GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755

	i ile	1 1	1/1/2	Date Received
				-///
-	HIA			-1 1

DEMOLITION / RENOVATION NOTIFICATION

Oper	ator Project #:	Postmark:	•	Notifica	ition:		*
I.	TYPE OF NOTIFICATION (O- Original R- Revised	C - Cancelled):	0	II.	IS ASBESTOS PRESENT	? (Yes/No)	Y
III.	FACILITY INFORMATION (identify owner, removato	ntractor and other	operator)	G		(
	OWNER NAME: Trinity Construction	on, Inc.		A			
	Address: 2290 West County	Line Road, S	uite 202				
	City: Jackson Sta	ate: NJ	*	Zip:	08527		
	Contact: David Kiessling			Tel:	_		
	REMOVAL CONTRACTOR: Guardian	Contracting, I	nc.		NJ License: 000	624	-
		te 9, Unit 61		-	The Extense.		
	City: Toms River Sta	ite: New Je	rsey	Zip:	08755		
	Contact: Nicholas I			Tel:	732-349-9932		
	OTHER OPERATOR (if different)				NJ License:		
	Address:	· · · · · · · · · · · · · · · · · · ·					
	City: Sta	te:		Zip:		*	
	Contact:			Tel:			
IV.	TYPE OF OPERATION(D - Demo O - Ordered Demo	R - Renovation	E- Emergency R	enovation):	Е		
V.	FACILITY DESCRIPTION (Including building name, nu			enovation).	L		
	Building Name: Middlesex County	4577791-265					
	Address: 1 Convery Road Bly						
	City: Woodbridge Stat		7	Country	Middlesex		
	Site Location: Former bakery room	- 110	. 6.4	County:	Middlesex		
		Floors:	2	Age in Ye	90		
	Present Use: School	1	Prior Use:	School	ears: 80		
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD,	IF APPROPRIA			ENCE OF ASDESTOS MAT	EDIAI	
	1		,	OT THE KES	LINCE OF ASBESTOS MAT	EKIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS?						
V 11.	APPROXIMATE AMOUNT OF ASBESTOS INCLUDING	G:					riable
	Regulated ACM to be removed Category I ACM not removed		RACM To Be		LOCATION	Not T	Material To Be
	Category II ACM not removed		Removed				oved
	Pipes (Linear feet):					Cat I	Cat II
	Surface Area (Square feet): 24 sf	Transite	panels		Former bakery room	+	
	RACM Off Facility Component (Cubic feet):	1					-
/III.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	C+t-	5/05/10		Y-200 2000		
	WORLD (MIMINDD) YY)	Start:	5/25/12		Complete: 6/0	01/12	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION W	ORK, AND METHOL	D(S) TO BE USED	
				17 18 19 18	E Park
xi.	DESCRIPTION OF WORK PRACTICES AND ENGAND RENOVATION SITE:	GINEERING CON	TROLS TO BE USED	TO PREVENT EMISSIONS OF	ASBESTOS AT THE DEMOLITION
	Developing the short and s			II U. JUN	an
	Panels will be taken down in whole pieces wrapped in 6 mil.	poly. All asbestos tra	nsite panels will be remov	ved by norfriable procedures,	
xii.	WASTE TRANSPORTER #1 Name: Guard	ian Contracting	Inc	ASBEDTON.	area i
		Route 9, Unit 61	4		The state of the s
	City: Toms River	State:	New Jersey	Zip:	08755
		as Fernicola	11011 002009	2.5.	30733
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:	-			
xiii.	WASTE DISPOSAL SITE Name: T.R.R.	F.			
	Location: Border	ntown Road		The state of the s	
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone:215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMEN	NT AGENCY, PLEA	SE IDENTIFY THE A	AGENCY BELOW AND ATTAC	H COPY OF ORDER
*/	Name:		Title:		
	Authority:	0			
	Date of Order (MM/DD/YY):		Date Ordered to B	Begin (MM/DD/YY):	
xν.	FOR EMERGENCY RENOVATIONS		7-		
*	Date and Hour of Emergency (MM/DD/YY):			0.60	
	Description of the Sudden, Unexpected Event:		M	8 1 2	
			87		
	Explanation of how the event caused unsafe condition	ns or would cause	equipment damage or a	an unreasonable financial burden	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED,				PREVIOUSENONFRIABLE
		, r ob r bidzeb, o	K KEDGGED TO TO	W DEAC	
			A PART OF THE OWN OWN OF THE OWN OF THE OWN OWN OF THE OWN		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EVII	DENŒ THAT THE	REQUIRED TRAINI	NG HAS BEEN ACCOMPLISHE	
	AVAILABLE FOR INSPECTION DURING NORM	AL BUSINESS HO	OURS. (Required after	November 20, 1991)	* X*
	Nicholas Fernicola / Project Manager (Printed Name/Title)	-	(Signature of Ow	vner/Operator)	May 29, 2012 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION I	S CORRECT.		011	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Ow	/ner/Operator)	May 29, 2012 (Date)
	Part 20 (A)		2012/00/2010/00/2010/00/2010/00/2010/00/2010/00/2010/00/00/00/00/000/0		

State of them Jeisey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			17.5											
May 29, 201	2		Name of Buildin	7.0	perator (2) ty Construction, I	nc. J. Sent	102 W:	52 6 th 0	vas	nal				
[] DEP [x] Am	cation tial Notification mended Notification mendment #		Street Address	Code P30	West County Lin	e Road, Suite 2		187						
[x] DOH [] Em	ergency (inclu	ding		Jacks	on, NJ 08527	1								
	ification)		Name of Contac Dav	t id Kiesslin	g	Telephone Numbe	r							
N. CP. W. W.		FA	CILITY INFOR	MATION			નું તે							
Name of Facility Where Abatement is Taki Middlesex Count		ech School			Type of Facility (1800 VA 69 UU								
Street Address		- School				[X] School (k-12) [] Subchapter 8 (other than k12)								
1 Convery Road	Blvd.				ii	Other (i.e., priv				ildings				
City	County (6))	County Code (7)		Square feet	homes, etc.) # of Floors	BI	lg. Age						
Wasakala			(STATE USE ON	LY)	20,000 sf	1		All the second second	80					
Woodbridge	Middlese	ex			Current Use (Prior School	if being demolished	d)							
Name of Monitoring Firm Hired by Buildin		E	ASCM No.	Name of	Abatement Contract									
Environmental Ta	actics			Street Ac	Guard	dian Contracting, Inc.								
64 Broad Street	y, State, Zip Code Matawan, NJ 07747					9 Route 9, Unit 61								
					te, Zip Code	-225M - 202 - 1V								
Project Manager for Monitoring Firm		Telephor	1 Oms	River, New Jers			271	-						
Tom Geiger Scheduled Start Date (10)	Tom Geiger 732-290-2217			732-34	00624									
5/25/12		6/1/12	non Date (11)	Name of	OSHA Monitor E.M.S	.L. Analytical								
Occupancy Status During Abatement (Chec [x] Facility Closed/Vacat		ing Donie d of A1		Street Ac										
[] Abatement Performed	Outside of No	rmal Facility H	lours		480.004.000	Stelton Road			2000					
Other - Describe				City, Sta	te, Zip Code Piscata	away, New Jerse	ey 08	854	_					
Scope of Work (Check all that apply)				[]	Full Containmon	t with Negative Pre	ssure	-						
[X] >3 sf or ≥3 lf	Γv	1 p	41	[]	Mini-Enclosure	\$1500 \$400000								
[] ≥160 sf or ≥260 lf	[x	Renova Demoli		[x]	Glovebag Proce	dure *) and Non-Friable	Proced	uro						
	ī —					T T T T T T T T T T T T T T T T T T T								
	Is Lo	ocation		Description	n of		Aba	tement	Туре					
Location of		ally used		bestos-Con	taining	Amount	R E	R E	E N	E N				
Asbestos-Containing Material (ACM) TO BE ABATED		ely by ice/Custodial		Material (A		(Specify SF or LF)	M	P	C .	C				
in facility	S	taff		ulation, sur	facing,	OI LF)	0	A I	A P	L				
(13)	(12)	oth	VAT, or ner miscella			V	R	S	S				
YES NO N/A		011	ici iiiiseena	neous)		A L		L	R					
Former bakery room	X		Transite pane	ls		24 sf	X		Е	E				
		37				2 7 51								
Name of Registered Waste Huler	Lymps	NV												
Guardian Contracting, Inc.	NJDEF	Waste Hauler 20223	ID No. Cubic Ya	ards of Waste	Name of Register T.R.R.F.	ered Landfill								
City, State Toms River, New Jersey		Dispos	al Date	City, Sta	te ,	- 45								
Completed by (Print or Type)	Title	5/30/1	Signature	Tullyto	wn, Pennsylvania	1	Date							
Nicholas Fernicola	Project Ma	anager	M	dati	ten	1		/2012	2					

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

Date of Notification (1) Name of Building Owner/Operator (2) 5-25-12 Atlantic States Cast Iron Pipe, Inc. Agencies Notified Street Address Type Notification 183 Sitegraves Street 呇 **EPA** Initial City, State, Zip Code DEP Amended Amendment # 2 Ø DOL Phillipsburg, NJ 08865 Emergency (including Name of Contact Telephone Number DOH justification) Brian Nicus П DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Atlantic States Cast Iron Pipe, Inc. School (K-12) Street Address Subchapter 8 (Other than K-12) 183 Sitegraves Street 121 Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Phillipsburg 75,000 100yrs. County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) industrial Warren Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHS Environmental, Inc. Plymouth Environmental Co., Inc. Street Address Street Address 411 Southgate Court 923 Haws Avenue City, State, Zip Code City, State, Zip Code Mickleton, NJ 08056 Norristown, PA 19401 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jack Carney 856-224-0080 610-239-9920 00398 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4-13-12 Plymouth Environmental Co., Inc. 6-11-12 Occupancy Status During Abatement (Check Only One) Street Address 923 Haws Avenue X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Norristown, PA 19401 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation K П Full Containment with Negative Pressure [3r ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulati Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A South casting machine transite 440 SF X X 2nd floor hot box wall transite 1,360 SF X x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting IESI 4509 City, State Disposal Date City, State Newark, NJ 6-11-12 Bethlehem, PA Completed by Title Signature Date James M. Kelly Project Manager 5-25-12

Date of Notification (1) 4–30–12							(2) st Iron Pi							
Agencies Notified Type Notification			Street A		Stat	es ca	SC IIOII PI	pe, mc.						
				Site	grave	s Str	eet							
⊠ EPA □ Initial □ DEP □ Amended □ DOL Amendment			City, St	ate, Zip C	ode		08865		91					
☐ Emergency ☐ DOH justification) ☐ DCA ☐ Cancellation				of Contact an Nic		day year	118.2	Telenhone	Mumbar	• ;				
			FAC	ILITY INF	ORMAT	TON								
Name of Facility Where Abatement is Takir Atlantic States Cast Iro	ng Place (3 n Pipe	3) ⊇ , I:	nc.	120			Type of Facility ☐ School (K	-12)						
Street Address 183 Sitegraves Street								er 8 (Other than private & comm	ercial bu			es,		
City (5) Phillipsburg					17		Square Feet 75,000	# of Floors		Bldg.	Age)yrs	E E		
County (6) Warren			County (STATE	Code (7) USE ONLY)		Current Use (P induatri	rior if being dem al	olished)		151			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.		Name	Name of Abatement Contractor (9)							
EHS Environmental, Inc.		'a				Plymouth Environmental Co., Inc.								
Street Address							Address	7/						
411 Southgate Court City, State, Zip Code		12.2.4					Haws Aver	nue						
	ckleton, NJ 08056 t Manager for Monitoring Firm ck Carney					The second second	tate, Zip Code	2 10101						
						100	ristown, I	Licens	o No					
Jack Carney					80		-239-9920	Licens	0039	8				
Start Date (10)						Name of OSHA Monitor								
4-13-12	5-2	8-12	2			Plymouth Environmental Co., Inc.								
Occupancy Status During Abatement (Chec	k Only Or	ne)					Address							
☐ Facility Closed/Vacated During Entire	Period of A	Abaten	nent				Haws Ave	nue						
☐ Abatement Performed Outside of Norm☐ Other – Describe:	nal Facility	/ Hours	3				tate, Zip Code	40404						
Scope of Work (Check All That Apply)						Nor	ristown,	PA 19401						
		•				_			70 - 02 <u>-</u> 70 - 00 - 0 1					
☐ ≥3 sf or ≥3 lf ☐X ≥160 sf or ≥260 lf		Renova Demoli					Mini-Enclosu Glovebag Pro				F0			
	Ι ,				. 307-30-92	<u>Ç</u>	Non-Exemple	d () and Non-P	nable Fi		emen	t		
Location of	100	Locat Vormal			Do	scription	of				ype			
Asbestos-Containing Material (ACM)		d Sole intena			tos Con	taining M	laterial (ACM)	Amount			т	_		
TO BE ABATED In Facility		todial S		(i.e.		I systems	insulation, T. or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)		(12)				miscellan			lova	pair	sula	osur		
	Yes	No	N/A								te	(p		
South casting machine	x			tran	site			440 SF	x					
2nd floor hot box wall	X				site			1,360 SF	x					
		ħ												
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic	Yards	Name o	Registered Lan	Ldfill	_				
Newark Carting		1852	auler ID 4509		of Wa		IES							
ity, State				Dispo	sal Date	City, Sta	te							
Newark, NJ				********	8-12		nlehem, PA							
Completed by Title			Signature Date											
James M. Kelly Project			Mana	ger		MY	VIC		4-30	-12				



√otification (1) 3–21–12							Operator		n Pin	e, Minë. I	Wī.	F	T.	37	
encies Notified	Type Notification		-		Address	-			11 1100	-, IIIC.	17	1-	-1	134	
gonolog mounog						raves	s Stree	<u>a</u> †					11		
EPA	Initial D Amended		-		ate, Zip Co					Trist T	2/1/	;			
DEP DEP	Amendmen	t#	2		State of the state		NJ .08	9865		JUN I	7 111	-	7107	-	
	☐ Emergency	(including	-		of Contact		110 .00	3003		Telenhore			-		
DOH DOH	justification)				an Nici	19		, i	, famous	A		_		į,	
D DCA -	☐ Cancellation	1					TION			1 - 4 - 5 - 5 - 5	70			1	
Name of Facility Where	Ahatement is Takir	ng Place (3)		FAC	ILITY INF	DRIVIA	HON	Type	of Facility	(4)					
Atlantic State										2020					
Street Address	3 Cast IIOII	ripe,	T11C	•		-			chool (K-	12) r 8 (Other than	K-12)				
183 Sitegraves	Stroot							XI C	ther (i.e.	private & comm	nercial	build	lings,	home	es,
	brieer				3 			е	tc.)						
City (5)									e Feet	# of Floors		В	ldg. A	ge	
Phillipsburg		F + 4					"	75,0		2			00y	rs	
County (6)	11 16 2	7,170			Code (7) USE ONLY					or if being dem	olished	1)			
Warren				(SIAIE	USE UNLT,				strial	Regarded to be the property of					
Name of Monitoring Firm		Owner (8)		ASC	и No.		Name	of Abate	ement Cor	ntractor (9)					
EHS Environmen	tal, Inc.						Plyi	moutl	n Envi	ronmental	. Co	.,I	nc.		
Street Address	***************************************		-					Addres				-			
411 Southgate (Court						923	Haws	a Aven	ue					
City, State, Zip Code							City, St	tate, Zip	Code						
City, State, Zip Code Mickleton, NJ	08056						1.000			A 19401					
Project Manager for Mon	itodna Firm		- T	Telepho	ne No			one No		Licen	se No				
Jack Carney	noming i ami				224-00	90			-9920	. 2.00.1	00:	205	i S		
Start Date (10)		Scheduled	Cor			80			A Monitor			390	,		
4-13-12		4-30-1		ubiendii	Daié (11)		100000000000000000000000000000000000000			ronmental	Co	_	na		
	· Abstance /Obs				_,		Street A			LOTHIGHTCAL		1 -	110.		
Occupancy Status During	g Abatement (Chet	k Only One)						s Aven	116					
☑ Facility Closed/Vaca						37	000000000								
☐ Abatement Perform ☐ Other – Describe: _	ed Outside of Norn	nal Facility F	Hours	3			City, St		o Code Own, PA	10401					
							I NOL.	1150	JWII, PA	19401					
Scope of Work (Check A	I That Apply)														
□ ≥3 sf or ≥3 lf			nova							ent with Negati	ve Pre	ssur	e		1
≥ ≥ 160 sf or ≥ 260 lf		□ De	molit	ion			- 0		-Enclosure						
							拉		ebag Pro Exempter	d (*) and Non-f	riable	Proc	cedur	e	
	*		7		T									ement	t
W		1000000	ocati rmal						1				Ту	ре	
Location Asbestos-Containing		Used		Contract Con	Aches		escription ntaining M		ACM)	Amount					
TO BE ABA		Main					al systems			(Specify		R	711	Enc	回
In Facili		Custo	dial 8 (12)	Staff?		surfa	acing, VA7	T, or		SF or LF)		Remova	Repair	aps	clos
(13)			(12)			other	miscellane	eous)	1			lav	半.	Encapsulate	Enclosure
		Yes	No	N/A							- 1			9	
South casting m	aghino	X		1	tran	site				440 SF		х			
2nd floor hot h				-	tran						_	X			
2110 11001 1100 1	Ox wall	X			CLair.	2116				1,360 S	r				
									1						
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	o Yards	T	Name of	Registered Lar	ndfill				
Newark Carting				auler ID		of Wa			, , , , , , , , , , , , , , , , , , , ,						
rewarn carcing		4509 8				IESI									
City, State				osal Date	7	City, Stat	9		- 500	WIII W	_				
Newark, NJ				4-30-12 Bethlehem, PA					1						
Completed by	A SAME A			Signature Date											
James M. Kelly				3-21-12											

Date of Notification (1) 05/23/2012				Na	ime of Buil	ding Owner/Operat	lor (2)				_			
	- Nove	,,				Apartment & C	oun	try Club							
I I I I I I I I I I	e Notifica nitial	tion			eet Addre			-							
DEP DEP	manded				y, State, Zi	-									
	mendme mergend	nt #_ y (Includi	Da			, NJ 08857									
	vstificatio	on)	9	-	me of Conf		_		Telephone h	Tumber	_		_		
	ancellation	on		Bei	nadette F	oppel									
Name of English Manage About				. F	ACILITY II	NFORMATION									
Name of Facility Where Abaten Apartments Bldg.	nent is Ta	aking Plac	ie (3)				T	ype of Facilit	y (4)		_				
Street Address			=				JF	School (K-	12) 8 (Other than R						
24 A-D Glenwood Dr.							2	Other (i.e.,	private & comm	(=12) ercial b	uildi	105.			
Clty (5)	-		_				-	homes, etc	:.)	,	Bldg, Age				
Old Bridge,								000 SF	# of Floors		GO-		g		
County (6)	-	-		Co	ounty Code	(7) (STATE	1 -		rlor if being den	nolishe		-			
Middlesex				US	E ONLY)		Apartments Bldg.								
Name of Monitoring Firm Hired (8) N/A	by Buildir	ng Owner		ASCI	M No.	Name of Abater									
Street Address	-	-													
						Street Address									
City, State, Zip Code			City,				1360 Clifton, Avenue, PMB Suite 218 City, State, Zip Code								
	Manager for Manifest College					Clifton, NJ	070	12							
Project Manager for Monitoring					No.	Telephone No.			License No.						
			_	973-389-008											
Start Date (10)	Sch	neduled C	ompl	etion D	ste (11)	Name of OSHA	Moni	lor			_		-		
06/04/2012	0	6/07/20	12			DIA Genera	I Co	nstruction	, Inc.						
Occupancy Status During Abate Facility Closed/Vacated During	ment (C)	neck only	one)			Street Address 1360 Clifton, Avenue, PMB Suite 218									
Abatement Performed Outside	ig ⊑ntire ≘ of Norm	Period of tal Escilli	Abate	ement				enue, PM	B Suite 218		_				
Other - Describe:		- County Fi		13		City, State, Zip C Clifton, NJ 0		2							
Scope of Work (Check all that a	oply)			-		Chiton, NO U	701				_				
>3 sf or >3 if ≥160 sf or >260 if			novat emol			☐ Mini-End	closu ag Pr	re ocedure	gative Pressure	0 1					
	-		oçatio		Г	I INON-EX	Non-Exempted (*)		ion-Friable Pro			temer			
Location of		Used	rmally			Decementary of						ype	r.		
Asbestos-Containing Material (ACM)	Main	tenan	ce/	Asbest	Description of os Containing Mate	erlal	(ACM)	Amount		T	T	T		
TO BE ABATED IN Facility			stodia tarr?	1	(i.e.,	thermal systems in surfacing, VAT,		tion.	(Specify SF or LF)	70	70	Encapsulate	9		
(13)		, ((12)			other miscellaneo			ST OF LT	Remova	Repair	la de	Enclosure		
					1					<u>m</u>	=	late	क्र		
rawl Space Yes No N/A				Pipe/Ell	ow Insulation			200 LF	- v	┞	+	+			
		+ +		-		- Instantion	-		200 LF	X	-	+	╆-		
			-	-			-			+-	-	-	-		
	O SECURIOR S	1									-	-	-		
Name of Registered Waste Haule	r	- -			EP Waste Cubic Yards			me of Regist	ered Landfill		_	Ь.			
Service Transport Group			1 45	0970	No.										
City, State			1 -			Disposal Date City, State									
New Castle, DE 06/0				06/07/2012 Waynesburg, OH 44688											
Completed By Title			Signature	1 -		Dale		_		=					
Krutarth Jagad President							05/23	/2012	2						

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 5/30/12		i Va			of Building e Sesara		Operator	(2)		UT.	UN		1 9	MO	
Agencies Notified EPA DEP	Type Notification	1		60 Cc	Address onforti Av					1,4				1986	
× DOL	Amended Amendmer				ate, Zip Co Orange,		7052		-	b.	LANCIA TO HAVE TO	į Pe.	. ()	orta (d.	-
DOH DCA DCA DOH DCA DOH DCA DOH D	justification Cancellatio)		1	of Contact Sesera			g.iv	Te	enhono	, N1	_			
Name of Facility Where house	Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	100000	ų.				9	
Street Address 60 Conforti Avenue					11 1 22	1		School (K- Subchapte X Other (i.e. etc.)	r 8 (Oth	er than & comm	K-12) nercial	buil	dings	, hom	nes,
City (5) West Orange					7			Square Feet 2000	# o	f Floors		Bldg. Age 50		Age	
County (6) Essex					Code (7) USE ONLY)		Current Use (Pr	e (Prior if being demolished)						100
Name of Monitoring Firm	Hired by Building	Owner (8		ASC	M No.			of Abatement Co Environmenta			LC	-			
Street Address								Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code								tate, Zip Code wood, NJ 074							
Project Manager for Mon	itoring Firm		Telephone No. cheduled Completion Date (11) /25/12					one No. 764-2276	License No. 703						
Start Date (10) 6/19/12		Schedul 6/25/1:					Name	of OSHA Monitor							
Occupancy Status During		4070	-		Street Address										
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of a	Abater Hour	ment s			City, S	tate, Zip Code				-	72.70		
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					ъ	
Location	of	1	Locat	lly		Do	o aviation		7 / 411		Industrial		Abat	emen pe	t
Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Ma Cust	d Sole ntena odial ((12)	nce/	Asbest (i.e.	os Cont thermal surfa	scription taining M systems cing, VA niscellan	aterial (ACM) insulation, r, or	Amo (Spe SF or			Removal	Repair	Encapsulate	Enclosure
baseme	ent	Yes No N/A			fl	oor tile		1/	0 SF				ਰ		
										0 31	X				
			NIDED Wests Co								-				
Name of Registered Wast Freehold Cartage	e Hauler		Н	IJDEP Wilauler ID I 5939	SATIST .	Cubic of Was 10		Name of Registered Landfill GROWS N Landfill							
City, State Freehold NJ	hold NJ				al Date	City, State						de nee 👵			
Completed by Title Andrew Scott Higgins President			Signature Date 5/30/12												

Date of Notification (1)				f Building Owne Mrs. Silverste		(2)		- () X) /			
Agencies Notified Type Notificatio	n		Street A	ddress lauvelt Avenu	e		-	ASBENIA	is voi Lensi	virdi. Vi	3.	
EPA Initial Amended Amendme	nt #	_		ate, Zip Code Kus, NJ			Serie SEEPSEA					
Emergenci justification Cancellation	1)	-		f Contact Mrs. Silversto	ein		Te	lephone Nu	mber			
Cancellation				LITY INFORMA							aced.	
Name of Facility Where Abatement is Tak house Street Address 215 Blauvelt Avenue	ing Place (3)	2				-12) er 8 (Otl	ner than K-1 & commerc		ldings	, hom	nes,
City (5) Ho Ho Kus				1		Square Feet 2000	# 0	of Floors	1 1 1	3ldg. <i>i</i>	\ge	
County (6) Bergen	***************************************			Code (7) USE ONLY)		Current Use (P	rior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.		of Abatement Co Environment			LC		1	
Street Address	11					Address Gate Drive, P	Э Вох	483			1	
City, State, Zip Code						State, Zip Code wood NJ 074	118	,		A 10 1000	-	
Project Manager for Monitoring Firm		Telephone No.				none No. 764-2276		License N	10.		1	
Start Date (10)	Schedule					of OSHA Monito				+	1	
Occupancy Status During Abatement (Che	20	*	do	110	Street	Address					1	
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	batem Hours	nent		City, S	tate, Zip Code					+	
Scope of Work (Check All That Apply)					- I	1					1	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	postering	enova emolit			Ê	Full Containn Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure	-			e	
Location of		Locati ormal						Q 11011 1 1101		Abat	-	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	I Sole ntenar odial S (12)	nce/	Asbestos Co (i.e. therm surf		laterial (ACM) s insulation, T, or	(mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
basement			x		floor tile		32	25 SF	х			
			,									2
Name of Registered Waste Hauler		N	JDEP W	aste Cubi	c Yards	Name of	Registe	ered Landfill			-	
FEFEHOLD CIARPAGE		l'	auler ID	ι	10		عرساح	N	LAV	NIA	-11)()
FRETTOD NT	Title				TIBLE			VILLE	(PA		
Andrew Scott Higgins	Presid	ent			Signature J	li		Da	5/	30	112	

		1	225			STOS ABAT 60 and 12:1			EC	hec	**	18	38	3	
Date of Notification (1) 5–25–12					and the state of the	wner/Operate		「利			1 1 1	- 7			
Agencies Notified	Type Notification			Street A		niversi	LY		JU	Y	4117			***	
DX EPA	🔯 Initial			E.A.	MacMil	lan Bui	lding	r j				ď			
□ DEP	☐ Amended			20.00	ite, Zip Code			1 4	1000	STUS COME	MIL 6	1			
Ø DOL	Amendment :		-		ceton,	NJ 085	44		Mode.	LICENSING					
DOH	justification)	ricidaling			f Contact			-	Tele	ephone Nu	nber				
□ DCA -	☐ Cancellation				Ortego										
N 75 W 148		DI (0		FACI	LITY INFOR	RMATION	1=	- 6 = - 100	(4)				98.0000		
Name of Facility Where Vacant House	Abatement is Taking	Place (3	3)					of Facility School (K-	12)						
Street Address 119 Fitzrando	olph Road	14					₩.			er than K-1: k commerci		dings,	home	es,	
City (5) Princeton							Squa	re Feet 200	# of	Floors		ldg. A			
County (6)					Code (7)		Curre	ent Use (Pr	ior if bei	ng demolisi	ned)				
Mercer				(STATE L	USE ONLY)										
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	No.		Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.								
Pennoni Assoc	iates, Inc.								ronme	ntal Co).,I	nc.			
Street Address		Mercon.		- Miles -	*		et Addre	7.5	MINIST SECTION		0.415111-2				
515 Grove Str	eet, Suite 1	В						s Aveni	ue						
City, State, Zip Code Haddon Height	s, NJ 08035						ip Code Own, Pi	A 194	01						
Project Manager for Mor Alan Lloyd	r for Monitoring Firm				ne No. 547–050		phone N 0-239	o. –9920		License N	o. 398				
Start Date (10) 6/11/12		Schedule 6/15		pletion I	Date (11)		Name of OSHA Monitor Plymouth Environmental Co., Inc.								
Occupancy Status Durin	g Abatement (Check						Street Address								
	ated During Entire P			ont		92	3 Haw	s Aven	ue						
	ed Outside of Norm							ip Code Own, P	DA 194	.01					
Scope of Work (Check A	II That Apply)								21 133			7			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Renova Demoliti				☐ Mi	ni-Enclosu ovebag Pro	re ocedure	Negative F			e		
		T	1				110	T Exemple	T		1		ement		
Location	a of	100000	Location Normall			Description	on of					Ту	ре		
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	d Solel intenar todial S (12)	nce/	(i.e. th	Description S Containing Bermal system Surfacing, Very ther miscelled	Materia ms insul 'AT, or	ation,	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure	
	THE STATE OF THE S	169	140	X	windo	w caulk	ina		672	TE	x	-			
windows				Α	WIRGO	w cause	1119		672	LF	_ X				
			79												
						1									
Name of Registered Was Robinson Waste			Н	JDEP W auler ID	No.	Cubic Yards of Waste			f Registe IS , Inc	red Landfil					
City, State				17304		2 Disposal Dat	te	City, Sta	ite						
Bellmawr, NJ						6/15/12				le,PA					
Completed by		Title				Signatu			1	Di	ate		10000		
Timothy E. Bry	yan	Vice	e-Pre	eside	nt	1	u	11/	24		5/25	/12			

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		=	Name of Buildin				65.57			,
May 29, 2012				Monn	nouth Medical Cer	iter <i>U</i>	20	2	65	
	ition I Notificati nded Notifi		Street Address		econd Avenue	<u> </u>	117	[E]	10	Anna
[x] DOL Amer	ndment #		City, State, Zip C		Branch, New Jerse	ev 07740	411			
inetif	gency (inc ication)	luding	Name of Contact			Felephone Number	100			
	ellation	is the state of th		s Terry		,		- !		
			CILITY INFOR	MATION		ASBESTOS CON	FR/Ti-	******		
Name of Facility Where Abatement is Taking Monmouth Medic	g Place (3) al Center	r-3 rd floor			Type of Facility (4)	School (k-12)	· · · · · · · · · · · · · · · · · · ·	. 1-12)		
Street Address	2.47			127	[x]	Other (i.e., priva			ial buil	dings,
300 Second Avenu						homes, etc.)				0 - /
City	County	(6)	County Code (7) (STATE USE ON	LY)	Square feet 10,000	# of Floors	Bldg	Age 4	0	
Long Branch	Monm	outh	(011112 0011 011	/	Current Use (Prior i	f being demolished)		0	
Name of Monitoring Firm Hired by Building			ASCM No.	Name o	f Abatement Contracto	r (9)	T			37-12-2-2-1
Environmental Ta Street Address	ctics, Inc	·		Street A		an Contracting,	Inc.			
64 Broad Street					1889 R	toute 9, Unit 61				
City, State, Zip Code Matawan, NJ 0774						River, New Jers		755-1	271	
Project Manager for Monitoring Firm Tom Geiger	10000	elephone Number 32-290-2217	er	C. C	ne Number 19-9932	License N 00624	umber			
Scheduled Start Date (10) 5/29/12		cheduled Compl 5/31/12	etion Date (11)		f OSHA Monitor	L. Analytical		disco		
Occupancy Status During Abatement (Check			Abatement	Street A	ddress	telton Road				
Abatement Performed	and the second second			City St.	ate, Zip Code					
Other – Describe AFT	ER 4:00			City, St		way, New Jerse	y 088	54		
Scope of Work (Check all that apply)				ſ	Full Containmen	t with Negative Pres	sure			
				-] Mini-Enclosure		0			
[x] >3 sf or ≥3 lf			vation	[x	[1]					
[] ≥160 sf or ≥260 lf		[] Demo	olition	L	Non-Exempted (*) and Non-Friable	Procedi	ıre		
					no estado		Abat	ement	Туре	
Location of		s Location ormally used	,	Description of the contract of		Amount	R	R	Е	E
Asbestos-Containing Material (ACM)		Solely by	A	Material (A		(Specify SF	E	E P	N . C	N C
TO BE ABATED		nance/Custodia		e., thermal	systems	or LF)	M O	Α	Α	L
in facility		Staff	in	sulation, su VAT,			v	I R	PS	S
(13)		(12)	0	ther miscel			A		U	U
	YES	NO N/A					L		L E	R E
3 rd floor construction area		l X	Asbestos pip	e insulation	on	200	X	2650000	1.	
		, W								
									300	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJ	DEP Waste Haul 20223	3	Yards of Wa	T.R.R.F.	ered Landfill				
City, State			oosal Date	City, S		2				
Toms River, New Jersey Completed by (Print or Type)	Title	6/0	1/12 Signature	Tully	town Pennsylvani	a A	Date			
Nicholas Fernicola	200,000,000	Manager	I Y\	bot	the	7)	5/29)/201	2	
	*Do	not use this fo	rm for asbestos lic	ensure exer	npted activities.					

Section (All Annual Conference on the Conference	
	Date Received
idi mm	

DEMOLITION / RENOVATION NOTIFICATION

Operate	or Project#:	Postmark:	Notificati	on:								
I	TYPE OF NOTIFICATION (O- Original R-Revised C-Ca	nncelled): O	II.	IS ASBESTOS PRESENT? (Yes/No): Y								
III.	FACILITY INFORMATION (identify owner, removal contractom other operator)											
- 7	OWNER NAME: Monmouth Medical Center											
	Address: 300 Second Avenue											
	City: Long Branch State:	New Jersey	Zip:	07740	07740							
	Contact: Chris Terry		Tel:									
	REMOVAL CONTRACTOR: Guardian Contr	acting, Inc.		NJ License: 00624								
	Address: 1889 Route 9, U	Jnit 61										
	City: Toms River State:	New Jersey	Zip:	08755								
	Contact: Nicholas Fernic	cola	Tel:	732-349-9932								
	OTHER OPERATOR (if different)			NJ License:								
	Address:											
*	City: State:		Zip:									
	Contact:	38000000	Tel:									
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo R -	Renovation E- Emergency Ren	novation):	Е								
V.	FACILITY DESCRIPTION (Including building name, number	and floor or room number)			10.							
	Building Name: Monmouth Medical Cen	ter										
	Address: 300 Second Avenue	704										
	City: Long Branch State:	New Jersey	Monmouth		.1							
	Site Location: 3 rd floor construction area											
	Building Size: 10,000 # of Floo	rs: 1	ears: 40	40								
	Present Use: Hospital	Prior Use:	Hospital									
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	PPROPRIATE, USED TO DETE	CT THE PR	ESENCE OF ASBESTOS MAT	ERIAL:							
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Till Till		Non	friable						
		RACM			E 12 12 12 12 12 12 12 12 12 12 12 12 12	s Material To Be						
	Regulated ACM to be removed Category I ACM not removed	To Be Removed		LOCATION	Removed							
	Category II ACM not removed				Cat I	Cat II						
	Pipes (Linear feet): 200	Asbestos pipe insulation		3 rd floor								
	Surface Area (Square feet):											
	RACM Off Facility Component (Cubic feet):	120										
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Stat: 5/29/12 Complete: 5/31/12											

NOTIFICATION	OF DEMOLITION	AND RENOVATION	(continued
NOTHICATION	OF DEMOLITOR	AND RUNG VALION	Commucu

х.	DESCRIPTION OF PLANNED DEMOLITION OF	R RENOVATION W	ORK, AND METHOD(S)	TO BE USED						
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:									
	Removal to take place using negative pressure glovebag m surfactant/water mix. All waste to be double bagged, seale where removal took place. All materials to be kept wet dur	d and affixed with appro	priate warning labels and plac	ed in closedocked container for dis	sposal. Encapsulation of all surfaces					
	WACTE TO ANGRODITED 41 Name Coor	dian Cantrastina	Ina	buck to an appear on your and	The same of the same of					
xii.		dian Contracting,	IIIC.							
		Route 9, Unit 61		T	00000					
	City: Toms River	State:	New Jersey	Zip:	08755					
		olas Fernicola								
	WASTE TRANSPORTER #2 Name:			10 100						
	Address:									
	City:	State:		Zip:						
	Contact Person:									
xiii.	WASTE DISPOSAL SITE Name: T.R.I	R.F.	Control Control Control		7					
	Location: Bordentown Road									
	City: Tullytown	State:	Pennsylvania	Zip:	19007					
	Telephone:215-943-9732		Permit #:	101494						
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER									
	Name:		Title:							
	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:		Acres 6		54					
	Explanation of how the event caused unsafe condit	ions or would cause	equipment damage or an u	nreasonable finarldiarden:						
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLL ASBESTOS MATERIAL BECOMES CRUMBLE				R PREVIOUSLY NONFRIABLE					
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND EVAVAILABLE FOR INSPECTION DURING NOR	IDENCE THAT TH	E REQUIRED TRAINING	HAŞ BEEN ACCOMPLISH	RT M) WILL BE ONSITE DURING IED BY THIS PERSON WILL BE					
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner	Tell (Operato)	May 29, 2012 (Date)					
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.		11	79					
	Nicholas Fernicola / Project Manager (Printed Name/Title)	<u> </u>	(Signature of Owner	(Operator)	May 29, 2012 (Date)					

Date of Notification (1)				Name of	Building (Owner/Operat	tor (2)	1111					111	
05/29/2012		Name of Building Owner/Operator (2) 95 Montgomery, LLC												
Agencies Notified		Street Address												
EPA .	× Initial			P.O. B							miton	1 2		i
X EPA X DEP X DOL	Amended Amendment	. #			te, Zip Co			9 9	A.	BESTOS C	JUNIKO SING	La		-
	Emergency		-	Jersey Oity, No 07303									Land Section 1	
DOH DCA	justification) Cancellation				Fio Rito		Telephone Number							
L DCA	Caricellation					ORMATION		went .	1_			8		
Name of Facility Where	Abatement is Takir	g Place (3)	FACIL	LITTINEC	KWATION	Туре	of Facility (4	1)				-	
Table 11							П	School (K-1	2)					
Street Address								Subchapter	8 (Othe			-00		
95 Montgomery Str	reet						×	Other (i.e. p etc.)	rivate 8	commerc	ial buil	dings	home	es,
City (5)							Squa	re Feet	# of	Floors	E	Bldg. A	\ge	
Jersey City							14,0	000	5		(+ 06	Year	'S
County (6)				County C			0.000	ent Use (Pric		ng demolis	shed)			15
Hudson County				(STATE U	ISE ONLY)		Ful	l Renovati	on				5	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			atement Con		(9)				
								ontracting	Inc.					
Street Address							et Addre			+ 005				
0'- 0- 7- 0-1								60 Clifton Avenue, Unit 365						
City, State, Zip Code								State, Zip Code fton, NJ 07012						
Project Manager for Mon	sitoring Firm		т							License	nonna Na			
Project Manager for Mon	intoring Firm		-					phone No. License No. 3-450-9500 01036						
Start Date (10)		Schedule	ed Cor				2002 0000000	ne of OSHA Monitor						
06/11/2012	2012					ontracting	Inc.							
Occupancy Status During	g Abatement (Che				Street Address									
				ment	ton Avenu	on Avenue, Unit 365								
Abatement Perform	ed Outside of Norr	nal Facility	Hour				City, State, Zip Code							
Other – Describe:				-	<u> </u>	— CI	ifton, N	J 07012		-				
Scope of Work (Check A	II That Apply)													
23 sf or ≥3 lf		-		vation				III Containme		Negative	Pressu	ire		
× ≥160 sf or ≥260 lf			emoli	Dition				ni-Enclosure ovebag Proc						
								n-Exempted		d Non-Fria	ble Pro			
	4	Is	Locat	tion									emen	t
Location			lorma	lly elv by		escription of					T .	Type		
Asbestos-Containing TO BE AB		- 7 150300000	intena			tos Containing thermal syste) Amount (Specify		Z	_	Ē	Щ	
In Facil		Cust	odial (12)	Staff?	(surfacing,	VAT, or		SF or LF)		Remova	Repair	aps	Enclosure
(13)		-	('~/	-		other miscel	llaneous)	eous)			ova	air.	Encapsulate	sure
		Yes	No	N/A									0	
Root	f		Χ			Roofing Me	embran	е	3,5	00 SF	X			
Roof					Flashing Men			lembrane 380			X	81041000		
			*											
Name of Registered Was	ste Hauler			NJDEP W	aste.	Cubic Yard	S.	Name of	Reniste	red Landf	ill			
AND THE STATE OF T				Hauler ID No. of,Waste			rds Name of Registered Landfill IESI PA Bethlehem Land				ndfill Corporation			
Atlantic Carting, LL0	2	26085							-anull	ii 00	PUIS	LUUI		
City, State						Disposal Da	ate	te City, State Bethlehem, PA						
Wayne, NJ Completed by		T:4-				TBD		Detriier	iem, i		ate			
Sean Zoric		Title Pres	idant			Signa	Y			100		/201)	
Jean Zuile	iueili	l		LANC				05/29/2012						

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

no Check			NOTI		N.J.A.C. 7:26-2.1		Tomas .	E (P	F 1	pe					
Date of Notification (1) 1/13/12	Name of Building Owner/Operator (2) BASF Corporation														
Agencies Notified							Street Address 100 Campus Drive								
(X) EPA (X) DOL (X) DOH	() Initial N (X) Amend () Cancell	ed Certifica	ation Rev. 4.5	City, State, Z	ip Code		A C 10	7/10 (37)							
() DCA		() Galleeli	cu		Florham Park, NJ 07932 Name of Contact Frank Piechoeta										
				FACILITY I	NFORMATION										
Name of Facility Where Aba BASF – Main Production Bu	Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12)														
Street Address					(X) Other (i.e. private & commercial bldgs., homes, etc.										
1 James Street		71			Sq. Feet 12	1700	# of Floo	rs_2							
City (5) Belvidere	County (6) Warren		County ((State U	Code (7) se Only)	Bldg. Age _50) +/-	a demolished) vaca	int mani	ıfacturin	a				
Name of Monitoring Firm Hi	red by Bldg	. Owner (8)	ASCM N 00104	lo.			Name of Co	ontracto	r (9)						
Environmental Health Invest	tigations, In	C.													
Street Address 655 West Shore Trail				*	Street Addres 404 N. Berry			-111							
City, State, Zip Code					City State 7in	Cada									
Sparta, NJ 07871					City State, ZipCode Brea, CA 92821										
Project Manager for Monitor	ing Firm	Telephone I			Telephone Number License Number										
William S. Kerbel, CIH 973-79-5649					484-480-8931 01066										
Scheduled Start Date (10) 1/30/2012		Scheduled (6/29/2012	Completion	Date (11)	Name of OSHA Monitor Testor Tech										
Occupancy Status During At (X) Facility Closed/Vacated () Abatement Performed O	During Enti	ire Period of A	Abatement		Street Address 10 59 Jackson Ave.										
Describe Vacant Bldg. To Be 121,701 sf building to be de	Demolished in	ed its entirety			City, State, Zip Code L.I.C. New York, 11101										
Other - Describe															
Source of Work (Check all th	at apply)		D-874 N									-)			
(X) Demolition () Renova (X) Large Proj. (>160 SF or 2 (X) Full Containment with N	260 LF AC	CM) ()Small F	Proj. (>25< Mini-Encl	160 SF or >10 <	<260 LF ACM) Glovebag Proced	() Minor F	Proj. (<25 SF	or <10 L	F ACM)						
Location of Asbestos-	Is Loca	tion Normally		Description of	ACM (i.e.		Specify SF or			ment Ty	me				
Containing Material (ACM) in Facility (13)	Solely Staff? (by Maint./Cus		thermal system surfacing, VA	ms insulation,	, and and (opeon y or o r				batement Type				
Throughout see attached sheet	X	140	INA	miscell.) See attached	sheet	heet See attac			Rem.	Rep.	Encap	Linciose			
	-	-													
		A	19												
Name of Reg. Waste Hauler Service Transport Group NJDEP Waste Hauler ID A901 #20990 / SW211				Cubic Yards o	l f Waste			of Reg. va Enter							
City, State					- WT-070		Disp. Date 4/20/12	L	[City, Sta	te ourg, OH	1			
58 Pyles Lane - New Castle,					<u> </u>				'	- 47/1031	July, OI	ā			
Completed by (Print or Type) Joseph K. White		<u>Title</u> Pr	oject Coord	dinator	Signature, Date 5/31/12										
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) Name of Building Owner/Operator (2) 2/06/12 **BASF** Corporation Agencies Notified Notification Type Street Address 100 Campus Drive (X) EPA () Initial Notification City, State, Zip Code JUN (X) DOL (X) Amended Certification Rev. #2 (X)DOH () Cancelled Florham Park, NJ 07932 () DCA Name of Contact Tel. Number Frank Piechoeta **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BASF - Powerhouse Building No. 4 () School (K-12) () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 1 James Street Sq. Feet 15000 # of Floors 2 + partial mezz City (5) County (6) County Code (7) Belvidere Warren Bldg. Age 60 +/-(State Use Only) Current Use (prior if being demolished) Powerhouse Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 00104 NCM Demolition and Remediation, LP Environmental Health Investigations, Inc. Street Address Street Address 404 N. Berry Street 655 West Shore Trail City, State, Zip Code City State, ZipCode Brea, CA 92821 Sparta, NJ 07871 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number William S. Kerbel, CIH 973-79-5649 484-480-8931 01066 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/21/2012 7/27/2012 Testor Tech Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Ave. () Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code L.I.C. New York, 11101 Describe Vacant Bldg. To Be Demolished 15,000 sf building to be demolished in its entirety Other - Describe Source of Work (Check all that apply) (X) Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) ()Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure (X) Glovebag Procedure () Non-Friable Outdoor Work Location of Asbestos-Is Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems insulation, Facility (13) Staff? (12) surfacing, VAT, or other YES NA miscell.) Rep. Encap Enclose Rem. Throughout Interior & X Pipe Insulation 2,700 lf X Exterior Pipe Racks Windows X Glazing on Windows 150 each X Throughout X Debris on Floor 500 sf X Mezzanine Deck X Tank Insulation 800 sf X Top Tier & @ Boilers X Wire Wrap 150 lf X Boilers X Block Insulation 18,000 sf X South Side & Elec. Switch X Transite & Black Panels 1,500 sf X Roof X Flat & Flashings 13,000 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Service Transport Group A901 #20990 / SW2117 120 Minerva Enterprises City, State Disp. Date City, State 5/04/12 Waynesburg, OH 58 Pyles Lane - New Castle, DE Completed by (Print or Type) Title Signature Date Joseph K. White Project Manager 5/31/12 myn U. Whit