nock

#### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

200	-	0	pr-	00	0	0
5.1	-	1	 Sec.	22.3	3	h

			(Purs	uant to	NJAC 8:	60-7 and 12: 120-7)		1					1
Date of Notification (1)  1 0 / 2 3	8 / [1] 6	5]				ilding Owner/Opera EET FIDELCO			ASBESTO	18.0	ON	TRO	N &
Agencies Notified Type of	Notification			655770	eet Addre	ess LBURN AVENU	IE. SUITE 20			EN			
	tial Notification						2,0011120	-					_
[X] DOL [X] Am	ended Notification	n		62983	ty, State, 2 ILLBU	RN, NJ 07041							
	endment <u># 01</u> ncellation			No	me of Cor	atact		T	elephone Numl	nor.			
				0.00		ER HANTES		-	etephone (vuin)	JC1			
[ ] DCA	nergency								37				
Name of Facility Where Abatement is Taking	Place (3)			FACII	LITYINE	ORMATION	Type of Facil	ity (4)					
FORMER WAREHOUSE FACILIT	ΓY						1 11	School (K-	-12)				
Street Address							1.1	100	er 8 (Other tha				
571 18th AVENUE							[ X ]		, private & con homes, etc.)	ımerci	al		
	inty (6)			Cou	nty Code	(7)	Square Feet		of Floors	В	ldg. A	ge	
				(ST	ATE USE	ONLY)	10,00		2	50 +			
NEWARK ES	SEX						Current Use (	Prior if being d	remonsnea)				
Name of Monitoring Firm Hired by Building (	Owner (8)		ASC	M		Name of Abatemer	t Contractor (9	)					
WHITMAN CO.						J.R. CONTRA	CTING & EN	NVIRONMI	ENTAL CO	NSU	LTIN	G. I	NC.
Street Address						Street Address						-,-	
7 PLEASANT HILL ROAD						1141 ROUTE	23						
						City, State, Zip							
CRANBURY, NJ 08512 Project Manager for Monitoring Firm		T.I.		Marine In		WAYNE, NJ 0		Iri	cense Number				
MR. KEVIN LOVELY		322.33	10000	Number 1-585	255	Telephone Number 973 628-9500	8.	199	)408				
Scheduled State Date (10)	Scheduled Com					Name of OSHA Me	onitor	100	7100				-
1 1   0 9 1 6 Month / Day / Year	1 2 Month	3 / D	1 ay	1 1 Y	6 ear	ENVIRO VISI	ON CONSUI	TANTS, IN	iC.				
Occupancy Status During Abatement (Check o		e e				Street Address							
[X] Facility Closed/Vacated Du of Abatement	ring Entire Period				- 1	20-21 WAGAF	RAW ROAD,	BLDG. #35	E				
[ ] Abatement Performed Outs	ide of Normal Fac	ility											
[ ] Hours - Describe:						FAIR LAWN,	NJ 07410						
Scope of Work (Check all that apply)			_			[X]							
				olition vation		[ X ]	Mini-Enclosu	nent With Nega re	inve Pressure				
[ ] ≥3 st or ≥ 3 lt						į į	Glovebag Pro						
$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$						[X]	Non Exempte	d (*) and Non-I	riable Procedi	_	batem	ent T	vne
			Is									E	E
Location of			cation rmally			Description of Asbestos-Containing	g	A	mount	R	R	N C	N C
Asbestos - Containing			Jsed			Material (ACM)		(8	Specify	M	E	A	L
Material (ACM) TO BE ABATED			ely by itenan	ce/		(i.e., thermal system insulation, surfacing		SF	or LF)	o v	PA	PS	o s
in Facility (13)		1000000	stodial ff (12)			or other miscellane	eous)			A L	I R	U L	U R
		Yes	No	N/A								E	E
Through Out Buildings A, B, C, D, a	nd E					Mastic		5,480 S	F	X			
						sulation, Elbow		605 LF		X			
						Insulation, Gasl g / Flashing	ters & Bricks	7,850 S	F	X	$\vdash$	-	-
						or Insulation		900 SF		X			$\neg$
				X	Window	w Caulking & G	lazing	2,850 S	F	X			
										-		-	
			_							-	$\vdash$	-	$\dashv$
Name of Registered Waste Hauler		NJD	EP Wa	ste	Cubic Ya	rds of Waste	Name	of Registered L	andfill				$\dashv$
J.R. Contracting & Environmental C	Consulting, Inc	Hanl	er ID 1 1781	Va		80		ıd Central I					
City, State				9	Disposal	Date	City, S		0.072				
Wayne NJ 07470 Completed by (Print or Type)	Title				le:-	nature	Pen /	Argyl, PA 18	8072  Date				
ompleted by (1 fillt of Type)	Title				Sig		1		Date				
Jerry Bijelonic	Project Man	ager				6	el			11/.	30/16		
N6-41											G4667		

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Date of Notification (1) 11-28-2016					Building (		Operator	(2)	9.8	A Company	1	. •			And the second	
Agencies Notified	Type Notification			Street A	ddress					The same of the sa	ASBES	TOS	CO	ITR	3 JC	
☐ EPA	× Initial											LICE	NSII)	G_		
DEP × DOL	Amended Amendment	#			te, Zip Co Branch, <b>I</b>		740									
	Emergency (		-		Contact	40 077				Teler	nhone Ni					
⊠ DOH □ DCA	justification) Cancellation				Andrucy	k				Į.		Ċ				
					LITY INFO		ON			10	5-11-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
Name of Facility Where A	Abatement is Takin	g Place (3	)					Туре	of Facility (4	.)						
Residential				21/22/2014					School (K-12		. Al 12 d	0.0				
Street Address								×	Subchapter Other (i.e. pretc.)	rivate &	commerc	z) ial build	dings,	home	es,	
City (5)								7.5	are Feet	35,000	Floors	1450	ldg. A	ge		
Long Branch, NJ 07	740							143		2			0+			
County (6) Monmouth				County (	Code (7) USE ONLY)			Curr	ent Use (Prio	r if bein	g demolis	hed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	1 No.				atement Con			_				
									vironment	al Sen	/ices, Ll	_C				
Street Address							Street		ess nia Avenue							
Oit Chata 7ia Cada									Zip Code				Arra 101			
City, State, Zip Code									ty, NJ 073	04						
Project Manager for Moni	itoring Firm			Telephor	ne No.		Telepi	988			License N	10.				
	Arrestant Control of the Arrestant						201-	333-	8855		01174					
Start Date (10)				mpletion l	Date (11)		2		HA Monitor							
11-29-2016		11-29-2	2016				Sam	e as	above							
Occupancy Status During	ccupancy Status During Abatement (Check Or Facility Closed/Vacated During Entire Period						Street	Addre	ess							
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norn						City, S	State, 2	Zip Code							
Scope of Work (Check Al	I That Apply)						L									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	11.27		Renova Demolit				2	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				e		
		Τ	1						on Exempted	( ) and		1	Marine Sales	ement		
Location	of	2007	Locat Vorma			De	scription	n of				-	Ту	ре		
Asbestos-Containing TO BE ABA	Material (ACM)	Ma	a Sole intena	nce/		tos Con		Materia	al (ACM)		nount pecify	R	_	Enc	ū	
In Facili	Cus	todial ( (12)	Staff?	(	surfa	cing, VA	AT, or			or LF)	Remova	Repair	aps	Enclosure		
(13)				т		otner i	miscella	neous	)			val	=	Encapsulate	ure	
		Yes	No	N/A									-			
Baseme	ent	-	X			Pipe	Insul	ation		40	) LF	X				
													-			
				LIBER		10	. Ve ad		N	Docist-	ad I and					
Name of Registered Was			177.55	NJDEP W Hauler ID		of Wa	Yards iste		Name of I	- 470.						
Green Environmenta	ii Services, LLC	,	0	034889	9	1	*** NGPC***		G.r.o.w.	www.come.com	ııı Land	1111				
City, State Jersey City, NJ							sal Date 9-2016		City, State Morrisv		1					
Completed by		Title	10500				Signatur				1	ate	0.5	17		
Liliana Serrano		Offic	е Ма	nager			Lle	w	w 20	YCL	$\mathcal{O}$ 1	1-28-	2016			

Print Form

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	9000

Date of Notification (1)
Agencies Notified    PA
EPA DEP Amendment # DEP Amendment # DEP
Initial DEP   DE
Spring lake NJ   Name of Contact   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8
DOH
Name of Facility Where Abatement is Taking Place (3)  Wayne Mackenrodt Private Home  Street Address  City (5) Spring lake NJ 07762  County (6) Monmouth Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City
Name of Facility (A) Wayne Mackenrodt Private Home  Street Address  City (5) Spring lake NJ 07762  County (6) Normouth  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State,
School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 9 (
Street Address    Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)   Supchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)   Square Feet
City (5) Spring lake NJ 07762  County (6) Monmouth  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No. Street Address  County (11) Scheduled Completion Date (11) 12/16/16  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) Abatement Abatement Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type
City (5) Spring lake NJ 07762  County (6) Monmouth  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No. 856-753-9800  00727  Start Date (10) 12/12/16  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Scotation Normally Used Solely by  Containing Material (ACM)  Cocupancy Material (ACM)  Used Solely by  Containing Material (ACM)  Cocupancy Material (ACM)  Cocupancy Material (ACM)  Square Feet 1000+ 1000+ 11
Spring lake NJ 07762  County (6) Monmouth  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No.  Street Address  PO Box 329  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11) 12/12/16  Same  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Saf or ≥3 if ≥160 sf or ≥260 lf  Renovation Demolition  Same  Poscription of Abatement Type  Abatement Type  Abatement (ACM)  Description of Abatement Type  Abatement Type  Abatement Type
County (6) Monmouth  Name of Monitoring Firm Hired by Building Owner (8) N/A  Street Address  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11) 12/12/16  Same  Cocupancy Status During Abatement (Check Only One)  Street Address  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  Street Address  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Full Containment with Negative Pressure Sovebag Procedure Non-Exempted (*) and Non-Friable Procedure Type
Monmouth   ASCM No.   Name of Abatement Contractor (9)   Pernaco Inc.
N/A  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No. 856-753-9800  Start Date (10) 12/12/16  Scheduled Completion Date (11) 12/16/16  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Normally Used Solely by  Abatement Contribute Metable (*) and Non-Friable Procedure  Abatement Normally Used Solely by  Abatement Contribute Metable (*) and Non-Friable Procedure  Abatement Type
Street Address  Street Address PO Box 329  City, State, Zip Code West Berlin NJ 08091  Project Manager for Monitoring Firm Telephone No. 856-753-9800 00727  Start Date (10) 12/12/16 Same  Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Ofter → Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥ 3 if ≥ 160 sf or ≥ 260 lf  Renovation Demolition  Is Location of Normally Used Solely by  Abatement Apply Operation of Abatement Type    Street Address
City, State, Zip Code  City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11) 12/12/16  Same  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Ofter — Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Renovation  Demolition  Is Location Normally Used Solely by  Ashestors Containing Material (ACM)  PO Box 329  City, State, Zip Code  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type
City, State, Zip Code  West Berlin NJ 08091  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  856-753-9800  00727  Start Date (10)  12/12/16  12/16/16  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe:  Scope of Work (Check All That Apply)  3 sf or ≥3 lf  Sano Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Normally Used Solely by  Abatement Containing Material (ACM)  Telephone No.  Telephone No.  Street Address  Street Address  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type
Project Manager for Monitoring Firm
Telephone No.   Telephone No.   Scheduled Completion Date (11)   Name of OSHA Monitor   Same
Start Date (10) 12/12/16  Scheduled Completion Date (11) 12/16/16  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Scheduled Completion Date (11) Name of OSHA Monitor Same  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Ashestos-Containing Material (ACM) Used Solely by  Ashestos-Containing Material (ACM)
Start Date (10) 12/12/16  12/16/16  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥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  Abatement Type  Ashestos-Containing Material (ACM) Used Solely by  Ashestos-Containing Material (ACM)
Occupancy Status During Abatement (Check Only One)    Street Address
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥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 Non-Exempted (*) and Non-Friable Procedure  Location of Asbastos-Containing Material (ACM) Used Solely by  Asbastos-Containing Material (ACM)  Asbastos-Containing Material (ACM)  Asbastos-Containing Material (ACM)
Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥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  Location of Asbestos-Containing Material (ACM) Used Solely by  Asbestos-Containing Material (ACM)  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type
Other – Describe:  Scope of Work (Check All That Apply)  ≥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  Location of  Abatement  Type  Used Solely by  Aspestos-Containing Material (ACM)  Used Solely by  Aspestos-Containing Material (ACM)
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 If □ Renovation □ Demolition □ Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of Asbestos-Containing Material (ACM) Used Solely by  Asbestos-Containing Material (ACM)  Normally Used Solely by  Asbestos-Containing Material (ACM)
≥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  Location of Asbestos-Containing Material (ACM)  Used Solely by  Asbestos-Containing Material (ACM)  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Used Solely by  Asbestos-Containing Material (ACM)
Demolition  Demolition  Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Location of  Ashestos-Containing Material (ACM)  Used Solely by  Ashestos-Containing Material (ACM)  Description of  Used Solely by  Ashestos-Containing Material (ACM)
Location of Normally Description of Aspestos-Containing Material (ACM) Used Solely by Aspestos-Containing Material (ACM)
Location of Normally Description of Type  Ashestos-Containing Material (ACM)  Used Solely by Ashestos Containing Material (ACM)
Location of Normally Description of Type  Ashestos-Containing Material (ACM) Used Solely by Ashestos Containing Material (ACM)
Ashestos-Containing Material (ACM) Used Solely by Ashestos Containing Material (ACM)
TO BE ABATED In Facility    Maintenance/ Custodial Staff?   (i.e. thermal systems insulation,   (Specify   Region   Regi
Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)
Yes No N/A
exterior siding x exterior siding 1500 SF x
basement x pipe insulation 150 LF x
Kitchen & bathroom floor tile 200 SF x
illoof the 200 Si X
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill
United Roll Off Hauler ID No. of Waste
United Roll Off  Hauler ID No. 22459  of Waste 5  G.R.O.W.S.
United Roll Off  Hauler ID No. 22459  G.R.O.W.S.  City, State  Disposal Date  City, State
United Roll Off  Hauler ID No. 22459  of Waste 5  G.R.O.W.S.

Print Form,



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Date of Notification (1) 11/30/16					Building (			(2)		lal L	LIL	. 6	A.	SU	U	1 640
Agencies Notified	Type Notification		-	Street Ad	acceptance of the	ivale	потпе				<u> </u>					1
	✓ Initial								and the second		ASBES	TOS JOEN				_&
DEP	Amended		T		te, Zip Co		_					The same of	= - > 1	1111		-
DOL	Amendment Emergency		-	C VALUE OF THE PARTY.	Haven	NJ 08	800			1=.						
☑ DOH □ DCA	justification) Cancellation	•		Name of Bill	Contact					Tele	ephone N	lumber				
	Garioonator				LITY INFO	RMAT	ION			1-						
Name of Facility Where		g Place (3)	)					Туре	of Facility (4	1)						
Bill Hanson Private Street Address	nome								School (K-1: Subchapter		er than K-	-12)				
									Other (i.e. petc.)	rivate 8	& commer					s,
City (5) Beach Haven NJ 0	2002							Squa 100	re Feet	# 01	Floors			dg. A 5+	ge	
County (6)	0000		T	County C	Code (7)			1000000	nt Use (Pric	-	na demol	ished)		J-T		
Ocean					JSE ONĹY)	-			ise & Gar			,				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				tement Con	tractor	(9)					
N/A Street Address								Addres								
Street Address								Box 3								
City, State, Zip Code		-					City, S	State, Z	ip Code							
									in NJ 080	91						
Project Manager for Mon	itoring Firm			Telephor	ne No.		·	none N -753-9			License 00727					
Start Date (10)		Schedule	d Cor	npletion [	Date (11)		Name	of OSI	HA Monitor							
12/9/16		12/15/	274				San			5						
Occupancy Status During		5.					Street	Addres	SS							
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of A nal Facility	baten Hours	nent			City, S	State, Z	ip Code							
Scope of Work (Check A	II That Apply		000000		ever ment only											
≥3 sf or ≥3 lf	iii mac Appiy)	Пв	enova	ntion			Γ	] Ful	I Containme	ent with	Menative	Press	sure	_		
≥160 sf or ≥260 lf		COMMUNICATION CO.	emoli				F	Mir	ni-Enclosure	18	rvoguave	711000	Juic	•		
							>		ovebag Proc n-Exempted		d Non-Fri	able P	roc	edure	9	
			Locat	7.7	1334-339								P	Abate Ty	ment	
Location			lorma d Sole				scription		(40044)	۸	mount	-	T	. ,		
Asbestos-Containing TO BE AB		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ntena	nce/ Staff?		therma	taining l I system	s insula		(5	Specify	76		7D	Ence	Enc
In Facil (13)		Gust	(12)	Jian:	***		icing, VA			SF	or LF)	Kemova		Repair	Encapsulate	Enclosure
		Yes	No	N/A	29							<u>a</u>	-		ate	Ге
exterior s	sidina			x		exte	erior sid	dina		18	00 SF	х				
	9												1			
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							<del></del>					+	+	_		
Name of Registered Was	ste Hauler		1227	JUEP W		100000000000000000000000000000000000000	Yards		Name of I	Registe	ered Land	fill				
United Roll Off			13.50	lauler ID 2459	No.	of Wa	iste		G.R.O.	W.S.						
City, State							sal Date	1	City, State		6 4000	7				
Elm NJ		Title -				12/1		o	Morrisv	ille P		/ Date				
Completed by Anthony T Perna		Title Pres	ident			1	Signatur	0		255	4.7	Date 11/3(	0/1	6		
							1	J. Kanner		-		-			-	

Print Form

State of New Jersey OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 26 IGNE IA VANGELICA Type Notification Agencies Notified EPA (ritia) City, State, Zip Code DEP Amended ASBESTOS CONTROL & NEWARK DOL Amendment # LICENSING Emergency (including Telenbone Number Name of Contact iustification) DOH DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, Square Feet # of Floors Bldg. Age City (5) 00 NEWARK County Code (7) (STATE USE ONLY) Current Use (Prior If being demolished) County (6) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) MAIF Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 1100 )AIE Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation DAD N Demolition Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler. Hauler ID No. of Waste City, State City, State Disposal Date Date Title Signature Completed by

NOCK	į		CATION	ate of New Jers I OF ASBESTO to NJAC 8:60 a	S ABATE and 12:12	0)	NΤ		G I		201	Print Form
Date of Notification (1) 11/28/2016				f Building Owne		r (2)		In Fi	ULY	4	LU	9
Agencies Notified Type Notification			Street A			- 1774		ASR	ESTO	s co	MITA	801.8
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EPA Initial Amended Amendment	#		(2)	ite, Zip Code ntown NJ 08	505							
Emergency	(including	- F		f Contact				Telephone	Number			
DOH justification)  DCA Cancellation			Rich V	Voolston					The same			
N	+ Dlass /		FACI	LITY INFORMA	TION	T.	no of Engility (4	\				
Name of Facility Where Abatement is Takir Residence	ig Place (3	5)				П	pe of Facility (4					
Street Address						H	School (K-12 Subchapter 8	Other than				
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City (5)							uare Feet	# of Floors		- 0.75	. Age	
Allentown			County	Codo (7)		15	oU irrent Use (Prior	1	oliched)	60+		
County (6) Monmouth				Code (7) USE ONLY)		1000	hed	ii being dem	ulisheu)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/I No.	E. E		batement Cont nvironmenta	. X3996				
Street Address					Street							
							x 8297					
City, State, Zip Code					2000		, Zip Code NJ 08690					
Project Manager for Monitoring Firm			Telepho	ne No.	Telepi	hone	AND COMPANY	Licens 0122				
Start Date (10) 12/6/2016	Schedule 12/11/		npletion	Date (11)			SHA Monitor Analytical					
Occupancy Status During Abatement (Che	cupancy Status During Abatement (Check Only On						Iress					
	acility Closed/Vacated During Entire Period of A batement Performed Outside of Normal Facility						130					
Other – Describe:	nai raciiity	riours	?		0100181001	City, State, Zip Code Cinnaminson NJ 08077						
Scope of Work (Check All That Apply)		-						34.00				
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	Locati	on			_	Z. Z	1 /		Ab	ateme	nt	
Location of	Normal ed Sole	ly		Description					1	Туре		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	intenar todial S (12)	nce/	sur	ontaining Nal system facing, VA r miscellar	s ins	sulation, or	Amount (Specify SF or LF)	Zemova	Naball	Encapsulate	Enclosure	
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Exterior Shed	Х			Siding	li l		120 SF	Х				
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Name of Registered Waste Hauler Woolston	Н	JDEP W lauler ID 7516		oic Yards Vaste								
City, State Bordentown NJ			osal Date	9	City, State Morrisvi	State rrisville PA						
Completed by Kelly Colon	ect Ma	anager		Signature	Date 11/28/2016							

MO&4041313527

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60 and 12:120)

		(P		to NJAC										
Date of Notification (1) 11/29/2016			Name of Patrici	f Building ia Liu	Owner/0	Operator	(2)			L DE	0 -	9 1	2016	
X EPA X Ini X DEP Ar X DOL Ar	otification tial nended nendment #			ate, Zip Co wood, N		40				ASBES	TOS			DL &
DOH jus	nergency (including stification) ancellation		Name of Patrici	f Contact a Liu				-n	Tel	ephone Nur	nher			
			FACI	LITY INFO	DRMATI	ION								_
Name of Facility Where Abateme House	nt is Taking Place (	3)						of Facility ( School (K-1	2)					
Street Address							×	Subchapter Other (i.e. p etc.)				dings	home	es,
City (5) Maplewood								re Feet	# o	f Floors		Bldg. A	\ge	
County (6) Essex				Code (7) USE ONLY)	8		Curre	ent Use (Pri	or if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by N/A	Building Owner (8)	)	ASCM	/ No.				atement Cor ement, In		(9)				
Street Address							Addre	ss gren Aver	nue					
City, State, Zip Code								ip Code IJ 07512						
Project Manager for Monitoring Fi	rm		Telephor	ne No.			none N 345-8			License N 01311	0.			
Start Date (10) 12/09/2016	Schedul 12/10/2		npletion (	Date (11)		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		HA Monitor ement, In	C.					
Occupancy Status During Abatem	ent (Check Only Or	ne)				Street	Addres	SS						
Facility Closed/Vacated Durin Abatement Performed Outsid X Other – Describe: Occupied						City, S	state, Z	gren Aver ip Code IJ 07512	nue					
Scope of Work (Check All That Ap	inly)					1010	wa, iv	13 0/512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit				×	Mir Glo	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				e	
		Locati											ement pe	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Use Ma Cus	Normal ed Sole sintenar todial S (12)	ly by nce/ Staff?		os Cont thermal surfac	scription taining M systems cing, VA niscellar	Material s insula T, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
haranak	Yes	No	N/A				42			0.1.5				
basement		X			pipe	insula	tion			0 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID 0996	57-7-37-X	Cubic of Was TBD					red Landfill gement of	PA	L		
City, State Totowa, NJ					Dispos TBD	sal Date	la	City, State Tullytov		Λ.				
Completed by Oliver Hegedis	Title Proje	ect Ma	nager		S	Signature	#L	/_		Da	te /29/2	2016		-

Print Form

CK 205	56			ICATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 and	ABATE			E G	E	20		int F
Date of Notification (1) 11-23-2016					of Building Owner/O Builders Corp	Operator	r (2)		ULV.		20	10	-
Agencies Notified	Type Notification			Street A	Address			,	ASBESTO LIC		ONT		
DEP  DOL	Initial Amended Amendment	#			ate, Zip Code ele Park NJ			<u> </u>					
DOH DCA	Emergency (justification) Cancellation	3) 5	3		f Contact e Biruniak			Te	lephone Nun	nber			
				FAC	ILITY INFORMATI	ION			-		_		
Name of Facility Where	Abatement is Takin	g Place (	(3)				Type of Facility	(4)					
Residential Street Address								er 8 (Oth	er than K-12 & commercia	al buil			es,
City (5) Saddle Brook NJ							Square Feet 5000+	2	f Floors		3ldg. <i>A</i> 30+	\ge	
County (6) Bergen					Code (7) USE ONLY)		Current Use (P	ior if be	ing demolish	ed)			
Name of Monitoring Firm	Hired by Building (	Owner (8	)	ASCN	1 No.	5.55	of Abatement Co en Environme		(A) (A)				
Street Address							Address Virginia Ave						
City, State, Zip Code							State, Zip Code ey City NJ 07	304					
Project Manager for Mon	itoring Firm			Telepho	ne No.	* 17.0505 61 <del>0</del> 050	none No. 333-8855		License No	).			
Start Date (10) 11-23-2016		Schedu 11-23-		npletion	Date (11)		of OSHA Monito e as Above	r					
Occupancy Status During	g Abatement (Chec	k Only O	ne)			Street	Address						
Facility Closed/Vaci Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of al Facilit	Abatem y Hours	nent		City, S	state, Zip Code	20-711-6-72-7				-r	
Scope of Work (Check A  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	ll That Apply)		Renova Demolit			×	Glovebag Pro	re ocedure	•			e	
Location	of		s Locati Normali	ly	Des	scription	of					ement rpe	
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		Yes	No	N/A						_		ite	Ф
Baseme	ent		Х			VAT		1	00SF	х			

NJDEP Waste

Hauler ID No. 0034889

Office Manager

Cubic Yards

Disposal Date

11-23-2016

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Lediand

of Waste

Jersey City NJ

Liliana Serano

Completed by

City, State

Name of Registered Waste Hauler

Green Environmental Services

erhald

Date

11-22-2013

Name of Registered Landfill

City, State

Morrisville P.A

G.R.O.W.S North Landfill

### State of New Jersey

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Date of Notification (1)					of Building					- Control of the Control	And the second s	DEC	- ;	5 21	016
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DEP	Initial Amended		Ī	City, St	ate, Zip Co	ode				-		-FIC	EN	HNC	
X DOL	Amendmen Emergency		_	Ediso	n, NJ 08	3837									
X DOH	justification)		1		of Contact					Te	lephone Nu	mber	_		
☐ DCA	Cancellation	1		1332/12/12/11	Crane			25.10	<u> </u>				,		
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Essex County Hosp		ig i lace (	0)						7						
Street Address								H	School (K- Subchapte	12) er 8 (Oth	er than K-1:	2)			
204 Grove Ave. Bu	ilding # 9							×			& commerci		dings	, hom	es,
City (5)				1,12,21				S	quare Feet	# 0	f Floors	E	Bldg. /	Age	
Cedar Grove								3	500	1		1	50+		
County (6)					Code (7) USE ONLY	7		2000	urrent Use (Pr	ior if be	ing demolish	ned)			
Essex								1000	lospital						
Name of Monitoring Firm N/A	Hired by Building	Owner (8	)	ASCI	M No.				Abatement Co Services Inc		(9)				
Street Address							Street 156		dress aple Ave.						
City, State, Zip Code							City, S	State	e, Zip Code						
	ta peny			<b>+</b>					ton, NJ 070	)5/					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 862-		e No. 1-9092		License N 01107	0.			
Start Date (10)				npletion	Date (11)				OSHA Monitor						
12/05/16		12/15/	13.00					SINDS	Nalodka						
Occupancy Status During							Street 156 I		dress iple Ave.						
Facility Closed/Vaca Abatement Performe Other – Describe: _						_	City, S	State	e, Zip Code gton, NJ 070	157	10				
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roof Name of Registered Waste Hauler				*		flas	hing ta	ar		1	80lf.	*			
Name of Registered Waste Hauler				JDEP W auler ID		Cubic `of Was			Name of	Registe	red Landfill				
Newark Carting Inc.			100000	5409	INU.	30	ie.		GROW						
City, State						88	al Date	į.	City, Stat		^				
Newark, NJ		T				12/16			Morris	/IIIe, P					
Completed by		Title				Si	gnature	9	0.00		Da	te			

President

Leslaw Nalodka

11/21/16

page 1

Same of NorthEastern (*)   Community Flood Bank of N.J.   Co						TOS ABATEN 0 and 12:120				AS	BE	STO	OS CONTRO
Procedure   Proc	Date of Notification (1)			Nama of E	suliding Own	ner/Operator d Bank of N	(2)  J		- I. I.	_			
Col.	Agencies Notified			Street Ad	dress:				Alai.		1		
Second   S	EPA DEP								1	/	10		
Name of Facility Winere Assternant is Tasking Place (3)  Vecant Building  Store Address  34 Evans Terminal Rd.  Gly (3)  History Code (7)  Course of Martinal Rd.  Square Fest (3)  Square Fest (4)  Square Fest (		Emergency (in justification)	cluding	Name of	Contact			1	. Tolen ton				
Vacant Building   School (vi 2)   School (vi	DÇA	Cancalistion	-		•	MATION		L				-	
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County (8) Union Union Union Union ASCAL No. A	City (5)						Square					е	
ASCENSION NAME OF Monitoring Plan Hires by Building Owner (8)  ASCENSION NAME OF Monitoring Plan Hires by Building Owner (8)  Lesco Services a Inc.  Street Address  Street Ad	County (8)			County C	ode (7)		I CANADA AND AND A		If being damplish	ed)			
Sizest Accress  156 Maple Ave. City, State, 2p Code  Wallington, NJ 07057  Project Manager for Monitoring Firm  Start Defect (10) 11/18/16  Schedulad Completion Date (11) 11/18/18  Schedulad Completion Date (11) 11/18/18  Schedulad Completion Date (11) 11/18/18  Schedulad Comp	Name of Monitoring Fire	m Hires by Building O	wner (8)			100000	of Abate	ment Con		_			
City, State, Zip Code  Wallington, NJ 07057  Telephone No. Security (City)  Start Date (10)  11/16/16  Schedulad Completion Date (11)  In Sine of Sea Allonite:  Lesiaw Nallodke  Street Address  156 Maple Ave.  City, State, Zip Code  Wallington, NJ 07057  Scope of Work (Check All That Apply)  Scope of Work (Check All That A	7.77.7					Ştrae	Address						
Start Date (10)   Schedulad Completion Date (11)   Name of OSHA Moritor: Lesiaw Natiodals   Start Date (10)   11/18/16   Lesiaw Natiodals   Street Address	City, State, Zip Code		-			City,	State, Zip	Code	57				
1/16/16  Occupancy Status During Abstement (Chack Only One)  Facility Clossed/wasted During Entire Penod of Abstement Abstement Abstement Performed Outside of Normal Facility Hours Other - Describe:  Street Address 156 Map/s Ave. City, Street, 2th Cross Wallington, NJ 07057  Full Containment with Negative Pressure Minificaciosure Give by Wallington, NJ 07057  Full Containment with Negative Pressure Minificaciosure Give by Procedure Normality Past Solid or 2280 if  Is Location Normality Normality Past Solid or 2280 if  Is Market Call Normality Past Solid or 2280 if  Is Market Call Normality Past Solid or 2280 if  Is Market Call Normality Past Solid or 2280 if  Is Market Call Normality Past Solid or 2280 if  Is Market Call Normality Is Market Call Normality Past Solid or 2280 i	Project Manager for Mo	onitoring Firm		Telephor	ne No.	Telep	hone No.		License No	D.			
Street Address   Str				Completion (	Date (11)	1							
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Location of		All That Apply)	☐ Ren			i	Full			Tessur	c		
Location of Normality Description of Normality Dead stelly by Maintenance Custodial Stat? (12)  To BE ABATED In Facility (13)  Yes No N/A  Troof A normality (12)  To BE ABATED Custodial Stat? (12)  To BE No N/A  Troof Tashing 150 M.  Name of Registered Waste Hauter Hauter Hauter ID No. of Waste GROWS  Newark Carting Inc.  Disposal Date City, State Newark, NJ  Disposal Date 11/18/16 Morrisville, PA  Date 11/18/16 Signstane A NAME AND Date Comparised by Title Signstane A NAME AND Date City, State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND Date City State Comparised by Title Signstane A NAME AND DATE CITY STATE C	2160 st or \$260 lf		⊠ Der	holition			Glov Non	einen Pro	cadista	a Pro	cecur	9	
Location (ACM) Asbestos-Containing Material (ACM) Maintenance Containing Material (ACM) Maintenance Could Start? (12)  Vas No N/A  roof 1						20 20 20 20							t
Name of Registered Waste Hauter Newark Certifing Inc.  Newark Certifing Inc.  Newark Note: Disposal Date   Dis	Asbestos-Containi TO BE A	ng Material (ACM) <u>BATED</u> clity	Usad Maint Custos	Solely by enance! lial Staff?	(1.m. t	os Containing thermal system surfacing. V	Material ms insulat AT, or		(Specify	Romoval	Repair	Encapsulada	Enclosure
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Compared by Title Signature Of A 11/1/1/18	City, State	- to game		1-1-1-1			ite	City, Str.	ville, PA				
Lesiav Nelodka President				ent		Signet	N P	1 h	- [		118		

ASS-41 (R-OS-Ca) FAX # 862-221-9093 Do not use this form for est-settos licensure exampled activities.

#### State of New Jersey NOTIFICATION OF ASSESTOS ASSTEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 11/28(15 Agencies Notified CHUSTAME & STEVEN Type Notification EPA Initial XXX DEP City. Stat Amended ASBESTOS CONTROL & Amendment # DOL 07410 Emergency (including Name of Contact Telechone N justification) DOH CHLISTIANNE Cancellation DCA FACILITY INFORMATION Name of Facility Where Abstement is Taking Place (3) Type of Facility (4) LE SIDENCE School (K-12) Street Addres Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) # of Floors Square Feet Bldg. Age +50 raselewin 1,800 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) RESIDENTAL SELEEN. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A.MAC Contracting Inc. Street Address Street Address 185 Vreeland Ave. City, State, Zip Code City, State, Zip Code Midland Park, NJ Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (201)262-5841 00156 Start Date (10) Scheduled Completion Date (11) 12/15/16 Name of OSHA Monitor 11/29/16 /2/15 Occupancy Status During Abatement (Check Only One) Omega Environmental Services Street Address 280 Huyler St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) AR of or 23 H Renovation Full Containment with Negative Pressure 2160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? Repair surfacing, VAT, or In Facility SF or LF (12) (13) other miscellaneous) Yes No NIA BANNON VAT 2005F Name of Registered Waste Hauler NUDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Newark Carting, Inc. of Waste IESI PA Bethlehem Landfill Corp. 04509 City, State Disposal Date City, State Newark, NJ Bethlehem, PA Completed by Signatur Dale Joseph Vocaturo Vice President Mituo

Do not use this form for asbestos licensure exempted activities.

		(198	rsuai	TE TO	MJAC	8:60 and 12:1	20)		0 2			
Date of Notification (1)	1		N:	ame o	f Building	Owner/Operator	(2)		DEC -	5 5	2016	0
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Agency Notified	Type Notification		S	treet A	Address	W.	0					
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□ DCA	☐ Cancellation			Me	ERME	ELSHTAY	· N			-	1	
			1	FACIL	JTY INFO	ORMATION						
Name of Facility Where	Abatement is Taking Pla	œ (3)					Type of Facility	(4)				
MR	ACEX MER	JEM -	SH.	TA	NY		☐ School (K-12	2)				
Street Address					- Iris		☐ Subchapter 8	8 (Other than K-12 ivate & commercia	2) al building	•		
							homes, etc.)		ai banang	٥,		
City (5) .					-		Square Feet	# of Floors	Bldg. A	7.0	,	
TEN	JAFLY					e	2500.	2	19	47		
County (6)	ERGEN		C	ounty	Code (7)	(STATE USE	Current Use (P	nior if being demol	ished)			
R	ERGEN		0	NLY)	*:		RES	अंग्रिक्त व्ह				
Name of Monitoring Firm		r A	SCM N	lo.		Name of Abatem	ent Contractor (9	9)				
(8)						Best Rei	noval In	С				
Street Address						Street Address						
				0.50		450 Sou	th River	St				
City, State, Zip Code						City, State, Zip C						
**	Λ					Hackensa	ack, N.J	. 07601				
Project Manager for Mor	nitoring Firm	Tele	ephone	No.		Telephone No.	10211 2012/02	License No.				
18								00388				
Start Date (10)	Scheduled Co					Name of OSHA		2_				
12/15/16		16	16	2			Environm	ental				
Occupancy Status Durin	g Abatement (Check onl	y one)				Street Address					_	
☐ Facility Closed/Vacate	ed During Entire Period o	of Abate	ment				ıyler St					
☐ Abatement Performed	Outside of Normal Faci	lity Hour	rs	2	-	City, State, Zip C		N T O	7606			
Describe: 7		10 41	1			. Б. пас	Kellsack	,N.J. 07	7000			_
Scope of Work (Check a	ill that apply)			_		<ul> <li>*** *** *** *** *** *** *** *** *** **</li></ul>		Negative Pressu	re			
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf					ovation of		Enclosure ebag Procedure		¥6			
LI 2 100 St 01 2 200 H				2 DOM	iondon	□ Non-	Exempted (*) an	d Non-Friable Pro	cedure			
		ls L	ocatio	n							teme ype	nt
Locati	an of		ormally			Description	of		r	T	T	Г
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	3+										_	
Name of Registered Wa		100000000000000000000000000000000000000	EP W	aste H	lauler	Cubic Yards of Waste		stered Landfill	C <sub>2</sub>			
Best Remo	oval Inc	IDN	40. 171	na		3 the	Minerva	a Enterpr	ises	, I	LC	
City, State			. / 1	. 0 9		Disposal Date	City, State					-
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Completed by	Title	001				Signature Signature	1		Date 1		1	_
J. Maiorano	1	imat	or			1 CM	aiores	مو	11/3	30	16	9
ASB-41				for as	bestos lic	ensure exempted				1		
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	N					8:60 and 12:1	20)	1 B 3	961	U	$\mathbb{V}$	L	2
Date of Notification (1)			I	lame o		g Owner/Operator							7
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Agency Notified	Type Notification		5	Street /	Address				203				-
□ EPA	Initial		_	35. 04	- t- 7-6	nada.		ASBEST	OSC	ON	TR	OI	2
DEP DOL	Amended Amendment #		1	Jry, St	ate, Zip C	YMT.	. Eu	079011				0_	٠.
	☐ Emergency (includin	g		Vame o	of Contac	#		Telephone Numi	ber				
DOH DCA	justification)  ☐ Cancellation			U	R	J. FRAM	222	1					
						ORMATION		1		- 39			
Name of Facility When	e Abatement is Taking Place	æ (3)					Type of Facility	(4)					
	MM SELLO				8		☐ School (K-12	)					
Street Address	X			**			☐ Subchapter 8	(Other than K-12)					
OLICCI, ILIANGE					1.2		homes, etc.)	ivate & commercial	i building	gs,			
City (5) .						<del> </del>	Square Feet		Bldg.			,	
· ~	DHMIT						5500	3	1	92	2	1	
			10	County	Code (7)	) (STATE USE		rior if being demolis	shed)				
()	GOIG			ONLY)			RE	SIDENCE	•				
Name of Monitoring Fi	irm Hired by Building Owne	r A	SCM	No.		Name of Abaten	nent Contractor (S						
(8)	nder men mer trauer en her holde het en en met het de verkende en en 🚾 met verkende het en het en het en het e					Best Rei	moval In	С					
Street Address						Street Address	4						
				33		450 Sou	th River	St	-				
City, State, Zip Code						City, State, Zip C							
	•						ack, N.J						_
Project Manager for M	lonitoring Firm	Tel	ephon	e No.		Telephone No. 201 - 329	71.1.1.	00388					
a				(1.1)		Name of OSHA		00300					
Start Date (10)	Scheduled Co	1		e (11)			Environm	ental		5			
12/13/1	16 12 15 ring Abatement (Check only				-	Street Address	BIIVILOIIII	CIICAI					
	-			8			uyler St				- /		
☐ Facility Closed/Vac	ated During Entire Period on ed Outside of Normal Facil	of Abate	ment		•	City, State, Zip C							
Other - Describe:	7:00 AM TO 5	5:0	081	4		. S. Ha	ckensack	,N.J. 07	606				
Scope of Work (Check					20	,		Negative Pressure					
□≥3sfor≥3lf				2 Ren	ovation	✓ Mini-	-Enclosure	Negative Flessure					
Ø ≥ 160 sf or ≥ 260 lf				☐ Den	nolition	☐ Glov	rebag Procedure	d Non-Friable Proc	editre				
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			Location or mali							$\vdash$	Ту	pe	-
1	ation of ning Material (ACM)		Sole		Acho	Description stos Containing M		Amount		ŀ		Ш	-
	ABATED		ntenar			., thermal systems	s insulation,	(Specify		Ren	Re	ncal	Encl
	Facility (42)		Staff?			surfacing, VA other miscellan		SF or LF)		Removal	Repair	Encapsulate	Enclosure
	(13)		(12)			Outer miscellan	eous)	g		-		ate	9
1		Yes	No	N/A							_		_
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BASELEN	~					HE SYSTEN				X	_		-
THOOR					THEKA	UNL SYSTEM	" HONTAL KON	28	34F	Y		Ц	-
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Name of Registered V		NJI ID I		Vaste I	lauler	Cubic Yards of	Name of Regi		500			_	
Best Rem	noval Inc	101		109		Waste 4c-	Minerva	a Enterpr	ises	,	LI	ıC	
City, State						Disposal Date	City, State						
	ack N.I. 07	601				12/15/16		sburg. Oh	446	88			

J.Maiorano

Completed by

Title

\* Do not use this form for asbestos licensure exempted activities.

Signature

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( 1)	Annn
	2007

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Date of Notification (1)	29 /	16			of Building		er/Op	erator (2	2)		DEC	- 5	20	16	
				10000000											-
Agencies Notified	Type Notifica	tion		Street	Address					ASI	BESTO	SC	TAC	ROL	8
	Amended											ENS			
☑ DOH	Amendme				tate, Zip (										
□ DCA	☐ Emergend		ng		nonah, N		090			r=					
(NJAC 5:23-8)	justificatio	Service .			of Contac					Telephon	ie Numb	er			
	☐ Cancellati	ion		Sta	cie Hess										
				FAC	CILITY IN	IFOR	MAT	ION							
Name of Facility Where	Abatement is T	aking Plac	e (3)						Type of Facility (	(4)					
Hess Residence									School (K-12		17.40)				
Street Address									Subchapter 8  Other (i.e., pr			ial bu	ildina	S.	
									homes, etc.)		30111111011				
City (5)									Square Feet	# of Flo	ors	Blo	dg. Ag	ge	
Wenonah									1,600	3		8	30		
County (6)				Cour	ty Code (7	7)(STAT	TE USE	E ONLY)	Current Use (Pri	or if being	demolish	ned)			
Gloucester						122			Residence						
Name of Monitoring Firm	n Hired by Build	ling Owne	(8)	ASCM	No.	Nan	ne of	Abateme	ent Contractor (9)						
Mgmt. & Environm	1.5	200	65565						onmental, LLC						
Street Address	icital Golisal	ting oci	1000					dress							_
PO Box 341					107010100		utler Av	/eniie							
					1									-	
	ty, State, Zip Code Chesterfield, NJ 08515							e, Zip Co							
		ephone					, NJ 08052	License	Ma						
	roject Manager for Monitoring Firm						i.	e No.	ř.						
Bill Weisgarber				09-298		27.0		55-0099		0084	- 2				
Start Date (10)		cheduled						OSHA N							
12 /8 /	16	12	/ _ 5	/ _	16	E	MSL	Analyt	ical, Inc.						
Occupancy Status Durin	ng Abatement (C	Check only	one)			Stre	et Ad	dress							
□ Facility Closed/Vaca	ted During Entir	e Period o	f Abate	ment		20	00 R	oute 13	0 North						
☐ Abatement Performe						City	State	e, Zip Co	ode						
Time of Abatement:	AM	PM/	PM		AM	C	innaı	minsor	n, NJ 08077						
Scope of Work (Check a	all that apply)											-000			
100		Π-		4			_		tainment with Neg	gative Pres	sure				
$\boxtimes$ $\geq$ 3 sf or $\geq$ 3 lf $\square$ >160 sf or $\geq$ 260 lf		Security 1	Renova: Demoliti					Mini-Enc Gloveba	g Procedure						
☐ ≥100 si oi ≥200 ii			,01110111	011				Non-Exe	mpted (*) and No	n-Friable F	rocedure	е			
			ls Loca	tion								Ab	atem	ent Ty	уре
Location	n of		Norma					cription o		200000		R	Z	ш	Œ
Asbestos-Containing		1	sed Sollainten						insulation,	Amo (Spe		Remova	Repair	ıcaı	nclo
TO BE AB IN Faci			stodial	Staff?	(1.6			ng, VAT		SF or		val	-	Encapsulate	Enclosure
(13)			(12					scellane						ate	(D
		Yes	s No	N/A											
Crawlspace			$\boxtimes$		Paper	on Du	uctwo	ork		20 \$	SF	$\boxtimes$			
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Name of Registered Wa	17	NJDEP		Cub	ic Ya	rds of	Name of Regis	stered Land	fill	1					
Freehold Cartage	100	Hauler II		Was			Cumberlar			ill					
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City, State							osal		City, State Newburg,	DΛ					
Freehold, NJ				72	2/9/2		Newburg,	. A		No.					
Completed By (Print or	Type)	Title					Sign	ature	1		Dat			****	
Christina Lynch		Vice F	resid	ent of	Operatio	ns	()	MAR			111/	129	VI	U	

Ch 5857

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

										11	1 11	DEC	E	00	10
Date of Notification (1) 11/30/16			N		Building C s Riley F					The second		ULU	- 0	20	10
Agencies Notified	Type Notification		8	street Ac	Idress						ASI	BESTO	0.0	ONIT	201
X EPA										ı	AGE			ING	TOL
DEP	Amended		C	city, Stat	e, Zip Cod	de	W. 60					- Carrier School	-		
DOL	Amendment		-	Manah	nawkin N	JJ 080	50							UUVS -	
☑ DOH	Emergency (justification)	including	N	lame of	Contact			56		Tele	ephone N	lumber			
DOH DCA	Cancellation			Dennis	3							-			
		DI (0)		FACIL	ITY INFO	RMATI	NC	T	6 Facility /4	`					
Name of Facility Where		g Place (3)						_	of Facility (4						
Dennis Riley Priva	ate nome	X							School (K-12 Subchapter		er than K.	-12)			
Street Address									other (i.e. pr tc.)	ivate 8	k comme	rcial build	lings,	home	s,
City (5)									e Feet		Floors	1000	ldg. A	ge	
Manahawkin NJ 08	3050			0.00		110000		1000		1			5+		
County (6)				County C					nt Use (Prio		ng demol	ished)			
Ocean			(-	SIAIEU	ISE ONLY)		_		se & Gara						
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ement Conf	ractor	(9)				
N/A							Pern	aco Ir	nc.					0112-04-2-	
Street Address								Addres							
								30x 32							
City, State, Zip Code									p Code n NJ 080	91					
Project Manager for Mo	nitorina Firm		П	elephor	ne No.			one No	27.110.77.100.75.100.100.100		License	No.			
1 Toject Manager for me								753-9			00727	7			Ì
Start Date (10)		Scheduled	Com	pletion [	Date (11)		Name	of OSF	A Monitor		L				
12/13/16		12/16/1	6				Sam	e							
Occupancy Status Durir	ng Abatement (Chec	k Only One	2)				Street	Addres	s						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Al nal Facility I	oatem Hours	ent			City, S	tate, Zi	p Code						
Scope of Work (Check /	All That Apply)	140.00					_	7						W.	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Concessor I	enovat emoliti					Min Glo	Containme i-Enclosure vebag Proc	edure					
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Asbestos-Containing TO BE AB In Fac (13	g Material (ACM) BATED ility	Used Mair	Solel ntenan odial S (12)	y by ice/		tos Cont thermal surfa		/laterial s insula .T, or		(5	mount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(10,	<i>!</i>	Yes	No	N/A		111		,				<u> </u>	-	ate	re
exterior	siding			х		exte	rior sic	ding		10	00 SF	x			
through		х		fl	oor tile	)		50	00 SF						
Name of Registered Wa	este Hauler		N	JDEP W	/aste	Cubic	Yards	551 50V-HD	Name of	Reaiste	ered Land	dfill			
United Roll Off	H	auler ID		of Wa			G.R.O.			The second secon					
	2	2459		4	10-1										
City, State						12/16	sal Date		City, State Morrisv		A 1006	7			
Elm NJ		- special -						à .	IVIOITISV	me r	A 1900	Date			
Completed by Anthony T Perna		Title Presi	dent			5	Signature	1	_			11/30/	16		
			of most lives												

Print Form

ATTI IC  EXTERIOR WINGS 1 & 2  EXTERIOR ROOF  EXTERIOR PATIO  EXTERIOR PATIO  EXTERIOR SOFFITS WINGS 1 & 2  NAME OF Registered Waste Hauler GLOBAL WASTE INDUSTRIES  Disposal Date HACKETTSTOWN, NJ 07840  Completed by (Print or Type)  Title  EXTERIOR STEP AND STEP	Ch 3020	2		N	OTIFIC	CATION OF	ASB	w Jersey ESTOS AI	BATEMENT	ſ		Ē	G	E	
1	Date of Notification (1)				(i dis	Na	me o	of Buildin	g Owner/Operat	tor (2)					
Agencies Notified		/16							OTH ACTORS F	IOME		Control	DEC	- {	201
EPA			ation						LIDSON AVENU	_					
DEP	EPA	Initial N	lotifica	ation							<u>L</u>	135	OTO	20	ONTE
DOH	DEP				tion					631	AO	<i>□</i>	LIC	ENS	SING
DCA								,	EW OLNOLI OF	051		-			
School (K-12)										Telephor	ne Numb	er			
Type of Facility (M)	BCA	TEMEK	SENC	Y NO	TIFIC										
School (K-12)	Name of Facility Where Abate	ment is	Takin	a Dla	00 (2)	FACILITY I	INFO	RMATION							
Street Address	,		rakiri	gria	ce (3)										
Street Address   X   Other (fe. private & commet. bldgs., homes, etc.)	THE LILLIAN BOOTH ACTORS	HOME									- than I/	10)			
17.5 WEST HUDSON AVENUE	Charact A LL								X Other (	ie, private &	r man K- commel	hld	as h	omas	etc \
City (5)   County (6)   BERGEN   County Code (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   Communication (7)   Current Use (Phor if being demolshed) Pharm. Lab.   Communication (7)   C									Square Fee	et # of F	loors				
ENGLEWOOD   BERGEN		County	(6)						2000 Telephone 7					57	
Name of Monitoring Firm Hired by Building Owner (8)	7.5 (2012)								Current Use	(Prior if being	demolis	shed	d) Ph	arm.	Lab.
ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC.	Name of Monitoring Firm Hired	by Bui	dina	Owne	er (8)	(SIAI						(0)			
Street Address   Stre	ENVIRONMENTAL HEALTH IN	VIESTIG.	ATION	IS, IN	IC.		'		Trainio of Albi	NMENTAL (	CORPOR	(9) ⊃∧⊤	ION		
City, State, Zip Code											OOIN OI	VAI	ION		
SPARTA, NEW JERSEY 07871									313 SPOOK	ROCK ROAD	)				
Telephone Number		RTA NE	W IEE	PSEV	′ N797	1									
Schedul   State   Date   Table   State   Date   Table   State   Date   Table	Project Manager for Monitoring F	irm	VVJLI			201									
Expected State Date (10) 7 / 12 16 Month Day Year    Month   Day Year   Month   Day Year	JEAN PAUL VON DOEHREN											se N	Numb	er	
Month			Sch				(11)				11101	_			
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: Monday - Friday 8am-4pm  Scope of Work (Check all that apply) Demolition - 33SF OR LF X   160 SF OR   260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) Staff (12) Yes   No   N/A  1st FLOOR WINGS 1 & 2  LOWER LEVEL ATTI IC  ATTI IC  X   VAT & MASTIC  X		100				30	\$1 0150	/17		ii t Worldon					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  Other - Describe: Monday - Friday 8am-4pm  Scope of Work (Check all that apply) Demolition ->3SF OR LF x >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  1st FLOOR WINGS 1 & 2  LOWER LEVEL  LOWER LEVEL  ATTI IC  EXTERIOR WINGS 1 & 2  X VAT & MASTIC  EXTERIOR WINGS 1 & 2  X VAT & WINDOW CAULK  EXTERIOR ROOF  EXTERIOR PATIO  X Full Containment with Negative Pressure Mini-Enclo , Glovebag Procedure X Non-Friable Procedure X Non-Friab			eck on	lonth	۵۱	Day		Year	0						
Abatement Performed Outside of Normal Facility Hours - Describe:    X	Facility Closed/Vacate	d During	Entire	Peri	od of	Abatement				500 m					
City, State, Zip Code   NY, NY 10016   NY, NY 100	Abatement Performed	Outside	of Nor	rmal F	acility	/ Hours - De	scrib	e:	1117 EAST 30	INSIREEI					
Stople of Work (Check all that apply)   Demoiltion   Sas F OR LF   X   >160 SF OR 260 LF   X   Non-Friable Procedure   N	Other - Describe:	Monday	-Frida	y 8an	n-4pm				City, State, Zi	p Code					
Demolition   X   Renovation   Mini-Enclo   Glovebag Procedure   X   Non-Friable Procedure   Non-Friable	Scope of Work (Check all that ap	olv)				1	V	Teul Cont							
Sas-For Ref   X   >160 SF OR   260 LF   X   Non-Friable Procedure   X   Non-Friable	Demolition		Ren	ovati	on	1	^	Mini-Enc	lainment with Ne lo	gative Press	ure				
Non-Friable Procedure   X   X   Non-Friable Procedure   X   X   X   X   X   X   X   X   X															
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  1st FLOOR WINGS 1 & 2  LOWER LEVEL  ATTI IC  EXTERIOR WINGS 1 & 2  X  X  X  X  X  X  X  X  X  X  X  X  X		F	1				Χ	Non-Fria	ble Procedure						
Material (ACM) TO BE ABATED in Facility (13)  1st FLOOR WINGS 1 & 2  LOWER LEVEL ATTI IC  EXTERIOR WINGS 1 & 2  X WINDOW CAULK EXTERIOR WINGS 1 & 2  X WINDOW CAULK EXTERIOR WINGS 1 & 2  X BUILDING CAULK EXTERIOR WINGS 1 & 2  X BUILDING CAULK EXTERIOR WINGS 1 & 2  X WATERPROOFING TAR EXTERIOR PATIO  X WATERPROOFING TAR EXTERIOR SOFFITS WINGS 1 & 2  X WATERPROOFING TAR EXTERIOR SOFFITS WINGS 1 & 2  X WATERPROOFING TAR EXTERIOR SOFFITS WINGS 1 & 2  X TRANSITE PANELS  BUILDING CAULK BU												ΑŁ		ent T	уре
Yes   No   N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A											nt	D	RE	E	E
Yes   No   N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A			Mair	nt/Cus	stodial						F)	5	PAI	SA A	F
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LOWER LEVEL  ATTI IC  ATTI IC  EXTERIOR WINGS 1 & 2  EXTERIOR PATIO  EXTERIOR PATIO  EXTERIOR SOFFITS WINGS 1 & 2  Name of Registered Waste Hauler GLOBAL WASTE INDUSTRIES  Disposal Date Hauler ID No. 22147  Disposal Date ACKETTSTOWN, NJ 07840  Completed by (Print or Type)  Title  ACMEDIA WASTE INDUSTRIES  TO WATER PROSPICE (City, State MORRIS VELL, PA 19067/TULLYSTOWN, PA INDUSTRIES)  To WATER PROSPICE (City, State MORRIS VELL, PA 19067/TULLYSTOWN, PA INDUSTRIES)  Title  INDUSTRIES  Title  INDUSTRIES  Title  INDUSTRIES  Title  INDUSTRIES  I	1st FLOOR WINGS 1 & 2		res	INO		CEIL INIC DI								F	R
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ENVIRONMENTAL HEALTH INV	IESTIG	ATIO	NS I	NC			ASCM N		Name of	f Abat	ement Co	ntract	or (9	)		
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655 WEST SHORE TRAIL									Street Ad		OCK ROA	_				
City, State, Zip Code	_								City, Stat			ID.			-	
Project Manager for Monitoring Fir	TA, NE	W JE							SUFFER	N. NE	W YORK	10901				
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Name of Registered Waste Hauler		NJDE	P M	X	TRANSIT	E PANI	ELS				000 SF	1	X			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) THE LILLIAN BOOTH ACTORS HOME 20 /16 Street Address Agencies Notified Type Notification 155-175 WEST HUDSON AVENUE EPA Initial Notification City, State, Zip Code DEP Amended Notification ENGLEWOOD, NEW JERSEY 07631 LICENSING #2 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA EMERGENCY NOTIFICATION JORDAN STROHL FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) THE LILLIAN BOOTH ACTORS HOME Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors 175 WEST HUDSON AVENUE Bldg. Age 10,360 City (5) 57 County (6) County Code (7) Current Use (Prior if being demolished) Pharm. Lab. **ENGLEWOOD** BERGEN (STATE USE ONLY) COMMUNICATION BUILDING Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC. PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JEAN PAUL VON DOEHREN 973-729-5649 845-369-7500 Expected State Date (10) 1101 Sched. Completion Date (11) Name of OSHA Monitor 7/ 12 30 /16 AMERISCI Month Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday -Friday 8am-4pm City, State, Zip Code Scope of Work (Check all that apply) NY, NY 10016 Full Containment with Negative Pressure Demolition Renovation Mini-Endo. >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing Abatement Type normally used Containing Material (ACM) Amount Material (ACM) REPAIR solely by ENCAPSULE (ie. Thermal systems REMOVAL ENCLOSURE (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1st FLOOR WINGS 1 & 2 X CEILING PLASTER 2,700 SF X LOWER LEVEL X VAT & MASTIC 600 SF х ATTIIC X **DUCT MASTIC** 16 SF X **EXTERIOR WINGS 1 & 2** X WINDOW CAULK 10 SF X **EXTERIOR WINGS 1 & 2** X TRANSITE WINDOW PANELS 850 SF X **EXTERIOR WINGS 1 & 2** X BUILDING CAULLK 8 SF X EXTERIOR ROOF X FLASHING 390 SF X **EXTERIOR PATIO** WATERPROOFING TAR X 60 SF X EXTERIOR SOFFITS WINGS 1 & 2 TRANSITE PANELS 1,000 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill GLOBAL WASTE INDUSTRIES Hauler ID No. 80 GROWS LANDFILL/TULLYSTOWN 22147 City, State Disposal Date City, State HACKETTSTOWN, NJ 07840 7/12/16-9/30/16 MORRISM C,PA 19067/TULLYSTOWN, PA Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ Date DIRECTOR OF OPERATIONS

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THE LILLIAN BOOTH ACTORS HO			.000 (	-)			F	School	ility (4) (K-12) pter 8 (Other t	han V 1	2)		
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JEAN PAUL VON DOEHREN				one Numbi 9-5649	er			elephone Nu		License	e Num	ber	
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XTERIOR WINGS 1 & 2			X	BUILDIN					850 SF	X	-	-	
XTERIOR ROOF			X	FLASHIN		to facility			8 SF	X	-		
	-	1	X						390 SF	X			
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EXTERIOR PATIO  Jame of Registered Waste Hauler	N.II	DEP V		Cubic Va	rde af 1	Vaat-			Total Control of the	1/			
EXTERIOR PATIO  Jame of Registered Waste Hauler  GLOBAL WASTE INDUSTRIES		DEP V uler ID 2214	Vaste No.	Cubic Ya	rds of V 80	Vaste	Nam	e of Registe WS LANDF	red Landfill ILL/TULLYST(				
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Pursuant to NAAC 860-7 and 12:120-71   Steel Address   Street Address
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DEP   Amended Notification   Cancellation   DOL   Cancellation   On Hold   DOL   DOL   EMERGENCY NOTIFICATION   Name of Contact   JORDAN STROHL   School (K-12)   Subchapter 8 (Other than K-12)   X   Other (is. private 8 commol. bidgs., homes, etc.   Square Feet   # of Floors   Bidg. Apare Feet
X
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Street Address
Type of Facility (4)
School (K-12)
Subchapter 8 (Other than K-12)   X   Other (ie. private & commol. bidgs., homes, etc.
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Street Address Fire Address Square Feet # of Floors 57  Square Feet # of Floors 57  County (5) ERGELWOOD ERGER W (STATE USE ONLY) COMMUNICATION BUILDING Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVIESTIGATIONS, INC.  Street Address Street Addre
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SPARTA, NEW JERSEY 07871  Telephone Number 973-729-5649  Sparta, New York 10901  Telephone Number 973-729-5649  Sparta, New York 10901  Telephone Number 973-729-5649  Sparta, New York 10901  Telephone Number 1101  Telephone Number 845-369-7500  Telephone Number 845-369-7500  Tolephone Number 1101  Telephone Number 1101  Telephone Number 845-369-7500  Tolephone Number 1101  Telephone Numb
SPARTA, NEW JERSEY 07871  SUFFERN, NEW YORK 10901  Toject Manager for Monitoring Firm Pan Paul VON DOEHREN  EAN PAUL VON DOEHREN  Sched. Completion Date (11)  7
Telephone Number 973-729-5649 845-369-7500 1101  Telephone Number 973-729-5649 845-369-7500 1101  Texpected State Date (10) 7 / 12 16 Month Day Year Status During Abatement (Check only one)
Sched. Completion Date (11)   Name of OSHA Monitor   Name of OSHA
7 / 12 16 Month 9 / Day 16 Month 19 / Day 16 Mon
Month Day Year Month Day Year  Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:  X Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM  City, State, Zip Code NY, NY 10016  City, State, Zip Code NY, NY 10016  City, State, Zip Code NY, NY 10016  Safe Outside of Normal Facility Hours - Describe:  City, State, Zip Code NY, NY 10016  Abatement with Negative Pressure Mini-Enclo . Glovebag Procedure  X Non-Friable Procedure  Location of Asbestos-containing Material (ACM) Solely by (ie. Thermal systems (Specify Insulation, surfacing, VAT, SF or LF) In Facility (13)  Staff (12) Yes No N/A  City, State, Zip Code NY, NY 10016  Abatement Type Containing Material (ACM) Amount Results (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type Code NY, NY 10016  City, State, Zip Code NY, NY 10016  City, State, Zip Code NY, NY 10016  Abatement Type Code Non-Friable Procedure  X Non-Friable Procedure  Containing Material (ACM) Amount Results (Specify Insulation, surfacing, VAT, SF or LF) Abatement Type Code NY, NY 10016  City, State, Zip Code NY, NY 10016  NY, NY 10016  NY, NY 10016  Abatement Type Code NY, NY 10016  NY, NY 10016 NY, NY 10016  NY, NY 10016 NY 1
Street Address   Stre
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe:    X
Abatement Performed Outside of Normal Facility Hours - Describe:    X
Cope of Work (Check all that apply)  Demolition  >3SF OR LF  x >160 SF OR 260 LF  I Location of Asbestos-containing Material (ACM)  TO BE ABATED in Facility (13)  St FLOOR WINGS 1 & 2  OWER LEVEL  X Pull Containment with Negative Pressure  NY, NY 10016  X Full Containment with Negative Pressure  Nini-Enclo , Glovebag Procedure  X Non-Friable Procedure  X Non-Friable Procedure  Containing Material (ACM)  Solely by (ie. Thermal systems (Specify Insulation, surfacing, VAT, or other miscellaneous)  St FLOOR WINGS 1 & 2  X CEILING PLASTER  X DUCT MASTIC  TITIC  X DUCT MASTIC  Abatement Type  Abatement Ty
Demolition   X   Renovation   X   Renovation   X   Full Containment with Negative Pressure   Mini-Enclo   Mini-Enclo   Glovebag Procedure   X   Non-Friable Procedure
Demolition
>3SF OR LF x >160 SF OR 260 LF  Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  St FLOOR WINGS 1 & 2  OWER LEVEL  Abatement Type X Non-Friable Procedure  Abatement Type Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  X CEILING PLASTER  2,700 SF  X  TILIC  X DUCT MASTIC  16 SF  X NON-Friable Procedure
X   >160 SF OR   260 LF   X   Non-Friable Procedure
Location of Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13)  St FLOOR WINGS 1 & 2  OWER LEVEL  Location normally used solely by Maint/Custodial in Facility (13)  St FLOOR WINGS 1 & 2  X CEILING PLASTER  X DUCT MASTIC  Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type Containing Material (ACM) (Specify SF or LF)  Abatement Type
Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)  St FLOOR WINGS 1 & 2  DWER LEVEL  Asbestos-containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Amount (Specify SF or LF)  A MOUNT ST FOR LEVEL  X CEILING PLASTER  2,700 SF X  DUCT MASTIC  16 SF  X  ATERIOR WINGS 4 & 2
Staff (12)
Staff (12)
X   CEILING PLASTER   2,700 SF   X     X   VAT & MASTIC   600 SF   X     X     TTI IC   X   DUCT MASTIC   16 SF   X     X   X   X   X   X   X   X   X
X   CEILING PLASTER   2,700 SF   X     X   VAT & MASTIC   600 SF   X     X     TTI IC   X   DUCT MASTIC   16 SF   X     X   X   X   X   X   X   X   X
DWER LEVEL         X         VAT & MASTIC         600 SF         X           TTLIC         X         DUCT MASTIC         16 SF         X
TTIIC X DUCT MASTIC 16 SF X
VIEDIOD WINOS 4 & 2
XTERIOR WINGS 1 & 2 X WINDOW CAULK 10 SF X
XTERIOR WINGS 1 & 2 X TRANSITE WINDOW PANELS 850 SF X
YTERIOR WINCO 4 6 0
YTERIOR POOF
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The first the fi
Ame of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill GROWS LANDFILL/TULLYSTOWN
22147
ity, State Disposal Date City, State
ACKETTSTOWN, NJ 07840 7/12/16-9/30/16 MORRISVELL PA 19067/TULL YSTOWN, PA
ompleted by (Print or Type)  Title  Signature  Date / - //

no CK

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.IAC 8:60-7 and 12:120-7)

1100			(Purs	uant t	o NJAC 8:	60-7	and 12:12	(0-7)		111	JIF		31/28/11/10		-	
Date of Notification (1)					Name	of Bu	ailding Ov ARP & DO	vner/	Operator (2 CORP.	) Control of the cont		D	EC	- 5	20	6
11 / 28 /16					Street /	Addr	ess	· N 11 1 1 1	DO DOY	2000, RY28-	111					
Agencies Notified Type No	tification							NUE,	, P.O. BOX	2000, 17120	411	HES	1775	5 CO	NT.	1
	tial Notific nended N			2			Zip Code NEW JER	SEY (	7065	and the same of th				NSI		_
N   D	ncellatio	n			Name	-10	-t-at			Telephone N	lumbe	-				
A 3011	n Hold MERGEN	OV N	OTIFIC	ATIO					1	1 Glophone :	-6					
DCAEN	VIERGEN	CTIV	UTIFIC					_								
		DI	/2		CILITY INF	UKI	MATION	Type	of Facility	(4)						
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THE CORP.	ODATION	J							Subchapte	r 8 (Other th	an K-1	2)				
MERCK SHARP & DOHME CORPO	UKATIOI	V						X	Other (ie. p	rivate & con	nmcl. b				c.)	
Street Address									uare Feet	# of Floo	rs		Bldg.			
126 EAST LINCOLN AVENUE - BL	JILDING :	84							99,082	3			4			
	ounty (6)			$\neg$	County	y Co	de (7)			or if being de	emolis	ned)				
RAHWAY	NION	×.			(STATE		ACCIONATION OF THE PARTY OF THE	OFF				0)				
Name of Monitoring Firm Hired b	y Buildir	ng Ov	vner (8	3)		AS	CM No.	Nam	ne of Abate	ment Contra MENTAL CC	DDOC	B) DATIC	M			
ENVIRONMETAL HEALTH INVEST	TIGATIO	NS, IN	VC.				104		et Address	VIENTAL CC	Kron	ATTC	714.		_	
Street Address									SPOOK RC	CK ROAD						
655 WEST SHORE TRAIL								1010000000	, State, Zip							
City, State, Zip Code	TA, NEW	IEDS	EV 07	971				SUF	FERN, NEV	V YORK 109	901					
		JERS			Number				phone Num		Licen	se Nu	ımber			
Project Manager for Monitoring Firm	11		973-7						-369-7500		1101					
WILLIAM S. KERBEL, CIH		Sche	T. C. S. T. S. S.		ion Date (1	11)	4	Nan	ne of OSHA	Monitor						
Expected State Date (10) 8 / 9 /1	16	John	11		28		/16	AME	ERISCI LAB	ORATORIE	S INC		#1	1480		
Month Day Yea	r		nth		Day		Year	-					-			1
Occupancy Status During Abateme	ent (Chec	k only	y one)	V 2282727				-	et Address EAST 30Th	CTREET						
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Abatement Performed 0	Dutside o 1onday -F	t Norr	nai Fa	CIIITY F	nours - Des m	SCHE	3.	City	, State, Zip	Code						1
X Other - Describe: N	nonday -r	riuay	/aiii-c	).50 pi					NEV	V YORK, NE		RK 1	0016			
Scope of Work (Check all that app	ly)				[		Full Cont	ainme	ent with Neg	ative Pressu	ire					
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TO BE ABATED			nt/Cus		ins	sulat	ion, surfac	ing, V	/AT,	SF or L	_F)	REMOVAL	Þ	ENCAPSULE	ENCLOSURE	
in Facility (13)			Staff (1		C	or oth	ner miscell	aneou	us)			F		E	抎	1
		Yes	No	N/A						-	_			1111	111	1
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Name of Registered Waste Haule	er	NJE	DEP W	aste	Cubic Yar	ds of	Waste	Na	me of Regis	stered Landfi	11			) = 1 4 =	L	_
FREEHOLD CARTAGE, INC.	9	100000000	ler ID			80		LY	COMING C	OUNTY RES	SOUR	JE M	ANAC	>EIVIE	NI S	
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City, State					Disposal I		10 /		ty/, State	RY , PA 177	52		1	1		
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Completed by (Print or Type)	Title			OPE	RATIONS	Sig	liature	///	X		1	11.	4	11	0	
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1100	//-		(Purs	suam	Name	of Bu	uilding O	wner/Operator (2) OHME CORP.		<u>15 U</u>		<u> </u>	
Date of Notification (1)	/16					Addre				חב	r _	5 2	018
	Notification				126 E	. LINC	OLN AVE	ENUE, P.O. BOX 2	2000, RY28-4	14	. 0	0 L	010
ПЕРА	Initial Notific	cation					Zip Code	VAN. 1000-12 NO. NO.	a de la companya de l			001	TOO
DEP	Amended N	lotifica	tion		RAHV	1,YAV	NEW JER	SEY 07065	100	ASBES	TOS	VSIN VISV	GHP
X DOL	Cancellation				Name	of Co	ntact		Γelephone Νι		_1521-1	*****	
X DOH X	On Hold :		OTIFIC	CATIC				ı N		_			
	]==.				CILITY IN			K			-		
Name of Facility Where Abate	ment is Tak	ing Pl	ace (3					Type of Facility					
								School (K-1	2) 8 (Other than	n K-12)			
MERCK SHARP & DOHME CO	RPORATION	1						X Other (ie. p	rivate & com	ncl. bldgs	s., hom	nes, et	c.)
Street Address								Square Feet	# of Floors		Bldg.	Age	
126 EAST LINCOLN AVENUE -	- BUILDING	84						99,082	3			7	
City (5)	County (6)			T	Coun			Current Use (Prid	or if being der	nolished)			
RAHWAY	UNION				(STATE			OFFICE Name of Abater	nont Contrac	tor (9)			-
Name of Monitoring Firm Hire	ed by Buildin	ng Ow	ner (8	3)		AS	CM No. 104	PAR ENVIRONN	MENTAL COF	RPORATI	ON		
ENVIRONMETAL HEALTH INV	ESTIGATIO	145, 114	iC.				104	Street Address					
Street Address 655 WEST SHORE TRAIL								313 SPOOK RO					_
City, State, Zip Code		Service time		on and the				City, State, Zip C		11			
SPA	ARTA, NEW							SUFFERN, NEV		icense N	lumbe	r	
Project Manager for Monitoring	Firm	- 1		hone 29-56	Number			845-369-7500		1101			
WILLIAM S. KERBEL, CIH		- 1	TO 10 10 10 10 10 10 10 10 10 10 10 10 10	23.00	ion Date	(11)		Name of OSHA	Monitor				
Expected State Date (10)	/16	Scrie	11		30		/16	AMERISCI LAB	ORATORIES	INC	#1	1480	
Month Day	Year	Moi			Day		Year	Street Address					-
Occupancy Status During Abat  X Facility Closed/Vaca	ement (Chec	k only	one)	l of Ak	atement			117 EAST 30TH	STREET				
X Facility Closed/Vaca	ed Outside o	f Norm	nal Fa	cility h	Hours - De	scribe	e:						
X Other - Describe:	Monday -F	riday	7am-3	3:30 p	m			City, State, Zip	Code V YORK, NEV	NVORK	10016		
							leul Cont	ainment with Nega			10010		
Scope of Work (Check all that	apply) X	Reno	vatior	1			Mini-Enc						
>3SF OR LF		1					1	g Procedure					
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TO BE ABATED			t/Cus		in			sing, VAT,	SF or LF	f)   \( \)	Þ	PSI	วรด
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FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State			1593	9	Disposal 08/09-11		)16	City, State				<i>i</i>	0
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		e	1593	9	Disposal 08/09-11	/30/20	)16 nature	City, State//			91	9/	16

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Date of Notification (1)				Name	e of B	uilding O	wner/	Operator (2) CORP.		IEC	- 5	2016	
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7 / 29 /16  Agencies Notified Type Notific	ation						ENUE	, P.O. BOX 2	2000, RY2 <u>8-414</u>	OTO		SITT	01 8
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	llation												_
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				ACILITY IN	IFORM	NOITAN							_
Name of Facility Where Abatement is	Taking	Place	(3)				Туре	of Facility					
							-	School (K-1	· 8 (Other than K	-12)			
MERCK SHARP & DOHME CORPORA	TION						X		rivate & commcl.		., hom	es, et	2.)
Street Address				-				uare Feet	# of Floors	T	Bldg.		
126 EAST LINCOLN AVENUE - BUILD	ING 84							99,082	3		4	7	
City (5) Count				Coun	ty Co	de (7)	Curr	ent Use (Prid	or if being demoli	shed)			
RAHWAY UNION						ONLY)	OFF						
Name of Monitoring Firm Hired by Br	uilding (	Owner	(8)		AS	SCM No.			nent Contractor		201		
ENVIRONMETAL HEALTH INVESTIGA	ATIONS,	INC.				104	1		MENTAL CORPC	RATIO	JN		-
Street Address							-	et Address SPOOK RO	CK BOVD				
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City, State, Zip Code SPARTA, N	151A/ 151	DOEV	07071						YORK 10901				
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Project Manager for Monitoring Firm		950 ac	-729-56				1.000	-369-7500	110	1			
WILLIAM S. KERBEL, CIH Expected State Date (10)	Sc			tion Date	(11)			ne of OSHA					
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Month Day Year		/lonth		Day		Year	-	1.0.1.1		-			-
Occupancy Status During Abatement (	Check o	nly one	e) 	hatomont			1	et Address EAST 30TH	STREET				
X Facility Closed/Vacated Dur Abatement Performed Outs	ing Entir	e Peni	acility	Datement Hours - Da	escribe	٥.	1,,,	L/101 00111	0=				
	ay -Frida				5001150		City	, State, Zip (	Code V YORK, NEW Y	ORK 1	0016		
Scope of Work (Check all that apply)						Full Cont	i ainme		ative Pressure				
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Material (ACM) TO BE ABATED	M:		stodial	i		ion, surfac			SF or LF)	18	AR I	APS	00
in Facility (13)	1	Staff			or oth	er miscell	aneou	is)		12		ENCAPSULE	ENCLOSURE
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Name of Registered Waste Hauler	N.	JDEP 1	Waste	Cubic Ya	rds of	Waste	Na	me of Regis	tered Landfill		o's Good Company		
FREEHOLD CARTAGE, INC.		auler II			80		LY	COMING CO	OUNTY RESOUR		ANAG	EME	IT SE
825 HIGHWAY 33		159	39						ER DRIVE/ROU	TE 15	200		
City, State				Disposal				y, State	V DA 17750				
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		DEC	Mar.	F,	2016	,	

							1 1 to 1			2011				
Date of Notification (1)  11-30-16	,		Name of	f Building Owner/ Anlt	Aur									
Agencies Notified Type Notificat	on		Street A	ddress 2 6	Englis	An Demoliter Licensing  ASBESTOS CONTROL LICENSING  AND NJ 08123								
□ EPA         □ Initial           □ DEP         □ Amended           □ DOL         Amendm			City, Sta	ate, Zip Code	Hari	bon NJ	08123							
□ DOH         justificati           □ DCA         □ Cancellat			Name of	f Contact S	tyle	Telenhone Number								
L DCA L Cancellat	ion		FACI	LITY INFORMA	/'	٦		-		-				
Name of Facility Where Abatement is Takin	7	_		DITT IN ORM	1110.1	Type of Facility (4)								
Resid	lent	FAR	M			☐ School (K-1								
Street Address						Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes, etc.								
City (5) MA12 ton	_					Square Feet # of Floors 3000 3								
County (6) Busting to		County (	Code (7) USE ONLY)		Current Use (Prio	r if being demolished)	r t							
Name of Monitoring Firm Hired by Building	g Owner (8)		ASCN	И No.		of Abatement Contractor (9) VI Joe Ahrensey Courtier 20								
Street Address					Wan Ar									
City, State, Zip Code					-									
Project Manager for Monitoring Firm			Telephor	ne No.	Teleph	State, Zip Code  10 1000 N J 080) S  10 1000 N J 080) S  10 10 10 10 10 10 10 10 10 10 10 10 10 1								
Start Date (10) 12 - 9 - 14						e of OSHA Monitor								
Occupancy Status During Abatement (Check		- 2	0-1	6	Street	Address				400 4000	_			
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm ☐ Other – Describe:	Period of Aba					tate, Zip Code								
Scope of Work (Check All That Apply)											-			
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renovati Demoliti		æ		Mini-Enclosure Glovebag Proce	Mini-Enclosure							
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	M	ed Solel aintenar todial S (12)	ely by Asbestos Containing M (i.e. thermal systems insu			aterial (ACM) lation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A							c	,			
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Name of Registered Waste Hauler	H	DEP Wa	No. of W	e Yards aste	Name of Registered Landfill									
City, State			20847		osal Date	City, State								
: Dolwings	MI			Displ	T.B.D	5.00	illutown f	A						
Completed by	Title	PAESI	lent.		Signature	THE	/ Date	-3	0-	16				
3/4						1		_						

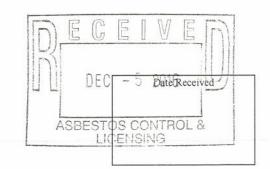
### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 11/22/2016		N	Name of Building Owner/Operator (2) Sakoutis Brothers Disposal							4		
[ ] DEP [ ] Amen [x ] DOL Amen	Notification add Notification adment #		Street Address City, State, Zip Cod		ox 84   Neck, NJ 07722	ASBESTOS LIGE	CON NSIN		l L &			
[x] DOH justifi	gency (including ication) ellation	N	Name of Contact John S	Fer Addition Co	Telephone Number							
		FACIL	ITY INFORM.	ATION								
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12)	w *					
Street Address					[ x ]	Subchapter 8 (oth Other (i.e., privat			al build	ings,		
	0 10		+ C-1-(7)			homes, etc.)						
City	County (6)		ounty Code (7) TATE USE ONLY	)	Square feet 2000 sf	# of Floors 2	Bldg	. Age 8	0			
Long Branch	Monmouth				Current Use (Prior if Resider							
Name of Monitoring Firm Hired by Building C Guardian Contract		AS	SCM No.	Name of	Abatement Contractor		Inc					
Street Address				Street Ad	dress		IIIC.					
1889 Route 9, Unit City, State, Zip Code	t 61			City, Stat	e, Zip Code	oute 9, Unit 61	1					
Toms River, New.				-27	Toms F	River, New Jers		55-12	271			
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Nu 732-349-99			Telephone 732-349		License N 00624	umber					
Scheduled Start Date (10)	Scheduled Co		Date (11)		OSHA Monitor	L. Analytical						
				Street Ad	dress	20 950 97						
			- 11		1056 S	telton Road						
Nicholas Fernicola 732-349-993 Scheduled Start Date (10) Scheduled Comp 12/2/16 12/5/16 Occupancy Status During Abatement (Check only one)			City, State, Zip Code Piscataway, New Jersey 08854									
Scope of Work (Check all that apply)				[ ]	Full Containment	with Negative Pres	sure					
[ X ] >3 sf or ≥3 lf	ΓÌR	Lenovation	n	[ ] [x]	Mini-Enclosure Glovebag Procedu	ırê						
[ X ] ≥160 sf or ≥260 lf	1 1	Demolition		[x]		) and Non-Friable I	Procedu	re				
		T					Abate	ement 1	Гуре			
Location of Asbestos-Containing Material (ACM)	Is Location Normally used Solely by		Asb M	Description estos-Con aterial (A	taining CM)	Amount (Specify SF	R E M	R E P	E N C	E N C		
TO BE ABATED in facility	Maintenance/Custon Staff	odial		thermal s lation, sur		or LF)	0	A I	A P	L		
(13)	(12)			VAT, o	r		V	R	S U	S		
	YES NO	N/A	othe	r miscella	neous)		A L		L	R		
Basement	X		Asbestos pipe	fittings		40	X		Е	Е		
Subernent			F. F.		A							
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste I 202		No. Cubic Yar	ds of Wast	Name of Registe T.R.R.F.	red Landfill						
City, State Toms River, New Jersey		Disposal I 12/6/16		City, Sta	te wn Pennsylvania	·						
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager		Signature	~ -	1		Date 11/2	2/20	16			

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 - Revis	ed C - Cancelled):	0	II.	IS ASBESTOS PRESENT? (	Yes/No):	Y					
III. FACILITY INFORMATION (identify owner, remova	I contractor and other	operator)									
OWNER NAME: Sakoutis Brothe	ers Disposal										
Address: P O Box 84											
City: Colts Neck	State: New Jo	ersey	Zip:	Zip: 07722							
Contact: John Sakoutis			Tel:	732-683-0600							
REMOVAL CONTRACTOR: Guard	ian Contracting, I	nc.		NJ License: 0062	24						
Address: 1889 F	Route 9, Unit 61										
City: Toms River	State: New Je	ersey	Zip:	08755							
Contact: Nichol	as Fernicola		Tel:	732-349-9932							
OTHER OPERATOR (if different)				NJ License:							
Address:											
City:	State:		Zip:								
Contact:			Tel:								
IV. TYPE OF OPERATION (D - Demo O - Ordered D	emo R - Renovatio	n E - Emergency	Renovation):	D							
V. FACILITY DESCRIPTION (Including building name	, number and floor or	room number)									
Building Name: Residence											
Address: 100 Lincoln Av	renue										
City: Long Branch	State: New Je	ersey	County:	Monmouth							
Site Location: basement				-							
Building Size: 2000 sf	# of Floors:	2	Age in Y	ears: 80							
Present Use: Residence		Prior Use:	Residen	ce							
VI. PROCEDURE, INCLUDING ANALYTICAL METH	OD, IF APPROPRIA	TE, USED TO DET	ECT THE PRE	SENCE OF ASBESTOS MATE	RIAL:						
IS MATERIAL ASSUMED TO BE ASBESTOS?  VII. APPROXIMATE AMOUNT OF ASBESTOS INCLU	JDING:				Nonf	riable					
Regulated ACM to be removed		RACM		, actival	1 NOTE OF STREET STREET	: Material Го Ве					
Category I ACM not removed		To Be Removed		LOCATION	Rem	oved					
Category II ACM not removed					Cat I	Cat II					
Pipes (Linear feet): 40 fittings	Asbest	os pipe fittings		Basement							
Surface Area (Square feet):											
RACM Off Facility Component (Cubic feet):											
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DI	D/YY) Start:	12/2/	16	Complete: 12	2/5/16						

	NOTIFICATION OF DEMOLITIO	N AND RENOVAT	ION (continued)	GEIV	EID	$ \mathbf{D} $					
Х.			110051	DEC - 5 201	6						
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTRO AND RENOVATION SITE:	OLS TO BE USED TO PREV	ENT EMISSIONS &	ASSESS CAPTRE LICENSING	9EMOLIT	'ION					
						rill					
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, In	nc.									
		New Jersev	Zip:	DEC - 5 2016  DEC - 5 2016  MISSIONS OF ASPESYOCAT THE DEMOLITION LICENSING  Per placed on the ground below and the asbestos will be entainer for disposal asbestos pipe & boiler insulation will  Zip: 08755  Zip: 19007  W AND ATTACH COPY OF ORDER  WY):  ancial burden:  S IS FOUND OR PREVIOUSLY NONFRIABLE  ART 61, SUBPART M) WILL BE ONSITE DURING ACCOMPLISHED BY THIS PERSON WILL BE ACCOMPLISHED BY THIS PERSON WILL BE							
	WASTE TRANSPORTER #2 Name:										
	Address:										
	City: State:	EMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED  DEC - 5 2016  DE									
	Contact Person:										
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.										
		Pennsylvania	Zip:	19007							
	Telephone: 215-943-9732		00000								
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE	<del>//</del>		CH COPY OF ORDE	R						
	Name:	Title:									
	Authority:										
	Date of Order (MM/DD/YY):	Date Ordered to Begin (MM	I/DD/YY):	Zip: 19007  W AND ATTACH COPY OF ORDER  (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 conditions or would cause equip	ment damage or an unreasona	able financial burden:								
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR RI		ESTOS IS FOUND OI	R PREVIOUSLY NO	NFRIABLE						
xvii.	THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE RE	EQUIRED TRAINING HAS	BEEN ACCOMPLISH								
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Oper	ator)								
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	//	1								
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature of Owner/Oper		November 22, 2016 (Date)							

CHECK# 2157

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

Date of Notification (1)			Name of	f Duilding C	humar/Onara	tor (	2)		Pane.	111	E-(	ת			1 [		
11/20/2016					wner/Opera edy (owner			entative	)	KI		9 1		1 (1			
Agencies Notified Type Notification			Street Address								D	EC	- 5	20	16		
X EPA X Initial Amended Amendment #		H	City. Sta	ite, Zip Coo	le				- 1	1 11							
DOL Amendment #				I, NJ 088						ASBESTOS CONTRO							
X Emergency (ir justification)  DCA Cancellation	iciuaing			f Contact	al C				Tel	ephone	Numb	ec	ENS	NG	101		
X DCA Cancellation				sa Kenne					_		-						
Name of Facility Where Abatement is Taking	Place (3)		1 701	LITT IN O	KWIZTION		Type of	Facility (4	4)	77							
Residential - Single Family Street Address						_ [		hool (K-1) bchapter		or than	K_12\						
							× Ott	her (i.e. p :.)							s,		
City (5) Milford						1.00	Square 1,100	Feet	1 # 01	f Floors		70	ldg. A O	ge			
County (6) Hunterdon			County (	Code (7) USE ONLY)	<del></del>		Current Reside	Use (Pric ential	or if bei	ng dem	olishe	d)					
Name of Monitoring Firm Hired by Building Or TBD		ASCM	1 No.	1 120000			ment Con ting, LL		potentials (Notation)								
Street Address		Street Address 1385 Valley Road, Sui					Suite K										
City, State, Zip Code			City, State, Zip Code Wayne, New Jersey 07						/ 0747	07470							
Project Manager for Monitoring Firm		Telephone No.			Telephone No. (973) 928-5040				License No. 00874								
	Schedule 12/7/20		ompletion Date (11) Name of OSHA Sky Contract														
Occupancy Status During Abatement (Check	Only One	∍)			Stre	et A	ddress	2003 30 00	E3 800 0	3350							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:					City	, Sta	ate, Zip	Road, S Code v Jersey									
Scope of Work (Check All That Apply)					_   vva	ayıı	e, ivev	v Jersej	y 074	70	elle ware				-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	_	enova emolit	lition Mini-Enclosure Glovebag Procedu					edure	nt with Negative Pressure  dure  (*) and Non-Friable Procedure								
	Is	s Location					Non-Exempled ()				) and Non-i nable						
Location of	N	ormal	ly		Descripti							Туре		pe T			
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai	Used Solely by Maintenance/ Custodial Staff? (12)			e/ (i.e. thermal system			I (ACM) Amount (Specify SF or LF)				Removal	Repair	Encapsulate	Enclosure		
Attic	165	No X	IN/A	Ve	ermiculite I	Inst	ulation		23	30 SF		x					
0.0.000000		51050							0.00	2007 1.30							
Name of Registered Waste Hauler		I N	JDEP W	/aste	Cubic Yards	s		Name of F	Reaiste	red Lar	ndfill						
Service Transport Group, Inc.		Н	auler ID 0990	0.000	of Waste 10	70	1 1	Minerva				С					
City, State New Castle, Delaware					Disposal Da	ate		City, State Waynes		Ohio							
Completed by Predrag Sarcev	Title Vice F	Presi	sident						Date								