater	nent		1	121 N. Beth	lehem Pike - Su	uite 60					
☐ Abatement Performed Outside of N	Iormal Fac	cility	Hour	s - Des	cribe		y, State, Zip Co				_			
Time of Abatement: 7:00 AM-3:30	PM/	PM-		_AM										
Scope of Work (Check all that apply)									-		-			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			ovatio				☐ Mini-End	ontainment with Negative Pressure nclosure pag Procedure kempted (*) and Non-Friable Procedure						
		Is L	ocati	ion							hat	eme	nt Ty	vne
Location of			ormal				Description of			-			150	-
Asbestos-Containing Material (ACI TO BE ABATED	V1/		tena	ly by	Asbe	stos	Containing Ma ermal systems	iterial (ACM)	Amount	1 -7		Repair	Encapsulate	Enclosure
IN Facility	C			Staff?	(1.6		surfacing, VAT		(Specify SF or LF)) oval		=	psu	Sur
(13)	7.		(12)	T	1	ot	her miscellane	ous)	10700 S-000/*100/*00 a				late	O)
Basement		es	No	N/A	Debate	-	\$41					_		
		-			Debris				25 SF		+	믜		
Exterior								2 windows	84 LF		+			
Exterior			<u> </u>		ACM Ca	aulk	- 15 window	S	180 LF		Ш			
V			Ц				Nation Control of the							
Name of Registered Waste Hauler			1	JDEP \			oic Yards of	Name of Regist	tered Landfill					
Hilltop Enterprises			11	auler II	J INO.	Wa	SIC	GROWS						
City, State						Dis	posal Date	City, State						
Mariton, NJ								Tullytown,	PA					
Completed By (Print or Type)	Title						Signature			Date	_			
Patricia Visco Office Manager														

K 3043	NOTI (FICA Purs	TION OF	of New Je ASBEST NJAC 8:60	OS A	BATEM 12:120)	ENT	THE PERSON OF SET PERSON	R		5 1		_ [5				
Date of Notification (1) 04/04/2017		Name of Building Owner/Operator (2) Residence							LI L	APR	1 3	201	1				
Agencies Notified Type Notification		St	reet Addr	ress					Ä	SBESTO			OL	3.			
X EPA X DEP X DOL X DOL X Emergency (i		W	ty, State, /hippan	Zip Code y, N.J. 0	7981	I		L	Tele	LICENSING elephone Number							
DOH justification) Cancellation		0.000	ich Jett	er													
Name of Facility Where Abatement is Taking	Place (3)		FACILIT	TY INFORI	MATIC	ON	Туре	of Facility (4)								
Residence								School (K-12	?)	r than K-12)							
Street Address							×	Other (i.e. pr etc.)	ivate &	commercial							
City (5)							Squa 1,24	re Feet 6	# of	Floors	63	g. Ag	*				
Whippany County (6)			ounty Co				Curre	ent Use (Prio	r if beir	ng demolishe	d)						
Morris Name of Monitoring Firm Hired by Building (Owner (8)	1	ASCM N	V530 W				atement Con		(9)							
A. Seine Lighthouse Solutions	J.II.IO. (0)							nk Service	s					-			
Street Address PO Box 354						Street Address 1256 Liberty Ave											
City, State, Zip Code						City, S Hills	State, Z ide, N	Zip Code 1.J. 07205									
South Orange, N.J. 07079 Project Manager for Monitoring Firm			elephone			Telep	hone N	10.	-	License No							
Sarah Calandra	Scheduled		201-349			Name	462-7	HA Monitor	-								
Start Date (10) 04/20/2017	05/01/20		picaon Di	ato (1.7				Lighthous	e Solu	utions				_			
Occupancy Status During Abatement (Che							t Addre Box 3										
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of Aba mal Facility H	ours	ent		_			Zip Code ange, N.J	. 070	79							
Scope of Work (Check All That Aprily)	Rer Der	novat moliti					× N	lini-Enclosur	e cedure	h Negative P							
	ls L	ocati	on									Abate Ty	ment				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	ly by nce/	Asbesto (i.e. t	os Cor therma surf	escription ntaining al system acing, V miscell	Mater ms inso /AT, or	•	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A			viny ti	الم			900 sf	X						
Basement		X				VIIIy C				7 Marie M. Carrier V. V. Carrier V.							
								Name	f Dogic	stored Landfil							
Name of Registered Waste Hauler Newark Carting	1	NJDEP W Hauler ID)4509		50000000	ic Yards /aste	5		e of Registered Landfill ste Management Landfill									
City, State East Orange, N.J.					sposal Date City, State Penn Argyle, PA												
Completed by Alison Lamers	ger				Signat	udre A	MUT	Date 04/06/2017									

Print Form

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

Now Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369 Trenton, NJ 08625-0369 Telephone: 609-828-4950 Fax: 60

Fax: 609-826-4975

approved Na Dept of Health & Senior Services

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES.

Must be submitted 10 days prior to the beginning of work. Please type or print legibly. Date of Notification; 4		L'alman	P (0)	FR n	-
Date of Notification; 4	Must be submitted 10 days prior to the beginning of work. Please type or p	odnt legibly.	E 6	61	W E
Date of Notification: ASBESTOS CONTROL LICENONIS	TOUR TOUR MEDITION NEORMATON				
Martin	4 / 7 / 2017		APR	1 3 20	017
ASSESTOS CONTROL LICENCING Name of Building Owner/Operator. Street Address: City: Aberdeen State: NJ zip: 07747 Name of Contact: Rico Rios Telephone No. Name of Facility Where Work Activity is to Take Place: Residence Describe Facility Use: Street Address: City: Aberdeen State: NJ zip: 07747 Rios Residence Describe Facility Use: Street Address: City: Aberdeen State: NJ zip: 07747 County Name: Monmouth County Code (State Use Only): Scheduled Start Date: 4 / 11 / 2017 Scheduled Completion Date: 4 / 12 / 2017 Occupancy Status During Activity (check only one): Facility Closed/Vacated During Enlire Activity Activity Performed Outside Normal Facility Hours—Describe: Scope of Work (check all that apply): Floor Tile Square Footage: Square Footage: Square Footage: Percentage Asbestos: % Indicate Square Footage: Percentage Asbestos: % Street Address: 623 Cuttler Avenue City: Maple Shade State: NJ zip: 08052 New Jersey Asbestos License Number (if applicable): 00842 Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services Completed By Completed By		, / /			
Name of Building Owner/Operator. Street Address: City: Aberdeen Slate: NJ zip: 07747 Name of Contact: Rico Rios Telephone No. Name of Facility Where Work Activity is to Take Place: Residence Residence Residence Street Address: City: Aberdeen State: NJ zip: 07747 County Name: Monmouth County Code (State Use Only): Scheduled Stan Date: 4 / 11 / 2017 Scheduled Completion Date: 4 / 12 / 2017 Occupancy Status During Activity (check only one): Facility Closed/Vacated During Enlire Activity Activity Performed Outside Normal Facility Hours—Describe: Completion Date: 4 / 12 / 2017 Company Name: Square Footage: 300 SF Percentage Asbestos: % Fercentage Asbestos: % Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099 Street Address: 623 Cutter Avenue City: Maple Shade Street Address: NJ zip: 08052 Mgmt. & Enviro. Consulting Services Telephone No.: 609-288-4070		À	SEESTOS	SCONT	BOL
Name of Building Owner/Operator: Street Address: Name of Contact: Rico Rios Telephone No. Mame of Facility Where Work Activity is to Take Place: Residence Street Address: City: Aberdoen Residence Residence Street Address: City: Aberdoen State: NJ Zip: 07747 County Name: Monmouth County Code (State Use Only); Scheduled Start Date: 4 / 11 / 2017 Scheduled Completion Date: 4 / 12 / 2017 Occupancy Status During Activity (check only one): Facility Performed Outside Normal Facility Hours—Describe: Cother—Describe: Scope of Work (check ell that apply): Floor Tile Square Footage: Square Footage: Square Footage: Cornpany Name: Shade Environmental, LLC Telephone No.: 856-755-0039 Street Address: State: NJ Zip: 08052 New Jersey Asbestos: License Number (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-288-4070	Type of Work: Demolition		LICE	ENSING	7:05
Street Address: City: Aberdeen State: NJ Zip: 07747	THE REPORT OF THE PROPERTY OF				10-0% 10-0%
Name of Facility Where Work Activity is to Take Place: Residence Residence	Name of Bullding Owner/Operator.				
Name of Facility Where Work Activity is to Take Place! Rios Residence Describe Facility Use: Residence Street Address: City Aberdoen State: NJ Zip: 07747 County Name: Monmouth County Code (State Use Only); Schedulod Start Date: 4 / 11 / 2017 Scheduled Completion Date: 4 / 12 / 2017 Occupancy Status During Activity (check only one): Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: Other—Describe: Scope of Work (check all that apply): Fition Tile Square Footage: 300 SF Percentage Asbestos: % Mastic Square Footage: Percentage Asbestos: % Company Namo: Shade Environmental, LLC Telephone No.: 856-755-0099 Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 New Jersey Asbestos License Number (if applicable): 00842 Monitoring Firm (if applicable): Migmt. & Enviro. Consulting Services Telephone No.: 609-288-4070	Street Address: City: Aberdeen State: _	NJ z	ip: 077	47	
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Describe Facility Use: Residence	THE TAX TO		Doct Hooling Hill	144004 117 1440 1440 1440 1440 1440 1440 1440 1440	
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Occupancy Status During Activity (check only one): Facility Closed/Vacated During Entire Activity		4 1	12 / 2	017	
Facility Closed/Vacated During Entire Activity Activity Performed Outside Normal Facility Hours—Describe: Other—Describe: Scope of Work (check all that apply): Floor Tile	1 N - State 1 - 1				
Other—Describe: Scope of Work (check all that apply): ☐ Floor Tile	☐ Facility Closed/Vacated During Entire Activity				
Other—Describe: Scope of Work (check all that apply): ☐ Floor Tile	Activity Performed Outside Normal Facility Hours—Describe:			Œ	
Scope of Work (check all that apply): Floor Tile	Other—Describe:				}
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Company Namo: Shade Environmental, LLC Telephone No.: 856-755-0099 Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 New Jersey Asbestos License Number (If applicable): 00842 Monlloring Firm (If applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070 Completed By	300 SE	Asbestos: _		%	
Company Namo: Shade Environmental, LLC Telephone No.: 856-755-0099 Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 New Jersey Asbestos License Number (If applicable): 00842 Monlloring Firm (If applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070 Completed By	☐ Mastic Square Footage: Percentage	Asbestos; _		1/0	
Company Namo: Shade Environmental, LLC Telephone No.: 856-755-0099 Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052 New Jersey Asbestos License Number (If applicable): 00842 Monlloring Firm (If applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070 Completed By			ALL PROPERTY OF THE PARTY OF TH		18700
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Monlloring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No.: 609-298-4070 Completed By	Street Address: 623 Cutler Avenue City: Maple Shade State:	NJ Z	ip:080	52	
Completed By	Mera Helpen Warnering Circulas Indilutes (II applicable)				
Completed By	Monlioring Firm (if applicable): Mgmt. & Enviro. Consulting Services Telephone No	_ 609	-298-4070		
Completed By (lype or print legibly): Christina Lynch Title: Vice President of Operations					13420 13420
	Completed By (lype or print legibly): Christina Lynch Title: Vice Pres	ident of O	perations		
Signature: April 7, 2017	Signature: Ons Date:	April 7, 2	2017		

New Jersey Department of Health Consumer, Environmental and Occupational Health Service PO Box 369

Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

APPROVED NO Dept of Health & Senior Services (signature) Date: 4 Loft Time. 1:5 [Pin

NOTIFICATION OF NON-FRIABLE ASBEST	OS WORK ACTIVITES
Must be submitted 10 days prior to the beginning of work.	Please type or print legibly.
Date of Notification: 4 / 10 / 2017 Initial Amended Cancellation Emergency (must incomplete of Work: Demolition Renovation	ASBESTOS CONTROL &
The state of the s	The state of the s
Name of Building Owner/Operator:	State: NJ Zip: 07753
	olephone No
THE PARTY NEED AND THE PARTY NEE	
Name of Facility Where Work Activity is to Take Place:	Zarcaro Residence
Describe Facility Use: Residenc	
Street Address: City: Neptune	State: NJ Zip: 07753
County Name: Monmouth County Code (St	(ate Use Only):
Scheduled Start Date: 4 / 12 / 2017 Scheduled Com	nplation Data: 4 / 13 / 2017
Occupancy Status During Activity (check only one):	
☐ Facility Closed/Vacated During Entire Activity	
Activity Performed Outside Normal Facility Hours—Describe:	
Other—Describe:	
Scope of Work (check all that apply): X Floor Tile Square Footage; 235 SF	Percentage Asbestos;
Charge Foologe'	Percentage Asbestos:%
ESANTE DE LE SELECTION DE LA CONTRACTOR DE	
Company Name: Shada Environmental, LLC Street Address: 623 Cutler Avenus City: Maple Shade OD842	Telephone No.: 855-766-0098 Stote: NJ Zip: 08052
New Jersey Asbestos License Number (if applicable): 00842 Monitoring Firm (if applicable): Mgmt. & Enviro. Consulting Services	Telephone No.: 609-298-4070
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Completed By (typo or print legibly): Christina Lynch Title:	Vice President of Operations
Signature: Ombloo	Date: April 10, 2017

16 502	(Pu	CATIC	ON OF A	New Jerse ASBESTOS AC 8:60 ar	ABATEM nd 12:120)) E G E	3 2	017		
te of Notification (1)		Name	of Build	ding Owner irrmann	Operator (2)		L. Arn	.) <u>-</u>	.011		-
4-08-2017 gencies Notified Type Notification			t Addres					ASBESTOS	CON	TAC)L&	8
EPA X Initial Amended Amended		City, Frai	State, Z nklin L	ip Code akes NJ	07417			LICE	Nemi	12		+
DOL Afficient # Emergency (include justification) DOA Cancellation	ding	Chr		ntact Pirrmann INFORMA	TION			Telephone Numbe			9 <u> </u>	
ame of Facility Where Abatement is Taking Pla Private Dwelling	ce (3)	F	ACILITI	IIII OILIII		Subo	ool (K-12)	(Other than K-12) rate & commercial l	ouilding	ıs, hor	mes,	
treet Address						Square F		# of Floors	Bldg	. Age		-
Sity (5) Franklin Lakes NJ 07417						N/A	las (Prior	N/A if being demolished	N/A			-
County (6)		Cou (ST)	inty Cod	e (7) ONLY)		Private	Dwellin	ng				-
Bergen Name of Monitoring Firm Hired by Building Own Standard Enviromental	er (8)	A	SCM N	0.	Am	of Abatem ax Contra	acting LI	LC				À
Standard Environmental Street Address 2108 Fulton St, Suite 2A					PO	Street Address PO BOX 734						
City, State, Zip Code Brooklyn NY 11233					Wo	City, State, Zip Code Woodland Park NJ 07424 Telephone No. License No.						
Project Manager for Monitoring Firm		34	lephone 17-241	-7673	973	3-692-629		01266				_
Start Date (10)	cheduled 0 4-26-20		etion Da	ite (11)	Am	e of OSHA nax Contr	acting L	LC				
Occupancy Status During Abatement (Check C	only One)	temo	nt		PC	et Address BOX 73	4					
Facility Closed/Vacated During Entire Pel Abatement Performed Outside of Normal Other – Describe:	Facility Ho	ours			City W	, State, Zip oodland l	Code Park NJ	07424				_
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio				Mini-	-Enclosur	ent with Negative F e cedure d (*) and Non-Friat			2	
						× Non-	-Exempte	d (") and Non-r had	T TO	Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	tenan	y by ce/	(i.e. th	nermal syst	ng Material tems insula	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Little
(10)	Yes	No	N/A			-		1000 SF	Х			+
Basement			X		VA	AT.		1000 01				
										-		+
					Cubic Ya	rds	Name	of Registered Land	fill			
Name of Registered Waste Hauler Amax Contracting LLC		H	IJDEP V lauler ID 03618	No.	of Waste	, ,	Fairle	ess Hills				
City, State] 0	.55510		Disposal 04-27-2		City, S Morri	sville PA				_
Woodland Park NJ 07424 Completed by	Title		anage	_		nature			Date 04-08	3-201	17	

Print Form

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Date of Notification (1) 4/10/17					f Building Calise F			(2)			AP	R 1 3	20	17						
Agencies Notified	Type Notification	ľ		Street A	Address						+									
⊠ EPA				ASBESTOS								OSC	ONIT	BOL	2					
DEP	Amended		Ì	City, State, Zip Code								CENS	ING	HOL	α					
X DOL	Amendmen Emergency		_	Little	Egg Ha	rbor N	J 08070)					-							
☑ DOH	justification)		İ	Name of Contact Tolophone Number																
☐ DCA	Cancellation			Tom																
				FACI	ILITY INF	ORMAT	ION													
Name of Facility Where		ng Place (3)					Type of Facility (4)												
Tom Calise Private	Home								School (K-											
Street Address									Subchapte Other (i.e.				dia a a	h	20					
								X	Other (i.e. petc.)	private	& comme	ciai buii	aings	, nome	es,					
City (5)								Squa	are Feet	# 0	f Floors	E	Bldg. A	\ge						
Little Egg Harbor N	J 08070							100	00	1			35+							
County (6)				County	Code (7) USE ONL			Curr	ent Use (Pri	or if be	ing demol	ished)								
Ocean	and the second s							Но	me											
	Name of Monitoring Firm Hired by Building Owner (8)						Name	of Ab	atement Co	ntractor	(9)									
N/A	N/A						Perr	naco	Inc.											
Street Address							Street	Addre	ess	al .										
							PO Box 329													
City, State, Zip Code	City, State, Zip Code						City, S	tate, 2	Zip Code											
					Wes	t Bei	lin NJ 08	091												
Project Manager for Mon		Telepho	ne No.		Teleph	one N	10.		License	No.										
							856-	753-	9800		00727									
Start Date (10)		Schedul	ed Cor	npletion	Date (11)	9	Name	of OS	HA Monitor											
4/21/17		4/27/1	7				Sam	е												
Occupancy Status During	Abatement (Ched	ck Only Or	ne)				Street	Addre	ess											
▼ Facility Closed/Vaca	ated During Entire	Period of	Abaten	nent						4-										
Abatement Performe	ed Outside of Norr	nal Facility	/ Hours	\$			City, S	tate, Z	Zip Code											
Scope of Work (Check Al	That Apply)						1													
≥3 sf or ≥3 lf		П	Renova	ition]	II Containm	ant with	Monetino	Dragau								
≥160 sf or ≥260 lf		The same of the sa	emolit	2007 P. C.					Full Containment with Negative Pressure Mini-Enclosure											
							Glovebag Procedure Non-Exempted (*) and N				:									
			-27117-171-00					1 1/10	n-Exemple	u () an	u Non-Fria	DIE Pro		e ement						
			Locati											pe						
Location Asbestos-Containing		Use	d Sole	ly by	Achae		scription		I (ACM)	Λ.	mount									
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(13)						othern	niscellan	eous)				val	¥:	ulat	sure					
		Yes	No	N/A										е						
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Through		X		FI	oor Tile	Э		80	00 SF	x										
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	5,000																			
Name of Registered Was	e Hauler			JDEP W		Cubic	Yards		Name of	Registe	red Landf	ill			See .					
United Containers	1 2000	auler ID	No.	of Was	ste		G.R.O.													
	2	2459		5			NO.													
City, State Elm NJ		Disposal Date																		
		4/27/17			27/17 Morrisv			risville PA 19067												
Completed by Anthony T Perna		ident	Signatur				nature Date				ate 4/1∩/1°	7								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Philip Scribano 04-08-2017 ASBESTOS CONTROL & Street Address Type Notification Agencies Notified LICENSING Initial City, State, Zip Code **EPA** Amended Hasbrouck Heights NJ 07604 DEP Amendment #_ DOL × Emergency (including Name of Contact justification) × DOH Philip Scribano Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Private Dwelling Other (i.e. private & commercial buildings, homes, × Street Address etc.) Bldg. Age Square Feet # of Floors N/A N/A City (5) N/A Hasbrouck Heights NJ 07604 Current Use (Prior if being demolished) County Code (7) Private Dwelling (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Amax Contracting LLC Standard Environmental Street Address Street Address PO BOX 734 2108 Fulton St, Suite 2A City, State, Zip Code City, State, Zip Code Woodland Park NJ 07424 Brooklyn NY 11233 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01266 973-692-6298 347-241-7673 Kayode Adefisoye Name of OSHA Monitor Scheduled Completion Date (11) Amax Contracting LLC Start Date (10) 04-28-2017 04-20-2017 Street Address Occupancy Status During Abatement (Check Only One) PO BOX 734 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Woodland Park NJ 07424 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf × Demolition × Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Amount Asbestos Containing Material (ACM) Location of Used Solely by (Specify Remova Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Maintenance/ SF or LF) Custodial Staff? TO BE ABATED surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A No Yes 60 LF PIPE INSULATION X Basement 10 LF PIPE INSULATION X Crawlspace Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Fairless Hills Hauler ID No. 2 CY Amax Contracting LLC 0036184 City, State Disposal Date Morrisville PA City, State 04-27-2017 Woodland Park NJ 07424 Date Signature 04-08-2017 Completed by Project Manager

Print Form

Tome Maslarkov

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

h 31105				(Pur	suant	to NJA	C 8:60 and 5:1	6)	And the second s							
Date of Notification (1)	1				Name o	f Building	Owner/Operator	(2)		I LI API	R 13	3 1	2017	7	T	
04 / _	10 /	17					ustom Builder			7	16	5	-			
Agencies Notified	Type Notificati	on			Street A	Address			1	ASBEST	OS C	10	ITR	OL	&	
⊠ EPA					259	Monmou	th Road			L	ICENS	SIN	G			
⊠ DOLWD	☐ Amended			H	2000 000000	ate, Zip C										
□ DOH	Amendmen	nt #				, NJ 077										
DCA	☐ Emergency		ling			Maria de la companya									-	
(NJAC 5:23-8)	justification Cancellatio				Name of Contact Bob Hankins											
	Cancellatio						FORMATION			_			š- <u>-</u>			
Name of Facility Where	Abatament is Ta	king Di	200 /	3)	170		O () () ()	Тт	ype of Facility (4)			_			\neg	
	Abatement is Ta	iking i ie	100 (0)				0.5	School (K-12)							
Residence								-l F	Subchapter 8 (Other than K-1	(2)				1	
Street Address								2	Other (i.e., priving homes, etc.)	ate and comm	ercial b	uild	ings	ġ.		
27. (5)								9	Square Feet	# of Floors	E	Ilda	Age	2	-	
City (5)									1200 sf	1		70				
Deal					0		VOTATE LICE ONLY	10	Current Use (Prior		lished)	-				
County (6)					Count	y Code (7	(STATE USE ONLY)		Residence	il being derrio	ilisi icu)					
Monmouth		_	/0	. 1		1	Name of Abatem					_				
Name of Monitoring Firm		ng Own	er (8) /	ASCM N	NO.			tracting, Inc.							
Guardian Contract	ing, inc.						Street Address	Oiit	racting, mc.			-			_	
Street Address								0 1	0.11-:4.04							
1889 Rte. 9, Unit 6	1							9, Unit 61								
City, State, Zip Code							City, State, Zip C		New Jersey 08755							
Toms River, New J								, Ne	ew Jersey 007							
Project Manager for Mor	nitoring Firm				ohone N		Telephone No.			License No.						
Nicholas Fernicola					2-349-		732-349-993	-		00624						
Start Date (10)	2 000000	chedule					Name of OSHA									
04 /20 /	17	04	_ /	21	_ / _	17	E.M.S.L. An	E.M.S.L. Analytical								
Occupancy Status Durin	g Abatement (C	heck or	nly o	ne)			Street Address									
□ Facility Closed/Vacat							1056 Steltor									
☐ Abatement Performe	d Outside of No	rmal Fa	cility	Hour	s - Des	cribe	City, State, Zip (Cod	ie							
Time of Abatement:	AM	PM/_		_PM-		AIVI	Piscataway	, New Jersey 08854								
Scope of Work (Check a	all that apply)		63 17					nto	inment with Nega	tive Pressure						
≥3 sf or ≥3 lf		\boxtimes	1 Rer	novati	on		☐ Mini-Er			live i lessure						
□ ≥160 sf or ≥260 lf		Ë		nolitio			☐ Gloveb	ag	Procedure	Eduble Beer	al ma					
			100000				∐ Non-Ex	xem	npted (*) and Non-	-Friable Proce				- L T.		
- 98	5 00			Locat Iorma			D							nt Ty		
Location Asbestos-Containing		,		d Sole		Ashe	Description stos Containing N			Amount	Zeilova	0	Repair	Encapsulate	Enclosure	
TO BE AB				ntena			e., thermal system	ns in	nsulation,	(Specify	2	2	air	aps	losi	
IN Faci			Cust	(12)	Staff?		surfacing, VA			SF or LF)	2	2		ula	J.E	
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basement		L				aspest	os pipe insulat	liOi	1	240 11	K	7				
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		Г	7				128									
Name of Registered Wa	aste Hauler			N	JDEP '	Waste	Cubic Yards of		Name of Regist	ered Landfill						
Guardian Contrac				H	lauler II		Waste 3		T.R.R.F.	.R.F.						
City, State					2022		Disposal Date		City, State							
Toms River, New	Jersey						04/24/17	Tullytown, Pennsylvania								
Completed By (Print or		Title					Signature	e / Date				i				
Nicholas Fernicola			iect	Man	ager				1 1	/	4	10	11-	7		
Micholas I cilicon	-	1	,		-3-				1 -12-1			10	11	17		

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

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Date of Notification (1) 04 /	10 /	17					g Owner/Operator (APE	2111	- Gr	17					
		17			Ge	ntemp C	onstruction	ALL ALL	311	نافر و	W	1-				
Agencies Notified EPA	Type Notifica ☑ Initial	ation			1000	Address	Avenue West	ASBESTOS CONTROL &								
⊠ DOLWD	☐ Amended	ť				1020 South Avenue West ASBESTOS CONTRO Oity, State, Zip Code LICENSING										
⊠ DOH	Amendme	ent#_						The second secon								
☐ DCA	☐ Emergen		luding			Westfield, NJ 07090 ame of Contact Telephone Number										
(NJAC 5:23-8)	justification Cancellat	500			11.15/15/15/15/15			Telephone Num	201							
	☐ Cancellat	lion			Jos	seph Buc	ontempo									
					FA	CILITY IN	NFORMATION									
Name of Facility Where A	batement is T	Taking	Place	(3)				Type of Facility (4)								
Residence								☐ School (K-12)		50						
Street Address	_							☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12 vate and comme		ildina	S				
								homes, etc.)	vate and comme	Olai Da	numg	0,				
City (5)								Square Feet	# of Floors	Ble	dg. Ag	je				
Westfield								2000 sf	2		70					
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)	Current Use (Pric	or if being demolis	shed)						
Union								Residence	8.70	257						
Name of Monitoring Firm I	Hired by Build	ding O	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)		1, 117						
Guardian Contractir		Ž.	,	0.5				ntracting, Inc.								
Street Address	J,						Street Address						-			
1889 Rte. 9, Unit 61							1889 Route 9	Unit 61								
City, State, Zip Code				-			City, State, Zip Co	50								
Toms River, New Je	rsev 08755						**************************************	New Jersey 087	55							
Project Manager for Monit		,		Тъ	lephone	No	Telephone No.	itew ocisey our	License No.							
Nicholas Fernicola	oring r iirii			933	732-349		732-349-9932	i i	00624							
Start Date (10)		Schodu	ulad Co	100	letion Da		Name of OSHA M		00024			24				
04 / 21 /					24 /	U.S. 222	E.M.S.L. Ana	2 200-75 ASI								
					· /			iyudai								
Occupancy Status During				Name and			Street Address									
☐ Abstement Performed						oribo	1056 Stelton									
Abatement Performed Time of Abatement:							City, State, Zip Co									
							Piscataway, I	New Jersey 088	54							
Scope of Work (Check all	that apply)						□ Full Cont	ainment with Nege	ativa Desagues							
		1	⊠ Rei	nova	tion		☐ Mini-Enc	ainment with Nega losure	ative Pressure							
☐ ≥160 sf or ≥260 lf		Ī	☐ Der	molit	tion		☐ Glovebag	Glovebag Procedure								
		- 1	0.00	-2000		1	∐ Non-Exe	mpted (*) and Non	-Friable Procedu	re						
recessors				Loca	ation					Ab	ateme	ent Ty	уре			
Location of Asbestos-Containing M		0	Use	d So	lely by	Ashe	Description o estos Containing Ma		Amount	Re	Repair	En	En			
TO BE ABAT	ΓED	7	200		ance/		e., thermal systems	insulation,	(Specify	Removal	pair	cap	Enclosure			
IN Facility (13)	/		Gust	.001a (12			surfacing, VAT, other miscellane		SF or LF)	la la		Encapsulate	ure			
(13)			Yes	No	1	1	other miscellane	ous)				te				
1			200000	5000	3 3300,30				100 15	57						
basement				\boxtimes		asbest	os pipe insulatio	n	130 If		Ш	Ш				
											П	П				
Name of Registered Waste	e Hauler				NJDEP 1		Cubic Yards of	Name of Regist	ered Landfill	1=		_				
Guardian Contractin				- 10	Hauler I	D No.	Waste	T.R.R.F.	oo =unum							
City, State					20223)	3 Disposal Date	City, State								
Toms River, New Jer	rsey						04/25/17		Pennsylvania							
Completed By (Print or Type) Title						-Signature Date						1				
Nicholas Fernicola	500	Pro	oject	Mai	nager			7.1	el	41	10	11-	7			