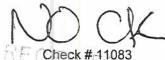
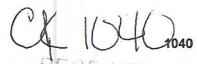
NOCK

D-4(N-45-4-44)			1			72.	0.10011		7'		
Date of Notification (1)	gust 19, 2016			of Buildir n Peterso	ng Owner / Operator	(2)	2010 0110				
	Type Notification		_	Address	41		2016 AUG 31 /	AH 11:	n2	_	
	••				<u> </u>		ASBESTOS C. & LICENS		F. Z		
EPA							ASSESTOS C	ONTO	OI		
DEP							& LICENS	INC	UL		
⊠DOL	✓ Initial		3 35500	State & Zij			- 1.00	HIG	- 5-20		
DOH	Amended Amendment	#	Gallo	way, NJ	08025						
DCA	Cancellation	"	Name	of Contac	ct	11-2	IT	elephon	e Ni	mhe	ar
				0.00			i	crepnon	ic ivu	IIIDC	
			FA	CILITY	INFORMATION		<u> </u>				
Name of Facility Where	Abatement is Taking	g Place (3)			Type of Faci	lity (4)					
Residence		3 (0)			School						
Street Address					Subcha	pter 8 (Other tha	an K-12)				
					Other	(i.e., private &	commercial building	gs, hon	ne, e	tc.)	
-					Square Feet	# of F	loors BI	dg. Age			
City (5)					1,72		2	13	1 ye	ars	
Clinton					Current Use Residence	(Prior if being de	emolished)				
County (6)		County Code	e (7)		Residence						
Hunterdon		USE ONLY									
Name of Monitoring Firm	n Hired by Building C	Owner (8)	11 556	ASCM	No. Name of Aba	atement Contrac	tor (9)				
N/A					Synatech, Ir						
Street Address					Street Addre 829 Radio R	5.7					
City, State & Zip Code					City, State &				-		
						arbor, NJ 0808	7				
Project Manager for Mor	nitoring Firm	Те	lephone I	Number	Telephone N 609-296-691	6	License Nur	mber 0081	7		
Scheduled Start Date (1 August 29, 20	20.50	led Completi Septem	on Date (ber 29, 2		Name of OS Synatech, In						
Occupancy Status Durin		conly one)			Street Addre	ss					
	formed Outside of N			IIL	829 Radio R	2004					
Other – Describ		omiai nouis	8		City, State &		,				
	ed During Abatemen	ŧ			Little Egg n	arbor, NJ 0808	r.				
Scope of Work (Check a			0.7								
Scope of Work (Check a	ш шасарруу				<u></u>	1					
>3 sf or > 50 lf		П	Renovati	on	F		ent with Negative Pres	sure			
≥160 sf or ≥260 lf	r ·	=	Demolitic			Mini-Enclosure					
<u>∠</u> √ ≥100 31 01 ≥200 11			Demonite	""		Glovebag Proc	edure d(*) and Non-Friable P		2200		
Location	on of	Is I ocati	on Norms	ally Used	Descript		(") and Non-Friable P		re atem	ont T	Funo
Asbestos-Containir			y Mainter		Asbestos-C		Amount (Specify		aterin	SIIL I	ype
TO BE A		Custo	dial Staff	? (12)	Material	(ACM)	SF or LF)				
IN Fa					(i.e., therma insulation, sur					ш	_
(10	′/				or other misc				곴	nca	in in
						The state of the s		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				<u>a</u>	7	late	ГĒ
Basement Work Room	and Store Room		х		Floor	Tile	290 SF	X		М	\top
Basement Ducts			х		Duct Inst	ulation	200 LF	X			
Basement Stairwell Lar	nding		Х		Floor	Tile	6 SF	X			
Name of Registered Wa	ste Hauler	NJDEP V	Vaste	Cubic Y	ards of Waste	Name of Regis	stered Landfill				
		Hauler ID									
Synatech, Inc.		27	429	12 Dianas	I Data	Grows Landf	ill				
City, State				Disposa	u Date	City, State					
Little Egg Harbor, NJ				Septem	ber30, 2016	Morrisville, P	A				
Completed By	Title '		=300=000	Signatu			Date				
Diane Aloia	Fyecus	tive Adminis	strator	1 1/1	Pine HIN	•	August 19 2016				



Date of Notification (1)						ng Owner / Ope	erator (2)		- 1 5 km k	j.			
	ugust 19			David				2010 1110					
Agencies Notified	Type No	tification		Street	Address			cuin AUG	31 AMII:	02			
□EPA □DEP								ASSESTI & LIC	IS CONTO	O.			
⊠DOL		nitial		City S	tate & Zi	n Code		- & Lic	FNSINC	IJĹ	_		
		Amended			boro, NJ				- HUING				
⊠DOH		Amendment	# 1	l' lairis	, , , , , ,	00000							
DCA		Cancellation		Name	of Contac	ct			Tel	ephon	e Nu	mbe	r
				FA	CILITY	INFORMAT	TION						
Name of Facility When Residence	e Abatem	nent is Takin	g Place (3)				of Facility (4) School (K-12)				5.75		
Street Address								thorthon K 12)					
Street Address						1		other than K-12)	alat kadida	·		\	
						-		rate & commer			ie, e	tc.)	
Oity (E)						Squar	e Feet	# of Floors	Bldg	g. Age			
City (5) Clinton						Curro	1,720	2 peing demolished	1/	13	1 ye	ars	
				0 42520		111 (41)	dence	being demonstret	1)				
County (6) Hunterdon			County Cod USE ONLY										
Name of Monitoring Fin	m Hired	by Building (Owner (8)		ASCM		of Abatement (ech, Inc.	Contractor (9)					
Street Address							Address						
City, State & Zip Code							adio Road State & Zip Code	e					
,							Egg Harbor, N.						
Project Manager for Me	onitoring	Firm	Te	elephone N	Number	100 miles (100 miles)	none Number 96-6916		License Numb	oer 0081	7		
Scheduled Start Date (August 29, 2	S. 6 C. 19 P. 7 V.	Schedu	led Complet	ion Date (of OSHA Monit	tor					
Occupancy Status Dur	ing Abate		k only one)			Street	Address adio Road						
Facility Closed Abatement Pe		ere v rakt ^{er} mores					State & Zip Code	2				_	-
Other – Descr		Outside of N	ioimai moui	5			0)						
		- Ab-4				Little	Egg Harbor, N.	J 0000 <i>1</i>					
Scope of Work (Check										62745-77			-
		ANT NEW YORK					☐ Full Co	ntainment with N	egative Press	ıre			
23 sf or ≥ 50 lf			П	Renovation	on		Mini-En						
≥160 sf or ≥260	If			Demolitio	n		- Comments	ag Procedure					
<u> </u>								xempted(*) and I	lon Friable Dr	cedu			
Loca	tion of		le Locat	ion Norma	lly I lead		escription of	kempted() and i	Table 1 1	_	atem	ant T	vne
Asbestos-Contain		rial (ACM)		y Mainten			stos-Containing	a l Amo	ount (Specify	700	atem	Citt 1	ype
	ABATED			odial Staff			aterial (ACM)		SF or LF)				
	acility						thermal system					Е	
(1	13)						on, surfacing, V er miscellaneou			ᅵᇕᅵ	מ	nca	E
						OI Othe	er imscenaneou	5)		Removal	Repair	sde	log
			Yes	No	N/A					val	¥	Encapsulate	Enclosure
Basement Work Roor	n and St	ore Room	+	х			Floor Tile		290 SF	х		Н	\forall
Basement Ducts				Х		Du	ct Insulation		200 LF	X			1 1
Basement Stairwell L	anding			Х			Floor Tile		6 SF	x			
Name of Registered W	aste Hau	ler	NJDEP Hauler II		Cubic	ards of Waste	Name	of Registered La	ındfill				
Synatech, Inc.			The selection of the se	7429	12		Grows	s Landfill					
City, State					Dispos	al Date	City, S			-			
Little Egg Harbor, NJ					1 *	nber 30, 2016		sville, PA					
Completed By		Title			Signatu		2	Date			-		\neg
Diane Aloia		Execu	ıtive Admin	istrator		ani al	lon	Α .	ugust 26, 201 19, 2016	6			



Date of Notification (1)				Name of	Building (Owner/0	Operator (2)	The State of	L. Fy	11			
Augu	ıst 26, 2016	a .	4	Èthicon,	Inc.				BOSO SILA					
Agencies Notified	Type Notification			Street A	ddress				2016 AUG 3	I AM	10: 3	57		
EPA	☐ Initial		d	PO BOX	(151)								4	
I DEP	Amended		- [City, Sta	te, Zip Co	de		10	ASBESTO	SCON	TRI	71		
DOL	Amendment Emergency (-4	Somerv	ille, NJ (08876	for the same of th		& LICE	ENSIN	G	<i>-</i>		
DOH	justification)	ncluding	T	Name of	Contact		-		TelephoneN					
DCA	Cancellation		F	Project	Manage	r			(973) 234-	7026				
				FACI	LITY INFO	DRMAT	ION							
Name of Facility Where	Abatement is Taking	Place (3)						Type of Facility	(4)					
Ethicon Bldg G								School (K-						
Street Address									r 8 (Other than K private & comme		dinas.	home	es.	
737 US Route 22								etc.)			100000			
City (5)			-					Square Feet	# of Floors	E	Bldg. A	ge		
Bridgewater, NJ									3					
County (6)				County C	Code (7) JSE ONLY)			Current Use (Pri	or if being demo	lished)				
Somerset				(STATE C	SE ONLI)		_		Facility	•				
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.		Name o	of Abatement Co	ntractor (9)					
Bulava Environmenta	al, Inc.						The M	ACK Group, L	.LC.					
Street Address							Street A	Address						
12 Kilmer Drive							1500 K	ings HWY N,	STE 209					
City, State, Zip Code							City, St	ate, Zip Code					20. 5	
Hillsborough, NJ 088	344-3830	ili.					Cherry	Hill, NJ 0803	4					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepho	one No.	e No.					
Edward J. Bulava			Ş	908-874	-6207			73) 759 - 5000 00781						
Start Date (10)		Schedule	duled Completion		Date (11)		Name o	ne of OSHA Monitor						
9/13/10				9/13/17	7		The M	ACK Group, L	.LC.					
Occupancy Status Durin	g Abatement (Chec	only On	e)				Street A	Address						
Facility Closed/Vac	ated During Entire F	eriod of A	bater	ment			1500 K	ings HWY N,	STE 209		alian .			
	ed Outside of Norm	al Facility	Hour	S			City, St	ate, Zip Code						
Other - Describe:							Cherry	Hill, NJ 0803	4					
Scope of Work (Check A	II That Apply)						<u> 200</u>	<u></u>						
≥3 sf or ≥3 lf		⊠ R	enova	ation				Full Containm	ent with Negat <mark>i</mark> v	e Pressu	re			
≥160 sf or ≥260 lf		X D	emoli	ition			R	Mini-Enclosur						
							5	Glovebag Pro Non-Exempted	d (*) and Non-Fria	ble Proce	dure			
		la	Locat	tion							225 (152-16)	emen	t	
Location		7070	lorma			D	escription	of			T	/pe		
Asbestos-Containing		200 100 000		ely by	Asbest			aterial (ACM)	Amount			m		
TO BE AB	ATED			ance/ Staff?	(i.e.			insulation,	(Specify	Re	Z	nca	Enc	
In Faci (13)			(12)				acing, VAT miscellan		SF or LF)	Remova	Repair	Encapsulate	Enclosure	
(10)		\vdash				00.	moooman			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	=	late	l e	
		Yes	No	N/A								-		
Basement Ba	athrooms		X			VA.	T & mas	stic	2,000 s/f	\times				
"	area area control or a control		X				pipe		500 l/f	X				
		-	$\langle \rangle$	+			crashanda	utu ii			,	1		
		-	\triangle	+		auc	t insulat	ion	400 s/f	-	-	-		
								.,						
Name of Registered Wa	ste Hauler		77	NJ DEP W			Yards	Name of	Registered Land	lifil				
Freehold Cartage				Hauler ID 222		of Wa	29	REI Imp	erial Landfill					
Freehold Cartage City, State				222	.55	Dispo	osal Date	City, Sta	March Committee					
Freehold, NJ							9/13/17	- 100 March 100	I, PA 15126					
Completed by	· · · · · · · · · · · · · · · · · · ·	Title					Signature	/ / ///	1, 17, 10120	Date		-		
Michael Cooper		Presid	ent			pri-	She	1//-		3/26/16				
iviiciiaei Coopei	The state of the s	i iesiu	CIIL							J. 201 10				

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



Date of Notification (1)					Nam	e of Buildir	g Owner/Operator ((2)	131-3717	\$ 1	-1./		
08 /	26 /	16	;				Turnpike Autho	rity	0000 0110 0	•••			
Agencies Notified	Type Notific	cation		-	Stree	t Address			2016 AUG 31	AM	10: 3	53	
⊠ EPA	☐ Initial	Julion				1 Main St	<u> </u>		A CONTRACTOR OF STATE				
☑ DEP		d				State, Zip			ASBESTOS	COP	HR	9L	
DCA (NJAC 5:16)	Amendn				100000000000000000000000000000000000000		e NJ 07095		& LICE	4314	IG		
DCA - DOL	☐ Emerger		icluain	g		e of Contac			Telephone Num	her		_	
(NJAC 5:23-8)	☐ Cancella					NO. 1279-01779-1771	vensdorf		7324428600				
					1		NFORMATION		7021.2000				
Name of Facility Where A	hatement is	Taking	n Place	(3)	ГА	CILITI	NFORWATION	Type of Facility	(4)				
Existing Bldg	ADALETTICITE IS	raking	y r lace	(5)									
Street Address			- 2					School (K-12	3) 3 (Other than K-12)			
MP E111.5								Other (i.e., pr	rivate & commerci		dings		
City (5)								homes, etc.) Square Feet	# of Floors	IB	ldg. A	ne .	-
Secaucus								6900	1		1960		
County (6)					Cou	nty Code (7	7)(STATE USE ONLY)		or if being demolis				-
Hudson						,	,,e, = 00= 0,,E.,,	Prosecutor's		,,,,,,			
Name of Monitoring Firm	Hired by Buil	dina C	Owner	(8)	ASCM	No.	Name of Abateme						
Bio Terra Environm				,		15995	APS Contrac						
Street Address							Street Address	3,					
PO Box 1224							155-161 Penn	sylvania Aven	ue				
City, State, Zip Code							City, State, Zip Co						
Union , NJ 07083							Paterson, NJ						
Project Manager for Moni	toring Firm		100	Tel	ephone	No.	Telephone No.		License No.			700	-1500
Rick Eustaquio	- C.				0.0000	-3762	973-754-1908		01-287				
Start Date (10)	1	Sched	uled C	omple	tion Da	ate (11)	Name of OSHA M	lonitor	 				
09 /12 /	_16	_0	9 /	_2	3_ /	16	APS Contract	ting, Inc.					
Occupancy Status During	Abatement (Check	c only o	ne)			Street Address				4 - 2		
☐ Facility Closed/Vacate				ALCONOM:	ment		155-161 Penn	sylvania Aven	ue				
☐ Abatement Performed							City, State, Zip Co						
Time of Abatement:	AM	P\	Λ/	_PM		AM.	Paterson, NJ						
Scope of Work (Check all	that apply)												
☐ ≥3 sf or ≥3 lf			☐ Re	novat	ion		☐ Full Cont	ainment with Neg	ative Pressure				
≥3 \$1 01 ≥3 11 ≥160 sf or ≥260 lf			⊠ De				☐ Glovebag						
				•		т	Non-Exer Non-Exer	mpted (*) and Nor	n-Friable Procedu				
I acama Ma asso			1.00	Loca Iorma			S			Ab	atem	ent T	ype
Location of Asbestos-Containing N		1)	Use	d Sol	ely by	Asbe	Description of stos Containing Mat		Amount	Z.	R	щ	四
TO BE ABA	TED			intena odial	ince/ Staff?		rmal systems insula		(Specify	Remova	Repair	ıcap	clos
IN Facility (13)	у			(12)			VAT, or other miscellaned	ous)	SF or LF)	<u>sa</u>		Encapsulate	Enclosure
(5.57)			Yes	No	N/A			*				te	
Thruout Bldg				\boxtimes		VAT	274 III II I		8,448 sf.	\boxtimes			
Thruout Bldg				\boxtimes			ass Wall Insul/Ce Transite	ement Brd	324sf				
EC Rm1038				\boxtimes			Cork Floor Tile		7,940sf				
EC Rms 1040				\boxtimes		Cement	Piping/Pipe Inst	ulation	22 If	Ø			
Name of Registered Waste	e Hauler			100.0	JDEP \	PO 10 10 10 10 10 10 10 10 10 10 10 10 10	Cubic Yards of	Name of Regist	ered Landfill	-			
APS Contractors, In	c.				auler II 21259		Waste 40 Yards	Grows Land	dfill				
City, State							Disposal Date	City, State					
Paterson, New Jerse	Эy						09/26/16	Morrisville,	PA 19067				
Completed By (Print or Typ	pe)	Title					Signature	}	Da	te	ì		7
Svetozar Savreski		Pr	eside	nt		0.3	South		23	8	11.	,/,	1
				112			2-1111	2		3/	CV	4	0



Date of Notification (1) 08/25/2016		Name of Merce	f Building Owner r County Imp	Operator rovemer	nt Autho	riAWG	31 /	M 10:	52			
Agencies Notified Type Notification		Street A	^{ddress} milton Avenu		Δ5	DEST	05 (ONTF SING	ROL			
DEP X Amended Amendment #4			ite, Zip Code in, NJ 08611			Oc L	ICEN	CITTO				
	ding	Name of Al Coll	f Contact ins					phone N 278-8				
	•	FACI	LITY INFORMA	TION								
Name of Facility Where Abatement is Taking Pla Mercer County Courthouse and Annex					Type of I	Facility (4 nool (K-1)						
Street Address 209 South Broad Street					× Sub	ochapter er (i.e. p	8 (Othe	r than K- commer		dings,	home	es,
City (5) Trenton					Square F ~ 46,80		# of 6	Floors	1,500	3ldg. <i>A</i> '0+	\ge	
County (6) Mercer		County (Code (7) USE ONLY)		Current C				shed)			
Name of Monitoring Firm Hired by Building Owne Pennoni Associates Inc.	er (8)	ASCM 0010		100000000000000000000000000000000000000	of Abatem oer Envir			100	Inc			
Street Address		10010		Street	Address		nui oc	7,1000,	1110.			
515 Grove Street Suite 1B City, State, Zip Code			-	City, S	idge Roat tate, Zip C	Code		-				
Haddon Heights, NJ 08035 Project Manager for Monitoring Firm		Telephor	ne No.		enixville,	PA 19	460	License	No.			
Thomas Adams		856 65	6-2912	610 9	933-433			00836				
1/25/2016	eduled Cor 12/2016	npietion t	Date (TN)	10.000000000000000000000000000000000000	of OSHA I per Envir		ntal Se	rvices,	Inc.			
Occupancy Status During Abatement (Check Onl Facility Closed/Vacated During Entire Period	-	nent			Address idge Roa	ad						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Facility Other – Describe:				77576	tate, Zip C enixville,		460					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renova Demolit			× × ×		nclosure pag Proc	edure	Negative			۵	
T.					2 NOTE	xcmpted	() and	14011 1 116	Tole 1 10		ement	
	Is Locat Normal										pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Sole Maintena Custodial S (12)	ely by nce/	Asbestos Co (i.e. therm: surf		laterial (Ad s insulation T, or		(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	es No	N/A									e e	· CU
Throughout		X	See At	tached 7	Table 1		See A	ttache	x b			
Old Courthouse Basement		X	See Attac	hed Spi	readshe	et	See A	ttached	x b			
Name of Registered Waste Hauler	1000	JDEP W		c Yards	N	lame of F	Register	ed Landf	fill			
Horizon Disposal	10000	lauler ID 0416	~ 1,0	000				rtown L	andfill			
City, State Fairless Hills, PA				osal Date 16-8/20		ity, State Iorrisvi		Λ.				
Completed by Ti				\								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

								į.	(EC)	TIVE	r.	CELIFORNIC IS		-3435-0-0-0-0-00
Date of Notification (1)	August 25, 201	6			Name of Bu	ilding (Owner/Open	rator (2)		PGE.	2		1	
							Kobel	t Caroselli 2016	AUG 31	8MIO	30	18	<u> </u>	
Agencies Notified [X] EPA	Type of Notifica	tion I Notifi	cation		Street Addre	ess					49			
DEP	1 1		otification		Cit. State 1	7: 0	· ·	19Q	STOS	CONT	रेगा			
[x] DOL	19 20	ndment			City, State, 2	Zip Cod	ie Fast B	Srunswick, NJ (LICE	MSING	YUL			
[x] DOH		rgency (fication)	including		Name of Co		- Lust D	Turio II Turi						
[] DCA		ellation					t Carosel	li	Telepho	ne Number				
				FAC										
Name of Facility Where Ab	natement is Taking	Place (3)	PAC	CILITY INF	UKW	AHON	Type of Facility	(4)					
	idence		- X					[201	ol (k-12)				
Street Address								[700	hapter 8 (ot				
								[x	E. 199	r (i.e., priva es, etc.)	te & co	mmerc	al build	lings,
City		Cour	nty (6)		County Code	(7)		Square feet		f Floors	Bldg	, Age	- 925980	
					(STATE USE	ONLY	7)	1500 sf		1		- 6	0	
Toms River		Oce	an					Current Use (Pri	or if being dence	demolished))			
Name of Monitoring Firm I	Hired by Building	Owner	(8)		ASCM No.		Name of	Abatement Contra						
N/A	<u> </u>								rdian Co	ntracting,	Inc.			
Street Address							Street Ad		9 Route	9, Unit 61				
City, State, Zip Code							City, Stat	e, Zip Code						
Project Manager for Monito	oring Firm		Telephone	Number			Telephon	Ton e Number	is River,	New Jers License N		755-12	271	
Troject ivialiager for iviolitic	/ing i iiii		relephone	rvamoci			732-34			00624	unioci			
Scheduled Start Date (10) 9/9/16			Scheduled 9/12/		on Date (11)		Name of	OSHA Monitor E.M	.S.L. An	alytical				
Occupancy Status During A							Street Ad	ldress						
3 3	ity Closed/Vacated ement Performed		7						5 Stelton	Koad				
2 2	r – Describe	outside	or rvormar r	actify 110	uis		City, Stat	e, Zip Code	otoviov.	New Jerse	noo	51		
New-												J 4		
Scope of Work (Check all the	hat apply)						l J	Full Containn Mini-Enclosu		egative Pres	sure			
[] >3 st	f or ≥3 lf		[]	Renova	tion		[]	Glovebag Pro						
[x] ≥160	sf or ≥260 lf		[x]	Demoli	tion		[x]	Non-Exempte		lon-Friable	Procedu	re		
											Abat	ement	Type	
			Is Location	on		I	Descriptio	n of						E
Location of			Normally 1				estos-Con		2 2532	Amount	R E	R E	E N	E N
Asbestos-Containing M TO BE ABA		Mai	Solely b ntenance/C				Saterial (A , thermal s			oecify SF or LF)	M	P	C A	C L
in facility		14141	Staff	astoutui			lation, sur		9	or Er,	0	A I	P	o
(13)			(12)				VAT, o				V	R	S U	SU
		YES	S NO	N/A		otne	er miscella	ineous)			A L		L	R
				1	1				1	70.0			Е	Е
Exterior			X	-	Asbestos	sidin	g		15:	50 sf	X			-
				-					_		 			-
				-	ļ				-		-			-
Name of Registered Waste I	Hauler		NJDEP Was	te Hauler	ID No. Cu	ibic Yar	ds of Wast	e Name of Reg	ristered Lar	ndfill	1		L	
	ntracting, Inc.			20223		3		T.R.R.F						
City, State	Naw Iaray			Dispos 9/13/	al Date		City, Sta		nia					
Toms River, Completed by (Print or Type		Title		1 9/13/	Signature		Tullyte	wn, Pennsylva	1 и п		Date			
Nicholas Fern		The state of the s	ect Manag	ger		1	\ ·-	te			8/25			

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

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 Toms River, New Jersey 08755

RECEIVED

2016 AUG 31 AM 10: 49

Date Received

DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark:	***	Notificat	ion:			
I. TYPE OF NOTIFICATION (O - Original R - Revised C	Cancelled):	0	II.	IS ASBESTOS	S PRESENT? (Yes	s/No):	Y
III. FACILITY INFORMATION (identify owner, removal contra	ctor and other o	operator)					
OWNER NAME: Robert Caroselli							
Address:							
City: East Brunswick State:	NJ		Zip:	08816			
Contact: Robert Caroselli			Tel:				
REMOVAL CONTRACTOR: Guardian Co	ntracting, In	ic.		NJ License:	00624		
Address: 1889 Route	9, Unit 61	10.0					
City: Toms River State:	New Jer	rsey	Zip:	08755			
Contact: Nicholas Fer	nicola		Tel:	732-349-99	32		
OTHER OPERATOR (if different)				NJ License:			
Address:							
City: State:			Zip:				
Contact:			Tel:				
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo-	R - Renovation	E - Emergency Re	novation):	D			
V. FACILITY DESCRIPTION (Including building name, number	er and floor or re	oom number)			***	100	
Building Name: Residence							
Address: 1841 Compass Court							
City: Toms River State:	New Jer	rsey	County:	Ocean			
Site Location: Exterior						The Control of the	
Building Size: 1500 sf # of F	loors:	1	Age in Y	ears: 60			
Present Use: Residence		Prior Use:	Residen	ce			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIAT	E, USED TO DETEC	T THE PRE	SENCE OF ASB	ESTOS MATERI	AL:	
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	1					Nonf	riable
		RACM				Asbestos	Material To Be
Regulated ACM to be removed Category I ACM not removed		To Be Removed		LOCAT	ION		oved
Category II ACM not removed		Removed				Cat I	Cat II
Pipes (Linear feet):							
Surface Area (Square feet): 1550 sf	Asbesto	s siding		Exterior			
RACM Off Facility Component (Cubic feet):							
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/9/16		Complete:	9/12/1	6	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OF DESCRIPTION OF WORK PRACTICES AND E				AMID
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be plant	e roped off with caution ta	ape and warning signs. Plastic s	& LICEA sheeting will be placed on the g	CONTROL Found below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Gua	rdian Contracting	. Inc.		
		9 Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	nolas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:		110		
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	.R.F.			
	Location: Bore	dentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	ASE IDENTIFY THE AGE	NCY BELOW AND ATTA	CH COPY OF ORDER
	Name:		Title:		
	Authority:	***			
	Date of Order (MM/DD/YY):		Date Ordered to Begin	(MM/DD/YY):	
xv.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condit	ions or would cause eq	quipment damage or an unre	asonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLI ASBESTOS MATERIAL BECOMES CRUMBLE				OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR Nicholas Fernicola / Project Manager	VIDENCE THAT THE MAL BUSINESS HO	E REQUIRED TRAINING	HAS BEEN ACCOMPLIS	ART M) WILL BE ONSITE DURING HED BY THIS PERSON WILL BE August 25, 2016
	(Printed Name/Title)		(Signature of Owner	Operator)	(Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION Nicholas Fernicola / Project Manager			11	August 25, 2016
	(Printed Name/Title)		(Signature of Owner	Operator)	(Date)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Data of Natification (1)		N. CD 111	0 10	10, E 1	-11 Y & [)				
Date of Notification (1) August 25, 20	16	Name of Building	Owner/Oper Ed Ka	talinas 2016 AUG	21 #WID. #	30	18	2	-
	ation al Notification ended Notification	Street Address		ASREST	DS CONTO) 	(V 1940	
[x] DOL Am	endment #ergency (including	City, State, Zip Co	de Ringw	ood, NJ 07456	CENSING	<i>)</i> [
	ification) cellation	Name of Contact Ed Ka	atalinas	5	Telephone Number	9			
	FA	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence				Type of Facility (4)	School (k-12)				
Street Address				[]	Subchapter 8 (of				
				[x]	Other (i.e., priva homes, etc.)			l build	lings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg.	Age)	
Lavallette	Ocean			Current Use (Prior in Resider	nce				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.			(9) an Contracting,	Inc.		•	
Street Address			Street Ad	1889 R	oute 9, Unit 61			4	
City, State, Zip Code			City, State	e, Zip Code Toms F	River, New Jers	ey 087	55-12	71	
Project Manager for Monitoring Firm	Telephone Number		Telephone 732-349	e Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10) 9/6/16	Scheduled Comple 9/7/16	tion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical	3-2-20			
경구 이 가고 있다.	only one) d During Entire Period of Ab Outside of Normal Facility H		Street Ad	dress	telton Road				
Other – Describe	Outside of Normal Facility F	lours	City, State	e, Zip Code Piscata	way, New Jerse	y 0885	4		
Scope of Work (Check all that apply)			[]		with Negative Pres	sure			
>3 sf or ≥3 lf	[] Renov	ration	L J	Mini-Enclosure Glovebag Procedu					
$\begin{bmatrix} x \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	[x] Demo		[x]) and Non-Friable I	Procedur	e		
						Abate	ment T	уре	
Location of	Is Location Normally used		Description bestos-Con		Amount	R	R	E	E
Asbestos-Containing Material (ACM)	Solely by	N N	Aaterial (A	CM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED	Maintenance/Custodia		, thermal s		or LF)	O	A	Α	L
in facility (13)	Staff (12)	inst	ılation, sur VAT, o			$\begin{vmatrix} v \end{vmatrix}$	I R	P S	S
(13)	(12)	oth	er miscella			A	.	U	U
	YES NO N/A			,		L		L E	R E
Exterior	X	Asbestos sidin	ıg		1400 sf	Х		ь	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	r ID No. Cubic Ya	rds of Waste	Name of Register	red Landfill				
City, State Toms River, New Jersey	Dispo 9/8/	osal Date 16	City, Stat						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	~ '	11		Date 8/25/	2016		
	*Do not use this for	m for asbestos licen	sure exemp	oted activities.					

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark:		Notificati	on:		
I. TYPE OF NOTIFICATION (O - Original R - Revised C	C - Cancelled):	0	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y
III. FACILITY INFORMATION (identify owner, removal contr	ractor and other	operator)				
OWNER NAME: Ed Katalinas						
Address:						
City: Ringwood State	: New Je	ersey	Zip:	07456	***	
Contact: Ed Katalinas		************	Tel:			
REMOVAL CONTRACTOR: Guardian C	ontracting, In	nc.		NJ License: 006	524	
Address: 1889 Route	9, Unit 61			-		
City: Toms River State	: New Je	rsey	Zip:	08755		
Contact: Nicholas Fe	ernicola		Tel:	732-349-9932		
OTHER OPERATOR (if different)				NJ License:		
Address:						
City: State	:		Zip:			
Contact:	Hanne Hanne		Tel:			
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	E - Emergency Ren	novation):	D		
V. FACILITY DESCRIPTION (Including building name, numb	per and floor or i	room number)				
Building Name: Residence	No.					
Address: 107 Trenton Avenue						
City: Lavallette State	: New Je	rsey	County:	Ocean		
Site Location: Exterior	1/.					
Building Size: 1500 sf # of	Floors:	1	Age in Ye	ears: 60		
Present Use: Residence		Prior Use:	Residence	ce		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, II	F APPROPRIAT	TE, USED TO DETEC	T THE PRES	SENCE OF ASBESTOS MAT	ERIAL:	
ar.						
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	· T				Nont	friable
		RACM			Asbestos	Material To Be
Regulated ACM to be removed Category I ACM not removed		To Be Removed		LOCATION	20,000	noved
Category II ACM not removed		Removed			Cat I	Cat II
Pipes (Linear feet):				15		
Surface Area (Square feet): 1400 sf	Asbesto	os siding)	Exterior		
RACM Off Facility Component (Cubic feet):						
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	9/6/16		Complete: 9	/7/16	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

Α.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVITION W	ork, and method(s)	11	LOENZED
xi.	DESCRIPTION OF WORK PRACTICES AND ENGAND RENOVATION SITE:			REVENT EMISSIONS OF	ASBESTOS AT THE DEMOLITION
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be placed	oped off with caution ta d in double 6 mil. Bags,	pe and warning signs. Plastic sealed and labeled and placed	sheeting will be placed on the	round below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Guard	lian Contracting,	Inc.		
	Address: 1889	Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nicho	las Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:		720		
xiii.	WASTE DISPOSAL SITE Name: T.R.R	.F.			
	Location: Borde	ntown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	NT AGENCY, PLEA	SE IDENTIFY THE AGE	NCY BELOW AND ATTA	CH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	(MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:	2011/2011			
	Explanation of how the event caused unsafe condition	ns or would cause eq	uipment damage or an unre	asonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED				OR PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVI AVAILABLE FOR INSPECTION DURING NORM	DENCE THAT THE	REQUIRED TRAINING	HAS BEEN ACCOMPLIS	ART M) WILL BE ONSITE DURING HED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner)	Operator)	August 25, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION I	S CORRECT. —	_ /		
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/	Operator)	

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Date of Notification (1) August 26, 2016			Name of Building Owner/Operator (2) Metropolitan YMCA of the Oranges														
Agencies Notified Type Notification				Street Address 139 East McClellan Avenue 2016 AUG 31 AM 10: 51													
П ЕРА	☐ Initial		139 East McClellan Avenue														
DEP X DOL	Amended Amendment			ite, Zip Co ston, NJ			ASDESTOS CONTROL & LICENSINO										
	Emergency justification)	(including	-	Name of	f Contact			& LICENSING ROL Telephone Number									
DOH DCA	Cancellation			Larry L	_akatos			973-985-7116									
Name of Facility Where	Abatement is Takin	a Place (3)		FACILITY INFORMATION													
Livingston YMCA	Abatement is Takir	ig Place (3)						Type of Facility (4)									
Street Address								School (K-12) Subchapter 8 (Other than K-12)									
321 South Livingsto					Other (i.e. private & commercial buildings, homes, etc.)												
City (5)							1.00	Square Feet	# of	Floors		Bld	g. A	ge			
Livingston																	
County (6) Essex				County Code (7) (STATE USE ONLY)				Current Use (Pr	ior if bei	ng dem	olished)						
Name of Monitoring Firm		Owner (8)	_					e of Abatement Contractor (9)									
Sky Environmental	Services				Be Construction Corpora						ration						
Street Address 140 Boulevard							Street Address 235 Watchung Avenue										
City, State, Zip Code Mountain Lakes, NJ 07046							City, State, Zip Code West Orange, NJ 07052										
Project Manager for Monitoring Firm								phone No. License No.									
Leonid Shereshevsky							973-6	3-669-2900 01231									
Start Date (10) Scheduled Co August 28, 2016 August 29,				5일 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				e of OSHA Monitor neider Laboratories Global Inc.									
Occupancy Status During Abatement (Check Only One)								t Address									
Facility Closed/Vacated During Entire Period of Abat							2512 W. Cary Street										
Abatement Performed Outside of Normal Facility Ho The Other – Describe: Area of abatement in shut down p			Hours perio	d d				tate, Zip Code mond, VA 232	220								
Scope of Work (Check A	II That Apply)			**************				26	4				-				
x ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovation Demolition					×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	1	1-1					Abatemen										
Location		Is Location Normally					of				Туре						
Aspestos-Containing Material (ACM) M			Used Solely by Asbest					faterial (ACM)						ш			
			Custodial Staff?							(Specify SF or LF)			Repair	псар	Enclo		
(13)		(12)		other miscella					5. 5. 5. 7			oair	Encapsulate	Enclosure			
	Yes	No	N/A			W.							б				
Larry's Office X						El	lbows		;	3LF 6LF							
Swimming Pool Closet			X			El	lbows		X	-	_						
		-								5		+					
Name of Registered Was	ste Hauler		55.8	NJDEP Waste Cubic				Name of Registered Landfill									
Do Construction Cornoration				Hauler ID No. of Wa 0035767			Tullytown Facility										
City, State West Orange, NJ 07052				Disposal Date			al Date	City, State Tullytown, PA									
Completed by Title				Signettri			netture	250			Date						
Barbara Reed Presiden						/	Signeture Date August 26, 2016										

			Print Fo								
MENT (2)	lo	ch		l t	5	9	3				
	Anto a			2							
		IUG 31									
5	AbdE & Tel	STOS LICE ephone N	NS Num	UN IN(ber	TRO	I.					
Type of Facility School (K- Subchapte Other (i.e. etc.)	12) r 8 (Oth private 8	& comme			dings,	home	es,				
Square Feet 2100	# o	f Floors		Bldg. Age 65							
Current Use (Pr	ior if bei	ng demo	lishe	ed)							
of Abatement Co Environmenta Address ox 483, 4 E G ate, Zip Code	al Serv	ices, Ll	_C								
vood, NJ 074	118										
one No. 64-2276	No	١٥.									
of OSHA Monitor	9		+				-				
Address			H _e roso								
ate, Zip Code											
Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e					
					Abate	ement					
of aterial (ACM) insulation, r, or eous)	mount Specify F or LF)	Type Encapsulate Repair			Enclosure						

Date of Notification (1) 8/26/16				f Building Environn		perator	(2)		M	0	<u> </u>	4/4			<u>\</u>	
Agencies Notified Type Notificat	encies Notified Type Notification				Street Address PO Box 67 2016 AUG 31 AM 10: 51											
X EPA X Initial DEP Amende X DOL Amendm	nent #	C	City, State, Zip Code Little Falls, NJ					ASHESTOS CONTROL								
Emerger DOH justificati DCA Cancella		11 23	Name of Contact Jim Unger					& LICENSING Telephone Number								
Name of Facility Where Abatement is Ta	aking Place (3)		FACI	LITY INFO	DRMATI	ON	Туре	of Facility ((4)							
house Street Address								School (K-1 Subchapter Other (i.e. p	8 (Othe				dings,	home	ès,	
City (5) South Orange						etc.) Square Feet # 0 2100 2			loors	oors Bldg. Age 65			ge			
County (6) Essex		County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)						***********				
Name of Monitoring Firm Hired by Buildi						ne of Abatement Contractor (9) S Environmental Services, LLC										
Street Address						et Address Box 483, 4 E Gate Driv					-					
City, State, Zip Code						State, Zip Code nwood, NJ 07418								1000000		
Project Manager for Monitoring Firm	Te	Telephone No.							License No. 703							
Start Date (10) 9/5/16	d Comp	ompletion Date (11) Nam			Name	e of OSHA Monitor										
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: basement	ire Period of Ab	ateme	ent		_	Street City, S	10									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	f or ≥3 If Renovation					×	Min Glo	Containm i-Enclosure vebag Pro-	e cedure					e		
	ocation	mally				a of					Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Used Solely by Maintenance/ Custodial Staff? (12)			Description Asbestos Containing N (i.e. thermal system surfacing, VA other miscellar			Material (ACM) ns insulation, AT, or		ount ecify or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A											te	(D)	
basement			Х		pipe	insulat	tion		75	LF		x				
Name of Registered Waste Hauler Freehold Cartage	NJDEP Work Hauler ID 1				of Waste			Name of Wester	100				Š		L	
City, State Freehold NJ		Disposal Date			al Date	te City, State Birdsboro, PA										
Completed by A. Scott Higgins	Title Presid	Title President					1	1		-	Date 8/2	e 6/16			-	