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

			-				97	11 106	0		7/	111
Date of Notification (1)	27 / 46					Owner/Operator (2	2)	APP 20	004	_		
	27 / 16			City	of Camo	ien	14 6	APR 28	2011	5	IL	
Agencies Notified	Type Notification				Address	_						
⊠ EPA ⊠ DOLWD	☐ Amended				3ox 9512		/	ASBESTOS COL	ITR	DL 8	i k	1
⊠ DOH	Amendment #_				ate, Zip C		L	LICENSIA	G			
☐ DCA	□ Emergency (included)	luding		and the same of th	iden, NJ			Talanhana Numba	-			
(NJAC 5:23-8)	justification) Cancellation				of Contact n Bond			Telephone Numbe	1			
+	Cancellation					FORMATION.		1				_
		Di	(0)	FAC	ILITY IN	FORMATION	Type of Facility ((4)				
Name of Facility Where A	_	Place	(3)				School (K-12	50.50				
Street Address	RESIDENCE						Subchapter 8	(Other than K-12)				
Street Address							Other (i.e., prediction homes, etc.)	rivate and commerci	al bui	lding	S,	
City (5)					-		Square Feet	# of Floors	Bld	g. Ag	ie.	
Camden							varies	varies	1	0+		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
CAMDEN							HOUSING D	EEMED UNSAFE				
Name of Monitoring Firm	Hired by Building C	wner (8	3)	ASCM I	Vo.	Name of Abateme	ent Contractor (9)					
Health and Safety	Services			117		Controlled E	nvironmental S	Systems				
Street Address						Street Address						
PO Box 365						1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip Co						
Berlin, NJ 08009						Spring Hous	e, PA 19477					
Project Manager for Mon	itoring Firm		00000	phone I		Telephone No.		License No.				
Jim Proctor					39-2432	215 542 7000		00847				
Start Date (10)			- 25	tion Dat		Name of OSHA N	ionitor					
//				_ / -	10	CES						
Occupancy Status Durin	74					Street Address	aham Dika Cu	ita 60				
□ Facility Closed/Vacate □ Abatement Performed					cribe		ehem Pike -Su	ite ou				-
Time of Abatement:					51150	City, State, Zip Co						
Scope of Work (Check a	ll that apply)											
☐ >3 sf or >3 lf		☐ Rei	novati	on		☐ Full Con	tainment with Neg closure	gative Pressure				
≥160 sf or ≥260 lf		☑ De					g Procedure	- Friehle Deseadors				
		1	1		I	⊠ Non-Exe	empted (*) and No	n-Friable Procedure	T			
Location	of	171	Locat Iorma			Description of	of .		-		ent Ty	1
Asbestos-Containing		Use	d Sole	ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB		1.000	intena odial	nce/ Staff?	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	¥:	nsda	nso
(13)	iity		(12)	_		other miscellane		0, 0, 2, 7	-		late	(O)
Vac. 1. 204		Yes	No	N/A								
SEE ATTACHED					SEE AT	TACHED		200 YD per res				
			П						П	П	П	П
	For I Francisco	Ш	Ц		011	Cubic Vendens	News of Deci	stored Lordfill				
Name of Registered Wa Waste Managemen			37.5	JDEP \ lauler II	No.	Cubic Yards of Waste	Name of Regis	stered Landilli				
City, State				17273)	200/residence Disposal Date	City, State					-
Fairless Hills, PA						5/30/16	Tullytown	PA				
Completed By (Print or 7	Γype) Title	9	Parket and			Signature	1	Dat	е	/	1	/
Patricia Visco	100-000 100	office I	Mana	ger		Patu	as Vis	co	4/	2	7/1	16
ASB-41		0.0			100 200 20	W 32	21 St (MIDWA)		1		/	

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State of New Jersey

W III	N			OF ASBES NJAC 8:0						_كا_	<u> </u>	<u> </u>	1 (1)		
Date of Notification (1) 04/18/2016			lame of I	Building Ov unlea	wner/Op	erator	(2)			A	PR	28	20	16	
Agencies Notified Type Notification X EPA X Initial Amended			Street Ad	dress e, Zip Code	9				,	ASBE		S C(ROL	8
X DOL Amendment #		_ \		ld, NJ 07					Tele	ephone	Numh	er			
DOH justification Cancellation		1 2	John D	unlea					-	эртюпо			(1		
Name of Facility Where Abatement is Taking House	Place (3)		FACIL	ITY INFOR	RMATIC	ON	Тур	e of Facility (
Street Address							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			buildi	ngs, l	nome	3,
City (5) Westfield							Squ N/A	are Feet	# of N/A	Floors		Blo N/	dg. Ag 'A	je	
County (6) Union			County C	ode (7) SE ONLY)				rent Use (Prid USE	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	No.				patement Cor atement, In		(9)					
Street Address						Street 11 R		ess ngren Ave							
City, State, Zip Code								Zip Code NJ 07512							
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-		No. -8685		Licen 0067		•			
Control of the Contro	Schedule 04/29/2		pletion [Date (11)				SHA Monitor atement, In	C	•					
Occupancy Status During Abatement (Check						Street 11 R		ress ngren Ave							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	Abatem Hours	ent		_	City, S	State,	Zip Code NJ 07512							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit				2		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
Location of	1000	Locati Vormal	(400.00		Des	scription	n of						Abate Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/ Staff?		os Cont thermal surfac	aining N	Mater ns ins AT, or		(Amount Specify F or LF		Removal	Repair	Encapsulate	Enclosure
attic	Yes	No X	N/A		vei	rmicul	ite			50 SF		Х			
GILIO															
Name of Registered Waste Hauler D&S Abatement, Inc		H	I IJDEP W łauler ID 0996		Cubic of Was TBD	Yards ste		Name of Waste	Mana			PA			
City, State Totowa, NJ					Dispos TBD	sal Date	е ,,	City, Sta Tullyto		Α					
Completed by Oliver Hegedis	Title Proje	ect Ma	anager	8	S	Signatur	re //	0/_			Da 04	te /18/2	2016		

Print Form

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							(0)

			Ninna	of Decilation	OwnerlOperator	(2)					-
Date of Notification (1) 3/31/16			Name	ot Building	Owner/Operator	he Heller G	coupAPR 28	2016	5	L	1
Agencies Notified Type Notificat	ion		Street	Address		180 Main Str					1
EPA Initial Amended		-	City, S	tate, Zip C				ING	OL	Ši—	\exists
M DOL Amendmen	y (including	5			M	adison, NJ 0	7940 LICENS				_
Mathematical DOH justification □ DCA □ Cancellation			Name	of Contact	t Chris Hricko		Telephone Numi	oer			
		-	FAC		ORMATION						•
Name of Facility Where Abatement is Ta	aking Place	(3)				Type of Facility	(4)				
	n Post C)ffice	e			School (K-1	2) 8 (Other than K-12	2)			
Street Address 347	Georges	Rd.				Other (i.e., phomes, etc.	orivate & commerci	al build	5		
City (5)	ayton, N	J				Square Feet 2900	# of Floors	Bio	dg. A 70	300	
County (6)					7) (STATE	Current Use (P	rior if being demoli	shed)			
Middlesex Name of Monitoring Firm-Hired by Buildi	ng Owner		ASGM	ONLY)	Name of Abatem	ent Contractor (9	2)			-	_
(8) The Louis Berger Grou	970		AOGIVE	10.			mental Servic	es, In	c.		i .
Street Address 10 Allen Street		^			Street Address	PO I	3ox 322				
City, State, Zip Code	i Suite 1.	A			City, State, Zip C		JOA 322				_
Toms Rive	er, NJ			_		Allentow	n, NJ 08501				
Project Manager for Monitoring Firm Bruce Lockwood		Telephone No. (973) 407-1391 (609) 2				59-9688	License Ne-	00493	3		
	cheduled C	_			Name of OSHA			,0 1,7 0			
4/16/16		5/8/1				N.	IECS				
Occupancy Status During Abatement (Facility Closed/Vacated During Entire			mont		Street Address	PO I	Box 341				
Abatement Performed Outside of No					City, State, Zip C				-		_
Other - Describe: Weekends C	Only					Crosswic	ks, NJ 08515				
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emolitic			☐ Mini-En	ag Procedure	egative Pressure on-Friable Procedu	ıre			
		_ocatio			All of the	3000		A	bate		
Location of	Used	l Solel	y by	Ashaa	Description o		Amount	-	.,,,		
Asbestos-Containing Material (ACM) TO BE ABATED	Ci	ustodia Staff?	al		thermal systems	insulation,	(Specify SF or LF)	Re	R	Encapsulate	Enc
IN Facility (13)		(12)			surfacing, VAT other miscellane		SF OI LF)	Remova	Repair	psula	Enclosure
	Yes	No	N/A							ite	Ф
Sorting Area/Office Areas	_	×			T/Damaged T		350 sf	×			
Mechanical Room	_ ×			T	hermal Pipe l	rittings	50	×			
	_							+			
Name of Registered Waste Hauler		1	JDEP '	Waste	Cubic Yards	Name of Reg	jistered Landfill				
Stevens Environmental Serv	rices, Inc) <u>. </u>	Hauler II 182	2 No. 292	of Waste 2 CU		GROWS La	ndfill			
City, State Allentow	5500	Disposal Date City, State/ Morrisville, PA									
Completed By	Title				Signature/	11/	Date	7.77.733.43			_
Mahlon E. Stevens	P1	rojec	t Mai	nager	1114			4/1:	5/16		

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11)	5	TIP.	LEC			

			T NI	2000 06	Building Owner/Operate	or (2)	\f				1:1
Date of Notification (1)	116		l N	ame or	ANN ZIE	MKIWI	C ZAPR 2	8 2016	5	i A	1
Agency Notified	Type Notification	-		treet A		- 14	U CALL C	0 20,		u i	
Agency Noulied			"	- 75						1	
□ EPA	☐ Initial ☐ Amended		10	itv. Sta	te, Zip Code CUT HENTE		ASBESTOS	CONTR	UL	O.	
DEP DOL	Amended Amendment#			7	ZUM KERLE	an pi	. O PICE	SOME			-
-	☐ Emergency (including	g	N	ame of	Contact		Telephone Numi	ber			
₽ DOH	justification)		1 3		ZIEMICIWIC	7	1		32		
□ DCA	☐ Cancellation		1'								
				FACIL	TY INFORMATION	1 T	(4)			VI COME	-
	Abatement is Taking Place				*	Type of Facility	(4)				
MS.	ZIEMKIW	10	Z	44.		☐ School (K-12	2)				
Street Address					tr	☐ Subchapter	8 (Other than K-12) rivate & commercia) I buildinas			
						homes, etc.		i Danakigo	•		
City (5)				7.2	· · · · · · ·	Square Feet	# of Floors	Bldg. Ag			
City (5)	THERTON	25			14	2500	+ 2	1 1	733	7	
	15101210	~	10	`ounh:	Code (7) (STATE USE		rior if being demoli	shed)			
County (6)	VZGEW			ONLY)	over (1) (OIVIE NOE	1	ESION C	É			
		1.2			None of Above	ement Contractor (
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(8)			1504			emoval In	С				_
Street Address					Street Addres						
						uth River	St				_
City, State, Zip Code	,				City, State, Zi						
						sack, N.J					_
Project Manager for Mo	nitoring Firm	Tele	phon	e No.	Telephone No		License No.				
	.f				201-32	9-7444 -	00388				
Start Date (10)	Scheduled Co	mpletio	n Dat	e (11)	Name of OSI		7.0				
5/5/18	5	6	l	6	Omega	Environm	ental				
0101	ng Abatement (Check onl	y one)			Street Addres	s					
5 8 8	25-10 DE			36	280	Huyler St		-54			
☐ Facility Closed/Vacat	ted During Entire Period of	if Abatei	ment		City, State, Zi	p Code		,			
Other - Describe:	d Outside of Normal Faci こうりなべてのく	1 22	EX	1-	S. H	ackensack	,N.J. 07	7606			
Scope of Work (Check											
<u>-</u>				PIDAN		ini-Enclosure	h Negative Pressur				
2 ≥ 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf				□ Den	polition	lovebag Procedure		unioni i anno con			
G = 100 01 01 = 200 11						on-Exempted (*) as	nd Non-Friable Prod	cedure	Abat	omo	nt.
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TO BE	ABATED		ıstodi		(i.e., thermal syste		(Specify SF or LF)		Repair	Encapsulate	Enclosure
	acility		Staff?		surfacing.) other miscel		0.012.7		all all	alue	Sur
(1)	(3)		(12)					1		6	0
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	to the florida	1 31 77	יבפי	Vaste I	lauler Cubic Yards	of Name of Rec	istered Landfill		-		1
Name of Registered W		IDI	100	vaste f	Waste		stanti-kapuchan mulahan sahali		Т	TC	
Best Rem	oval inc	1.0		109	2 1/20	[7] Minerv	a Enterpr	ises	, L	JU	
City, State					Disposal Dat	/					
	ck , N.J. 07	601			5/6/1		sburg, Oh	1,4468	38		
Completed by	Title	001			Signature	^	01	Date .	140		
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J.Maioran				n for as	sbestos licensure exem	-	\rightarrow		- 1		
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CK 14173

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

Date of Notification (1) APRIL 18, 2016					Building CIMMER		perator ((2)			E (E			7 7 7
Agencies Notified T	ype Notification		Str	reet Add	dress										
EPA DEP DOL	Amended Amendment				e, Zip Coo _E, NJ (PR 2			
DOH DCA	Emergency (justification) Cancellation	including		ame of 0 /IIKE Z	Contact IMMEF	RMAN				Tele	ohone N	nimper (14OC		_ &
				FACIL	ITY INFO	RMATIC	ON								
Name of Facility Where Aba FORMER RESIDENCE Street Address	atement is Takin DE	g Place (3)	**					Пѕ	f Facility (4) chool (K-12) ubchapter 8)	r than K-	12)			
									ther (i.e. pri	vate &	commer	cial build			S,
City (5) SPRING LAKE								-	0 SF		Floors 2.5	T '	ldg. A	-	٢
County (6) MONMOUTH	141			ounty C	ode (7) SE ONLY)		_		t Use (Prior MER RES			shed)			
Name of Monitoring Firm H N/A	ired by Building	Owner (8)		ASCM	No.				ement Controuch Asb			ment (orp.	Inc.	
Street Address								Address	s son Stree	t					
City, State, Zip Code	100	7.00						tate, Zip t Long	Code Branch						
Project Manager for Monito	ect Manager for Monitoring Firm							one No 222.83			License 00040				
Start Date (10) APRIL 28, 2016			a completion acre (1.1)				Name N/A	of OSH	A Monitor						
Occupancy Status During A	Abatement (Chec) ====================================			Street	Addres	S						
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I Outside of Norr	Period of Abnal Facility H	ateme lours	nt		_	City, S	state, Zij	p Code						
Scope of Work (Check All 2 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	The second second	novatio molitio					Min Glo	Containme i-Enclosure vebag Proce	edure				e	
		Is L	ocatio	n										ement rpe	1
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	Material (ACM)	Used Main Custo	rmally Solely tenand dial Sta (12)	by ce/		tos Cont thermal surfac		Material s insula AT, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	CD.
EXTERIO	DR			Χ	Asbe	estos C	Contair	ning Si	iding			х			
								,					_		
								e e				+	-		1
Name of Registered Waste Finishing Touch Asbe		ent Corp.,	ı Ha	IDEP Wauler ID		Cubic of Wa 5 Cy	Yards	9 -	Name of F			dfill			
City, State WEST LONG BRANCH, NJ 07764				Disposal Date 4/29/16 City, State TULLYTOW					N, PA						
Completed by JOSEPH P. MILLER	le Signature Date 4/18/16				16										

Date of Notification (1)	1	oweric to test	AC 0100 and 12	(120)	ala ala H	1/11/12	7 -
4-21-16		Name of Bui	iding Owner/Operat	tor (2)	THE E	6/12	SIN
		0.	BELDIN	6	1)		
Agency Notified Type Notification	£.	Street Addre	SS		51		
Q EPA @ Initial					APR 2	8 2016	111
D DEP D Amended		City			Al II -	0 20.0	-
DOL Amendment	\$	City, State, Z					-
□ Emergency 6	nciuding	LLITTLI	E FALLS	ルナ	PASKESTIDS (CONTRO	1 &
DOH justification)	•	Name of Con	tart		Telephone Num		
G Carroellation		C. BE	-DING		_ response Num	mber ,	_
		FACHITY	VERMATION				
Name of Facility Where Abatement is Takin	ng Pface (3)		TOTAL POR	1			
C. BELDING				Type of Facility	By (4)		
Street Address				School (K-	131		
		184	9	☐ Subobante	r 8 (Other than K-12		
		11.5	.,	Other (i.e.	private & commercia	d boninin	
City (c)			+ 7	LATTES, CO	2)	म जन्मातामुक्त,	27
LITTLE FALLS			* A	Square Feet	# of Floors	Bidg. Age	
COURTY (6)		100		.2400.	2		
PASSAIC	1	County Code	(7) (STATE USE	Current Head	Prior if being demolis	70 Y	~
Name of Maria		ONLY)		P	a Desig demois	Sized)	
Name of Monitoring Firm Hired by Building (8)	Owner ASCM	I No.	Nome - 5 tt	1 (E>10	FUCE	8	
			Name of Abaten				
Street Address			Best Rei	moval Ir	ıc	-	
		F2	prest waters.	10			
City, State, Zip Code			450 Sout	th River	· C+		
		59	City, State, Zip C	ode	31		
Project Manager for Monitoring Firm		797	Hackensa	ick N t	07601		
The second of the second second	Telephon	e No.	Telephone No.	It. · U	- 0/001		
Start Date (10) Schools			201-329-	71.1.1.	License No.		
	d Completion Date	e (11)	Name of OSHA N	1444 -	00388		
5-2-16 5-3	3-16	,					
Occupancy Status During Abatement (Check	only one) .		Street Address	nvironme	ental		
LI PROBLY (Incode) Associated Decision			D1 24 10				
Abatement Performed Outside of Normal F Other – Describer	of Abatement		280 Hu	yler St			
THE SPI	THE PROPERTY OF		City, State, Zip Co	rde .			
Scope of Work (Check all that apply)			S. Hac	kensack	,N.J. 076	06	
■≥3sfor≥3#						00	
D ≥ 160 sf or ≥ 260 F		Renovation '	P Marie	Antainment with	Negative Pressure		
	L	1 Demostion	∠ Gloveb	ag Procedure			
	L.		∠ ® Non-E	rempted (*) and	Non-Friable Proced	ure	i
last.	Is Location Normality	1					ement
. Location of Asbestes-Containing Material (ACM)	Used Sojely	by	Description of	et and			/pe
10 SE ABATED	Maintenanc	e/ Asbest	os Containing Mate	and (ACLE)	Amount		
IN Facility	Custodial	Æe.	inerthal systems in	Station	Amount (Specify	R	S m
(13)	(12)		surfacing, VAT, o	er I	SF or LF)	Removal	000
		- I	vales unscellaneou	5)		ova	18
BASEMENT	Yes No 1	N/A		**************************************			Enclosure Encapsulate
		X THOR	MAC INSUL	1	~~		
BASEMENT		X TAGUSI	110 506	MION	95 6	FX	
		TICHWSU	TE CEMENT	BOARD		FX	\dashv
	+++					111	1
Name of Registered Waste Hauter							-
Best Removal Inc	NJDEP Was	te Hauter C	Dubic Yards of N	ame of Register	and I amilia		The same
TOWONGT TIC	ID No.	y	Nash				1
City, State	1710	19	1 40	ilnerva	Enterprise	es .LJ.	C
		E		ity, State		, -1	Menty
Hackensack , N.J. 07	601	90000	/				
0.1.			ignatute	waynesb	urg, 0h,44	+688	1
R-VELDRAN Est	imator		2 1/000		Date		- June
* Do no	use this form for	asbestne F	(Velanny		14-	21-16	I
			was exempted activ	Mies.			

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Sue Maloney April 18, 2016 Street Address Agencies Notified Type of Notification Initial Notification X EPA [X] STOS CONTROL DEP Amended Notification City, State, Zip Code LICENSING Amendment #_ [x] DOL Moorestown, NJ 08057 Emergency (including Telephone Number justification) Name of Contact [X] DOH Cancellation Sue Maloney] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square feet County Code (7) County (6) (STATE USE ONLY) 60 1800 sf Current Use (Prior if being demolished) Ocean LB Twp. Residence Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00624 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 5/2/16 4/29/16 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Other - Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure [x] [x]Demolition ≥160 sf or ≥260 lf [X] Abatement Type Description of Is Location Amount Asbestos-Containing N Normally used E N E Location of (Specify SF C P C Solely by Material (ACM) Asbestos-Containing Material (ACM) M or LF) A L (i.e., thermal systems A Maintenance/Custodial TO BE ABATED 0 0 P insulation, surfacing, Staff in facility V S S R VAT, or (12)(13)U U A other miscellaneous) R T L N/A YES NO E E X 750 sf X Asbestos siding Exterior Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID No. Name of Registered Waste Hauler T.R.R.F. 20223 Guardian Contracting, Inc. Disposal Date City, State City, State Pennsylvania 5/3/16 Tullytown Toms River, New Jersey Date Signature Completed by (Print or Type) Title 4/18/16 Project Manager Nicholas Fernicola *Do not use this form for asbestos licensure exempted activities.

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

Date o. Notification (1)					Nome of	Duilding (Dr. m. o. / O. o.	reto= (2)					
	oril 18, 2016				Name of	Building (Owner/Oper	Construction Corp.		र्खा'	610		
		170					Line	construction corp.	In) E C	星	M W	うら	PRI
[X] EPA [Notifica			Street A	ddress	49 Lin	den Avenue	K				
[] DEP [[X] DOL		ded Not dment #	ification		City, Sta	ite, Zip Coo	le	11	Jij APR	28	201	6	14/1
[x] DOH [ncluding				Mantu	a, NJ 08051	ĺ				-1
[] DCA		cation)			Name of	Contact		I/T	elepholic Namber	SCC	MITD	01.9	1
] Cance	llation				Nick S						() A	
NI CE III III AL		D1 /2		FAC	CILITY I	NFORM	ATION						
Name of Facility Where Abate Reside	_	Place (3)					Type of Facility (4)	School (k-12)				
Street Address								[]	Subchapter 8 (of				
								[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial build	dings,
City		Count	v (6)		County C	ode (7)		Square feet	# of Floors	Rid	g. Age		
\$5000 7 N		18783643774				USE ONL	0	800 sf	1	5.0		50	
Toms River		Ocea	n					Current Use (Prior if	[1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4				
Name of Monitoring Firm Hire	d by Puilding O	hima- /6	0		ASCM N		N	Residen					
Name of Monitoring Firm Fire	a by Building C	wner (8	•)		ASCM N	0.	Name of	Abatement Contractor	(9) in Contracting,	Inc			
Street Address							Street Ad	ldress		me.			
City, State, Zip Code							City, Stat	e, Zip Code	oute 9, Unit 61				
									iver, New Jers	ey 08	755-1	271	
Project Manager for Monitorin	g Firm		Telephone	Number	732-349-9932				License N 00624	umber	5 5 1		
Scheduled Start Date (10) 4/29/16			Scheduled 5/4/1		oletion Date (11) Name of OSHA Monitor				L. Analytical				
Occupancy Status During Abat	tement (Check o	nly one		0			Street Ad		J. Allalytical				
[X] Facility	Closed/Vacated	During	Entire Perio	od of Aba	tement			1056 St	elton Road				
2 2	ent Performed C	outside o	of Normal F	acility Ho	ours		City Stat	e, Zip Code					
Other –	Describe						0.1.7, 0		way, New Jerse	y 088	354		
Scope of Work (Check all that	apply)						[]	Full Containment	with Negative Pres	sure			
f]			r 2	725 7	506		[]	Mini-Enclosure					
[X] >3 sf or [X] ≥160 sf	≥3 If or ≥260 If		[x]	Renova			[]	Glovebag Procedu		,			
[X] ≥100 SI	01 2200 II		[X]	Demon	tion		[x]	Non-Exempted (*)	and Non-Friable	rocedi	ıre		
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		YES	NO	N/A						L		E	E
Exterior			X		Asbes	tos sidin	g		700 sf	X			
Interior			X		Asbes	tos floor	tile		800 sf	X			
Interior			X		Joint o	compoun	d		3300 sf	X			
Name of Registered Waste Hau		N	JDEP Was		ID No.		rds of Wast	0	ed Landfill				-
Guardian Contra	acting, Inc.		2	0223		20	T a: -	T.R.R.F.					
City, State Toms River, Ne	w Jersey			Dispos 5/4/1	sal Date		City, Sta Tullyto	own, Pennsylvania	1				
Completed by (Print or Type) Nicholas Fernico	ola	Title Proje	ct Manag	er	Signatu	re \		e	P	Date 4/18	8/16		

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

Date of Notification (1)	April 18, 2016]	Name of B	uilding Ov	vner/Opera Green	ator (2) Way D	emolition	DEG	E II	13	3/11	
Agencies Notified [X] EPA [] DEP	[] Amend	Notificati ed Notif			Street Add	ress , Zip Code	POBo	x 536			28			
[x] DOL	The state of the s	ment #_ ency (inc	luding		City, State	, Zip Code	Oakhu	rst, NJ	07755	ASBEST	OS CO	ONTF	OL &	
[] DCA	justific [] Cancel	ation)			Name of C	Nadine			Tel	ephone Number				
				FACI	LITY IN	FORMA	TION	m	CDilit-(4)			T. 10-30		
	Abatement is Taking Fesidence	lace (3)						Type o	of Facility (4) [] []	School (k-12) Subchapter 8 (oth				
Street Address									[x]	Other (i.e., private homes, etc.)			buildir	igs,
City		County	(6)		County Co	de (7) SE ONLY)	Square 1	e feet 1500 sf	# of Floors 2	Bldg.	Age 8()	
Long Branc	ch	Monn	nouth						nt Use (Prior if b	peing demolished)				
		himar (9)			ASCM No		Name of	Abatem	Residence ent Contractor ($\overline{}$
Name of Monitoring Firm Er	i Hired by Building C ivironmental Tac	tics, In	С	,	10011110	*a	100000000000000000000000000000000000000			n Contracting,	Inc.			
Street Address	Broad Street	•		2//			Street Ad	ldress	1889 Ro	oute 9, Unit 61				
City, State, Zip Code							City, Sta	te, Zip C	Code Toma P	iver, New Jerse	N 087	55-12	71	
140014	atawan, NJ 0774		Telephone N	Jumber			Telephor	ne Numb		License N		00-12	/ 1	
Project Manager for Mon Tom Gei			732-290-2	2217			732-34	9-9932	2	00624				
Scheduled Start Date (10) 5/2/16)		Scheduled C 5/6/16		n Date (11)	Name of	OSHA		Analytical				
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	cility Closed/Vacated								THE COURSE CONTROL	Citon Road			_	
1 5 5	ther – Describe	Juiside 0	1 NOTHIAI I a				City, Sta	ite, Zip C	Piscatav	way, New Jerse	y 088	54		
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[]	3 sf or ≥3 lf 160 sf or ≥260 lf		[x]	Demolit			[x) and Non-Friable	Procedu	re		
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		YES	NO	N/A		otn	er miscei	raneous	5)		L		L E	R E
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Basement			X	-		stos pipe		on		168 lf	X			
Dasomont									Ē					
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Guardian (Contracting, Inc.				sal Date	15	City, S							
Toms Rive	er, NJ 08755	mist		5/6/1		ura	Tully	town,	Pennsylvania	1	Date	8		
Completed by (Print or 7 Nicholas F		Title Proje	ect Manag	ger	Signat)_	_	-	2	· (8/201	6	

		-		12:120)	A LA			_
14-21-16		Name of	Building Owner/Oper	ator (2)	- Check 6	127	7 \//	[
Agency Notified Type Notific	tion	11.12	KORN)			.F2 I	L	
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Street Address				1		9 800 8 8 300		
		7.4.2		☐ School (K-1	(2)			
C				THE COURSE IFE I	8 (Other than K-1)	2)		335
NEW VERNON	,		., .,			al Duncan	gs,	
County (6))		* ****	Square Feet	# of Floors	Bidg.	Age	
MORRIS		County Cork	(7) (STATE USE	5900	12	1 75	YR	5
Name of Monitoring Firm Hired by Building		ONLY	" WINIE USE	Current Use (P	rior # being demol	shed)	/**	_
(8)	g Owner ASC	M No.	himman as as	1 DOSIA	win-	*		
Street Address			Road of Abatos	ment Contactor (37			
	-		Street Address	moval In	C		-	
City. State, Zip Code							-	-
			City, State, Zip C	th River	St			
roject Manager for Monitoring Firm			Hackens	ack, N.J.	0760			
	Telepho	ine No.	i	1	0/601			
tart Date (10) Schedul			201 -320		License No.			_
	od Comile		1 201-378-	-7444 - 1	00200			
5-6-16	led Completion Da	de (11)	201-329- Name of OSHA M	Aonitor	00388			
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Date of Notification (1) 04/20/16		N F	lame of E	Building Ov	wner/Op	erator (2 /ELOP	2) PMEN	T CORP	ORAT	TON	A PR	2	0	2010	
Agencies Notified Type Notification EPA Initial			Street Add	dress MAIN ST	TREET	-					AFR		-0-	2011	3
DEP Amended Amendment		11 (25)		e, Zip Code ANTVILI		08232	2			ASB			CO VSII		OL 8
□ Emergency justification) □ DCA □ Cancellation	* Control of the Control	- 31		NDRAD					Tele	phone N	umber				
Name of Facility Where Abatement is Takin BARLINVIS APT #2129C Street Address	g Place (3)		FACIL	ITY INFOR	RMATIO		T s	f Facility (4) chool (K-12 ubchapter 8)	er than K-	-12)				
						1.		ther (i.e. pri		Floors	rcial bu		ngs, h		5,
City (5) ATLANTIC CITY, NJ 08401							1200		3						_
County (6) ATLANTIC COUNTY			County C STATE U	ode (7) SE ONLY)			Curren HOM	t Use (Prior E	r if beir	ng demol	ished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				PROFES							
Street Address			•			Street A		OVE CO	URT						
City, State, Zip Code						City, Sta		Code D, NJ 08	701						
Project Manager for Monitoring Firm		Telephone No.			Telepho 732-6				License	No.					
Start Date (10) 05/04/16	Schedule 05/04/1		Completion Date (11) Na					A Monitor PROFES	SSIO	NALS					
Occupancy Status During Abatement (Che			0			Street A		SOVE CO	URT						
X Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A mal Facility	batem Hours	ent		_	City, St	ate, Zip						2002		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Bearing .	enova emoliti				×	Mini	Containme i-Enclosure vebag Proc i-Exempted	edure						
		Locati			O ISA	909-000-0						F	Abate Ty	ment be	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai Cust	d Sole ntenar odial S (12)	ly by nce/	Aspestos Containing Material (ACM)						Repair	Encapsulate	Enclosure			
INTERIOR						TILE			90	00 SF	Σ	2			
												-			
Name of Registered Waste Hauler		10.72	JUEP W		Cubic of Was	Yards		Name of F	Registe	ered Lan	dfill				
NEWARK CARTING 04509 5						YARD									
NEWARK, NJ						Disposal Date City, State BETHLEHEM PA									
Completed by JOSEPH PERLSTEIN		S	Signature Date 04/20/16												

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State of New Jersey

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Date of Notification (1) April	19, 2016			Nar	me of Bu	ilding Ow	Segal 8			LAPA 3	89 30	2165	- U	1		
Agencies Notified Type [X] EPA [] DEP [X]	of Notification Initial Not Amended			355,500	Street Address 465 South Street ASBESTOS CO ASBESTOS CO LICCI-											
[x] DOL	Amendme Emergenc	y (includ	ling		Morristown, NJ 0796					62						
[] DCA [justification Cancellati			Na	me of Co	ontact Fred Kir	nak		le le	lephone Number						
			F	ACILI	TY INI	FORMA	TION									
Name of Facility Where Abatemet Summit I	t is Taking Plac Iill Apartme							Туре	of Facility (4)	School (k-12) Subchapter 8 (oth	er than k	c-12)				
Street Address 100 Ston	e Hill Road								[x]	Other (i.e., privat homes, etc.)	e & com	mercia	l buildir	ngs,		
City	С	County (6)		anty Cod ATE US	e (7) SE ONLY)		1	re feet 0,000 sf	# of Floors 2	Bldg.	Age 60)			
Springfield		Jnion			0.41	- 1	N		Apartment Contractor (
Name of Monitoring Firm Hired b	y Building Own Contracting	ner (8)		AS	CM No.		Name of	Abatei	Guardia	n Contracting,	Inc.					
Street Address 1889 Rte				Street Ac			oute 9, Unit 61									
	ver, NJ 0875	55					City, Sta		Toms R	iver, New Jers	ey 087	55-12	71			
Project Manager for Monitoring I Nicholas Fernicola	nber 932	732-349-9932 00624														
Scheduled Start Date (10) 4/18/16		So	cheduled Con 4/22/16	npletion I	Date (11)	E.M.S.L. Analytical										
Occupancy Status During Abatem	nent (Check only osed/Vacated D	y one) uring Er	itire Period of	f Abatem	ent		Street A	ddress	1056 St	telton Road						
	Performed Out						City, Sta	te, Zip	Code Piscata	way, New Jers	ey 088:	54				
Scope of Work (Check all that ap	ply)					"	[full Containment	with Negative Pre	ssure					
$\begin{bmatrix} & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ \end{bmatrix} > 3 \text{ sf or } \ge 160 sf o$			r - 1	enovation			[x		Glovebag Procedi Non-Exempted (*	ure ') and Non-Friable	Procedu	re				
[A] 2100 31 01				T							Abat	ement	Туре			
Location of Asbestos-Containing Materi TO BE ABATED in facility (13)		No	s Location rmally used Solely by nance/Cust Staff (12)			Asb M (i.e. insu	Descripti estos-Co (aterial (, thermal lation, s VAT, er miscel	ntaini ACM) syste urfacii or	ms ng,	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	E N C L O S U R E		
		110	X		Asbestos pipe insulation					160 lf	X					
Storage room J			Λ		713003	LOS PIPO										
			4										-			
						2	, ,,,,,,	, I	Name of Death	arad Landfill						
Name of Registered Waste Haul Guardian Contra		N.	DEP Waste	Hauler II 223	No.	Cubic Ya	rds of Wa	iste	Name of Regist T.R.R.F.	ered Landilli						
City, State Toms River, New			202	Disposal 4/2 0 /10			City, S		, Pennsylvani	ia						
Completed by (Print or Type) Nicholas Fernico		Title Projec	t Manager		Signature				,1	Date 4/19/2016						

				New Jers								_				
	NOTII	FICATIO (Pursu	N OF A				EMENT	EGE				Description of the second				
Date of Notification (1) April 19, 2016			Name of	Building O			ing Parish	APR 3	892	8162	J.	7				
Agencies Notified Type of Notificati [x] EPA [] Initial [] DEP [] Amend [x] DOL [x] Emerg [x] DCA [] Cance	ition	City, Sta	Street Address 380 Division Street ASBESTOS CONTROL & LIGENSING Long Branch, NJ 07740 Name of Contact Frank Muzzi Telephone Number													
		FA	CILITY	NFORM	ATION											
Name of Facility Where Abatement is Taking I Star of the Sea Chu Street Address	rch					Туре	[]	School (k-12) Subchapter 8 (other			ıl buildi	ngs,				
101 Chelsea Avenu	ie	- 20					l l	nomes, etc.)								
City	County (6)	County C (STATE	Code (7) USE ONLY	7)		are feet 8000 sf	# of Floors	Bldg	Age 10	0					
Long Branch	Monmo	uth				Curr	rent Use (Prior if be Church	230.			100					
Name of Monitoring Firm Hired by Building C Guardian Contract			ASCM N	lo.	Name of	Abater	ment Contractor (9)) Contracting, 1	Inc.							
Street Address				Street Ac	idress											
1889 Rte. 9, Unit 6 City, State, Zip Code		City, Sta	te, Zip		ite 9, Unit 61											
Toms River, NJ 08			1553		Toms Riv	ver, New Jerse		55-12	271							
Project Manager for Monitoring Firm Nicholas Fernicola	er 2	Telephone Number License Number														
Scheduled Start Date (10)		ion Date (11) Name of OSHA Monitor														
4/20/16		4/22/16			Street A	ddrecc	E.M.S.L.	Analytical								
Occupancy Status During Abatement (Check of Facility Closed/Vacated		tire Period of A	batement		Succi A	uurcss	1056 Ste	lton Road								
Abatement Performed (Other – Describe					City, Sta	ite, Zip		ay, New Jerse	y 088	54						
Company of the standard company					[l F	full Containment w	ith Negative Pres	sure							
Scope of Work (Check all that apply)					[]	D)	Mini-Enclosure									
$\begin{bmatrix} x \end{bmatrix}$ >3 sf or \geq 3 lf	(97		ovation		[x		Glovebag Procedure)roandu	ro.						
[] ≥160 sf or ≥260 lf	[] Den	nolition		ι.] N	Non-Exempted (*)	and Non-Friable i	_							
									Abat	ement	Гуре	-				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Location rmally used solely by nance/Custodi Staff (12)		Ash (i.e ins	Description Destos-Co Material (A., thermal ulation, su VAT, er miscel	ntainin ACM) syster urfacin or	ms ng,	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	E N C L O S U R E					
Basement/boiler room		X	Asb	estos pipe	insulatio	on		240 lf	X							
				1	1 0	, 1	NI. CD	d Tandell								
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJI	DEP Waste Hav 20223		Cubic Ya	ards of Wa	ste	Name of Registere T.R.R.F.	ed Landiiii								
City, State		Di	sposal Date		City, S											
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project	Manager	25/16 Signa	ature	Tully	town	Pennsylvania	Ĵ	Date 4/1	9/201	6					

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

Date of Notification (1) Name of Building Owner/Operator (2) January 19, 2016 Seminole Construction Agencies Notified Type of Notification Street Address [X] EPA [X] Initial Notification 128 Bartlett Avenue] DEP Amended Notification ASBESTOS CONTROL & City, State, Zip Code Amendment # [X] DOL LICENSING West Creek, NJ 08092 Emergency (including justification) [x] DOH Name of Contact Telephone Number Cancellation] DCA Joyce FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [X] Other (i.e., private & commercial buildings, homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 1000 sf 1 60 Ship Bottom Ocean Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/29/16 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 Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure X ≥160 sf or ≥260 lf [x] Demolition [X] Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of Е Location of Normally used Asbestos-Containing Amount Ε Ε N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L 0 in facility Staff insulation, surfacing, P 0 V (13)VAT, or (12)R S S U U other miscellaneous) A L R YES NO N/A L E E Exterior garage X Asbestos siding X 800 sf 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 5/3/16 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Date Nicholas Fernicola Project Manager 1/19/2016

Date of Notification (1) 4/20/2016				Building (perator	(2)			- 1	ΔPR	28	3 2	016					
Agencies Notified Type Notification	r e	1	Street Ad	ddress oadway				-		* * (
EPA Initial Amended Amendment			City, Sta	te, Zip Co on, NJ C	de	* T. C.				ASBI	ESTO	OS C	ON'	TRO					
▼ DOH justification DCA Cancellation)		Name of Contact Harry Cevallous								elephone Number								
	5/ /6/		FACII	LITY INFO	DRMATI	ON	Type	of Facility (4)					_					
Name of Facility Where Abatement is Taki Residence	ng Place (3))						School (K-1											
Street Address				N.			×	Subchapter Other (i.e. petc.)	8 (Otherivate 8	er than K-12 & commercia) al build	lings,	home	s,					
City (5)		51					Squar	re Feet	100000	Floors	100	ldg. A	ge						
Paterson			County C	20do (7)			3,50		2 or if bei	ng demolish		U +							
County (6) Passaic			(STATE L	JSE ONLY)				dence	JI 11 DOI	ng dome									
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No. Name of Abatement Contractor (9 N/A East Coast Haz Mat Remo							(9) noval Inc.	nc.								
N/A Street Address			N/A East Coast Haz Mat Removal								10.								
Street Address						494	E. 41s	st Street											
City, State, Zip Code							ip Code NJ 07504	1				ure tement 'ype							
Project Manager for Monitoring Firm		Telephor	ne No.		973-	none No 345-0	022		License N 00507	No.									
Start Date (10)	d Cor		Date (11)		Name of OSHA Monitor Same as above														
Apri 22, 2016 Occupancy Status During Abatement (Che	Street Address																		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Vacant Bldg. scheo	Period of A	bater	S	City, State, Zip Code															
Scope of Work (Check All That Apply)																			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	- Company	enova emoli	/ation Full Containment with Negat Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-I																
	Π.		•			<u> </u>	1 No	n-Exempted	1 (*) an	g Non-Friad	10-10-10-1	ement							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	ntena	ely by ence/ Staff?		tos Cont thermal surfa				(5	mount Specify F or LF)	Removal	Repair		Enclosure					
-0.00	Yes	No	N/A										0						
Entire Structure		Χ			Entire	e Struc	Structure 1			0 yds. X									
Name of Registered Waste Hauler Newark Carting, Inc.		ŀ	NJDEP W Hauler ID I 1222		Cubic of Was 150	Yards Name of Regis iste G.R.O.W.S.													
City, State Paterson, NJ 07504			1226		Dispos	sal Date 2016	/	City, Stat Morrisy		PA									
Completed by James E. Unger	Title Proje	ct Ma	anager	8	S	Signature		1 MB	,	Da 4,	te 20/2	016							
ASR-41 (R-06-08)				2:	//	* Do no	ot use t	his form for	asbes	tos licensure	e exen	npted	activi	ties.					

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-16						pour and	E M		DD	FF	~			
Date of Notification (1) April 21, 20		Name of Building Owner/Operator (2) U U U U U U U U U U U U U U U U U U U												
Agencies Notified IX EPA IX DCA IX DOL IX DEP- No Longer REQUIRED IX DOH			otificati ed Notifi ency (in ation)	on ication # icluding	Street Address ENVIRONMENTAL HEA 27 ROAD 1, BLDG 4086 City, State, Zip Code PISCATAWAY, NJ 0885 Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	BEST	ON CAN	NTRO	PUS VTBOL &					
				FACILITY INF										
Name of Facility Where Abatement is LIPPENCOTT HALL, BLDO Street Address	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12)													
DOUGLASS CAMPUS					☐ Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years									
	ty (6) IDDLES	SEX		Code (7) Ise Only)	Current Use (prior if being dem	nolished):	STU	DENT RE	SIDEN	CE HA	LL			
Name of Monitoring Firm Hired by B	dg. Owner	r (8)	ASCM 1 0098	- Company	Name of Contractor (9) GREENWOOD ABATEM	ENT CO	ONSU	LTANTS	s, INC.					
Street Address 3 TERRI LANE					Street Address 268 MAIN STREET									
City, State, Zip Code BURLINGTON, NJ 080				City State, ZipCode BUTLER, NJ 07405										
BRIAN KEARNY Telephone Number 609-386-8800					Telephone Number License Number 973-492-0477 00840									
Scheduled Start Date (10) 05/23/16		104/16	ompletion	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC. Street Address									
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other – Describe: SUB 8 Occupied Schedule: 8AM - 6PM (24 HOURS & WEEKENDS AS NEE					20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ									
Scope of Work (Check all that apply)				X Full	Contain	ment w	rith Negati	ve Pres	sure				
□≥ 3 sf or ≥ 3 lf ⊠ ≥ 160 sf or ≥ 260 l				☑Renovation ☐ Demolition	■ Mini-Enclosure■ Glovebag Procedure / Wrap & Cut■ Non-Exempted (*) and Non-Friable Proc						re			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Locatio Solely by Staff? (12 YES	Maint./Cu	stodial	Description of Asl (ACM) (i.e. therm VAT, or other mis	sbestos Containing Material ma! systems insulation, surfacing, iscell.) Amount (Specify SF or LF) Abatement Tyrent (Specify SF or LF)						nclose			
RESTROOMS		X		TSI - PIPE IN	ISULATION	400 L	.F	X						
RESTROOMS		X		FLOORING/	VAPOR BARRIER	5600	SF	X						
Name of Reg. Waste Hauler See Hauler Below #1 & 2 NJDEP Waste Hauler II See Below									Name of Registered Landfill G.R.O.W.S. North Landfill ate City, State					
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 0740 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509				UF10 01	07	posal Da /04/201	16	1 R	00 New d. Morr 9067 15-736-	Ford N sville,				
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER				Signature C/	Date April 21, 2016									