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Date of Notification (1)			Name	of Building	Owner/0	Operator (2) : T	עסד פי	SING	TOEN	and,			7
6-24-16				Harbor A	ssocia	tes LLC	1 3	HOL &	TNO	SOT	BES	SA		24
Agencies Notified Type Notification	1			Address N. Garm	antown	Dika Si	uite 1207	010	_			1		
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■ Emergency justification)		Name (or Contact			10	31 TAI	ppor	Nuga	ger =	7/	711	5
DCA Cancellatio	n		Bill D	0.0000000000000000000000000000000000000						_	_		1	N.
Name of Facility Where Abatement is Taki	ng Place (3)	FAC	ILITY INF	ORMATI	ION	ype of Facility	(4)		-				
Oak Tree Plaza	,					-	School (K-			. ~ . *	446.	· War	ragin.	oet l
Street Address							Subchapte	er 8 (Othe						
E Black Horse Pike and Fire Road	d					×	Other (i.e. etc.)	private 8	com	nercial	buil	dings,	hom	es.
City (5)							quare Feet		Floo			ldg. A	ge	
Egg HArbor Twp							+000,000	3			1 3	0+		
County (6)				Code (7) USE ONLY)	5.00	urrent Use (Pr Offices	ior if bei	ng de	iolishe	d)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASC	M No.			Abatement Co	olracior	(9)					
Whitestone Associates	(,	1,100				V Environm		300 000					
Street Address						Street Ad	dress		-					
1600 Manor Drive, Suite 220					19	1000	enwood Dri	ve						
City, State, Zip Code							e, Zip Code							
Chalfont PA 18914 Project Manager for Monitoring Firm			Telepho	200 No		Telephon	ngton Cross	sing, PA						
Jeremy M. Hassett				12-2700)		0-6356		012	se No				
Sian Date (10)	Schedul	ed Co		Date (11)		110000000000000000000000000000000000000	OSHA Monitor		- 100 M				-	
5/23/2016	7-1	-2	016		5	same								į
Occupancy Status During Abatement (Che	ck Only O	ne)				Street Ad	dress			-				
Facility Closed/Vacated During Entire	Period of	Abater	nent			01. 0	7: 0			-		1 14		i
Abatement Performed Outside of Norr Other - Describe:	nai Facility	y Hour	5			City, State	e, Zip Code							1
Scope of Work (Check All That Apply)								-9						
× ≥3 sf or ≥3 lf	П	Renova	ation			×	Full Containm	ent with	Neo:	ve Pre	25511	P		Ť
≥ 160 sf or ≥260 lf	×	Demoli	tion			×	Mini-Enclosur	е	1.091			•		i
						×	Glovebag Pro Non-Exempte		Non	riable	Pro	cedur	9	
	Is	Locat	ion									Abate	2 10 5000	
Location of		Norma ed Sole				scription of		2000		1		Ту	pe	$\overline{}$
Aspestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/			aining Mate systems in	erial (ACM) sulation.	0.00	noun		R	-	Enc	m
In Facility (13)	Cus	todial ((12)	2 (C. 200 C.		surfac	cing, VAT, oniscellaneo	or		or LF		Remova	Repair	:aps	Enclosure
(13)	V	Na	1	-	other ii	nscellaneo	us)				val)ir	Encapsulate	ure
	Yes	No	N/A							_				
Attached			-											
Commence of the commence of th		1.0				0.000								
Name of Registered Waste Hauler		100	IJDEP W lauler ID		Cubic of Was		. Name of	153						
Service Transport Group			W2117		TBD	,,,,	Minerv	a Ente	rpris	S				1
City, State						al Date	City, Stat							
New Castle DE					TBD		Wayne	sburg,	2H	/				
Completed by Elizabeth Gosek	Title	ident			Si	ignature (1/h1	0/1	1	Date	,	24	1	1
Liizabetti Oosek	1165	nent		1			year	H	_ `	_0	-0	×4	-/	<i>Ø</i>

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) June 24, 2016 CNO Corp. Agencies Notified Type of Notification Street Address STOS CONTROL [X] EPA Initial Notification P O Box 936 [X]ICENSING DEP Amended Notification City, State, Zip Code Amendment # [X] DOL Point Pleasant, NJ 08742 Emergency (including justification) Name of Contact Telephone Nui ber [x] DOH Cancellation Tom Ciano] DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-1) Subchapter (other than k-12) Street Address [X] Other (i.e., ivate & commercial buildings, homes, etc. City County (6) County Code (7) Square feet # of Floor Bldg. Age (STATE USE ONLY) 2000 sf 80 Point Pleasant Current Use (Prior if being demolined) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contrac ng, Inc. Street Address Street Address 1889 Route 9, Un 61 City, State, Zip Code City, State, Zip Code Toms River, New ersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number Lice se Number 732-349-9932 00€ :4 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/5/16 7/6/16 E.M.S.L. Analytic 1 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New . rsey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Glovebag Procedure Renovation [x]≥160 sf or ≥260 lf [X] Demolition [x]Non-Exempted (*) and Non-Fr ole Procedure Abatement Type Is Location Description of R E Location of Normally used Asbestos-Containing Amoui E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify F C C P M Maintenance/Custodial TO BE ABATED (i.e., thermal systems or LF A L A 0 insulation, surfacing, P in facility Staff 0 V S R S (12)VAT, or (13)U U other miscellaneous) A R YES NO N/A Exterior house X Asbestos siding 200 sf X

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

Signature

Cubic Yards of Waste

City, State

32

Name of Registered Landfill

Date

6/24/2016

T.R.R.F.

Tullytown, Pennsylvania

NJDEP Waste Hauler ID No.

20223

Title

Project Manager

Disposal Date

7/7/16

Name of Registered Waste Hauler

Completed by (Print or Type)

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Nicholas Fernicola

	NOTIFICATION OF ASBESTOS (Pursuant to NJAC 8:60 an	ABATEMENT dl 12:120)		N 0 0	0010	1 1 1 1
Date of Notification (1)	Name of Building Owner/G	Operator (2)		N 30	2016	
6-23-16.		191	L ASDEC	·00.00	A ITES	
Agencies Notified Type Notification	Street Address .		ASBES	OS CC)L &
EPA Initial Amended Amendment #	City, State, Zip Code	07 07710		S	V	
Lineigency (mordan	ng Name of Contact	NJ 07719	Telepho			
DOH justification) DCA Cancellation	Fluita Noi	<u></u>				
Name of Facility Where Abatements Taking Place	FACILITY INFORMAT (3)	Type of Facility (4)		-		
PENEDENT OF	(0)	School (K-12)				
Street Address		Other (i.e. priv	(Other than K-12 rate & commercial	buildings	, homes	
C(0x(5))		Square Feet	# of Floors	Bldg. A	Age	
Belman UJ 077	•	Current Use (Prior	it boing domalist	4)		
County (6)	County Code (7) (STATE USE ONLY)	— PC JC OPL		u)		
Name of Monitoring Firm Hired by Building Owner	(8) ASCM No.	Name of Abatement Contra	actor (9)	10		
Street Address		Street Address	prises	<u>1C.</u>		-
Street Address		1 28 19a 10	NUC.			
City, State, Zip Code		City, State, Zip Code	VER W5	070	35	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License N			
Cohor	duled Completion Date (11)	973-9426921 Name of OSHA Monitor	110 F	<u>4.</u>		
Start Date (10) Sched	F - 20 - 2016.	Name of Corp. Memo.				
Occupancy Status During Abatement (Check Only		Street Address				
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe:	of Abatement ility Hours	City, State, Zip Code				
Scope of Work (Check All That Apply)						
≥3 sf or ≥3 lf	Renovation Demolition	Full Containmen Mini-Enclosure	t with Negative F	essure		
≥160 sf or ≥260 lf	Demonitori	Glovebag Proce	dure *) and Non-Friat	: Procedu	re	
	Is Location			Abat	tement ype	
Location of		escription of attaining Material (ACM)	Amount	-T	T	-
TO BE ABATED	Maintenance/ (i.e. therma	Il systems insulation,	(Specify SF or LF)	Repair	Encapsulate	Enclosure
In Facility (13)		miscellaneous)	o, o ,	pair	sulat	sure
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1st 2nd F602.	11	of weap.	90 FF	9		-
Basement Area.	10 theremal	Systems Tubulation	MOLL.	~		-
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Name of Registered Waste Hauler			egistered Landfil		1	
270 Entempreses 11c.	Hauler ID No. of W.	10cy Was	te. May	gem	eut-	
10030 020	1035	ossal Date \ City, State	town	AC		-
Completed by Chiplo	"Uavagen.	Signature 4 5000		6-2	3-16	0_
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NOTIFICATION OF ASBESTOS ABATEMENT

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

ate of Notification (1) June 27, 2016			Name of Building Owner/Operator (2) Lil John's, LLC				29800					
	l Notification		Street Address	24 Gra	vely Point Road	计型			W			
[x] DOL Ame	nded Notification ndment # gency (including		City, State, Zip Co		nds, NJ 07732	L JI	√ 3	0 2	016		訓	
DCA	ication) ellation		Name of Contact John	Caruso		relephone Nu ASE	6.4	ISINI		-		
		FACI	LITY INFORM	IATION	, , , , , , , , , , , , , , , , , , ,				À	-		
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-		er than	k-12)			
Street Address					[]	Other (i.e., homes, etc				al build	lings,	
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1500	# of Floor 2		Bldg		0		
Highlands	Monmouth				Current Use (Prior i Reside		hed)					
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name of	Abatement Contractor Guardi	(9) an Contrac	ng,	Inc.				
Street Address				Street Ad	dress	oute 9, Un						
City, State, Zip Code				City, Stat	e, Zip Code	NATION AND AND AND AND AND AND AND AND AND AN	w Tersey 08755-1271					
Project Manager for Monitoring Firm	Telephone	Number	Telephone Number 732-349-9932				se Number 24					
Scheduled Start Date (10) 6/28/16	Completio	on Date (11)	-	OSHA Monitor	L. Analytic							
Occupancy Status During Abatement (Check X	od of Abate		Street Ad	dress	telton Roa							
Other – Describe				City, Stat		way, New	erse	y 088	54			
Scope of Work (Check all that apply)				[]	Full Containment Mini-Enclosure	with Negativ	Press	sure				
$\begin{bmatrix} & & >3 \text{ sf or } \geq 3 \text{ lf} \\ & & & \geq 160 \text{ sf or } \geq 260 \text{ lf} \end{bmatrix}$	[] [x]	Renovati Demoliti	ation [] Glovebag Procedure					n-Fr ble Procedure				
							-	Abate	ment	уре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	bestos-Containing Material (ACM) Solely by TO BE ABATED Maintenance/Custodial Staff				n of taining CM) systems facing, r neous)	Amou (Specify or LF	SF	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X Asbes					325 sf		Х				
				-								
Name of Registered Waste Hauler NJDEP Waste Hauler ID No				ards of Wast	e Name of Registe	ered Landfill	-					
Guardian Contracting, Inc. 20223 City, State Disposal Date				City, Sta	T.R.R.F.							
Toms River, New Jersey 6/30/16 Completed by (Print or Type) Title Signature					own, Pennsylvania	7	-	Date				
Nicholas Fernicola	for ashestos lice	<u> </u>	nted activities			SHOW SHOW	/2016	5				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) Tune 27, 2016					Name of Building Owner/Operator (2)													
June 27, 2016						Green	Life I	Energy Solution	ons 5	2	[2]	1000	1	102				
Agencies Notified Type [X] EPA [X] [] DEP [1	n otification d Notifica			Street Address	6754	Washi	ngton Avenue	111-5	Ð								
[x] DOT	Amendn				City, State, Zip Coo		arbor	Twp., NJ 082	34	IN	3 0	2016	5	U				
[x] DOH [justificat] Cancella	tion)	Ü		Name of Contact	Gemm	a Bur	nting Te	lephone Nur AS		-							
				FACI	LITY INFORM	ATION		L		ICH	-NSII	VG						
Name of Facility Where Abateme	nt is Taking Pla	ace (3)		IACI	EII IN ON	ATION	Type	of Facility (4)		1								
Residence								Same and the same of the same	School (k-1									
Street Address								5 5	Subchapter									
Carlos Contratorios (Carlos Carlos Ca								L	Other (i.e.,	ivate	& coi	nmerci	al build	lings,				
City		County (6)		County Code (7) (STATE USE ONL)	0		re feet 1500 sf	# of Floor:		Bldg	. Age	0					
Kearny	I	Hudson						ent Use (Prior if b Residence	eing demoli	ed)								
Name of Monitoring Firm Hired b	oy Building Own				ASCM No.	Name of	Abaten	nent Contractor (9		12.0	T							
Street Address	i Contractini	g, mc.				Street Ac	ldress	Guardiai	Contract	ig, mc.								
	ute 9, Unit 6	51						1889 Ro	ute 9, Uni	ni 61								
City, State, Zip Code	211.007				City, State, Zip Code Toms River, Nev													
	Toms River, NJ 08755 Project Manager for Monitoring Firm Telephone Num					Telephon	e Muml				y 087 imber	755-12	271					
Nicholas Fernicola 732-349-993						732-34			006		illioci							
Scheduled Start Date (10) Scheduled Com 7/11/16 7/12/16					n Date (11)	Name of		Monitor	. Analytic	Į								
Occupancy Status During Abatem			ine Denie die	£ 41-4-		Street Ad	ldress	1056 Sto	Itan Dagi									
프로그 프로그	osed/Vacated Di Performed Out				50/00/2000				lton Road	_								
Other – De						City, Stat	te, Zip (ay, New J	rse	y 088	54						
Scope of Work (Check all that app	ply)					[]	Fu	ill Containment w	rith Negative	ress	ure							
F 4		2	_			[]		ini-Enclosure										
[X] >3 sf or ≥3		[-	enovati		[x]		ovebag Procedure			•							
[] ≥160 sf or	≥260 If	L	J	Demoliti	on	_ []	No	on-Exempted (*)	and Non-Fri	ole P	rocedu	re						
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Asbestos-Containing Materia	ıl (ACM)		olely by	1		faterial (A		3	(Specify	F	E	E P	N C	N C				
TO BE ABATED			ance/Custo	odial	(i.e.	, thermal:	system		or LF)		M O	A	A	L				
in facility (13)			Staff (12)		inst	lation, sur VAT, c		55			V	I R	P S	O S				
(13)			(12)		oth	er miscella)			A	10	U	U				
*		YES	NO 1	N/A				´			L		L E	R E				
Basement	Basement X				Asbestos pipe	insulatio	n		81 lf		X		E	Е				
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				*******						1								
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler I 20223				D No. Cubic Ya	rds of Wast	e N	Jame of Registere T.R.R.F.	d Landfill	3 011 -									
City, State				Disposa	l Date	City, Sta				-								
Toms River, New Completed by (Print or Type)		itle		7/13/1		Tullyto	I Awc	Pennsylvania		1	Det	· ·						
Nicholas Fernicola	10.00		Manager		Signature	\frown .	1				Date 6/27	/2016	5					
*Do not use this for				s form	for asbestos licen	sure exem	pted a	ctivities.										

CK 4690

		NO			NJAC 8:6		12:120)		7	F C		W	E	F
Date of Notification (1) 06/24/16			N: C	ame of B	Building Ow AL LAKE	vner/Op E HEA	erator LTHC	(2) CARE		3					
Agencies Notified	Type Notification			treet Add	dress KESIDE	BOUL	EVAF	RD			JUN	3 0	20	6	丰
EPA DEP DOL	Initial Amended Amendment #		С	ity, State	e, Zip Code	9				L	SBEST)S C	ONT	ROL	&
× DOH	Emergency (ir justification)		N	ame of C	AND THE PERSON NAMED IN COLUMN					5,57	horr "	ţ.		_	1
DCA	Cancellation				ITY INFOR		ON								
Name of Facility Where CRYSTAL LAKE	Abatement is Taking	Place (3)							Facility (4 hool (K-12						
Street Address 395 LAKESIDE BL	VD.							IT SI	bchapter her (i.e. pr	8 (Other	than K-1 commerc	l buildi	ngs, h	omes	
City (5)								Square		# of l	Floors	Blo	dg. Ag	е	
BAYVILLE, NJ County (6)				County C	ode (7) SE ONLY)				Use (Prio		g demolis	ed)			
OCEAN COUNTY Name of Monitoring Firm	n Hired by Building C	wner (8)	(-	ASCM	***		Name	of Abate	ment Con	tractor (9)				
59 								LEAD	PROFE	SSION	NALS	(
Street Address									OVE CC	DURT					
City, State, Zip Code								State, Zip EWOO	D, NJ 08	8701					
Project Manager for Mon	ect Manager for Monitoring Firm							hone No -668-90			License 1200	٥.			
Start Date (10)	tart Date (10) Scheduled Cor 06/27/16 06/28/16						Name of OSHA Monitor AAA LEAD PROFESSIONALS								
Occupancy Status Durin	ng Abatement (Checi							Address	OVE CO						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm	Period of A al Facility	batem Hours	ent			City,	State, Zip							
Scope of Work (Check → ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enoval emoliti	ion			Angel Manager Manager	× Min	Containm -Enclosure vebag Pro -Exempte	e cedure	-			ment	
Asbestos-Containin TO BE At In Fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					os Con therma surfa	I syster icing, V	Material ns insula	(ACM) tion,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
BOILER	Yes No N/A BOILER ROOM					OILER	RINSU	JLATIC	N	1	0 SF	X			
									Nema	f Dogiat	ered Lanc	11			
Name of Registered W NEWARK CARTIN			H	JDEP V lauler ID 4509		of Wa			IESI		sieu Laik				
City, State NEWARK, NJ						Dispo 06/2	osal Da 8/16	te	City, State BETHLEHEM PA						
Completed by JOSEPH PERLSTEIN Title OWNER							Signati	ıre				ate 6/24/	16		

			(Pursuant to NJAC 8:60 and 12:120)								F		
Date of Notification (1)			Ŧ	Name	of Buildin	g Owner/Operator	(2)			Ш	U	15	m,
6/24/16	5			Mike	Dennis			10/					Ш
Agencies Notified	Type Notification			Street	Address			II LI JUN	3 () 2	2016		14
EPA DEP	Initial Amended			071 0	7:- 7:- /	5-7-			_	_		=	三
DOL	Amendment #		.		tate, Zip (klawn, 1			ASBEST	SO	ONI	TD	\	
NO. AND	Emergency (in justification)	ncluding	-		e of Con			1 Telephone	mbe	10000	the contract of	الـق	-
DOH DCA	Cancellation				Dennis	iaci		TOTOPTION		211 41	_		
	100					ORMATION							=
Name of Facility Where	Abatement is Takin	a Place	(3)	174	712111 1141	Ordina (10)	Type of Fac	ility (4)	-				
Residence			8 6				School (401				
Street Address								ter 8 (Other than e., private 8 comm		auildi	inae		- 1
							homes,	etc.)	Ciai				
City (s)							Square Fee				dg. A	ge	
Brooklawn, NJ						7) (07.475	1700 SF	2 (Prior if being de	- alich	_	yrs	_	-
County (6) Camden				USE	nty Code(ONLY)	7) (STATE	Residence		UIISIII	Juj			
Name of Monitoring Firm	Hired by Ruilding	Owner	_	ASCM	-	Name of Abater			=				=
(8)	i i iii ea by ballaing	O WILL		AGOIVI I	110.	AEi2, LLC		A CONTRACTOR					
Street Address						Street Address							
oli cer riadi coc						361 E. Flemin	ng Pike						_
City, State, Zip Code						City, State, Zi							
						Hammonton,						_	
Project Manager for N	Monitoring Firm		Tele	phone	No.	Telephone No.	20	License N 00689					
					609-481-212				_			=	
Start Date (10)	7/10	duled C	omple	tion Da	te (11)	Name of OSHA AEi2, LLC	MOUITOL						
7/3/16 Occupancy Status Durin		(T. 100)	one)			Street Address			_				=
Facility Closed/Vaca				ement		361 E. Flem							
Abatement Performe						City, State, Zip (Code						
Other - Describe:						Hammonton	, NJ 08037						_
Scope of Work (Check a	all that apply)					Full Co	ntainment wit	h Negative Press	е				
M. 2 . f 2 16		▼ Re	novat	on		Mini-Er							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		De	novat molitic	n			ag Procedure	nd Non-Friable Pro	odur				
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TO BE ABA	TED		stodia	al	(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)		e m	e	c a	2
IN Facility (13)	У		(12)			other miscellane		0, 0, 2,		0	p a i	P s u	o s u
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D .		Yes	No	N/A	Dust I	nsulation		125 LF	-	v		t c	\dashv
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		-		-					-	_			\vdash
10 11 111	ata Harilar		-	JDEP 1	Nacto	Cubic Yards	I Name of	Registered Landfil	=1				
Name of Registered Wa	iste Hauler		1 2	lauler [[of Waste	23/4/2000/2004/2000	togiotorou Eurium					
AEi2, LLC			_ 2	1376		2	TBD City State						_
City, State						Disposal Date TBD /	City, Stat						
Hammonton, NJ Completed By Title						Signature	7111	T Da			_		_
Completed By Wm. Minnick		e rogran	ı Mo	r.		am	Mm		/16				
ASB-41						خنشا	1						

Date of Notification (1)				Name o	f Building	Owner/Operator		enties JUN	3 (7 2	016	-11	到	
	23/16					Cl	namber Prope	enties JUN	<u> </u>	J L		1	_	
Agencies Notified	Type Notification	on		Street A	Address	7	20 Nassau Str	eet	_		TDO	1 8		
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DOL DOL	Amendmen			City, Sta	ate, Zip Ci		inceton, NJ 02	8542L	上	10114				
⊠ DOH	Emergency justification		H	Name o	of Contact			Telephone No	nber				커	
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Name of Facility Where	Abatament is Ta	king Place	(3)	FACI	LITT HAT	OKINA HOW	Type of Facility	(4)	-				\neg	
Name of Facility vvnere	Office	Suite 10	3/10	4			School (K-12	2)						
Street Address	Office	Duite 10	0,10				Subchapter Other (i.e., p	8 (Other than k	12)	buildi	nge			
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City (5)							Square Feet	# of Floors	-	100000000	g. Ag			
	Princet	ton, NJ ()854	2			15000	4	_		90+	/		
County (6)) (STATE	Current Use (Pr	for if being den	lish	ed)				
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Name of Monitoring Fire				ASCM N	No.		nent Contractor (9		000	Ton				
(8) DB E	Environmenta	al	_ .				vens Environi	nental Serv	ces	, 1110			_	
Street Address						Street Address	DO I	3ox 322						
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Project Manager for Mo)-8408		59-9688	21001100111	00)493				
	Bunocore	cheduled C				Name of OSHA							_	
Start Date (10) 6/24/16	3		5/28/		C (11)	ranio or oor a		rironmental						
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Other - Describe:	0						Freehold	1, NJ 07728					_	
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			Locati omali								Тур			
Location			Sole		Ashas	Description of stos Containing Ma		Amount				_		
Asbestos-Containing TO BE AB			ustodi			thermal systems	insulation,	(Specify		R	Z	Encapsulate	En	
IN Faci	lity		Staff? (12)			surfacing, VAT	F, or	SF or LF)		Remova	Repair	nsde	Enclosure	
(13)				27.50		Other miscelland	5045)	3		/al	7	late	īe	
		Yes	No	N/A										
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City, State	imicinal Sci V	1003, 111		10.	474	Disposal Date	City, State						- 171-	
City; State	Allentow	n. N.I				6/28/16	1-0/	Morrisv	le,	PA				
Completed By	1 III CII CO	Title				Signature	/ //	Da						
Mahlon E. S	Stevens	12/05/2009	roje	et Mai	nager	/////	1		_	6/24	1/16			
ASB-44		200	XV.	30 0		///			W					
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Date of Notification (1)	Toplic			Name o	of Building	Owner/O	perator	(2)									
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D DEP	Amended Amendment #	‡	_		2ABE		Cin	神神	O								
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								☐ School (K	-12	LICENSING	ì						
Street Address							1	Subchapt	hri	Other than K-12 te & commercial	2) al buil	dinas	hom	es.			
								(etc.)	p.,	CLUBERT BUREL HOUSE	e	12.3	ميخليت				
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ELI ZABET	1 NIV	. 0	120					2,800		<u></u>		8)				
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N		umor (9)		ASCI			Nama	of Abatement Co	- mtr	HOUSE				-			
Name of Monitoring Firm Hired	a by building C	writer (o)		ASU	WI NO.			VATEC		INC							
Street Address				<u></u>				Address	1_	100							
Sileet Address					28	1	P.0		Si								
City, State, Zip Code							The second second	ate, Zip Code	<u> </u>		^ -						
Only, Carro, paper Control	•					1	OID	() 0	SE	€ N.D. 08857.							
Project Manager for Monitoring	ect Manager for Monitoring Firm							one No.		License No.							
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Start Date (10)	Date (10) Scheduled Com					ompletion Date (11) Name of OSHA Monit						1/4					
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Occupancy Status During Aba	tement (Check	Only One	#)	T		1	Street A	Address	211								
Facility Closed/Vacated D	During Entire Pe	eriod of Al	bateme	ent		1	4.0	. Box i	21								
☐ Abatement Performed Ou ☐ Other – Describe:	itside of Norma	I Facility	Hours					ate, Zip Code	_	10 6	00	~)					
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Scope of Work (Check All Tha	(Apply)						~!										
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Asbestos-Containing Mate TO BE ABATED			ntenan			thermal:	systems	insulation,		(Specify	Re	70	nos	FILE			
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Name of Registered Waste Ha	uler	LL	I NJ	DEP V	l /aste	Cubic \		Name of	Re	istered Landfill							
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ASB-41 (R-06-08)						1	* Do not	use this form fo	ras	estos licensure	exem	pted	activit	ies			

CK 29808

NOTIFICATION	OF A	SBESTOS	ABA	TEMENT
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Agencies Notified Type of Notification Street Address 711 Park Avenue Type of Notification Type of Notif	3 8 8	(Pursuant to NJAC 8:60 and 12:120)											\mathbb{V}	E	7	
X BPA S Initial Notification City, Stata, Zip Code Lakewood, NI 08701 ASDES City, Stata, Zip Code Lakewood, NI 08701 Cancellation Statistical City, Stata, Zip Code Statistical City Statistical Ci	Date of Notification (1) June 27, 2016	i.			Name of Build	ding O			Trans.)); II		200	3086)	\prod	
Name of Facility Where Abstrement is Taking Place (3) Residence Type of Facility (3) Subchapter Subch	[X] EPA	Notifica nded Noti ndment # gency (in ication)	fication		City, State, Zi	p Code	Lakewo	ood	Avenue	ASBES L	CE			iL &		
Name of Facility Where Absternent is Taking Place (3)				FACI	LITY INFO)RM	ATION				£ 1, -100-					
County (6) County (7) County (6) County (6) County (6) County (7) County (6) County (7) County (6) County (7) County (7) County (8) County (7) County (7) County (8) County (7)	Residence	Place (3)						Ту	[]	Subchapter	(oth			al build	lings,	
Street Address Street Address 1889 Route 9, Un 61		10200000)		1000 sf urrent Use (Prior if b	# of Floor 1 being demoli	ied)			0		
Street Address Street Address Stree		Owner (8)	1	ASCM No.		Name of A	Abat	am a na arangan na militaka ar mananiki ila	- A	cing Inc.					
Toms River, New ersey 08755-1271 Project Manager for Monitoring Firm							Street Add	dres	S							
Telephone Number Telephone Number Telephone Number Touly To	City, State, Zip Code			11			City, State	e, Zi	p Code		ersev 08755-1271					
Scheduled Start Date (10) 7/8/16 7/8/16 7/8/16 Cocupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other − Describe Scope of Work (Check all that apply) [] Full Containment with Negative Priscataway, New Piscataway, New Piscat	Project Manager for Monitoring Firm	lumber					ımber	Lice	ie N		33-1,	2/1				
X Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road City, State, Zip Code Piscataway, New Piscatawa	7/8/16		n Date (11)				IA Monitor		1							
[] Nini-Enclosure [] Signature [] Mini-Enclosure [] Glovebag Procedure [] Signature R	[X] Facility Closed/Vacated [] Abatement Performed			_			1056 Ste	21	rse	y 088	 54					
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) YES NO N/A Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Is Location Normally used Asbestos-Containing Material (ACM) (Asbestos-Containing Material (ACM) (Specify F M P C C C C C C C C C C C C C C C C C C	[] >3 sf or ≥3 lf		[] [x]				[] [] [x]		Mini-Enclosure Glovebag Procedur	re			ге			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) VAT, or other miscellaneous) Exterior Normally used Solely by Material (ACM) Maintenance/Custodial insulation, surfacing, VAT, or other miscellaneous) Exterior X Asbestos siding Normally used Solely by Material (ACM) (i.e., thermal systems or LF VAT, or other miscellaneous) VAT, or other miscellaneous) Exterior X Asbestos siding Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Normally used Solely by Material (ACM) (i.e., thermal systems or LF M A A L O I P P C C O I P P C C O I P P C C O I P P C C O I P P C C O I P P C C O I P P C C O I P P C C VAT, or other miscellaneous) V A S S S S A L I U U L E E E E E Disposal Date T.R.R.F. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Title Project Manager											-	Abat	ement '	Гуре		
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola NJDEP Waste Hauler ID No. 20223 3 Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State City, State Tullytown, Pennsylvania Date 6/27/2016	Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility	Location of bestos-Containing Material (ACM) TO BE ABATED in facility (13) Normally used Solely by Maintenance/Custodial Staff (12)					Asbestos-Containing Amou Material (ACM) (Specify (i.e., thermal systems insulation, surfacing, VAT, or					E M O V A	E P A I	N C A P S U L	N C L O S U R	
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Toms River, New Jersey 7/13/16 Tullytown, Pennsylvania Completed by (Print or Type) Title Signature Nicholas Fernicola Project Manager Date 6/27/2016		1		223	VA. 200					ed Landfill						
	Toms River, New Jersey 7/13/16 Completed by (Print or Type) Title Signature					V	Tullyto	l win	1		_	1000		5		

CK29807

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building										
June 27, 2016			ARM Cons	struction	E (E	JUIT	曾午	37			
[] DEP [] Ame Ame [] Emer justif	tion I Notification Inded Notification Inded Notification Indenent # Independent for the state of the sta	Street Address City, State, Zip Co	711 Park A de Lakewood, Batsheva	NJ 08701	jt SBAS	i 30	2016	1.8				
[] BCA	DA	OH ITH DEPON		4								
Name of Facility Where Abatement is Taking Residence Street Address		ACILITY INFORM		3 5	hool (k-1	(other tha	n k-12)					
Su cel Addiess					her (i.e., mes, etc.)	ivate & co	mmerc	ial build	lings,			
City	County (6)	County Code (7) (STATE USE ONL			of Floors	Bld	g. Age	50				
Lakewood	Ocean	100		rent Use (Prior if bein Residence	g demoli	ied)						
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of Abate	ment Contractor (9) Guardian C	ontract	12. Inc.						
Street Address			Street Address	1889 Route								
City, State, Zip Code			City, State, Zip	Code		w ersey 08755-1271						
Project Manager for Monitoring Firm	Telephone Number	er	Telephone Nun 732-349-99	nber		e Number		2/1				
Scheduled Start Date (10) 7/8/16	Scheduled Comple 7/12/16	etion Date (11)	Name of OSHA Monitor E.M.S.L. Analytic									
	only one) d During Entire Period of A Outside of Normal Facility I		Street Address City, State, Zip	1056 Stelto	n Road							
				Piscataway,			354					
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $	\$ 5 S	vation olition	[] 0	Full Containment with Mini-Enclosure Glovebag Procedure Non-Exempted (*) and			ure					
					- 12	Aba	tement '	Гуре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	al (i.e ins	Description of pestos-Containing Material (ACM)., thermal systemulation, surfacing VAT, or er miscellaneous	ns g,	Amour Specify or LF)	F R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Exterior	X	Asbestos sidir	ng	14	400 sf	X						
N CD LWI IX			, T		1011							
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	3		Name of Registered L T.R.R.F.	andfill							
City, State Toms River, New Jersey		oosal Date 3/16	City, State Tullytown.	Pennsylvania								
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature				Date 6/2	7/2010	5				
	*Do not use this fo	rm for asbestos licer	sure exempted	activities.								

Emergency

1 - 1	(Pui	rsuant to	NJAC 8:60	and 12:120	1) (Cape	5.5	28	Links			
Date of Notification (1) 6/24/16			Building Own Egg Harb		(2) nal Schools Dis	strict			and to the	*********	Partingo
Agencies Notified Type Notification		Street Ad	dress r. Dennis I	oreman	Drive III) E	0 6		W	E	0
EPA Initial Amended Amendment #	C	ity, State	e, Zip Code		511VC 311E	**			<u>U</u>		\mathbb{H}
x Emergency (including	200	Mays L	anding NJ	08330	Щ	Teleph	W 3	0 2	716	4	Ш
DOH justification) Cancellation			s Grossi			II reiepr	ne Nun	nber -	710	1	
Name of Facility Where Abatement is Taking Place	(3)	FACIL	ITY INFORM	IATION	Type of Fadility (ASBE	TOS C	THO	ROL	8	\exists
Oakcrest High School	(5)				School (K-1	7	ICEN:	SING			
Street Address 1824 Dr. Dennis Foreman Drive	*				Subchapter Other (i.e.) etc.)	8 (Other't	in K-12	al prijo	ings,	home	es,
City (5) Mays Landing NJ 08330				6	Square Feet 1000+	# of Fl	ors		dg. A 5+	ge	
County (6) Atlantic		County C	ode (7) SE ONLY) _	100	Current Use (Pri	or if being	emolish	ied)			
Name of Monitoring Firm Hired by Building Owner Coastal Environmental Compliance LLC		ASCM	No.		of Abatement Cor aco Inc.	ntractor (9)					*
Street Address PO Box 167				1707	Address Box 329			()			
City, State, Zip Code Hammonton NJ 08037	(A)			54 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State, Zip Code t Berlin NJ 080	91					
Project Manager for Monitoring Firm Cathy Ledden	Т	elephon	e No.	1	none No. 753-9800		ense N 727	0.			mest -
Start Date (10) Sched 6/25/16 6/27/	duled Comp	pletion D	ate (11)	Name Sam	of OSHA Monitor e		-				
Occupancy Status During Abatement (Check Only	One)			Street	Address	•	-				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Fac Other – Describe: weekend			NAT	City, 5	State, Zip Code		8	-			,
Scope of Work (Check All That Apply)					L'WET WA	90 R	OT	14			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	Renovati Demolitio				Full Containm Mini-Enclosur	ent with No		ressu	е		
					Glovebag Pro Non-Exempte		n-Friab	le Pro	cedur	е	
	Is Location						92			ement pe	t
	Normally ised Solely Maintenan	y by	Asbestos	Description Containing I	of Material (ACM)	Amo	nt				
In Facility C	ustodial St	725 Mary 1	S	urfacing, VA		(Spe SF or		Removal	Repair	Encapsulate	Enclosure
(13) Ye.		N/A	oti	ner miscella	neous)		12 12	oval	air	sulate	sure
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			We	t way	+ CUT		-				
Name of Registered Waste Hauler	100000000000000000000000000000000000000	JDEP Wa		ubic Yards Waste	The second second second	Registere	Landfill				
Pernaco Inc.	1000000	787	2	Parties	ACUA						
City, State West Berlin NJ				isposal Date 28/16		te arbor TW	' NJ 0	8234			
Completed by Titll Anthony T Perna Pre	e esident			Signatur	· l		Da 6/	ite 24/16	3		

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	Amended			City	State, Zip						-	÷ .=	-	-	
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⊠ DOH	☐ Emergency justification		ng	Nom	e of Conta			=	20	ASBES	SCI	TVIE		-	_
□ DCA	Cancellation			Name	SA		-		184 L	1					
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			-	FA	CILITY IN	-OR	MATION	T -	Time of Facility	12/	100	15.60	THE TO	290	2000
Name of Facility Where			e (3)						Type of Facility			2510	The same	Mr. Myg	
	SIDEMCI	٤				_		1 1	School (K-1) Subchapter	8 (Other th	n K-12)			
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SE	A ISC	<u></u>	Ci	_					1000				50	+	
County (6)				Cou	nty Code (7) (3	STATE	1	Current Use (P		emolis	hed)	Y Cont. ==		
CAPE	MAY			USE	ONLY)			-	NACH	ANT					
Name of Monitoring Firm	Hired by Buildin	g Owner	T	ASCM	No.	500.000	그런 회원 회사 교육하는 생각 중에 하는 바이지를 받았다.		nt Contractor (9		1				
(8) N	/A						KLEMC	C	INC	,					_
Street Address						St	reet Address			, A					
]	369 5		SPRUCI	E AU	-				
City, State, Zip Code						Cit	y, State, Zip C	od	le		-				
50 00	34						MAPCE		DHADE	M.I	08	02	2		_
Project Manager for Mon	itoring Firm		Tele	ephone	No.		lephone No.	_	0.10	Licens	No.				
	(*)					8	56-77	9	-0472	-	241	4 4			_
Start Date (10)	Sch	heduled (Comple	etion Da	te (11)	Na	me of OSHA N	Moi	nitor ,				66	9.5	
7-5-16	,	7 -	12	-16	0				N/A.		-				_
Occupancy Status Durin	g Abatement (CI	heck only	one)	ti		Str	eet Address							8-1-1-1	
Facility Closed/Vacate	ed During Entire	Period of	Abate	ment		_									_
Abatement Performed	Outside of Nom	nal Facili	ty Hou	TS		Cit	y, State, Zip C	cod	le						
Other - Describe:															_
Scope of Work (Check a	Il that apply)									. 5	NAME OF THE OWNER				
		Пр	enovat	ion			Full Con		inment with Ne	gative Pres	ure				
≥3 sf or ≥3 lf ▼≥160 sf or ≥260 lf			emolitic				Gloveba	ag l	Procedure						
<u> </u>		-					Non-Exe	em	pted (*) and No	on-Friable F	ocedur	1			_
		1	Locatio	\$W								A	bater Typ		
. Location o	of		ormain i Solel				Description of	f				-	-7-	_	_
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TO BE ABAT			ustodia Staff?	31	(i.e.,		mal systems in rfacing, VAT,			(Spec SF or L		Rem	Repair	cap	nclo
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City (5) Mendham									etc.) e Feet	# of 2	Floor		* B	ldg, A	ge	1 57
County (6) Morris		No.			Code (7) USE ONLY)			Curre	nt Use (Pri	ior if bei	ng de	olish	ed)		7	
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City, State Freehold, NJ						Dispo: TBD	sal Date		City, Sta Birdsbo		Ą					
Completed by A Scott Higgins		ident			S	Signature	M	_	_		Dat 6/2	e 27/16	5		-	

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Name of Monitoring Firm	Hired by Building	Owner (8	ý	ASCI	M No.		Name	of Abatement Co	ontractor (9)	110				
County (6) Essex					Code (7) USE ONLY	2		Current Use (P	-	iolish	-			
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Agencies Notified Type Notification	including		City, St ELI	Address WINFIE ate, Zip Code 2 A BETM FContact KAYWAN	N.E	ARRAG	国のい	G2E I V	E		
Name of Facility Where Abatement is Taking		3)	FAC	ILITY INFORMAT		Type of Fac	CD	STOS CONTRO	- &		F
Street Address				especies de la activación de la compositiva della compositiva dell	Ç,	Subch Subch Offier etc.)	apt	2) 8 (Other than K-1 mate & General	2)	ldings	s, ho
City (5) ELIZABETH N.D. County (6)	672	.01		Code (7)		Square Fee	>	# of Floors or if being demolish HOVSE		3ldg.	Age
Name of Monitoring Firm Hired by Building C	Owner (8))	ASC	No.	1 .	of Abatemen	it Co	tractor (9)			
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Project Manager for Monitoring Firm		T	Telepho	ne No.	The state of the s	DONE No.	-	CO CO Z	0.	_	
Start Date (10) 6 23 16		7/	npletion 23/1	Date (11)		OF OSHA MO	nito	الكد			
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Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit				Full Conta Mini-Encli Glovebag	ainn osui Prc	nt with Negative P edure (*) and Non-Friab			ire ·
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Locati Normal d Sole intenal todial S (12)	ly ly by nce/	Asbestos Con (i.e. therma surfa	scription taining M systems oing, VA niscellan	aterial (ACM) Insulation, I, or):	Amount (Specify SF or LF)	Removal	Abat T) Repair	emel Encapsulate
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Date of Notification (1) 6/23/2016	22				Building Con Public			(2)	d .			E	C	E		7 [7
Agencies Notified	Type Notification			Street Ac	ldress eridan A	venue	e. 2nd	Floo	or .		M		tro					
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	Emergency (justification) Cancellation	3 53		Name of								ASS!	18 4	BONDIA	99Fp	01 0		
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Street Address 448 Main Street									Othe	er (i.)	e. pr	ivate 8	CO1	n K-12) mercia	build	ings,	nome	es,
City (5) Paterson								80	uare F 000+	-		# of 4			50	dg. Aq)+	je	
County (6) Passaic				County C	code (7) ISE ONLY)			34774	rrent l hool		(Prio	if beir	ng d	nolishe	ed)			
Name of Monitoring Firm		Owner (8)		ASCM 0003			Name HAZ											
Street Address 1253 North Church	Street						Street 16 G			D A	AVE) 				
City, State, Zip Code Moorestown, NJ 08	057						City, S					NJ 07	40:					
Project Manager for Mon Michael Stocku				Telephor 856 84	ne No. 0 8800		Teleph 973			5			2000	nse No				
Start Date (10) 06/24/2016	* 100 - 100	Schedule		npletion [Date (11)		Name HAZ					TIC	LLC					
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Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	Period of A nal Facility	baten Hours	nent s			City, S	State,	, Zip C	Code		NJ 07	740					
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		la	Loopt	ion			<u> </u>		Non-E	xem	pted	(*) an	d No	-Friabl		Abate		t
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Classroom 2	09 Closet		Х	+		Cell	ing Fia	3516			1			-	^			
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City, State BLOOMINGDALE, I	NJ 07403					Dispo TBD	sal Date	е			State RRI	s SVILI	LE,	A ^c				
Completed by Tatiana Rotaru		Title Clerk					Signatur	re /	1	_				Da 6	te/2	2/0	01	6
Tatiana Notaru		Oleik	<u></u>					14					_	16	12	1		
ASR-41 (R-06-08)							* Do r	not us	se this	s forr	m for	asbes	tos	ensure	exen	npted	activ	ities.

CW 5999

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

Date of Notification (1) 6/27/2016		1	Name of Montcl	Building Cair Child	Deve	perator (2) lopment (Centers inc	and and an analysis	English	arisk.	THE SE	MINISTER OF THE PERSON NAMED IN	Sec.
Agencies Notified Type Notification Property Initial Amended Amendment #		;	City, Sta	ddress ton Street te, Zip Coair, NJ,	de	4		ECI		V			
☐ Emergency (ir justification) ☐ Cancellation	iciuaing	20	Mielan	Contact Dobesh		i	1480	Vielephi	⊕ Nun	HAR	111	Л[
Name of Facility Where Abatement is Taking Mia's School Street Address 272 Baldwin Avenue	Place (3)		FACII	LITY INFO	RMATI	T	Other (i.e.	2) 8 (Other the	n K-12 mercia) al builo		home	Sent Military
City (5) Glen Ridge						1,000	etc.) quare Feet 0,000	# of Flo	rs	В	ldg. Ã 0+	ge	الم
County (6) Essex				Code (7) JSE ONLY)			urrent Use (Pri chool	or if being c	molish	ed)			
Name of Monitoring Firm Hired by Building O McCabe Environmental Services, Ll			ASCN 118	l No.			Abatement Cor AT DIAGNO						
Street Address 464 Valley Brook Road						Street Ad 16 GLE	dress NWILD AVI	E					
City, State, Zip Code Lyndhurst, NJ 07071			11				e, Zip Code //INGDALE,	NJ 0740					
Project Manager for Monitoring Firm Matthew Smith		101 83	Telephor 201 43	ne No. 88 4839		Telephon 973 928		1	nse No 81	ο.			
	Scheduled 08/05/20		pletion I	Date (11)			OSHA Monitor AT DIAGNO	STIC LL(-				
Occupancy Status During Abatement (Check	16					Street Ad	dress NWILD AV	 E					
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe: Normal hours					_	37.00	e, Zip Code MINGDALE,	NJ 0740					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti	2020000			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				9	8
		ocatio				25		1			Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	ormall I Solel ntenar odial S (12)	y by nce/		tos Cont thermal surfa	scription of taining Mate systems in cing, VAT, miscellaneo	erial (ACM) sulation, or	Amoi (Sper SF or	у	Removal	Repair	Encapsulate	Enclosure
Crawlspace and Basement Hallway				Pipe Ins	sulatio	n & Decc	ontaminatie	Est 30	LF	X			
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Name of Registered Waste Hauler		10 10 10 10 10 10 10 10 10 10 10 10 10 1	JDEP W auler ID		Cubic of Wa	Yards	To compression and a	Registered	andfill				
HAZMAT DIAGNOSTIC LLC			35440		TBD		G.R.O.		7		-1710		
City, State BLOOMINGDALE, NJ 07403					TBD	sal Date	City, Star	ISVILLE,	γA				
Completed by Tatiana Rotaru	Title Clerk			*	5	Signature	mul		6/2	te 27/20	016		

Do not use this form for asbestos ensure exempted activities.

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Date of Notification (1)				Name	of Buildin	a Owner/	Operator (2	- HF) E (E	A W	7 6	=	-
06	<u>27</u> , <u>16</u>	i							3		ש ש		10	1)
Agencies Notified	Type Notification				sh Patel Address				111				Ш	Ц
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⊠ DOLWD	☐ Amended			City 5	State, Zip (Code			+					1
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DCA (NJAC 5:23-8)	Emergency (ir justification)	icluding	3		of Contac			42 - L	A Teleubon	ENSIN	G	L&		1
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				-	CILITY IN	IFORM!	TION	- 1 PM 1-25-	- 1 444-36/9(2)	Comme	_			17.
Name of Facility Where	Abatement is Takin	g Place	(3)		012/11/11	ii Oitimi	111011	Type of Facility	(4)		was and	1. 3. E.M.	45,	6,
Private house								School (K-1						
Street Address			-					Subchapter	8 (Other than	K-1 2)				
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City (5)			-					Square Feet	# of Floo	3	TBldc	g. Age		
Bergenfield, NJ 0762	1							3. A.						
County (6)			CEVI CE	Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (P	rior if being	molish	ed)		-	
Bergen											0.300			
Name of Monitoring Fire	m Hired by Building (Owner	(8)	ASCM	No.	Name	of Abateme	nt Contractor (9)	-				_
		-0110-217-2				Gr Tec	h LLC							
Street Address						Street	Address						-	_
							lley Rd #2							
City, State, Zip Code						City, St	ate, Zip Co	de						
Project Magazar for Ma	aitada a Filos		T= .				, NJ 0747	0		1				
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telepho			License	0.				
Start Date (10)	School	fulad C	omnia	lian Da	te (11)	973-63			01127					
07 /06				ion Da			of OSHA M							
Occupancy Status Durin						-	vision Cor	nsultants,Inc		-				
☐ Facility Closed/Vaca				ment				D 1 D11 #	250					
Abatement Performe	ed Outside of Norma	Facilit	y Hour	s - Des	cribe	City St	wagaraw j ate, Zip Co	Road, Bldg .#	33E					
Time of Abatement:	P	M/	PM_		AM	1000	wn, NJ 07							
Scope of Work (Check a	all that apply)							and decontamin	nation with n	pative c	ressu	re		_
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City, State			V. C			Disposa	l Date	City, State		1				
Wayne, NJ 07470						TBI	· .	Tullytown, P	A					
Completed By (Print or	Type) Title	9				Sig	gnature			Date				
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City (5) Little Eg	g Harbor 08	3050						1	Squa 100	etc.) are Feet 0+	# of FI	ors		ldg. A	ge	
County (6) Ocean					County (Code (7) USE ONLY)			Curr	ent Use (Pr	ior if being	emolish	ed)			
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City, State	, Zip Code				is.			City, S	State, 2	Zip Code lin NJ 080	091	-				
Project Ma	anager for Mon	itoring Firm			Telepho	ne No.	(2)	Telepi	none N		L	ense No).			()*
Start Date 7/6/16	(10)		Schedul 7/11/1		npletion l	Date (11)			of OS	SHA Monitor		-				
	v Status Durin	g Abatement (C						Street		200						
× Facility Abate	ty Closed/Vac	ated During Enter of N	tire Period of	Abaten						Zip Code						
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≥3 sf	or ≥3 If sf or ≥260 If		-	Renova Demolif				>	M G	ull Containm ini-Enclosur lovebag Pro on-Exempte	re ocedure				۵	
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	☐ Emergency (in		- N	Name of	Contact	_		211	1-101 II	Telept	ne Numb	Z() per	<u> </u>	11	4
1	DOH justification) □ DCA □ Cancellation					Par					1			_	
	Name of Facility Where Abatement is Taking I	Place (3))	FACIL	ITY INFO	RMATI		ype ø	Facility (ASSES 4) t	CENSIN	NIH IG	OL 8		+
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n	Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.		Name of	Abate	ment Cor	ntractor (9)				_	
Z	EPC Technolog	sie:	<u></u>		MA		Street Ad	7	JE.	thn	legi		,	In	6
1	Street Address	57					P) i	Sox	337	•				
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20	7-16 Occupancy Status During Abatement (Check	Only On		1-16			Street Ad	idress	ř.	hnok	3162		ıc	-	
$\tilde{\leq}$	Facility Closed/Vacated During Entire Pe	riod of A	batem	ent			P-(<u>, c</u>	BOX	337		A1			
_	Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours	*		_	City, Stat		_	N		g	ころ	3	
6	Scope of Work (Check All That Apply)								JIP.	100		0			
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:	Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar todial S	ice/		thermal	taining Mat systems in	nsulat		Ama (Spa	ify	Rer	Re	≣nca	Eric
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	Name of Registered Waste Hauter Shaving on Site			lauler ID		of Wa			Hanic VI	Nogisterer	-Oriental		•		ξ
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	<u> </u>		-						-		Barrier and a second				Total Control

NOTIFICATION OF ASBESTOS ABATEMENT Check#2536 (Pursuant to NJAC 8:60 and 5:16) TICE Date of Notification (1) Name of Building Owner/Operator (2) SING **ASBESTOS** 06 CONTROL & 27 / _ 16 Leah Kaplan Type Notification Agencies Notified Street Address X Initial X EPA JUN 3 0 2016 ☐ Amended X DOLWD City, State, Zip Code Amendment # X DHSS Fair Lawn, NJ 07410 Emergency (including □ DCA justification) Name of Contact (NJAC 5:23-8) Cancellation Dennis Chinea FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other tha K-1 2) Street Address Other (i.e., private and mmercial buildings. homes, etc.) City (5) Square Feet # of Flo 's Bidg. Age Fair Lawn, NJ 07410 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being emolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License Vo. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07 / 07 / 16 07 / 08 / 16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-___PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with agative pressure Full Containment with Negative Pres are >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with I gative Pressure Demolition Non-Exempted (*) and Non-Friable F ocedure Abatement Type Is Location Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Removal Repair Encapsulate Asbestos Containing Material (ACM) Amo nt Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Spe fy Custodial Staff? IN Facility surfacing, VAT, or SIF oi .F) (12)(13)other miscellaneous) Yes No N/A X Basement Pipe insulation 40 LF X X Basement VAT floor tiles 330 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Lance II Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ente Wenad N.Jevtic 06/27/2016 Owner ASB-41