

CK 1846

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

|  |   |  |   |   |                           |                |                  |             |           |  |
|--|---|--|---|---|---------------------------|----------------|------------------|-------------|-----------|--|
| Date of Notification (1)<br>05/18/16   |   | Name of Building Owner/Operator (2)<br>Clarence Wright   |   |   |                           |                |                  |             |           |  |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]   |   |   |                           |                |                  |             |           |  |
|  |   | City, State, Zip Code<br>Newark, NJ 07101  |   |   |                           |                |                  |             |           |  |
|  |   | Name of Contact<br>Clarence Wright   | Telephone Number<br>---                                       |   |                           |                |                  |             |           |  |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                |                  |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Private House  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |   |                           |                |                  |             |           |  |
| Street Address<br>[REDACTED]   |   | Square Feet  | # of Floors   |   |                           |                |                  |             |           |  |
| City (5)<br>Newark   |   | Bldg. Age  |   |   |                           |                |                  |             |           |  |
| County (6)<br>Essex  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)  |   |   |                           |                |                  |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Competent Supervisor  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Academy Construction Inc. |   |                           |                |                  |             |           |  |
| Street Address   |   | Street Address<br>205 Rte 46 West Suite 14   |   |   |                           |                |                  |             |           |  |
| City, State, Zip Code  |   | City, State, Zip Code<br>Totowa, NJ 07512  |   |   |                           |                |                  |             |           |  |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-832-4244  | License No.<br>01155  |   |                           |                |                  |             |           |  |
| Start Date (10)<br>05/31/16  | Scheduled Completion Date (11)<br>06/07/16  | Name of OSHA Monitor<br>Same As Above  |   |   |                           |                |                  |             |           |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address   |   |   |                           |                |                  |             |           |  |
|  |   | City, State, Zip Code  |   |   |                           |                |                  |             |           |  |
| Scope of Work (Check All That Apply)   |   |  |   |   |                           |                |                  |             |           |  |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |   |                           |                |                  |             |           |  |
|  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |                           |                |                  |             |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                  |             |           |  |
|  | Yes   | No   | N/A   |   |                           | Removal        | Repair           | Encapsulate | Enclosure |  |
| Basement   |   |  | X   | Pipe Insulation   | 27 LF                     | X              |                  | X           |           |  |
| Basement   |   |  | X   | Pipe Elbows   | 20 LF                     | X              |                  | X           |           |  |
|  |   |  |   |   |                           |                |                  |             |           |  |
| Name of Registered Waste Hauler<br>Academy Construction Inc.   |   | NJDEP Waste Hauler ID No.<br>034422  | Cubic Yards of Waste<br>3                                     | Name of Registered Landfill<br>GROWS Landfill   |                           |                |                  |             |           |  |
| City, State<br>Totowa, NJ  |   | Disposal Date<br>TBD   |   | City, State<br>Tullytown, PA  |                           |                |                  |             |           |  |
| Completed by<br>Zlate Geleski  |   | Title<br>VP  | Signature<br>   |   |                           |                | Date<br>05/18/16 |             |           |  |

2016 MAY 25 PM 9:25  
 CONTROL & LICENSING

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

*ch# 1006*

| Date of Notification (1)<br>5/18/2016  |   | Name of Building Owner/Operator (2)<br>Private Property/Industrial Building   |  |   |  |                   |        |             |           |
|--|---|---|--|---|--|-------------------|--------|-------------|-----------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA           | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br>[REDACTED]                               |   |  |                   |        |             |           |
|  |   |   | City, State, Zip Code<br>Berkley Heights NJ                |   |  |                   |        |             |           |
|  |   |   | Name of Contact<br>Danny Matarese                          |   |  |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |  |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Private Property / Industrial Building   |   | Type of Facility (4)  |  |   |  |                   |        |             |           |
| Street Address<br>[REDACTED]   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |  |   |  |                   |        |             |           |
| City (5)<br>Berkley Heights NJ   |   | Square Feet<br>35,000   | # of Floors<br>2   |   |  |                   |        |             |           |
| County (6)<br>Union County   |   | County Code (7)<br>(STATE USE ONLY) _____   | Bldg. Age<br>+50   |   |  |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |   | ASCM No.<br>N/A   | Name of Abatement Contractor (9)<br>Dinago Environment LLC |   |  |                   |        |             |           |
| Street Address<br>N/A  |   | Street Address<br>339 Lafayette St  |  |   |  |                   |        |             |           |
| City, State, Zip Code<br>N/A   |   | City, State, Zip Code<br>Newark NJ 07015  |  |   |  |                   |        |             |           |
| Project Manager for Monitoring Firm<br>N/A   |   | Telephone No.<br>N/A  | Telephone No.<br>973-491-0877                              |   |  |                   |        |             |           |
| Start Date (10)<br>5/31/2016   |   | Scheduled Completion Date (11)<br>7/31/2016   | License No.<br>01240                                       |   |  |                   |        |             |           |
| Name of OSHA Monitor<br>J&S Environmental Corp   |   | Name of OSHA Monitor<br>J&S Environmental Corp  |  |   |  |                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br>2333 Route 22 West  |  |   |  |                   |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>entry building</u> |   | City, State, Zip Code<br>Union NJ 07083   |  |   |  |                   |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |  |                   |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf  |   | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |  |   |  |                   |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM) In Facility (13)<br><u>TO BE ABATED</u>   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                              | Abatement Type    |        |             |           |
|  | Yes   | No  | N/A  |   |  | Removal           | Repair | Encapsulate | Enclosure |
| Roof   |   |   | x  | roofing material  | 17750 SF   | x                 |        |             |           |
| Pipe insulation  |   |   | x  | office area   | 6LF  | x                 |        |             |           |
| Exterior   |   |   | x  | Galbestos   | 6660SF   | x                 |        |             |           |
| Exterior   |   |   | x  | Transite Panels   | 515 SF   | x                 |        |             |           |
| Name of Registered Waste Hauler<br>Newark Carting Inc  |   | NJDEP Waste Hauler ID No.<br>04509  |  | Cubic Yards of Waste  | Name of Registered Landfill<br>ISES Bethlehem landfill |                   |        |             |           |
| City, State<br>Po Box 5670 Newark NJ 07105   |   |   |  | Disposal Date   | City, State<br>2335 Applebutter rd Bethlehem PA        |                   |        |             |           |
| Completed by<br>Carlos Gomes   |   | Title<br>President  |  | Signature<br>   |  | Date<br>5/18/2016 |        |             |           |

*2016 MAY 25 PM 9:24*

*ESIDE CONTAINMENT & LICENSING*

NO CK

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**

| Date of Notification (1)<br><b>05 / 24 / 16</b>  |  | Name of Building Owner/Operator (2)<br><b>Cranford Development Associates, LLC</b>  |   |  |                           |                                     |                          |                          |                          |
|--|--|---|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>10 Sterling Boulevard, Suite 401</b>   |   |  |                           |                                     |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Elizabeth, NJ 07631</b>   |   |  |                           |                                     |                          |                          |                          |
|  |  | Name of Contact<br><b>John Driesse</b>  | Telephone Number  |  |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Former Commercial Office Building</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)  |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>215 Birchwood Avenue</b>  |  | Square Feet<br><b>40,000</b>  | # of Floors<br><b>2</b>   |  |                           |                                     |                          |                          |                          |
| City (5)<br><b>Cranford</b>  |  | Bldg. Age<br><b>50 +</b>  |   |  |                           |                                     |                          |                          |                          |
| County (6)<br><b>Union</b>   | County Code (7)(STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>Commercial Offices</b>  |   |  |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Bio Terra Environmental Solutions</b>  |  | ASCM No.  | Name of Abatement Contractor (9)<br><b>Red Roc Materials, LLC</b> |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>P.O. Box 1224</b>   |  | Street Address<br><b>20 Ramapo Valley Road</b>  |   |  |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Union, NJ 07083</b>  |  | City, State, Zip Code<br><b>Mahwah, NJ 07430</b>  |   |  |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Rick Eustaquio</b>   |  | Telephone No.<br><b>973-494-3762</b>  | Telephone No.<br><b>201-529-4700</b>                              |  |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>06 / 06 / 16</b>   |  | Scheduled Completion Date (11)<br><b>07 / 15 / 16</b>   | License No.<br><b>01248</b>                                       |  |                           |                                     |                          |                          |                          |
| Name of OSHA Monitor<br><b>Red Roc Materials, LLC</b>  |  | Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ___ AM-___ PM/___ PM-___ AM |   |  |                           |                                     |                          |                          |                          |
| Street Address<br><b>20 Ramapo Valley Road</b>   |  | City, State, Zip Code<br><b>Mahwah, NJ 07430</b>  |   |  |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |  |   |   |  |                           |                                     |                          |                          |                          |
| <input type="checkbox"/> >3 sf or >3 lf<br><input checked="" type="checkbox"/> >160 sf or >260 lf  |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition   |   |  |                           |                                     |                          |                          |                          |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure   |   |  |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes  | No  | N/A   |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| 1 <sup>st</sup> /2 <sup>nd</sup> Floors  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                               | Floor Mastic Only  | 22,000 SF                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 <sup>st</sup> /2 <sup>nd</sup> Floors  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                               | 12'X12' Floor Tile/Mastic  | 13,000 SF                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Main Building Roof   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                               | Roof Field, Roof Flashing, Parapet   | 33,100 SF                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Garage Roofs   | <input type="checkbox"/>   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>                               | Roof Flashing  | 1,800 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Weigle Trucking</b>  |  | NJDEP Waste Hauler ID No.<br><b>17634</b>   | Cubic Yards of Waste<br><b>700 CY</b>                             | Name of Registered Landfill<br><b>Minerva Landfill</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Linden, PA</b>   |  | Disposal Date<br><b>on/ab 7/8/16</b>  |   | City, State<br><b>Waynesburg, OH</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Michael F. Keith</b>  |  | Title<br><b>Project Manager</b>   |   | Signature<br><i>Michael Keith</i>  |                           |                                     | Date<br><b>5-24-16</b>   |                          |                          |

2016 MAY 25 PM 11:36  
ASBESTOS CONTROL & LICENSING

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

|  |   |   |  |
|--|---|---|--|
| Date of Notification (1)<br>May 10, 2016   |   | Name of Building Owner/Operator (2)<br>Art Tigera |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><div style="background-color: black; width: 100px; height: 20px;"></div> |
|  | City, State, Zip Code<br>Hillsborough, NJ 08844   |   | Name of Contact<br>Art Tigera  |
|  |   |   | Telephone Number   |

2016 MAY 25 2 48 8 PM  
MAY 25 11:54  
AIR QUALITY CONTROL & LICENSING

**FACILITY INFORMATION**

|   |  |  |  |  |                         |
|---|--|--|--|--|-------------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  |  | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) |  |                         |
| Street Address<br><div style="background-color: black; width: 100px; height: 20px;"></div>  |  |  | Square feet<br>2000 sf   |  |                         |
| City<br>Lavallette  |  | County (6)<br>Ocean                            | County Code (7)<br>(STATE USE ONLY)  | # of Floors<br>1   | Bldg. Age<br>80         |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |  |  | ASCM No.   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.                 |                         |
| Street Address  |  |  | Street Address<br>1889 Route 9, Unit 61  |  |                         |
| City, State, Zip Code   |  |  | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |  |                         |
| Project Manager for Monitoring Firm   |  | Telephone Number                               | Telephone Number<br>732-349-9932   |  | License Number<br>00624 |
| Scheduled Start Date (10)<br>5/24/16  |  | Scheduled Completion Date (11)<br>5/25/16      |  | Name of OSHA Monitor<br>E.M.S.L. Analytical                                    |                         |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |  | Street Address<br>1056 Stelton Road  |  |                         |
|   |  |  | City, State, Zip Code<br>Piscataway, New Jersey 08854  |  |                         |
| Scope of Work (Check all that apply)  |  |  |  |  |                         |
| <input type="checkbox"/> >3 sf or ≥3 lf   |  | <input type="checkbox"/> Renovation            |  | <input type="checkbox"/> Full Containment with Negative Pressure               |                         |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Demolition |  | <input type="checkbox"/> Mini-Enclosure  |                         |
|   |  |  |  | <input type="checkbox"/> Glovebag Procedure                                    |                         |
|   |  |  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                         |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                  |                            |   |   |
|--|--|----|-----|--|---------------------------|---------------------------------|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Exterior   |  | X  |     | Asbestos siding  | 2000 sf                   | X                               |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |
|  |  |    |     |  |                           |                                 |                            |   |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3              | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>5/26/16           | City, State<br>Tullytown, Pennsylvania |   |
| Completed by (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br>                          | Date<br>5/10/2016                       |

*\*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)<br>May 10, 2016   |   | Name of Building Owner/Operator (2)<br>Rich Sinnott |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | Type of Notification<br><input type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |   | Street Address<br><div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div>  |
|  | City, State, Zip Code<br>Canton, GA 30115   |   | Name of Contact<br>Rich Sinnott  |
|  | Telephone Number<br>2   |   | <div style="font-size: 2em; font-weight: bold; color: red; transform: rotate(-15deg); position: absolute; top: -20px; right: -20px;">2016 MAY 25 2 94 87</div> <div style="font-size: 1.5em; font-weight: bold; color: blue; transform: rotate(-15deg); position: absolute; top: 10px; right: -20px;">PH11: 35</div> <div style="font-size: 1.2em; font-weight: bold; color: blue; transform: rotate(-15deg); position: absolute; top: 30px; right: -20px;">HEALTH CONTROL &amp; LICENSING</div> |

**FACILITY INFORMATION**

|   |  |   |  |  |   |
|---|--|---|--|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  |   | Type of Facility (4)<br><input type="checkbox"/> School (k-12)<br><input type="checkbox"/> Subchapter 8 (other than k-12)<br><input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)                              |  |   |
| Street Address<br><div style="background-color: black; width: 100px; height: 20px; margin: 5px;"></div>   |  |   | Square feet<br>2000 sf   |  |   |
| City<br>Rahway  |  | County (6)<br>Union                       | County Code (7)<br>(STATE USE ONLY)  | # of Floors<br>2   | Bldg. Age<br>80   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Guardian Contracting, Inc.   |  |   | ASCM No.   | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc. |   |
| Street Address<br>1889 Rte. 9, Unit 61  |  |   | Street Address<br>1889 Route 9, Unit 61  |  |   |
| City, State, Zip Code<br>Toms River, NJ 08755   |  |   | City, State, Zip Code<br>Toms River, New Jersey 08755-1271   |  |   |
| Project Manager for Monitoring Firm<br>Nicholas Fernicola   |  | Telephone Number<br>732-349-9932          |  | Telephone Number<br>732-349-9932                               | License Number<br>00624   |
| Scheduled Start Date (10)<br>5/10/16  |  | Scheduled Completion Date (11)<br>5/11/16 |  | Name of OSHA Monitor<br>E.M.S.L. Analytical                    |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe _____ |  |   | Street Address<br>1056 Stelton Road  |  |   |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> >3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |  |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |
|   |  |   | <input type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) |    |     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                                 |                            |   |   |
|--|--|----|-----|--|---------------------------|--|----------------------------|---|---|
|  | YES  | NO | N/A |  |                           | R<br>E<br>M<br>O<br>V<br>E<br>M<br>E<br>N<br>T | R<br>E<br>P<br>A<br>I<br>R | E<br>N<br>C<br>A<br>P<br>S<br>U<br>L<br>E | E<br>N<br>C<br>L<br>O<br>S<br>U<br>R<br>E |
| Basement   |  | X  |     | Asbestos pipe insulation   | 100 lf                    | X  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |
|  |  |    |     |  |                           |  |                            |   |   |

|   |  |                                    |  |   |                   |
|---|--|------------------------------------|--|---|-------------------|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. |  | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3              | Name of Registered Landfill<br>T.R.R.F. |                   |
| City, State<br>Toms River, New Jersey                         |  | Disposal Date<br>5/12/16           | City, State<br>Tullytown, Pennsylvania |   |                   |
| Completed by (Print or Type)<br>Nicholas Fernicola            |  | Title<br>Project Manager           | Signature<br>                          |   | Date<br>5/10/2016 |

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