							1	3 1				- 11	
Date of Notification (1) 7 / 6 / 2016					Name of Building Owner/Operator (2)							1	7
	6 / 201	.6		207	77 Tena	nts Corporatio	on	i					
Agencies Notified	Type Notification			Street	Address	er Avenue		ASEES	TOS C			L &	
DOLWD	Amended Amendment #	+		City, S	tate, Zip 0	Code							
M DOH □ DCA	☐ Emergency (ii			For	t Lee, N	IJ 07030						- 32	
(NJAC 5:23-8)	justification)	3		Name	of Contac	t		Telepho	ne Numb	er			
	Cancellation			Sta	cy Ferra	aro						G-25154	
			BOOLING	FAC	CILITY IN	IFORMATION							
Name of Facility Where Pembrooke Coop		ng Place (3)				Type of Faci	(-12)					
Street Address			diss.o-					er 8 (Other th ., private and		ial bu	ildina	S.	
2077 Center Aver	nue						homes, e		00111111010		9	7,	
City (5)							Square Feet		oors	1771-2000	ig. Ag		
Fort Lee							200,913				8 yr	5	
County (6)				Coun	ity Code (7	()(STATE USE ONLY)	Current Use	(Prior if being	demolish	ned)			
Bergen Name of Monitoring Fire	m Hirod by Duilding	Owner /6	1	ASCM	No	Name of Abateme	ant Contractor	(0)					
	in rilled by Bullaing	Owner (8)			A-Tech Group		(3)					
EFI Global, Inc. Street Address				N/A		Street Address							
242 Old New Bru	nswick Road			145 Fairfield Road									
City, State, Zip Code				City, State, Zip Code									
Piscataway, NJ 08				Fairfield, NJ 07004									
Project Manager for Mo	onitoring Firm		Tele	ephone No.									
Robert North	10-1-	1.1.1.0	11.5	2-236-6581 (201)328-2255 0124 etion Date (11) Name of OSHA Monitor						10.00			
Start Date (10) 7 / 18				D / 2016 A-Tech Group LLC									
Occupancy Status Duri	ng Abatement (Che	ck only o	ne)			Street Address				10-00			
☐ Facility Closed/Vaca					500000000	145 Fairfield F							
Abatement Performe Time of Abatement:	ed Outside of Norma AMF	al Facility PM/	Hou	rs - Des 	cribe AM	City, State, Zip C Fairfield NJ 07							
Scope of Work (Check	all that apply)					П Б./II О	4 - f 4 /fats	Nanativa Dani					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		X Rer ☐ Der				Mini-End Gloveba	tainment with closure g Procedure empted (*) and			e	4		
		Is	Loca	tion	T		, , ,			1 9998	atem	ent T	ype
Locatio Asbestos-Containin TO BE AF IN Fac (13	g Material (ACM) 3ATED cility	Used Mai Cust	ntena odial (12)	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	100,000,000	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	L.		11			-			
Pump Room		X			Therma	al Pipe Insulatio	n	145 L	.F	X			
							÷						
Name of Registered Waste Hauler A-Tech Group LLC					Waste D No. 195	Cubic Yards of Waste 4CU		egistered Lan OWS Landf					1
City, State Fairfield NJ 07004TBD						Disposal Date TBD	City, State Morris	ville PA					
Completed By (Print or Type) Goran Lazarevic Title President						Signature	Ym	,0	Da	te 7/5/2	016		
ASB-41			-			Lun	SUUCE						

Date of Marie in the												
Date of Notification (1)	6 / 20	016		Na	me of Build	ing Owner/Operator	(2)	1111	1	1 0	016	
				2	2077 Ten	ants Corporati	on	UL JUI	_ 1	1 2	010	Ä
Agencies Notified	Type Notificati	on		Str	eet Address	i	011	+				_
				2	2077 Cen	iter Avenue		ASBEST	080	ON	TRO	7
DOLWD DOLWD	☐ Amended				y, State, Zip				CEN			_
□ DCA	Amendmen						I		Complete (011.2	-	-
(NJAC 5:23-8)	☐ Emergency justification	(includ	ing	Na	me of Conta	NJ 07030						
(*15/10/0.20/0)	Cancellation							Telephone No	umber			_
				S	tacy Feri	raro		10				
N 75				F	ACILITY I	NFORMATION						-
Name of Facility Where A Pembrooke Coope	Abatement is Tak Prative	ing Pla	ce (3)				Type of Facilit					
Street Address							School (K-	12) r 8 (Other than K-	101			
2077 Center Aveni	ue						Other (i.e.,	private and comn	nercial	buildi	nae	
City (5)							homes, etc	5.)		Danai	nga,	
Fort Lee							Square Feet	# of Floors		Bldg.	Age	
County (6)							200,913	23		48 1		
				Co	unty Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demo	olished			3
Bergen	V					N2	· · · · · · · · · · · · · · · · · · ·	3 44111		,		
lame of Monitoring Firm	Hired by Building) Owne	r (8)	ASCI	M No.	Name of Abateme	ent Contractor (C	3)				_
FI Global, Inc.				N/	′Δ	A-Tech Group	LLC	7)				
Street Address				11/	7.3	Street Address					25 70	
242 Old New Bruns	Swick Road					145 Fairfield R						
ity, State, Zip Code	WICK NOAU											
Piscataway, NJ 088	ΕΛ					City, State, Zip Co						-
roject Manager for Monit	Orina Cia		1-			Fairfield, NJ 07	004					
	oring i-irm		1	ephone		Telephone No.		License No.				-
Robert North tart Date (10)			73	7-23	6-6581	(201)328-2255		01242				
					00001			01242				
	Scho	eduled (Comple	etion D	ate (11)	Name of OSHA M		01242				-
7 / 18 /	2016	7	Comple / 20	etion D	ate (11) 2016	Name of OSHA M	onitor	01242				_
7 / 18 /	Abatement (Che	7 ck only	Comple / 20	etion D	ate (11)	Name of OSHA M A-Tech Group	onitor	01242				
7 / 18 / 2 Occupancy Status During / Facility Closed/Vacated	Abatement (Che	7 ck only eriod of	comple / 20 one)	etion D	ate (11) 2016	Name of OSHA M A-Tech Group Street Address	onitor LLC	01242				
7 / 18 / Ccupancy Status During / Facility Closed/Vacated Abatement Performed (Abatement (Che During Entire P	ck only	one)	etion D	ate (11) 2016	Name of OSHA M A-Tech Group Street Address 145 Fairfield Ro	onitor LLC pad	01242				
7 / 18 / 2 Occupancy Status During / Facility Closed/Vacated	Abatement (Che During Entire P	ck only	one)	etion D	ate (11) 2016	Name of OSHA M A-Tech Group Street Address 145 Fairfield Ro City, State, Zip Co	onitor LLC Dad	01242				
7 / 18 / 20 / 20 / 20 / 20 / 20 / 20 / 20 / 2	Abatement (Che I During Entire P Outside of Norma	ck only	one)	etion D	ate (11) 2016	Name of OSHA M A-Tech Group Street Address 145 Fairfield Ro	onitor LLC Dad	01242				
7 / 18 / Ccupancy Status During A Pacility Closed/Vacated Abatement Performed Company of Abatement:	Abatement (Che I During Entire P Outside of Norma	ck only	one)	etion D	ate (11) 2016	Name of OSHA M A-Tech Group Street Address 145 Fairfield Ro City, State, Zip Co Fairfield NJ 070	pad de 004					
7 / 18 / / Ccupancy Status During / Facility Closed/Vacated Abatement Performed (Time of Abatement:	Abatement (Che I During Entire P Outside of Norma	ck only eriod of al Facility	Comple / 20 one) Abate ty Hou PM-	ment rs - De	ate (11) 2016	Name of OSHA M. A-Tech Group Street Address 145 Fairfield R. City, State, Zip Cor Fairfield NJ 070	onitor LLC Dad de 004					
7 / 18 / ccupancy Status During / Facility Closed/Vacated Abatement Performed Company of Abatement:	Abatement (Che I During Entire P Outside of Norma	ck only eriod of al Facility	Comple / 20 one) Abate ty Hou _PM	ment rs - De	ate (11) 2016	Name of OSHA MA-Tech Group Street Address 145 Fairfield Ro City, State, Zip Cor Fairfield NJ 070 Full Conta Mini-Enclo Glovebag	onitor LLC Dad de 004 inment with Negosure Procedure	gative Pressure				
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7 / 18 / ccupancy Status During / Facility Closed/Vacated Abatement Performed Cope of Work (Check all to 23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing March 10 BE ABATI	Abatement (Che I During Entire P Dulside of NormaAMF hat apply) f aterial (ACM) ED	Ck only eriod of all Facility M/	complete (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	etion D / ment rs - De ion lion lly ely by nce/	scribe AM	Name of OSHA M A-Tech Group Street Address 145 Fairfield R City, State, Zip Cor Fairfield NJ 070 Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate	onitor LLC Dad de 004 innment with Negosure Procedure inted (*) and No	gative Pressure on-Friable Procedu Amount	Ai	1	1	-
7 / 18 / ccupancy Status During / Facility Closed/Vacated Abatement Performed Cope of Work (Check all to the cope of Work	Abatement (Che I During Entire P Dulside of NormaAMF hat apply) f aterial (ACM) ED	Ck only eriod of all Facility M/	one) Abate ty Hou PM- enovati Enovati Locat Norma ed Sole intena	etion D / ment rs - De ion lion lly ely by nce/	scribe AM	Name of OSHA M A-Tech Group Street Address 145 Fairfield R City, State, Zip Confairfield NJ 070 Full Contain Mini-Enclor Glovebag Non-Exem Description of Stos Containing Mate, thermal systems in surfacing, VAT, 6	onitor LLC Dad de 004 winment with Negsure Procedure apted (*) and No erial (ACM) sulation, or	gative Pressure on-Friable Procedu Amount (Specify	Ai	Repair	1	-
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7 / 18 / Coupancy Status During A Sacility Closed/Vacated Abatement Performed Corpe of Work (Check all to 23 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Management Asbestos-Containing Management In Facility (13)	Abatement (Che I During Entire P Dulside of NormaAMF hat apply) f aterial (ACM) ED	Cus	complete Com	ment rs - De lon lly by nce/ Staff?	ate (11) 2016 scribe AM Asbes (i.e.	Name of OSHA M A-Tech Group Street Address 145 Fairfield R City, State, Zip Cor Fairfield NJ 070 Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneon	onitor LLC Dad de 004 winment with Negsure Procedure apted (*) and No erial (ACM) sulation, or	gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	1	Encapsulate	-
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7 / 18 / Coupancy Status During / Facility Closed/Vacated Abatement Performed (Time of Abatement: Cope of Work (Check all t ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mi TO BE ABATI IN Facility (13) Pump Room	Abatement (Che During Entire P Outside of NormaAMF hal apply) f aterial (ACM) ED	Cus	complete Com	etion D / ment rs - De on on lion lly bly by nce/ Staff?	ate (11) 2016 scribe _AM Asbes (i.e.	Name of OSHA M A-Tech Group Street Address 145 Fairfield R City, State, Zip Col Fairfield NJ 070 Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, of other miscellaneous	onitor LLC Dad de 004 sinment with Negosure Procedure apted (*) and No erial (ACM) sulation, or us)	gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	1	Encapsulate	-
7 / 18 / CCUPANCY Status During A CCUPANCY Status During A Pacility Closed/Vacated Abatement Performed Compe of Work (Check all the Cope of Work (Check all the Check all the Cope of Work (Check all the Check all the Cope of W	Abatement (Che During Entire P Outside of NormaAMF hal apply) f aterial (ACM) ED	Cus	complete Com	etion D / ment rs - De ion lly ely by nce/ Staff? N/A	ate (11) 2016 scribe AM Asbes (i.e.	Name of OSHA M A-Tech Group Street Address 145 Fairfield R City, State, Zip Cor Fairfield NJ 070 Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, oother miscellaneous Pipe Insulation Cubic Yards of	onitor LLC Dad de 004 Innment with Negoure Procedure Inted (*) and No erial (ACM) sulation, or us)	gative Pressure n-Friable Procedu Amount (Specify SF or LF) 145 LF	Removal	1	Encapsulate	-
7 / 18 / CCUpancy Status During / Facility Closed/Vacated Abatement Performed Cope of Work (Check all to 20 for ≥3 for ≥3 for ≥260 for ≥2	Abatement (Che During Entire P Outside of NormaAMF hal apply) f aterial (ACM) ED	Cus	complete Com	etion D / ment rs - De on on lion lly bly by nce/ Staff?	ate (11) 2016 scribe _AM Asbes (i.e.	Name of OSHA M A-Tech Group Street Address 145 Fairfield R City, State, Zip Col Fairfield NJ 070 Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, of other miscellaneous	onitor LLC Dad de 004 Innment with Negoure Procedure Inted (*) and No erial (ACM) sulation, or us)	gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	1	Encapsulate	-
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7 / 18 / CCUpancy Status During / Facility Closed/Vacated Abatement Performed Cope of Work (Check all to 123 sf or 23 lf 12160 sf or 260 lf Location of Asbestos-Containing Management Facility (13) Dump Room To Registered Waste In Tech Group LLC / State	Abatement (Che Abatement (Che During Entire P Outside of NormaAMF hat apply) f aterial (ACM) ED	Cus	complete Com	etion D / ment rs - De ion ion illy by by nce/ Staff? N/A	Asbes (i.e. Waste O No. 95	Name of OSHA M A-Tech Group Street Address 145 Fairfield R City, State, Zip Cor Fairfield NJ 070 Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate, thermal systems in surfacing, VAT, o other miscellaneon Pipe Insulation Cubic Yards of Waste 4CU	onitor LLC Dad de 004 innment with Negosure Procedure inted (*) and No erial (ACM) sulation, or us) Name of Regist GROWS	Amount (Specify SF or LF) 145 LF	Removal	1	Encapsulate	-
7 / 18 /	Abatement (Che Abatement (Che During Entire P Outside of NormaAMF hat apply) f aterial (ACM) ED	Cus Yes	complete Com	etion D / ment rs - De ion ion illy by by nce/ Staff? N/A	Asbes (i.e. Waste O No. 95	Name of OSHA M A-Tech Group Street Address 145 Fairfield R City, State, Zip Con Fairfield NJ 070 Full Conta Mini-Enclo Glovebag Non-Exem Description of stos Containing Mate thermal systems in surfacing, VAT, of other miscellaneous Pipe Insulation Cubic Yards of Waste 4CU Disposal Date TBD	onitor LLC Dad de 004 sinment with Negosure Procedure inted (*) and No erial (ACM) sulation, or us) Name of Regist GROWS	Amount (Specify SF or LF) 145 LF	Removal	1	Encapsulate	-
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^{*} Do not use this form for asbestos licensure exempted activities.



Date of Notification (1) 07/05/2016		Name of Building Owner/Operator (2) Morris County School of Technology JUL 1 1 2016														
Agencies Notified Type Notification EPA Initial			Street Ac 400 Ea	ldress ast Main	Stree	t		And the second second	ASE	ESTOS	CON	TR	JL 8	į Ž	-	
DEP Amended Amendment #		-	City, Stat Denvill	e, Zip Coo le, NJ 07	ie 7834					LICE	NS:N	<u>a</u>				
DOH justification) Cancellation	cluding	135		Contact Mickle	у				Tele	ephone N	umber					
			FACIL	ITY INFO	RMATI	ON										
Name of Facility Where Abatement is Taking Morris County School of Technolog		g#3					Тур	e of Facility (School (K-1	2)							
Street Address 400 East Main Street								Subchapter Other (i.e. p etc.)				lding	js, ho	ome:	s,	
City (5) Denville			15				Squ 80	are Feet ,000	# of 2	Floors		Bldg 50+	. Age	9		
County (6) Morris			County C STATE U	ode (7) ISE ONLY)	10.000000	_		rent Use (Pri chool	or if bei	ng demol	ished)					
Name of Monitoring Firm Hired by Building O Envirovision Consultants, Inc.	wner (8)		ASCM 0007					patement Cor postruction			n, Inc.	Ŧ.				
Street Address 20-21 Wagaraw Road Bldg. 35 E			1			Street 265		ress oute 46 Su	ite 3D							
City, State, Zip Code Fair Lawn, NJ 07410								Zip Code NJ 07512			-110-111-11					
Project Manager for Monitoring Firm Frederick Larson		Telephor 973-63	ne No. 36-9145		Teleph 973-		No. 3-7010		License 0666	No.						
Start Date (10) 07/25/2016	Scheduled 07/29/20		pletion [Name of OSHA Monitor Bako Construction & Restoration, Inc.												
Occupancy Status During Abatement (Check	Only One					Street										
Facility Closed/Vacated During Entire Padbatement Performed Outside of Normal Other – Describe:						City, S	state,	Route 46 Suite 3D e, Zip Code a, NJ 07512								
						1010	ivva,	100 07512								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		novat moliti				¥		Full Containm Mini-Enclosur Glovebag Pro	e cedure							
	1	45						Non-Exempte	u () an	a Non-Fil	able Pi	2000	atem	ant		
		ocation rmall	200									710	Туре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custoo	Sole! tenar	ly by nce/		os Cont thermal surfa	scription aining M systems cing, VA niscellar	/later s ins \T, or	•	(5	mount Specify F or LF)	Remova	Ivologii		Encapsulate	Enclosure	
	Yes	No	N/A											e l	(D	
Building #3 Room 302		Χ		Exl	naust	Duct Ir	nsul	ation	3	50 SF	Х		1			
											_	+	+			
										-	+	+				
Name of Registered Waste Hauler	l NI	JDEP W	aata	Cubio	Yards		Nome of	Dogists	ered Land	14:11						
Bako Construction & Restoration, In	Н	auler ID 0889		of Was			Age of the State o		esource		ver	/ Fa	cilit	y		
City, State Totowa, NJ				Dispos	sal Date		City, Star Tullyto									
Completed by Damir Valjevac	t Ma	anager		S	Signature	faure for Date 07/05/2016										

Date of Notification (1)		1	Name of B)wner/Operat			ARC						
7/06/16 Agencies Notified Type Notification		- 5	Street Add	iress	SSAIC			0	50	[1	1	2016		
EPA X Initial Amended			City, State	, Zip Coo	3 6				BES	TOS	00	NITE		
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■ DOH Justification □ Cancellation			MIK	CE (SERVE	u)							
Name of Facility Where Abatement is Taking	Place (3)		FACILI	ITY INFO	RMATION		Type of Facility (4)						
OFFICE BU						_ [School (K-1	2) 8 (Other than K-1)	où.					
Street Address	۸						Other (i.e. p	private & commerci	al budo	ings.	home	S,		
648 GODWIN	AVE			i, i i i i i i i i i i i i i i i i i i		-	etc.) Square Feet	# of Floors	В	ldg. A		-		
MIDLAND DA	RK.					1	19000	or if being demails	hedi	+ 5	0			
County (8)			County C STATE US					MERCIA						
Name of Manitoring Firm Hired by Building C	wner (8)	L	ASCM	No.			t Abalement Col							
Street Address					Stri	eet A	daress	2				15.00		
							reeland Ave.							
City State 21p Code							ate, Zip Code nd Park, NJ							
Project Manager for Monitoring Firm		- 1	Telephon	e No.			ne No. 262-5841	License N 00156						
Start Date (10)	Schedule	d Con	voletion D	late (11)		ame of OSHA Monitor								
7/18/16	7	130	30/16 Omega Environmental Services											
Occupancy Status During Abatement (Check					12 2000		kddress iuyler St							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm							ate, Zip Code							
Scope of Work (Check All That Apply)					<u> </u>	ack	ensack, NJ 0	/000						
23 sf or 23 lf 2150 sf or 2260 lf		lenova emolit					Mini-Enclosur Glovebag Pro				100			
	T le	Locati	on				NON-CAGNICK	\$: 10:10 (40)		Abai	inent			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Vormal d Sole Intena odial S (12)	ly ly by nce/	tos Containir thermal syst surfacing	Description of Containing Material (ACM) Amount mal systems insulation, (Specify puracing, VAT, or SF or LF) Security or miscellaneous)				Encapsulate	Enclosure				
	Yes	No	N/A						=		ate	5		
STOLE					VAT			226055	V					
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Name of Registered Waste Hauler Newark Carting , Inc.			 JDEP Wa auler D		Cubic Yard	is		i Registered Landfi A Bethlehem L		l Cor	l			
City, State	NO. ALCONO.	0.	4509		Disposal D	ate								
Newark, NJ					1/00/1	6	Bethle	hem, PA						
Completed by Joseph Vocaturo	Title Vice	Presi	dent		Signa		1. Voce	tu	ate 7/	06/1	6			
4SR-41 (R-05-08)					٠ ٦	0 60	l yse this form fo	r asbestos licensu	re exer	l npted	activ	lies.		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 7 16 Point Pleasant Beach School District / Job #1603-50011 | CHeck #8363 Agencies Notified Type Notification Street Address X EPA 299 Cooks Lane ASBESTOS CONTROL & □ DOLWD ☐ Amended City, State, Zip Code LICENSING ☑ DHSS Amendment # Point Pleasant Beach, NJ 08742 ☐ Emergency (including □ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Mark McNamara **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Point Pleasant Beach High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 700 Trenton Ave. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Point Pleasant Beach, NJ 08742 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Ocean High School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) RJB Environmental AbateTech, Inc. Street Address Street Address 56 East Bridge Street 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Morrisville, PA 19067 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Richard Beach 267-991-9212 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7 / 18 / 16 7 / 25 / 16 **EMSL** Analytical Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM- AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Mini-Enclosure □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Used Solely by Remova Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A Breeze Way X Window Caulk & Glazing 936 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste AbateTech, Inc. G.R.O.W.S. Landfill 18750 12 City, State Disposal Date City, State

ASB-41 MAY 11

Lumberton, NJ

Completed By (Print or Type)

Gwendolyn Trumbetti

Title

Operations Coordinator

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

7/25/16

Signature

Tullytown, PA

Date

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant	to	NJAC	8.60	and	5:16)	
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NOCK		NOT	TIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)								F							
Date of Notification (1)	5 /	16		N				ner/Operator (2	2) Chec	k#			-					
Agencies Notified	Type Notifica	tion			Street	Address O Hadley	Roa				L	11	20					
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(NJAC 5:23-8)	justification	on)	-	N		of Contact					Telephone Nu	mber						
	☐ Cancellati	ion			Mar	k Domin	gues	3										
					FAC	ILITY IN	FOR	MATION										
Name of Facility Where A	Abatement is T	aking Plac	e (3)						Type of Facili)							
PSE&G- Delair Sub	station								School (K		Other than K-	12)			1			
Street Address											ate and comm		uildin	gs,				
576 June Road									homes, et									
City (5)							Square Feet # of Floors							Age				
Pennsauken, NJ 08	110																	
County (6)					Coun	County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)												
Burlington							Substation											
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	AS	SCM I	M No. Name of Abatement Contractor (9)												
Health and Safety S	Health and Safety Services							AbateTech, Inc.										
Street Address			Street Address															
PO BOX 365					30	Maple Ave	e. PO Box 25	5										
City, State, Zip Code			11-5-2-5				City	, State, Zip Co	ode									
Berlin, NJ 08009					Lumberton, NJ 08048													
Project Manager for Mon	itoring Firm		Te	eleph	lephone No.													
Jim Proctor				856	856-452-1311 609-265-2107 00529													
Start Date (10)	S	cheduled	Comp	oletic	n Dat	te (11)	Nan	ne of OSHA N	lonitor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
6 / 29 /	_16_	7	/ _:	29	_ / _	16_)	E	MSL Analyt	ical									
Occupancy Status During	Abatement (C	Check only	one)		Street Address							- 1						
☐ Facility Closed/Vacate					ent		200 Route 130 North											
☐ Abatement Performed					rs - Describe City, State, Zip Code													
Time of Abatement: _	AM	PM/	PI	M		AM	С	innaminsor	n, NJ 08077									
Scope of Work (Check al ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I that apply)		enov					☐ Mini-Enc ☐ Gloveba	tainment with to losure g Procedure mpted (*) and			dure						
			ls Loc	catio	n							Α	bater	nent T	ype			
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Asbestos-Containing TO BE ABA		1 2000	lainte		25-1-20			Containing Ma rmal systems			Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facili		Cu	stodia		aff?		s	urfacing, VAT	, or		SF or LF)	val		suls	ure			
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]																
Name of Registered Was	NJDEP Waste																	
Waste Management) No.	Was	ste 2	G.R.O.W	/.S. I	Landfill							
City, State								osal Date	City State									
Camden, NJ							(7/	29/16	Tullytov	n, P	PA							
Completed By (Print or Type) Title							Signature Date											
Gwendolyn Trumbe	s Co	oordi	nator		M	15	7/5/110											
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Date of Notification (1)	27 /	10					Owner/Operator (2		# 7696 JUL 1 1 2016 JUL					
6/	27 / _	16			PSE	-&G / JO	b # 1511-4963 C	neck # 7696	JUL	1 20	10	l _{me} con.		
Agencies Notified	Type Notifica	ation		1		Address								
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☑ DHSS	Amendme			(state, Zip C			LUE	40000				
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(NJAC 5:23-8)	justification	on)		1	Name	of Contact	t		Telephone Nur	nber				
	☐ Cancellat	tion			Mic	hael Luc	iani							
					FAG	CILITY IN	FORMATION							
Name of Facility Where A	Abatement is T	Taking Pla	ace (3)					Type of Facility (4)					
PSE&G Control Ho	use							School (K-12)						
Street Address								☐ Subchapter 8 ☐ Other (i.e., pr			ildine	10		
1274 South 2 nd Stre	eet							homes, etc.)	ivate and commi	Croidi bi	21101115	,5,		
City (5)								Square Feet	# of Floors	BI	dg. A	ge		
Plainfield, NJ														
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)				
Union							- 3	Control Hou	se					
Name of Monitoring Firm	Hired by Build	ding Own	er (8)	A	SCM	No.	Name of Abatement Contractor (9)							
Health and Safety S	Services						AbateTech, Inc.							
Street Address							Street Address							
PO BOX 365							30 Maple Ave. PO Box 25							
City, State, Zip Code						City, State, Zip Code								
Berlin, NJ 08009							Lumberton, N	IJ 08048						
Project Manager for Mon	itoring Firm		T	elep	ephone No. Telephone No. License No.									
Jim Proctor				856	56-452-1311 609-265-2107 00529									
Start Date (10)	5	Scheduled	Com	pletio	etion Date (11) Name of OSHA Monitor									
11 /30 /	15 (_ 8_	/	31	_ /	16 /	EMSL Analyt	EMSL Analytical						
Occupancy Status During	Abatement (Check on	ly one)	Street Address									
☐ Facility Closed/Vacate				-										
Abatement Performed	Outside of No	ormal Fac	ility H	ours	- Des	cribe	City, State, Zip Co	ode						
Time of Abatement: _	AM	PM/_	P	PM	AM Cinnaminson, NJ 08077									
Scope of Work (Check al	I that apply)							,			-	n=	-	
	1, 7,	_	_					ainment with Neg	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renov Demo				☐ Mini-Enc ☐ Glovebag							
2 _100 dr dr _200 ll			Demo	iitioii			Non-Exe Non-Exe	mpted (*) and Nor	n-Friable Proced	ure				
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Location		. 1	Norr Jsed S	mally			Description o			R	D	ш	Ш	
Asbestos-Containing TO BE ABA		1)	Mainte				stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	nca	nclo	
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(13)		-		. 1			other miscellane	ous)				ate	CD	
		Ye		10	N/A									
Control House						0.0700000000000000000000000000000000000	e Floor Panels		60 SF					
Control House						Roofing	g Materials		800 SF	\boxtimes				
Control House			×]		Fire Ra	ted Doors		3 Total					
Exterior						Abando	ned transite pip	е	240 LF					
						Vaste	Cubic Yards of	Name of Regist	tered Landfill		-			
Waste Management						No.	Waste 32	G.R.O.W.S.	Landfill					
City, State							Disposal Date	City, State						
Camden, NJ							8/31/16	Tullytown,	PA					
Completed By (Print or Type) Title							Signature	- 1	Date					
Gwendolyn Trumbe		Oper	ation	s C	oordi	nator	-	TMY	11/07/10					
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

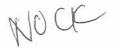
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Date of Notification (1)	720 Maria - 120 - 12				Name of Building Owner/Operator (2)								世			
6 /	27 /	16				E&G /	10000		1606-5019 Che	•		201	,	-		
Agencies Notified	Type Notific	ation			Street	Address				10000000				1		
	☐ Initial	ation			3-20-2000	0 Hadley	Po	ad	1	ASBESTOS			OL	&		
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□ DHSS	Amendm	ent #1														
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				721	FAG	CILITY IN	FOF	RMATION	*		III.					
Name of Facility Where Ab		laking	Place	(3)					Type of Facility (4							
PSE&G- Ewing Subs	station								School (K-12)	(Other than K-12)						
Street Address										vate and commerc	ial bu	ilding	S,			
1475 Prospect Stree	t							- 1112	homes, etc.)							
City (5)									Square Feet	# of Floors	Ble	dg. A	ge			
Ewing, NJ 08638																
County (6)					Coun	ity Code (7)(STA	ATE USE ONLY)	Current Use (Price	or if being demolish	ied)					
Mercer							designed to the second to the second		Substation							
Name of Monitoring Firm H		ding C	wner (8)	ASCM No. Name of Abatement Contractor (9)											
Health and Safety Se	Health and Safety Services							AbateTech, Inc.								
Street Address			Street Address													
PO BOX 365					30 Maple Ave. PO Box 25											
City, State, Zip Code					City, State, Zip Code											
Berlin, NJ 08009					Lumberton, NJ 08048											
Project Manager for Monito	oring Firm			Tele	ephone No. Telephone No. License No.											
Jim Proctor				8	856-452-1311 609-265-2107 00						529					
Start Date (10)	3	Sched	uled C	omple	etion Date (11) Name of OSHA Monitor						-					
6 /20 / _	16	3	3/	_ 31	1 16 EMSL Analytical											
Occupancy Status During	Abatement (Check	only o	ne)	Street Address											
☐ Facility Closed/Vacated					ment		2	200 Route 13	0 North							
Abatement Performed 0	Outside of N	ormal	Facility	Hou	s - Des	cribe	City	v State Zip Co	ode							
Time of Abatement:	AM	PN	N	_PM-												
Scope of Work (Check all t	that apply)		A11						•							
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 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Re De De De Re De Re De Re Re					☐ Mini-Encl								
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Location o				Iorma d Sole				Description of		90	R	D	Ш	ш		
Asbestos-Containing M TO BE ABAT		۸)		intena				Containing Mar ermal systems i		Amount (Specify	Removal	Repair	nca	nclo		
IN Facility			Cust		Staff?	(1.0		surfacing, VAT,		SF or LF)	oval	=	Encapsulate	Enclosure		
(13)		9	200	(12)	T	1		her miscellaned		500 O 500 O 500 K			late	Œ		
			Yes	No	N/A											
Along vertical sides of	glass blo	CK				caulk				144 LF						
Loft Bathrooms					\boxtimes	Floor til	e			240 SF	\boxtimes					
Name of Registered Waste	N	JDEP V	Vaste	Cul	bic Yards of	Name of Regist	ered Landfill									
Environmental Trans	H	auler II 00069		Wa 4	iste	Conestoga	Landfill									
City, State					23000			posal Date	City, State	19						
Flanders, NJ						4	8	/31/16	Morgantow	n, PA						
Completed By (Print or Typ	e)	Title	-				Signature Date									
Gwendolyn Trumbet	oerati	ons (Coordi	nator	/ // / / / / / / / / / / / / / / / / / /						U					

ASB-41 MAY 11

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

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Date of Notification (1)					Name	of Building	g Ow	vner/Operator (2	2)	JUL 1	1 2	016				
6/	27 /	16			PSE	E&G / Jo	b #	1605-5013 C	heck # 8149 1	1 301 1	1 2	110		2		
Agencies Notified	Type Notifica	ation			Street	Address							1	\neg		
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DCA	☐ Emergene justification		uding	+		of Contac		-,		Telephone Nur	nher	- 22				
(NJAC 5:23-8)	☐ Cancellat					k Domin		26			ilbei					
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Name of Engility Where /	\hatamant is T	Takina F	Dinon	/21	FAC	JILII Y IN	IFUI	RMATION	Tune of Facility (4)						
Name of Facility Where A PSE&G Somerville	Abatement is i	aking F	lace	(3)					Type of Facility (4							
									School (K-12) Subchapter 8		2)					
Street Address									Other (i.e., pri			iilding	S,			
292 S. Bridge Stree	t								homes, etc.)							
City (5)									Square Feet	# of Floors	BI	dg. A	ge			
Somerville, NJ 088	76					-12										
County (6)					Coun	ity Code (7)(STA	ATE USE ONLY)	Current Use (Price	or if being demo	lished)					
Somerset									Substation							
Name of Monitoring Firm		ding Ow	ner (8) /	ASCM	No.	Na	ame of Abateme	ent Contractor (9)							
Health and Safety S	Services						1	AbateTech, I	nc.							
Street Address																
PO BOX 365							30 Maple Ave. PO Box 25									
City, State, Zip Code	State, Zip Code						City, State, Zip Code									
Berlin, NJ 08009					Lumberton, NJ 08048											
Project Manager for Mon	itoring Firm			Tele	ohone	No.	License No.									
Jim Proctor				85	6-452	-1311	6	609-265-2107		00529						
Start Date (10)	5	Schedul	ed Co	mplet	tion Date (11) Name of OSHA Monitor											
5 /23 /	16	8_	/	_31	_ / _	16	E	EMSL Analyt	ical							
Occupancy Status During	Abatement (0	Check c	only o	ne)	Street Address								-			
☐ Facility Closed/Vacate				V (100 m)	nent		2	200 Route 13	0 North							
Abatement Performed						cribe		ty, State, Zip Co	2 3 3 1 1 2 1 3 2 1 3 1 3 1 3 1 3 1 3 1							
Time of Abatement: _	AM	PM/		_PM-		AM	100	Cinnaminsor								
Scope of Work (Check al	I that apply)						"	•	,, 110 00017							
		5.0	200						tainment with Nega	egative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		2		novatio molitio				☐ Mini-End	losure g Procedure							
△ ≥ 100 Si 0i ≥200 II] Del	HOILIO	11				mpted (*) and Non	-Friable Proced	ure					
			ls	Locati	on						Ab	atem	ent T	vpe		
Location	of			lormal				Description of	of		-	_		Ť		
Asbestos-Containing		1)		d Sole ntenai		Asbe	stos	Containing Ma	iterial (ACM)	Amount	Removal	Repair	nce	Enclosure		
TO BE ABA				odial S		(i.e		ermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	nsc		
(13)	-9			(12)				ther miscellane		0, 0, 2,)	-		Encapsulate	9		
		,	Yes	No	N/A								w			
Exterior Cabinet					\boxtimes	Founda	ation	n Caulk		50 LF						
Control House Wall					\boxtimes	Pipe In:	sula	ation		1 LF						
Roof		ı		П		Black T	ara	and Paper Ro	oofing	320 LF		П				
							-		55							
					JDEP \	Naste	C	ibic Yards of	Name of Regist	ered I andfill			П			
1,1					auler II		2007/200	aste	G.R.O.W.S.							
waste management					18750)	-	3		Lanumi						
City, State						1		sposal Date	City, State							
Camden, NJ					(8	3/31/16	Tullytown,	PA							
Completed By (Print or Ty		Title						Signature	Chart		Date ,	7.00	1			
Gwendolyn Trumbe	ons C	oordi	inator			C. I.I.K	(1/27/14									



				(Pu	ırsuan	it to NJA	C 8:60 and 5:1	6)					711			
Date of Notification (1)				5.1	Name	of Building	g Owner/Operator	(2)	005 Check#8264 UL 1 1 2016							
6 /	27 /	16			PSE	E&G /	Job #	1604-5005 CI	neck# 8264 UL	1 1	2016)	الما			
Agencies Notified	Type Notifica	ation			Street	Address						-	1			
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☐ DCA (NJAC 5:23-8)	☐ Emergen justification		ding			of Contac			Telephone Numb	per		-0.70				
(143/10/3.23-0)	☐ Cancellat				6-10-0	ron Bun										
					FAC	CILITY IN	IFORMATION									
Name of Facility Where A	batement is 7	Taking Pl	ace ((3)				Type of Facilit	y (4)							
PSE&G- Essex Stat	ion							School (K-								
Street Address									r 8 (Other than K-12)		مناطنه					
155 Raymond Blvd.								homes, etc	private and commer :.)	Ciai Di	mamg	5,				
City (5)								Square Feet	# of Floors	BI	dg. A	ae				
Newark, NJ 07105										100000						
County (6)					Cour	ntv Code (7)(STATE USE ONLY)	Current Use (F	Prior if being demolis	shed)						
Essex						,		Switching								
Name of Monitoring Firm	Hired by Build	ding Own	ner (8	3)	ASCM	No.	Name of Abatem									
Health and Safety S				8				AbateTech, Inc.								
Street Address					Street Address											
PO BOX 365																
City, State, Zip Code																
Berlin, NJ 08009																
Project Manager for Moni	toring Firm			Tele	ephone	No.	Lumberton, Telephone No.		License No.				_			
Jim Proctor	9				56-452		609-265-210	7	00529							
Start Date (10)	15	Schedule	d Co													
4 / 18 /	V				1 /		Name of OSHA I									
Occupancy Status During	Abatement (Check-or	- nlv-or	ne)		Street Address										
☐ Facility Closed/Vacate					ment			30 North								
☐ Abatement Performed						cribe	200 Route 130 North City, State, Zip Code									
Time of Abatement: _							Cinnaminso									
Scope of Work (Check all	that apply)							.,,								
			_	9	<u> </u>				egative Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Ren				☐ Mini-En	closure ag Procedure								
24 - 100 of of -200 ii			Don	TOTAL	011				Ion-Friable Procedu	re						
	1,000			oca						Ab	atem	ent T	уре			
Location	77.7			orma	ally ely by		Description			R	R	Ш	Ш			
Asbestos-Containing I TO BE ABA		A) '			ance/		estos Containing M e., thermal systems		Amount (Specify	Removal	Repair	ncal	nclo			
IN Facilit		(Custo		Staff?	(1.0	surfacing, VA		SF or LF)	va	1 =	Encapsulate	Enclosure			
(13)		-		(12)	-		other miscellan	eous)				late	O O			
		Y	es	No	N/A											
Please see attached					\boxtimes	Please	see attached		Please see							
]													
		T	7	П	\Box				$\forall \Box$	П	П	П				
Name of Registered Wast	te Hauler			N	JDEP \		Cubic Yards of	Name of Red	istered Landfill			_	1-			
Environmental Tran		ip, INC.		H	lauler II		Waste		ga Landfill							
City, State						2061	Disposal Date	City, State					-			
Flanders, NJ							8/31/16	Morganto	own. PA							
Completed By (Print or Ty	(20)	Title				-		o.ganto		nto.						
Gwendolvn Trumbe	100000	10000000	ratio	ne	Coord	inator	Signature	ann'		ate	7-	71:	17			

180.7		N		CATION	te of New OF ASBE o NJAC 8	STOS A	BATE			E C	ĒD	Ŵ	Œ,			
Date of Notification (1) July 7, 2016					Building (JUL	1 1	2016		1		
Agencies Notified	Type Notification		1000	Street Ad	idress rolab Ro	oad, Su	uite A		1						-	
EPA DEP DOL	Initial Amended		(City, Stat	te, Zip Co	de			A	SRESTO	IS CO	₩ 111 ĕG	OL S	-		
1.79247	Amendment Emergency	(including			ton, NJ	07039				Telepho						
DOH DCA	justification) Cancellation		4.3	James						1						
Name of Facility Where	Abatamant is Takin	a Diago /2	,	FACIL	LITY INFO	RMATI	ON	Type	of Facility (4	1)						
Englewood Fire Ho		ly Flace (3	')						School (K-12							
Street Address 13 Williams Street									Subchapter	8 (Other tha	an K-12 nmercia) I build	ings,	home	s,	
City (5) Englewood						- 0		Squar 1,80	re Feet O	# of Floo	ors	1.550553	- Company	ge		
County (6) Bergen				County C	Code (7) ISE ONLY)				nt Use (Prio n use	r if being de	emolish	ed)				
Name of Monitoring Firm AET	Hired by Building	Owner (8)		ASCM	l No.				tement Con es, LLC	tractor (9)						
Street Address 28 N Pennell Road								Addres W Lin	ss coln High	way, Suit	e 500					
City, State, Zip Code Lima, PA				-					p Code 19341							
Project Manager for Mor Eric Houseknecht	itoring Firm			Telephor 908-29	ne No. 96-1132		1	none No 872-8		10000).				
Start Date (10) 7/18/16	ed Com	pletion [Date (11)		Name EMS		A Monitor			777						
Occupancy Status Durin	B 8	155						Addres Route	ss 130 Nort	:h						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr						City, S	State, Z	ip Code son, NJ							
Scope of Work (Check A	II That Apply)								'		commercial buildings, home Floors Bldg. Age 50+ g demolished) Buite 500 License No. 01161 Negative Pressure Non-Friable Procedure Abatement Type nount Decify or LF) Removal O SF x O SF x					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renova Demolit				D	Mir Glo	ni-Enclosure ovebag Prod	nment with Negative Pressure sure Procedure oted (*) and Non-Friable Procedure						
<u></u>		Is	Locati	on												
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma	Normal ed Sole intenar todial S (12)	ly by nce/		tos Con thermal surfa		Material s insula AT, or		Amou (Spec SF or I	ify	Removal			Enclosure	
		Yes	No	N/A-										ro .		
Hose Towe				X			of shing	70	-			-				
Generator	House	-		X	*	R	loof Ta	ar ———		100 8	SF.	X				
Name of Registered Wa	l N	JDEP W	/aste	Cubic	Yards		Name of	Registered	Landfill							
Waste Management			200	auler ID		of Wa			0.000	Central La						
City, State Trenton, NJ						Dispo TBD	sal Date	2	City, State Pen Arg							
Completed by Jack Bally		Title Sr. P	roject	Mana	ger	5	Signatur	e - A /	3000	(A)	Da 7/	te 7/16				
ASB-41 (R-06-08)							Don	ot use	this form for	asbestos l	censure	e exen	npted	activi	ties.	

m-	E	C			\mathbb{V}	E	
		JUL	1	1	2016	6	1366
A	SB	EST(OS CEN	CC	NTR NG	OL &	<u>&</u>

Date of Notification (1)				Name of	Building	Owner/0	Operator	(2)	H H	JU		201	0	-	4		
Jul		Selectiv	e Insura	ance C	Compar	ıv											
Agencies Notified	Type Notification			Street A				.,	AS	BES	TOS C	ONT	POL	&	+		
⊠ EPA				40 Wan	tage Av	enue				Ĺ	ICENS	SING					
DEP	Amended				te, Zip Co												
□ DOL	Amendment			Branchy	rille, NJ	07890	-1000										
DOH	Emergency (i	ncluding		Name of						Tele	ephone N	umber					
DCA	Cancellation			Project I	Manage	er				1							
					LITY INF		ION										
Name of Facility Where	Abatement is Taking	Place (3	3)					Type of	Facility (4))							
SRIC Boiler Room									chool (K-12								
Street Address									bchapter 8				Idina	hom			
40 Wantage Ave								Ot et		ivale c	x comme	CIAI DU	iumy	s, nom	es,		
City (5)								Square	Feet	# of	Floors		Bldg.	Age			
Branchville, NJ																	
County (6)				County C				Current	Use (Prior	if bei	ng demoli	ished)					
Sussex				(STATE C	ISE ONLY,					В	oiler Rr	n					
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.		Name	of Abate	ment Contr	actor	(9)						
AET				0021			The M	IACK G	roup, LL	C							
Street Address							Street	Address									
907 Doolittle Drive							1500	Kings H	WY N, S	STE 2	209						
City, State, Zip Code							_	State, Zip									
	ridgewater, NJ 08807						Cherr	y Hill, N	J 08034								
	Project Manager for Monitoring Firm						Teleph	none No.			License	No.					
Eric Houseknecht							(973)	759 - 5	000		00781						
Start Date (10)		Schedule	ed Co	mpletion [Date (11)		Name	of OSHA	Monitor								
7/16/1				8/16/16	3		The M	IACK G	roup, LL	C.							
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street	Address									
Facility Closed/Vac	ated During Entire P	eriod of	Abate	ment			1500 l	Kings H	IWY N, S	STE 2	209						
Abatement Perform Other - Describe:	ned Outside of Norm	al Facility	Hour	S			City, S	state, Zip	Code								
						_	Cherr	y Hill, N	J 08034								
Scope of Work (Check A	III That Apply)							_									
≥3 sf or ≥3 lf		PRODUCTION OF THE PERSON OF TH	Renov						Containmer	nt with	Negative	Press	ıre				
≥160 sf or ≥260 lf			Demoli	tion			-		Enclosure ebag Proce	duro							
					,				Exempted (Non-Friat	ole Proc	edure				
		Is	Loca	tion									Aba	temer	nt		
Locatio	n of	1	Vorma	lly		De	escription	n of						ype			
Asbestos-Containing	Material (ACM)	Use	d Sole intena	ely by		tos Con	taining N	Material (Α	mount			m			
TO BE AB				Staff?	(i.e.		I system scing, VA	s insulati	on,		pecify	Re	Abatement Type Enclosure Repair				
(13)		1	(12)				miscellar			31	or LF)	Remova	epa	psu	osu		
20. 13.		2.48	5000	0000000				3150000000 7 0				/ <u>a</u>	=	late	Гe		
		Yes	No	N/A										-	-		
16" chimne	y stack	X		J		asbes	tos ins	ulation			9 l/f	X					
													\top				
									- 711		-	-					
Name of Decision of We				1011													
Name of Registered Wa		NJ DEP W Hauler ID		of Wa	: Yards		Name of R	egiste	red Landi	fill							
Newark Carting		450			0.1		Cumberla	nd C	ounty /	IESH	Beth	leher	n				
City, State		,50		Dispo	sal Date		City, State	0				3.101					
Newark, NJ						1. *	8/16/16		lewburg	/ Bet	hlehem	. PA					
Completed by		Title					Signature		2		21.00	Date					
Mike Cooper	lent				Merl	//-	/		7.	/1/16	Abatement Type Proposition Repair left						
		1						10									

State of New Jersey - Notification of Asbestos Abatement

Check# 1228

C. C. D			(Pursu	ant to N.J.A.C.	8:60-7 and 12:120-7)		FGE	IWE	[
GAC Project # 060-16					Name of Duilding Owner	2-19-19	EGE						
Date of Notification (1) July 5, 2	2016				Name of Building Owner/0 RUTGERS, THE ST		FRSITY O	E N.I					
Agencies Notified	2010	Notification	Type						11111				
7.190/10/00 110 0110 0		⊠Initial N		tion	Street Address ENVIRONMENTAL	HEALTH &	SAFETY	DEPT. 10	1				
□EPA		☐ Amend			27 ROAD 1, BLDG	1086 LIVII	NGSTON C	AMPUS	1				
□DCA		■ Emerg	encv (i	ncludina	City, State, Zip Code			CONTROL	&				
⊠ DOL		justific		J	PISCATAWAY, NJ	08854 [/]	ASBESTOS	NSING					
DEP- No Longer REQUIR	RED	□Cancell			Name of Contact		Telephone 1	vumber					
⊠ DOH					MICHAEL SMITH, E								
					HEALTH & SAFETY								
Name of Facility Where Abatem	ant in Tal	ring Diago (2)		FACILITY INF	Type of Facility (4)								
ROBESON CAMPUS C			7220		School (K-12)								
	/LIVI L	ν, σεσσπ	I dada U		□Subchapter 8 (other than K-12)								
Street Address					S Other (i.e. private & cor		inas, homes, e	tc.)					
NEWARK CAMPUS								60+ years					
	County (6			Code (7)									
NEWARK	ES	SSEX	(State	Use Only)	Current Use (prior if being demolished): ACADEMIC								
31 21 2 3		(0)											
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM 0098		Name of Contractor (9)								
AIG			0030	'	GREENWOOD ABAT	EMENT C	ONSULTAN	NTS, INC.					
Street Address					Street Address								
3 TERRI LANE					000 MAIN OTREET								
					268 MAIN STREET								
City, State, Zip Code					City State, ZipCode								
	08016	T-lb N	Luncken		BUTLER, NJ 07405 Telephone Number License Number								
Project Manager for Monitoring BRIAN KEARNY	<u>Firm</u>	Telephone N 609-386-			Telephone Number		License Nun	nber					
BRIAN REARINT		009-300	-0000		973-492-0477		00840						
Scheduled Start Date (10)		Scheduled C	Completio	n Date (11)	Name of OSHA Monitor	- Landau de la companya de la compan							
07/15/16		07/18/16			TANKIDOVICION INC								
Occupancy Status During Aba	atement /	Check only o	ne)		ENVIROVISION, INC Street Address	· .							
▼ Facility Closed/Vacated Du				nt	Street Address								
□Abatement Performed Outs				0.2	20-21 WARGARAW	ROAD							
Describe					City, State, Zip Code								
☑Other – Describe:													
Schedule: 5PM - 5AM (24	HOURS	8 & WEEKE	NDS AS	S NEEDED)	FAIRLAWN, NJ								
Scope of Work (Check all that a	annly)												
Scope of Work (Check all that a	appiy)					Full Contains	ment with Nec	gative Pressure					
□≥ 3 sf or ≥ 3 lf				⊠Renovation	_	Mini-Enclosu		,					
	260 If			■ Demolition		Glovebag Pr	rocedure / Wr	ap & Cut					
					X	Non-Exempt	ed (*) and No	n-Friable Proce	dure				
Location of Asbestos-Containin		cation Normal			bestos Containing Material	Amour	Control Inc.	ement Type					
Material (ACM) in Facility (13)	2001000	ely by Maint./Co f? (12)	ustodiai	VAT, or other mis	nal systems insulation, surfaci	ng, (Specif or LF)	Remo	ve Repair Encap	Enclose				
	YES		NA	, vivi, or outer time									
236,237		X	Ī	VAT		1250	SF 🗵	T	\neg				
	-	123		VAI		1200	0,		_				
	_	_											
Name of Reg. Waste Hauler		NJDEP Was	te Hauler	ID#	Cubic Yards of Waste: 15 CY Name of Registered Landfill								
See Hauler Below #1 & 2	2	See Below		10 11	Cubic Yards of Waste: 15 CY Name of Registered Landfill G.R.O.W.S. North Landfill								
				NT 07405		Dienocal De		City, State					
Hauler #1) Greenwood Abaten NJDEP # 12561	nent Cons	suitants, Inc	butter, I	NJ 0/405	<u>Disposal Date</u> <u>City, State</u>								
Hauler #2) Newark Carting, In	nc., Newa	rk, NJ 04509			Rd. Morrisville, Pa								
NJ DEP# 4509					19067 215-736-1700								
		Maria . A											
Completed by (Print or Type) RAYMOND C. PEDALI		Title SENIOR P	ם ובי	`Т	Signature Date								
NATIWIOND C. PEDALI	33.6993.65	SENIOR P MANAGER		<i>-</i> 1	Raymand C. Pedalino July 5, 2016								

								1 11-12	1.1	- 1			0	011	111
Date of Notification (1) 7/6/16				Building (Developr						JUL	1 1	20	16]]
Agencies Notified Type Notification	1	1000	Street A 2088 A	ddress Arrowwo	od Dr	ive									
EPA Initial Amended	everup.			te, Zip Co		7070			ASBE	STOS	NS.	NG	ROL	. &	+
DOL Amendmen	(including			Plains,	NJ (0/0/6		Ä	Tele	ephone					_
DOH justification Cancellation			John V						1	Spriorie i	rvuin	001			
			FACI	LITY INFO	ORMA	TION									
Name of Facility Where Abatement is Tak	ng Place (3	3)						of Facility (4 School (K-1)							
Street Address 5400 Bergenline Avenue							×	Subchapter Other (i.e. p etc.)	8 (Othe				lings,	home	es,
City (5) West New York								re Feet	# of	Floors		B 6	ldg. A 5	ge	
County (6) Hudson				Code (7) USE ONLY)			Curre	ent Use (Pric	or if bein	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.				tement Con			LC	-			
Street Address			1			100000000000000000000000000000000000000	Addres	ss 83, 4 E G	ate Dr	rive					
City, State, Zip Code						City, S	State, Z	ip Code				700			
Project Manager for Monitoring Firm	Project Manager for Monitoring Firm							, NJ 074	18	Licens	e No		11. (1)		
		Telepho			973-	764-2	276		703						
Start Date (10) 7/18/16	8/31/1		pletion	Date (11)		Name	of OSI	OSHA Monitor							
Occupancy Status During Abatement (Che	eck Only Or	ne)				Street	et Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:						City, S	State, Zip Code								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							e					
	Is	Locati	on										Abate	ement	
Location of		Normall d Solel				escription							1 9	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cus	intenar todial S (12)	Staff?		therma surf	ntaining N al system acing, VA miscellar	s insula T, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
outorior windows 9 doors	Yes	No	N/A						4.5			-			
exterior windows & doors			X			caulking	9		15	50 SF		Х			
										-					
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubi	c Yards		Name of F	Registe	red Lan	dfill				-
Freehold Cartage			auler ID 5939	No.	of W			Westerr							
City, State Freehold NJ					Dispo TBD	osal Date		City, State Birdsbo		4					
Completed by A. Scott Higgins	ident Signature Date 7/6/16														

State of New Jersey - Notification of Asbestos Abatement

OK 12271

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)		Name of Building Owner/Operator (2)											
July 5, 2016		Drew Univers	ity	UL	JUL	CUIU							
Agencies Notified		Notification Initial	<u>Type</u> Notifica	ition	Street Address 36 Madison Av	/enue			21/T 2/1/ 8				
X EPA		⊠ Ame	nded Ce	rtification #9	City, State, Zip Coo	<u>de</u>	A	FIGENS	JIM G				
DCA x DOL		☐ Emerg	ency (i	ncluding	Madison, NJ	1		E.11.24-15		_			
X DEP		justific	ation)		Name of Contact			Telephone Nu	mber				
x DOH		☐ Cance	lled		James Hall								
				FACILITY INF	ORMATION								
Name of Facility Where Abate					Type of Facility (4)								
Drew University- Cor	nmons	Building			School (K-12) Subchapter 8 (oth	er than K 12	2)						
Street Address 36 Madison Avenue					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ivate & comn	nercial b	uildings, homes, rs: 2 Blda. Aa					
City (5)	County (6)	County	Code (7)	341.1331								
Madison	Morris	i.	(State I	Jse Only)	Current Use (prior i	if being dem	olished):					
Name of Monitoring Firm Hire		Owner (8)	ASCM	No.	Name of Contractor (9)								
Briggs Associates, l	nc.				GREENWOOD ABATEMENT CONSULTANTS, INC.								
Street Address					Street Address								
3 Crosswicks Street					511 MAIN STREET								
City, State, Zip Code					City State, ZipCode								
Bordentown, NJ					Butler, NJ 0740)5							
Project Manager for Monitorin	g Firm	Number		Telephone Number			License Number	<u>er</u>					
Michael Hoodak		5520		973-492-0477 Name of OSHA Mon			00840						
March 7, 2016	neduled Start Date (10) Scheduled Completion Date (11) Arch 7, 2016 July 31, 2016												
Occupancy Status During A	batement				EMSL inc. Street Address								
Facility Closed/Vacat				ment		100							
Abatement Performed	d Outside	of Normal Fac	ility Hour	'S -	1056 Stelton R					_			
Describe					City, State, Zip Code Piscataway, N								
Other - Describe: Oc					riscataway, N								
Source of Work (Check all that	it apply)					w. F.	II Canto	inmont with No.	rativa Prossura				
2 2 2 2 2 2 2	c			⊠ Renovat	ion			inment with Neg	Jalive Flessule				
≥ 3 sf or ≥ 3 l ⊠≥ 160 sf or ≥				Demolition									
<u> </u>	200			Demontion					on-Friable Procedu	ire			
Location of Asbestos-Contain	ing Is L	ocation Normal	lly Used		bestos Containing Mat	erial		nt (Specify SF	Abatement Type				
Material (ACM) in Facility (13)		ely by Maint./Ci	ustodial	(ACM) (i.e. therm VAT, or other mis	nal systems insulation,	surfacing,	or LF)		Remove Repair				
	YE	ff? (12) S NO	NA	VAT, or other mis	ceii.)				Encap Enclose				
Throughout Commons		X		Spray On Fire	eproofina		14,80	00 sf	X				
Building		_		TSI			1,150		X				
1 st Floor				Spray on Fire	eproofing		2,500		X				
2 nd Floor Hallway				VAT			600 s	sf	X				
Kitchen Area					eproofing & TSI		2,000) sf	X				
1 st Floor Mail Room,				Spray On Fire			100		X				
Storage Rooms					eproofing & TSI			sf & 200 If					
Men's, Woman's Room	is l				Fireproofing & TSI 3,100 st & 500 lt 🗵								
				Spray On Fire			18 sf						
Name of Reg. Waste Hauler NJDEP Waste Hauler ID#					Cubic Yards of Wa	ste:		Name of Regis					
See Hauler Below # 1 & 2 See Below					800 Cy.yds.			Meadowfill L G.R.O.W.S	andfill				
Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ					07405	Disposal	Date	City, State					
NJ DEP # 12561 NY DEP #						July 31		Route 2, Bo					
Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 19551					Bridgeport WWA 304-842-27					84			
Completed by (Print or Type)	-												
Marin Graure Title Sr. Project Manager					Marin Graure			Date July 5, 2016					

GAC # 2015-551- Please Note: Change to this notification-18 sf of additional spray fireproofing at Mechanical Room

CHK# 1908

Date of Notification (1)		Name of Building Owner / Operator (2)												
6/26/2016		Glou	ceste	r Cou	nty Christian S					1	1			
Agencies Notified Type Notific	ation		t Addre			1	ASBESTO	S CON	TROI	. &				
⊠ EPA				lub R			ASDESTA	ENSING	7					
DEP Initia		1000000		Zip C		L								
	ended	_		08080)									
	rgency		of Co					Telepho	ne N	umb	er			
DCA Cand	cellation	Glen	n Car	lough						591				
		FA	CILIT	Y INFO	ORMATION			-						
Name of Facility Where Abatem	ent is Taking Plac				Type of Facilit	ty (4)		-						
Gloucester County Christia	n School				School (K	(-12)								
Street Address						ter 8 (Other th								
151 Golf Club Road					Other (i.e	e. private & cor	mmercial buildi	ings, hom	nes, e	tc.)				
,					Square Feet	# of Flo	oors	Bldg. Ag	е					
City (5)	County (6)	County	Code (7)	10000	1	1		50					
Sewell	Gloucester				Current Use (Prior if being of	demolished)							
24 Telephone (1990)														
Name of Monitoring Firm Hired b	y Building Owner	(8)	ASC	M No.	Name of Abat	ement Contra	ctor (9)							
5000					Alpha Envir		ervices							
Street Address					Street Addres									
City State 9 7in Code					2129 Route									
City, State & Zip Code					City, State & Z Hamilton, N									
Project Manager for Monitoring R	Firm T.	elephone	Numb	ner	Telephone Nu		License	Number						
Troject Manager for Monitoring 1	3000	cicprioric	INGITIC	<i>,</i> C1	609-847-295		License	0122	22					
Scheduled Start Date (10)	Scheduled Comp	letion Da	te (11)		Name of OSH									
	7/10/2016				EMSL Analy	rtical								
Occupancy Status During Abate					Street Addres	S								
Facility Closed/Vacated	During Entire Peri	iod of Ab	ateme	nt	107 Haddon	Ave.								
Abatement Performed O	utside of Normal	Hours -	7am to	3pm	City, State & 2	Zip Code								
Describe:					Westmont,	NJ 08108								
Facility Occupied During														
Scope of Work (Check all that a	pply)													
							ntainment with	Negative	Pres	sure	6			
≥3 sf or ≥3 lf			novatio				closure							
≥160 sf ≥260 lf	L	Der	nolitior	1			Bag Procedures							
						Name of the last o	empted and No			-				
Location of		Is Locat			Description		Amount	Aba	atem	ent T	ype			
Asbestos-Containir	ig N	Normally			Asbestos-Cont		(Specify							
Material (ACM) TO BE ABATED	N	Solely laintenar			Material (AC (i.e., thermal sy		SF or LF)	R	70	Encapsulate	E			
in Facility		ustodial		i	nsulation, surfac			Remova	Repair	aps	Enclsoure			
(13)		(12)			or other miscella			val	ai-	ula	ure			
	Y	es No	N/A							0				
Classroom				Join	t Compound (Cutting out	1200sf							
25		1,000.198	li seculi		pieces who	ole)	(includes	Va000.						
=														
Name of Registered Waste Hau	ler	INI	IDED V	Nacto	Cubic Varda	Name of Doo	sheetrock)	1						
Name of Registered Waste Hau	iei	0.000	auler ID	2/22/23	/aste Cubic Yards Name of Registered Landfill									
ALPHA ENVIRONMENTAL		03333												
City, State				Disposal Date City, State										
			1											
Trenton, NJ			various Morrisville, PA						-					
Completed By (Print or Type) Rod Richardson		Title Signature Date					16							
			L-0000000 - 500		/			6000						

NOTIFICATION OF ASBESTOS ABATEMENT DE CIECE DE C

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Date of Notification (1)			N:	ame of	Building	OWNER/OPERATOR (2) EKSON GAR DEUS JUL 1 1 2016									
7/5/12				٢	ette	KSON G	عريار شوا	- 2 002	44		+	-	-		
Agency Notified	Type Notification		St	reet A	dress	1	1	\cap			-		1		
Ø EPA	☑ Initial						2414	KEERSE	CONTE	101	_ &		\dashv		
D DEP	☐ Amended		C	ity, Sta	te, Zip C	ode .		LICEN	SING		_	_	T		
₫ DOL	Amendment#	_		. C	WITC	IN. NJ	. 570	2					-		
Ø DOH	☐ Emergency (includin iustification)	9	N		Contact			Telephone Numi	per ,	-					
DCA	☐ Cancellation			12	DE	WER					-		-		
			1	FACIL	TY INFO	RMATION									
Name of Facility Where	Abatement is Taking Place	æ (3)				1	Type of Facility	(4)					1		
	rson Gar		00				☐ School (K-12	1							
							☐ Subchapter 8	(Other than K-12)							
Street Address	MARILYN	CL	LAC	2		E e	homes, etc.)								
City (5)	-			,	-24		Square Feet	# of Floors	Bldg. A	Age	16)			
County (6)	FTON					7	16000.	- 2	1	9.	TI				
County (6)	· · · · · · · · · · · · · · · · · · ·		10	ounty	Code (7)	(STATE USE	Current Use (P	nor if being demoli	shed)						
PA=	SAIC			NLY)			KESIDEN	ice/ Art	>						
Name of Monitoring Firm	Hired by Building Owne	r A	SCM N	io.		Name of Abaten	nent Contractor (S	9)							
(8)			52			Best Re	moval In	С							
Street Address						Street Address					â				
Ogcot / www.coo				3		450 Sou	th River	St							
City, State, Zip Code						City, State, Zip (
Cay, State, 2p oode					- 1	Hackens	ack, N.J	. 07601							
Project Manager for Mo	nitoring Eigen	Tolo	phone	a No		Telephone No.		License No.							
Project Manager for Mo	untoining carri	Tele	priore	- 14G.			-7444 -	00388							
	Scheduled Co		n Dob	(44)		Name of OSHA			-						
Start Date (10)	1 / 1	100	II Date	(11)			Environm	ental							
1	7/25					Street Address	DILATIONE	011001		1834	200	-			
Occupancy Status Duri	ng Abatement (Check onl	y one)	*				uyler St								
☐ Facility Closed/Vacat	ed During Entire Period o	f Abate	ment												
☐ Abatement Performe	d Outside of Normal Faci	ity Hour	211			City. State, Zip Code S. Hackensack , N.J. 07606									
	B:00 M 70 1	,056	17			5. 114	CRCIIBACK	,1(.0.07	-		_		_		
Scope of Work (Check	all that apply)							Negative Pressur	e						
□ ≥ 3 of or ≥ 3 if					ovation		-Enclosure								
EI ≥ 160 sf or ≥ 260 lf			1,	⊒ Dem	OMOON	□ Non	rebag Procedure -Exempted (**) an	d Non-Friable Proc	edure						
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			ocatio	656							Тур	e T	_		
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Asbestos-Containi TO BE			ntenan ustodia		Asbe	stos Containing M thermal system	s insulation.	(Specify		Removal	Z	Encapsulate	Enclosure		
IN F			Staff?	zt.		surfacing, VA	T, or	SF or LF)		You	Repair	ngq	180		
(1	3)		(12)			other miscellan	eous)		-	8	-	late	5		
		Yes	No	N/A											
2	- 14 \\	100		.47	TUES	MAR SURFACIN	IC NCHATION!	360	SF	×	1				
Bower Ro					1.000			320		×	+	1			
BOLLER ROLL	八井 4		-	THERM	AL SYSTEM	INSUMITOR	200		-	1	+				
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	12											_	_		
Name of Registered Wa		1 5 5 5 5		aste l	lauler	Cubic Yards of		istered Landfill							
Best Rem	oval Inc	IDI		100		Waste	Minerv	a Enterpr	ises	,	LL	'C			
			1/.	109		IA C	City, State				-	-			
City, State		(01				Disposal Date 7/25/16		abura Ob	1,1,6	2 2					
Hackensa		1 1	wayne	sburg, Oh	Date 1	1			_						
Completed by	Title		Signature	lo-10 rox	Q		5/1	6							
J.Maiorano		imat				1		\rightarrow	-/	1	-		_		
ASB-41	* Do no	t use thi	is form	for as	bestos li	censure exempte	a advices								

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) 06 13 Rancocas Valley Regional District 2016 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 520 Jacksonville Road **⊠** DOLWD □ Amended City, State, Zip Code M DHSS Amendment # LICENSING Mt. Holly, New Jersey 08060 ☑ DCA ☐ Emergency (including) Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Lisa Giovanelli FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rancocas Valley High School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 520 Jacksonville Road homes, etc.) City (5) Square Feet # of Floors Bldg. Age Mt. Holly, New Jersey 08060 11379 2 50+/-County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) **Burlington County** School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Westchester Environmental, LLC 00127 New American Restoration Street Address Street Address 307 N.Walnut Street 421-423 Straight Street City, State, Zip Code City, State, Zip Code West Chester, PA 19380 Paterson, NJ 07501 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Philip Conteh 610-431-7545 973-925-1303 00805 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06 / 27 / 16 07 / 11 / 16 New American Restoration Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 421-423 Straight Street Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___AM-__ __PM/____PM-__ Paterson, NJ 07501 Scope of Work (Check all that apply) □ Full Containment with Negative Pressure
 □ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation
 □ Demolition ≥160 sf or ≥260 lf Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Removal Repair Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Class Rooms / Storage Rooms X Ceiling Tiles (2'x4') 6385 SF X Class Rooms / Storage Rooms П X VAT /Floor Tiles/Mastic 4465 SF X X Class Rooms / Storage Rooms \boxtimes TSI on Elbows 45 SF X X Class Rooms / Storage Rooms П X Glue Dots on the Walls 484 SF M \boxtimes Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill New American Restoration, Inc. Hauler ID No. Waste **G.R.O.W.S** 30399 20 City, State Disposal Date City, State Paterson, NJ TBD Morrisville, PA Completed By (Print or Type) Title Signature Date

Mike Hadzic

President

NOCK

Date of Notification (1) 6-29-2016 Agencies Notified □ DEP □ DEP □ Initial □ DOL □ Amended □ DOL □ Amended □ DCA □ DCA □ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Earle Naval Weapons Station- Building E13 Street Address Earle Naval Weapons Owner / Operator (2) □ DUL □ 1 2016 □ Aspector Control □ Aspector Control □ Colts Neck, Navy Aspector Control □ Licensing □ DCA □ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Earle Naval Weapons Station- Building E13 Street Address State Highway 34 Street Address State Highway 34
Earle Naval Weapons Station, State Highway 34 □ DEP □ DEP □ DOL □ Amended □ DOH □ Emergency □ DCA □ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Earle Naval Weapons Station-Building E13 Street Address State Highway 34 Earle Naval Weapons Station, State Highway 34 City, State & Zip Code Colts Neck, NJ 07722 Name of Contact Mr. Barry Halprin FACILITY INFORMATION Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
□ DEP □ Initial □ City, State & Zip Code □ LICENSING □ DOL □ Amended □ Colts Neck, NJ 07722 □ Name of Contact □ DCA □ Cancellation □ Mr. Barry Halprin □ Telephone Number □ DCA □ Cancellation □ Telephone Number □ DCA □ Cancellation □ Telephone Number □ School (K-12) □ School (K-12) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Other (i.e. private & commercial buildings, homes, etc.)
☑ DOL ☐ Amended Colts Neck, NJ 07722 ☑ DOH ☐ Emergency Name of Contact Telephone Number ☐ DCA ☐ Cancellation Mr. Barry Halprin FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Earle Naval Weapons Station- Building E13 Street Address State Highway 34 Colts Neck, NJ 07722 Name of Contact Mr. Barry Halprin Type of Facility (4) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
DOH
□ DCA □ Cancellation □ Mr. Barry Halprin FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Earle Naval Weapons Station- Building E13 Street Address State Highway 34 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Earle Naval Weapons Station- Building E13 Street Address State Highway 34 FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
Name of Facility Where Abatement is Taking Place (3) Earle Naval Weapons Station- Building E13 Street Address State Highway 34 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
Earle Naval Weapons Station- Building E13 School (K-12) Street Address Subchapter 8 (Other than K-12) State Highway 34 Other (i.e. private & commercial buildings, homes, etc.)
Street Address Subchapter 8 (Other than K-12) State Highway 34 Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)
State Highway 34
Square Feet # of Floors Bldg. Age
City (5) County (6) County Code (7) 14,000 1 56
Colts Neck, NJ 07722 Monmouth Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services ASCM No. Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address Street Address
P.O. Box 365 2115 Hamilton Ave, Suite 202
City, State & Zip Code City, State & Zip Code
Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number
Mr. Jim Proctor 856-452-1311 609-914-4279 01185
Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor
07-11-2016 7-25-2016 J&S Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check only one) Street Address 2333 Route 22 West
Abatement Performed during Normal Hours: State & Zip Code
Describe: 8:30pm-5:30pm Union, NJ 07083
☐ Facility Occupied During Abatement
Scope of Work (Check all that apply)
☐ Full Containment with Negative Pressure ☐ ≥3 sf or ≥3 lf ☐ Renovation ☐ Mini-Enclosure
≥ 3 st of ≥ 3 ft ≥ 160 sf ≥ 260 lf Demolition ⊠ Glove Bag Procedures
Non-Exempted and Non-Friable Procedure
Location of Is Location Description of Amount Abatement Type
Asbestos-Containing Normally Used Asbestos-Containing (Specify
Material (ACM) Solely by Material (ACM) SF or LF) Maintenance or Material (ACM) SF or LF)
TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13) (12) or other miscellaneous)
TO BE ABATED Maintenance or in Facility (13) (12) (13) (12) (13) (12) (13) (13) (14) (15) (15) (16)
Yes No N/A
Boiler Room Dipe Insulation 15 LF Dipe Insulation
Warehouse Building Dipe Insulation 850 LF Dipe Insulation
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Name of Registered Landfill
Resource Management Group, LLC 0035218 TBD Grows Landfill
City, State Disposal Date City, State
Trenton, NJ 08619 TBD Morrisville, PA
Completed By (Print or Type) Title Signature Date
Mr. Brian Haney President 6-29-2016
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			(Pursuant t	to N.J.A.C.	8:60 and 12:12	0)	IN F	C E	NWEI					
Date of Notification (Owner / Operator	(2)	11111	0 6	u u u i					
A sonsing Notified	7-06-2016	4.		dy Universit	y Hospital	70 43			6 0060					
Agencies Notified EPA	Type Notifica	ation		Address Chapel Hill C	amnus			JUL 1	1 2016	=				
□ DEP □ DOL		ĺ		tate & Zip C										
	Amei			Hill, NJ 080	002		ASB	ESTOS	CONTROL &					
□ DOH □ DCA		rgency cellation		of Contact				LICEN	Telephone N	lumber				
L DOX	LI Cano	eliation		mes Barth										
Name of English Wh	oro Abotomo	nt in Tokina Dia		ACILITY INF	ORMATION	L . (A)								
Name of Facility Wh Kennedy University					Type of Facili									
Street Address	, respiration	· · · · · · · · · · · · · · · · · · ·	011(01			3.00	ther than K-	12)						
2201 Chapel Hill Ca	mpus				Other (i.e				ngs, homes, ef	ic.)				
07. (5)		To			Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors 250,000 2 52 Current Use (Prior if being demolished) Hospital Name of Abatement Contractor (9) Resource Management Group, LLC Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619 Telephone Number 609-914-4279 License Number 609-914-4279 Name of OSHA Monitor J&S Environmental Laboratories Inc Street Address 2333 Route 22 West City, State & Zip Code									
City (5) Cherry Hill, NJ		County (6) Camden	County C	ode (7)			2	- t t	52					
Cherry Hill, No		Carnden				Prior it t	being demoli	sned)						
Name of Monitoring Criterion Laboratorie		Building Owne	r (8)	ASCM No.										
Street Address	28						ent Group, LL	-C						
3370 Progress Drive, S	Suite J						Suite 202							
City, State & Zip Coo Bensalem, PA, 19020	de						е							
Project Manager for Mr. Mike Panepresso	Monitoring Fi	rm	Telephone I 215-244-130					License						
Scheduled Start Dat	e (10)	Scheduled Com					tor							
7-20-201	6	3	8-03-2016		J&S Environm	nental La	aboratories I	nc						
Occupancy Status D				10000										
		Ouring Entire Per Itside of Normal		ement			e							
		conducted 2 nd	shift 4:00pm	to 12:30am		City, State & Zip Code								
Scope of Work (Che	upied During					Union, NJ 07083								
Scope of Work (Cite	ck all that ap	piy)				⊠ F	Full Contains	nent with	Negative Pres	SUITE				
≥3 sf or ≥3 lf		1/3		ovation			Vini-Enclosu		regative i res	Suic				
≥160 sf ≥260	O If		☐ Dem	olition			Glove Bag Pi			DS-817#0000000				
Lo	ocation of		Is Location	on	Description		von-Exempte	Amount	n-Friable Prod	nent Type				
Asbest	tos-Containin	g	Normally U	Ised	Asbestos-Con	taining		(Specify		T T				
	erial (ACM) BE ABATED		Solely b Maintenand		Material (A)			SF or LF)	20 7	E E				
	n Facility		Custodial S		(i.e., thermal sy insulation, surface		Т		Remova	clos				
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F			Yes No	N/A						= 0				
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Luot i Command Co	onter-centing			D plaste	a celling		200	SF		HHH				
										HH				
Name of Desistant	\A/==4= 11= 1													
Name of Registered				DEP Waste uler ID No.	Cubic Yards of Waste	Name	of Registere	d Landfill						
Resource Managem	ent Group, LL	.C	003	5218	TBD		Landfill							
City, State Trenton, NJ					Disposal Date TBD	City, S Morris	tate ville, PA							
Completed By (Print	or Type)		9	Signature	^	71		Date						
Mr. Brian J. Haney			Pre	sident	67/06/2016 O7/06/2016									
					11 -	e t	16.00							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7-06-2016 Continental Enterprises Apartments, LLC Agencies Notified Type Notification Street Address \boxtimes **EPA** 1200 Sunnyview Oval City, State & Zip Code DEP Initial \boxtimes DOL Keasbey, NJ 08832 ASBESTOS CONTROL & Amended M DOH Name of Contact Telephone Number Emergency DCA Cancellation Murray Brenman **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Continental Gardens- Building 2 School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 33 Willow Drive Square Feet # of Floors Bldg. Age City (5) County Code (7) County (6) 4,550 Ocean, NJ Current Use (Prior if being demolished) Monmouth Apartment Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services 117 Resource Management Group, LLC Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07-19-2016 7-21-2016 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed during Normal Hours: City, State & Zip Code Describe: 9am - 5pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition \boxtimes Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Material (ACM) Solely by SF or LF) Encapsular Enclosure Remova Repair TO BE ABATED Maintenance or (i.e., thermal systems Custodial Staff? in Facility insulation, surfacing, VAT or other miscellaneous) (13)(12)Yes No N/A Pipe Insulation Basement 40 LF X Basement Floor tile & Mastic 576 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 7-06-2016

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 7-06-2016 Continental Enterprises Apartments, LLC Agencies Notified Street Address Type Notification **EPA** 1200 Sunnyview Oval DEP Initial City, State & Zip Code \boxtimes DOL ASBESTOS CONTROL & Amended Keasbey, NJ 08832 DOH Emergency Name of Contact LICETelephone Number DCA Cancellation Murray Brenman FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Continental Gardens- Building 10 School (K-12) Subchapter 8 (Other than K-12) Street Address 33 Willow Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 6.140 2 45 Ocean, NJ Monmouth Current Use (Prior if being demolished) Apartment Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Resource Management Group, LLC 117 Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07-21-2016 7-22-2016 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West M Abatement Performed during Normal Hours: City, State & Zip Code Describe: 9am - 5pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure M ≥160 sf ≥260 lf Demolition \boxtimes Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Solely by Material (ACM) Material (ACM) SF or LF) Encapsular Enclosure Remova TO BE ABATED (i.e., thermal systems Maintenance or Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Basement X Pipe Insulation M 60 LF \Box Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State City, State Disposal Date Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 7-06-2016

State of New Jersey

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

Date of Notification			Name of Building Owner / Operator (2) Continental Enterprises Apartments, LLC										\parallel		
Agencies Notified	7-06-2016 Type Notifica	ation			Addr		nises Apartment	3, 220	L. V	101_1	CUI	4		+	
	1.5.70					view C									
☐ DEP ☐ DOL ☐ DOH	Initial					& Zip C			ASBE	STOS C		OL &			
□ DOL □ DOH	Amer					J 0883 Intact	2			LICEN	SING	o Mun	nh n		
DCA DCA		gency ellation				nman					elephon				
L BOX	Canc	Chauon													
Name of Facility VAII	h A h - 4		/0		ACILI"	TY INF	ORMATION	L. (4)							
Name of Facility WI Continental Garden		ent is Taking Pi	ace (3)			Type of Facili								
Street Address	is building 4							ter 8 (Other th	an K-12)						
33 Willow Drive								e. private & cor		buildings	s, home	s, etc	.)		
							Square Feet	# of Flo	ors	Blo	dg. Age				
City (5)		County (6)	Co	unty (Code	(7)	13,020	2				45			
Ocean, NJ		Monmouth					Current Use (Apartment Bu	Prior if being o	demolishe	ed)					
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	CM No.		tement Contra	ctor (9)						
Health and Safety S	Services				117			nagement Gro	up, LLC						
Street Address							Street Addres	The state of the s	00						
P.O. Box 365 City, State & Zip Co	nde						City, State &	n Ave, Suite 2	02				11550		
Berlin, NJ 08009	de						Trenton, NJ 0								
Project Manager for	r Monitoring F	irm	Telep 856-4			ber	Telephone Ni		Lic	ense Nu					
Mr. Jim Proctor Scheduled Start Da	Scheduled Start Date (10) Scheduled Com						609-914-4279 Name of OSH				01185		_		
07-20-20			7-21-2		(,		nental Laborat	ories, Inc.						
Occupancy Status						V. V.	Street Address								
		During Entire P		of Ab	ateme	ent	2333 Route 22 West City, State & Zip Code								
	9am – 5pm	uring Normal H	ours:				Union, NJ 07								
	cupied During	Abatement					Onion, 145 07 000								
Scope of Work (Ch.	eck all that a	oply)		C. C. U. Containment with N						0 1949 1939	7.40				
≥3 sf or ≥3	ıs			☐ Full Containment with I Renovation ☐ Mini-Enclosure							legative Pressure				
≥3 \$1 61 ≥3 ≥160 sf ≥26			\boxtimes		nolitic	7000		다		durae					
Z =100 31 =20	70 H		ш	Dei	HOHEIC	re t								e	
L	ocation of		Is	Locat	ion	1	Description		1	ount		emen			
	tos-Containin	9		nally			Asbestos-Con			ecify			T		
	terial (ACM)		So Main	olely			Material (A		SF o	or LF)	Rem	71	Enca	Encl	
	BE ABATED n Facility		-		Staff?		(i.e., thermal sinsulation, surfac				l me	Rep	ap	clo	
	(13)		Juon	(12)	J.GIII.		or other miscell				noval	pair	psulat	losure	
			Yes	No	N/A								#	ω	
Basement					\boxtimes	Pipe 1	Insulation		75	LF					
	Ц	ᆜ	닏						141		4	ᆜ			
Name of Pagistara	Ш	INI		Macta	Cubic Yards	Name of Reg	intered L	andfill				Ш			
Name of Registered Waste Hauler						D No.	of Waste	Name of Reg	istered La	anunn					
Resource Management Group, LLC					35218	3	TBD	Grows Landfi	ill						
City, State							Disposal Date	City, State	^						
Trenton, NJ 08619				1-			TBD	Morrisville, P.	Α		-				
Completed By (Prin	it or Type)			Tit	le esider	nt.	Signature	11/2			Date 7-06-20	016			
Mr. Brian Haney				100	soluel	IL	KIII	1-1W//	//		1-00-20	סוכ			
					17/1/1	47714	4								

CA CO 552 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

CA				(Pursuant to N.	J.A.C. 7:26-2.12)	Trees 6		1	7://	FF	7	
Date of Notification (1)			-	Name of Build	ling Owne	er/Operator (2)		3 1		=111			
07/07/16		Calpine New	Jersey Ge	eneration LLC									
Agencies Notified		Notification	Type		Street Addres		1 1 1	JUL '	11	2016		/	
(X) EPA		() Initial No	tification		717 Texas Av	e, Suite 1	000	0.00			1		
() DEP		(x) Amend		ation	City, State, Zi	p Code		SBESTOS	200	NITR(21 &		
(X) DOL (X) DOH		() Cancelle	ed		Houston, TX 7	77002-274	13 A	SBESTU	ENSI	ING			
() DCA					Name of Cont			Tel. Numl	100000000000000000000000000000000000000				
			20-11-23-02-07	EAOU ITY IN	Paul Ostberg			L		_			
Name of Facility Where Abate	ment is T	aking Place (3)	FACILITYIN	IFORMATION Type of Facilit	v (4)							
		aning i labo (i	21		() School (K-	12)							
Calpine New Jersey Generation Street Address	on LLC				() Subchapte		than K-12) commercial bld	ae homos	oto				
Street Address					(X) Other (i.e.	private &	Commercial bio	gs., nomes,	eic.				
373 N. Broadway	. (6)				Sq. Feet 97,8	50 # of	Floors8_						
<u>City (5)</u> <u>Co</u>	ounty (6)		County C (State Us		Bldg. Age 5	5							
	lem		7		Current Use (prior if be	ng demolished)			2-170-			
Name of Monitoring Firm Hire	d by Bldg	. Owner (8)	ASCM N	<u>0.</u>			Name of Co	ntractor (9)					
Horizon Environmental Group	i		00073				Brandenbur	g Industrial	Servi	ice Con	прапу		
Street Address					Street Addres	<u>s</u>							
PO Box 316					2217 Spillman	n Dr							
City, State, Zip Code					City State, Zip	Code							
Thorofare, NJ 08086 Project Manager for Monitorin		Bethlehem Pe		iia 18015	License N	lumbe	er						
	Project Manager for Monitoring Firm Telephone Number												
Steve Flanigan		856-848-08	00		610-691-1800			00721					
Scheduled Start Date (10)		Scheduled (Completion	Date (11)	Name of OSH	A Monito						X	
07/18/16		03/03/17			Brandonburg	Industrial	Sandas Compa	nv.					
Occupancy Status During Aba	atement (0		e)		Street Address		Service Compa	пу					
(x) Facility Closed/Vacated Du					2247 0-:	Di							
() Abatement Performed Out	side of No	imai Facility	Hours -		2217 Spillman City, State, Zip								
Describe Demolition	14.440				3.1,7,010.10,12.7								
(x) Scheduled Demo Start 07 Scheduled Demo Complet		/17			Bethlehem, PA 18015								
Source of Work (Check all tha					potmonom, 17	110010							
(x) Demolition () Renovat	tion												
(x) Large Proj. (>160 SF or >		CM) () SM Pr	roj. (>25<1	60 SF or >10 <2	60 LF ACM)	() Minor	Proj. (<25 SF or	<10 LF AC	M)				
(x) Full Containment with Ne Location of Asbestos-		essure (x) ation Normally		osure (x) Description of	Glovebag Proce		t (Specify SF or	1 E) A	hoton	ment Ty			
Containing Material (ACM) in		by Maint./Cus		thermal systen		Amoun	t (Specify SF of	LF) A	Datell	HEIIL I Y	<u>pe</u>		
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT	, or other			R	em.	Rep.	Encap E	Enclose	
Plant Boilers	1 1 1 2 3	T	X	miscell.) Insulation		80,000	sf	. X		1100			
Plant Boilers			X	Fire Brick		24,000		X	_				
Main Plant Main Plant	-		x	Pipe Insulation Transite/Galbe		12,500		X	_				
Main Plant			X	VAT	35105	53,000		X	_				
Main Plant			Х	Flashing/Tar P	aper	64,100		Х	_				
Main Plant Pipe Rack			X	Caulk/Exp Jt Pipe Insulation		13,570 9,520 lt		X	_				
Conveyor			X	Galbestos		8,000 s		X	_				
Misc Small Out Bldgs x Caulk/Ex						33,000		Х					
Misc Small Out Bldgs x Transite/G					estos	4,450 s		X					
Misc Small Out Bldgs x Insulation Name of Reg. Waste Hauler NJDEP Waste Hauler ID #					Cubic Yards o		II.	Name of F	Rea. I	Landfill			
								V2000 5000			_		
Brandenburg Industrial Serv Co 21838					15,000 cy			Waste Ma Landfill	nage	ment -	lullytown	1	
City, State				Disp. Date	=======================================	C	ity, Stat	te					
Rethlehem PA						TRD							

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

CK 178F				(P	ursuai	nt to NJA	E (:										
Date of Notification (1)	6 /	16			1	e of Buildin	g Ov	wner/Operator ((2)		11-5		7/0	1			
Agencies Notified	Type Notific	ation		Section 1	Stree	t Address				1	- JUL	1 1 2	116	1			
⊠ EPA					21	Custom I	Hou	ise Street, Si	uite 450	_							
⊠ DOLWD	☐ Amende	=				State, Zip C					ASEESTOS	3 C()A1	10	_2	-		
□ DHSS	Amendm	_	16		-0-05A0#CA10	ston, MA				t	LICE						
DCA (NJAC 5:23-8)	☐ Emerger justificat		luding	1		of Contac			L		Telephone N						
(110/10 0.20-0)	☐ Cancella				100000000000000000000000000000000000000	ssa Torto	ā.,	ni			relephone iv	lumber					
								RMATION									
Name of Facility Where A	Abatement is	Taking	Place	(3)	17	OILIT IN	11-0	KIVIATION	Type of Fac	ility (A	1\						
Princeton Shopping				107					School (
Street Address	3										(Other than K	(-12)					
301 North Harrison	St.										vate and com	mercial	ouildir	ıgs,			
City (5)	-				-				homes,		4-4		21-1-	•			
Princeton, NJ 0854	0								Square Fee 277,286	Į.	# of Floors	1	3ldg. /	Age			
County (6)	<u> </u>				Com	nty Code (7	VST.	ATE USE ONLY)		/Drio	r if being dem	a a lia b a d	62		-		
Mercer					Cou	nty Code (/	1011	ATE OSE ONET)	Vacant F			iolisnea,					
Name of Monitoring Firm	Hired by Buil	ding O	wner (8)	ASCM	No	Na	ame of Abateme			Stores						
Accredited Enviro					NA						ame						
Street Address		TO SHOW	3				_	reet Address	rironmental Systems								
28 N. Pennell Rd.								550 East Uni	nion St.								
City, State, Zip Code				-				ty, State, Zip Co	VIII S	-							
Media, PA 19063								West Cheste									
Project Manager for Moni	toring Firm			Tel	ephone	No.		lephone No.	•		License No						
Eric Sutherland				6	10-891	-0114	54,500	610-701-9000)		00508						
Start Date (10)		Schedu	lled C	ompl	etion Da	ite (11)	Na	me of OSHA N	Monitor			-	-				
7 /13 /	16	8	/	_2	6_ /	16	1	AET									
Occupancy Status During	Abatement (Check	only o	ne)			Street Address										
□ Facility Closed/Vacate	d During Enti	ire Peri	od of	Abate	ement		2	28 N. Pennel	Road								
☐ Abatement Performed	Outside of N	ormal F	acility	Hou	rs - Des	scribe		y, State, Zip Co									
Time of Abatement: 7	AMPI	W/ <u>3:30</u>	PM		AM			Vledia, PA 19									
Scope of Work (Check all	that apply)											-					
≥3 sf or ≥3 If		i	⊠ Re	2010	lon			Full Cont	tainment with	Nega	tive Pressure						
≥160 sf or ≥260 lf		- 1		moliti					Procedure								
								☐ Non-Exe	mpted (*) and	Non-	Friable Proce	edure					
	2			Loca								A	baten	nent T	уре		
Location Asbestos-Containing I	70.	//\		lorma d Sol	ely by	0-1		Description o				7	R	Tm	Ш		
TO BE ABA		"	Mai	ntena	ance/			Containing Ma ermal systems			Amount (Specify	Removal	Repair	пса	nclo		
IN Facilit	У		Cust	odial (12)	Staff?		5	surfacing, VAT,	, or		SF or LF)	Va	=	Encapsulate	Enclosure		
(13)			Yes	No	N/A		ot	her miscellane	ous)					ate	(D		
Unit 440			П			VAT	-			+	220 SF		-	-			
Unit 440						Mastic				+	100000000000000000000000000000000000000		-	H			
Unit 340						VAT / M	acti	io.									
Unit 560				౼						-	1120 SF		-	븯			
Name of Registered Wast	e Hauler				100000	VAT / M			T.,		3400 SF						
Empire Wrecking Co		Raadi	na	1000	NJDEP \ Hauler II	100000000000000000000000000000000000000	Waste										
City, State	ompany of	. wau!	.19		13318	4 0 10 10	6	0	5.0000000000000000000000000000000000000	ı Ber	rks Landfill						
Reading, PA								posal Date BD	City, State	ro F	ΡΔ						
Completed By (Print or Ty	ne)	Title	- 120	2.1.40.10,177						^	16.1						
Mark Griffin			timat	or	Signature Date									16			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Unit 130			2	VAT / Mastic	5000 SF	X		e	e
Unit 150			1.0		1400 SF	X			
			X			X			
			X			X			
			X			X			
			X	,		X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			\boxtimes			
			X			X			
			X			X			
			X	2		X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
Page 2 - Notification - 1/4/13					JUL 1 1 2	2016	11	7	

ASBESTOS CONTROL & LICENSING

NOCK		N		CATION (150	EGE	2	W	E		
Data of Natification (1)				Name of E	Building C)wner/Or	nerator	(2)		15 0 0					11
Date of Notification (1)	05 0040					/Wilch Op	ociator	\ - /	III	t.		(Secretary	_		
Agencies Notified	05, 2016 Type Notification			Restore Street Ad					11111	JUL	11	201	b -		4
Agencies Notified	Type Notification			50 Clar		10			12 -						
EPA	Initial		1000	City, State	Legitaria de la constantida	0000				ASBESTO	200	ALTE	201	8	+
DEP DOL	Amended Amendment #	1					400			ASBESTO:	5 UN 31(5)	i.G			-
	Emergency (ir		1000	(ing of F		PA 19	400			Telephonel					
DOH	justification)			1077/107						relephone	NUITE	CI			
☐ DCA	Cancellation		F	Project N		The state of the s	N.I.					-			
Name of Facility Where A	hatement is Taking	Place (3)	8	FACIL	ITY INFO	RMATIC	N	Type	of Facility (4)			11		
D. 00951940	toatement is Taking	1 1000 (0)								,					
building Street Address									School (K-12 Subchapter 8) 3 (Other than I	K-12)				
										ivate & comm		build	ings,	home	s,
269 Sheperd Avenue									etc.)	# -f Flaces		DI	d = 1		
City (5)								Squa	re Feet	# of Floors		BI	dg. A	ge	
Bound Brook, NJ 088	305								/5:	16 to 1	-11-1	-15			
County (6)				County C	ode (7) SE ONLY)			Curre	ent Use (Prior	r if being demo		a)			
Somerset										buildin	g				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.				itement Cont						
AET				0021					Group, LL	.C					
Street Address							Street	Addre	SS						
907 Doolittle Drive									HWY N, S	STE 209	-11-30%		-02		
City, State, Zip Code							City, S	State, Z	Zip Code						
Bridgewater, NJ 0880						Cherr	y Hill,	NJ 08034							
Project Manager for Mon			Telephon	e No.		Teleph	none N	0.	Licens	se No.	8				
Eric Houseknecht			(908) 21	8-1108		(973)	759 -	5000	00781	l				
Start Date (10)		Schedule	- 1	mpletion D			Name	of OS	HA Monitor						
ON-HOLD - New St	tart date TDB			12/31/1	6		The M	1ACK	Group, LL	.C.					
Occupancy Status During		Only On		democratical states			Street								
Facility Closed/Vac	ated During Entire P	erind of A	hater	ment			1500	Kinas	HWY N,	STE 209					
Abatement Perform									Zip Code						
Other - Describe:							Cherr	v Hill.	NJ 08034						
Scope of Work (Check A	II That Apply)							,							
≥3 sf or ≥3 lf		F	onove	ation			- 1	X E	III Containme	nt with Negati	ve Pr	PSSIIL	e		
≥160 sf or ≥260 lf			emoli	tion					ni-Enclosure			00001	•		
									ovebag Proc						
					(1)			NO.	on-Exempted	(*) and Non-Fri	able F		STATE OF THE PARTY	ement	
		200	Locat	2.04.000.20										pe	D)
Location		(Victor)	Norma	lly ely by			scription			74.00 (0000000000000000000000000000000000					
Asbestos-Containing		25000000	intena	300 00000		tos Cont thermal	_			Amount (Specify		TI TI		En	m
TO BE AB		Cus		Staff?	(1.6.		cing, VA		lation,	SF or LF)		em	Repair	сар	nclo
(13)			(12)			other n	niscella	neous))			Remova	pair	Encapsulate	Enclosure
												<u>=</u>		te	O.
		Yes	No	N/A		-		8		050 -/5		\vee			
through	out		\wedge				loor til	e		850 s/f		\wedge			
				NI SESTI	la et e	0.11	V=!		Non	Dogiotoro d 1 -	oden				
Name of Registered Was	ste Hauler		1 2	NJ DEP W Hauler ID		of Wa	Yards ste		name of I	Registered Lar	IUIIII				
Newark Carting				450		25.50 0.000	8.5		Cumberl	and County	/ IE	SI B	ethle	ehem	1
City, State		150		Dispo	sal Date	9	City, State								
Newark, NJ						9	2/31/1			/ Bethlehe	m. F	Α			
Completed by		Title					Signatur		1 0		Dat				
Mike Cooper		Presid	lent			5	Her	199		e:	7/5/	16			
INITE COOPEI		1 10010	CIIL			1			/		1.101				

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

		100.000					2	1171		, E		W	臣	In
Date of Notification (1)	1-1-1-1	Name of	f Building	Owner/Operat	or (2)		1.47							
June 14, 2016		F	Restore	Core			-	111	(6)		£10			
Agencies Notified Type Notifica	ation		Street A	ddress			į	li L	JU	LI	1	201)	12
⊠ EPA		6	50 Cla	rk Aven	ue		1	1						
DEP Amend	ed		City, Sta	ate, Zip Co	ode			1	DECT	TO0 /	201	V(TC)	231 0	1
DOL Amend		K	(ing of	Prussia	, PA 19406		1	A	SBEST	ICEN			ULC	X
DOH Emerge	ency (including			f Contact			L	Tele	ephone					-
DCA Cancell	1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F	Project	Manage	er			I						
					ORMATION			- '`			-	3110-11		
Name of Facility Where Abatement is	Taking Płace (3)				Ту	pe of Facility ((4)		- 11 - 12				
building							School (K-1	(2)						
Street Address							Subchapter		er than l	K-12)				
269 Sheperd Avenue						\times	Other (i.e. p	orivate 8	comm	ercial b	ouilo	lings,	home	es,
City (5)						So	etc.) Juare Feet	# of	Floors		B	ldg. A	ne.	
Bound Brook, NJ 08805							ladio i cot	# 01	1 10013		"	iug. r	ige	
County (6)			County	Code (7)		C.	recet Llee /Dri	as if hair	an dame	اممطمناه				
Somerset				USE ONLY)		100	ırrent Use (Pri)			
Name of Monitoring Firm Hired by Buil	ding Owner (0	\	ASCN	A No	NIc -	20.05.0	hotomart 0		ouildin	g				
	unig Owner (8	1	1000000	n NO.	0.000000		Abatement Cor		(9)					
AET			0021				K Group, L	LC						
Street Address					1 2	et Ado								
907 Doolittle Drive					1500) Kin	gs HWY N,	STE 2	209					
City, State, Zip Code					City	, State	, Zip Code							
Bridgewater, NJ 08807					Che	rry H	ill, NJ 0803	4						
Project Manager for Monitoring Firm		Telepho	ne No.	Tele	phone	No.		Licens	se No.					
Eric Houseknecht	(908) 2	18-1108	(973	759	9 - 5000		00781						
Start Date (10)	Schedu	led Con	npletion	Date (11)	Nam	ne of C	SHA Monitor	-2.5						
7/5/16			10/5/1	6	The	MAC	K Group, L	LC.						
Occupancy Status During Abatement (Check Only O	ne)				et Add								11000
Facility Closed/Vacated During En	ntire Period of	Abaten	nent		1500) Kind	gs HWY N,	STE 2	209					
Abatement Performed Outside of							, Zip Code							
Other - Describe:							ill, NJ 0803	4						
Scope of Work (Check All That Apply)				1975	10.110.	.,	, 110 0000							
≥3 sf or ≥3 lf		Danava	tion			X	Full Contains		Name and the	_				
≥160 sf or ≥260 lf	part of the same o	Renova Demolit					Full Containme Mini-Enclosure		Negativ	ve Pres	ssur	е		
							Glovebag Prod	cedure						
				T		X	Non-Exempted	(*) and	Non-Fria	able Pro	oceo	lure		
	l:	s Locati	on										ement	
Location of	11-	Normal			Descripti	on of				-		1 9	ре	_
Asbestos-Containing Material (ACM	/11	ed Sole aintenai			tos Containing				mount		0025		m	_
TO BE ABATED In Facility	Cus	stodial S	Staff?	(I.e.	thermal syste surfacing, \				pecify or LF)		Rer	Re	ncal	ncl
(13)		(12)		-	other miscell			01	OI LI		Removal	Repair	Encapsulate	Enclosure
			90000000							3	a	=	ate	Гe
	Yes	No	N/A								,			
throughout		X			floor t	ile	1 10	85	50 s/f		X			
		4						B. 172 911747						
Name of Registered Waste Hauler		40(3)	J DEP W		Cubic Yards		Name of	Register	ed Land	dfill				
Newark Carting		H	auler ID		of Waste		C	0240	OUSE:	/ 150		-41-1	h -	
Newark Carting	450	JY	8.5	to	Cumberl		ounty	/ IESI	I R	etnie	nem			
City, State			Disposal Da		City, Stat									
Newark, NJ			10/5/1		Newburg	/ Bet	nlehen							
Completed by	Title Presid				Signate	fre/	1/2			Date				
Mike Cooper		1	///			16	6/14/1	16						

The 10 may 100 100 100								E P	E	n tv	10	T		
Date of Notification (1)	7/5/2016				Name o	of Building (111)-5-8-	1.2	D C		-11 11
	7/5/2016						1600 1	Holdi	ng, LLC	Illi origa	2	82	72	
Agencies Notified [X] EPA	1	l Notifi	7470737877		Street A	Address	58 2 nd	Aver	nue	III : YUL	1 1	50,	16	
[x] DEP	Ame	ndment			City, St	tate, Zip Coo		dyn, 1	NY 11215	ASBEST			POL 8	X.
[x] DOH		igency (ication)	including		Name	of Contact				Telephone Number	EN 3	ING		
[] DCA	F 2	ellation			I value (Grossm	an		relephone Number				
				FAG	CILITY	INFORM	ATION							
Name of Facility Where All For	patement is Taking mer Warehous							Тур	e of Facility (4) []	School (k-12)				
Street Address									[]	Subchapter 8 (ot	ner than	n k-12)		
	00 Livingston A	venue)						[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial build	dings,
City		Cour	ity (6)		County (Code (7) USE ONLY	2	II - 6	are feet 700,000 sf	# of Floors	Bld	g. Age	00	
North Bruns	wick	Mid	dlesex						ent Use (Prior	if being demolished) er Warehouse				
Name of Monitoring Firm		Owner ((8)		ASCM 1	No.	Name of	Abateı	ment Contracto		1185	VI E-VIEW		
N/A Street Address	A						0	1.1	Guard	ian Contracting,	Inc.			
ou cot riddiess							Street Ad	aress	1889 I	Route 9, Unit 61				
City, State, Zip Code				City, Stat	te, Zip	Code	2000	A0	755 1	271				
Project Manager for Monito	Project Manager for Monitoring Firm Telephone Num						Telephon	ne Num		River, New Jers License N	_		2/1	
Scheduled Start Date (10)			0.1.1.1		. D		732-34	9-993	32	00624				
11/23/15			8/31/		ion Date (11)	Name of	OSHA		.L. Analytical				
Occupancy Status During A			3500		Street Address				The are transce					
	lity Closed/Vacated tement Performed					Stelton Road								
F 7	er – Describe		Of Ivolitial	acility III	Juis		City, Stat	te, Zip		away, New Jerse	y 088	54		
Scope of Work (Check all t	hat apply)						[]	F	ull Containmen	t with Negative Pres	sure			
	200 CONTRACTOR						įj		fini-Enclosure	3				
	f or ≥3 lf) sf or ≥260 lf		[]	Renova			[]		lovebag Proced					
[A] 2100) SI 01 2200 II		[x]	Demol	ition		[x]	N	on-Exempted (*) and Non-Friable I	rocedu	ıre		
											Abat	ement	Гуре	
Location of	of		Is Locati Normally 1				Description estos-Con		ď	Amount	R	R	Е	E
Asbestos-Containing M			Solely b				aterial (A		5	(Specify SF	E	E P	N C	N C
TO BE ABA		Mair	ntenance/C	ustodial		(i.e.,	thermal s	system		or LF)	M	A	A	L
in facility (13)			Staff			insu	lation, sur		5,		0 V	I	P	0
(13)			(12)			othe	VAT, or or miscella		-)		A	R	S	SU
		YES	NO	N/A		Othe	i illiseella	пооиз)		L		L E	R E
Exterior X					Asbe	stos sidin	7			4,000 sf	X		D	2
Miscellaneous X										?	X			
Name of Registered Waste I Sakoutis Bro	Hauler thers Disposal		NJDEP Was	te Hauler	ID No.	Cubic Yar 100	ds of Waste	e N	Name of Registe T.R.R.F.	ered Landfill				
City, State Disposal Colts Neck, New Jersey 9/1/16							City, Sta		Pennsylvania	a				
Completed by (Print or Type	e)	Title	nabutadra kum		Signat	ure	, range	/	, January I variation	,	Date			
Nicholas Fernicola Project Manager					7/5/2016									

TEGE	W EITH
.]	Date Received
JUL 1	2016 빌
	CONTROL &

DEMOLITION / RENOVATION NOTIFICATION

Oper	ator Project #:	Postmark:		Notification	1: <u>ENGINE</u>		
I.	TYPE OF NOTIFICATION (O - Original R - Revised (C - Cancelled):	R	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal cont	ractor and othe	r operator)				
	OWNER NAME: 1600 Holding, LLC						
	Address: 58 2 nd Avenue						
	City: Brooklyn Stat	e: New Y	York	Zip:	11215		
	Contact: Martin Grossman			Tel:	732-683-0600		
	REMOVAL CONTRACTOR: Guardian C	Contracting,	Inc.		NJ License: 006	624	
	Address: 1889 Route	9, Unit 61					
	City: Toms River Stat	e: New J	ersey	Zip:	08755		
	Contact: Nicholas F	ernicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:						
	City: State	e:		Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	on E - Emergency	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, num	ber and floor or	room number)				
	Building Name: Former Warehouse l	Fire Job)					
	Address: 1600 Livingston Ave	enue					
	City: North Brunswick State	: New J	ersey	County:]	Middlesex		
	Site Location: Exterior						
	Building Size: 700,000 sf # of	Floors:	1	Age in Year	s: 100		
	Present Use: Former Warehouse		Prior Use:	Former W	arehouse	V AC	
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, I	F APPROPRIA	TE, USED TO DET	TECT THE PRESE	NCE OF ASBESTOS MAT	ERIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING					l N	0:11
			DACM.			Asbestos	friable s Material
	Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION	3353555	To Be noved
	Category II ACM not removed		Removed			Cat I	Cat II
	Pipes (Linear feet):						
	Surface Area (Square feet): 4,000 sf	Asbest	os siding		Exterior		
	RACM Off Facility Component (Cubic feet):						

	NOTIFICATION	OF DEMOLITION	ON AND RENOV	ATION (continued)	- 122 R (10 E 1 7)
х.	DÉSCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION WOR	RK, AND METHOD(S)		<u> </u>
xi.	DESCRIPTION OF WORK PRACTICES AND ENAND RENOVATION SITE: Prior to removal, the work area around the building will be in lined dumpster for disposal.			ASBES	STOS CONTROL &
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting, I	no		
7642		Route 9, Unit 61	nc.		
	City: Toms River	***	New Jersey	7	00755
		olas Fernicola	New Jersey	Zip:	08755
V 17 P	WASTE TRANSPORTER #2 Name:	olas Permeola			
	Address:				
	City:	State:		Zip:	
	Contact Person:	Date.		Lip.	
xiii.	WASTE DISPOSAL SITE Name: T.R.:	D E			
ALII.		lentown Road			
	City: Tullytown		Pennsylvania	7:	10007
	Telephone: 215-943-9732	State.	Permit #:	Zip: 101494	19007
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY PLEAS			COPY OF OR DER
	Name:		Title:		OUT OF OLD DIC
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Begin	ı (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS			(
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ons or would cause equi	pment damage or an unre	asonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLEI	OWED IN THE EVENT D, PULVERIZED, OR F	THAT UNEXPECTED REDUCED TO POWDE	ASBESTOS IS FOUND OR I	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED II THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT THE P	EQUIRED TRAINING	HAS BEEN ACCOMPLISHED	D BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/	(Operator)	July 5, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		1	, , ,
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner/	Operator)	July 5, 2016 (Date)

(Signature of Owner/Operator)

(Date)

Date of Notification (1)	CK 3/18	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)											Tr				
Type Notification	Date of Notification (1)					Name	of Buildin	a Ov	wner/Onerator /	(2)					-11		
Agencies Notified Speak Park		6 /	16	_		200311			when operator (1997	lill Jul	11	201	6			
DOLND	[[[[[[[]]]] [[]]] [[]] [ation			Stree	Address				1	-	20	U	1		
Country Code (7)/STATE USE ONLY Subchapter 8 (Country Code (7)/STATE USE ONLY Subchapter 9 (Country Code (7)/STATE USE ONLY Subchapter 9 (Code (7)/STATE USE O										1	1000						
DEAD	(S-1)					City,	State, Zip	Code	•		. ODECT	2011	OVIE	OL	\$		
Name of Contact Telephone Number Greg Saputelli School (K-12) School (K-12) School (K-12) Subchapter 8 (Other than K-12) School (K-12) Sthool (K-12)						Mo	orestow	n, N	J 08057	L	LI	<u>-EMal</u>	ACE				
Substitute				Juanig		Name	of Contac	t			Telephone Nu	ımber			-		
Special Continues Spec		☐ Cancella	ation			Gre	g Saput	elli									
Special Continues Spec						FA	CILITYIN	IFO	RMATION								
Sehool (K-12) School (K-12	Name of Facility Where A	Abatement is	Taking	Place	(3)			•		Type of Facility	, (4)		-				
Subchapter 8 (Other than K.12)										1							
County (5)	Street Address									☐ Subchapter	8 (Other than K-	12)					
Square Feet										Other (i.e.,)	private and comr	nercial b	uildin	gs,			
County (6) Burlington	City (5)							_		PARTICULAR PROPERTY CANADA	*		lda /				
County Code (7)(STATE (USE ONLY) Residence	Moorestown										1			ige			
Burlington	County (6)					Сош	nty Code (7	VST	ATE USE ONLY			oliehad)	00				
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental Consulting Services Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Street Address City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Bill Weisgarber Street Address City, State, Zip Code Maple Shade, NJ 08052 Foliet (10) O7 / 25 / 16 O7 / 25 / 16 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AM- PM PM- AM Scope of Work (Check all that apply) ≥ 3 sf or ≥ 5 if Specify State of Specific Staff? Location of Asbestos-Containing Material (ACM) IN Facility (13) Basement Specific Staff? (13) Paper on Ductwork Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Scope o	Burlington						.,	//		100		olisticu)					
Street Address Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515 Telephone No. Bill Weisgarber Start Date (10) OT / 21 / 16 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Time of Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement AA- Dempleted Sp (13) Asbestos-Containing Material (ACM) I DBE ABATED IN Facility (13) Name of Registered Waste Hauler Freehold, NJ Street Address Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. S609-298-4070 S66-755-0099 00842 Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. S66-755-0099 00842 Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 Telephone No. S66-755-0099 00842 Street Address Abatement Date (11) Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Street Address Scope of Work (Check all that apply) Sope of Work (Check all that apply) Sop of More (Check all that apply) Sop of Work (Check all that apply) Sop of More	107	Hired by Buil	dina O	wner (8)	ASCM	No	Na	me of Ahatem								
Street Address FO Box 341						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				700							
City, State, Zip Code								_		Jimeritai, EEC	,			Source			
City, State, Zip Code Chesterfield, NJ 08515 Project Manager for Monitoring Firm Bill Weisgarber Start Date (10) OT / 21 / 16 OCcupancy Status During Abatement (Check only one) Sale Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement (AM PM PM AM PM AM PM PM AM PM PM AM PM PM ABatestos-Containing Material (ACM) I DEE ABATED IN Facility (13) Renovation Demolition Basement City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 866-755-0999 Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Constant Parlow North Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Street Address 200 Route 130 North City, State, Zip Code Constant Parlow North EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Constant Parlow North EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Constant Parlow North EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Constant Parlow North EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Constant Parlow North EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Constant Parlow North City, State Address 200 Route 130 North City, State, Zip Code Constant Parlow North City, State, Zip Code Cinnaminson, NJ 08077 Start Date (Address Procedure) Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Start Date (Address Procedure) Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Abatement Type Abatement Parlow PMS North City, State, Zip Code Cinnaminson, NJ 08077 Abatement Type Abatement Parlow PMS North City, State, Zip Code C	PO Box 341							200000		/enue							
Chesterfield, NJ 08515	City, State, Zip Code														_		
Project Manager for Monitoring Firm Bill Weisgarber		515															
Bill Weisgarber					Tele	enhone	No	-		, 145 00052	License No						
Start Date (10) O7 / 21 / 16 Scheduled Completion Date (11) O7 / 25 / 16 Scheduled Completion Date (11) O7 / 25 / 16 Scheduled Completion Date (11) O7 / 21 / 16 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/AM Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) See 3 sf or ≥3 lf Senovation Demolition Senovation Describion of Abatement Type					1000			1									
O7			Schedu	iled Co	1						00042						
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement:AMPM/PMAM ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Street Address ☐ 200 Route 130 North ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Street Address ☐ 200 Route 130 North ☐ City, State, Zip Code ☐ Cinnaminson, NJ 08077 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Stocation ☐ Normally ☐ Used Solely by ☐ Asbestos-Containing Material (ACM) ☐ Specify ☐ (12) ☐ Yes No N/A ☐ Paper on Ductwork ☐ 13 SF ☐ ☐ ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Section of the Sectio																
☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Renovation Demolition ☐ Full Containment with Negative Pressure Glovebag Procedure Glovebag Procedu																	
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/_PMAM City, State, Zip Code City State City, State City, State City, State City, State City, State City, State City				100	200	1126											
Time of Abatement:AMPM/AM							ariba	300									
Scope of Work (Check all that apply) Scope of Work (Time of Abatement:	AM-	PM	 /	PM	- Des	AM	1									
≥3 sf or ≥3 lf								(Cinnaminson	i, NJ 08077							
≥3 sf or ≥3 lf	Scope of Work (Check all	that apply)							M Full Cont	rainmont with No	active Droceuse						
Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Basement Description of Asbestos Containing Material (ACM) Specify (12) Yes No N/A Paper on Ductwork 13 SF	≥3 sf or ≥3 lf]	⊠ Rer	novat	ion					gative Flessure						
State Containing Material (ACM) State Containing Material (ACM) State Containing Material (ACM) State Completed By (Print or Type) Title Signature Completed By (Print or Type) Title Completed By (Print or Type) Title Completed By (Print or Type) Asbestos Containing Material (ACM) Asbestos Containing Material	≥160 sf or ≥260 If		[☐ Der	moliti	on											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement Debris on Ductwork TO Be Ashestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Paper on Ductwork 13 SF Debris on Ductwork 13 OLF Name of Registered Waste Hauler Freehold Cartage NDEP Waste Hauler ID No. 15939 Name of Registered Landfill Cumberland County Landfill City, State Freehold, NJ Completed By (Print or Type) Title Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Paper on Ductwork 13 SF Debris on Ductwork 13 OLF Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Completed By (Print or Type) Title				lo	1 000	tion			□ Non-Exe	mpted (*) and No	on-Friable Proced	-					
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement	Location	of							Description o	£		A	_	ent T	уре		
SF or LF) Second	Asbestos-Containing N	Material (ACN	1)				Asbe	stos			Amount	Rer	Rep	Enc	Enc		
Completed By (Print or Type) Title Other miscellaneous Oth							(i.e					Von	air	aps	losi		
Basement Yes No N/A		y									SF OF LF)	<u> a</u>		ulat	лe		
Basement Debris on Ductwork 130 LF Debris on Ductwork 130 LF Debris on Ductwork Debris on Ductwork 130 LF Debris on Ductwork 130 LF Debris on Ductwork Debris on Ductwork Debris on Ductwork 130 LF Debris on Ductwork Debris on Ductwork 130 LF Debris on Ductwork Debris on Ductwork 130 LF Debris Debris On Ductwork 130 LF Debris On Ductwork 130 LF Debris Debr				Yes	No	N/A								œ			
Name of Registered Waste Hauler Freehold Cartage Dity, State Freehold, NJ Completed By (Print or Type) NDEP Waste Hauler ID No. 15939 Name of Registered Landfill Waste Cumberland County Landfill City, State O7/25/2016 Name of Registered Landfill Cumberland County Landfill City, State Newburg, PA Signature Date	Basement				\boxtimes		Paper o	n D	uctwork		13 SF			\boxtimes			
Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ Completed By (Print or Type) NJDEP Waste Hauler ID No. 15939 Name of Registered Landfill Waste Cumberland County Landfill City, State O7/25/2016 Newburg, PA Completed By (Print or Type) City Signature Date	Basement				\boxtimes		Debris	on [Ductwork		130 LF						
Freehold Cartage Hauler ID No. 15939 Disposal Date Freehold, NJ Completed By (Print or Type) Hauler ID No. 15939 Disposal Date 07/25/2016 Newburg, PA Date																	
Freehold Cartage Hauler ID No. 15939 Disposal Date Freehold, NJ Completed By (Print or Type) Hauler ID No. 15939 Disposal Date 07/25/2016 Newburg, PA Date												П	П	П			
Freehold Cartage Hauler ID No. 15939 Disposal Date Freehold, NJ Completed By (Print or Type) Hauler ID No. 15939 Disposal Date 07/25/2016 Newburg, PA Signature Date	Name of Registered Wast	e Hauler			N	JDEP V	Vaste	Cub	oic Yards of	Name of Regis	stered Landfill				-		
City, State Freehold, NJ Completed By (Print or Type) Title Disposal Date O7/25/2016 Newburg, PA Date	Freehold Cartage					lauler ID	No.	Wa	ste	J 577		ndfill					
Freehold, NJ O7/25/2016 Newburg, PA Completed By (Print or Type) Title Signature Date	City, State					15939		10						-			
Completed By (Print or Type) Title Signature Date										Control of the contro	1						
	***************************************	pe)	Title						P			Data			_		
		AND COMPANY OF THE PROPERTY OF							OM D	a) 0	> 7/18/16						

			(P	ursuant	to NJAC	8:60 and	12:120	0)	1127				C	h#	=-
Date of Notification (1) 07/05/2016			f Building Orange				on U	لال	L 1 1 8	<u> 1016</u>					
Agencies Notified	Type Notification Initial			Street A	ddress agle Ro	ck Ave	nue		L	SHES	ros col	TRO	L &		
DEP DOL	Amended Amendment			3 (3 (3 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5	ate, Zip Co Orange,		052				TOE LANE	lù			<u> </u>
DOH DCA	Emergency (justification) Cancellation	including			f Contact t Csigi					Tel	ephone Nu	mber			
Name of Facility 100			-	FACI	ILITY INF	ORMATI	ON								
Name of Facility Where A Roosevelt School	Abatement is Taking	g Place (3)					Typ	e of Facility School (K-						
Street Address 36 Gilbert Place									Subchapte	r 8 (Oth	er than K-1 & commerci		dings	home	es,
City (5) West Orange				-				Squ	are Feet	# 0	f Floors	E	Bldg. A	ge	
County (6) Essex					Code (7) USE ONLY)			rent Use (Pr	ior if be	ing demolisi	ned)			
Name of Monitoring Firm Ahera Consultants,I		Owner (8)	ASCN	M No.	23			patement Co	ntractor	(9)				
Street Address POB 385		-					Street	Addr							
City, State, Zip Code Oceanville, NJ 08							City, S	tate,	Zip Code d Park, N	10743)A	-			
Project Manager for Moni		- T	Telepho	ne No.		Teleph			0 01 42	License N	0				
John Smoyer Start Date (10)	ed Cor	609-65	52-1833 Date (11)		973-2	225-	8400 SHA Monitor		01104						
07/06/16		07/07/		inpietion	Date (11)				ironmenta		ratories,L	.LC			
Occupancy Status During		ACCORDING TO SECOND	10-54M				Street	Addr	ess						
X Facility Closed/Vaca Abatement Performe X Other – Describe: S	ed Outside of Norm	eriod of al Facilit	Abaten y Hours	nent s			City, S	tate,	ute 22 We Zip Code J 07083	SI					
Scope of Work (Check Al	That Apply)							_	RAP/CU	0 =		-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		property	Renova Demolit	A57				F N G	ull Containm lini-Enclosur lovebag Pro on-Exempte	ent with e cedure				e.	
		Is	Locat	ion					on Enompto	0 () 0.11	0 11011 1100		Abate	ement	
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	Normal ed Sole intena todial s (12)	ly by nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems sing, VA niscellan	fateri s insu T, or	, A	(5	mount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
		Yes	No	N/A								-		ate	ei.
room 31	Х			pip	e/fitting	gs		1	8 LF	x					
				1								-			
Name of Registered Wast	e Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	red Landfill		50		
Lilich Corporation	1000000	lauler ID 8724	No.	of Was	ste		GROW						5		
City, State Woodland Park, New	Jersey					Dispos	al Date		City, Stat Morrisv		A				
Completed by Momo Glavatovic	presid	dent		S	ignature	(al	1	Da 07	te /05/2	016				

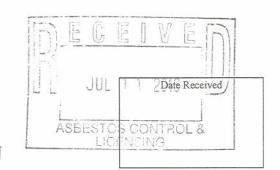
0K21463

Co. 12			(Purs	suant to N	IJAC 8:60	0 and 12	:120)		117			0010		11.	
Date of Notification (1) 07/05/2016	7.00 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Name of Building Owner/Operator (2) Sharon Melvin												
Agencies Notified	Type Notification		St	reet Addre	ess					000	STOS CO	ONTE	ROL	&	1
EPA DEP X DOL	Initial Amended Amendment		. T	ity, State, eaneck,	, NJ 076						- LIVI-IX				=
DOH DCA	Emergency (i justification) Cancellation	nciuaing		ame of Co Sharon A	Melvin	68		. =		Telep	phone Numb	er			
		-: 101		FACILIT	TY INFOR	MATION	1	Type of	Facility (4)						\dashv
Name of Facility Where Resident Street Address	Abatement is Taking	g Place (3)						Sc.	chool (K-12)	(Othe	r than K-12) commercial	buildir	igs, h	omes,	
City (5) Teaneck								Square		# of	Floors	Bld	g. Ag	В	
County (6) Bergen				County Co				Current	Use (Prior	if beir	ng demolishe	ed)			
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)		ASCM N	10.	1	Name of	of Abate BROT	ement Contr THERS C	actor ONT	(9) RACTING	s, INC) .		
Street Address							11 VF		AND AVE	NUE					
City, State, Zip Code							TOT		NJ 07512	2					
Project Manager for Mo			Γelephone	No.		973-	one No. 956-87	700		License No 00494),				
Start Date (10) 07/16/2016		Scheduled 07/20/20		pletion Da	ate (11)		SAN	1E AS	A Monitor (9) ABOV	/E					
Occupancy Status Dur	ing Abatement (Che	ck Only One	:)				Street	Address	s						
Facility Closed/Va Abatement Performance Other – Describe	acated During Entire rmed Outside of Nor :	Period of Al mal Facility I	oatem Hours	nent			City, S	State, Zip	o Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lt		-	enova				> >	Min Glo	i-Enclosure vebag Proc	edure	n Negative F			е	
		313,577,3	Locati	S1 2000				,						ement pe	
Asbestos-Containi TO BE / In Fa	ion of ng Material (ACM) ABATED acility 3)	Used Mai	d Sole ntena	nce/ Staff?	Asbest (i.e.	Desi tos Conta thermal s surfac other m	system sing, V	Material ns insula AT, or	ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			Pipe				250 LF	x		(U	
Base	ement		X				1 Ipc								
Name of Registered \	Vaste Hauler		71 10	NJDEP W		Cubic					tered Landfi				
TWO BROTHER		IG		Hauler ID 18743	NO.	of Was 5 Dispos		te	WAST		ANAGEME	ENT	3.R.(J.W.	S.
City, State TOTOWA, NJ						07/20	0/201	6			LLE, PA	ate			
Completed by Danielle Mihajlov	ic	Title PRO	JEC	T COOF	RDINAT		Sighatu	ire	2/1	1	11.7	7/05/	2016	3	

State of New Jersey

	NOTIFICATIO	N OF ASBES	TOS AJ	BATEMENT_						
9	(Pursua	ant to NJAC 8:60	and 12:12	20)	NE CE		W	EF	71	
Date of Notification (1)		Name of Building			3		3 0	+11	AII	
July 6, 2016			Steph	en Amplo	11 1111 0	21 0	1,5	817	//	
[] DEP [] Amen	Notification ded Notification dment #	Street Address City, State, Zip Co		Neck, NJ 0772 2	ASBESTOS LICER	CON	TROI			
inetifi	gency (including cation)	Name of Contact			elephone Number				_	
I DCA	ellation	Name of Contact Steph	en Amplo		elephone Number					
	FA	CILITY INFORM	IATION							
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12)					
Street Address					Subchapter 8 (oth			11 71	•30393-0	
State of the control				[x]	Other (i.e., privat homes, etc.)			al build	ings,	
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 800 sf	# of Floors	Bldg	. Age 6	0		
Bayville	Ocean	(0.11.11.11.11.11.11.11.11.11.11.11.11.11		Current Use (Prior if Resider						
Name of Monitoring Firm Hired by Building (Owner (8)	ASCM No.	Name of	Abatement Contractor	(9)				****	
N/A Street Address			Street A		in Contracting,	Inc.		941211211		
Sirect Address			1889 Route 9, Unit 61							
City, State, Zip Code		A	City, Sta	ite, Zip Code Toms R	iver, New Jerse	ey 087	755-12	271		
Project Manager for Monitoring Firm	Telephone Numbe	r	100000000000000000000000000000000000000	ne Number 19-9932	License N 00624	umber				
Scheduled Start Date (10) 7/19/16	Scheduled Comple 7/20/16	etion Date (11)	Name of	OSHA Monitor	L. Analytical			a		
Occupancy Status During Abatement (Check of	only one)		Street A	ddress						
	l During Entire Period of Ab Outside of Normal Facility F		0.176							
Other – Describe	Juiside of Normal Lacinty L	louis	City, Sta	ate, Zip Code Piscata	way, New Jerse	y 088	54			
Scope of Work (Check all that apply)			[2	with Negative Pres	sure				
[] >3 sf or ≥3 lf	[] Panor	vation	Į.	Mini-Enclosure Glovebag Procedu	ire.					
[X] ≥160 sf or ≥260 lf		olition	[x) and Non-Friable l	Procedu	re			
						Ahat	ement	Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility	Is Location Normally used Solely by Maintenance/Custodia	al (i.e	Descripti bestos-Co Material (. e., thermal sulation, so	ntaining ACM) systems	Amount (Specify SF or LF)	R E M O	R E P A I	E N C A P	E N C L	
(13)	(12)		VAT,			V	R	S	S U	
-	YES NO N/A	A00400	her miscel	ianeous)		A L		L E	R E	
Exterior	X	Asbestos sidi	ng		700 sf	X			~	
Exertor	1.1	110000000000000000000000000000000000000	**********							
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	er ID No. Cubic Y	ards of Wa	ste Name of Registe T.R.R.F.	red Landfill	-				
City, State Toms River, New Jersey	Disp	posal Date 1/16	City, S		1	12 (52				
Completed by (Print or Type) Nicholas Fernicola	Signature		Il		Date 7/6/		***************************************			
	Project Manager	-	-	1						

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



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:	Postmark:		Notificati	ion:			
I. TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled):	0	П.	IS ASBESTOS PRESENT? (Ye	es/No):	Y	
III. FACILITY INFORMATION (identify owner, removal co	ntractor and other	operator)					
OWNER NAME: Stephen Amplo.							
Address:							
City: Colts Neck St	tate: NJ		Zip:	07722			
Contact: Stephen Amplo			Tel:				
REMOVAL CONTRACTOR: Guardian	Contracting, In	nc.		NJ License: 00624	1		
Address: 1889 Rou	ite 9, Unit 61						
City: Toms River S	tate: New Je	rsey	Zip:	08755	40.000		
Contact: Nicholas	Fernicola		Tel:	732-349-9932			
OTHER OPERATOR (if different)				NJ License:			
Address:	*						
City: St	Cîty: State:						
Contact:	Contact:						
IV. TYPE OF OPERATION (D - Demo O - Ordered Dem	o R - Renovation	n E - Emergency Re	novation):	D			
V. FACILITY DESCRIPTION (Including building name, nu	imber and floor or	room number)					
Building Name: Residence							
Address: 37 Amherst Drive							
City: Bayville Si	tate: New Je	rsey	County:	Ocean			
Site Location: Exterior		41					
Building Size: 800 sf #	of Floors:	1	Age in Y				
Present Use: Residence		Prior Use:	Residen	ce			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD	, IF APPROPRIA	TE, USED TO DETEC	CT THE PRE	SENCE OF ASBESTOS MATER	UAL:		
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDI	NG:	<u> </u>			Nonf	riable	
		RACM				Material To Be	
Regulated ACM to be removed Category I ACM not removed		To Be Removed		LOCATION		noved	
Category II ACM not removed		Tomovou			Cat I	Cat II	
Pipes (Linear feet):		01-					
Surface Area (Square feet): 700 sf	Asbesto	os siding		Exterior			
RACM Off Facility Component (Cubic feet):							
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/Y	Y) Start:	7/19/10	6	Complete: 7/2	1/16		

	NOTIFICATION	N OF DEMOLITI	ON AND RENOVATI	ON (continued)	E C E I	WEF	D				
Υ	DESCRIPTION OF PLANNED DEMOLITION C			1111	JUL 11	2016					
xi.	DESCRIPTION OF WORK PRACTICES AND E AND RENOVATION SITE:	NGINEERING CONTR	ROLS TO BE USED TO PREVI	ENT EMISSIONS OF	SEEST OSATO LICENS	FREPEMOUTIC ING	N				
	Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be pla					asbestos will be					
xii.	WASTE TRANSPORTER #1 Name: Gua	ardian Contracting,	Inc.								
	Address: 188	9 Route 9, Unit 61									
	City: Toms River	State:	New Jersey	Zip:	08755						
	Contact Person: Nic	holas Fernicola									
	WASTE TRANSPORTER #2 Name:										
	Address:										
	City:	State:		Zip:							
	Contact Person:										
xiii.	WASTE DISPOSAL SITE Name: T.R	.R.F.									
	Location: Bor	dentown Road									
	City: Tullytown	State:	Pennsylvania	Zip:	19007						
	Telephone: 215-943-9732		Permit #: 101	494							
xiv.	IF DEMOLITION ORDERED BY A GOVERNM	ENT AGENCY, PLEA	SE IDENTIFY THE AGENCY	BELOW AND ATTA	CH COPY OF O	NDER .					
	Name:		Title:								
	Authority:										
	Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):								
XV.	FOR EMERGENCY RENOVATIONS										
	Date and Hour of Emergency (MM/DD/YY):										
	Description of the Sudden, Unexpected Event:										
	Explanation of how the event caused unsafe condi	tions or would cause equ	uipment damage or an unreason	able financial burden:							
xvi.	DESCRIPTION OF PROCEDURES TO BE FOL ASBESTOS MATERIAL BECOMES CRUMBLE			BESTOS IS FOUND (OR PREVIOUSLY	NONFRIABLE					
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NO	EVIDENCE THAT THE	REQUIRED TRAINING HAS	BEEN ACCOMPLIS	ART M) WILL BI HED BY THIS PE	ONSITE DURING SERSON WILL BE	٩G				

(Signature of Owner/Operator)

(Signature of Owner/Operator)

July 6, 2016

July 6, 2016

(Date)

(Date)

Nicholas Fernicola / Project Manager (Printed Name/Title)

Nicholas Fernicola / Project Manager (Printed Name/Title)

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

xviii.

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NK	111	15
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A d ll		(Pur	suant to	NJAC 8:6	į										
Date of Notification (1) 07/06/16		lame of B	Building Ov		-	JUL	1 1	20	16						
Agencies Notified EPA DEP DOL	Type Notification X				e, Zip Code	1	ASBESTOS CONTROL & LICENSING								
X DOH DCA	Emergency (injustification) Cancellation	ncluding	11 S	Name of C	Contact		Telephone Number								
				FACILI	ITY INFOR	RMATION	Tupo o	f Facility (4)						-	
Name of Facility Where Street Address	e Abatement is Taking	g Place (3)					So So et	chool (K-12) ubchapter 8 ther (i.e. pri) (Othe	er than K-12 Loommerci	al buildi			in a	
City (5) MILLTOWN, NJ		Square 2,000		2	Floors		dg. Ag	je							
County (6) MIDDLESEX COU	JNTY			County Co	ode (7) SE ONLY)		HOM			960V	ned)				
Name of Monitoring Fire	rm Hired by Building	Owner (8)		ASCM	No.			PROFES							
Street Address				1		6 V	Street Address 6 WHITE DOVE COURT								
City, State, Zip Code							City, State, Zip Code LAKEWOOD, NJ 08701								
Project Manager for M	Project Manager for Monitoring Firm Teleph						ephone No 2-668-90	License N 1200	License No. 1200						
Start Date (10) 07/18/16		Scheduler 07/19/1		npletion D	Date (11)		lame of OSHA Monitor AAA LEAD PROFESSIONALS								
Occupancy Status Dur	ring Abatement (Checacated During Entire			nent			Street Address 6 WHITE DOVE COURT								
Abatement Perfo Other – Describe	rmed Outside of Norr	nal Facility	Hours	5		00.000	City, State, Zip Code LAKEWOOD, NJ 08701								
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l		-	enova emolii				Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure				e		
		T .					TVOIT Exemples () save				Abater				
Asbestos-Contain TO BE / In Fa	tion of ing Material (ACM) ABATED acility (3)	Use Mai	Locat Jorma d Sole intena odial (12)	lly ely by ince/ Staff?	Asbest (i.e.	thermal syst surfacing,	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or ner miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
INTE	RIOR	100				ACM :	TILE		S	900 SF	Х				
													-		
						1.							-		
	Masta Hayles			NJDEP V	Vaste	Cubic Yard	is	Name of	Regis	tered Land	fill				
Hauler ID No.							Waste IESI								
City, State NEWARK, NJ						Disposal D 07/19/16	sposal Date City, State BETHLEHEM PA								
Completed by JOSEPH PERLS	TEIN	Title OWN	NER			Signa	nature Date 07/06/16								

Print Form

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State of New Jersey

CFUID	1			to NJAC 8													
Date of Notification (1) 07/06/16				f Building O REDGE M				.LC		J	ÜL	1	1 2	016			
Agencies Notified Type Notification		- 1	Street Address 65 KINGSLAND AVENUE, SUITE 2 ASBESTOS CO											raoi	 L &		
DEP Amended X DOL Amendment								City, State, Zip Code CLIFTON, NJ 07014									
Emergency (i justification) DCA Cancellation	ncluding										ne Number						
			FACI	LITY INFO	RMATI	ION											
Name of Facility Where Abatement is Taking	Place (3	3)					Туре	of Facility (School (K-1	2)								
Street Address							×	Subchapter Other (i.e. p etc.)	8 (Other rivate & c	than K	(-12) ercial	builo	lings,	home	es,		
City (5) UNION CITY, NJ							Squa	are Feet	# of F	loors		В	ldg. A	ge			
County (6) HUDSON COUNTY				Code (7) USE ONLY)				ent Use (Prid LTI-FAMII			lishe	d)	(C. V. V. V.				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/ No.		100000000000000000000000000000000000000		atement Cor D PROFE	1								
Street Address						Street 6 WH		DOVE COURT									
City, State, Zip Code								, State, Zip Code KEWOOD, NJ 08701									
Project Manager for Monitoring Firm							lephone No. License No. 32-668-9078 1200										
Start Date (10) 07/17/16								e of OSHA Monitor A LEAD PROFESSIONALS									
Occupancy Status During Abatement (Check	Only Or	ne)			Street Address												
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of a al Facility	Abatem y Hours	ent			6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701											
Scope of Work (Check All That Apply)												-		2900-50	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	M GI	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure					Э			
Location of		Locati Normal	nally					otion of				Abatement Type					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole iintenar todial S (12)	nce/ Staff?		tos Containing Material (ACM thermal systems insulation, surfacing, VAT, or other miscellaneous)			lation,	Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure			
BASEMENT	Yes	No	N/A		F	PIPING			150	LF	1	X					
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	of Registered Landfill								
NEWARK CARTING		11000	auler ID 1509		of Wa 5 YAI												
City, State NEWARK, NJ					Dispo: 07/18	sal Date 3/16											
Completed by JOSEPH PERLSTEIN	Title OWN	NER			S	Signature Date 07/06/						/15					

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

			(Pursua	nt to NJA	AC 8:60 a	and 12:12	20)		ID) EGEIVEN							
Date of Notification (1) July 5, 2016	July 5, 2016					Owner/Oper Stephe		DI JUL 12 2618 6 2								
[X] EPA [X] Initia [] DEP [] Ame [X] DOL Ame [] Emei justif	Type of Notification [X] Initial Notification [] Amended Notification Amendment # [] Emergency (including justification)					ie Kearn	ASBESTOS CONTROL & LICENSING Telephone Number									
[] DCA [] Canc	ellation					Stephen Marks										
Name of Facility Where Abatement is Taking	Place (3)	FAC	CILITY I	NFORM	IATION	Type of	Facility (4)								
Residence Street Address						Type of Facility (4) School (k-12) Subchapter 8 (other than k-12) X Other (i.e., private & commercial buildings,										
O't-		. 70		0 + 0	1 (7)		0 0		homes, etc.)							
City	Cour	ty (6)		County C (STATE	Ode (7) USE ONL	Y) .	Square f	eet 00 sf	# of Floors	Bld	g. Age	50				
Seaside Park	Oce	an					Current	Use (Prior i: Garage	f being demolished)						
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM N	lo.	Name of	Abatement	t Contractor		Inc.						
Street Address						Street Address 1889 Route 9, Unit 61										
City, State, Zip Code						City, State, Zip Code Toms River, New Jersey 08755-1271										
Project Manager for Monitoring Firm Telephone Number						Telephone Number License Number 732-349-9932 00624										
Scheduled Start Date (10) 7/15/16		Scheduled 7/18/		on Date (1	1)	Name of OSHA Monitor E.M.S.L. Analytical										
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [Abatement Performed Outside of Normal Facility Hours						Street Address 1056 Stelton Road City, State, Zip Code										
Other – Describe		,				Piscataway, New Jersey 08854										
Scope of Work (Check all that apply)		[] [x]	Renova Demoli			 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure 										
						and average	VC-1-			Abat	ement	Гуре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally to Solely be intenance/C Staff (12) NO	ised y		Asb M (i.e. insu	Description of pestos-Containing Material (ACM) , thermal systems ulation, surfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	ENCLOSURE			
Exterior garage		X		Asbes	stos roof				600 sf	X						
							-									
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Was	20223	(2.2) (2.2) (2.3)	Cubic Yar	rds of Waste	T.	e of Registe R.R.F.	red Landfill							
City, State Toms River, New Jersey			Dispos 7/19/	al Date 16		City, Star		nsylvania								
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manag		Signatu	tre	-		Date 7/5/16								