CIL 3897

Date of Notification (I)		N	ame of B	uilding Owr	ner/Operat	or (2)	1=000					
12/28/16					CAN	001	JERSI	, 7		12	_	
Agencies Notified Type Notification		St	treet Add	ress		. As	1 2	-		12		-
□ EPA Initial			20	52 5	20071	FIAI	0 31		-			-
□ DEP □ Amended		C	ity, State	, Zip Code	1		7/12		111	CHE .	5	201
DOL Amendment #_ Emergency (inc	Sluding	. L	40	DI.	50	. 0	7694	Telephone Number	,141	M	J	ZU1
DOH justification)	nuumg		ame of C	ontact				Telephone Ivanio	-1			
DCA Cancellation		1		HARLES			)				-	Africa
	(2)		FACIL	ITY INFOR	RMATIO	Type	of Facility (4)				0.1	3.
Name of Facility Where Abatement is Taking Pla	ce (3)	٥	DE 0			0.30700						
FELICIAN UN	1VEVES	267	9_			- 2	School (K-12), Subchanter 8 (	Other than K-12)				
Street Address	1	-		- 11			Other (i.e. priv	ate & commercial b	uilding	s, hom	es, etc	٤.)
ZGZ S. MAIN	2 24			2 - 1		Saus	re Feet	# of Floors	Blo	ig. Ag	e	-
City (5)			74			16	850 SF			50		25
LODI				1. (50)		Com	ant Liee (Prior i	f being demolished)			-	
County (6)  PERGEN			County Co	SE ONLY)		_ Cui		ERSTEY/	Sci	100	١.	
		,		1555	- 1,	1 £ A b a	atement Contract		001	000		
Name of Monitoring Firm Hired by Building Ow			ASCM	NO.								
DÉTAIL ASSOCIATE	2	1	0.	2100			emoval In				_	
Street Address					5	treet Addre						
300 GRAN AUZ						450 Sc	outh River	Street				
City, State, Zip Code	223				0	City, State, Z		7601				
ENGUEWOOD N	15.0	-					sack, NJ (	License No			54.40	
Project Manager for Monitoring Firm	•	13	Telephone	e No.	0 1	Telephone N	o. -329 <b>-</b> 7444		388 .			
A. VACENTINE		2	0156	9670	8			00.	000	-	-	
Start Date (10)	Scheduled (			te (11)	1		HA Monitor	1				
1/13/17	4 (	15	) 1	7 <u> </u>			a Environr	nental				
Occupancy Status During Abatement (Check On	ly One)			10-3	5	Street Addre		at.			~~	
Facility Closed/Vacated During Entire Peri	od of Abater	ment			L		Iuyler Stre					N.C.
☐ Abatement Performed Outside of Normal F	acility Hour	S			. x	City, State, 2	Zip Code Lip Code	ack, NJ 07606				
Other - Describe:						Souu	1 Hackenso	20K, 143 07000				_
Scope of Work (Check All That Apply)								2				
	Ren	novati	ion				ull Containmer	nt with Negative Pres	ssure			
□ ≥160 sf or ≥260 lf	☐ De	moliti	ion				Mini-Enclosure Glovebag Proce	dure				
9							Non-Exempted	(*) and Non-Friable	Proced	ure		
	Τ		TI STORY							Abate		
		_ocati			D	detice of			_	Ty	pe	
Location of Asbestos-Containing Material (ACM)	Used	Solel	y by	Asbest	tos Contain	ription of ning Materia	al (ACM)	Amount	0000		m	_
TO BE ABATED		ntenar		(i.e. then	mal system	ns insulation	, surfacing,	(Specify SF or LF)	Ren	Re	ncal	incl
In Facility	-	(12)	ouall:			AT, or iscellaneous	)	Sr of Lr)	Removal	Repair	Encapsulate	Enclosure
(13)			Toward:	-	04101				=		ite	6
	Yes	No	N/A						+-		_	
AUDITORIUM MECH ROOM				THERMA	H SYS	EU INS	U ATION	130 LF	×			_
110051111011111111111111111111111111111	1											
	+		+	-								
· ·			-						+	-		-
									1			
Name of Registered Waste Hauler		100	UDEP W		Cubic Y		Name of I	Registered Landfill	-			
Best Removal Inc		F	lauler ID		of Waste	307	N	finverva Ente	rprise	es, L	LC	
			171	UY	Disposa		City, State		•			
City, State Hackensack, NJ 07601						16)17	SY - 35/04 - 33	nesburg, OH	1468	8		
The process of the control of the co	Title	-			1	gnature	1		ate		,	
Completed by	30000000	4:	stor		31	LM	aiono	wa	12	/28	311	6
J. Maiorano	ES	tima	1101			$-\Lambda$	0				-	
ASB.41 (R-06-08)						U* Do	not use this for	m for asbestos licen	sure ex	empted	d activ	rities.

NO CK

# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 12/7/16	180 (180 (180 (180 (180 (180 (180 (180 (			wner / Operator		17				1
Agencies Notified Type Notif	ication	Street Address 213 S. 3 <sup>rd</sup> St	S	ONIOATION			JAN	5 20	1/	
DEP Init	ial	City, State & Z		nde						
	ended R#2-12/29/16			,40						
	ergency	Name of Conta					T	elephon	e Num	per
☐ DCA ☐ Ca	ncellation	ALEX BAYL	OR							
		FACILITY	INFO	RMATION						
Name of Facility Where Abate	ment is Taking Place			Type of Facili	ity (4)					
Hammonton Central Offic	е	***		School (F	K-12)					
Street Address					7.0	ther than K-1	50			
213 S. 3 <sup>rd</sup> Street				Name of the last o		e & commerc			s, etc.)	
	(-			Square Feet	12	f of Floors	BI	dg. Age		
City (5)	The second of th	County Code (7)		24011		3			70	
Hammonton	Atlantic			Current Use (			shed)			
Name of Monitoring Firm Hired	h. D. Heiman O	n) IACOM	NI-	COMMUNIC						
USA ENVIRONMENTAL N			NO.	Name of Abar BRISTOL E		경기는 기업에 가지 않는 것으로 하나 없다.	ž			
Street Address	IANAOLINILINI, IN	0.		Street Address		MINICIALVE	1140			
8436 ENTERPRISE AVE				1123 BEAV		REET				
City, State & Zip Code	8)			City, State & 2	Zip Cod	е				
PHILADELPHIA PA 19153				BRISTOL, P		07				
Project Manager for Monitoring		ephone Number		Telephone Nu			License Nu		60	
MARK JENKINS		5-365-5810		215-788-604				00509		
Scheduled Start Date (10)  December 19, 2016	Scheduled Comple	tion Date (11)		Name of OSH BRISTOL E			INC			
Occupancy Status During Aba				Street Addres		MINICIALVE	1140			
Facility Closed/Vacate				1123 BEAVE		REET				
Abatement Performed	Outside of Normal H	lours - 7am to 3	pm	City, State & 2	Zip Cod	е				
Describe: 5:00 PM	- 1:30 PM			BRISTOL, P	A 1900	07				
Facility Occupied Durin										
Scope of Work (Check all that	apply)					ull Containm	a a de contada a ha a	antica F		_
\ \ \ ≥3 sf or ≥3 lf		Renovation				/lini-Enclosur		galive r	162201	-
≥160 sf ≥260 lf		Demolition				Blove Bag Pr				
23 = 100 01 = 200 11		1			Name of the last	Von-Exempte		Friable	Proced	ure
Location of	I	s Location		Description	n of		Amount	Abat	ement	Туре
Asbestos-Contair		rmally Used		Asbestos-Con			(Specify			
Material (ACM TO BE ABATE		Solely by intenance or		Material (AC (i.e., thermal sy		8	SF or LF)	20	A LUC	_ E
in Facility		stodial Staff?		sulation, surfac		Т		Remova	Repair	Enclsoure
(13)		(12)		or other miscella				Va	Repair	ure
	Yes			-						
Equipment room and Boil	er Room 🛛			Pipe insula	ition		240 LF			Щ
										44
							54		4+	-
				31191W 111 =				႕님	=++=	H
							120000000000000000000000000000000000000	-	커늄	+++
Name of Registered Waste Ha	uler	NJDEP Wa	aste (	Cubic Yards	Name	of Registered	d Landfill			
The state of the gradients of the state of the		Hauler ID N		of Waste						80-10-8
BRISTOL ENVIRONMENT	AL INC	18706	1	10	ATLA	NTIC COU	NTY UTILI	TY AU	THOR	ITY
City, State			100	Disposal Date	City, S					
BRISTOL, PA				TBD	EGG	HARBOR T	WP, NJ	-		
Completed By (Print or Type)		Title		Signature				Date 12/7/1	c	
PATRICK T. DeCARO		Estimator						12///1	U	
								E		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

NO CK (P	ursı	uar	nt t	to N	I.J.A.	<u>C.</u> 8:60 and	12:120)	~~~	in 172				-
Date of Notification (1) 12/7/16						Owner / Operato MUNICATIONS		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
Agencies Notified Type Notification		21	3 S		Stree				JAN 5	2017			
□ DEP         □ Initial           □ DOL         □ Amended R#1-12/2           □ DOH         □ Emergency	20/16	На	mr	non	& Zip ( ton No ontact				IT	elepho	one N	lumb	er
DCA Cancellation		1			YLOR		Andrews			1			
			FAC	CILI	TY INF	ORMATION							
Name of Facility Where Abatement is Taking P Hammonton Central Office	lace	(3)				Type of Facili							
Street Address			DOMES			Subchap	oter 8 (Other th						
213 S. 3 <sup>rd</sup> Street						Econol .	e. private & cor					etc.)	00.77.00
C:+ (5)	10	0110	4., (	2040	(7)	Square Feet	# of Flo	oors 3	BI	dg. Ag	je 70		
City (5) County (6) Hammonton Atlantic		oun	ty C	Code	(1)	Current Use	Prior if being o	-	shed)		70		
Hammonton						COMMUNIC			,				
Name of Monitoring Firm Hired by Building Ow. USA ENVIRONMENTAL MANAGEMENT				AS	CM No		tement Contra						
Street Address			Con Hills			Street Addres							
8436 ENTERPRISE AVE City, State & Zip Code			_	-		City, State &	Zip Code			-		0.000	
PHILADELPHIA PA 19153						BRISTOL, F							
Project Manager for Monitoring Firm MARK JENKINS	100000000000000000000000000000000000000			Num 810	ber	Telephone No 215-788-604			License Nu	umber 0050	9		
Scheduled Start Date (10) Scheduled Co						Name of OSH		ITAI	INIC				
December 19, 2016 December 19, 2016 Occupancy Status During Abatement (Check of the Check of the		THE PERSON NAMED IN	0, 2	2016		Street Addres	NVIRONMEN	NIAL	INC				mn Session
Facility Closed/Vacated During Entire F	erioc	d of	Aba	ateme	ent		ER STREET						
Abatement Performed Outside of Norm													500
Describe: 5:00 PM - 1:30 PM						BRISTOL, F	PA 19007						
Facility Occupied During Abatement Scope of Work (Check all that apply)	-11.										-		
ocope of work (officer all that apply)									ent with Ne	gative	Pre	ssure	à
≥3 sf or ≥3 lf				ovati			Mini-En						
≥160 sf ≥260 lf	Ш	L	)em	nolitio	on				ocedures d and Non-	Friable	Pro	redu	ILE
Location of	Is	Lo	cati	on	T	Description			Amount			ent T	
Asbestos-Containing	Nor	mal	lly L	Jsed		Asbestos-Con	taining		Specify				
Material (ACM) TO BE ABATED		Sole		y ce or		Material (AC (i.e., thermal sy		5	F or LF)	Re	,	Encapsulate	Enc
in Facility		todi	al S	Staff?		insulation, surfac	ing, VAT			Removal	Repair	nsd	Enclsoure
(13)	Yes		2)	N/A	4	or other miscella	aneous)			<u>a</u>	~	late	re
Equipment room and Boiler Room		+				Pipe insula	tion	7	240 LF			П	
Equipment room and Boner Room	H	十	Ħ	H		1 ipe modia						T	
		TĒ											
		ļ								井	닏	H	H
	H	+	4	H	-					ዙ	H	H	H
Name of Registered Waste Hauler		1	NJ[	DEP	Waste	Cubic Yards	Name of Reg	istered	Landfill				
Walle of Registered Waste Flaure.			Нац	uler I	D No.	of Waste						00!	
BRISTOL ENVIRONMENTAL INC			187	706		10	ATLANTIC	COUN	ITY UTILI	IY A	JIH	ORI	IY
City, State BRISTOL, PA						Disposal Date TBD	City, State EGG HARB	OR T	WP, NJ				
Completed By (Print or Type) PATRICK T. DeCARO		- 1	Title Es1	e tima	tor	Signature	gr. De	ais	/il	Date 12/7/	16		

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# NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Ck# 3131

Date of Notification (	(1) 12/7/16		N	ame of Bui	lding Owner / Op	perator (2)		
Agencies Notified	Type Notific	cation			COMMUNICAT	IONS	114.11	
EPA	Type Trouise	Cation		treet Addre 13 S. 3 <sup>rd</sup> S			14 11	E 004=
□ DEP		al		ity, State &				<u>ли 5 2017</u>
DOL 0881		ended					,	
Ø DOH 0950		ergency		ammonto				
DCA DCA		cellation	100000	ame of Con				Telephone Number
					100	. h.t	<u> </u>	
Name of Facility Whe	ere Abatem	ent is Taking	Place (3)	FACILITY	INFORMATIO	Facility (4)		
Hammonton Centi	ral Office		(0)			ool (K-12)		
Street Address						chapter 8 (Othe	orthon K 12)	
213 S. 3rd Street					□ Othe	er (i.e. private 8	commercial but	C.P
					Square F	oot Hade &	Commercial but	Idings, homes, etc.)
City (5)		County (6)	Coun	ty Code (7)			Floors	Bldg. Age
Hammonton		Atlantic	Court	ty Code (7)		011	3	70
		Acidiffic	1				ng demolished)	
Name of Monitoring Fi	irm Hired by	v Building O	/Der /9\	TACOL	NAME OF TAXABLE PARTY.	INICATIONS		
USA ENVIRONME	NTAL MAI	NAGEMENT	F INC	ASCM		Abatement Cor	ntractor (9)	
Street Address	TOTAL TOTAL	- COLINEIR I	, 1110.			L ENVIRONM	EN I AL INC	
3436 ENTERPRISE	AVE				Street Ad			
City, State & Zip Code						AVER STREE	- 1	
PHILADELPHIA PA						e & Zip Code		
Project Manager for Mo		rm	Telephor	ne Number	Telephone	L, PA 19007	Tr ·	
MARK JENKINS			215-365		215-788-		License	Number
Scheduled Start Date (	(10) S	cheduled Cor			CO. Co	OSHA Monitor		00509
December 19, 2		Dece	ember 23	, 2016		_ ENVIRONM	ENTAL INC	
ccupancy Status Duri	ing Abatem	ent (Check o	nly one)		Street Add		EITT ITTO	
Facility Closed/					1123 BE	AVER STREE	Т	
Abatement Peri	formed Out	side of Norma	al Hours -	- 7am to 3p		& Zip Code	•	
Describe: 5:0	00 PM - 1:	30 PM				., PA 19007		
Facility Occupie						-,		
cope of Work (Check a	all that app	ly)						
						Full C	ontainment with	Negative Pressure
≥3 sf or ≥3 lf			□ Re	novation		Mini-E	nclosure	
≥160 sf ≥260 lf			☐ De	molition			Bag Procedures	
								on-Friable Procedure
Location			Is Loca		Descripti	ion of	Amount	Abatement Type
Asbestos-C			Normally		Asbestos-Co	ontaining	(Specify	/ Noticine in Type
Material		1	Solely		Material (	ACM)	SF or LF)	_ m _
TO BE AI			Maintenar	nce or	(i.e., thermal			Reg Reg
in Fac (13	Tilette e				mardadian and	anine I/AT	C.	
(13		1	Custodial	Staff?	insulation, surf	acing, VAI		nov
			(12)		or other misce	ellaneous)		Enclsoure incapsulate Repair Removal
linment room and	3)	,	Yes No	N/A	or other misce	ellaneous)		i i i
uipment room and	3)	,	(12)		or other misce	ellaneous)	240 LF	psulate pair
uipment room and	3)	,	Yes No		or other misce	ellaneous)	240 LF	
uipment room and	3)	,	Yes No		or other misce	ellaneous)	240 LF	
uipment room and	3)	,	Yes No		or other misce	ellaneous)	240 LF	
uipment room and	3)	,	Yes No		or other misce	ellaneous)	240 LF	
	Boiler Ro	,	Yes No	N/A	or other misce	lation		
uipment room and	Boiler Ro	,	Yes No	N/A	Pipe insu	lation	240 LF	
	Boiler Ro	oom	Yes No  I I I I I I I I I I I I I I I I I I I	N/A  N/A  DEP Waste uler ID No.	or other misce	lation  Name of Reg	istered Landfill	
ne of Registered Wasi	Boiler Ro	oom	Yes No  I I I I I I I I I I I I I I I I I I I	N/A	Pipe insu  Cubic Yards of Waste	Name of Reg	istered Landfill	
ne of Registered Wash	Boiler Ro	oom	Yes No  I I I I I I I I I I I I I I I I I I I	N/A  N/A  DEP Waste uler ID No.	Pipe insu  Cubic Yards of Waste	Name of Reg ATLANTIC ( City, State	istered Landfill	
ne of Registered Wast STOL ENVIRONME State	Boiler Ro	oom	Yes No  I I I I I I I I I I I I I I I I I I I	N/A  N/A  DEP Waste uler ID No.	Pipe insu  Cubic Yards of Waste 10  Disposal Date TBD	Name of Reg ATLANTIC ( City, State EGG HARB(	istered Landfill COUNTY UTIL OR TWP, NJ	ITY AUTHORITY
ne of Registered Wast STOL ENVIRONME State STOL, PA	Boiler Ro	oom	Yes No	N/A  N/A  DEP Waste uler ID No. 706	Pipe insu  Cubic Yards of Waste 10  Disposal Date TBD	Name of Reg ATLANTIC ( City, State EGG HARB(	istered Landfill COUNTY UTIL OR TWP, NJ	ITY AUTHORITY
ne of Registered Wast STOL ENVIRONME State STOL, PA pleted By (Print or Ty	Boiler Ro	oom	Yes No	N/A  N/A  DEP Waste uler ID No.	Pipe insu  Cubic Yards of Waste 10  Disposal Date TBD	Name of Reg ATLANTIC ( City, State	istered Landfill COUNTY UTIL OR TWP, NJ	ITY AUTHORITY

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CV# 803		(Pu	rsuant t	o NJAC 8	:60 and	12:120	)	(months)	TE ()		1			
Date of Notification (1) 12-30-16				Building O		perator	(2)		1=-					,
Agencies Notified Type Notification		1	Street Ad	dress orest Av	e.				II JAI	N	5 2	2017		la = -
EPA Initial Amended Amendment # Emergency (ii DOH justification)		. [	City, Stat	e, Zip Cod anover N	ie	36		1	Telephone	TO9	COt ber	TRO	)_L	
DOH justification)  DCA Cancellation		E	Brain G	Blesias				)	-		Vister, said			
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATIC	N	Type	of Facility (4)	1			_	-26	
Private Home	riace (3)							School (K-12						
Street Address								Subchapter 8	Other than ivate & comn			ings,	nome	s,
City (5) Wayne							Squar	re Feet	# of Floors	5	BI	dg. A	ge	
County (6) Bergen			County C STATE U	ode (7) SE ONLY)			Curre	nt Use (Prior	if being den	nolish	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.				tement Cont tracting LL						74
Street Address			# E				Addres 7th St			0			3(2)	
City, State, Zip Code								ip Code NJ 07087	7	×		*		
Project Manager for Monitoring Firm		17	Геlерhor	ne No.			none N 216-9		Licen 0120	ise No 06	).			*
Start Date (10) 01-11-17	Scheduled 01-14-17		pletion [	Date (11)				HA Monitor tracting LL	_C		-			
Occupancy Status During Abatement (Check							Addres			-		HELE		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	al Facility H	ours	ent		_			ip Code / NJ 0708	7				2 0	
Scope of Work (Check All That Apply)	2-2000A					1000				9				74
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	novat					Mir Glo	ni-Enclosure ovebag Proc	nt with Nega edure (*) and Non-			2	9	
	ls Lo	ocatio	on							4		Abate Ty	ment	
Location of	No.	rmall Solel	,	Achast	Des	scription		L(ACM)	Amount		,	, y		
Asbestos_Containing Material (ACM) TO BE ABATED In Facility (13)					thermal	system cing, VA	s insula T, or	ation,	(Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Interior	103	X	TWA		Joint (	Comp	ound		10,000 S	SF	X	201.0		
III.O.I.O.I		^		-	-	-			,					
										9 -				-
Name of Registered Waste Hauler Delfa Contracting LLC		10000	JDEP W auler ID	No.	Cubic of Was				Registered La		ecove	erv F	acili	tv
City, State	14		35240		15 Dispos	sal Date		City, State				., .		,
Union City, NJ					01-16			Tullytow						
Completed by Jaime Delgado	Title Proj. M	lana	nger.	7	S	ignatur	9	11		Da 12	te -30-1	16	: <del>133.34</del>	
							-//			-				

								2		gageway and the second	-		Pri	nt Fo
W# 824	N		Sta CATION ursuant t		ESTOS /	ABATE							W	10.5
Date of Notification (1) 12-30-16			Name of Contine				(2)			JA	N	5 2	017	
Agencies Notified Type Notification			Street Ac 48 Cen	idress itral Ave	Э.					ASBES	108	jori	ThO.	- 8-
DEP Amended Amendmen			City, Stat Jersey			7			İ	Carlotte and	- (			E 1 90
Emergency justification)  DCA Cancellation			Name of Alfonso	Contact Carrin	10				Tel	ephone Nu	mber			
			FACIL	ITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Takin Private Home	ng Place (3	)	:0				(control)	of Facility ( School (K-1						
Street Address	,			=				Subchapter Other (i.e. p etc.)	8 (Oth			dings,	home	≥S,
City (5) Jersey City					3		_	re Feet	# 0	f Floors	В	ldg. A	ge	
County (6) Hudson	V		County C	Code (7) ISE ONLY	)		Curre	ent Use (Prid	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.				atement Con		(9)				
Street Address						Street 522	Addre 7th S				20			
City, State, Zip Code								Zip Code y NJ 0708	7					
Project Manager for Monitoring Firm			Telephor	ne No.	. 2	Teleph 201	none N 216-9			License N 01206	No.			
Start Date (10) 01-11-17	Schedule 01-14-1		mpletion [	Date (11)				HA Monitor stracting L	LC			500		
Occupancy Status During Abatement (Che	54F2/)					Street 522	Addre 7th S							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:						City, S	State, Z	ip Code y NJ 0708	17	129			_	
Scope of Work (Check All That Apply)		-				Offic	ni Oit	y 140 0700	.,				) D	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	AND DESCRIPTION OF THE PERSON	enova emolit					Mi Gl	ull Containme ni-Enclosure ovebag Proc on-Exempted	e cedure	•			e .	v
Location of	1.35	Locat	200		Do	scription	of .					Abate Ty	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intena odial S (12)	nce/ Staff?		tos Cont thermal surfac	aining N	Materia s insul AT, or	ation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
5 (	Yes	No	N/A			D ſ			40	00.05			. 0	
Roof		X				Roof			16	00 SF	X			
poster of a contract of the co													t t	
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Landfil	1			
Delfa Contracting LLC		H	tauler ID 35240		of Was	ste				source R		ery F	acili	y
City, State Union City, NJ					Dispos 01-16	sal Date i-17	1,14,	City, State Tullytov		Ą				

Completed by

Jaime Delgado

Date 12-30-16

Signature

Proj. Manager.

Date of Notification (1) Name of Building Owner/Operator (2) 12-30-16 Lockheed Martin, Inc. Agencies Notified Type Notification Street Address 199 Borton Landing Road K Initial City, State, Zip Code DEP Amended Ø DOL Moorestown, NJ 08057 Amendment # Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Brad Heim FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Lockheed Martin School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 199 Borton Landing Road Square Feet # of Floors Bldg. Age 52yrs. 530,000 Moorestown County (6) County Code (7 Current Use (Prior if being demolished) (STATE USE ONLY) offices Burlington Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Plymouth Environmental Co., Inc. Harvard Environmental Street Address Street Address 923 Haws Avenue 760 Pulaski Highway City, State, Zip Code City, State, Zip Code Norristown, PA 19401 Bear, DE 19701 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 610-239-9920 302-326-2333 00398 Chuck Styles Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Plymouth Environmental Co., Inc. 1-13-17 12-31-17 Occupancy Status During Abatement (Check Only One) Street Address 923 Haws Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code X Other - Describe: work areas isolated Norristown, PA 19401 Scope of Work (Check All That Apply)  $\geq$ 3 sf or  $\geq$ 3 lf Renovation Full Containment with Negative Pressure ≥160 sf or >260 lf Demolition N Mini-Enclosure D. Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, surfacing, (Specify Removal Custodial Staff? In Facility VAT, or SF or LF) drywall miscellaneous) Building 108<sup>(13)</sup> 3,000 SF Building 127 Yes N/A VAT & mastic 5,000 SF No X Building 101 VAT & mastic X 8,000 SF Building 105 X VAT & mastic 2,000 SF X Building 108 pipe insulation X 500 LF Building 127 fireproofing 5,000 SF Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill NJDEP Waste Hauler ID No. of Waste Waste Management of Camden, NJ 39126 30 TRRF Disposal Date City, State City, State Camden, NJ various Tullytown, PA Completed by Title Date Signature James M. Kelly Vice-President 12-30-16

NOCK

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)	CK4 3	10 3	101	5	
	16		1	obs Dem		-	water.	17:00	7-J		
Agencies Notified Type Notifica	tion		Street	Address		11	1 国 15 15 1	170	12	Files.	V.
⊠ EPA ☐ Initial			PO	Box 9			The second secon	manus municipal			
<ul><li>☑ DOLWD</li><li>☑ Amended</li><li>☑ DOH</li><li>Amendment</li></ul>			City, S	tate, Zip C	ode	101					or i
DOH Amendme ☐ DCA ☐ Emergence			Mar	nasquan,	NJ 08736		JAN 5	2017		100	
(NJAC 5:23-8) justification			Name	of Contact			Telephone Num	nber	-		î i
☐ Cancellati	ion		Line	da			4	-			
			FAC	ILITY IN	FORMATION	1	LOFTE	13	t,		
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facil	lity (4)	1111			-
Residence						School (K	57 (Sa) 40 <b>4</b> 0				
Street Address							er 8 (Other than K-1; ., private and comme		ilding	s,	
City (5)		-				Square Feet		Bio	ig. Ag	10	
Wall						900 sf	1		55	, -	
County (6)			Cour	ty Code 17	)(STATE USE ONLY)		(Prior if being demol				
Monmouth			00011	() 0000 (i	Nomine our oner)	Residence		1011007			
Name of Monitoring Firm Hired by Build	lina Owner	(P)	ASCM	No	Name of Abateme						
1	ning Owner	0)	ASCIVI	INO.	E 1000 NO. 1000		12. 12.				
Guardian Contracting, Inc.					Guardian Co	ntracting, ir	IC.				
Street Address					Street Address						
1889 Route 9, Unit 61					1889 Route 9						
City, State, Zip Code					City, State, Zip Co						
Toms River, NJ 08755		1			Toms River,	New Jersey					
Project Manager for Monitoring Firm		100000	ephone		Telephone No.		License No.				
Nicholas Fernicola			32-349		732-349-9932		00624				
Start Date (10) Start Date (10	Scheduled C 12 /				Name of OSHA N E.M.S.L. Ana						
Occupancy Status During Abatement (					Street Address					-	-
□ Facility Closed/Vacated During Entitle     □ Facility C			ement		1056 Stelton						
☐ Abatement Performed Outside of No				cribe	City, State, Zip Co						-
Time of Abatement:AM					Piscataway,		08854				
Scope of Work (Check all that apply)							Negative Pressure				
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>	□ Re				<ul><li>☐ Mini-End</li><li>☑ Gloveba</li></ul>	closure g Procedure	Non-Friable Proced	ure			
	ls	Loc	ation				T		atem	ent T	ype
Location of	1.1	Norm	ally lely by		Description of			R	D	Ш	m
Asbestos-Containing Material (ACN TO BE ABATED	17		ance/		stos Containing Ma		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility	Cus		Staff?	(1.6	surfacing, VAT		SF or LF)	ova	=	psu	JUSC
(13)	Yes	(12 No	T		other miscellane		50			ate	Ф
exterior				asbesto	os siding		800 sf	$\boxtimes$			
basement				asbesto	os pipe insulatio	on	130 If	$\boxtimes$			
Name of Registered Waste Hauler			NJDEP	Waste	Cubic Yards of	Name of R	egistered Landfill			-	
Guardian Contracting, Inc.			Hauler 1 2022		Waste 3	T.R.R.F					
City, State					Disposal Date	City, State					
Toms River, New Jersey					12/30/16	Tullyto	wn, Pennsylvania	1			
Completed By (Print or Type)	Title				Signature	1/1	// It	Date /		1	
Nicholas Fernicola	Projec	t Ma	nager				1		29/	114	

Date of Notification (1)			Name	of Building	g Owner/Operator (2	2)	To the second second				
	16			lozows			310	13	9		
Agencies Notified Type Notifica	tion		Street	Address			WILE 6	LE .		7	3
⊠ EPA ☐ Initial							I had I	The angle (apply the constitutions)	-	-	The same
<ul><li>☑ DOLWD</li><li>☑ Amended</li><li>☑ Amended</li><li>Amendment</li></ul>	nt #		City, S	tate, Zip C	Code		11 111				
DOH Amendme  □ DCA □ Emergence			Wal	I, NJ 077	753		LI JAN	5	201	7	
(NJAC 5:23-8) justification		' I	Name	of Contac	t		Telephone Numb	ber			1 4-
☐ Cancellat	on		Ton	Lozows	ski	1	and the second		enzarran ja	Trimin.	1
			FAC	CILITY IN	IFORMATION	į	رو از این حمالته است. ۱۱ (۱۳۱۶) ۱۱ (مطا			DL 4	8
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility					
Residence						School (K-12	) I (Other than K-12)	\			
Street Address							rivate and commer		ilding	s,	
City (5)						Square Feet	# of Floors	Blo	ig. Ag	e	
Point Pleasant						2000 sf	2		35		
County (6)	-		Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Ocean						Residence					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
N/A					Guardian Co	ntracting, Inc.					
Street Address					Street Address						
					1889 Route 9	), Unit 61					
City, State, Zip Code		= 7 = 7			City, State, Zip C						
					Toms River,	New Jersey 08	755				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.	•	License No.				
					732-349-9932	No.	00624			-	
Start Date (10)	Scheduled C				Name of OSHA N	Nonitor					
_12_ / _30_ / _16_	12/	30	_ / _	16	E.M.S.L. Ana	lytical					
Occupancy Status During Abatement (	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Enti					1056 Stelton						
Abatement Performed Outside of No. Time of Abatement:AM					City, State, Zip C					- 51	
Time of Abatement,Aivi				AWI	Piscataway,	New Jersey 08	854		11		
Scope of Work (Check all that apply)					□ Eull Con	tainment with Neg	native Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enovati emolitio			☐ Mini-End☐ Gloveba	closure ig Procedure	n-Friable Procedu	ıre			
	1 1	s Locat	ion						atem	ent T	ype
Location of		Norma			Description (	of					1
Asbestos-Containing Material (ACN		ed Sole aintena			estos Containing Ma		Amount	Remova	Repair	nca	Enclosure
TO BE ABATED  IN Facility	A	stodial		(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	nsc
(13)		(12)			other miscellane			_		Encapsulate	G
A80-0-20	Yes	No	N/A								
exterior		$\boxtimes$		asbest	tos siding		2200 sf	$\boxtimes$			
		П				Ta Comment					
Name of Registered Waste Hauler		1	JDEP \	Waste	Cubic Yards of	Name of Regi	stered Landfill				
Guardian Contracting, Inc.		1838	lauler II	D No.	Waste 3	T.R.R.F.					
City, State			2022		Disposal Date	City, State					
Toms River, New Jersey					1/3/17	Tullytown	, Pennsylvania				
Completed By (Print or Type)	Title				Signature	1	// D	ate ;	1		
Nicholas Fernicola	Projec	t Man	ager				1	2/2	9/1	Ļ	

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Sun Equities 12/29/16 JAN Street Address Type Notification Agencies Notified 31 W 34 St. Suite 1012 Initial City, State, Zip Code Amended DEP New York, NY 10001 Amendment # × DOL Emergency (including Telephone Number Name of Contact iustification) DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) 540 39th St Bldg 13, Union City Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address × etc. 540 39th St, Bldg 13 # of Floors Bldg. Age Square Feet City (5) Union City Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Hudson Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 1200 732-668-9078 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AAA LEAD PROFESSIONALS 01/23/17 01/08/17 Street Address Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours LAKEWOOD, NJ 08701 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Туре Is Location Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, (Specify Removal Maintenance/ Repair TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 2100SF X Roofing Exterior 200 LF X Flashing Exterior 1200SF X Floor Tile Interior Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. IES! 30 NEWARK CARTING 04509

Date

City, State

BETHLEHEM PA

Disposal Date

Signature

1/23/17

Title

OWNER

NEWARK, NJ

JOSEPH PERLSTEIN

Completed by

City, State

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Sun Equities 12/29/16 JAN Street Address Agencies Notified Type Notification 31 W 34 St. Suite 1012 Initial City, State, Zip Code Amended DEP New York, NY 10001 Amendment # × DOL Telephone Number Emergency (including Name of Contact justification) DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) 540 39th St Bldg 13, Union City Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address etc. 540 39th St, Bldg 13 # of Floors Bldg. Age Square Feet City (5) Union City Current Use (Prior if being demolished) County Code (7 County (6) (STATE USE ONLY) Hudson Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 1200 732-668-9078 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AAA LEAD PROFESSIONALS 01/23/17 01/08/17 Street Address Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours LAKEWOOD, NJ 08701 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure × Abatement Type Is Location Normally Description of Location of Amount Used Solely by Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) (Specify (i.e. thermal systems insulation, Remova Maintenance/ Repair TO BE ABATED SF or LF) surfacing, VAT, or Custodial Staff? In Facility (12)other miscellaneous) (13)N/A No Yes 2100SF Roofing Exterior 200 LF X Flashing Exterior 1200SF X Floor Tile Interior Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. **IESI**

30

Disposal Date

Signature

1/23/17

04509

Title

OWNER

Date

City, State

BETHLEHEM PA

NEWARK, NJ

Completed by

City, State

NEWARK CARTING

JOSEPH PERLSTEIN

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Sun Equities 12/29/16 Street Address Agencies Notified Type Notification 31 W 34 St. Suite 1012 Initial City, State, Zip Code Amended DEP ABBESTOR OTHER New York, NY 10001 Amendment #\_ × DOL Telephone Number Emergency (including Name of Contact justification) DOH Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) 540 39th St Bldg 13, Union City Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address 540 39th St, Bldg 13 etc. # of Floors Bldg. Age Square Feet City (5) Union City Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Hudson Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 1200 732-668-9078 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AAA LEAD PROFESSIONALS 01/23/17 01/08/17 Street Address Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours LAKEWOOD, NJ 08701 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition × Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure × Abatement Type Is Location Normally Description of Location of Amount Used Solely by Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) (Specify (i.e. thermal systems insulation, Remova Repair Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 2100SF Roofing Exterior 200 LF X Flashing Exterior 1200SF X Floor Tile Interior Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. **IESI** 30 NEWARK CARTING 04509 City, State Disposal Date City, State BETHLEHEM PA 1/23/17 NEWARK, NJ Date Signature Title Completed by OWNER JOSEPH PERLSTEIN

#### CHECK# 1672

Date of Notification (1) 12/29/2016					Building Ov RT TAVE		perator	(2)	- Jaco	Chap -			i i		
Agencies Notified	Type Notification		Stre	eet Ad	dress					ŊĘ	9 1	2		-	
EPA DEP DOL	Initial Amended Amendment #_		City	, State	e, Zip Code ONFIELD	e NJ (	08033		- FE		JAN	5 2	017		
DOH DCA	Emergency (inc justification) Cancellation	cluding	5.941.00		Contact RT TAVE	LLA					Sabane Ni Sassiu	-	. F. S .		
Name of Facility Where	Abatement is Taking F	Place (3)		FACIL	ITY INFOR	RMATIO	NC	Tvi	oe of Facility (	4)	Liv.	I. ( - II ) / * (	-	c- e-	
RESIDENTIAL	Abatement is raking i	1400 (0)							School (K-1	2)					
Street Address						54		7	Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K-1 & commerc	12) cial build	ings,	home	s,
City (5) HADDONFIELD									uare Feet 990	# of 3	Floors		dg. A	ge	
County (6) CAMDEN					ode (7) SE ONLY)				rrent Use (Pri ESIDENTIA		ng demolis	shed)			
Name of Monitoring Firm ACER ASSOC.	n Hired by Building Ow	mer (8)	1	ASCM	No.				batement Cor ED ENVIR			SERVIC	CES	INC.	
Street Address 1012 INDUSTRIAL	DRIVE						Street 570		iress EMS RUN						
City, State, Zip Code WEST BERLIN NJ	08091						City, S MUL	State	, Zip Code CA HILL NJ	0806	2				
Project Manager for Mon MATT DEPALMA	nitoring Firm			ephon 56-80	e No. 9-1202		Teleph 610-		No. 4-4676		License 01145	No.			
Start Date (10) 01/09/2017		cheduled 0		etion D	Date (11)		Name EMS		SHA Monitor						
Occupancy Status Durin	ng Abatement (Check	Only One)					Street 200		iress 130 NORT						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire Pe ned Outside of Normal RESIDENTIAL- VACA	riod of Aba Facility Ho ANT DURIN	temen ours NG RE	t MOVA	L_	_	City, S	State	, Zip Code MINSON N		77				
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Total Control of the	ovation nolition				-	1	Full Containm Mini-Enclosur Glovebag Pro	e cedure					
		la I a	antina						Non-Exempte	a (*) an	a Non-File	able Pro	Abate		
Locatio	n of	Non	cation mally				scription						Ту	ре	
Asbestos-Containing TO BE AB In Fac	BATED	Used S Mainte Custodi (1	enance	e/		hermal surfa		ns ins		(	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	'	Yes N	No	N/A		Outer 1	Ilisociia	neot				'al	-	late	лге
KITCH	HEN			Χ		FLC	OR T	ILE		1	30 SF	X			
									_						
		_													
Name of Registered Wa ASSURED ENVIRO		/ICES	Hau	EP Wiler ID 34895	No.	Cubic of Wa 6	Yards ste				ered Land ANDFIL				
City, State MULLICA HILL NJ							sal Date 1/2017		City, Sta WAYN	te IESBU	JRG, OH	1			
Completed by RON SWANSON		Title GENER	RALI	MAN	AGER	Ş	Signatu	e X	well y	vcm2	on l	Date 12/29/	2016	3	

### CV#815

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

UP OIL								5:		117	N 1=	16 1	=	No.	22
Date of Notification (1) 12-28-16					Building O		perator	(2)				No. A. remonto	-		-77
Agencies Notified	Type Notification	9	100	treet Add	dress orest Av	е.				THE		IAN	5	2017	r
DEP DOL	Initial Amended Amendment	#			e, Zip Cod anover N		36			1	/	3708	30		
DOH DCA	Emergency ( justification) Cancellation		1000	lame of G						Tele	phone Nu		3 3 5		
<u> </u>	- Carlosilation			FACII	ITY INFO	RMATIC	ON			1					
Name of Facility Where	Abatement is Takin	g Place (3)		1 7012	1111110	1111111111		Тур	e of Facility (4)	)					
Private Home Street Address		2.							School (K-12) Subchapter 8 Other (i.e. pri	(Othe	er than K-1	(2) cial build	lings,	home	∍s,
City (5)		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>						Squ	etc.) are Feet	# of	Floors	В	ldg. A	\ge	
Wayne	0								ent Use (Prior	If hair	a damalia	had)			
County (6) Bergen				County C STATE U	ode (7) SE ONLY)							snea)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.				atement Contr ntracting LL		(9)				
Street Address							Street 522								
City, State, Zip Code									Zip Code ty NJ 07087	7					
Project Manager for Mor	nitoring Firm		T	Γelephon	e No.		Teleph 201		No. 9603		License 01206	No.			
Start Date (10) 01-09-17		Scheduled 01-12-17		pletion D	Date (11)		Name	of OS	SHA Monitor ntracting LL	C					
Occupancy Status Durin	ng Abatement (Che						Street		-						
Facility Closed/Vac	ated During Entire	Period of Ab	atem	ent			522					2-55-245-			
Abatement Perform Other – Describe:		nal Facility F	lours						Zip Code ty NJ 07087	7					
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	15.73	1000	nova: moliti					1 N	full Containme fini-Enclosure Blovebag Proci Ion-Exempted	edure				re	
			-		- 2 -				IOII-EXCITIPICO	( ) an	4 14011 1 110	1	Cecylolis ar	emen	t
	W.CH	- 100000	ocati rmall	0,000									Т	ype	
Locatio Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	Sole tenar	ly by nce/		tos Cont thermal surfa		Mater is insi AT, or		(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										0	
Interi	ior		Х			Joint	Comp	oun	d	10,	000 SF	X			-
								_		45.75		+		-	
								-				1	<u> </u>	+	
Name of Registered Wa	aste Hauler		34 999	JDEP W			Yards		Name of F	17734					_
Delfa Contracting L	LC		l H	35240		of Wa			Tullytow		source	Recov	ery	Facil	ity
City, State Union City, NJ						01-13			City, State Tullytow						
Completed by Jaime Delgado		Title Proj. N	/lana	ager.		8	Signatur	re /	H		1	Date 12-28-	16		
								11	0	-			-		

CV # 814		NO		ATION O	of New J F ASBES NJAC 8:6	TOS A			r		EG		3 1	V		
Date of Notification (1) 12-27-16					Building Ov la Demo		perator	(2)			1.4	k!	5	201	7	
	otification		1 3	treet Add	iress rest Ave					12 12	UP.	114				
DEP An	itial mended mendment #				, Zip Code inover N		36			1	163ES			HETP GUA	SCL.	à. 
E DOH jus	mergency (incli stification) ancellation	uding	10.70	lame of C Brain G						Tele	phone N	umbe	er			
				FACILI	ITY INFOR	ITAM	ON	_		4)						_
Name of Facility Where Abateme Commercial Property Street Address	ent is Taking Pl	ace (3)						H	School (K-1: Subchapter	2) 8 (Othe	er than K-	-12)				
940 S. Park Ave.								SCI	Other (i.e. p etc.) uare Feet		commer	rcial I		ngs, h		-
City (5) Linden								5000				ichor				_
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Name of Monitoring Firm Hired b	y Building Owr	ner (8)		ASCM	No.				batement Cor ontracting L		(9)					
Street Address							Street 522									
City, State, Zip Code									, Zip Code ity NJ 0708	37						
Project Manager for Monitoring F	Firm	150000		Telephon	e No.		Telep 201		No. -9603		License 01206					
Start Date (10) 12-29-16	1 22	chedule 1-20-1		pletion D	Date (11)				SHA Monitor ontracting L							
Occupancy Status During Abater							Street 522				%					
Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ring Entire Per side of Normal	Facility	Hours	ent 		_			, Zip Code City NJ 0708	87	2 1					
Scope of Work (Check All That A	Apply)															
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			Locati				W 8							Abate Ty	ment pe	
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		Yes	No	N/A												
Entire Property			X		Demo	olition	/Asbe	esto	s Debris				X			
Name of Registered Waste Hau Caravella Demolition Inc	ıler		F	NJDEP W Hauler ID		of W			Name o	f Regis	tered Lan	ndfill				
City, State			3	5685		Disp	80 osal Da 2-29-16		City, Sta		 PA					
E. Hanover, NJ 07936  Completed by		Title				12	Signatu		A.			Dat	e -27-	16		
Jaime Delgado		Proj.	Man	ager.				//	16			12	don I			

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Date of Notification (1)	en av	Name of 8	Building Owner/C	perator (2)	. 1	i jak				
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Agencies Notified Type Notification	y genter a con-	Street Ad	dress			راه ل				1
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□ DEP □ Amended		City, State	e, Zip Code	61 11		ts NJ	0-	19-	7	- 1
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DOH justification)	)	Name of		h	0	relephone Numb	Jei			
□ DCA □ Cancellation	n	710		burger						-
Name of Facility Where Abatement is Takin	ng Place (3)	FACIL	ITY INFORMATI		Facility (4	)				
Significantly where Abatement is rate		welli'n	G	N 525 - 2.	thool (K-12	~				
Street Address	4 00	DC (II)		□ - Su	bchapter 8	8 (Other than K-12)				
55667,104.555				Ot etc		ivate & commercial	buildi	ngs, r	omes	,
City (5) 2 1/1 11				Square		# of Floors	Blo	dg. Ag	e ,	
Berkley He	ights	NJ	07922	_		2		60	)t-	
County (6)	31110	County C	ode (7)		Use (Prio	r if being demolishe	d)			
Union		(STATE U	ISE ONLY)							
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM	No.	Name of Abate	ment Cont	A B	9 0	FE		
EPC Technoli	asies		NA	EPC	166	.hnolegi	165		In	<b>P</b> _
Street Address	-			Street Address	9	337				
P.O. Box J	37			F.O. 1	50x	33 T				
City, State, Zip Code		10	533	City, State, Zip	Code	711 20	A	26	3	2
New Equat	NO	UO	233	NEM	E 94	DY IW	W !		F 50 8	
Project Manager for Movif ril gr. Firm		Telephor		Telephone No.		License No		Q		
Steve Schenke	R	609	758-3365	609 758 Name of OSHA		S CE	A CONTRACTOR			
Start Date (10) Q 1/17	Scheduled	Completion [	Date (11)			nnologies	T			
Jan 4,4017	Jar	1 13;	2017	Street Address		1110009183	-	EC		
Occupancy Status During Abatement (Che				P-0 .		337				
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of Aba mal Facility H	atement ours	is.	City, State, Zip						
Other – Describe:	man comey i.			New E	Tovat	NJC	185	53	3	
Scope of Work (Check All That Apply)	•				018					
	☐ Ren	novation		58€ Full	Containme	ent with Negative Pr	ressur	e		
EC ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		nolition		☐ Mini	-Enclosure	3				
				☐ Glov	ebag Prod Exempted	edure i (*) and Non-Friable	e Prod	cedure	)	
		¥.						Abate	ment	
		cation mally		escription of				Ту	pe T	
Location of Asbestos-Containing Material (ACM)	Used	Solely by	Asbestos Co	ntaining Material	(ACM)	Amount	_		m	m
TO BE ABATED		enance/ tial Staff?		al systems insulat	tion,	(Specify SF or LF)	Rem	Re	cap	nek
In Facility	10.000	(12)		acing, VAT, or miscellaneous)		SF OI LT)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler		NJDEP V Hauler ID		laste				1	٠ E	Ai(
EPC Technologi	es		00	ļ	was	te Manager	nen	to	FT	V
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Date of Notification (1) 12/27/2016				Building Ow Chilton	vner/O	perator	(2)		Angell S.					-
Agencies Notified Type Notification		3	Street Ad	idress				,			AN	5	201	7
X EPA Initial Amended Amendment # Emergency (in	cluding			e, Zip Code Orange, N		079				/33E	STO			
DOH justification Cancellation	Gloding	100	Name of Maude	Contact Chilton					Tel	ephone Num	iber-		14.	
	DI (0)		FACIL	ITY INFOR	MATI	ON	Time	of Facility (	4)					
Name of Facility Where Abatement is Taking House  Street Address	Place (3)							School (K-1	2)	er than K-12	)			
			5.500				×	Other (i.e. petc.)	rivate (	& commercia	l build	938873		es,
City (5) South Orange							N/A	re Feet	- N/A		N	idg. A /A	ge	
County (6) Essex			County C (STATE U	code (7) ISE ONLY)			Curre	SASS arrestance of the contract of the contrac	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)		ASCM	No.				tement Cor ement,Ind		(9)				
Street Address			*			3300000	Addres osen	ss gren Aver	nue					
City, State, Zip Code								ip Code IJ 07512						
Project Manager for Monitoring Firm			Telephon	ne No.			none N 345-8			License No 01311	).			
	Scheduled 01/10/20		npletion E	Date (11)				HA Monitor ement, In	С.					
Occupancy Status During Abatement (Check							Addres	ss gren Aver	nue					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: occupied					_	City, S	tate, Z	ip Code IJ 07512						
Scope of Work (Check All That Apply)														
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	-	nova molit				× ×	Mir Glo	ni-Enclosure ovebag Prod	e cedure	n Negative P			e	
	ls L	ocati	on						14			Abate	emen	t
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basement		X			pipe	insula	ition			7 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP Wauler ID	No.	Cubic of Was TBD	Yards ste		19400 E	3000 T	ered Landfill gement of	PA			
City, State Totowa, NJ				10.3	Dispos TBD	sal Date	/4	City, Stat Tullytov		4				
Completed by Oliver Hegedis	Title Projec	t Ma	anager		S	Signature	16	1		Da 12	te !/27/2	2016		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification ( Name of Building Owner/Operator (2) Agencies Notified Type Notification Street Address De a EPA Initial DEP City, State, Zip C Amended DOL Amendment # iamstown Emergency (including À DOH justification) Name of Contact DCA Telephone Number Cancellation Berned Sty FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 609-346 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 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: City, State, Zip Code Scope of Work (Check All That Apply) $\geq$ 3 sf or $\geq$ 3 lf П Renovation . ≥160 sf or ≥260 lf Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Location of Normally Type Asbestos-Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, surfacing, Custodial Staff? In Facility (Specify Remova Repair VAT. or (12)SF or LF) other miscellaneous) Yes No N/A Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 20847 City, State Disposal Date 1.5.0 ) olletow n Completed by Title Signature V. Breadent.

Kitchen Floor Tile - Bottom Layer

Approximately 270 Square Fee 3 Layers

Laundry Room - Yellow Linoleum - Approximately 50 Square Feet

First Floor Bathroom Under the Wood Flooring
9" X 9" Floor Tile - Approximately 100 Square Feet

Store Front Area Top Layer 9" X 9" Floor Tile - Approximately 120 Square Feet JAN 5 2017

ASBESTOS CONTROL & LICENSING

Store Front Area Under Carpet and Wood Flooring 9" X 9" Floor Tile - Approximately 880 Square Feet

Store Front Area - Black Floor Tile Mastic Approximately 1,000 Square Feet

Chimney Patch Insulation - Approximately 15 Square Feet

Second Level Corner Bathroom - Linoleum Approximately 150 Square Feet

Second Level Bedroom - Linoleum Approximately 150 Square Feet

Basement Boiler - Exterior Insulation

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State of Kiny Jarray NOTIFICATION OF ASSESSED ASSESSED. Pursuam to MLAC Sidd and 12:120) Verse හි ජීවිශ්ණය (Dener/Operator (2) DEC NECT AMSEL YPE NERBINETON XX in hat 门管中 Antendes CRY, SIAIS, LIE 1160 IXI. Amendment # FOLT Finargingy (incluiting DOM nettisetion) Cercellation Nat ACL TO INFORMATION Nume of Facility Yahnis Abutant ant le Taking Place (3) Type of Phanty (a) DOCTORE School (K-12) Submissible 8 (Ottor High K-12) Other tid, private a commercial Unitings, homes. abbots Source Feet Bhilg. Age +50 1200 CANDING DAVE THE Corem Use (Print & being derindened) Name of Atmarman (Jorgranior (A) Tres House by Balance Orner (D ALCH NO. A.MAG Donitracting Inc. Grasi Anthony SPRET ARBEITS 185 Visitiens Ave Dity, Many, 2181 Code City, State, Ziti Code Midland Park, NJ Freier Menugar for Montoring Fem Fallennone No. ritehans No MINITER NO. (201)252-5641 00155 Start Date (10)
12/25/16
Occupancy Maks During Abanement (C Burndland Compution Date 141 Nome of Ca IA Menter 46 Omega Environmental Sarvices Street Addings Facility Closes/Facility Outside Relies of Applement Applement Performed Outside of Nemal Facility House 280 Huyler St. GAY State To Cade יו מיים שלים שלים ייים דולים Hackensack, NJ 07809 Second of West Characa All That Apply! 13 # or \$2 11 Rencipation Campiago Pul Continement with Hagative Pressure 1100 W a. 5260 IF Mini-Enganger disvessor Procedults Marie Hamping ("Land Mon-burtle Lineagent is Longitures Application Norwally Location of Typn Daugnotion of Asbestet Contamino Newnet (ACA) Janu boldly by Asbases Containing Matshall (ACM) IP OR ABOTED AMOUNT hea manner or tie. Increase againmy includion.
surfacing, VAT: or
other mechanismus; Extraparture (Specify Charodini Atana (12) (43) Yeir Pin: N/A 1,25056 WHOM OF MEDINOVING ARMAD WALLER William Allows Cubic Yards Name of Registered Landis Newark Carting , Inc. Hauter 10 No. CH WHERE IRSI PA Bethlehem Landlill Corp. 04800 Life State Dispoyal De Nawark, NJ City, Sigle 11/03/51 Behlenen, PA Champleton by Joseph Vocaturo Vice President 400-41 P-00-00

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Date of Notification (1)				lame of	Building (	Owner/O	perator	(2)	1131				the second	
Agencies Notified	Type Notification		100	Street Ad 4000 H	ddress HADLEY	ROAL	)			JAN	5 20	7	las	
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≥ DOH DCA	Emergency (in justification) Cancellation	cluding	177	4	Contact	\( \)	AN	GE	10	Telephone No.	mhar			
Name of Facility Where A	Shatement is Taking	Diace (3)		FACIL	LITY INFO	DRMATI			of Facility (4)					-
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Name of Monitoring Firm ENVIRONMENTAL		vner (8)		ASCM 0045					tement Cont SYSTEMS	ractor (9) OF AMERIC	A			
Street Address 64 BROAD STREE	T						100000000000000000000000000000000000000	Addres WHIT	ss EHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 077	747					·			ip Code IVER, NJ	08882				
Project Manager for Mon TOM GEIGER	itoring Firm		1000	Telephor	ne No. 90-2217			none No 432-8		License 1 01111	No.			
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Occupancy Status During			<u>(</u> )					Addres	ss EHEAD A'	VF		-		
Abatement Perform Other – Describe:	ated During Entire Pe ed Outside of Norma Out Dook	Facility	batem Hours	ent			City, S	tate, Zi	ip Code IVER, NJ					
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								15			-			
Name of Registered Was WASTE MANAGEM		<b>4</b>	Ha	IDEP Wauler ID		Cubic of Was		7		egistered Landfi NORTH	11			
City, State ELIZABETH, NJ							sal Date		City, State MORRIS	SVILLE, PA				
Completed by CAROL RAIMO		Title OFFIC	CE M	GR		S	Signature		· Lai	D	ate 2/	10	//	

Print Form

VFI 7527	NOTIF	ICATION OF	of New Jersey F ASBESTOS AB NJAC 8:60 and 1	BATEME	ENT	UOT.	FICAT	1,0	Ν	1/	
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			DLEY ROAD	V-2		12 13	JAN	5	201		112
DEP Amended		City, State SOUTH	, Zip Code PLAINFIELD,	NJ 07	7068			5.00	A TOTAL	ol 4	-
Emergency (inclu	uding	Name of C	Contact			Line	hane Nilmbe			-	
DOH justification justification		ANTHO			GE10						$\dashv$
Name of Facility Where Abatement is Taking Pla	ace (3)	FACILI	TY INFORMATIO	JN	Type of Fac	cility (4)					
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500 WASH:N	G-10	, N	BLVD		etc.) Square Fee		Floors		g. Age		
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County (6)	7	County C	ode (7) SE ONLY)		Current Use	e (Prior if beir	ng demolished	i)			
HUDSON	(0)	ASCM	c	Name	of Abatemer	nt Contractor	(9)				-
Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS	ner (8)	0045	No.	UNIC	QUE SYST	TEMS OF A	AMERICA				
Street Address 64 BROAD STREET				396 \	Address WHITEHE						
City, State, Zip Code MATAWAN, NJ 07747		-10	W.	sou		ae R, NJ 0888					
Project Manager for Monitoring Firm TOM GEIGER		Telephor 732-29	0-2217	732-	hone No. -432-8350		License No.				
Start Date (10) S	cheduled (	Completion D		UNIC		onitor TEMS OF	AMERICA				
Occupancy Status During Abatement (Check C					t Address WHITEHE	EAD AVE.					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility Ho	tement ours		City, S	State, Zip Co		32				
Scope of Work (Check All That Apply)			W-0.								
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City, State ELIZABETH, NJ			Øišp	osal Da	$\triangleright$	City, State MORRISVI	- 350	ito	1	_	
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Date of Notification (1)						perator (2)			¥ *** **	17.15-01			
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Name of Facility Where Abatement is Takin	a Diago (2)		FACIL	JTY INFO	RMATI		e of Facility (		* * * * * * * * * * * * * * * * * * *		13.54		
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Project Manager for Monitoring Firm		-	Telephor	ne No.		Telephone			License	No.			
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Name of Registered Waste Hauler		1000	JUEP W			Yards	Name of	Regist	ered Landi	ill i			
NEWARK CARTING INC.		10.000	lauler ID 4509	No.	of Wa		IESI B	ETHL	EHEM, L	ANDF	FILL		
City, State NEWARK, NJ.					Dispo	sal Date			M. PA. 1	8015			
Completed by	Title					Signature	0	2007		Date			
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PAGE 83/84

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Date of Notification (1)			-		Name	of Buildin	NienwO a	Operator (	21		<del>- DOF</del>	10 D	AY		
12 /	25 /	16	_			ndre Jain			-′ [						
Agencies Notified	Type Notific	ation				t Address							-		-
<b>⊠</b> EPA	Initial [2]								-		t		i,	1	
図 DOLWD 図 DHSS	П Ателе	The server			City.	State, Zip i	Gade					T	-/		-
□ DCA	Amendm	E00		6	100	Lake, NJ			1	L	Annual Control	1	1		5.0
(NJAC 5:23-8)	Emerger Justificati		luding		Name	of Contac	4 640			14	A CHIEND A	000	O	CD.	141
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Street Address					- Notice of	do Decimento.			Subcit	apter 8	Other than K-	2)	-tarycri	enterior (2	
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Chy (8)		-		-					Square F		ë of Flaors		uda.	Але	E1_2
Budd Lake, NJ 07828									1		T. T. Tanger at		ų.	- 1940	
County (6)					Cour	nty Code (T)	(STATE U	SE CALY)	Current U	as (Prio	If being dam	olighad)			
Morris															
Name of Monitoring Firm	H red by 801	ding O	WINT	(6)	ASCH	No.	Warns o	of Abatem	ani Coatrac	tor (9)			_	-	-
	4n-en-Constant						Gr Ted	h LLC							
Street Address							THE REAL PROPERTY.	Address			-	-	-		
							576 Va	licy Rd	<b>4283</b>						
City, State, Zip Code					12000		City, SI	sta, Zip C	pde						
Project Manager for Moni	Budge Piles						Wayne	, NJ 074	70						
Licker walleder to thou	manna Pitti		50	Tel	ephone	No.	Telephi	one No.			License No.				
Start Date (10)		Cabod	uland 6		ation D	ate (11)	973-63			OPEN.	01127				
12 / 29 /	16	_1	2 /	_3		16 .	1	of OSHA) vision Co	Aonitor Insultants,	Inc	•				
Occupancy Status During	Abatament (	(Check	offly i	me)	-			Address	Deposition of the last of the					-	
Facility Closed/Vacate	d Juring Eng	iis Per	iod al	Abat	†namé		20-21 1	Wagaraw	Road, Bl	de # 35	Œ				
Abatement Performed Time of Abatement:	Ovience of N	Barrios AG	Facility V	y Hou	irs - De	ecribe	City, Si	ete. Zip C	ode	and the same of		NAME OF TAXABLE	MARKET MOREST		
		.,	10-00	PERSON NAMED IN	-	_240	Fair La	WD, NJ (	7410						
Scope of Work (Check all	that apply)						П	Clean u	ට කිරීම් අමුදුද	riginina.	ión with nega	IN DIE	- Bure	)	
>3 of or >3 If > 160 of or >260 If			Re De	nova	tion		bal	MINIEN	docure		live Pressure				
20 > 160 at pr > 260 if				HIGH	ion		A	Gloveba Non-Eve	g Procedur	e OT	ent with Maga Friable Proce	ilya Pre	SSUTE	1	
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Location Asbestos-Containing l				Norm	ally lely by			ecription				-		1	_
TO BE ABA		est	Ma	inter	ence/	Aste	istas Con a thoma	faining Me	itedal (ACN insulation,	47	Amount (Specify	Karnova	Ropaur	Encapeutate	Enclosure
IN Facilit	y .	ı	Cus	109iel (12	Staff?	1	\$Utfo	iding, VAT	, or	1	SIF or LF)	RAD	5	Per	1907
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Besement-crawl space			<u>Ц</u>		X	Pips ins	ulation-	wrap&cu	t	30	) LF	2	IL		
Basement-crawl space					B	Clean m	<b>p</b> .			4	00 SF	×			
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Name of Registered West	o Hauler-		<u> </u>	_		le Habler IO No	Cubic Va	ente of Men	and blasses Al	8 Macines	red Landilli		11	1	
Gr Tech LLC											NAME AND PARTY OF				
City, State					00337	0.2	Dispose	-	T.R.R.F.						
Wayne, NJ 07470															
Completed By (Print or Ty	(60	Time		-			TB	gretura	Tullyton	WIL PA		Durin			_
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#### NOTIFIC (Pur

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

Date of Notification (1)				Name o	f Building (	Owner/O	nerator	(2)				10	 	13	
12/29/16				James	s Oliver	.,,,,,,,,,	porator	( to )				Principle and an artist			-
Agencies Notified	Type Notification			Street A	ddress					- 10 - 14	H.	JAN	5	2017	7
EPA	Initial Amended			City Cte	ate, Zip Co	do						7A14	_	2017	
DEP X DOL	Amended Amendment	#			wood, N		.n				to the second	The state of the state of		and the same of th	
-	Emergency	(including			f Contact	0 01 0 1				Tel	ephone Nu	mber	100	MTR:	
DOH DCA	justification) Cancellation				oliver					1.101	opiione ive	in iocr			
				FACI	LITY INFO	RMATIO	ON				-				
Name of Facility Where	Abatement is Takin	g Place (3)	)					Type	of Facility (4	1)					
Private House									School (K-1)	2)					
Street Address					,	-CCIA15			Subchapter Other (i.e. p				dinac	home	00
									etc.)	ivale	x commen	Jai Duli	uiriys.	HOHIE	55,
City (5)								Squar	re Feet	# 0	f Floors	В	Bldg. A	\ge	
Maplewood										1					
County (6) Essex					Code (7) USE ONLY)		_	Curre	nt Use (Pric	or if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	Л No.		Name	of Aba	tement Con	tractor	(9)				
Competent Superv	isor						Acad	demy	Construc	tion Ir	nc.				
Street Address								Addres		1207 12					
									West Su	iite 14	1				
City, State, Zip Code							370		ip Code						
5	a para			<b>T</b> 1 1	M				J 07512		F T .	N.I.			
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none N 832-4			License 01155	NO.			
Start Date (10)		Schedule	d Con	npletion	Date (11)		Name	of OSH	HA Monitor						
1/11/17		1/18/17	7				Sam	e as a	above						
Occupancy Status Durin	g Abatement (Ched	k Only On	e)				Street	Addres	SS						
➤ Facility Closed/Vac															
Abatement Perform Other – Describe:		nal Facility	Hours	5			City, S	State, Z	ip Code						
						_	STEETS THE								
Scope of Work (Check A	(II I nat Apply)	1000					_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ALCOHOLD .	enova emolit				-		l Containme ni-Enclosure		n Negative	Pressu	ire		
			01110111				2	Glo	vebag Proc	edure					
		2			T			_ No	n-Exempted	(*) an	d Non-Fria	ble Pro		e ement	
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Location Asbestos-Containing		10.10	d Sole		Achee	Des tos Cont	scription		(ACM)	Δ	mount				
TO BE AB	ATED		ntena odial S			thermal	system	s insula		(5	Specify	Re	Z	inca	Enc
In Faci (13)		Oust	(12)	Jun :			cing, VA niscellar			S	or LF)	Remova	Repair	Encapsulate	Enclosure
(19)		Yes	No	N/A	1	01.101.11		,				<u>n</u>	_	late	ire
Basem	ent		12.00	X		Pine	Insula	ation		2	1 LF	X		X	
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Name of Registered Wa	ste Hauler		100	JDEP V		Cubic			Name of I	Registe	ered Landf	ill	10		
Academy Construct	ion Inc.		- 4	lauler ID 34422		of Was	sie		GROW	S Lar	ndfill				
City, State							sal Date		City, State						
Totowa, NJ		A				TBD			Tullytov	vn, P					
Completed by		Title				S	ignatur	پ	1. 1	1		ate	4.0		
Filip Geleski		Supe	rviso	r				10	lije Be	lest		12/29/	16		9

Date of Notification (1)							Owner/Operator (2	2)	-21	13	7										
12/	28 /	16	-		Rich	Mark Co	ontracting		后者	ال رساد	-2										
Agencies Notified	Type Notification	on				Address				15	1	¥	[5]								
⊠ EPA ⊠ DOLWD	☐ Amended					Box 124															
☑ DOLWD	Amendmen	nt#				ate, Zip Co			12 41 JAI	J	5 2	017									
□ DCA	☐ Emergency	(inclu	iding		- Minemie	and the second of	NJ 08754		1		5 4	017									
(NJAC 5:23-8)	justification					of Contact			Telephone Numbe	1			- 1								
	☐ Cancellatio	n			Mark	Tucker			1	<u></u>	OAIT	POL	- wal								
					FAC	ILITY INF	ORMATION		Transfer Control Control Control	25.43	MG										
Name of Facility Where	Abatement is Ta	king P	lace (	(3)				Type of Facility (	, Di												
Residence								School (K-12)	(Other than K-12)												
Street Address	_	Western						Other (i.e., pr	ivate and commerci	al bui	ldings	i,	1								
								homes, etc.)													
City (5)				million.				Square Feet	# of Floors		g. Ag	е									
Toms River								2000	2		5										
County (6)					Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)											
Ocean								Residence													
Name of Monitoring Firm	n Hired by Buildin	ng Ow	mer (8	3) /	SCM N	No.	Name of Abateme	ent Contractor (9)	***************************************												
Guardian Contract	ting, Inc.						Guardian Co	ntracting, Inc.													
Street Address							Street Address														
1889 Rte. 9, Unit 6	1						1889 Route 9	), Unit 61													
City, State, Zip Code				- Telle			City, State, Zip C	ode													
Toms River, New J	Jersey 08755						Toms River,	New Jersey 08	755												
Project Manager for Mor	1770	1010000		Tele	ohone N	No.	Telephone No.		License No.												
Nicholas Fernicola				73	2-349-	9932	732-349-9932	2	00624												
Start Date (10)	Sc	chedul	led Co	mplet	ion Dat	e (11)	Name of OSHA N	Monitor					-								
1 / 11 /	17	1	1	13	1	17_	E.M.S.L. Ana	lytical													
Occupancy Status Durin	no Abatement (C	heck o	only o	ne)			Street Address														
☐ Facility Closed/Vacat					nent		1056 Stelton														
☐ Abatement Performe	20 20 Million 20 Million (19 10 10 10 10 10 10 10 10 10 10 10 10 10					cribe	City, State, Zip C				1000										
Time of Abatement:	AM	PM/		_PM-	/	AΜ		New Jersey 08	854												
Scope of Work (Check a	all that annly)						,,														
Scope of Work (offect a	an triat apply)		15221353					tainment with Neg	gative Pressure												
≥3 sf or ≥3 lf     ≥3 sf or ≥3 lf		- 2		novati			☐ Mini-En	closure ag Procedure													
≥160 sf or ≥260 lf		L	△ De	molitic	111.		⊠ Non-Exe	empted (*) and No	n-Friable Procedure	Э											
			ls	Locat	ion					Ab	ateme	ent Ty	уре								
Location	n of			lorma	-		Description			D.	Re	Щ	m								
Asbestos-Containing		)		d Sole intena			stos Containing M ., thermal systems		Amount (Specify	Remova	Repair	cap	Enclosure								
TO BE AB			Cust		Staff?	00	surfacing, VA		SF or LF)	val	7	Encapsulate	sure								
(13)		-		(12)	T	-	other miscellan	eous)				ate									
			Yes	No	N/A				Secretary Com		_										
exterior				$\boxtimes$		asbesto	os siding		1975 sf	$\boxtimes$	Ш	Ш	Ш								
exterior				$\boxtimes$		caulk-c	himney & exter	ior	90 If												
front door			П		П	caulk			50 sf		П	П									
front door			=-		+=-	Jaan															
			Ш				lo Li V	Name of Deci	stored Londfill												
Name of Registered Wa					JDEP \ lauler II		Cubic Yards of Waste	Name of Regi	stered Landfill												
Guardian Contrac	ting, Inc.				20223		4	T.R.R.F.													
City, State	***						Disposal Date	City, State													
Toms River, New	Jersey						1/13/17	Tullytown	, Pennsylvania												
Completed By (Print or	Type)	Title					Signature		1		1										
Nicholas Fernicola	а	Pr	oject	Man	ager			n't	( )	2/2	Title Project Manager  Signature  12 28 / 6										

ASB-41 JAN 13

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

Date of Notification (1)			Name (	of Buildin	g Owner/Operator (2	2)			-		
12 / 28 /	16		Jaco	bs Dem	nolition		F 310	15-	-		
Agencies Notified Type Notific	ation		Street	Address			11 15 15	5	1	W.	
⊠ EPA ☐ Initial			PO	Box 9			113		-	-	
□ DOLWD    □ Amende		+	City, St	tate, Zip (	Code		111111				
	nent #				, NJ 08736		JAI JAI	V :	20	)17	į į
	ncy (including	+		of Contac			Telephone Numb	per			16
(NJAC 5:23-8) justificat			Line				**************************************	\$0	- ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		
	101R412cm		EAC	II ITV IN	FORMATION		- Li			46.11	<u>K</u>
Name of Facility Where Abatement is	Taking Place	(3)	FAC	-111111	TORWATION	Type of Facility (4	1)	*			1.0
Residence	raking riacc	(3)				School (K-12)					
Street Address						☐ Subchapter 8	(Other than K-12)		. 10.1		
offeet Address						Other (i.e., pri	vate and commer	cial bui	lding	s,	
City (5)						Square Feet	# of Floors	Blo	lg. Ag	ne .	
Wall						900 sf	1	0.000	55	, .	
		_	Coun	ty Code I	7)(STATE USE ONLY)					1000	7.00
County (6)  Monmouth			Coun	ty Code (	I)(STATE USE UNLT)	Residence	in being demons	ilicu)			
Name of Monitoring Firm Hired by Bu	ildina Oumor /	0)	ASCM I	No	Name of Abatam	ent Contractor (9)	*				
N/A	liding Owner (	0) /	430IVI I	NO.		ntracting, Inc.					
					Street Address	muacting, mc.					
Street Address					1889 Route 9	Unit 61					
Cit. Chata 7ia Cada					City, State, Zip C	10,					
City, State, Zip Code						New Jersey 087	755				
Designat Managar for Manitoring Eiron		Tolo	phone I	No	Telephone No.	New Jersey 007	License No.			-	
Project Manager for Monitoring Firm		1 616	priorie	NO.	732-349-9932	)	00624				
Start Date (40)	Scheduled C	amala	ion Do	to (11)	Name of OSHA N		00024				
Start Date (10) 12 / 29 / 16	12 /				E.M.S.L. Ana						
			_ ′ -	10							
Occupancy Status During Abatement			r		Street Address						
<ul> <li>☐ Facility Closed/Vacated During En</li> <li>☐ Abatement Performed Outside of I</li> </ul>				cribe	1056 Stelton						
Time of Abatement:AM					City, State, Zip C		NF 4				
					Piscataway,	New Jersey 088	554				_
Scope of Work (Check all that apply)					☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 If		novati			☐ Mini-End	closure					
≥160 sf or ≥260 if	⊠ De	molitic	n			ig Procedure empted (*) and Nor	-Eriable Procedu	ıre			
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Location of	1	Vorma	lly		Description	of		7.77	-		0.55
Asbestos-Containing Material (AC	HVII	ed Sole iintena			estos Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	1.0	todial		(1.	<ul><li>e., thermal systems surfacing, VAT</li></ul>		(Specify SF or LF)	ova	=	psu	Sur
(13)		(12)		_	other miscellane					late	Ф
	Yes	No	N/A								
exterior		$\boxtimes$		asbes	tos siding		800 sf				
					(3.)			П	П	П	
		-	-					1			
										Ш	
Name of Registered Waste Hauler		1000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Guardian Contracting, Inc.		1	lauler II 20223		Waste 3	T.R.R.F.					
City, State			me of the feet		Disposal Date	City, State					
Toms River, New Jersey					12/30/16	Tullytown,	Pennsylvania				
Completed By (Print or Type)	Title				Signature		// D	ate	1	1	/
Nicholas Fernicola	Project	t Man	ager			- 12	1	12	12.	8/1	6

ASB-41 JAN 13

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

Date of Notification (1)				Name o	of Building	Owner/Operator (2	2)					
12/	28 /	16		Bays	shore De	velopment, LLC	) pred	7 BA 6	23-6-	-	-	-
Agencies Notified	Type Notificat	ion		Street	Address		111	17 15 19 1	5 1	Ü	5 1	P.,
⊠ EPA				150	Morgan .	Avenue	1=	3				
□ DOLWD   □	☐ Amended			City, St	tate, Zip C	ode		Hi	F **	200200		Ē,
□ DOH	Amendme			A. C.		y, NJ 08879	12	L) JAN	5 20	)17		
DCA	☐ Emergency justification		3		of Contact		1	Telephone Nun	nber			
(NJAC 5:23-8)	☐ Cancellation				d Kessle		1		/			
		7000				FORMATION			1911.0		-	
N	b - 4	olijas Dlass	(2)	FAC	ILII Y IN	FURIVIATION	Type of Facility (4	4)		> *		
Name of Facility Where A Residence	Datement is 12	aking Place	: (3)				School (K-12)					
			24.57-0.0				Subchapter 8	(Other than K-1				
Street Address							Other (i.e., pri	ivate and commi	ercial bui	lding	S,	
							homes, etc.)	# of [[ooso	DIA	α Λο	^	
City (5)							Square Feet	# of Floors		lg. Ag 5	е	
Union Beach	(6)						800 sf	1		5		
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demo	lished)			
Monmouth							Residence					
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM I	No.	Name of Abatem	ent Contractor (9)					
N/A						Guardian Co	ntracting, Inc.					
Street Address						Street Address		112				
						1889 Route 9	), Unit 61					
City, State, Zip Code						City, State, Zip C	ode					
A.C.						Toms River,	New Jersey 087	755				
Project Manager for Mon	itorina Firm		Tel	ephone I	No.	Telephone No.		License No.				
			10000			732-349-9932	2	00624				
Start Date (10)	S	cheduled (	Comple	etion Dat	te (11)	Name of OSHA	Monitor					-
1 /9 /		1/				E.M.S.L. Ana	lvtical					
						Street Address				2139019		
Occupancy Status During				mont		1056 Stelton						
<ul> <li>☐ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>					cribe							
Time of Abatement:						City, State, Zip C		0.54				
						Piscataway,	New Jersey 088	554				
Scope of Work (Check al	I that apply)					☐ Full Cor	tainment with Neg	ative Pressure				
☐ >3 sf or >3 lf	12		enova			☐ Mini-En		,				
≥160 sf or ≥260 lf		⊠ D	emolit	ion			ng Procedure empted (*) and No	n Eriabla Bracos	dure			
				tion		☑ NoII-EX	stripted ( ) and No	II-I IIable Floce		atem	ont T	VDO
Lagation	a.f		s Loca Norm			Description	of		10-20-00			
Location Asbestos-Containing		1 100000	ed So	lely by	Asbe	estos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA	ATED	IVI	ainten	ance/ Staff?		e., thermal systems	insulation,	(Specify	VOL	ar	aps	lost
IN Facil	ity	Cu	(12			surfacing, VAT other miscellan		SF or LF)	<u>m</u>		ulat	re
(13)		Yes			1	Other miscenan	sous,				O	
exterior					asbest	os siding		800 sf				
						<u> </u>			П	П	П	Г
			+									
			1				:					1
Name of Registered Was	ste Hauler			NJDEP '	Waste	Cubic Yards of	Name of Regis	stered Landfill		1 —		1
Guardian Contract				Hauler II	D No.	Waste 3	T.R.R.F.					
City, State		×		to V for to		Disposal Date	City, State					
Toms River, New J	ersey					1/11/17	Tullytown,	Pennsylvani	a			
Completed By (Print or T		Title				Sîgnature		1	Date	1	1	
Nicholas Fernicola		Projec	ct Ma	nager		0.9	~ le	1	12	128	-//	6

ASB-41

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

Date of Notification (1)	29 /	16					Owner/Operator ( ustom Builders		310	23	5	_	
Agencies Notified	Type Notificati	on	-			Address Monmou	th Road	Andreas Andreas	) E G E		y .	n n	
□ DOLWD	☐ Amended				City, St	ate, Zip C	ode		VI.				
⊠ DOH	Amendmen	and the state of	_			, NJ 077			III .IAN	5 20	)17		1
☐ DCA (NJAC 5:23-8)			ıg	-	Name	of Contact			Telephone Numl	- 14 1	/ 1 /		
(1.67.10 0.20 0)	☐ Cancellatio	365			Anth	nony					-	e record	
					FAC	ILITY IN	FORMATION		7500000000		THE -	ů.	
Name of Facility Where	Abatement is Ta	king Plac	ce (3)	)	1.0.3.7			Type of Facility (	(4)	101110		10.40	Tall's
Residence		3						School (K-12	)		*		
Street Address						-			(Other than K-12		Idina		
								homes, etc.)	rivate and comme	iciai bui	lulligs	,	
City (5)								Square Feet	# of Floors	Bld	g. Ag	e	
Allenhurst								4000 sf	3	8	0		
County (6)					Coun	tv Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Monmouth								Residence					
Name of Monitoring Firm	m Hired by Buildi	na Owne	r (8)		ASCM I	Vo.	Name of Abatem	ent Contractor (9)					
Guardian Contrac			,				Guardian Co	ntracting, Inc.					
Street Address				_			Street Address	<u> </u>					
1889 Rte. 9, Unit 6	1						1889 Route	9. Unit 61					
City, State, Zip Code	,,			1000			City, State, Zip C						
Toms River, New	larsay 08755							New Jersey 08	755				
Project Manager for Mo	250		-   -	Tele	phone I	Vo	Telephone No.		License No.			_	
Nicholas Fernicol					2-349		732-349-993	2	00624				
Start Date (10)		cheduled	Con			MARKETON	Name of OSHA						
12 / 29					/		E.M.S.L. Ana						
			-				Street Address	,		-			
Occupancy Status Duri	the state of the s				mant		1056 Stelton	r:					
☐ Abatement Performe						cribe	City, State, Zip C						_
Time of Abatement:								New Jersey 08	854				
Coors of Morte (Chaple	all that apply)			-		: 	1 iscataway,	New ocisey oo					
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ан тпат арргу)		Rend					ntainment with Ne closure ag Procedure empted (*) and No	30	ure			
				ocat						Ab	atem	ent T	ype
Location Asbestos-Containin TO BE A	g Material (ACM)	1 1	lsed		lly ely by nce/	Asbe	Description stos Containing M ., thermal systems	laterial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Fac	cility	C			Staff?	(1.0	surfacing, VA	T, or	. SF or LF)	Va.		sula	sure
(13	)	-		(12)	T	1	other miscellan	eous)				ate	750
		Ye		No	N/A						_	_	-
1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> floor & b	asement		1	$\boxtimes$		duct w	rap		100 sf		Ш	Ш	Ш
				_						ПП	П	П	П
			-		+=-					+-			
				_					1 11 1611		Щ.		
Name of Registered W Guardian Contrac				100	JDEP lauler l 2022:	D No.	Cubic Yards of Waste	T.R.R.F.	stered Landfill				
City, State							Disposal Date	City, State					
Toms River, New	Jersey						12/30/16	Tullytown	, Pennsylvania				
Completed By (Print or	Type)	Title					Signature	//	//	Date /		/	
Nicholas Fernicol		Proje	ect N	√lan	ager		1	1	1	12/	27/	16	

ASB-41 JAN 13

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.