D&S Proj. #: 16-325

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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		NOV	_	1	2016		

							The state of the s					
Date of Notification (1)	Name	of Building Ow	ner/Operator (2	2)				NOV	- 1_	2016	-	1
1 0 / 2 6 / 1 6	chris	singh									1	
Agencies Notified Type Notification	ation Street A	Address					1 125	ESTO:		V 1 1 1 1 1)L 8	
DEP Amended							-	LIOE	116011	9		
DOL Amendment		ate, Zip Code										
DOH Emergency		OMFIELD,	NJ 07003									
justification	1) Name o	f Contact					Telepho	ne Numb	er			
DCA Cancellation	on chris	singh							_,			
		FAC	CILITY INFORM	MATIC	N							
Name of facility where abatement	is taking place (3)						Type of Facility					
chris singh								ol (K - 12				
Street Address						-		napter 8 ((Private/			(-12)	
							Bldgs.	/Homes,	etc.			
City (5)	County (6)			Co	unty Code (7)	-	Square Feet	# of Floo	ors	BI	dg. A	ige
DI 0.01 mm					ate use only)	1 1	Current Use (F	rior if bei	na den	nolish	ed)	
BLOOMFIELD Name of Monitoring Firm Hired by	ESSEX			L,		\perp						
or mornioring I min timed by	blug. Owner (6)		ASCM No.		Name of Abatem							
Street Address				_	D & S REST Street Address	ORAT	TION, INC.					
					20 California	a Ave						
City, State, Zip Code				_	City, State, Zip C	_	Vermoet and School					
			38		Paterson, N.	J 0750	3					
Project Manager for Monitoring Firm	1	Phone Numb	per		Telephone Numb			License	Numb	per		
					973-345-80			()1169			
Start Date (10)	Sched. Comp	letion Date (1	1)		Name of OSHA I D & S Resto							
10/27/16	11/05/16				Street Address	Tation	, IIIC.					
Occupancy Status During Abatemer					20 California	Aven	ue					
Facility closed/vacated during Abatement performed outside Describe:	of normal facility h	atement. ours-			City, State, Zip Co	ode						
Other-Describe: NORMAL H	OURS			_	Paterson, NJ	0750	3					
Scope of Work (check all that apply	()					Full	Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation					Mir.	i-enclosure	10.7				
≥160 sf or ≥260 lf	Demolition						vebag procedur n-Exempted (*)		friable	proce	dure	
Location of asbestos-containing	Is location norma by maintenance/o								R	R	Е	E
material (acm) to be	staff(12)		Descriptio material (A		sbestos-containing	3	Amount (Specify S	F or	e m	e p	n	n
abated in facility (13)	Yes No	N/A	material (A	-Civi)			LF)	. 01	0 V	a i	a p	C L
BASEMENT	X		chimney this	mble	packing		4 sq ft		e	-	П	
BASEMENT				-	ATION (fire bo	x)	48 sq ft			뉘	H	H
gas meter closet			BARE HEA	TING	G PIPES		15 l ft			ᆏ		Ħ
Registered Waste Hauler												
D & S RESTORATION, INC.	NJDEP Haule 13506		ubic Yards of W yd	/aste	Name of Registe TULLYTOW	red Lar	ndfill SOUDCE DE	COVED	v			
Dity, State		Disposal Da	ate	***************************************	City, State	, , , , , , , , , , , , , , , , , , ,	SOURCE RE	COVER	. 1	-		
PATERSON, NJ 07503		10/28/16			TULLYTOW	N, PA	<u> </u>					
T 0	Title PRESIDENT		Signature					Date				
	Do not use this for	m for ashesto	e licaneura ava	mnter	1 activities			10/26/	2016			

	INJ ASDES			633,0664	page 1							
10/25/2016 12	:20PM 5	37334588	150		9, 5		Ti-		F	<u></u>		п
CVIRT	110				D&S RESTORATIO		The same of		PAG	E E	2/84	
CHW01	4			State	e of NJ		A ALAS	7				
D&\$ Proj. #: 16-325			.Ni (Pi	otification of As Ursuant to NJA	c 8:60 and 12:120)	· · · · · · · · · · · · · · · · · · ·			- 1	VOV	1	2
Date of Notification (1)		I Name :	Dilleline					1	DE	1	i	
110/26/16		ohris		Owner/Operator (2	2)		/	1		Lic	S CE ENSI	MI
Agencies Notified Type No	otification	Street A	ddress	trace (Company)		Sec. Marketine			Z	1		
DEP Amend	død.				•						-	and the same
DOL Amendm	ent #;	City, Sta	te, Zip Çox	ia .	the state of the s			vii.			THE STATE	
DOH (Includ	lina l	BLO	OMFIEL	D. NJ 07003								
DCA Justific		Name of	38.54W0.700.70		Carlo	Tale	chone Nun	nber		1000	and the same of	ena.
Canca	liation	chris										
Name of facility where abatem	name) - a-1.(.		F	ACILITY INFORM	ATION						- Stylle	
	Lettria Marting	place (a)				Type of Faci	lity (4)			-		-
Chris singh Street Address	And Constitution -		W.J.			_	hadi (K.	0.000		-1.00		
THE STREET WAS				The state of the s		DC 0#	bchapter 6 ter (Private	s/Com	if the	n K•12) Imi)	
City (5)	- A Company		Spanish			Square Feet	ga./Homes	s, etc.				
	G	ounty (8)			County Code (7)	Square Foot	# 9(1)	cors	1	Bldg.	Age	
BLOOMFIELD	E	SSEX			(State use only)	Current Use	(Prior II b	àing di	moli	shed)		1
ame of Mankaring Firm Hired	by Bldg. Ow	mer (8)		ASCM No.	Name of Absternant	Contractor (9)			- 1 A - 1 A		ATTE NAME OF	à
reet Address	The latest and the	and the second second		<u></u>	D&S RESTOR	ATION, INC.						
·		_			20 California A	10				Surgery - www	COMPANDED IN	-
y, State, zp Code		W- TEAL TO AD	the state of the s	- magazina	City, State, Zip Code	ve.		elisa sel				
pleat Manager for Monitoring F	irm		hone Num		Paterson, NJ 07:	503						
		1	HANNE HARIST	Der	973-345-8020		Licens			The state of the s	No.	i .
tart Date (10)	Sche	d. Completi	on Date (1	1)	Name of OSHA Monit			0116	9	in the		
/27/16	11/0	05/16			D & S Restorario	m, Inc.	- STATE OF STREET	No.				
Facility closed/vacated during	nent (Chack	only one)		Control to the second section of the second	20 California Ava	Mie		0.1441.5	-			
Abatament performed outs	de of normal	facility hou	iment. 13-		City, State, Zip Code	Application - The second	- Control -			T. A. Carlo		ě
Other-Describe: NORMAL	HOURS		-		Paterson, NJ 075	-05						
ope of Work (check all that ap			-			uli Contgiament	/=					
7.400					⊠ M	ini-enclosure		a breez	şure			
Location of	A Administrati	n n normatly c			X G	lovebag proced on-Exempted (*	ure Land Non-	.felahla	. sma			
asbestos-containing	by mainte	mance/cust	odiai odiai	1				H	R	E	E	
material (acm) to be abated in facility (13)	Maff(12)	No		material (AC	d asbestos-containing W)	Amount (Specify:	3Fer	m	p	n	n	
SEMENT		No	N/A			(F)		٧	1	a p	¢ L	
EMENT		*		chimney thimb	le packing	4 sq ft		×	6			
mater closes			THE PERSON NAMED IN	BARE HEATT	LATION (fire box)	48 sq ft		X				
				- AMAZILI	EAUX OF	15 LA				X		
Rared Waste Hauler				entreet de des			e e e e e e e e e e e e e e e e e e e	片	4	-	片	
S RESTORATION INC	NJDE 1350	P Hauler ID D6		pic Yards of Wast		indilli	-					
State TERSON, NJ 07503			isposal Da	te	City, State		COVER	Y				
plated by (Print or Type)	Title		10/28/16	Signature	TULLYTOWN, P.	4		-19511-195				
GDAN JOLDZIC	PRESIDE						Deta					
				Inchaige Avampt	ad Assistan		10/26/2	5019				

D&S Proj. #: 16-324

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

DE G	E I V E [
ASBEST(OS CONTROL & DENSING
Telephone Num	ber
ype of Facility (4) School (K - 1 Subchapter 8 Other (Private, Bldgs./Homes,	(Other than K-12) /Commercial , etc.
Square Feet # of Flo	
Current Use (Prior if be	ing demolished)
tractor (9) ION, INC.	
1	e Number 01169
Inc.	
e	
Containment w/negative enclosure enclosure ebag procedure Exempted (*) and Non-Amount (Specify SF or LF) 2 1 ft 00 1 ft	
OURCE RECOVER	Y
Date	

Date of Notification (1)		Name o	f Building O	wner/Operator (2)							ill
1 0 / 2 5 / 1 6	-	1	smith hard		-/			NOV	- 1	20	016	
Agencies Notified Type No	otification	Street A		-)								
DEP Amend	led						AS	BESTO	S C	TNC	ROL	- &
DOL Amendm	ent #:	City, Sta	te, Zip Code	9				LIC	ENS	ING		
Emerg		rosell	e park, nj	07205								
DOH (includ		Name of		07205			Telepho	one Numb				
DCA Cance		loreta	smith har	du			releptic	nie Numi	er			
	ilation	Torcta							7			
Name of facility where abaten	nent is taking	place (3)	FA	CILITY INFORM	MATION	1 17	pe of Facility	(4)				
loreta smith hardy						11''		(4) ol (K - 12	2)			
Street Address							Subcl	hapter 8 (Other	than	K-12)
							Other Other	(Private/	Comm	nercia	al	
							Bldgs quare Feet	./Homes,	C. C. C. C. C. C.	_	DII	
City (5)	Co	unty (6)			County Code (7)	— °	quare reet	# of Flo	ors	'	Bldg.	Age
roselle park					(State use only)		urrent Use (F	rior if hei	na de	molic	hod)	
Name of Monitoring Firm Hired	by Bldg, Own	VION			•	11		nor ii bei	ng uc	110115	rieu)	
	by blug. Owl	iei (o)		ASCM No.	Name of Abat	ement Cont	ractor (9)					
Street Address					D & S RES	TORATIO	ON, INC.					
					Street Address							
City, State, Zip Code					20 Califor							
					City, State, Zip							
Project Manager for Monitoring I	irm	TE	hone Numb	ner .	Paterson, Telephone Nur							
				761	973-345-			License				
Start Date (10)	ISched	d. Complet	tion Date (1	1)	Name of OSH				1169			
11/12/16	-		non Bate (1	1)	D & S Res		nc.					
Occupancy Status During Abater	11/3	0/16			Street Address							
Facility closed/vacated dur	ina entire peri	orlly one)	om ont		20 Californ	ia Avenue						
Abatement performed outs	ide of normal	facility hou	irs-		City, State, Zip	Code	CALL THE LAND					
Describe: NORMA Other-Describe: NORMA					_ _							
Scope of Work (check all that ap					Paterson, N	NJ 07503						
V - 2 of on 0 16	Renovatio	n					ontainment w	negative/	press	ure		
≥160 sf or ≥260 lf	Demolition						nclosure pag procedure					
							exempted (*) a		riable	proc	edure	ro.
Location of asbestos-containing	by mainte	nance/cus	used solely todial						R	R	E	E
material (acm) to be abated in facility (13)	staff(12)			Description material (A	of asbestos-containii	ng	Amount (Specify SF	or	e m	e p	n	n
abated in facility (13)	Yes	No	N/A	()	o.i.i,		LF)	OI .	0	a	a	C L
BASEMENT		V		PIPE INSUL	ATION				e	r	р	
BASEMENT		X		BARE HEAT	Marine Control of the		21ft		\boxtimes			
				DIME HEAT	INOTIFES	10	00 1 ft		믜	Ш	\boxtimes	
						-			븨	믜		
									뷔	븨		Ц
egistered Waste Hauler		P Hauler II	D# Cu	bic Yards of Wa	ste Name of Regist	ered Landfil	1		$\sqcup \sqcup$			Ш
O & S RESTORATION, INC ity, State	. 1350		1	yds	TULLYTOW	/N, RESO	URCE REC	OVER	Y			
PATERSON, NJ 07503			Disposal Da 11/14/16	te	City, State					-	-	-
ompleted by (Print or Type)	Title		11/14/10	Signature	TULLYTOV	VN, PA				1)	-	
BOGDAN JOLDZIC	PRESIDE	NT		orginature				Date				
SR-41			or asbestos	licensure exem	nted activities			10/25/ 2	.016			
					THE THE TOTAL PROPERTY SHAPE							

CK6879

State of NJ

D&S Proj. #: 16-327						os Abatement 0 and 12:120)	D	i C E		\mathbb{V}		Part 100
Date of Notification (1)	- 111	Name of F	Building Own	er/Operator (2)		property of the control of the contr	NOV	4	2010	1	
1 0 //2 6 //1 16	11'			Destruction of the Control of the Co	.)		11 1	1101		E411		
Agencies Notified Type Notifica	tion	BETTY Street Add	PITTING	ER					-	175	01	
☐ EPA ☐ Initial		Sireel Add	II ESS				AS	BESTOS LICEN			UL.	Č.
DEP Amended								CIOLI	4011	10		
DOL Amendment #	— II'	· ·	, Zip Code									
Emergency		The second secon	EN, NJ 07	036	100-100-100							
DOH (including justification)	ll ^N	ame of C	ontact				Telephor	ne Number				
DCA Cancellation	1	BETT	Y PITTING	GER				25 10 10	_			
			FAC	ILITY INFORM	OITA	N						
Name of facility where abatement	s taking pla	ace (3)					Type of Facility					
BETTY PITTINGER							=	ol (K - 12)				
Street Address							20	napter 8 (Oth (Private/Cor			-12)	
							Bldgs.	/Homes, etc				
City (5)	I Cour	nty (6)			I 0		Square Feet	# of Floors		Bl	dg. A	ge
Oity (5)	Cour	ity (O)				unty Code (7) ate use only)	Current Use (P	rior if boing	<u></u>	- linh	\ al\	
LINDEN	UN	ION			(0.0	in doc ciniy)	Current Use (P	nor ii being	uem	Olishe	eu)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.	<u> </u>	Name of Abatement	Contractor (9)					
						D & S RESTORA	ATION, INC.					
Street Address		2007				Street Address						
						20 California Av	e.					
City, State, Zip Code						City, State, Zip Code						
5						Paterson, NJ 07:	503					
Project Manager for Monitoring Firm		P	hone Numb	er		Telephone Number 973-345-8020		License N	umb 169	er		
						Name of OSHA Monit	tor	01	09			
Start Date (10)	Sched	. Complet	tion Date (1	1)		D & S Restoration						
10/27/16	11/06					Street Address		-	-			
Occupancy Status During Abatemer				301		20 California Av	enue					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code						
Describe:		acility noi	urs-									
Other-Describe: NORMAL H					_	Paterson, NJ 075	503					
Scope of Work (check all that apply	')					=	ull Containment v	v/negative p	ress	ure		
\boxtimes >3 sf or >3 lf	Renovatio	n					Mini-enclosure Glovebag procedu					
≥160 sf or ≥260 lf	Demolition	1					Non-Exempted (*)		able	proce	dure	e
Location of			used solely	1					R e	R	Е	E
asbestos-containing material (acm) to be	by mainte staff(12)	nance/cu	stodiai			sbestos-containing	Amount		m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (ACM)		(Specify S		0	a	а	C L
			13/73						e	r	р	
BASEMENT		LX_		PIPE INSU	LATI	ION	138 L FT		X	ᆜ	Ц	빝
			4				_		4	<u></u>	브	부
									4	ᆜ	무	부
									빆	님	屵	부
Registered Waste Hauler	INIDE	P Hauler	ID# I C	ubic Yards of V	Maste	Name of Registered	Landfill	L		ш	Ц	
D & S RESTORATION, INC.	135			yds.	74315	TULLYTOWN, I		ECOVERY				
City, State			Disposal D	ate		City, State	Market Community and Authorities Com	Character and Control of the Control	-		As sold?	
PATERSON, NJ 07503 Completed by (Print or Type)	T:41 -		10/28/1	Signature		TULLYTOWN,	PA	I.s.				
BOGDAN JOLDZIC	Title PRESID	ENT		Gignature				Date 10/26/16	5			

10/28/16

Signature

TULLYTOWN, PA

Date

10/26/16

PATERSON, NJ 07503

Tille

PRESIDENT

Completed by (Print or Type)

BOGDAN JOLDZIC

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (2) Name of Building Owner/Operator (2) 126 Agencies Notified Type Notification Ø Initial _ EPA DEP DOL Amended City, State, Zip Amendment # Emergency (including Telephone Number DOH lustification) DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age City (5) # of Floors Square Feet 000 6 County (6) Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address 0 City, State, Zip Code \$tate, Zip Code Project/Manager for Monitoring Firm Telephone No. License/No. 3-729-564 Scheduled Completion Date (11) Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Repair Custodial Staff? In Fadlity surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill

WASTE MANAGEMENT Hauler ID No. of Waste O GO
City, State
OCITY, State
OCITY, State
OCITY S

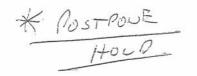
ASB-41 (R-06-08)

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

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									,				E	1	\mathbb{W}
Date of Notification (1))/27/16				Nam	e of Buildir	ng Ov	vner/Operato		,	K				
Agencies Notified		fication			Chro	a b			Feintuc	n		NO	1 100	1 4	2112
EPA	Type Noti				Stre	et Address						nui		1 4	UIU,
☐ DEP DOL	Amend				City,	State, Zip	Code					>====	0.0	201	-
	☐ Emerg	lment #_ ency (in		g	N			E	lizabeth, NJ	07208	ASI	BEST		NUC	
M DOH □ DCA	justific Cancel	ation) llation			Nam	e of Conta	505k	г., 1		Tele	phone Nu	mber			
								a Feintucl	1					_	_
Name of Facility Where	Abatement i	e Taking	a Dlace	(3)	FA	CILITY IN	FORM	MATION	T (5)	1 (1)					
ranie or racinty venere	Abatement	Resid							Type of Facili	(F) (M)(N)(N)					
Street Address		11001		-					Subchapte	er 8 (Othe	er than K-	12)			
									Other (i.e., homes, et	private 8	& commer	cial bui	ldings	8,	
City (5)		ev							Square Feet		f Floors	E	ldg. A	Age	-
W-17	I	Elizab	eth,	NJ					1800	_	2	_ _	85	5+/-	
County (6)	Union					inty Code (E ONLY)	7) (S	STATE	Current Use (Prior if be	eing demo	olished)			
Name of Monitoring Firm		ildina C	Numar.	- -			L NI-			101					
	MECS	illuling C	wilei		ASCN	I NO.	Na		ment Contractor vens Enviror		1 Sarvi	cac I	20		
Street Address							Str	eet Address	vens Environ	ппспи	II SCIVI	ces, n	IC.		_
	PO Bo	x 341					0.1	00171001000	PO	Box 3	22				
City, State, Zip Code	rosswicks	, NJ 0)8515	 5			City	, State, Zip 0							_
Project Manager for Mor					phone	No.	Tele	ephone No.	T XXX VIII O		ense No.			_	_
Bill We	eisgarber			(60	9) 24	0-4070	_	(609) 2	59-9688			0049	3		
Start Date (10)		Sched	uled C	omple	tion Da	ate (11)	Nar	me of OSHA							
11/7/16				1/14	/16				N	IECS					
Occupancy Status Durin Facility Closed/Vacat	7.0	5.1		350			Stre	eet Address	DO	Day 2	4.1				
Abatement Performed							City	, State, Zip 0		Box 34	+1				_
Other - Describe:				,			City	, State, ZIP	Crosswic	ks NI	08515				
Scope of Work (Check a	all that apply)								CIOSSWIC	13, 13	00313			_	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			X Re ☐ De	novati molitic				☐ Mini-En Gloveb	ntainment with N closure ag Procedure empted (*) and N			ure			
				ocatio					(/ =				bate	ment	
Location of	of			Solely Solely			г	Description o	f				Тур	oe .	
Asbestos-Containing N		1)	Main	tenan stodia	ce/	Asbest	os Co	ontaining Ma	terial (ACM)		nount			П	
TO BE ABAT			S	taff?		(I.e.,	tnern	nal systems facing, VAT	insulation, , or	(Sp	ecify or LF)	Ren	Re	ncap	End
(13)				(12)			othe	r miscellane	ous)		,	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A							_		ate	ė.
Baseme	ent			×		The	erma	al Pipe In	sulation	9.	5 lf	×			
		_													
Name of Desistered Miss	ta Havilar				1050	ļ									
Name of Registered Was Stevens Environn		vices.	. Inc.	L	JDEP \ auler ID		of V	ic Yards Vaste 2 CU	Name of Reg		andfill WS La:	ndfill			
City , State				- -	102	1/4		osal Date	/ City, State	OICO	Da				-
	Allentov	vn, N.	J					1/14/16/	M	Mor	risville.	, PA			
Completed By		Title						Signature	1//		Date				=
Mahlon E. Ste	vens		Pro	oject	Man	ager	_	11/			.	10/2	7/16)	_



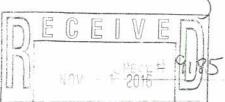
								1					1	70	7-7-
Date of Notification (1)	6		A	400	Building AUM		Operator	(2) Yac	ASBES MAN	STOS	CONTR	OL	8.		
Agencies Notified	Type Notification		5	street A		2		1 4000	N AN	11251	SHVA				
П ЕРА	× Initial														
X DEP	Amended	1	0	City, Sta	ite, Zip Ci	ode		***************************************							
⊠ DOL	Amendment :		-	U	JAUN	EN	J.J_	074	70						
⊠ DOH	justification)		1	VELLIC U	Coldination					Telep	hone Nur	nber	77 6		
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Name of Facility Where A	Abatement is Taking	Place (3)		FACI	LITY INF	ORMA	TION	Type o	f Facility (4	1)					
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Joseph Vocaturo		Vice Pr	esida	ent			Signature	ħ	1/0	(-	Dat	e /.	L. /	14	
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Date of Notification (1)	11			-600	NEWS BUILDING		Operator)			No.	Chime Co.
Agencies Notified	Type Notification		+	Street A		IOND	<u> </u>	tagua	SEESTOS	CONTI	POL	8	Service and
□ EPA	Initial								GEN	<u>ISING</u>			
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Project Manager for Mo	nitoring Firm		The state of the s	Telephor	ne No.			one No. 262-5841	0015	se No. G			
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Newark, NJ						9/7	sal Date). Bethlel	nem, PA				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT



			(Pursuant	to NJAC 8:8	0 and 12:1	201	IL L	1 WILV		2010		L
Date of Notification (1) 8/29/14 Agencies Notified) Type Notification			Building Ow AUMOI			5 4 AN	L ASBESTOS LICE	CON	ITR(DL 8	Š.
EPA DEP DOL DOL DOA	Initial Amended Amendment Emergency (justification) Cancellation		Name o	HE, ZID CODE JAYNE I CONSICI MILY	,N.J KRA		470	Telephone Ni	imbei			•
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Strept Address			1		Stre 18	et Addre 5 Vreel	ss and Ave.	,			MARKET STOP 18 W	
City State, Zip Code Project Manager for Monit	onny Firm		Telepho	ne No.	Mir Tele	State, 2 dland P phone N 111252-	ark, NJ	1.cense 00158	No.			
Start Date (10) 9/1/16 Cocypancy Status During		ج x Only One)	Completion / 20 / 16		Nan On Stre	ne of OSI	HA Monitor nvironme ss	ntal Services				
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23 sf or 23 lf 2160 sf or 2260 lf		passana.	novation molition			idir Gk	ni-Enclosuri ovebag Pro				E	
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Completed by Joseph Vocaturo		Title Vice Pri	esident		Signalu		- Voz	The second secon	ale /	39/	16	
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Date of Notification (1)			- aiad Wil	ID 5 1 (6)	14	L.	4 6	77	
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	ang Owner (8)	ASCM No.	Name of About		_		(=0)		
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ony, state, 41p Code			576 Valley Ra	#292					_
Project Manager for Monitoring Firm		53	City, State, Zip	Code					
and Montgoring Firm	Teleg	hone No.	Wayne, NJ 074	170					
tart Date (10)	- 1		Telephone No.		License No	0			
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Abstement Performed Outside of Norm	nal Facility House	HIT				_	_	_	
Time of Abatement: AM-	PM/PM_	Describs	20-21 Wagaraw City, State, Zip Co		# 35E				
(Otteck all that apply)			Fair Lawn, NJ O	7410					
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letted Sy (Print or Type) Title			TBD T	ullytown, PA	les .				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#2625 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 10 24 / 16 2016 Antonio Adan Type Notification Agencies Notified Street Address X EPA Initial ASBESTOS CONTROL & X DOLWD City, State, Zip Code LICENSING Amendment # 1 X DHSS Emergency (including Jersey City, NJ 07307 DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Antonio Adan FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) Jersey City, NJ 07307 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Hudson 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 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 07 / 16 11 / 09 / 16 Envirovision Consultants,Inc Occupancy Status During Abatement (Check only one) Street Address ☐ 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/ PM___AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 If 2 160 sf or 260 If Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Amount Asbestos Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A \boxtimes Transite siding 400 SF Exterior siding-front of house П П П Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. TBD 0033785 T.R.R.F. Inc Gr Tech LLC Disposal Date City, State City, State Tullytown, PA TBD Wayne, NJ 07470 Completed By (Print or Type) Title Date Signature Teuric Wenad 10/24/16 N.Jevtic Owner ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Woods Jane 25/2016 Street Address Type Notification 2016 NOV Agencies Notified Initial City, State, Zip Code Beach Haven, NJ Amended DEP 才()S CONTROL & Amendment #_ DOL Emergency (including Name of Contact justification) DOH Jane Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Jane Woods Residence School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age # of Floors Square Feet City (5) 1500 50+ Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Residence cean Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Safeway Abatement LLC Street Address Bartlett Ave Street Address 128 City, State, Zip Code West Creek, NJ 08092 City, State, Zip Code Telephone No. Telephone No. Project Manager for Monitoring Firm 01319 Name of QSHA Monitor Scheduled Completion Date (11) Start Date (10) 2016 12016 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulat Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A No DINING X Exterior Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Name of Registered Waste Hauler

Timster Trucking Inc Hauler ID No. of 21079

City, State

West Creek, NJ

Completed by Amanda Mears Title 5afeway Owner of Waste Hauler ID No. Waste Disposal Date TOD

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Nptification (1) Burdis William 10/25/2016 Street Address Type Notification Agencies Notified CONTROL & Initial EPA City, State, Zip Code NJ Amended DEP Haven Beach Amendment # DOL Telephone Number Emergency (including Name of Contact justification) DOH William Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) lesider Ce School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Addr etc.) Bldg. Age # of Floors Square Feet City (5) 50 t 2 Flaven 1200 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Residence Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Abatement LLC Safeway Street Address Street Address Bartlett City, State, Zip Code Creek, NJ 08092 City, State, Zip Code Wiest Telephone No. Telephone No. Project Manager for Monitoring Firm 01319 Name of QSHA Monitor Scheduled Completion Date (11) Start Date (10) 2016 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation 1 ≥3 sf or ≥3 lf

≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Name of Street	enovat emoliti		Mini-Enclosu		le Prod	cedur		
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Exterior		X		siding	1200 SP	X			
Name of Registered Waste Hauler TIMSTEN TRUCKING City, State West Creek, NJ	y In		JDEP W lauler ID	No. of Waste 79 T&D We Disposal Date City, S	lytown.		jen t	nl	7

10/25/16

Safeway Owner

Completed by

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Date of Notification (1) 10 / 35 / 30 16		1		Building Owner/G				717 -	4 /	การ	And the second district of the second
Agencies Notified Type Notification EPA DEP Amended Amendment #			City, Stat	7: 0	-v !	NT 08	ASBES	TOS	CON	TRC)L &
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City, State WEST CREEK, NJ				T	sal Date	Tu	HYTOWN	, }	A		
Completed by Amanda Mars	Title	ew a	10	uner!	Signatur		D	ate 101	25	120	016

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e of Notification (1)	1		Nam	e of Build Intic Cit	ling Owner y Sewer	Operator ((2) ipany		L.	L NOV	- 1	20	16	-
25/16 ncies Notified	Type Notification		Stree	et Addres					Officers	ASBEST	OS C	ONT	ROL	8
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tlantic City NJ 08 ounty (6)	404		Co (S7	unty Cod	e (7) ONLY) _		pump	house		g demolished)				
tlantic ame of Monitoring Fir	m Hired by Building Ow	vner (8)	1	ASCM N	0.	Name Per	e of Abater	ment Contr	ractor ((9)	Ulerio, Texas			
I/A treet Address						Stree	et Address Box 329			100 to 4 to 100 p.				
						City.	State, Zip	Code			7			
ity, State, Zip Code						We	est Berlin ephone No.	NJ 0809	91	License No.				-
roject Manager for M	onitoring Firm		Te	elephone	N0.	856	6-753-98	00		00727				
Start Date (10)		Scheduled		oletion Da	ate (11)	17 6556	ne of OSH me	A Monitor						
11/7/16		11/11/16				Stre	et Address	S						
	ring Abatement (Check acated During Entire P ormed Outside of Norm b:	erind of Aba	ateme	ent		City	y, State, Zij	p Code						
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260	k All That Apply)	Re X De	novat moliti	tion on			_ Mir	ni-Enclosur	e	th Negative Pr e and Non-Friabl	e Proc		ment	
		Is L	ocati	on								Туг		-110
Asbestos-Contai TO BE In I	ation of hing Material (ACM) ABATED Facility (13)	Used Mair	ormal Sole ntena odial s (12)	nce/ Staff?	Asbesto (i.e. t	Description Description Contains thermal system surfacing other mison	ng Materia	ation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A X		windo	w caulk		16	6 windows	x			
Wi	Windows					WINGO	w Cauin							
											-		-	-
								Name	of Rea	istered Landfi	1			
Name of Registered	d Waste Hauler			NJDEP V Hauler IE	Naste No.	Cubic Ya of Waste		G.R.						
United Roll Off				22459		3 Disposa	I Date	City S	state					
					11/11/1		Morr	isville	PA 19067				_	
City, State Elm NJ	W30000000000	Title				Sin	nature				oate 10/25			

													A	Prir	nt For
CK5183		NOTII	FICATIO	N OF AS	lew Jerse BESTOS C 8:60 ar	ABATE	MENT	г		A STATE OF THE PARTY OF THE PAR)_[E		
Date of Notification (1) 10/25/16					g Owner/ Private					386		160		20	16
Agencies Notified Type Notification	on			Address	71 HVall	7 1 101116					and .	.110			
× EPA × Initial											1	REST	08.0	ONT	ROL
DEP Amended Amendment	ent#		City, St	tate, Zip (Code NJ 080	000					-43	LI	CEN	ING	
	y (including			of Contac		008			TTo	lonh	١	Lumbar			-
DCA Gancellati			evan	J. 5011140					L.	elebrii	oué iv	lumber	pper		
Name of Facility Where Abatement is Tal	ring Place /3	2)	FAC	ILITY IN	FORMAT	ION									
Evans Jones Private Home	ang Place (3	>)					Туре	of Facility (4	5111						
Street Address								School (K-12 Subchapter 8 Other (i.e. pri	(Oth	her th & co	ian K- mmei	-12) rcial bui	ldings,	home	s,
City (5) North Beach NJ 08008								etc.) are Feet 0	# 0	of Flo	ors		Bldg. <i>A</i> 35 +	ge	
County (6) Ocean				Code (7) USE ONL			Curre	ent Use (Prior	if be	ing d	emol	ished)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASC	M No.		Name Pern		atement Contr	racto	r (9)					
Street Address	PO Box 329														
City, State, Zip Code								ip Code in NJ 0809	1						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 856-7					ense 727	No.			
Start Date (10) 11/3/16	Schedule 11/9/16	;	mpletion	Date (11))	Name o		HA Monitor							
Occupancy Status During Abatement (Che						Street	Addres	ss							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	baten Hours	nent s			City, St	tate, Z	ip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processes.	enova emolit				×	Mir Glo	Il Containmen ni-Enclosure ovebag Proce n-Exempted (dure					e.	
Location of		Locati						Lxcmpted) an	u Ivo	11-1 110	ible i iv	Abat	emeni rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	l Sole ntenar	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation,						(5	mour Speci or L	fy	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						25-25					fe	
Exterior siding garage only			X	x Exterior Siding							F	х			
Name of Desire															
Name of Registered Waste Hauler United Roll Off		H	JDEP Wauler ID I		Cubic of Was			Name of Re G.R.O.W.		red L	andfi	11			
City, State Elm NJ		-1			Dispos 11/9/1			City, State	- PΔ	10	267				

Signature

11/9/16

Title

President

Completed by Anthony T Perna

Date

10/25/16

Morrisville PA 19067

Print Form

										11	100				
Date of Notification (1) 10/22/2016				f Building ns Instit					- State of the Sta	Constitution of the consti	NOV	- 1	20	116	
Agencies Notified	Type Notification			Street A						-					
X EPA	× Initial				tle poin		dson				ASB				
× EPA × DEP × DOL	Amended Amendmen	t #			ate, Zip C ken, NJ					_		LI	JEN!	DIVIC	7
	Emergency	(including	_	SAME AND SAME	f Contact					T-1					
DOH DCA	justification Cancellation				Fernan					l lei	ephone Ni	umber	-		
	ounceilation				LITY INF		ON								
Name of Facility Where A	Abatement is Takir	ng Place (3	3)	.,,,		Ortanizari		Type	of Facility (4)	11.345	0.02			
Burchard Building								× s	School (K-12) N	ON SU	Bas			
Street Address	(1								Subchapter 8	(Oth	er than K-	12)		le even	
1 Castle Point On H	luason							_ е	Other (i.e. pri etc.)			ciai bu	lidings	, nom	es,
City (5) Hoboken								Squar N/A	e Feet	# o	f Floors		Bldg N/A	Age	
County (6)					Code (7)	904.5		Currer	nt Use (Prior	if bei	ng demolis	shed)			
Hudson	11. 11. 5. 11.				USE ONLY	o		Scho							
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCN	A No.		The second second second		ement Contr ement, Inc		(9)				
Street Address				'			100000000000000000000000000000000000000	Addres	s ren Aveni	ue					
City, State, Zip Code							City, S	State, Zip	o Code						
							The second		J 07512						
Project Manager for Moni	toring Firm			Telepho	ne No.		0.000	none No			License I	No.			
Start Date (10)		ad Ca		D-1- (11)			345-86			01311					
11/04/2016	Start Date (10) Schedule 11/04/2016 11/06/2								A Monitor ement, Inc						
Occupancy Status During	Abatement (Che	ck Only Or	ne)					Address	200					10.75	
Facility Closed/Vaca	ted During Entire	Period of A	Abaten	nent					ren Avent	ıe					
Abatement Performe × Other – Describe: O	ed Outside of Norr occupied	nal Facility	Hour	S				tate, Zip							
Scope of Work (Check All						_			J 07512						
	тпат Арріу)	.						7	(A) 20						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		***************************************	Renova Demoli					Full Mini	Containmen -Enclosure	nt with	Negative	Pressi	ıre		
								Glov	ebag Proce						
							<u> </u>	1 Non	-Exempted ((*) and	Non-Fria	ble Pro		re emen	+
Logotion	n f	2000	Locat Vorma	F1000000		,								/pe	
Location Asbestos-Containing I		Use	d Sole	ely by	Asbes	Des tos Cont	scription aining M		(ACM)	A	mount			T.	
TO BE ABA In Facilit		(1)	intena todial S			thermal	systems	s insulat			pecify	Re	R	nca	Enc
(13)	y		(12)				cing, VA niscellan			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>]	ate	re
Room 6	16		X		Pipe	Insulat	ion (W	/rap &	Cut)	7	0 LF	X			
Room 1	06		Χ		Pipe	Insulat	ion (W	/rap &	Cut)	4	0 LF	Х			
Name of Registered Wast	e Hauler		200	IJDEP W lauler ID		Cubic of Was			Name of Re				-		
D&S Abatement, Inc.			1000	0996	. 10.	TBD	,,,,		Waste M	anag	ement c	of PA			
City, State					al Date		City, State								
Totowa, NJ				TBD		6	Tullytowr	ı, PA							
Completed by Oliver Hegedis		Title	ot Ma	anager		Si	ignature	1/1/	/			ate	2040		
Onver riegeuis		rioje	OL IVIE	inagei		_/	11	M				0/22/	2016		
ASB-41 (R-06-08)	\SB-41 (R-06-08)						* Do no	t use th	is form for a	sbest	os licensur	e exer	npted	activi	ties.

CK4014692

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

4014647	NOTIFI (P	ursu	ION OF A ant to NJ	SBESTOS AC 8:60 at	ABATEM nd 12:120)	ENI					670	1
e of Notification (1)		Nam	ne of Build m Vigila	ing Owner	/Operator (2)		12.20	100	1 2	Ulb	
22/2016 Type Notification			et Addres					ASBES	STOS	CON	TRO	T
Notes in the last of		0:6-	, State, Zi	n Code				7,10	LICEN	CIN	9	+
DEP Amended		Nu	tley, NJ	07110				- L. L Alumb	25			-
Emergency (including institution)	ling		me of Con					Telephone Numb				
DOH DCA Cancellation		100 000	m Vigila	INFORMA	ATION		Т					
me of Facility Where Abatement is Taking Pla	ce (3)		AGILITY			1000	f Facility (4)					
ouse						<u> </u>	chool (K-12) ubchapter 8	(Other than K-12) rate & commercial	huilding	s. hor	nes,	
eet Address						e	tc.)			. Age	11000 116	-
ty (5)						Squar N/A	e Feet	# of Floors N/A	N/A			
utley		T Co	ounty Cod	e (7)				if being demolishe	ed)			
ounty (6) assaic		(S	TATE USE	ONLY) _		Hous	se tement Contr	actor (9)				-
ame of Monitoring Firm Hired by Building Own	er (8)		ASCM No	O.	D&5	S Abate	ement, Inc					
I/A treet Address					Stree	t Addres	ss gren Avent	ue				
					City,	State, Z	ip Code					
ity, State, Zip Code						AND DESCRIPTION OF THE PARTY OF	IJ 07512	License N	0.			_
roject Manager for Monitoring Firm		Т	elephone	No.	973	phone N 3-345-8	3685	01311			0.54	
Sc + 2-45 (10)			pletion Da	te (11)	Nam	e of OS	HA Monitor tement, Inc					
11/04/2016	1/05/20	16			10000000	et Addre		•				
Occupancy Status During Abatement (Check C	only One)	atam	ent		11	Roser	igren Aven	nue				_
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Occupied	Facility H	lours			- City	, State, towa,	Zip Code NJ 07512					
Scope of Work (Check All That Apply)						П	ull Containm	ent with Negative	Pressur	е		
x >3 sf or ≥3 lf	X Re	nova	tion ion			× N	Mini-Enclosure	e eodure				
≥160 sf or ≥260 lf	L -	00/85/55	500.000 =			Ê	Ion-Exempte	d (*) and Non-Fria	able Prod	edure Abate	ment	
		_ocati								Ty		
Location of	Used		ely by	Asbesto	Descrip s Containir	ng Mater	ial (ACM)	Amount	R	_	Enc	Ī
Asbestos-Containing Material (ACM) TO BE ABATED	Mair Custo	ntena odial	nce/ Staff?	(i.e. t	hermal syst	ems ins	ulation, r	(Specify SF or LF)	Removal	Repair	Encapsulate	Liciocai
In Facility (13)		(12)			other misc	ellaneou	is)		val		late	1
.5 ° 5.	Yes	No	N/A		Pipe Ins	sulatio	n	45 LF	X			
Basement		X			Fipe in	Jaiatio						
			-									-
									4611			
Name of Registered Waste Hauler			NJDEP V		Cubic Ya			of Registered Lan e Managemen				
D&S Abatement, Inc.			Hauler ID 20996) NO.	TBD		City, S					
City, State					Disposal TBD	Date /.	Tullyt	own, PA				
Totowa, NJ	Title					nature	6/		Date 10/22	/201	6	
Completed by Oliver Hegedis		ect N	Manage	r		T	U		, 0, 22			

Print Form

Date of Notification (1) 10/22/2016	10/22/2016						(2)		and the second second		NU	V	- 1	20	6
Agencies Notified Type Notification		5	Street Ad	dress						i lui					
		_ []	Maplev	te, Zip Coo wood, NJ		40			manufacture of the state of the			IC	S CI	ONT IMG	ROL
DOH justification) Cancellation				Contact Conover					Tele	phone !	Numbe	r 			
	DI (0)			LITY INFO	RMAT	TION	T	- F 1114 - 741					~ -		
Name of Facility Where Abatement is Taking House	g Place (3)							of Facility (4) School (K-12							
Street Address							×	Subchapter 8 Other (i.e. prietc.)	(Othe			uild	ings,	home	es,
City (5) Maplewood							Squar N/A	e Feet	N/A			N	dg. A	ge	
County (6) Essex				Code (7) ISE ONLY)			Hous				lished				
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	l No.				tement Control ement, Inc		(9)					
Street Address							Addres	s gren Aven	ue						
City, State, Zip Code							State, Zi wa, N	p Code J 07512							
Project Manager for Monitoring Firm			Γelephor	ne No.		10000000000000	none No 345-8			License 01311					
Start Date (10) 11/03/2016	Scheduled		pletion [Date (11)		100000000000000000000000000000000000000		IA Monitor ement, Inc).						
Occupancy Status During Abatement (Chec						100000000000000000000000000000000000000	Addres	s gren Aven	110						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied	Period of Ab nal Facility F	atem lours	ent			City, S	State, Zi								
Scope of Work (Check All That Apply)		_				1000		0 0.0.2							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				> >	Min Glo	Containmenti-Enclosure vebag Procen-Exempted	edure					3	
	ls L	ocatio	on										Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	y by ice/		os Co therma surf	escription ntaining N al system acing, VA miscella	Material is insula AT, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement		Χ			Pip	e Insula	ation		2	5 LF	2	ζ.			
Name of Registered Waste Hauler	2.755	JDEP W	127	Cubi of W	c Yards		Name of R								
D&S Abatement, Inc.			996	INU.	TBD)		Waste M		gemen	t of P	Α			
City, State Totowa, NJ					TBD	osal Date) Signatur		City, State Tullytow		١					
Completed by Ned Joksimovic	d by Title							FN			Date 10/2	2/2	016		

PAL JOB# 16-1640

Date of Notification (1) 10/25/2016					Building Owner/C gan Chase Ba				de constant	The same of the sa	NOV	347	e 1	2016	0 SP4
	Type Notification			Street Ad 312 For	dress rest Avenue 1	st Floo	or		A CONTRACTOR OF THE CONTRACTOR	L ACE	ESTO	10.0	201	ITD	01
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Code us, NJ 07652					ASE		EN		7	-
▼ DOH	Emergency (i justification)	ncluding		Name of	Contact				Lielen	hone N	lumher				
X DCA	Cancellation			Albert F	-onti										
		DI (0)		FACIL	ITY INFORMATI	ON	Tuno of	Facility (4)						_	-
Name of Facility Where A Chase Bank	batement is Taking	J Place (3)	77	ya s			☐ Scl	nool (K-12))	than V	12\				
Street Address 566 Bloomfield Aver	nue							bchapter 8 ner (i.e. priv)							8,
City (5) Verona							Square 15,000		# of F	loors		Bldg		е	
County (6) Essex				County C	Code (7) ISE ONLY)		A CONTRACTOR OF THE PARTY	Use (Prior nercial/Ba		j demoi	lished)			1801	
Name of Monitoring Firm Apex Companies, LI		Owner (8)		ASCM N/A	No.	2007-2008-00-0		ment Contr					85		
Street Address 120-D Wilbur Place						100000000000000000000000000000000000000	Address 2 Quee	ns Plaza	South	า					
City, State, Zip Code			-			City, S	State, Zip								
Bohemia, NY 11716 Project Manager for Moni				Telephor		Telep	hone No.			License					
Daniel Haug				SECTION SECTION	57-1777	S. 0085	349-09			286	/5				
Start Date (10) 11/08/2016		Scheduled 01/08/20		npletion L	Date (11)		of OSHA								
Occupancy Status During	Abatement (Chec	k Only One	e)				t Address Kenned								
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm					City, S	State, Zip	(a)							
Scope of Work (Check Al	I That Apply)				SURFIE TE CONTROL NA	Day	011110, 13	0 01002							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				Mini- Glov	Containmer Enclosure ebag Proce Exempted	edure						
		le	Locat	tion								1000	bate	ment	
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	N Used Mail Custo	orma d Sole ntena odial (12)	elly ely by ance/ Staff?	Asbestos Cor (i.e. therma surf		Material (ns insulati AT, or		(Sp	nount pecify or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A	D	FI1-	·		15	2 SF	· ·	+			
Root			X				ing Tar				X	-			
Root			X		Copir		ne Joint) SF	X	-	-		-
Roof	f		X			Tar		-	4	SF	X	-			
Name of Registered Was	ste Hauler		NJDEP V		ic Yards	T	Name of F	Register	red Lan	ndfill					
ATC		Hauler ID 24310	10 \	aste ards		Minerva		rprises	S						
City, State Shirley, NY 11967						osal Dat 09/201/		City, State Waynes		OH 4	44688				
Completed by Ann A. Ali		Title Comp	oliar	nce Ass	istant	Signate	re W				Date 10/2	5/2	016		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

	NOT			OF ASBEST to NJAC 8:60 a		BATEMENT (0)	DEC	E			
Date of Notification (1) October 26, 2016	5		ı	Name of Building (rator (2) s & Center Aven	ue, LLC 1104	30	1 30	9	
[w]	on Notificat ded Noti			Street Address		ommerce Road	ASBEST LI	OS C	ONT	ROL	8
[x] DOL Amen	dment #_ ency (in			City, State, Zip Coo		n, NJ 07036					
justific			1	Name of Contact Joe Go	omes		Telephone Number		_ \		
		F	ACIL	JITY INFORM	ATION						
Name of Facility Where Abatement is Taking I Building	Place (3)					Type of Facility (4	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address 20 Center Street						[x]	Other (i.e., private homes, etc.)	e & con	nmercia	ıl build	ings,
City	County	(6)		uildingCounty Coo STATE USE ONL		Square feet 3500 sf	# of Floors	Bldg	. Age 6	5	
Springfield	Union	1	(STATE USE ONE	.,	Current Use (Prio	or if being demolished)			,	
Name of Monitoring Firm Hired by Building C	wner (8)	А	SCM No.	Name of	Abatement Contract Guar	tor (9) dian Contracting,	Inc.			
Street Address					Street A	1889	Route 9, Unit 61				
City, State, Zip Code					City, Sta	ite, Zip Code Tom:	s River, New Jerse		55-12	271	
Project Manager for Monitoring Firm		Telephone Num	iber		732-34	ne Number 19-9932	License No 00624	umber			
Scheduled Start Date (10) 10/27/16		Scheduled Com 11/2/16	pletion	Date (11)	Name of	OSHA Monitor E.M.	S.L. Analytical				
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated [] Abatement Performed (During	Entire Period of			Street A City, Sta	1056 ate, Zip Code	Stelton Road	000	5.4		
Other – Describe					r		ataway, New Jerse		54		
Scope of Work (Check all that apply) 3 sf or ≥3 lf		[] Re	novatio	on	[[Mini-Enclosur Glovebag Proc	re	Sure			
[x] ≥160 sf or ≥260 lf		[x] De	molitic	on	[x] Non-Exempted	d (*) and Non-Friable F	rocedu	ire		
								Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	dial	(i.e	Description bestos-Communication (Augustian States of St	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		Asbestos roo	fshingles	3	3500 sf	X					
Name of Registered Waste Hauler Guardian Contracting, Inc.	1	NJDEP Waste H	23	2	ards of Wa	T.R.R.F	gistered Landfill				
City, State Toms River, New Jersey						tate town, Pennsylva	inia				
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manager	-	Signature	1	1		Date 10/	26/20	16	

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



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notificat	ion:		
I. TYPE OF NOTIFICATION (O - Original	R - Revised C - C	Cancelled):	0	II.	IS ASBESTOS PRESENT? (Yes/No):	Y
III. FACILITY INFORMATION (identify owner	er, removal contracto	or and other	operator)				
OWNER NAME: Morris	& Center Avenu	ie, LLC					
Address: 711 Co	mmerce Road						
City: Linden	State:	New Je	ersey	Zip:	07036		
Contact: Joe Gor	mes			Tel:	908-372-2976		
REMOVAL CONTRACTOR:	Guardian Cont	tracting, I	nc.		NJ License: 0062	24	
Address:	1889 Route 9,	Unit 61					
City: Toms River	State:	New Je	rsey	Zip:	08755		
Contact:	Nicholas Ferni	icola		Tel:	732-349-9932		
OTHER OPERATOR (if different)					NJ License:		
Address:							
City:	State:			Zip:			
Contact:				Tel:			
IV. TYPE OF OPERATION (D - Demo O -	Ordered Demo R	- Renovation	n E - Emergency R	enovation):	D		
V. FACILITY DESCRIPTION (Including build	ling name, number a	and floor or	room number)				
Building Name: Building	g						
Address: 20 Cent	er Street						
City: Springfield	State:	New Je	rsey	County:	Union		
Site Location: Exterior							
Building Size: 3500 sf	# of Floo	ors:	1	Age in Y	ears: 65		
Present Use: Building			Prior Use:	Building	2		
VI. PROCEDURE, INCLUDING ANALYTICA	AL METHOD, IF A	PPROPRIA [*]	TE, USED TO DETE	CT THE PRE	SENCE OF ASBESTOS MATE	RIAL:	
IS MATERIAL ASSUMED TO BE ASBEST VII. APPROXIMATE AMOUNT OF ASBEST		_			T	Nonf	riable
			RACM			Asbestos	Material To Be
Regulated ACM to be removed Category I ACM not removed			To Be Removed		LOCATION	200	oved
Category II ACM not removed			Removed			Cat I	Cat II
Pipes (Linear feet):			Name of the Paris				
Surface Area (Square feet): 3500 sf		Asbesto	os roofing		Exterior		
RACM Off Facility Component (Cubic feet):		2011				
VIII. SCHEDULE DATES ASBESTOS REMOVAL	(MM/DD/YY)	Start:	10/27/	16	Complete: 11	/2/16	

х.	DESCRIPTION OF PLANNED DEMOLITION OR	RENOVATION WO	ORK, AND METHOD(S) I	O BE OSED	MOV - 1 2016
xi.	DESCRIPTION OF WORK PRACTICES AND EN AND RENOVATION SITE: Prior to removal, the work area around the building will be removed by non-friable procedures. All waste will be place.	roped off with caution ta	one and warning signs. Plastic	ASB	ESTOS CONTROL & LICENSING and below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting	, Inc.		
		Route 9, Unit 61			
	City: Toms River	State:	New Jersey	Zip:	08755
	Contact Person: Nich	olas Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
xiii.	WASTE DISPOSAL SITE Name: T.R.	R.F.			
	Location: Boro	lentown Road			
	City: Tullytown	State:	Pennsylvania	Zip:	19007
	Telephone: 215-943-9732		Permit #:	101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMI	ENT AGENCY, PLE	ASE IDENTIFY THE AGE	ENCY BELOW AND ATTAC	CH COPY OF ORDER
	Name:		Title:		
	Authority:				
	Date of Order (MM/DD/YY):		Date Ordered to Beg	in (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condit	ions or would cause e	equipment damage or an un	reasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLIASBESTOS MATERIAL BECOMES CRUMBLE	LOWED IN THE EV ED, PULVERIZED, C	ENT THAT UNEXPECTE DR REDUCED TO POWD	ED ASBESTOS IS FOUND O ER	R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED THE DEMOLITION OR RENOVATION AND E AVAILABLE FOR INSPECTION DURING NOR	VIDENCE THAT TH	HE REOUIRED TRAINING	G HAZ BEEN ACCOMPLISE	ART M) WILL BE ONSITE DURING HED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Own	er/Operator)	October 26, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATIO	N IS CORRECT.			
	Nicholas Fernicola / Project Manage (Printed Name/Title)	<u> </u>	(Signature of Own	ner/Operator)	October 26, 2016 (Date)

State of New Jersey

(L30501)	NOT	IFICATIO (Pursu	N OF ant to N	NJAC 8:60 ar	OS AB nd 12:12	ATEMENT		CE		E		
Date of Notification (1) October 26, 2016			Nam	e of Building O		Management	1000	NOV - 1	39t	§5 °	b	
[] DEP [] Amend [x] DOL Amend	Notification of Notification o	ication		et Address , State, Zip Code	:	shley Avenue	ASI	BESTOS C		ROL 8	ķ	
[X] DOH [] Cancel		luding	Nam	ne of Contact	Abe		Teleph	one Number		-		
[] bea		EA	CILIT	Y INFORMA	ATION							
Name of Facility Where Abatement is Taking P	lace (3)	FP	CILII	1 IIVI OIQVII	111011	Type of Facility		100l (k-12)				
Residence						Ì] Sub	chapter 8 (other	er than l	(-12)		
Street Address						[x	1	ner (i.e., private nes, etc.)	& com	mercia	l buildi	ngs,
City	County	(6)	Coun	ity Code (7)		Square feet	#	of Floors	Bldg.			
Lakewood	Ocean		(STA	ATE USE ONLY)	1500 sf Current Use (Pr	ior if bein	l g demolished)		60)	
	(0)		ASC	M No.	Name of	Abatement Contra				-		
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASC.	IVI INU.	rame or	Gua	ardian C	ontracting, l	Inc.			
Street Address	treet Address						9 Route	9, Unit 61				
City, State, Zip Code				2.50		ns Rive	r, New Jerse		55-12	71		
Project Manager for Monitoring Firm		Telephone Numb	per		732-34	ne Number 19-9932		License Nu 00624	ımber			
Scheduled Start Date (10) 11/7/16		Scheduled Comp 11/8/16	letion Da	ate (11)			Л.S.L. А	nalytical				
Occupancy Status During Abatement (Check o	nly one) During I	Entire Period of A	Abatemen	nt	Street A		56 Stelto	n Road				
Abatement Performed C					City, Sta	nte, Zip Code Pis	cataway	, New Jerse	y 088:	54		
Scope of Work (Check all that apply)					[Full Contain Mini-Enclos		Negative Press	sure			
[] >3 sf or ≥3 lf		r 1	novation		[Glovebag Pr	ocedure	d Non-Friable F	Procedu	ra		
[X] ≥160 sf or ≥260 lf		[x] Der	nolition		[x] Non-Exemp	ted (*) an	d Non-Friable i	Toccdu	10		
									Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	lial	As (i.e ins	Descripti bestos-Co Material (, thermal ulation, s VAT, ner miscel	ontaining ACM) I systems urfacing, or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
P		Asbestos sidi	ng			1600 sf	X					
Exterior		X	I	13003t03 BIGI	-6							
Name of Registered Waste Hauler	1	NJDEP Waste Ha		No. Cubic Y	ards of Wa	ste Name of F		Landfill				
Guardian Contracting, Inc.			isposal D		City,	State						
Toms River, New Jersey	Title		1/9/16	Signature	Tully	down, Pennsyl	vañia	<u> </u>	Date		16	
Nicholas Fernicola	Completed by (Print or Type) Title								10/	26/20	10	

BUARDIAN CONTRACTING, INC. 889 ROUTE 9 BUITE 61 COMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION LICENSING

narato	r Project #:	Postmar	k:	Notificat	ion:						
Clato	TYPE OF NOTIFICATION (O - Original R - Revised	C - Cancelled	I): O	II.	IS ASBESTOS PRESENT? (Yes	:/No):	Y				
	FACILITY INFORMATION (identify owner, removal cor OWNER NAME: Ashley Manageme		mo. open,								
	O II TEICH TO THE TENER OF THE										
	Address: 411 Ashley Avenu		-	Zip:	08701						
	City: Lakewood St	tate: Nev	w Jersey		732-278-0744						
	Contact: Abe			Tel:	2000						
	REMOVAL CONTRACTOR: Guardian	Contractin	ig, Inc.		NJ License: 00624						
	Address: 1889 Rou	ute 9, Unit	61								
	City: Toms River S	tate: Ne	w Jersey	Zip:	08755						
	VALUE OF THE PROPERTY OF THE P	Fernicola		Tel:	732-349-9932	\$1.					
	OTHER OPERATOR (if different)				NJ License:						
	Address:										
		State:		Zip:							
	City.			Tel:	Tel:						
	Contact:			Dion):	D						
IV.	TYPE OF OPERATION (D - Demo O - Ordered Den	no R - Ren	ovation E - Emergency	Renovation).	D						
V.	FACILITY DESCRIPTION (Including building name, n	number and flo	oor or room number)								
	Building Name: Residence										
	Address: 16 Shady Lane										
		State: N	ew Jersey	Count	y: Ocean						
	Site Location: exterior										
	1500 - 5	# of Floors:	1	Age in	n Years: 60						
	Building Size: 1500 St		Prior Use:	Resid	lence						
	Present Use: Residence PROCEDURE, INCLUDING ANALYTICAL METHO	OD IE APPRO	OPRIATE, USED TO DE	TECT THE P	RESENCE OF ASBESTOS MATE	RIAL:					
VI.	PROCEDURE, INCLUDING ANALYTICAL METHO	JD, II AITK	J1101112, 0000								
	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLU	DING:				Non	friable s Materi				
VII.	APPROXIMATE AMOUNT OF ASBLISTOS INCLOS	Dir G.	RACM		I OCHTIONI	Not	To Be				
	1. Regulated ACM to be removed		To Be		LOCATION	Ren	noved				
	Category I ACM not removed		Removed	1		Cat I	Cat				
	3. Category II ACM not removed										
	Pipes (Linear feet):										
	Surface Area (Square feet): 1600 sf	1	Asbestos siding		exterior						
	RACM Off Facility Component (Cubic feet):										
						1/8/16					

	NOTIFICATION OF DEMOLI	TION AND RENOV	ATION (continued)	ELVEM
	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION V	WORK, AND METHOD(S)	TO BE USED	1 2016 LD
	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CO AND RENOVATION SITE:	NTROLS TO BE USED TO	PREVENT EMISSIONS OF ASBES	STOS CONTROL & LICENSING
	AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with cautic removed by non-friable procedures. All waste will be placed in double 6 mil. B	on tape and warning signs. Plast ags, sealed and labeled and plac	ic sheeting will be placed on the ground book ed in a locked container for disposal.	
2	WASTE TRANSPORTER #1 Name: Guardian Contracti	ng, Inc.		
	1889 Route 9, Unit	161		
	Address: City: Toms River State	: New Jersey	Zip: 087	55
	Nicholas Fernicola	1		
	Contact Person.			
	WASTE TRANSPORTER #2 Name:			
	Address: State	e:	Zip:	
	City:			
	Contact Person:			
ciii.	WASTE DISPOSAL SITE Name: T.R.R.F.			
ESSECT L	Location: Bordentown Road		Zip: 19	007
	City: Tullytown Sta		D.p.	
	Telephone: 215-943-9732	Permit #:	101494	COPY OF ORDER
xiv.	Telephone: 215-943-9732 IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY.	PLEASE IDENTIFY THE	AGENCY BELOW AND ATTITION	
22.11	Name:	Title:		
	Authority:			
	Date of Order (MM/DD/YY):	Date Ordered to	Begin (MM/DD/YY):	
	FOR EMERGENCY RENOVATIONS			
XV.	and the second s			
	Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event:			
	Explanation of how the event caused unsafe conditions or would	cause equipment damage or	an unreasonable financial burden:	
	Explanation of how the event caused unsure constraints			DDENIOUSLY NONFRIABLE
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERI			
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRO THE DEMOLITION OR RENOVATION AND EVIDENCE TO AVAILABLE FOR INSPECTION DURING NORMAL BUSIN	VISIONS OF THIS REGUI HAT THE REQUIRED TRA JESS HOURS. (Required a	ATION (40 CFR PART 61, SUBPAR LINING HAS BEEN ACCOMPLISHE fter November 20, 1991)	RT M) WILL BE ONSITE DURI ED BY THIS PERSON WILL BE October 26, 2016
	Nicholas Fernicola / Project Manager (Printed Name/Title)		f Owner/Operator)	(Date)
xviii	. I CERTIFY THAT THE ABOVE INFORMATION IS CORRE	ст.	1.	October 26, 2016
	Nicholas Fernicola / Project Manager (Printed Name/Title)	(Signature	of Owner/Operator)	(Date)

State of New Jersey

CHOCK # 378

Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Dentsply Sirona Preventine 10/25/2016 Street Address 330 South Van Brunt Avenue Agencies Notified Notification Type City, State, .Zip Code ASBESTOS CONTROL & X Initial Notification Englewood, NJ 07631 X EPA O Amended Telephone Number NG D DCA Name of Contact; O Emergency Notification ☑ DOL Rick A. Clevenstine O Cancelled X DEP FACILITY INFORMATION **XDOH** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Commercial Building X Others (i.e. private & commercial buildings, homes, etc. Street Address 330 South Van Brunt Avenue Floors 2 .Age;69 Sf 103,000 Current Use (prior if being demolished): County Code (7) County (6) (State Use Only) Bergen Englewood Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. BL Contracting ,Inc Street Address Street Address 5 Marguerite Lane City State, Zip Code City, State, Zip Cod Towaco 07082 License Number Telephone Number Projec Manager for Monitoring Firm Telephone Number 01265 973-901-0153 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) BL Contracting Inc. 11/10/16 11/04/16 Street Address Occupancy Status During Abatement (Check only one) 5 Marguerite Lane ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Towaco, NJ 07082 □Other - Describe: xNon Exampted and Non Friable Procedure Source of Work (Check all that apply) ☐ Mini-Enclosure ⊠ Renovation O Glove bag Procedure $\square \ge 3$ sf or ≥ 3 lf ☐ Demolition ☐ Full Containment with Negative Pressure ≥ 160 sf or ≥ 260 lf Abatement Type Amount Description of Asbestos Containing Material Is Location Normally (Specify SF (ACM) (i.e. thermal systems insulation, Location of Asbestos-Remove Repair Encap Enclose Containing Material (ACM) in Used Solely by or LF) surfacing, VAT, or other misc.) Maint/Custodial Staff? Facility (13) (12)X YES NO NA 3094 Floor Tile and mastic X Second Floor Name of Registered Landfill Cubic Yards of Waste NJDEP Waste Hauler ID # T.R.R.F Name of Reg. Waste Hauler 250 bags 32604 Waste Management of Pennsylvania City, State Disposal Date Tullytown, PA 11/10/16 Date Signature Completed by (Print or Type) Title 11:6 10/25/2016 President Nedo Vasilio

CK-5022

Date of Notification (1) 10/15/16				Building ()perator	(2)		and the same of th		Te.	ĮΨ	- 1	ZU	10	
Agencies Notified Type Notification			Street Ac	idress		1.007-027-			Constitution	AS	BES					
EPA Initial Amended Amendment Emergency		-	CRANI	te, Zip Co FORD N									ENS	ING		
X DOH justification) DCA Cancellation			Name of	Contact					Tele	phone N	Numb	er				
Name of Facility Where Abatement is Takir	g Place (3)		FACIL	ITY INFO	ORMATI	ON	Тур	e of Facility (4)								
Street Address							×	School (K-12) Subchapter 8 Other (i.e. pri	(Othe			ouild	ings, I	nome	S,	
City (5) CRANFORD							200		2	Floors	15		dg. Aş	je		
County (6) UNION			County C	ode (7) ISE ONLY)			rent Use (Prior)ME	if beir	ng demo	lished	i)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	l No		1 C C C C C C C C C C C C C C C C C C C		oatement Contr AD PROFES		1 - X						
Street Address			1			Street 6 Wł		ess DOVE CO	URT							
City, State, Zip Code						City, State, Zip Code LAKEWOOD, NJ 08				3701						
Project Manager for Monitoring Firm			Telephor	ne No.							License No. 1200					
Start Date (10) 11/06/16	Scheduled 11/08/16		pletion [Date (11)				SHA Monitor AD PROFES	SSIO	NALS						
Occupancy Status During Abatement (Che						Street 6 WI		ess DOVE CO	URT							
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of Abmal Facility F	atem Hours	city, State, Zip Code LAKEWOOD, NJ 08													
Scope of Work (Check All That Apply)	manufacture .	enova					X N	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure							
	Is L	ocati	on			- Non-Exempled							Abate Ty	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	itenai	ly by nce/		tos Con therma surfa	escription of intaining Material (ACM) at systems insulation, facing, VAT, or miscellaneous)			Amount (Specify SF or LF			Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A											æ		
BASEMENT						TSI			7	0 LF		K				
Name of Registered Waste Hauler		1 10000	JDEP W				Name of F	Registe	ered Lan	ndfill				l		
NEWARK CARTING	Hauler ID No. o				of Waste 5			IESI								
City. State NEWARK, NJ						City, State BETHLE	City, State BETHLEHEM PA									
Completed by JOSEPH PERLSTEIN	NER Signature						Date									

(K5022

(L) () f		(Purs	uant to N	IJAC 8:60	and 12:1	20)			lan.	4F						
ate of Notification (1) 0/15/16			me of Bu ONNIE		ner/Operat	tor (2	2)				OV -	1	2016			
gencies Notified Type Notification		Str	eet Addre	ess												
										ASBE	STOS	COI	TR	Æ		
EPA Initial Amended		Cit	y, State,	Zip Code							LICE	MSIN	IG			
Amendment #_		BI	RIDGE	WATER	NJ					. Nime	hor			-		
DOH justification	cluding	-0.25	ame of Co ASON	ontact					Telep	hone Num	Del					
DOH justification) Cancellation			FACILIT	Y INFOR	MATION									-		
ame of Facility Where Abatement is Taking	Place (3)						Type of I	acility (4)								
							Sch	nool (K-12)	/Oth or	than K 12	ĭ					
treet Address							Land and	ochapter 8 (ier (i.e. priv	ate &	commercia	al buildir	gs, ho	mes.			
							etc	.)				g. Age		_		
ity (5)							Square I	Feet	# of 1	Floors	Diu	y. Ayt				
RIDGEWATER							2000			-lone slink	od)					
ounty (6)		C	ounty Co	de (7)				Use (Prior i	it bein	ig demonsi	ieu)					
SOMERSET		(S	TATE US	E ONLY)			HOME			(0)						
ame of Monitoring Firm Hired by Building O	wner (8)		ASCM N	10	Na A	AA.	of Abater LEAD I	ment Contra PROFES	stor ((9) NALS						
						Street Address										
Street Address					1			OVE COL	JRT							
Chata Zin Coda					Ci	City, State, Zip Code										
City, State, Zip Code						LAKEWOOD, NJ 08										
Project Manager for Monitoring Firm		T	elephone	No.			none No.		License No.							
roject Manager for Monitoring			8		1	732-668-9078 Name of OSHA Monitor					1200					
Start Date (10)	Scheduled	Com	pletion Da	ate (11)	N	ame	of OSHA	Monitor	CIO	NIALC						
11/06/16	11/08/16	5						PROFES	5510	NALS						
Occupancy Status During Abatement (Check	Only One)			S	treet	Address	OVE CO	IIDT							
Clased Macated During Entire F	eriod of Al	oatem	ent		1	6 WHITE DOVE COURT City, State, Zip Code						- E-E-1115				
Abatement Performed Outside of Norm	al Facility	Hours			10	ity,	State, Zip	Code	701							
× Other – Describe:						_An	EVVOC	D, 143 00	NJ 08701							
Scope of Work (Check All That Apply)						F	তা		v 148	. Nanativo	Droccus					
≥3 sf or ≥3 lf	-	enoval				ŀ		Containme -Enclosure		n Negauve	ricasui	-				
× ≥160 sf or ≥260 lf	☐ De	emoliti	ion			Buriak	Glov	ehan Proce	edure				3			
						i	Non	-Exempted	(*) ar	nd Non-Fria		Abate		-		
	Is	Locati	on									Ту				
Language of	N	lormal	ly		Desc	riptic	on of			A						
Location of Asbestos-Containing Material (ACM)		d Sole		Asbes	tos Contain	nina	Material	(ACM)		Amount (Specify	N.	an an	Encapsulate	1		
TO BE ABATED		odial S		(i.e.	surfacir	ystei ia. V	/AT, or	uon,	S	F or LF)	Remova	Repair	aps	Eliciostis		
In Facility (13)		(12)			other mis	scell	aneous)				val	=	ulat	0		
(10)	Yes	No	T _{N/A}										(0)			
	100	140	1.00		1	/AT				500SF	X		10/18/2017			
BASEMENT						- / / /			-							
											-	-				
				245007								-	-	-		
											1611			_		
Name of Registered Waste Hauler		1	NJDEP V	Vaste	Cubic Y		S	Name of	Regis	stered Land	ffill					
		Hauler ID	No.	of Waste			IESI									
NEWARK CARTING)4509		10	al D.	ate	City, State										
City, State		Disposi		316	BETHL		EM PA									
NEWARK, NJ						gnat	ure				Date			-		
Completed by	Title	MED			31	grial	uic									
JOSEPH PERLSTEIN																

10/25/2016 07:39

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AMAC

D E PAGE E82/03 E D NOV - 1 2016

Check # 9349

ASSESTOS CONTROL &

Sizio	01	New	Jerse	y
NOTIFICATION O	FA	SBE	SOTE	ABATEMENT
(Pursuant to	NJ	AC 8	eç en	d 12:120)

(4)				MJAG BIEG BA				ACR	Ech	08	CC
Date of Notification (1)		N	lame of B	city ware	Operator L	WALYTE	CAC F	7	- and	ICE	VS!
Agencies Notified Type Notification EPA X Initial X DEP Amereted	-	S	ireat Add	BUTL BUTL	EM	NTO					
DOL Amendment Emergency (Commence of the last of the la	-	BU	pies to c	الحداديه	NI O	584),	Ĵ.	1		
DOH Justification) DEA Cancellation	n waarig	٨	Roof	onlact	!		Takahana Nun	drier	1		-1
	- 44		FACILI	TYINFORMAT	ION						
COMMRLCIAL BUTTONS AND	AIL DIA	46				Type of Facility School (K-		ı			
8 MAIN STREET						Other (i.e.	private & commercia	ni bulk)\$,
OFDEUSBURG						& O OU	# of Floors	8	idg. A		
County (6) び455をメ			STATE US			Current Use (Pr	tor If being demolish	ed)	450	£	
terne of Monitoring Firm Hired by Building (Overlait (8)		ASCM I	No.		Abatement Co					
Street Address						Address /realand Ave.					
Chy, State, Zip Code			<u> </u>			ate, Zip Gode nd Park, N.J.					
roject Manager for Montodog Firm		1	elephons	No.	Teleph	one No. 262-5841	License N 00156	9.			
Start Date (10) 10/3-5/16	échedules		plation De	ste (11)		of OSHA Monitor	ntal Services In	c.			***************************************
Occupancy Status During Abatement (Chec	k Only One				L	Address					
Facility Closed/Vecated During Entire F Absternant Performed Outside of Norm Other - Describe:					City. S	Auyler Street Ate. Zip Code ensack, N.J.	07600				
cope of Work (Check All That Apoly)					Hawn	anader, N.J.	07000	_		_	_
≥3 sfor ≥3 ff ≥160 sfor ≥260 ff		inovati imolitio				Mini-Endosus Gievebag Pro				•	
	ls L	ocatio	0 1			NO - Chia Hote	C () BING NOIS-FINED	1	Abati	ament	
Location of Aspessor Contenting Material (ACM)		Solohy			ecription			-	T)	pe	_
TO BE ABATED In Facility (13)	Main Custo	Itenano Idini 81 (12)	091	(i.e. therms			Amount (Specify 8# or LP)	Removal	Repair	Encapquiste	Enclosure
DID BOILER RIOM	+++	1	×	Boice	EA.		905	تعر	-		_
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		- Andreador			THIRD-III						
ama of Registered Waste Hauter		NJ	Dep War	ite Cubic	Yards	Name of	Registered Landfill	1			
Newark Carting, Inc.			ulor ID N 509		3		Central Senitary	/ Lan	da!!		
ity, State Newark, N.J. 07105	***	1			agi Daty	Cky, Sta	19 gyl, PA 08072				
Completed by	THIS	-			Signature	A	De De	0 /		·	
R. McDonald	Presid	deni			1/8	11 Jours		0/2	5/	16	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Name of Building Owner / Operator (2) 2016 NOV Date of Notification 10/26/16 Suburban Associates Street Address AgenciesNotified Type of Notification ASBESTOS CONTROL 374 Millburn Avenue **Emergency Notification** LICENSING **EPA** City, State & Zip Code X Initial Notification DEP Millburn, NJ 07041 Telephone Number Amended Notification DOL X Name of Contact Cancellation DOH X Paul Veltri DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Vacant Commercial Building Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc. Street Address 240 Sheffield Street Bldg. Age # of Floors Square Feet 50+ 20.000 County Code (7) Current Use (Prior if being demolished) County (6) City (5) Union Mountainside Commercial Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Global Abatement Services, LLC N/A Environmental Tactics Street Address 443 Schoolhouse Road Street Address 64 Broad Street City, State & Zip Code Monroe Township, NJ 08831 City, State & Zip Code License Number Matawan, NJ 07747 Telephone Number Telephone Number 00714 Project Manager for Monitoring Firm 732-605-9062 732-290-2217 Name of OSHA Monitor Tom Geiger Scheduled Completion Date (11) Global Abatement Services, LLC Scheduled Start Date (10) 11/6/16 Street Address Occupancy Status During Abatement (Check only one) 443 Schoolhouse Road X Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Facility Hours -Monroe Township, NJ 08831 Describe: Other - Describe: Full Containment with Negative Pressure Scope of Work (Check all that apply) x Renovation Mini-Enclosure Demolition X Glovebag Procedure Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM Other: Quantity is ≥ 160 SF or ≥ 260 LF ACM Abatement Type Amount Description of (Specify: Removal, Is Location (Specify Location of Asbestos-Containing Repair, Normally Used Square Feet or Asbestos-Containing Material (ACM) Encapsulation or Solely by Linear Feet) Material (ACM) (i.e., thermal systems Enclosure) Maintenance or insulation, surfacing, VAT TO BE ABATED Custodial Staff? or other miscellaneous) in Facility (12)(13)Removal 55 LF Pipe insulation N/A Removal 2nd Floor MER 50 LF Pipe insulation N/A 1st Floor MER Name of Registered Landfill Cu. Yds. of Waste NJDEP Waste Hauler ID # Cumberland County Name of Registered Waste Hauler 8 18693 City, State Freehold Cartage Disposal Date Newburg, PA 11/9/16 City, State Date Freehold, NJ Signature, 10/26/16 Title Completed By (Print or Type) Manager Dominick Tringali

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

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Date of Notification (1)					Nam	e of Buildin	g O	wner/Operator (2)	lin	3				1-14
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Agencies Notified	Type Notific	cation				et Address					1				
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☑ DHSS	Amenda				0.000	State, Zip C							VSIN	G	ULO
DCA	☐ Emerge justificat		cludin	g	-	of Contac	_	ting, PA 19462	2	T=			MI MODELLI TARRESTON		
(NJAC 5:23-8)	☐ Cancella				100000000000000000000000000000000000000			(Owners Age	ent)	l elepi	hone Numb	er			
								ORMATION							
Name of Facility Where A	batement is	Taking	Place	e (3)				7.1	Type of Facility (4)				0.00	
Former Colonial Inn	Banquet	Hall							☐ School (K-12						
Street Address									Subchapter 8	(Other	than K-12)	er er er er			
545 Tappan Road									Other (i.e., pr homes, etc.)	ivate an	id commer	cial b	uildin	gs,	
City (5)									Square Feet	# of F	Floors	В	ldg. A	ge	
Norwood									23,000	2			70 y	50	
County (6)					Cou	nty Code (7	(7)(STATE USE ONLY) Current Use (Prior if being demolished)								
Bergen	Uland his Dell	lal: 6		(0)			Former Banquest Hall								
Name of Monitoring Firm I	nired by Bui	laing C	wner	(8)	ASCM N/A	(1000)700)	1		nt Contractor (9)					754677	
Street Address					N/A		-	treet Address	az Mat Remova	al, Inc.					
								treet Address 494 East 41st	Street						
City, State, Zip Code	State, Zip Code							ity, State, Zip Co							_
								Paterson, NJ							
Project Manager for Monit	oring Firm			Tele	phone	No.	Te	elephone No.	Licen	ise No.					
Start Data (10)				<u></u>			973-345-0022 00507								
Start Date (10)11 /3 /						ite (11)		ame of OSHA M							
					_ / .	16_		Same as abov	/e						
Occupancy Status During Facility Closed/Vacated							St	reet Address							
Abatement Performed	Outside of N	ormal	fod of .	Abate	ment	cribe	-								
Time of Abatement:	AM	PN	A/	_PM		AM	Cit	ty, State, Zip Co	de						
Scope of Work (Check all t	that apply)														
	11.77								ainment with Nega	ative Pre	essure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re 図 De					☐ Mini-Enclo							
									npted (*) and Non	-Friable	Procedure	1			
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Location o Asbestos-Containing M		1)		d Sole		Ashes	tos	Description of Containing Mate	erial (ACM)	Λ	nount	Re	Re	Щ	Ē
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East Coast Haz Mat Removal, Inc. Hauler II						No.	Wa 5	aste	G.R.O.W.S.,			Α			
City, State							_	posal Date	City, State						
Paterson, NJ							1	1-15-16	Morrisville,	PA					
Completed By (Print or Typ	e)	Title						Signature	/ ///		Date			0000-0-0	\dashv
James Unger Sr. Estimator/Project Mgr.							Luc	9 0%		1	0-	24	- /	6	

ASB-41 MAY 11

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

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State of New Jersey

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Date of Notification (1)	26 / 16				Building C DiMattia)wner/Ope	erator (2)		NOV	- 1	201	6	-		
			St	reet Ad	dress										
Agencies Notified	Type Notification Initial			1001114					ASBEST	os co	ITM	ROL	&		
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☑ DOH	Amendment #_		1		rdale, N										
□ DCA	☐ Emergency (inc	cluding			Contact				Telephone Number	er					
(NJAC 5:23-8)	justification) Cancellation				DiMattia	í				-					
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Street Address								homes, etc.)	vate and comme						
							-	Square Feet	# of Floors	Bldg.	Age				
City (5)								1,400	3	60					
Somerdale				Count	Code (7)	STATE USE	E ONLY)		or if being demolish	ned)					
County (6)				County	Code (r)	07/112 002		Residence							
Camden		0 (0)		SCM N	0	Name of	Abateme	nt Contractor (9)							
Name of Monitoring Fir	m Hired by Building	Owner (8) A	SCIVI IN	0.			nvironmental, LLC							
Mgmt. & Environr	mental Consulting	Service	es			Street Ac									
Street Address						623 Cutler Avenue									
PO Box 341						City, Stat									
City, State, Zip Code						Maple									
Chesterfield, NJ				K	la .	Telephor			License No.						
Project Manager for M	onitoring Firm			hone N		ACTION AND APPROXICATION	55-0099		00842						
Bill Weisgarber			100000	9-298-			OSHA N								
Start Date (10) 11 / 11	The second secon	eduled Co				EMSL	_ Analyt	ical, Inc.							
Occupancy Status Du		ck only o	ne)			Street A									
M Encility Closed Vac	ated During Entire P	eriod of A	baten	nent				0 North					_		
Abatament Perform	ned Outside of Norma t:AMF	al Facility	Hours	- Desi	cribe AM		ate, Zip C aminsoi	ode n, NJ 08077							
Scope of Work (Check	k all that apply)						1 Eull Con	tainment with Ne	gative Pressure						
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≥3 sf or ≥3 lf ⇒160 sf or ≥260 lf		De	molitio	n			Clouchs	a Procedure	on-Friable Procedu	ire					
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Local	tion of		Norma d Sole		Ash	estos Con	taining M	aterial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure		
Asbestos-Contain	ing Material (ACM) ABATED	Ma	intena	nce/	(i.	e., therma	al systems	s insulation,	(Specify SF or LF)	ova	=	psu	Sur		
	acility	Cus	todial (12)	Staff?		surfa	acing, VA miscellan	l, or eous)	31 01 21 /	_		late	Ф		
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Name of Registered Freehold Cartag		1		NJDEP Hauler 1593		Waste 1		Cumberl	and County Lar	ndfill					
City, State							sal Date	City, State Newburg	, PΔ						
Freehold, NJ						200.00	14/2016	Newburg		Date	-	-	-		
Completed By (Print	or Type)	Title				S	Signature	1			2.	11.	2		
Christina Lyncl	tions	Mana	ger	(MA	Nex	\supset	10/0	Lle.	14	/				

Ch 2521

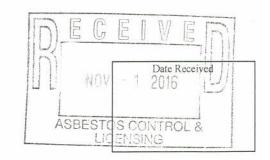
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Date of Notification ((1) 10-26-2016								wner / Operator (Hospital	(2)		HOV	-1	2016		凹	
Agencies Notified	Type Notifica	tion		-		Addr			Tioopitai		14	1					
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DEP								ip Co			1	ASBEST	s co	NTR	OL 8	*	
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DCA DCA	The second secon	ellation				nes						1.	Johns		1.100		
	Caric	eliation		IVII	2000			5500	RMATION							_	
Name of Facility Wh	ere Abatemei	nt is Taking Pla	ce (3	3)	EF	CILI	1 1	INFO	Type of Facility	(4)							
Kennedy University									School (K-								
Street Address									☐ Subchapte	er 8 (Other tha	n K-12	2)					
2201 Chapel Hill Ca	mpus								Other (i.e.	private & com	merci	al buildings,	homes	s, etc.)		
									Square Feet # of Floors Bldg. Age								
City (5)		County (6)	IC	our	ity C	ode	(7)		250,000 2 52								
Cherry Hill, NJ		Camden					. ,		Current Use (Prior if being demolished)								
-									Hospital								
Name of Monitoring		Building Owne	er (8)			AS	CM	No.	Name of Abate								
Criterion Laboratorie	s								Resource Mana		ip, LL(12-5-1		
Street Address									Street Address								
3370 Progress Drive, S	370 Progress Drive, Suite J								2115 Hamilton								
City, State & Zip Coo							City, State & Zi	ip Code									
Bensalem, PA, 19020							Trenton, NJ 08619										
Project Manager for	Monitoring Fi	rm	Tele	epho	one	Num	ber		Telephone Nur	mber		License Nu					
Mr. Mike Panepresso			215-	-244	-130	00			609-914-4279	5							
Scheduled Start Dat		Scheduled Con				(11)		Name of OSHA Monitor								
11-08-201			11-1	-	016				J&S Environme		ries, li	nc					
Occupancy Status D									Street Address								
		uring Entire Pe			Abate	emer	nt		2333 Route 22								
	Performed Ou	tside of Norma	ΙΗοι	ırs					City, State & Zi	ip Code							
Describe:	Project to be upied During	conducted 2 nd	shift	4:0	0pm	to 1	2:30	0am	Union, NJ 0708	33							
Scope of Work (Che																	
(- ,,							I	gative F	ress	ure					
≥3 sf or ≥3 li	f		\boxtimes		Ren	ovati	on			☐ Mini-End							
≥160 sf ≥26	O If				Den	nolitio	on					ocedures					
									Non-Exempted and Non-Friable								
	ocation of				ocati				Description of Amount Aba						nt I	ype	
	tos-Containin	g				Jsed			Asbestos-Conta			(Specify			ш		
	terial (ACM)				ely b				Material (AC (i.e., thermal sys		3	SF or LF)	R	æ	no	Ē	
	BE ABATED n Facility					ce or		i	nsulation, surfaci				🚊	Repair	ap	8	
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	(.0)		Yes		No	N/A				,					at	CD	
CPD Storage Room					\boxtimes		pl	laster	ceiling		187 9	SF					
								-									
Name of Registered	Waste Haule	ıΓ				DEP				Name of Regi	istered	d Landfill					
Pagauras Managam			20000	uler 3521		2.77	Waste TBD	Grows Landfil	н								
Resource Management Group, LLC						ا کار	J										
City, State Trenton, NJ									Disposal Date TBD	City, State Morrisville, PA	Α						
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						е			Signature ,		1	/	Date	-			
Completed By (Print or Type) Mr. Brian J. Haney						e eside	nt		Dilin		#	In	10/26	/2016	i		
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ate of Notification (1)		Nam	ne of Buil	ding Owne	r/Operator oate Home	(2)		Party and the second		V -	1 2	016	1
)/26/16		1	et Addre					i bos	L-				
gencies Notified Type Notification				27.54.00					ASBES	TOS (CON	TRO	18
EPA Initial Amended		City	, State, 2	Zip Code	11.00070				ASDES	ICEN	ISIN	<u>a</u>	1
DOL Amendment #_ Emergency (incl	luding	1			NJ 08070			Teleph	none Numbe	r			
1 DOH justification)	iddii ig	1000	ne of Co eve	ntact						-			
DCA Cancellation				Y INFORM	ATION		114 . (4)						+
ame of Facility Where Abatement is Taking P	Place (3)					Type of F							
Steve Schmid Private Home						=	ool (K-12) chapter 8	(Othor	than K-12)	11 41	- hor	200	
treet Address						Othe etc.	er (i.e. pri	vate & 0	commercial t			nes,	
						Square F		# of F	loors		. Age		
ity (5) Little Egg Harbor NJ 08070						1000+		1	l	35+			-
County (6)		Co	ounty Coo	de (7)		Current l House		if being	demolished	1)			
Ocean				EONLY) _		e of Abaten		ractor (9	9)				
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCM N	lo.	Per	naco Inc.							-
Street Address						Street Address PO Box 329							
City, State, Zip Code					City, We	City, State, Zip Code West Berlin NJ 08091						*	
		T	elephone	No.	Tele	Telephone No. License No. 00727							
Project Manager for Monitoring Firm									00727		-	50	-
Start Date (10)	Scheduled 11/9/16	Comp	oletion Da	ate (11)		ne of OSHA me	(MOUNTO						
11/4/16 Cocupancy Status During Abatement (Check)			Stre	et Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Ab	ateme	ent		City	, State, Zip	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Mini	-Enclosur	e	n Negative P)	
	1										Abate Ty	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	Locati lormal d Sole ntena odial S (12)	ly ly by nce/	Asbesto (i.e. t	Descrip os Containir thermal sys surfacing other misc	ng Material tems insula . VAT, or	(ACM) tion,	1 (Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
2. 6	Yes	No	N/A			0: 1:		1	000 SF	x			
Exterior Siding			X		Exterior	Siding		1	000 01				
			NIDEPI		Oublo Farse			ame of Registered Landfill					
Name of Registered Waste Hauler United Roll Off		Hauler ID No.				3		G.R.O.W.S.					
City, State		Di				Disposal Date City, State Morrisville PA 19067				20115			
Elm NJ Completed by	Title	Title President Signature							Date 10/26	/16			
Anthony T Perna	Pres	siden						The same of the same					

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

			(Pursuar	nt to NJAC 8:6	0 and 12:12	20)	MEGI	E []	VE			
Date of Notification (1) October 25, 201	6			Name of Buildin		rator (2) 2 Ben, LLC	ni 3	v) 5	93			
	Notific			Street Address	1020 5	South Avenue We	st		110			
[x] DOL Amen	dment #	tification # ncluding		City, State, Zip		ield, NJ 07090	ASBESTO: LICE	S CON ENSING		X J		
IX I DOH	cation) llation			Name of Contac		iontempo	Telephone Number					
·			FAC	LILITY INFOR	MATION							
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12)					
Street Address	_						Subchapter 8 (oth					
				0 . 0 . (5)		[x]	Other (i.e., private homes, etc.)			ildings,		
	Count			County Code (7) (STATE USE Of	NLY)	Square feet 2000 sf	# of Floors 2	Bldg. A	60			
Westfield	Unic	n				Reside	if being demolished) ence					
Name of Monitoring Firm Hired by Building C)wner (8	8)		ASCM No.	Name of	Abatement Contractor		Inc.				
Street Address					Street Ad		Loute 9, Unit 61					
City, State, Zip Code							River, New Jers		5-1271			
Project Manager for Monitoring Firm		Telephone			732-34		License N 00624	lumber				
Scheduled Start Date (10) 10/25/16		10/26		on Date (11)			L. Analytical					
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated			od of Abat	tement	Street Ad		telton Road					
Abatement Performed C Other – Describe	Outside (of Normal I	facility Ho	urs	City, Stat	e, Zip Code Piscata	way, New Jerse	y 08854	1			
Scope of Work (Check all that apply)					[]	Full Containment Mini-Enclosure	with Negative Pres	sure				
$\begin{bmatrix} \\ \\ \\ \\ \\ \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} \\ \\ \\ \\ \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[] [x]	Renova		[] [x]	Glovebag Proced	ure *) and Non-Friable I	Procedure				
[X] Elousi di Elou ii		[]		T	F	A STATE OF THE STA	1					
					Description	- of		Abaten	ent Type			
Location of	1	Is Location Is Location	30777		Descriptio Asbestos-Con		Amount	5000	R E E N	E N		
Asbestos-Containing Material (ACM)	1	Solely b			Material (A	.CM)	(Specify SF		P C	C		
TO BE ABATED	Main	tenance/C	ustodial		i.e., thermal:		or LF)		A A	L		
in facility (13)		Staff (12)		1	nsulation, sur VAT, o			V	R S	S		
(13)		(12)			ther miscella			A	U	U		
	NO	N/A			28/1/2		L	L E	R E			
Exterior front house only	X		Asbestos sid	ding		2100 sf	X					
Name of Registered Waste Hauler	1	NJDEP Was		ID No. Cubic	Yards of Wast		ered Landfill					
Guardian Contracting, Inc. 20223					City, Sta	T.R.R.F.						
City, State Toms River, New Jersey			10/27			own, Pennsylvania	a					
Completed by (Print or Type) Nicholas Fernicola	Signature		Let		Date 10/25	/2016						

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



DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:			Notificati	tion:								
I. TYPE OF NOTIFICATION (O - Original R - Revised C	- Cancelled):	0	II.	IS ASBESTOS PRESENT? (Ye	es/No):	Y						
III. FACILITY INFORMATION (identify owner, removal contra	actor and other	operator)										
OWNER NAME: Pete & Ben,	, LLC											
Address: 1020 South Avenue	West											
City: Westfield State	: New Je	ersey	Zip:	07090								
Contact: Joe Buontempo			Tel: 908-654-9612									
REMOVAL CONTRACTOR: Guardian Co	ontracting, I	racting, Inc. NJ License: 00624										
Address: 1889 Route	Address: 1889 Route 9, Unit 61											
City: Toms River State	: New Je	rsey	Zip:	08755								
Contact: Nicholas Fe	rnicola		Tel:	732-349-9932								
OTHER OPERATOR (if different)				NJ License:								
Address:												
City: State	City: State:											
Contact:	Contact:					Tel:						
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	n E - Emergency Ren	novation):	D	12 843							
V. FACILITY DESCRIPTION (Including building name, numb	er and floor or i	room number)		•								
Building Name: Residence												
Address: 121 Benson Place												
City: Westfield State	: New Je	rsey	County:	Union								
Site Location: Exterior			•									
Building Size: 2000 sf # of I	Floors:	2	Age in Ye	ears: 60								
Present Use: Residence		Prior Use:	Residence	ce								
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIAT	TE, USED TO DETEC	T THE PRES	SENCE OF ASBESTOS MATER	IAL:							
IS MATERIAL ASSUMED TO BE ASBESTOS? VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING					Nonf	riable						
		RACM To Be Removed			Asbestos Material Not To Be Removed							
Regulated ACM to be removed Category I ACM not removed				LOCATION								
Category II ACM not removed		removed			Cat I	Cat II						
Pipes (Linear feet):												
Surface Area (Square feet): 2100 sf	Asbesto	os siding		Exterior								
RACM Off Facility Component (Cubic feet):												
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	10/25/1	6	Complete: 10/2	26/16							

NOTIFICATION OF DEMOLITION AND RENOVATION (co	ontinued
DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED	Bermeit .

	NOTIFICATION C	F DEMOLIT	TON AND RENO	VATION (continued)	0 5 5 5 5 5 5 5 7
х.	DESCRIPTION OF PLANNED DEMOLITION OR R	ENOVATION W	ORK, AND METHOD(S)	TO BE USED 1	GEIVEN
xi.	DESCRIPTION OF WORK PRACTICES AND ENG AND RENOVATION SITE: Prior to removal, the work area around the building will be ro removed by non-friable procedures. All waste will be placed	4 - ff with courtion t	and warning signs. Plast	ASBE	STOS CONTROL & and below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Guard	ian Contracting	g, Inc.		
	Address: 1889 F	Route 9, Unit 6	1		
	City: Toms River	State:	New Jersey	Zip:	08755
		las Fernicola			
	WASTE TRANSPORTER #2 Name:				
	Address:				
	City:	State:		Zip:	
	Contact Person:				
0000	T. D. D.	F			
xiii.	Porde	ntown Road			
	Escation.	State:	Pennsylvania	Zip:	19007
	City: Tullytown	State.	Permit #:	101494	
	Telephone: 215-943-9732 IF DEMOLITION ORDERED BY A GOVERNMEN	AT AGENCY PLE			CH COPY OF ORDER
xiv.	94314203 0053	VI AGENCI, I EL	Title:		
	Name:				
	Authority:		Date Ordered to Be	egin (MM/DD/YY):	
	Date of Order (MM/DD/YY):		Date Ordered to Bo	ogni (minabbi x x x y	
XV.	FOR EMERGENCY RENOVATIONS				
	Date and Hour of Emergency (MM/DD/YY):				
	Description of the Sudden, Unexpected Event:				
	Explanation of how the event caused unsafe condition	ns or would cause	equipment damage or an	unreasonable financial burden:	
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLED	OWED IN THE EV O, PULVERIZED,	VENT THAT UNEXPEC OR REDUCED TO POW	TED ASBESTOS IS FOUND C DER	R PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IT THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM			November 20, 1991)	
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Ov	vner/Operator)	October 25, 2016 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION			Let	October 25, 2016
	Nicholas Fernicola / Project Manager (Printed Name/Title)	-	(Signature of Ov	wner/Operator)	(Date)

	orm	

h 23517	NO	(Purs	TION OF	of New Jers ASBESTOS JAC 8:60 a	ABATEN nd 12:120)		CHE	E # (235	E [E	
Pate of Notification (1)		Name of Building Owner/Operator (2) ERNJ001, LLC					MOV - 1 2016						
gencies Notified Type Notif	cation	Str 12	Street Address 125 South Wacker Drive, Ste. 1220					المالية					
EPA X Initial Amer	Cit	ty, State,	Zip Code IL 60606				ASBESTOS CONTROL & LICENSING						
☐ Emer	ndment # gency (including		ame of Co			Telepi	none Numbe						
	cation) ellation	Amy Tang						Z					
Name of Facility Where Abatement	s Taking Place (3)		FACILITY INFORMATION Type of Facility School (K				chool (K-12)						
Street Address One Ericsson Drive							ther (i.e. privitc.)	vate & d	commercial				
City (5)			-			Square		# of F	loors	Bldg	g. Age		
Piscataway, NJ 08854			ounty Co	de (7)		Currer	nt Use (Prior	if being	demolished	d)			\exists
County (6) Middlesex		(5	STATE US	E ONLY)			mercial	ractor (2)				
Name of Monitoring Firm Hired by E Environmental Tactics, Inc	Building Owner (8)		ASCM N	No.	Name of Abatement Co Pinnacle Environm			imental Corp.					
Street Address 64 Broad Street			Street Address 200 Broad Street										
City, State, Zip Code Matawan, NJ 07747			Carlstad			State, Zip Code Istadt, NJ 07072							
Project Manager for Monitoring Fire Tom Geiger	T ((732) 290-2217			Telephone No. 201-939-6565		00756						
Start Date (10) 11-04-16	Schedule 11-30-		pletion D	ate (11)	Eve	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatem					Stree	Street Address 10-59 Jackson Avenue							
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	g Entire Period of A e of Normal Facility	Abatem Hours	ent		City,	City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Ap ≥3 sf or ≥3 If ≥160 sf or ≥260 If		Renova Demolit	ion			Mi	III Containme ni-Enclosure ovebag Proc on-Exempted	edure		e Prod	cedure	ment	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Us	Normally Used Solely by Maintenance/ Custodial Staff?				escription of intaining Material (ACM) al systems insulation, facing, VAT, or r miscellaneous)		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		VA	Т		3,	000SF	x			
Building 1: Ground F	oor		X		· · ·								
Name of Registered Waste Haule ATC, Inc. / JBT (50071)	er		NJDEP V Hauler ID 24310	No.	Cubic Yard of Waste BD	is	Minery	a Ent	ered Landfil erprises	ı			
City, State					Disposal D	Date	City, Sta Wayne	ate esburç	g, OH 446				
Shirley, NY / Bronx, NY Completed by Richard Doran		Title Project Manager				ature	AI	Det		ate 0-20-	-16		